

NHS Direct
Our Quality Account
2009/10

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Part 1

Statement on quality of services

NHS Direct is an NHS Trust with a national role to support patients by providing appropriate advice and guidance for people who contact us via the telephone and the internet. It is a fundamental objective for the trust that these services are safe and effective, and that our patients value the advice and guidance that we provide.

None of the national clinical audits, national confidential enquiries, or Care Quality Commission periodic reviews in 2009/10 were relevant to NHS Direct's service.

The Trust undertook a clinical audit programme of its own. While these audits provided evidence about where improvements could be made, the results also provided assurance that the service is meeting some essential standards.

During the year the Board received monthly reports on safety, effectiveness and patient satisfaction with the service, with key performance measured against standards agreed with our NHS commissioners. The detail of these key performance indicators and the levels attained during the year are set out in Part 3 of this Quality Account. In summary, the Trust performed well on its indicators of safety and clinical effectiveness. While we continued to have less than 1 formal complaint per 10,000 calls, our regular patient satisfaction ratings did not quite achieve our 95% target of being rated good or better. This was largely due to the additional volume of calls during the period of the swine flu pandemic, when too many patients had to wait longer than our standard of 60 seconds for their call to be answered. However, the responsiveness of the service was also affected by the fact that the Trust did not meet its own internal productivity target for increasing the proportion of front line staff time spent talking with patients.

NHS Direct continually strives to improve the quality of the service we provide, through understanding and acting on incidents, reviews and audits, and listening and responding to complaints and reflections from our patients and from other health professionals. The Board has agreed its standards and priorities for 2010/11. These include maintaining the standards already achieved, and to build on performance in areas requiring improvement. The highest priorities for improvement are: to raise the quality of calls so that at least 80% are scored as good or excellent using the Trust's objective call review process; to achieve prompt clinical assessment for less urgent patients; and to achieve consistent levels of patient satisfaction.

The Trust Board has endorsed the content of this Quality Account. To the best of my knowledge, the information contained in this Quality Account for NHS Direct for 2009/10 is accurate.

I hope that you find it informative. If you would like to tell us your views about this report or our services, please contact us on 0845 600 1866 or by email to members@nhsdirect.nhs.uk.



Nick Chapman
Chief Executive

Part 2

Schedule of Prescribed Information for 2009/10

- 1.0 During 2009/10, NHS Direct provided and/or subcontracted for 76 NHS services.
- 1.1 NHS Direct has reviewed all the data available on the quality of care in all 76 of these NHS services.
- 1.2 The income generated by the NHS services reviewed in 2009/10 represents 100 per cent of the total income generated from the provision of NHS services by NHS Direct for 2009/10.
- 2.0 During 2009/10, there were no national clinical audits or national confidential enquiries that covered the services NHS Direct provides*.
- 2.1 As there were no national clinical audits or national confidential enquiries applicable to NHS Direct the question as to NHS Direct's participation in such activities does not arise.
- 2.2 The national clinical audits and national confidential enquiries that NHS Direct was eligible to participate in during 2009/10 are as follows: 0*.
- 2.3 The national clinical audits and national confidential enquiries that NHS Direct participated in during 2009/10 are as follows: 0*.
- 2.4 The national clinical audits and national confidential enquiries that NHS Direct participated in, and for which data collection was completed during 2009/10, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry: 0*.
- 2.5 The reports of 0 national clinical audits were reviewed by the provider in 2009/10*.
- 2.6 NHS Direct intends to take the following actions to improve the quality of healthcare provided: None applicable*.

*None of the national clinical audits or national confidential enquiries were relevant to any of the services provided by NHS Direct during 2009/10.

- 2.7 The reports of three local clinical audits were reviewed by NHS Direct in 2009/10 and NHS Direct intends to take the following actions to improve the quality of healthcare provided:
 - 2.7.1 Following the local clinical audit to measure standards of patient record keeping within NHS Direct, a year-long information governance campaign is being conducted to improve the quality of clinical record keeping. Each month, NHS Direct staff will focus on a different element of record keeping and practise for improvement.
 - 2.7.2 The local clinical audit to measure the standards of practice of health advisors taking inbound calls from the public provided substantial assurance. Minor actions were identified through the audit to improve the clinical decision support software system used. We will also enhance the training for front line staff to ensure continued effective use of the updated system.
 - 2.7.3 All NHS Direct front line staff participate in ongoing self, peer and supervisory audit of the safety, effectiveness and patient experience of the calls. This continuous call review audit identifies areas for individual learning and development and also provides valuable information to help us improve our systems, processes and training to support our staff.

- 3.0 The number of patients receiving NHS services provided or sub-contracted by NHS Direct in 2009/10 that were recruited during that period to participate in research, approved by a research ethics committee, was 887.
- 4.0 NHS Direct income in 2009/10 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation payment framework because this was not specified as a requirement by the commissioners of any of our services*.

*None of NHS Direct's commissioners required these conditions to be applied through CQUIN, but some services did have financial penalties associated with meeting key performance indicators.

- 5.0 NHS Direct is required to register with the Care Quality Commission (CQC) and its current registration status is unconditional. NHS Direct has the following conditions on registration: None.
- 5.1 The Care Quality Commission has not taken enforcement action against NHS Direct during 2009/10.
- 6.1 NHS Direct was not subject to periodic review by the CQC in 2009/10.
- 7.1 NHS Direct has not participated in any special reviews or investigations by the CQC during the reporting period*.

*None of the special reviews or investigations by the CQC were relevant to the services provided by NHS Direct in 2009/10

- 8.1 NHS Direct did not submit records during 2009/10 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data*.

*None of the data collected by NHS Direct in 2009/10 was relevant to be submitted to the Secondary Uses Service for inclusion in the Hospital Episode Statistics.

9. NHS Direct's scores for 2009/10 for Information Quality and Records Management, assessed using the information governance toolkit, were 55% and 83%.
10. NHS Direct was not subject to the Payment by Results clinical coding audit during 2009/10 by the Audit Commission.

Board priorities for improvement in 2010/11

1. Call Quality

The quality of the calls that NHS Direct staff handle is critical to the safety and effectiveness of the service, and ultimately has a significant bearing on the levels of satisfaction that patients gain. The Board has set an improvement priority for call quality, to reach 80% of calls (based on a sample of 3 calls per advisor per month) scored as good or excellent. The aggregated call review scores will be reported to the Board each month.

The improvement will be generated through regular individual reviews with all front line staff, with individual development plans arising from the call review findings.

2. Prompt clinical assessment for less urgent patients

The swine flu pandemic posed significant challenges for NHS Direct in 2009/10. While we achieved the target of responding to more than 95% of our most urgent calls within 20 minutes and in spite of significant efforts on the part of our staff we did not achieve our target for clinical assessment of more than 95% of less urgent calls within 60 minutes (actual achievement was 90.6%). In 2010/11 we intend to achieve the target of more than 95% in both of these areas.

In 2009/10 we introduced new assessment tools for our staff to help increase the proportion of patients who our health advisors can safely and effectively give advice to. This will help us to continue to reduce the proportion of less urgent calls requiring assessment by a nurse allowing them to focus on the more urgent calls. We will also introduce a longest wait measure, which will ensure that as well as meeting the 95% target for commencing clinical assessment we will set a maximum time limit for all calls appropriate to their level of urgency. Our rolling recruitment plan and performance improvement plan will also ensure that we have the right number of nurses available at the right time to respond to the number of calls requiring clinical assessment.

3. Patient satisfaction

91% satisfaction was achieved in the context of a year in which NHS Direct experienced exceptionally high and sustained call volumes due to sickness and public anxiety caused by the swine flu outbreak. This pressure on the service meant that only 82.1% of calls were answered within 60 seconds. This was below the target of more than 95%. In spite of this we only received 0.83 complaints per 10,000 calls.

In 2010/11 we will pilot new measures for satisfaction that will enable us to be able to compare across different services we provide to allow us to prioritise areas for improvement. We will continue to focus improvement activities on the areas for greatest potential improvement in satisfaction. Our Performance Improvement Plan addresses many of these areas including the speed with which we answer calls.

4. Monitoring improvement

The Board receives monthly information on the actual performance against plan for each of these key indicators. This information is also provided to the East of England Strategic Health Authority, which is the commissioner for the core national service. In addition, this information, as it relates to other locally commissioned services, is also provided on a regular basis to those local commissioners.

Part 3

1. Indicators of quality for 2009/10

This section of this Quality Account relates to NHS Direct's core national service, which is available to the public in England, 24 hours a day, 365 days a year. This service is available via the phone on 0845 46 47 or on the internet through NHS Choices www.nhs.uk and NHS Direct's own website at www.nhsdirect.nhs.uk.

The table below contains the indicators of quality selected by the Trust Board and reviewed by it regularly during the year.

Safety domain	Effectiveness domain	Patient experience domain
% incidents reviewed nationally that were judged as leading to harm to patients	% of calls resulting in onward referral to emergency and urgent health services	Patient satisfaction (%)
% urgent (P1) clinical assessments started in 20 minutes	% of calls that did not require any onward referral	Number of complaints per 10,000 calls
% less urgent clinical assessments (P2) started in 60 minutes	% of health and nurse advisors' time online spent talking with patients	% calls answered within 60 seconds

* See appendix for a detailed definition of these key performance indicators.

2. Safety

In 2009/10, NHS Direct achieved the following performance in indicators relating to patient safety:

Safety domain*	2009/10 achievement	2009/10 target
% incidents for national review leading to harm	1.4%: standard achieved	≤10%
% urgent (P1) clinical assessments started in 20 minutes	96.8%: standard achieved	≥95%
% less urgent clinical assessments (P2) started in 60 minutes	90.6%: standard not achieved	≥95%

* This indicator relates to all NHS Direct's clinical services, not just the core national service.

3. Clinical effectiveness

In 2009/10, NHS Direct achieved the following performance in indicators relating to clinical effectiveness:

Effectiveness domain*	2009/10 achievement	2009/10 target
% of emergency and urgent referrals: standard achieved	24.6%: standard achieved	≤25%
% of callers with episode completed within NHS Direct: standard achieved	58%: standard achieved	≥50%
% of health and nurse advisors' time on line spent talking with patients: standard not achieved	69.5%: standard not achieved	≥75%

4. Patient satisfaction

In 2009/10, NHS Direct achieved the following level of quality for performance in indicators relating to patient experience:

Patient experience domain*	2009/10 achievement	2009/10 target
Patient satisfaction (%)	91%: standard not achieved	≥95%
Number of complaints per 10,000 calls	0.83: standard achieved	≤1.0
% calls answered within 60 seconds	82.1%: standard not achieved	≥95%

Part 4

1. Written statements by other bodies

1.1 East of England Strategic Health Authority

The following statement was provided by NHS East of England on 8 June 2010:

"As the commissioner on behalf of the NHS, for the National Core Service provided by NHS D, NHS East of England can confirm that the information contained in this Quality Account for the National Core Service is accurate and fairly interpreted. The priorities for improvement are representative and have also been agreed with us as the National Core Service commissioner and included in our contractual agreement for 2010/11, in particular, prompt clinical assessment for less urgent patients, a maximum time limit for all calls and the rolling recruitment and performance improvement plan to ensure that the right number of nurses are available at the right time to respond to the number of calls requiring clinical assessment."

1.2 Southwark Overview and Scrutiny Committee

The following statement was provided by Southwark Overview and Scrutiny Committee via Shelley Burke, Head of Scrutiny on 5 May 2010:

"Due to the 2010 Purdah period, during which councillor scrutiny work at Southwark effectively ceased, and as the 2010 QA timescale has precluded sufficient opportunity for Southwark OSC members to become informed to an appropriate level about NHS Direct's Services, it has not been viable for the Southwark OSC to review or comment on NHS Direct's 2010 Quality Accounts."

1.3 Southwark Local Involvement Network

The following statement was provided by Southwark Local Involvement Network on 21 May 2010:

"LINK Southwark would like to thank NHS Direct for providing a copy of their draft Quality Account 2009/10. However, the LINK Southwark does not have any comments to submit. The LINK looks forward to receiving the Quality Account for 2010/11 which will be presented to the LINK Members for comment."

1.4 Other Overview & Scrutiny Committees & Local Involvement Networks

All Overview and Scrutiny Committees in England were invited to receive a copy and comment on this Quality Account through the Centre for Public Scrutiny. Six other Overview and Scrutiny Committees received a copy of this Quality Account, but none provided any comment. Other Local Involvement Networks and patient representative groups were invited to receive a copy and comment on this Quality Account through National Voices, but none requested to receive a copy.