

# NHS Direct in England



REPORT BY THE COMPTROLLER AND AUDITOR GENERAL  
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# executive summary & recommendations

## NHS Direct: At the forefront of modernising the NHS

- the remit is to provide easier and faster health advice and information to the public
- it was launched in 1998 as a 24 hours a day/7 days a week service; national telephone coverage was achieved in November 2000
- it is the world's largest provider of telephone healthcare advice, receiving 3.5 million calls in 2000-01 and costing £80 million to run - with call volumes set to double in 2001-02
- the full-time equivalent of 1,150 highly qualified nurses in 22 call receiving sites provide advice to callers using advanced computer clinical decision support software
- the Online service provides an e-mail health information enquiry service and web links to health information
- NHS Direct facilitates better access to NHS services and improvements in out-of-hours services

- 1 NHS Direct provides healthcare information and advice to the public in England (and Wales) through a telephone helpline (0845 46 47) and an associated Online service (see box).

## Implementing and delivering NHS Direct

- 2 Ministers set the NHS Direct project team very demanding targets to introduce both the national telephone and Online services. Given the innovative nature and scale of NHS Direct, it was a very significant achievement that both targets were met.
- 3 Ministers decided that implementation would proceed alongside piloting, and were concerned with how rather than whether the service would be implemented. Short lines of communication between the project team and those implementing the service at the local level enabled lessons to be learnt quickly as the projects progressed.
- 4 A wide range of stakeholders was consulted during the development of NHS Direct, although delivering to a tight timetable meant curtailing some elements of the consultation. The strength of relationships between NHS Direct's call receiving sites and their local communities has been variable during implementation, but many sites have worked hard to build up appropriate links and to consult key stakeholders on developments. There is scope for further sharing of such good practice among sites. The Online service now has a strong consultative structure.
- 5 The procurement of a £70 million national computerised decision support system was well managed, and the system was in place at all sites by October 2001, six months later than specified in the contract to allow for better planning of the roll-out. The software system has worked well, though the target to reduce call length has yet to be met.
- 6 The management of the project as a whole has many strengths, particularly in terms of meeting deadlines and addressing risks in a practical manner. NHS Direct now needs to build on this successful implementation by developing longer term strategic and business plans. As the size and complexity of NHS Direct increase, there is also scope to strengthen senior management to provide further direction, prioritisation and management across the range of projects and services.

- 7 NHS Direct currently employs approximately 0.4 per cent of all full-time equivalent qualified nurses in the NHS, with 20 per cent of its nursing workforce coming from outside the NHS. Sites have taken a range of measures to minimise the impact of recruitment on other parts of the NHS, including nurses working part-time for NHS Direct and the NHS. Staff vacancy levels vary among sites, however, and there will be further pressure on recruitment if the increase in staffing levels necessary to meet the projected rapid increase in take-up of NHS Direct's services is to be achieved.
- 8 A comprehensive framework of detailed objectives for the service has yet to be set. Without them, it is difficult for NHS Direct to judge its overall success as an organisation. NHS Direct has made some progress in developing a framework of key performance indicators for both the telephone and Online services, and more work is in hand.

### Impact of NHS Direct on the public

- 9 In implementing the service, NHS Direct's project team has balanced the need to publicise the service and its capacity to meet demand. It has already met its target for 60 per cent of the population to be aware of NHS Direct by March 2002.
- 10 NHS Direct has recognised that some groups - younger people, people over 65, ethnic minority groups, less advantaged social groups and people with disabilities - are either less aware of NHS Direct or use it less, but have equal or greater need for the service. A range of initiatives has been introduced to tackle this, though some sites have done more than others.
- 11 Public satisfaction with NHS Direct is consistently very high at over 90 per cent. Very few callers receive the engaged signal when telephoning, but in September 2001 only 64 per cent of callers were able to speak to a nurse adviser within five minutes compared with the current target of 90 per cent. Capacity is being increased, but there is scope to improve productivity in the number of calls handled per person across call receiving sites.
- 12 The clinical safety of NHS Direct is critical. NHS Direct has a good safety record, and there have been very few adverse incidents. Nurses must have considerable post-qualification experience to work for NHS Direct and are given training to satisfy a national core set of competencies. There are also a number of procedures in place to ensure the continued safety of the service.
- 13 NHS Direct's Online service seeks to ensure clinical quality through the application of a standard set of criteria to evaluate other websites before it links with them. Quality assurance procedures have also been developed for the introduction of the e-mail enquiry service.
- 14 There is some variation in consultation outcomes from the telephone service, which might reflect a tendency to err on the side of caution. Mystery shoppers are used to assess the quality of advice and a national model of clinical supervision is being developed. The national decision support software also provides facilities for monitoring the quality of advice provided.



## Impact of NHS Direct on the NHS

- 15 Evidence indicates that NHS Direct can reduce demands on health services provided outside normal working hours. It has set a target to integrate with providers of general practitioner (GP) out-of-hours services covering 10 million people by March 2002. Local initiatives are also underway to integrate NHS Direct with general dental practitioners' out-of-hours services, which could make emergency dental services more widely available. And from 2002, everyone should be able to use NHS Direct to gain access to their nearest pharmacy. Integration with the emergency services promises significant benefits for accident and emergency departments and ambulance services, but is less advanced.
- 16 Past experience shows that achieving integration will be a significant challenge for NHS Direct. Sites will need to meet demanding service standards while handling a significant increase in the numbers of calls.
- 17 It is very difficult to accurately assess the impact of NHS Direct on callers' behaviour. However, the best estimate that can be generated from available data suggests that NHS Direct is off-setting around half of its running costs by encouraging more appropriate use of NHS services. This includes advising a significant number of callers who would otherwise have visited their GPs on how to care for themselves instead. In addition, NHS Direct also appears to be adding value by reassuring callers and saving them unnecessary anxiety.

## Addressing key risks

- 18 NHS Direct has quickly established itself as the world's largest provider of telephone healthcare advice. If it is to meet the significant challenges associated with future expansion and development of its service, NHS Direct will need to address the key risks highlighted in the preceding paragraphs. In summary, these risks are:
  - **capacity** - having sufficient capacity to maintain and improve on service standards, while handling growing demand. This will depend on a number of factors, including: developing appropriate human resource strategies; achieving successful networking of calls between sites; improving productivity across sites; and being able to demonstrate a case for appropriate levels of funding to meet demand;
  - **safety** - maintaining a good safety record while dealing with increasing call volumes; and
  - **integration** - linking with other front-line healthcare services to capitalise on the benefits of integrated working, and to avoid possible duplication and inefficiency. This will require significant investment in consultation and communication with key stakeholders, and in development of compatible information systems and service standards.

## Recommendations

- 19 The implementation of NHS Direct so far has been a success. The Department of Health and NHS Direct can build on this success by:
- i) strengthening senior management to provide further direction, prioritisation and management (including project management) across all projects and services, and drawing up business and strategic plans covering developments over three to five years. This would help provide clearer direction for the service and how this relates to policy priorities elsewhere in the NHS;
  - ii) supporting this with a staffing strategy, based on a clearer understanding of the factors affecting staff recruitment and retention across the service. This would reflect the effectiveness of initiatives by NHS Direct sites to minimise the impact of recruitment of nursing staff on the rest of the NHS, and the opportunity to use the forthcoming networking of calls between sites to focus capacity in those areas which have a relatively numerous nursing workforce; and
  - iii) developing more specific and measurable objectives for both the telephone and Online service, and building on its work in developing performance measures to create a more comprehensive performance management framework.
- 20 To build on its initial success in take-up and customer service, NHS Direct should:
- iv) target effort at both a national and local level to reach those groups with lower than average awareness and / or usage of NHS Direct - younger people, older people, ethnic minority groups and less advantaged social groups - and to build on and share good practice. In particular, the service would benefit from a nationally co-ordinated approach to raising awareness among the socially disadvantaged, and increased efforts to employ nurses who are bilingual;
  - v) take action to ensure that targets for the time taken for callers to speak to a nurse are met. This will require a package of measures including increasing resources in line with increases in take-up of the service, and tackling variations in productivity. Action is essential to retain public confidence in the system; and
  - vi) continue to monitor at a national level the appropriateness of advice given to callers and their compliance with it, and establish whether performance compares favourably with other front-line healthcare providers such as GPs.
- 21 So far, NHS Direct has had beneficial impacts on the rest of the NHS. To build on this, it should:
- vii) monitor carefully steps taken by NHS Direct sites to integrate with other healthcare providers as this is an established area of risk, in particular to ensure standards of service are achieved at the same time as handling the significant increase in numbers of calls, and that good practice is disseminated; and
  - viii) spread examples of other good practice initiatives undertaken by sites which have resulted in tangible benefits for local health communities.