

Connecting health and home.

NHS Direct
Annual Report 2006/07



"CLEARLY WE ANTICIPATE GROWTH IN MO

NHS
Direct



EACH MONTH NHS DIRECT HANDLES OVER 2.5 MILLION PATIENT CONTACTS THROUGH THE TELEPHONE, INTERNET AND DIGITAL TELEVISION.

ON 1 APRIL 2007 NHS DIRECT BECAME AN NHS TRUST.

WE HAVE ALREADY
BEGUN WORKING TOWARDS
FOUNDATION TRUST STATUS.

FROM A MULTITUDE OF FRAGMENTED, ALMOST
INDEPENDENT ORGANISATIONS, WE ARE NOW A
NATIONAL SERVICE WITH NATIONAL POLICIES.

PROVIDE A 24/7 SERVICE TO 50 MILLION PEOPLE

HEALTHCARE IN THE "DIGITAL AGE"



IN BRIEF

**NHS DIRECT NAMED
TOP 10 INNOVATION**

NHS Direct has been named one of the top 10 world-changing social innovations to be developed in the past 200 years by an international think tank. The Young Foundation praised NHS Direct for opening up 'access to health and knowledge about health to ordinary people'.

**WORLD CUP GOOD
FOR MEN'S HEALTH**

NHS Direct Annual Report and Accounts 2006-2007

Presented to Parliament pursuant to Schedule 15 of the National Health Service Act 2006. Ordered by the House of Commons to be printed on 16 July 2007.

Contents

| | | | |
|---|----|---|----|
| A year of change: Chairman's review | 3 | Remuneration Report 2006/07 | 30 |
| Management Commentary 2006/07 | | Composition and roles of the Remuneration Committee | 30 |
| How we performed | 4 | Annual Accounts 2006/07 | |
| Financial performance | 9 | Statement of the Board and Chief Executive's responsibilities | 34 |
| A national organisation with a local face | 10 | Statement on internal control 2006/07 | 35 |
| <ul style="list-style-type: none"> • Contact details for Regional Directors • Contact details for Heads of Business Development | | Certificate and report of the Comptroller and Auditor General | 38 |
| Special services | 12 | Annual Accounts 2006/07 | 40 |
| Long term conditions | 14 | | |
| Focus on safety and quality | 16 | | |
| A multi-channel service | 20 | | |
| Board and Executive Director's biographies | 24 | | |
| Public interest | 28 | | |



Our team

A new Board for a new NHS Trust

The end of the financial year marked the end of NHS Direct as a Special Health Authority and its new beginning as an NHS Trust. We have a new Board with members providing expertise from academia, industry and the wider health service and have already begun working towards Foundation Trust status.

© Crown Copyright 2007 The text in this document (excluding any Royal Arms and departmental logos) may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not used in a misleading context. The material must be acknowledged as Crown copyright and the title of the document specified. Any queries relating to the copyright in this document should be addressed to The Licensing Division, HMSO, St Clements House, 2-16 Colegate, Norwich, NR3 1BQ. Fax: 01603 723000 or e-mail: licensing@cabinet-office.x.gsi.gov.uk

A year of change

The last year has been one of tremendous change both within NHS Direct and in the wider NHS. There has been significant restructuring across the Health Service and the completion of our transformation programme within NHS Direct. The changes we introduced last summer and rolled out over the following months will ensure that we combine the operational benefits and efficiency of a national infrastructure with the flexibility to tailor services to meet the needs of local communities.



Matt Tee



Ed Lester

New services for patients and commissioners

As usage of NHS Direct continues to rise through expanded services on digital TV and the web, we also continue to develop new service models better to support commissioners and patients. NHS Direct is increasing its role in helping people to care for themselves at home particularly supporting those with long term conditions

Financial success

In a tough financial climate NHS Direct achieved considerable financial success, reaching the end of the year well within budget. We have now been in financial surplus for three years and maintaining this will be one of next year's top priorities.

Changing faces

The year has seen personnel changes across the organisation from frontline staff to Chief Executive. We have lost some good colleagues – and welcomed new ones – and I would like to place on record my gratitude to all those staff who have supported the work of NHS Direct from its earliest beginnings.

After three years of leadership through major organisational change, Ed Lester stepped down from the role of Chief Executive at the end of the financial year. We owe him a great deal for his commitment to our goals, and his untiring work in driving forward the work of the organisation.

At the same time I am looking forward to working with Matt Tee as our new Chief Executive. Matt is joining us from the Department of Health where he has been Director of Communications.

His commitment to patients, knowledge of the NHS and Government and experience of developing a business make him an ideal choice to be our Chief Executive.



David Edmonds

David Edmonds
Chairman

Management Commentary

How we performed

NHS Direct tracks its business plan objectives on a monthly basis. Key performance indicators are reported to the Board and Department of Health using a “balanced scorecard” approach.

“PLEASE CAN YOU THANK JILL IN
NEWCASTLE FOR HER ADVICE ABOUT
MY BABY SON JAMES LAST NIGHT.
SHE PUT MY MIND AT EASE AND
ADVISED SOME, WHAT SEEM OBVIOUS
NOW, SOLUTIONS TO HIS PROBLEM.
HE IS FINE TODAY. THANK YOU!”

Kelly and 8-month-old James from Warwickshire



Annual demand

Total user contacts last year were at a record level of over 28.5 million, equating to 78k enquiries per day, or one patient contact nearly every second of the day. Telephony demand for the year gradually reduced in both the 0845 4647 core business, and commissioned services. However user access to health information and advice via other NHS Direct channels such as the Website, Online Enquiry Services and DiTV has seen a very positive upturn in usage, meaning a significant rise in overall contacts.

NHS Direct Online has shown a 52% growth in online visits compared with 2005/06. March 2007 saw the number of online visits exceed the two million mark for the first time ever (2.2 million), thus meeting the target agreed with the Department of Health (DH).

There were significant spikes in website (and telephone) activity due to exceptional events within the year, notably the heatwave during July 2006 and the polonium 210 health scare, showing both the importance of the service in coping with unexpected public health concern, and the impact of media coverage. The Online Enquiry Service (OES) has grown by 25% since last year, with around 5,000 contacts per month. Digital TV is estimated to reach around 160,000 users per month.

Promotion of the non-telephony channels utilised a leaflet campaign during the year. These initiatives have increased patients' awareness of the variety of ways they can obtain information from NHS Direct without using the telephone service. 800,000 leaflets promoting digital TV and Online services were distributed during June, July and August 2006.

Organisational change

The major driver of service performance in 2006/07 was organisational change. Final consultation was launched in May 2006, and continued for three months. Subsequent Board meetings in September and October considered the outcome of this process. A recruitment freeze was imposed from February until the outcome of consultation was considered by the Board. The change process, seeking to improve service efficiency, involved a new organisational design, and ultimately the closure of thirteen sites to rationalise the estate. Staff numbers were significantly below establishment, a major contributor to the organisation underspend. Despite this, NHS Direct achieved the majority of the trajectory targets, and continued to provide high quality care to the majority of service users throughout the year. Performance dipped in December 2006, largely due to the effects of the polonium-210 health scare and some technology issues, and February 2007, when staff establishment was at its lowest point.



I joined NHS Direct three years ago as the National OOH Assistant. Ever since, I have been faced with working in a fast paced environment that brings new challenges each day.

Avril Smith,
PA to the
West Midlands
Regional Director



"The main part of my job is to analyse staff performance to ensure that our callers benefit from the most efficient and satisfying service possible. Our staff are judged on a huge number of criteria, including the amount of time spent available to callers and the safety and suitability of their final recommendations. I know that if I make it easier to ensure that staff are working at their best, it will ultimately improve the patient experience."

**John Sutherland, Regional Information Analyst
NHS Direct: South East Region**



Access performance

Overall abandonment levels improved from 2005/06 by 1%, showing improvements in three of the four financial quarters when directly compared with last year.

Percentage of calls answered in 60 seconds showed a small deterioration from 2005/06 (from 70% to 68%). The main contributing factor to this was the consistently low numbers of health advisors against establishment, due to organisational constraints on recruitment, higher than anticipated attrition, and the lead lag time for recruitment.

Clinical performance

The percentage of urgent calls (P1) beginning triage within 20 minutes has remained consistently on target for the whole year. At 96% for 2006/07, it remains the same as last year, an excellent performance.

The percentage of non-urgent calls (P2) commencing triage within 60 minutes has worsened by 3% overall this year, moving from 85% in 2005/06 to 82% in 2006/07, because of lower nurse adviser numbers.

The percentage of non-urgent clinical calls starting triage in 240 minutes has been stable across the year, remaining above the target at 98% for this year.

The percentage of Health Information Calls assessed within 180 minutes has improved by 1% from 2005/06, from 88% to 89% this year. We have moved from a national capability to five centres of excellence, with attendant establishment and process challenges.

Supporting the wider NHS

NHS Direct supports the wider NHS by encouraging self-care and care at home and avoiding unnecessary referrals that could put a strain on other parts of the health service.

The percentage of calls completed in NHS Direct has increased by 1% compared to last year, moving from 33% to 34%. A major impact on this specific KPI was the introduction of a new version of the Clinical Advice System in July 2006 and changes made to dispositions and clinical outcomes.

The percentage of emergency and urgent referrals has seen a (positive) 2% drop in the year moving from 34% to 32% compared with last year. This reduction has been achieved without any adverse impact on patient safety.

Choose and Book

During the past year NHS Direct has worked with the Department of Health in developing new processes to support choice and improve the patient experience.

Across 2006, NHS Direct held successful negotiations with the Department of Health to establish a formal agreement for the provision of The Choose and Book Appointments Line. These negotiations concluded in January 2007 with the NHS Direct Board and the Department of Health approving a contract for the Appointments Line service from April 2007 to November 2010.

The start of the contract between NHS Direct and the Department of Health in April saw the introduction of a new set of performance standards based on customer experience and service delivery.

The appointments line had considerable growth in the period between April 2006 and February 2007 with 1.27m calls offered. The service now has 132 staff working across call centres at Chatham, Hampshire and Milton Keynes, with further recruitment planned to meet expected growth.

From April this year the Choose and Book forecasting process will be realigned to the National Operations Centre's workforce planning processes. A new monthly forecasting process will issue a six-weekly call demand forecast. From the start of the contact we will show monthly performance against the agreed 11 performance indicators.

Other key changes

NHS Direct has moved to a new telephony platform in this year, which will enable efficiencies in front end performance. Only one site now remains outside this system. As with any major technological changes, there have been some teething problems, but the benefits to the service are now starting to become evident.

Thirteen sites were closed by April 2007. The new estates configuration will be more efficient and all changes are now in place.

A new rostering review framework has been implemented, highlighting rostering issues at a regional and national level including hotspots, rostering effectiveness and post roster review. Once rolled out to all nine regions, this review process will improve co-operation across regions, and improve rostering and performance around our business KPIs.



THANK YOU to Hilary who spoke to me on the night of Good Friday and gave me advice about my sickness. Her reassurance and advice meant I did not have to call out an emergency doctor – and it was a real comfort to hear a sympathetic voice at the end of the phone.

Heatwave

Demand was higher than expected in July 2006, mainly due to the heatwave, which had two peaks, both occurring at weekends. In contrast to the established trend of falling call volumes at this time of year, the combined call volume rose by 7% in comparison to June.

Telephony demand profile was also more irregular than usual, with peaks of high activity during the hotter weather. NHS Direct received considerable publicity during the two major peaks of temperature – highly positive for the service, despite the significant increases in demand.

Polonium-210

This incident following the death of Alexander Litvinenko caused considerable public interest during November and December 2006, and caused spikes of activity in three phases. Nearly 4,000 calls specifically relating to polonium were received, with a further 44,000 visits to the relevant areas of the website. NHS Direct handled the episode well, and has been praised by both the Secretary of State, and the Health Protection Agency, for its role. It also allowed NHS Direct to improve its systems and processes for future national public health events.

Health alerts usually affect service operation in three key areas:

- Calls directly related to the health alert, which require additional capacity as well as script and call routing changes
- An increase in underlying call volumes related to the publicity
- ‘Spikes’ of call volumes directly related to times of media coverage which occur at different times to the usual peaks of volume and are usually outside the control of NHS Direct.

The polonium health alert was associated with an 8% increase in call volumes versus forecast during the last week in November. Only 25% of the increased volume was directly attributable to the polonium-210 enquiries. The majority of the remaining 75% of increased volume was due to the increased publicity about the service. The call profiles directly mirrored the media coverage showing significant ‘spikes’ around news broadcasts.



WE ARE VERY SATISFIED WITH THE LEVEL OF RESPONSE, CARE AND ADVICE GIVEN BY NHS DIRECT TO CALLERS SEEKING HELP WITH AN EMERGENCY DENTAL PROBLEM.

WITH THIS EXPERT SUPPORT AT THE 'FRONT END' WE ARE FREE TO CONCENTRATE ON MAKING SURE THAT OUR URGENT CARE DENTAL SERVICE WORKS EFFICIENTLY AND EFFECTIVELY, FOR THE PEOPLE WHO NEED IT MOST.

CATHERINE THATCHER, DEPUTY DIRECTOR OF SERVICE DEVELOPMENT, BRADFORD AND AIREDALE TEACHING PRIMARY CARE TRUST



Providing healthcare 365 days a year

When many healthcare providers are closed for Christmas and other public holidays, NHS Direct staff are working around the clock to provide health advice and reassurance.

The busiest day of the year for calls was Saturday 23 December 2006 when 25,000 calls were answered.

Over Christmas, online visits increased by 29% compared with last year, with 211,000 web visits over the key days.

Fewer calls were referred to 999 and A&E ensuring that pressure was deflected from colleagues elsewhere in the Health Service.

NHS Direct Balanced Scorecard 2006/07

Average monthly performance

| | |
|---|-------------|
| Number of online contacts | 1.7 million |
| Abandoned rate | 9% |
| % calls answered within 60 seconds | 68% |
| % urgent calls commencing clinical assessment in 20 minutes | 96% |
| % of non-urgent (P2) calls commencing clinical assessment in 60 minutes | 82% |
| % emergency and urgent referrals | 32% |
| % completed within NHS Direct | 34% |

Financial performance

For the third year in succession, NHS Direct has achieved its financial targets. In 2006/07 the Authority has generated a surplus of £2.3m.

The table below summarises the financial performance for 2006/07 and provides comparative information for the previous financial year.

| | 2006/07 £000 | 2005/06 £000 |
|------------------|--------------|--------------|
| Operating Income | 147,889 | 155,736 |
| Expenditure | (145,560) | (151,316) |
| Retained Surplus | 2,329 | 4,420 |

At the beginning of the financial year the Authority set a balanced budget for 2006/07 against a background of needing to generate in-year savings of some £15m. This challenge combined with the public consultation on the future organisational and management structure of NHS Direct had a profound effect on the in-year financial performance of the service.

The £2.3m surplus for the year was achieved after transferring a sum of £13m to the Department of Health as a result of significant month on month surpluses on staff related pay and non-pay expenditure. This occurred as a result of the organisations 'vacancy freeze' during the first half of the financial year coupled with above average staff turnover throughout the whole of the year – despite action from October 2006 to recruit to establishment. This, together with the uncertainty associated with the actual cost of the organisational change programme, continued right to the year end as internal recruitment to new structures was completed.

It was agreed with the Department of Health that £11m of the in-year transfer would be repaid to NHS Direct equally over the next two financial years 2007/08 and 2008/09 to support the organisation's development agenda and application for Foundation Trust status with effect from April 2008 or as soon as possible thereafter.

Income and expenditure

In 2006/07 the organisation generated income of £148m primarily from its contract with the Department of Health to provide telephone, online and interactive digital television service which amounted to £123m. This was supplemented with additional income from a variety of commissioned services by Primary Care Trusts covering for instance out-of-hour medical and dental services.

This income was used to finance the cost of the organisation which are summarised in the table below:

| Operating costs | 2006/07 £000 | 2005/06 £000 |
|-------------------------------------|--------------|--------------|
| Salary and wages | 90.8 | 106.7 |
| Telecoms and information technology | 26.6 | 24.5 |
| Overheads | 19.5 | 20.1 |
| Organisational Change costs | 8.7 | 0 |
| Gross Operating Costs | 145.6 | 151.3 |

As well as achieving an in-year surplus the organisation managed to make the necessary savings that formed part of its agreed balanced budget for the year from a variety of recurrent and non-recurrent measures. The savings from the non-recurrent measures amounting to some £900,000 are to be made recurrent in 2007/08 and form part of the agreed business plan for the new financial year.

Cash flow and balance sheet

There have been a number of changes in the Authority's balance sheet and working capital position during the year. The major changes relate to the levels of debtor and creditor balances. These movements are the result of:

- The completion of the purchase of assets from previous host trusts which amounted to some £8m having an impact on both the debtor and creditor balances as the funding for these transfers was provided by the Department of Health.
- The repayment of outstanding capital grants from the Department of Health relating to prior years.
- A general improvement in the payment performance to trade creditors as evidenced by the figures in table 2.3 in the annual accounts.
- An improvement in the recovery of amounts owed by NHS commissioning organisations.
- A significant reduction amounting to some £8.6m in the value of financial provision included in the 2006/07 accounts following the payment of Agenda for Change pay arrears to staff.

In summary at the year end the organisation was in good financial health with a sound working capital position to operate from in 2007/08.

A national organisation with a local face

A key focus for NHS Direct over the past year has been to develop a better understanding of our commissioners' needs and to relate more locally to the health economy in which we serve.

The changes we introduced to our service through our transformation programme will ensure that we combine the operational benefits and efficiency of a national infrastructure with the flexibility to tailor services to meet the needs of local communities.

Throughout the year we have continued to develop new service models to better support commissioners and patients. This has been achieved by:

- Restructuring the business development teams into nine regions to develop a closer alignment to commissioners and local health delivery.
- Conducting surveys to seek patients' and commissioners' views of NHS Direct and the services it delivers.
- Conducting a market segmentation exercise to understand the needs of commissioners.

Meet your local contacts

NHS Direct has realised many benefits as a national organisation including resilience, consistency and economies of scale. However, we understand that our commissioners are concerned with the delivery of high quality health care to their local population.

Regional Directors

| Region | Regional Director | Base Site | Telephone | E-mail |
|----------------------|-------------------|---------------|---------------|-----------------------------------|
| East | Richard Winter | Bedford | 01234 242 604 | Richard.winter@nhsdirect.nhs.uk |
| East Midlands | Nigel Nice | Nottingham | 0115 948 9302 | Nigel.nice@nhsdirect.nhs.uk |
| London | Steven Wibberley | Beckenham | 020 8676 3101 | Steven.wibberley@nhsdirect.nhs.uk |
| North East | Tom McAneney | Newcastle | 0191 238 1117 | Tom.mcaneney@nhsdirect.nhs.uk |
| North West | Jill Stringer | Middlebrook | 01204 478701 | Jill.stringer@nhsdirect.nhs.uk |
| South East | Mike Daly | Milton Keynes | 01908 259813 | Mike.daly@nhsdirect.nhs.uk |
| South West | Gill Stewart | Bristol | 01454 627202 | Gill.stewart@nhsdirect.nhs.uk |
| West Midlands | Pam Bradbury | Dudley | 01384 473815 | Pam.bradbury@nhsdirect.nhs.uk |
| Yorkshire and Humber | Nicola Williams | Wakefield | 01924 877926 | Nicola.williams@nhsdirect.nhs.uk |

Heads of Business Development

| Region | Head of Business Development | Base Site | Telephone | E-mail |
|----------------------|------------------------------|-------------|---------------|-----------------------------------|
| East | Monica Finn | Bedford | 01234 242616 | Monica.finn@nhsdirect.nhs.uk |
| East Midlands | Helen Thompson | Nottingham | 0115 948 9340 | Helen.thompson@nhsdirect.nhs.uk |
| London | Donna Patten | Beckenham | 020 8676 3100 | Donna.patten@nhsdirect.nhs.uk |
| North East | Mike Smith | Newcastle | 0191 238 1107 | Mike.smith@nhsdirect.nhs.uk |
| North West | Kathy Agrebi | Middlebrook | 01204 478715 | Kathy.agrebi@nhsdirect.nhs.uk |
| South East | Katherine Pitts | Chatham | 01908 259814 | Katherine.pitts@nhsdirect.nhs.uk |
| South West | Caroline Pike | Bristol | 01454 627200 | Caroline.pike@nhsdirect.nhs.uk |
| West Midlands | Anthony Nicholls | Dudley | 01384 473830 | Anthony.nicholls@nhsdirect.nhs.uk |
| Yorkshire and Humber | Linda Nuttall | Wakefield | 01924 877927 | Linda.nuttall@nhsdirect.nhs.uk |

Head Office

- 1. Old Street

Yorkshire and the Humber

- 2. Hull
- 3. Sheffield
- 4. Wakefield

North East

- 5. Newcastle
- 6. Stockton-on-Tees

North West

- 7. Middlebrook
- 8. Kendal
- 9. Nantwich
- 10. Blackburn
- 11. Carlisle
- 12. Liverpool

West Midlands

- 13. Stafford
- 14. Dudley

East Midlands

- 15. Nottingham
- 16. Derby
- 17. Chesterfield
- 18. Mansfield

London

- 19. Ilford
- 20. Southall
- 21. Beckenham

East

- 22. Stevenage
- 23. Ipswich
- 24. Norwich
- 25. Chelmsford
- 26. Bedford

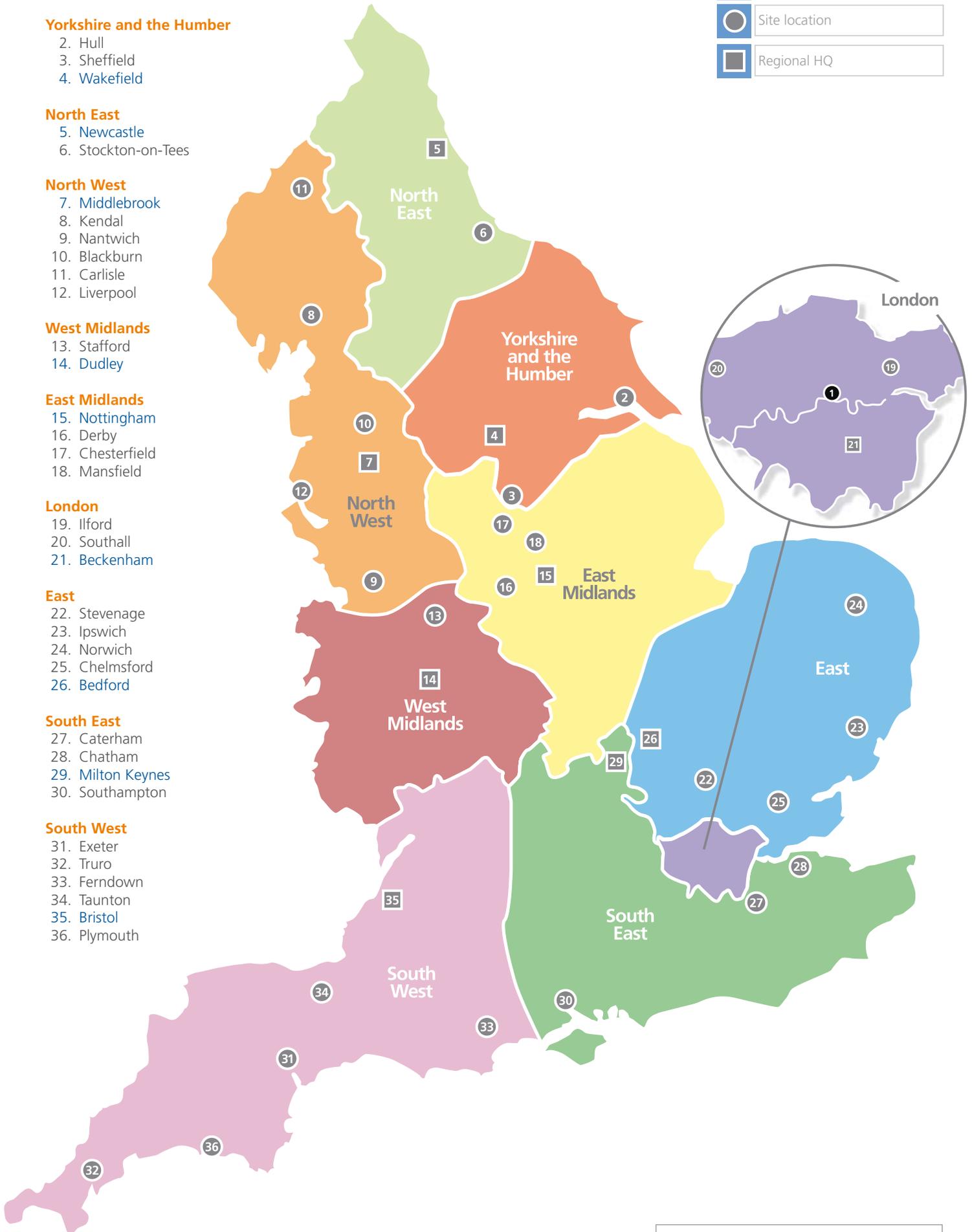
South East

- 27. Caterham
- 28. Chatham
- 29. Milton Keynes
- 30. Southampton

South West

- 31. Exeter
- 32. Truro
- 33. Ferndown
- 34. Taunton
- 35. Bristol
- 36. Plymouth

| | |
|---|---------------|
|  | Head office |
|  | Site location |
|  | Regional HQ |



Special services



Dentistry

On 1 April 2006 NHS Direct introduced 22 different dental schemes to help PCTs meet the needs of the new dental contract. Many of these went live at short notice and they now cover almost a third of the population of England.

Over the past year NHS Direct has continued to build on the dental service offering and in some areas now provides in-hours access to urgent dental care. NHS Direct has worked closely with commissioners on the development of local models to ensure the solution meets the needs of the local provision of access to urgent dental care.

NHS Direct will continue to develop this service, and during 2007/08 will look to have all dental calls assessed by a dental nurse within specialist dental centres. NHS Direct will also look to develop a robust appointments booking service and explore the potential of texting appointment details to users of the service.

NHS Direct has a valuable role within existing dental service provision. As a first point of contact for many individuals, it handles queries in relation to both access to dental care and oral health problems. NHS Direct can resolve some of these queries without the need for face-to-face contact at a dental or medical practice, so freeing up valuable clinical time. The established triage system means that referrals to Accident and Emergency Services are low. Additionally NHS Direct handles out of hours dental calls for a number of PCTs, linking to the operational OOH services. NHS Direct's role reduces face to face contacts with urgent and emergency services giving best use of resources and good value for money.

Carol Mander, Consultant Dental Public Health Chair, NHS Direct East Midlands Dental Forum

NHS Direct and Nottingham Emergency Medical Services (NEMS) won the tender to supply out of hours medical services for a population of over 650,000 in the Greater Nottingham area.

Our new model redesigned the patient pathway playing to the strengths of each partner organisation to maximise the benefit to patients. Patients clearly in need of GP advice or a face-to-face consultation are fast-tracked to NEMS for assessment along with all less urgent calls. This results in fewer call backs and less repetition for patients and a shorter journey to definitive care. NHS Direct continues to identify life-threatening emergencies and provide 'same-call' assessment for urgent conditions.

This has improved our ability to meet access standards with very low abandonment rates due to the resilience and scale of NHS Direct in answering calls. The numbers referred to A&E and 999 have been reduced through partnership working in auditing calls. We have a very low complaint rate (less than 1%).

Alison McWilliam, General Manager, Nottingham Emergency Medical Services

We have worked in collaboration with NHS Direct since December 2005, to provide emergency out of hours dental cover to a consortia of PCTs across the Manchester area, involving in excess of 2 million residents and visitors. This was the first time NHS Direct had partnered with an independent dental provider to deliver an end-to-end dental service, which went live without any significant problems despite an extremely short lead-in time. NHS Direct's triage process is very effective, and the right patients are being referred to us for emergency dental treatment.

Howard Atkins, Project Manager,
Rocky Lane Dental Practice, Monton, Manchester



Out of hours

NHS Direct continues to be integral to the delivery of out-of-hours medical care in many parts of the country. During the past year NHS Direct has developed new service models to align more closely with local service provision, often working in partnership with local providers.

NHS Direct developed a two-way technical link enabling information flows. This will enable more flexible service models that the organisation will be piloting during 2007/08.

We feel the utilisation of the multi-channel platform (website, interactive TV and telephone) offered by NHS Direct could be of added value to the development of single call access models. We will therefore continue to develop creative solutions to support the needs of single call access models.

Health scores

NHS Direct is committed to the provision of public help lines to support acute health scores. During the last year we have supported a number of local and national health scores.

We may play a number of different roles; ranging from providing further information, reassuring people or referring callers who may be affected by a health alert onto another agency. Our staff have specific information-giving skills and are trained to deal with sensitive issues and distressed or angry callers.

Supporting Acute Trusts

NHS Direct has traditionally been viewed as an organisation supporting primary care. As the NHS develops to a more integrated structure with seamless care plans between secondary and primary care, we feel that NHS Direct could provide added value support to the interface.

We are able to support Trusts in achieving the 18-week referral to treatment target by carrying out some services normally provided in an outpatient department. These include services such as pre-operative assessments, which have been well received by patients, as it delivers a service at a time and place convenient for them. This service has also shown a significant reduction in "Did Not Attend" (DNA) rates for the trust.

We also recognise the challenges faced by the secondary primary interface of post-operative discharge. Many of the issues during this period revolve around the provision of information for patients to better care for themselves once leaving hospital, and also the knowledge of local support services. We feel the NHS Direct infrastructure and knowledge database could add significant value to this interface.

During the next year NHS Direct will continue to design new models and look for partners to develop service solutions in this sector.

Marie Digner, Matron/Clinical Lead, Outpatient Services, the Royal Bolton Hospital, says:

We have worked with NHS Direct since 2000. During this time, they have provided us with a telephone-based pre-operative assessment service for day-case patients across a number of specialties. The feedback from our patients is extremely positive – they find the service very convenient and feel better informed about the operations or procedures they are due to have.

In addition, nurses in our pre-operative assessment teams are freed up to spend more time with those patients requiring face-to-face care, thus reducing their length of stay by facilitating earlier discharge.

Long term conditions

NHS Direct is ideally placed to help meet the needs of patients with long term conditions, in line with government policy on care closer to home. Evidence from overseas supports the effectiveness of the telephone in care management, and in providing the resources to enable patients and carers to optimise their health.

**Ian Mello Baron, Divisional Head of Strategy,
Heywood Middleton and Rochdale Primary Care Trust says:**

I am personally impressed with the customer focus of the NHS Direct services and the speed of their collective response to this specific commission. Through this project NHS Direct have made use of their extensive national networks and as a direct outcome the project is to benefit from a formal audit being carried out by Imperial College, London. We commissioned NHS Direct, in conjunction with The Met Office, to monitor and support patients with known Chronic Obstructive Pulmonary Disorder (COPD) across the PCT during winter 2006/07. NHS Direct contacted patients who consented to take part and carried out a telephone-based assessment of their health and social care needs. This enabled the early identification of any problems and where necessary, referral to the appropriate health or social care agency. In addition, NHS Direct gave patients advance warning of any worsening weather conditions which could lead to an exacerbation of their condition if they didn't take the right precautions.

Andrew Petty, Care Manager



As a new Care Manager I am finding this role exciting as well as challenging. I like the degree of autonomy and the chance to manage my own case load. I feel I'm getting to know my clients on a professional, but also a personal level. We have a close team of Nurses who have gelled really well and that helps in the overall working environment.

NHS Direct to give long term care

A SCHEME to provide ongoing telephone nursing care has been launched as an extension of NHS Direct in partnership with a private company and PCTs. Birmingham OwnHealth will provide patients in Birmingham who have cardiac conditions and/or diabetes with telephone support from dedicated care managers.

In 2006-07, NHS Direct has been providing telephone care management to over 1,000 patients with long term conditions. In partnership with Birmingham East and North PCT and UK Pfizer Health Solutions, NHS Direct care nurses have been providing personal care management to patients with diabetes, heart failure or coronary heart disease. The programme helps patients to understand their condition, the treatment, what they can do to improve their own health, and how to make the best use of the health services to support them.

Early results have been encouraging, with changes in health behaviours, some clinical parameters, and use of health services. Feedback from patients and professionals has been very positive: the programme has now been recommissioned for a further 12 months, with an increase in the number of patients to be covered by the scheme.



David Silver



SINCE ENROLLING IN BIRMINGHAM OWNHEALTH I HAVE A BETTER UNDERSTANDING OF MY DIABETES AND WHAT I NEED TO DO TO LOOK AFTER MYSELF...

KEN SAYS:

“MY CARE MANAGER DOESN’T ONLY RING ME HE ALSO E-MAILS ME USEFUL INFORMATION ABOUT MY CONDITION WHICH IS REALLY HELPFUL. MY WIFE LILY AND I LOOK FORWARD TO HIS CALLS, IT GIVES US A LOT OF REASSURANCE TO KNOW THAT SOMEONE IS THERE FOR US, HE FEELS LIKE ONE OF THE FAMILY!”

David Silver from Birmingham has lived with diabetes for a number of years. He has been part of the Birmingham OwnHealth programme for just over a year and with his Care Manager has developed a plan for weight management and smoking cessation. With the help and advice of his Care Manager David stopped smoking in December last year. He says of the service:

“Since enrolling in Birmingham OwnHealth I have a better understanding of my diabetes and what I need to do to look after myself and I know that if I need any help or advice my Care Manager is just at the end of a telephone line.”

Ken Daniels is 76 years old and lives in Small Heath, Birmingham. He has had diabetes for a number of years and has only just enrolled in the Birmingham OwnHealth programme. He looks forward to talking to Andrew, his Care Manager every week and boasts to his friends at his local snooker club of ‘having his own nurse on the end of the phone’.



Sometimes as soon as you hear their voice you know something is not right... that’s how well you know your clients. There is real sense of devotion and dedication within the team and that obviously reflects in our client care. It’s wonderful to see the results with some of our patients: it may be their cholesterol levels coming down, or celebrating with someone who has dropped a whole dress size!

Rachael Bethel, Care Manager

Their own nurses at the end of a phone line!



Focus on safety and quality

The clinical integrity of NHS Direct has always been a key strength, ensuring that the organisation remains one of the safest – as well as among the most popular – providers of healthcare within the NHS. During 2006-07, we formed a National Clinical Governance Team to provide more efficient co-ordination of activities in relation to improving the safety and quality of services. This team now incorporates staff responsible for Patient and Public Involvement, Public Health, Learning, Training and Development, Complaints and Feedback, Clinical Risk Management, Research and Clinical Audit.

Clinical Strategy 2007-2010

The Clinical Directorate combines the expertise of nurses, pharmacist, medical staff, clinical governance staff, health information and editorial staff who all contribute to the development of the Clinical Strategy. The Directorate provides advice and guidance to the organisation on professional issues, clinical safety and quality, equality and diversity, mental health and vulnerable adults, child protection and children's services. The clinical directorate also leads the public and patient involvement activity within the organisation and is responsible for ensuring the clinical content for the telephone, web and digital television services is also maintained and up to date.

The Clinical Strategy and Business Plan are based on a set of principles which the clinical directorate has also adopted to guide the contribution it makes to the running of an effective organisation.

These principles are to ensure that NHS Direct:

- Remains focused on the delivery of health advice and information to empower users to make decisions and enable them to self-care effectively.
- Maintains equity of access for all service users.
- Has a workforce with the appropriate skill mix and grade to reflect the need of the employee and employer via a career structure.
- Not only focuses on the core business but seeks opportunities for growth in new and contestable markets.

- Directly influences national social and healthcare policies.
- Seeks to improve the efficiency of its services to our users and commissioners and be much more customer needs focused.
- Delivers a range of services that meet the needs of our users and commissioners.
- Develops clear strategic goals to guide its development and activity.

NHS Direct's Clinical Strategy 2007-2010 forms a central driver for the organisation's business in assuring safe, high quality patient-centred services. The strategy encompasses key service delivery and service development objectives and builds on the success and experience NHS Direct has gained since its formation.

Healthcare Commission Standards for Better Health

A key focus of the last year has been ensuring that the service provided by NHS Direct continues to meet the Department of Health's Standards for Better Health.

These standards, introduced in 2004, specify the level of quality that all NHS organisations in England are expected to meet in terms of safety, clinical and cost-effectiveness, governance, patient focus, accessible and responsive care, care environment and amenities and public health. In May 2006, NHS Direct met with the Healthcare Commission to agree the variation to the Core Standards that NHS Direct would be assessed against.

This agreement reached with the Healthcare Commission eliminates the uncertainty over which standards apply or not to NHS Direct for future assessments.

In 2006-07, NHS Direct continued to develop people, systems and processes based on the initial self-assessment against the standards in 2005-06. NHS Direct will undertake a further assessment of compliance with the standards, which will be validated by our internal auditors. We are currently working on a national strategy for public and patient involvement (PPI), which will help us to comply with the PPI standard.

Feedback: What do patients and carers think of our service?

NHS organisations are required to work more closely together when dealing with multi-agency complaints through the new amendments to the NHS complaints regulations published in October 2006. This also amended the time to answer complaints from 20 days to 25 days. NHS Direct has been reviewing its practices in relation to this and changing the way it handles multi-agency complaints. From April 2007 we will report to the Department of Health against the 25-day target. Work has been ongoing throughout 2006-07 to consistently meet the 20-day target and this target has been achieved for eight months in this year and this has resulted in 95.3% of all complaints responded to within the year meeting the 20-day target. See the table to the right for both the 20 and 25 target:



Walter Greenacre



ALAN GREENACRE FROM NORTHUMBERLAND WROTE TO THANK NHS DIRECT FOR THE CARE HIS FATHER WALTER RECEIVED LAST DECEMBER:

“DUE TO YOUR ACTIONS HE IS WELL ON THE MEND. HE IS BACK LIVING HIS LIFE TO THE FULL AND DOES VERY WELL FOR HIS 80 YEARS – EVEN CREWING ON MY YACHT FOR ME. THANKS AGAIN.”



Dealing with adverse incidents

NHS Direct’s adverse incident management policy was reviewed and updated in 2006-07. This policy sets out the way the service responds to and learns from any adverse incidents that result from NHS Direct advice. Incidents are always thoroughly investigated and are subject to peer review. In June 2006 the National Patient Safety Agency ran training for senior clinical staff on the investigation and analysis of incidents.

A new incident reporting system and database allows us to collate information, analyse trends and root causes, and share learning on a national basis. Over the coming year the new incident reporting system will be evaluated, the adverse incident management policy reviewed and updated and further training will be provided for senior clinical staff on the identification, reporting and investigation of incidents.

The number of complaints received by NHS Direct during the year was 981 compared with 877 in 2005-6, which represents an 11.9% increase. The main causes of complaints in 2006-07 relate to the communication between staff and callers, the length of time for a call back from a nurse and inappropriate advice. We uphold around 60% of formal complaints against NHS Direct. This year the Healthcare Commission has notified NHS Direct of nine complaints raised with them following completion of our internal complaints procedures; representing less than 1% of complaints. No complaints against NHS Direct were referred on to the Ombudsman this year.

Understanding callers

Last year we conducted an Empathy Audit, which aims to measure and improve the quality of service to callers. A sample of calls were analysed in detail in relation to key parts of the interaction between callers and NHS Direct staff.

- Getting Though – When and how callers are welcomed.
- Developing the Relationship – How we as people impact on callers.
- Handling the Task – How processes make callers feel.
- Handling Problems – How callers are dealt with if they have a grievance.
- Wrapping Up – How is the interaction ended.
- Delight – How far expectations are exceeded.

- Corporate Characteristics – How the organisation’s culture draws in or repels callers.
- Bespoke Questions – How far callers values are met.

Following this initial audit a programme of work has been developed including a review of our existing tools for reviewing calls to the service. Over the coming year, training and support for front line staff will provide improvements in performance. Once complete, a further audit will be undertaken to measure improvement. During 2006-07 NHS Direct has received nearly 1,000 letters, telephone calls or E-mails from users of our services who have wanted to express their appreciation from their experience of using NHS Direct.

| Month | 20-Day Target | 25-Day Target |
|----------------|---------------|---------------|
| April 2006 | 87.1% | 87.1% |
| May 2006 | 96.2% | 98.1% |
| June 2006 | 98.4% | 98.4% |
| July 2006 | 92.6% | 96.3% |
| August 2006 | 94.9% | 96.2% |
| September 2006 | 97.7% | 100% |
| October 2006 | 95.2% | 98.8% |
| November 2006 | 97.2% | 100% |
| December 2006 | 95.7% | 98.6% |
| January 2007 | 93.8% | 98.8% |
| February 2007 | 97.0% | 100% |
| March 2007 | 96.0% | 99.0% |



“You make the job of having a sick child a lot easier”

I would just like to say how impressed I was with the service provided by NHS Direct when my 6-month-old daughter was ill during Tuesday night. Everyone involved was quick and efficient and provided a fantastic service to give peace of mind and great care. It can be difficult to know what to do for the best when a child is sick but your service makes the job of being a parent of a sick child a lot easier.

Thank you once again – Kate Trigg-Hogarth, Gloucester



Health and Health Information Services

During the latter part of 2006-07 a new Health and Health Service Information Team (H&HSI) was set up to provide high quality evidence-based material to users accessing various delivery channels, namely: call centre and online enquiry services (telephone and E-mail), NHS Direct Online, NHS Direct Interactive and NHS Direct on Freeview. The service builds on the excellent work already achieved by NHS Direct New Media and health information teams.

Services for health information have been established in Wakefield, Newcastle, Nottingham, Bristol and Southampton sites, along with new media channels based in Southampton and OES provision at Stevenage to provide a service nationally for England. An integrated library service will be managed as a key component of the H&HSI Team.

Work to develop a Knowledge Management Strategy has been undertaken and this will be rolled out during 2007/08. NHS Direct is committed to working in partnership with stakeholders, including service users. Over the past year within new media channels there has been an active programme of engagement with patients and the public and research, which forms a strong basis for the wider service to build upon.

Child Health

During the latter part of 2006-07 the confirmed appointment of a National Children’s Services Lead and subsequent Regional Children’s Services Leads led to the production of a draft child health strategy, the first document within the organisation to specifically outline the main targets and objectives for services to children and young people. This is the beginning of a robust process of ensuring that our goals for children and young people’s health services are defined, measured and evaluated. The draft child health strategy complements, and is intrinsic to, the success of our working in partnership with our health and social care colleagues, the voluntary sector and with children, young people and their families.

The objectives of the NHS Direct Regional Children’s Services Leads form the basis of the structure within which we have been able to support staff in the delivery of the best healthcare services for children, young people and their families and are essential to ensuring that we continue to provide high quality and efficient, effective care.

Creating meaningful relationships with children, young people and their parents, as well as our health and social care partners is critical to improving the health of children; therefore, the NHS Direct Regional Children’s Services Leads serve as an advisory body to NHS Direct on all child health matters and provide clinical advice including on matters of clinical governance.

Mental Health

The Mental Health Team constitutes a vital strand of the organisation’s Clinical Strategy. We respond sensitively and appropriately to callers presenting with mental health problems or concerns, learning disabilities, or whose needs fall within safeguarding adult procedures. As well as enabling callers to make informed choices about their health needs, in times of mental health crises we are also able to ensure swift onward referral to our health and social care partners.

By promoting a positive attitude towards mental health and well-being we have created the essential conditions for robust, clinically safe assessment and management of mental health problems throughout the service. This has enabled us to create an ethos designed to overcome the stigma, discrimination and embarrassment that often accompanies mental ill health.

The recent development of an organisation-wide Mental Health Strategy has been influenced by existing best-practice combined with the Mental Health team’s commitment to a policy of continuous improvement. It has been informed by both staff and users of the service.



HI. LAST MONDAY I RANG ABOUT
I' [REDACTED] CON [REDACTED] MY DAU [REDACTED] ER.
I' [REDACTED] JST [REDACTED] SAY TH [REDACTED] ALL
THE [REDACTED] ME [REDACTED] TO WEE [REDACTED] ERY
[REDACTED] RY [REDACTED] . I
KN [REDACTED] ME I [REDACTED] EN.
I'M PLEASED TO SAY JESSICA IS NOW
VERY WELL AND BACK TO SCHOOL.
THANKS AGAIN. KIND REGARDS JULIE, BASILDON

Using technology to support best practice

During 2006-07, all the computer-driven decision-making pathways used by NHS Direct to assess patients (known as 'algorithms') were updated to ensure they reflected the latest guidelines from the National Institute for Health and Clinical Excellence and from the Government's National Service Frameworks and other national plans for the treatment of different conditions. The public information provided online and on our digital television service was also updated. The following algorithms were introduced in 2006-07:

- New algorithm to support Health Information staff to handle enquiries regarding medicines, including missed pills and/or emergency contraception.
- New dental problems algorithm to support new Dental contracts from 1 April 2006.
- Abdominal pain algorithm was updated as most commonly used algorithm to introduce new 'jump' technology, allowing the switching to a more suitable algorithm to react to callers' responses to specific questions to ensure a more effective clinical assessment.
- Cold and flu algorithm also updated to incorporate 'jump' technology.

Technological advances in 2006-07 also focused on promoting self-care in order to empower patients to make decisions for themselves regarding their care. For example, revised care advice for dental problems and revised medicines care advice was introduced.

2006-07 saw the introduction of 'Responsive Messaging'. This provides the service with the ability to introduce recorded messages to callers at the start of calls in order to respond to times of high call volumes or high numbers of individual calls in relation to specific topics, e.g. outbreak of vomiting virus. This provides callers with the option of being directed to information specific to the reason of their call rather than wait for a general assessment.

2007-08 will see an introduction of emergency protocols, which will support front-line staff at times of high call volumes due to public emergencies, for example the recent polonium-210 contamination of public places publicity surrounding the death of Alexander Litvinenko. Next year will also see the introduction of rationales for prioritisation tools, which will provide our Health Advisers with more detailed information in relation to questions in the prioritisation and streaming tool to allow them to ensure a safer and higher quality experience for callers.

On Saturday 3 March I used the NHS Direct helpline after my father collapsed. Please would you pass on my thanks and those of the rest of the family for the help provided by Nurse Jude, which was delivered in a clear and professional manner. Regards, John P Bushby.