To: PHE Cabinet COVID-19

From: Julian Brookes

Date: 26 March 2020
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EnqWNCoV

Briefing Note: Helplines

Issue	**Cabinet have asked for a positional report on the PHE helplines – supporting the COVID-19 Incident.**
Timing	**For Cabinet Meeting Midday, 27 March 2020**
Recommendation	**We recommend that you:** • **Note this update** • **Note the direction of travel**

1. Background

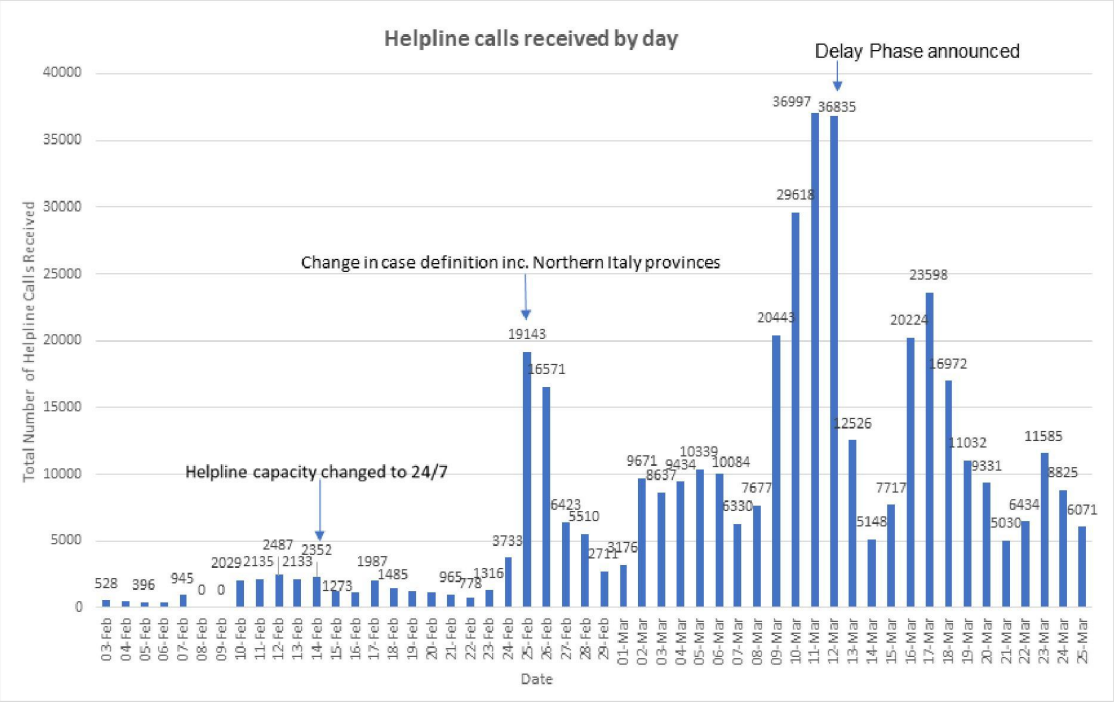
1.1. At the end of January 2020, PHE was approached by NHS111 to establish, as part of the COVID-19 response, a general helpline facility to support NHS111 by taking away significant call volumes from the clinical pathway within NHS111. The line was to be established as part of NHS111 offer - in line with SoS's request that NHS111 remained the single point of contact for all enquiries related to COVID-19.

1.2. On 3 February 20120, PHE introduced a helpline – accessed through the opening messaging service at NHS111 providing non-clinical advice. The service was stood up under the existing national procurement contract framework PHE. Two main contractors were engaged – Serco and Sitel (NHS BSA have since been added). These were chosen because they had immediate capacity and because of their previous close working relationship. Following discussions with the Devolved Administrations, the service was initially established for England and Wales only, Scotland and N Ireland were running their own services and wished to continue doing so. In February PHE received an urgent request from N Ireland to access the PHE service having experienced considerable problems with their own service and bad media coverage. Scotland have retained their separate service.

1.3. Initially the helpline ran within business hours – Monday to Friday, but this changed rapidly to 24/7 in line with demand. PHE also added a link to the helplines from HPTs to relieve them of some of the pressure they were experiencing. A further facility was added through PHE's internal telephony service to provide a link to the helpline from our main receptions.

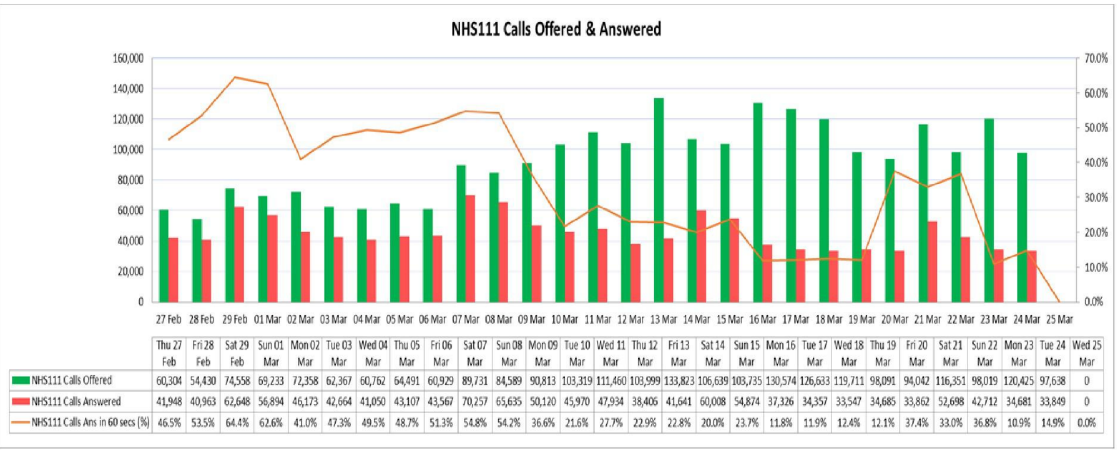
1.4. PHE has maintained a high level of performance, achieving over 90% call completion throughout the operation of the helpline despite seeing peaks of nearly 40,000 calls within a 24-hour period. **Table 1** provides information on call volumes.

Table 1: Call Volumes by day



1.5. Whilst PHE has maintained high level of performance, this has been a difficult time for NHS111. **Table 2** shows the performance of NHS111. The capacity at NHS111 has responded to around 40,000 calls with slightly more at weekends since the beginning of the incident. This is despite calls offered being regularly over 100,000 per day. If anything, their ability to answer calls has dropped since mid-March.

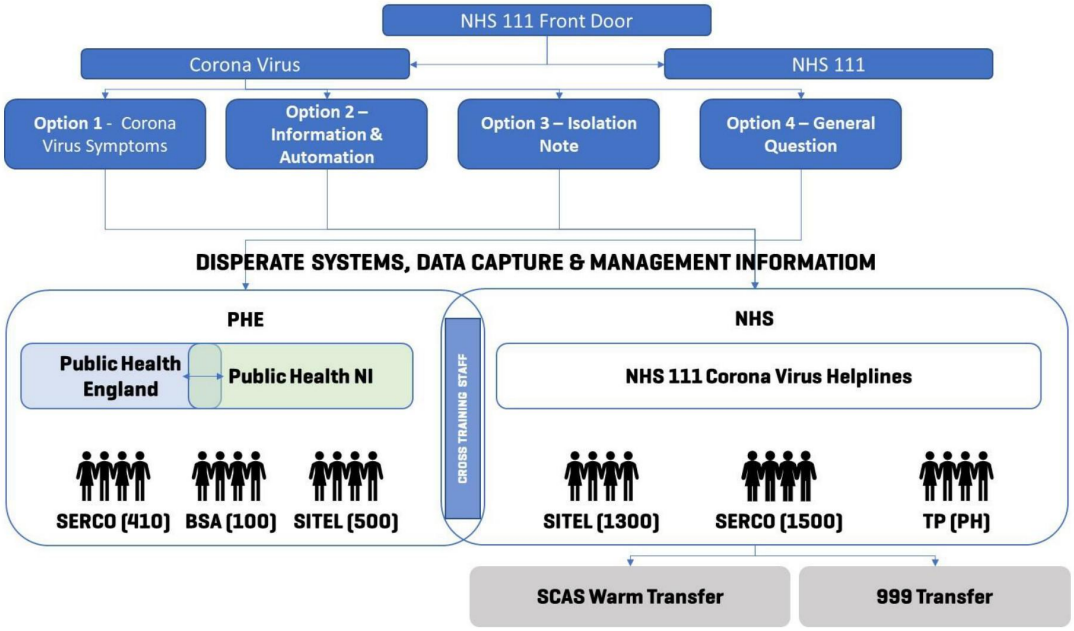
Table 2: NHS111 Core Service Calls Offered and Answered



	Thu 27 Feb	Fri 28 Feb	Sat 29 Feb	Sun 01 Mar	Mon 02 Mar	Tue 03 Mar	Wed 04 Mar	Thu 05 Mar	Fri 06 Mar	Sat 07 Mar	Sun 08 Mar	Mon 09 Mar	Tue 10 Mar	Wed 11 Mar	Thu 12 Mar	Fri 13 Mar	Sat 14 Mar	Sun 15 Mar	Mon 16 Mar	Tue 17 Mar	Wed 18 Mar	Thu 19 Mar	Fri 20 Mar	Sat 21 Mar	Sun 22 Mar	Mon 23 Mar	Tue 24 Mar	Wed 25 Mar
NHS111 Calls Offered	60,304	54,430	74,558	69,233	72,358	62,367	60,762	64,491	60,929	89,731	84,589	90,813	103,319	111,460	103,999	133,823	106,639	103,735	130,574	126,633	119,711	98,091	94,042	116,351	98,019	120,425	97,638	0
NHS111 Calls Answered	41,948	40,963	62,648	56,894	46,173	42,664	41,050	43,107	43,567	70,257	65,635	50,120	45,970	47,934	38,406	41,641	60,008	54,874	37,326	34,357	33,547	34,685	33,862	52,698	42,712	34,681	33,849	0
NHS111 Calls Ans in 60 secs (%)	46.5%	53.5%	64.4%	62.6%	41.0%	47.3%	49.5%	48.7%	51.3%	54.8%	54.2%	36.6%	21.6%	27.7%	22.9%	22.8%	20.0%	23.7%	11.8%	11.9%	12.4%	12.1%	37.4%	33.0%	36.8%	10.9%	14.9%	0.0%

1.6. In response to a request from NHSE/NHS111 for aid, PHE sourced an additional 1,000 call handlers at 24 hours notice to support NHS111. These call handlers now provide capacity as part of the NHS111 COVID-19 response and are separate from the PHE capacity. This new capacity is being used to support a new part of NHS11 – the COVID-19 response element. This response element uses a clinical algorithm to take callers through a pathway to determine if they need to speak to a clinical advisor. **Figure1** shows the current position.

Figure 1: Current Position



2. Current Position and Future Plans

2.1. In mid-March PHE was approached by NHS111 with a proposition that there was a merger of the COVID-19 element of the NHS111 service with the PHE helplines as part of the move to the Pandemic service. There were two main reasons for this:

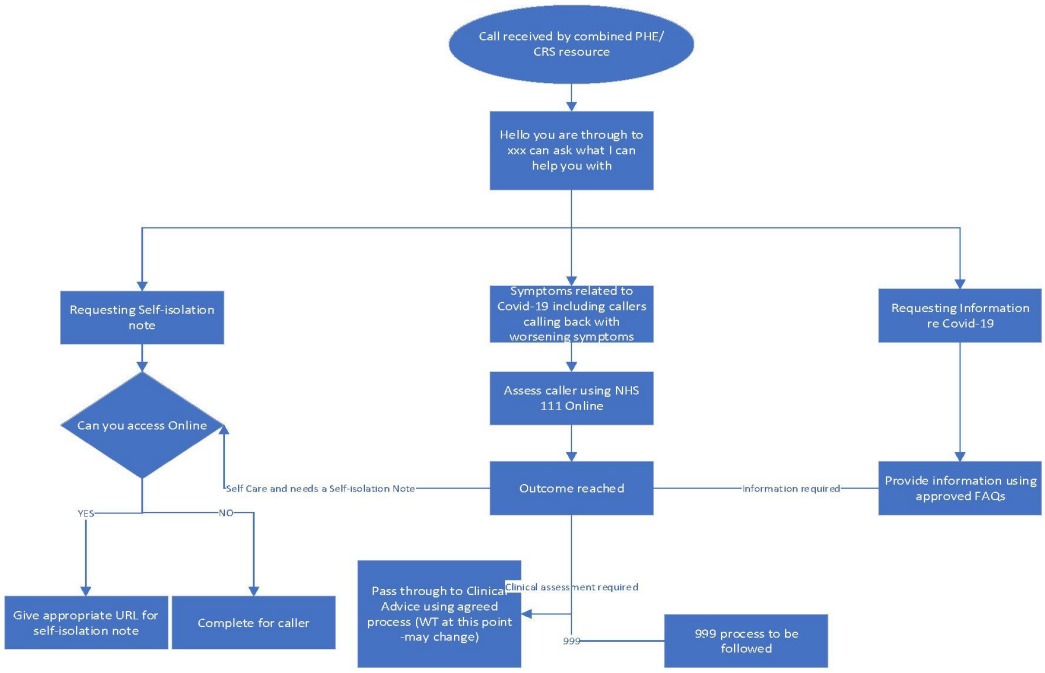
- To make more efficient use of total capacity,
- To remove the element of calls that were being referred into NHS111 from the PHE helpline – relating to those calls where there were clinical symptoms that needed advice.

2.2. The proposal is to:

- Simplify the front-end messages on NHS111 so there are two options; normal health enquiries and COVID-19 enquiries,
- Merge the call handling capacity into one resources (bringing together the PHE and NHS COVID-19 capacity)
- Multi-skill the call handlers so they can deal with all calls – non-clinical as well as clinical calls, currently being dealt with separately in their entirety
- Transfer the PHE capacity to NHS111 so that they both manage the operational aspects of the work but also become accountable for the contractual elements of the new service. This will require contractual transfers.

2.3. The new service call flow is described in Figure 2.

Figure 2: Proposed flow



2.4. The timescale for implementation is 2-3 weeks and PHE is working closely with NHS111 and NHSE to ensure a smooth transition. A Task and Finish Group has been constituted and workstreams identified and sourced.

3. Issues

3.1. Some issues of which to be aware:

- The underlying capacity issues with NHS111 remain. There has, as far as we have been made aware, been no attempt to augment the core capacity within NHS111 – with the argument being that to do so takes too long due to the training required. Recruitment at the beginning of the incident would now be providing additional core NHS111 staff. This has not happened.
- The proposed merger of helplines requires cross training of the handlers. This is made more difficult due to the need to social distance the handlers in training. This gives a lead in time of 2 weeks. This is after the scripting had been complete.
- There is a sense that NHS111 do not see value in the content of the PHE helpline and there have been several pushes to just provide a clinical service using the combined capacity. This has been resisted to date and will continue to be resisted.
- Contracting arrangements have caused concern with NHS111 reluctant to take responsibility for the activity. This we believe has been resolved and Donald is aware.

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