

BMA disputes government line that evidence for rolling out NHS 111 was robust

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The BMA's General Practitioners Committee has rejected ministerial claims that the pilot study of the new 111 urgent care telephone hotline provided enough evidence to support the national rollout of the troubled service on 1 April.

The new non-emergency service has faced a litany of problems since its launch last month, with NHS England announcing an inquiry into the rollout after reports of inappropriate delays in treatment, slow response times to calls, and increased pressure on emergency departments.^{1 2}

On 13 May the health minister Lord Howe acknowledged that the service had been unacceptable in some areas but insisted that the report into four 111 pilot areas by the University of Sheffield had provided sufficient evidence to proceed with the national rollout across England.³

But Peter Holden, lead negotiator on 111 for the General Practitioners Committee, said that the report, which found that the new service had "not delivered the expected benefits" in terms of improving patients' satisfaction or reducing emergency admissions to hospital, did no such thing.

Holden told the *BMJ*, "The report was heavily caveated. The government published a very polished version of the report that de-emphasised the disadvantages. The bottom line is, no, it was not ready for rollout. Senior civil servants and managers just sold successive sets of emperors' new clothes to ministers who'd already made a decision."

Holden added, "What annoys us is that we warned them. We told them not to roll this out all in one go and at Easter. So they brought it forward a week. We were playing with patients' lives here."

His view was echoed by Clare Gerada, chairwoman of the Royal College of General Practitioners, who said, "NHS 111 was rolled out far too early, with unnecessary pressure placed on some sites to go live before they were ready."

"Questions need to be asked about why a completely new system was rolled out on Easter bank holiday at the same time as the NHS was getting to grips with the biggest ever top-down reorganisation in its history."

Responding to a question in the House of Lords from the Labour peer Philip Hunt on why the government had proceeded with the national rollout after the University of Sheffield report, Howe said, "The . . . report showed 92% were satisfied with the service, and 93% felt the advice given was helpful. Overall, the service was meeting its objective of getting people to the right

place first time. On the basis, it was considered safe to go ahead with the rollout.

"Unfortunately, in particular areas, the resources deployed to meet the demand have not been accurately assessed. I stress that was in a minority of locations."

Howe added that NHS England and clinical commissioning groups were working hard to "stabilise providers who have failed to deliver an acceptable service," but he insisted that most areas were receiving a good service.

"I have a series of testimonials that show many people are already feeling the benefits," he said.

"It is unfortunate that the launch was not nearly as satisfactory as was planned. The adverse performance in certain areas has rather overshadowed the very good if not excellent performance in other areas. Whilst not belittling the issue, we have to get it in proportion."

He added, "We recognise that the NHS 111 launches did not go as smoothly as planned, and a number of providers have delivered an unacceptable service, particularly at weekends. NHS England is working closely with clinical commissioning groups to stabilise providers who have failed to deliver an acceptable service and ensure those areas yet to go live are fit to do so."

The NHS Alliance, which represents providers in primary care, said in a discussion paper produced after a meeting of the alliance's urgent care network on 23 April that the failure of NHS 111 was a result of "unprecedented" pressure from the Department of Health to meet the 1 April deadline and a focus on cost over quality.⁴

It said that there was widespread concern about the NHS Pathways triage software that underpins the service, which resulted in "numerous" inappropriate responses. It also said that a fear among commissioners of legal challenge over the tendering process meant that "local knowledge and understanding became irrelevant."

The alliance said that there needed to be period of reflection and learning before more NHS 111 services were rolled out and that if providers failed then alternatives should be found rather than throw extra resources at them.

1 Iacobucci G. Roll-out of 111 telephone hotline causes hospitals severe problems. *BMJ* 2013;346:f2394.
2 NHS England. Assuring NHS 111 operational delivery. www.england.nhs.uk/wp-content/uploads/2013/04/030512-item8.pdf.

- 3 Turner et al. Evaluation of NHS 111 pilot sites: final report. www.sheffield.ac.uk/polopoly_fs/1.2274041/file/NHS_111_final_report_August_2012.pdf.
- 4 NHS Alliance. Going live with NHS 111—what has happened, what we can learn so far and what changes need to be made? 13 May 2013. www.nhsalliance.org/resources/documents.

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