

NEWS

NHS 111 has poor quality advice, slow response times, and inappropriate delays, complainants say

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Patients are likely to have been harmed by implementation of the new NHS 111 urgent care telephone system, a government expert on the safety of patients has admitted.

Mike Durkin, director of patient safety for NHS England, said that data on potentially serious incidents were being collected but that it was not yet known whether anyone was “culpable.”

Durkin was speaking at the Patient Safety 2013 Congress, which opened in Birmingham on Tuesday 21 May.

The NHS 111 non-emergency advice line, which was rolled out nationally from 1 April, has come under fierce criticism from many doctors’ organisations, including the BMA.¹⁻³

NHS England launched an inquiry after complaints of poor quality advice, inadequate clinical support, slow response times, and inappropriate delays in treatment.

Asked whether patients could have been harmed by the faulty implementation of the service, Durkin replied, “Yes.”

Problems with the NHS 111 system have been linked to the big increase in numbers of people attending hospitals’ accident and emergency departments.

Durkin said that the NHS was collecting data from all parts of the system, including hospitals and ambulance services, through its “fantastic” incident reporting culture. But more data were needed from primary care and general practice to increase understanding of patient safety, he said.

“Of course, since its introduction,” he said, “reports related to NHS 111 have come through to us. We recognise there have been problems with the system, and these safety reports will be vital in helping us learn the long term lessons.”

Challenged over who should be held accountable for any failings, he responded, “We should all be held to account for our professional behaviour.”

Bruce Keogh, NHS England’s medical director, indicated that he had not been party to key decisions concerning the NHS 111 system while he was at the Department of Health.

“The problem has come with its contractual implementation,” he said, citing the many companies and contracts involved in delivering the service.

The three day congress was held by the i2i Events Group in partnership with the independent charity the Health Foundation. It featured a discussion between the men who led two landmark public inquiries into patient safety scandals.

Ian Kennedy, who investigated the deaths of children who underwent complex heart surgery at Bristol Royal Infirmary in the 1980s and 1990s, said that the outcome had “disappointed” him.

“Managerialism and targets overtook the NHS in the early part of the 2000s. It disempowered professionals,” he said.

Robert Francis QC, who highlighted shocking care at Mid Staffordshire NHS Foundation Trust, said that “public anger” over what had happened required new laws to enforce openness and to spur cultural change.

He told the conference, “If you put criminal sanctions in the right place it will propel and compel disclosure [of patient safety concerns].”

Keogh said that the inquiries would not have been necessary in the first place if widespread acceptance of unsafe and poor quality care hadn’t “crept in” and become insidious. He said that leaders of organisations in the new “federal” NHS system had to ensure that staff members were “free to speak up and free to lead.”

- 1 Iacobucci G. BMA disputes government line that evidence for rolling out NHS 111 was robust. *BMJ* 2013;346:f3131.
- 2 Iacobucci G. NHS England announces inquiry into ailing 111 service. *BMJ* 2013;346:f2923.
- 3 Iacobucci G. Roll-out of 111 telephone hotline causes hospitals severe problems. *BMJ* 2013;346:f2394.

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