

**NHS Direct and 111 - it was bound to end like this**

For those, like ourselves, who have been following the NHS Direct health information and enquiry service (on 0845 4647) closely, the announcement that the NHS Direct NHS Trust is to withdraw from providing the 111 service comes as no great surprise.

This NHS Direct Service has long been recognised as being unsustainable, although it had a good reputation with many patients. If however it works as intended, dealing with everything from the most minor piece of advice to blue light emergencies, performing accurate triage by telephone and staffed to provide a good response time for all cases, it is just too expensive - costing more on average than attendance at GP surgeries.

Even on the generous budget offered it frequently failed to provide the necessary standards, most notably due to the limitations of telephone triage.

The Darzi report recognised that in some areas of the country, local providers (including some ambulance services) felt that they could provide a better service, but dealing only with URGENT needs, not the full range of issues covered by the NHS Direct Service. Furthermore, it was proposed that local integration with URGENT access to care services provided by local authorities could be provided on a single telephone number.

This was seized upon as an opportunity to get rid of the costly NHS Direct telephone service, however public affection for the institution would present a problem. It was therefore decided to adopt the classic commissioner / provider model and allow the institution of the NHS Direct NHS Trust to remain in place to bid for contracts to provide the services.

Areas which were enthusiastic and well configured to offer the service were selected as pilots for what was decided to be a nationally specified, but locally provided, service with a single telephone number for all of England. We believe it was foolish to invest so much confidence in the ability of the service to cope and of patients to distinguish between needs that were Emergency, Urgent or neither, before it had been thoroughly tested.

The NHS Direct NHS Trust gained a major foothold in the pilots and in the specification of the service, which ended up being remarkably similar to that of the NHS Direct advice and information service - the service that had previously been determined to be unaffordable when more efficiently organised on a national basis.

Perhaps the worst decision made was that to set aside any lessons that may have been learned from the pilots by deciding to roll out the 111 service in all parts of England by 1 April 2013.

Clearly there is no way that the 111 service can be funded on the same basis as the NHS Direct telephone advice and information service. If the NHS is to be preserved in an environment of steeply escalating costs with no hope of this being matched by equivalent increases in funding, greater care has to be taken in the planning of services.

The signposting role of the service could be readily provided without the need for extensive triage and emergency standard response times. The basic advice and information services could be readily provided through the existing network of GPs and Pharmacies (perhaps with a little more support). Many ambulance services have already demonstrated the ability to cope with non-emergency cases on 999 calls. All alternative options need to be considered.

