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WALES **AUDIT** OFFICE  
SWYDDFA **ARCHWILIO** CYMRU

# NHS Direct Wales



I have prepared this report for presentation to the National Assembly under the Government of Wales Act 1998 and 2006.

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**Report presented by the Auditor General to the National  
Assembly on 15 September 2009**



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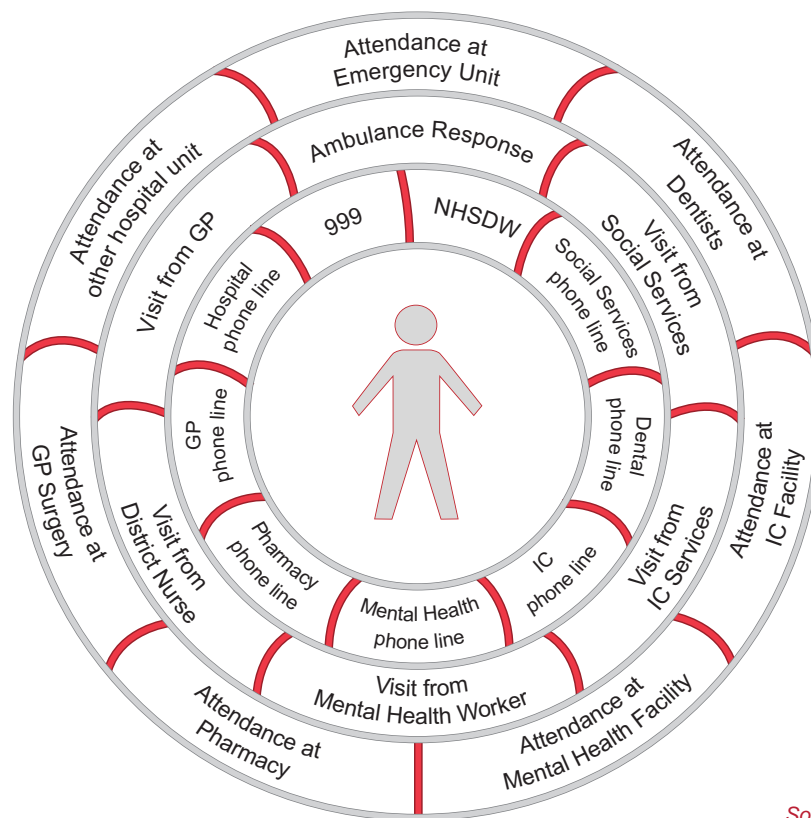
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# Summary

1. The Wales Audit Office is undertaking a national study into the effectiveness of unscheduled care services in Wales, which builds on our reviews of ambulance services in Wales.<sup>1,2,3</sup> We are looking at emergency and urgent health and social care provided in and out of normal working hours. This report is the second in our series and focuses on NHS Direct Wales and its contribution to the unscheduled care system. (See [Appendix 1 and 2](#) for our methodology and the other planned reports in this series.)
2. NHS Direct Wales is part of the delivery of unscheduled care in Wales. Unscheduled care is a term used to describe any unplanned and urgent health or social care. It ranges from emergency hospital treatment to help for individuals to care for themselves at home. Other examples of unscheduled care services include 999 ambulance services, or booking an urgent or emergency appointment with a GP. [Figure 1](#) shows the major services that provide unscheduled care.

**Figure 1 – Unscheduled care is a broad term and includes the work of many services**



Source: Wales Audit Office.

NHSDW - NHS Direct Wales  
IC - Intermediate Care

1 Auditor General, Ambulance services in Wales, December 2006.  
2 Auditor General, Follow up review – Ambulance services in Wales, June 2008.  
3 Auditor General, Ambulance services in Wales – further update to the National Audit Committee, March 2009.



- 3** At around the same time that similar services were being established in England (in 1999) and Scotland (in 2001), NHS Direct Wales was established in 2000 to provide a confidential telephone help-line 24-hours a day, every day. It provides information and advice about health, illness and health services to help callers make better decisions about their health and that of their families. In recent years, it has expanded to provide a range of local services. These include: out-of-hours call handling and telephone triage for three local health boards (LHBs); telephone triage for calls redirected from six accident and emergency (A&E) departments; a dedicated dental helpline for 13 LHBs and the ad hoc provision of public health information. In addition to telephone services, NHS Direct Wales provides a range of web-based information services where the public and healthcare professionals can access information and request advice. The management of NHS Direct Wales was transferred from Swansea NHS Trust to the Welsh Ambulance Services NHS Trust (the Trust) on 1 April 2007.
- 4** NHS Direct Wales handled more than 792,000 contacts<sup>4</sup> during 2008-09 but the way in which the service is used has changed over time. Numbers of calls are falling while the number of visits to the website is rising. NHS Direct Wales cost just under £9 million in 2008-09 and stakeholders have expressed concerns that falling call volumes may impact on its cost effectiveness. There are also wider questions about whether NHS Direct Wales is an effective part of the unscheduled care system and provides valuable services for the public.
- 5** We examined whether NHS Direct Wales is a valuable part of the unscheduled care system in Wales. We concluded that NHS Direct Wales provides a valuable service but there is scope to add further value, if there is greater clarity with NHS and social care partners about its strategic and operational fit within the wider unscheduled care system. We reached this conclusion because:
- a** NHS Direct Wales provides valuable services to the public at a comparatively reasonable cost and is supported by sound processes; and
  - b** NHS Direct Wales has the potential to add further value to the unscheduled care system but needs a clearer strategic direction.
- NHS Direct Wales provides valuable services to the public at a comparatively reasonable cost and is supported by sound processes**
- 6** NHS Direct Wales is generally providing valuable services with some evidence of user satisfaction. Feedback from callers, received by NHS Direct Wales, paints a fairly positive picture with more callers expressing appreciation for the service received and advice given than complaining about the service. Many people taking part in focus groups said that NHS Direct Wales provides reassurance or confirms their own judgement or enables them to access advice when their GP practice is closed. Others, however, are frustrated with some aspects of the service, such as the number of questions asked or the number of times they are referred to other services.

<sup>4</sup> A contact is defined as any call offered to NHS Direct Wales where the caller has listened to the whole of the welcome message or has visited the website.

- 7 Other stakeholders identified the consistency of information and advice that NHS Direct Wales is able to provide to individuals contacting the service as a positive feature. NHS Direct Wales uses the same clinical assessment software for all symptomatic callers regardless of the helpline contacted, for example callers redirected from A&E departments.
- 8 A study examining how the public chooses to use unscheduled care found that most people are aware of NHS Direct Wales but that two-fifths of people are unsure how to access the services that it provides. Knowledge about how to contact NHS Direct Wales is significantly lower amongst older people aged 75 or more and those living in more deprived areas. Analysis of calls to the NHS Direct Wales' 0845 46 47 helpline in 2008 shows that in some LHB areas the number of calls per 1,000 population is between three and four times higher than in other areas, with fewer calls from more rural areas.
- 9 NHS Direct Wales' costs and take up levels are broadly comparable with similar services in England based on population size and the number of contacts with the services in 2007-08. Over the last three years, the cost of NHS Direct Wales fell significantly from £10.7 million in 2006-07 to £8.9 million in 2008-09, which has led to a reduction in the cost per call from £27.39 in 2006-07 to £26.15 in 2008-09. The reduction in costs is due mainly to changes in the way some costs for staff and non-pay elements, for example IT, are attributed to following its merger with the Ambulance Trust on 1 April 2007. This has meant that the NHS Direct Wales' budget has been combined within the wider Trust budget with some overhead elements being allocated to wider Trust budgets. As time passes and budgets are fully integrated with those for the ambulance service, identifying the costs of providing NHS Direct Wales may become more difficult.
- 10 At roughly £26 per call, the direct costs of NHS Direct Wales are lower than other types of unscheduled care services, including GP services in hours. But the cost of NHS Direct Wales is only one factor in the cost of a patient's pathway through the care system. NHS Direct Wales can reduce the total cost of the pathway if a call to its helplines results in a person treating themselves and avoiding an attendance at another part of the healthcare system. However, its cost effectiveness ultimately depends on the extent to which it supports callers to self care or refers callers on to the most appropriate part of the unscheduled care system.
- 11 Calls offered<sup>5</sup> to NHS Direct Wales peaked at nearly 412,000 calls in 2005-06 but have since fallen by 17 per cent to just over 342,000 in 2008-09 with calls offered falling across all its services. Meanwhile, the number of calls answered<sup>6</sup> by NHS Direct Wales fell by three per cent. Over the last few years, NHS Direct Wales has improved performance by answering a greater proportion of the calls offered. Some of the improvement is attributed to signposting callers to its website or through automated messages for service information. Further reductions in calls offered will ultimately reduce NHS Direct Wales' overall cost effectiveness unless staff, who are its biggest cost, are deployed in different ways or numbers of staff fall. The way in which NHS Direct Wales' staff are deployed is gradually changing, for example with the development of the Clinical Desk (see [Paragraph 18](#)), while the whole-time equivalent number of staff (excluding IT staff) reduced by just over 13 per cent between 2007-08 and 2008-09.

5 'Offered calls' are calls where the caller has listened to all of the welcome messaging and stayed on the line to be answered and excludes calls abandoned before the end of the welcome message and repeat calls.

6 Answered calls are calls in which the caller speaks to a call handler or nurse adviser or receives information from an automated message, for example for the dental messaging service.





- 12** While the number of calls offered to NHS Direct Wales is falling, demand for its web-based services is rising and is consistent with the organisation's wider strategy. In partnership with Informing Healthcare<sup>7</sup>, NHS Direct Wales launched its new website in February 2007 providing access to health information and advice, including information about the different NHS health and social care services available in Wales. Since its launch, the number of web visits has grown by 33 per cent from 338,000 in 2007-08 to 450,000 in 2008-09. Requests to the online enquiry service rose from 1,469 in 2007-08 to 1,651 in 2008-09.
- 13** There is scope to improve the efficiency of NHS Direct Wales by reducing the rate of sickness absence and attrition (that is staff leaving the organisation), as well as reducing average call lengths. Highly trained staff are NHS Direct Wales' most important asset and account for most (91 per cent) of its costs but high levels of sickness absence and attrition could undermine its efficiency. The sickness absence rate amongst call-taking staff showed a general downward trend during 2008-09 but continued to fluctuate above the national target (4.2 per cent) for the NHS. Since our audit the monthly sickness absence rate has continued to fall from 7.5 per cent at the end of March 2009 to 5.3 per cent at the end of July 2009.
- 14** NHS Direct Wales has a number of systems in place to manage its clinical and operational performance. Like many other NHS organisations, NHS Direct Wales uses a Balanced Scorecard approach to manage performance. Key indicators include the delivery of equitable and timely services that are of high quality and safe. The Balanced Scorecard does not include key financial information and measures of service and clinical outcomes, although both indicators have been regularly monitored and formally reported to the senior management team over a number of years. In future, NHS Direct Wales intends to include the call outcome within its Balanced Scorecard to reflect the ongoing monitoring it already undertakes, as well as exploring the measurement of clinical appropriateness in relation to whether callers act upon the advice or whether it is effective. NHS Direct Wales achieves its targets in relation to providing safe services. All callers with life threatening conditions are handed over directly to emergency ambulance services within three minutes while virtually all (99.1 per cent) of the most urgent callers receive a nursing assessment within 20 minutes. However, performance in call handling could be improved as one in eight callers is waiting longer than 90 seconds for their call to be answered. Work is ongoing to reduce the average call lengths, which are generally higher than the targets set by NHS Direct Wales.
- 15** Other NHS Direct Wales' systems to support continuous improvement include monthly call reviews of one call per member of staff each month. Calls can be reviewed 'live' as the call is being handled, or retrospectively using a recording. The review focuses on clinical safety and clinical decision making, as well as the softer aspects of the call, such as tone of voice and attitude of staff dealing with the caller. NHS Direct Wales investigates and acts upon all feedback from callers and healthcare professionals.

<sup>7</sup> Informing Healthcare (IHC) is an Assembly Government programme set up in 2003 to improve health services and patient care in Wales using information and technology. IHC undertook a review of online health information services provided by NHS organisations in Wales in 2006. It found gaps and duplication in the information available on NHS Wales' websites. Working with a number of NHS organisations, including NHS Direct Wales, IHC developed a strategy to improve the efficiency and effectiveness of online health information provided by NHS Wales.

**NHS Direct Wales has the potential to add further value to the unscheduled care system but needs clearer strategic direction**

- 16** NHS Direct Wales describes itself as overly cautious when it first opened in 2000 in terms of failing to divert sufficient numbers of callers away from other unscheduled care services. Prior to 2006, performance management focused on access. Recognising the need to maximise its beneficial impact on other services, NHS Direct Wales implemented a new performance improvement programme at the end of 2006 to divert symptomatic callers away from unscheduled care services where it was clinically appropriate to do so. There are three low risk clinical outcomes or end dispositions – ‘caller supported to self care’, ‘caller advised to contact their GP for a routine appointment’ or ‘caller advised to visit a community pharmacy for advice’. NHS Direct Wales exceeded its targets to direct callers to the three low risk end dispositions, and doubled the proportion of callers directed away from urgent/unscheduled care services from 24 per cent in April 2006 to 49 per cent in March 2009, mainly by supporting more callers to self care.
- 17** The provision of high quality clinical advice to callers on what healthcare services they need to access is a crucial element in helping citizens access services most appropriate to their needs. NHS Direct Wales can continue to increase the proportion of callers directed away from the unscheduled care system but there is no guarantee that callers will actually act on that advice. At present, there are no processes for monitoring whether patients act upon the advice they have been given. NHS Direct Wales is reliant on informal feedback provided by healthcare professionals when individuals subsequently attend either the out-of-hours GP service or A&E department.
- 18** Using its pan-Wales infrastructure, NHS Direct Wales has delivered new ways of working within the unscheduled care system. However, there is scope for further integration to support new patient pathways, to help assess clinical need and to ensure that patients access unscheduled care at the most appropriate point within the system. This would be better for them and would help improve ambulance and A&E responses to the most serious emergencies. For example:
- a** Using highly trained NHS Direct Wales’ nurses to support call categorisation and improve clinical safety in ambulance control rooms can help divert callers away from emergency ambulance responses or attendance at A&E.
  - b** The Clinical Desk pilot in ambulance control has enabled NHS Direct Wales’ nurses to work innovatively with the Ambulance Trust to manage the demand for Category ‘C’ 999 calls, which are neither non-life threatening nor serious and thus support calls with a higher priority.
  - c** NHS Direct Wales has a national infrastructure that can help signpost people to a range of services both within and beyond unscheduled care. There is scope to move towards a single point of access for unscheduled care in which NHS Direct Wales could play a key role, working more closely with ambulance control and GP out-of-hours services. It could, if supported by directories of service provision, act as a hub through which citizens are directed along the most appropriate pathway.
- 19** Health Commission Wales is currently the main commissioner of NHS Direct Wales’ services. National strategies acknowledge the important role NHS Direct Wales could play within the unscheduled care system.



However, NHS Direct Wales has not been fully integrated into the wider unscheduled care system. We found that stakeholders generally perceive NHS Direct Wales as being bolted on to the wider unscheduled care system rather than an integral part of care pathways. This perception is linked to a poor understanding of the role of NHS Direct Wales and its contribution to the unscheduled care system, as well as a lack of contact between NHS Direct Wales and the LHBs that currently commission many other unscheduled care services. LHBs that we spoke to did not have consistent views about its role and purpose. This lack of clarity significantly limits the potential to exploit NHS Direct Wales' infrastructure and maximise its contribution to care pathways, health promotion and demand management. The restructuring of the NHS in Wales offers the Ambulance Trust and NHS Direct Wales a simplified structure and scope to engage far more effectively within the wider system. There is early evidence that a higher quality of engagement is emerging within the shadow Health Boards but it needs to be further developed to support the strategic redesign of unscheduled care service delivery.

- 20 Data about the volume of activity and quality of services is not consistently shared between NHS Direct Wales and LHBs and used as a driver of wider unscheduled care service development. This means that stakeholders are unsure whether NHS Direct Wales provides value for money and local and national planning is more difficult. LHBs could use data about access to NHS Direct Wales' services to better understand demand for local unscheduled care services, as well as the types of support callers are seeking. The Assembly Government has recently consulted on moving responsibility for

planning and funding Ambulance Trust services, including NHS Direct, to the seven new health boards with a lead commissioner. The proposed change is intended to support more effective engagement of the Ambulance Trust in strategic planning for unscheduled care at a national and local level, and could support a shared model for clinical governance at a national level.

## Recommendations

### The strategic role of NHS Direct Wales and its engagement with stakeholders

- 1 Key stakeholders and the public do not fully understand the role of NHS Direct Wales and its performance and contribution within the unscheduled care system. **NHS Direct Wales should share cost and performance information, including call outcomes, nationally and locally to inform better understanding of demand for unscheduled care and support the planning and funding of services across the unscheduled care system.**
- 2 NHS stakeholders and the public are often unaware of what services NHS Direct Wales provides, how to access them or how they fit into the wider system of unscheduled care. This may contribute to reductions in call volume and increases in cost per call, as well as the low levels of usage in some parts of Wales and among some client groups. The reorganisation of NHS Wales provides the Trust with a major opportunity to engage more effectively with its partners in the new health boards. In the context of the need to develop a national strategic communications framework that supports citizens to access the appropriate level of unscheduled care to meet their needs:

- a **The Welsh Ambulance Services NHS Trust should actively promote NHS Direct Wales' services to the public in general. Based on a thorough analysis of usage rates by locality and client group, it should develop specific approaches to market NHS Direct Wales services with particular LHBs and for specific client groups, working with relevant public and third sector organisations as appropriate.**
  - b **The Welsh Ambulance Services NHS Trust should market NHS Direct Wales' services to healthcare professionals so that they fully understand the range and nature of services and how it contributes to care pathways for unscheduled care. It should ensure healthcare professionals understand the skills and services of NHS Direct Wales' nurses and the service's performance in achieving a higher proportion of low risk end points.**
  - c **The Welsh Ambulance Services NHS Trust should ensure that there is strong executive-level engagement with the new Health Boards to ensure NHS Direct Wales' data contribute to a stronger understanding of demand for unscheduled care in each locality, and there is more effective integration of NHS Direct Wales' services into the planning of unscheduled care services in each locality.**
  - d **The Welsh Ambulance Services NHS Trust should also ensure that its Locality Ambulance Officers develop strong relationships with local GPs discussing all services provided by the Trust, including NHS Direct Wales.**
  - e **In the context of modernising unscheduled care, the Assembly Government should work with the Welsh Ambulance Services NHS Trust and the new lead commissioner for ambulance services to clarify how synergies might be achieved through further integration of NHS Direct Wales' services, out-of-hours call handling and ambulance control rooms.**
- 3 The provision of high quality advice to callers on what healthcare services they need to access can help citizens obtain the most appropriate services to meet their needs. NHS Direct Wales can continue to increase the proportion of callers directed away from the unscheduled care system but there is no guarantee that callers will actually act on that advice. At present, there are no formal processes for monitoring whether patients act upon the advice they have been given. However, we did identify good examples where clinicians provided feedback to NHS Direct Wales when they had concerns about NHS Direct Wales' callers who subsequently attended either the out-of-hours GP service or A&E department despite advice to the contrary. **NHS Direct Wales should monitor patients' actual behaviour and choices more effectively, and take remedial action to support more appropriate unscheduled care pathways and service improvements.**

#### **The efficiency and performance of NHS Direct Wales**

- 4 The cost effectiveness of NHS Direct Wales relates to the cost per call and its effectiveness in directing patients to self-care or routine appointments with their GPs. NHS Direct Wales has further potential to support more effective demand management and care pathways to reduce unnecessary ambulance dispatch or attendance at A&E.



**The Welsh Ambulance Services NHS Trust should establish a clear plan to further reduce the cost per call to NHS Direct Wales and increase the end point dispositions to self-care and routine GP appointments.**

- 5 The Clinical Desk pilot has delivered reductions in ambulance dispatch for Category 'C' calls. There is also scope for greater integration between NHS Direct Wales' nurse advisors and the ambulance control function, particularly to improve clinical governance in the control room. Nurse triage has significant potential to support improved specificity of call categorisation, and to provide a more clinically-driven approach to determining the nature of the Ambulance Trust's response to the calls it receives.

**The Welsh Ambulance Services NHS Trust should:**

- a **provide the Assembly Government with a final Clinical Desk model outlining whether it is sufficiently robust, without compromising clinical safety, to implement fully in all ambulance control rooms so that Category 'C' calls do not automatically receive an emergency ambulance response; and**
- b **examine the feasibility of extending the Clinical Desk to include Category 'B' calls, subject to successfully rolling out the Clinical Desk for Category 'C' calls.**

- 6 NHS Direct Wales is meeting targets for delivering safe services but its performance in answering calls is below target with some callers waiting longer than target times to access NHS Direct Wales' services.
- The Welsh Ambulance Services NHS Trust should develop a clear plan to meet its call answer rate targets, including an analysis of whether shift patterns adequately match demand without causing over-staffing.**

- 7 NHS Direct Wales has delivered some efficiency gains since its merger with the Ambulance Trust by using some of its capacity to support wider developments across the Trust. **With its commissioners, the Welsh Ambulance Services NHS Trust should explore how it might utilise some of the capacity it has created through the merger to undertake innovative approaches to support new unscheduled care pathways that enable NHS Direct Wales to play a more central role within the wider system.**

#### **The potential future role of NHS Direct Wales within the unscheduled care system**

- 8 Stakeholders and Ambulance Trust staff clearly see the potential for NHS Direct Wales to play a stronger role within the wider unscheduled care system. Its national infrastructure, health information services and 24-7 operation mean NHS Direct Wales could act as a hub for the new care pathways that will be needed to modernise unscheduled care. To explore these possibilities, which offer the scope for performance improvement across the system and efficiency gains, **the Assembly Government and Health Boards should investigate the scope for economies of scale. Specifically:**
- a **The Assembly Government should explore the scope to develop a single national triage and call prioritisation system for all unscheduled care calls, which is clinically-driven rather than dominated by particular services within the unscheduled care system; similarly, Health Boards should consider integrated triage and call prioritisation systems within their local service models.**

- b Health Boards should consider the scope to use the capacity of NHS Direct Wales to act as a healthcare ‘hub’ from which to triage calls and direct individuals along the most appropriate pathway for their clinical needs, as well as to inform them how best to access unscheduled care and promote health and well-being; within this they should consider developing the role of health information specialists within a healthcare ‘hub’ to assist individuals with their clinical needs, for example providing effective information interventions, such as an information prescriptions that are tailor-made specifically to the individuals’ health and social care needs, increasing individuals’ choices and potentially preventing unnecessary admissions or readmissions to hospital and making referrals to appropriate external or educational programmes, such as Expert Patient Programmes.**
- c The Assembly Government and Health Boards should consider ways in which NHS Direct Wales could support chronic conditions management and health promotion, utilising the skills of its nurse advisors and health information specialists to improve outcomes for citizens and the value for money provided by NHS Direct Wales’ services.**

**9** One of the barriers to NHS Direct Wales making a more valuable contribution to the wider system of unscheduled care is the fact that it is often difficult to share information about patients between different services or to transfer calls between services. For example, an individual may ring NHS Direct Wales but need to speak to the GP out-of-hours service. The call may not be transferred even though the staff may be located in the same room as the NHS Direct Wales’ call handlers. This leads to duplication and unnecessary handovers between services from the citizen’s perspective. **In the context of previous recommendations about improving the integration of NHS Direct Wales into the wider system of unscheduled care, the Assembly Government and Health Boards should develop data sharing protocols, so that patient data can follow the individual along their care pathway even if they move between service providers, and develop integrated ICT and telephony systems to effect the transfer of information.**



## Part 1 – NHS Direct Wales provides valuable services to the public at a comparatively reasonable cost and is supported by sound processes

- 1.1** NHS Direct Wales provides a range of telephone services (**Box 1**). Calls to NHS Direct Wales can be handled by staff located at any one of its three contact centres regardless of where the call originated. NHS Direct Wales also provides health information through its website and online enquiry service. These services include:
- a** direct telephone advice and health information provision through its main 0845 46 47 helpline;
  - b** call handling and telephone triage as part of GP out-of-hours services for three LHBs;
  - c** a dental helpline for 13 LHBs;
  - d** a telephone triage service for individuals seeking advice from six A&E departments in Wales;
  - e** the ad hoc provision of telephone services for public health information (**Box 2**);
  - f** an online Health Information Enquiry and Information Prescription Service available through the NHS Direct Wales' website; and
  - g** specific web services for other health and social care organisations.

### Box 1 – NHS Direct Wales' main telephone services

**0845 46 47 service** – NHS Direct Wales provides a dedicated telephone helpline 24 hours a day, seven days a week. When a caller rings the 0845 46 47 helpline a voice message lets the caller know what services NHS Direct Wales provides. If the caller stays 'on the line' the call will be answered by a call handler. Call handlers will ask for some personal details, such as the caller's name, address, telephone number and callers can remain anonymous if they chose to do so. Call handlers will also ask callers a series of questions to enable them to safely prioritise calls and pass the call on to the most appropriate adviser – nurse adviser, health information adviser or dental nurse adviser – depending on the reason for the call. During very busy periods, the advisers may be on other calls so the call handler will agree a convenient time for an adviser to call back.

Callers will be given information on how they can look after themselves at home or may be advised to see a pharmacist or, if the problem is more serious, a nurse may advise them to see their GP or go to the hospital. NHS Direct Wales may call an ambulance on the caller's behalf if the problem is very serious or life-threatening.

**GP out-of-hours services** – Three LHBs – Swansea, Gwynedd and Anglesey – commission NHS Direct Wales to provide call handling and telephone triage as part of their GP out-of-hours services. NHS Direct Wales provides this service via a dedicated telephone number and operates a 'Direct to Nurse' model whereby nurse advisers handle calls. If nurse advisers are not free to answer calls during times of high demand then the call handlers will answer the out-of-hours call and pass the call to a nurse adviser when they become free. Once callers have been assessed, nurse advisers will give them information on how they can look after themselves at home; arrange for the out-of-hours GP to give telephone advice or suggest a home visit by the out-of-hours GP. NHS Direct Wales forwards the triage information to the GPs, who are based at the out-of-hours centres.

## Box 1 – NHS Direct Wales main telephone services (*Continued*)

**A&E telephone triage** - NHS Direct Wales offers a telephone triage service to six A&E departments at Morriston and Singleton Hospitals, Swansea, Prince Charles Hospital, Merthyr Tydfil, Royal Gwent Hospital, Newport, Ysbyty Glan Clwyd, Bodelwyddan and University of Wales Hospital, Cardiff. The aim is to provide a safe, consistent and high quality service to callers seeking advice on new clinical symptoms unrelated to a previous A&E attendance.

There are currently two different models for handling calls for A&E advice. In the first, receptionists at five of the six A&E departments determine whether the caller has a new clinical condition. If the answer is yes, the call is transferred to NHS Direct Wales via a speed dial facility. An automated model operates at University of Wales Hospital. Callers reach an automated messaging service where they are asked to select an option if they have a new clinical problem. If this option is selected the call is automatically transferred to NHS Direct Wales for triage. The caller can choose to transfer their call to the A&E department but the call can still be transferred to NHS Direct Wales by A&E staff if necessary .

Every call transferred from an A&E department to NHS Direct Wales is documented and voice recorded. A pre-hospital record is initiated and faxed to the respective A&E department if callers are advised to attend. If a caller has a life threatening condition and needs an emergency ambulance the caller is kept on the line and transferred directly to 999.

NHS Direct Wales is working with the A&E department at West Wales General Hospital to implement the automated model in place at University of Wales Hospital. NHS Direct Wales plans to review the first model operating in the five A&E departments with a view to converting them to the automated model.

**Dental helpline** – NHS Direct Wales provides a 24-hour dedicated dental helpline for 13 LHBs. The LHBs are: Anglesey, Bridgend, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Flintshire, Gwynedd, Neath Port Talbot, Powys, Pembrokeshire, Swansea and Wrexham.

The dental helpline operates 24 hours a day, seven days a week, between the hours of 8am to 10pm Monday to Friday, and 7am to 10pm at weekends and bank holidays. Calls are answered by dental nurse advisers. Outside of these hours, dental calls are answered by call handlers and routed through to nurse advisers for triage and advice.

Dental nurses provide a triage and advice service to callers presenting with dental symptoms, provide advice on oral hygiene and oral health promotion, and inform callers awaiting hospital admission on how to become dentally fit before treatment. NHS Direct Wales provides information on dental service provision and in some areas they can refer callers to appropriate dental services within Wales.

Callers to all the helpline services can be referred to a health information specialist, who can provide further information (either verbally, electronically or paper copy) to increase the caller's knowledge and understanding and improve compliance with the advice given.

*Source: Wales Audit Office summary of documents provided by NHS Direct Wales.*

## Box 2 – Current examples of other telephone helpline services for public health information

**Example 1** – NHS Direct Wales takes calls to the Smokers' Helpline Wales, a free-phone helpline available seven days a week from 7am until 11pm. It provides helpful advice to people who want to stop smoking. Calls are taken by the health information specialists at NHS Direct Wales with support from call handlers. Callers can choose to receive information to support giving up smoking, either verbally or through hard copy materials that can be posted or emailed. Callers requesting clinical advice are referred to the dedicated Stop Smoking Wales advice line.

**Example 2** – NHS Direct Wales provides a dedicated information and advice helpline to respond to enquiries from the public in relation to the national HPV (Human Papilloma Virus) vaccination programme. The HPV helpline is available from 8am to 8pm seven days a week and there is an automated messaging service outside these hours. The HPV helpline took 496 calls between September 2008 and the end of March 2009.

**Example 3** – A dedicated helpline was set up in January 2009 to respond to enquiries about the feasibility study on Measuring Childhood Heights and Weights in Wales being conducted by the National Public Health Service.

*Source: Wales Audit Office summary of documents provided by NHS Direct Wales.*





## NHS Direct Wales' costs are broadly comparable with similar services in England, and other unscheduled care services, although there is scope for further efficiencies

Costs per head of population and per call to the service are slightly higher than England

1.2 We compared NHS Direct Wales' activity and costs in 2007-08 with similar services in England and Scotland.<sup>8</sup> NHS Direct Wales dealt with fewer contacts during 2007-08 compared with NHS Direct England and NHS 24 (Figure 2). The number of calls offered to NHS 24 per 1,000 population in Scotland is greater than that for services in England and Wales, reflecting the universal coverage of some of its services. NHS 24 provides the call handling and telephone triage for all of the GP out-of-hours services across Scotland, as well as the call handling and first point of contact in Scotland for patients requiring emergency dental services in the out-of-hours period, influencing some of the difference in cost and take up of services. NHS Direct England provides the access and assessment elements of the GP out-of-hours services for over 12 per cent of the population and more than 90 primary care trusts commission it to support access to dental services, particularly out of hours.<sup>9</sup> NHS Direct Wales provides call handling and telephone triage for GP out-of-hours services for 14 per cent of the population and a dental helpline for 13 LHB areas.

Figure 2 – Number of calls offered and number of web visits in 2007-08

	Number of calls offered	Number of web visits	Number of calls offered per 1,000 population
NHS Direct Wales*	356,716	328,332	119.7
NHS Direct England**	6,124,311	30,772,894	119.9
NHS 24***	1,508,597	496,600	293.3

\*Calls offered to all its helplines (0845 46 47 helpline, GP out-of-hours, dental helpline, calls to A&E, health lines).

\*\* Calls offered to its combined services (0845 46 47 helpline, GP out-of-hours, dental helpline, health lines and Category C calls).

\*\*\*Calls offered to its core services (main 08454 242424 helpline, GP out-of-hours services, dental helpline.) Note that all calls to NHS 24 services are routed through the same number unlike in England and Wales.

Source: Wales Audit Office analysis of data provided by NHS Direct Wales; data on calls offered and web visits for NHS Direct England were derived from NHS Direct Annual Report and Accounts 2007-08, A Year of Success, published in July 2008 and the 2007-08 Annual Performance Report to the Board in April 2008; data for NHS 24 derived from the Annual Review 2007-08 Self Assessment Document NHS 24 published in August 2008; Office of National Statistics mid-year population estimates for 2007 were used to calculate calls offered per head of population.

1.3 Meaningful comparisons of costs between the different services are more difficult given the significantly wider scope of NHS 24, which cost £55.4 million in 2007-08.<sup>10</sup> Therefore, we have not included the cost per head of population or cost per call for NHS 24 in our comparisons. NHS Direct Wales had higher costs per head of population than those of NHS Direct England in 2007-08 (Figure 3). The costs per call offered to the service reflect a similar pattern,

8 In addition to the core 0845 helpline, GP out-of-hours service and dental helpline NHS Direct England and NHS 24 provide a number of other national telephone and web based services, such as the Choose and Book Appointment Line in England and Breathing Space in Scotland. Calls to these national services have been excluded from our calculations on uptake and costs. During 2007-08, there were approximately, three million calls to the Choose and Book appointment line and nearly 40,000 calls to Breathing Space.

9 NHS Direct, NHS Direct Annual Report and Accounts 2007-08, A Year of Success, July 2008.

10 NHS 24, Annual Report and Accounts 2007-08.

with NHS Direct Wales having slightly higher costs than England (Figure 4). The comparatively low cost per contact for NHS Direct England reflects the very high number of web visits in 2007-08 compared with web visits to NHS Direct Wales and NHS 24. The higher number of web visits in England may relate to the 'busy' message redirecting callers from the 0845 46 47 service to the website during periods of high demand.

### The volume of calls offered is falling as the demand for web-based services rises

1.4 On April 1 2007, NHS Direct Wales merged with the Welsh Ambulance Services NHS Trust (the Trust). The merger with the Trust has meant that NHS Direct Wales' budget has been combined within the wider Trust budget. The latest financial data show that NHS Direct Wales cost just under £9 million in 2008-09, which is significantly less than the previous two years, and has led to a reduction in the cost per call to the service as well as a reduction in the cost per contact (Figure 5). The reduction in costs is due mainly to changes in the way some costs for staff and non-pay elements are attributed to NHS Direct Wales, with some overhead elements being allocated to wider Trust budgets. Over the last year, for example, IT staff who supported NHS Direct Wales prior to the merger are now fully integrated within the wider IT team at the Trust and the budget for these staff was absorbed elsewhere within the Trust. In addition the whole-time equivalent number of staff (excluding the IT team) reduced by 13.4 per cent from 233 to 202 between 2007-08 and 2008-09. The unit costs fluctuate depending upon the cost of the service and the volume of activity – calls offered and web visits – in any one year. As time passes, identifying the costs of providing NHS Direct Wales may become more difficult.

**Figure 3 – Comparative costs per head of population in 2007-08**

	Costs (£ million)	Cost per head of population
NHS Direct Wales	£10.0	£3.36
NHS Direct England	£141.3	£2.76

Source: Wales Audit Office analysis of data provided by NHS Direct Wales; data on costs for NHS Direct England were derived from NHS Direct Annual Report and Accounts 2007-08, A Year of Success, published in July 2008; Office of National Statistics mid-year population estimates for 2007 were used to calculate cost per head of population.

**Figure 4 – Comparative cost per call offered and cost per contact in 2007-08**

	Cost per call offered to the service	Cost per contact with the service
NHS Direct Wales	£28.04	£14.60
NHS Direct England	£23.07	£3.83

Source: Wales Audit Office analysis of data provided by NHS Direct Wales; data on costs and calls offered for NHS Direct England were derived from NHS Direct Annual Report and Accounts 2007-08, A Year of Success, published in July 2008.

**Figure 5 – Trend in costs per call offered and cost per contact with NHS Direct Wales**

Year	Costs (£ million)	Cost per call offered to the service	Cost per contact* with the service
2006-07	£10.71	£27.39	N/A
2007-08	£10.0	£28.03	£14.60
2008-09	£8.95	£26.15	£11.30

\*A contact includes calls offered to the service as well as web visits.

Source: Wales Audit Office analysis of data provided by NHS Direct Wales.



**1.5** The direct costs of NHS Direct Wales are lower than the activity costs of some other unscheduled care services. However, cost effectiveness ultimately depends on the extent to which NHS Direct Wales provides patients with the health and well-being outcomes they require and in so doing contributes to the more effective and seamless operation of the wider healthcare system. A key measure of the effectiveness of NHS Direct Wales is the extent to which it can help patients to self-care and thereby reduce unnecessary demand elsewhere in the system, for example ambulance responses and attendances at emergency departments.

**1.6** At around £26 per call, the direct costs of NHS Direct Wales are lower than other types of unscheduled care services, including GP services in hours (Figure 6). But the cost of NHS Direct Wales is only one factor in the cost of a patient's pathway through the care system. NHS Direct Wales can reduce the total cost of the pathway if a call to its services results in a person treating themselves and avoiding attendance at another part of the healthcare system. However, in practice, many of the calls to NHS Direct Wales will need to be referred to another part of the care system (see Paragraph 2.5 and Figure 19). NHS Direct Wales may still reduce the overall cost of a patient's care pathway, by referring people to a more appropriate and lower cost setting. For example it may refer people to their GP rather than an emergency department.

**Figure 6 – Comparative costs of care activities**

Service	Cost per activity (£)
NHS Direct Wales*	£26.15
Daytime consultation with a GP practice (lasting 11.7 minutes)**	£36
GP out-of-hours services***	£30 to £100
Attendance at A&E****	£92
999 emergency journey (by region)*****	£161 to £219

\* Cost per call offered in 2008-09.  
 \*\* PSSRU, Health and Social Care Unit Costs, University of Kent, 2008.  
 \*\*\* Health Service Journal, Study reveals three-fold cost variation in GP out of hours services, April 2009.  
 \*\*\*\* WCR1 Welsh Health Costing Return 2007-08.  
 \*\*\*\*\* Auditor General, Ambulance Services in Wales, December 2006.

Source: Wales Audit Office.

**1.7** When NHS Direct Wales opened in June 2000 it was expected to take 145,000 calls annually by 2005. By the end of March 2002 the number of calls offered to the 0845 46 47 service was in excess of 188,000 with an additional 26,000 calls to other helpline services. The number of calls offered to the main 0845 46 47 service continued to grow until 2004-05 when calls peaked at nearly 294,000. Since then, calls offered to the 0845 46 47 service have fallen by 28 per cent to just over 212,000 at the end of March 2009 (Figure 7).

**Figure 7 – Trends in the number of calls offered to NHS Direct Wales\***

	Calls to the 0845 46 47 service	Calls to the dental helpline	Calls to GP out-of-hours services	Calls redirected from A&E departments	Calls to other helplines***	Total calls offered
2000-01**	74,857	0	0	0	14,325	89,182
2001-02	188,075	0	17,583	875	7,745	214,278
2002-03	211,976	0	32,783	2,365	0	247,124
2003-04	243,990	4,158	33,183	3,812	260	285,403
2004-05	293,746	33,121	55,678	4,368	2,883	389,796
2005-06	264,472	75,635	64,803	3,922	3,087	411,919
2006-07	225,550	96,801	59,115	3,014	6,653	391,133
2007-08	217,217	79,053	56,262	3,564	620	356,716
2008-09	212,225	74,910	51,894	2,669	566	342,264
Total calls offered since inception	1,932,108	363,678	371,301	24,589	36,139	2,727,815

\* Calls offered to NHS Direct Wales are counted if the caller listens to all of the welcome messaging and stays on the line to be answered.

\*\* NHS Direct Wales went live in June 2000; these data are for nine months.

\*\*\* The number of calls to other helplines is affected by the fluctuation in ad-hoc helpline services set up to support national and local public health alerts or campaigns and remain in use for as long as necessary. Current examples include the HPV helpline (see Box 2).

Source: Wales Audit Office analysis of the number of calls to the service; data found at <http://www.statswales.wales.gov.uk/TableViewer/tableView.aspx?ReportId=2521>.

**1.8** Calls offered to the dental helpline, GP out-of-hours service and calls redirected from A&E departments are also falling. The biggest reductions are seen in calls offered to the dental helpline, which peaked in 2006-07 in the same year that the new dental contract was implemented across Wales. The reduction in calls to the dental helpline may reflect improved access to an NHS dentist, however, the most frequent reason for symptomatic calls and health information enquiries to the 0845 46 47 helpline is for dental problems, such as toothache or dental health education (Figures 8 and 9). A small number of calls account for half of all symptomatic calls.

**1.9** NHS Direct Wales' officials told us that the decline in calls offered to its main 0845 46 47 service arose from a combination of factors:

- a NHS Direct Wales stopped marketing its telephone advice services in 2002 given the unprecedented number of calls. Instead, it decided to focus on improving service performance, ensuring prompt access to the service and effective management of calls.
- b A programme to encourage people to take up web-based services for health advice and information on local services, rather than using the telephone.



**Figure 8 – Top 12 symptoms of callers ringing the 0845 46 47 helpline in 2008**

Reason for calls	Percentage of symptomatic calls
Dental problems eg, toothache	6.2
Rash	6.1
Abdominal pain	5.6
Medication enquiry	4.5
Fever	4.0
Vomiting	3.8
Diarrhoea	3.2
Ingesting toxic substances toxic	2.7
Headache	2.6
Chest pain	2.5
Cough	2.4
Back pain	1.9

Source: NHS Direct Wales.

**1.10** The total number of calls answered by NHS Direct Wales also fell but less sharply (Appendix 3 provides data on the number of calls answered). Calls answered peaked at more than 352,000 in 2006-07, a year after the peak in calls offered. The peak in calls answered reflects a marked improvement in performance with NHS Direct Wales answering a greater proportion (90 per cent) of the calls offered compared with the previous year (79 per cent). NHS Direct Wales has maintained this level of performance. It attributes some of the improvement to signposting callers to its website and by using automated messaging.

**Figure 9 – Top 12 health information enquiries of callers ringing the 0845 46 47 helpline in 2008**

Reasons for health information enquiry	Percentage of health information enquiry calls
Dental health education/promotion	40.1
NHS Services provision	11.2
Infectious diseases	5.8
Travel advice and vaccinations	5.0
NHS Health costs/benefits/exemptions	4.0
Support/Health and Well being Services	2.7
Mental health	2.2
Common ailments	2.0
Sexual health/sexuality	1.8
Pregnancy/childbirth	1.4
Childhood Immunisation	0.9
Other (topics not categorised within the system)	3.1

Source: NHS Direct Wales.

**1.11** NHS Direct Wales took forward a programme of work to become the public information website for NHS Wales following a review of NHS online health information services carried out by Informing Healthcare. NHS Direct Wales launched a new look website in February 2007, which acts as the recognised consumer health information gateway. It provides multi-channelled access to health information and advice. It incorporates a bilingual A-Z health encyclopaedia, a new information prescription service for long-term conditions, as well as a

Book Prescription Scheme aimed at helping people with mild to moderate psychological problems. The public can access information about the different NHS health and social care services available in Wales, as well as details of local groups and national organisations offering a range of health, well-being, and support services. The NHS Direct Wales' website also offers an online enquiry service where users can email their health enquiries to the health information team.

- 1.12** Since its launch, visits to the NHS Direct Wales' website have increased by one third, from 338,000 visits in 2007-08 to 450,000 visits in 2008-09. Requests for information and advice via the online enquiry service also increased from 1,469 requests in 2007-08 to 1,651 requests in 2008-09. There are approximately 1,100 web visits a day with an average visit lasting 15 minutes. The most frequently visited web pages make up only a tiny fraction of all the web pages available to visitors. The most frequently visited pages during April 2009 were those on local services, database searches for a dentist or information related to dentists, searches for sexual health clinics or the 'morning after pill' and the Health Encyclopaedia, while the material most frequently downloaded related to Swine Flu.

### **There is scope to improve the efficiency of NHS Direct Wales**

- 1.13** NHS Direct Wales has higher costs than NHS Direct England, with the cost per call 22 per cent higher (see [Figure 4](#)). Highly trained staff are NHS Direct Wales' most important asset and account for most (91 per cent) of its cost. High levels of staff sickness absence and attrition, that is staff leaving the organisation, can be an indicator of underlying morale and cultural problems. High rates of either can

create a downwards spiral. High rates of attrition not only risks the loss of experienced staff it places additional pressure on existing staff to cover the work of those who left, possibly contributing to higher levels of sickness and attrition. Although the sickness absence rate amongst call-taking staff fluctuated above the national target (4.2 per cent) during 2008-09 there was an encouraging downward trend ([Figure 10](#)). The rate is higher than the figures for Welsh NHS trusts in 2007-08, which ranged from 4.1 to 7.0 per cent<sup>11</sup> but slightly lower than the rate (8 per cent) for frontline staff at NHS Direct England in 2008-09.<sup>12</sup> The sickness absence rate has since fallen and at the end of July 2009 was 5.3 per cent. Staff attrition during 2008-09 also fluctuated above NHS Direct Wales' own target of 13 per cent.

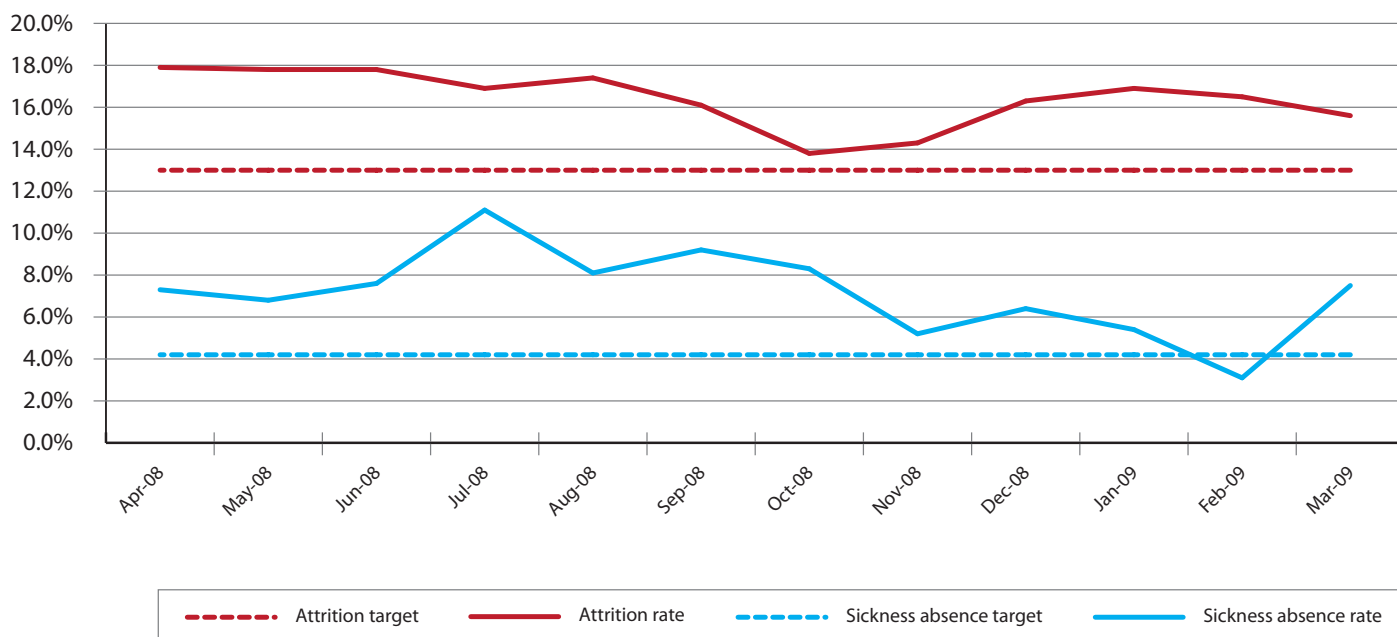
- 1.14** NHS Direct Wales monitors call lengths to ensure the service is operating as efficiently as possible. It recognises that some calls take much longer, particularly for those callers ringing during the night with mental health problems. The main emphasis is on a safe and appropriate outcome for the individual contacting the service. Staff are set a target call length, for nurse advisers the target is just over 13 minutes (800 seconds) and for call handlers the target is five minutes (300 seconds) with other call taking staff having slightly longer call length targets. Average call lengths are slightly higher for nurse advisers, call handlers and dental nurse advisers than the target with health information specialists significantly under target in 2008-09 ([Figure 11](#)). NHS Direct Wales told us that call lengths tend to increase when the software used to assess callers is upgraded and then reduce once call taking staff are confident in navigating the new system.

<sup>11</sup> Auditor General, *The Management of Sickness Absence by NHS Trusts in Wales – Follow Up Report*, January 2009.

<sup>12</sup> NHS Direct, *NHS Direct Annual Report and Accounts 2008-09*, July 2009.



**Figure 10 – Sickness absence rate and attrition rate amongst NHS Direct Wales’ operational staff in 2008-09**



Source: Wales Audit Office analysis of data provided by NHS Direct Wales.

**Figure 11 – Trends in average call lengths (seconds)**

Call taking staff	Target (seconds)	2007-08	2008-09	Variance (per cent) 2008-09
Call handler	300	291	329	10
Nurse adviser	800	824	833	4
Dental nurse adviser	960	969	1,040	8
Health information specialists (simple enquiry)	1,200	824	773	-36
Health information specialists (complex enquiry)	10,800	10,826	7,904	-27

Source: Wales Audit Office analysis of data provided by NHS Direct Wales.

## NHS Direct Wales has sound processes to manage its clinical and operational performance and support users appropriately

Overall, NHS Direct Wales has sound systems and processes in place to manage its performance, which would be strengthened if it more clearly addressed its contribution to better results for citizens and the unscheduled care system

**1.15** NHS Direct Wales has sound processes in place to monitor its performance. It monitors key performance indicators using a balanced scorecard. The balanced scorecard approach to performance management is widely used across the NHS. NHS Direct Wales' scorecard is based around four domains: stakeholders;

management processes; learning and innovation; and Welsh language information (Figure 12). In terms of the service provided to the public, the key indicators cover the time taken to answer calls and provide advice to patients. The indicators do not, however, include the outcomes of NHS Direct Wales in terms of health benefits and the end disposition of calls. NHS Direct Wales regularly monitors indicators on the end disposition and presents these data at formal meetings of the executive team. It recognises that the Balanced Scorecard can be strengthened by including this indicator and, in future the Trust intends to include the end disposition as part of its dashboard report on performance to the Board. Financial targets apply to the Trust, but some financial information could also improve the Balanced Scorecard for NHS Direct Wales.

**Figure 12 – NHS Direct Wales' Organisational Balanced Scorecard in 2008-09**

<b>Stakeholders</b>	<b>Management processes to support delivery of timely and quality services</b>
<p><b>a</b> Equitable and timely access to services:</p> <ul style="list-style-type: none"> <li>■ answer rates; and</li> <li>■ abandonment rates.</li> </ul> <p><b>b</b> High quality and safe services:</p> <ul style="list-style-type: none"> <li>■ prioritisation of calls and time to triage.</li> </ul> <p><b>c</b> Engaged workforce:</p> <ul style="list-style-type: none"> <li>■ sickness absence amongst operational staff; and</li> <li>■ attrition amongst operational staff.</li> </ul>	<p><b>a</b> Volume of contacts:</p> <ul style="list-style-type: none"> <li>■ calls;</li> <li>■ web visits;</li> <li>■ online enquiries; and</li> <li>■ automated messages.</li> </ul> <p><b>b</b> Length of time taken to deal with the contact eg, average call lengths.</p> <p><b>c</b> Availability of staff to manage contacts.</p>
<b>Learning and Innovation</b>	<b>Welsh Language Information</b>
<p><b>a</b> Developments based on best practice and evaluation:</p> <ul style="list-style-type: none"> <li>■ calls reviewed; and</li> <li>■ written complaints responded to within 20 days.</li> </ul> <p><b>b</b> Staff with agreed post outlines based on the Knowledge and Skills Framework.</p>	<p><b>a</b> Calls offered to Welsh Applications.</p> <p><b>b</b> Calls answered by Welsh Applications.</p> <p><b>c</b> Calls carried out in Welsh.</p>

Source: Wales Audit Office, taken from *A Balanced Scorecard Approach to Analysing NHS Direct Wales Performance*.





## **NHS Direct Wales has sound systems to ensure appropriate support for users**

**1.16** NHS Direct Wales takes calls on a wide range of health issues from a variety of people, some of whom are particularly vulnerable. Most callers who ring NHS Direct Wales are initially put through to a call handler. The call handlers will use the Call Streaming Prioritisation Tool to ascertain whether the caller has symptoms that require immediate attention. Where callers are found to have such symptoms, they will be transferred directly to 999, advised to attend A&E, see a GP urgently or see a GP the same day, instead of waiting to speak to a nurse adviser. Approximately seven per cent of calls to the 0845 46 47 helpline and two per cent of calls to the out-of-hours service are streamed in this way.

**1.17** NHS Direct Wales has guidance and procedures in place to deal with issues in relation to safeguarding children, or protecting vulnerable adults. In 2008 Healthcare Inspectorate Wales assessed the Trust as 'developing' in relation to the Healthcare Standard on complying with national guidance for child protection and the protection of vulnerable adults. This is the middle ranking in Healthcare Inspectorate Wales maturity scale. NHS Direct Wales' staff told us that staff adhere to the All Wales Child Protection Procedures for raising concerns about children although we did not audit compliance with these procedures. Staff told us that if a child is assessed as being in immediate danger the police are alerted and a referral made immediately to social services. For a child assessed as a 'Child in Need', that is, has unmet needs that might affect his/her development, staff told us that they attempt to get consent from callers, who could be the parent or the child itself, in order to make referrals to social services or other agencies like GPs or health visitors. All referrals in relation to child protection issues and a Child

in Need are recorded electronically. A total of 437 referrals were made between 1 July 2007 and 30 June 2008 with the majority (69 per cent) related to child protection. A small proportion (14 per cent) of referrals were for a Child in Need. The remainder of referrals were made to other professionals with the consent of the caller or child. To assist staff when taking calls about or from children, NHS Direct Wales produced a Child Concern Prompt 'Think Child' for nurse advisers. Staff can also access the Child Concern Referral Guidance and the Safeguarding Children Procedure on NHS Direct Wales' intranet if necessary during a call.

**1.18** Staff are currently expected to receive refresher training in child protection every two years. NHS Direct Wales is developing child protection supervision sessions that it hopes all staff will undertake every six months. NHS Direct Wales aims to continuously improve the handling of calls relating to safeguarding children. It plans to anonymise the way in which calls related to child concerns are handled and play them back to staff as part of training and development on safeguarding children.

**1.19** A special notes facility was introduced to the electronic clinical assessment system so that call-taking staff can record and access information about patients' broader care needs. This means that call handlers and nurse advisers can provide a more tailored service for callers who have complex health and social care needs, and are unable to manage their own care or may be a risk to themselves. When the facility was first introduced in 2006, the Swansea GP out-of-hours service identified patients requiring special instructions. For example, they identified those with palliative care needs. When these patients, or their carers, called NHS Direct Wales, the special note

### Case Study 1 – Special notes facility to support patients with chronic conditions in the Swansea LHB area

The special note facility was extended to include a group of patients, identified by Chronic Condition Managers, who could benefit from additional support if necessary. If one of these patients contacts NHS Direct Wales, either via the 0845 46 47 helpline or the Swansea GP out-of-hours service, the special note facility alerts call handling staff at NHS Direct Wales that the caller is under the care of a Chronic Condition Manager.

The special note documents the patient's chronic condition, the name and contact number of the Chronic Condition Manager and the agreed management plan for this patient. A nurse adviser assesses the caller with the benefit of more information about the caller and provides the appropriate clinical advice. The Chronic Condition Managers are informed when their patients call NHS Direct Wales the next working day, if the call was received during the night time and at weekends, or the same day if the call was received in hours. NHS Direct Wales shares the reason for the call and the outcome of the call with the Chronic Condition Manager.

According to a paper to the Trust's Clinical Governance Committee an evaluation of the shared note facility for these patients found that patient experience had improved and that admissions to A&E had been avoided. Where patients were advised to go to A&E, Chronic Condition Managers have been able to visit and facilitate early discharges.

Source: NHS Direct Wales.

attached to their clinical assessment record alerted call-taking staff to their special requirements ensuring that an agreed management plan was followed. Now all palliative care patients from the Swansea, Gwynedd and Anglesey GP out-of-hours service have a special note attached to their record. The special notes facility has been extended to include a group of patients identified by the chronic condition team at Swansea LHB (Case Study 1).

**1.20** NHS Direct Wales is developing new approaches to support callers advised to 'self-care', that is to treat themselves without

### Box 3 – NHS Direct Wales' Information Prescription Service

In addition to the general online enquiry service NHS Direct Wales provides an Information Prescription service for patients, carers and relatives who want access to high quality internet sources of information. An information prescription is personalised information to help an individual gain a better understanding about how to support the management of a long-term condition, such as arthritis or diabetes, or to learn more about a health topic.

NHS Direct Wales is currently piloting a DIY Information Prescription to allow users to pick and choose their own information about different health conditions and local health services, including self help and support services. The DIY Information Prescription focuses on the following long-term conditions:

- a** Arthritis;
- b** Cancer;
- c** Chronic Obstructive Pulmonary Disease (COPD);
- d** Coronary Heart Disease (CHD);
- e** Diabetes;
- f** Mental Health; and
- g** Obesity.

NHS Direct Wales has been working with Macmillan Cancer Support and the All Wales Cancer Services Coordinating Group, since the launch of the DIY facility in February 2009, to develop an Information Prescription model for cancer information. It aims to ensure a collaborative approach to mapping information and local services for specific cancer pathways.

Source: NHS Direct Wales.

needing to see another healthcare professional. NHS Direct Wales has introduced 'Information Prescriptions', which will help people to manage their illness or health concerns for themselves. The Information Prescription provides callers, and those that use the online enquiry services, with tailored information, specific to their needs and circumstances and is working with others to increase the type of Information Prescriptions (Box 3).



## **NHS Direct Wales' staff work within a robust local framework that ensures the clinical appropriateness and quality of advice and information**

**1.21** NHS Direct Wales carefully monitors the clinical appropriateness and quality of the advice that it gives to callers. All calls to NHS Direct Wales are recorded and all calls, excluding those to automated messaging services, result in the creation of a clinical assessment record. Every month, one call per member of staff – call handlers, nurse advisors and dental nurse advisors – is reviewed, with the call selected at random. The review focuses on clinical safety and clinical decision making, as well as softer aspects of advice to users, such as empathy, attitude and tone of voice. The reviews are based on identifying what went well and what could be done differently. NHS Direct Wales encourages staff to learn from the feedback from reviews through ensuring that managers discuss quality and appropriateness of call responses with staff as part of line management processes. Calls can be reviewed 'live' or retrospectively via the taped call recording. Call reviews apply to all call types, such as calls to the 0845 46 47 helpline or GP out-of-hours service. The call review process is also used when investigating complaints and adverse incidents.

**1.22** An Editorial Board oversees and supervises the editorial content of the NHS Direct Wales' website. The Editorial Board is responsible for the strategic direction and content of the website, ensuring that the information is evidence based and of high quality. The Editorial Board is currently chaired by a representative from the Community Health Council. Membership of the Editorial Board is intended to reflect and uphold the perspective of patients and the public. Members are

drawn from organisations like the Welsh Consumer Council, the Wales Council for Voluntary Action and the National Public Health Service for Wales. The Web Design Board has strategic accountability for the efficiency and effectiveness of online health information to patients and it is chaired and hosted by Informing Healthcare.

## **NHS Direct Wales is well placed to gather and learn from feedback to improve services**

**1.23** NHS Direct Wales aims to use feedback, both positive and negative, for learning and improving the quality of services. It maintains a database of all verbal and written complaints, compliments, and any feedback received about the service from healthcare professionals. NHS Direct Wales investigates all verbal and written complaints about the quality of the service it provides to callers. NHS Direct Wales logs the remedial action required and the lessons for the organisation and individual. In some instances the investigation of a complaint may uncover opportunities to improve the service or provide additional training and development for particular members of staff, for example if there are issues of conduct or capability identified by a complaint.

**1.24** NHS Direct Wales also receives and investigates feedback from health professionals on the appropriateness of its advice. Frequently, such feedback covers the appropriateness of referrals and whether NHS Direct Wales is referring people to the most appropriate care provider. We found examples where NHS Direct Wales had investigated such feedback and taken action in response to try to prevent similar incidents from occurring (**Case Study 2**). Where NHS Direct Wales disagrees with the feedback from the GP out-of-hours service where it provides the call handling and telephone triage, it will take these calls to the

## Case Study 2 – NHS Direct Wales investigates and acts upon feedback from healthcare professionals where necessary

**Example 1** – A GP from the Gwynedd and Anglesey out-of-hours service provided feedback about a patient who attended the out-of-hours primary centre following a call to NHS Direct Wales. The GP felt that the patient should have received a 999 response because of the presenting cardiac symptoms rather than being advised to attend the out-of-hours centre.

The team leader reviewed the call and found the end disposition to be inappropriate. The nurse advisor was then 'off line' for further training, with support from a practice coach and team leader. NHS Direct Wales also looked at the wider training implications for its staff as well as reviewing the guidance provided by the clinical assessment software in relation to cardiac symptoms.

**Example 2** – NHS Direct Wales received feedback from an out-of-hours service that a nurse advised a caller to attend the local A&E department without checking the department could deal appropriately with the caller's needs. The local A&E department was in fact a minor injuries unit that could not provide the level of care and treatment needed by the caller. Consequently, staff at the minor injuries unit requested an emergency ambulance to transfer the caller to a major A&E department.

The formal call review found that the end disposition – that the caller should attend an A&E department – was correct, but that it should have been to a major A&E department rather than a minor injuries unit. As a result of this case, NHS Direct Wales ensured that all staff are trained on how to access the information regarding Accident and Emergency and Minor Injury Units on NHS Direct Wales' intranet. The investigator liaised with the training team and practice coaches to inform future training and monthly coaching sessions with staff.

Source: NHS Direct Wales.

joint professional meetings with the respective services for discussion. NHS Direct Wales and the Swansea out-of-hours service have also audited together a number of calls to the out-of-hours service. They sought to understand the reason for choosing a particular end disposition based upon the information provided by the caller.

**1.25** NHS Direct Wales also seeks to learn lessons from feedback from out-of-hours service users, leading to improvements in the quality of its services. The Assembly Government requires providers to undertake regular audits of a random sample of patients' experiences of the service and take appropriate action as a result of the audits. We found that NHS Direct Wales has responded to the issues raised by these audits. For example, following concerns about a lack of Welsh speakers able to take calls, NHS Direct Wales worked with the Welsh Language Board and local Community Health Councils in 2008 to consider possible solutions. This led to a Welsh only recruitment campaign to attract additional Welsh speaking staff and training delivered through the medium of Welsh. The proportion of calls carried out in the Welsh language increased from 28 per cent in April 2008 to 49 per cent in March 2009.

**1.26** Feedback from users also found that callers accessing their out-of-hours GP provider via NHS Direct Wales felt that some steps in the process were repetitive. In light of this feedback, NHS Direct Wales introduced a 'Direct to Nurse' Model for the out-of-hours services in an attempt to streamline the patient journey. Calls to the out-of-hours service are answered directly by nurse advisers except during periods of very high demand when it may be necessary for call handlers to answer calls to ensure timely access. The Direct to Nurse Model reduces call times and the number of contacts and repetition of questions. NHS Direct Wales reports a drop in the number of complaints from service users since its introduction at the end of 2006. NHS Direct Wales introduced a similar model for callers ringing the NHS Direct Wales dental helpline, which has been positively evaluated in a recent patient survey. The three LHBs that commission out-of-hours



call handling and triage services from NHS Direct Wales, told us that NHS Direct is willing to act upon feedback.

**1.27** NHS Direct Wales also uses feedback to develop and improve its online services. When they visit the NHS Direct Wales' website, users are encouraged to provide feedback and comments, which are passed to relevant departmental heads to support learning and improvement. For example, visitors to the website said it would be useful to have a copy of the Book Prescription Wales Booklist on the site. A PDF version of the booklist was added to the website, which can be downloaded by users. It is now one of the top 10 downloaded pages on the site.

**1.28** NHS Direct Wales told us that it actively encourages staff to report all adverse incidents and near misses, which it then investigates. During 2007-08 staff reported 368 adverse incidents, many of which were reported as near misses. Of the 368 incidents, 184 were categorised as clinical, 99 as technical and the rest as health and safety issues, mainly for loud noise exposure. **Box 4** provides examples of clinical and technical adverse incidents/near misses during the year.

**1.29** NHS Direct Wales has worked with particular groups to develop services that are tailored to their needs. NHS Direct Wales worked with the Royal National Institute for the Deaf (RNID) to consult with the deaf community. It produced a targeted leaflet for those who are deaf or hard of hearing and extended its text phone service to cover the full 24-hour period seven days a week. NHS Direct Wales and the Ambulance Trust continue to work closely with the Deaf Association Wales and other community and voluntary groups. The aim is to improve communication channels available to deaf people and so

provide better access to health advice and emergency care. NHS Direct Wales also worked with children and young people to find out their needs for health information and what they looked for in a website. 'The Room' web site is designed in direct response to user feedback from this group. Users required access to confidential advice and information that was written and appropriate to their needs. The website provides access to a wide range of health information 24 hours a day, 365 days a year and search facilities to find, for example a local dentist. It makes use of the latest technology and features, such as animated speaking characters to make the experience of the site as interactive as possible. An online enquiry service is also under development for children and young people to email questions about health.

#### Box 4 – Examples of adverse incidents reported

**Example 1** – An adverse incident occurred when an ambulance was sent to the wrong address. The call was reviewed. The nurse adviser had incorrectly documented the caller's postcode and did not confirm the caller's full address. There was no harm to the caller but the ambulance's arrival was delayed by 18 minutes.

**Example 2** – An adverse incident was recorded when callers in north Wales experienced technical difficulties accessing the dental helpline. Callers were unable to get through to speak to a dental adviser and received an error message. The problem was investigated and problems occurred only when ringing the dental helpline by mobile phone. The problem was resolved by BT, who provide the telephony system.

**Example 3** – An adverse incident was recorded when night staff realised that very few calls were coming into NHS Direct Wales with the exception of calls to the out-of-hours service. The telephone lines were checked. Calls to the 0845 46 47 service and calls from mobile phones were going through to NHS Direct in England. It was discovered that BT was undertaking planned work from midnight to 3am. NHS Direct Wales had not been informed by BT of the planned work. Patient safety was maintained at all times as calls were re-routed to England via BT.

Source: NHS Direct Wales.

## **NHS Direct Wales is generally providing valuable services with some evidence of user satisfaction but there is scope to improve call-handling times and better market its services**

### **There is a mixed picture in relation to satisfaction with the services provided by NHS Direct Wales**

**1.30** Evidence of user satisfaction with the services provided by NHS Direct Wales paints a mixed picture. We asked GP practices for their views on the effectiveness of unscheduled care services, including NHS Direct Wales.<sup>13</sup> The small number of GP practices responding to our survey had mixed views about the effectiveness of NHS Direct Wales, with similar numbers of practices who perceived it to be effective as those who perceived it to be ineffective. Positive views included the ready availability of NHS Direct Wales' services to the public with one practice suggesting that the service 'should be more widely publicised... to help people manage simple ailments'. Feedback on their patients' experiences of NHS Direct Wales was also mixed with some reporting that patients perceived the services as excellent while others said that their patients were unhappy with the services they received. The main criticism about NHS Direct Wales was that it had little impact in reducing practice workloads. One of NHS Direct Wales functions is to redirect callers to the most appropriate place for care, such as the GP practice, and might actually increase workload. However, there is little evidence available to assess the appropriateness in

redirecting callers and NHS Direct Wales told us that is now beginning to explore how to measure this aspect of its work.

**1.31** Direct feedback to NHS Direct Wales paints a fairly positive picture of satisfaction. NHS Direct received 142 compliments during 2007-08 with callers expressing appreciation for the service received and the advice given. The number of complaints about NHS Direct Wales' services is relatively low with 122 complaints – 93 verbal and 29 written – received in 2007-08. This equates to 8.9 complaints per 100,000 calls in 2007-08 compared with slightly fewer than the 9.9 complaints per 100,000 calls to NHS Direct England.

**1.32** As part of a study commissioned by the Assembly Government in 2008 to examine how the public chooses to use unscheduled care services, people taking part in the focus groups expressed both positive and negative views about NHS Direct Wales.<sup>14</sup> For some people NHS Direct Wales provided reassurance, backed up their own judgement or enabled them to access advice when their GP practice was closed. However, others were frustrated with a number of aspects of the service, such as the number and repetition of questions asked and the number of times callers were referred to other services.

### **Stakeholders identified the consistency of information and advice to the public as a key benefit of NHS Direct Wales**

**1.33** Our survey of LHBs showed that the key strengths of NHS Direct Wales services' included its general information provision, ability to support people at home through good advice and reassurance, accessibility and online presence.

<sup>13</sup> The Wales Audit Office conducted a number of surveys as part of its national study on unscheduled care. A questionnaire survey was sent to all GP practices in Wales with 62 practices responding giving a response rate of 13 per cent.

<sup>14</sup> All Wales Alliance for Research and Development, Understanding How the Public Chooses to Use Unscheduled Care Services, June 2008.



**1.34** NHS staff across LHBs and in some NHS trusts that we spoke with identified that one of the key benefits of NHS Direct Wales is its consistency. NHS Direct Wales uses the same clinical assessment tools across the range of its services, which means that there is a record of the call and callers receive consistent advice and information. Such consistency can be lacking where patients access the care system through other routes. Some stakeholders particularly valued the NHS Direct Wales' service providing consistent advice to people ringing their local A&E department. Those stakeholders had concerns about the quality of the advice provided by A&E staff answering calls, and would welcome the service being rolled-out more widely.

**NHS Direct Wales is generally meeting its key service quality and safety targets although performance in call handling could be improved**

**1.35** NHS Direct Wales uses its performance information to ensure that resources are matched to peaks in call volumes. NHS Direct Wales' resource planning team meets every week to go through the performance information from the previous week, using data analysis software, to identify peaks in demand and specific times where call handling has fallen below target. The team uses the information to devise the rosters for the coming weeks taking into account scheduled activity such as IT maintenance or staff training, in order to try to match staffing levels with demand.

**1.36** NHS Direct Wales met all of its targets on providing high quality and safe services (Figure 13). NHS Direct Wales performed well against its targets for callers with the most

serious conditions – passing all callers with life-threatening conditions onto the ambulance service within three minutes and in 99.1 per cent of cases, commencing nurse triage for Priority 1 calls within 20 minutes.

**1.37** Although NHS Direct Wales is meeting targets for delivering safe services, its performance in terms of answering calls within target times was poor. Some callers are waiting longer than target times to access NHS Direct services with 87.9 per cent of calls answered within 60 seconds after the welcome message during 2008-09. In addition to the standard answer rate within 90 seconds, NHS Direct Wales also set a target for answering calls within 180 seconds allowing for staff to answer calls during periods of high demand. Allowing this extra time at peak periods is meant to prevent overstaffing and then underutilisation during quiet periods. Even allowing longer time to answer calls, NHS Direct Wales missed its target with 93.8 per cent of calls answered within 180 seconds during 2008-09. Despite the poor performance in relation to answer rates, only a small proportion (4.9 per cent) of calls were abandoned by callers.

**1.38** Callers seem to wait longer when the demand rises during bank holiday periods, like Easter and Christmas, when many primary and community care services are unavailable for extended periods of time. For example during December 2008, only three-quarters (76 per cent) of calls were answered within 90 seconds, including the welcoming message, with a slightly higher proportion (85 per cent) answered within 180 seconds (Figure 14).

**Figure 13 – Performance against targets for providing equitable and timely access and high quality and safe services in 2008-09**

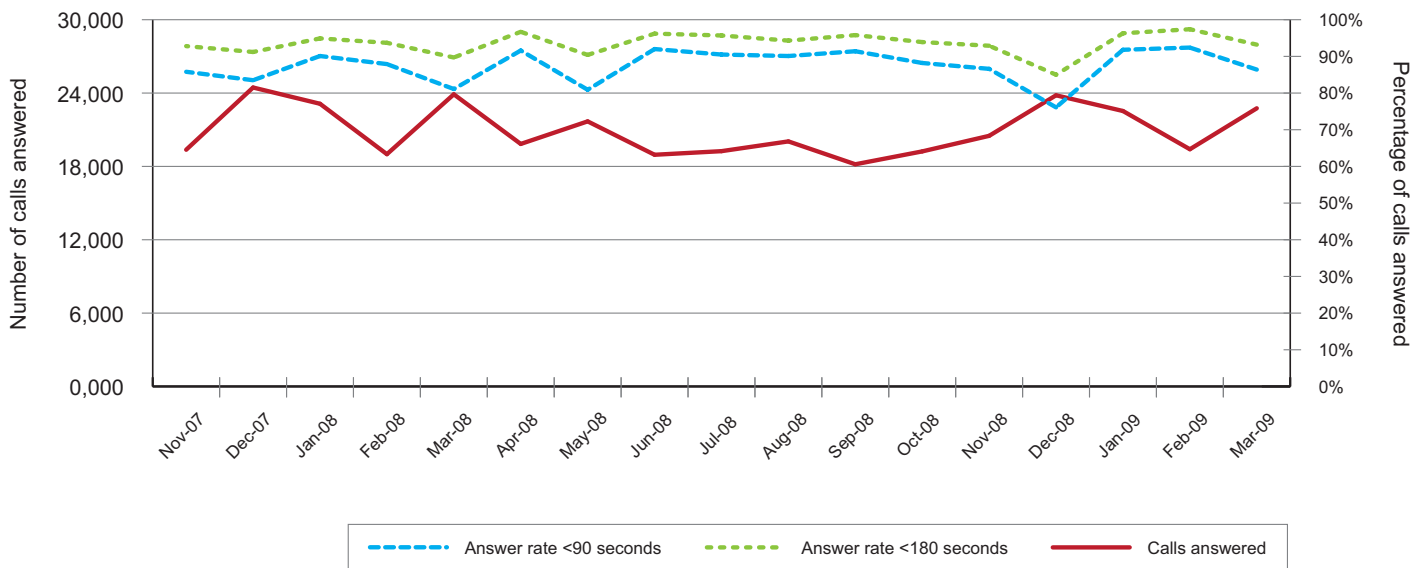
Measure	Target (%)	Performance (%)
<b>Equitable and timely access</b>		
Answer rate in less than 90 seconds (calls answered within 90 seconds including the welcome messaging).	95.0%	87.9%
Answer rate in less than 180 seconds (calls answered within 180 seconds including the welcome messaging).	95.0%	93.8%
Abandonment rate (calls disconnected by the caller after receiving initial recorded messaging, 60 seconds in total).	5.0%	4.9%
<b>High quality and safe services</b>		
Immediate life threatening conditions passed to ambulance within three minutes.	100.0%	100.0%
Priority 1* calls triage commenced in less than 20 minutes.	95.0%	99.1%
Priority 2** (urgent) calls triage commenced in less than 60 minutes.	95.0%	96.5%
Non-urgent calls triage commenced in less than 120 minutes.	95.0%	98.2%
Simple health info calls completed in less than 120 minutes.	90.0%	94.1%
Complex health info calls completed in less than two days.	95.0%	99.9%
Online enquiry service completed in less than three days.	95.0%	100.0%
<small>*The categorisation of Priority 1 calls indicates that the caller needs nurse triage within 20 minutes as further questioning may indicate potential life threatening symptoms.  **The categorisation of Priority 2 calls indicates that it would be clinically safe for the caller to wait 60 minutes for nurse triage.</small>		

Source: Wales Audit Office analysis of data provided by NHS Direct Wales.





**Figure 14 – Comparison of the number of calls answered with the answer rate**



Source: Wales Audit Office analysis of data provided by NHS Direct Wales.

**There is a need to better market NHS Direct Wales’ services to the public, particularly to older people and in rural areas**

**1.39** Many people are aware of NHS Direct Wales’ services. A study commissioned by the Assembly Government in 2008 to examine the factors which influence how and why people contact different services for urgent and unscheduled care found that around 86.5 per cent of people were aware of NHS Direct Wales.<sup>15</sup> However, a large minority (38 per cent) were unsure how to access the services NHS Direct Wales provides. Knowledge about how to contact NHS Direct Wales is significantly lower among older people. Only 42 per cent of those aged 75 years or older knew how to contact NHS Direct compared with 70 per cent of people aged 18 to 49 years. Knowledge of how to contact NHS Direct Wales also varies depending upon where people live. Just over half (54 per cent) of people living in the most

deprived areas had knowledge of how to contact the service compared with 63 per cent of those living in the most affluent areas. Factors influencing decisions about when and why to contact NHS Direct Wales included the ease of access when seeking advice and not wanting to disturb their GP.

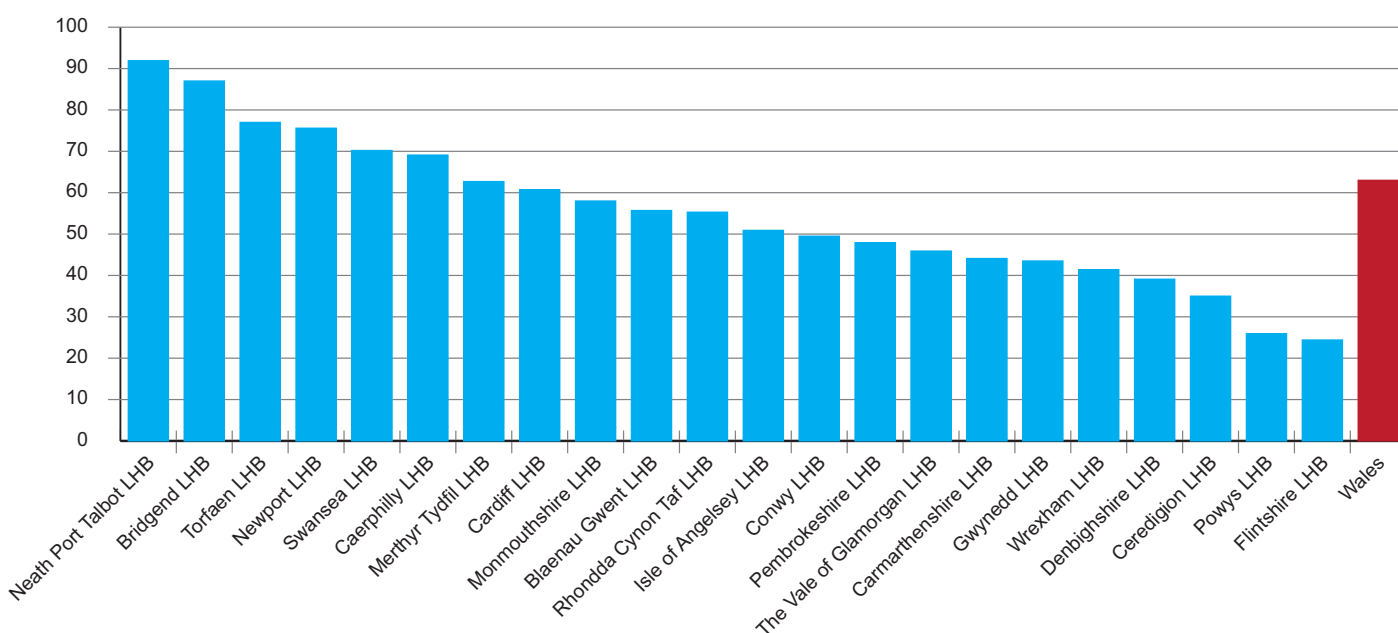
**1.40** Figure 15 shows that there is large variation between different parts of Wales in the take-up of NHS Direct Wales’ main 0845 46 47 service. Take up of the service is much lower in more rural areas of Wales, with people living in Neath Port Talbot and Bridgend nearly three times more likely to use NHS Direct Wales’ 0845 46 47 service than people living in Powys. NHS Direct Wales told us that the higher number of calls in the more deprived LHB areas may be the result of the work the health information team is doing with people in some of the Communities First areas. Some of the variation might also be explained by higher proportions of older

<sup>15</sup> All Wales Alliance for Research and Development, Understanding How the Public Chooses to Use Unscheduled Care Services, June 2008.

people in more rural communities. But, the number of calls per 1,000 population in Conwy is twice that for Powys where the proportion of older people is broadly similar. The variation in take-up strongly suggests that NHS Direct Wales has scope to better market its services in some areas.

**1.41** Our telephone interviews with LHBs reflected these findings, identifying a general perception among LHBs that there was confusion amongst the public about the role of NHS Direct Wales and when to use it, with significant scope for improved communication with the public.

**Figure 15 – Number of calls to the 0845 46 47 service per 1,000 population during 2008<sup>16</sup>**



Source: Wales Audit Office analysis of data provided by NHS Direct Wales on the number of calls to the 0845 46 47 service for each LHB; LHB populations are derived from the Assembly Government, mid-year population estimates for each unitary authority in 2007.

<sup>16</sup> 10 per cent of calls to the 0845 46 47 service cannot be assigned to a LHB area and five per cent of calls were for callers resident outside Wales.



## Part 2 – NHS Direct Wales has the potential to add further value to the unscheduled care system but needs clearer strategic direction

**2.1** NHS Direct Wales is part of a wider system of unscheduled care. Through many of its services, it acts as one of the gateways through which patients enter, and are directed through, the healthcare system. This part of the report examines whether NHS Direct Wales adds value to the unscheduled care system. In particular, it looks at whether NHS Direct Wales:

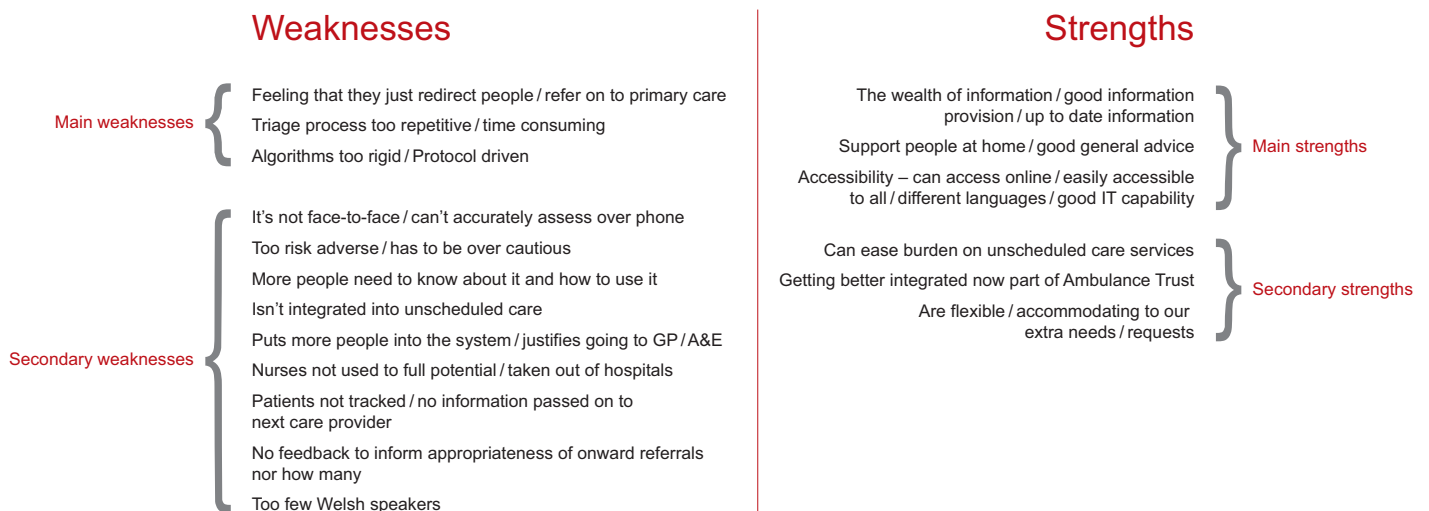
- a** adds value through re-directing patients to the most appropriate parts of the system;
- b** has a clear strategic role in the unscheduled care system; and
- c** has scope to improve its contribution to the unscheduled care system.

**2.2** Figure 16 shows the perceived strengths and weaknesses of NHS Direct Wales that our telephone interviews with LHBs identified.

### NHS Direct Wales is improving its contribution to the wider system of unscheduled care but has not yet met its full potential to re-direct patients to more appropriate parts of the system

**2.3** NHS Direct Wales can contribute to a more efficient and effective unscheduled care system by supporting callers to care for themselves if they are unwell but do not need to see a clinician. NHS Direct Wales told us that the service was overly cautious when it opened. The focus was on safety, prompt access and timely management of all calls. This may have contributed to a perception that NHS Direct Wales simply redirected callers to other unscheduled

**Figure 16 - LHBs perceived the following strengths and weaknesses of NHS Direct Wales**



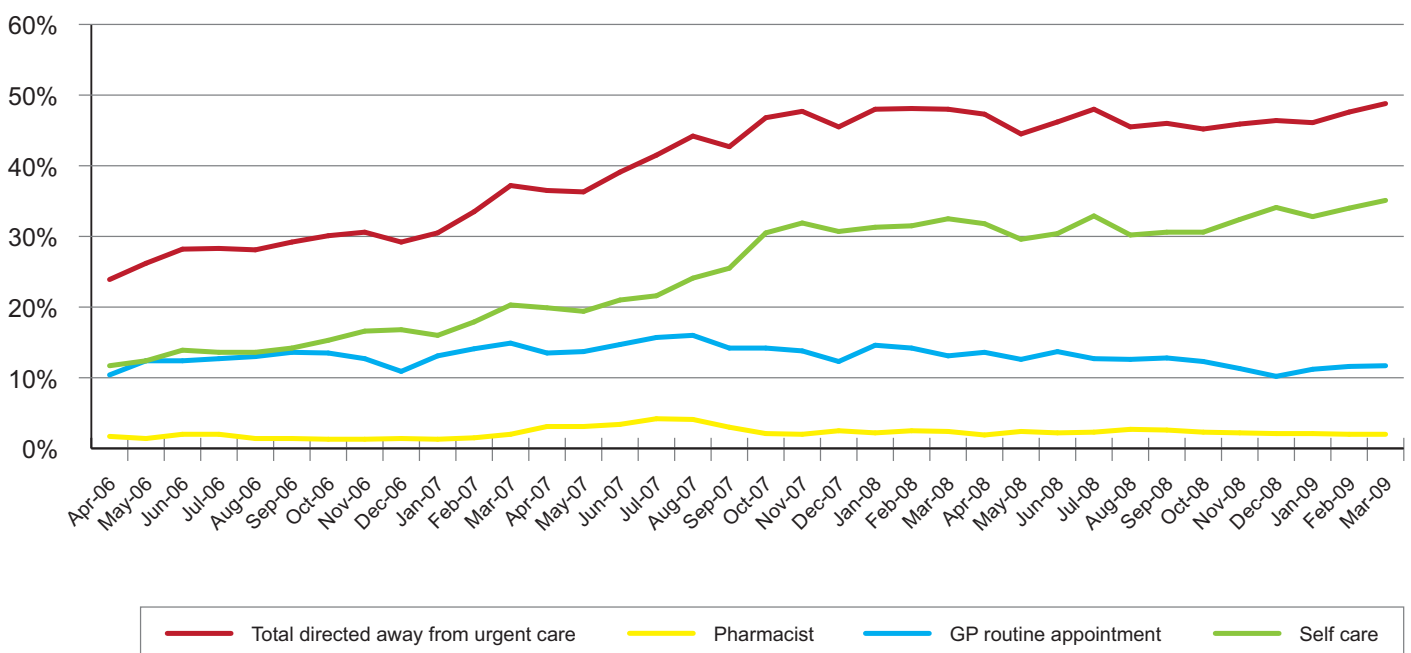
Source: Analysis of telephone interviews of LHBs, conducted by Beaufort Research on behalf of the Wales Audit Office.

services. It may also explain the perception among many of the LHB staff we interviewed that NHS Direct Wales applies its algorithm based system in a rigid, repetitive and risk-averse way.

**2.4** Nevertheless, NHS Direct Wales can help to reduce pressure on the unscheduled care system by referring people to non-urgent services, as well as supporting patients to self care. Recognising the need to minimise its impact on other services, NHS Direct Wales implemented a performance improvement programme. Its aim was to increase the proportion of 'symptomatic'<sup>17</sup> callers advised to self care or seek a routine appointment with their GP. At the end of December 2006 NHS Direct Wales introduced targets to divert symptomatic callers away from urgent care services where it was clinically appropriate to

do so: two-fifths of callers to the 0845 46 47 service and just under one-fifth of callers to the out-of-hours service. There are three low risk clinical outcomes or end dispositions – 'caller supported to self care', 'caller advised to contact their GP for a routine appointment' or 'caller advised to visit a community pharmacy for advice'. NHS Direct Wales doubled the proportion of callers directed away from urgent/unscheduled care services from 24 per cent in April 2006 to 49 per cent in March 2009 (Figure 17). The biggest change has been in the number and proportion of symptomatic callers to NHS Direct Wales who are advised to self care, from just under 16 per cent in 2006 to 34 per cent in 2008, with change reflected across the different services (Figure 18).

**Figure 17 – Trend in proportion of all symptomatic calls directed away from urgent care services**



Source: Wales Audit Office analysis of data provided by NHS Direct Wales.

<sup>17</sup> Symptomatic calls are those where callers have signs and symptoms, such as abdominal pain, toothache or a fever, rather than those calls seeking information like 'where is my nearest dentist or pharmacy'. Approximately, two-thirds of all calls answered by NHS Direct Wales are defined as symptomatic. The remainder are requests for health information or enquires about services.



**Figure 18 – Trend in the proportion of symptomatic callers to different NHS Direct Wales’ services who were supported to self care**

Telephone helpline services	Year*		
	2006	2007	2008
Calls to the 0845 46 47 service	18.0%	28.4%	37.5%
Calls to GP out-of hours services	7.5%	15.1%	23.1%
Calls redirected from A&E departments	15.1%	21.8%	30.4%
<b>Total calls</b>	<b>15.6%</b>	<b>24.9%</b>	<b>34.0%</b>

\* From 1 January to 31 December with exception of 2006 when data relate to 30 January to 31 December.

Source: NHS Direct Wales, January 2009.

**2.5** NHS Direct Wales exceeded its targets to direct callers to the three low risk end dispositions (Figure 19). In 2007-08, just under half (48.3 per cent) the callers to the 0845 46 47 service were advised either to self care, seek advice from a pharmacist or make a routine appointment with their GP practice. In England, nearly two-fifths (37 per cent) of calls to the 0845 46 47 service were closed during 2007-08, that is callers were advised either to self care, seek advice from a pharmacist or make a routine appointment with their GP practice. By the end of March 2009, half (50 per cent) of the callers to the 0845 46 47 service in Wales were directed away from urgent care services. Meanwhile, one-third (34 per cent) of callers to the GP out-of-hours service were directed away from urgent care services, compared with 29.3 per cent in 2007-08. NHS Direct Wales is currently reviewing these targets because there has been little change in performance over the last year. It is looking to improve service efficiency, for example by reducing call lengths without compromising clinical safety.

**2.6** The provision of high quality advice to callers on what healthcare services they need to access is a crucial element of demand management. NHS Direct Wales can continue to increase the proportion of callers directed away from the unscheduled care system but there is no guarantee that callers will actually act on that advice. At present, there are no formal processes for monitoring whether patients act upon the advice they have been given. However, we did identify good examples where clinicians provided feedback to NHS Direct Wales when they had concerns about NHS Direct Wales’ callers who subsequently attended either the out-of-hours GP service or A&E department despite advice to the contrary. There is scope for NHS Direct Wales and other parts of the unscheduled care system to work together to better monitor patients’ actual behaviour and choices.

**Figure 19 – Trend in end disposition for symptomatic callers**

End disposition	0845 46 47 service		GP OOH services	
	2007-08	2008-09	2007-08	2008-09
Self care	29.5%	34.6%	18.0%	23.2%
GP routine appointment	15.7%	13.0%	9.2%	9.1%
Pharmacist	3.1%	2.4%	2.1%	1.7%
GP urgent appointment	15.5%	11.1%	23.1%	18.5%
GP same day appointment	15.0%	13.1%	33.3%	33.3%
A&E	10.3%	10.7%	6.1%	6.5%
999	3.6%	5.0%	6.4%	7.4%
Dentist	6.0%	8.7%	1.3%	1.2%
Other Professional	1.5%	1.5%	0.6%	0.8%
Calls not assessed*	0.2%	0.1%	10.9%	8.9%

\* The end disposition is not recorded for a small number of calls, primarily for special patients or for calls where the caller has refused triage.

Source: Wales Audit Office analysis of data provided by NHS Direct Wales.

**There is potential for NHS Direct Wales to increase the effectiveness of its contribution to the wider system of unscheduled care by helping to ensure callers to the ambulance service get appropriate advice while reducing the inappropriate use of ambulances**

**2.7** Ambulance response time performance in Wales is a longstanding and serious concern, which is influenced by wider issues within the unscheduled care system. A key opportunity and challenge within this system is to ensure that the ambulance service is better able to categorise calls and ensure that it does not dispatch an ambulance unnecessarily or transport a patient to a busy emergency department when this is not necessary. The Auditor General’s recent report on patient

handovers at emergency departments showed the serious impact of the service losing capacity because of excessive handover times at busy emergency departments.<sup>18</sup>

**2.8** The integration of NHS Direct Wales within the Ambulance Trust is a significant opportunity to deliver more innovative approaches to call classification and providing a clinically effective response, while protecting ambulance capacity to respond to genuinely life threatening emergencies. **Case Study 3** highlights the Clinical Desk pilot through which NHS Direct Wales’ nurses have used their specialist skills to help triage calls and avoid unnecessary emergency ambulance responses. This is a good example of an

<sup>18</sup> Auditor General, Unscheduled Care – Patient handovers at hospital emergency departments, April 2009.



innovative approach. It uses the wider unscheduled care workforce flexibly and collaboratively to support more appropriate help for patients and better utilisation of capacity within the system.

However, there is clearly considerable scope to innovate and to deliver greater synergies from the integration of NHS Direct Wales into the Ambulance Trust.

### Case Study 3 – The Clinical Desk is evolving to improve the triage of emergency calls

A clinical model of triage, the 'Clinical Desk', was first introduced to the Carmarthen and Mamhilad ambulance control centres in November 2007 as a three-month pilot, based on previous research that the clinical skills of the nurse advisers, supported by computer decision software, was a clinically effective means of managing low acuity 999 calls.

The aim of the pilot was to manage the high number of inappropriate emergency ambulance responses to 999 calls from people with neither life-threatening nor serious conditions, that is low acuity calls, ensuring callers got the appropriate advice or were effectively signposted to healthcare services. Eighty-five of the 90 neither life-threatening nor serious condition codes in the Automated Medical Priority Dispatch System (AMPDS), used by ambulance control staff to prioritise calls, were risk assessed as suitable for nurse triage. A number of other criteria were used to exclude the transfer of calls to the Clinical Desk, such as calls about children aged less than one year, potentially violent callers or calls from doctors or healthcare professionals requesting an ambulance.

The Clinical Desk uses the skills of nurse advisers at NHS Direct Wales to assess or triage low acuity 999 calls, and in some instances where calls are serious but a full emergency ambulance response is not necessary. Nurse advisers assess callers using the same computer decision software utilised across NHS Direct Wales' services so that callers receive the most appropriate advice and support for their needs.

The Trust's evaluation of the first phase of the pilot concluded that there was frequently the potential to stand down the ambulance that had been dispatched at the start of the call. However, the nurse advisers were often unable to complete the triage and agree an alternative end disposition, for example advice for self care, before the emergency ambulance arrived. The Clinical Desk was given insufficient time to triage patients before dispatching an emergency ambulance. The next stage in the evolution of the Clinical Desk was to see whether an emergency ambulance response could be stopped once low acuity 999 calls were transferred to the Clinical Desk.

Standard operating procedures were developed and implemented at the Carmarthen and Llanfairfechan ambulance control centres between February and October 2008. The Mamhilad ambulance control centre did not take part in the second phase of this development due to technical difficulties at the time. Instead, the Clinical Desk based at Mamhilad continued to use the original clinical protocol, that is, emergency ambulances continued to respond until triage by the nurse advisers was completed and an alternative end disposition agreed.

The Trust formally evaluated the second phase of the Clinical Desk for a two-month period between August and October 2008. During this time, nurse advisers working on the Clinical Desk triaged more than 500 low acuity 999 calls (one-fifth of eligible calls for transfer). Two-fifths (39 per cent) of these calls were resolved with advice to self care or to contact their GP or other healthcare professional. This meant that 211 emergency ambulance responses were stopped, freeing up the equivalent of 3.5 ambulances each day. Sixteen per cent of calls were transferred back for a 999 emergency ambulance response, which the Trust believes illustrates the safety of the clinical desk model, as these calls would have been designated a low priority response by the AMPDS. Of the remaining calls, 30 per cent were downgraded to an urgent ambulance response and 14 per cent were categorised as 'other' because the caller refused nurse triage and one per cent were returned to ambulance control as these calls should have been excluded from transfer to the Clinical Desk.

At the time the evaluation was carried out the Clinical Desk was not operational at peak times (8am to midnight) seven days a week. The Trust estimates that if the Clinical Desk had been fully operational then an additional 1,420 calls could have been resolved without the need for an emergency ambulance response. Avoiding an emergency response is positive for the patient, the wider public and the whole system of unscheduled care. It reduces unnecessary journeys to hospital, and releases emergency ambulances to respond to other life threatening calls.

Source: Welsh Ambulance Services NHS Trust.

## The NHS needs to determine how NHS Direct Wales' contribution can be maximised within local unscheduled care models

The Welsh Ambulance Services NHS Trust, Health Boards and the Assembly Government need to better define the strategic contribution of NHS Direct Wales within the delivery of unscheduled care

**2.9** National strategies recognise that NHS Direct Wales has an important role within the unscheduled care system. The Assembly Government defined NHS Direct Wales' purpose in 1999 as 'a nurse-led 24-hour helpline service for patients with worrying health problems who are unsure whether there is a need to call out a doctor, dial 999 or go to the Accident and Emergency department'.<sup>19</sup> This was reinforced in 2008 with the publication of the Assembly Government's strategy for delivering emergency care services, *Delivering Emergency Care Services*.<sup>20</sup> The strategy sets out a framework based on five levels of need in relation to unscheduled care (Box 5). A key aim of the strategy is to rebalance the unscheduled care system so that people access care at the appropriate level for their needs. NHS Direct Wales currently contributes to Level 1 and Level 2 of the framework. It provides support for individuals to care for themselves through telephone advice, web-based information services, the provision of telephone triage for out-of-hours services and the Clinical Desk.

**2.10** NHS Direct Wales not only provides information and advice but also signposts to other routine and unscheduled care services. Through its strategy, *Delivering Emergency Care Services*, the Assembly Government has

### Box 5 – The Assembly Government's Framework for Unscheduled Care

Unscheduled care services are organised around five levels of need. These are:

**Level 1** – self care with support and information available;

**Level 2** – primary care and community based services for example, GP, minor injury unit;

**Level 3** – emergency ambulances and A&E;

**Level 4** – admission to hospital, nursing or residential care; and

**Level 5** – specialised hospital support.

*Source: Assembly Government, Delivering Emergency Care Services: An Integrated Approach for Delivering Unscheduled Care in Wales, February 2008.*

provided a framework and set of principles for unscheduled care, but it is down to local health communities to develop plans for their areas. The strategy is a high-level vision of unscheduled care, which provides the NHS with a set of principles to design an unscheduled care system that is fit for purpose and meets the needs of each local community. Using the framework and principles, the NHS needs to determine how NHS Direct Wales' contribution can be maximised within the unscheduled care model for local communities.

**2.11** However, most LHBs responding to our telephone survey did not perceive NHS Direct Wales to be well integrated in the unscheduled care system. It was seen as something separate rather than a core part of the unscheduled care system. This perception may be linked to the poor understanding of the role of NHS Direct Wales and its contribution to the unscheduled care system, as well as a lack of contact between NHS Direct Wales and the 22 LHBs that commission many local unscheduled care services.

<sup>19</sup> Assembly Government, WHC (99) 109, Management Arrangements for the Introduction and Operation of NHS Direct Wales, June 1999.

<sup>20</sup> Assembly Government, *Delivering Emergency Care Services: An Integrated Approach for Delivering Unscheduled Care in Wales*, February 2008.





- 2.12** Responses to our telephone survey suggest that, apart from its provision of information and signposting callers to appropriate services, opinions about the role of NHS Direct Wales in relation to urgent or routine care differed. Health Commission Wales is currently the principal commissioner of NHS Direct Wales' services, and commissions those services nationally. A minority of LHBs responding to our telephone survey told us that they have little or no contact with NHS Direct Wales, and did not have consistent views about its role and purpose. This contributes to the lack of understanding about the role of NHS Direct Wales and its contribution to the wider system. More seriously, it reinforces the perception of NHS Direct Wales as being bolted on to other services and leads to the situation where the nationally commissioned service does not link effectively with local services or care pathways.
- 2.13** Most LHBs we spoke to were unable to comment with any confidence if they felt NHS Direct Wales provided good value for money. They neither commissioned the service directly nor felt they received much information from NHS Direct Wales about its performance in order to make an informed judgement. Since NHS Direct Wales deploys highly skilled nurses to provide telephone triage from a call centre, there is a clear opportunity cost of operating the service, and it would be helpful if the costs and benefits of the service were better understood in the context of both local and national planning.
- 2.14** The dental helpline is a good example of how some NHS Direct Wales' services seem to have developed in an ad hoc way. There is clear demand for dental health advice: dental problems are the most common reason for calls to the 0845 46 47 helpline. NHS Direct Wales provides a dental helpline for 13 out of the 22 LHB areas. These LHBs make up the former Dyfed Powys, Iechyd Morgannwg and North Wales health authorities, who relied on the dental helpline established in 2001. These 13 LHBs continued with the dental helpline arrangements when the new dental contract was introduced in April 2006. The other nine LHBs have their own separate arrangements in place. Our telephone survey found that even where NHS Direct Wales provides the dental helpline, LHBs did not fully understand the service. Some thought that NHS Direct Wales provided a signposting service, giving out details of dental surgeries, whereas it actually provides advice on pain management and oral hygiene. Few LHBs understood how the service was commissioned or monitored, and none were monitoring performance themselves.
- 2.15** The Assembly Government has recently consulted about moving responsibility for planning and funding NHS Direct Wales' services to the seven new Health Boards that it is currently establishing. This should make it much easier to deliver effective engagement between the Ambulance Trust and the new Health Boards to ensure that the NHS Direct Wales' service achieves a better strategic fit with other unscheduled care services. The lead commissioner will need to ensure there is a clear national vision of the role of NHS Direct Wales within a coherent and seamless system of unscheduled care, whilst enabling Health Boards to vary the service to meet local need.

**Despite some good local relationships, NHS Direct Wales has not done enough to develop sufficiently strong strategic relationships with key stakeholders to overcome negative perceptions and poor understanding of its role**

**2.16** NHS Direct Wales tends to have good local working relationships but there is concern among stakeholders that it is not strategically engaged. Stakeholders reported that there are relatively good operational links between LHBs and NHS Direct Wales, particularly in those areas where NHS Direct Wales provides GP out-of-hours services. However, many stakeholders expressed concerns that NHS Direct Wales is somewhat insular and has not been sufficiently involved in working strategically to develop unscheduled care services. LHBs report that NHS Direct Wales is not involved in helping to plan local services. Other than in one area where it is referenced as a call handler for GP out-of-hours services, NHS Direct Wales' role is not referenced in any of the Health Social Care and Wellbeing Strategies that have been developed across Wales. However, it is working with local Health, Social Care and Well Being Partnerships to deliver key aspects of these strategies in relation to providing information and signposting to services (Box 6).

**2.17** LHB staff taking part in our telephone survey told us that NHS Direct Wales had a dual purpose. They saw it as providing information and signposting to health and social care services but also directing callers away from A&E and GPs. Stakeholders were concerned that NHS Direct Wales is not sufficiently engaged in national strategic planning for unscheduled care. One stakeholder commented that NHS Direct Wales was

'not at the table' in key strategic discussions. NHS Direct Wales' officials told us that this perception could be due partly because its representatives are part of the Ambulance Trust, and are not clearly branded as NHS Direct Wales, even though the Trust represents its interests. Nonetheless, some stakeholders are concerned that the Trust is more focused on resolving the problems with ambulance services, in particular ambulance response times.

**Box 6 – A pilot project to increase awareness and promote the use of the Health, Wellbeing and Support Service Directory in primary care**

The Carmarthenshire Health, Social Care and Well Being Partnership is working with NHS Direct Wales to promote a single directory and signposting service in response to the local health and wellbeing needs assessment. A project steering group, with representation from the local authority, LHB, the NHS trust and voluntary sector, guided the development of the Health, Wellbeing and Support Service Directory. The steering group aims to increase awareness and promote the use of the Directory in primary care.

A number of proposals have been agreed to increase awareness. These are:

- a** to create a link to the Directory on GP practice consultation systems to enable healthcare professionals to link directly to information on local groups and services during patient consultations;
- b** to create 'triggers' on the GP practice consultation system, which would flag up a reminder note to the healthcare professional that further support in the form of support groups or services are available for four key areas, namely exercise, alcohol, smoking and diet; and
- c** to pilot live information surgeries within GP practices using health information specialists from NHS Direct Wales, who would encourage and promote referrals for Information Prescriptions.

*Source: NHS Direct Wales.*



## There are opportunities for NHS Direct Wales to increase its impact through supporting new ways of delivering services

### NHS Direct Wales has a high quality Wales-wide infrastructure with the potential to become a single point of contact for unscheduled care

- 2.18** There is widespread concern about the risks arising from the number and range of points of entry into the unscheduled care system. Some of the entry points include GP out-of-hours services, 999 calls, patients turning up at A&E departments and minor injury units. Some stakeholders raised concerns that patients are not provided with consistent advice at the point of entry. Also, the way in which patients enter the system can cause systemic problems and put pressure on the wider system. Examples include patients calling out ambulances for routine health problems, or attending A&E departments for ailments or health concerns that would be more appropriately dealt with by a routine GP appointment.
- 2.19** Some stakeholders told us that NHS Direct Wales has the potential to act as the main point of contact for unscheduled care. There are sound reasons for such suggestions. NHS Direct Wales has a high quality infrastructure made up of its telephony, website and clinical assessment system. Its telephone infrastructure covers the whole of Wales, and has already been used to manage calls that are directed at most parts of the unscheduled care system: 0845 46 47 service, out-of-hours GP service, 999 services and A&E departments. Because it uses the same clinical assessment software, NHS Direct Wales is able to provide patients with consistent advice and assessment over

the telephone, regardless of which part of the service they initially contact. Further, NHS Direct Wales has extensive experience of directing callers to the most appropriate services to meet their needs.

- 2.20** Stakeholders are currently discussing the potential to establish healthcare ‘hubs’ through which the citizen can access unscheduled care services and be directed along the most appropriate ‘spoke’ to meet their need. As part of the Ambulance Trust, and with a consistent and robust national infrastructure, NHS Direct Wales has the potential to support this type of development at national and local levels. The Trust has been looking at ways to integrate call handling staff more effectively across NHS Direct Wales and the ambulance control centres. Its aim is to improve efficiency, and a couple of NHS Direct Wales’ staff have volunteered to train as call handlers to work at the ambulance control centre.

### There are potential opportunities to use NHS Direct Wales to support the management of chronic conditions and support others to live independently

- 2.21** The management of chronic conditions is one of the biggest challenges facing the NHS in Wales with too many people with chronic conditions treated in an unplanned way in acute hospitals, often as an emergency admission.<sup>21</sup> Roughly half of these admissions occur out of hours and many arrive via the unscheduled care system. For example, they may arrive through A&E because community services are fragmented, poorly coordinated and often unavailable out of hours, and because the provision of patient education to support self care is insufficient. NHS Direct Wales is developing partnerships with others to support chronic conditions management in some communities (**Box 7**).

<sup>21</sup> Auditor General, The Management of Chronic Conditions by NHS Wales, December 2008.

## Box 7 – Working in partnership to support chronic conditions management

**Example 1** – ‘Pathways to Work’ is a programme run by Jobcentre Plus to help people to get work if they are receiving incapacity benefit because of a health condition or disability. NHS Direct Wales has been working in partnership with the Bargoed branch to provide training sessions covering: an introduction to consumer based information; accessing information systems and resources; and accessing and evaluating information. Discussions are underway to explore how the Information Prescription model can be used as part of the Pathways to Work service.

**Example 2** – NHS Direct Wales is submitting a joint bid with Jobcentre Plus for the ‘Fit for Work Service’ programme, which aims to help support people stay in work or return to work more quickly when they develop a health condition.

**Example 3** – NHS Direct Wales is collaborating with the National Leadership and Innovation Agency for Healthcare (NLIAH) and Remploy, a UK provider of employment services and employment for people with disabilities and complex barriers to work, on a project called ‘Wellbeing through Work’. This project aims to provide an integrated health and employment early intervention service to prevent short-term sickness absence from progressing to long-term ill health. At the time of our review, NLIAH and Remploy were finalising the business case to secure funding to implement the project. NHS Direct Wales has expressed interest in supporting the project by delivering key information and resource management tools.

**Example 4** – NHS Direct Wales is working with Swansea LHB to explore the feasibility of supporting a telehealth monitoring service in a local residential home. Telehealth monitoring devices are used to monitor a person’s clinical signs, like blood pressure and pulse or blood sugar level in their own home. The clinical measurements are then automatically sent through the telephone line to a healthcare professional, like a nurse or GP, to monitor progress.

The proposal is that care workers in the residential home would supervise the use of the telehealth monitoring devices while nurse advisors at NHS Direct Wales would receive and review the clinical measurements against an agreed set of parameters for each resident. Nurse advisers would then follow protocols for notifying GP practices if clinical measurements indicate that residents need to be seen and assessed.

Source: NHS Direct Wales.

## There are potential opportunities for NHS Direct Wales’ data to be used to better understand and plan for meeting demand across the unscheduled care system

**2.22** There is currently very little data sharing between NHS Direct Wales and other NHS organisations in relation to activity and costs.<sup>22</sup> Many LHBs reported that they did not receive information from NHS Direct Wales in respect of efficiency, productivity or effectiveness. LHBs also reported that they would not expect to receive data from NHS Direct Wales, unless they had commissioned their services directly. However, data on call volumes and types of calls can be very useful in predicting demand and planning services across the unscheduled care system both locally and nationally. Alongside analysis of data on how the population accesses unscheduled care services and the nature of their presenting problems, LHBs could use data about access to NHS Direct Wales’ services to better understand demand and how the public chooses to access unscheduled care services. This should support more effective planning.

**2.23** Sharing information about local and national use of NHS Direct Wales’ services would help challenge negative perceptions about the service and provoke dialogue about how to achieve a better strategic fit with the rest of the unscheduled care system. Better integration of NHS Direct Wales within the whole system of unscheduled care would provide opportunities for sharing information more effectively with other services. Many people who access NHS Direct Wales’ advice may do so to protect their confidentiality, for example advice on sexual health or contraception. However, in many cases it would be very helpful if patients’ GPs or other healthcare professionals had a record of the contact with NHS Direct Wales. The ability to track patients through the unscheduled care system could help improve outcomes and create a clearer picture of demand and how effectively the system was operating.

<sup>22</sup> Prior to its merger with the Welsh Ambulance Service NHS Trust, NHS Direct Wales published an Annual Review, highlighting call volumes, reasons for calls and financial information, that it shared with NHS organisations.



## Appendix 1 – Wales Audit Office Methodology

### Fieldwork visits

We carried out a number of activities in order to deliver this review. These activities included:

- a** semi-structured interviews with key staff at NHS Direct Wales at the three call centres during November 2008, including call handlers, nurse advisers, health information specialists, data analysts, managers and executive directors;
- b** semi-structured interviews with staff at the Assembly Government during the scoping and delivery of the review;
- c** review of documentation, such as Service Level Agreements for the provision of services, policies and procedures, reports on complaints and incidents and feedback; and
- d** analysis of NHS Direct Wales' key performance and financial data.

### Telephone survey of LHBs

We commissioned Beaufort Research to carry out qualitative, semi-structured telephone interviews with named individuals, nominated by the chief executives, from all 22 LHBs in Wales. In total, 18 interviews were conducted in October 2008. Four nominated individuals responded on behalf of two LHBs each. The job titles of the nominated individuals are shown in [Table 1](#).

**Table 1 – Job titles of individuals nominated to take part in the telephone survey**

Job Title	Number
Medical Director	5
Chief Executive/Deputy Chief Executive	4
Nursing Director	3
Director of Performance Management and Development/Commissioning	2
Director of Nursing and Primary Care	1
Director of Primary Care	1
Assistant Director for Unscheduled Care	1
Head of Service Modernisation	1

Interviews covered three broad areas. These were:

- a** perceptions of NHS Direct within the unscheduled care system in terms of effectiveness, value for money and details of specific services commissioned;
- b** interaction with NHS Direct in terms of involvement in planning and commissioning services; and
- c** strategic planning for the future role of NHS Direct within the unscheduled care system and recommendations for the future role of NHS Direct.

### **Survey of GP Practices**

We conducted a questionnaire survey as part of our national study into the effectiveness of unscheduled care services in Wales. We sent the questionnaire survey to 468 GP practices in Wales during January 2009. Sixty-two practices responded giving a response rate of 13 per cent. The survey sought practice views on the design, delivery and effectiveness of unplanned, urgent or emergency health and social care services, including NHS Direct Wales.



## Appendix 2 – Wales Audit Office Projects on Unscheduled Care

The table below sets out the series of modules that contribute to the Wales Audit Office suite of work on the whole system of unscheduled care.

Module	Main question	Publication date or estimated date of publication
Patient handovers at hospital emergency departments.	Is the handover of patients by ambulance crews to hospital emergency departments being managed effectively while safeguarding patient care?	April 2009
NHS Direct Wales.	Is NHS Direct Wales a valuable part of the unscheduled care system in Wales?	September 2009
Whole systems module, including work on out-of-hours services.	Does the unscheduled care system in Wales function effectively from the citizen's perspective?	November/December 2009

## Appendix 3 – Trends in the number of calls answered\* by NHS Direct Wales

	Calls to the 0845 46 47 service	Calls to the dental helpline	Calls to the GP out-of-hours services	Calls redirected from A&E departments	Calls to other help lines	Total calls answered by NHS Direct Wales
2002-03**	157,630	-	24,654	-	1,737	184,651
2003-04	224,521	-	30,124	-	7,336	261,981
2004-05	214,106	23,448	48,363	3,422	2,462	291,801
2005-06	208,081	53,034	59,495	3,410	1,771	325,791
2006-07	209,235	78,019	56,880	2,911	5,606	352,651
2007-08	199,188	70,005	54,360	3,427	256	327,236
2008-09	191,695	70,249	49,729	2,574	440	314,687
Total calls answered since inception	1,022,305	15,744	294,755	268,827	10,535	1,612,166

\*Answered calls are calls in which the caller speaks to a call handler or nurse adviser or receives information from an automated service, for example for the dental messaging service.  
\*\*Data on the number of calls answered is only available back to the quarter ending June 2002.

Source: Assembly Government, NHS Direct Wales, SDR 115-2009, August 2009.