Agenda Item 9

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**17th June 2010**
By:	**Assistant Director - Legal and Democratic Services**
Title of report:	**HERMES Referral Management System**
Purpose of report:	**To brief HOSC on the introduction of the HERMES system and to review its impact after its first six months of operation.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Consider and comment on the impact of the HERMES system.**
2. **Agree whether HOSC requires any further reports on this topic.**

1. Background

1.1 The Health Referral Management Service (HERMES) aims to provide a telephone triage to ensure patients are referred into the most appropriate urgent healthcare service. HERMES has a secondary aim of reducing the numbers of admissions to medical assessment units (MAU) across East Sussex Hospitals NHS Trust, Brighton & Sussex University Hospitals NHS Trust, and Maidstone & Tunbridge Wells NHS Trust.

1.2 The service provides a single point of access for GPs and paramedic practitioners, community nurse specialists, community matrons and primary care nurse practitioners. HERMES nurses discuss the patient's needs with the referrer, and then arrange the most appropriate hospital service or community-based placement to meet those needs.

1.3 The service came into operation on 31st October 2009, replacing the previous system known as STAN (Single Telephone Access Number). HERMES was commissioned by NHS East Sussex Downs and Weald (ESDW) and NHS Hastings and Rother (H&R) (working with NHS Brighton & Hove) and is run by Harmoni, an independent sector provider of primary care services. The length of the contract is two years initially, with an option to extend to a third year.

1.4 In November 2009, HOSC received a briefing paper on the new service and agreed to request a report on its implementation in June 2010.

2. Progress to date

2.1 NHS ESDW/H&R have supplied a report (attached at appendix 1) giving further detail of the service's aims and objectives and a review of usage and service performance over the first six months.

2.2 Gillian Hamer, Service Improvement Lead and Nicky Murrell, Assistant Director of Strategy, NHS ESDW/H&R will attend HOSC to present the report and take questions.

2.3 In summary, the report suggests that:

- The service has handled a higher number of calls than anticipated.
- Action has been taken to address some initial service issues and feedback from professionals using the service has been increasingly positive.
- Arrangements are in place to facilitate the involvement of key parties such as GPs, the Ambulance Service and the Hospitals Trusts in the development of the service.
- A new call handling system is being introduced which should further improve the service and enable more detailed monitoring of who uses the service and the types of referrals made.

2.4 The report suggests that NHS ESDW/H&R have been able to use data from HERMES to identify some alternative community services which are needed in East Sussex in order to reduce the need for patients to be admitted to hospital.

3. Issues to consider

3.1 HOSC may wish to explore the following issues with the representatives from NHS ESDW/H&R:

- What impact the service has had so far on the level of admissions to Medical Assessment Units in Hospitals.
- How the service relates to 'patient facing' services like NHS Direct, the GP out of hours service or 999 calls.
- The scope of the referral protocol (see 5.4, appendix 1) and whether it includes all relevant patient groups.
- What information there is on patient/carer satisfaction with way care has been organised through the service and the level of information they have received.
- How the identified gaps in community services (see 6.1, appendix 1) will be addressed and funded.
- How professionals not making use of the service can be encouraged to do so.
- How the overall success of HERMES will be evaluated in terms of outcomes for patients and value for money.

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HERMES UPDATE June 2010

1. Background

The Health Referral Management Service (HERMES) is provided by Harmoni, and replaced the previous service (STAN) on the 31st of October 2009. A paper was submitted in January 2010 updating HOSC on the background to the change in provider.

HERMES is jointly commissioned by the East Sussex PCTs and Brighton and Hove City PCT.

This paper will outline:

- The HERMES service, its aims and objectives
- Initial service issues and what has been done to address them
- Usage figures and service performance over the first 6 months
- Identified needs for further service development in East Sussex

2. Service Aims

The overall aim of the service is to provide a telephone triage to ensure patients are referred into the most appropriate urgent healthcare service. HERMES has a secondary aim of reducing the numbers of admissions to medical assessment units (MAU) across East Sussex Hospitals NHS Trust, Brighton & Sussex University Hospitals NHS Trust, and Maidstone & Tunbridge Wells NHS Trust.

The service provides a single point of access for GPs and paramedic practitioners, community nurse specialists, community matrons and primary care nurse practitioners. HERMES nurses discuss the patient's needs with the referrer, and then arrange the most appropriate hospital service or community-based placement to meet those needs.

HERMES can arrange telephone conferencing between GPs and clinical staff in the hospitals, and can also facilitate access to community health and social care services by linking directly to the service or through the Integrated Community Access Point (ICAP).

The telephone conference calls between the HERMES nurse, GP and MAU consultant or senior registrars ensure the patient is referred to the most appropriate service for their clinical needs. As soon as the right service has been agreed upon, the HERMES nurse will arrange the placement with the relevant hospital or community service, and where necessary book the appropriate ambulance transport service. They will then contact both the patient and the referrer to let them know what has been arranged.

The service helps patients avoid being admitted to hospital by facilitating discussion between health professionals as to whether the patient can safely be managed at home, or needs urgent referral to one of the acute hospitals for assessment or admission. Wherever possible, HERMES will arrange community-based services so the patient is cared for closer to home, or book urgent appointments with outpatient services or other specialist clinics so the patient can avoid the need for admission and overnight stays in the hospital.

3. Objectives of the Service

HERMES provides a patient-centred service: ensuring the patient receives the urgent care service most appropriate to their needs.

- From a **patient perspective:** A streamlined experience for the patient; avoiding duplication and unnecessary handovers. The patient and carer speak to one person only about their onward health referral and transport arrangement.

- From a **commissioning perspective:** information captured through the referral management system will allow detailed analysis of needs, and any gaps in service provision which will inform future commissioning plans

- From a **strategic perspective:** The concept is sound and part of national and local strategy to deliver equitable care closer to home and aligns closely to national plans for a new '3 digit number' urgent care response.

- From an **economic (and target) perspective:** This will support the existing PCT target of reducing avoidable emergency admissions, reducing A&E waiting times and improving ambulance turnaround times through reduced use of 999 services.

4. How the service works

4.1 HERMES provides a telephone-based single point of access to arrange urgent healthcare services. This is available to professionals including GPs, primary care nurse practitioners, paramedic practitioners, community matrons and community nurse specialists.

4.2 HERMES triage referral calls as they come in; identify the service most appropriate for that patient, and check whether the service has the capacity to take the patient.

4.3 HERMES advise the referring healthcare professional about the available services, and reach agreement about the most appropriate way to meet the patient's needs.

4.4 HERMES then book an appointment with the relevant team or service.

4.5 HERMES coordinators then liaise with the patient or their carer about the booking (to let them know what to expect and when, and any preparations they should make) and arrange ambulance transport if needed. The referrer is also informed once the arrangements have been confirmed.

5. HERMES Usage and Service Performance

HERMES was initially expected to receive around 1100 calls per month, but on average over the first 6 months has received 1650 calls per month, relating to an average of 1032 cases per month (more complicated cases require more than one telephone conversation to resolve). The vast majority of these referrals come from GPs.

Shortly after the service started, we asked stakeholders for feedback about their experience in using HERMES. Though several issues were identified, there has been

good progress in resolving them and recent feedback has been much more positive. Details of the issues and the action taken to resolve them is set out below:

5.1 Call Answering Times

Service users initially experienced delays in call answering, particularly during peak periods towards the end of GP surgery times in the late morning and late afternoon.

Much of the difficulty in call answering times arose from unexpectedly high call volumes, and delays in recruiting permanent staff. Harmoni have worked hard to bring about improvement, and have taken action including:

- Recruitment of agency staff to bridge the gap until the full complement of permanent staff were recruited (this has now been done)
- Analysing call data and rebalancing shift patterns so more staff are available during periods of peak demand
- Changing the telephone system to allow referrers to request a prompt call back by HERMES staff, rather than holding until someone was available
- Working with the Integrated Community Access Point (ICAP) and other service providers to streamline processes of patient assessment and referral to community-based services

Recent feedback from GPs and other referrers has been much more positive, with most people happy with call answering times. During April 2010, 96% of clinical calls were answered within 15 seconds, and fewer than 2% of calls were abandoned.

5.2 Quality of Call Handling and Referrals

The quality of referrals into MAU was questioned in the early days of the service because of a lack of clinical knowledge by newly-recruited call handlers, and insufficient consideration of community-based alternatives having been made.

Harmoni have now changed procedures so that referral calls to MAU are always made by qualified nurses rather than other staff, meaning a more detailed discussion of the case can be had, and MAU receive detailed information about why the patient needs to be admitted.

Recent feedback from East Sussex Hospitals Trust has been much more positive, with consultants saying they were pleased with the overall improvement in the quality of referrals, and that recent experience of dealing with HERMES staff had been very good.

Calls made to patients are audited to ensure that patients are spoken to in a polite and friendly manner, given the information they need and an opportunity to ask questions. Since the service started in November 2009, there has been 99% compliance with the required standards for the calls that were audited.

5.3 Teleconferencing Difficulties

When the service first started, there was difficulty in setting up telephone conferences between referring GPs and hospital consultants within reasonable time frames. Since then, relevant clinical staff at the hospitals have been provided with mobile telephones, and arranging conferences has become much easier.

5.4 Referral Protocol
HERMES have worked with stakeholders to develop an agreed protocol defining which types of cases can be referred via the HERMES service. A draft protocol was presented to key stakeholders across primary and secondary care, and has now been agreed.

5.5 Referral Procedures

The assessment procedures required with some referrals to ICAP, social care or community health services can be lengthy and are tying up significant nurse and call handler time, contributing to some of the call answering issues discussed above.

Monthly meetings have been arranged between HERMES, ICAP and other service providers to speed up assessment and referral processes wherever possible. Over the next two months, a new system of electronic (rather than fax or paper-based) referrals between services will become available, and this should lead to further improvement.

5.6 Stakeholder Engagement

A stakeholder engagement plan has been presented and agreed between hospital and GP representatives who state they are largely happy with engagement up to now, and the opportunities they have to influence the development of the service.

All parties have agreed the need for occasional teleconferences between the PCT, GP leads, ESHT and HERMES which will be arranged when needed or as issues arise.

A stakeholder group with representatives from HERMES, the PCT, hospitals trust, ambulance service, and GPs meets every 2 months to discuss the development of the service, evaluate challenging cases, and identify changes necessary to improve referral pathways or the overall service.

6. Service Development & Next Steps

Over the last three months, there has been significant improvement in call answering times and overall service quality. This means we are now in a position to plan developments which will enable us to further improve patient outcomes and the level of service provided to referrers.

6.1. Developing new referral options

There is significant potential for more patients to avoid having to be admitted to hospital, if suitable alternatives were available. Initial analysis of referral data shows the need to develop services including:

- Community-based intravenous antibiotic services
- Access to non-urgent blood transfusion services
- Access to specialist TIA (transient ischaemic attack) clinics and DVT (deep vein thrombosis) clinics
- Improved referral pathways for cellulitis patients
- Rapid access to key clinical assessment as an outpatient or specialist clinic rather than via hospital admission (e.g. similar to Brighton & Hove's Rapid Access Clinic for Older People)

6.2. Developing IT system capability

Over the next few weeks, HERMES staff will be able to access a new call handling and referral system (Adastra), and after an initial period of learning should be able to process calls faster (for example, by using drop-down menus to select an option rather than type information into the system).

Using the Adastra system, HERMES staff will be automatically alerted if a patient has previously been referred to HERMES, and will be able to trigger email notifications to community matrons and other services to make sure they are aware the patient has been admitted to hospital.

The Adastra system will also allow much deeper analysis of referral data. This will help commissioners to identify gaps in service provision and redevelop care pathways, or commission new services to further reduce the need for patients to be admitted to hospital. We will also be able to identify which GPs or other healthcare professionals are using the service and why (and also who is not using the service), which will help us drive improvements in practice over time.

6.3 Broadening access and engaging stakeholders

As confidence with the service grows, it will be possible to accept referrals from a wider range of healthcare professionals. This could include district nurses, ambulance crews or others who express an interest in using the service.

The service will continue to engage stakeholders as described above, and will conduct regular surveys to measure satisfaction, and identify any areas for improvement.

7. Further Information

For further information, please contact:

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