



## *Developing NHS Direct*

A strategy document  
for the next three years

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# Foreword

Since its launch in March 1998, NHS Direct has grown from small-scale pilots to being the largest and most successful healthcare provider of its kind, anywhere in the world.

In this time NHS Direct has symbolised the changing relationship between the NHS and patients, supporting patients to becoming more empowered, better informed and more able to exercise choices over their own health and health care.

The service has achieved much in the five years since its launch and the time has come to consolidate early success and equip NHS Direct to best meet future challenges.

This paper, *Developing NHS Direct – A strategy document for the next three years*, sets out service development and organisational plans for NHS Direct for the next three years and beyond. This strategy document will form the basis of further detailed implementation guidance and is intended to give clarity to the service's priorities and to provide information so that those who work in NHS Direct, and our partners in the wider health economy, can begin to focus on getting the best from the service.

# Executive summary

1. NHS Direct has been a leading example of the new modernised NHS based around the needs of patients. In five years it has grown from a small pilot scheme to a unique national service. NHS Direct now handles over half a million telephone calls and NHS Direct Online half a million on-line transactions every month, making it probably the largest single e-health service in the world.
2. As recognised by the National Audit Office, in just five years, NHS Direct has established an impressive track record for customer satisfaction and patient safety, empowering patients to make better informed choices about their own healthcare. It has also clearly identified its potential to contribute to wider developments in the NHS.
3. Building on this success the Government is investing in NHS Direct to meet the anticipated growth in demand for its core service and to enable the service to play its part in the modernisation of out-of-hours services. The NHS Direct number will provide a single point of access for out-of-hours care by the end of 2006, enabling fast and easy access to multi-disciplinary emergency care networks. PCTs will be able to further extend the role of NHS Direct as a single access point in line with local priorities. In time we envisage that the NHS Direct number will become the means by which patients will be able to get in touch with any part of the NHS, to complement the ability they will retain to contact their GP surgery or local hospital direct.
4. The impact of new financial investment will further support plans to use technology and new ways of working to boost productivity and increase capacity. In total NHS Direct will aim to expand its call taking capacity three fold in the next three years, whilst at the same time, developing the various channels through which patients can access the service.
5. With the challenges ahead for NHS Direct and the new emphasis on devolving services to the front line, it is now the right time to consider what are the best long-term organisational arrangements for the service. Mike Ramsden, former Chief Executive of Leeds Health Authority has undertaken a review. Two major themes have emerged:
  - the need to ensure that NHS Direct becomes an integral part of the wider NHS as it has developed following the implementation of Shifting the Balance of Power;
  - the need to protect the consistency of a national service and exploit the full benefits of a national network of call centres.
6. To support this, major organisational changes will be introduced.
  - From April 2004, a dedicated NHS Direct provider will be established with responsibility for the delivery of services.
  - Governance arrangements will be put in place to ensure that the national provider is accountable for delivery and responsive to local priorities. This will include the establishment of a National Commissioning Board and the establishment of a national tariff for services and clear national performance standards.

- In line with other services, from 2004/5 funding for NHS Direct will be devolved to PCTs, enabling them, over time, to shape the priorities of NHS Direct in line with wider healthcare objectives.
7. Together new investment and a major focus on improved productivity supported by appropriate organisational changes offers a real opportunity to ensure that NHS Direct develops as an integral part of the NHS and realises the full potential of a new area of healthcare provision where the UK is already an established leader.

## NHS Direct

8. NHS Direct is a national clinical service. It aims to provide nurse led help and advice over the telephone on a 24-hour basis seven days a week. It also provides an internet based service, NHS Direct Online. In addition, the call centre and clinical experience of NHS Direct is helping to support the development of emergency services out-of-hours, NHS Choice and NHS Professionals.
9. The service is currently run through a management team of secondees and Department of Health civil servants. This team oversees the procurement and implementation of the IT and telecommunications infrastructure to support NHS Direct as well as the day to day management of the service through engagement with 22 host organisations.
10. This paper sets out the funding and priorities that have been set for NHS Direct in the coming three years, alongside plans to reorganise the service.
- Section 1 sets out the background to NHS Direct
  - Section 2 looks at investment and capacity
  - Section 3 looks at efficiency
  - Section 4 considers the priorities for NHS Direct given capacity available
  - Section 5 sets out national standards
  - Section 6 sets out the recommendations of the organisational review

# Section one – The first five years

11. NHS Direct has grown in five years from a small pilot project to a substantial national service handling over half-a-million telephone calls and half-a-million internet visitor sessions every month. As such it is the world's largest and most successful e-health service of its type, empowering patients to exercise better informed choices about their own healthcare.
12. As has been confirmed by studies carried out by the National Audit Office, Sheffield University, and a range of other commentators the service:
  - is well liked by those who use it regularly attracting satisfaction ratings of 95% or higher;
  - has grown for the most part rapidly but manageably with call volumes growing by an average of 20% per year since the service started;
  - has established an excellent track record for clinical safety and governance that has been externally validated;
  - has helped to shape public perceptions about a modernising NHS and empower patients in making decisions about their own healthcare and that of their families;
  - has shown the ability to help offset demand on other NHS services, in particular GP out-of-hours services;
  - provides a unique focal point for managing health scares, and
  - has successfully demonstrated its ability to support the wider NHS including A&E and ambulance services.
13. The service has from the outset been seen by patients as a *national service* with clear expectations about the consistency and quality of advice they will receive behind a single national phone number. As it matured as a national service, NHS Direct has also been working to better integrate with local services.
14. This developing agenda creates an important challenge in terms of:
  - preserving the national consistency and quality of the core service;
  - ensuring new developments are responsive to local priorities and needs as well as local clinical cultures;
  - facilitating a major programme of expansion and cost improvement.

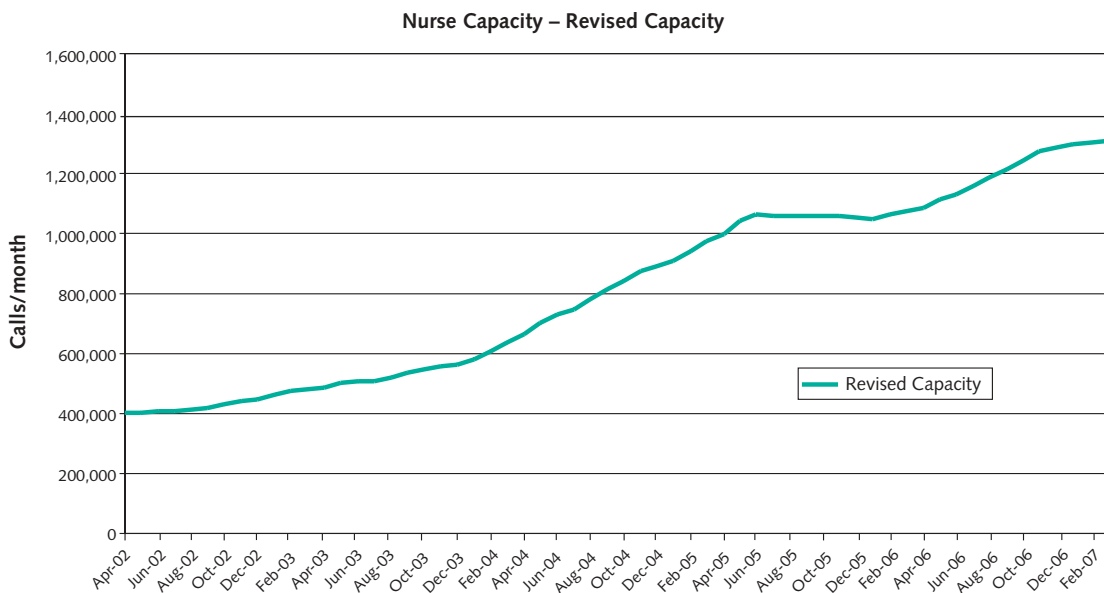
# Section two – Increasing investment and capacity

15. Building on the early success of the service, the Government plans to increase funding for NHS Direct’s telephone service over the next three years. The sums are set out below.

	2003/4	2004/5	2005/6
Revenue (£m)	97.5	121.0	171.5
Capital (£m)	7.5	10.0	10.0
Total (£m)	105	131.0	181.5

## Growing capacity

16. New investment will facilitate almost a threefold expansion in NHS Direct call taking capacity over the next 3-4 years. Current levels of capacity are 6 million calls per year. By 2006, it is expected that NHS Direct will be able to handle 16 million calls per year.



17. This extra capacity is based on an expansion of nurse numbers alongside a number of anticipated improvements in the productivity of the service. These include:

- working with partner organisations to develop more effective and resilient models of handling calls, and
- harnessing new technology to promote economies of scale across a national service.

# Section three – Efficiency

## Streaming

18. In addition a number of measures are planned, which will improve the overall management of work to ensure the best utilisation of nurse assessment time. These measures include the following.
- Ensuring that NHS Direct health information calls are routed to health information specialists freeing up nurses to handle clinical calls.
  - Implementing protocols to enable call handlers to fast track to GP out-of-hours services those patients who are very likely to require a face-to-face consultation. This will ensure patients who need to see a doctor urgently will do so more quickly and will free up nurses to handle advice calls. These protocols are already being piloted in Sheffield and Bedford.

## Harnessing technology

19. NHS Direct will be investing in proven technological enhancements which will have a significant impact on call taking capacity. This will include the following.
- The implementation in 2004 of an Intelligent Telecoms Network which will allow incoming calls to be routed to the next available call handler anywhere in the country. This will permit existing call handlers to take up to 25% more calls than is currently possible.
  - The creation of national patient database for the service by summer 2004 will permit nurses to handle calls seamlessly from other parts of the country. This will allow nurses to handle calls locally if this adds most value but also ensures that the best balance is secured between capacity and demand nationally. In total this will enable the same number of nurses to handle up to 15% more calls than they do now.
  - The delivery of a comprehensive national database of information on local services will help staff anywhere in the country to deal with calls as if they were locally based.

## Skill mix

20. Changes in the mix and shape of the workforce will also help grow capacity and help NHS Direct deal with calls more effectively. This will include:
- broadening the skill mix within the nursing workforce in NHS Direct, in particular by introducing a cohort of assistant nurse advisers;
  - using in particular areas specialist staff to handle particular call streams (e.g. dental nurses to handle dental calls);

- developing the shape of the workforce to include a greater proportion of part time staff, and
- restructuring shift patterns if applicable to meet demand in the future.

21. In implementing these changes NHS Direct will look to work closely with its partners to contribute to the wider development of the workforce. This might include developing shared posts, for instance between NHS Direct and GP out-of-hours providers or Walk in Centres, allowing nurses to balance working on the phone with experience of face to face consultation. Similarly schemes are being developed to allow call-handling staff to rotate between NHS Direct and ambulance services.

## Section four – Service priorities

22. Given the level of capacity available and expectations around increased productivity, service priorities have been set as outlined below.

### Core service

23. The core national service remains our number one priority for NHS Direct. While awareness of NHS Direct has been growing steadily (latest figures show 69% prompted awareness) there is a long way to go before demand for the core service is saturated. On the basis of current data we expect a year on year growth in demand for core call volumes of the service as follows:

0845 calls – monthly average			
2002/3	2003/4	2004/5	2005/6
464,833	543,556	622,278	701,001

24. In line with growth in demand for NHS Direct's core telephone service, NHS Direct Online will play an increasing role in the service's strategy for delivering high quality health information and advice. NHS Direct Online currently attracts half a million visitors each month and ongoing communication strategies are in place to continue to raise awareness of the on-line service. A planned expansion into digital television will further expand the reach of NHS Direct on-line and further expand access.

### Out of hours integration

25. Integration with GP out-of-hours services has emerged as NHS Direct's key development priority. This reflects:
- our public commitment in the NHS Plan to single call access to out-of-hours care and in the Government's response to the Out-of-Hours Review;
  - the clear potential benefit which NHS Direct has been able to demonstrate in helping to reduce GP workload out-of-hours;
  - the crucial role that this could play in helping to facilitate the introduction of the new GP contract, and
  - the critical impact which arrangements for out-of-hours primary care have on A&E and ambulance services.

26. Currently NHS Direct, as part of the Exemplar programme, is integrated with 34 out-of-hours providers, covering 10 million patients, and handles 90,000 out-of-hours calls every month. This helped demonstrate how successful integration can support high quality and appropriate service provision while cutting GP workload.
27. The Exemplar programme has also offered an opportunity to review service models and to understand how best NHS Direct can work with GP out-of-hours services to provide a consistent standard of care. A number of themes have emerged:
- the crucial importance of good relationships and strong clinical and operational leadership on both sides;
  - the scope for developing better clinical integration between the two services, especially where they are co-located, for instance in developing shared posts which might allow NHS Direct nurses to rotate between telephone work and experience of work in Primary Care Centres and home visiting;
  - the scope to explore other options for closer joint working for instance the ability, without compromising economies of scale, to integrate out-of-hours call handlers into the NHS Direct network and the two way exchange of data between NHS Direct and out-of-hours providers, and
  - the need to play in the wider health care community, including A&E, pharmacists and PCTs.

28. NHS Direct will be working with other stakeholders to ensure that:
- by December 2004 technical and operational links are in place to allow NHS Direct to transfer calls to any out-of-hours provider in the country, and
  - full clinical integration of services will follow as soon as possible thereafter.

29. Where appropriate, NHS Direct will look at co-location with out-of-hours providers. The following growth in call taking capacity for GP out-of-hours calls is anticipated:

<b>Calls per month: out-of-hours</b>				
<b>March 2003</b>	<b>March 2004</b>	<b>March 2005</b>	<b>March 2006</b>	<b>Dec 2006</b>
90,000	120,000	160,000	320,000	530,000

30. As set out in section six of this document, in the light of the new commissioning role PCTs will be able to determine:
- whether they want to accelerate the pace of integration by investing additional local resources to support out of hours provision during the implementation of the new GP contract;
  - whether they wish to invest first in call handling or nurse capacity;
  - where and over what periods they want to invest additional nurse capacity when it becomes available, and
  - how they might facilitate more integrated delivery arrangements between out-of-hours providers and NHS Direct.

31. Over time, we expect that full clinical integration between out-of-hours care and NHS Direct will alter the shape of out-of-hours services and patients' expectations and experiences of NHS Direct.

## **NHS Direct Online and digital services**

32. Since its launch in 1999, NHS Direct Online has become one of the most successful health websites in the UK. The site has responded to the growing appetite for high quality health information which makes health one of the most important reasons for using the Internet.
33. Over the next couple of years a number of exciting possibilities exist to develop this multi-channel approach further. These include:
- significant expansion of the content on the site including the development of video content, and
  - delivering the concept of a personal health space that could provide secure access to patient records and on-line transactions.
34. In addition to expanding the range of services offered by NHS Direct Online, we will further extend choice through the new NHS Digital service, currently the subject of a procurement exercise. During 2001-2, the Department conducted a series of pilot projects to explore possible health applications of digital television. The pilots proved that digital TV health services are likely to have high take up (higher than internet or even telephone-based services), and will reach groups, such as men and low-income families, that are hard to reach by other means. Further, users are likely to be satisfied with the information they can access through digital TV, and to use it as an adjunct or even a replacement for visiting their doctor.
35. Following the successful completion of the pilots, work has now begun to develop and run an NHS Direct information service across all digital TV platforms nationwide. The NHS Direct digital TV service, which will start in 2004, will provide information on health conditions and treatments, healthy living, medicines, health advice for travellers, health and safety advice, and details of local NHS services, including performance information.
36. The expanded role for NHS Direct Online and the launch of the NHS Direct digital TV service will not only greatly increase access but is symbolic of a changing role for patients as co-partners in care. The potential value of self-care was clearly set out in the Wanless Report 'Securing Our Future Health: Taking a Long-Term View, April 2002'. The report said, "With support from the NHS, people increasingly take responsibility for their own health and well-being. Through media such as the internet and digital TV, people receive more information and interactive advice on the management of their and their family's health. . . . Increased self-care, and the more aware and engaged public associated with it, could result in useful cost benefits for the health service both in terms of levels and effectiveness of resources, arising from more appropriate use of health and social care services. For example..... visits to GPs could decline by over 40 per cent and outpatient visits by 17 per cent as a result of increased self care . . . for every £100 spent on encouraging self-care, around £150 worth of benefits can be delivered in return."

## Supporting emergency care

37. NHS Direct also has the potential to contribute more widely to the delivery of emergency care in particular through dealing with low priority ambulance calls either through nurse advice or by referral into the wider network of alternative providers which NHS Direct can access eg out-of-hours GPs.
38. Capacity issues are the most significant constraint in taking forward these initiatives. While call volumes, by comparison with out-of-hours integration, are low (around 1 million ambulance calls a year may for instance be suitable to be transferred to NHS Direct) clinical risk is high and we need to be confident that NHS Direct has sufficient overall capacity to handle them effectively. If productivity improvements are on target some headroom should exist from the middle of 2005 to progress the handling of low priority ambulance calls by NHS Direct.
39. Over the next two-and-a-half years a range of helpful limited piloting and development work in this area will be undertaken:
  - co-location in various sites between NHS Direct and ambulance service call taking and dispatch staff,
  - development of generic call taking which would allow the rotation of staff between the two services,
  - piloting (especially if funded through local health communities) of nurse assessment of ambulance calls, and
  - joined up public education and information activities.

## Supporting other agendas

40. NHS Direct has developed an extensive network of call centres and in house expertise in delivering telephone based services. There is the scope to exploit this to support the delivery of other key priorities. With an appropriate management framework, supplementary service initiatives can be developed without compromising the delivery of core services. They will also lead to better utilisation of the NHS Direct infrastructure with the scope to free up resources that can be redirected into growing capacity for core business.
41. Two areas which we have been actively exploring include the following.
  - Supporting electronic booking and choice. NHS Direct is supporting the choice pilot in London managing the Patient Choice Advisers who have been offering choice to eligible patients.
  - Providing call centre services to support the delivery of NHS Professionals.
42. There is also scope to explore the potential for developments funded at a local level which meet the needs of particular local health communities, and which complement NHS Direct's core business.

By 2006/7, a patient using NHS Direct can expect:

- faster access to the service;
- choice of access via multiple channels – telephone, internet, digital TV, self-help guide and touch screen information point;
- single number access to the full range of out-of-hours care;
- clearer and better integrated signposting to emergency care;
- access to a secure personal on-line health record, and
- support in exercising choice of providers.

# Section five – National standards

## Improving performance and developing quality

43. NHS Direct is committed to providing an accessible, safe and high quality service.
44. In March 2002 the service launched a national performance framework. As part of the framework the service was set eight service delivery requirements, underpinned by a series of internal management measures.
45. From January 2003 a further set of clinical indicators have been introduced. These are looking at aspects of clinical safety, clinical sorting and performance in using the system. Appropriate standards for clinical performance including clinical sorting will be set during the first half of 2003.

## Training and development

46. NHS Direct strongly believes that the quality of service it offers to patients is underpinned by investment in the training and development of its staff. Under the performance framework a mandatory time commitment to training and development is recognised of 21 days for nursing staff, 16 days for health information staff and 11 days for call handlers.
47. All training is monitored and audited so that NHS Direct can account for the time invested in this activity.
48. A number of NHS Direct sites have been commended by CHI during their visits to NHS Direct for their work on training and development.

## NHS clinical assessment system

49. NHS Direct is committed to an ongoing programme to develop NHS CAS (the decision support system used by staff in NHS Direct) in line with service and governance requirements. A single software system underpins the safety and success of NHS Direct.
50. NHS Direct is looking at developing a new generation of clinical content for the system. This new content will take into account service developments within NHS Direct and in particular equip the service to meet fully the requirements of integrated working with GP out-of-hours providers and other services.
51. NHS Direct is also committed to infrastructure and architecture developments that support these applications.

## Section six – Developing the organisation for NHS Direct

52. Until now NHS Direct has been centrally managed by the Department of Health and has been funded through a central top-sliced budget. The service locally has been delivered by 22 NHS host organisations. The set up of the 22 sites was supported by national guidance and there is a Service Level Agreement between the Department of Health and each host organisation.
53. Beyond a simple contractual relationship with host organisations there has been an effort to create a wider national identity for NHS Direct with:
- national branding;
  - national networks on both operational management and clinical sides;
  - national policies and procedures in key areas, and
  - national systems for escalation and support.
54. Over the last two years the model has developed with some strengthening of national activity within the service reflected by:
- the development of the role of networks and the appointment of Network Leads and other support and development roles at that level. Networks have facilitated the sharing of capacity between sites and operational co-ordination of the service below the national level;
  - the procurement and implementation of a national decision support system and managed IT service and the procurement of a national intelligent telephony platform, and
  - the development of a national performance framework and capacity planning process for the service.
55. These organisational arrangements have successfully delivered the launch and establishment of NHS Direct. However as the service enters its sixth year, the time has been right to review the organisation to determine whether these organisational arrangements need to be strengthened in light of the scale of the agenda for expanding the service.
56. A review of the organisational arrangements for the service has been carried out by Mike Ramsden, a former health authority Chief Executive.
57. The Review included semi-structured interviews with key stakeholders in NHS Direct and in the wider NHS including Strategic Health Authorities (StHA) and Primary Care Trust (PCT) Chief Executives.
58. The review identified the need for a number of important changes in the organisation of the service, as well as highlighting the following issues which would need to be addressed within any new organisational arrangements.

- Ownership – the review identified the need for new organisational arrangements to foster a stronger sense of ownership from the wider NHS over NHS Direct's priorities.
- Management focus and delivery of the core service – the future organisation of NHS Direct should protect the consistency and quality of a service that the public perceives as national. NHS Direct must also retain a strong, clearly defined management focus in order to ensure the ambitious efficiency gains and service developments, such as integration with out-of-hours providers, are achieved within the necessary timescales.
- Human resources – at present NHS Direct staff are employed on terms and conditions based on those of the host Trust. In many cases, as well as being inconsistent, these are proving to be out of tune with the business needs of NHS Direct.
- National infrastructure and resources – a range of the infrastructure for NHS Direct is already delivered at a national level, for example, the NHS Clinical Assessment System and NHS Direct Online. Any new organisational arrangement would need to ensure that the consistency and clinical safety of NHS Direct's infrastructure was maintained.

## The new organisational arrangements – roles and responsibilities

59. Bringing together the suggestions and issues raised during the review, the following two key changes in the organisational arrangements for NHS Direct are proposed.

### Commissioning

60. Devolving funding for NHS Direct to Primary Care Trusts (PCTs) from 2004/5, in line with Shifting the Balance of Power, but with some safeguards to protect the consistency of a national service.

### Provider arrangements

61. Setting up a dedicated NHS Direct national provider responsible for the provision of integrated telephone, on-line and digital tv services.
62. It is envisaged that this approach will deliver several benefits relating to the issues highlighted during the review.
63. *Commissioning* – giving PCTs the commissioning responsibility for NHS Direct offers the best opportunity to promote integration between NHS Direct and the wider NHS agendas, eg Reforming Emergency Care. This will be further strengthened by the changes in budget arrangements for out-of-hours care flowing from the new contract. PCTs will also have the same 24 hour responsibility for patients where practices opt out. At the same time, commissioning through a structured national framework based on detailed performance and service standards protects the consistency of service standards. The influence of PCTs on the priorities for NHS Direct will grow over time as NHS Direct increasingly takes on integrated areas of work.
64. *Costs* – a dedicated provider can deliver very significant economies of scale to NHS Direct's call centre operation, mitigating against the need to recruit the very many more staff that would be needed to

provide the service in a more devolved model. By 2005/6 a national provider operating a networked virtual contact centre would be able to handle the same volume of calls with 20% fewer nurses and 65% fewer call handlers, equivalent to a saving of £20 million per year. In addition, there is scope for a dedicated provider to make better use of management resources and key specialist resource, eg management information.

65. *Management focus and delivery of the core service* – a dedicated provider will help retain the level of clearly defined management focus and expertise in running health call centres that has served NHS Direct well so far. This will help protect the integrity of NHS Direct's core service at a time when it faces a challenging agenda in terms of the need to grow capacity and improve productivity if it is to cope with growing demand, deliver plans for out-of-hours integration and take forward other, perhaps locally-driven, service initiatives.
66. *Human resources* – In line with Agenda for Change, a dedicated provider would be able to harmonise NHS Direct staff terms and conditions around the needs of the business.
67. *National infrastructure and resources* – A dedicated provider will be in a strong position to maintain NHS Direct's national infrastructure in a way that is both more consistent and cost-effective than in a devolved organisational model. It is also the best option for facilitating the delivery of an integrated multi-channel service in the light of an increasing shift over the next three years to the delivery of services through NHS Direct Online and NHS Direct Digital.
68. The governance arrangements for the new arrangements will be established in a way which reinforces the accountability of the provider organisation for delivering a high quality and cost effective service which is responsive to the needs of local stakeholders in the wider NHS. These arrangements will include:
  - given the scale of the service and the issues around consistency of standards PCTs should commission in consortia;
  - a national tariff and clear performance standards for PCTs to use around core NHS Direct services;
  - the provider organisation will have a Strategic Board made up of StHA and PCT representatives nominated by StHAs. The Board will hold the organisation to account for the delivery of a strategic framework of priorities and standards and draw together key local service priorities and national service requirements, and
  - the appointment of local commissioning managers within the provider organisation covering two to three StHA areas and empowered to relate directly to local stakeholders and agree local priorities and requirements.
69. These new arrangements would come into effect from April 2004.

# Conclusion

70. NHS Direct has come a long way as a new service in the last five years and has a significant contribution to make over the next three to five years working alongside other key players in the NHS.
71. On the basis of substantial new investment, new organisational arrangements and a significant growth in productivity, this will involve call volumes tripling over the next three years while improving access and quality.
72. Working alongside other partners NHS Direct will become a gateway to care, especially in the out-of-hours periods and the shift to PCT led commissioning will strengthen integration with the wider NHS.
73. This paper sets out the future vision for NHS Direct and will form the basis of further detailed implementation guidance.



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