

NHS 111 & GP Out of Hours

Lead Officer: Deborah Rigby, Acting Director for Quality and Safety

Authors: Karen Taylor, Acting Deputy Director for Quality and Safety

Alex Burn, Urgent Care Commissioning Manager, Somerset CCG

Contact Details: 01935 384182

Cabinet Member: N/A

Division and Local Member: N/A

1 Overview

- 1.1 Within Somerset there have been ongoing challenges within the NHS 111 Service and the GP Out Of Hours (OOH) Service both provided by Vocare Limited (known locally as Somerset Doctors Urgent Care). These challenges have been closely monitored by Somerset CCG from both a Performance and Quality Perspective.
- 1.2 In April 2017 the Care Quality Commission (CQC) conducted an announced comprehensive visit to both services based at Wellington House in Taunton to inspect these services for safe, effective, caring, responsive and well-led care. Immediately following the inspection, the CQC issued one warning notice to the NHS 111 service and two warning notices to the GP OOH service, which highlighted areas requiring urgent attention. The conclusion of the CQC's inspection, published in reports on 4 August 2017, was that overall the NHS 111 service was awarded 'Requires Improvement' and the GP OOH service 'Inadequate'. The GP OOH service following the award of this rating has been placed into 'Special Measures' by the CQC.
- 1.3 The CQC conducted a follow-up visit to review the services against the three warning notices on 24 August 2017. The CQC issued a further four warning notices, which replace the original three warning notices, with an additional requirement relating to confidentiality arrangements at the call centre (open windows and window blinds permitting potential disclosure of patient information). The report relating to the inspection and issue of the warning notices was published by CQC on 17 November 2017. The report finds although action has been taken, progress has been insufficient for the requirements in warning notices to have been met. The review stated that the service was still in 'special measures' and still requires improvement.

Areas of non-compliance are listed in section 3.2 below. Accordingly the warning notices include requirements to further improve:

- Leadership and good governance (Regulation 17)
- Staffing (Regulation 17)
- Safe Care and Treatment (Regulation 12),
- Dignity and Respect (Regulation 10) T

Further detail and full report is available at Appendix A and via the link http://www.cqc.org.uk/sites/default/files/new_reports/AAAG7849.pdf

- 1.4** The CQC carried out their planned follow-up announced comprehensive inspection of both the NHS 111 and GP OOH services on 16 and 17 November 2017. The findings of which are not yet available.
- 1.5** This report summarises the findings of quality and safety monitoring conducted by Somerset CCG as commissioners of both the 111 and out of hours primary care doctors service.
- 1.6** Overall although the CCG finds Vocare, the service provider has made some progress in implementing improvements, there remains significant concern about the quality of the service. The key area of concern arises from delays in providing care and treatment due to shortages in achieving full complement of staffing requirement. Although Safety risk to patients is mitigated through the application of systems for triage and scheduling to prioritise patients according to clinical need, quality of service is compromised through delay and risk to safety is increased.
- 1.7** Achieving sufficient staffing is not an issue isolated to the 111 and out of hours service, they arise across all healthcare sectors and particularly in primary care GP recruitment and retention, both locally in Somerset and nationwide.
- 1.8** In August 2017 updated guidance was published for the national Integrated Urgent Care Specification. This requires change to the service model for 111 and out of hour's services <https://www.england.nhs.uk/wp-content/uploads/2014/06/Integrated-Urgent-Care-Service-Specification.pdf>

This revised service model will deploy a different approach to initial receipt and management of calls. Calls which can be addressed by a more diverse range of professionals and services will be streamed away from being managed by GPs. For example 20% of current calls are for prescriptions where the caller has run out of their current supply. These calls will in future be directly dealt with by pharmacists and pharmacy services. This model is known as a Clinical Assessment Service (CAS) and will result in people getting access to the right type of service more quickly and make better use of available staffing resource. This work has been started in Somerset, but has not yet gone live and therefore delays are still an enduring problem. The CAS service is due to commence in December 2017 and to be fully operational by 1 April 2018. In the meantime arrangements are being put in place for the winter months to escalate support when needed to 111 and Out of Hours services from the other urgent and emergency care services within the county.

- 1.9** Action has been taken to remedy a wide range of organisational systems to maintain standards which are key to controlling quality and mitigating safety risk; there remains further work by Vocare to ensure these improvements are fully implemented, embedded and sustained. When considered alongside the ongoing concerns about delays to completing care delivery, the CCG remain concerned about the overall quality of the service and a consequent increased risk to patient safety.
- 1.10** Somerset CCG believes the response of the provider was initially insufficient given the scale of the shortfalls identified. Critically there was a failure by the service to have sufficient quality monitoring arrangements of its own in place to have identified these issues themselves earlier. In recent weeks the CCG has been advised considerable additional resource has been allocated by the

Vocare central corporate team to support their local Operational management team in Somerset.

2 Service Performance Delivery and Improvement Actions, including Transition to the Revised Service Model Specification

2.1 Vocare Limited has provided a revised staffing improvement trajectory for the NHS 111 Service expected to deliver performance against 95% 60seconds Call answering. Somerset CCG is monitoring comprehensively this improvement trajectory. Staffing with the GP OOH service remains a challenge and as a consequence Somerset CCG are applying high levels of scrutiny to GP shift fill and patient waiting times within the service setting very clear expectations for improvement.

NQR 8 (60 Second Call answering)

2.2

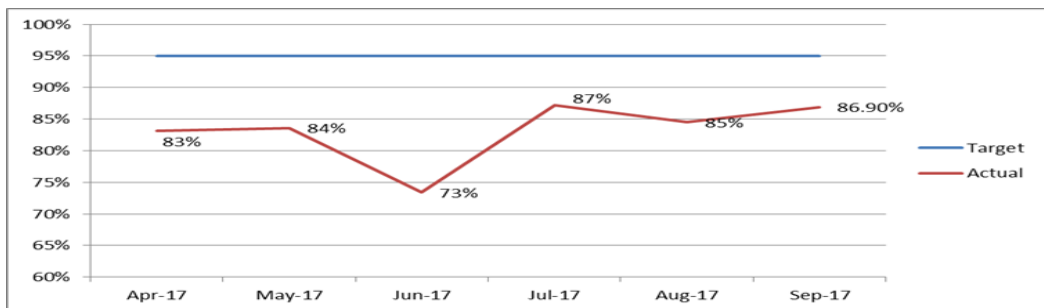


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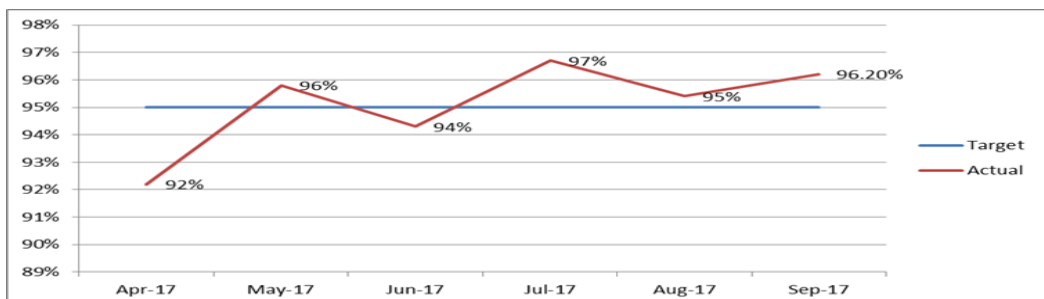
Somerset CCG similarly closely monitor performance against the national quality requirements (NQRs) for people accessing the 111 and OOH service have their episode of care completed in accordance with the urgency allocated within the 1 hour (Emergency), 2 hour (Urgent) and 6 hour (Routine) targets for face-to-face care at delivered by either a centre visit or a home visit. All 1 hour targets have been met with 100% compliance.

NQR 12 b (2 hour Centre Visit).

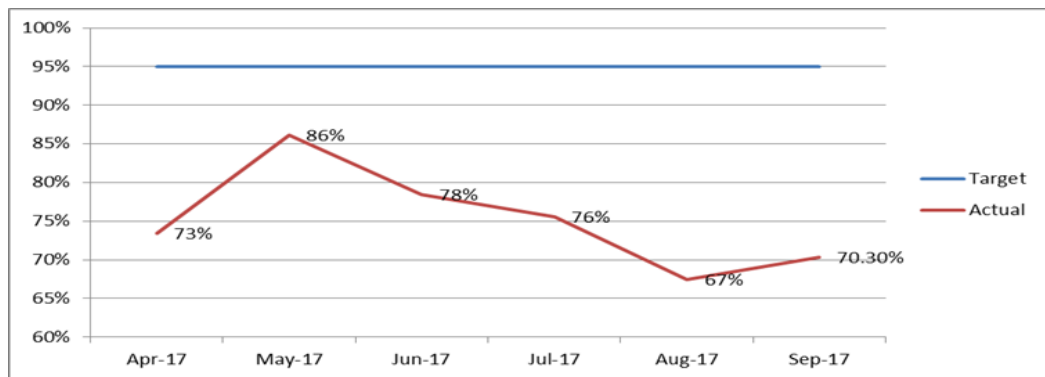
2.4



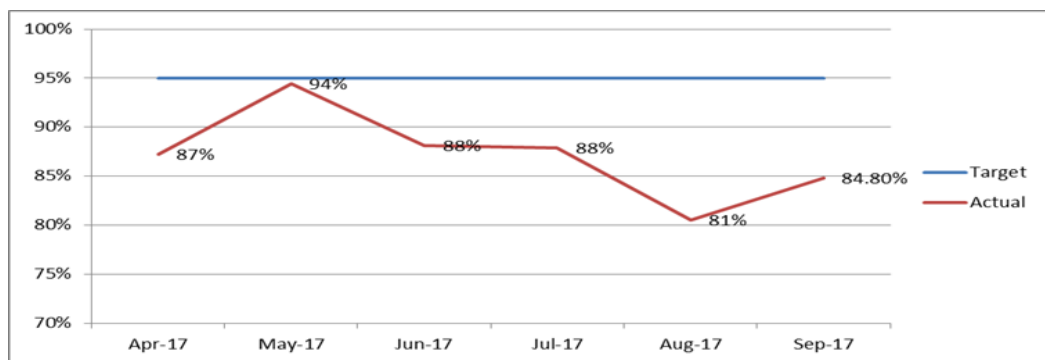
NQR 12 c (6 hour Centre Visits)



NQR 12 e (2 hour Home Visits)



NQR 12 f (6 Hour Home Visits)



2.5 Quality and Safety Standards Requiring Improvement

2.5.1 CQC priorities:

- Ensure adequate staffing
- Improve the system for internal quality and safety monitoring
- Staff supervision and appraisals, including keeping up to date with audit of staff performance in call handling and case management
- Effective management of complaints and serious incidents to ensure improvement is implemented as a result of learning
- Ensure notifications are submitted to CQC as required by statutory requirements

2.5.2 CQC standards where compliance levels required improvement:

- Safeguarding training
- Infection control arrangements, including decontamination of equipment and cleaning up of body fluid spillages
- Medicines management, security of medicines and controlled stationery I.e blank prescription forms, ease of access to emergency medicines, checking of medicine stocks
- Recruitment checks
- Health and safety checks, including safe arrangements for lone working
- Routine maintenance checks and access to medical devices and equipment

- 2.5.3** Somerset CCG will be required to implement the recently published NHS England national service specification for integrated urgent care and will be working with the existing urgent care system to deliver a more sustainable model. NHS England has, on 24 August 2017, published a paper 'Integrated Urgent Care Specification' which encompasses the traditional NHS 111 service and the GP OOH service into one fully integrated service. This combined service, in addition to this integration, adds a Clinical Assessment Service (CAS). The CAS would add an extra layer of staff who would provide specialised clinical assessments. These assessments offer patients, by phone, the opportunity to either have their care concluded during the call or are referred into the most appropriate service for their care needs to be concluded. Plans are being put in place for this to become operational in December 2017

3 Remedial Action plan (RAP)

- 3.1** The process regarding performance challenges is that the CCG issue a formal contract performance notice to a provider regarding their performance. This notice sets a clear timescale and an expectation for the provider to outline their expected performance improvements. This information is contained within a Remedial Action plan (RAP) which is prepared by the provider and signed off by the commissioner if they are in agreement. It is expected that the plan offers assurance to the commissioner that it is robust and able to deliver the required service improvements.
- 3.2** Following two previously failed trajectories in March 2017 and August 2017 Somerset CCG has continued to raise concerns regarding staffing levels. To address these staffing shortfalls, in order to build a more robust workforce, Vocare Limited has commissioned some external support to achieve a sustainable position. Somerset CCG are monitoring the improvements in the shift fill and monitoring performance improvements against the expect levels of service delivery but have not signed off a revised RAP at this stage.
- 3.3** Within the GP OOH service Somerset CCG raised concerns regarding staffing levels and the impact that this is having on the timeliness that patients are seen. Initial concerns were focused on periods of higher pressure such as bank holidays and weekends. Somerset CCG has requested a higher level of scrutiny regarding the level of GP shift fill to gain assurance that there are adequate staffing levels in place, which is shared with Somerset CCG weekly, and system partners.
- 3.4** Following the CPN, issued in March 2017, Somerset CCG and Vocare Limited are having ongoing conversations regarding the recovery of staffing levels and actions required to address the delivery of timely performance. Somerset CCG has clearly set expectations of the provider to make rapid and sustainable improvements in the staffing position. At this point in time Somerset CCG is not in a position to sign-off a RAP.

4. Summary

- 4.1 Escalating quality concerns were identified by Somerset CCG through commissioner contract and quality monitoring activities and concerns raised by GPS working in the service in the later part of 2016 and early 2017. Since that time there has been an enhanced level of clinical quality review and oversight of the service.

In addition to routine monthly and quarterly oversight arrangements, since the early CQC inspection findings being known to the CCG, initial weekly and now fortnightly oversight meetings to review progress against action plans have been in place.

The CCG also conducts its own range of routine and enhanced surveillance visits to the call centre and headquarters in Taunton and the treatment centres across the county. During these visits it has been identified the triage of cases is not always well organised, resulting in risk minimisation strategies to allocate the caller for a treatment centre or home visit. It then may later transpire that the caller can be managed remotely, either before or after a treatment centre visit. This leads to callers being given mixed messages. Perversely it also leads to inefficient use of the GP treatment centre capacity.

- 4.2 In November 2017 the CCG has worked with Vocare, to develop a Standing Operating Procedure for the Escalation of concerns when the triage queue reaches a critical point (this is based on staffing and complexity of patients). The SOP is in agreement with Somerset System Partners to work with Vocare and is currently being finalised through a series of contingency planning meetings held with NHS providers.

Following the acquisition by Totally plc, Vocare Ltd continue to be the legal entity with a change of control of Vocare Ltd from its previous shareholders to Totally. The CCG have met with Directors from Totally Healthcare on 8 November 2017 to raise concerns regarding current performance.

Somerset CCG continue to hold Vocare to account through:

- Review of daily staffing levels in the OOH service and rota planning
- Implementation of Remedial Action Plan (RAP)
- Weekly review of performance against the national quality requirements
- Implementation of an escalation procedure
- The CCG risk register reports a risk of 16, as the CCG has provided both challenge and support to the Somerset Vocare team to make improvements in accordance with CQC inspection findings and separate CCG concerns arising from our contract performance and quality review monitoring activity.
- Bi-Weekly monitoring of Vocare's Quality Improvement Action plan