1. **Summary**

1.1. Somerset Doctors Urgent Care (SDUC) is commissioned to provide the NHS 111 and Out of Hours (OOH) contracts on behalf of Somerset CCG. These contracts were awarded on 1 July 2015 and are both 5 year contractual arrangements. This report will provide an update on the performance of these services for the period from 1 August 2016 until 31 December 2016.

1.2. The procurement of the 111 and OOH services with one provider allowed an opportunity to integrate services and enhance partnership working. Joint working across the Urgent Care system is a key priority for Somerset CCG and NHS 111 and the OOH service are fundamental components to the successful delivery of this ambition.

2. **Issues for consideration / Recommendations**

2.1. The Scrutiny Committee is asked to consider and comment on the quality and performance of the NHS 111 and OOH service between August 2016 and December 2016. Upon consideration of the assurance provided by the Clinical Commissioning Group recommendations are sought in relation to the actions in place to address those areas requiring improvement.
3. **Background**

3.1. **NHS 111 and Out of Hours**

NHS 111 is an important part of the urgent care system, ensuring people have quick and easy access to health care advice and information when appropriate. Patients in Somerset who telephone the 111 service will be assessed via the Pathways system which allows Call Advisors to assess and direct patients, where necessary to a local service that most appropriately meets their needs. This could be an out-of-hours GP service, walk-in centre or urgent care centre, community nurse, emergency dentist, emergency department, ambulance or pharmacies.

Due to the telephony aspect of the 111 service and the Out of Hours service running at times when other parts of the Urgent Care system are unavailable, patient experience, complaints and patient engagement are key to develop learning. This is achieved from SDUC internal learning events in order to provide positive experiences and outcomes for patients wherever possible. The 111 service is integrated with the Out of Hours GP service due to both services being managed by the same provider.

**Patient Engagement**

A draft patient engagement strategy is being developed by SDUC. There is a commitment from the organisation to engage with patients and the intention is to develop the engagement strategy with a clear focus on understanding patient’s views and experiences in order to pinpoint where to focus efforts. NHS 111 are aware of the merit in involving the Patient Participation Groups to gather insight from the public to help improve the services offered.

**Complaints**

The complaints process within SDUC is managed in line with national recommendations and all patients who make an official complaint receive an acknowledgement letter within 3 days. The aim is always to respond fully to the complainant within the national NHS timeframes. Where this may not be possible (sometimes due to complexity of the complaint or third party involvement) SDUC engage with these patients to inform them of a delay. The communication sent to patients clearly outlines the complaint and the outcomes from the investigation. When something has gone wrong or not as well as expected, SDUC inform the patient of this and what will be done to inform learning or change practice.

On a monthly basis SDUC develop a report of complaint numbers and on a quarterly basis carry out a thematic review of complaints to determine if there are recurrent themes. These reports are examined within the CCGs performance and quality meetings held with SDUC on a monthly and quarterly basis respectively.

**Serious Incidents**

There have been three Serious Incidents (SIs) in the reporting period and all of these related to abdominal pain. This has been investigated internally and as a result Vocare Limited is arranging a national Abdominal Pain ‘look back and learn’ event. This event will involve experts from across the UK to come together to review the SIs and make any recommendations for change nationally. In this instance the Pathways system for abdominal pain may require refinement.

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The table above is an integrated report for the 111 and OOH service. Data for December 2016 is not yet available at the time of report being sent.

3.2. **NHS 111 Performance**

The performance of the NHS 111 service is monitored on a monthly basis via the measurement of a national and local set of Key Performance Indicators (KPIs). For the 111 service one target is monitored particularly closely by NHS England and the CCG:
The number of calls answered within 60 seconds at the end of the introductory message >95%
This KPI ensures there is a measure for the quality of access and patient experience into the service via the 111 telephone line. Historically this metric has not been consistently met within Somerset.

60 second call answering performance: July to December 2016
Target >95%

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<tr>
<td>60 sec call answering %</td>
<td>95.45%</td>
<td>95.60%</td>
<td>88.95%</td>
<td>89.41%</td>
<td>85.58%</td>
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<td>Target</td>
<td>95.00%</td>
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NHS 111 performance of calls answered within 60 seconds improved upon previous months in August and September 2016 following a previous action plan agreed with SDUC. However, since September performance has declined. As a
result SDUC have produced a plan which outlines how they will recover performance and reach the 95% target. Specifically, performance has been inferior at weekends and part of the SDUC recovery will include a staff realignment to ensure appropriate staff coverage at these times.

Nationally compared with other 111 providers the Somerset 111 service performs well. NHSE have published a new set of indicators whereby the emphasis upon 60 second call answering performance will be replaced by average call to answer and a greater focus on the clinical outcomes of patients will be implemented. In December 2016 the average time to answer was 7 seconds. However, this is adversely affected when the 111 service is under higher demand. Therefore it is also important to note the maximum time to answer, which was 8 minutes and 30 seconds on New Year's Eve. The average maximum time to answer in December (a month of high demand due to Christmas Bank Holidays) was 3 minutes 7 seconds.

Another key performance (KPI) incorporated into this report for NHS 111 is: Percentage of call abandoned <5%

Percentage of calls abandoned: Aug to Dec 2016
Target <5%

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<tr>
<td>Calls abandoned %</td>
<td>0.70%</td>
<td>0.75%</td>
<td>1.92%</td>
<td>2.03%</td>
<td>3.16%</td>
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<tr>
<td>Target</td>
<td>5.00%</td>
<td>5.00%</td>
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The number of NHS 111 calls abandoned remains under the target of 5% and has been achieved every month since service transition to SDUC. More recently the abandonment rate has increased and this will be discussed within the next CCG contract review meeting.
3.3. GP Out of Hours Service Performance
The performance of the OOH service is similarly measured using KPIs. Service quality is considered by ensuring patients receive an appropriate clinical review within the designated timeframe allocated during triage assessment. These KPIs are set out below in graph and table format.

3.4 OOH Staff resource at Bases (MIUs and the Acute Hospital sites)
The National Quality Requirements (NQRs) below are monitored to measure the performance against dispositions. For NQR12b below this measures the percentage of patients where following a triage assessment the patient is expected to be seen at a base within 2 hours. These dispositions are varied and are dependent upon the Pathways system. The NHS Pathways system is a clinical tool used for assessing, triaging and directing patients to the appropriate urgent or emergency care service. Where a patient disposition is within 2 hours their health condition is considered urgent. Where a disposition is within 6 hours this is considered routine. Where an emergency is assessed these patients would be directly referred to emergency departments usually via the 999 service.

**NQR12b - Clinical assessment of patients within 2 hours – base >95%**
Presenting at base (e.g. Acute Hospital, MIU) demonstrate clinically safe and effective system for prioritising patients, must start definitive assessment of all urgent patients within 2 hours.

**NQR12c - Clinical assessment of patients within 6 hours – base >95%**
Presenting at base (e.g. Acute Hospital, MIU) demonstrate clinically safe and effective system for prioritising patients, must start definitive assessment of all routine patients within 6 hours.

The graph above identifies that performance for those patients that must be seen at a base within 6 hours has been above the 95% target since the beginning of August 2016. For those patients who must be seen within 2 hours performance has not reached the target since June 2016. Improvement was seen in August 2016 but has declined since.
3.5 **OOH Staff resource – Home Visits**
The NQRs below are monitored to measure the performance against dispositions. For NQR12e below this measures the percentage of patients where following a triage assessment the patient is expected to be seen at home within 2 hours for urgent patients and NQR12f within 6 hours for routine patient dispositions.

**NQR12e - Clinical assessment of patients within 2 hours – home >95%**
Home Visits, demonstrate clinically safe and effective system for prioritising patients, must start definitive assessment of all urgent patients within 2 hours.

**NQR12f - Clinical assessment of patients within 6 hours – home >95%**
Home Visits, demonstrate clinically safe and effective system for prioritising patients, must start definitive assessment of all routine patients within 6 hours.

The table above identifies that performance for those patients that must be seen at home within 2 hours has not been above the 95% target since the beginning of July 2016. For those patients who must be seen at home within 6 hours performance reached the target in August and September 2016.

Data for December 2016 is not yet available at the time of report being sent.

3.6 **Table showing Achievement (Green) Partial Achievement (Amber) and Non-Achievement (Red) of National Quality Requirements – GP OOH Service.**
Data for December 2016 is not yet available at the time of report being sent.
4. **Conclusion**

4.1. The performance of the 111 service is reviewed by Somerset CCG on a monthly basis. As this service is an integral gateway for patients to the wider urgent care service it is a priority for the CCG and SDUC to work collaboratively to achieve successful outcomes. Improvements in average call answer times have been significant over the last year. Between April 2016 and November 2016 the 60 second call target averaged at 89.17% whereas for the same period last year this was only 81.09%. In August and September 2016 the target of 95% was reached for the 60 second target. Increased demand during October, November and December 2016 has resulted in reduced performance and SDUC have been requested to provide a Remedial Action Plan as to how they will recover this position.

4.2. Performance of the Out of Hours contract reduces during certain high peak periods, often during holidays such as Christmas and Easter when the wider urgent care system is also under increased demand. Recruitment of GPs is a system wide issue within Somerset and a continued reduction in GP resource is expected to continue in Somerset by 30% over the next 5 years as high numbers of GPs reach retirement. Therefore GP shifts are also regularly supported by Advanced Nurse Practitioners and Emergency Care Practitioners. As a result SDUC continue to ensure that their staffing and recruitment model for the Out of Hours service is sustainable and resilient to natural attrition.

4.3. As part of the CCGs assurance process the national targets for the services provided by SDUC are monitored on a monthly basis. During October, November and December 2016 this assurance has not been achieved. Therefore Somerset CCG has applied contractual levers to SDUC by formally issuing a Contract Performance Notice for non-compliance of the 95% 60 second call answering national requirement. As a result SDUC are contractually required to provide a Remedial Action Plan to ensure achievement of this national target.