

## Briefing –Somerset Integrated Urgent Care Service (provided by Devon Doctors Limited)

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### **1. Summary**

- 1.1. Devon Doctors Limited is a social enterprise group which is run by healthcare professionals and reportable to a board of directors. The organisation does not have any stakeholders and is a non-profit organisation. Meddcare Somerset, a trading name of Devon Doctors Limited, is the provider of Somerset's Integrated Urgent Care Service. The Integrated Urgent Care Clinical Assessment Service delivers a "consult and complete" model of urgent care access that streamlines and improves patient care across the urgent care system. Patients will receive a complete episode of care concluding with either: advice, a prescription, or an appointment for further assessment or treatment.
- 1.2. In July 2020, the Care Quality Commission (CQC) carried out an announced focussed inspection of the service which resulted in the application of urgent conditions to the provider registration of Devon Doctors Limited. The Care Quality Commission Report was published on 14 September 2020 and noted some Requirement Notices relating to regulations that had not been met.
- 1.3. The Care Quality Commission took account of the exceptional circumstances arising as a result of the Covid-19 pandemic when considering what type of inspection was necessary and proportionate. The team included a Care Quality Commission Inspection Manager, a second Care Quality Commission inspector, a GP specialist advisor, and a practice manager specialist advisor. In addition, four Care Quality Commission inspectors worked remotely as part of the inspection team in view of Covid-19.

### **2. Issues for consideration / Recommendations**

- 2.1. The purpose of the paper is to inform the Committee as to the current position and service improvement work that has been carried out by Devon Doctors Limited, with Somerset Clinical Commissioning Group working alongside Devon Clinical Commissioning Group and the Care Quality Commission
- 2.2. As the provider's Clinical Quality Commission registration is in the name of Devon Doctors Limited and their recent report is the focus of this paper, Devon Doctors Limited will be used to refer to the provider throughout.

### **3. Background**

- 3.1.** The Integrated Urgent Care Service has been running in Somerset since February 2019, although Devon Doctors Limited delivered the previous GP Out of Hours service since April 2018, having taken over that element from Vocare Limited. The Integrated Urgent Care service, as a whole, is delivered by Devon Doctors Limited (under the trading name Meddcare Somerset) with NHS111 being delivered by Practice Plus Group (formerly known as Care UK) via sub-contracted arrangements with the Integrated Urgent Care Service Lead provider. Devon Doctors Ltd also delivers the Devon Integrated Urgent Care Service, with much the same model described for Somerset but with the difference being that Devon Doctors Limited directly delivers the NHS 111 service rather than sub-contracts.
- 3.2.** The Integrated Urgent Care Service consists of NHS 111 and Clinical Assessment Service with face to face element (previously known as GP Out of Hours). A Clinical Assessment Service is an intermediate service that allows for a greater level of clinical expertise in assessing a patient than would normally be expected of a referring clinician, such as a GP. Calls from 111 that require specialist clinical call back are referred to the Clinical Assessment Service and those that require face to face contact at times when in-hours GP practices are closed (be it at a treatment centre or home visit) are provided with an appointment.
- 3.3.** The provider was previously inspected in January 2017 and was rated as good overall. In July 2020, the service was not rated at inspection due to this being a focused inspection based on the concerns received by the Care Quality Commission. Following the inspection, urgent conditions were applied to the provider registration of Devon Doctors Limited. The conditions focused on systems to ensure delays to care and treatment were reduced and call answering targets were met (call answering specifically related to the Devon 111 service); ensuring there were adequate staffing levels at all times and suitable governance processes across the service provision. This was in relation to the significant issues relating to patient safety, the quality of service and leadership and governance.
- 3.4.** The report also outlines three requirement notices on regulated activities:

  1. The registered person had failed to establish systems to prevent abuse. In particular: There were delays in identifying and reporting safeguarding concerns. Not all staff had received appropriate training to the required level in line with published guidance.
  2. The registered person had systems or processes in place that operated ineffectively in that they failed to enable the registered person to seek and act on feedback from relevant persons and other persons on the services provided in the carrying on of the regulated activity, for the purposes of continually evaluating and improving such services. In particular: Staff were not provided with sufficient opportunities to feedback on how the service was provided and developed.
  3. The service provider had failed to ensure that persons employed in the provision of a regulated activity received such appropriate support, training, professional development, supervision and appraisal as was necessary to enable

them to carry out the duties they were employed to perform. In particular: Training considered mandatory by the service was not consistently monitored to ensure that it was completed within a timely manner. The service did not ensure that training provided met the needs of staff to enable to perform their duties.

#### **4. Consultations undertaken**

- 4.1. Independent of the Care Quality Commission Report, Healthwatch Somerset, in partnership with Healthwatch in Devon, Plymouth and Torbay, launched a new public survey, earlier this month, to find out more about local people's experiences of using the NHS 111 service in across the two counties. This work is being undertaken in partnership with Care Quality Commission to invite members of the public to provide feedback on what they think of the services provided by Devon Doctors Limited. Their views and experiences will help Care Quality Commission inspectors decide what to look at when they inspect the services provided by Devon Doctors Limited in the future.
- 4.2. Healthwatch Somerset carried out a public feedback survey in 2018 which informed NHS Somerset Clinical Commissioning Group's planning for its new Integrated Urgent Care Service. Somerset Clinical Commissioning Group welcomes this further public feedback now that the Integrated Urgent Care Service is established and, once survey results are known, will be working with Healthwatch Somerset and Devon Doctors Limited to ascertain learning and opportunities for service improvements.

#### **5. Implications**

- 5.1. Since inspection, Devon Doctors Limited has developed and started implementation of a detailed improvement plan. This plan describes how they will work towards rectifying the urgent conditions and regulatory notices. Below are examples of some of the improvement measures that have already been put in place.
- 5.2. Introduction of comfort calling  
Comfort calling, a safety mechanism whereby patients who breach the time of their allocated call back are given a call by the Clinical Assessment Service to ensure the condition has not worsened, has been introduced within the Clinical Assessment Service. This process ensures patients who are not able to be assessed by a clinician within the allocated timeframe at periods of escalation, are kept safe by the service than if they were to not receive such calls.
- 5.3. Introduction of an Integrated Urgent Care Service Lead Clinician  
Clinical cases enter the Somerset Integrated Urgent Care Service clinical queues from multiple sources, including NHS 111; healthcare professional direct lines; and repeat prescriptions. These clinical queues can become complex and pressurised, especially during periods of high demand. The newly created role of Lead Integrated Urgent Care Service Clinician plays a critical role in monitoring clinical queues, both to ensure that cases are correctly prioritised and also that response times are appropriate and based on clinical acuity. The Lead Integrated Urgent Care Service Clinician also supports other key areas of the Integrated Urgent Care Service with the aim of delivering high levels of performance, thereby ensuring patient safety and optimising patients' experience

of the service. The role is performed by urgent care practitioners (both GPs and Allied Care Professionals) with appropriate qualifications and experience with direct access to the on-call Medical Director for senior advice/support while on shift.

#### **5.4. Clinical Recruitment Plan**

Devon Doctors Limited has produced a Clinical Recruitment Plan to support recruitment of clinicians into the service, including GPs. Somerset Clinical Commissioning Group provided feedback from clinicians as to the 'front end' aspect of the process, which Devon Doctors Limited immediately incorporated into its recruitment process. A local Somerset GP has agreed to test the process for them and provide further feedback. Somerset Clinical Commissioning Group continues to have discussions with Devon Doctors Limited's Human Resources Team about the plan both in terms of what it means for Somerset as well as how the Clinical Commissioning Group can support local clinical engagement.

#### **5.5. Change in Performance Metrics**

DX (disposition) codes relate to the outcome of an NHS 111 assessment. For example, if an NHS 111 assessment results in a DX code of Dx010 this means that an emergency ambulance response for potential cardiac arrest is required, necessitating the need for immediate transfer to the relevant 999 ambulance service.

DX (disposition) codes are a measure for patient safety, having been signed off nationally as a clinically acceptable timeframe in which to contact / speak to a patient based on the answers that are provided to the questions asked by the 111 Call Handler. This also supports more effective clinical prioritisation of treating patients ensuring that those patients with the greatest clinical need are seen in the appropriate timescale, while deferring those with a lower clinical priority where it is appropriate to do so.

Both Somerset and Devon Clinical Commissioning Groups have worked with Devon Doctors Limited to review the performance metrics within the existing contracts to bring them into line with current requirements. This means in practice that the service will work towards meeting DX (disposition) codes resulting from 111 assessments rather than converting such DX codes into further quality metrics (targets) that inadvertently creates added pressure within the Integrated Urgent Care Services. Such metrics were national measures until recently, but have since been replaced by the Integrated Urgent Care Aggregated Data Collection and associated Key Performance Indicators.

#### **5.6. Performance Improvement**

Devon Doctors Limited's 'Care Quality Commission Improvement Plan' includes measures to improve performance for Integrated Urgent Care Clinical Assessment Service triage and face to face (treatment centre and home visit) activity. Meeting Devon Doctors Limited's improvement trajectory will very much rely on the success of the Clinical Recruitment Plan as well as the beneficial impact of changing performance metrics (both noted above). Devon Doctors Limited has consistently reported an increase in activity within the Integrated Urgent Care Service, including prior to the Covid19 pandemic, and, latterly, a higher patient acuity. The improvement measures within the plan focuses on

keeping patients safe whilst continuing to deliver good quality services, especially at times of high demand, the Lead Integrated Urgent Care Clinician and comfort calling being an illustration of some of those measures now in place.

**5.7. Clinical Governance structure changes**

Internal changes within the organisation have taken place with regards to clinical governance. Both Somerset and Devon Clinical Commissioning Groups' Quality Teams are also attending internal meetings within the organisation to observe implementation of proposed clinical governance changes.

**5.8. The Care Quality Commission, Somerset and Devon Clinical Commissioning Groups are monitoring progress of the improvement plan at weekly meetings with Devon Doctors Limited. This gives the opportunity to scrutinise, gain assurances and provide support where required.**

**5.9. NHS 111 Performance**

As noted above Somerset NHS 111 is delivered through Practice Plus Group (formerly known as Care UK): therefore, the recent Care Quality Commission Report does not relate to that element of the Somerset Integrated Urgent Care Service. However, to provide assurance to the Committee on this element some information on current Somerset 111 performance is included.

**5.10. 111 Minimum Data Set reports for week ending 4 October 2020 shows a more challenged position for NHS 111 services across the country due to the impact of recently increasing Covid-19 related call activity. Somerset 111 call answering performance (60 seconds) was 79.6% against England average of 81.2% (range 54.3% - 99.8%). Call abandonment rate (meaning that of the 111 calls received and reaching 30 seconds after being added into the queue for an advisor, how many callers hung up before they were answered) was at 5% against England average of 5.2% (range 0% - 15.5%). The national Covid Response Service had a soft-relaunch 12 October 2020 and so improvement in performance both for Somerset and nationally is expected as this additional resource comes on-line.**

To give a broader view of Somerset 111 performance: lowest performance, year to date, for call answering within 60 secs was 26.7% in April 2020, at a time when England average was 25.8%. Highest performance, year to date, was 93.2% at the beginning of July 2020 at a time when England average was 93.6%. Regarding call abandonment metric, the highest rate, year to date, was for the same week in April 2020 at 23.4% compared to England average of 31.9% and lowest rate of 3.9% for two weeks in June 2020 compared to England average of 14.6% and 21.6% during that period.

**6. Background papers**

**6.1. Care Quality Commission Report on Devon Doctors Limited (published 14 September 2020): <https://api.cqc.org.uk/public/v1/reports/df9eed3-b1d7-4acf-a467-9b05554a7436>**

**6.2. 111 Minimum Data Set is the official statistics for NHS 111 across England and can be accessed at: <https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/nhs-111-minimum-data-set-2020-21/>**

- 6.3.** The Integrated Urgent Care Aggregated Data Collection is a set of metrics currently being developed and reported on by Integrated Urgent Care Service providers to go live April 2021. Integrated Urgent Care Aggregated Data Collection data can be accessed at:  
<https://www.england.nhs.uk/statistics/statistical-work-areas/nhs-111-minimum-data-set/integrated-urgent-care-aggregate-data-collection-iuc-adc-experimental-statistics-2020-21/>

**Note** For sight of individual background papers please contact the report author