City and Hackney
Clinical Commissioning Group

An overview of the Out of Hours service in City and Hackney following one year of operation

Joint briefing paper between City and Hackney CCG and City and Hackney Urgent Healthcare Social Enterprise for London Borough of Hackney Scrutiny Committee 21 January 2015

1. Introduction and context

The City and Hackney Urgent Healthcare Social Enterprise (CHUHSE) was launched in December 2013. The service launched following a procurement process that commenced in April 2013 with a decision to award the contract made by the CCG board in September 2013.

Following a lengthy and robust consultation and engagement exercise which commenced in March 2013 and concluded in June 2013 the CCG developed a service specification which set out the following requirements:

- a local out of hour's service provided by local GPs with good knowledge of local health services,
- close links to in-hours primary care,
- robust clinical assessment and management, and,
- the provision of a safe service with high quality patient experience and satisfaction for City and Hackney patients
- value for money

Given the national uncertainty about the fit with the new 111 service to replace NHS Direct, the provider opted to sub-contract their call handling element to Tower Hamlets Doc (THDOC), which is based in the Royal London Hospital.

2. Early reflections and learning lessons

Historical data about the number of calls received by the previous out-of-hours (OOH) provider was lower than the actual numbers of calls received which meant CHUHSE experienced capacity issues early on. This presented the provider with significant challenges and meant that meeting the OOH National Quality Requirements (NQRs) for telephoning 95% of patients back within one hour or within 20 minutes if deemed Urgent by the call handlers was initially very challenging.

The provider responded by developing a system of Home Working GPs utilising a secure IT system and making phone calls to provide safe clinical management and treatment to patients via the telephone. In addition more doctors were added to the rota at peak times.

Call handling has been the only area where CHUHSE has had difficulty in meeting the requirements set out in the service specification. This report demonstrates how this was addressed in the section below on Performance and Quality data.

The provider has been consistently performing well in all other areas, which include, telephone consultations, face-to-face appointments, home visits and partnership working.

CHUHSE continues to recruit new GPs, both those working and/or trained locally and those from outside the area with appropriate experience. This is because of the need to continue to replenish the pool of doctors, a key lesson learned from historical OOH experience. More than half of the doctors who form the CHUHSE GP pool have a local connection in terms of having trained in, worked in a daytime role in or living in City and Hackney either now or in the past. They therefore have some knowledge of local services which helps to provide an element of continuity of care and increases the chances of avoiding unnecessary admissions. Of our more recent recruits the majority have been GPs with daytime jobs in City and Hackney.

3. Service review framework and an overview of performance from Jan 14 to Nov 14

Service review framework

In April 2013 as part of the stepping down of the previous OOH agreement which was delivered as part of a consortia with Camden, Islington and Haringey CCGs, the CCG made wholesale changes to how the service would be monitored, how information would be cascaded and how performance was reported. It was decided that the CCG would adopt a more robust approach to contract monitoring mirroring the type of rigour normally associated with reviewing an acute service. In practice this meant meeting and liaising with the provider on the following fronts:

1) A monthly meeting exploring:

- Performance against standards
- Action plans and recovery trajectory for below par performance
- Recommendations for breach audits for underperforming slips,
- Patient perceptions formal and anecdotal feedback
- Use of local GP feedback to inform areas of interest at the monthly meetings
- Opportunities for integration and improved care – Hospitals, community services, GP practices (also winter/pressure surge planning)
- Future direction (and formal review/feed-back) – commissioner to lead

2) A quarterly quality review meeting to explore:

- outcomes/dispositions/number referred/trends
- outstanding breaches and effect on quality
- feedback from GPs
- significant incidents
- review of complaints, learning lessons and making changes to address trends
- feedback from audits
- Providers own staff surveys
- Clinical and non-clinical development plans
- Review of policies and procedures
- This meeting also involves members of the CCG's PPI committee, independent clinical/GP members, CCG's quality lead and a member of the LMC

In addition to the two formal meetings the CCG and provider agreed that there would be certain scenarios that would warrant immediate reporting and feedback, these are described as but not limited to:

- Significant staff shortfall that may affect performance
- Potential for closing a face-to-face centre as a result of staff shortfall
- Any Serious Untoward Incident (or possible)
- Details of each contact and the care provided to every patient that is known to have died after an initial call to the OOH service
- Any complaint suggesting significant harm or failure
- Any potential professional/financial/legal/patient care issue

The relationship between commissioner and provider is such that there is a no surprises standard way of working where both parties are kept informed of any material issues as early as possible.

The CCG takes the quarterly OOH reports to the full CCG board meeting on a quarterly basis. This means performance, quality and standards are all in the public domain as well as being scrutinised by the board. It should be noted that this level of open and robust performance monitoring was not in place under the previous provider or commissioner.

An overview of the data

NQR 8 – Call answering

	Nov	Oct	Sep	Aug	Jul	Jun	May	April	Mar	Feb	Jan
Calls not engaged	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Calls not abandoned	96.3 %	94.6 %	93.2 %	82.8 %	84.8 %	86.7 %	84%	77%	76%	76%	80%
Answered within 60 secs	90.3 %	91.5 %	90.9 %	80.2 %	84%	80.6 %	80%	72%	78%	77%	84%

Source: Monthly performance reporting as set out in the contract

NQR 9 – Telephone Clinical Assessment

- ILTCs (Immediate and Life Threatening calls) – these must be passed to the ambulance service within 3 minutes
- Urgent – start definitive clinical assessment within 20 minutes
- Routine – start definitive clinical assessment within 60 minutes

	Nov	Oct	Sep	Aug	Jul	Jun	May	April	Mar	Feb	Jan
ILTCs	78.6 %	50%	50%	90%	100%	100%	100%	0%	43%	57%	0%
Urgent	90.2 %	92.2 %	95%	95.2 %	95.6 %	95.9 %	90.5 %	89%	89%	79%	79%
Routine	96%	96.4 %	97.6 %	96%	96.8 %	96.6 %	94%	92%	90.5 %	81%	86%

Source: Monthly performance reporting as set out in the contract

Key messages

The data demonstrates that call answering and telephone clinical assessment are the areas where the provider faced the greatest performance challenge.

Due to the poor performance issues CHUHSE agreed to bring the service in house. The Call Handling service directly managed in CHUHSE commenced at the beginning of Sept 2014. CHUHSE recruited and trained new Call Handling staff for the service based at the Homerton Site. The data shows an immediate impact through improved performance. Both commissioner and provider are working to ensure the performance improves and is regularly reviewed.

The area of telephone clinical assessment is an area that is closely monitored by the CCG's contract monitoring group. The group acknowledged that in the earlier months, as the organisation bedded in and staff learned new systems and protocols that it would take some time for the new ways of working to become familiar. Particularly in managing cases out of hours which is very different to working in-hours. The data demonstrates an upward shift towards improved performance. There is clearly more room for improvement, however the CCG is satisfied that

performance has shifted in the right direction. It should be noted that for ILTCs, given the low number of calls received and the small window for transferring the calls to LAS, that breaches can occur, there are also occasions where individual calls can take longer for good reason, e.g. the call handler needing to clearly understanding a patients symptom or condition or where there is a language barrier.

Face-to-face consultations (whether in a centre or in the patient's place of residence)

These must be started within the following timescales, after the definitive clinical assessment has been completed:

- Urgent: within 2 hours.
- Less urgent: within 6 hours (routine).

Seen at the centre

	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
Urgent	98%	100%	100%	98%	100%	100%	97%	93%	90%	94%	100%
Routine	99.6 %	99.7 %	99.7 %	99.6 %	100%	99.7 %	99.5 %	99%	100%	100%	99%

Source: Monthly performance reporting as set out in the contract

Home Visits

	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
Urgent	90%	98%	92.9 %	100%	100%	95.7 %	91%	84%	100%	93%	96%
Routine	92.3 %	99.6 %	100%	1005	100%	95.2 %	99%	97%	100%	99%	100%

Source: Monthly performance reporting as set out in the contract

Key messages

The provider has consistently achieved the target for this performance measure. The provider should be congratulated for achieving these results in the short time frame since it was established.

Rota Fill data

	Nov	Oct	Sep	Aug	Jul	Jun	May	Apr	Mar	Feb	Jan
% filled by GP pool	75.1	92.5	89	80	89.5	89.5	91	95	98	100	100
% filled by locum	14.9	7.5	11	20	10.5	10.5	9	5	2	0	0

Source: Monthly performance reporting as set out in the contract

Key messages

An important lesson learned from the previous OOH experience was for the commissioner to capture data around rota fill and capacity management to ensure there are enough trained staff in place to cope with demand. There is therefore a requirement for CHUHSE to provide monthly reporting on its rota of GPs working OOH shifts. The previous provider in 12/13 achieved a best rate of 4% agency/locum fill, and at worse, a rate of 19%. There is an improvement in this area for CHUHSE as it consistently fills it OOH shifts with local GPs, with the exception of the school holiday period. The introduction of homeworking GPs has also added capacity meaning there is less reliance on locum GPs to fill vacant shifts.

Attendance data

The table below demonstrates the clinical outcomes/dispositions made by the OOH provider following a clinical assessment of the patient – the options open are for the patients query to be closed on the phone (advice calls), the patient to attend the OOH centre (PCC attendance) or for the patient to be visited by a GP at their home.

CHUHSE data												
	Nov	**Oct**	**Sep**	**Aug**	**Jul**	**Jun**	**May**	**Apr**	**Mar**	**Feb**	**Jan**	**%**
Advice calls	1267	1115	894	988	1079	1137	1398	1390	1300	1193	1229	**56**
PCC attendances	879	738	707	817	719	814	988	862	861	758	779	**38**
Home visits	104	76	102	113	90	88	125	225	126	122	122	**6**
Total contacts	**2250**	**1929**	**1703**	**1918**	**1888**	**2039**	**2511**	**2477**	**2287**	**2078**	**2138**	

Source: Monthly performance reporting as set out in the contract

Harmoni data for the same period in 12/13 and 13/14												
	Nov	**Oct**	**Sep**	**Aug**	**Jul**	**Jun**	**May**	**Apr**	**Mar**	**Feb**	**Jan**	**%**
Advice calls	557	556	476	455	490	517	565	436	870	774	935	**39**
PCC attendances	846	748	700	641	643	740	790	651	952	760	950	**50**
Home visits	190	160	159	171	163	187	176	138	223	153	180	**11**
Total contacts	**1593**	**1464**	**1335**	**1267**	**1296**	**1444**	**1531**	**1225**	**2045**	**1687**	**2065**	

Source: Monthly performance reporting

Key messages

When compared to the activity levels under the previous provider, it is worth noting actual activity (which is higher for the same period) and the difference in disposition outcome.

The differences in activity has caused some capacity issues and these were addressed as indicated through the implementation of homeworking doctors and increasing funding through the Winter Planning process.

In terms of the activity profile, it can be seen that CHUHSE is completing more calls on the phone, visiting fewer patients and recommending fewer visits to the urgent care centre. This ensures patients are not unnecessarily having to attend the hospital during the OOH period. Indicating a much more efficient service as a majority of calls to the OOH service are dealt with by phone and only those patients requiring urgent treatment are visited or asked to attend the centre. This way of managing conditions also provides a better patient experience.

Early anecdotal feedback from both patients and GP practices has indicated a high level of user and stakeholder satisfaction with the service. The CCG at its last contract review meeting signed off a newly designed patient feedback survey which will be posted to all patients and feedback collated for an end of year patient feedback report. The survey will also seek patients' views about whether additional OOH centres would be useful. The CCG is awaiting the results of this patient experience survey which is expected to report by the end of the year.

4. Clinical audits and lessons learned

There has been a collaborative approach to designing the audit programme for CHUHSE. A key feature of the programme is that all GPs working the OOH shifts are audited for quality and clinical outcomes. At least 5% of all case records are audited for each GP every month. This is in line with the service specification and was a key feature of lessons learned from the previous provider. The additional programme of audits also includes:

- Prescribing outcomes (in particular the use of antibiotics)
- Referrals from 111
- Referrals – general
- Special Patient Notes – these are for patients with complex health and social care needs and or who may be at risk to themselves or others; may be at risk from others and / or cannot manage their own care. It is therefore important that this information is kept up-to-date and shared amongst health care services so that health professionals may effectively meet the needs of these patients.

The result from the latest records-audit are that all CHUHSE GPs have been audited by end of Q2. Outcomes/actions arising from the audit process are progressed immediately, for example in 2 cases cause for concerns were identified and as a result those GPs no longer work for CHUHSE.

The level of feedback given to GPs is welcomed and the process provides a real opportunity for development and improvement. These outcomes are reported to the CCG through the monitoring framework on a quarterly basis.

CHUHSE has been performing satisfactorily since the service went live on Dec 2013. Following the initial teething issues the service has continued to develop and improve. At this stage the provider has not undertaken a formal patient satisfaction survey, however, initial feedback from patients has been positive, with 2 patients sending emails directly to the CCG to reflect on their positive experiences. Patient complaints are being reported at the monthly monitoring meetings and there have been 5 complaints reported so far, the majority of these have now been closed with one complaint being investigated.

There has been no negative feedback received from GP practices in The City or Hackney.

5. Quality developments 2014/15

Organisational development

- The provider has set up its board and committee meetings which have commenced since September 2014.

- Set up of CHUHSE bi-monthly Clinical Governance meeting to oversee all clinical governance e.g. procedures, policies, incidents, performance and audit.

- Monthly clinical audits of GP records have been undertaken since January 2014, with 5-15% of each doctors' records being reviewed anonymously using an IT tool, Clinical Guardian. All doctors have received feedback about their work.

- The provider has set up a Clinical and Quality Performance Committee, with responsibility for clinical quality and compliance.

- Set up of CHUHSE Financial Governance meetings e.g. Finance and performance committee, Audit Committee, Remuneration Committee.

- The staffing structure and professional training and development plan is being reviewed in line with business requirements.

OOH nursing pilot

An OOH nursing scheme commenced on the night of 5th September. The scheme is intended to add capacity to the service, enhance delivery of the admission avoidance objectives and offer a greater skill mix for patients needing out of hours care. It is designed so that nurses can assist GPs as appropriate by attending to care needs such as dressings, catheter replacements or other conditions suitable for a nurse to

treat. The service model will remain as GPs conducting the primary clinical assessments and nurse supporting as required.

The scheme is being delivered in partnership with the Homerton who are supplying nurses via the bank rota. It is being rolled out in a phased approach with shifts being offered during weekends only until the service is bedded in.

The CCG awaits feedback on the progress of the pilot which if successful will be part of the core business of the OOH service.

Working with stakeholders to integrated and improve services

The provider has a very good relationship with the wider urgent care system. The UC board receives the routine reports about OOH performance and the clinical lead has a place on the full CCG board. Service developments about potential integration with other services are debated at the programme board.

The local links with primary care are also very strong. Practices are able to give instant feedback to either the commissioner or the provider if they feel there are any clinical matters they wish to raise. GP practices can communicate directly with either the clinical lead for Urgent Care, the clinical lead for monitoring the OOH service or the OOH contract manager should they need to.

The CCG also has several *fora* where any clinical or service matters can be raised about OOH, these are the Clinical Executive Committee (CEC), where the lead for Urgent Care has a seat on the committee as does the clinical lead for monitoring OOH, the Clinical Commissioning Forum (CCF) where the OOH clinical lead is a member and through quarterly GP practice forum meetings, where the feedback can be passed directly to the OOH contract manager.

CHUHSE has been involved with the One Hackney Board from the outset helping to shape the exciting collaboration across health, social care and voluntary service in Hackney to reduce admissions and improve the quality of care to the most vulnerable patients in the local area. Two additional schemes have been piloted to support admission avoidance, these are:

- **Overnight on call doctor**. Currently there is only one doctor working for CHUHSE through the night and this is normally adequate for the workload. However, there have been occasions when the service has been stretched by the one doctor being involved in a lengthy admission avoidance type visit. Having an additional overnight on call doctor will mean that when the night doctor is on a visit to a complex patient there will be capacity for other patients to receive telephone advice calls within the appropriate time frames as set out in the service requirements.

- **Overnight care co-ordinator**. This pilot sees an enhanced level of input from the overnight call handler who as well as taking calls will make onwards referrals to other services (e.g. palliative care, First Response) to ensure that patients not admitted are picked up by appropriate services the following

morning. In addition they will be transferring information from Care Plans onto Special Patient Notes within Adastra.

6. Financial performance

The contract awarded to the provider was for a sum of £6,037,201 broken down by the following annual split:

- Year 1 – Dec 13 – Mar 14 £ 397,600
- Year 2 £ 1,460,460
- Year 3 £ 1,511,580
- Year 4 £ 1,501,773
- Year 5 Apr 17 – Dec 17 £1,165,788

Unit prices were agreed as follows:

- Home visits £144
- Consultation at base £69
- Phone consultation £45

This cost was based on the activity baselines calculated by the data from the previous provider and compared to other PCTs at the time. The contract also included a cap and collar agreement whereby the CCG would pay a minimum of 95% of the annual sum if activity fell below 95% of the anticipated activity plan and up to a maximum of 105% of the annual sum if activity went above the plan.

It became apparent early on that the actual activity levels were greater than anticipated and that the provider would receive less funding for under activity in home visits and GP consultations at the centre and would over perform, well above the 105% cap for telephone consultations.

Rather than re-negotiate the activity profile and unit costs the CCG and provider agreed to a risk share whereby the block amount of the contract would be honoured for years 1 and 2 and that any material changes to the contract would be considered in March 2015. This has meant that the provider has performed within the financial thresholds and has also not had any difficulty with its cash-flow despite being a new start-up organisation.

The over performance for telephone consultations and additional capacity requirements were supported through Winter Planning in both 13/14 and 14/15. In 13/14 the provider made a successful bid for additional Winter capacity for £100k and in 14/15 £150k was allocated to the provider to address additional winter pressures.

Managing conflicts

As a result of increased public interest in clinical commissioning in light of the developing landscape it is important that the CCG has rigorous, transparent and open processes for managing potential conflicts of interest. This was first tested when the CCG procured the current OOH service, which of course had a successful outcome.

For 2015/16 the CCG has established a new committee of the CCG Board called the Primary Care Contracts Committee which has delegated responsibility from the CCG Board for ensuring the delivery of the CCGs clinical strategy through robust contractual arrangements with general practices, the GP Confederation and the GP OOH provider, ensuring this is transacted in a robust way to manage conflicts of interests.

The committee is made up of the CCG's non-GP Board members which includes two lay members, Nurse member, Consultant member, CCG Chief Officer and the CCG Chief Finance Officer. In addition Healthwatch from the City of London (CoL) and the London Borough of Hackney (LBH) also have voting membership. In attendance with no voting rights are the Health and Wellbeing Board Chairs for LBH and CoI, the local Director of Public Health and an independent GP Advisor co-opted from outside the area.

All members and anyone attending CCG committees, sub-committees or Programme Boards, will be asked to register their interests and this will include CHUHSE memberships. This will mean that where there are discussions about payments, contract variations or other financial matters concerning CHUHSE there will not be any clinicians with a CHUHSE interest/conflict present. However as a clinically lead organisation, clinicians with a CHUHSE interest declared, are able to take part in meetings and discussion related to service developments or reviews as these will not involve them in making commissioning decisions..

7. Summary

The City and Hackney Urgent Care Board reviews all of its services in terms of their support to the overall Urgent Care system. In its first year of development, it has become clear that the new CHUHSE out of hours service is supporting the overall system through effective clinical telephone triage. In terms of onward referral to A&E and London Ambulance Service, the service compares favourably to the 111 system, which is run by non-clinical call handlers. While the two services are not directly comparable, the CCG supports the clinical triage model given the low onward referral rates to LAS or A&E.

The introduction of the new CHUHSE service is arguably one of a number of factors across the local system, which has supported the Homerton's continued achievement of the four hour A&E target, one of the few Trusts in London and across the country which is currently meeting the target during the winter period.

The service did suffer some early teething problems both technical system issues and developmental issues with staff learning new ways of working. Despite these early challenges the provider did manage to recover and started to achieve the performance standards quite early into their first year of operating.

The collaborative approach that the provider adopted with stakeholders and partner organisations has helped with service delivery and quality of service. CHUHSE has a place on the Urgent Care Programme Board, is an active participant in the One Hackney Programme and has very close links with both primary and secondary care. This has helped to deliver the service outcomes as described in the service specification.

The provider has also been able to take on board new innovations such as the OOH nursing pilot, the overnight on call doctor, overnight care-coordinator and has brought handling in-house within a short space of time. The good relationship between the commissioner and provider has meant that problems are identified early and solutions are implemented quickly and efficiently.

Overall the CCG is satisfied with the service following a robust procurement process, speedy mobilisation and 1 year of service delivery. The CCG would welcome views from Hackney's scrutiny committee about where the service might be developed further and improved.

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