

**Briefing paper on NHS 111 and Out of Hours Services in Gloucestershire
Health Overview and Scrutiny Committee**

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Contents

1. Purpose of the Document	3
2. Background.....	3
3. NHS 111	3
3.1 Overview	3
3.2 Demand.....	4
3.3 Performance.....	5
3.4 Quality and Service Improvement.....	6
3.5 Staffing	6
4.Out of Hours.....	8
4.1 Overview	8
4.2 Demand.....	8
4.3 Service Delivery.....	9
4.4 Performance.....	9
4.5 Quality and Service Improvement.....	10
4.6 Staffing	12
5.0 NHS 111 and OOH Contract Monitoring and Management	13
6.0. Summary	14

1. Purpose of the Document

This paper for the Gloucestershire Health Overview and Scrutiny Committee (HOSC) provides:

- An overview of performance and quality of the NHS 111 and Out of Hours services (OOH) provided by Practice Plus Group (PPG)
- An overview of the CQC report for OOH service – Dated 22nd Nov 2022

The report should be read in conjunction with:

- The attached presentation slide pack - Performance and Quality Review NHS 111 and Out of Hours Services
- The CQC report for PPG run Gloucestershire GP Out of Hours (OOH) services <https://www.cqc.org.uk/location/1-5503278574>
- The CQC report for PPG run SW 111 services (provides 111 services for Gloucestershire) <https://api.cqc.org.uk/public/v1/reports/a799bade-f35c-43ef-80ba-fdc7a867662b?20220316080207>

2. Background

Practice Plus Group (PPG - formerly Care UK) has provided NHS 111 and Out of Hours (OOH) services to Gloucestershire ICB since 2019. PPG is the largest provider of NHS 111 services in England, operating a network of call centres in Plymouth, Exeter, Bristol, Dorking, Worcester, London and Ipswich. PPG has a significant presence in the South West providing services to Bristol, North Somerset and South Gloucestershire (BNSSG), Devon, BSW and Gloucestershire. Providing cover over a larger geographical area means that the provider provides the opportunity for the provider to network their resources to manage resilience and performance across different ICB areas.

PPG were commissioned to provide services for Gloucestershire residents by NHS Gloucestershire Clinical Commissioning Group (CCG), The responsibility for commissioning and managing the contractual relationship with the provider moved to the Gloucestershire Integrated Care Board (GICB) in July 2022. The Care Quality Commission (CQC) regulates NHS 111 and OOH services. The latest reports have rated services provided to Gloucestershire through NHS111 as outstanding and for GP OOH services as Requires Improvement (links to both documents provided).

3. NHS 111

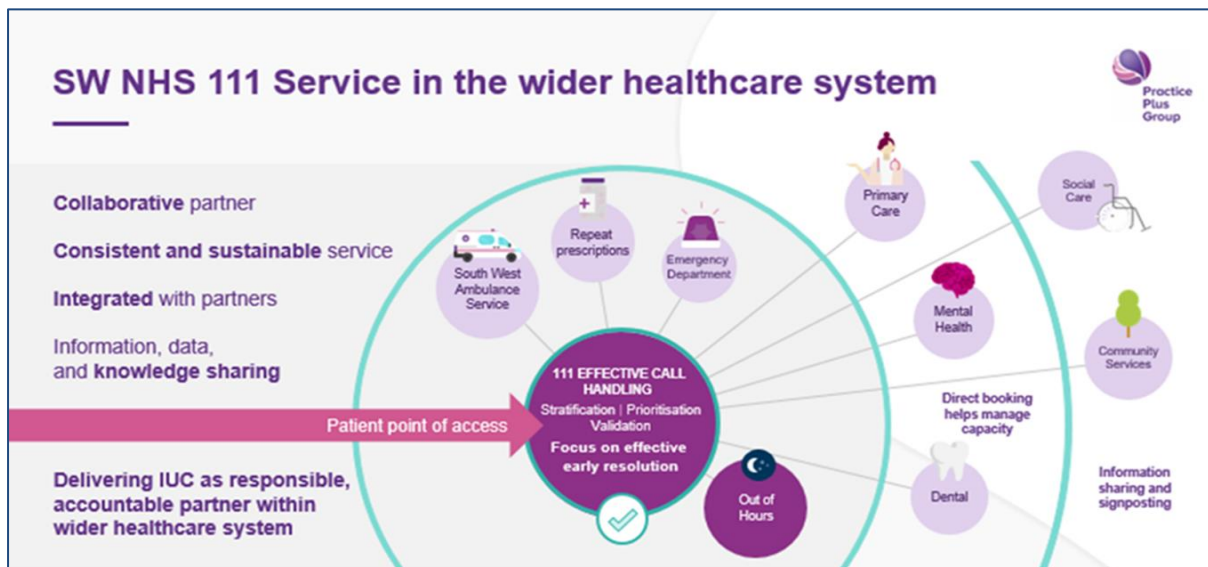
3.1 Overview

NHS111 is a telephony and on-line based service accessible to the public, set up with the intention of making it easier and quicker for people to get the right advice or treatment they need for physical or mental health needs 24 hours a day, 7 days a week. Calls made by the public are managed via an algorithm through a series of questions with people being supported with advice either from the Health Advisor or via a Clinical Advisor depending on the level of need they present with.

All advisors have access to a wide range of clinical outcomes, which means they are able to select an appropriate onwards service to meet the needs of the person's presenting complaint, when this is required. This can include direct booking into services where this facility is available. In Gloucestershire this includes the ability to

direct book an appointment with Community Pharmacy, GP services or Minor Injury and Illness Units. They are also able to arrange for dispatch of an Ambulance where the needs of the patient are considered to require an emergency response, but when appropriate alternatives will be considered to ensure that there is no additional pressure placed on A&E departments. The service is designed in an integrated model to work with ambulance services, Primary Care, Mental Health, Community Services and the wider healthcare system, and supported through a comprehensive Directory of Services (DOS) which is kept up to date with live service information.

Fig 1: Place of NHS 111 in the wider healthcare system



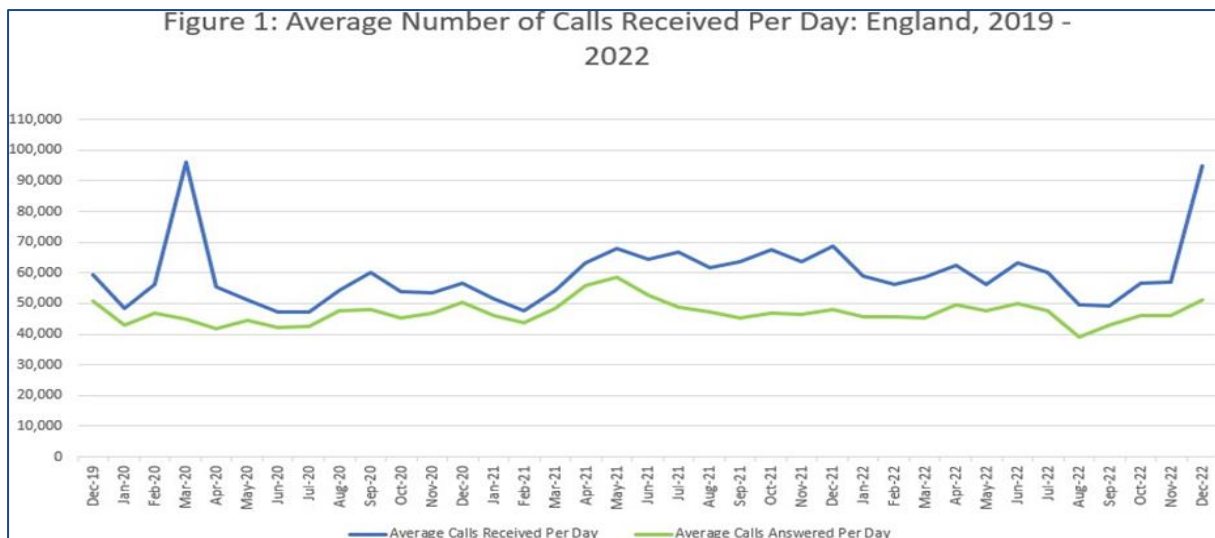
To summarise, the aim of NHS 111 services is to:

- Answer calls in a timely manner
- Triage people effectively
- Manage complex cases
 - with more than one symptom
 - with challenging medical history
- Direct the person to the most appropriate service to meet their needs
- Reduce pressure on both Ambulance and Emergency Departments

3.2 Demand

The NHS 111 telephone service nationally has seen a reduction from 70,000 calls in December 2021 to 50,000 calls in August 2022. There has not been a marked increase in attendances to alternative services which may suggest this is in part due to the improved service now offered by NHS 111, the increased use of online advice services and increased awareness of local alternative services as the result of advertising and media campaigns. However, the activity can still be extremely variable. For example, all Urgent Care services saw a significant increase in activity in December 2022 due in large part to the significant concerns around Group A Streptococcus infections and NHS 111 activity was no exception. The average calls per day as reported by the Integrated Urgent Care, England Aggregate Data Collection shows the following picture:

Fig 2: England Call volumes NHS 111



The number of calls received by PPG for Gloucestershire between has followed a similar pattern. There was a 23% increase in demand during December 22 due to the rise in Group A Streptococcus infection amongst children and the challenge to access medication. When call volumes exceed the capacity available, providers can activate national contingency which diverts calls to other providers across the country until call volumes return to manageable levels. Since September 2022, providers across the South-West have been in national contingency for a total of 762 hours with only 4 hours attributed to PPG for planned works.

3.3 Performance

The Gloucestershire NHS 111 service is commissioned to answer 170,000 calls per year with performance measured through KPI's relating to the number of calls answered and the outcomes. The 11 separate KPI's are set nationally and referenced in the attached slide pack, with current performance showing most are below the target delivery level (Gloucestershire is not an outlier). This position is reflected across the UK and challenges / potential solutions are discussed when all NHS111 providers are brought together to share their experiences at the monthly Integrated Urgent Care Provider and Commissioner Forum hosted by NHSEI at a national level. Performance data and some national performance comparisons have been included in the attached data pack for review.

The targets are focussed on both response times, such as the number of calls answered within 60 seconds but also outcome measures, for example to assess how effectively the service manages demand to relieve the pressure on the Ambulance Service and Emergency Departments. These include measures such as rates that the provider ensures that any transfer of a caller to 999 services / ambulance dispatch are validated by a more senior clinician. The purpose of validating a call is to have a further conversation with the person to see if an alternative option could be offered.

Data is provided on this within the slide pack, but for example the number of NHS 111 calls in January 23 that generated an ambulance request was 1,111 calls with 785 calls being validated by a Clinician. Of these, once reviewed by a more senior clinician

169 patients still required an ambulance and 248 still required treatment at an Emergency Department, with 368 people being signposted to alternative services such as Primary Care or Minor Injury Units.

The national KPI for ambulance Cat 3 / 4 validation is 50% and PPG have continually achieved this to date with the latest validation for January 2023 achieving 78% downgrades: A further reported measure is the percentage of referrals to ED in relation to total calls answered which was reported in January 23 as 5.54%, which is lower than the national average (10.55%).

3.4 Quality and Service Improvement

The current CQC assessment of the quality of the PPG 111 service provided to Gloucestershire is rated as outstanding. PPG have implemented a number of service improvements to support achieving the required performance standards which include:

- Profiling services to increase the use of appropriate alternative pathways relieving the pressure on ED
- The use of the 'Good Sam' video consultation to improve the quality and outcome for patients
- Provide guided online assessments for those digitally excluded
- Improved clinical software to support Nurses, Paramedics, Pharmacists and GPs in the Clinical Assessment Service (CAS) to make better informed decisions on patient care
- Utilising capacity through the PPG network to offer resilience

To improve performance, PPG and the ICB are working collaboratively with NHSE and systems across the Southwest regional footprint to increase call management capacity and resilience and improve abandonment rates. The aim is to provide a resilient digital platform for the telephony service which will offer a range of improvements, such as the opportunity for callers requiring Mental Health support to make this selection in advance and be diverted to Mental Health services rather than wait in the queue or for the system to be able to locate the next available Health Advisor across the whole South West rather than in the local system for calls to be answered sooner reducing abandonment rates. The ICB is closely involved and is receiving regular updates as the project progresses.

3.5 Staffing

The operating model to achieve the contracted service level and national KPI's relies on having the appropriate numbers of staff in place to manage demand effectively. Demand and Capacity modelling indicates that on average the Health Advisor Team requires 50 staff and the Clinical Team requires 18 staff. However, the impact of wider system factors such as Covid-19 on workforce availability and morale has impacted on the ability to secure both clinical and non-clinical staff, reducing the capacity in place by around 17%. This is impacting on 'Call answering times', 'Abandonment Rates' and 'Clinical contact within 1 hour'.

The shortfall in capacity for both Health and Clinical Advisors has been impacting the service since the start of the Covid 19 pandemic. PPG share on a daily basis with the ICB system partners the mitigating actions being taken to optimise capacity, which includes:

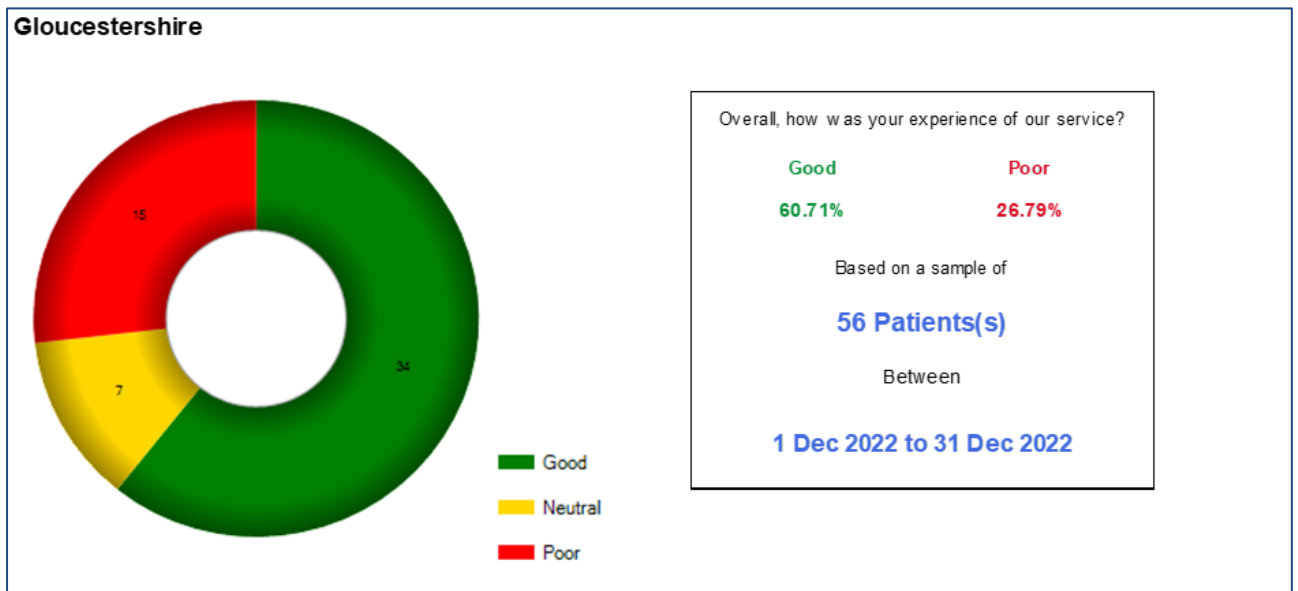
- Continued offering of overtime and shift extensions
- Breaks/lunches optimised
- Monitoring of lost hours
- Suspension of off phone activity in pressured periods
- Silver/gold involvement to support

In an effort to improve performance, resilience and capacity, PPG have implemented several recruitment incentives such as refer a friend, staff support initiatives, and invested in a national recruitment campaign. The most recent staffing information show that PPG are broadly maintaining the required level of Health Advisors through a blend of substantive posts, agency staff and offering overtime incentives. The same though is not reflected in the Clinical Advisor roles indicating a significant short fall even though the same blended model is in operation.

3.6 Patient Feedback and Complaints

Patient surveys and complaints are part of the monthly monitoring. The visual below shows the most recent feedback for January 23: The patient feedback shows that whilst over half of patients report receiving a good service, a significant proportion do not. The service receives both complaints and compliments and the data shows there have been 30 formal complaints received since April 22. There were two complaints received in January 23 which were investigated and resolved.

Fig 3: Patient Feedback NHS 111 – Gloucestershire



4.Out of Hours

4.1 Overview

The Out of Hours (OOH) Service operates between 1800-0800 Monday-Friday and all-day weekends and Bank Holidays, and is a GP led service. The service offers face to face, virtual and telephone appointments operating across Gloucestershire. The two main bases are located at Cheltenham and Gloucestershire Hospitals with satellite bases at Stroud, Cinderford, Moreton in Marsh and Cirencester. There are also mobile vehicles available for those people who require a home visit. To access OOH services the public call NHS 111 service who manages the call through the usual processes, transferring calls to the OOH service if appropriate. There is no national benchmarking data available for OOH services however the service is subject to national KPI's and regulated by CQC similarly to NHS 111.

4.2 Demand

The Gloucestershire OOH service is commissioned to deliver 95,000 contacts per year: with demand for the service at approximately 6,800 contacts per month. The number of contacts is currently below the contracted level, however, the way the service is delivered has changed through and after the Covid-19 pandemic with a shift to more people receiving what is described as a 'consult and complete' service rather than needing to access face to face support. This approach increases appointment times, and therefore reduces the contacts delivered per month, as clinicians on the call will spend longer with the patient to fully resolve their case reducing the need for handing on to other parts of the OOH service. It is our intention to learn from the recent experience to inform the future commissioning approach to OOH services so we can ensure commissioned levels best reflect the way that services are now operating in the post pandemic environment.

The OOH service provides care and support to patients across a wide range of conditions. The list below details the top clinical conditions that patients have been referred to the OOH service consistently over the last year:

- Upper respiratory infection
- Lower respiratory tract infection
- Acute Tonsillitis
- Sore throat
- Urinary tract infection
- Abdominal pain

The activity is managed through Home visits (5%), Primary Care Centres (PCC Bases (16%) and GP/Nurse guidance (79%). The service experienced the same increase in demand in December 22 as seen with NHS 111 services due to the Group A Streptococcus infection amongst children and challenges to accessing medication. This is reflected in the number of contacts being over 9000 in Dec 22 (against the usual level of 6,800). The service is also supported by a Pharmacist in the Clinical Assessment Service (CAS) who manages approximately 400 medication requests and emergency / urgent repeat prescriptions per month.

4.3 Service Delivery

During the pandemic, the service model changed to balance the effects of Covid with being able to deliver a safe service for patients and staff. The staffing skill mix expanded to include both GPs and Advance Nurse Practitioners (ANP), with the latter able to offer capacity and manage the less complex cases with clinical oversight working alongside a GP. This offered flexibility and optimised capacity as the Clinical Navigators are then able to manage the queue more effectively. The utilisation of Home visits, primary care centre bases and GP/Nurse advice has remained relatively stable over the last 12 months.

Physical presence at the distributed OOH bases reduced to accommodate Covid restrictions, extensive infection control regimes and limited capacity. In response, PPG moved more towards digital solutions including video calling and telephone triaging, optimising the available capacity thus ensuring patients received a level of service. This allowed patients to have a virtual consultation in their own home rather than travelling to a base to be seen, which improved productivity and the patient experience. Staffing Gloucester and Cheltenham bases in person has been maintained as a priority. The move to more virtual consultations and change in staffing profiles, plus the pandemic impact has seen a reduction in the use of the rural satellite sites as shown in Fig 4. The optimal use of OOH bases will need to be factored into our future service planning

Fig 4: Extract of OOH base utilisation metrics:

		BASES					
	Patients	Gloucester	Cheltenham	Cinderford	Cirencester	Moreton	Stroud
June - July 2021	2489	1621	712	76	29	5	46
June - July 2022	2455	1671	735	24	25	0	0
April - Sept 2022	7099	4799	2159	59	82	0	0

To supplement the OOH service provided by PPG at busy times, the ICB has supported the development of additional primary care capacity delivered by local GPs through established primary care networks. This has included services such as the St Pauls OOH GP service which has provided additional capacity through busy times including bank holidays and the provision of additional GP cover into the Emergency Department to 'stream' patients who have arrived at our Emergency Departments but who can be managed by a primary care practitioner. Our intention is that as we develop our future service models we will look at the learning from the St Pauls model and GP streaming to consider the potential to integrate these further with the OOH / 111 offer we provide across our county.

4.4 Performance

The performance measures for OOH are covered by 26 specific KPI's, and since April 2022, 12, including 'calls being answered promptly', 'patient receiving the right care' and 'End of Life patients treated within an urgent timescale' have been consistently met. The areas of concern relate to 'Timely call-back to patients', 'Timely Face to Face Consultations within 2hrs / 6hrs' and 'Transparency of service delivery and workforce' – which are all delivering below the required target of 95%.

Other performance measures reported monthly are:

- Patients are seen within 30mins of a booked appointment at a base >85%

- Longest waits for further clinical assessment – reducing trend as capacity increases
- Staffing levels – GPs and ANP staff is increasing
- Unfilled shift data – has started to reduce in 2023 from 26% to 22% following introduction of new measures, see staffing section
- Training levels – over 90%

For the operating model to achieve the contracted service level plus the National KPI's having the appropriate numbers of staffing capacity in place to manage demand effectively is clearly a fundamental requirement. In line with the challenges experienced within 111 services, staffing OOH services have proved to be increasingly challenging both during the pandemic and afterwards, even when the Government provided national support for resilience and work force (which had limited effect).

The challenge of staffing a service that requires staff to work unsociable hours is increased as people are making different lifestyle choices, and given workforce shortages across the NHS those who are looking for additional hours often have many other options available to them. However, PPG have addressed a number of issues relating to working from home (including the need to link to secure systems and governance) which has supported some increase in securing staff who are looking for flexible working patterns.

Since April 22 the service has received 30 complaints which have been investigated and received responses. The ICB has also received a number of questions relating to the number of bases in operation, mobile vehicles available and capacity within the service, which is covered in the staffing section of this paper.

4.5 Quality and Service Improvement

The Care Quality Commission inspected the OOH service on 22nd November 2022 and due to the findings of 7th December, Practice Plus Group (PPG) were issued with a Section 29 letter, Failure to Comply with Regulation 17. The letter was subsequently published on the CQC website on 16th February 2023 and the service was given a rating of 'Requires Improvement'. The report rating also attributes ratings to the following elements of the service as shown below:

Overall rating for this location Requires Improvement

- Are services safe? **Requires Improvement**
- Are services effective? **Requires Improvement**
- Are services caring? **Good**
- Are services responsive to people's needs? **Requires Improvement**
- Are services well-led? **Requires Improvement**

The Executive summary advises that that staff treated patients with respect and had access to appropriate guidance and support where needed. Improvements had been made to audits carried out on staff however, there was mixed feedback regarding Senior Leadership, including in terms of communication with staff.

Areas for improvements which were in breach of regulations are:

- 1) Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care.
- 2) Ensure persons employed in the provision of the regulated activity receive the appropriate support, training, professional development, supervision and appraisal necessary to enable them to carry out their duties.
- 3) Ensure sufficient numbers of suitable qualified, competent, skilled and experienced persons are deployed to meet the fundamental standards of care and treatment.
- 4) Ensure care and treatment is provided in a safe way to patients

The areas where the provider should make improvements are:

- 5) Complete risk assessments & any associated action plans in a timely manner.

PPG have developed an action log to demonstrate work undertaken so far and plans for future improvement. The ICB Deputy Chief Nursing Officer (CNO) has now taken on the ICB leadership role for quality oversight of this provider and has been meeting with the PPG GP Clinical Lead to review the quality / clinical elements of the action plan. The ICB will continue to work with and support PPG's clinical team as they finalise their plan which is due to be submitted to CQC by 14th March 2023. The more specific quality risks identified in the CQC detailed feedback were mainly around:

- Medicines Management and the storage and transport of Controlled Drugs
- Lone workers and staff engagement
- Learning and Training

The following actions/measures have been undertaken so far against the Action Log:

- Monthly Quality Assurance meetings are in place chaired by the Lead GP
- HR Files have been updated and pre-employment checks are now good
- Rota fill improving with additional focus on peak times
- Zero tolerance for mandatory training non-compliance to be introduced 27/3/23
- PPG have introduced staff awards to improve staff morale and engagement
- The majority of Clinical Appraisals will be completed by 1/3/23 and there is now evidence of staff 1:1 taking place
- Lone Worker Concerns – introduced better processes, including oversight from on-call manager, security cameras, additional lighting and a secure phone line to the Police
- Medication and Drug Storage reviewed - incidents related to morphine ampules investigated. No concerns found regarding misuse or misplaced ampules and all incidents that had occurred were recorded appropriately on Datix
- New process introduced for medication ordering and checks
- The ICB Dep DoN to work with the PPG team going forwards on a number of Quality Improvement projects and initiatives e.g. Introducing Orange Folders, feedback from CPG and Clinical pathway reviews with GHT ED Consultants

In addition to the recruitment incentives, staff support initiatives, and the national recruitment campaign, the ICB has provided additional resources to enable increased clinical resilience and patient safety measures. Clinical navigators have been appointed to help manage the clinical queues, providing clinical oversight and supporting the prioritising of cases as appropriate. The additional support has secured a clinical assessment facility to offer enhanced clinical triage and provide better-informed decisions on patient care.

To improve patient experience and ensure appropriate prioritisation, PPG have introduced safety netting arrangements (comfort callers) who will call those in the queue at prescribed timescales, and if there are changes in the patients' circumstances, to assist in re-prioritisation.

As described in section 4.3, additional capacity has been secured through a collaborative arrangement with St Pauls Surgery in Cheltenham, which has provided over 100 appointments during bank holidays, holiday periods and most recently, the Queens funeral. This arrangement is planned to continue and potentially expand as more surgeries have now demonstrated an interest in offering similar capacity.

4.6 Staffing

The current operating model requires clinical capacity to cover 6 bases, 2 mobile vehicles, and clinical triage (as noted in section 4.3 service delivery, this service model is under review as patterns of use of services has changed during and since the Covid-19 pandemic). This is in addition to support staff such as drivers and receptionists. The Out of Hours service is provided (in the most part) by self-employed Medical Practitioners who are limited in their work by HMRC regulation IR35. The practitioners may be GP's who normally work within the area, work for PPG through agencies or as employees. The majority are self-employed which is how most services of this type operate. PPG also offer employed options with contract terms and conditions.

The daily average capacity within the service currently is

- 7 GPs
- 4 ANP (Advanced Nurse Practitioners)

The capacity required at weekends is significantly more as this is when demand for the service is at its' highest.

Historically managing shift rotas has been a manual operation, providing a profile of shifts and rostering teams working with staff to fill those shifts, using co-ordinators to prioritise workload. Staff are deployed through PPG providing a profile of shifts consisting of home visiting, Primary Care Centre or doing telephone consult and complete work. The resources required for each shift will fluctuate based on projected demand and, on the day, short falls in staffing due to on the day sickness remains difficult to manage.

To improve and optimise capacity, PPG have employed a digital solution (Smart Rota). The software, that is informed by historical activity data, is able to predict demand and allocate the right resources to manage the demand effectively and in a timely manner. Initial trails are promising and appear to have improved rota fill through realigning resources to demand. The daily predicted rota fill details those staff at each base, in mobile vehicles and triage. Cheltenham and Gloucester bases are the priority with other bases being open as and when capacity allows which has increased recently

with a number of GP's offering to work from Cirencester. Early indications are performance against the KPI's may have improved by circa 30%, data which is still being validated.

To ensure the ICB is sighted on any staffing issues, PPG now attends the ICB daily operational call with all system partners and provides a daily prediction of the rota fill at midday. The OOH lead provides real time updates on performance, demand, challenges and mitigating actions being taken to limit any adverse impact. These include incentives such as overtime and additional shift allowance payments which have proven successful in filling shifts at short notice. Additional floor walkers and changes in working practice are also implemented. The updates continue via email throughout the day to ensure the ICB is fully sighted, these are shared with the system in real time.

At times, the unfilled shifts rate has been as high as 25%. However, following the improvement initiatives described being enacted there have been recent significant increases in the level of capacity being secured in January, and on some occasions it has been reported to be between 102% -116% where the aim has been to provide additional cover in busy periods.

Average Rota Fill

- Dec 22: 85% Mon -Thurs 77% Fri – Sun
- Jan 23: 97% Mon -Thurs 95% Fri – Sun

It should be noted that the staffing challenges experienced by PPG are reflective of OOH services across the country as providers continue to recruit from a very limited pool of staff. This has increased the costs of delivering the service as incentives increase to attract staff to fill rotas.

5.0 NHS 111 and OOH Contract Monitoring and Management

The performance KPI's and level of achievement against each are provided monthly by PPG in a Performance and Quality report. The NHS 111 and OOH reports detail performance against the specific KPI's and reference staffing, training, safeguarding and patient surveys all of a which are discussed in detail at the monthly Contract Management Board (CMB) meeting.

The meeting is chaired by the ICB and attended by Commissioners, Clinical, Quality and Operational Leads. Recovery and improvement actions are shared during the meeting with regular updates to understand the level of improvement that can be achieved when considering all the variable elements and impacting factors on the service. There have been concerns raised by the CMB specifically in relation to the OOH service which have been reviewed and responses provided. These relate in general to operational issues such as the number of bases being open, clinical capacity and the number of mobile vehicles in operation. The ICB also has close links to the Local Medical Council (LMC) and CQC to ensure that managing performance is visible and the service is safe for patients.

6.0. Summary

This paper sets out an overview of the performance and quality standards relating to NHS 111 and OOH services provided by Practice Plus Group to Gloucestershire ICB.

There is recognition of the challenges in providing these services which is reflected by providers across the country but clear acknowledgement that improvements need to be made to services to deliver the levels of activity required, achieve the performance targets and improve patient experience.

The ICB and PPG are committed to working together to improve the service performance and address the issues raised in the CQC report. The ICB is providing clinical and executive support going forward to work collaboratively with PPG teams to explore new ways of working, embracing digital technology and alternative staffing models.

The recovery action plans for the ICB and CQC will be monitored at the monthly quality and Performance meetings. Executive oversight and escalation is in place when required to provide assurance updates to system partners and governance forums.