

<b>Meeting title</b>	Northumberland Primary Care Commissioning Committee	
<b>Date</b>	9 February 2022	
<b>Agenda item</b>	3.3	
<b>Report title</b>	GP Out of Hours Quality Assurance Report	
<b>Report author</b>	Commissioning and Contracting Manager	
<b>Sponsor</b>	Chief Operating Officer	
<b>Private or Public agenda</b>	Public	
<b>NHS classification</b>	Official	
<b>Purpose (tick one only)</b>	Information only	
	Development/Discussion	✓
	Decision/Action	
<b>Links to Corporate Objectives</b>	Ensure that the CCG makes best use of all available resources	
	Ensure the delivery of safe, high quality services that deliver the best outcomes	✓
	Create joined up pathways within and across organisations to deliver seamless care	✓
	Deliver clinically led health services that are focused on individual and wider population needs and based on evidence.	
<b>Northumberland CCG/external meetings this paper has been discussed at:</b>	N/A	
<b>QIPP</b>	N/A	
<b>Risks</b>	N/A	
<b>Resource implications</b>	Strategic Risk 407 – National and local agreed outcomes	
<b>Consultation/engagement</b>	N/A	



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<b>Quality and Equality impact assessment</b>	Completed
<b>Data Protection Impact Assessment</b>	N/A
<b>Research</b>	N/A
<b>Legal implications</b>	N/A
<b>Impact on carers</b>	N/A
<b>Sustainability implications</b>	N/A

QUALITY and EQUALITY IMPACT ASSESSMENT						
<b>1. Project Name</b>	GP Out of Hours Quality Assurance Report					
<b>2. Project Lead</b>	<b>Director Lead</b>	<b>Project Lead</b>		<b>Clinical Lead</b>		
	Executive Director of Nursing, Quality & Patient Safety	Commissioning and Contracting Manager		Medical Director		
<b>3. Project Overview &amp; Objective</b>	This report provides an assurance update on the quality of the Out of Hours GP Service in Q1 & Q2 of 2021/22					
<b>4. Quality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>Patient Safety</i>	N/A					
<i>Clinical Effectiveness</i>	N/A					
<i>Patient Experience</i>	N/A					
<i>Others including reputation, information governance and etc.</i>	N/A					
<b>5. Equality Impact Assessment</b>	<b>Impact Details</b>	<b>Pos/ Neg</b>	<b>C</b>	<b>L</b>	<b>Scores</b>	<b>Mitigation / Control</b>
<i>What is the impact on people who have one of the protected characteristics as defined in the Equality Act 2010?</i>	None					
<i>What is the impact on health inequalities in terms of access to services and outcomes achieved for the population of Northumberland? (which is in line with the legal duties defined in the National Health Service Act 2006 as amended by the Health and Social Care Act 2012), for example health inequalities due to differences in socioeconomic circumstances?</i>	None					
<b>6. Research</b> <i>Reference to relevant local and national research as appropriate.</i>	None					
<b>7. Metrics</b> <i>Sensitive to the impacts or risks on quality and equality and can be used for ongoing monitoring.</i>	<b>Impact Descriptors</b>	<b>Baseline Metrics</b>		<b>Target</b>		
	N/A					
	N/A					

8. Completed By	Signature	Printed Name	Date
Commissioning and Contracting Manager		David Kyle	27/01/2022
<b>Additional Relevant Information:</b>			
8. Clinical Lead Approval by	Signature	Printed Name	Date
<b>Additional Relevant Information:</b>			
9. Reviewed By	Signature	Printed Name	Date
<b>Comments</b>			

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### Northumberland Primary Care Commissioning Committee

9 February 2022

**Agenda Item: 3.3**

**GP Out of Hours Quality Assurance Report**

**Sponsor:** Chief Operating Officer

***Members of the Northumberland Primary Care Commissioning Committee are asked to:***

**1. Note the contents of this report and provide comment.**

#### **Purpose**

This report is a quality assurance update pertaining to the GP Out of Hours (OOHs) Service in Northumberland. The report will cover quarters 1 & 2 (H1) of 2021/22.

#### **Background**

The OOHs GP service in Northumberland is provided by Vocare. For the avoidance of doubt, the out-of-hours period means:

- (a) the period beginning at 6.30pm on any weekday from Monday to Thursday and ending at 8am on the following day;
- (b) the period between 6.30pm on Friday and 8am on the following Monday, and
- (c) Good Friday, Christmas Day and Bank Holidays

The majority of referrals are received via the 111 service, whose triage determines whether the OOHs service provide a face to face GP/ANP appointment at one of four centres, or a GP home visit to the patient - as well as a disposition timeframe. Referrals are also received directly from Health Care Professionals (HCPs) and services such as A&E. The OOHs GP then provides treatment (Consults and Completes), or refers onwards, as appropriate.

Face to face appointments are provided at the following centres:

Hexham General Hospital  
Wansbeck General Hospital  
Berwick Infirmary  
Alnwick Infirmary

#### **Current Performance Monitoring Arrangements**

In order to monitor the performance of the contract there are quarterly Contract Review Meetings held with the Vocare GP OOHs service. These meetings are chaired by Northumberland CCG, supported by a member of the NECS Clinical Quality Team.

The meeting is attended by both Operational and Clinical members of the Vocare Team and both the quantitative and qualitative performance during the previous quarter is reviewed.

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Vocare provide both a Performance Report and a Quality Report on a quarterly basis which detail, though are not limited to, the following areas:

### Performance Report

- Performance against Locally Agreed Quality Requirements (detailed in appendix 1)
- Activity levels per day
- Centre staffing fill rate

### Quality Report

- Incidents and Serious Incidents
- Serious Case Initial Findings (SCIF)
- Complaints and resultant learning
- Safeguarding Incidents and Reporting
- Healthcare Professional Feedback Forms (HPFFs) - including outcomes
- Clinical Breach Reviews
- Patient Experience
- OOHs GP/ANP Audits
- Training
- Infection Control

### **Contract Management, Exception Reporting and Escalation**

Exceptions pertaining to quantitative performance reported via the contract review meetings are, in the first instance, addressed in discussion between the CCG and the Provider. This may simply mean that the Contract Manager and Provider work collaboratively in addressing any short-fall in performance; considering alternative ways of working and adjustments to service provision, as well and communicating with other stakeholders that are part of the care pathway - and whose own performance or processes may be impacting upon that of the GP OOHs service. Northumberland CCGs Commissioning and Contracting Manager attends the meetings to ensure that the CCG is cognisant of any contract/performance issues and that consideration can be made in respect of impact on the wider Urgent and Emergency Care system.

The Contract Manager has a suite of tools at their disposal (courtesy of the NHS Standard Contract General Conditions) to assist with managing performance should it fall short of expectations. This ranges from Data Quality Improvement Plans (DQIPs), Service Delivery Improvement Plans (SDIPs), and Remedial Action Plans (RAPs), to Contract Performance Notices (CPNs) being issued, with associated Action Plans detailing the required improvements and their associated timescales and milestones.

Exceptions pertaining to quality and patient safety are managed by the NECS Clinical Quality Team. When a Serious Incident (SI) is reported by Vocare, and once they have completed a Root Cause Analysis (RCA), the report is shared with the NECS CQ team. The RCA is then taken to the CCG SI panel which meets on a monthly basis. The SI panel consists of a GP

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Lead (Chair), the Executive Director of Nursing, Quality & Patient Safety, and ordinarily, a member of the Safeguarding Team.

The RCA will be discussed and potentially closed, or, if the CCG would like more clarification and/or assurance, it will remain open until Vocare provide a response. Once closed, Vocare receive a closure letter which is sent by the NECS CQ Team on behalf of the CCG.

When an incident is raised via SIRMS (for example, by a GP Practice or NEAS) it is received by the NECS CQ Team who review the incident and apply a risk rating. If it's a 'low risk' incident then it will be categorised as such and will be sent to Vocare, for information only, within a regular report. If the incident is rated moderate or severe then it will be sent directly to Vocare to investigate and provide a response within 4 weeks. This is a timeframe which is standard for all providers.

### Contractual Key Performance Indicators (KPIs)

In June 2021 NHS England and Improvement published the Integrated Urgent Care (IUC) Key Performance Indicators (KPIs) and Quality Standards 2021-22 (appendix 2) which outlined updated KPIs for IUC services.

KPIs relevant to the Northumberland GP OOHs service are KPI16 (*Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe*) & KPI17 (*Proportion of patients receiving a face-to-face consultation in an IUC within the specified timeframe*). Both KPIs have a standard of  $\geq 95\%$  and have been varied into the 2021/22 GP OOHs contract with the references L13 and L14.

### Current Quantitative Performance

Overall Patient Contacts for the GP OOHs service (111 referrals plus direct HCP Referrals) totalled **6045** during H1 of 2021/22; **3173** in Q1 and **2872** in Q2.

Of these patient contacts, there were a combined **3822** received as referrals from the 111 service: **2136** in Q1 and **1686** in Q2. The table below shows performance against the 111 disposition timeframes.

Please Note - Historically, referrals to the GP OOHs service originated solely from the 111 service, however in 2021/22 Vocare agreed to receive direct contact from identified Healthcare Professionals (HCPs) and services – this in order to support the Urgent and Emergency Care (UEC) system and reduce pressure on the 111 service and the associated waiting times for HCPs who previously had to contact the 111 service as the single point of access.

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Table 1

Face to Face Consultations – Home Visits & Centre Visit/Appointments	Quarter 4 20/21 Total - 1733		Quarter 1 21/22 Total - 2136		Quarter 2 21/22 Total - 1686	
<b>Proportion of patients receiving a face-to-face consultation, within their home or IUC Centre, within the specified (disposition) timeframe</b>	Number	%	Number	%	Number	%
<b>Target ≥95%</b>						
2 Hours and below Dispositions	750	95.3%	873	93.4%	681	93.5%
2-6 hour Dispositions	925	99.5%	1177	98%	912	97%
6 Hours and Above Dispositions	58	100%	86	100%	93	100%

Table 1 shows that performance is slightly below target in cases where the patient is to be seen within 2 hours (as per the 111 disposition timeframe), for both Q1 and Q2. Performance in respect of patients to be seen within 2 hours and above is above target year to date.

Table 2

Face to Face Consultations - Centre Visit / Appointment	Quarter 4 - 20/21 Total - N/A		Quarter 1 - 21/22 Total - 2011		Quarter 2 - 21/22 Total - 1725	
<b>Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe</b>	Number	%	Number	%	Number	%
<b>Target ≥95%</b>						
	N/A	N/A	1974	98.9%	1669	96.6%

Q4 of 2020/21 is greyed out/not applicable due to the KPI being added to the Local Quality requirements for 2021/22.

Table 2 shows the total number of Patient Appointments at a Centre in the respective quarters. This total shows referrals received via all channels (111 and direct contacts from HCPs, A&E, UTCs etc). The service is above target for patients seen within the specified timeframe for both Q1 and Q2 and, resultingly, year to date.

Table 3

Face to Face Consultations - Home Visit	Quarter 4 - 20/21 Total - N/A		Quarter 1 - 21/22 Total - 462		Quarter 2 - 21/22 Total - 403	
<b>Proportion of patients receiving a face-to-face consultation within an IUC Centre within the specified timeframe</b>	Number	%	Number	%	Number	%
<b>Target ≥95%</b>						
	N/A	N/A	407	88.1%	337	83.6%

\*Q4 of 2020/21 is greyed out/not applicable due to the KPI being added to the Local Quality requirements for 2021/22.

Table 3 shows the total number of Home Visits Undertaken in the respective quarters. This total shows referrals received via all channels (111 and direct contacts from HCPs, A&E, UTCs

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etc). The service has not achieved the target of  $\geq 95\%$  of patients to be seen within the specified timeframe in either Q1 or Q2.

Table 4

Reduction of Referrals to A&E*	Quarter 4 20/21 Denominator - 2471		Quarter 1 21/22 Denominator - 3173		Quarter 2 21/22 Denominator - 2872	
	Numerator	%	Numerator	%	Numerator	%
<b>Reduction of referrals to A&amp;E where an alternative pathway is available.</b>						
<u>Target</u> <10% of contacts to be referred to A&E where an alternative pathway is available	192	7.8%	214	6.7%	187	6.5%

\*The Reduction of Referrals to A&E local quality requirement percentage provides the total number of patients whose conditions were not able to be managed by the OOHs GP service and where a referral to A&E was required

Table 4 shows how many patients had to be referred to A&E out of the respective quarter's total contacts. This KPI target of  $\leq 10\%$  to be referred was attained for both Q1 and Q2 of 2021/22 and, resultingly, full year to date.

Table 5

Reduction of Contacts Resulting in Admission**	Quarter 4 20/21 Denominator - 2471		Quarter 1 21/22 Denominator - 3173		Quarter 2 21/22 Denominator - 2872	
	Numerator	%	Numerator	%	Numerator	%
<b>Reduction of contacts resulting in admission to hospital where an alternative pathway is available. (Care home residents, readmission patients, patients with care plans, and palliative care patients)</b>						
<u>Target</u> <4% of contacts to be admitted to hospital, where an alternative pathway is available	139	5.6%	176	5.6%	116	4.0%

\*\*The reduction of Contacts Resulting in Admission local quality requirement percentage provides the number of patients whose conditions were not able to be managed by the OOHs GP service and where an admission was required, for example, the Bed Bureau, Emergency Assessment Unit or where the patient is known to a specific ward.

Table 5 shows how many patients contacts resulted in an admission to hospital out of the respective quarter's total contacts. Q1 admissions were slightly higher than target, at 5.6%, though Q2 saw less admissions and achieved the target.

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## Quantitative Performance Summary

Despite the pressures within the UEC system, the GP OOHs has performed relatively well in Q1 and Q2 of 2021/22. Amongst the main area of challenge have been in achieving the target of  $\geq 95\%$  of patients receiving a face to face or home visit appointment within the 111 disposition timeframe of 2 Hours and below (shown in table 1).

40.7% of all referrals from the 111 service had a disposition timescale of 2 hours or below which causes significant challenge for the GP OOHs service. The 111 disposition timescales are driven by the national Pathways triage system, based on the balance of risk, and feedback received from the GP OOHs service suggests that an intermediate disposition timeframe of 2-4 hours would be desirable in assisting the GP OOHs to manage their workload, whilst maintaining patient safety.

The main area of challenge however has been the proportion of patient receiving a face to face appointment within a UEC centre, within the specified timeframe (table 3). This total shows referrals received via all channels (111 and direct contacts from HCPs, A&E, UTCs etc). The service has not achieved the target of  $\geq 95\%$  of patients to be seen within the specified timeframe in either Q1 or Q2.

In explaining the difficulty faced in this area so far in 2021/22, Vocare colleagues confirmed that there have been extreme pressures on the service, both in terms of patient numbers and staffing issues. These pressures have at times impacted on Vocare's ability to ensure patients are seen within the specified timeframes. Vocare is actively recruiting new staff and are looking at the pay rates for clinicians to improve recruitment and retention. It is worth highlighting that a significant percentage of Vocare's GP workforce are 'Portfolio' GPs; these GPs can balance sessional work in General Practice, the 111 service, GP OOHs et al. As there is a finite amount of GP resource available, this can lead to respective services attempting to attract the same resource. In addition, there have been incidences of the GP OOHs service struggling to fully staff centres due to GP/Clinician burnout. Where once the service found it relatively easy to resource effectively, they have increasingly found that the workforce is in need of a rest due to the challenges faced during the pandemic response.

In addition, Infection Prevention and Control (IPC) measures continue to impact upon/increase the time in-between centre appointments due to the time spent cleaning the respective consultation rooms.

## Patient Safety/Harm

During Quarters 1 and 2 there were a total of 39 incidents reported (inclusive of Serious Incidents, Incidents and Safeguarding referrals).

GP OOHs - Incidents	Contacts	Incidents	Incident to Contacts Ratio
Quarter 4 20/21	2471	20	1 incident per 124 contacts
Quarter 1 21/22	3173	18	1 incident per 176 contacts
Quarter 2 21/22	2872	21	1 incident per 137 contacts

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A breakdown of incident type is provided below:

- 0 Serious Incident
- 29 Incidents (including 11 Expected Deaths)
- 10 Safeguarding referrals

Incidents numbers are fairly static for each of the Quarters covered by this report however, please note that the Vocare incident numbers are inclusive of internal Vocare incidents, such as a Quarter 4 incident whereby the home visit vehicle was thought to have been shot at by a pellet gun. Vocare use their Datix system to capture every incident and not solely those that relate to patient care.

### Serious Incident(s)

There were no serious incidents raised in Q1 or Q2 of 2021/22, therefore no themes have been noted in this area.

### Incident Themes

During Q1 there were a number of incidents relating to Patient Identifiable Information (PID) not being disposed of correctly.

No incident themes were noted in Q2.

### Actions Taken

In order to mitigate the incidents from Q1 relating to the disposing of PID correctly, Vocare took the following steps:

- Feedback was given to individuals.
- Wider communications were sent to all staff.
- Signage was erected within centres and vehicles to remind all staff of their obligations.

### Impact of Actions Taken

It is reassuring to note that incidents relating to the disposing of PID have not been repeated in Q2.

## **Patient Experience**

### Friends and Family Test

The dissemination of Friends and Family Tests to patients has been suspended during the pandemic on safety grounds. Vocare is exploring introducing a text message solution instead, with an update expected in Quarter 3.

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## Complaints

During Quarters 1 and 2 the GP OOHs received 5 complaints against 6045 contacts with the service.

GP OOHs - Complaints	Contacts	Complaints	Complaint to Contacts Ratio	Number and % of Complaints		Number and % of Complaints		Number and % of Complaints	
				Upheld		Partially Upheld		Not Upheld	
Quarter 4 20/21	2471	1	1:2471	0	0%	0	0%	1	100%
Quarter 1 21/22	3173	3	1:1058	0	0%	0	0%	3	100%
Quarter 2 21/22	2872	2	1:1436	0	0%	0	0%	2	100%

### Complaint Themes

- 4 of the 5 complaints Vocare received in Q1 and Q2 related to the perceived quality of care provided
- Each complaint was investigated by the Service Medical Lead (SML) and in each case the care provided was deemed to be appropriate.

### **Additional Mechanisms for Quality Assurance and Improvement**

#### GP / Advanced Nurse Practitioner (ANP) Audits

Each GP or ANP who has worked a shift for the OOH Service in the previous quarter has at least 3 triage audits completed by a senior clinician who determines whether the care provided was Proficient, Borderline, or Not Proficient (Red Flag). All audit results are fed-back to the appropriate clinician during their 121, with coaching provided where necessary.

In Quarters 1 and 2, 95.4% of the cases audited were found to be proficient, with only 4.6% considered borderline. There were no cases audited which were red flags.

Category	Numbers
Completed - Proficient	65
Completed - Borderline	3
Red Flag	0

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## Clinical Breach Reviews

All cases with a breach time of 10 minutes or more, and which result in an ED or Ambulance outcome, are clinically reviewed to ensure no harm was caused by the delay. These cases are reviewed initially by the Clinical Services Manager and where necessary, by the Service Medical Lead (SML). Following this process, a SCIF review will be carried out where appropriate.

Clinical Breach Review	Number of Breaches	SML Reviewed
Quarter 4 - 20/21	18	2
Quarter 1 - 21/22	14	2
Quarter 2 - 22/23	14	3

### SML Review - Quarter 1 Findings:

- A delay of 30 minutes for a patient with possible sepsis. The review showed the delay did not impact the outcome for the patient.
- A delay of 30 minutes for a patient with a possible GI bleed. The patient was subsequently admitted and treated for a chest infection. The patient continued to bleed, though it was determined that the patient was actually bleeding from their gums.

### SML Reviews – Quarter 2 Findings:

- A delay of 33 minutes for a patient with low SATS and chest pain. The chest pain developed after the initial triage. Upon review, it was felt that the delay would not have impacted on the patient's care.
- A delay of 2 hours for triage after which the patient was booked for a routine centre visit. On examination the baby had noisy breathing. Following review by the SML it was felt that the baby did not need to attend ED.
- A delay of 2 ½ hours for a patient with a possible ischaemic leg. Following SML review it was felt that due to leg swelling this was unlikely to be ischaemia. The Vocare Governance team are waiting for feedback from the patients practice in regard to the admission.

## **Qualitative Performance Summary**

Vocare have performed well from a quality perspective in Q1 and Q2 of 2021/22. The number of incidents and complaints as a proportion of all contacts is low; and no serious incidents or occasions of patient harm have been reported in the period covered by this report.

Q1 saw a high proportion of all incidents relating to the disposal of Patient Identifiable Information (PID), though it is reassuring to see that the actions taken by the GP OOHs service meant that incidents of this type were not repeated in Q2.

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## **Recommendation**

The PCCC is asked to consider the contents of this report and provide comment.

**Appendix 1: Vocare GP OOHs LQRs**

**Appendix 2: Integrated Urgent Care Key Performance Indicators and Quality Standards**