

HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 8
12 MARCH 2018	PUBLIC REPORT

Report of:	Head of Urgent and Emergency Care, Cambridge and Peterborough Clinical Commissioning Group	
Contact Officer(s):	Ian Weller Head of Urgent and Emergency Care	Tel. 01480 387101

UPDATE ON THE SUCCESSES AND FAILURES OF INTEGRATED URGENT CARE 1 YEAR ON

R E C O M M E N D A T I O N S
It is recommended that the Health Scrutiny Committee note the contents of this report and acknowledge the actions being undertaken.

1. ORIGIN OF REPORT

1.1 The report is being presented at the request of the Committee for an update on the status and performance of Integrated Urgent Care (IUC) service 1 year on.

2. PURPOSE AND REASON FOR REPORT

- 2.1 Update on the IUC service provided by Herts Urgent Care.
- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview and Scrutiny Functions, paragraph No. 2.1 Functions determined by Council - Public Health and Scrutiny of the NHS and NHS providers.

3. BACKGROUND AND KEY ISSUES

In Oct 2017 following a procurement the CCG launched a new Integrated Urgent Care (IUC) service which saw the coming together of NHS 111 and Out of Hours (OOH) urgent primary care services, supported by a clinical hub, under a single provider contract with Herts Urgent Care (HUC).

The C&P IUC was the first service of its kind across the NHS and was set up to provide a single service for patients to access for all their **urgent care** needs. 999 should be reserved for **serious injury and life threatening illness** only, which is provided by acute hospitals with all the necessary skills and equipment to deal with these types of presentations.

The aim of the service is to direct patients to the right service at the right time based on their level of need and to where possible direct patients away from unnecessary use of the A&E departments.

The table below sets out how the IUC works and shows the patient's journey through the system.

IUC is available 24/7 and starts when a patient calls NHS 111 (see fig 1).

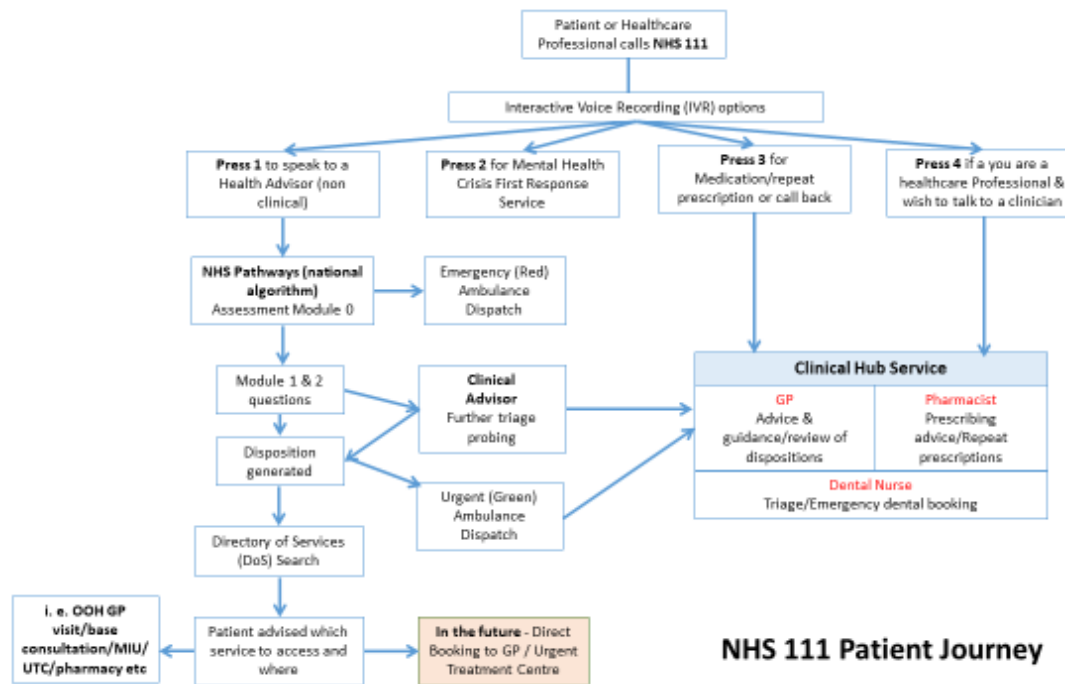


Fig 1 NHS 111 Patient Journey

Initially the patient is greeted with a menu of 4 pre-recorded interactive voice messages (IVRs) see below. This allows patients to select the most appropriate option for them. For example, C&P CCG offer a dedicated mental health crisis First Response Service (FRS), which is accessed by pressing option 2. This then automatically transfers patients to the FRS service located on the Hinchbrooke site.

- Option 1 – Speak to a Health Advisor
- Option 2 – Speak to a Mental Health Practitioner as part of FRS
- Option 3 – Request call back/discuss repeat prescription
- Option 4 – Speak to a clinician (Healthcare Professionals only)

If the patient selects option 1 ‘speak to a Health Advisor’ then they will be asked some initial demographic information before being asked some questions associated with serious/life threatening conditions via module 0. These questions form part of a nationally approved/standard Clinical Decision Support Service (CDSS) algorithm use across all IUC services.

If the patient is deemed to need an emergency response following the initial module 0 assessment, then a (Red) ambulance is immediately dispatched. If the patient need is deemed not an emergency, then they are then assessed using NHS Pathways modules 1 & 2 where further questions are asked to determine the final disposition (what level of advice or treatment the patient needs).

Once a disposition has been determined the patient is then advised which service to use from the Directory of Services (DoS) and the patient’s location. The DoS holds details of the service opening times and postcode and a brief description of what the service offers. This is a key element of the service and supports the integration of care across the patch.

Furthermore, patients can be transferred to a clinical advisor (registered practitioner) at any time should this be needed to clarify any medical issues with a view to obtaining the most appropriate disposition.

The Clinical Hub Service offers (at peak times) specialist advice and guidance to deal with the most common medical issues such as:

- Medication/repeat prescriptions
- Primary care related conditions
- Dental issues

During the Out of Hours (OOH) period, there are limited services available, apart from A&E and GP OOH services. Patients, following a call to NHS 111 and the associated NHS Pathways assessment can get to see a GP at one of 4 service bases located at:

- Doddington (Doddington Hospital)
- Ely (North Cambs Hospital)
- Huntingdon (Hinchingsbrooke Hospital)
- Peterborough (City Care Centre)
- Cambridge (Clinic 9 at CUH)

Normally, following a call from the OOHs GP be offered an appointment at their local base, however if needed home visits can be arranged as each base has a receptionist, car & driver.

The C&P IUC service provides a valuable and credible alternative to that of 999, which is available 24/7 to meet all our patient's urgent care needs. The service is able to manage high volumes of calls and via the NHS Pathways triage system combined with the clinical hub place patients into the most appropriate service based on their need.

The IUC has the potential to further to directly integrate with other UEC services such as urgent treatment centres/GP practices as well as offering digital enabled solutions to allow patients to access self-care advice, book appointments and/or consult with clinicians. These are exciting developments that are being taken forward over the coming months.

Call Volumes

In terms of **the total number** of calls handled by the NHS 111 telephony/call centre this is fairly static, over the last 2 years, as of Jan 2017/18 the total number of calls received was 194,672 compared with 194,978 2016/17 over the same period.

However, during the OOH period the proportion of calls has increased by some 30% from 57, 443 in Jan 2016/17 compared to 75,319 over the same time period 2017/18. This has resulted in an increase in OOH activity whereby:

- Patients requiring **a base visit** has increased by 33% (22,447)
- Patients requiring **a home visit** has increased by 23% (9,912)
- Patients receiving **advice and guidance** only has increased by 29% (31,312)

In the main approximately half the number of calls received OOH are closed down on the phone by a clinician working within the clinical hub providing advice and guidance, thus precluding patients from having to attend a face to face (F2F) appointments.

In terms of IUC service performance the service is failing to meet its key performance indicators table 1 highlights the latest performance (up until Dec 17).

Key metric	Tgt	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17
Calls Answered		21,227	19,573	18,205	19,100	17,940	18,552	19,148	18,449	24,842
Calls Answered within 60 secs		18,714	17,755	16,545	17,072	16,504	16,923	17,168	16,624	20,711
% Answered within 60 secs	95%	88.1%	90.71%	90.88%	89.3%	92.0%	91.2%	89.6%	90.1%	83.3%
Calls Triaged		17,747	16,199	15,060	15,822	14,532	15,176	17,467	18,446	24,701
Calls Requiring Warm Transfer to CA		4,807	4,506	4,193	4,113	3,585	3,784	4,517	4,831	6,113
Warm Transferred to Clinical Advisor		3,693	3,196	3,014	2,697	2,399	2,825	3,244	3,160	3,707
% Warm Transferred	75%	76.8%	70.9%	71.8%	65.5%	66.9%	74.6%	71.8%	65.4%	60.6%
Rate of Ambulance Dispatch per Calls triaged	10%	10.2%	11.6%	11.5%	11.2%	11.7%	11.8%	12.3%	13.7%	12.7%
Patients referred to ED by 111		1,572	1,584	1,634	11	1,482	1,491	1,567	1,666	2,143
Rate of Referral to ED per Calls Triaged	6%	8.8%	9.7%	10.8%	9.9%	10.2%	9.8%	8.9%	9.0%	8.6%

Table 1 summary of IUC performance

Issues affecting the IUC service performance

There are a number of key issues affecting the IUC service performance. Predominantly these are associated with the increasing number of calls coming into NHS 111 and the workforce required to process these calls. In particular, the significant challenge associated with recruiting GPs to work shifts in out of Hours (OOH) 1830 – 0830, despite HUC offering favourable remuneration terms & conditions. This can be attributed to 2 issues, namely;

- High cost of indemnity (GP insurance cover required to allow them to work in OOH), although GPs do receive financial support over winter from NHSE via the Winter Indemnity Scheme (WIS).
- Pressure associated with the Primary Care GP day job putting GPs off from working in OOHs

In addition, there is a high turnover of call handlers (Health Advisors) and Clinical Advisors this coupled with above average sickness rates means that there is a constant recruitment and retention challenge.

From a quality & safety perspective the key issues affecting the service currently are;

- General management of controlled drugs (recording & licensing)
- Clinical staff not fully compliant with all mandatory training requirements
- Some gaps in Nurse leadership due to recruitment
- Lack of dedicated Head of Service affecting the continuity of service delivery

In terms of recovering performance against the specified contracted targets, remedial action plans are in place and are monitored monthly. Both CCG and HUC management & clinical leads are working together daily to improve the service for patients.

Patient Feedback

Overall patient feedback about the service is positive, all comments received are reviewed monthly and actions taken where necessary. The latest NHS Friends & Family Test survey Dec 17, highlighted the following

88% of the patients who responded to the surveys would be either extremely likely or likely to recommend HUC's services to friends and family if they needed similar care or treatment

There were 18 complaints received in Dec, against an average of 14, all complaints were acknowledged within 3 working days.

Examples of positive comments from patients;

- *I have visited the out of hours centre a few times and have always been treated quickly and sympathetically.*
- *“Excellent service, very short waiting time, excellent staff.”*
- *Very good services provided but waiting room is quite small. This is the only issue at Peterborough out of hours GP clinic.”*
- *“Efficient - doctor called back very quickly, he was reassuring and issued a prescription already aware of current medical situation - medication being taken.”*
- *“Although the nurse did not return our call as quickly as the operator said, when she did reply she was extremely certain that we should go to A&E and was very, very helpful. I would use the service again.”*

- *“I was ill outside of normal surgery hours, so no option but to use the out of hour’s service. However, it was very efficient. I was dealt with quite quickly.”*

Examples of negative comments from patients;

- *“Overall, service was good, pleasant reception staff and not long waiting time. My appointment however, was poor and pointless. No outcome or reassurance, left my appointment confused with no answers and a prescription for medication I previously was on which did not work and after tests, found I did not need. Poor communication - doctor suggested I have specific blood tests - booked in with my GP week later and no notes about bloods on system!?! Very disappointed.”*

Future Developments (Gap Analysis)

In November 2017 NHSE issued a national specification describing what future IUC services should offer to patients and how they should operate. The CCG has undertaken an exercise that maps the current service against the requirements & criteria set out in the specification to create a gap analysis. The CCG has until to October 2019 to implement these changes; the key change areas are highlighted below;

- Linking social care access to NHS 111 via IVR and to integrate services onto the DoS so that patients calling with a social care need can be directed to the most appropriate service without the need to call the social care helpline
- Directly bookable appointments to UTCs/MIUs/Dental services
- Improved clinical hub to allow more calls (target 50% by Mar 18) to be transferred to a clinician(s)
- Electronic prescribing to the nearest pharmacy to the patient which will require a national software update to the NHS 111 clinical system
- Implementing an NHS 111 Online digital solution offering patients access to remote triage from their mobile/tablet (pilot planned for March 18)

In Summary

The Integrated Urgent Care service is a vital part of the NHS’s urgent care response. While our service is challenged in terms of workforce and demand, we are working closely with Herts Urgent Care to continue to improve the service.

4. CONSULTATION

4.1 N/A

5. ANTICIPATED OUTCOMES OR IMPACT

5.1 Linking social care to NHS 111 going forward.

6. REASON FOR THE RECOMMENDATION

6.1 National requirement.

7. ALTERNATIVE OPTIONS CONSIDERED

7.1 N/A

8. IMPLICATIONS

Financial Implications

8.1 None

Legal Implications

8.2 None

Equalities Implications

8.3 N/A

Rural Implications

N/A

9. BACKGROUND DOCUMENTS

9.1 None

10. APPENDICES

10.1 None