Integrated Urgent Care Service – NHS 111, Clinical Assessment Service and Out-of-hours primary care

November 2023

Background

NHS Devon commission the Integrated Urgent Care Service (IUCS) on behalf of Devon residents and visiting patients. This is a single contract for the provision of:

- NHS 111 call handling services
- Clinical contact as required for those accessing care through 111 online
- Clinical Assessment Service (CAS)
- Primary care face-to-face treatment out-of-hours

The service plays an important role in the urgent and emergency care system, providing a viable alternative to emergency departments (ED) and ambulance services for patients with urgent care needs. The national "Think 111 First" programme encouraged patients who thought they may need ED to contact 111 by phone or online, and if necessary, make a booking with ED or an Urgent Treatment Centre (UTC). In Devon this developed into the "Effective Navigation" programme, facilitating the navigation of patients to appropriate alternatives to ED from 111 and 999, where alternative services and pathways exist. Both programmes are underpinned by a vision that people with an urgent care need should be seen by the right professional, in the right setting, at the right time and that ambulance services and EDs should only be accessed by those who truly need the service.

The IUCS was previously delivered by Devon Doctors. The service was the subject to several performance and quality concerns by the commissioner and the Care Quality Commission. In 2021, Devon Clinical Commissioning Group (CCG) went through a competitive procurement process. This provided the opportunity to put in place a new service specification, contract, financial envelope, and performance framework. Undertaking the procurement gave commissioners the opportunity to test the market and select a provider that offered value for money, quality delivery, sustainability, and innovation and to continue to comply with procurement legislation.

Following completion of the extensive procurement and mobilisation process, from 27th September 2022 the service has been provided by Practice Plus Group (PPG). PPG has made a positive start in Devon. Highlights include:

- meeting levels of demand
- improvements in call handling response
- 115 new staff recruited
- opening of the Plymouth call centre 24 hours a day
- excellent CAS capacity for telephone consultation and health care professional support
- safety processes for key areas such as clinical recruitment and medicines management, staff and stakeholder engagement
- reduced reliance on national contingency support

Further service development and improvement work is underway to maximise the benefits of the service. This includes addressing poorer call answering at weekends and suboptimal clinical shift fill out-of-hours. NHS Devon is reassured by the capability and capacity of the PPG team running and overseeing the IUCS to take the further positive steps needed to develop this vital service. They have been open and transparent on challenges that need to be addressed, and there is strong and consistent communication between executive, clinical and managerial leads in PPG and the ICB.

Key components of the IUCS

Performance in NHS 111/Integrated Urgent Care services is judged on a series of national Key Performance Indicators (KPIs) which cover call answering, clinical input, outcomes and bookings. These are:

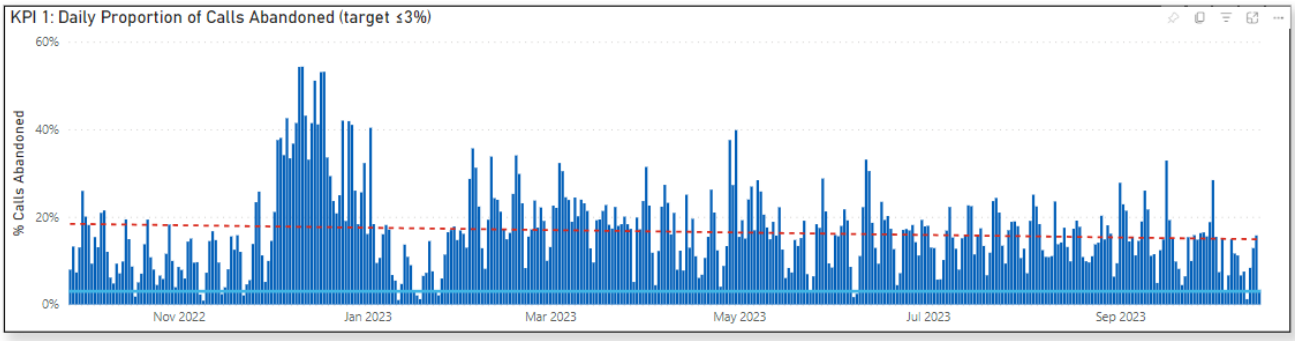
KPI	Title	Standard
1	Proportion of calls abandoned	≤3%
2	Average speed to answer calls	≤20 seconds
3	95th centile call answer time	≤120 seconds
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%
5 a and b	Proportion of call backs assessed by a clinician in agreed timeframe	≥90%
6	Proportion of callers recommended self-care at the end of clinical input	≥15%
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	≥75%
8	Proportion of calls initially given an ETC disposition that receive remote clinical intervention	≥50%
9	Proportion of callers allocated the first service type offered by Directory of Services	≥80%
10	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%
11	Proportion of calls where the caller was booked into an IUC Treatment Service or home residence	≥70%
12	Proportion of calls where the caller was booked into a UTC	≥70%
13	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥70%
14	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	Not applicable

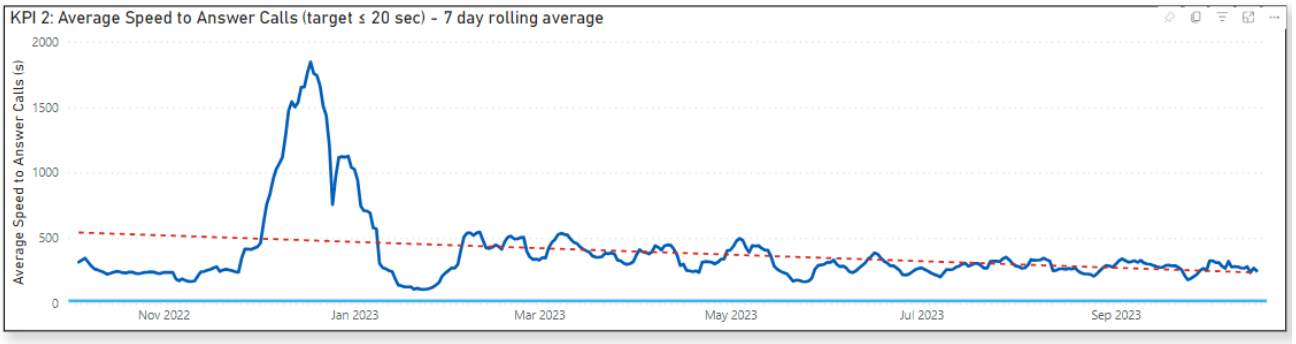
NHS 111

Callers to NHS 111 are routed via the national NHS 111 telephony system to the organisation commissioned to receive NHS 111 calls in the geographic area from which the call originated. Calls can be answered by a Health Advisor (non-clinician trained in the use of NHS Pathways[1]) or a Clinical Advisor. In 111 calls, demographic information is taken at the start of the call including the registered GP. There are specific requirements for handling calls where the caller is not located with the patient, and for unregistered patients, repeat callers and frequent callers.

The Devon system benefits from the PPG call answering network which operates across England, and there are two contact centres in Devon (Stratus House in Exeter and Taylor Maxwell House in Plymouth). There is also another contact centre in the south-west, in Bristol.

PPG answered 20,000 calls in September. For calls handled by PPG[2], 17% of calls were abandoned and the average speed to answer was 285 seconds. The figures below show a gradually improving trend over the last year for calls abandoned and average speed to answer.





The provider and commissioner recognise the need for further improvement in this area. There is a call answering improvement plan in place which is monitored monthly by commissioners. It covers over 40 actions including:

[1] NHS Pathways telephone triage system is a clinical decision support system (CDSS) supporting the remote assessment of callers to urgent and emergency services. NHS Pathways - NHS Digital

[2] To provide additional resilience to the PPG network when they took on call handling in Bath Swindon and Wiltshire, NHS England commissioned Vocare as part of the national resilience arrangements to take up to 30% of Devon's calls. In addition, to free up capacity in PPG's 111 network, at no extra cost, the ICB also requested IC24 take simple urgent repeat medicine ("repeat prescription") requests. This is also a service commissioned by NHS England to provide additional 111 call handling capacity.

- Workforce initiatives covering pay, retention and flexible working
- Greater skill mix including the use of Service Advisors[3]
- Additional support for staff on duty
- Resilience partnerships with other 111 providers
- Changes to work processes to reduce average handling time to free up agents to take more calls including closing remarks" delivered by SMS

NHS 111 may also be accessed online – 111.nhs.uk. In August, there were approximately 27,000 completed online assessments. Our view is that the experience for a patient using 111 online should deliver the equivalent outcomes to telephony, so online users also receive clinical call backs and face-to-face treatment appointments out-of-hours (if necessary). Approximately 800 online contacts a month receive a clinical call back.

Some calls to 111 are channelled to alternative services via Interactive Voice Response (IVR) options at the front end of 111. Dental calls are transferred to HUC who provide the dental helpline and associated urgent care dental services for Devon. When the dental helpline is not available (10pm-8am), PPG take the calls which are handled through NHS Pathways. There are plans underway for mental health calls which come through 111 to be transferred to First Response Services in Plymouth and Devon. This is part of a national initiative to provide a more targeted response to those in mental health crisis. The commissioner is working closely with PPG, Devon Partnership Trust and Livewell South-West for a "soft launch" on 4 December.

Clinical Assessment Service (CAS)

The CAS is a multidisciplinary clinical team including senior primary care clinicians. Working with them, rostered according to demand, are specialist clinicians such as advanced nurse practitioners, pharmacists and paramedics. The aim is to deliver a model of urgent care access that streamlines and improves patient care.

The model for the CAS requires the following offer for patients:

- Access to urgent care via NHS 111
- Triage by a Health Advisor
- Consultation with a clinician to complete the episode on the telephone if possible
- Booking post assessment into a face-to-face service where required
- Electronic prescriptions
- Self-help information and support

The functions include:

- Clinical validation of low-acuity ambulance and Emergency Department dispositions (outcome)
- Rapid access to a senior clinician for all community health care professionals – through the 'star-line' system – *5 for paramedics on scene, *6 for care homes and *7 for other community Health Care Professionals

[3] Advisors who can manage certain types of calls through a simplified version of NHS Pathways and provide support to certain parts of the call

- "Speak-to" GP dispositions dealt with by GPs and other senior clinicians.

Through September, 60% of 111 calls were assessed by a clinician (either 111 clinical advisor or CAS clinician). This exceeds the national KPI of 50% and a local stretch target of 55%. PPG have a national remote clinician network where senior clinicians can log on and carry out their role virtually wherever they are based. The Devon CAS is very busy, and the national remote clinician network provides valuable additional support ensuring timely contact for patients and health care professionals.

An overview of CAS type activity over the few months shows just over 6000 cases per month go through the CAS. Nearly 25% of cases are closed with advice and approximately 22% are referred to primary care to be seen (in and out-of-hours). Prescriptions are generated in around 18% of cases.

CAS monthly outcomes

	Jul-23		Aug-23		Sep-23	
CAS Outcome	No. Cases	% of Total	No. Cases	% of Total	No. Cases	% of Total
Advice only given	1511	25.3%	1474	24.7%	1491	26.3%
Referred to OOH	963	16.1%	1055	17.7%	969	17.1%
Referred to own GP	875	14.7%	826	13.8%	764	13.5%
New prescription only	814	13.6%	772	12.9%	734	13.0%
Referred for contact (see) other service	593	9.9%	517	8.7%	502	8.9%
Referred to 999	267	4.5%	318	5.3%	316	5.6%
Repeat Prescription only	248	4.2%	276	4.6%	274	4.8%
Unable to contact patient	291	4.9%	252	4.2%	244	4.3%
Patient accessed another service	127	2.1%	121	2.0%	117	2.1%
Patient no longer requires assistance	112	1.9%	123	2.1%	100	1.8%
Not Identified	117	2.0%	165	2.8%	92	1.6%
Referred for speak to other service	50	0.8%	69	1.2%	59	1.0%

Early in the new contract, the commissioner reviewed the case mix of the CAS. Of note, nearly 1000 cases a month are health care professional feedback calls which demonstrates support provided to the urgent and emergency care system. Most activity relates to common conditions managed in primary care such as chest and back pain, breathing problems, vomiting, urinary problems and coughs. Other areas of significant workload included worsening mental health problems and calls related to deceased patients. PPG have reflected that the end-of-life workload in Devon is significantly higher than in other contracts.

Clinical validation of emergency outcomes is an important part of the 111 service; this is when a clinician reviews an emergency outcome from NHS Pathways to "validate" that a referral to ED or transfer of a case to the ambulance service is appropriate. Through September, PPG validated 91% low-acuity ambulance outcomes and downgraded 63% to an alternative service, saving over 1850 dispatches per month. In the same period, they validated 91% of Emergency Department outcomes and downgraded 38%, saving 1,260 referrals to ED in one month. These validation rates exceed the national KPIs of 75% ambulance validation and 50% ED.

Recent developments in the CAS have included the rollout of video consultation technology and an electronic link with South Western Ambulance Services NHS

Foundation Trust for certain low-acuity 999 calls to be transferred to the CAS for on-going management. At present, around 200 cases per month are being transferred.

Face-to-face treatment out-of-hours

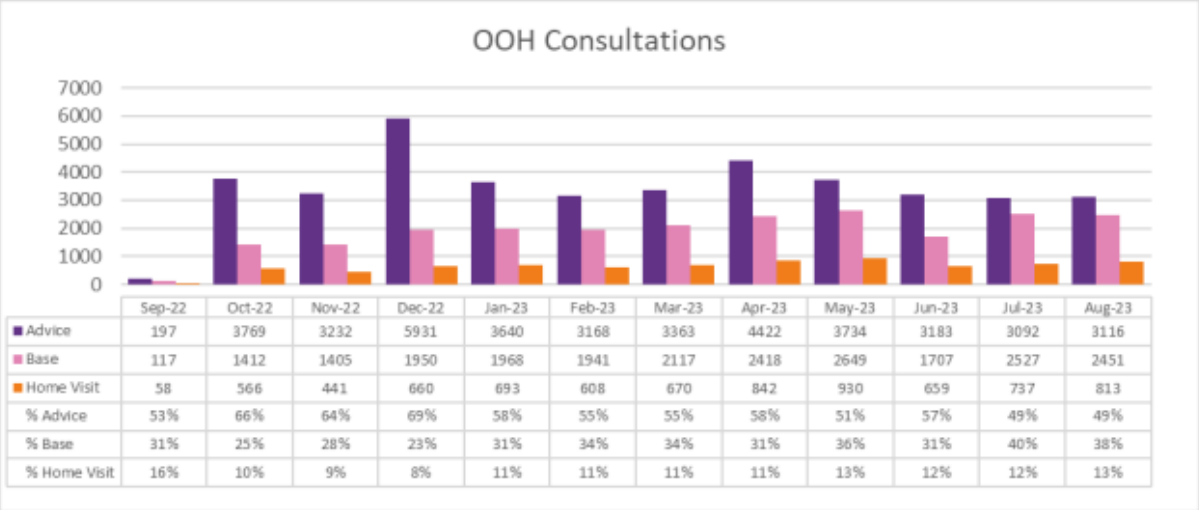
The IUCS provides face-to-face treatment when GP practices are closed - 168 hours per week and more during periods of bank holidays. Patients who need to be seen urgently access services through 111 and following a Pathways assessment, reach a "contact" primary care outcome – which requires face-to-face treatment within a specified time frame. They will then be booked into their nearest treatment centre or be offered a home visit.

Extra provision was commissioned through the procurement for prison out-of-hours services. The IUCS provides a route by which the three prisons (Channing's Wood, Exeter and Dartmoor) can access clinical advice out-of-hours and a visiting service (when clinically justified). The day-time service is commissioned separately to the IUCS.

The figure below shows the number of cases that go through to the out-of-hours service and the number closed with advice (approximately 3000 per month) and those that go on to be seen (approximately 3200 per month). The October 2022 case mix review showed large numbers of primary care type presentations similar to the CAS and the same features of relatively high numbers of mental health problems and end-of-life calls (dying and deceased).

OOH consultation types

Mix of cases closed by Advice (telephone), appointment at Treatment Centre or Home Visit in OOHs.



	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23
Advice	197	3769	3232	5931	3640	3168	3363	4422	3734	3183	3092	3116
Base	117	1412	1405	1950	1968	1941	2117	2418	2649	1707	2527	2451
Home Visit	58	566	441	660	693	608	670	842	930	659	737	813
% Advice	53%	66%	64%	69%	58%	55%	55%	58%	51%	57%	49%	49%
% Base	31%	25%	28%	23%	31%	34%	34%	31%	36%	31%	40%	38%
% Home Visit	16%	10%	9%	8%	11%	11%	11%	11%	13%	12%	12%	13%

Challenges with shift fill were experienced earlier in the year and commissioners worked closely with the provider to agree an improvement plan. The plan covers 15 actions including:

- Rota reviews to ensure correct allocation of staff across triage, bases and home-visiting
- Direct booking into out-of-hours slots to improve utilisation of appointments

- New weekend/lead clinician role to provide senior oversight to the CAS and out-of-hours queues
- Pay/market forces review to ensure unsocial shifts are sufficiently attractive to local clinicians
- Skill-mix changes including increases in allied health professionals and the use of specialist doctors (paediatrics, palliative care and acute)

NHS Devon is supporting a comprehensive approach to clinicians working in the out-of-hours period and approved a business case in the summer through the Urgent and Emergency Care recovery programme. The OOH clinical workforce strategy programme will fund project management, additional recruitment administration time, specialist targeted digital advertisement schemes, bespoke training programmes and pay enhancements. Of note, the recruitment schemes will use location-based marketing strategy to target specific hard to fill vacancies. The training programme aims to support retention and equip clinicians to manage the Devon case-mix with programmes specifically targeted to mental health and end of life care.

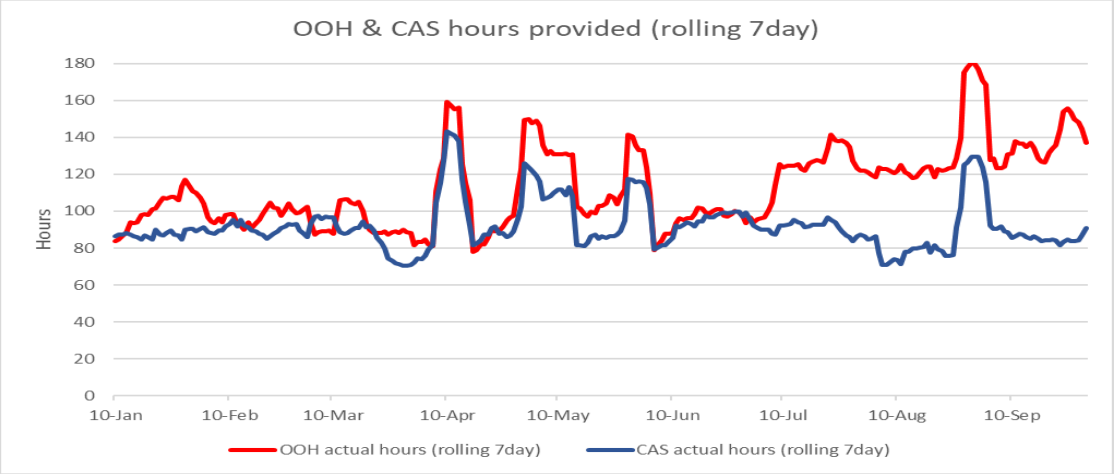
Workforce

The IUCS workforce consists of:

- 111 Health Advisors – non-clinical call handlers, trained in NHS Pathways
- 111 Clinical Advisors – clinical advisors, trained to use the clinical modules of NHS Pathways
- Clinical Assessment Service (CAS) clinicians – senior primary care clinicians, such as GPs and advanced practitioners, who undertake telephone and video consultations with patients and provide advice to health care professionals
- Out-of-hours clinicians – senior primary care clinicians, such as GPs and advanced practitioners, who undertake face-to-face treatment
- A wide range of non-clinical staff to support service delivery including receptionists / drivers / operational assistants supporting OOH clinicians, rota coordinators, operational staff etc.

The IUCS provides a response 24/7, however demand is typically much higher when GP practices are closed. This does give the service extra challenges in terms of recruitment and retention of all types of staff during unsocial hours, particularly weekends and overnights.

All parts of the service are challenged by workforce capacity constraints. 111 Health Advisor shift fill is usually close to 100%, however “queues” build with call volume peaks which makes it challenging to keep on top of call answering. 111 Clinical Advisor shift fill is more challenging, with average shift fill of approximately 50% through August. CAS shift fill is good, in August shift fill was on average 85% (range 51-100%). Out-of-hours shift fill is somewhat lower with shift fill of approximately 70% in August (range 40-91%). However, actual hours clinical hours have increased in the last three months and is significantly higher than the same period last year.

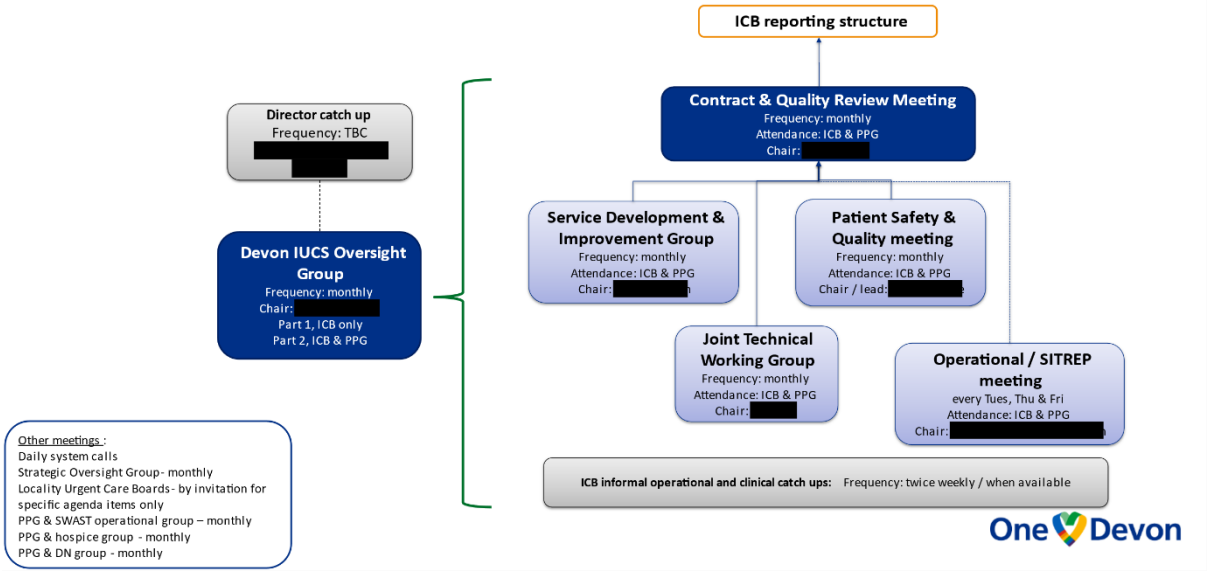


There are improvement plans in place for 111 (Health and Clinical Advisors) and the out-of-hours workforce. Specific workforce initiatives include targeted pay enhancements and bonuses, flexible working options for 111 and CAS clinicians and access to training and development opportunities for all staff specific to role. Health and wellbeing at work is extremely important to PPG, and staff are kept involved with a range of local and national engagement initiatives. Mental Health First Aiders are also in place.

Governance and Oversight

Commissioning arrangements for governance and oversight are summarised in the figure below. Joint management of the Devon IUCS is held by the Oversight Group which brings together executive and subject matter experts from the provider and commissioner. The Contract Quality and Review Meeting actively manages the contract and compliance with key performance indicators and local quality requirements. Sub-groups manage service development and improvement, patient safety and quality and technical aspects of the contract. There are regular touchpoints between commissioners and provider twice a week, reviewing weekend forecasts and performance, as well as picking up key issues of tactical importance for resolution. The structure is kept under review for efficiency and effectiveness.

Governance Structure



Patient and Stakeholder Engagement

PPG recruited a patient and stakeholder engagement lead who established a comprehensive engagement programme. This includes fortnightly meetings with the ambulance service, monthly meetings with community/district nursing providers, a task force for out-of-hours pharmacy provision and monthly meetings with hospices. There have also been a series of engagement events across the four Devon localities, to engage with primary care networks, GP practices and other providers.

PPG have also been a regular attendee at the daily system escalation calls and they attend other system urgent and emergency care meetings as required.

They have been proactive engaging with Healthwatch on responses to concerns and complaints. There is an on-going process of after event patient surveys and patient participation groups have been attended.

Safety and Quality

Care Quality Commission (CQC) inspected the OOH and CAS services in July. The report was published on 23 October and rated the services as 'Requires Improvement'. The CQC report can be found here.

The CQC inspection resulted in one 'Must Do' action and one 'Should Do' action, listed in the table below for information. Related action plans will be overseen by the NHS Devon Patient Safety and Quality Team at the Contract Quality Review Meetings (CQRM) each month. Additionally, the ICB will work with the provider to develop an overarching action plan which considers all areas for improvement noted by the CQC to ensure the progression of service improvements. The table below also indicates the ratings and actions from previous inspection in May 2021 when services were delivered by Devon Doctors.

	Inspection July 2023	Re-inspection, May 2021
Are services safe?	Requires improvement	Requires improvement
Are services effective?	Requires improvement	Requires improvement
Are services caring?	Good	Good
Are services responsive?	Requires improvement	Requires improvement
Are services well-led?	Requires improvement	Requires improvement
The areas where the provider **must** make improvements as they are in breach of regulations are:	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, specifically to: assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.	Establish effective systems and processes to ensure good governance in accordance with the fundamental standards of care, including but not limited to infection control; sharing of learning from significant events and complaints; and monitoring of service performance in line with their action plan.
		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
The areas where the provider **should** make improvements are:	Provide consistency in the standard outcome wording within response letters to complaints.	Consider how policies and procedures are communicated to staff.
		Consider completing the two outstanding actions from the external health and safety inspection.
		Review processes to make sure medicines and equipment are stored securely when not in use.
		Review the significant event register to make sure any concerns identified from complaints received is included on the register.
		Continue to make sure staff received appraisals at regular intervals.
		Review how call handling data is displayed in clinical assessment service centres.
		Continue with their plan to make improvements using information from complaints.
		Continue to train staff to be Freedom to Speak Up Champions.

Local Quality Requirements (LQRs)

The provider reports into the CQRM to an agreed annual forward planner to ensure sufficient of oversight of the 35 contractually agreed LQRs. The formal CQRM is the main forum for quality meetings as it provides a formal structure with an agreed action plan to enable monitoring of issues and concerns, however there is open and transparent dialogue with the provider on an ongoing basis as required. Subject Matter Experts from NHS Devon are invited to attend the CQRM to augment the oversight of the CQRM, from this attendance the NHS Devon Safeguarding team are now present at quarterly internal meetings to provide additional support and scrutiny which has been welcomed by all parties.

Patient Safety Incident Response Framework (PSIRF)

The national Quality Lead for PPG has assured NHS Devon that the organisation is on track to move over to the Learn from Patient Safety Events (LFPSE) service. The provider is yet to present their Patient safety incident response plan (PSIRP) which will specify how as an organisation they will maximise learning and improvement locally.

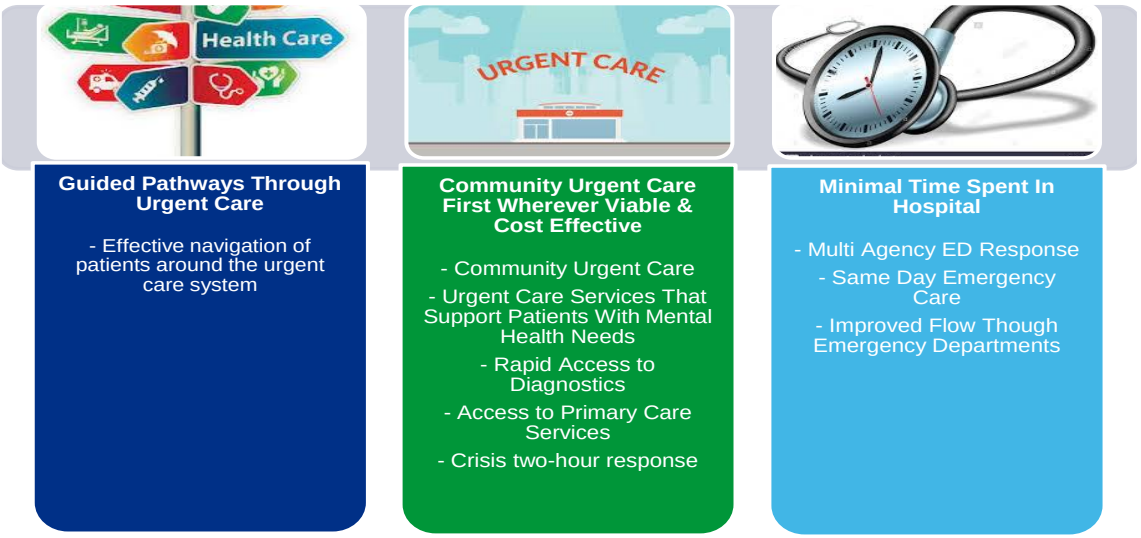
Service Development and Improvement

An important part of the change to a new provider has been a commitment from the NHS Devon and provider to service development and improvement. A Service Development and Improvement Plan (SDIP) has been agreed with PPG, and it is monitored as part of the contract management process by the commissioners.

The first six months of the contract has seen progress in the following areas.

- ✓ **Pharmacy referrals** – An increase in referrals to community pharmacy consultation services (CPCS); of note, referrals to CPCS from the Devon contact centres are amongst the highest in the south-west region
- ✓ **Home working** – Development of home working options for clinicians, including the remote CAS clinician network
- ✓ **Digital development** – Enhancing productivity including increases to bandwidth to support more video consultation and using technology to reduce call handling times and support improved compliance with outcomes (SMS)
- ✓ **Ambulance service links** – Electronic referrals from the ambulance service to the CAS with a planned enhancement to automated "ITK" link instead of e-mail, including extended hours of operation
- ✓ **Enhanced clinical validation** – Senior clinicians validating emergency outcomes who alongside 111 clinicians, to maximise options to manage patients differently avoiding ED and the ambulance service
- ✓ **Mental health** - -Joint working with mental health services to implement the NHS 111 mental health option, agreeing pathways to seamlessly transfer cases as necessary
- ✓ **Patient engagement and stakeholder** – Comprehensive programme underway with system partners
- ✓ **Shared records** – Readiness to adopt Devon and Cornwall shared records as more practices move to this model for sharing the primary care record

In April, six months into the new contract, commissioners completed a service review against KPIs and system priorities to identify areas for further development and improvement after the initial service consolidation period. This resulted in the "One Devon" *Strategic Priorities for Devon Integrated Urgent Care Service (IUCS) – Two-year Commissioning Intentions,* a set of strategic objectives for the Devon IUCS aligned to the three urgent and emergency care strategic priorities for Devon.



The IUCS priorities for the next two years are summarised here - ! indicates a high priority for the system. These actions are included in a two-year Service Development and Improvement Plan which is monitored monthly with the PPG team. Good progress is already being made on all priorities.

Effective navigation - access to the right care
! 111 call answering improvements - average speed to answer 220 seconds, calls abandoned 12% (year 1); top quartile nationally (year 2)
! 111 clinical input - 50% of calls receive clinical input (year 1); 55% (year 2)
Support for self-care / "consult and complete" - 15% of all calls closed through "self-care" year 1; 20% year 2
Direct booking across the system - ED, Urgent Treatment Centres/Minor Injury Units, Primary Care (where functionality and capacity is available)
Video consultations - 1% of all clinical contacts receive video consult (year 1); 5% in year 2
Shared records (Orion) - Enabled to access record once >75% practices using it
Contribution to reducing health inequalities - Call level information provided to ICB to identify demographics of high/low usage across service

Community Urgent Care First
UTC selection and booking rates increase (as services enhance their offer) – increase to 5% UTC selection rate
! 111 mental health option - referrals to and links with mental health crisis services in place via 111 mental health IVR
Referrals and links with in-hours primary care services – booking, where available, at 60%
! OOH primary care clinical workforce strategy - 80% shift fill, 650 hours per week
Increase in referrals to community pharmacy including CPCS - c90% selections for urgent repeat medicines, c50% selections for minor ailments
Increase in referrals to urgent community response (UCR) - Electronic referral pathways agreed, 50 referrals/month

Alternatives to ED and Ambulance: Clinical validation, streaming and SDEC
! Enhanced clinical validation – senior clinical validators in place, overall validation rates of 90% 999 and 80% ED
! Electronic referrals from SWASFT to CAS – increase in appropriate referrals in line with regional average
! ED streaming - in line with SOP circa 8 patients per day per ED referred streamed to out-of-hours
Increase in referrals to same day emergency care (SDEC) - >0.10% of all activity referred to SDEC

Urgent and Emergency Care Recovery
Development of care navigation service to support patients with complex needs access a wider range of health and care services
Clinical assessment service skill mix development, including end of life specialist roles and training for all clinicians
Digital development to enhance productivity in line with the national review of NHS 111

ENDS