

**Report to Devon Health and Wellbeing Scrutiny Committee
8th November 2016**

**NHS 111 and Out Of Hour's Service
(Integrated Urgent Care Services) For Devon**

Recommendation

It is recommended that the Committee:

- Notes the report and progress with the introduction of the new Integrated Urgent Care Services
- Receives a 12 month review and evaluation report in November 2017, with an interim 6 month update should this be required

1. Purpose of the Paper

This paper is provided to Devon Health and Wellbeing Scrutiny Committee to:

- Update the Committee on the new service model for NHS 111 and Out of Hours care for Devon now known as the Integrated Urgent Care Services (IUCS).
- Provide early feedback on implementation of the Integrated Urgent Care Services since the go live date of 1st October 2016 and an outline of how this new service will be evaluated.

2. The Integrated Urgent Care Services Model

Procurement for both NHS 111 services and Out of Hours services was affected by new national guidance received in July 2015. This guidance published by NHS England gave CCGs across the country clear instructions about the commissioning of NHS 111 and Out of Hours services in an integrated way, rather than as separate services. The ambition was to achieve Integrated Urgent Care Services (IUCS).

The Clinical Commissioning Groups (CCG's) in Devon – both NEW Devon CCG and South Devon and Torbay CCG - needed to procure a new service. The NHS 111 provider, South Western Ambulance Services Foundation Trust (SWASFT), had given notice on this contract in advance of the termination date and was having difficulties achieving the performance standards. The

Out of Hours service in Devon, run by Devon Doctors Ltd, was a high performing service, but had not been market tested as an NHS 111 provider and urgent care is an area of high procurement interest.

Procurement of the new model for NHS 111 and Out of Hours service commenced in December 2015 and the commissioners have now agreed a contract with Devon Doctors Ltd for the whole service. Devon Doctors is working with a subcontracted partner, Vocare, who have a proven record of being a NHS 111 provider to deliver the NHS 111 telephony component of the service. This contract commenced on the 1st October 2016. The contract value is circa £45 million for three years with the possibility of a further two years extension.

This new integrated service provides a telephone service for the public looking for advice and help to find the most appropriate place or source of urgent treatment. It is designed to encourage people to call in advance wherever possible to receive advice rather than turn to emergency department and 999 services unnecessarily. There are many options available to patients which are closer to home and often more suitable for their needs. This new call and advice service is now combined with the Out of Hours medical service which provides urgent primary care (GP) cover outside of normal General Practice hours.

The IUCS is designed to bring considerable benefits to patients. The key benefits can be highlighted as:

- Improved call answering response time for patients.
- Greater proportion of calls answered receiving clinical input.
- Automatic offer of appointments for under one year olds, and automatic clinical involvement for under-fives and over 85's.
- Booked, timed appointments for those who need to be seen.
- Where at all possible, no one having to travel more than 30 minutes to a treatment centre to see a GP face to face.
- Where required, an immediate offer of an appointment and reduced overall call answering time.
- Immediate 'through call' for people who know what they need (e.g. dental advice).

One key aspect of the service model is the Out of Hours treatment centre where patients visit to see a GP if necessary. Review of the previous arrangements showed:

- The perception that treatment centres are available for people to 'drop in' is not correct. The service either cares for people over the phone (circa 60% of all calls), visits the person at home (15%) or asks them to attend at treatment centre (25%). This remains the design in the new IUCS.
- The numbers of people seen are considerably smaller than may be imagined but where people need to be seen it was decided, where at

all possible, to maintain a '30 minute' rule meaning in the IUCS no-one should have to travel more than 30 minutes to see a GP face to face in an Out of Hours treatment centre,

Previously Devon had a higher number of treatment centres when compared to other CCG's. The procurement therefore included a signal that the new provider could seek to reduce the number of treatment centres whilst, where possible, maintaining a '30 minute' rule. As part of the changes, some treatment centres have now been closed (Tavistock, Exmouth, Holsworthy, Paignton, Bideford and Dawlish), with the small numbers of patients who would have used these either being seen at home or going to other treatment centres.

This service model had the support of both CCGs as meeting the needs of the population and making best use of resources. There are a couple of very distinct locations where the 30 minute rule is challenging but this has been discussed, and further mitigation has been included, such as a greater offer of choice for those individuals. For example the North Devon Coast (patients in the Hartland area can choose to go to Barnstaple or Stratton and for Lynton, can go to Barnstaple or consider Minehead as well). This is possible through agreements with neighbouring Out of Hours services.

3. Patient and Public Involvement

Throughout the development of the specification and the procurement process, every effort was made to understand the impact on service users and to involve them in both the designing of the service and selection of a provider for the service. The engagement process included:

- Gathering information about what people felt was important to take into account when designing this and wider community services.
- Involving public representatives in the design of the Out of Hours service specification setting out the requirements of the future service.
- Involving public representatives in the procurement process for the integrated Out of Hours and NHS 111 service.
- Communicating with the public on the resulting changes to the service following procurement.

It is intended that there will be ongoing involvement of patient and public representatives in the monitoring and evaluation of the new Integrated Urgent Care Service (IUCS).

Additionally, in order to assure the CCGs and the public that all possible impacts had been considered and either eliminated or managed, an Equality Impact Assessment was carried out. Overall there were positive impacts in clinical safety, patient experience, and effectiveness. Some protected and other groups were identified as needing greater consideration in the planning

of the service and the mitigation for this was included, for example training and support for call handlers dealing with people who have difficulty using telephone based service.

Rurally isolated people were identified as possible group who could be disadvantaged by the location of the centres but this was mitigated in three ways:

- Continued ability to use all sites to rendezvous with people,
- The use of increased telephone based clinical advice could reduce the need to travel to be seen.
- The increase in home visiting would benefit this group.

4. Implications of the changes

In summary, in reviewing the model the following points became clear:

- There are no negative changes at all in the way the public can make contact with the service. As previously, people can ring NHS 111 and speak to a call advisor who will help to source the right care for them. At the current time approximately 7,450 people ring the service every week.
- There is a positive change for people who know what they need. The call response allows some groups of people, for example palliative care patients, to go directly to the end solution and thus reduce their call time. This is a total of 1,930 per week of the 7,450 people who call the service.
- For people who need a home visit there is increased clinical capacity available to offer these visits. Separation of the visiting element of the service from the treatment centres cover enables better planning and predictability. This is a total of 479 people per week of the 7,450 calls.

For the 1,038 treatment centre visits needed per week it was estimated that with the closure of some treatment centres there would be a direct negative impact on approximately 36 people a week who would have to travel further than they do now. About 130 people per week would be affected across the whole of Devon but this higher number has been offset as Devon Doctors Ltd has increased their home visiting service for those people who are unable to reach the new centre. Additionally for those people living close to border there is the option of being offered an appointment in neighbouring counties if this was more convenient for example Launceston, Stratton, Minehead and Taunton.

However we have been mindful of the possible consequences of the changes:

- The change may be amplified by other changes in the wider system of community care so that patients feel they are 'losing' buildings that currently provide services from their community.
- The difference between a minor injury service and a treatment centre is not understood. Treatment centres are essentially an 'Urgent Out-of-Hours GP Surgery' which people are directed to and a minor injury unit is a centre (usually nurse led) where people can choose to present themselves.
- The change in the model of GP's working across the county led to a perception that clinical levels were reduced but this is not the case. The level of medical input into the NHS111 and out of hour's service is consistent with the previous service.
- A number of services which were not commissioned were exposed in this procurement and separate arrangements have been put in place to address these for a further period of time whilst discussions continue between the CCG and providers.

4. Ongoing Review, Evaluation and Early Feedback

There is considerable national interest in the new service model and this will continue as the service changes and evolves. As part of the national Urgent Care Vanguard Programme, South Devon and Torbay CCG has access to national training & evaluation opportunities that will benefit the service.

Locally, the newly mobilised phase warrants several review calls per week and this will reduce over time as performance increases and confidence in the new service grows. There is a very comprehensive clinical governance process which monitors the quality, safety and clinical model of care that is being provided and then separate contractual monitoring which reviews the performance of the new service.

As a minimum the CCGs expect delivery of the key performance metrics, but will be considering very rapidly how to encourage people to use the NHS 111 service to inform their choice of urgent care as well as considering how the clinical element of the service can be enhanced to provide more advice and support to community colleagues and people with specific clinical needs.

Both aspects of the review process will include members of the public who will participate in the process. Additionally the provider is setting up a patient participation group for the service and the CCGs will be reporting to their own Patient and Public Engagement Groups in relation to the new model. Already feedback is shaping the service model; for example, the front end message is shortly to be reviewed by a group of people to simplify it.

The new service model went live on the 1st of October and is performing well; weekday performance for the NHS 111 service is over 85% of calls answered in 60 seconds which is good at this stage in a service with a high proportion of newly trained staff. Weekend performance is not quite so high (circa 70-80%) but the abandonment rate (people ringing off before their call is answered) is much lower than has been previously experienced as calls are being answered more quickly. This is in line with the call answering trajectory we would expect of a new service of this nature whilst working to understand true demand on the service.

Feedback received to date also indicates:

- People like the booked and guaranteed appointment time to be seen.
- The ability to agree the timing for those appointments is welcomed and has helped with travelling arrangements.
- Callers appear to appreciate the ability to speak with a clinician to provide support and advice over the phone more frequently.
- The offer of an appointment to under one year olds as provided assurance to parents.
- The care homes line which is part of the service is particularly well used by care homes, staff seeking and advice.

5. Next steps

The service is newly established and will continue to be monitored and evaluated using a comprehensive range of national and local indicators which help us to understand the whole service model. Metrics review the technical call handling process, quantity of calls and response times, the clinical quality and safety of the service as well as the impact of this service on other urgent care providers in Devon. It is proposed that a review and evaluation report is provided to the Health and Wellbeing Committee after 12 months of operation, with an interim report after 6 months if the Committee requires this.

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