

**LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER  
 INTEGRATED BOARD MEETING**

**Front Sheet**

<b>Title of the report:</b>	<b>Out of Hours Contract, Governance and Performance Report</b>
<b>Report to:</b>	<b>Commissioning Collaborative Board</b>
<b>Section:</b>	<b>Public</b>
<b>Date of the meeting:</b>	<b>12 January 2012</b>
<b>Report by:</b>	<b>Lesley Harrison / Lisa March</b>
<b>Sponsoring Director:</b>	<b>Vikki Taylor / Liz Rowbotham</b>
<b>Presented by:</b>	<b>Vikki Taylor</b>

<b>Report supports the following corporate objective(s) 2011 – 2012:</b>			
Handing over a good legacy	√	Deliver the six identified transitional strands of work	
Manage Providers' performance against updated health goals and identified health inequalities		Develop and maintain an energetic stakeholder engagement programme throughout the transition	
Deliver agreed performance targets against the six identified transformation work streams			

**EXECUTIVE SUMMARY:**

1. The purpose of this report is to provide an overview of the performance, contractual and governance arrangements for the OOH service. The arrangements established are considered appropriate and there are currently no concerns regarding the performance of the sub-contractor, however following a recent review it appears that not all contractual components are clear, but plans are in place to resolve this position.
2. The PCT Cluster will seek further assurance that the GP contractors are fully aware of their obligations under the OOH contract and is seeking the support of the CCGs to communicate clarity of the contracting and governance arrangements and the resulting obligations and liabilities.

**RECOMMENDATIONS:**

The Commissioning Collaborative Board is requested to:

- Note the contents of the report
- Note the gap identified in the contracting arrangements and the remedial plans in place
- Note the intention to communicate clarity of the arrangements to the GP contractors and the resulting obligations and liabilities



## **LEICESTER, LEICESTERSHIRE AND RUTLAND PCT CLUSTER**

### **INTEGRATED BOARD MEETING 12 JANUARY 2011**

#### **OUT OF HOURS CONTRACT, GOVERNANCE AND PERFORMANCE REPORT**

##### **INTRODUCTION**

Under TCS the responsibility for providing Out of Hours services (OOH) transferred to each GP contract holder in LLR since the 1<sup>st</sup> April 2011. This has been enacted by the GPs via a variation to their PMS/GMS/APMS medical services contracts opting back in to provide medical services in the out of hours period. The GPs opted to subcontract their OOHs responsibilities to Central Notts Clinical Services (CNCS), this arrangement is via a contract between CNCS and the LMC who are acting as the authorised agent of the “GP providers” in their capacity as LMC members.

The purpose of this report is to provide an overview of the performance, contractual and governance arrangements for the OOH service.

The arrangements established are considered appropriate and there are currently no concerns regarding the performance of the sub-contractor, however following a recent review it appears that not all contractual components are in place.

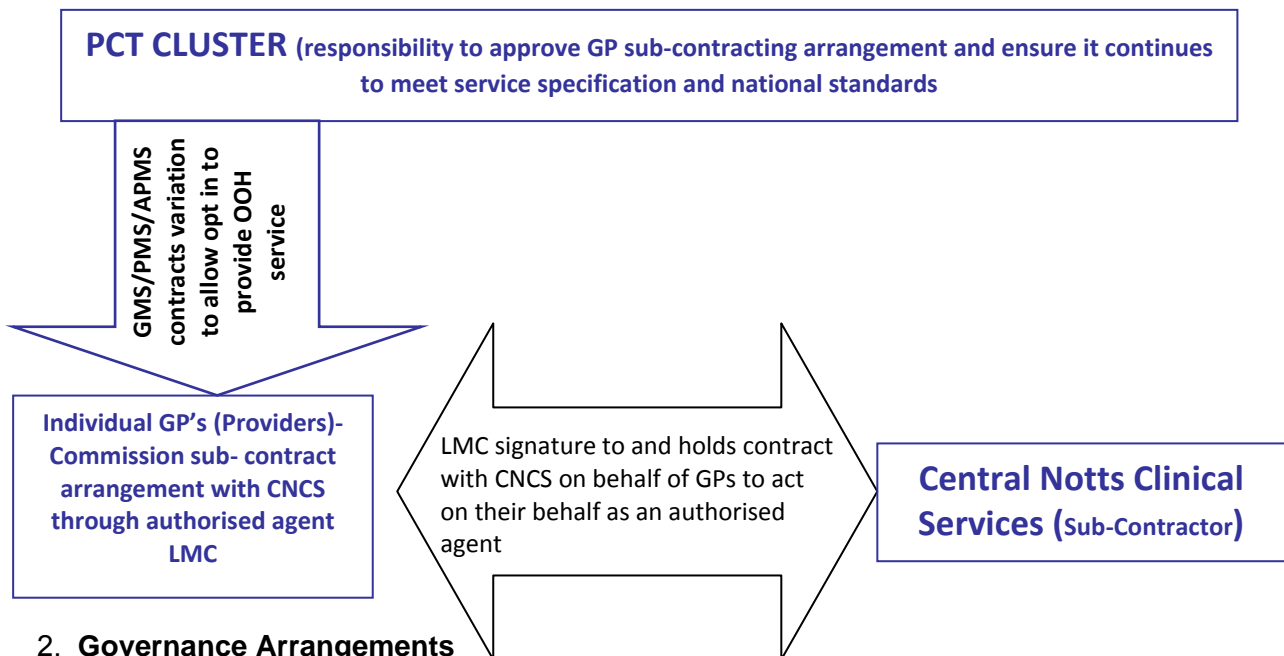
##### **1. Contractual Arrangements**

The GPs opted to subcontract their OOHs responsibilities to Central Nottinghamshire Clinical Services (CNCS), this arrangement is via a contract between CNCS and the LMC who are acting as the authorised agent of the “GP providers” in their capacity as LMC members. The CNCS contract requires that the LMC confirm and warrant that they are duly authorised by each of the “providers” to enter into the contract on behalf of the relevant providers and to commit the providers to the legally binding obligations set out in the contract.

- 1.1 Each GP “provider” was sent an email from the LMC at the end of March 2011, asking them to respond with their preferred option for the sub-contract arrangement.
- 1.2 The PCT Cluster has discussed with the LMC whether the ‘email’ is sufficient to constitute an agreement to duly authorise the LMC to act as an agent to act on their behalf. The LMC have agreed to formalising the agreement.
- 1.3 It has recently come to light that although a contract variation was agreed for APMS contracts that where the contract is held by an organisation rather than individual GPs the LMC constitution and the CNCS contract does not allow for them to be party to the sub-contracting arrangements. This is because the contract clearly states that the GPs have duly authorised the LMC as their agent in their capacity as LMC members. APMS organisations cannot be LMC members.
- 1.4 The LMC have agreed to continue to allow CNCS to deliver OOH services to the affected 11 APMS practices whilst the PCT draws up an agreement to be signed between the APMS Contract holders and the LMC to authorise them to be their agent and allow them to be included in the sub-contract arrangement.
- 1.5 The PCT Cluster has recommended to the LMC that the same agreement is used with the GMS/PMS contract holders to resolve the gap in the contracting arrangements. The agreement has been drafted and sent to the LMC.

1.6 The PCT Cluster will seek further assurance that the GP providers are fully aware of their obligations under the OOH contract and is seeking with the support of the CCGs to communicate clarity of the contracting and governance arrangements and the resulting obligations and liabilities.

Figure 1: shows the relationship of the contracting arrangements in place

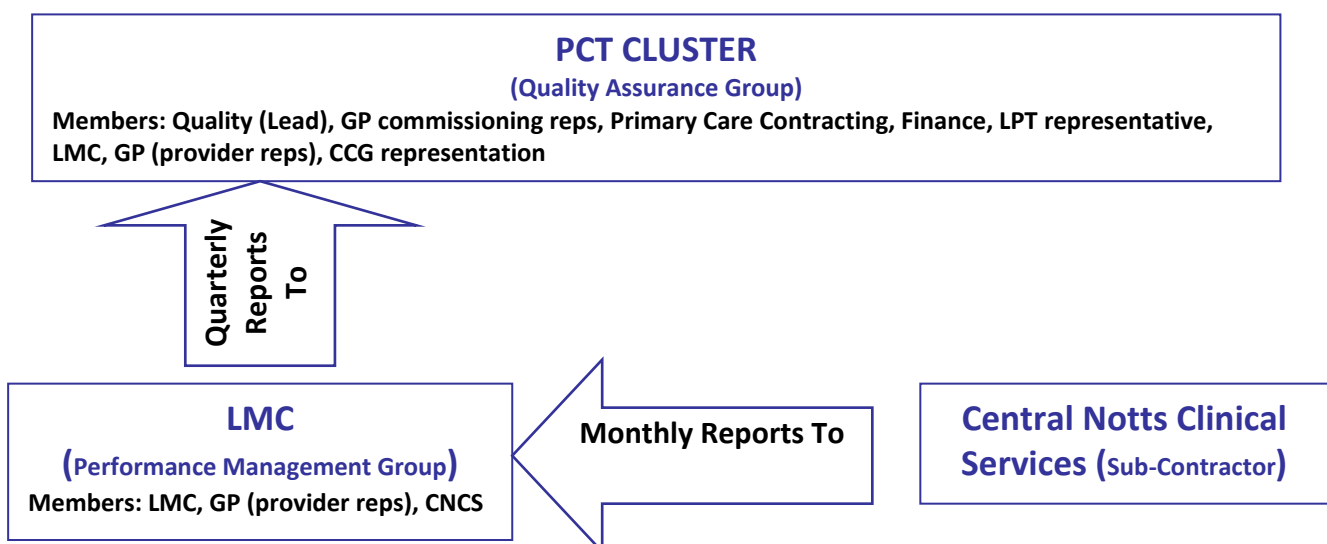


## 2. Governance Arrangements

2.1 The LMC has signed the contract with CNCS on behalf of the individual GPs and has a responsibility to performance manage the contract in place with CNCS on behalf of the GPs. The body given the authority to performance manage the contract on behalf of the GPs is the Performance Management Group (PMG) which is chaired by the LMC.

2.2 A Quality Assurance Group (QAG) has been established at the PCT Cluster, led by the quality and contracting team, to monitor performance against the key performance indicators that have been agreed with CNCS and provide assurance for the ongoing approval of the sub-contracting arrangement, Quarterly meetings are held with the LMC and GP provider representatives to discuss OOH performance and identify any areas for further scrutiny and to acknowledge where improvements have been achieved.

Figure 2 shows the Governance arrangements in place and the membership of each group:



### 3. Performance

#### Year-to-date Performance and exceptions

- 3.1 The PCT Cluster receives performance reports against the National Quality Requirements (NQR) from the LMC on a monthly basis. A summary of YTD performance against the NQR is provided in Table 1. A definition of the NQR's is included in appendix 1. Improvements have been made in Q1 and Q2 against a number of the NQR's
- 3.2 **QR 4 Audit of Patient Contacts (Clinical Audit)** CNCS have undertaken a full review of the process relating to clinical auditing following the move of the service to CNCS. The final element to be agreed is the scoring system, it is envisaged this will be finalised by the beginning of November 11.
- 3.3 **QR 5 Audit of Patient Experiences** This process is managed by the Clinical Governance Team at CNCS. Questionnaires are sent out to randomly selected patients. A report will be compiled from returned questionnaires and any actions as a result of these findings will be put into an action plan. The format for the questionnaire has been revised and is being ratified at the CNCS Audit Group in November, however to ensure there is no further delay in reporting against this standard, questionnaires have been sent out during October to enable CNCS to report on both Quarters 1 and 2 at the December Performance Management Group.
- 3.4 **QR 9 Telephone Assessment** In respect of commencement of clinical assessment within 20 minutes, performance has deteriorated slightly in September to move from compliant to partially compliant. CNCS are currently undertaking a review to establish why this dip has occurred and to implement actions to improve future performance. The percentage of less urgent calls in respect of commencement of clinical assessment within 60 minutes has remained fully compliant. CNCS meet weekly to review clinical capacity for both GP's and Nurses against demand, in an effort to achieve compliance. CNCS have capacity for additional Nurse hours within the financial envelope and the current recruitment process is progressing.
- 3.5 **QR12 (Primary Centre Consultations)** the performance presented is the combined City and County elements of the service. The overall percentage for emergency base visits has fallen in September and this is down to a decrease in performance for city visits and for one that was missed out of 4 at Hinckley and Bosworth. The small numbers involved have a significant impact on the overall percentage. The overall performance for less urgent base visits remains fully compliant. CNCS will continue to focus on areas such as patients arriving late, appointments given outside of target times and the length of wait for patients.
- 3.6 **QR 12 (Home Visit Consultations)** Improvements have continued to take place during quarter 2. The emergencies within one hour remain partially compliant but have improved by 4%. The 'urgent's within two hours' element has improved but remains partially compliant. Performance against the less urgent consultations remains fully compliant. CNCS plan to continue to drill down into the reasons why some parts of the service are under performing. To assist with this CNCS have set up a Task Group to look at various aspects of the home visiting service, reviewing crew boundaries, working towards having a single dispatch point for both City and County patients and the efficiencies and improved patient care that this would bring.

#### 4 Recruitment of Local Doctors

4.1 Recent recruitment for additional GP's to work in the service has proved to be successful with 12 experienced GP's scheduled to be interviewed in the first week of November. CNCS has also scheduled an induction day during November for 11 newly qualified GP's who have all worked in the out of hours service previously as part of their training. It is envisaged that these new GP's will be on board and available for shifts in December.

4.2 In addition Table 1 and Table 2 provide a breakdown of the numbers and % of GP's split by performers lists:

Table 1: % GP's on the LLR performers list

<b>General Practitioner's</b>	<b>Total</b>	<b>%</b>
LLR performers list (City or County)	111	92.50
Other performers lists	9	7.50
<b>Total</b>	<b>120</b>	<b>100</b>

Table 2: GP's on other performer's lists

<b>Breakdown of other performers lists</b>	<b>Total</b>	<b>%</b>
Nottingham	4	3.33
Birmingham	2	1.67
Northampton	2	1.67
Cannock	1	0.83
<b>Total</b>		<b>7.5</b>

## 5 Patient Experience

5.1 CNCS have conducted a patient experience survey during Quarters 1 and 2. The results are very positive with satisfaction in all key areas at or above 95%.

5.2 There have been a small number of Serious Incidents reported by CNCS during the 2 quarters. No theme has been identified and the PCT cluster has no concerns to date and these have been investigated under the normal processes.

5.3 During Q1 and Q2 CNCS received 23 formal complaints. A full breakdown by site is provided in table 3 below:

Table 3: Breakdown of complaints by site:

<b>Month (2011)</b>	<b>Complaints Received</b>	<b>Fosse House</b>	<b>Clinic 1</b>	<b>WIC</b>	<b>Oakham</b>	<b>Home</b>	<b>Melton</b>	<b>Hinckley</b>
April	4	1	1	1		1	1	
May	4	3	1					
June	6	2	1	1	1			
July	5	1	2			1		1
August								
September	5		4					
<b>TOTAL</b>	<b>23</b>	<b>7</b>	<b>9</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>

- 5.4 There were no complaints relating to community hospitals. The percentage of complaints when compared to the total number of calls into the service is 0.04%. CNCS have identified two common themes following analysis of learning identified from incidents and complaints. These relate to 'Procedures' – 20% of the learning related to staff not following current procedures. Where this was identified it has been addressed via 1:1 supervision. The 2<sup>nd</sup> theme relates to 'Training' – 14% involved staff undergoing either a learning plan or 1:1 training and reflection. This information has been reviewed by the Training Manager and Shift Supervisor and call handler training sessions are currently being arranged which will reflect the learning identified from Complaints and Incidents.
- 5.5 Taking into consideration the various patient experience measures the PCT Cluster has no major concerns to date but feels Clinic 1's Q3 performance (to be reported in February 2012) needs careful review to ensure lessons are being learnt.

## 6 Admissions and Referrals

6.1 Monthly data is collected by CNCS on the rate of admissions to hospital and referrals to an Ambulance and A&E. Table 4 below provides a monthly overview for Q2.

Table 4: Admissions and Referrals

	July	Aug	Sept	Total
<b>Total Calls to Out of Hours Service</b>	8101	7541	7122	22764
<b>Total Cases referred to Ambulance</b>	561	414	527	1502
Percentage of Cases referred to Ambulance	6.93%	5.49%	7.40%	6.60%
<b>Total Cases referred to Accident and Emergency</b>	428	390	411	1229
Percentage of Cases referred to A & E	5.28%	5.17%	5.77%	5.40%
<b>Total Cases admitted to GGH</b>	55	43	36	134
Percentage of Cases admitted to GGH	0.68%	0.57%	0.51%	0.59%
<b>Total Cases admitted to LGH</b>	122	111	97	330
Percentage of Cases admitted to LGH	1.51%	1.47%	1.36%	1.45%
<b>Total Cases admitted to LRI</b>	327	295	282	904
Percentage of Cases admitted to LRI	4.04%	3.91%	3.96%	3.97%

<b>Total Cases admitted to other hospitals</b>	84	122	116	322
Percentage of Cases admitted to other hospitals	1.04%	1.62%	1.63%	1.41%
<b>Total Cases admitted to Hospital</b>	588	571	531	1690
Percentage of cases admitted to hospital	7.26%	7.57%	7.46%	7.42%

6.2 As table 4 shows performance has remained relatively stable. This data is also provided broken down by City and County, which shows a slightly higher percentage of patients are referred or admitted from the City.

## 7 Future monitoring

7.1 Performance monitoring, by the cluster, will continue on a quarterly basis and on a monthly basis by the LMC.

**TABLE 1: NQR OOH YTD Performance Summary (Quarter 1 and 2)**

National Quality Requirements - Compliance Overview														
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12 PCC	QR12 HV	QR13
Apr-11	Monthly Reporting	Compliant 98%	778 notes assessed	In progress - report each quarter	Under review	Complaints process in place	Capacity & Demand Process in place	Partially Compliant 92.66%	Compliant 95%	Partially Compliant 94.33%	Compliant GP available	Non-Compliant 81.67%	Non-Compliant 89%	Compliant Language line, BSL
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12		QR13
May-11	Monthly Reporting	Compliant 99%	844 notes assessed	In progress - report each quarter	Under review	Complaints process in place	Capacity & Demand Process in place	Compliant 98.67%	Compliant 96.33%	Partially Compliant 93%	Compliant GP available	Non-Compliant 83.33%	Partially Compliant 90%	Compliant Language line, BSL
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12 PCC	QR12 HV	QR13
Jun-11	Monthly Reporting	Compliant 96%	859 notes assessed	In progress - report each quarter	In progress	Complaints process in place	Capacity & Demand Process in place	Compliant 98.33%	Compliant 97.33%	Partially Compliant 91.33%	Compliant GP available	Non-Compliant 89%	Compliant 95.67%	Compliant Language line, BSL
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12 PCC	QR12 HV	QR13
Jul-11	Monthly Reporting	Compliant 97%	1091 notes assessed	In progress - report each quarter	In progress	Complaints process in place	Capacity & Demand Process in place	Compliant 98.0%	Compliant 96.67%	Compliant 100%	Compliant GP available	Non-Compliant 88.33%	Partially Compliant 94.0%	Compliant Language line, BSL
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12 PCC	QR12 HV	QR13
Aug-11	Monthly Reporting	Compliant 97%	891 notes assessed	Q2 report in progress	Q1 & Q2 in progress	Complaints process in place	Capacity & Demand Process in place	Compliant 98.67%	Compliant 98.0%	Non-Compliant 83.33%	Compliant GP available	Compliant 95.65%	Compliant 96.87%	Compliant Language line, BSL
	QR1	QR2	QR3	QR4	QR5	QR6	QR7	QR8	QR9	QR10	QR11	QR12 PCC	QR12 HV	QR13
Sep-11	Monthly Reporting	Compliant 98%	1002 notes assessed	Q2 report in progress	Q1 & Q2 in progress	Complaints process in place	Capacity & Demand Process in place	Compliant 98.33%	Compliant 95.33%	Compliant 100%	Compliant GP available	Partially Compliant 90.0%	Compliant 95.0%	Compliant Language line, BSL

## The National Quality Requirements

National Quality Requirement	Definition
QR1	Providers <sup>1</sup> must report regularly to PCTs on their compliance with the Quality Requirements.
QR2	Providers must send details of all OOH consultations (including appropriate clinical information) to the practice where the patient is registered by 8.00 a.m. the next working day. Where more than one organisation is involved in the provision of OOH services, there must be clearly agreed responsibilities in respect of the transmission of patient data
QR3	Providers must have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information (including, where appropriate, an anticipatory care plan) between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness).
QR4	Providers must regularly audit a random sample of patient contacts and appropriate action will be taken on the results of those audits. Regular reports of these audits will be made available to the contracting PCT
QR5	Providers must regularly audit a random sample of patients' experiences of the service (for example 1% per quarter) and appropriate action must be taken on the results of those audits. Regular reports of these audits must be made available to the contracting PCT
QR6	Providers must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure. They will report anonymised details of each complaint, and the manner in which it has been dealt with, to the contracting PCT. All complaints must be audited in relation to individual staff so that, where necessary, appropriate action can be taken.
QR7	Providers must demonstrate their ability to match their capacity to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand, such as Saturday and Sunday mornings, and the third day of a Bank Holiday weekend. They must also have robust contingency policies for those circumstances in which they may be unable to meet unexpected demand
QR8	<p>Initial Telephone Call - Engaged and abandoned calls:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> No more than 0.1% of calls engaged</li> <li><input type="checkbox"/> No more than 5% calls abandoned.</li> </ul> <p><i>Time taken for the call to be answered by a person:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> All calls must be answered within 60 seconds of the end of the introductory message which should normally be no more than 30 seconds long.</li> <li><input type="checkbox"/> Where there is no introductory message, all calls must be answered within 30 seconds.</li> </ul>
QR9	<p><b>Telephone Clinical Assessment</b> - Identification of immediate life threatening conditions</p> <p>Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those calls must be passed to the ambulance service within 3 minutes.</p> <p><b>Definitive Clinical Assessment</b></p> <p>Providers that can demonstrate that they have a clinically safe and effective system for prioritising calls, must meet the following standards:</p>

	<ul style="list-style-type: none"> <li><input type="checkbox"/> Start definitive clinical assessment for urgent calls within 20 minutes of the call being answered by a person</li> <li><input type="checkbox"/> Start definitive clinical assessment for all other calls within 60 minutes of the call being answered by a person</li> </ul> <p>Providers that do not have such a system, must start definitive clinical assessment for all calls within 20 minutes of the call being answered by a person</p>
<b>QR10</b>	<p><b>Face-to-Face Clinical Assessment</b> - <i>Identification of immediate life threatening conditions</i></p> <p>Providers must have a robust system for identifying all immediate life threatening conditions and, once identified, those patients must be passed to the most appropriate acute response (including the ambulance service) within 3 minutes.</p> <p><b>Definitive Clinical Assessment</b></p> <p>Providers that can demonstrate that they have a clinically safe and effective system for prioritising patients, must meet the following standards:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Start definitive clinical assessment for patients with urgent needs within 20 minutes of the patient arriving in the centre</li> <li><input type="checkbox"/> Start definitive clinical assessment for all other patients within 60 minutes of the patient arriving in the centre</li> </ul> <p>Providers that do not have such a system, must start definitive clinical assessment for all patients within 20 minutes of the patients arriving in the centre</p>
<b>QR11</b>	<p>Providers must ensure that patients are treated by the clinician best equipped to meet their needs, (especially at periods of peak demand such as Saturday mornings), in the most appropriate location. Where it is clinically appropriate, patients must be able to have a face-to-face consultation with a GP, including where necessary, at the patient's place of residence</p>
<b>QR12</b>	<p><b>Face-to-face consultations</b> (whether in a centre or in the patient's place of residence) must be started within the following timescales, after the definitive clinical assessment has been completed:</p> <ul style="list-style-type: none"> <li>Ⓣ Emergency: Within 1 hour.</li> <li>Ⓣ Urgent: Within 2 hours.</li> <li>Ⓣ Less urgent: Within 6 hours</li> </ul>
<b>QR13</b>	<p>Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight PDR</p>

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## RECOMMENDATIONS

The Commissioning Collaborative Board are requested to:

- Note the contents of the report
- Note the gap identified in the contracting arrangements and the remedial plans in place
- Note the intention to communicate clarity of the arrangements to the GP contractors and the resulting obligations and liabilities

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<sup>1</sup> A provider is any organisation providing OOH services under GMS, PMS, APMS or PCTMS