



**Norfolk Health Overview and Scrutiny Committee**  
**6<sup>th</sup> April 2017**  
**Norfolk and Wisbech Integrated 111 and Out of Hours Service**

## **1. INTRODUCCION**

IC24 Integrated Care 24 Ltd (IC24) is a “not-for-profit” social enterprise providing urgent care services for almost 30 years. IC24 has been providing the Integrated NHS 111 and Out of Hours service in Norfolk and Wisbech since the 1<sup>st</sup> September 2015.

IC24 provide a range of urgent care services (including four 111 contracts) to around six million patients across the following areas:

- Sussex
- East Surrey
- North and West Kent
- Northampton
- Essex
- Great Yarmouth & Waveney
- Norfolk and Wisbech

IC24 delivers NHS 111 from three geographically dispersed Care Co-Ordination Centres (CCC):

- Ashford (Kent)
- Ipswich
- Norwich

The Norfolk and Wisbech service is an outcome based contract focused on providing a 24/7 111 and an Out of Hours (OOH) urgent primary care service. The service provides 24/7 telephone assessment supported by the NHS Pathways assessment tool (111) and the OOH service (18:30hrs until 08:00hrs on weekdays and the whole of weekends, bank and public holidays) that provides both routine and urgent clinical telephone advice and face to face care for patients that cannot wait until their in hours primary care service opens.

The service specification that we have been commissioned to provide in Norfolk and Wisbech is different from historical OOH and 111 services and in line with the national future direction of integrated urgent care services.

- Larger geographical footprint - introduction of Wisbech

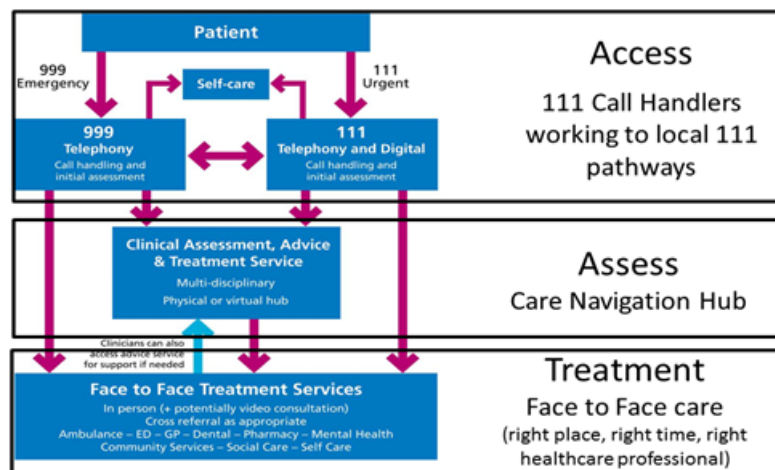
- GP Led service - this encourages and supports a wider use of skill mix reflecting what is seen within the in hours primary care setting
- Integrated 111 and OOH - commissioned as one service and not two separate workstreams

By having an integrated service model we have been able through close working with our co-ordinating commissioners to continue to develop and evolve the delivery model to improve services for patients. This is evident by the introduction of the Clinical Assessment Service (CAS) which is currently operational three evenings a week and for six hour periods on a Saturday and Sunday. The CAS is an initiative integral to NHS England's 5 year forward view and underpinned by the emerging Integrated Urgent Care Strategy.

The 5 year forward view emphasises the importance of integrated supportive working to bridge the gaps between services operating in urgent and emergency care to make sure patients see the right clinician first time as often as possible. The CAS provides enhanced telephone clinical assessment delivered by senior clinicians (GPs) earlier in a patients urgent care journey.

Through the introduction of the CAS we now have three very clear service components:

- Access
- Assess
- Treatment



The benefits of our service model achieved through the integration of 111 and OOH service include:

- Increased clinical support for the 111 staff; co-location of the clinical staff offers support to the call handlers, reduces the amount of cases passed inappropriately to the Out of Hours element of the service as urgent, ensuring that patient care is improved as true urgent cases are seen in a more timely manner.

- Responsibility for the whole patient journey – The impact of high urgency rates can be seen by the integrated team and they work together to ensure the appropriateness of these.

## **2. ACCESS – Norfolk & Wisbech 111**

The 111 service is answered and delivered from our Care Co-ordination Centre in Reed House, Norwich. The service is delivered by NHS 111 Pathways Advisors and NHS 111 Clinicians supported by on site clinical and operational leadership. IC24 has its own NHS Pathways trainers. (NHS Pathways is the nationally licensed delivery model for NHS 111). As an early implementer of NHS 111 we have been able to build and enhance the training we deliver which exceeds that prescribed at a national level.

- **NHS 111 Clinicians**

Our NHS 111 Clinicians include senior Nurses or Paramedics who have undergone a minimum of 84 hours NHS Pathways training in addition to their core clinical training. IC24 operate a skill mix of a minimum of 1 clinician to 4 Pathways Advisors (PAs) where nationally the accepted standard tends to sit around 1 clinician to every 6 PAs.

- **NHS 111 Pathways Advisors (PA)**

IC24 currently have 38 WTE PAs in post and have six undergoing training. Our workforce plan is based on an optimum level of 44 WTE PAs.

The training required to be an NHS 111 PA includes;

- 64 hours (minimum) class room training on NHS Pathways
- Exam based assessment
- Exposure to the live environment (listening to calls and contact centre familiarisation)
- 1-2-1 supervision

Once signed off against all the levels above, the PA progresses to our Graduation Bay. The Graduation Bay is an environment within the CCC that is slightly removed from the main centre and benefits from higher clinical intervention. This enables the new PAs to feel supported in their new role, reduces the attrition rates and ensures a higher standard of care for our patients.

As with all call centre environments employee attrition is a challenge. Within the NHS 111 environment this is exacerbated by the unique healthcare aspects of the role. To mitigate against this we do provide enhanced training and high levels of support.

PA recruitment was very challenging during the early transition stage of the contract and this was significantly impacted by negative publicity which resulted in increased attrition and recruitment challenges. However, as the service has become more established and with the introduction of a

new pay framework and associated opportunities for career progression, recruitment of PAs has improved.

Through our recruitment strategy we have also introduced Recruitment and Assessment Days which have enabled us to identify the right candidate at an early stage.

## Performance – 111

Improvement in NHS 111 performance has been a priority. As identified above, the stability of the workforce is a key factor in achieving and maintaining call centre performance. We are continuing to drive performance and quality and while this is monitored on a monthly basis with our commissioners we review performance in real time.

As NHS 111 is a national service, we have nationally set key performance and quality metrics on access that include:

- % of calls answered within 60 seconds (Target >95%)
- % of abandoned call (target <5%)

Whilst we have seen improvements against the metrics above, under times of extreme pressure we still experience performance challenges with answering calls within 60 seconds.

During this winter period the whole of the NHS has been under significant pressure. These pressures have been experienced across the Norfolk and Wisbech Health and Social Care system and the NHS 111 and OOH service has been no different. We are however able to report an improvement in performance when compared with the previous year despite a 14% increase in the number of calls offered to the service.

The table below is a comparison of activity and performance over Christmas 2015 and 2016.

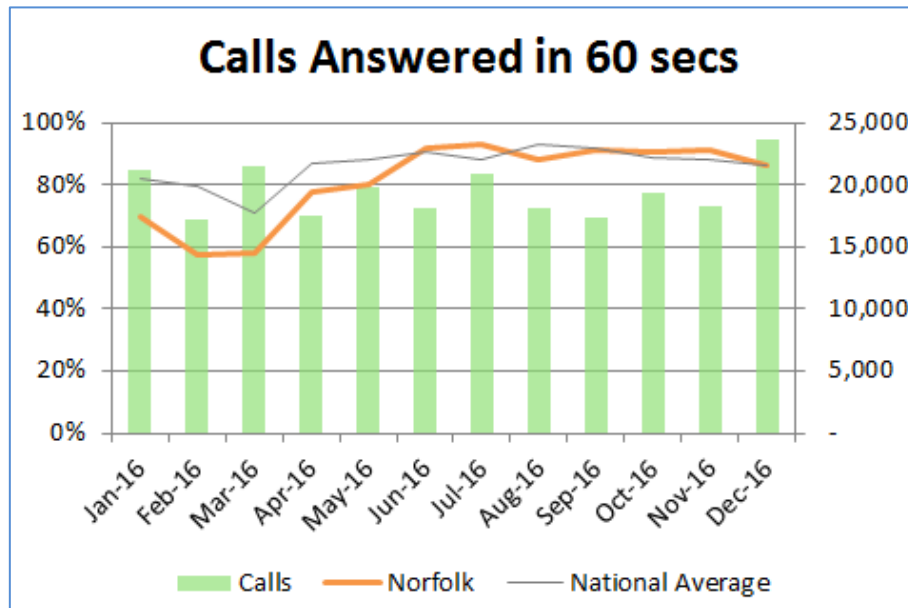
	December 2015	December 2016
Calls Offered	23,854	27,142
Calls Answered	22,528	23,680
Percentage of Abandoned Calls	5.56%	4.47%
Calls Answered in 60 seconds	18,283	20,368
Percentage Calls Answered in 60 seconds	81.16%	86.01%

## Summary

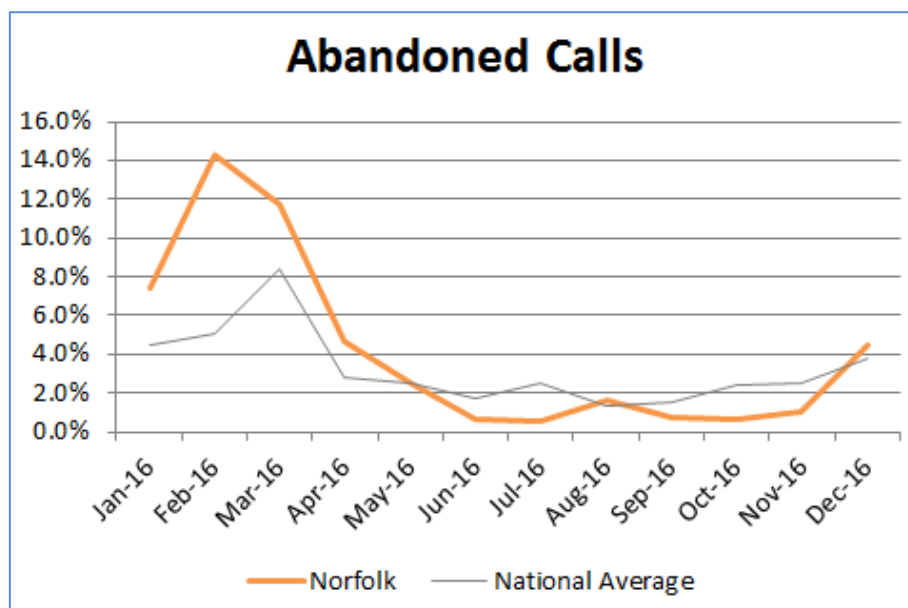
- We were offered 3,288 more calls compared to December 2015
- We answered 2,085 more calls within 60 seconds compared to 2015

- Call answering performance in December 2016 was 4.86% higher compared to December 2015

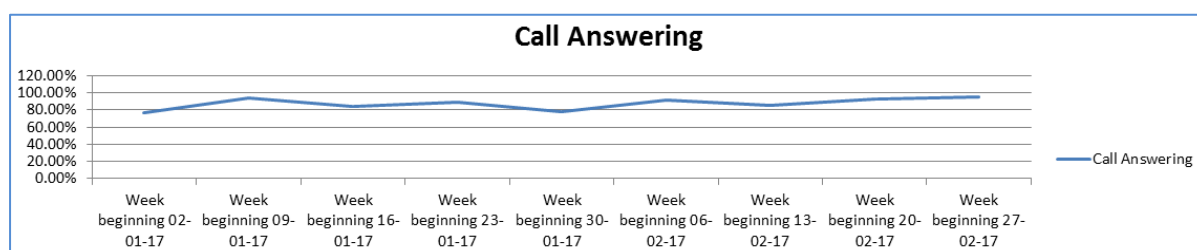
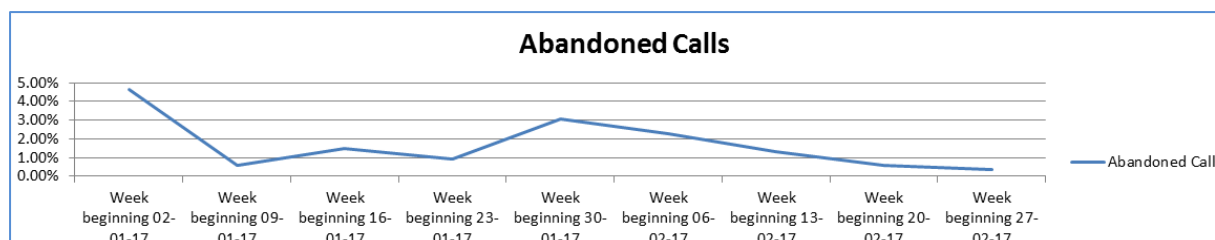
The charts below demonstrate performance for 2016 against both call answering within 60 seconds and calls abandoned.



Tracked against the national average there is improvement with both the calls answered within 60 seconds and the levels of abandonment over 2016.



For 2017 January and February so far performance in more detail is as follows:



Calls abandoned have dropped significantly and it is not unusual to see performance of 0% abandonment during the week. On Sunday 19<sup>th</sup> March no calls were abandoned.

### 3. ASSESS – Clinical Assessment Service

As previously identified part of our commitment to service improvement we have continued to work with our commissioners to expand the scope of the integrated NHS 111 and OOH service, this includes the CAS. We have developed the CAS in line with the NHS England Integrated Urgent Care Strategy. A clear priority of this strategy is to increase senior clinical input in a patients urgent care journey.

Working closely with the Norwich CCG (as the co-ordinating commissioners) we have completed Phase One of the CAS

- Operational since July 2016,
- Developed in line with CQUIN,
- Set up to deal with non-urgent 999 (Green 2 & 4 ambulance dispositions) and non-urgent A&E Dispositions,
- Operational Hours - 6 hours on each Saturday, Sunday and Bank Holiday; recently expanded to include three weekday evenings.

Due to operating hours of Phase One, the patient sample size referred to the clinical hub was relatively small (due to criteria) however we have seen a significant impact, detailed below:

- After speaking with a hub clinician 86% of patients were directed away from the 999 and A&E services
- 13% of patients reviewed by the hub were provided self-care
- 71% of patients were directed to the OOH service for a Face to face review.
- 2% of patients were referred to other services

We are currently working with our commissioner's quality and clinical leads to expand this service further. In addition to providing a more responsive appropriate and local service to patients, we are also using the CAS as a system integrator and are developing relationships with other providers to develop fully integrated responses across organisational boundaries. This is key in helping us to overcome a number of our challenges specifically around available workforce

#### 4. TREATMENT - Out of Hours (OOH)

The Out of Hours element of the integrated service was commissioned as a 'GP led' service, with Commissioning colleagues taking into account the national GP shortage crisis and recognising that OOH care should be delivered in a similar way to the in hours service. Consequently, the OOH service is delivered by a team consisting of GPs, Advanced Nurse Practitioners (ANPs) and Urgent Care Practitioners (UCPs).

The locality clinical and operational management team are co-located with the Care Coordination Centre in Reed House, Norwich. To effectively deliver face to face treatment across the Norfolk & Wisbech area we deliver care from eight primary care bases:



#### Workforce

ANPs (Autonomous Nurse Practitioners) are registered nurses who have acquired the expert knowledge base, complex decision making skills and clinical competencies for expanded practice. They hold additional prescribing qualifications, which mean they can both prescribe and write prescriptions. Urgent Care Practitioners are qualified Registered Nurses and Paramedic

Practitioners. All have enhanced skills in minor illness and physical examination. This group can issue medications under a **Patient Group Directive** (PGD), which has been validated by the local Clinical Commissioning Group Medicine Management Committee.

The multi-disciplinary skill mix works well in primary care and does so in the Out of Hours environment. We also introduced an additional level of clinical oversight at weekends in January 2016; the Oversight GP. This clinician monitors the demand on the OOHs in general and ensures that patients are allocated to the most appropriate clinicians at the very busy times. This role is undertaken by Senior GPs who are based at the Contact Centre in Norwich alongside the 111 staff and the Out of hours Dispatch staff and triage clinicians.

There are now some 503 GPs working within the Norfolk & Wisbech area, but only 83 of the local GPs work in the OOHs service. However, GPs from neighbouring CCG areas work within Norfolk and we are fortunate to have a stable GP workforce who remain committed to providing OOHs care. These GPs work alongside the 16 ANPs and 17 UCPs we have working within the service.

HOSC colleagues may be aware of the national issues relating to GPs working in OOH period and the reasons for this include the challenges of increased indemnity costs, additional responsibilities within their own practices and also the competition for their services from other areas such as Urgent Care Centres and A&E Departments.

The lack of GPs generally has driven the changes to the skill mix in practices and we also see this reflected in OOHs. Although the numbers of GPs working in the OOHs has not increased, the shift cover has improved and the agency usage has decreased.

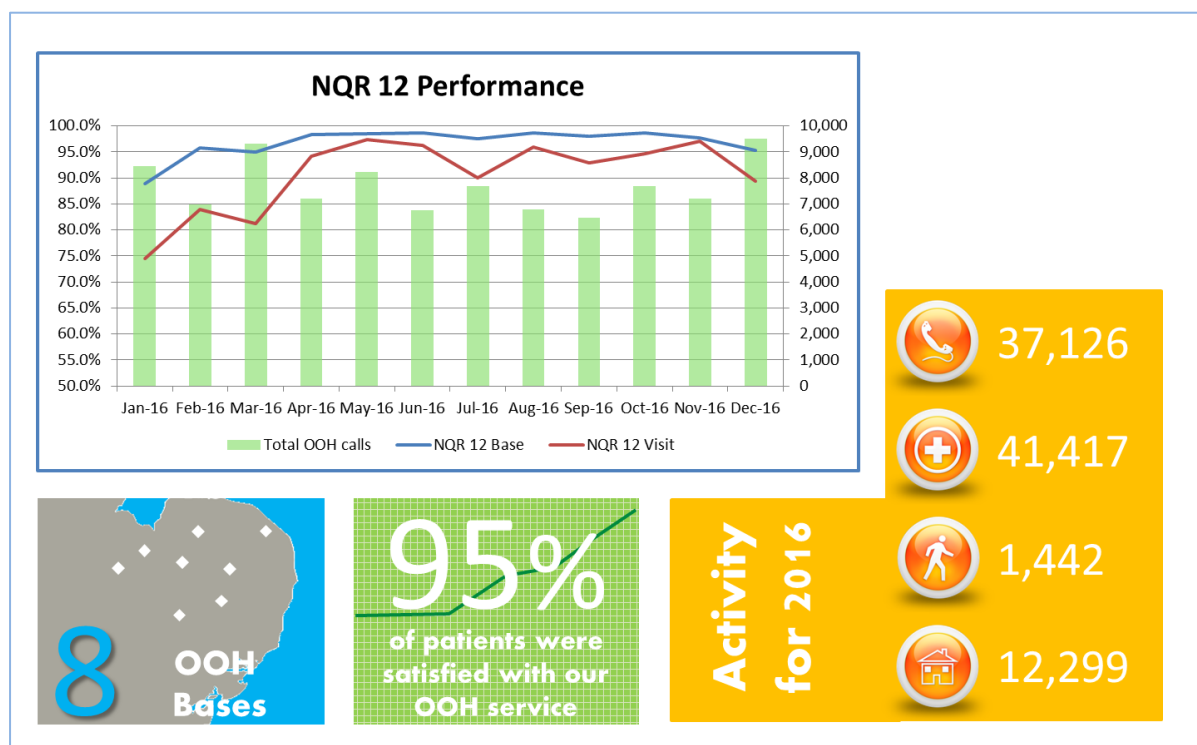
- All clinical roles - agency usage decreased from 33.24% to 18.49%
- of that 18.49%, less than 2% consists of GPs

## Performance

The performance of the OOHs improved significantly during 2016 and this has continued into 2017, including over the busy Christmas period when the Norfolk system (in common with the whole of the NHS and Social Care) was so severely challenged.

The diagram below provides a visual representation of the activity and performance of the Norfolk & Wisbech OOH during 2016.





The table below tracks that progression against the key targets over a twelve month period. The comparison of December 2015 with December 2016 demonstrates that the service has settled and is also reflective of the improved levels of shift fill.

Date	WIC Urgent	WIC Routine	Urgent Base	Routine Base	Urgent Visit	Routine Visit	1hr	2hr	6hr
Dec-15	100.00%	100.00%	65.20%	94.50%	49.30%	74.90%	58.64%	68.99%	83.93%
Jan-16	100.00%	100.00%	75.50%	95.10%	58.40%	80.80%	79.17%	89.54%	92.31%
Feb-16	75.00%	100.00%	88.50%	99.00%	69.00%	88.50%	92.42%	98.97%	100.00%
Mar-16	100.00%	100.00%	88.40%	97.70%	69.50%	88.50%	85.05%	87.08%	98.93%
Apr-16	100.00%	100.00%	96.60%	99.50%	92.00%	95.00%	88.37%	93.64%	99.18%
May-16	100.00%	100.00%	96.00%	99.70%	95.00%	98.30%	95.04%	99.12%	100.00%
Jun-16	100.00%	100.00%	95.70%	100.00%	94.30%	97.00%	90.14%	95.35%	100.00%
Jul-16	100.00%	100.00%	92.50%	99.60%	86.90%	91.90%	90.13%	95.44%	99.52%
Aug-16	100.00%	95.80%	95.70%	100.00%	92.03%	97.20%	95.23%	97.36%	100.00%
Sep-16	100.00%	98.40%	95.04%	99.50%	87.30%	95.01%	95.04%	96.43%	100.00%
Oct-16	100.00%	100.00%	96.40%	99.90%	93.40%	95.07%	95.84%	98.33%	100.00%
Nov-16	100.00%	98.70%	95.60%	98.80%	99.60%	96.20%	96.67%	98.06%	100.00%
Dec-16	100.00%	100.00%	92.40%	96.50%	90.90%	89.00%	88.78%	94.90%	99.09%

This improvement has continued into 2017 with, performance as follows (please note that this is up to March 20<sup>th</sup>):

Date	WIC Urgent	WIC Routine	Urgent Base	Routine Base	Urgent Visit	Routine Visit	1hr	2hr	6hr
Jan-17	100.00%	100.00%	93.60%	96.20%	95.50%	91.80%	89.61%	95.23%	97.00%
Feb-17	100.00%	100.00%	95.40%	99.10%	97.30%	95.40%	89.32%	92.25%	98.62%
Mar-17	100.00%	100.00%	96.90%	99.90%	97.90%	95.30%	94.29%	96.81%	97.67%

## 5. PARTNERSHIP WORKING

We established a Stakeholder Partnership Board in 2016 which has been well attended by colleagues from other local organisations. This has helped to not only foster more collaborative partnership working, but also provide an open forum to discuss key local issues and pass on developments and information. We have focused on such things palliative care, winter planning, mental health and verification of death.

We are particularly grateful to Healthwatch for their input and feedback and they are welcome at a number of our meetings.

We have welcomed local MPs into our Contact Centre throughout the year and one local MP also visited one of our local Out of Hours Base to meet the staff and Clinicians on duty, to understand how the service operates from the 111 initial entry for the patient through to the contact with the Out of Hours clinician.

We are keen for this engagement to continue alongside the interest from patient groups who have also been welcomed in the Contact Centre. Clive Lewis MP has been particularly keen to understand how increased indemnity has affected the ability of GPs to work in Out of hours, as well as looking at the potential shortfall in the clinical workforce in the area as a whole.

The opportunity for patients to see the service working and understand the detail and process in more depth is particularly important at a time when there is so much concern about the system as a whole. We are keen to build on this have also planned in visits from other healthcare providers in the Community, such as those already undertaken by EEAST's patient group, to offer a detailed insight into both 111 and OOHs and understand how services might work more closely together.

## 6. COMPLAINTS, INCIDENTS AND COMPLIMENTS

We closely monitor any complaints and incidents that are received for both 111 and OOHs and these are reported on and examined in detail at our Clinical Quality Review Groups with our Commissioners.

We encourage those working within our service to raise incidents if they have any concerns.

The table below shows the numbers of incidents etc. that have been received over a twelve month period.

	2015/16				2016/7			
	Oct	Nov	Dec	Jan	Oct	Nov	Dec	Jan
<b>Complaints</b>	19	11	10	15	7	6	8	14
<b>Incidents</b>	39	30	26	45	20	21	17	28
<b>Serious Incidents</b>	1	4	1	0	0	1	1	0
<b>Compliments</b>	5	2	7	8	33	40	40	56



Compliments from patients are received in a number of ways, either from specific letters or responses made within a patient questionnaire (sent out to a random sample of patient contacts monthly).

We have recently introduced a texting method for immediate feedback from patients following a contact with 111. We are able to monitor the patient feedback in the live environment and it can be a good barometer for the level of service especially during busy periods.

## **7. ASSURANCE**

Over the past twelve months, we have had three “peer” visits and any points raised have been addressed. An example of a change introduced as a result of feedback after one visit, is the implementation of local “open door” sessions scheduled between staff meetings, to allow staff to meet with a member of the senior management team locally to talk through any concerns or suggestions they might have.

There have been no whistle blowing incidents during 2016.

**IC24**

March 2017