

**Core Care Links Ltd
North East Lincolnshire GP Out of Hours Provider**

**Quarterly Performance Report
For
North East Lincolnshire Clinical Commissioning
Group and Lincolnshire Community Health Services**

**Quarterly report: July - Sept 2015
Quarter 2 – 15/16**

1) Out of Hours Activity for 2015/16

a) Activity Figures for Quarter 2, 2015/16 – GP Out of Hours Centre

Month	Managed by Call Handling	Out of Hours Attendances	GP Home Visits	GP Call Backs	Total
July 2015	2,083	1,604	4	188	3,879
August 2015	2,235	1,788	1	273	4,297
September 2015	1,846	1,536	6	217	3,605
Total	6,164	4,928	11	678	11,781

b) OOHs Attendance Analysis

Month	OOHs Attendances following Call Handling	Walk –in Activity			Weighting	
		GP	Nurse (Dressings & Injections)	Total	PCC	Walk-ins
July 2015	1,132	405	67	472	70.5%	29.5%
August 2015	1,196	494	98	592	66.89%	33.11%
September 2015	1,068	396	72	468	69.5%	30.5%

c) Year on Year Activity Analysis

Month	Out of Hours Attendances 15/16	Comparative Attendance 14/15	% Change in Attendances	Total Activity 15/16	Comparative Total Activity 14/15	% Change in Total Activity
July 2015	1,604	1,549	3.55%	3,879	4,058	(0.44%)
August 2015	1,788	1,552	15.21%	4,297	4,205	0.022%
September 2015	1,536	1,423	7.94%	3,605	3,607	0%
Total	4,928	4,524	8.93%	11,781	11,870	(0.007%)

In recognition of the increase in face to face OOHs activity in 2015/16, CCL is undertaking the following:

- CCL now has a GP working within the call handling team on Saturday, Sunday and Bank Holidays (GP Capacity permitting). This service development has had a significant impact on the number of patients the call handling team are able to manage over the phone, rather than converting to an OOHs attendance. The GP is also providing direct medical support to the community nursing team, enabling them to manage patients in their own home, when they would previously have resulted in a hospital attendance / admission. CCL is working with CPG to report the exact activity managed by the GP within the call handling team.

- An additional ANP shift has been introduced at weekends to support the GPs and Triage Nurse. The role particularly focuses on the management of walk-in patients which equate to 30% of activity. This activity is unpredictable and often time consuming as patients have not received prior triage. The service is also seeing a significant number of walk-in patients requiring injections / dressing changes that have been directed by their registered practice.
- A GP Shift Leader has been introduced on every weekend shift to have oversight of the service / team and has responsibility to escalate any issues to CCL's On-Call Manager

2) Compliance against Out of Hours National Quality Requirements (NQR)

STANDARD ONE - REPORTING	Compliant
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Core Care Links Ltd provides quarterly performance reports to North East Lincolnshire Clinical Commissioning Group and Lincolnshire Community Health Services NHS Trust that incorporate all elements of the National Quality Requirements.

STANDARD TWO - CONSULTATION COMMUNICATION	Compliant
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Providers must send details of all OOH consultations to the practice where the patient is registered by 08:00 am the next working day (Target 95%)

Performance during quarter two is detailed below with all month's meeting the required level:

July 15–99.2%
 August 15 – 98.7%
 September 15 –99.1%

STANDARD THREE - SYSTEMS	Compliant
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Regular exchange of up to date and comprehensive information:

GP Out of Hours contacts are communicated to the patients registered practice by 8am of the next working day.

Special notes for patients are placed in the notification section of SystmOne – which notifies users every time the patient's record is accessed.

Arrangements for the priority of palliative care patients are also made through integrated working with the call handling provider.

The task facility within SystmOne is actively used by the OOHs clinicians to notify the patients registered GP of any required actions / important information relating to their patients. This helps ensure continuity of care for patients and reflects strong integrated working.

STANDARD FOUR - AUDIT	Compliant
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Regular audit of patient contacts:

During each quarter a random sample of electronic consultation notes from all clinicians working in the out of hours service are reviewed. The audit is undertaken by a clinician with out of hour’s experience and a compliance score is generated for each GP based on a defined assessment criteria. The results of the audit are then reviewed by the Directors, outcomes fed back to all GPs, and actions taken for those GPs where performance was below the target level.

Prescribing Audit:

Working with the CCGs Prescribing and Pharmacy leads and GPs work within the service, CCL has developed a prescribing formulary for the service. This now enables CCL to undertake a quarterly audit to identify prescribing outside of the formulary, and determine if the prescribing is appropriate. Any prescribing activity deemed to be inappropriate is addressed with the individual clinician or shared with all clinicians as a general update / learning.

STANDARD FIVE – PATIENT EXPERIENCE	Compliant
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Regular Audit of Patient Experience

During Quarter two, 126 patient questionnaires were randomly distributed to service users that had accessed the OOHs service. This equates to a random sample size of 2.56% with a response rate of 13.5%. Copies of the feedback form are now available within the unit and on CCL’s website for any service user to complete and return, in addition to the postal distribution. The new survey gives the service user the opportunity to provide their contact details should they want feedback as to how the information they have provided has been used to improve and develop our services.

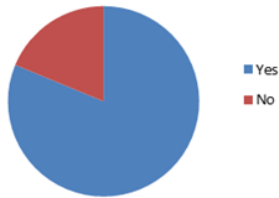
It has been recognised that response rates to the questionnaire have decreased over the past couple of months so work is underway to develop our approach to patient engagement. This includes the establishment of a service user quality group and feedback forms will shortly be available within primary care centres.

CCL has also now added the friends and family test to all questionnaires.

A summary of the results are detailed below:



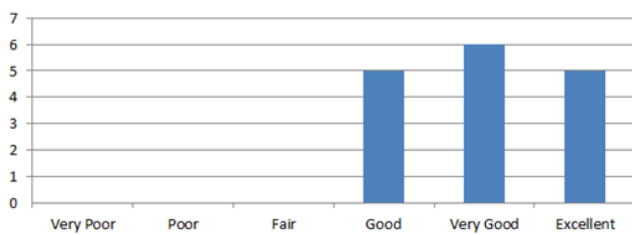
Did you ring the Call Handling Service prior to attending the unit?



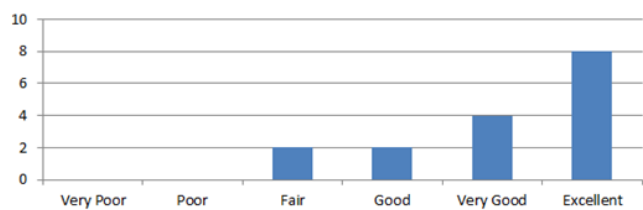
Were you seen within the Out of Hours National Quality Requirement target of 6 hours?



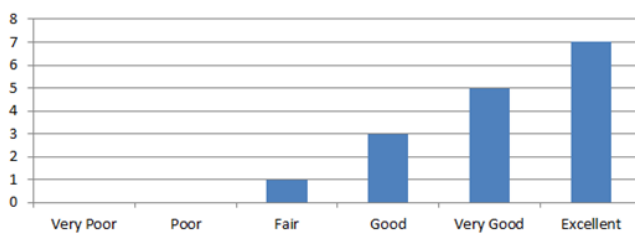
How would you rate the way you were treated at reception?



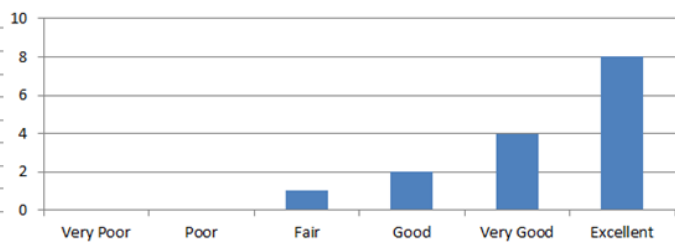
How would you rate the explanation the Doctor or Nurse gave you about your problem?



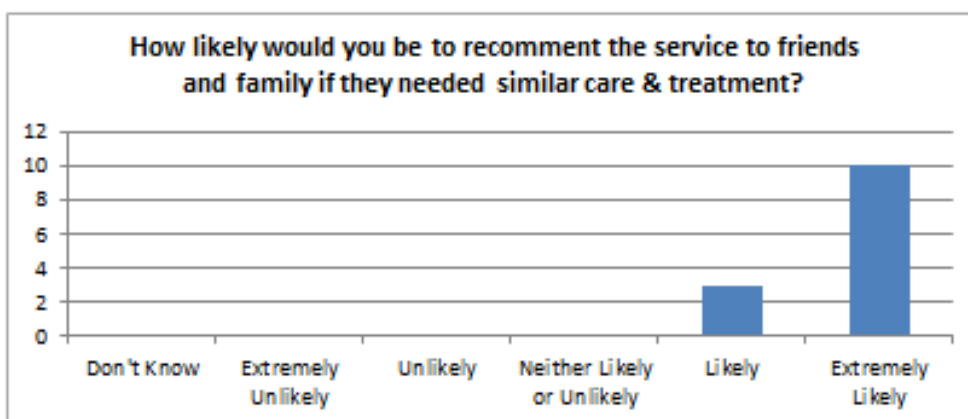
How would you rate the treatment or advice you received?



Overall, how would you rate the service you received?



How likely would you be to recommend the service to friends and family if they needed similar care & treatment?



In addition, service users completing the form are given the opportunity to enter free text for additional comments / suggestions not captured within the form. Some comments received in this quarter are detailed below:

- *Totally appreciate the speed in which I was dealt with. So friendly great service, Thank you*
- *excellent Thanks v much*

- *Thank you for helping me. Very grateful.*

STANDARD SIX - COMPLAINTS	Compliant
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Operate a complaints process that is consistent with the principles of the NHS complaints procedure:

Core Care Links Complaints procedure follows NHS Guidelines and CCL work closely with the local Patient Advice and Liaison Service (PALS).

In Quarter Two 2015/16 Core Care Links received 4 complaints as follows:

- *Issue with prescription provided*
- *Concern regarding advice given*
- *Delay in access*
- *Concern regarding consultation*

All complaints are managed in line with Core Care Links complaints procedure and documented within our complaints database. As part of this, where appropriate, CCL documents the lessons learnt from each complaint and the actions taken to continually improve the services.

STANDARD SEVEN - CAPACITY	Compliant
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Ability to match capacity to meet predictable fluctuations in demand

The provision of personnel to the service is determined based on historic demand.

CCL continually reviews the way our services are delivered to ensure we deliver safe, high quality and effective services. The service operates predominately on a fixed rota basis and all GPs receive a text reminder 48 hours before they are due to undertake a shift. The rotas are also available on CCLs intranet ensuring all staff have constant access to the latest version of the rota.

The service is currently experiencing an on-going increase in activity, particularly walk-ins and GP Call Backs. The service is seeing an average year on year increase in activity of approximately 20%. In addition, feedback from clinicians within the service is that patients presenting at the service are of a more complex nature. To ensure the service continues to meet all NQR targets, CCL has introduced an additional 6 GP Hours on a Saturday and Sunday and has introduced a new Advanced Nurse Practitioner shift at weekends (6 hours each day). CCL is currently in discussions with the CCG to review walk in activity and the capacity of the triage nurse to manage this level of activity.

In addition, the A&E GP Service delivered by CCL is now running 7 days a week, 9am – 10pm. The service is integrated with out of hours at the weekend. Should the out of hours service see an increase in patients presenting, the A&E GP will move to OOHs to support the service and return to A&E once the situation is resolved. After 5pm, A&E staff are now contacting the GP OOHs service to seek primary medical advice where appropriate.

STANDARD EIGHT – Care Plus Group Call Handling – N/A

STANDARD NINE - Telephone assessment – N/A

STANDARD TEN – CLINICAL ASSESSMENT	Compliant
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Face to face clinical assessment

10a) Identification of life threatening emergencies within 3 minutes

	Total number of emergency patients	Percentage of patients given a definitive assessment within 3 minutes of arrival	% achieved
July 2015	0	0	0
August 2015	0	0	0
September 2015	0	0	0

10b) Start of clinical assessment of urgent cases within 20 minutes of arrival

	Total number of Urgent patients	Number of Urgent patients given a definitive assessment within 20 minutes of arrival	% achieved
July 2015	87	87	100%
August 2015	119	119	100%
September 2015	140	140	100%

10c) Start of clinical assessment of non-urgent cases within 60 minutes of arrival

	Total number of non-urgent patients	Number of non-urgent patients given a definitive assessment within 60 minutes of arrival	% achieved
July 2015	1,517	1,485	97.89%
August 2015	1,669	1,635	97.96%
September 2015	1,396	1,366	97.85%

STANDARD ELEVEN – CLINICAL AVAILABILITY	Compliant
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Patients are treated by the clinician best equipped to meet their needs.

The service currently uses the skills of both General Practitioners and Advanced Nurse Practitioners. There is always a GP available for consultations and the service ensures that at the point of presentation the patient is seen by the most appropriate clinician for assessment and treatment. Patients are also seen within the unit based on medical priority.

STANDARD TWELVE – FACE TO FACE CONSULTATIONS	Compliant
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Face to face Consultation

12a) face to face emergency consultations – started within 1 hour

	Total number of Emergency consultations	Face to face emergency Consultations started within 1 hours of definitive assessment	Number of patients not seen within time frame (exception report)	% done in 60 minutes	% achieved after exception report
July 2015	0	0	0	0	0
August 2015	0	0	0	0	0
September 2015	0	0	0	0	0

12b) Emergency consultations – home visit – started within 1 hour

N/A as Rapid Response would be despatched

	Total number of Emergency Home visits	Home Visit emergency Consultations started within 1 hours	% done in 60 minutes	% achieved after exception report
July 2015	N/A			
August 2015	N/A			
September 2015	N/A			

12c) Face to face urgent consultations – PCC – within 2 hours

	Total number of Urgent consultations	Face to face Urgent consultations started within 2 hours of definitive assessment	Number of patients not seen within time frame	% done in 120 minutes
July 2015	87	85	2	97.7%
August 2015	119	119	0	100%
September 2015	140	135	5	96.43%

12d) Urgent Consultations – home visit. – 2 hours.

	Total number of urgent home visits	Home visits started within 2 hours of definitive assessment	% done within 120 minutes
July 2015	0		
August 2015	0		
September 2015	0		

12e) Less Urgent Consultations – PCC –within 6 hours.

	Total number of non-urgent face to face consultations	Face to face consultations started within 6 hours of definitive assessment	Number of patients not seen within 6 hours' time frame (exception report)	% done within 6 hours	% achieved after exception report
July 2015	1,517	1,517	0	100%	100%
August 2015	1,669	1,669	0	100%	100%
September 2015	1,396	1,396	0	100%	100%

12f) Less Urgent Consultations – Home Visit – within 6 hours

	Total number of non-urgent home visit consultations	Home visit consultations started within 6 hours of definitive assessment	Number of patients not seen within 6 hours' time frame (exception report)	% done within 6 hours	% achieved after exception report
July 2015	4	4	0	100%	100%
August 2015	1	1	0	100%	100%
September 2015	6	6	0	100%	100%

STANDARD THIRTEEN - COMMUNICATION	Compliant
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13a) **Interpretation services within 15 mins**

Core Care Links has a contract with Language Line to deal with any patients who require the services of an interpreter. Language Line is a responsive service that is available 24 hours a day 7 days a week.

13b) **Provision for hard of hearing/impaired sight**

The GP centre has an induction loop for the hard of hearing i.e. loop telephone. New reception desks also have a wheel chair friendly lower counter. We are also in the process of developing feedback forms in different formats and languages.

3) Key Performance Indicators

a) **Serious Incidents**

2015 21215

On 17th June 2015, CCL submitted an incident via STEIS (SI 2015 21215). The incident related to a delay in patient care. The final report was submitted on 20th October 2015. The report was reviewed at the SI Meeting held on 28th October 2015. Following the process, the report is being shared with the patient and staff involved and work has commenced to implement the actions and learning identified as part of the investigation.

b) **Admissions**

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar
GPOOHs Admissions	80	117	88	85	82	101						
GPOOHs Total Patients	4,353	4,676	3,827	3,879	4,297	3,605						
Admissions as a percentage of attendance	1.83%	2.5%	2.3%	2.2%	1.91%	2.8%						

4) Care Quality Commission

On the 26th June 2014, Core Care Links received an unannounced visit from the Care Quality Commission. The inspector then met with CCL's Business Manager and Operational Supervisor on the 28th June. The initial feedback from the inspection was extremely positive and the final report is now available and published. CCL was assessed as compliant against all outcomes that were inspected.

The report is available at: <http://www.cqc.org.uk/directory/1-367634492>