

Leading quality out of hours provision:

Response to “General Practice Out of Hours Services - ‘Project to consider and assess current arrangements’”

April 2010

Foreword

This document sets out Primecare's response to the document published in February 2010 by Dr David Colin-Thome and Professor Steven Field addressing out of hours arrangements.

Primecare are a large commercial provider of out of hours services and we are consistently reviewing and learning from the latest developments in the field of urgent care. Over the past three years we have invested significantly in our clinical governance systems and processes to assure ourselves, our patients and our commissioning organisations of the quality and safety of all our health care services.

During 2009 and early 2010 there has been significant coverage in the media about the safety of out of hours services following an incident in an out of hours service run by another provider in Cambridgeshire. Following this incident the Care Quality Commission issued an interim report urging Primary Care Trusts to robustly monitor their contracts with out of hours providers. Primecare have issued our own statement to this report which is published on our website. We have also written to all our commissioners following a thorough internal review to provide assurance of the actions that are in place to mitigate the risk of such untoward incidents occurring in Primecare services.

We have recently launched our Quality Accounts programme that includes a quarterly report to commissioners on our performance against national and locally agreed quality indicators. These reports are well received by commissioners and demonstrate again our commitment to providing quality patient services and supporting commissioners in their contracting responsibilities.

In addition Primecare set up a specific work group in February 2010 to review the recommendations from the OOH review and this document sets out our response to those recommendations. Whilst many of the recommendations are for PCT commissioners, we believe that providers can play an important role in driving up quality standards and enabling commissioners to properly monitor and quality assure our services.

Dr Bruce Websdale
Medical Director, April 2010

Primecare response to recommendations

Section 1:

Commissioning and Performance Management

1. *PCT's to review their performance management arrangements:*
 - a. *Frequency and seniority*
 - b. *Quality review meetings separate to contractual review*
 - c. *Attended by senior clinicians, local GP's, LMC*
 - d. *Clear accountability where more than 1 provider involved*

We welcome the recommendation to ensure regular and appropriate performance management with a separate quality review meeting. In partnership with local commissioners we are already adopting this approach in some areas.

2. *PCT's should supplement the core NQR's with a suite of locally designed quality indicators to which consideration should be made for quality incentive payments*
 - a. *Clinical outcome trends*
 - b. *Patient reported outcomes*
 - c. *Patient and stakeholder feedback*

Primecare already audit both individually and jointly across our services to ensure appropriate clinical outcomes and provide a range of outcome information in our reports to commissioners. This includes our reducing trend on referral to Accident and Emergency departments.

Primecare have scored highly in a number of benchmarking reviews, notably the high number of PCTs who use Primecare as their out of hours providers being rated in the "better" or "best" performing cohorts.

In 2010, Primecare launched our Quality Accounts programme. Primecare now produce a Quality Account for each of our contracted out of hours services, and we are developing Quality Accounts in all of our other service lines. The Quality Account includes our performance against the core NQRs as well as a set of national and locally agreed quality and safety indicators. The local indicators are agreed on discussion with the relevant commissioner.

A Quality Overview is included in each quality account that sets out measurable performance against our indicators at a glance. Our patient experience section includes the following measures:

- Complaint rate
- Percentage of complaints acknowledged within three working days
- Percentage of final responses completed within 20 working days
- Percentage of complaints with learning outcomes
- Patient satisfaction surveys carried out on 1% of all contacts
- Percentage of CFEP patient experience surveys carried out that quarter
- Primecare performance in CFEP surveys against national benchmark for telephone advice, home visits and appointments at primary care centres
- Compliance with evidenced quarterly meetings with patients, urgent care networks and local stakeholders

- 3. PCT's to review inclusion of NQR 5, patient experience reports and wider stakeholder feedback including GP's, A&E, Ambulance service with trend analysis*

Primecare currently run or plan to run the CFEP patient experience surveys in all our out of hours services. Results of these surveys are reported to our commissioners. We welcome the expansion of surveys to include feedback from the local health economy. In a number of our existing contracts we already contribute to urgent care networks.

- 4. PCT's should ensure OOH providers become integral part of local health economy and have a place on Urgent Care Boards*

The out of hours service is an integral part of the local health economy. We always participate in urgent care networks, even taking the initiative by establishing and leading these in some parts of the UK. We believe that performance is enhanced and services improved through true integrated and partnership working, regardless of provider. Primecare have participated in a number of successful pilots to reduce avoidable admissions and referrals to Accident and Emergency departments.

- 5. PCT's and Providers should benchmark their services eg Primary Care Foundation (PCF) work; this will enable PCT consideration of sufficient resource allocation to ensure quality service delivery*
- 6. Ensure the recommendations from work carried out by PCF benchmarking are implemented*

Primecare has established a benchmarking working party who are currently reviewing all benchmarking information and ensuring that action plans are in place for each of our contracted out of hours services. We will ensure that commissioners have the opportunity to review our benchmarked performance and can monitor our improvement plans.

- 7. Board level reporting on quality of OOH to Provider, PCT and SHA level*

We welcome reporting of out of hours performance at the highest levels and would recommend that our Quality Accounts are reported to the relevant commissioning Board on a quarterly basis.

- 8. DH to provide improvement programme for PCT OOH contract management*

We welcome this recommendation to support commissioners in managing the out of hours contract and confirm our commitment in assisting the Department of Health on developing this programme.

Section 2:

Selection, Induction, Training and use of out of hours clinicians (including use of locums)

9. *PCT's and Providers to continue to work with post graduate deaneries to ensure GP Registrar training*

Primecare already has close links with the relevant post graduate deaneries and we have a policy in place to ensure that in every contract we offer a range of GP Registrar training opportunities within our out of hours services.

10. *RCGP to review guidance concerning GP Registrar training*

We welcome this recommendation and would like to work alongside the RCGP in review the guidance for GP Registrar training. We are also establishing consistent guidance across Primecare services for GP Registrar training offering every opportunity for high quality training under RCGP guidance.

11. *OOH Providers should consider the recruitment and selection process for clinical staff (and be applied to locums)*
 - a. *Knowledge and skills outline for staff setting out generic qualifications and appropriate experience*
 - b. *Telephone assessment skills*
 - c. *OOH knowledge*

Primecare has reviewed its recruitment policy in light of the recommendations and strengthened the clarity of knowledge and skills requirements for all our clinicians including agency and locum clinical staff. We regularly review our selection procedures to account for telephone assessment skills and experience of working in an out of hours environment.

We have in place job descriptions and competency outlines for all staff and these are robustly assessed at interview. Telephone assessment is a discrete skill which we provide full training for. We also robustly audit this skill.

Primecare has both organisation-wide and local induction manuals which cover a range of relevant subjects. New starters are supported by an experienced local mentor ensuring a tailored approach to suit any selected candidates.

12. *OOH Providers to consider content of their induction process which should be completed before first shift*
 - a. *Tailored to needs of individual*
 - b. *Local knowledge*
 - c. *Special consideration for non UK staff*
 - d. *Followed by appropriate shadowing and mentoring arrangements*

Every doctor that works for Primecare (including those from agencies) undergoes an interview and pre assessment prior to commencement of their first session. Following their first session with Primecare, the Local Medical Advisor or the Clinical Services Manager undertakes a full assessment of their work. This information is also given to the doctor to form part of their yearly appraisal with their PCT. Regular refresher seminars are also standard and part of clinician's Continuing Professional Development.

Primecare's interview and induction processes are developed differently depending on the skills and knowledge of the individual. We have different programmes in place for people who already have good knowledge and experience of out of hours services, a programme for people whose first language is not English, and a detailed programme for people with less out of hours experience or local knowledge.

Primecare's policy sets out a minimum shadowing and mentorship period which is tailored to the needs of the individual doctor under the leadership of the Local Medical Advisor.

13. PCT's to review whether induction, shadowing, mentoring are set in contract

We welcome this recommendation and we can already provide evidence of our induction, shadowing and mentoring processes which has been adopted as an internal policy even where not contractually explicit.

14. Provider cooperation with PCT's on concerns regarding staff working excessive hours

We have invited our PCTs to establish a local process to track working arrangements. In Wales we have been working for some time with the Deanery to form an All Wales GP Passport to track doctor's work across providers. Primecare were the first out of hours provider to pilot this in partnership with the NHS Wales Business Service Centre.

15. OOH Providers to consider clinical governance arrangements and include

- a. Clinical audit*
- b. Trend analysis of clinical performance for common/high impact conditions*
- c. PCT should consider the cost of providers undertaking these audits (see 5 above)*

Primecare has in place a robust clinical governance structure at both national and local levels. We already undertake clinical audit in line with our comprehensive audit strategy. We will look to include a clinical audit programme for each of our contracted out of hours services that we will agree with local commissioners including targeted audits to support local initiatives, multi agency audits and audits of high impact conditions. We welcome the opportunity for PCTs to further support audit within the Out of Hours services

16. PCT's should ensure all locum and sessional staff on their Performers List have access to appraisals and CPD

We welcome this recommendation and are considering including evidence of appraisal as one of our minimum standard requirements for all doctors working in Primecare services. Additionally we are exploring the PCT appraisal system at a local level to encourage OOH performance to be part of out of hours doctor's appraisal

17. OOH Providers should consider the benefit of signing preferred provider agreements with locum agencies

Primecare has its own locum business, Primecare Locums, which provides clinicians for Primecare services and to other providers. Primecare Locums follows the same process of assurance that is carried out on all new and agency doctors in Primecare services.

As a minimum, all new and agency doctors must provide evidence of:

- Up to date GMC Registration with Licence to practice
- Appropriate valid Professional Indemnity CRB check (within the last three years)
- Evidence of recent completion of Child Protection Training (within the last three years)

- Basic life support training
- Evidence that they practice in the UK and are registered on a local PCT Performer's List

Any selected doctor from any agency background is required to fit our criteria of knowledge and skill and to undergo local assessment by the LMA and a robust and suitably tailored induction process. All new doctors are provided with shadowing and mentoring during their first sessions

Primecare only rarely uses external locum agencies. However all recruitment and induction policies apply, and we continue to work across our organisation to establish preferred provider locum agencies as appropriate.

18. DH/CQC to ensure future requirement for provider organisations to source workers fit to practice including locum agencies

Primecare already has robust criteria for the selection of out of hours clinicians and will work quickly to ensure that all clinicians working within Primecare services comply with any future Care Quality Commission requirements.

Section 3:

Management and Operation of Performers Lists

19. DH working with GMC to consider the extent PCT's can rely on GMC registration process.

We await the outcome of this recommendation however we believe that our due diligence processes should provide assurance in the interim.

20. DH to urgently issue guidance to PCT's re making decisions about necessary knowledge of English in order to be admitted to Performers List

All doctors from overseas are now mandated to provide us with evidence on proficiency in English before they can start work and additionally are assessed at interview on a set criterion to ensure safe and effective communication skills.

21. DH guidance on when PCT's need to informally invite applicants for discussion of their applications

We have noted this recommendation.

22. Performers List review – appropriateness for GP Registrars

We will review the outcome of this recommendation and the impact on use of GP registrars in our out of hours service.

23. PCTs should ensure all doctors who have not provided Primary Care services in the NHS should be required to complete an individually tailored induction prior to commencing.

We have noted this recommendation and have tailored our interview and induction processes as described above.

24. DH to review exchange of information between PCT's and GMC

We have noted this recommendation.

Conclusion

Primecare have thoroughly reviewed the report from Dr David Colin Thome and Professor Steve Field on arrangements for out of hours services. Primecare already had in place many systems that meet the recommendations for providers. Where we felt the recommendations further strengthened our processes in assuring quality and safety we have been pleased to adopt them. Additionally we have established procedures that will support health care commissioners in fulfilling their responsibilities of commissioning and performance management, management of performer's lists and in gaining assurance of selection, induction and training processes.

We have also reviewed the report's profile of what makes a good out of hours service in terms of commissioning and provision, especially for the patient. Our assessment of where we are against these aspects of provision is included at appendix 1.

Appendix 1

Primecare – delivering good out of hours services

Section 1: Commissioning and Performance Management

Relationships and Integration

1. OOH service commissioned for local need and integrated into local urgent care health economy

Primecare reports our integration with the local health economy on our monthly performance dashboard and at regular PCT meetings through sharing Quality Accounts.

2. Commissioners to ensure OOH Providers integrate with urgent care boards etc and foster partnership working

Primecare will report these to PCTs on our performance dashboard and through our Quality Accounts.

3. Good relationship between Commissioners, Provider and local GP groups to support necessary discussions around patient care

Primecare works in partnership with local health economies supported by local senior GPs acting as Local Medical Advisors.

4. Local GP's and PBC consortia are involved with the assessment of OOH services and includes involvement with LMCs

Primecare work closely with local GPs, PBC consortia and LMCs particularly through the role of the LMA.

5. Good relationships between PCTs Providers and Deaneries to ensure Registrar training

Primecare has good working relationships with deaneries to support Registrar training within the out of hours environment.

Performance Management

1. Regular meetings at least quarterly with Commissioner

Primecare to continue systematic compliance of regular meetings reported by Dashboard/QA

2. Providers to submit regular reports on compliance of NQR and other appropriate metrics to include trend analysis and benchmarking

Primecare already reports through regular NQR reports and Quality Accounts

3. Good contract may also contain requirement for reporting appropriateness of referrals and treatments, % patients receiving call backs, % dealt with by self care advice and results of 'mystery shopper' surveys

Primecare is committed to developing our current appropriateness assessments

4. PCT's are urged to escalate issues and incidents to the PCT Board

Primecare are aware of the implications of escalation of incident reporting.

Quality

1. Good providers will have robust policies and procedures in place regarding clinical governance and where more than one provider involved will have shared CG process with the providers meeting regularly

Primecare have in place robust clinical governance arrangements and will strengthen our processes for shared services.

2. Quality will be an agenda item at contract reviews but ideally there should be separate quality board meetings attended by senior clinicians and managers as well as GP's and PBC consortia

Primecare will continue to ensure internal and external reporting on quality

3. Discussions at these meetings will focus on ensuring lessons are learnt and that systems are in place to record such items and to analyse trends

Primecare will continue to report lessons learned through our dashboard and Quality Accounts and will build upon our current trend analysis work.

4. Commissioners should be aware of clinical audit that should extend beyond RCGP toolkit including trend analysis of clinical performance for common and/or high impact conditions
Primecare will review clinical condition coding and develop further focussed audit including trend analysis

Patient perspective

1. Patients are aware of how to contact services and can access information through an appropriate website

Primecare will work with PCTs to test effectiveness of out of hours information

2. The OOH service is able to access the patient record or a summary record

Primecare will continue to be involved in the Adastra working party on this agenda.

3. The clinician conducting the clinical assessment is appropriate for the patient condition – appropriateness could be measured in local patient surveys

Primecare provides GP-led out of hours services. We carry out local patient surveys.

4. After assessment appropriate outcome is communicated and delivered to identified time scales

Primecare will continue to report promptly and to the NQR standard on appropriateness and timeliness of outcomes

5. The assessing clinician has good local knowledge or has access to such information

Primecare will continue our development of high quality Local Information Systems (LIS) and check effectiveness

6. The patient presenting by the phone is dealt with by 1 call and if not is made aware of timescales for call back and includes information for what to do if condition deteriorates

Primecare will continue to audit performance

7. If there are delays to call backs then a comfort call should be made, all this activity frequency being audited

Primecare will review standardisation of comfort call usage and audit this.

7. If PCC offered the patient is given clear instructions on how to reach it

Primecare believes it provides clear information to patients but will review how such information delivered and explore new methods.

8. Medications on HV's are provided from carried stock

Our Adastra medicines management system demonstrates appropriate dispensing from Primecare medicines stock

9. Medications from PCC ideally given by on site pharmacy

Primecare will review how on site medicines are provided or close working with local accessible pharmacies

10. Patient experiences seamless pathway despite number of providers

Primecare will discuss with our PCTs the opportunities to test the pathway

11. Patient is offered the opportunity to feedback either in real time or as a retrospective survey or telephone questionnaire

We will continue to ensure systematic patient satisfaction/feedback occurs and look for 'real time' opportunities

12. Data is transferred to patients GP by 8am the next working day

Primecare will continue Transfer of Responsibility recording and audit this

Selection, Induction, training and Use of out-of-hours Clinicians (including use of locum GPs)

Selection/Training

1. Commissioners need to
 - a. Assure themselves that providers recruit appropriately qualified and trained staff
 - i. On English Performers List preferably local
 - ii. Have UK in hours experience preferably locally

- iii. Good command of English
 - b. Ensure it is contractual requirement for providers to work with post graduate deanery ref GP Registrar training
 - c. Consider value of stipulating experienced local in-hours clinicians should work OOH
- Primecare have noted these opportunities for supporting service improvement.*

2. Providers should

- a. Ensure they comply with legislation and contracts when recruiting, selecting and training staff (including GP Registrars)

Primecare currently checks against legislation and contract for compliance.

- b. Have a robust selection process governed by a 'knowledge and skills' framework for staff
 - i. Qualifications and eligibility
 - ii. Sight of references
 - iii. Interview process covering 'knowledge and skills' and clinical skills review

Primecare has adopted current recommendations into minimum entry requirements and enshrined the principles in its clinician management policy

Induction

- 1. Commissioners to mandate robust induction process from providers, particularly those unfamiliar with local OOH provision

Primecare has updated its induction guidance to follow suggested recommendations

- 2. Providers to ensure induction process includes assessment of command of English and local procedure knowledge

Primecare's policy supports robust interrogation of language ability and local knowledge (or adequate LIS support)

- 3. Provider induction to include thorough demonstration of and training in clinical system, prescribing process, local formulary and use of controlled drugs; a more tailored induction process will be used for GP first shift if unfamiliar with NHS OOH services and lacks local geographical understanding

Primecare has updated our Clinician Management policy and guidance

- 4. There are robust shadowing arrangements for an appropriate number of shifts and mentoring support is available when required; initial audit will take place within first few sessions

Primecare has a Clinician Management Policy in place that includes shadowing, monitoring and audit.

Use of locums

- 1. The use of locums is the exception and not the norm, only being required to fill unexpected sickness leave

Primecare uses locums rarely. We track all locum usage and report this on our performance dashboard

- 2. If use of agency unavoidable, providers try to use preferred provider with whom they have well-established working relationship

Primecare Locums is Primecare's preferred provider and we will seek alternative preferred providers across the organisation for the rare situations when an external agency is required.

- 3. Providers have signed agreement in place with agency

Primecare has its own agency Primecare Locums and arrangements with others for times when external agency usage is required.

- 3. Any recruitment requirements of the provider (or PCT) are passed through to the agency

Primecare has clear written minimum requirements for all clinicians including those provided by agencies.

- 4. The provider understands what checks the agency undergo and sees evidence of these

Primecare has a full understanding of the checks carried out by agencies including the limitations of such checks and its role as provider to review evidence.

5. The providers 'knowledge and skills' outline applies also to the agency
Primecare will ensure the 'knowledge and skills' outline is agreed with agencies
6. Locums go through at least the same induction, shadowing and mentoring process as regular staff
Primecare adopts equal if not more onerous process for locums

Management and Operation of Performers Lists

1. Good Providers
 - a. Follow good employment practices when recruiting and appointing doctors
 - b. Alert the PCT when taking disciplinary action OR if a doctor leaves their employment without performance issues being resolved first
 - c. Are responsible for ensuring that the people they employ have the required knowledge and skills including language competency for posts for which they are applying*Primecare applies all the above, without exception in best practice management of its clinicians through compliance with its policy and guidelines.*