



Response to the interim report by the Care Quality Commission on the enquiry into Take Care Now and out of hours services

1 Introduction

On 10 June 2009, the Care Quality Commission (CQC) announced an enquiry into Take Care Now's (TCNs) provision of out of hours services. The final report is due to be published in early 2010; however, the CQC published an update on the enquiry in October 2009.

This report sets out Primecare's response to the CQC's initial findings, to inform commissioners of the steps that we have taken to provide both internal and external assurance of the safety and quality of all our out of hours services.

Following the publication of the CQC final report on this enquiry we intend to provide a further update to commissioners setting out our response and actions in light of any further recommendations.

2 Summary of the CQC's interim findings

The CQC's update on the enquiry was published in October 2009. The full update can be found on the CQC website.

The incident that triggered the enquiry concerned a patient who was treated by a locum doctor. The patient was given 100mg of diamorphine, 10 times the normal recommended dose, and subsequently died. The doctor practised in Germany, and was engaged by TCN to cover some out of hours shifts in Cambridgeshire. The doctor has since been tried in Germany and given a nine-month suspended sentence for causing death by negligence.

The interim findings have implications for Primary Care Trusts as they commission out of hours services, as well as for out of hours service providers.

The CQC have made the following observations and recommendations in their progress report :

Over the first three months, since our enquiry began in June, Take Care Now has:

- a) significantly reduced the chance of the original mistake happening again, by withdrawing 100mg doses of diamorphine;
- b) made sure schedule 2 controlled drugs, such as opiate-based drugs used in acute and palliative care, are stored and dispensed securely.

But there are some areas that need further improvement. Take Care Now needs to address:

- c) Unfilled shifts. The provider sometimes has difficulty filling doctors' shifts, which puts pressure on other staff and could affect the quality of the service.
- d) The policy on what action to take for people with a suspected stroke, which is inconsistent across the areas in which Take Care Now provides out-of-hours services. It must ensure that all patients with symptoms of stroke are transferred without delay to the 999 service.
- e) Its policy for managing medicines, as it includes some information that is currently too generic or not appropriate for out-of-hours services. It should be tailored to the actual out-of-hours services that the organisation provides.
- f) that all overseas doctors should provide evidence of proficiency in English

- g) PCTs should scrutinise the quality of out of hours services including:
- Efficiency of call handling and triage;
 - The number of unfilled shifts;
 - Proportion of shifts covered by non-local doctors;
 - Induction and training for non-local doctors; and
 - Quality of clinical decision-making.

CQC's chief executive, said, "GP out-of-hours services provide vital care to people outside of normal surgery hours. As commissioners of these services, PCTs need to ensure people receive safe, quality care around the clock.

3 Primecare's response to CQC interim findings

As soon as Primecare were made aware of the incident, the Medical Director immediately established a Project team to review the interim findings including particularly:

- our medicines management systems and policies;
- the use of 100mg ampoules of diamorphine; and
- the usage of agency doctors and doctors from overseas
- our rota management process
- our induction process for any new doctors.

a) Diamorphine dosage and medicines management

Primecare do not store 100mg ampoules of diamorphine at any of our sites. Following our review of the CQC recommendations, we have confirmed that they are not held and a comprehensive risk assessment was completed on the risk of inappropriate access to controlled drugs, which demonstrated that Primecare is at minimum risk.

b)and e) The Controlled Drugs Standard Operating Procedures have been reviewed and cascaded to the responsible person on each Primecare site and its policy for managing medicines reviewed.

In September 2009 Primecare introduced a new electronic medicines management and prescribing system. This system has key advantages. The first advantage is that our staff can now more actively manage drugs stocks. The system is able to provide real time information on what amount of drugs we currently have in stock and the current usage by our clinical staff. This allows Primecare to complete a comprehensive audit on clinician prescribing and dispensing ensuring that they are compliant with agreed national and local out of hours formularies. The electronic medicines management system also enables real-time monitoring of Controlled Drug usage.

The second advantage is that it improves the decision making process for our clinicians. The system provides clinicians with in depth information about each drug, and warns them if a particular drug is not suitable for a patient. Also the system allows clinicians to print prescriptions, which reduces the risk of the incorrect drugs being given to the patient.

Our duty doctors also receive regular Continuing Professional Development (CPD) updates relating to clinical areas such as palliative care and medicines management and have access to local induction manuals and on line advice support materials.

c) Filling shifts

Primecare have a national policy on rota management which ensures that all branches complete rota filling processes robustly and within set timescales (eight weeks in advance). Rotas are filled according to the central forecasting team's statistics in line with Met office and NPHS reports but also with local knowledge. The operational and clinical quality requirements and skill mix and are signed off as being clinically safe by the local team who include the branch manager, clinical manager and Local Medical Advisor. Their

remit includes oversight of the number of hours worked (to ensure a work life balance), quality of the clinicians and performance overall. Their responsibility is overseen by the accountable Operations Director and senior management team on a weekly basis.

A mixture of Local GP Principals, Local salaried or locum GPs are used with a small minority of agency doctors from our own Primecare Locum business at peak times. Rarely other agencies may be utilised or contingency resource from a neighbouring contract in line with our escalation policies which have been locally agreed.

d) Patients presenting with symptoms of stroke

Primecare call handlers all have immediate access to a stroke decision support template to ensure that patients with symptoms of stroke are transferred without delay to the 999 service.

Call handlers are trained on the importance of identifying such conditions and prioritising these cases, ensuring a 999 call is executed. FAST guidelines are incorporated into this training. Call Handlers are trained on the National Quality Requirements and have a full awareness that Immediately Life Threatening conditions must be passed through to the ambulance service within the designated 3 minutes. This training is clinically led and overseen.

In line with the Royal College of GPs toolkit, a minimum of 1% of patient pathways are audited with the training lead and audit lead to mitigate risk in relation to poorly performing call handlers or clinicians.

f) Use of overseas and agency doctors

Primecare have reviewed our policies and practise on the recruitment and induction of agency doctors and reinforced the importance of following the policies when using clinical and medical staff from agencies.

All doctors from overseas are now mandated to provide us with evidence on proficiency in English before they can start work.

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.

The number of new and agency doctors used by Primecare are closely monitored. We have set our own standards to ensure that the proportion of new doctors started in a month is less than 5% of the total hours. We also ensure that the number of hours of agency doctors used as a proportion of total doctor hours is less than 5%.

There are rare occasions when Primecare uses doctors from outside the UK, but in all occasions these are doctors who work with us regularly for an agreed length of time i.e. one week every month and have provided evidence of practice within the UK.

Prior to a new or agency doctors commencing with Primecare, they must provide evidence of our minimum requirements as follows:

Current Doctors: -

Up to date GMC Registration with Licence to practice
Appropriate valid Professional Indemnity
Evidence of being on a PCT Performers List

New Doctors including Agency: -

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

Primecare has its own internal Performers List which includes evidence of all our minimum requirements. The Performers List is routinely audited monthly by the Central Clinical Governance Team to ensure absolute compliance.

Primecare's Clinical Governance Committee advises on the minimum requirements for all clinicians working for us. These standards are reviewed yearly as a minimum to ensure we meet the appropriate standards and that we continue to drive up the quality of the services we provide.

g) Robust monitoring of the quality of out of hours services

The Care Quality Commission recommends that PCTs should ensure that they are monitoring the quality of the out of hours services that they commission.

To support PCTs in doing this, Primecare are developing a Quality Account for each commissioner in line with the Care Quality Commission regulations that reflects more direct interrogation of the quality of our clinical services. These Quality Accounts will include rota fulfilment assessments as well as other quality metrics in line with the Health and Social Care Act 2008 requirements which come into effect 01st April 2010. Quality Accounts will also be made available to the public and be prepared in consultation with patients.

Primecare have also reviewed and strengthened our Clinical Governance procedures regarding reporting to our commissioners. A clinical governance dashboard is collated on a monthly basis to monitor the clinical quality of the service through a combination of local branch and central reporting.

In addition to this Primecare have undertaken a complete internal audit of clinical rota management across the business and Patient safety principles are being applied in recommendations from this audit.

4 Summary

Following the tragic incident relating to the death of a Cambridgeshire man, Primecare has reviewed its systems and processes to ensure that we are consistently providing out of hours services that are safe and of a high quality.

This report outlines Primecare's response to this incident and the subsequent enquiry that is being carried out by the Care Quality Commission. We hope that this report assures commissioners of our current quality and focus on safety but we intend to write again to commissioners following publication of the CQC's final report should there be any further recommendations that providers should be taking.