



## Eastern and Coastal Kent

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Dear Paul,

Further to the Health Overview and Scrutiny Committee meeting on 30 October and your subsequent letter of 09 November 2009, please find below further information as requested on the Primary Care out-of-hours service provided for the residents of Eastern and Coastal Kent.

**1. How are clinical outcomes of out of hours care measured? What has been the performance against these measures?**

NHS Eastern and Coastal Kent (NHS ECK) currently contracts out-of-hours Primary Care across the PCT with South East Health Limited (SEHL). Performance is monitored and managed through a number of mechanisms including:

- The use of Key Performance Indicators (KPIs) linked to the 13 Department of Health National Quality Requirements (NQRs)
- Quarterly performance reporting by SEHL to NHS ECK;
- Quarterly reviews of SEHL's performance with NHS ECK; and
- Monthly exception reporting by SEHL.

The 13 NQRs submitted by SEHL provide the principle performance reporting and quality assurance mechanism to NHS ECK on a monthly basis; these are shown below together with the most recent performance ratings:

1. Compliance with quality requirements – compliant
2. OOH consultations – compliant
3. Comprehensive Systems Information – compliant
4. Random audit samples – compliant
5. Random samples of patient's experiences – compliant
6. Complaints procedures – compliant
7. Capacity to meet fluctuations – compliant

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8. Initial telephone call:
  - engaged – 0.00%;
  - abandoned – 1.7%;
  - answered within 60secs – 89.6%
9. Telephone clinical assessment:
  - ILTs passed to 999 within 3mins – 100%;
  - urgent calls returned within 20mins – 91.9%;
  - less urgent calls returned within 60mins – 94.6%
10. Face to face clinical assessment:
  - ILTs passed to acute response within 3mins – 100%;
  - urgent patients assessed within 20mins – 100%;
  - less urgent patients assessed within 60mins – 97.4%
11. Clinical workforce – compliant
12. Face to face consultations:
  - Base consultations:
    - Emergency patients assessed within 1hr – 100%
    - Urgent patients assessed within 2hrs – 100%
    - Less urgent patients assessed within 6hrs – 100%
  - Home consultations:
    - Emergency patients assessed within 1hr – 100%
    - Urgent patients assessed within 2hrs – 93.2%
    - Less urgent patients assessed within 6hrs – 99.3%
13. Patients unable to communicate effectively in English – compliant

**2. What information can be provided about the number and nature of complaints, compliments and comments about out of hours services? What has been the outcome of these? Have the outcomes informed service improvements?**

SEHL operates a complaints procedure that is consistent with the complaints procedure for NHS ECK. Anonymised details of each complaint are reported to NHS ECK including the manner in which it has been dealt with.

NHS ECK performance (complaints per patient contact) is currently running at 0.04% compared with an average across other local PCTs served by SEHL of 0.05%. All complaints are audited in relation to individual staff in order that appropriate action can be taken where necessary. In addition, a random sample of patient contacts (4% of calls per clinician per quarter) is audited to ensure appropriate standards of care across the areas of patient access, clinical treatment and provider organisation.

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Furthermore, SEHL regularly audits a random sample of patients' experiences of the service. Most recent survey results indicate 90% of patients surveyed rated the service they received as either Excellent or Good. SEHL continue to take appropriate action to address those areas that are identified by the 10% of responses which rated the service they received as either Satisfactory or Poor.

- 3. The committee is always interested in patients' views informing the development of services, and any additional information you could provide on this would be appreciated. In particular, both written submissions discussed patient surveys that had been carried out, and copies of these would be welcomed by the committee.**

In mid-2009, NHS ECK Eastern & Coastal Kent PCT undertook a piece of work to understand better the quality of the Out of Hours service, as perceived by the public. To inform further work in this area, a survey was circulated through the Eastern & Coastal Kent Virtual Panel, the Health Matters Reference Group, and also to seldom heard groups to measure the public's experience of the Out of Hours service. The Kent and Medway Health Informatics Service is subsequently commissioned to analyse the results and to report their findings.

A copy of the survey results is attached to provide a more detailed response, however in summarising the key findings, the survey found that the majority of respondents:

- Were directed to the service from their GP surgery,
- Wanted to talk to a doctor urgently,
- Had their call answered between one and three minutes,
- Were told a doctor or nurse would call them back,
- Were called back within one hour,
- Travelled 10 miles or less,
- Were seen within 30 minutes,
- Were treated with dignity and respect,
- Were satisfied with the treatment and advice they received,
- Only needed to make one call.

- 4. What are the numbers and types of staff involved in delivering out of hours care (from call-handling and advice to treatment)? How do these numbers compare to the relevant national guidance for staffing levels?**

The contract with the current OOH providers is a service-based contract and is expected to be able to deliver relevant skilled staff and Health Care Professionals to meet the demand across the PCT and cope with any seasonal variations. As such it does not stipulate in the contract the exact number of staff required to deliver the service. The provider undertakes workforce planning using both historical data and current trends to ensure that service provision can be maintained regardless of any external pressures.

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Although not a contractual requirement, the following provides an indication of current staffing levels (figures are shown as whole time equivalent):

#### Clinical Staff:

- GPs (nominally 23WTE) – typically 20–30 GPs are available during the OOH sessions, depending on time of day, expected call volume etc.
- Nursing staff (6WTE) – covering telephone assessment and face to face to consultation.
- Pharmacist (0.13WTE) – covering medicines management and shared with other areas.
- Pharmacy staff (0.4WTE) – managing drugs at base.
- Medical Director – responsible for the GPs, is a GP himself
- Director of Clinical Services – qualified Allied health Professional

#### Support staff:

- Drivers/receptionists (15WTE)
- Receptionists (7.5 WTE)
- Call handlers and shift managers (9.2 WTE)

#### **5. How many calls are dealt with by the call-handling services and what are the outcomes of these (what percentage lead to home visits, or an ambulance being called)?**

Approximately 9,500 calls are received per month by SEHL from residents of NHS ECK. Of these approximately 2.2% (212 from 9,526 in October 2009) were identified as immediate life threatening requiring 'blue light' ambulance transfer to an acute hospital. For the same period, approximately 31.6% of calls (3,011 from 9,526) received face to face consultations at one of the SEHL base locations and 14.9% (1,420 from 9,526) received face to face consultations at home.

#### **6. What is the current performance of the out of hours providers measured against the current key performance indicators?**

This response is reported fully in answer to question 1 above.

#### **7. What new key performance indicators will the PCTs be including in the new contracts?**

As indicated in the paper presented to the HOSC on 30 December, NHS Eastern and Coastal Kent is in the process of re-tendering the current Out of Hours provision. The tendering process is due to complete by the end-Dec 2009 with a decision by the PCT Board at end-Jan 2010. Contractual arrangements will be established through end-Mar 2010 to enable a transitional phase from Apr 10. The new Primary care contract will take effect from 01 July 2010.

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The re-tendering process has enabled a number of amendments to the existing service specification, principal amongst which is the separation of the access, assessment and treatment elements into two 'lots': Lot 1 – Access and Assess; Lot 2 – Treat.

In addition, the re-tendering process has enabled a more thorough revision of the key performance indicators across the areas of patient access, clinical assessment and treatment. Whilst the 13 NQRs and many of the current KPIs will be retained, the revised service specification will enable more detailed performance analysis and management. In summary, Key Performance Indicators will cover the following areas:

- Patient access – call handling response, appointment punctuality and equity of access
- Patient outcomes – clinically safe system of prioritisation, specific requirements for palliative care, face to face contacts, waiting times, communication with patient's practice, repeat contacts,
- Patient experience and engagement – patient satisfaction surveys, marketing and communications, patient/public engagement, equality and diversity, seamless pathway with single point of information
- Quality and governance – NICE guidance, National Service Frameworks, incident management (minor and SUI), complaints, patient and clinician audits, patient safety and infection control, staff training
- Contract management – formal reporting, periodic reviews, management of inappropriate referrals
- Information Management and Technology (IM&T) – Information governance, IT and telephony support, disaster recovery and business continuity
- Delivery partners – satisfaction of delivery partners, links with routine care contractors, case-mix
- Workforce and training – workforce planning, recruitment and retention, staff performance

I hope this provides full and satisfactory answers for your colleagues on the Health Overview and Scrutiny Committee. If anything requires further explanation or clarification, please don't hesitate to contact me.

Yours sincerely,



**Ann Sutton**  
Chief Executive

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c.c. Steve Phoenix, Chief Executive, NHS West Kent