HEALTHY PEOPLE
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NHS

Northern, Eastern and Western Devon
Clinical Commissioning Group

Ref: FOI1017

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06 September 2016

Dear

**Re: Request for information under Freedom of Information Act 2000**

Thank you for your request under the Freedom of Information Act 2000, which was received by Caroline Dawe on Monday 8 August 2016 at 17:16

The CCG is confirming in accordance with Section - (1) (a) of the Act, it holds the information requested and (b) is supplying it unless otherwise specified.

Our further responses are below your further questions highlighted in red text.

**On what evidence have you made the decision to withdraw Tavistock Hospital as a base for OOHs GP services?**

A review of the current usage of the OOH and NHS 111 services was undertaken; this included information on numbers of patients currently seen in each treatment centre. The data showed that an average of less than one patient accessed the Tavistock treatment centre per week night evening, and an average of less than eight patients a day accessed the treatment centre at weekends. In light of this information, it was decided that Tavistock would be one of the locations which would cease to be an OOH treatment centre from October 2016.

Further question

The figures quoted above are not the full picture of the OOH's GP activity and are not ones which Tavistock residents recognise. Is it possible under Freedom Of Information to see the whole data of performance activity including home visits, Tavistock Hospital base visits, requests for OOH's doctor interventions to MIU patients and hospital and care/residential home visits to the whole population of Tavistock and surrounding villages for a 12

month period so we can see data during the busy as well as the quieter periods.

Further response

Please refer to the table below for the average number of Tavistock treatment centre attendances and home visits [including care and residential homes] over the period 01 January 2015 to 31 December 2015.

| | Day | Morning | Afternoon | Evening | Overnight |
|---|---|---|---|---|---|
| **Treatment Centres** | Saturday | 4.79 | 1.54 | 1.03 | 0.00 |
| | Sunday | 3.93 | 1.71 | 1.00 | 0.00 |
| | Bank Holiday | 3.01 | 2.14 | 1.14 | 0.00 |
| | Weekday | 0.00 | 0.00 | 0.87 | 0.00 |
| **Home Visits** | Saturday | 2.07 | 1.31 | 0.56 | 0.00 |
| | Sunday | 2.40 | 1.11 | 0.85 | 0.00 |
| | Bank Holiday | 3.25 | 2.01 | 0.76 | 0.00 |
| | Weekday | 0.00 | 0.00 | 0.57 | 0.00 |

Hospital and minor injuries unit (MIU) coverage is not covered by this contract and, that being the case, no figures are available in respect of out-of-hours doctors' interventions with MIU patients.

We do have figures for the numbers of people seen in the MIU although this is supposed to be a nurse-led service. We are continuing to provide back-up GP advice for all of the minor injury units (MIUs) as part of a separate arrangement with Devon Doctors and reviewing this over the next six months as we are unclear if the person needs to see a GP or it occurs because a GP happens to be in the MIU at the time.

**How is it efficient to make more people travel to Derriford for OOH care when we expect more people to be treated nearer to home?**

As you intimate, people living in the Tavistock area will be directed to use the Plymouth treatment centre. However, as of October, they will benefit from a booked appointment. Moreover, where people are unable to travel to a treatment centre and there is a clinical need for them to be seen, the OOH service will, as per current practice, arrange a home visit. Indeed, the changes to the service will result in increased home visiting capacity. The new system will be more efficient and flexible in order to minimise waiting times when there is an urgent need to see a GP during the OOH period.

Further question

What are the predicted Home visit increases especially if people are unwilling or unable to travel to Derriford to be seen when ill?

What capacity has the peripatetic GP to see X number of patients in X timeframe over what Geographical spread? This modelling should be part of the operational plans for the new service.

What is the predicted clinical response time in this model, and what will you do if they are worse than they are currently. Again I request this information under FOI.

Further response

NHS Northern, Eastern and Western Devon Clinical Commissioning Group has worked with Devon Doctors on the modelling for this service to ensure there is sufficient clinical time and resource to manage the expected increase in home visits, not only in the Tavistock area but across the entire county.

Historical data (on patients seen at each operational location) was used in the modelling for the new service and decisions about the locations of treatment centres based on the best use of clinical resources. The predicted clinical response is as demanded by the National Quality Requirements, i.e. two hours for an urgent face-to-face consultation and six hours for less urgent home visits, which they will be expected to adhere to.

Devon Doctors have made assumptions about the potential to increase home visiting capacity and model their home visits on a model of 45 minutes per home visit. Devon Doctors have determined that they need eleven mobile vehicles for each evening and weekend and have planned to base them geographically spread across the country to meet the expected demand.

**Can you explain how the service is to be repositioned to ensure a timely GP OOH response for the residents of Tavistock and surrounding villages, especially as many elderly in the area do not have transport?**

As per above, service users will benefit from a booked appointment thereby minimising waiting times and where they are unable to travel to a treatment centre but there is a clinical need for them to be seen, the OOH service will, as per current practice, arrange a home visit.

Further question

Please see my response above. Where there is a clinical need what is the predicted response time before this reverts to a 999 call out for another service to attend, i.e. paramedics?

And what do you predict will happened if delayed visits cause at worse a death and or at best a hospital admission?

Further response

We do not anticipate any changes apart from reducing the need to visit a treatment centre and wait for a clinician to be available. The process for reviewing patient safety and quality remains the same. In addition, as previously stated, treatment times will be managed and monitored in accordance with National Quality Requirements. Where a patient is unable to visit a treatment centre and there is a clinical need for them to be seen by a clinician this will occur in line with National Quality Requirements [NQRs] – i.e. urgent face-to-face consultations will take place within two hours while less urgent home visits will take place within six hours, as is the case currently. Devon Doctors has regularly satisfied these NQRs and the new Integrated Urgent Care system will see it even better equipped to do so. There is no mechanism for a call to be automatically redirected to 999 after a certain time, however the safety netting that is in place will ensure emergency cases are put straight through to this number, while all other callers will be encouraged to ring back should there be a significant deterioration in condition and will be reassessed accordingly.

**Who have you consulted in making these operational decisions?**

Public representatives worked with commissioners from both South Devon and Torbay and NEW Devon CCGs on the design of the new service and how it would be delivered across both of the CCGs' areas.

Further question

Under FOI I want to understand the names of who you consulted (Public representatives worked with commissioners from both South Devon and Torbay and NEW Devon CCGs) in making these decisions. I can find no one from Tavistock or West Devon who were consulted in the OOH's changes to

the area and it would seem that even doctors delivering the OOH's service are unhappy with the proposed changes.

Further response

The procurement of this integrated service has been a long process. Throughout it, every attempt has been made to understand the impact this would have on service users and to involve them in both the designing of the service and selection of a provider for the service. The engagement process involved:

- Gathering information about what people felt it was important for us to take into account when designing this and wider community services
- Involving public representatives in the design of the OOH specification
- Involving public representatives in the procurement of the integrated OOH and 111 service
- Communicating with the public on the resulting changes to the service
- Conducting an in-depth equality impact assessment
  An intention to continue involvement of public representatives in the monitoring and evaluation of the service after implementation

In January 2014, local Healthwatch advertised on behalf of the two CCGs for public representatives who were invited to design the service specification. The six representatives were supported by the independent health watchdog Healthwatch and were drawn from across the county, covering rural and urban areas. A number of improvements to the specification were adopted on advice from these representatives. Key amongst these:

- Distance to be travelled to reach treatment centres
- Key quality indicators to meet the public expectations and keep the service patient centred.
- Critical success factors for the service delivery
- Home visiting criteria
- Ensuring mandatory support arrangements for people who had difficulty with phone based model of clinical care were core.
- Induction training requirements and ongoing clinical oversight and supervision standards.

In January 2016 the Out of Hours/111 procurement steering group identified a public involvement opportunity in the review of bids for the service, which was advertised through the CCG's public and patient stakeholder network. Four members of the public were identified.

The group evaluated/scored the responses from bidders to the questions they had put in the second round of submissions.

**How are you going to measure your performance and patient satisfaction in your new service model?**

Devon Doctors will undertake regular satisfaction surveys.

Further question

How do you propose to do this?

Further response

Both CCGs have worked with Devon Doctors to design a variety of models of feedback for staff, stakeholders and the public – these include social media platforms such as Facebook and Twitter, verbal feedback to staff, and written feedback such as letters and email. In addition, the contract demands a variety of Key Performance Indicators are routinely reported to the commissioners.

Coupled with the patient feedback, detailed analysis of the performance of the new service and the impact of the service change will be undertaken from launch. We will track the patient flows through the new system, comparing to the old model, to ensure that the best possible care is being delivered to patients and highlighting opportunities to further strengthen our service. We will utilise data from patient locations, symptoms and needs to conduct regular reviews to refine the model and to enhance the range of services offered from the Clinical Assessment Service.

**Which part of your OOH's contract specifically states you can change the current service model for Operational reasons, and if so, how do you propose to ensure the new Operational Model improves services?**

The current NHS 111 and OOH contract were separately commissioned up until September 30, 2016. Following national guidance [September 2015], all new procurements are to be for an Integrated Urgent Care Service, ie NHS 111 and OOH, hence the change in service model commissioned by the CCG.

Further question

Details please, and does the guidance give a model of OOH's service delivery in a rural area. I would also be interested in your comments about flexibility in developing services to meet guidelines, which are guidelines only and are not a definitively prescribed model of service.

Further response

The national guidance does not specifically go into details about rural issues, but requires the commissioners, with providers, to consider the needs of their local communities. Meeting the health needs of a rural community creates challenges as economies of scale do not always apply, hence as part of our Quality and Equality Impact Assessment (QEIA) we specifically considered the needs of rural communities and for this particular community, reconsideration of the number of cars for home visits, availability of Launceston as an alternative for some members of this community and the offer of booked appointment times, were all felt to be reasonable mitigation for the closure of the Tavistock centres for the numbers of people being seen there.

In considering the model, the CCG was also challenged by a requirement by the public, other stakeholders and clinicians to maintain a GP clinical model of care for out of hours on the basis that having senior decision makers close to the initial interaction with the person leads to a much quicker and better decision on future care needs.

We also find in Devon that because of this early GP intervention, that over 60% of calls to the OOH of service can be managed by telephone consultation, which is higher than some other out of hours service where there is a more diverse skill mix.

The ability to recruit and retain GP's is a national and local challenge and the model being proposed by Devon Doctors to the CCG recognised the balance of local treatment centres versus the ability to see a GP as part of the service.

The national commissioning guidance for integrated urgent care is available here.

With regard to your query about when this matter was taken to Devon County Council's scrutiny committee, members were provided with information about the proposed changes in a closed briefing on June 20, when it was determined to put it on the committee's work programme, as a result of which It will form part of the agenda for the next committee meeting on September 19.

Further question

The above comments were also in the letter to me from Geoffrey Cox MP and were reported in the local press. Why was this in a closed part of the DCC scrutiny meeting and what was the outcome of discussions?

In a transparent public service world, this should have been made public and not a decision behind closed doors. Can you explain please?

Further response

A briefing was given to Devon County Councillors as part of their planned masterclass session, which was held in June. This is because the timing of the next public Committee is September, and we wanted to ensure that councillors had received the information at the earliest opportunity, without waiting for the next formal committee. This will be on the agenda for the next public Devon Scrutiny Committee meeting on 19 September.

**Satisfaction**

I trust this matter has been dealt with to your satisfaction but if there is anything which you need further clarification, please do not hesitate to contact the office on 01392 205205 or by email at d-ccg.foi@nhs.net Please remember to quote the reference number at the top of this letter in any future communications.

If you are unhappy with the service you have received in relation to your request and wish to make a complaint or request a review of our decision, you can write to the office and arrangements will be made for an independent review. You of course can write directly to the CCGs Chief Officer if you prefer using the "contact us" details displayed on the CCG website.

If you remain dissatisfied with the outcome of the appeal, you have the right to appeal again to the Information Commissioner at:
Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF
Tel: 01625 545 700
Fax: 01625 524 510

**Legal information pertaining to the release of this information**

Please note that the information being provided to you is for information only and remains subject to existing intellectual property rights; no license for the re-use of this information is given or implied through its provision to you.

Yours sincerely,

**The Freedom of Information Office**
**NHS Northern, Eastern & Western Devon Clinical Commissioning Group**

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