Appendix A

HEALTHY PEOPLE
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in healthy communities
Western Devon

NHS
Northern, Eastern and Western Devon
Clinical Commissioning Group

Committee Report

Date		June 2014		
Report title		Primary medical services – review of overnight GP provision		
Author(s)		Nicola Jones		
Supporting Executive(s)		Jerry Clough		
Purpose of Report		**Decision**		
		Assurance		✓
		Information		✓
FOI Status		**Public**		✓
		Private		
Category of Paper		**Decision**		
		Position Statement		✓
		Information		✓
Does this document place Individuals at the Centre		**Y**	**N**	
		Y		
Actions Requested		The Board is asked to note the change for the out of hours primary medical service to be clinically supported by 7 rather than 8 GPs between 2am and 8am overnight with this change being realised through the Plymouth treatment centre with effect 13th July 2014.		
Which other committees has this item been to?		Out of hours contract management Western Locality Senior Leadership Team Western Locality Board (May 2014 within Managing Director's report)		
Reference to other documents		Overnight GP provision review – February 2014 – Ryan Hewitt, Head of operations (TC), Devon Doctors		
Have the legal implications been considered?		Yes		
Does this report need escalating?		No		
Equality Impact Assessment				
Who does the proposed piece of work affect?		Staff Patients Carers		Yes Yes but with assurances Yes but with assurances

	Public Yes but with assurances	
	Yes	No
1. Will the proposal have any impact on discrimination, equality of opportunity or relations between groups?		✓
2. Is the proposal controversial in any way (including media, academic, voluntary or sector specific interest) about the proposed work?	✓	
3. Will there be a positive benefit to the users or workforce as a result of the proposed work?		✓
4. Will the users or workforce be disadvantaged as a result of the proposed work?		✓
5. Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		✓

If the answer to any of the above questions is yes (other than question 3) or you are unsure of your answers to any of the above you should provide further information using **Screening Form One** *available from Corporate Services* - To be completed
If an equality assessment is not required briefly explain why and provide evidence for the decision.

Reference to Core Strategies and Corporate Objectives

Core Strategies, we will:	**Corporate Objective**	**Does this report reference to the Core Strategies/ Corporate Objectives**	
		✓	**X**
1. Take joint ownership with partners and the public for creating sustainable health and care services	1.1 Develop people, and those who support them, to value strengths and personal qualities in all that they do	✓	
	1.2 Listen to people and take action on what they say about services	Not evidenced but assurance given through ongoing performance management of the service	
2. Implement systems that make the best use of valuable health resources, every time	2.1 Innovate to increase productivity and reduce waste	✓	
	2.2 Commission safe services and reduce avoidable harm	✓	
3. Commission to prevent ill health, promote well being and help people with long-term conditions to live well	3.1 Support people to make healthy lifestyle choices and understand the care, treatment and services available to them	×	
	3.2 Commission services with partners to reduce health inequalities and improve people's lives	×	

Background

1. One of the commissioning responsibilities of NEW Devon CCG is to ensure that all individuals in the CCG's population are able to access high quality and accessible primary medical services to meet people's urgent needs when their usual GP practice is closed. The normal time periods for this service are 6.30pm to 8am on weekdays, weekends and public holidays.

2. NEW Devon CCG holds a contract with Devon Doctors Ltd who provide this service across Devon, Plymouth and Torbay.

3. As part of ensuring excellent value for money of our commissioned services, including excellence in quality, Devon Doctors has been asked by the CCG to find financial savings (£250,000 per annum, full year effect) as an internal cost improvement plan, whilst consistently ensuring the quality of patient care across Devon during the overnight period. The overnight period is defined as 11pm to 8am or 8.15am seven days per week.

4. In support of this, NEW Devon CCG has agreed Devon Doctors' proposal to reduce the number of GPs covering part of the overnight shift from 8 GPs to 7 GPs between 2am and 8am each night with this being realised in the Plymouth treatment centre. It is important to note that a high proportion of patient contacts are telephone contacts with these being handled safely by any treatment centre across Devon county, not necessarily in the treatment centre closest to where the patient lives.

Review of GP provision overnight

5. To explore the best way to address the required financial saving, Devon Doctors carried out a review to include all overnight GP shifts. Options considered were:

    a. Reduction in some shift lengths
    b. Removal of some overnight shifts
    c. Redistribution of existing GP resource to better meet patient demand
    d. Ceasing overnight operations from some treatment centres (although not closing any treatment centres).

6. Currently a total of GPs cover the overnight shifts across Devon, Plymouth and Torbay. The service is run as a whole across Devon with activity such as telephone triage being covered safely from a treatment centre not necessarily close the patient's home. Devon Doctors' review of data pertaining to overnight activity in September, October and November 2013 found the following:

    a. With the 555 minute overnight shift, 8 GPs provide 4,440 minutes of clinical capacity per night;

    b. Analysis of workload found an average of 1,899 minutes of clinical capacity required per night (table below) -

Workload (GP)	Average number per overnight shift	Average minutes taken (each)	Average travel time per case (minutes)	Total time	Total number of minutes required
Advice call	107.03	6.5	0	6.5	696
Consultation at treatment centre	29.19	10	0	10	292
Visit	19.16	15.5	30	45.5	872
Walk in Patient	1.01	13	0	13	13
Ward visit	0.88	10.5	20	30.5	27
Source: Devon Doctors				**TOTAL**	**1,899**

c. Adding 50% of workload to the 1,899 minutes to cover rest periods, extra travel, unusually long cases and contingency gives clinical capacity required of 3,798 minutes, this equating to 6.85 GPs working the 8 hour shift i.e. one less than currently resourced.

7. Considering the impact of removing the overnight clinical capacity by one GP as above, Devon Doctors suggested that there are some locations where doing so would reduce capacity inappropriately, for example in north Devon. They suggest two areas, however, where this reduction could be made safely, these being in Plymouth or east Devon.

8. Considering this for east Devon with overnight treatment centres Exeter, Honiton and Tiverton and one GP working overnight in each of these, patient demand could be safely met by a reduction of one GP i.e. one of these not being open overnight but is deemed to have the effect of unnecessarily stretching the capacity in the two remaining treatment centres and was not therefore favoured.

9. Considering this for Plymouth, where the treatment centre currently operates with two GPs overnight but with only one GP actually being utilised for much of this time, reducing the clinical capacity to one GP overnight (but with two GPs overnight until 2am) is considered by Devon Doctors to be an option which is feasible and an option that still enables sufficient clinical capacity to provide a safe, effective and high quality service. This is Devon Doctors' preferred option and has been agreed by NEW Devon CCG as part of the usual contract management process. It should be noted that:

   a. Overnight activity levels in Plymouth (with not all patient interactions from the Plymouth treatment centre being for Plymouth patients) are higher on average than in some other treatment centres. For example in November there was an average of 50 GP interactions with patients overnight compared with, for example 17 in Exeter and 17 in Tiverton. Current capacity allows Plymouth to cover other areas for telephone calls when needed but this would be picked up by other treatment centres as and when needed with the reduced capacity. The approximate proportionality of the various activities comprising these interactions across Devon is telephone triage consultations representing 70% of activity (these are managed across the area rather than necessarily by the closest treatment centre), 18% of activity is treatment centre consultations and 12% is home visits.

b. Having two GPs available until 2am each morning (with 11pm to 1am being the busiest time overnight) then one GP between 2am and 8am is deemed to provide sufficient capacity, whilst still allowing cost savings to be made and ensuring GP resource is used effectively.

c. Associated risks and mitigating actions have been identified as follows:

Risk	Likelihood	Impact	Action to mitigate
Incumbent overnight GPs may choose to stop working shifts. More than 50% would need to do so to have any impact	2 - Unlikely	3 - Medium	List of overnight GPs prepared to work in Plymouth from out of area will be prepared to ensure robustness of rota.
Patients could take longer to be triaged/seen/visited	1 – Very Unlikely	4- High	Data shows overnight patients are consistently dealt with in advance of NQRs. Removal of one GP will have minimal impact and triage is carried out remotely across Devon overnight already.
Patient demand at start of overnight shift and end of shift at weekends has a "peak". This uneven distribution of workload could be difficult for one GP.	4 - Likely	2 – Low	Mitigated by having two GPs working between 11pm and 2am.
Upon implementation, unexpected issues could arise which deem changes unsafe	1 – Very Unlikely	5 – V High	We have the ability to reinstate the second overnight GP on certain days (weekends) or across the board if required. This could be up and running within 24 hours.

Source: Devon Doctors

CCG assessment of safety and quality of service

10. The CCG's patient safety and quality team assessed this proposal across the criteria of safety, effectiveness, patient experience and other impacts. The detail of this assessment is included in Appendix 1.

11. Having completed this assessment, the CCG's patient safety and quality team are supportive of the proposed change. Both the patient safety and quality team and Devon Doctors have given assurance that they will follow their agreed plan of sharing data post implementation to provide added assurance that the change proceeds as expected. This does not imply concern but, rather, an appropriate level of scrutiny in order to ensure the service is high quality, safe and accessible at all times as takes place routinely to assure services provided through the contract as a whole.

Other aspects of the Devon Doctors contract

12. CCG commissioners are also working with Devon Doctors to bring about other service changes, to ensure service resilience to demand in times of seasonal pressure outside of the western locality geography.

Requests of the Western Locality Board

13. The Board is asked to note and be assured by the rationale for the change for the out of hours primary medical service to be clinically supported by 7 rather than 8 GPs between 2am and 8am overnight with this change being realised within the Plymouth treatment centre, bringing the number of GPs working at this time in Plymouth to one rather than two. The contract and performance will continue to monitored in the usual way by Devon Doctors and NEW Devon CCG, weekly monitoring by Devon Doctors and a formal review of the overnight changes will be held between Devon Doctors and NEW Devon CCG in September 2014.

CCG assessment of safety and quality of service

Safety – *no impact on risk* – “Anticipate no harm to patients or any substantial adverse effects on any service users or potential service users”;

Effectiveness – *no impact on risk* – “Proposed new GP staffing levels still more than adequately covers flow of patient demand in Plymouth and across Devon. Any patient requiring out of hours GP care overnight in the Plymouth area will still be able to access it and will continue to be dealt with well in advance of the National Quality Requirements.”;

Experience – *negligible negative risk* – “Responsiveness could be affected to a certain extent. There is a chance that patients could wait for longer periods for telephone triage, Treatment Centre consultation or home visit than they do currently. However, they will still be dealt with well within National Quality requirements. Actions will be taken to mitigate this impact including a change of current overnight geographical "patch" covered by Plymouth. Totnes will take some of the traffic currently covered by Plymouth and other patches will be changed accordingly to better match patient demand with resource. We continue to use Devon wide triage overnight to cover any treatment centres where GP is out on a visit. Also, evening GPs will now work past current finish time of 2300 onto 0100 [now 0200] as this is where the "peak" of overnight patient flow is. At weekends, morning GP will start at 0700 rather than 0800 for effective handover with overnight GP”; and

Other impacts – *none identified, no impact on risk* – “There will be no impact on other services. Indeed, recent agreement between Plymouth ED and OOH mean referrals between services have been strengthened. Some (non clinical) staff will see their hours reallocated into other gaps in the rota. There may be an opportunity for some voluntary redundancy but this is not anticipated at this time. Clinicians are self-employed and will be offered other vacant shifts on a voluntary basis. Patients should see no impact on service whatsoever and opening times of the treatment centre are unaffected so no press activity is planned. Management will review changes weekly for first month and complete a formal review after three months. The findings will be shared with commissioners.”