



Benchmarking Network

# Primary Care OOHs & 111

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NHS Benchmarking Network  
Primary Care OOHs & 111  
2014/15 time period



## Report for CCG: UC392

March 2016 - Final Report  
Comparison with all respondents





Benchmarking Network

# Primary Care OOHs & 111

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Benchmarking Network

## Introduction

This report is provided to support Clinical Commissioning Groups in commissioning Primary Care Out of Hours and 111 services. This is the second year of the report and this year the scope of the report has been increased to cover 111 services as well as Primary Care Out of Hours services.

The report was introduced in part to support the NHS England requirement that CCGs must participate in a scheme for the benchmarking of out of hours performance against the National Quality Requirements and publish benchmarked data on an annual basis (NHSE Gateway reference: 01411). However the report also covers service arrangements, activity and finance to provide a more complete picture of the services provided.

With the introduction of the 111 service in 2012, the NHS aimed to provide a modern entry point, access to more integrated services and support patients being managed in the optimum care environment. If managed successfully this can support better patient outcomes and reducing the pressures on the system by checking unnecessary A&E attendances and unnecessary hospital admissions.

Public awareness of Primary Care OOHs services has also been a challenge with surveys often highlighting a lack of awareness that these services existed. The 111 service solves this issue with its easy to remember number and linkage to the trusted '999 Brand'. The challenge now for 111 services are to prove that they add value to the Urgent Care system and can stand up to the public and press scrutiny that other elements of the Urgent Care system such as A&E and Ambulances habitually face.

## Final Report

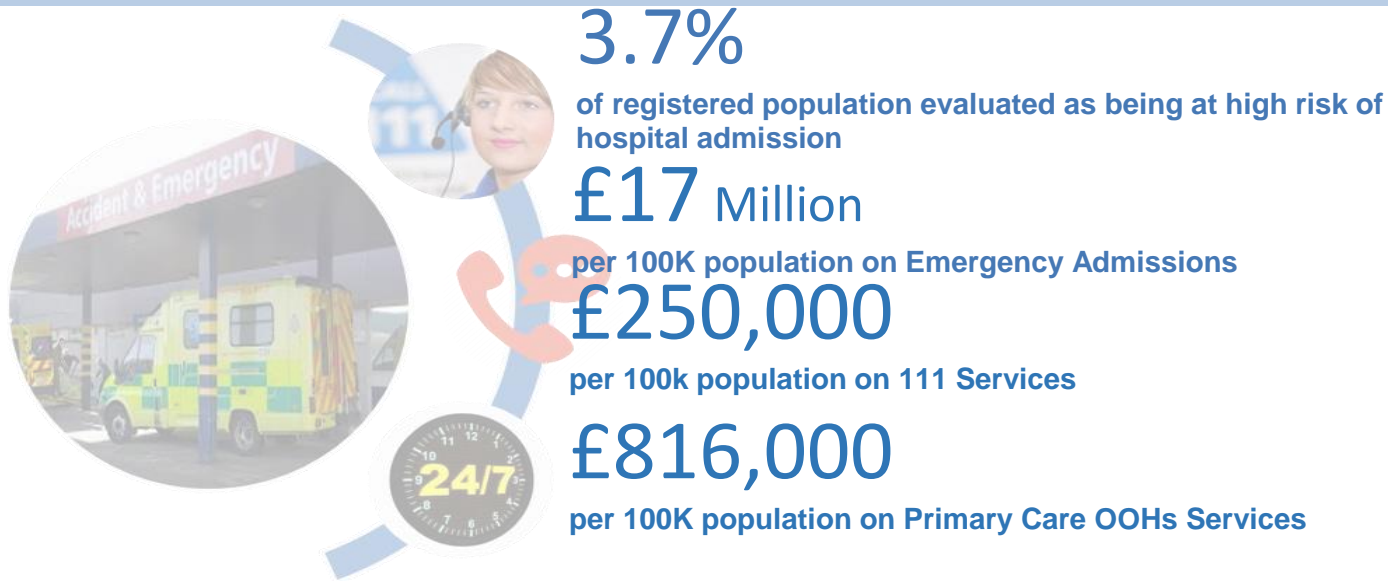
Participants were given the chance to review their figures in a draft report and submit amendments. In addition the Network contacted respondents to review outlier positions to ensure data quality. This report contains the amended data received.





## Selected Key Findings

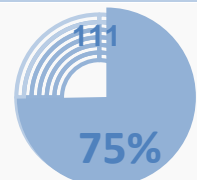
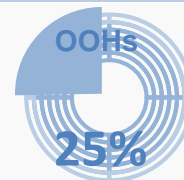
### Urgent Care Context



### 111 & Primary Care OOHs

# 67,000

calls per 100K registered population were answered in 2014/15



There was an estimated

# 4% -70%

of callers who were advised to contact their usual GP after their 111 telephone clinical assessment

# 14%

OOH's providers did not demonstrate the ability to match their capacity to meet predictable fluctuations

# 35%

of Primary Care OOHs take phone calls from the general public



# 15%

of primary care OOHs clinical assessments were delivered by Nurses



# 69%

of 111 service provision is by the Ambulance Service





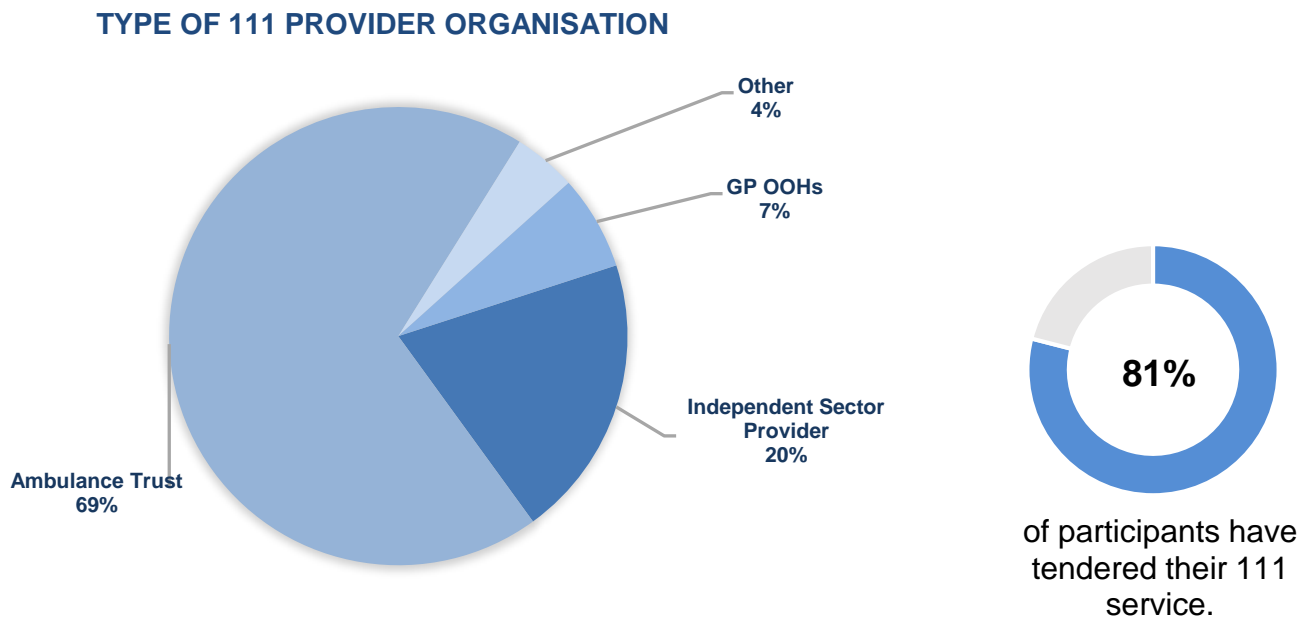
## Section 1 : Service Arrangements

### 111

The majority of CCGs have their 111 service provided by an Ambulance Trust (69%) with a fifth using an independent sector provider and the remainder provided by their Primary Care OOHs service or another type of organisation.

Four-fifths of respondents reported having tendered their service, of which a fifth have both 111 and Primary Care OOHs provided by the same provider.

Figure 1



- 20% of respondents had the same provider for both 111 and Primary Care OOHs services
- 39% of respondents reported that their provider was a national organisation





## Primary Care Out of Hours

The advent of 111 has resulted in a fundamental shift in the role of Primary Care Out of Hours services with only 35% of CCGs now commissioning PC OOHs services that take phone calls directly from the public.

Figure 2 demonstrates the variation in services provided with 27% of services having special phone lines for high risk patients and 52% provided additional urgent care services. By contrast Figure 3 shows that almost all services are capable of providing medical assessments by phone, at primary care centres or at the patients' homes.

Figure 2

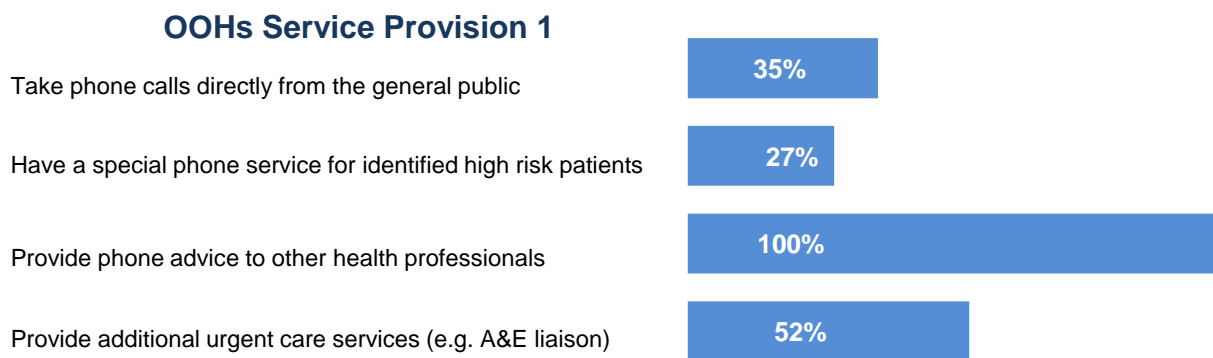
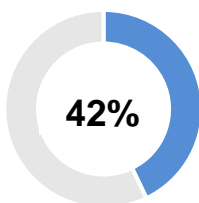


Figure 3



Have you tendered your OOHs service within the last three years?





## Hours of Availability per week

Both telephone and Primary Care Centre activity are most frequently available for 116 hours per week, reflecting the 'out of hours' nature of the services. With the change in nature of the telephone service away from being a direct public facing service the split between out of hours and in hours services may become less relevant to the new models being used. Availability of Primary Care Centres is not uniform with some areas having limited availability over the out of hours period.

Figure 4

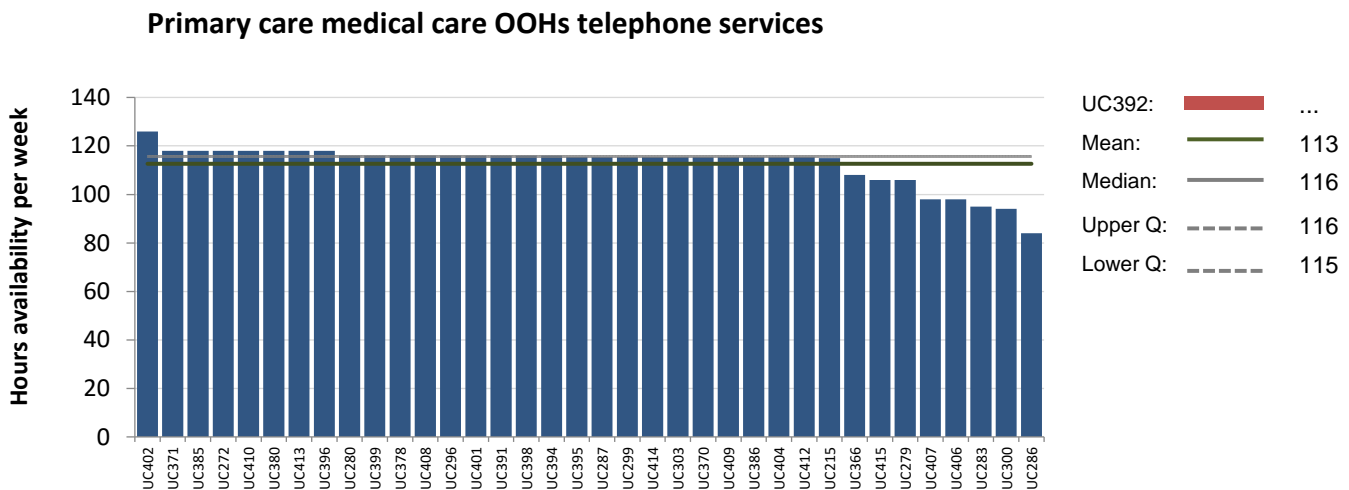
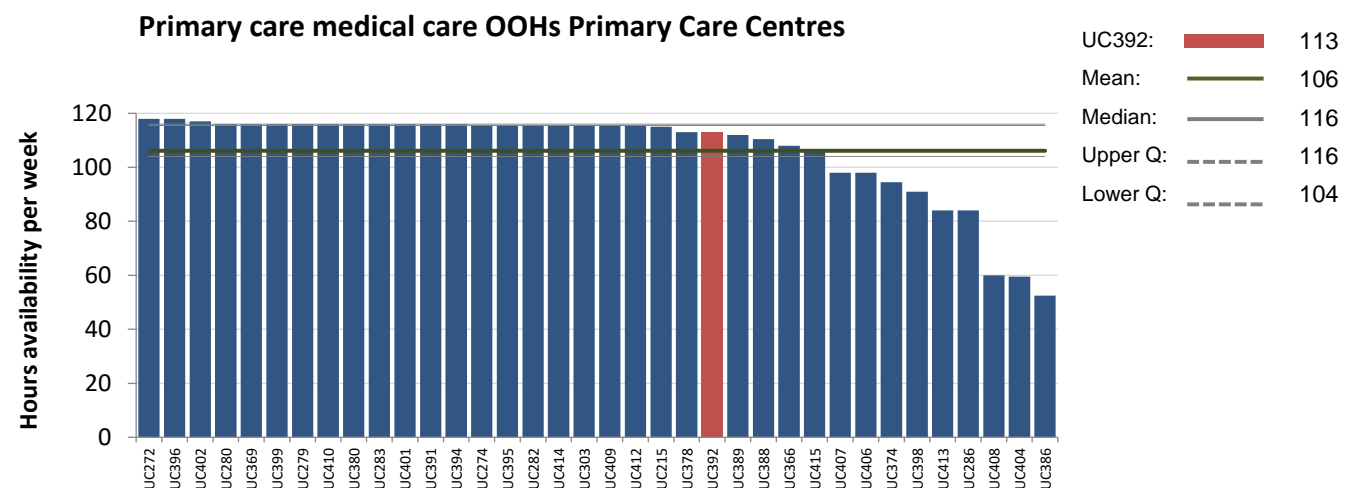


Figure 5





## Section 2 : Activity

### Telephone Contacts

The figures below show the number of calls received per 100,000 registered population. 111 calls now significantly outnumber Primary Care OOHs calls. There is not a strong correlation between the two measures.

Figure 6

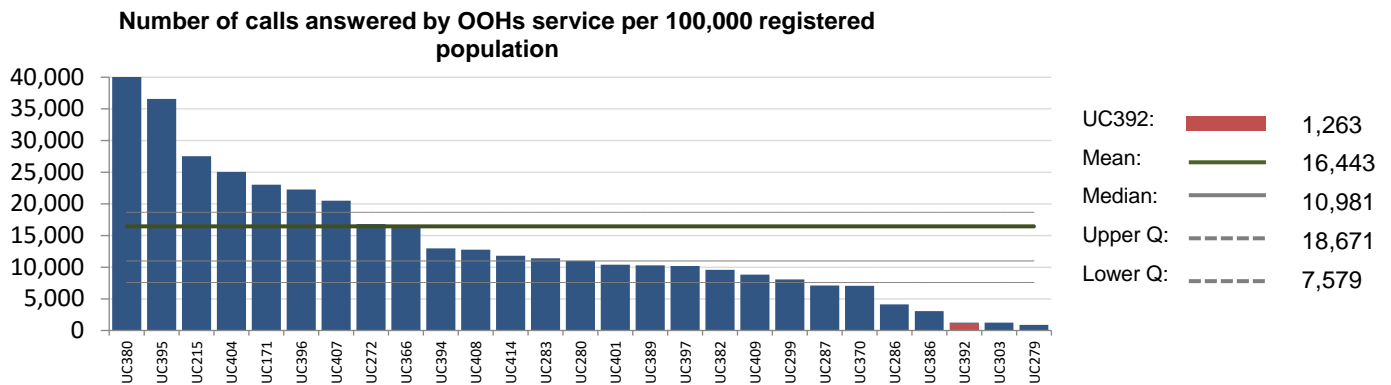


Figure 7

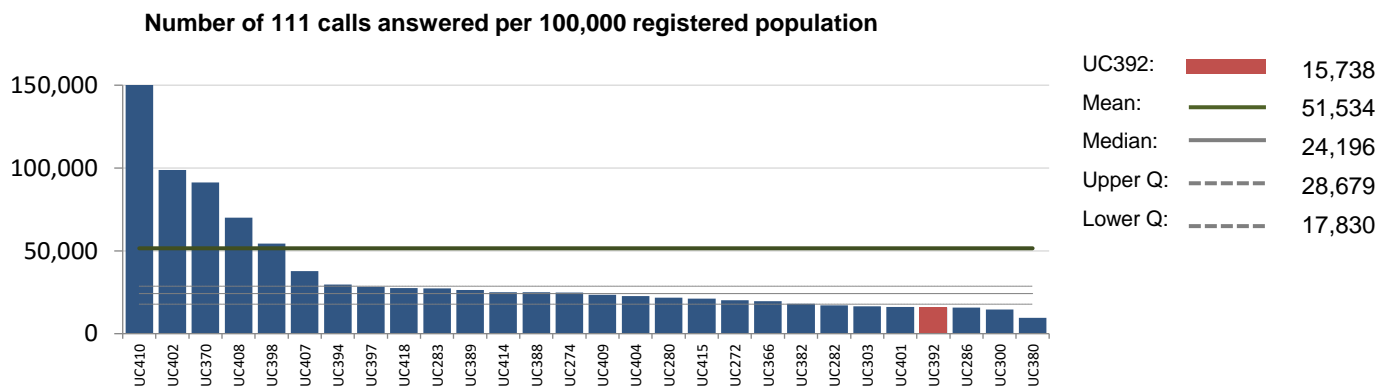
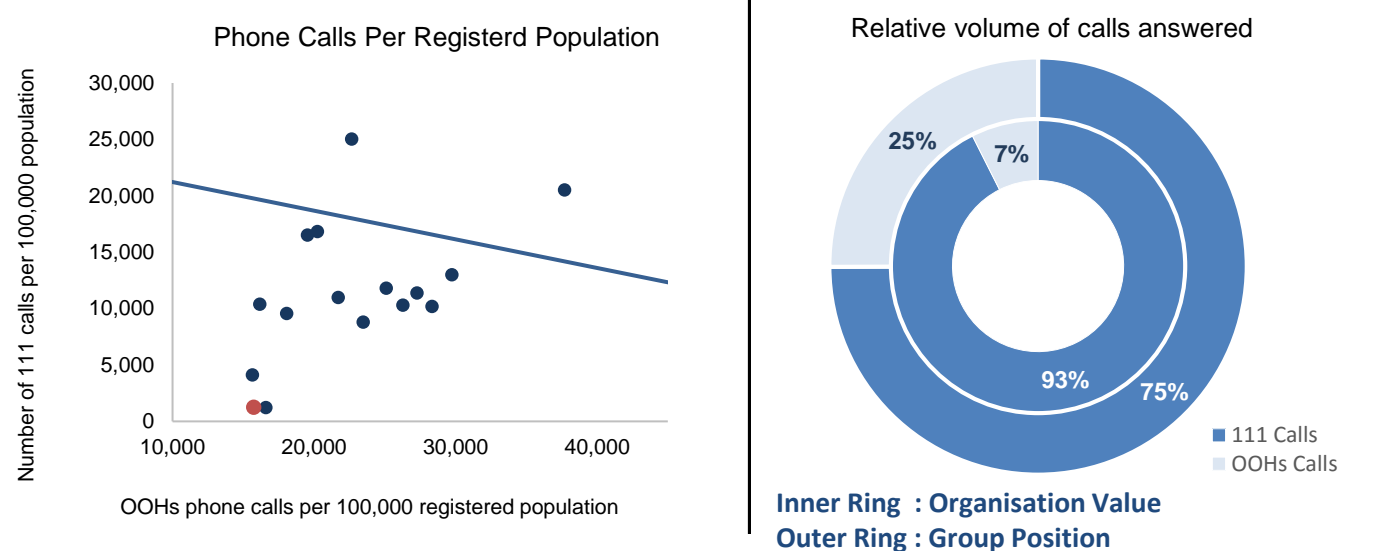


Figure 8







### Other OOHS Primary care Activity

Both the number of contacts at primary care centres and the number of home visits show large variation. There are typically around 3 primary care centre contacts per home visit.

Figure 9

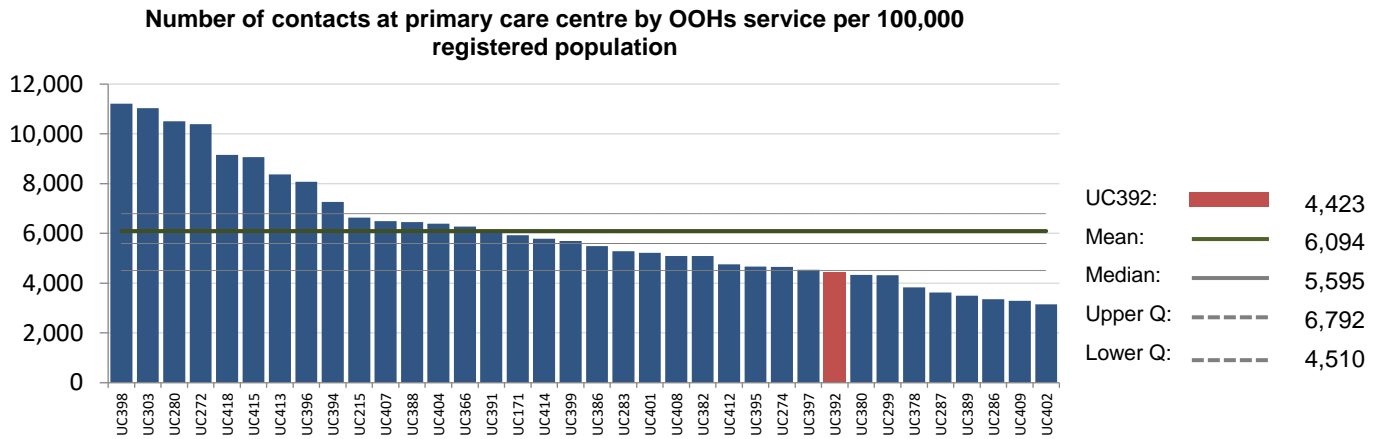
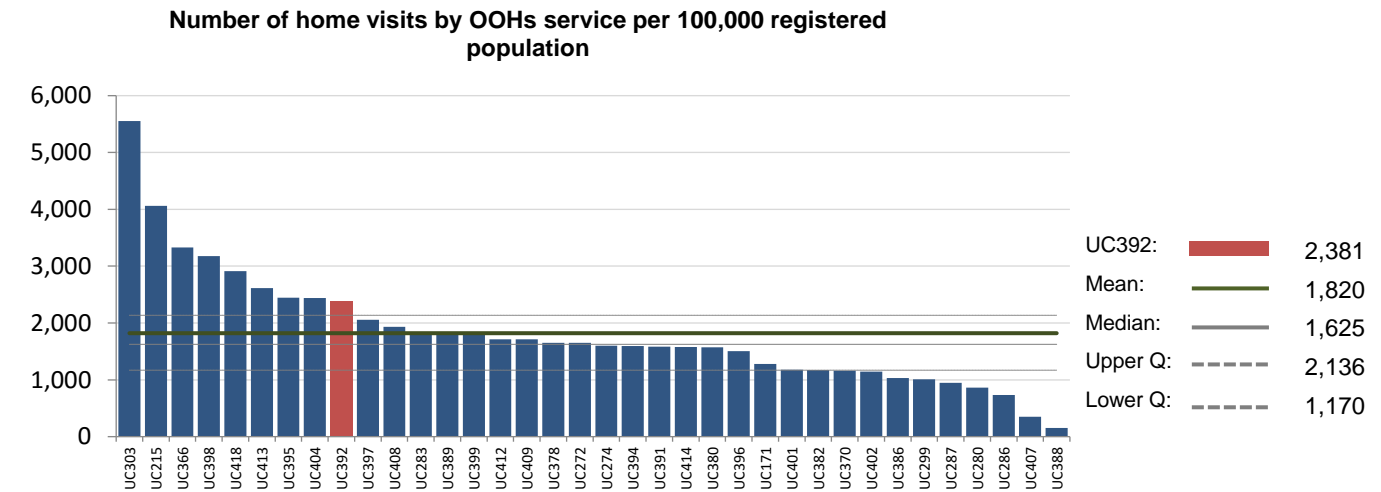
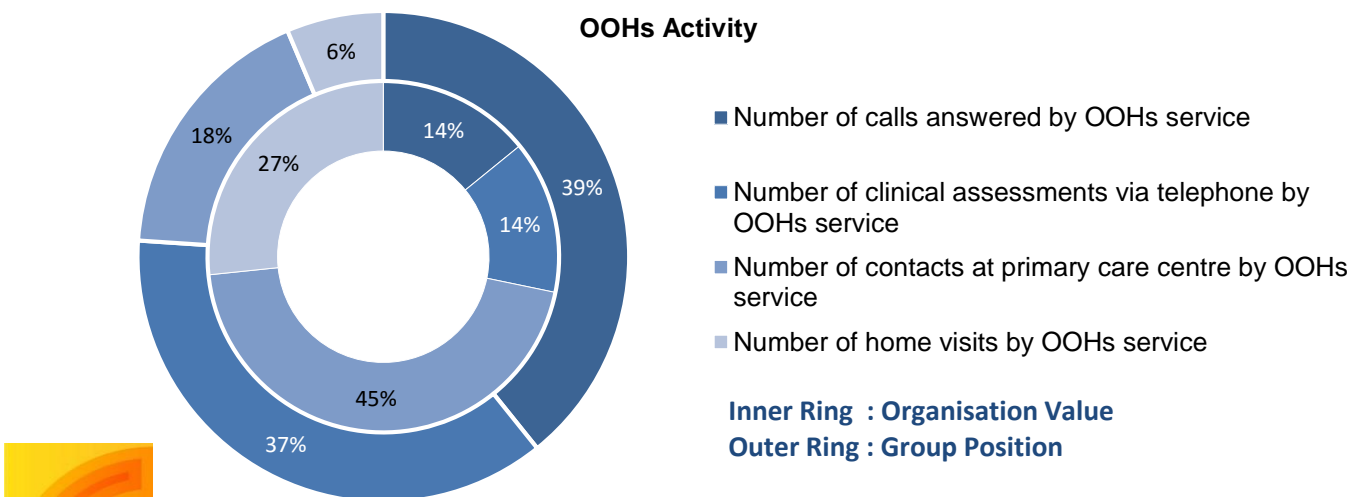


Figure 10



The summary below is provided to help give an overview of the activity. The inner ring is your balance of activity and outer ring is the average balance of activity.





## Clinical assessments

The figures below show the number of clinical assessments provided per 100,000 registered population. In line with the number of phone calls, the majority of these are provided by the 111 service.

For the respondents who were able to provide figures, a wide range of practice was reported, with an average of 15% of Primary Care OOHs clinical assessments delivered by nurses.

Figure 11

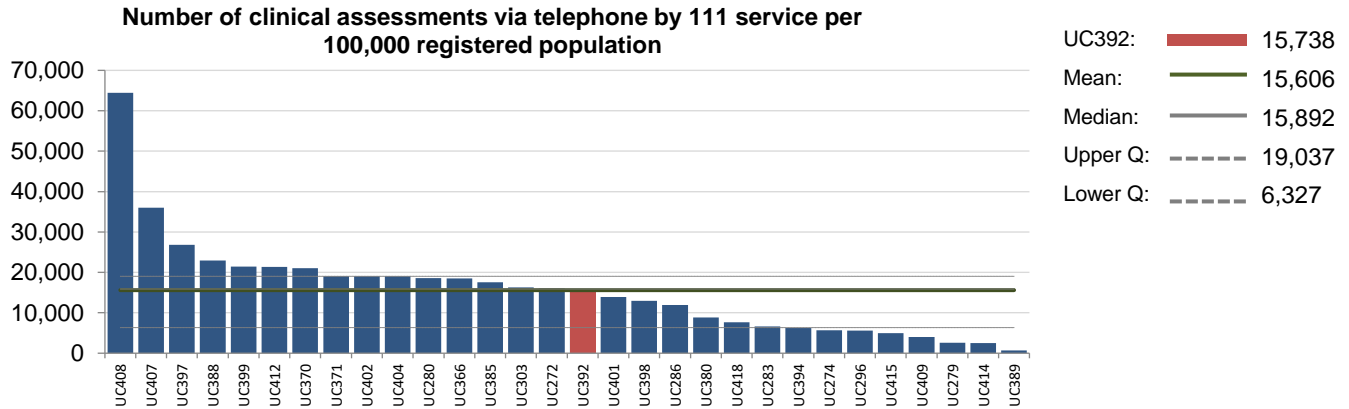


Figure 12

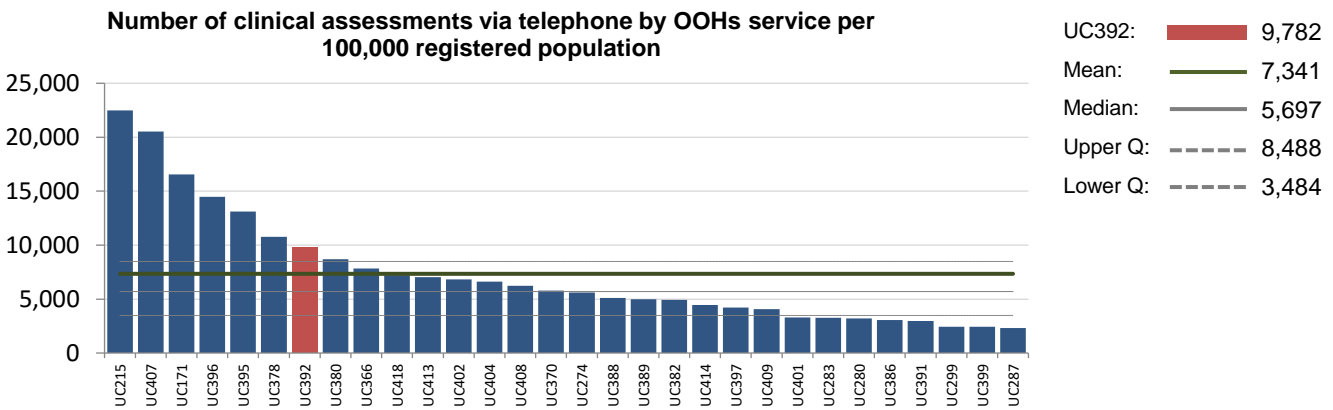
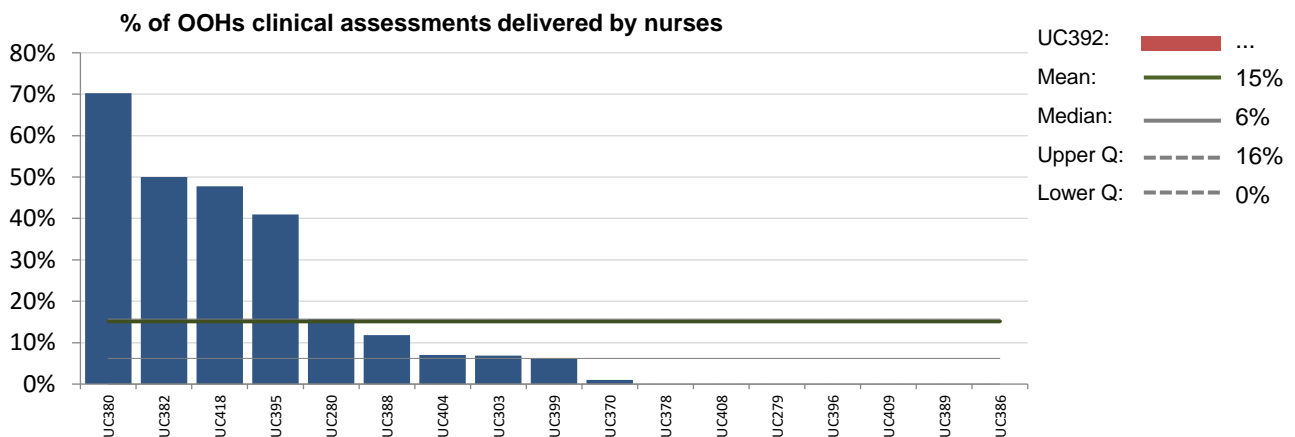


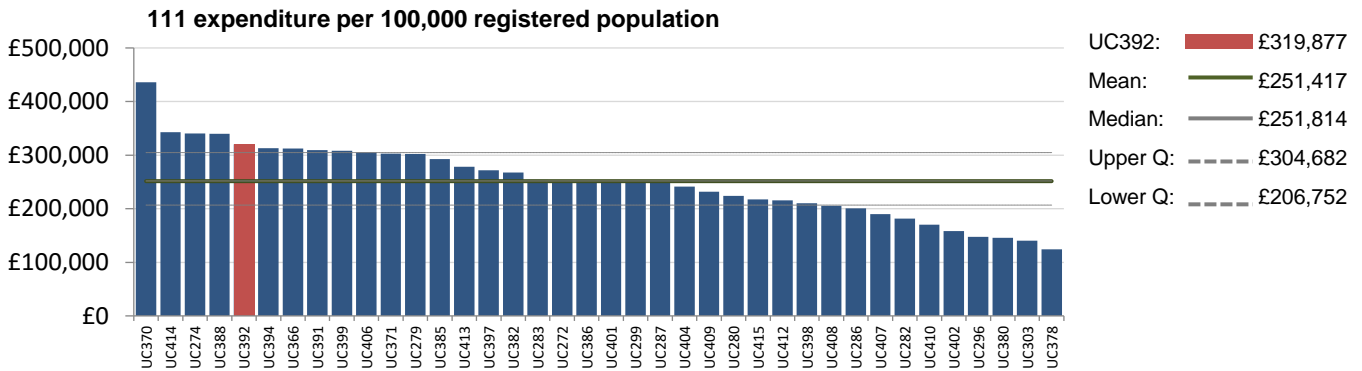
Figure 13



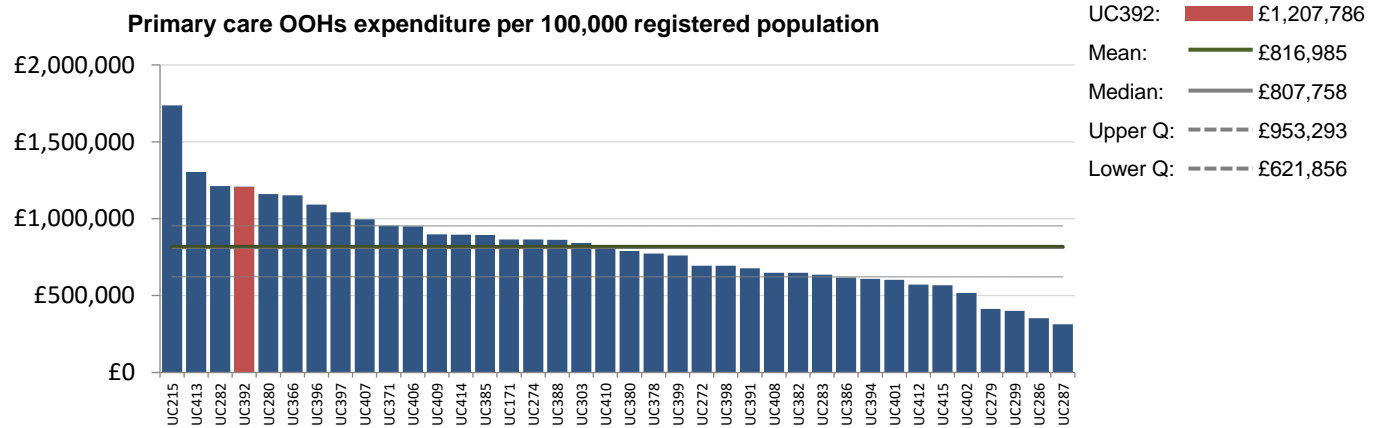


### Section 3: Finance

**Figure 14**



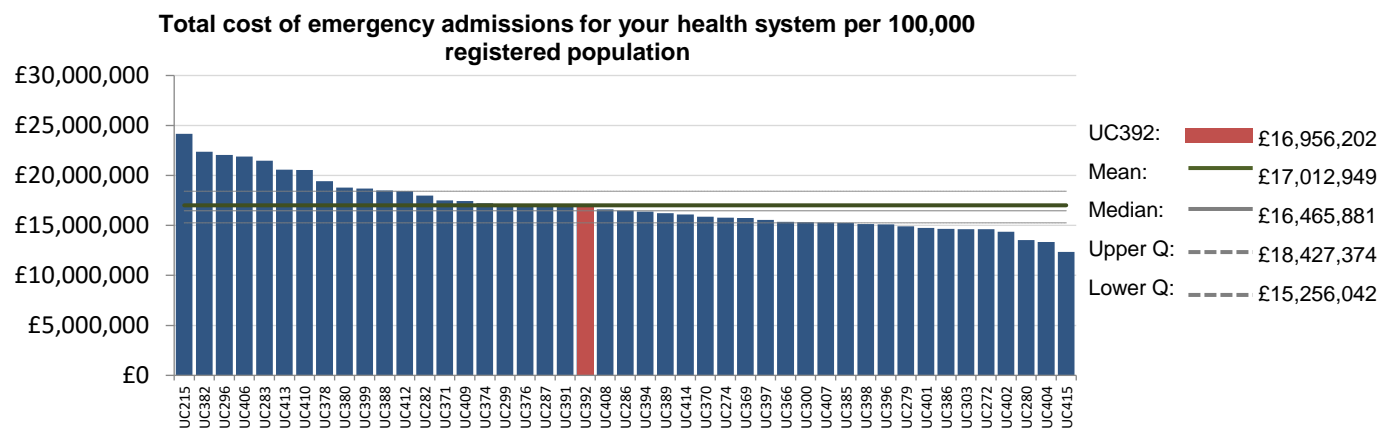
**Figure 15**



As reported in the main Urgent Care reports (available for download from the NHS Benchmarking Network's members' area), almost two thirds of the cost of the Urgent Care system relates to the cost of emergency admissions (see Figure 16).

By contrast, 111 and Primary Care OOHs are low cost, high activity services. In considering value for money, it is important to judge how successful the services are in preventing unnecessary admissions and use of the Ambulance and A&E services.

**Figure 16**





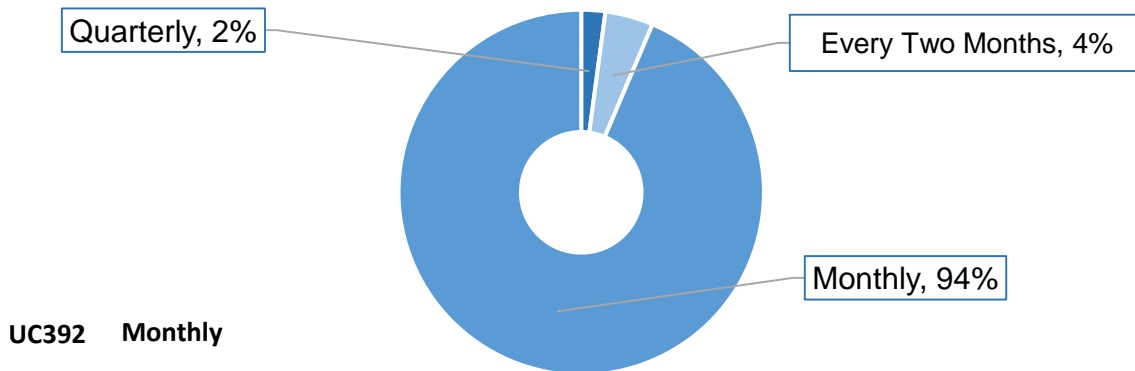
### Section 4: Performance and National Quality Requirements

The following pages provide performance analysis of both Primary Care OOHs and 111 services based on the National Quality Requirements (NQRs). While the NQRs do not specifically relate to the 111 service it is important to view these services and their contribution together.

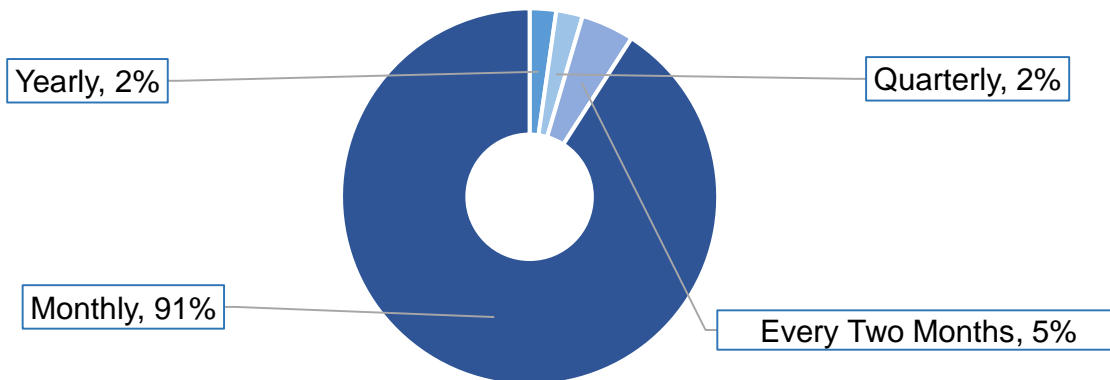
National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 1</b>				
Does the OOHs Provider provide regular reports to the CCG/LHB on compliance with the NQRs?	Yes	100%	<div style="width: 100%; height: 10px; background-color: #6aa84f;"></div>	
Does the 111 service provider provide regular reports to the CCG/LHB on performance and activity of 111?	Yes	97%	<div style="width: 97%; height: 10px; background-color: #6aa84f;"></div>	

Figure 17

How many times in 2014/15 did OOHs providers provide reports on their compliance with the NQRs to the CCG/LHB



How many times in 2014/15 did the 111 provider provide reports to the CCG/LHB of the performance and activity of 111

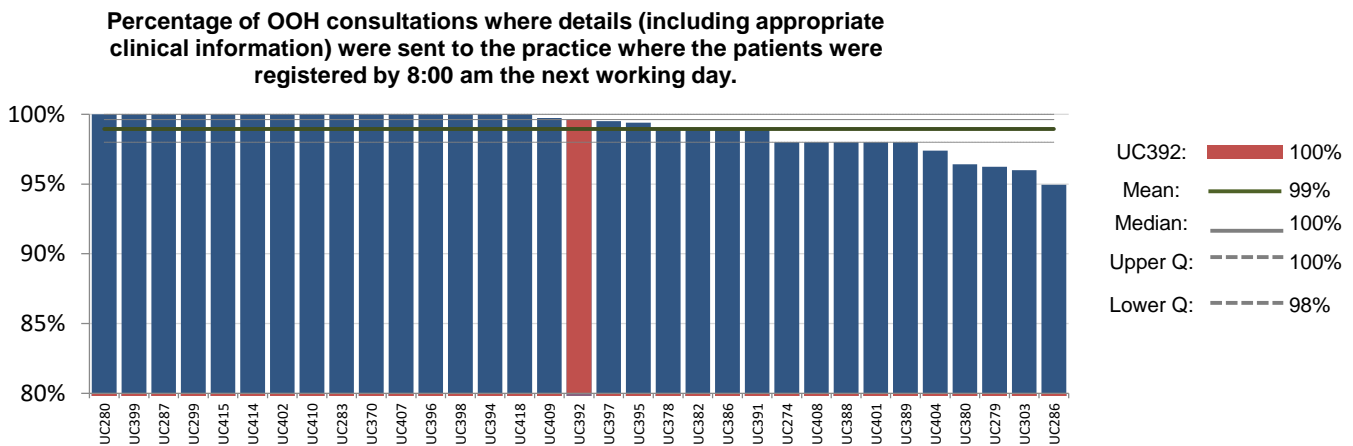




**NQR 2**

Respondents reported a high level of compliance with NQR 2 - with details being sent to the appropriate GP practice by 8:00am the next working day on all cases for over half of respondents. As highlighted in the previous report, the number of patients surveyed in the patient experience samples varies greatly across different localities.

**Figure 18**



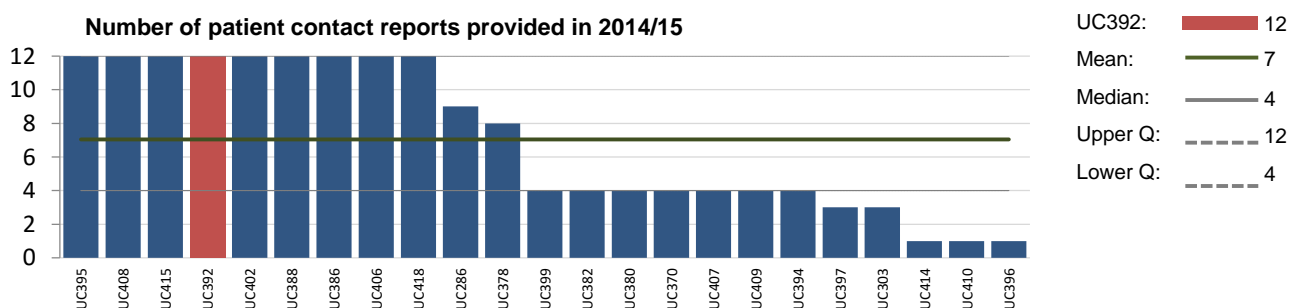
**NQR 3**

National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 3</b>				
Does the OOHs Provider have up-to-date systems in place to support and encourage the regular exchange of up-to-date and comprehensive information (including, where appropriate, an anticipatory care plan) between all those who may be providing care to patients with predefined needs (including, for example, patients with terminal illness)?	Yes	94%	<div style="width: 94%;"></div>	<div style="width: 6%;"></div>

**NQR 4**

National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 4</b>				
Does the OOHs Provider regularly provide the CCG/LHB with the result of audits of patient contacts with the OOHs service?	Yes	89%	<div style="width: 89%;"></div>	<div style="width: 11%;"></div>

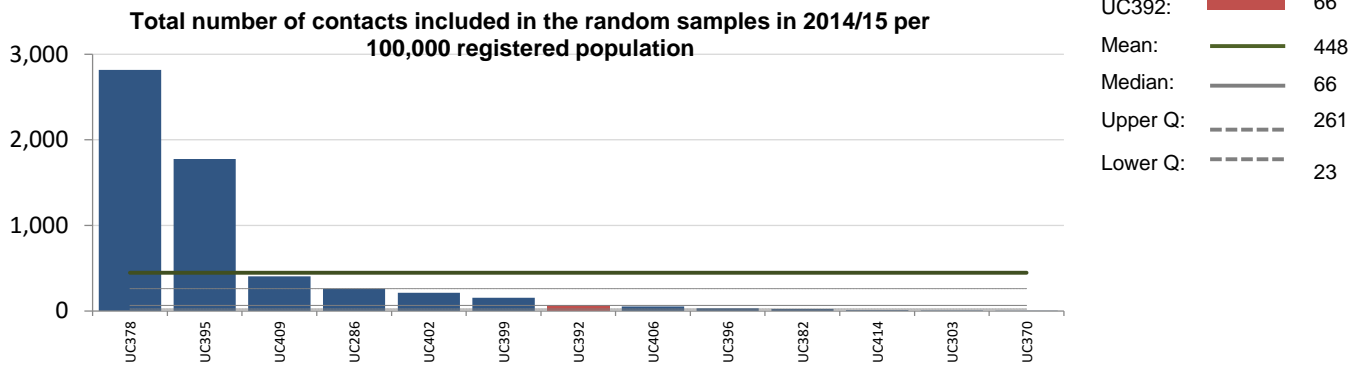
**Figure 19**





Not all providers are currently able to meet the NQR requirements 4 & 5 with respect of audits of patient contact and patient experience.

Figure 20



National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 5</b>				
Does the OOHs Provider regularly provide the CCG/LHB with the result of audits of patient experiences with the OOHs service?	Yes	92%	<div style="width: 92%; background-color: green;"></div>	<div style="width: 8%; background-color: red;"></div>

Figure 21

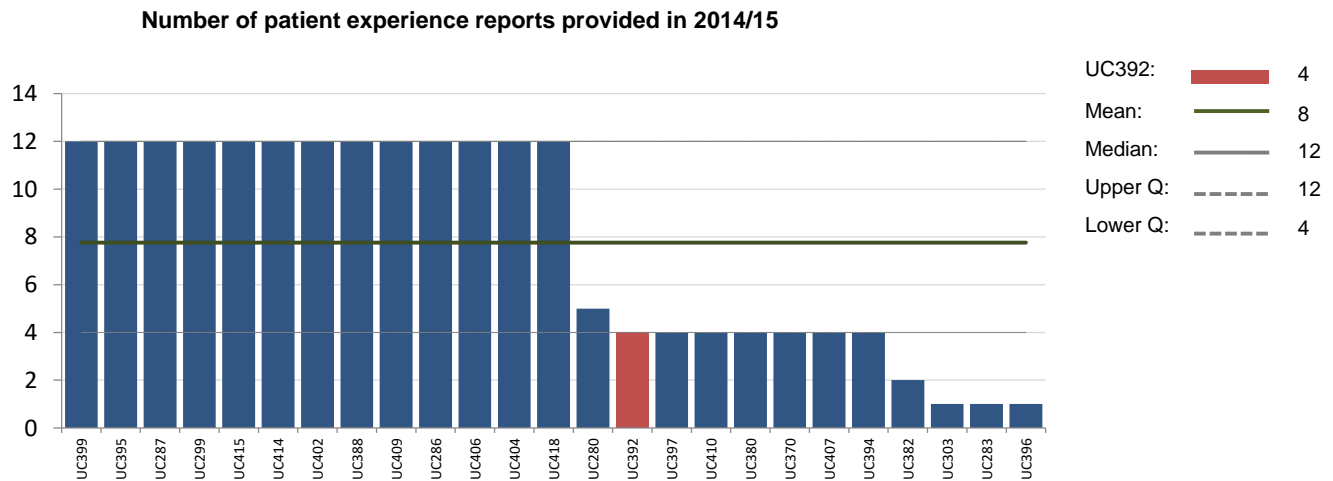
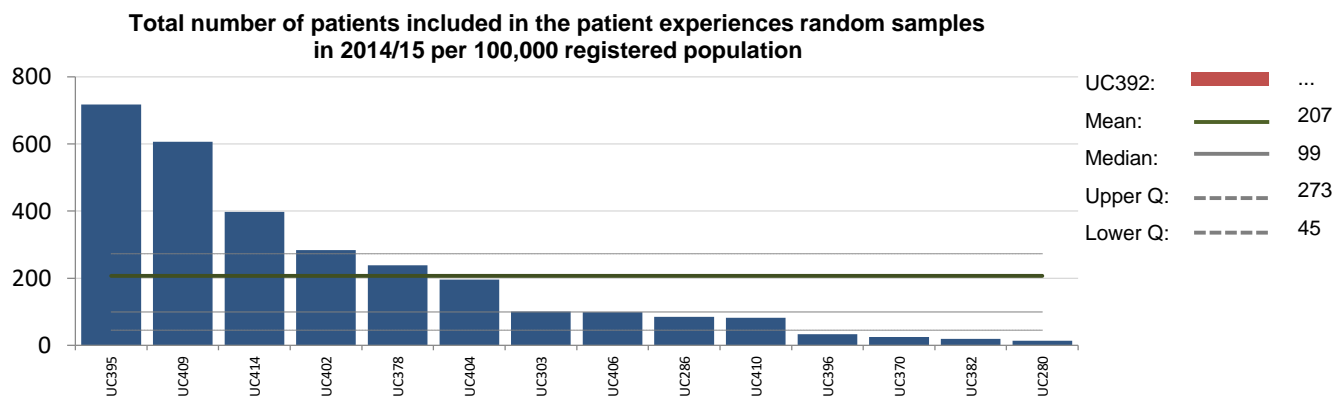


Figure 22





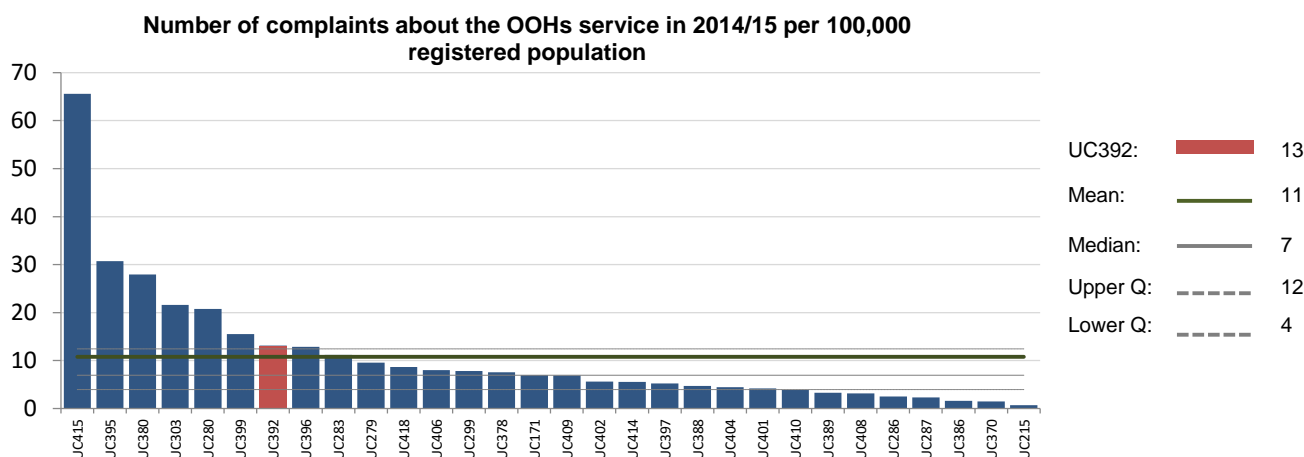
All providers reporting having a suitable complaints procedure and the number of complaints received in 2014/15 can be seen benchmarked in Figure 23.

The results for NQR 7 show that 14% of providers could not demonstrate their ability to match capacity to predictable fluctuations in demand.

**NQR 6**

National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 6</b>				
Does the OOHs Provider operate a complaints procedure that is consistent with the principles of the NHS complaints procedure?	Yes	100%	<div style="width: 100%; height: 10px; background-color: #6aa84f;"></div>	

**Figure 23**



**NQR 7**

National Quality Requirements	UC392	Group Position	% Yes	% No
Is the OOHs Provider demonstrating the ability to match their capacity to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand?	Yes	86%	<div style="width: 86%; height: 10px; background-color: #6aa84f;"></div>	<div style="width: 14%; height: 10px; background-color: #c00000;"></div>

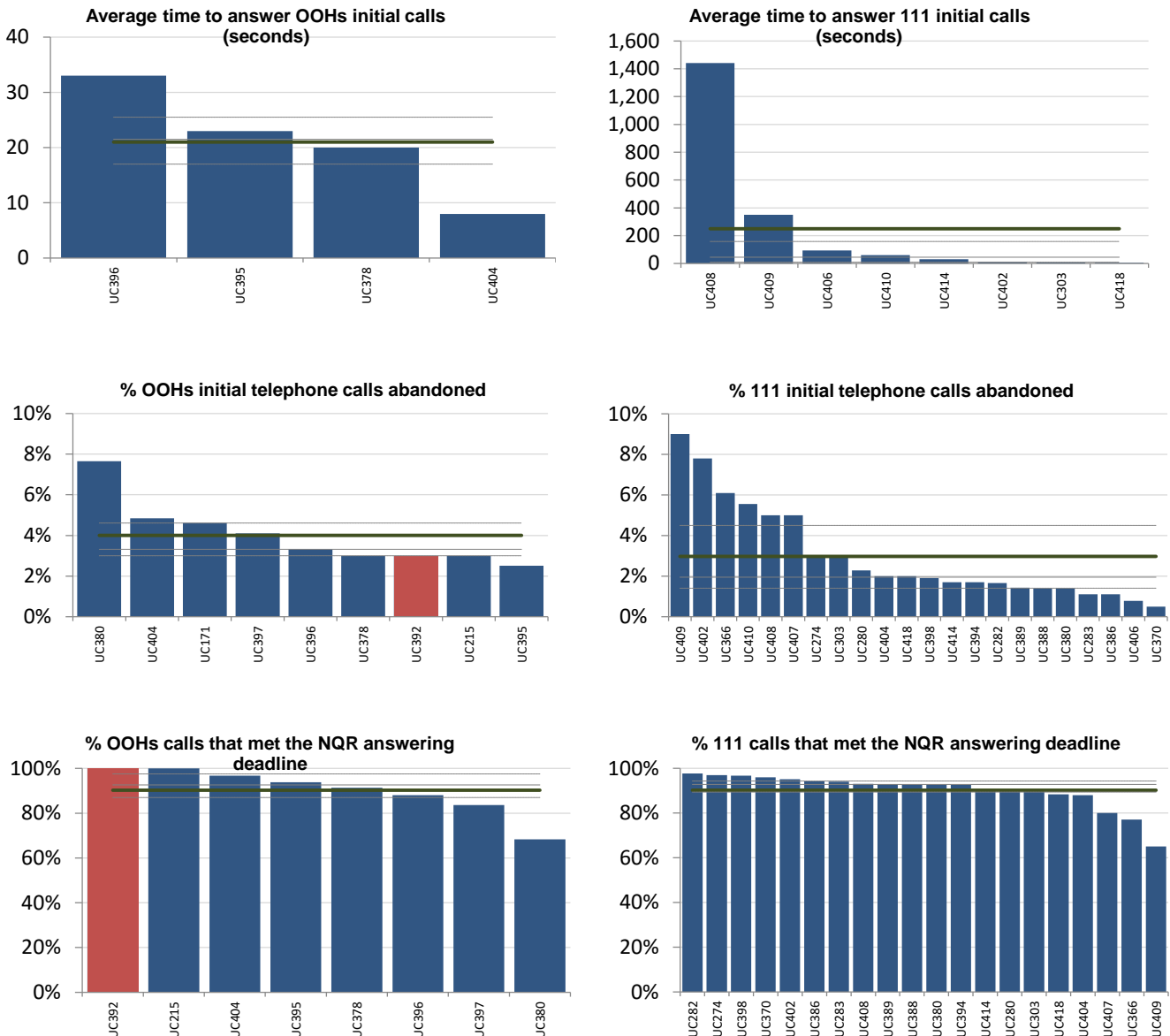




NQR 8

Call answering performance

Figure 24



	OOHS		111	
Call answering Performance	UC392	Mean	UC392	Mean
Average time to answer initial calls (in seconds)	...	21.0	...	92.5
% of Initial telephone calls abandoned	3.0%	4.0%	...	3.0%
% of Calls that met the NQR answering deadline	100.0%	90.3%	...	90.2%

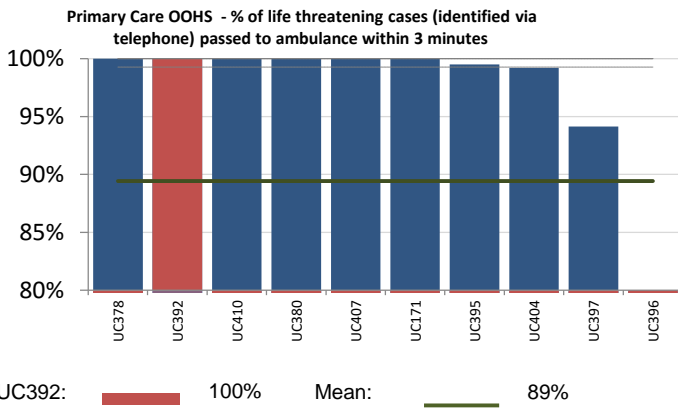




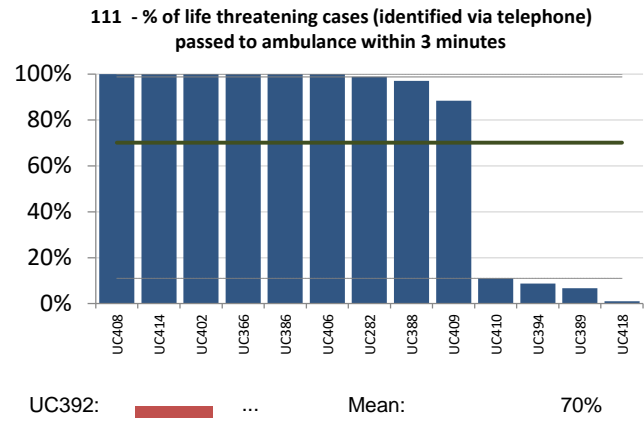


**NQR 9**

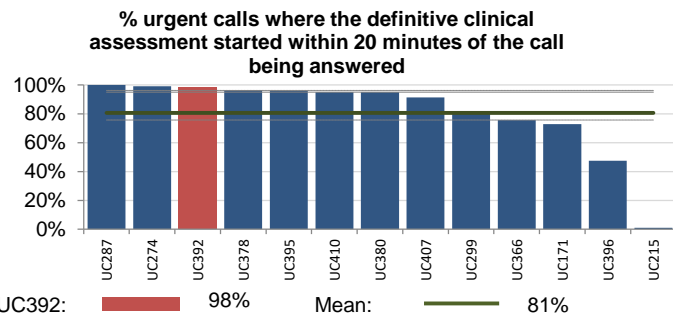
**Figure 25 Primary Care Out of Hours**



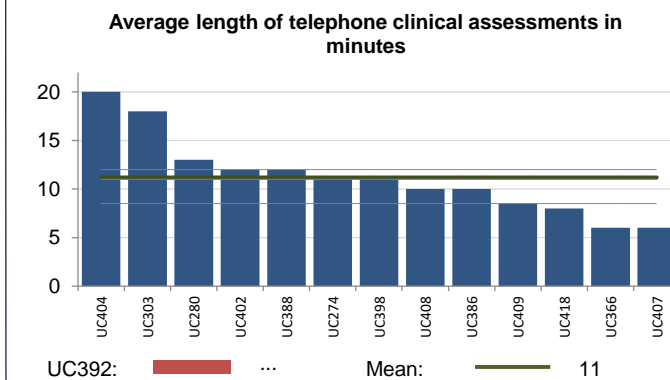
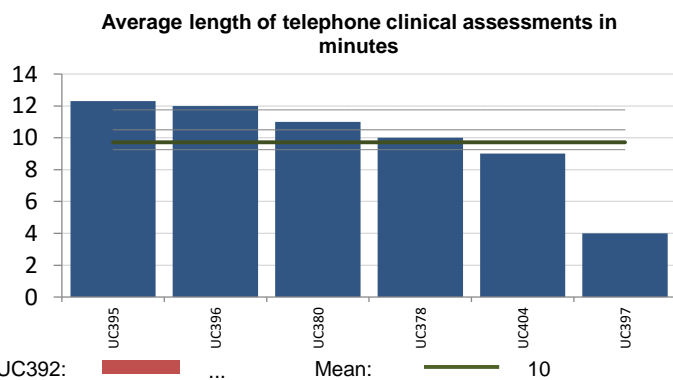
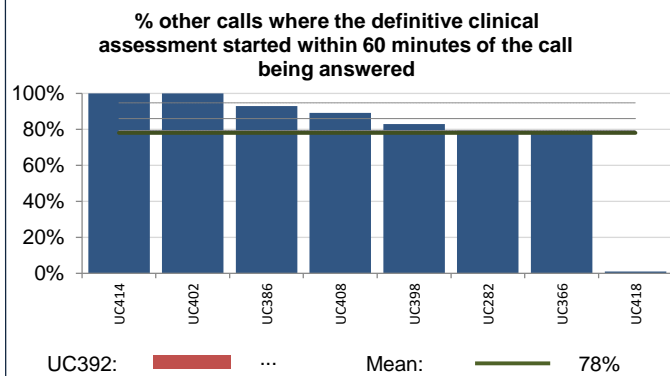
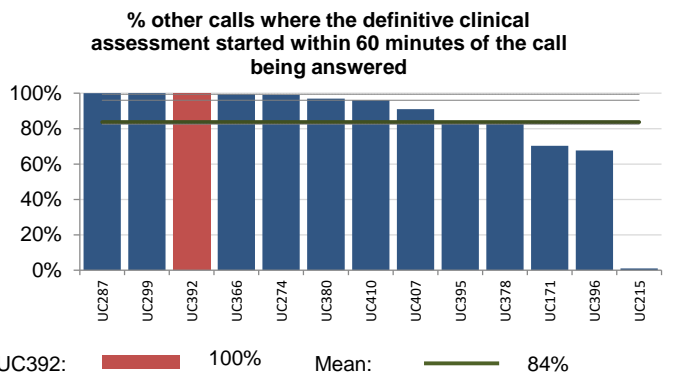
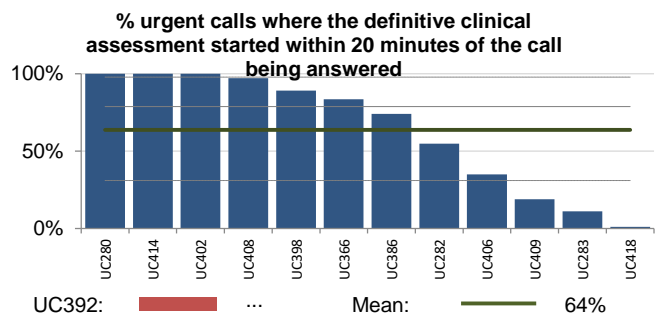
**111**



**Figure 26 Primary Care Out of Hours**



**111**



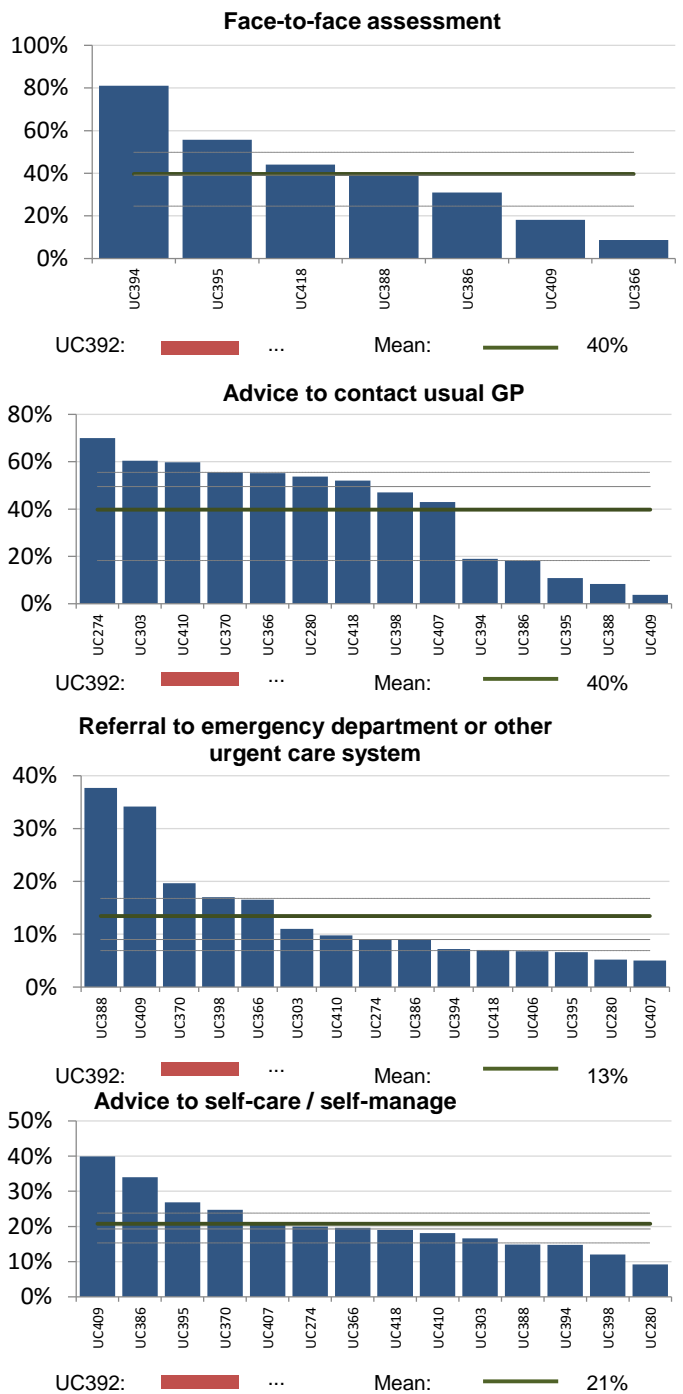
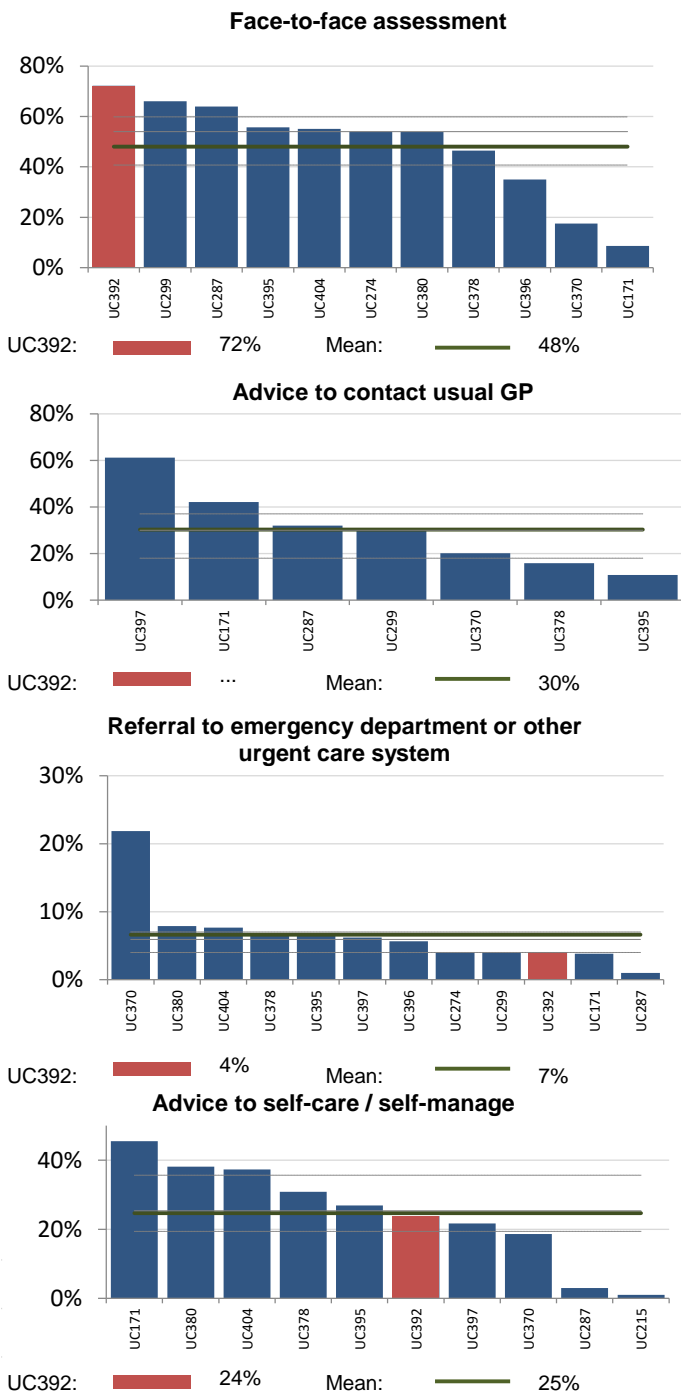


Telephone clinical assessments Outcome

Figure 27

Primary Care Out of Hours

111



The outcomes from the telephone clinical assessments show a surprising level of variation for both Primary Care OOHs and 111 services. Advising the patient to contact their usual GP ranges from being the outcome of 70% of 111 clinical assessments in one area to under 4% in another. This would suggest that patients reporting the same symptoms in different locations may receive different advice.

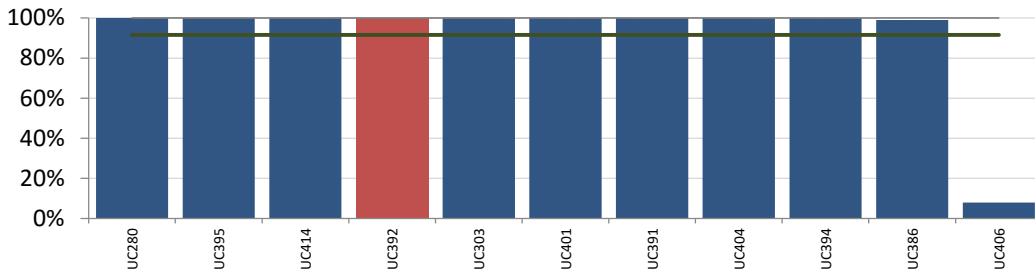




**NQR 10**

**Figure 28**

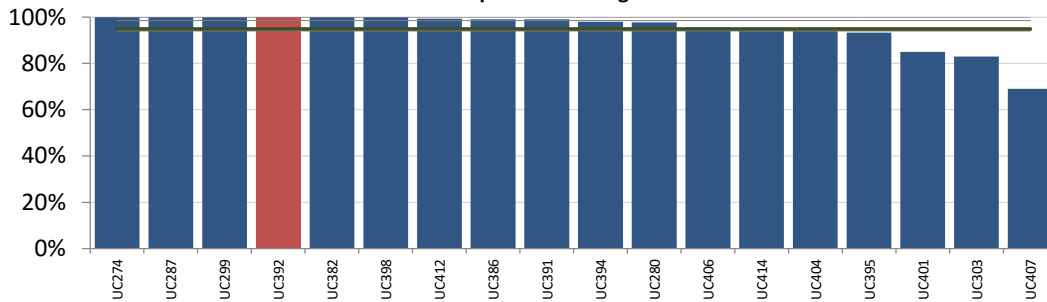
**% of 111 life threatening cases (identified face-to-face) where cases were passed to the most appropriate acute response (including ambulance) within 3 minutes**



UC392: 100%  
 Mean: 92%  
 Median: 100%  
 Upper Q: 100%  
 Lower Q: 100%

**Figure 29**

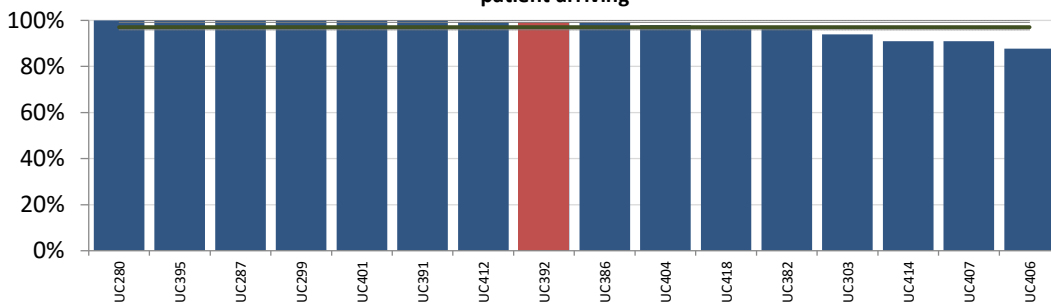
**% urgent calls where the definitive clinical assessment started within 20 minutes of the patient arriving**



UC392: 100%  
 Mean: 95%  
 Median: 99%  
 Upper Q: 100%  
 Lower Q: 94%

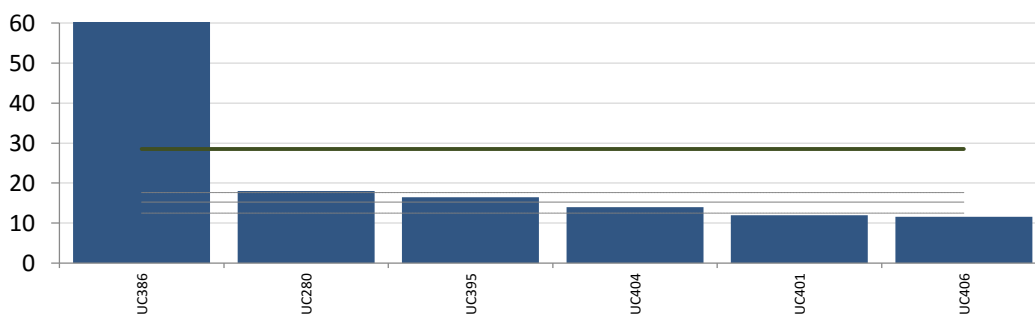
**Figure 30**

**% other calls where the definitive clinical assessment started within 60 minutes of the patient arriving**



UC392: 99%  
 Mean: 97%  
 Median: 99%  
 Upper Q: 100%  
 Lower Q: 96%

**Figure 31 Average length of face-to-face clinical assessment in minutes**



UC392: ...  
 Mean: 29  
 Median: 15  
 Upper Q: 18  
 Lower Q: 13

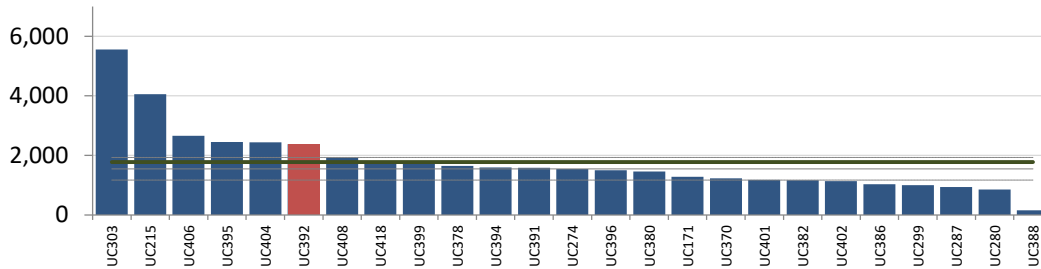




**NQR 11**

**Figure 32**

Number of GP face-to-face consultations at the patient's place of residence per 100,000 registered population

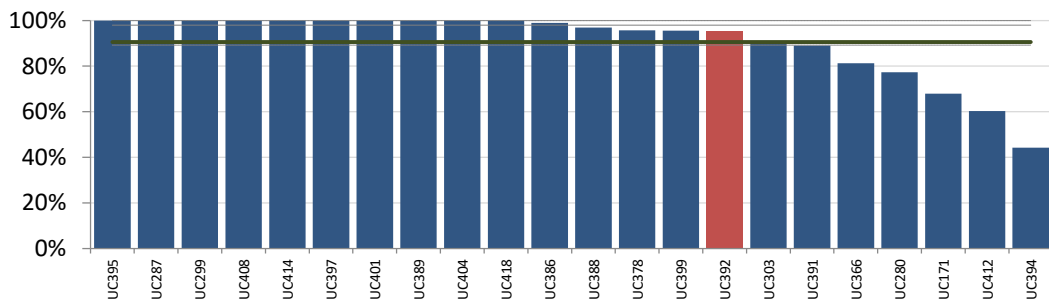


UC392:	2,381
Mean:	1,777
Median:	1,548
Upper Q:	1,932
Lower Q:	1,173

**NQR 12**

**Figure 33**

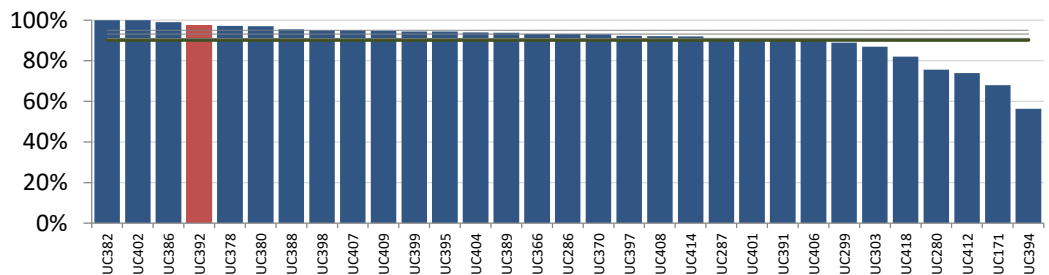
% Cases where consultations for emergency cases started within 1 hour of the definitive clinical assessment being completed



UC392:	95%
Mean:	91%
Median:	98%
Upper Q:	100%
Lower Q:	89%

**Figure 34**

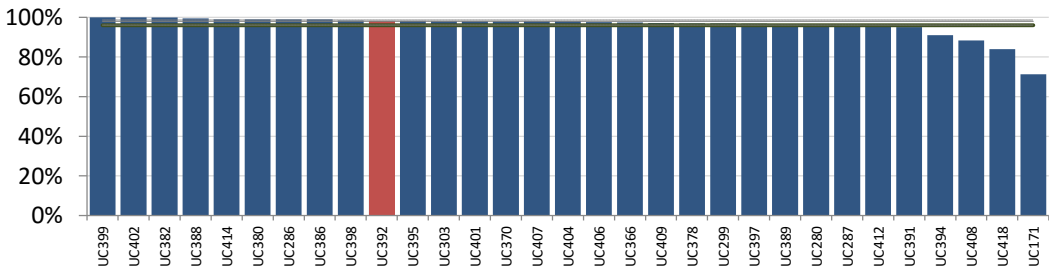
% Cases where consultations for urgent cases started within 2 hours of the definitive clinical assessment being completed



UC392:	98%
Mean:	90%
Median:	93%
Upper Q:	95%
Lower Q:	91%

**Figure 35**

% Cases where consultations for less urgent cases started within 6 hours of the definitive clinical assessment being completed



UC392:	98%
Mean:	96%
Median:	98%
Upper Q:	99%
Lower Q:	96%





National Quality Requirements	UC392	Group Position	% Yes	% No
<b>NQR 13</b>				
Does the OOHs provider have systems in place to ensure adequate treatment of patients with impaired hearing?	Yes	97%		
Does the OOHs provider have systems in place to ensure adequate treatment of patients with impaired sight?	Yes	93%		

Figure 36

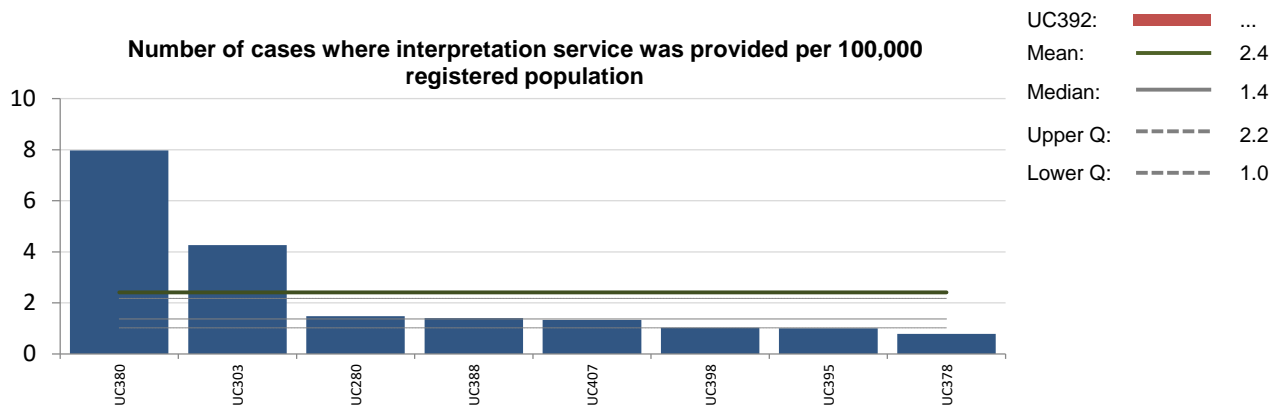
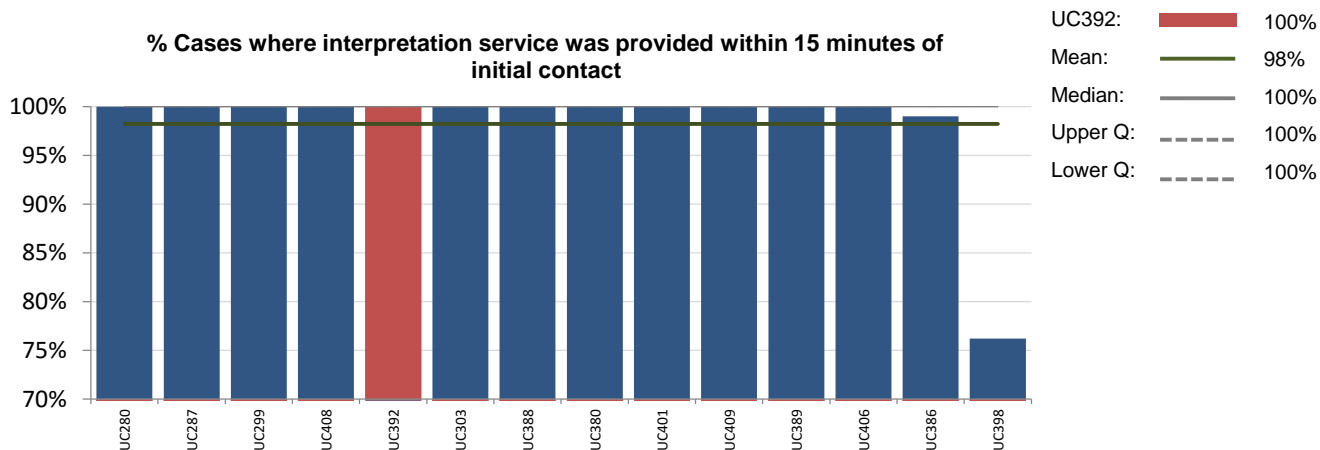


Figure 37





## Conclusion

The report has highlighted the wide range in service models delivered by Primary Care Out of Hours services. While much of this variation would already have been present, the adoption of the 24/7 111 as the primary first point of contact for patients has increased this variation by forcing a shift in the role of Primary Care Out of Hours services.

Commissioners are faced with the challenge of ensuring the Primary Care OOHs service and 111 work in a harmonious manner, providing both safe and efficient care for their service users. CCGs can use this report not only to check performance of the Primary Care OOHs service against the NQRs, but to compare levels of cost, activity and outcomes and use these in conjunction with their local knowledge and expertise to best commission/manage these services.

In particular both commissioners and providers should consider the outcomes from 111 and OOHs telephone clinical consultations. The report shows extremely wide variation, which is unlikely to be explained entirely by different levels of need of the population. As public and press scrutiny of the 111 service increases it will be vital to demonstrate that it is adding value to the Urgent Care system in a safe and co-ordinated manner.

14% of respondents stated the provider could not demonstrate their ability to match their capacity to meet predictable fluctuations in demand. This may be an area that Commissioners and Providers wish to examine further to ensure that a high level of service can be maintained at all times.



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Raw data supplied by CCG - All figures relate to 2014/15 Period

Benchmarking Network

Service arrangements	UC392
Is your 111 provider the same provider as your OOHs provider?	No
What type of organisation is your 111 provider?	Ambulance Trust
Is the 111 provider a national organisation?	No
Have you tendered your 111 service	Yes
Have you tendered your OOHs service within the last three years?	Yes
Does your OOHs service provide the following services?	
Medical assessments by telephone	Yes
Medical assessments at patients' homes	Yes
Medical assessments at primary care centre	Yes
Does your OOHs service	
Take phone calls directly from the general public	No
Have a special phone service for identified high risk patients	No
Provide phone advice to other health professionals	Yes
Provide additional urgent care services (e.g. A&E liaison)	Yes
Activity	
Number of 111 calls received (including abandoned calls)	28,817
Number of 111 calls answered	28,817
Number of clinical assessments via telephone by 111 service	28,817
Number of calls received by OOHs service (including abandoned calls)	2,374
Number of calls answered by OOHs service	2,312
Number of clinical assessments via telephone by OOHs service	17,911
Number of contacts at primary care centre by OOHs service	8,098
Number of home visits by OOHs service	4,360
% of OOHs clinical assessments delivered by nurses	...
% of OOHs clinical assessments delivered by assessors who were neither doctors or nurses	...
If you haven't answered 0 to the above question, please give the job title(s) of the relevant staff	







Raw data supplied by CCG - All figures relate to 2014/15 Period

Benchmarking Network

Performance	UC392
<b>National Quality Requirement 1</b>	
Does the OOHs Provider provide regular reports to the CCG/LHB on compliance with the NQRs?	Yes
How many times in 2014/15 did the OOHs Provider provide reports on their compliance with the NQRs to the CCG/LHB?	12
Does the 111 service provider provide regular reports to the CCG/LHB on performance and activity of 111?	Yes
How many times in 2014/15 did the 111 Provider provide reports to the CCG/LHB of the performance and activity of 111	9
<b>National Quality Requirement 2</b>	
Percentage of OOH consultations where details (including appropriate clinical information) were sent to the practice where the patients were registered by 8:00 am the next working day.	99.62
<b>National Quality Requirement 3</b>	
Does the OOHs Provider have up-to-date systems in place to support and encourage the regular exchange of up-to-date and comprehensive information... ?	Yes
How does the CCG/LHB verify/check that the systems are adequate to meet the NQR and is the usage of these systems monitored by the CCG/LHB?	
<b>National Quality Requirement 4</b>	
Does the OOHs Provider regularly provide the CCG/LHB with the result of audits of patient contacts with the OOHs service?	Yes
Number of patient contact reports provided in 2014/15	12
Total number of contacts included in the random samples in 2014/15	120
<b>National Quality Requirement 5</b>	
Does the OOHs Provider regularly provide the CCG/LHB with the result of audits of patient experiences with the OOHs service?	Yes
Number of patient experience reports provided in 2014/15	4
Total number of patients included in the patient experiences random samples in 2014/15	...
<b>National Quality Requirement 6</b>	
Does the OOHs Provider operate a complaints procedure that is consistent with the principles of the NHS complaints procedure?	Yes
Number of complaints about the OOHs service in 2014/15	24
<b>National Quality Requirement 7</b>	
Is the OOHs Provider demonstrating the ability to match their capacity to meet predictable fluctuations in demand for their contracted service, especially at periods of peak demand?	Yes





<b>National Quality Requirement 8</b>	<b>UC392</b>
Calls taken by OOHs provider excluding 111	
% OOHs telephone calls where the line was engaged	0
% OOHs initial telephone calls abandoned	3
% OOHs calls that met the NQR answering deadline	100
Average time to answer OOHs initial calls (seconds)	...
<b>111 Calls</b>	
% 111 telephone calls where the line was engaged	...
% 111 initial telephone calls abandoned	...
% 111 calls that met the NQR answering deadline	...
Average time to answer 111 initial calls (seconds)	...
<b>National Quality Requirement 9</b>	
Calls taken by OOHs provider excluding 111	
% OOHs of life threatening cases (identified via telephone) passed to ambulance within 3 minutes	100
% OOHs urgent calls where the definitive clinical assessment started within 20 minutes of the call being answered	98.18
% OOHs other calls where the definitive clinical assessment started within 60 minutes of the call being answered	99.86
OOHs Average length of telephone clinical assessments in minutes	...
% telephone clinical assessments where the primary outcome was:	
OOHs Face-to-face assessment	72.2
OOHs Advice to contact usual GP	...
OOHs Referral to emergency department or other urgent care system	4
OOHs Advice to self-care / self-manage	23.8





111 Calls	UC392
% 111 of life threatening cases (identified via telephone) passed to ambulance within 3 minutes	...
% 111 urgent calls where the definitive clinical assessment started within 20 minutes of the call being answered	...
% 111 other calls where the definitive clinical assessment started within 60 minutes of the call being answered	...
111 Average length of telephone clinical assessments in minutes	...
% telephone clinical assessments where the primary outcome was:	
111 Face-to-face assessment	...
111 Advice to contact usual GP	...
111 Referral to emergency department or other urgent care system	...
111 Advice to self-care / self-manage / no further action	...
<b>National Quality Requirement 10</b>	
% of life threatening cases (identified face-to-face) where cases were passed to the most appropriate acute response (including ambulance) within 3 minutes	100
% urgent face-to-face contacts where the definitive clinical assessment started within 20 minutes of the patient arriving	100
% other face-to-face contacts where the definitive clinical assessment started within 60 minutes of the patient arriving	99.29
Average length of face-to-face clinical assessment in minutes	...
<b>National Quality Requirement 11</b>	
Number of OOHs face-to-face consultations by a GP at the patient's place of residence	4360
<b>National Quality Requirement 12</b>	
% Cases where consultations for emergency cases started within 1 hour of the definitive clinical assessment being completed	95.36
% Cases where consultations for urgent cases started within 2 hours of the definitive clinical assessment being completed	97.57
% Cases where consultations for less urgent cases started within 6 hours of the definitive clinical assessment being completed	98.21
<b>National Quality Requirement 13</b>	
Number of cases where interpretation service was provided	...
% Cases where interpretation service was provided within 15 minutes of initial contact	100
Does the OOHs provider have systems in place to ensure adequate treatment of patients with impaired hearing?	Yes
Does the OOHs provider have systems in place to ensure adequate treatment of patients with impaired sight?	Yes

