

NEMS Community Benefit Services (CBS)
GP Out of Hours Service Quality Account
September 2012 - September 2013

About Quality Accounts

A Quality Account is an annual report about the quality of services delivered by providers of NHS health care such as NEMS CBS. Although Primary Care (GP) services are currently exempt from the requirement to produce annual quality reports, the Board of NEMS CBS believe that it is important to share this information with the patients and public that use our services. We have taken this step because quality has always been of the greatest importance to us. In healthcare services, quality depends on good people following good processes.

Quality Accounts are intended to show:

- how much importance NEMS CBS places on quality
- who is involved in deciding 'what quality looks like' and how are they involved
- how quality is measured
- how well NEMS CBS is doing in terms of quality
- where quality improvement is needed
- priorities for quality improvement

Quality means different things to different people and one of the main reasons for establishing Quality Accounts, is to ensure that patients and the public can get involved in deciding 'what quality looks like'.

When it comes to healthcare, there are some things that patients and the public are entitled to expect as basic essentials:

- knowing that the care given will be safe
- knowing that the care given will be clinically effective
- having a good, positive experience when using and receiving health care services

Like all GP Out-of-Hours services, NEMS CBS is measured against a set of 13 National Quality Requirements. Each requirement is related to one or more of the basic essentials above -

patient safety, clinical effectiveness and patient experience. Balancing these three essentials can be challenging, especially when dealing with urgent care needs.

We know from our own patient feedback that many people do not really understand what the GP Out of Hours service is for, or what they can expect from it. Some patients were pleasantly surprised at what we did for them. Others were disappointed and expected more from us.

Appendix A gives some further information explaining what a GP Out of Hours service is for and how it differs from the service you expect to get from your own GP practice. Appendix B shows the National Quality Requirements and explains how these relate to patient safety, clinical effectiveness and patient experience. NEMS CBS has consistently achieved these requirements.

NEMS CBS Board Statement

NEMS CBS has always regarded itself as an essential part of the urgent care system in Nottinghamshire and very much a team player. We work towards achieving the priorities and goals of the local health community, wherever these apply in an urgent care setting. As such, NEMS CBS has always worked in partnership with other service providers and patients, to develop safe, clinically effective, short and sensible routes to meeting patient need.

That is why NEMS CBS shares space with the Evening and Night Community Nursing Service, Nottingham City Council Emergency Home Care Service and Emergency Duty Team and Nottingham Emergency Dental Service. NEMS CBS also works closely with East Midlands Ambulance Service (EMAS), Nottingham University Hospitals NHS Trust A&E department and the two local 'walk-in' centres at London Road and on Upper Parliament Street in Nottingham.

In producing this Quality Account, we have used feedback from:

- our patients, their families and carers
- external audit, unannounced visits and inspections
- other health care professionals (such as patient's own GPs, pharmacists, community nursing staff, ambulance service staff, A&E staff)
- our staff
- internal audit
- our commissioners - NHS Nottingham City Clinical Commissioning Group

We have worked with:

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- NHS Nottingham City Clinical Commissioning Group- who awarded us the contract to provide the GP Out-of Hours service on behalf of their patients in Nottingham City and the south of Nottinghamshire County
- NEMS CBS Board and NEMS CBS Clinical Governance Committee
- NHS 111
- The companies that provide our computer systems and software programmes
- Specialist teams including End of Life and Safeguarding Children
- External auditors and advisers for infection prevention and control and prescribing
- Other GP Out-of-Hours services for 'mock' Care Quality Commission inspections

Our Quality Account begins by reviewing the year September 2012- 2013, which is in line with our financial accounting year. It then looks forward, outlining our plans to enhance quality in the coming year.

We believe that the account is balanced and honest and we are committed to continuing to improve the quality of our services. We hope that our patients and the public we serve will find this Quality Account reassuring, interesting and informative.

We welcome your feedback and would be pleased to hear from you if you like to get involved in our Patient Participation Group.

September 2012 to September 2013

Quality Indicators - National Quality Requirements for GP Out of Hours Services

The National Quality Requirements are set out and explained in Appendix B. These requirements are designed to ensure that services are safe, clinically effective and delivered in a way that gives the patient a positive experience.

Our achievements in the year September 2012 - September 2013 are shown in the table below demonstrating that we consistently meet the requirements in full.

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Quality Requirement :	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
1 NEMS to report regularly to PCT	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
2 NEMS to send details of OOH Consultations to patient's surgery	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
3 Providing care to patients with pre-defined needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
4 Review of clinical performance of doctors & nurses	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
5 Sample patient experiences - patient questionnaire	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
6 Complaints Process	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
7 Matching of capacity to demand	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
8 Initial Telephone Call : engaged calls, abandoned calls & time to answer *	please see note below						please see note below					
9 Telephone : Identifying Life Threatening Emergencies & time to start telephone clinical assessment *	please see note below						please see note below					
10 Face to Face Clinical Assessment (walk in patients)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a
11 Matching a clinician appropriate to patient's need	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12 Time to start consultations at NEMS centre	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
12 Time to start consultations in patients' homes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
13 Provision for patients with special communication needs	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Performance / Compliance Levels : % apply to measurable quality requirements Fully Compliant - 95% - 100% ✓ Partially Compliant - 90% - 94.99% ○ Non Compliant - less than 90% ✗												
* QR8 & QR9 - provided by NHS Direct until Feb 2013; provided by NHS 111 Service, Mar 2013 onwards												

Patient Experience

We send a weekly postal questionnaire to a random selection of patients that have used our service. The questionnaires are adapted to fit with the type of consultation that the patient experienced: telephone advice alone, appointment at our treatment centre or a home visit. The questionnaire seeks feedback on the following areas:

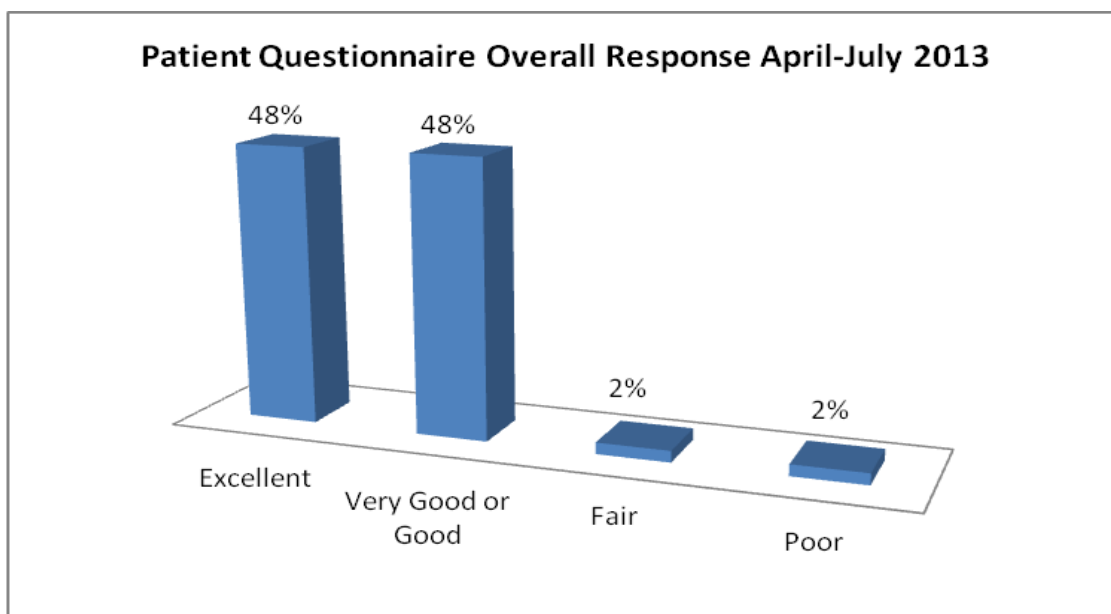
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- Timely response - how long it took for us to telephone to make a clinical assessment, appointment times, waiting times
- Communication skills of our nurses and GPs- introductions, respect, understanding, listening, involvement, opportunity to ask questions, ability to explain things clearly, advice given
- Efficiency and effectiveness - satisfaction with the advice , treatment and care that was provided ,left you reassured and confident about the treatment plan, arrangements for getting prescription medication if required.
- Cleanliness of our premises and vehicles
- Reception team - politeness and helpfulness
- The 'friends and family' test'

All questionnaires allow patients to make 'any additional comments'. These comments may be compliments, observations or complaints. Where the patient has indicated that they would be prepared for us to contact them to discuss their feedback, all comments are followed up.

In the year September 2012- 13 we sent out 2259 questionnaires with pre-paid reply envelopes and had 416 returned to us- a response rate of 18.4%.

Mid year, the questionnaire was altered owing to the launch of the NHS 111 service locally. So, the chart below shows questionnaire results in the period April - July 2013 only. Later in the year (August) we introduced the 'friends and family test' by asking: 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' At the time of producing this account, there are insufficient responses to analyse.



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Overall, 96% of respondents rate the service they receive as excellent, very good or good, with 4% rating the service as fair or poor.

The main causes for dissatisfaction were:

- Car parking
- Wait time at our centre
- Opportunity to ask questions during telephone assessment

What have we done to try and improve?

We approached Nottingham City Council to see if the weekend and evening parking restrictions on Triumph Road could be relaxed. However, this was not an option for them. We have therefore promoted the option of parking at a nearby pub car park- for £1. Staff explain this when making appointments for patients and there are signs in the car park at NEMS.

We are encouraging our staff to let patients know if we are running late with appointments. This is sometimes unavoidable, if a patient is particularly unwell and needs an ambulance or transfer to hospital. In feedback, patients have told us that whilst the delay is not welcome, it is preferable to know about it.

We now include telephone consultations in our clinical audit process for GPs; so calls made by our nurses and GPs are reviewed and assessed on essential communication skills and where necessary, training is given to help the clinician to improve.

Complaints and Other Feedback

In addition to the patient questionnaire, we seek feedback through our:

- 'suggestions, comments, compliments and complaints' forms, available in our reception area
- complaints procedure, available on our website and in the reception area
- healthcare professional feedback system, used by GP Practices, pharmacies and other NHS service providers and our own staff

All complaints are reviewed by the Chief Executive. Complaints about clinical care are reviewed by the Chief Nurse and the Clinical Governance Committee. Summaries of the numbers of complaints, themes and lessons learned are presented at each full NEMS CBS Board meeting and shared at six-monthly intervals with our commissioners.

In the year September 2012 - 13, we received and investigated 31 complaints of which 25 were upheld. This represents a complaint rate of less than 0.1% of all contacts.

The main themes identified in our complaints were:

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- Patient expectation was beyond of the role of the 'out of hours' service (the majority of the complaints that were not upheld)
- Wait times after arrival at our treatment centre
- Patients who had NEMS advice or treatment and then went on to develop a worsening or different problem; felt the original treatment should have prevented the later problem
- Patients that felt our nurses and GPs were 'rushing them'; felt they didn't get time to explain their problem fully or that the clinician did not sound very sympathetic

What have we done to try and improve?

The underlying issue is communication. This is a particular problem in an urgent care service, where it is important to work out how serious the patient's problem is, as quickly as possible. In addition, the role of the service is to do 'that which cannot safely wait until the patient's own GP surgery is next open', rather than doing what the patient's own surgery would do. So, we are working with our nurses and GPs to help them to avoid these problems. For example, a very urgent referral which may be cancer must be made by the patient's own GP under the local 2 week wait system, unless there is a clinical need for the patient to be seen as an emergency. The NEMS doctor will suggest this in the consultation notes which are shared with the patient's own GP. Your own GP would be responsible for referring you to hospital for planned operations like a knee replacement or a hysterectomy. NEMS would not refer you to hospital for surgery unless there was an immediate need for it, such as a suspected ruptured appendix.

Involving Patients

During the year, our Patient Experience Team began the process of setting up a NEMS CBS Patient Participation Group and the first meeting took place in September. We are still looking for members and would be pleased to hear from anyone who is interested in joining the group.

Incident Reporting

NEMS staff and GPs are expected, encouraged and supported in speaking out if they make mistakes, become aware that something has gone wrong or could have gone better. Because our staff are committed to providing a quality service, the management team deal with incident reports on a weekly basis. We regard this as a positive thing.

Following investigation, incidents are 'risk rated' and high risk incidents are reported to the Board and to our commissioners at contract review meetings. During the year, there were 14 incidents with a high risk rating. No patient death or staff injury occurred as a result of these incidents. The main changes and improvements were to computer systems, information sharing processes and internal procedures. The table below gives some examples of the changes we have made.

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Incident	What have we done as a result of this incident?
<p>A patient tripped in the car park on a very cold winter night and was unable to get back on their feet. Staff had to improvise a 'warm shelter' until the ambulance service arrived to provide assistance.</p>	<p>We now have an emergency shelter, heat packs and 'space blankets' available.</p>
<p>One of our GPs reported a concern about a home visit he was asked to make. On arriving at the home, the police were already present as the home-owner was known to have weapons in the house , which had been used to threaten ambulance crews in the past.</p>	<p>We are working more closely with GP practices, the ambulance service and the police to ensure that we share 'safety alerts' like this and make special plans for dealing with patients that pose a risk to others.</p>
<p>Our in-coming telephone lines developed a fault one evening. Our concern was that some patients would not know who else to contact if they had an urgent need. We put our normal contingency into operation and no harm came to any patient. During the investigation, we found out that our telephone company had done some upgrading work on our system but not told us about it beforehand.</p>	<p>We amended our process with the telephone company to ensure that we are informed of planned work before it happens and that the 'phone company check that everything is working properly after the upgrade.</p>
<p>NEMS CBS does not provide 'walk in' services and patients need an appointment to be seen at our treatment centre. A parent with two children arrived at NEMS without an appointment and staff followed our procedure at that time, which was to advise the parent to ring '111' for an assessment.</p> <p>The parent made his call from NEMS car park. During the course of the assessment process, it became clear that one of the children was very unwell. Our nurses then found out that the child was in our car park and the child was dealt with immediately and stabilised before being transferred to hospital.</p>	<p>As a result of this incident, NEMS policy on 'walk in' patients was reviewed. Patients that arrive without an appointment will be allowed into the building and have a short assessment by a clinician to check how urgent or serious their problem is. Patients will then be offered an appointment here or recommended a suitable alternative if the need is not urgent.</p>

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During the year, there were no serious accidents to patients or staff within premises or our driving and transport service.

Safeguarding Children and Adults

During the year, GP and nurses have been involved in highlighting concerns about the safety and well being of a number of children and vulnerable adults. Since April of this year, we have been taking telephone calls for Nottingham City Council's Emergency Duty Team - the social workers who deal with 'out of hours' emergency safeguarding issues and serious mental health crises. The team is based in the NEMS building. The new arrangements have improved the speed and efficiency of the service provided to people calling the Emergency Duty Team and made it much simpler for concerns to be reported and investigated. By working alongside each other, health and social care professionals can share information and benefit from each other's expertise, resulting in stronger safeguarding and better patient safety.

Audit and External Inspection

During the year we have carried out a range of internal audits and hosted a number of external audits and inspections. The box below summarises the main audits and inspections this year.

Clinical records	During the year we audited the consultation notes of all nurses and GPs involved in delivering patient care. The audit focuses on record keeping, prescribing and referrals to ensure that they are in line with 'best practice' and NEMS policies. As a result of this process, minor issues were raised with 5% of clinicians. These issues are mainly about the way that care was documented in computer records, rather than clinical care.
Medicines Management	Prescribing is covered in our clinical audit which looks at whether our GPs and nurses are prescribing the right medication, in the right quantity, in accordance with our local formulary and prescribing guidelines. Overall, the audited records showed high compliance with local prescribing guidance. This was validated in an external audit of all NEMS CBS prescribing, carried out by NHS Nottingham City Medicines Management team.
Infection prevention and control	We scored 93% in the audit conducted by Nottingham CityCare Infection Control and Prevention team. We will be repeating this audit internally in October.
Unannounced visits from Commissioners	We have had four unannounced visits within the year. These visits allow our commissioners to make their own assessment of how we are meeting the National Quality Requirements. The visits focus on things that can only truly be assessed by being here, speaking to staff and patients and observing what goes on. There have been no concerns identified in any of the four visits. However,

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	our commissioners have made some useful suggestions which we have implemented. Staff have found these visits constructive and feel they have been helpful in preparing for what a Care Quality Commission inspection might be like.
East Midlands Deanery	The Deanery assesses the quality of NEMS CBS as a training environment for GP trainees, on an annual basis. NEMS was found to be very well organised, with excellent feedback from trainees and offering plenty of training sessions. The quality of the supervising GPs was also noted.
'Mock' Care Quality Commission inspections	<p>As we have yet to be inspected by the Care Quality Commission, we decided to work with our neighbouring GP 'out of hours' service in the north of the county, to inspect each other's services. NEMS CBS is registered with the Care Quality Commission for the following 'regulated activities':</p> <ul style="list-style-type: none"> • Treatment of disease, disorder or injury • Diagnostic and screening procedures • Transport services, triage and medical advice provided remotely <p>At the time of writing this Quality Account, NEMS CBS has not had an official inspection.</p>

Other Safety and Effectiveness Improvements

During the first six months of the year, there was a huge amount of work going on behind the scenes to ensure that NEMS computer systems were able to receive patient details from the NHS 111 service. This led us to completely redesign our computer system making it easier for our staff to keep track of patients having telephone advice, with appointments and visits. One of the benefits of receiving details of patients who have already been through the NHS 111 assessment is that their demographic details have been checked against the national Patient Demographic Spine. This ensures that the name, address, date of birth and GP practice details are correct and reduces the 'human error' that can be introduced by misspelling a name or by choosing the wrong GP practice. Patients often know the name of the GP that they like to see, or the location of the practice, but often do not know the name of the practice itself. If the wrong practice is chosen, the consultation notes from NHS 111 and NEMS will be sent to the wrong practice.

Since this change was introduced, we have had far fewer practices contacting us to say that the patient is no longer registered with them. Getting the right details to the right practice is an important safety improvement.

Learning from Experience Elsewhere- The Francis Report

During the summer, NEMS CBS Board reviewed the recommendations in the Francis Report. The report was the result of extensive investigations into the deaths of up to 1200 patients at the Mid

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Staffordshire Hospital between 2005 and 2009, due to lack of care. The Report made 290 recommendations. NEMS CBS Board identified those recommendations which should be implemented and this will be a key part of our quality improvement plan for the coming year.

The table below sets out our intended actions in relation to the recommendations.

Theme (as per Francis Report)	Action
Board Accountability	We will publish our Quality Account on our website.
Putting Patients First	<p>We will revise our Staff Handbook to make specific reference to the NHS Constitution</p> <p>We will include the NHS Constitution in our core induction programme</p> <p>We will add a link to NHS Constitution from our current website</p>
Fundamental Standards of Behaviour	We will improve our process for feeding back to staff that report incidents, so that staff know what action has been taken as a result.
Effective complaint handling	We will develop a system for letting all patients know what changes and improvements we have made as result of 'listening and learning' from complaints.
Nursing	We will introduce specific tests for caring and compassion to our recruitment and selection process for all staff, not just nurses.
Information	NEMS will train staff and start using Summary Care Records, where these exist and patients consent to NEMS viewing them.

This action plan will be reviewed and updated at quarterly NEMS CBS Board meetings.

Looking forward

Quality Improvement Plan for September 2013 – 2014

The box below summarises our Quality Improvement Plan for the coming year. This is in addition to continuing with all our existing quality measurement and monitoring activity. For each improvement, we have identified the quality essentials that we believe to be most affected by our plan.

Quality Improvement Plan for September 2013 - 2014	Patient Experience	Patient Safety	Clinical Effectiveness
<p>On-line Patient Questionnaire</p> <p>For 2013 -14, we will develop an ‘online’ questionnaire, for those patients that do not want to reply to the postal survey. This may increase the response rate, providing us with further valuable feedback.</p>	✓		
<p>Summary Care records</p> <p>We know that many of our patients think that we have access to their GP surgery medical records, but this is not the case. However, we hope we will be able to take the first step on the road to improvement in this coming year.</p> <p>We plan to prepare our computer system to enable us to see Summary Care Records, once these have been introduced in your own GP Practice. The summary care record can only be viewed with the permission of the patient</p> <p>The summary care record will mean that key information such as allergies, current prescriptions and any previous bad reactions to medicines is available to NEMS nurses and GPs during their consultations with patients.</p> <p>We believe this will be particularly useful where patients have a complicated medical history or take lots of medication. Summary care records will help us make quicker, safer telephone assessments and reach better decisions about how and where to treat patients.</p>	✓	✓	✓

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Quality Improvement Plan for September 2013 - 2014	Patient Experience	Patient Safety	Clinical Effectiveness
<p>Keeping Healthy, Safe and Well</p> <p>We have updated and expanded the content of our waiting room presentation to include the most up to date 'health improvement' information , raise awareness of what to do if you have concerns about the welfare of a child or vulnerable adult or about domestic abuse.</p>	✓	✓	
<p>Staff Selection and Induction and Staff Handbook</p> <p>In light of our review of the NEMS CBS Board review of the Francis Report , we will:</p> <p>Review the aptitude test element of our selection interview process to specifically test for care and compassion</p> <p>Include the NHS Constitution and the Francis Report in our induction programme</p> <p>Review our staff handbook and place even greater emphasis on the need for staff to have a caring attitude whilst providing safe, efficient and clinically effective care.</p>	✓	✓	✓
<p>Patient Involvement</p> <p>We will continue to develop our patient involvement and participation activities.</p> <p>We will ask our Patient Participation Group to give us their views on:</p> <p>Our patient questionnaire</p> <p>Our website</p> <p>Our waiting area informational presentation screens</p> <p>Issues raised by patients in their feedback- to help us formulate policy and procedure</p> <p>Aspects of the forthcoming Service Specification for the GP Out of Hours service which is out to tender this year.</p>	✓	✓	✓

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Quality Improvement Plan for September 2013 - 2014	Patient Experience	Patient Safety	Clinical Effectiveness
<p>Retain our contract to provide GP Out of Hours services for patients in our area.</p> <p>We will do our utmost to ensure that we win the contract which is up for tender this year.</p> <p>We believe our track record and local credentials make us the best organisation to do this.</p> <p>Our staff and GPs are local people and have a commitment to improving the health and well being of local people</p>	✓	✓	✓

Appendix A

About the GP Out of Hours (GP OOH) service

A GP OOH service ensures that you can get medical advice or treatment for urgent primary care needs, when your own surgery is closed.

- A Primary Care need is something that you would normally visit, or telephone your own GP surgery about.
- An urgent primary care need is one that cannot safely wait until your surgery is next open.

Unlike a GP practice, the GP OOH service covers a wide geographical area. NEMS CBS covers 118 GP surgeries and around 725,000 patients. Current arrangements mean that it is not possible for NEMS CBS to have access to any information in GP surgery medical records.

So when we see or speak to you, we have to ask a lot of questions about things you may think we should already know. We will normally have some information about you from the NHS 111 service, which will have made an assessment that recommends you get further advice or treatment from us.

We successfully provide telephone advice for about 50% of patients that are put in contact with us, via NHS 111. This advice normally allows the patient (or their carers) to manage, without the need to come in and see a nurse or a GP.

The remaining patients do need to be seen and where possible, we make arrangements for patients to travel to our treatment centre. Where this is not possible, we visit patients in their homes.

When we make an appointment to see a patient at our centre or at home, we do our very best to be on time. However, unexpected complications do sometimes mean that there are delays. This is most often due to patients requiring admission to hospital or referral to a specialist service.

The feedback we get from patients in our postal survey is very positive. We believe we already provide a high quality service but we know that there is always room for improvement. So we welcome your involvement and feedback on how we could improve.

Appendix B National Quality Requirements for GP Out of Hours Services (GP OOH)	
These requirements are designed to ensure that GP OOH services are safe and clinically effective and delivered in a way that gives the patient a positive experience	
1	<p>Report regularly to commissioners on how well we are performing against these requirements</p> <p>- so that our commissioners know how well we are doing and if necessary seek improvements from us, where needed</p>
2	<p>Send details of all OOH consultations to the practice where the patient is registered by 8.00 a.m. the next working day</p> <p>- so that your own GP knows that happened during your OOH consultation.</p>
3	<p>Have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information including, where appropriate, a care plan for patients with predefined needs (for example, patients with terminal illness)</p> <p>- so that we can follow a plan of care that has already been agreed with you, during the OOH period.</p>
4	<p>Regularly audit the quality of the clinical care given by GPs and nurses delivering the service and report any action taken to improve quality to commissioners</p> <p>-so that you can be confident in the clinical knowledge and skill of our GPs and nurses.</p>
5	<p>Regularly seek feedback from patients that have used the service and report any action taken to improve quality to commissioners</p> <p>- so that we can learn from your experiences of using the OOH service and make improvements.</p>
6	<p>Operate a complaints procedure that is consistent with the principles of the NHS complaints procedure and report any action taken to improve quality to commissioners</p> <p>- so that you are assured that your complaint will be looked into and you will hear from us with an apology, explaining what we learned and what recommendations for action and change we plan to take as a result of your complaint.</p>
7	<p>Match staffing levels to predicted demand for the service</p> <p>- so that we can respond to your needs in a timely way throughout the year</p>
8	<p>Initial Telephone Call:</p> <p>Since March 2013, patients have been advised to contact NHS 111 with urgent health problems, so this requirement is no longer applicable to NEMS GP OOH service as we do not take calls directly from patients for the GP OOH service.</p>

9	<p>Telephone Clinical Assessment</p> <p>Identify immediately life threatening conditions and, once identified, passing them to the ambulance service within 3 minutes.</p> <p>Since March 2013, this requirement is met by the NHS 111 service.</p> <p>NEMS receive details of patients requiring further clinical assessment in the GP OOH service, from NHS 111. Under a local agreement, NEMS then have a maximum of 1 hour to contact the patient and agree a 'plan of action'</p> <p>Outcome</p> <p>At the end of the assessment by NEMS, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.</p> <p>- so that the advice and care we give is safe, effective ,timely and in proportion to the urgency of your problem.</p>
10	<p>Face to Face Clinical Assessment (for 'walk-in' services only)</p> <p>NEMS does not provide a walk in service but we do make sure that anyone who does walk in without an appointment is assessed and given information on what to do next, depending on their urgency of their problem.</p> <p>- so that the advice and care we give is safe, effective , timely and in proportion to the urgency of your problem.</p>
11	<p>Provide care in the right place at the right time and by the right person</p> <p>-We must be able to offer consultations with a GP or nurse, by telephone or face-to-face at our treatment centre or by visiting you at home, depending on the urgency of your problem and your ability to travel to NEMS for an appointment.</p>
12	<p>Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started:</p> <ul style="list-style-type: none"> • emergency : within 1 hour • urgent: within 2 hours • less urgent: within 6 hours <p>- so that you are seen within a time that is safe, given the urgency of your problem.</p>
13	<p>Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.</p> <p>- so that you can be sure that we have understood your problem and we can be sure that you have understood our advice or treatment</p>