medvivo
integrating health and care

Quality Account 2019-2020

Inspected and rated Outstanding
CareQuality Commission

ALTOGETHER BETTER

Quality Account 2019-2020

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Quality Account 2019-2020 Introduction

Statement from Chief Executive Officer

My career at Medvivo began in 2008 when I joined the Access to Care team as a Physiotherapist.

In my time here, I have been actively involved in developing all the services we deliver today. As Director of Operations back in 2016, I became increasingly aware of the scope and potential we had as an organisation to enhance the quality of health and care services being delivered in the local community.

To be invited to take on the role of Managing Director in 2018 was an honour, and in March 2020 it was a huge privilege to be offered the role of Chief Executive. The enthusiasm and passion I have for everything Medvivo strives to achieve has never faltered.

We focus on putting people at the heart of everything we do. This applies as much to the patients and service users we come into contact with, as it does everyone who works here.

I am immensely proud of all of our teams and what we continue to achieve together. Everyone is committed and dedicated to achieving excellence in the delivery of care, and every day we are looking to see how this can be improved in the future.

In April 2019, we became one of the first urgent care service providers in the UK to receive a second consecutive outstanding rating from the Care Quality Commission.

By the end of that year, we were thrilled to have the work we do to support the wellbeing of our staff recognised with a National Happiness Award for being the UK's Happiest Workplace.

The coronavirus pandemic has made 2020 a challenging year so far. Together we are working through the challenges to ensure the high level of quality services can continue while the safety of patients, service users and staff is assured.

This report is testament to the quality of everyone's work and it is my great pleasure to present this to you.

My sincere thanks to all of our teams and our partners who help us continue to deliver services of the highest quality to those we support.

Liz Rugg BSc MCSP
Chief Executive Officer

Inspected and rated Outstanding
Care Quality Commission

THE NATIONAL HAPPINESS AWARDS 2019
HAPPIEST WORKPLACE WINNER

Statement from Medical Director

The delivery of high quality, patient-centred services alongside robust governance processes, continues to be our number one priority.

Having been awarded the Integrated Urgent Care contract for Swindon and Bath and North East Somerset, in addition to Wiltshire, meant that we needed to further invest in our Quality Team to ensure our high standards would be maintained as the business continues to grow.

The ethos of collaboration, excellence, and shared learning throughout our teams significantly helps in the management of our governance processes. Maintaining friendly and supportive links with our local healthcare providers and stakeholders contributes to the sense of community and partnership, working together to provide a high standard of care.

This Quality Account provides those who use and those who commission our services with detailed insight into the work we do to ensure we are providing the highest quality of care, and how we strive for continuous improvement. The work of our Quality Team is demonstrated in this report and is reflected in the many achievements we have made over the past 12 months.

The clinical audits provide a framework for high standards and consistency of care by advising clinicians of areas where their clinical practice could be improved, including references to current national and local guidelines and standards. The work that has been done to make the feedback process largely supportive rather than critical has reaped the benefit of improved clinician engagement, which can only be mutually beneficial for both the clinicians and the patients.

This report also provides insight into the ongoing development of our services. We are continuing to increase the utilisation of video consultations to improve patient access to our services and provide an additional level of safety to our clinical assessments.

We also recognise the importance of having feedback from our patients and service users to gain insight from their perspective about how the services might be improved. To this end, our new Group of 50 virtual service user group will help us to gain an understanding of exactly which improvements will mean the most to those using our services.

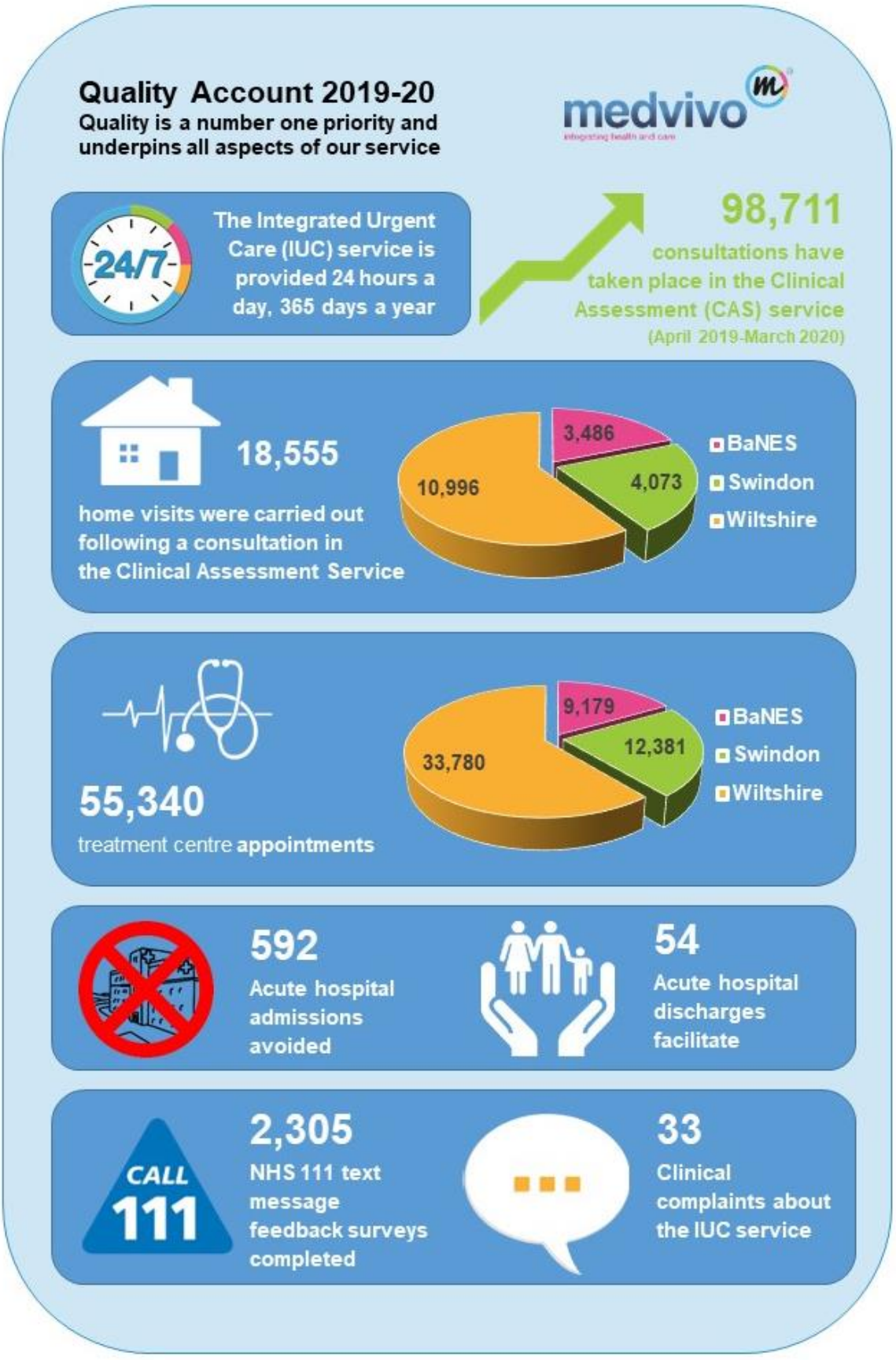
We work hard to embed a culture that promotes quality and safety, which has never been of more importance than it has this year in the context of the COVID-19 pandemic. The impact on our patients and our workforce, mentally as well as physically, and on our service operationally, has presented significant challenges in service delivery.

It is a credit to our teams that they have gone above and beyond to maintain the high standard of service that we have achieved.

My thanks to everyone who has contributed to writing this report, which clearly demonstrates why we can be justifiably proud of our outstanding CQC rating.

Dr Sue Lavelle BSc, MBChB, MRCGP
Medical Director

Quality Account at a Glance



Care Quality Commission (CQC)

Confirmation of Activities and Locations

Medvivo is required to register its service location and activities with the Care Quality Commission. The last inspection by the CQC was during January 2019.

The comments below are taken from the inspection report summary, provided by the Chief Inspector of Primary Medical Services and Integrated Care, Dr Rosie Benneyworth:

"Staff involved and treated people with compassion, kindness, dignity and respect. Patients were valued as individuals and were empowered to have a voice in their own care."

"Care was person-centred. Services were tailored and delivered to meet the needs of an individual in a way that ensured flexibility and choice."

"There were innovative approaches to providing integrated patient-centred care."

"There was a strong emphasis on staff wellbeing. The interventions (…) had led to a decrease in turnover of over 6% in the last 12 months."

Medvivo has one registered location: Fox Talbot House, Chippenham, Wiltshire. The current registration is to provide the regulated activities of:

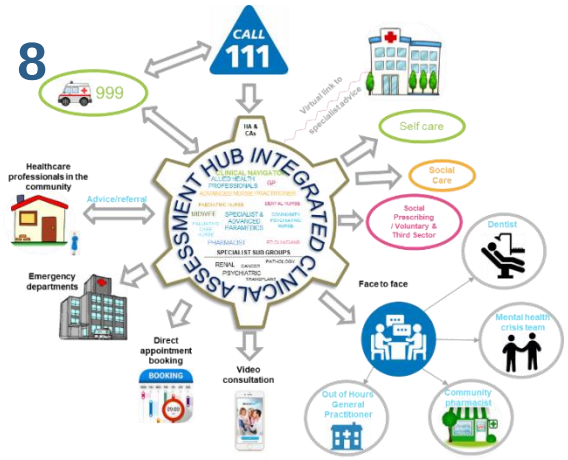
- Diagnostic and Screening Procedures
- Personal Care
- Transport services, triage and medical advice provided remotely
- Treatment of disease, disorder or injury

Medvivo has no conditions on its registration and the CQC has not taken any enforcement action against the organisation.

Medvivo Services

Medvivo began providing GP Out of Hours services in Wiltshire in 2004 and in May 2018 was awarded the Integrated Urgent Care contract for Bath and North East Somerset (BaNES), Swindon and Wiltshire (BSW). The services provided are broken down into these areas:

Integrated Urgent Care Services (IUC)



NHS 111

The NHS 111 service is a free-to-call non-emergency medical helpline. The provision of this service forms part of the BSW IUC contract and is sub-contracted to Vocare.

A non-clinical call centre and NHS 111 Clinical Assessment Service (CAS) is available 24 hours a day, seven days a week for health advisors and clinicians to triage and/or refer patients.

Clinical Assessment Service

The CAS provides remote consultation with patients and is the central hub of Medvivo's Integrated Urgent Care Service.

Delivered 24/7 by a multidisciplinary clinical team, supported by an expert coordination team, the CAS ensures patients receive the most appropriate care, concluding with advice, a prescription, or an appointment or referral for further assessment or treatment.

Healthcare professionals also use the CAS for advice and support to manage patient referrals.

The CAS is integrated and co-located with the NHS 111 service. The number of consultations continue to increase with 107,000 completed between 1st April 2019 and 31st March 2020.

Following overwhelmingly positive feedback, after an initial four-week pilot in July 2020, Medvivo officially launched a GoodSAM video consultation service on 16th August 2020. This is available for use by all clinical and person-facing teams to improve access to patients.

Out of Hours (OOH) Primary Care

OOH Primary Care provides urgent care when In-Hours GP surgeries are closed, usually operating from 6.30pm-8am on weekdays and 24/7 on weekends and bank holidays.

Calls are passed to Medvivo from NHS 111, via the CAS. If needed, patients will have a face-to-face consultation at one of the Primary Care centres or via a home visit.

Access to Care

Medvivo's Single Point of Access (SPA) service for Wiltshire only residents is known locally as Access to Care (ATC).

The service involves co-ordinating care delivery and managing patients through the healthcare system. As a remote clinical assessment service it also provides support for referring the patient to the community health teams in Wiltshire.

The team includes nurses, paramedics, physiotherapists, occupational therapists and assistant practitioners. With a whole system perspective, they play a key role in preventing

acute hospital admissions and expediting discharges.

Acute Trust Liaison clinicians are part of this team and are based in the three local acute hospitals, Great Western Hospital, Swindon, Royal United Hospitals Bath and Salisbury District Hospital. They work with the acute and community teams to proactively support the discharge planning process.

Non-Clinical Response

Medvivo's Response Service works 24/7 and is regulated by both the Care Quality Commission (CQC) and TEC (Technology Enabled Care) Services Association (TSA).

The Response Service is delivered by a team of highly trained, non-clinical responders with a skill-set which includes personal care, end of life care, people handling (including lift and assist), observations and remote monitoring.

The team, supported by ATC and the CAS, is despatched to support service users in their own homes. This could be as a result of a request for support through a service user's telecare unit, by the CAS or OOH Service or by the Ambulance Service

The team also delivers the Urgent Care @ Home Service in Wiltshire, providing emergency care to avoid hospital admission whilst ATC arrange the provision of mainstream services such as social care.

Urgent Care @ Home

Often it is appropriate for service users to remain at home during a period of illness or when a crisis has occurred, but they require an increased level of domiciliary support to enable them do so.

To ensure this can be initiated immediately, and where traditional or mainstream services are unable to provide this support quickly, intermediate care is provided by the Response Service who operate from three bases across the county.

Support provided ranges from one-off support visits for up to 24 hour care, and is initially in place for 72 hours.

Telecare Monitoring

As described in last year's (2018/19) Quality Account, this service is provided in Wiltshire in terms of monitoring and installation of telecare equipment. It provides a continuous link to emergency and non-emergency assistance 24/7, 365 days of the year.

Medvivo made a division of the telecare business in December 2019 having redefined the strategy to focus on delivering integrated urgent care from 2018. The monitoring and installation service trading as Medvivo Careline Ltd was deemed no longer core to achieving this strategy and this business was acquired by Appello in December 2019.

Appello is the UKs largest Technology Enabled Care Service (TECS) monitoring centre. Medvivo remains the primary contractor for Wiltshire and sub-contracts the delivery of this service to Appello.

Medvivo works closely with Appello to ensure Wiltshire telecare customers receive the same quality of service. The contract is overseen in part by the Medvivo Quality Team to ensure that we closely monitor the safety of the services and we continue to draw on learning from compliments, incidents and complaints.

Medvivo is delighted to be working with Appello and believe that the service to customers' benefits from the advancements in technology that Appello is able to deliver due to its ability to work at a much larger scale than Medvivo in the world of telecare monitoring and equipment.

Medvivo continues to deliver the non-clinical Response Service that is linked to telecare monitoring in Wiltshire.

In-Hours Extended Primary Care

Medvivo provides the Improved Access Service for Swindon, known as SUCCESS. This delivers additional in-hours face-to-face consultation capacity for patients requiring 'on the day' urgent care when there is limited capacity at GP practices. This acts as an overflow support service for the NHS in Swindon.

High Intensity User

Medvivo was commissioned in 2019 to provide a High Intensity User service in Bath and North East Somerset and Swindon.

This service provides support and guidance to people who may find they are using healthcare services more frequently than usual.

Working together with these service users, the team offers support and discusses how patient wellbeing could be improved. This includes elements of self-care and signposting to other services that may better meet their needs.

COVID-19 Impact

Integrated Urgent Care (IUC) service providers play a key role in integrating, protecting and managing demand across the NHS healthcare system.

During the COVID-19 pandemic, this role has increased given the virtual capability offered by the NHS 111 and CAS elements of the IUC service.

IUC providers have seen material increases in demand for virtual services as the NHS looks to use these services as a first line of defence 24/7 (previously their main role was Out of Hours).

Medvivo has played a key role in the COVID-19 crisis, continuing to deliver its core services and providing additional support to the NHS.

Clinical Assessment Service (CAS)

This section explains further the work of the Clinical Assessment Service that is the central hub of the Integrated Urgent Care Service. The CAS consists of a team of professionals including GPs, paramedics, nurses, pharmacists and dental nurses who provide enhanced clinical support for patients contacting NHS 111.

Clinicians provide additional clinical assessment via telephone triage, improving the journey and experience for patients by ensuring they can pass through to the right services quickly and efficiently.

The team promotes self-care, provides advice and support for patients at home facilitating onward referral where necessary to a range of primary and secondary care services.

Where input is required from other clinicians, such as dental specialists, mental health specialists or pharmacists, an onward referral is made to a separate service.

By being able to increase the number of patients who are treated and discharged in the community, the Clinical Assessment Service helps to reduce pressures on emergency departments and other NHS service.

Triage and Contacts by Service Area

All activity into the CAS is monitored using a business intelligence tool. This allows Medvivo to monitor and review performance, outcomes and staffing levels.

Note: BaNES refers to Bath and North East Somerset, MCAS is the Medvivo Clinical Assessment Service, OOH refers to the Out of Hours service.

BaNES

	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	Total
MCAS Telephone Triage	1,537	1,627	1,494	1,284	1,416	1,299	1,487	1,670	1,879	1,620	1,698	2,090	19,101
Treatment Centre Consultations OOH	928	871	755	721	736	641	707	849	973	756	776	466	9,179
Home Visits OOH	338	324	297	286	315	260	256	312	291	313	267	227	3486
Medvivo Total	2,803	2,822	2,546	2,291	2,467	2,200	2,450	2,831	3,143	2,689	2,741	2,783	31,766

WILTSHIRE

	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	Total
MCAS Telephone Triage	4,514	4,436	4,287	3,958	4,316	3,993	4,322	4,508	5,826	4,562	4,674	6,200	55,596
Treatment Centre Consultations OOH	3,259	3,136	2,886	2,696	2,928	2,557	2,541	2,972	3,528	3,008	2,657	1,612	33,780
Home Visits OOH	987	976	853	829	969	960	895	943	1062	956	764	802	10996
Medvivo Total	8,760	8,548	8,026	7,483	8,213	7,510	7,758	8,423	10,416	8,526	8,095	8,614	100,372

SWINDON

	2019-04	2019-05	2019-06	2019-07	2019-08	2019-09	2019-10	2019-11	2019-12	2020-01	2020-02	2020-03	Total
MCAS Telephone Triage	1,749	1,909	1,787	1,596	1,825	1,715	1,780	1,974	2,351	1,972	2,090	3,266	24,014
Treatment Centre Consultations OOH	1,045	1,011	877	875	994	1,005	1,080	1,129	1,445	1,121	1,065	734	12,381
Home Visits OOH	388	355	328	349	405	314	324	334	375	342	279	280	4073
Medvivo Total	3,182	3,275	2,992	2,820	3,224	3,034	3,184	3,437	4,171	3,435	3,434	4,280	40,468

Incident Reporting

The delivery of health and care will always involve a degree of risk. Medvivo recognises the importance of minimising these risks to the lowest possible level. Proactive and continuous management of these risks is essential to delivering effective, safe, and efficient patient care.

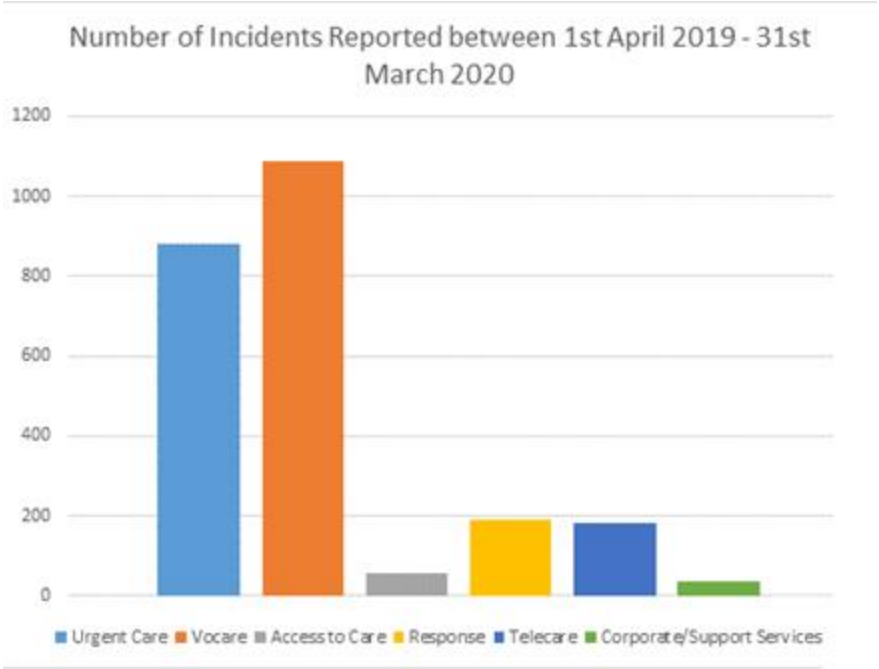
Medvivo has a strong culture across all staff groups to ensure staff report any significant events, incidents or near misses. The foundations of patient safety culture continues to be built upon in an open learning environment. This is in terms of what has gone well as well as what may have gone wrong.

All incidents reported by staff are logged electronically on Datix, an incident reporting and risk management software. If an incident is considered high risk Medvivo's Quality Team or Service Leads will escalate to the Executive Team where the case is discussed and any immediate actions/mitigations implemented.

In addition to this, incidents can be escalated and discussed at the weekly Risk Committee.

The multidisciplinary Risk Committee at Medvivo is attended by all Service Leads and members of the Executive Team. The CCG and partner stakeholders are also invited to attend the weekly Committee meetings. Every incident raised is allocated to an individual who is then responsible for feeding back completed actions to the Committee; cases are not removed from the agenda until they have been fully managed and closed. Feedback is provided to the person who reported the incident or who was involved in the incident.

The table below demonstrates the number of incidents reported between April 2019 and March 2020. These incidents are split by Service Area and incorporates all reported incidents within the organisation. All incidents are investigated fully, to ensure learning and actions are undertaken as required to reduce risk of harm.



Between April 2019 and March 2020, 14 incidents were reported that meet the criteria of a Serious Incident.

Medvivo's Serious Incident Policy defines a serious incident as:

- An act and/or omission occurring as part of NHS-funded healthcare that results in the unexpected or avoidable death or serious harm of one or more people, this includes suicide or self-inflicted death, and homicide by a person in receipt of mental health care within the recent past
- Unexpected or avoidable injury to one or more people that has resulted in serious harm
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional to prevent the death of or serious harm to the service user
- Actual or alleged abuse where health care did not take appropriate action or intervention to safeguard against such abuse occurring; or where abuse occurred during the provision of NHS-funded care.

Where a Patient Safety incident is identified as serious, we will make contact with the patient or their next of kin. Where the patient or their next of kin may be considered 'vulnerable' a risk assessment is undertaken before any contact is made. This could be because we are concerned about the patients' general psychological or physiological state; or due to the circumstances surrounding or following the incident. Often we may utilise the patient's own GP to offer and provide support. .

The initial contact where possible is verbal and telephone contact is made on a recorded line. Where the patient cannot be contacted in person, a letter is sent inviting the patient or next of kin to make contact. The involvement from family or the patient themselves provides an opportunity for any of their concerns or questions to be addressed in the investigation.

By conducting a thorough investigation we can ensure actions that can prevent future incidents and improve patient outcomes whilst enhancing safety and quality.

Medvivo's commitment to this is demonstrated by the provision of Root Cause Analysis. This is a technique that helps people identify the underlying cause of the incident. A cohort of team leads completed a two-day course in Root Cause Analysis training this year with plans to deliver further training to more staff next year.

Safeguarding

The responsibility of safeguarding remains a very high priority within the Integrated Urgent Care service and a focus is put on existing staff and new staff having access to good quality education and information to maintain this standard.

Michelle Reader, Chief Operating Officer, is the Executive Lead for Safeguarding Adults and Children, with Krystle Hillier, an Advanced Nurse Practitioner, being the Safeguarding Lead.

Over the year Medvivo has increased the type of specialist training it provides. This was based on discussion with staff about the type of training they would like, a focus on safeguarding areas which may be more at risk of not being identified. The feedback from these sessions has been very positive.

Whilst safeguarding procedure is fully embedded in the service, Medvivo constantly reviews this process. This may be as a result of discussions with similar services who are diverse and dynamic in the way they teach and train safeguarding, or discussion at BSW sub-groups with other safeguarding professionals.

COVID-19 has had a significant impact within safeguarding over 2019/2020. This has affected the way training is delivered, methods of training staff about the risk factors, moving face to face training to online training.

Achievements Last Year

- Implementation of the requirement for all new employed staff to receive face to face Level 1 safeguarding training from the Medvivo Safeguarding Lead. This has proven beneficial; staff know from the first week of employment who the Safeguarding Lead is and how the organisation has a clear focus on prioritising and protecting people.
- Separate face to face training by specialist trainer with a focus on Child Sexual and Criminal Exploitation, Domestic Abuse and Controlling and Coercive behaviour.
- Reacting well to the COVID-19 pandemic in ensuring all staff have had the most up to date information, supervision and support in relation to increasing need during the lockdown period.
- Involvement in the Connecting Care for Children forum, providing in depth national and local information about available services and specific childhood concerns for all staff.

Future Developments

- Increase the specialist training available to staff particularly in the areas of:
  - Injury in Non-Mobile Children and Young People
  - Controlling and Coercive Behaviour
  - Discriminatory Abuse
  - Modern Slavery.
- Create safeguarding champions within each area of the service who will be involved in representing key areas of the organisation and any particular learning and development needs.
- Develop an online area with local and national safeguarding training to enhance and compliment the training that is already being provided.
- Focus on mental health in children and young people to support the increase in cases that are becoming apparent.

Local Audit Data

Working closely with the Clinical Commissioning Group each year a schedule of quality is agreed and these are worked on throughout the year to achieve agreed goals. Areas of practice to audit are reviewed in order to monitor how care is delivered against quality standards, including NICE guidance. As part of the contract a number of local audits have been put in place to ensure clinicians are actively engaged and that patient care and experience is always improving

Local clinical and non-clinical audits are managed by the teams in each service area. These are closely monitored by the Service Managers and the results are shared at the monthly Quality Committee. Changes to the audit criteria are agreed if appropriate at this committee meeting to ensure good governance is shared throughout the organisation, at every level.

NHS 111

<table>
<tr><th colspan="2">NHS 111 Call Audits</th></tr>
<tr><td>Auditors</td><td>Scores: April 2019 – March 2020</td></tr>
<tr><td rowspan="3">Vocare Coaches (auditors)</td><td>Audit Results:
An average of 47 Health Advisors per month were audited. During this time period 83% of audits were found to be compliant with the NHS Pathways Audit Standards, 9% were partially compliant, 8% being non-compliant.
An average of 16 Clinical Advisors were audited per month. During this time 90% of their consultations were compliant with the standards, 3% had partial compliance and 7% were non-compliant.
An Average of 5 Agency Clinicians were audited per month. 80% achieved compliance with the standards, 11% achieved partial compliance and 9% were non-compliant.</td></tr>
<tr><td>Action Taken</td></tr>
<tr><td>When staff are found to be non-compliant with the NHS Pathways Audit Standards, individual feedback is given in a face to face setting. NHS Pathways Hot Topics are worked through if there is a specific area of concern.
If more than one audit is failed in a month then a robust, individualised development plan is written with the individual to address the issues identified.
These plans involve SMART goals and give clear guidelines for expected improved practice.</td></tr>
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Clinical Guardian

Medvivo currently uses the Clinical Guardian Audit System, which is a dynamic online database which facilitates the governance process. It presents the questions based on the Royal College of General Practitioners audit toolkit for auditors to refer to, and uses a systematic approach to assess clinical competence.

All clinicians, GPs, Nurses, Pharmacists and Urgent Care Practitioners, working during out of hours are audited this way. A minimum of 2% of cases worked per month are audited once they have moved to the category 'trusted clinician'. New clinicians, or those undertaking training, have enhanced auditing levels.

Clinicians who consistently maintain an excellent standard of care are approached to perform these audits and are provided with additional training. Any feedback generated is provided to the clinician for the purpose of reflection and development.

Clinical Guardian Audits	
Auditors	**Scores: April 2019 – March 2020**
Clinical Guardian Auditors	Audit Results: 6,804 consultations audited on Clinical Guardian software. 89% of cases audited were marked 'Proficient.' 10% of consultations marked 'Proficient with Group Comments' (where minor reflective feedback is shared with the clinician). Less than 1% marked as "For Reflection".
	Action Taken
	963 cases audited for other reasons: National Early Warning Score (NEWS2), Paediatric Early Warning Score (PEWS), triage, home visits, end of life, urinary tract infections, lower back pain, asthma. Antibiotic prescribing was audited in 263 consultations. Innovative business intelligence auditing used with Microsoft Power Business Intelligence and Clinical Guardian software. Groups set up to support this work include: Antimicrobial Stewardship Committee, Sepsis Committee, and Medicines Management Committee.

Access to Care

During the year there was a change in commissioning and the Access to Care (ATC) team no longer facilitates discharges from hospital. This is now managed by the Wiltshire Community Services Provider and is known locally as HomeFirst – Reablement pathways.

Between April 2019 and March 2020, the ATC team managed to provide valuable support in the community by facilitating 54 hospital discharges and preventing 592 acute hospital admissions.

The team successfully reduced 57 packages of care whilst on the caseload making handover to mainstream services more achievable.

Access to Care Audit Data	
Auditors	**Scores: April 2019 – March 2020**
Access to Care Clinical Lead	Total Average Scores: • Average scores: 86% • 100% of audits due were completed
	Action Taken
	• There are now six clinicians undertaking peer call reviewing. The clinicians rotate every four months. These are still being checked by a Clinical Lead to ensure standards and quality are maintained. From November 2019 audits that scored under 91% or were marked as an instant fail were double audited by a peer clinician then reviewed by a Clinical Lead. • Commencing September 2019, a new call audit tool was implemented making changes so the standards were clearer and more concise. Due to amalgamating some of the standards the pass mark was reduced from 95% to 91%. The audit consists of 5 mandatory and 11 standards. The mandatory compliance, confirming patient identity, introducing themselves, stating the reason for call, requesting consent, documenting who they have spoken to and demonstrating the use of clinical judgement and decision making still remains in the Mandatory field of the audit. The recorded calls vary each month from selecting incoming, outgoing or randomly picked calls. • The six auditors meet every month and discuss common themes. • The call audit Standard Operating Procedure was reviewed and updated in January 2020 to reflect any improvements made. • Any clinician who fails their call audit continued to be asked to complete a reflective account, this has had an overall positive impact as very few clinicians fail two consecutive months.

Urgent Care Coordinators and Urgent Care Call Handlers

The Urgent Care Coordinator and Call Handler teams provide a central supporting role across all integrated care services at Medvivo.

They are the first point of contact for healthcare professionals and patients contacting Medvivo either directly or via the NHS 111 service.

Urgent Care Coordinator and Assistants Call Audit Data	
Auditors	**Scores: April 2019 – March 2020**
Urgent Care Team Leads	Total Average Scores: • Average scores: 93% • 100% of audits due were completed
	Action Taken
	• Whilst coordinators and call handlers consistently achieved high scores, in order to reflect the critical importance of certain aspects, the call audit tool was updated. • Five standards focused on collecting key case information as well as providing effective worsening advice were set as mandatory failures if not completed to the required level. • If any of these five standards were not achieved the audit was flagged as a safety concern for the relevant team lead to provide one to one feedback. • A key trend identified was a lack of clear worsening advice given, upon further discussions with team members it was further identified that this was specifically lacking during calls with health care professionals. • As a result further education was cascaded via the urgent care team leads regarding the importance of providing worsening advice not only to patients but also health care professionals. • All learning from low scores or common themes were actioned via team education and training or individual one to one sessions with a team lead. • In order to increase knowledge and understanding within the coordinator team, under the supervision of a team lead, a number of senior coordinators complete call audits for members of the call handler team.

Response

Responders are integrated across different health and social care services, offering high quality support services to those in the community.

These audits ensure that the responders are not only accountable for the action taken in a visit but also allow areas of development to be implemented.

Responder Audit Data	
Auditors	**Scores: April 2019 – March 2020**
Team Leads	Total Average Scores: • Average scores: 94% • 100% of audits due were completed
	Action Taken
	• Three responders completed peer to peer audits during this time frame. • Each individuals audits have been fed back to the member of staff and discussed during one to one meetings • No trends have been identified • A training programme has been implemented to develop more peer to peer audits, allowing continuity of auditing and gives another view on the practice demonstrated within the role. • The most common area for improvement is documenting consent for onward referral. This has been particularly notable when using the assessment template after an individual has fallen. • From December 2020, audits with specific areas of improvement will be sent to each responder for them to self-assess and then be discussed during one to one meetings with line managers.

Progress on CQUINs

Commissioning for Quality and Innovation (CQUIN) are targets designed to encourage providers to share and continually improve how care is delivered.

These targets are agreed with commissioners and linked to a payment framework. The table below outlines the targets agreed and their progress in the 12 month period starting in May 2019.

Quality Improvement Target	Progress towards achievements	% Achieved
CQUIN 1 Flu	The flu campaign began in September of 2019 and continued through until March 2020. The Flu Committee achieved fantastic results and 92% of frontline staff received the flu vaccination. The campaign included a poster display at the main office at Fox Talbot House, and our Responder and Urgent Care bases across BaNES, Swindon and Wiltshire, as well as emails and regular updates on the intranet with a flu jab-o-meter.	100%
CQUIN 2 Health and Wellbeing	• Flu Awareness campaign where staff are offered a free vaccination. • Staff health benefits reminder. • Remind staff about mental health services and apps. • New Breathing Space support service from Bath Mind. • Campaigns included Breast Cancer Awareness, Stress Awareness and Winter Wellbeing. • Daily tips from the Stress Management Society were shared on the intranet and combined into one document at the end of the month. • Compliments and inspirational quotes shared on the intranet to keep spirits lifted, recognising the importance of monitoring staff engagement and morale moving forward. • Reconfiguration of the call centre to ensure we are compliant and exceed the Government's workplace guidance in relation to COVID-19 from March 2020. • The full staff survey was not conducted as planned due to COVID-19, instead a pulse survey was carried out at the end of June 2020 designed specifically to monitor staff morale whilst working remotely and in challenging operational times. The results will be used to identify any issues or concerns that can be followed up.	100%

CQUIN 3a Antibiotic for UTIs	**Antibiotics for Urinary Tract Infections (UTI)** The Clinical Effectiveness Lead undertook system testing with the IT team to provide quantitative data around antibiotic use in urine infections. This allowed a larger sample to be reviewed in Quarter 4: 286 cases were audited, 86% of antibiotics prescribed for UTI were mentioned in the Guidance as treatment for UTI. Assurance through this audit process continues to evidence that NICE Guidance (NG109) and the Public Health England (PHE) diagnosis of UTIs is followed by Medvivo clinicians.	100%
CQUIN 3b Broad spectrum antibiotics	**Broad Spectrum Antibiotics** Work is continuing to reduce the number of broad spectrum antibiotics prescribed. Educational material continues to be provided as well as targeted feedback via Clinical Guardian (audit tool) to individual clinicians aiming to reduce the numbers of antibiotic prescriptions provided. There will, however, always be conditions where broad spectrum antibiotics are prescribed appropriately as per guidance and best practice. During COVID-19 the number of consultations closed over the telephone has increased. This is similar to other health providers such as General Practice. This has been necessary during the pandemic, but it does potentially increase risks, and it may be that clinicians have prescribed broad spectrum antibiotics more because of this. Regular antibiotic audits will be resumed as the pressures on services due to COVID-19 reduce.	100%
CQUIN 4 Appropriate Dispositions	This CQUIN provides assurance that patients who reach either an ambulance or Emergency Department (ED) outcome following an NHS 111 assessment are reaching the correct outcome for their symptoms and onward referral. This is to promote patients receiving the correct pathway of care at the first contact and reduce ambulance and ED waiting time for those who need it. Success is influenced by: • Achieving a 95% compliance by Quarter 4. • Identifying trends • Provide additional training A trend identified within the audit included ‘probing’ – asking the question and pulling an answer from the caller to ensure the answer stem selected on NHS Pathways is correct. Monthly ‘probing’ courses are delivered and has been consistent through online mechanisms during the Pandemic.	100%

Part 2A: Priorities for Improvements

This section describes the progress made against the priorities for improvement that were agreed with the Clinical Commissioning Group at the start of the year (April 2019).

The priorities areas are Sepsis, Service User Engagement, Antimicrobial Stewardship and Health and Wellbeing of Staff. These are specific to ensure it is clear when they have been achieved.

Priority 1: Sepsis

"Improve the management of adults with suspected sepsis when an ambulance is requested or a hospital assessment is arranged using the National Early Warning Score."

Sepsis is a life-threatening condition that arises when the body's response to an infection injures its own tissues and organs. Sepsis leads to shock, multiple organ failure and death, especially if not recognised early and treated promptly. Sepsis remains the primary cause of death from infection despite advances in modern medicine, including vaccines, antibiotics and acute care.

Millions of people die of sepsis every year worldwide. Sepsis is a time-critical condition. In the most severe cases, septic shock mortality increases for every hour appropriate antibiotic administration is delayed.

Early Warning Scores (EWS) are most useful to track deterioration, and we therefore made it a priority to focus on recording a NEWS2 (National Early Warning Score) or PEWS (Paediatric Early Warning Score) when an ambulance is requested or a hospital assessment is arranged.

What we did to improve in 2019-2020

1.1 Sepsis Committee delivered a programme of focused learning

The Sepsis Committee delivered a programme of focused learning over the 12 months to improve awareness through clinical and non-clinical education.

Sepsis is a life-threatening condition, but it can start out with the symptoms similar to those of less dangerous conditions such as flu, gastroenteritis or a chest infection. It accounts for 44,000 deaths annually in the UK (All Party Parliamentary Group on Sepsis 2015), more than bowel, breast and prostate cancers put together. This means that a person dies from sepsis every five minutes (Sepsis Trust 2020).

Patients with the most severe form of sepsis are up to five times more likely to die than patients with a heart attack or stroke. Caught early, the outlook is good for the vast majority of patients, so that is why in January 2019 Medvivo set up a Sepsis Committee in order to promote sepsis awareness.

The Committee's purpose is to maintain an overview of sepsis priorities and actions within Medvivo, and to link this to governance, antimicrobial stewardship and infection control management. Further to this, we have ensured that appropriate sepsis guidance and procedures are in place and implemented within Medvivo, and undertake regular audits of the use of Early Warning Scoring tools and management of possible sepsis. A sepsis section has been added to the staff intranet which includes a video highlighting the facts of sepsis, and guidelines for triaging of children and adults by telephone.

Work to promote Sepsis Awareness usually takes the form of educational articles, interest articles, and resource sharing. All educational pieces are published on the staff intranet; and emailed to all clinicians in a 'Clinical Digest.'

The Sepsis Committee initiated the following activities:

Date	Activity	Description
April 2019	Educational article to raise awareness	'*Deadliest Killer You've Never Heard Of*' article covered the risk factors for sepsis, NICE Guidance, with advice on telephone triage and sepsis.
April 2019	Educational article to raise awareness	'*Sepsis: An Introduction*'. This presented a video full of facts and featured a very moving story of a patient who lost their life to sepsis.
May 2020	Article to raise awareness	Promotion of Health Talk website's article on '*ITU Admissions and Patient Experience of Sepsis*'.
July 2020	Educational activity, Sepsis E-learning updated by Pharmacists.	All our employed staff are required to complete either our '*Sepsis for clinicians*' or '*Sepsis for non-clinicians*' annually.
July 2019	Raising awareness of sepsis resources	Promotion of the Sepsis Trust '*Just ask could it be sepsis*?' and '*Spotting sepsis in children*' leaflets.
September 2019	Educational article to raise awareness	World Sepsis Day 2019 brief article with video containing infographic from UK Sepsis Trust.
October 2019	Raising awareness	Brief article presenting '*The Sepsis Game*' a short interactive online game supported by NHS England and The Sepsis Trust.
November 2019	Educational article	Sepsis case study written by our Sepsis Champion to highlight the importance of using NEWS2 during a home visit.
December 2019	Educational article	Titled '*Sepsis: Why we need antibiotics to work*'. This article highlights the importance of maintaining antibiotic efficacy in order to treat sepsis.
February 2020	Raising awareness	Article about '*Sepsis Monitors*' which are using PEWS scores within hospitals to help spot the early signs of sepsis.
March 2020	Educational article	The UK Sepsis Trust announcement on COVID-19.

1.2 The mandatory undertaking of a dedicated e-learning module

All employed staff who have patient contact are required annually to complete either the 'Sepsis for clinicians', or 'Sepsis for non-clinicians' e-learning modules.

The modules were reviewed by Sepsis Committee members and updated in May 2019. The e-learning modules contain data about sepsis, NICE (National Institute of Clinical Excellence) Guidance, Sepsis Trust triage tools, other resources, information about the 'Sepsis Six', and risk stratification.

1.3 Auditing of NEWS2 scores and educational activities.

The use of EWS is recommended in primary and community care settings. The National Confidential Enquiry into Patient Outcome and Death report in November 2015 ('Just Say Sepsis!') argued that a EWS should be used in both primary and secondary care wherever sepsis is suspected.

EWS are increasingly becoming part of the handover for communication about physiology between all health care providers, enhancing and focusing the handover of technical information about patients, especially those at risk of deterioration.

The following educational activities were carried out in relation to EWS:

Date	Activity	Description
August 2019	Educational article to raise awareness	Article called '*Safer Care through NEWS2 and PEWS*'. This article presents the use of Early Warning Scores and high quality evidence for their use, plus a video made by the West of England Academic Health Sciences Network (AHSN) featuring a real story detailing the effective use of NEWS2 in the management of a patient with sepsis.
August 2019	Educational article	Titled '*NEWS2 and Respect Workshop*' this was an article reporting on a recent workshop, this included a focus on the health outcomes of those with learning disabilities.
October 2019	Educational article	Information about the NEWS2 free app, which includes a description of it, and a link to the app store.
December 2019	Educational article	Titled '*NEWS2/PEWS and Power BI (Business Intelligence)*' This article presents articles from the BMJ on the benefits of using NEWS2 scores outside of secondary care. There is also a description of how we plan to audit the use of NEWS2 on Power BI.
February 2020	Participating in Nursing Home NEWS2 educational event	Medvivo supported the CCG by providing a Sepsis scenario station. 25 Nursing Home staff attended from 10 different Nursing Homes. We worked through a Sepsis scenario and helped staff complete a NEWS2 score.

In addition, Clinical Guardian auditing software has been used to conduct standard audits on 5,696 consultations in the last year.

At the beginning of the IUC contract, assurance was asked to be provided by designing an audit of 'appropriate' patients for use of EWS. Following a review of evidence (NICE 2016; NHSE Plan 2015; Sepsis Trust 2018; NHS England 2017;), it was agreed that apart from a few key criteria, identification of an 'appropriate' patient for use of EWS was based on clinical judgement (for instance impaired immune system, skin wound, catheter, very frail etc). It would therefore be difficult to identify these cases for specific audits.

However, there was consensus in the evidence that EWS are particularly useful when patients are transferred from one setting to another to ensure there is a clear understanding of the patient's clinical state, risk of deterioration and prognosis (NHSE 2015). While the use of EWS is advocated by Medvivo in all 'appropriate' patients, compliance is measured by the use of EWS in cases where patients required admission to hospital.

Auditors are asked to send feedback advising the use of NEWS2 or PEWS scores whenever patients have needed an ambulance or hospital admission and a score hasn't been documented, and when we think it may have aided decision making and patient care. In the feedback we send a link to the video provided by The West of England AHSN which gives a clear demonstration of the benefits to patients.

128 consultations were audited via Clinical Guardian between April 2019-December 2019 where patients did require an ambulance or hospital admission.

After December 2019 Microsoft Power BI (Business Intelligence) was used to provide

data on all consultations requiring a hospital admission or ambulance to be able to provide a percentage which had a NEWS2 or PEWS score recorded.

In a recent Serious Incident it was identified that a patients' poor outcome may have been avoided if an EWS had been completed at the time. Work is therefore being planned to integrate the EWS further in the clinical programme Adastra by making it mandatory for them to be completed when an infection is suspected by the clinician.

1.4 Supporting local Care Homes to use tools including Situation Background Assessment and Response (SBAR) and NEWS2 when referrals are made to the Integrated Urgent Care Service.

Clinicians provide support for local care homes both in hours via MCAS and Out Of Hours. This takes the form of telephone assessments and advice, sometimes liaising with patient's own GP when the contact is in hours, and arranging home visits, prescriptions if OOH, or an ambulance.

The BSW Clinical Commissioning Group (CCG) has been working with care homes and has implemented training on the use of SBAR and NEWS2 scores. Medvivo staff participated in their educational event in February 2020 by running a sepsis scenario station.

This provided the opportunity for nursing home staff to practice using SBAR and NEWS2 for a sepsis scenario.

While the CCG provide the support and education for care homes, Medvivo is able to support their use when being contacted, and have, as a result, trained the Coordinator Team who initially receive calls to support their use of SBAR and NEWS2 when gathering initial information.

Many articles have also been provided to clinicians to support the use of NEWS2 and PEWS, the importance of a NEWS2 score, and how to facilitate their use when speaking with care homes.

1.5 Aim for all patients where an ambulance is requested or hospital assessment is arranged to have a EWS (Early Warning Score) calculated.

In 2018 when the Integrated Urgent Care (IUC) contract started, we created templates for the NEWS2 and PEWS EWS on Adastra (software used for consultations) to aid clinicians in completing scores. Since then we have provided a steady stream of promotional articles, educational articles, and presentations of best evidence, which have been led by the Sepsis Committee since January 2019.

In August 2019 a section on the importance of EWS was included in staff inductions. This ensures all staff employed after this time have had information on the importance of completing EWS, and have watched a video of a real life story demonstrating their value.

The specific use of EWS is audited regularly using Clinical Guardian auditing software, and we are able to measure overall compliance with Power BI. One of the main methods for providing feedback on the use of EWS is via Clinical Guardian.

For audit purposes, it has been defined that patients appropriate for a EWS are those who require an ambulance or hospital admission. In adult patients, it was found that 7% of cases had a documented NEWS2 score, and in paediatric patients 34% had a PEWS documented.

Medvivo's CCG contractual requirements specify that we should be aiming at 95% (or above) of consultations that require acute

hospital care should record a EWS. This target has been worked towards and now that Acute Hospital Admission wards and ambulance services require a EWS with the handover of patient care, and it has been fully implemented in Primary Care, an improvement is expected.

During February and March 2020 when the COVID-19 pandemic began, there were also changes to Medvivo's service provision. This may have affected the numbers of EWS documented in appropriate consultations. During this time, there was a shift to more telephone consultations and fewer face-to-face assessments when observations are recorded; and there were more admissions via telephone.

Sepsis will remain as a priority while working towards increasing compliance with the use of EWS is planned.

Priority 2: Service User Engagement

"Improve service user engagement and understanding of the patient journey throughout integrated urgent care."

2.1 Reach out to the people that use Medvivo services and provide opportunities for continued feedback and involvement in the development of services.

Positive Feedback

Feedback is collated across a number of different channels for all service areas. Please note this report is based on some of the feedback received prior to the pandemic.

Urgent Care:

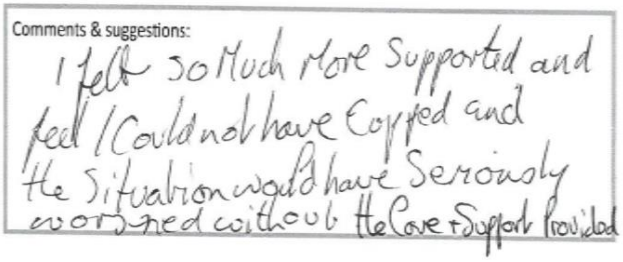
Until the pandemic, iPads were installed at some of ours bases to collect direct patient feedback and all bases had feedback cards (in cars for clinicians doing home visits). There is also an online survey, accessed by scanning a code which is on posters at the bases.

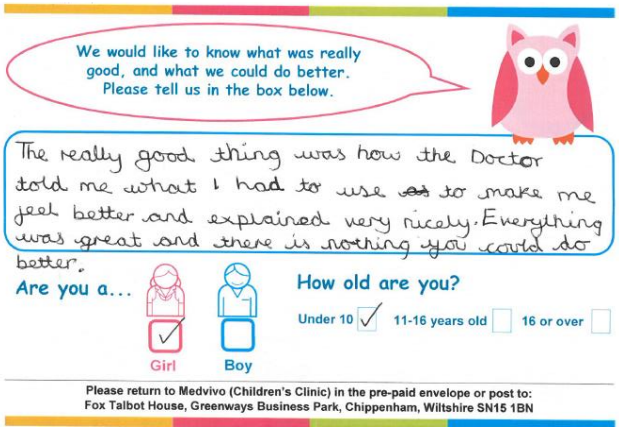
"96.5% rated their overall experience as high" (iPad)

"96% would recommend this service to family and friends" (Children's survey)

"98% would recommend this service, 97% agreed they were treated with dignity and respect" (GP Out of Hours feedback)

"86% gave positive feedback and would recommend this service" (online survey)


Comments & suggestions:
I felt so much more supported and feel I could not have coped and the situation would have seriously worsened without the care + support provided


We would like to know what was really good, and what we could do better. Please tell us in the box below.

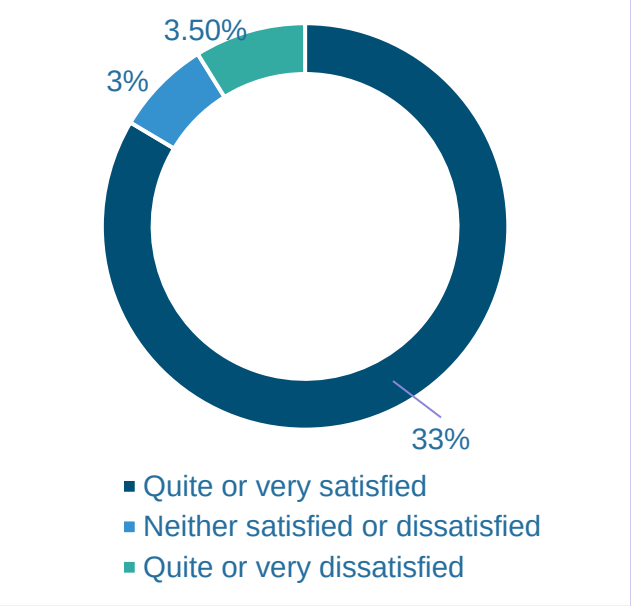
The really good thing was how the Doctor told me what I had to use ~~as~~ to make me feel better and explained very nicely. Everything was great and there is nothing you could do better.

Are you a... Girl ✓ Boy

How old are you? Under 10 ✓ 11-16 years old 16 or over

Please return to Medvivo (Children's Clinic) in the pre-paid envelope or post to: Fox Talbot House, Greenways Business Park, Chippenham, Wiltshire SN15 1BN

Vocare, NHS 111, invite patients to provide feedback via a text message survey. 2,305 responses were received in this period:



Urgent Care at Home (UC@H):

75% of all areas on the completed cards that provided feedback on the Response Team 'strongly' agreed with these statements:

- "I felt involved in decisions made surrounding my care"
- "The Responder considered my needs and explained their actions clearly"
- "I received the support I required"
- "I was treated with dignity and respect"

100% would recommend this service to friends and family.

Constructive Feedback

Urgent Care:

In the children's survey, a suggestion was made to have more toys in the waiting room. Although this is not possible due to infection control, the consultation rooms were made more child friendly.

In the OOH GP feedback survey, a comment was made regarding the length of waiting time for a home visit. This instigated a working group to be set up to review timescales to look into formalising a comfort call process. This is being listed as a priority for next year.

Feedback Developments

1. Increase UC@H feedback

As feedback received for the UC@H service was less than that received for Urgent Care, satisfaction questions are now being included in the standard welfare check calls.

This was implemented in January 2020. Of the 143 patients who were supported on UC@H during this time, 46 (32%) were asked to complete the survey; of these 35 (76%) agreed to participate with the following results:

"Were you treated with dignity and respect by the team when they saw you?"

- 5 patients 14% agreed
- 3 patients 9% didn't know
- 27 patients 77% strongly agreed.

"On a scale of 1-5, with 5 being the highest, how would you rate your overall satisfaction with the service?"

- 25 patients 71% scored 5 out of 5
- 8 patients 23% scored 4 out of 5
- 2 patients 6% were hard of hearing and didn't understand the question

Note: 50 patients (35%) in this group were on the caseload for end of life care and so were excluded from this survey as it was not appropriate.

The Access to Care team will be maximising opportunities for using this patient satisfaction questionnaire.

2. Complaints process feedback

A satisfaction survey is sent to service users who have been through the formal complaints process. The results show complainants feel their concerns were taken seriously and the response received, with the outcome of the investigation, was personal to them.

The number of surveys returned is quite low. To improve the return rate, the length of the survey questions to the main questions has been reduced and the survey has been made available online.

Having liaised with other providers about their experience, they confirmed patients who are usually happy with the process do not complete the survey and the return rate tends to be relatively low.

Complaints Feedback

The table below shows the number of complaints received between April 2019 and March 2020.

During the year, 117 complaints were received. Whilst this is a small number compared to the number of contacts received from patients (for example 0.353% contacts turn into a complaint), there is no room for complacency. Each complaint is treated with the importance and individuality it deserves.

When looking at themes of complaints it was identified that the largest theme of 61% related to a combination of mis-communication or clinician/staff attitude. This fits with the results of the Always Event survey which also identified this as the element which matters the most to patients.

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD Total	YTD Average
Total Number of Complaints Received (upheld and not upheld)	6	11	7	13	9	13	10	7	12	12	9	8	117	9.8
% of Patient Contacts Resulting in a Complaint	0.019%	0.034%	0.023%	0.042%	0.029%	0.045%	0.032%	0.021%	0.030%	0.037%	0.026%	0.016%	0.353%	0.030%
Number of Operational Complaints	5	8	4	10	7	13	7	5	10	5	4	6	84	7.0
Number of Clinical Complaints	1	3	3	3	2	0	3	2	2	7	5	2	33	2.8

14% of complaints were identified as including an element of 'failure to make contact' with the patient at the time of their contacting the service. This theme will inform the working group who will review the findings and explore the matter further – see Priority 1 for next year relating to comfort calls and a new Despatcher role.

Of the complaints received in the first six months of the year (April to September 2019) 39% were not upheld, 23% were partially upheld and 38% were upheld.

Note: The reporting of certain elements of data to the CCG was suspended during the early months of the pandemic which enabled the Quality Team to apply all its clinical staff to frontline services. Therefore some data is unavailable for the full 12 months.

National GP Patient Survey Results

These have been reviewed and highlighted a positive increase in satisfaction with the Integrated Urgent Care Service.

Whilst the survey is not specific to the NHS 111 and GP Out of Hours service, it does show that the majority of patients surveyed (on average 67% for the local Sustainability and Transformation Partnership, (STP) had contacted the NHS service (during out of hours) by telephone which is provided by Medvivo.

The results show improvement across each commissioning area of the STP, with Wiltshire showing results that were 10% higher than the national average. Medvivo did not hold the contract for BaNES and Swindon which related to the 2018 results.

- WILTSHIRE: 79% of patients rated overall satisfaction as fairly or very good. Medvivo scored 2% higher at 40% for 'very good' compared to 2018
- BaNES: 70% of patients rated overall satisfaction as fairly or very good. Medvivo scored 3% higher at 35% for 'very good compared to 2018
- SWINDON: 63% of patients rated overall satisfaction as fairly or very good. Medvivo scored 7% higher at 29% for 'very' good compared to 2018
- When asked if they had confidence and trust in the people they saw, 95% in Wiltshire said yes, which is higher than the national average of 91%

Comparing the Wiltshire results with Bristol, North Somerset and South Gloucestershire CCG, the satisfaction scores are higher for Medvivo in each area.

Patient Engagement Events

As part of Medvivo's commitment to patient care, staff get involved with patients and where possible work with them, and other service providers, to shape how healthcare is delivered. Here are some examples from this past year:

- Red bag initiative: holding patient information and personal belongings in one place to enable a smooth handover from care homes to ambulance and hospital

- Met residents who were part of a supported living scheme at Higher Green Farm for tea and cake at the main office in Chippenham

- Supported Wiltshire Council's Resettlement Project – following which a very complimentary thank you email was received from Wiltshire Council
(Photo courtesy of: www.swindonadvertiser.co.uk/news/17448718.wiltshire-asked-commit-accepting-10-child-refugees-year-decade/by picking up refugees from Heathrow Airport)

20.6.19

Good morning all,

I wanted this to be my first email of the day. Thank you Krystle and Michelle for joining us yesterday. Your efficiency and professionalism was tempered with such compassion, great cultural awareness and helpfulness and as always your presence added to the family's arrival in such a lovely way. Thank you for being there and we look forward to seeing you again soon.

Thanks and kind regards.

Wiltshire Council
Where everybody matters

Maysun Butros
Senior Corporate Support Officer
Vulnerable Persons Resettlement Scheme

- Attended a Syrian Refugee Health Event
- Attended a Patient Participation Group (PPG) Meeting in Warminster with Dave Rees, Chairman of the PPG – pictured with Vocare Clinical Manager, Amanda Bowpitt, and Medvivo's Patient Engagement Coordinator, Michelle Coleman

- Joined local mental health MIND peer group support meetings

Other events attended include:

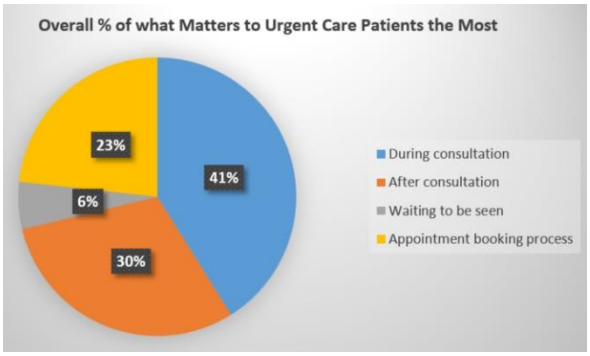
- Swindon CCG Patient and Public Involvement Forum
- Age UK
- Wiltshire Care Partnership
- Swindon Healthwatch

Always Event: "What matters to you most?"

Always Events® is a co-production quality improvement methodology which seeks to understand what really matters to patients, people who use services, their families and carers and then co-design changes to improve experience of care.

Medvivo started a project to determine what matters to urgent care patients the most using the NHS England 'Always Event' toolkit. The results show 41% of the patients asked felt the most important aspect when they use this service is what happens during the consultation.

The most important aspect to patients during the consultation is communication. This was mentioned by 56% of the patients surveyed, with 44% also mentioning treatment or diagnosis.



This feedback is also being used to develop consultations further and will include the introduction of a video consultation service and a new Clinical Responder service. See Priority 1 for 2020-2021.

2.2 Build on the Appreciative Inquiry model implemented in January 2019 and champion its use across the services provided.

Appreciative Inquiry (AI) is a change management approach which focuses on identifying what has gone well, analysing why it is working well and then making changes to build on this success. Medvivo has introduced Appreciative Enquiry in two ways:

1. Monthly Quality Committee Meetings

A case study which describes something that has gone well is prepared for each meeting (via power point presentation). After discussing the case the group agrees a) what went well and b) what can be done to build on this good work.

The topics discussed have included:

- Access to Care supporting an adult with increased needs
- OOH GP resolving medication concerns for End of Life patient
- Complaints process (case was not upheld)
- Supportive measures for a member of staff with dyslexia while completing the Care Certificate
- Access to Care – Call audit
- Facilities – Base audits
- Quality Team – Raising team profile across the business
- Facilities and Corporate Communications – Reviewed posters at bases

Cases are encouraged to be presented by different departments to spread the learning and understanding of Appreciative Inquiry throughout Medvivo. At the end of each meeting actions are agreed, recorded and reviewed at the next meeting.

2. Weekly Risk Committee Meetings

Compliments received in the previous week from service users, via prompted methods (feedback cards and surveys) and unprompted methods (thank you cards, phone calls and other messages) are collated and the totals are presented via a pie chart to the Risk Committee. These are discussed as part of Appreciative Inquiry, which is placed on the agenda at the end of the weekly meeting.

For each service, the most noteworthy compliments are individually presented and during the meeting there is a discussion as to whether there is anything that can be done to build on this good work.

Some compliments do not provide enough specific information to enable this but they do demonstrate occasions where the patient was very satisfied, which the team appreciates.

In 2019 a Risk Committee Recognition Award was introduced so that each week the most impressive compliment is chosen (voted for by a show of hands) which would then be put to a monthly vote. A certificate is awarded to the team and details shared on the company intranet and email newsletter.

medvivo

Risk Committee Recognition Award

In appreciation of the great customer experience and feedback received, the Risk Committee would like to recognise the great work of the:

Response Team

His mum said since Responders have taken over care (patient name) has improved so much and happier in himself. It is his birthday and the responder sang him happy birthday which made his day. She could not be happier with the care.

Well done to everyone involved in delivering this great service. The Risk Committee recognised the person centered care (joining in and celebrating his birthday) together with the steps that had been taken to work with the different needs of the travelling community. A truly well-deserved award!

Michelle Coleman, on behalf of Risk Committee — 26th September 2019

All new compliments are shared at weekly Risk Committee meetings as part of Appreciative Inquiry. These meetings are attended by a multi-disciplinary team of Clinical Leads, Service Leads and members of the Quality & Information Governance Teams. Appreciative Inquiry looks at ways in which we can 'build on' examples of good work.

2.3 Undertake multi-disciplinary End to End Thematic Reviews quarterly over the next 12 months.

The purpose of a Thematic End to End meeting is to identify, investigate, share learning and respond to issues raised within the Integrated Urgent Care Service (IUC) and by partners across the system. Reviews take into account the whole service user journey through the health and social care system from the first to last contact, including all contacts and involvement by each healthcare organisation.

During this period a number of End to End meetings have been carried out which include:

- Receiving and managing laboratory results during the out of hours period
- Patients experiencing a Mental Health crisis who had contact from the Ambulance Service, GP Out of Hours and Medvivo Clinical Responder (Paramedic) on the same day – staff from Avon and Wiltshire Mental Health Partnership attended
- Medication requests from patients via NHS 111 (pharmacists attended).
- Review of emergency contraception cases in patients under the age of 16, handled by NHS 111 (pharmacists attended).

To demonstrate the benefit of these meetings the following details a case regarding a 59 year old non-verbal female patient who was residing in a nursing home with past medical history including CVA, bulbar palsy, TIA and hypothyroidism.

Those attending the meeting included representatives from Great Western Hospital, South West Ambulance Service and the Nursing Home Manager, together with representatives from Medvivo, Vocare (NHS 111) and Wiltshire Clinical Commissioning Group.

The review lasted for two hours and each organisation had the opportunity to share details about their contact with the patient. Once a full picture of what happened was created, a number of conclusions were identified. These included areas of positive practice, areas for development and reflection on the patient experience.

Example of the areas of positive practice:

- Care Home staff were fully aware of the patients medical history and ongoing conditions, so acted quickly when their attempts to make the patient more comfortable were no longer effective and the patient started to deteriorate
- All the calls were handled professionally and respectfully, under quite challenging circumstances

Examples of the areas for development:

- Care Home to be given the GP OOH Service Health Care Professional Line contact details as they do not currently have this information.
- The paramedics could have offered to leave some oxygen with the patient - although this is not common practice, SWAST agreed this could have put the family at ease until OOH GP arrived

Examples of the series of conclusions reached:

- Call handlers need to establish the nature of the home (care/nursing) at the time of the initial call as this effects the pathway
- Ensure all care/nursing homes have access to the correct contact numbers (HCP)

Without this review system wide agreed conclusions would not have been reached, which improve patient care across the system.

2.4 Be committed to greater openness and candour, as well as develop a culture dedicated to learning and improvement, which constantly strives to reduce avoidable harm.

During this period a number of measures have been introduced to support learning and improve service user safety.

Serious Incident Panels introduced

As part of the investigation process for Serious Incidents, a Panel discussion is now included towards the end to review the findings so far and identify any further learning or actions that should be taken. The Panel also contribute to the final recommendations.

Sharing the case at Panel supports a transparent process, provides an opportunity for those with various skills, clinical abilities and experience to contribute which together ensures the best outcome for the patient.

Incident management

Medvivo has an open and non-blame culture in relation to incidents. Staff are encouraged to report ALL incidents no matter how small. All of which are investigated so that any good practice or learning can be identified and shared. To build on this good reporting culture, members of the Quality Team attend the first day of induction meetings for new staff to welcome them and ensure they know how to raise any concerns.

Feedback from these sessions is positive and builds trust with new staff to strive for quality and improvement for the best interest of patients and their colleagues.

Staff service user safety survey

In conjunction with the comissioners, a survey was carried out with members of staff who are not in a clinical role but work directly with patients, to better understand what their views were of service user safety.

Medvivo is proud of the safety measures put in place. As one of Medvivo's corporate values related to patient-centred care, it was important to understand whether this had reached those working at grass roots in the organisation.

The results showed:

- 68% of staff questioned had worked for the organisation for more than 2 years
- 79% strongly agreed Medvivo promotes the importance of service user safety
- 92% strongly agreed they were aware of the process to record an incident
- 100% strongly agreed service users have a right to feel safe

These results are encouraging however there are a number of actions to be taken in response to the overall results. For example, promoting the work of the weekly Risk Committee via the Risk Committee Recognition Award, and ensuring those who raise an incident are provided with feedback about the findings from the investigation. Work on this project continues.

Root Cause Analysis (RCA) Training

Root Cause Analysis was developed to promote a systematic approach to the investigation of serious incidents. A good RCA investigation will identify any underlying system and process issues that may have caused or contributed to the incident.

To improve the serious investigations process at Medvivo, managers and members of the Quality Team attended RCA training.

Feedback from this was positive; and in practice it has improved the quality of investigations, increasing the knowledgebase across the organisation of what constitutes a fully explorative investigation.

2.5 Support the use of technology to provide the most appropriate service to meet the patients' needs.

Patient Engagement

In November 2018 Medvivo created a new position in the Quality Team for a Patient Engagement Coordinator. This role manages the complaints process and engages with service users so that Medvivo may learn from their experiences of using their services and make appropriate suggestions for improvement.

As part of this work, events in the local community have been attended and patients asked to complete feedback forms. As Medvivo wanted to build on the advances of technology to enable a closer, more meaningful relationship with patients, the Patient Engagement Coordinator explored these possibilities.

Consequently, it was identified that one of the fundamental differences between Primary Care and an Out of Hours provider is that it does not have a registered patient population. It also doesn't have a local hub or a central place that patients can go, to call their own. Patients view the OOH service as an 'add on' to their own GP Surgery and therefore they have a different investment and interest in it.

Irrespective of this, Medvivo still recognised the value of working closely with its patients and service users irrespective of how frequently they contacted the service. Following a discussion with NAPP (National Association of Patient Participation), the roots of the Group of 50 concept grew.

NAPP provide support to primary care patient participation groups and were keen to work with Medvivo to set up a group for patients using OOH services. They discussed different patient participation options and described their 'Group of 100' – a group of 100 people across England who have agreed to respond to a monthly survey from them. The survey can be about satisfaction with the service, or to ask for views on proposed service changes. Medvivo took this idea, expanded on it and agreed to explore setting up its own 'Group of 50' across the three commissioning areas.

Medvivo recognises this format is a new concept and has not been trialled before. In today's digital age, an electronic platform can be created that is easy to access, not time consuming and creates dynamic opportunities to influence and contribute to tangible changes within all the services it provides.

It was agreed with comissioners that the Patient Engagement Coordinator would create a virtual platform where collaborative working with patients can be built and take place. This is in the form of the 'Group of 50' – a virtual service user group, whose logo below was voted for by members of the Swindon Patient Participation Group. The development of this virtual group will be a priority for the next year.

Priority 3: Antimicrobial Stewardship

"Develop and continually review Antimicrobial Stewardship and prescribing to improve patient outcomes.

Medvivo works to embed effective antimicrobial stewardship to reduce antimicrobial resistance. This includes having an Antimicrobial Stewardship (AMS) Committee and an Antimicrobial Champion.

The AMS Committee was formed in March 2018 and meet quarterly to plan audits and work to raise awareness. The core of this Committee has been the NMP (Non-Medical Prescribing) Lead and the Audit and Clinical Effectiveness Lead, an IUC Urgent Care Pharmacist who is Medvivo's Antimicrobial Champion, and, the Commissioning Pharmacist for Wiltshire CCG.

Over recent decades, resistance to antimicrobials has been a growing concern. There are a number of strains of microorganisms that have evolved and become resistant to many of the commonly used antimicrobials (antibiotics).

Furthermore, there are fewer new antimicrobials on the horizon. It is therefore vital that existing antimicrobials are used wisely and only when necessary so that when they are genuinely needed, they work optimally. Inappropriate and excessive use of antimicrobials can have serious consequences.

Infections such as Methicillin Resistant Staphylococcus Aureus (MRSA) and Clostridium Difficile colitis (C-diff) are a problem associated with the use of antimicrobials and these infections can lead to mortality.

What we did to improve in 2019-2020

3.1 Work with the National Antimicrobial Plan

During this period Medvivo worked from the UK Five Year Antimicrobial Resistance Strategy 2019-2024 (2019), and the UK's 20-year vision for antimicrobial resistance (AMR) 2019).

The Plan covers all aspects of life in the UK. Medvivo focused on the aspects that were relevant to clinical practice, which were described as working to 'provide safe and effective care to patients', and to 'demonstrate appropriate use of antimicrobials'. These contain many recommendations which the AMS Committee worked to highlight.

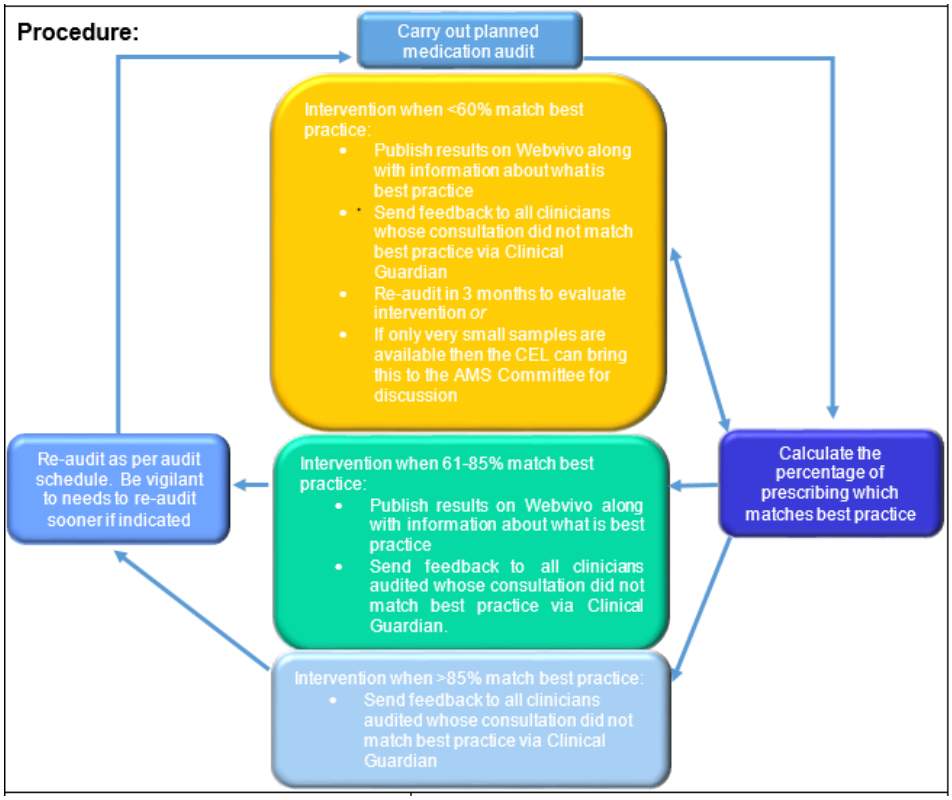
3.2 Undertake prescribing audits and monitor the provision of regular educational events.

The AMS Committee decides the antibiotic audit schedule. This allows the audits to be responsive to trends and the annual seasonal prevalence of illness. For instance, an audit of Phenoxymethylpenicillin which is used to treat tonsillitis was planned in March when the illness is most prevalent. The broad-spectrum antibiotic Co-amoxiclav was chosen to be audited several times to reinforce changes to local antibiotic prescribing guidance.

Co-amoxiclav was previously recommended first line to treat Pyelonephritis, but this changed to Cefalexin. The audits helped to raise awareness and provide feedback to clinicians that the guidance had changed.

Audit schedules are decided several months in advance during AMS Committee meetings. In addition, an audit SOP (Standard Operating Procedure) is used to decide when audit results indicate the need for an educational intervention, and when to repeat the audit to assess interventions.

Please refer to the Medication audit flow chart overleaf:



This process is demonstrated in this example of work with the broad-spectrum antibiotic Ciprofloxacin:

Routine audit of 30 consultations involving Ciprofloxacin April 2019.

50% did not match best practice.

Medicine audit SOP followed: Article created by Pharmacist to address identified learning needs, sent to all clinicians. Feedback sent on all cases audited not matching Best Practice. Re-audit in 3 months.

Ciprofloxain audit repeated: August 2019. 30 cases audited (prescribed 35 times). During this time Medvivo provided 15,229 consultations.

50% of cases matched Best Practice. 60% of these from a single clinician. Individual clinician recieved one to one contact with Clinical Lead to address learning needs. Audit results published on staff intranet and sent to all Clinicians. To repeat in 3 months.

December 2019 Ciprofloxain was prescribed 20 times, showing a reduction in our prescribing rate by 43% compared to previous audit.

Audit results brought to AMS Committee for decision.

Although 50% matched best practice, the numbers were small. During this time 18,702 consultations were completed.

Decision made to return to routine audit schedule for Ciprofloxacin.

During the April 2019-March 2020 period, the following antibiotics were audited:

Local Clinical and Non-Clinical Audit Reports	Reviewed By	Action Taken / Further Action to be taken
April 2019	Ciprofloxacin	Ciprofloxacin was prescribed 39 times during April, 30 cases were audited. There were 16,178 consultations during this period. 50% of cases audited matched best practice.
June 2019	Co-amoxiclav	In June we audited 52 consultations where Co-amoxiclav was prescribed. In 76% of the 52 consultations it was prescribed appropriately and according to best practice, we therefore planned to repeat the audit as per our audit schedule SOP.
August 2019	Ciprofloxacin	Audit results indicate 50% did not match best practice.
August 2019	Trimethoprim in over 12yrs	Audit of 30 cases involving a Trimethoprim prescription. In this audit we found that 57% matched Best Practice. We therefore planned a repeat audit in 3 months (January 2020) as per the medication audit SOP. Trimethoprim is listed for treatment of UTI in the local antibiotic formulary, and it therefore still has a place for use in treatment, however we should be prescribing alternatives where possible.
September 2019	Cefalexin	We audited 30 cases where Cefalexin was prescribed. Cefalexin was prescribed 71 times during this month so we audited 42% of all cases. 80% of cases where Cefalexin was prescribed matched Best Practice.
November 2019	Amoxicillin in under 12yrs	30 consultations were audited and 80% matched best practice. The majority of cases related to the treatment of otitis media or a chest infection.
December 2019	Ciprofloxacin	20 cases were identified when ciprofloxacin was prescribed and the audit showed a reduction in the use of this broad spectrum antibiotic of 43% compared to the previous audit. The decision about whether to audit again in 3 months as per the SOP was brought to the AMS Committee, and there it was decided due to the small numbers involved, to plan to re-audit it as per our audit schedule rather than repeating it in another 3 months.
January 2020	Trimethoprim in over 12yrs	70% of consultations matched best practice. Feedback was sent to all clinicians when another antibiotic might have been more appropriate. The results of this audit were not published in this instance, as the COVID-19 Pandemic brought other priorities.

All clinicians whose prescribing did not match best practice were sent a link to the local antibiotics guidance in their audit feedback via Clinical Guardian, and audit results were published on the staff intranet.

Prednisolone and Phenoxymethylpenicillin were planned to be audited in February and March 2020, but this was not possible due to COVID-19. Data is audited from the previous month; in March and April auditors (who are also clinicians) were needed to manage the high demands on the service presented by the COVID-19 pandemic.

Medvivo is contractually obliged to participate in any mandatory national clinical audits. However, during this period none of these were relevant to the OOH Service.

3.3 Work with the BSW Clinical Commissioning Group with their programmes, including the 'To dip or Not To Dip' management of urine infections.

During this period, the following work was within the audit and education schedule.

CQUIN 3 part A) Reduction of inappropriate antibiotic prescribing for UTI in out of hours urgent care.

Antimicrobial Resistance-Lower Urinary Tract Infections in Older People

Achieving 90% of antibiotic prescriptions for lower UTI in older people meeting NICE guidance for lower UTI (NG109) and PHE Diagnosis of UTI guidance in terms of diagnosis and treatment.

Numerator: The % of patients compliant with the audit criteria in relation to antimicrobial prescribing for UTI for older people.

Denominator: The total audit sample in relation to antimicrobial prescribing for UTI for older people.

Exclusions: Recurrent UTI (NG 112) where management is antibiotic prophylaxis, pyelonephritis.

Quarterly progress report and audit (15 per quarter) to be submitted, with evidence of achievement of 90% target at end Q4. The cases to be audited will reflect a deep dive of any issues of concern. The report should contain both data and narrative, reflecting plans to address compliance.

Local Incentive Scheme (LIS) B 'To Dip or Not to Dip'

Provider to achieve 95% compliance with NICE guidelines with suspected UTI in the over 65's, by the end of Q4.

Audit of 100 patients, by the end of Q4, to address compliance with best practice based on the presenting clinical symptoms, to diagnose a UTI.

By end Q4 a system to be developed (in house electronic system) to ensure frontline clinical staff are compliant with the use of the 'Clinical Assessment Form' as stated in the SOP.

Q2: Audit criteria and methodology

Q4: Audit results per quarter. Report detailing outcomes, audit results, and use of electronic system, with preliminary findings on compliance with form.

The sources of information that provide markers of best practice referenced in this report is urinary tract infection (lower): antimicrobial prescribing NG109, and the Public Health England (PHE) Diagnosis of urinary tract infections: Flowchart for men and women over 65 years with suspected UTI. These documents contain the same quality markers for best practice.

The audit needs to reflect a measurement of the quality markers in the treatment of UTI in older people which is defined by service users aged 65 and over with a diagnosis of lower urinary tract infection. Medvivo was asked to audit 15 cases per quarter, and 100 by the end of March 2020.

The 'To Dip or Not to Dip' initiative has been supported by Medvivo. However, some aspects of measuring compliance with recommendations have been challenging, such as when a urine dipstick result is recorded in the clinical record.

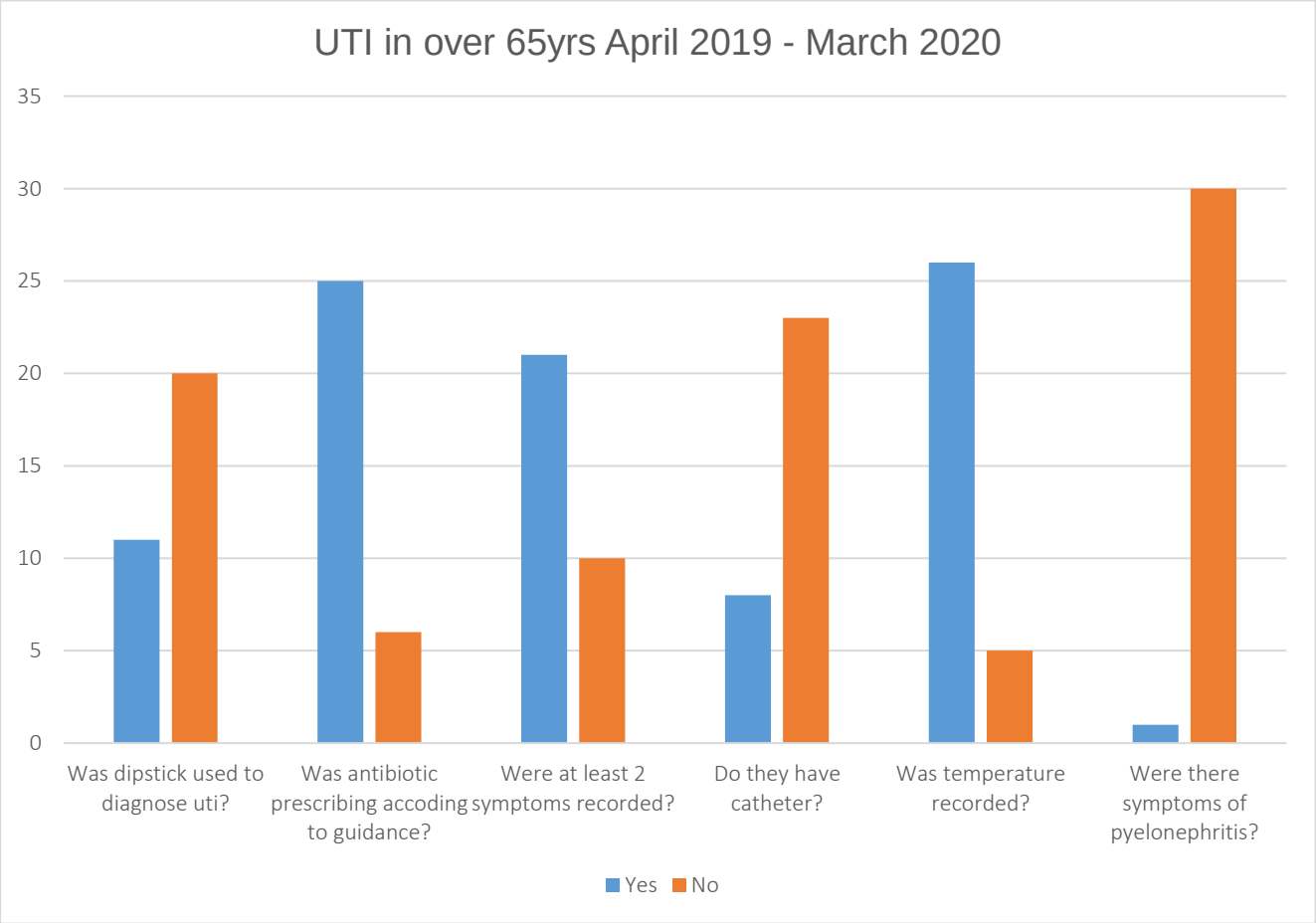
Medvivo regularly receive calls from nursing and residential homes on the HCP (Health Care Professional) line when a dipstick result is mentioned during the initial contact with a Coordinator. This is then recorded in the notes with other information before a clinician has spoken to them.

If a dipstick result is given over the phone to the clinician, this will also usually be recorded in the clinical record as clinicians are required to document what information was collected during the consultation. It is not easy to look at the clinical record in these cases and determine whether the dipstick influenced the diagnosis even with a detailed audit.

Dipsticks can also be helpful in managing cases of often very elderly patients when they are unwell and there is no other sign or symptoms on examination to indicate another infection. Clinical judgement is required in these cases. In cases where an admission is not in the patient's best interest it is sometimes a pragmatic decision to trial treatment rather than admission. Dipsticks can also be useful to identify any signs of the following health problems:

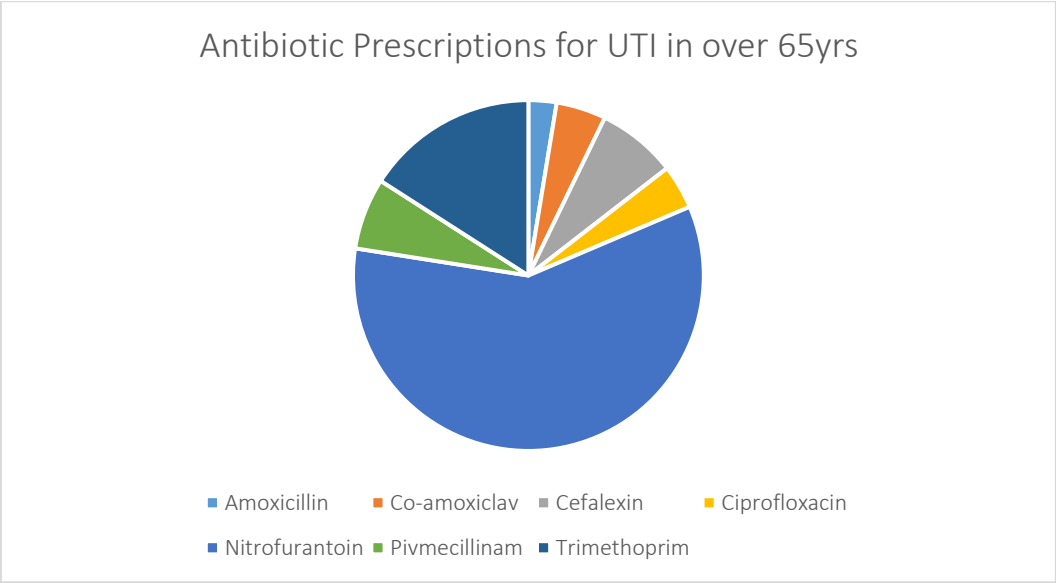
- Poor kidney function or Nephrotic syndrome
- Haematuria
- Poorly controlled Diabetes or Diabetic Ketoacidosis
- Starvation

The NICE and PHE guidance does not cover treatment out of hours without access to further diagnostic tests when the patient does not require an admission, but is unwell enough to require treatment.



31 consultations were audited during this period. The final confirmation of this CQUIN and Local Incentive Scheme (LIS) was received in August 2019 and then extra audits such as this were temporarily paused while clinicians/auditors supported the service during the height of the pandemic. Medvivo proposed to the CCG to change the auditing of these quality markers by designing a Power BI dashboard to collect information on all of the cases of UTI in over 65yrs, and then focus on specific groups such as those where a dipstick was recorded and less than two symptoms were documented. A selection of those cases would then be selected to audit in more detail on Clinical Guardian.

This is the data relating to prescribing for patients over 65 years old who were diagnosed with a UTI that was obtained using the Power BI software:



This shows all of the 1,203 cases who were diagnosed with a UTI and prescribed antibiotics via the Adastra prescribing module. Those with recurrent UTI were excluded.

Nitrofurantoin is first line for straightforward UTI, but is contraindicated if there is impaired kidney function which is common in the elderly when kidney function declines. Other options are Trimethoprim if there is a low risk of resistance, or Pivmecillinam if poor renal function (and not penicillin allergic), or Amoxicillin if infection has been found to be susceptible following a sample analysis.

What the above demonstrates is that 85% of antibiotics prescribed for UTI were mentioned in the Guidance as treatment for UTI. It does not demonstrate the reasoning behind the treatment choices. We can also see that 15% of these cases were prescribed broad spectrum antibiotics, which may have been appropriate.

Medvivo had planned to further develop the data available in relation to UTI in over 65 year olds via Power BI, but COVID-19 put a pause on this development.

Medvivo's Non-Medical Prescriber (NMP) Lead and AMS Committee member usually attends the Healthcare Acquired Infection Board (HCAIB) Collaborative Quarterly meetings and the 'To Dip or not to DIP' Work stream meeting was attended on the 3rd April 2019. This involved meeting with care home representatives to review their paperwork to encourage best practice. Information continues to be provided to clinicians to support the initiative and audit feedback is sent to clinicians when the consultation does not match best practice and a dipstick is recorded.

Future developments:

Medvivo's IT team intends to further develop the Power BI dashboard to present data on all patients who are over 65 years of age and diagnosed with a UTI.

The Power BI dashboard will eventually present data on quality markers such as the use of dipsticks, and whether temperature or symptoms were recorded. This will enable tailored selection of cases for a focused audit. For instance, the selection of cases when no symptoms were documented, but a dipstick was recorded, were identified as cases which may not match optimum care.

These cases can be added to Clinical Guardian, allowing feedback on specific cases to be sent directly to clinicians to support an improvement to their practice.

The Antimicrobial Stewardship e-learning module has been updated for clinicians which includes scenarios and case studies from the Target Toolkit.

Many articles as resources for clinicians have been written to address learning needs identified through audits and the AMS Committee. These are related to Antimicrobial Stewardship and have been published on the staff intranet, and sent to all clinicians in a 'Clinical Digest' email.

Audits have also identified, for instance, a lack of awareness of Pivmecillinam, an antibiotic added to the local antibiotic guidance quite recently. Several articles in relation to this were published on the staff intranet during this period. Below is an example of the Pivmecillinam article by one of the IUC Pharmacists:

Pivmecillinam

Watch | Favourite

Published:18/10/2019 Last Updated:18/10/2019

Authored By Lubna Ali
View All By Lubna Ali

An article about the benefits of Pivmecillinam.

With emergence of multidrug resistant bacteria and antimicrobial drug discovery running dry, it is important we understand what we have available in our clinical formulary to determine how best they can be used.

Pivmecillinam is an oral antibiotic, discovered in the 1970's that has excellent clinical efficiency for treatment of UTIs. Pivmecillinam is recommended by European Society for Clinical Microbiology & Infectious Disease and European Association of Urology as a treatment for UTIs. Traditionally, Nordic countries have long-term clinical experience and thus, supporting its clinical efficacy for this drug.

Currently, UK guidelines have added this drug as second line choice to the national formulary for the treatment of UTI. Nationally for England, the resistance rate for Pivmecillinam is 7.5%, which is low in comparison to Trimethoprim (30.3%) adding benefit.

When can Pivmecillinam be prescribed?

For Lower UTI, Pivmecillinam can be prescribed as second choice if the following first line choices are contraindicated or not tolerated:

- Nitrofurantoin due to renal impairment
- Trimethoprim due to high risk of resistance

NICE committee have agreed to recommend **Nitrofurantoin** (if not used as first choice), **Pivmecillinam** or **Fosfomycin** as second-choice antibiotic for use if lower UTI symptoms do not improve on a first choice antibiotic taken for at least 48 hours or first choice antibiotics are not suitable. (NICE) For second line treatment, performing urine culture in all patients whose first line treatment has failed and prescribing against the urine culture results and any patient hypersensitivity or adverse event history is recommended.

What are the clinical advantages?

The Clinical advantages of oral Pivmecillinam are: • Highly concentrated in the urine • Well tolerated, can be given in impaired renal function • B-lactamase stability- particularly CTX-M-type ESBLs which are increasingly prevalent community urinary pathogens • Low risk of widespread clinical resistance developing • Minimal effect on gut and vaginal flora • Active against E.Coli organisms

What are the cautions and contraindications before prescribing Pivmecillinam?

Pivmecillinam should not be prescribed in people with:

- Hypersensitivity to penicillin's or cephalosporin's
- Acute porphyria's
- Carnitine deficiency
- Gastrointestinal obstruction
- Oesophageal strictures
- Taking valproic acid, or valproate concurrently, or any other medication liberating pivalic due to increased risk of carnitine depletion. (NICE)

What we hope to achieve in our organisation?

We hope that antibiotic use in UTI will be improved by reducing inappropriate prescribing. We recommend clinicians should follow local or national guidelines and prescribing antibiotics for the shortest effective course at the most appropriate dose.

Clinicians need to consider the risk of antimicrobial resistance for individual patients and the population as a whole. We encourage clinicians to document an accurate clinical diagnosis in the patients record and the reason for prescribing or not prescribing an antimicrobial.

References:

- https://www.nice.org.uk/guidance/ng109/chapter/summary-of-the-evidence#choice-of-antibiotic-2
- https://academic.oup.com/jac/article/69/2/303/713570
- https://cks.nice.org.uk/urinary-tract-infection-lower-women#!prescribingInfoSub:4

3.4 Monitor the incidents involving medicines to ensure they are reduced as much as is reasonably possible.

The Medicines Management Committee comprises of two parts which meet on alternate months.

For example, Part One met in May, whilst Part Two met in June. The advent of the two parts was a result of having identified two different aspects to Medicines Management, and the desire to give adequate time and attention to each part. This allowed more time to be allocated to both clinical and operational aspects of Medicines Management.

Part One Operational Medicines Management Committee addresses a number of topics:

- Prescriptions
- Medicine Storage
- Base Updates, including equipment
- Bank holiday stock levels
- Storage Improvement Plans
- Delivery of Medications
- Calibration
- Any incidents related to medication (operational)

Part Two Clinical Medicines Management Committee addresses a number of topics:

- Monthly Drug Audits
- Home Office Licences
- Formularies across the STP
- Anti-microbial Stewardship
- Any incidents related to medication (clinical)

Medicines Management meetings are attended by a wide variety of staff, covering all areas of the business.

Meetings are chaired by the NMP Lead, but regular attendees also include:

Operational – Part One:

- NMP Deputy Clinical Lead
- Medicines Management Assistant
- Base Supervisors
- Other representatives from the Facilities Team

Clinical – Part Two:

- Director of Nursing & Quality
- Medical Director
- GP Clinical Leads
- NMP Deputy Clinical Lead
- Clinical Effectiveness Lead

Additional members may be co-opted to attend meetings for specific agenda items for which they have particular expertise.

Medvivo's dedicated Medicines Management Committee maintains focus on this important aspect of patient care. They have flexibility in the Governance schedule to re-audit medications to assess the impact of educational interventions when a learning need is identified.

Reliable systems are in place for recording, handling, storage, security, dispensing, safe administration and disposal, as well as assurance on Formulary Compliance with the variety of audits routinely undertaken.

3.5 Monitor unauthorised and inappropriate use of medicines against the formulary.

Medvivo works extensively to measure and address matters related to Formulary Compliance. This includes compliance to the 'Wiltshire, Swindon and BaNES Primary Care Antibiotic Guidance January 2019 NICE update', working in line with best practice, and decisions about what the stock formulary will be in each Medvivo base and car.

The Medicine Management Committee remains focussed on ensuring quality in this area of practice. The results of each antibiotic audit is interpreted and learning shared with clinicians via their audit feedback, and educational information is published on the staff intranet and sent by email to all clinicians.

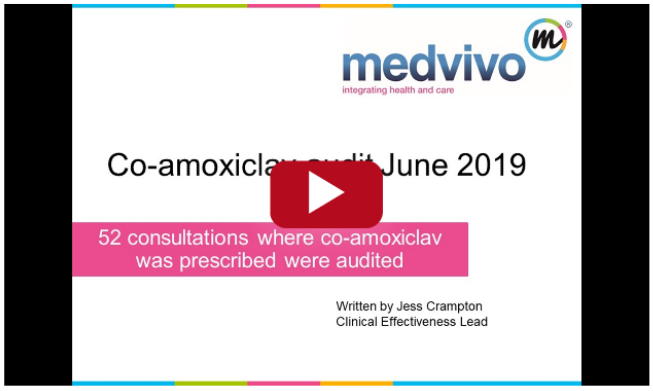
Below is an example of the results of the Co-amoxiclav audit completed in June 2019.

Co-amoxiclav Audit June 2019

Watch | Favourite

Published:04/09/2019 Last Updated:04/09/2019

Presentation of results with commentary.



Co-amoxiclav is a broad-spectrum beta-lactamase antibiotic combining amoxicillin and clavulanic acid (the latter component preventing amoxicillin degradation by beta-lactamase enzymes thereby extending amoxicillin's spectrum of activity)[1].

It is a vital part of our arsenal against the ever growing threat of antimicrobial resistance. NICE guidance[2] and the BSW formulary[3] list co-amoxiclav as alternate options to first-line agents for several infections, usually recommended when narrow-spectrum agents have proved ineffective or are inappropriate (due to allergy, contraindication or sensitivity analysis). The exception to this is for the treatment of facial cellulitis and animal/human bites where co-amoxiclav is recommended first line. Guidance issued on the management of infections in primary care advises to avoid the use of broad spectrum agents such as co-amoxiclav as they increase the risk of MRSA, resistant UTIs and *Clostridium difficile*[3].

In June this year there were 139 consultations across Medvivo which resulted in a prescription for co-amoxiclav. Of these, 52 were randomly selected from Clinical Guardian and audited. Of the audited cases, 40 (76%) resulted in the most appropriate antibiotic being prescribed while in the remaining 12 cases (24%) an alternative antibiotic would have been more appropriate.

Authored By Greg O'Kane
View All By Greg O'Kane

This is reassuring and confirms that in the majority of cases we are prescribing co-amoxiclav appropriately. Interestingly, formulary guidance was only adhered to in 33% of cases but on further examination by the Audit team it was concluded that overall 76% of cases resulted in appropriate prescribing. This demonstrates the importance of clear documentation and rationale when deviating from recommended guidance.

The Audit team identified cases where clinicians sought specialist advice from a secondary care specialty before selecting which agent to prescribe; further demonstrating the judicious use of antibiotics by clinicians in Medvivo. In a small number of cases audited, co-amoxiclav was prescribed for uncomplicated UTIs and pyelonephritis where alternative, narrow-spectrum agents (such as nitrofurantoin or cephalexin) would have been more appropriate.

In conclusion, whilst it is clear the vast majority of prescriptions for co-amoxiclav are appropriate for the usually complex clinical presentations seen in urgent care, there remains a small number of cases where an alternative, more appropriate agent should have been tried first. As prescribers we can extend the lifetime of important antibiotics such as co-amoxiclav by only prescribing them when alternatives have failed or are inappropriate.

References:

1. Medicines.org.uk (2018). Augmentin 625mg tablets – Summary of Product Characteristics (SPC) – (eMC) [online]. Available at: www.medicines.org.uk
2. NICE (2019). Summary of antimicrobial guidance – managing common infections. National Institute for Health and Care Excellence. Available at: www.nice.org.uk
3. Hobson, R (2019). Management of Infection Guidance for Primary Care. BaNES, Wiltshire, Swindon CCGs BCAP formulary. Available at: www.bcapformulary.nhs.uk

We use the staff intranet and email a 'Clinical Digest' to all clinicians who often work remotely as a means of sharing learning.

Such an internal publication is created when audit results indicate less than 85% of consultations matched best practice, as mentioned previously in the 'Medication Audit SOP'.

3.6 Reduce the number of broad-spectrum antibiotics prescribed in the IUC service.

Five broad-spectrum antibiotic audits were audited this year: Ciprofloxacin (April, August, December 2019), Co-amoxiclav, and Cefalexin. Each involved auditing 30 cases via Clinical Guardian.

Each audit used the following question set:

1. Was the most appropriate antibiotic prescribed?
2. Was the rationale for prescribing documented?
3. Was the consultation well documented?
4. Does it match best practice?
5. Was the dose frequency prescribed correctly?
6. Was the course length appropriate?

A more detailed description of the resulting action is presented in section 3.2.

3.7 Through the antimicrobial and medicines committee, partake in a national research programme with NHS England and Public Health to look at the use of an antibiotic called Phenoxymethylpenicillin for the treatment of sore throats in conjunction with the new national Royal College of General Practitioners (RCGP) toolkit and their fever/pain risk stratification-scoring tool.

The Clinical Effectiveness Lead and NMP Lead attended a NICE and PHE Implementation Workshop at NICE Headquarters in October 2019. This was in

relation to Medvivo's work with the National Project Lead, Antimicrobial Resistance, NHS England and NHS Improvement, in auditing NICE Guidance NG84 – Sore Throat (acute): Antimicrobial Prescribing on Clinical Guardian.

Through this, Medvivo was able to identify the difficulties in promoting compliance with NG84 in an Out of Hours setting. The next step was to work with the Information Management and Technology (IM&T) team to create business intelligence audits of acute sore throat consultations with Power BI. The plan was to identify the following data in all sore throat consultations:

1. How many of these consultations resulted in an antibiotic prescription.
2. How many of the consultations recorded a FeverPAIN or Centor score within the notes, and to compare this with those resulting in a prescription.
3. How many consultations use back-up prescriptions.
4. What was prescribed.

Clinical Guardian was then planned to be used to audit cases identified through Power BI to provide a 'deeper dive' in cases where a FeverPAIN/Centor score wasn't used, or to focus on certain age groups.

March data was planned to be audited, as this is when prescribing for Phenoxymethylpenicillin is usually at a yearly high (ePACT2 data: ePACT2 gives online analyses of prescribing data held by NHS Prescribing Services).

The audit would have been completed in April 2020. Unfortunately, the final tailoring of the Power BI NG84 dashboard and the completion of the audit fell during the period when the service was experiencing unprecedented demand due to COVID-19. This audit was therefore unable to be completed as planned but is rescheduled to March 2021.

We will continue to work with suppliers to ensure that counterfeit medicines do not reach patients.

Part of the role of the Medicines Management team is to ensure that the medications provided for patients are safe and effective. This involves working with Medvivo's medicines suppliers to ensure that counterfeit medicines do not reach patients. Medvivo's NMP Lead is in communication with suppliers regarding the FMD regulations (Falsified Medicines Directive 2019). These are regulations to protect people from fake medicines in the European Union. Measures include additional anti-tampering security on packaging, and tracking of medicines using unique identifiers (barcodes).

Only reputable and authorised suppliers are used by Medvivo. Medicine deliveries are checked on arrival for damaged outer packaging to ensure they have not been tampered with and therefore the goods within are original.

Medical Device Alerts, Drug alerts, medicines recalls, Field Safety Notices, and company-led drug alerts on GOV.UK are also received. These alerts are recorded and action taken if the related item is stocked. This may involve checking and removing stock, or informing staff by providing information on the staff intranet or 'Clinical Digest'.

3.8 Asthma audit will continue to be a focus in 2019/20.

The CCG chose for lower back pain to be focused on instead of asthma during this period. However the auditors continued to send feedback if needed for asthma-related consultations throughout this period.

In Summary

Over the last year the AMS Committee has been established, along with an Antimicrobial Champion for the organisation.

With this now in place work on raising awareness of Antimicrobial Stewardship can continue in conjunction with the provision of educational information and activities.

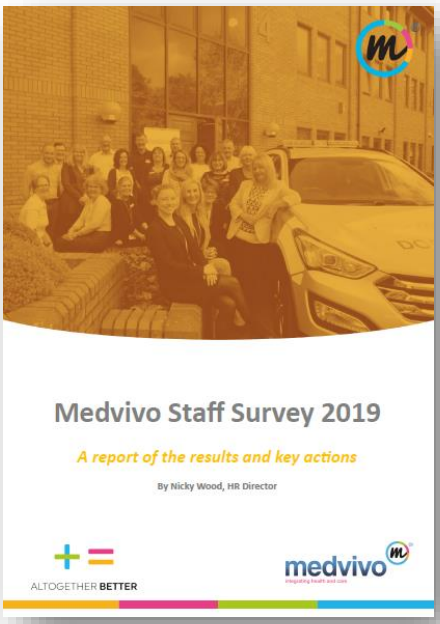
Audits in relation to prescribing and antimicrobial stewardship will be considered as ‘business as usual’ activities rather than being highlighted as a priority in the coming year.

Priority 4: Health and Wellbeing of Staff

'Improve the health and wellbeing of staff and continue to develop them with the right skills for the right people in the right place at the right time.'

4.1 Undertake the annual staff survey and act on the results of the 2018/19 survey

The staff survey was completed in June 2019. The results of the survey where shared with the Executive Team, Medvivo Employee Forum and Staff. Key priorities were identified following the survey. Each team was asked to create an action plan to address the priorities. Actions were tracked against an Action Tracker.



4.2 Medvivo's objectives for the year were to increase the number of staff to 70%+ who respond positively to the following question in the staff survey: "I feel supported by my line manager" and the questions in the Personal Development section, including "I have had training, learning and development in addition to my mandatory training in the last 12 months."

The survey results for the question "I feel supported by my line manager have increased from 70% in 2018 to 78% positive responses in 2019.

The overall results for the Personal Development section was 61% positive, with 54% receiving training, learning or development, aside from mandatory training, in the last 12 months. This section was new in 2019 and cannot be compared to previous years.

4.3 Progression of in-house management training

An in-house Management Development Programme called "Leading Together" has been created in conjunction with a specialist management development firm. All newly appointed and existing line managers are required to attend the course.

The course is designed to create greater awareness of the individual's personality style and then work with the individual to understand how that impacts on their team. The course culminates in the presentation of a Business Improvement Plan to the Executive Team.

The course runs for six sessions over six months and has received excellent feedback from all those who have attended. As a result, this programme will continue to run on an annual basis. Below is the class of 2019.

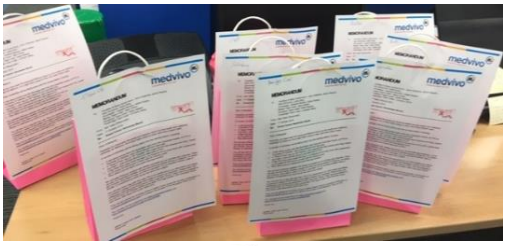
4.4 Dedicated health and wellbeing taskforce

A dedicated Health and Wellbeing Taskforce has been created with staff from a range of teams and department, both clinical and non-clinical. The taskforce identifies the key well-being initiatives for the coming year and then tracks progress against the initiatives.

The taskforce meets monthly to develop and progress the initiatives which have included campaigns around:

- Winter wellness
- Stress awareness and management
- Healthy eating
- Mental health awareness supporting the national ‘time to talk’ initiative
- Suicide prevention
- Getting active
- Breast cancer awareness

Staff get involved to drive the activities and the most popular campaign last year was the breast cancer campaign where charity Coppafeel ran a couple of workshops for staff to attend. Staff wore pink and served brunches, and pink goody bags were sent out to all locations with information packs, pink wafer biscuits, chocolates and bath bombs.



Staff not only raised awareness of breast cancer, they also raised money with £400 donated between charities Coppafeel and Breast Cancer Now.

4.5 Development of a communications plan which will include improved integration with staff at remote bases

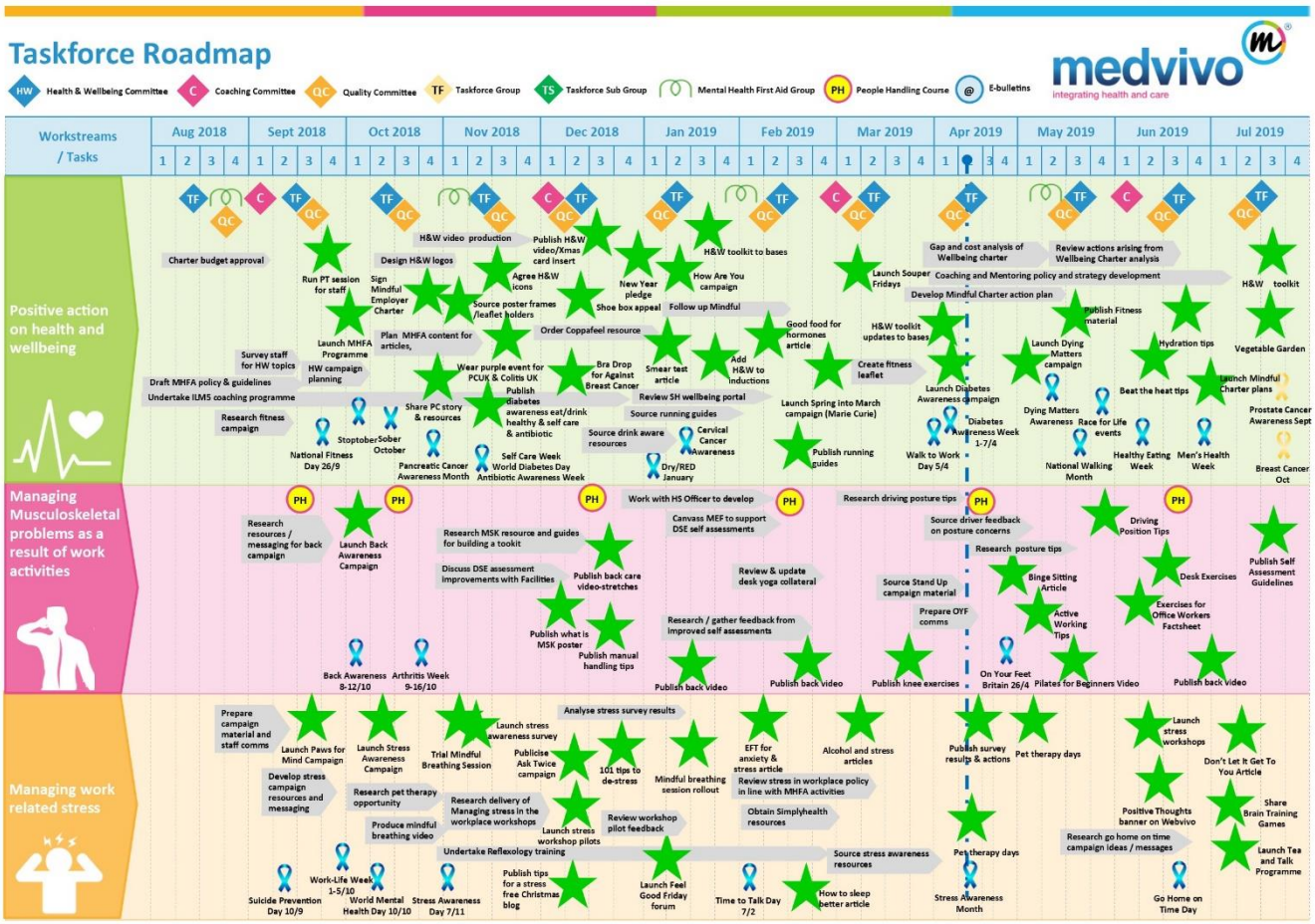
A survey of staff at the bases indicated an appetite for the reinstatement of the Executive Briefing and Lunches. This request has been acted upon.

Due to the pandemic, the Executive briefings are now carried out using Zoom and attendance has increased. The Executive Lunches have been placed on hold due to the health and safety restrictions.

The Executive Team has also been very visible at the bases during the pandemic undertaking clinical and non-clinical shifts. Other office-based staff have also taken on additional duties to support the bases. This has been well received by staff and helped to improve understanding of the different operational and support service roles in the business, and their working relationships.

Regular updates by email, including a monthly “Round-Up” email bulletin and via the staff intranet have continued, as well as the bi-weekly ‘Clinical Digest’ email that highlights recent key clinical updates (including COVID-19 guidance) and topical subjects for clinicians, and their support teams.

Below is an example of a Roadmap that is shared with all staff that highlights the activities carried out during the last year:



4.6 Improved access to clinical supervision

Additional clinical supervisors have been trained to enable more opportunities for base clinicians to get support when needed. Medvivo is committed to ensuring that all staff receive clinical supervision to ensure that people who use the services receive high quality care at all times.

Medvivo's clinical supervision model has been reviewed and strengthened after training a number of additional clinical supervisors. The photograph on the right is one of the first group clinical supervision sessions.

Scheduled and timely clinical supervision is in place and held on a one to one basis or in groups. Although clinical supervision is available to all staff following a traumatic incident, it can also be requested at any time and is available to non-clinical staff.

Part 2B: Quality Priorities for 2019-2020

Feedback has been collected from patients, service users and carers, employed and sessional staff, stakeholders, commissioners and partners, the following have been agreed as the quality priorities Medvivo will focus on for 2020-2021:

- Service User Safety
- Sepsis Recognition
- Patient Feedback
- Staff Wellbeing

Priority 1: Service User Safety

Medvivo will continue to innovate to improve the pathways/routes through the system for those patients with additional needs. The safety of service users will continue to be improved by strengthening teams and identifying ways to work differently.

Models of care will continue to be reviewed to support innovative ideas. This will allow the development and implementation of pathways that will enhance healthcare provision, focusing on holistic and/or specialist services, and be responsive to the constant change in healthcare requirements.

Medvivo's commitment to improving the safety of service users will continue to promote a safe environment with a culture of ongoing learning.

Areas where service user safety will be monitored and reviewed include:

- GoodSAM video consultation – this has already been especially helpful during the COVID-19 pandemic which brought challenges for face-to-face appointments (lockdown, shielding, access to primary care)
- Non-injury falls – supporting other emergency services
- Clinical Responder service
- Service user safety project – staff survey about service user safety
- Mental Health project
- High intensity users
- Comfort calling
- Safeguarding

Priority 2: Sepsis Recognition

Medvivo will ensure that work continues to raise awareness of sepsis and the use of early warning scores amongst Medvivo's clinical and non-clinical teams.

This will be done through auditing, a commitment to continuous improvement, and working with other providers, including nursing and care homes. Working with the CCG to support Restore 2 (a form of EWS used by Care/Nursing Homes) and its roll out by the CCG across BSW.

Priority 3: Patient Feedback

Medvivo will ensure that service users continue to be listened to during the pandemic as the service drives forward in unprecedented times to ensure patients are safe.

It is recognised that many changes have been necessary since March 2020 and not all new ways of working have allowed user

involvement as the service has had to evolve quickly and safely as a result of COVID-19.

- Expansion of the 'Group of 50'
- Triangulation of feedback from service improvement projects as seen in Priority 1

Priority 4: Staff Wellbeing

1. Creation of a New Health and Wellbeing Strategy

The current strategy runs out in December 2020 and it is time to re-focus priorities in terms of Medvivo's overarching Health and Wellbeing strategy to ensure staff are fully engaged during the worldwide pandemic and staff morale is maintained.

The new Health and Wellbeing strategy will cover a four-year period and include all staff groups. This is a key business objective as healthy, well and fully-engaged staff directly impacts on the quality of care patients and service users receive.

How will it be achieved?

- Feedback will be sought from the Medvivo Employee Forum and the Health and Wellbeing Taskforce
- A first draft will be ready at the end of November 2020 for review
- The final Health and Wellbeing strategy will be ready for publication and launch to staff in January 2021

2. Develop an inclusion campaign

Medvivo tries to ensure that all staff feel part of the Medvivo family. Inclusion is central to an engaged workforce and it is planned to run a campaign throughout the year involving a variety of inclusion-related activities.

This will be undertaken with a view to benchmarking how inclusive Medvivo is seen as an employer and identifying what can be done to improve staff engagement levels.

How will it be achieved?

- An inclusion campaign presentation to Executive for buy-in by the end of September 2020 for launch to staff in October 2020
- An initial campaign plan with proposed content, activities and timings to be prepared by the end of October 2020
- The campaign will run until June 2021

3. Improve effective working practice for remote or home working staff

As a consequence of the pandemic many members of staff are either working from home or remotely to reduce the transmission of COVID-19.

Working at home can bring a sense of isolation as well as impact on productivity. One of Medvivo's main focuses for this year will be to support staff working remotely to be productive. This will also require managers to be supported and trained in techniques to line manage staff who are working remotely.

How will it be achieved?

- Line Manager training for supporting staff to work remotely in October
- A campaign for all staff working remotely with a range of support resources will be developed for ongoing use
- All staff communication will continue to be carried out virtually
- Individual support for employees who are struggling will continue

Annexes

Statement from Bath and North East Somerset, Swindon and Wiltshire (BSW) Clinical Commissioning Group on the Medvivo 2019/20 Quality Account

BSW Clinical Commissioning Group (CCG) welcome the opportunity to review and comment on the Medvivo Quality Account for 2019/2020. In so far as the CCG has been able to check the factual details, the view is that the Quality Account is materially accurate in line with information presented to the CCG via contractual monitoring, quality meetings and quality visits and is presented in the format required by NHS Improvement 2019/2020 presentation guidance. The CCG supports the identified quality priorities for 2020/21.

It is the view of the CCG that Medvivo have produced an extremely thorough and comprehensive quality account. The document reflects the culture within the organisation of quality improvement and service development with service user safety, service user experience and clinical effectiveness at the heart of the services delivered. Oversight and governance is achieved with an experienced and visible senior leadership team who ensure that they engage with all levels of the organisation. The Medvivo Quality team are very well embedded into the infrastructure and central to the continuing high quality of deliverance of services.

Staff wellbeing is an important and central theme and Medvivo have identified this as a continuing priority for the organisation. In particular the focus on remote staff working is to be welcomed. The ongoing emphasis on recognition of the effects of challenges that may impact on staff, as well as celebration of staff successes is extremely positive.

The CCG recognise the challenges that Medvivo have faced, for example with recruitment and workforce, and acknowledge the continued proactive work in addressing these issues.

The embedding and sustaining of quality improvement initiatives have contributed to the emphasis that Medvivo place on questioning and continuous improvement. Medvivo are very open and welcoming of joint working with partner organisations, and frequently lead the way in multi-agency reviews and case analysis. Internally the use of Clinical Guardian ensures regular audit and scrutiny of cases with feedback being provided to clinicians.

BSW CCG is committed to continued collaborative working, and looks forward to working with the provider on the ongoing program of quality improvement work.

Yours sincerely

Gill May
Director of Nursing and Quality

Glossary of Terms

The follow terms are used throughout this document and they are listed here for reference.

AI: Appreciative Inquiry
AHSN: Academic Health Science Networks
AMS: Antimicrobial Stewardship
AMR: Antimicrobial Resistance
ATC: Access to Care
ATL: Acute Trust Liaison
BaNES: Bath and North East Somerset
BI: Business Intelligence
BSW: BaNES, Swindon and Wiltshire
CAS: Clinical Assessment Services
CCG: Clinical Commissioning Group
C. Diff: Clostridium Difficile
COVID-19: Coronavirus
CQC: Care Quality Commission
CQUIN: Commissioning for Quality and Innovation
CVA: Cerebrovascular Accident
ED: Emergency Department
EGFR: Estimated Glomerular Filtration Rate
ePACT: Online application to access prescription data
EWS: Early Warning Score
FMD: Falsified Medicines Directive
GP: General Practice / General Practitioner
HCAIB: Health Care Acquired Infection Board
HCP: Healthcare Professional
IM&T: Information Management & Technology
ITU: Intensive Treatment Unit
IUC: Integrated Urgent Care
LIS: Local Incentive Scheme
MCAS: Medvivo Clinical Assessment Service
MRSA: Methicillin-Resistant Staphylococcus Aureus
NAPP: National Association for Patient Participation
NEWS: National Early Warning Score
NG: NICE Guidance
NHS: National Health Service
NICE: National Institute of Clinical Excellence
NMP: Non-Medical Prescriber
OOH: Out of Hours
PEWS: Paediatric Early Warning Score
PHE: Public Health England
PPG: Patient Participation Group
Q: Quarter
RCA: Root Cause Analysis
SBAR: Situation Background Assessment Response
SOP: Standard Operating Procedure
SPA: Single Point of Access
STP: Sustainability Transformation Partnership
SUCCESS: Swindon Urgent Care Centre and Expedited Surgery Scheme
SWAST: South West Ambulance Service
TEC: Technology Enabled Care
TIA: Transient Ischaemic Attack
TSA: TEC Services Association
UC@H: Urgent Care at Home
UTI: Urinary Tract Infection
Webvivo: Medvivo's staff intranet