



National Audit Office

REPORT BY THE  
COMPTROLLER AND  
AUDITOR GENERAL

HC 1016  
SESSION 2012-13

7 MARCH 2013

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# Memorandum on the provision of the out-of-hours GP service in Cornwall

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National Audit Office

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# Memorandum on the provision of the out-of-hours GP service in Cornwall

Report by the Comptroller and Auditor General

Ordered by the House of Commons  
to be printed on 6 March 2013

This report has been prepared under Section 6 of the  
National Audit Act 1983 for presentation to the House of  
Commons in accordance with Section 9 of the Act

Amyas Morse  
Comptroller and Auditor General  
National Audit Office

5 March 2013

This memorandum sets out the results of our investigation into specific concerns raised about the out-of-hours GP service in Cornwall.

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Printed in the UK for The Stationery Office Limited on behalf of the Controller of Her Majesty's Stationery Office

2544864 03/13 PRCS

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This report can be found on the  
National Audit Office website at  
[www.nao.org.uk/gp-services-cornwall-2013](http://www.nao.org.uk/gp-services-cornwall-2013)

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## Summary

**1** Out-of-hours services provide urgent primary care when GP surgeries are closed. Since 2006, the out-of-hours service in Cornwall has been provided by Serco, under contract with the primary care trust. From 1 April 2013, responsibility for the contract will transfer from the primary care trust to the clinical commissioning group. Serco's current contract runs from 2011 to 2016, and is worth an estimated £32 million in total.

**2** During 2012, whistleblowers raised a number of concerns about the out-of-hours service in Cornwall, which were reported by the media. Following this, the Chair of the Committee of Public Accounts asked the National Audit Office to look into what had happened. This memorandum sets out the results of our investigation. Our work addressed the specific concerns raised about the out-of-hours service in Cornwall. We did not examine out-of-hours services more generally or Serco's other contracts with the NHS.

**3** Between September 2012 and January 2013, we:

- spoke directly to whistleblowers;
- interviewed staff in Serco, Cornwall and Isles of Scilly Primary Care Trust, Kernow Clinical Commissioning Group, NHS South of England, the Department of Health, RSM Tenon and the Care Quality Commission;
- visited the headquarters of Serco's out-of-hours service in Truro, observed the operation of the service, and spoke to clinical staff and health advisers who handle the calls;
- reviewed key documents including Serco's contract with the primary care trust, internal audit and forensic audit reports, performance reports and minutes of meetings; and
- analysed staffing and performance data for 2011 and 2012.

### Key conclusions

The quality and safety of the out-of-hours service

**4 Concern raised:** Serco had been unable to fill shifts with appropriately qualified staff with the result that the out-of-hours service was unsafe.

**5 Conclusions:** A clinical review of the out-of-hours service commissioned by the primary care trust in June 2012 found no evidence that the service was, or had been, systematically clinically unsafe. During 2012, however, Serco regularly had insufficient staff to fill all clinical shifts. It also frequently redeployed some GPs, taking them out of the cars available for home visits and using them to cover clinic shifts instead.

**6** As a registered provider of out-of-hours care, Serco has a legal obligation to meet essential standards of quality and safety, which include having sufficient numbers of appropriate staff. In July 2012, however, the Care Quality Commission concluded that the out-of-hours service did not have enough qualified, skilled and experienced staff to meet people's needs. Serco has taken action in response to the Commission's report, including agreeing with the primary care trust and clinical commissioning group the staffing levels that would be needed to provide a safe service. This includes at least three GPs working overnight.

**7** When it re-inspected the service in December 2012, the Care Quality Commission found that the number of clinical staff employed had increased since the previous inspection. Nonetheless, Serco needed to take further action to comply with the essential standard on staffing because there were not enough health advisers employed to meet people's needs and to meet the national quality requirements relating to call handling time. Health advisers are non-clinical staff who handle incoming calls.

**8** Serco has not consistently met the national quality requirements for out-of-hours services set by the Department of Health (the Department). Performance against the requirements declined significantly following the introduction of NHS Pathways in May 2012. NHS Pathways is a new triage system which is required by Serco's contract with the primary care trust. Serco has since taken steps in response to these problems, including using more clinical staff to support the health advisers handling calls, and performance is now recovering.

**9** Some comparative information on the performance of out-of-hours services across England is available from a benchmarking exercise. The most recent exercise, which took place before Serco introduced the NHS Pathways system, showed that the service provided by Serco in Cornwall performed well relative to other services. Undertaking patient surveys is also a requirement of Serco's contract with the primary care trust. For the week beginning 6 August 2012, 95 questionnaires were returned, of which 86 per cent rated the service as excellent, good or fair.

#### Changes to the performance data Serco reported to the primary care trust

**10 Concern raised:** Serco staff were altering performance data with the result that the performance of the out-of-hours service reported to the primary care trust was overstated.

**11 Conclusions:** A forensic audit by a specialist Serco team, covering data between January and June 2012, found that two members of Serco's staff made 252 unauthorised changes to performance data (0.2 per cent of all interactions) during the six-month period which were inappropriate or where there was no evidence to justify the change. The changes affected 20 of the 152 separate performance measures reported to the primary care trust for those six months. The changes altered reported, not actual, performance.

**12** As a result, Serco's performance in meeting the national quality requirements for out-of-hours services was overstated in seven instances. In five cases, performance should have been rated as amber (partially compliant with the requirements) but was reported as green (fully compliant). In one case, performance should have been rated as red (not compliant) but was reported as amber. And in one case, performance should have been rated as red but was reported as green. The changes did not affect the amount of money the primary care trust paid to Serco.

**13** Following its investigation, Serco has taken a variety of steps to strengthen its internal controls aimed at preventing or detecting changes to performance data. Serco has emphasised that the changes made to performance data were wholly unacceptable, and the staff identified as responsible have left the company. In addition, the primary care trust has strengthened its oversight of the out-of-hours service and its contract with Serco.

### Protecting whistleblowers

**14** **Concern raised:** The protection for whistleblowers was insufficient with the result that staff were reluctant to raise concerns.

**15** **Conclusions:** Whistleblowers played a significant role in bringing to the attention of the primary care trust and the media concerns about Serco's provision of the out-of-hours service in Cornwall that had not been identified by routine management controls or by the primary care trust itself. Serco had an established whistleblowing policy in place, but evidence suggests that whistleblowers were still fearful of raising concerns. This is an issue that is not confined to the out-of-hours service in Cornwall. The government has previously recognised that, although whistleblowers are legally protected, practice on the ground in the NHS has not always been effective.

**16** In June 2012, Serco and the primary care trust wrote a joint letter to all staff in the out-of-hours service, reminding them of the importance of raising concerns and the protection available to whistleblowers. More widely, in October 2012 the NHS Employers organisation together with other relevant bodies published a charter to encourage staff to speak up when they have concerns.

### Recommendations

**a** **The primary care trust and the clinical commissioning group should use all the data available to them to review and challenge Serco's performance.**

The primary care trust has access to detailed data about the out-of-hours service, including call handling times, responsiveness, staffing levels and staff mix, as well as wider impacts such as demand on the ambulance service. Assessing the quality and safety of the service as a whole depends on combining all these factors effectively. Looking at them in isolation, rather than examining the relationships between them, will not show how weaknesses in one area may be affecting performance in another.



- b The primary care trust and the clinical commissioning group should review the contract with Serco to link financial incentives more clearly to achieving essential quality standards.** The contract says the primary care trust can issue a remedial notice, or ultimately terminate the contract, if Serco fails to meet the national quality requirements. However, there is only a weak link between financial incentives and achieving the requirements. The clinical commissioning group has questioned whether the contract will give it sufficient ability to challenge Serco as robustly as it might wish as the commissioner of the service.
- c The primary care trust and the clinical commissioning group should consider, in discussion with Serco, whether to specify in the contract minimum staffing levels for a safe service.** The Care Quality Commission, and others, have raised concerns about the adequacy of staffing levels, but there is no national or local benchmark for the number or mix of staff needed to be confident of a safe service.
- d The clinical commissioning group should review the effectiveness of the new technical working group when it becomes responsible for the contract in April 2013.** The working group is a key part of the measures taken to strengthen oversight of the out-of-hours service. In particular, the working group is expected to advise senior managers on Serco's contractual performance and give assurance that data handling protocols are operating properly to ensure the accuracy of performance data reported by Serco. The clinical commissioning group should consider whether it needs to change the terms of reference or membership of the working group to enhance its effectiveness.
- e NHS bodies should undertake an impact assessment before implementing the NHS Pathways system, and take action to mitigate the impact on the service provided to patients.** Other out-of-hours services and the new 111 service for urgent care are expected to use NHS Pathways from 2013. The primary care trust specified that NHS Pathways should be used. Although there was an implementation and communication plan, neither Serco nor the primary care trust carried out a full impact assessment in advance. In the months after NHS Pathways was introduced, Serco's performance against national quality requirements relating to the responsiveness of the service fell significantly, and additional pressure was put on the local ambulance service.
- f The Department of Health should take the lead in making sure that whistleblowers are, and feel, protected throughout the NHS.** Whistleblowers are a valuable source of intelligence and should be encouraged to come forward. To help reassure whistleblowers, the Department should instruct NHS bodies to publish their whistleblowing policies. This would help ensure that local policies are transparent, consistent and fully compliant with national policy. The Department should also make sure local NHS bodies hold managers to account if whistleblowers suffer reprisals.

## Part One

### The out-of-hours GP service in Cornwall

**1.1** Out-of-hours services provide urgent primary care when GP surgeries are closed – from 6.30pm to 8.00am on weekdays and all day at weekends and on bank holidays. This means that out-of-hours services cover almost 70 per cent of the hours in an average week. Since 2004, the General Medical Services contract has allowed GPs to choose whether to provide out-of-hours services or to transfer responsibility to their primary care trust.

**1.2** Since 2006, out-of-hours services in Cornwall have been provided by Serco, under a contract with Cornwall and Isles of Scilly Primary Care Trust. Before that, a GP consortium, KernowDoc, provided this service. Serco's current contract with the primary care trust runs for five years from October 2011, and is worth an estimated £32 million (excluding inflation) in total.

**1.3** Serco is contracted to provide a wide range of public services in the UK. Cornwall is its only out-of-hours contract. It also provides health services in a number of prisons and young offender institutions, community health services in the east of England and, in a joint venture with the NHS, pathology services in London.

**1.4** Since 1 April 2012, the Care Quality Commission has regulated out-of-hours services. The Commission registers providers and checks they comply with essential standards of quality and safety. Prior to April 2012, out-of-hours providers were not subject to independent regulation.

#### The nature of the out-of-hours service

**1.5** Serco provides the out-of-hours service for the whole of mainland Cornwall, covering a total of 71 GP practices. Cornwall is a large, rural county. It has a relatively small resident population of around 530,000, but attracts more than five million visitors a year. The primary care trust noted, in its specification for the out-of-hours contract, that 46 per cent of the population live in dispersed settlements of fewer than 3,000 people.

**1.6** Compared with demand in other parts of England, demand for out-of-hours care in Cornwall is relatively high. As part of a national benchmarking exercise published in April 2012, the Primary Care Foundation estimated that the volume of out-of-hours cases for Cornwall and Isles of Scilly Primary Care Trust was 171 per 1,000 people per year.<sup>1</sup> This placed the primary care trust 16th out of 91 for volume of cases. Across all primary care trusts in England, the estimated volume of cases per 1,000 people per year ranged from around 50 to over 200.

**1.7** The main components of Serco's out-of-hours service are:

- ten emergency clinics (**Figure 1** overleaf), staffed by GPs, nurses and emergency care practitioners;<sup>2</sup>
- a number of cars, each with a GP or emergency care practitioner and a driver, distributed throughout the county to provide additional care flexibly given Cornwall's dispersed population; and
- a call centre based in the head office in Truro, which includes nurses and GPs as well as dedicated 'health advisers' who handle calls.

### **Responsibility for commissioning and oversight of the contract**

**1.8** Until 31 March 2013, Cornwall and Isles of Scilly Primary Care Trust is responsible for commissioning healthcare, including the out-of-hours service, for its local population from NHS and other providers. The strategic health authority, NHS South of England, oversees the primary care trust's performance, and is accountable to the Department of Health.

**1.9** Under the Health and Social Care Act 2012, primary care trusts and strategic health authorities will be abolished on 31 March 2013, and replaced by the NHS Commissioning Board and clinical commissioning groups. Responsibility for the out-of-hours service in Cornwall will pass to Kernow Clinical Commissioning Group. The Group is currently operating in shadow form. It was involved in re-awarding the contract to Serco in 2011, and attends performance management meetings with Serco, alongside the primary care trust.

**1.10** The primary care trust is responsible for monitoring Serco's performance to make sure the out-of-hours service is provided to the standards agreed in the contract. It reviews Serco's performance against national quality requirements and key performance indicators, which are subject to annual review.

1 The Primary Care Foundation was formed in 2006 with the aim of "developing and spreading best practice in unscheduled, emergency and primary care in the UK". It provides a benchmarking service, and has been commissioned to carry out other work for the Department of Health and a number of NHS bodies. The results of the benchmarking exercise are available at [www.primarycarefoundation.co.uk/](http://www.primarycarefoundation.co.uk/)

2 Emergency care practitioners typically come from a nursing or paramedic background, and have advanced clinical assessment and treatment skills.

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**Figure 1**  
Out-of-hours emergency clinics in Cornwall

Serco has ten emergency clinics spread throughout Cornwall



**NOTE**

1 There is an additional clinic at Stratton open only on Saturday and Sunday mornings.

Source: National Audit Office

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