NHS Greater Glasgow & Clyde	**Paper No. 20/06**
Meeting:	**Board**
Date of Meeting:	**25th February 2020**
Purpose of Paper:	**Approval**
Classification:	**Board Official**
Sponsoring Director:	**Susan Manion, Interim Chief Officer, GP Out-Of-Hours Kerri Neylon, Primary Care Lead GP.**

NHS GGC GP Out- of -Hours service resilience

Recommendations.

The Board is asked to approve the recommendations in this paper.

Purpose of the Paper.

Outline the extent of the current challenges within the GP Out-Of-Hours service and the actions required to ensure business continuity.

Key Issues to be considered.

The conclusions of a review of the service by Professor Sir Lewis Ritchie and specifically the need for a business continuity arrangement to be put in place in order to stabilise the service.

Any Patient Safety /Patient Experience Issues.

The challenges faced by the service has had an adverse impact on patient experience. This will be improved by the key actions proposed to enable delivery of a stable service.

Any Financial Implications from this Paper.

The services will be provided within the existing financial framework.

Any Staffing Implications from this Paper.

The current service has an adverse impact on staff. They have been required at short notice to change sites, often with less than 24 hours' notice. These changes aim to significantly reduce such instability whilst we look to continue to develop a multi-disciplinary workforce plan to more effectively deliver the service in the future.

Any Equality Implications from this Paper.

The current service is unstable and lacks reliability. The revised service model will have an improved pathway for patients via NHS 24 which will also be supported by an appointment system. This will help improve equity of access through the clinical prioritisation of patients being referred to the service and help ensure that workforce and workload needs can be appropriately matched.

Any Health Inequalities Implications from this Paper.

No specific issues now but a stable and high quality service contributes to health equality

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome.

The assessment of the risks have determined the actions in the recommendation within this paper.

Highlight the Corporate Plan priorities to which your paper relates.

A stable and high quality service Out-Of-Hours, contributes positively to the whole system. Specifically, it will help ensure care as close to home as possible, makes appropriate use of technology and will be based on clinical need. The proposed service change should help support the Board in addressing unscheduled care demands.

Authors: Susan Manion and Kerri Neylon.
Date: 17 February 2020.

NHS GGC GP OUT OF HOURS SERVICE RESILIENCE

1. SITUATION

I. **I**n 2015 a National Review of Primary Care Out-of-Hours Services (OOH), led by Professor Sir Lewis Ritchie was agreed in full by the Scottish Government. The aim of the review was to ensure resilient, high quality and safe Out-Of-Hours services providing the best urgent and emergency care for the people of Scotland on a 24/7 basis.

II. In the summer of 2019, the Chair of NHS GG&C asked Professor Sir Lewis Ritchie to conduct a review of the OOH service in GG&C, to assess progress in relation to the 28 recommendations of his review. During this review, it became clear that strategic and operational issues within the service required immediate attention.

III. In December 2019 Sir Lewis outlined his findings to the Board Chair. The key themes were as follows:

- **GP engagement**. There were concerns about the environment and facilities in some of the centres. It was felt relationships between those working in the service and management at times were strained and communications poor.

- **Workload.** The workload in day-time general practice has substantially increased, contributing to fewer GPs who feel able to commit to working out of hours. In addition to this, there is increasing workload and complexity in the out-of-hours service. This is further exacerbated by patients “walking in” to the centres with the expectation to be seen without going through an NHS 24 triage process. Although not entirely confined to GG&C, “walk in” patients constitute a small proportion but significant number to be assessed and treated. We are working to support the public to make best use of services and to first access NHS 24 (111 telephone helpline and/or NHS inform online) or community pharmacies for assistance.

- **Workforce**. As fewer GPs have been working within the service there has been increasing lone working for clinicians causing professional isolation. Issues were raised around support, advice and managing workload. While progress had been made in the development in multidisciplinary teams (MDTs) in OOHs and some additional Advanced Nurse Practitioners (ANPs) had been appointed, the numbers of salaried GPs despite significant recruitment efforts has not increased. The net effect is that present service capacity is insufficient to meet current demand.

IV. All of this has culminated in fewer GPs working for the service. There are many of the GP shifts across the week and weekends being left unfilled. This has resulted in temporary suspensions, daily decision making around whether sites can be opened safely, which then requires significant operational work in moving staff and engagement with other stakeholders, namely NHS 24, Scottish Ambulance Service (SAS) and the Acute Division of NHS GG&C.

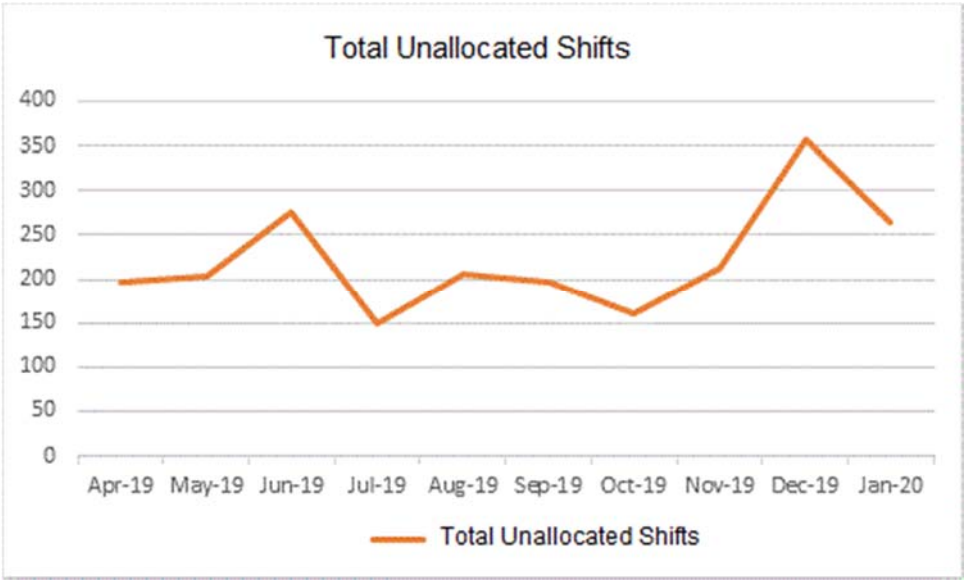
2. BACKGROUND

I. The Out-of-Hours service should only be used by those who require an urgent service and cannot wait until their own GP Practice is open. OOH urgent care services should be used appropriately and valued accordingly.

II. Following triage via NHS 24, dependant on the outcome of the call, the patient will receive telephone advice, be invited to attend an OOH Centre for a consultation or receive a home visit. The service also currently accepts walk-ins (see above). Home visits are undertaken by GPs in dedicated cars with driver support colleagues. A patient transport service is available to take patients to OOH centres, throughout GG&C, if they have no other means of transport. The OOH service sees between 26,000 and 31,000 patients monthly in centres or on a home visit.

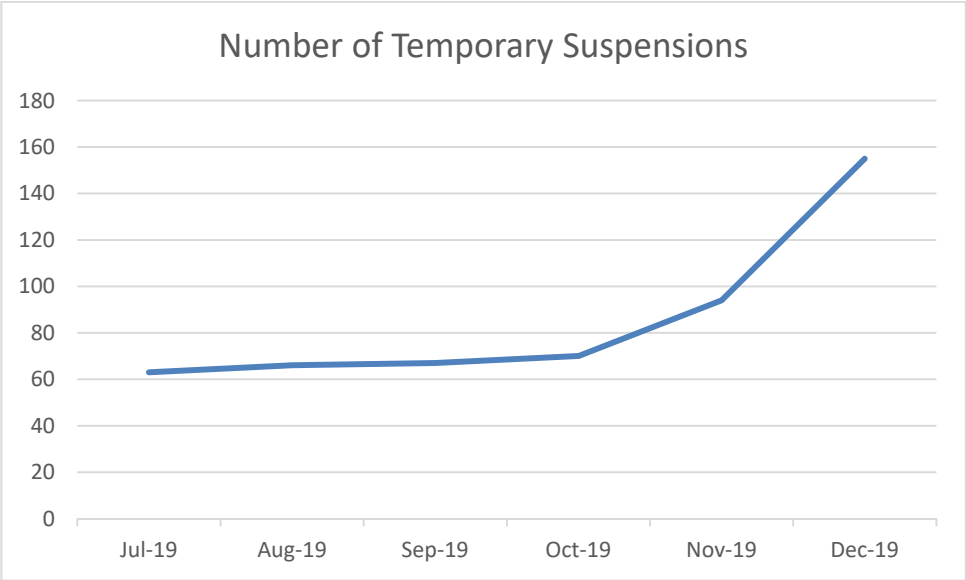
III. The current model relies heavily on GP engagement for service delivery. There are 580 GPs on the NHS GG&C data base who are eligible to sign up for Out-Of-Hours shifts which represents more than 1/3 of the GPs on NHS GGC Performers List. For the service to be fully operational, it requires 34 GPs for a weekday service and 97 each day over weekends and public holidays. Given an average weekly demand for 364 shifts. There has been a 15% to 20% reduction in GPs signing for shifts in the last year. This been exacerbated by pension restrictions which have limited the sessional contributions of some GPs working in the service. This issue, reserved to the UK Government, affects many senior doctors working in the NHS and is being actively pursued for remedy by the Scottish Government. **Graph 1** shows the number of unfilled shifts.

Graph 1



IV. The reduction in GPs participating in shifts has meant an increase in temporary service suspensions. The increase is outlined in **Graph 2.**

Graph 2



V. In the short term a number of early actions have been taken in order to keep the service operating. This has included temporarily suspending some Primary Care Emergency Centres to consolidate the service on fewer sites across the Health Board. To date this has been done on a reactive, unplanned basis. It is important to highlight that the patient transport system has been maintained at all times, to ensure access to the Primary Care Emergency Centres. A Home Visiting car service is available when required across the entire NHS GG&C Board area. Given the continued service pressures, it is imperative that steps are taken to implement and reinforce a stable business continuity plan whilst the service model is effectively redesigned and transformed, and an expanded and enhanced workforce is recruited and trained.

VI. Preparatory work to establish a pilot appointments system, used in other Board areas, is underway with NHS 24 with detailed planning taking place now for a pilot site. This will allow clinicians to manage workload and ensure effective flow through the OOH sites.

VII. The management and leadership arrangements of the service have been strengthened, including the leadership support to the Clinical Director and Lead Nurse.

VIII. Site visits to OOH Centres have taken place by NHS GG&C Estates colleagues and a plan for improvements in the environment and operational issues has been established. Improved security arrangements have been established, and essential replacement equipment has been secured. Enhanced cleaning has been put in place in designated areas. At the Royal Alexandra Hospital Paisley (RAH) there are specific

environmental concerns with regard to the waiting area for patients and rest facilities for staff which will be resolved with local site management.

IX. There are ongoing engagement discussions with GPs across GG&C via Clinical Directors and Health and Social Care Partnership (HSCP) Chief Officers to raise their awareness of the issues and encourage involvement in OOH service improvement.

X. Further meetings with GPs are being planned as well as meetings with the Glasgow Local Medical Committee (LMC) to ensure close liaison on both a formal and long-term basis. A staff engagement plan will be put in place to support this business continuity arrangement.

XI. A review of GP pay rates will be conducted to ensure that they are comparable to other Health Boards and are also fair, taking into account complexity and workload.

XII. The Scottish Ambulance Service (SAS) will be engaged to develop a collaborative model to ensure the use of Paramedics to support the Primary Care Out of Hours service.

3. ASSESSMENT

I. Currently there are 10 salaried GPs within the service and a small number of GP contracts mainly in the Clyde sector. This core workforce is crucial to the continued operation of the service but is significantly short of the required numbers to sustain the current model of service. Despite best endeavours the service has not managed to attract the required number of GPs and focus therefore needs to move to remodelling both the service and the clinical workforce in the same manner that in-hours General Practice is doing. The 16 ANPs who work in the service currently will need to be added to and Advanced Allied Health Professions (AAHPs) recruited or trained. In reconfiguring the service, the feasibility of having some centres as an ANP/AAHP led service can be explored. The detailed workforce plan will clarify the specific numbers required. In the interim, rolling advertisements for salaried GPs and ANPs will continue as part of a significant and sustained recruitment campaign.

II. There requires to be further exploration of other health professionals working within the service such as Advanced Paramedics, Prescribing Pharmacists, and Advanced Physiotherapists. This will require closer working with “in-hours” primary care and the developing MDT models with recognition that “Urgent Care” occurs across the 24hour period. Work will link up with each of the 6 Health and Social Care Partnerships and their Primary Care Improvement Plans.

III. The model of delivery will need to be kept under close scrutiny taking into account the fact that the traditional way GPs have operated is changing and the MDT model of working should work out-of-hours as well as in-hours. Technology and E-health are crucial and the benefits / opportunities afforded through testing ‘Attend Anywhere’ will be explored.

IV. Clinical and non-clinical leadership throughout the service needs to be strengthened and recognised as an important aspect of long-term sustainability. This will be considered at all levels within the service. Engagement has improved but will now need to be sustained and further improved. Performance monitoring and

management arrangements to the NHS Board will need to strengthen. Close scrutiny and monitoring of the service during this period of business continuity will be important to ensure that focus on improvement is sustained.

V. The Improvement Plan has been developed and discussed with Sir Lewis Ritchie. The review by Sir Lewis Ritchie has been central in shaping the actions that are being proposed today to the NHS Board. Calum Campbell, the recently Scottish Government appointed Board Turnaround Director has confirmed his support for these changes. He will continue to ensure that the NHS GG&C, its Chief Executive Jane Grant, and the Scottish Government Oversight Board are regularly updated on implementation.

VI. The OOH service is one of the services that have caused concern and resulted in the NHS Board being escalated to Level 4 by the Scottish Government. In the event that the NHS Board give their support to the implementation of recommendations within this paper, the implementation of these will be monitored through the GP OOH Leadership Group and reported to the Oversight Board and the NHS Board. A performance framework will be put in place that will demonstrate a significant improvement in performance against agreed standards in the short term. In the medium to longer term the Board should expect to see a redesigned stable workforce working in a resilient and stable model of care with improved outcomes and a better experience for patients.

VII. The report by Sir Lewis Ritchie indicated that in spite of regular unplanned suspensions of our Primary Care centres due to unfilled shifts, NHS GGC had not formally moved into contingency, as yet. The report recommended immediate development of robust, systematic business continuity plans to ensure ongoing resilience, safety and quality. In consequence, we propose to consolidate the service onto core sites for business continuity purposes until the service is stabilised and transformed. This is to secure a stable GP OOH service that the public can continue to rely upon. It is anticipated that the redesign and transformation will take 18-24 months to complete.

VIII. In determining the core sites, key consideration has been given the numbers of attendances, access to the sites and capacity in the buildings.

IX. The wellbeing and welfare of staff working in the service is of paramount importance and must be valued and supported, accordingly.

4. RECOMMENDATIONS

The Board is asked to approve the following:

1. The immediate formalisation of the model outlined in this paper as a business continuity model. This will see consolidation of the GP OOH centres on to core sites as part of a robust business continuity arrangement. There will be 4 centres open overnight, the RAH, Victoria, Stobhill Hospitals and the Vale of Leven.

2. Urgently implement the Board's earlier decision to adopt the recommendations of the National Review by Sir Lewis Ritchie of Primary Care Out-of-Hours Services. This will include a substantial recruitment campaign for GPs, ANPs and AHPs with a training and learning programme. Specifically, this will transform the service from a GP OOH service to a multi-disciplinary GP-led OOH service similar to evolving in-hours Primary Care services.

3. We are committed to the ongoing delivery of services at the Vale of Leven in the out of hours period. We are actively engaging with the local GP community and other stakeholders, to secure sustainable future models of service delivery.

4. We are also committed to delivering sustainable OOH services In the Inverclyde area. The feasibility of developing an urgent care resource centre in Inverclyde Royal Hospital (IRH) is a priority. The intention is to assess the effectiveness of operating a hub run by advanced nurse practitioners (ANPs) / advanced allied health professionals (AAHPs) and paramedics, in concert with the Scottish Ambulance Service (SAS)

5. Implementation and evaluation of Attend Anywhere technology, seeking to provide remote expert professional advice and to reduce the requirement for unnecessary travel for both the public and for staff providing services.

6. Implementation and evaluation of an appropriate appointment and scheduling system in conjunction with NHS 24.

7. There will continue to be a Home Visiting car service and patient transport service across the whole of Greater Glasgow and Clyde. This is available to all patients who need a home visit and to facilitate attendance at OOH centres for those who require that.

8. Provide regular updates to the GG&C Board and Health and Social Care Partnerships on OOH Urgent Care Service performance, the implementation of the Business Continuity Plan and future service model developments.

9. A detailed communications plan will be initiated and going forward will explain the business continuity arrangements to the public and all other stakeholders, to engage them in future developments of the service.