

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/06</b>
<b>Meeting:</b>	<b>Interim Board</b>
<b>Date of Meeting:</b>	<b>8<sup>th</sup> April 2020</b>
<b>Purpose of Paper:</b>	<b>For Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Interim Director of GP Out of Hours Service</b>

## **GP OUT OF HOURS REDESIGN PROGRESS REPORT**

**April 2020**

### **1. INTRODUCTION**

In January 2020, the GPOOH service was escalated to level 4 by the Scottish government due to concerns about the sustainability of the service. In February 2020 the Board took a decision to implement a business continuity model, which consolidated the GP OOH centres onto fewer sites to ensure the immediate viability of the service. This was largely driven by a reduction in available GPs contributing to the service and a growing inability to regularly and routinely staff all centres. Business continuity arrangements are that there are 4 centres operating overnight located in the Victoria ACH, Stobhill ACH, RAH and Vale of Leven. With the exception of the Vale of Leven the same centres are open in evenings and weekends. It was acknowledged that the period of contingency required to create a stable service would be 12 to 18 months.

This paper details the early work and actions that have been put in place to stabilise and ensure the immediate viability of the service. It also details the work underway and early progress made towards the implementation a longer term sustainable model for NHS GGC.

### **2. IMPROVEMENT PLANNING**

The Board invited Sir Lewis Ritchie to support a review of the GPOOH service in July 2018. In December 2019 an initial assessment of the service highlighted a number of concerns and recommendations. This included the need to move to a business continuity model which was subsequently actioned as described above. Additionally there were a number of key themes which have formed the basis of the Boards improvement action planning and these are described more fully below and are summaries as:

- GP Engagement
- Workload
- Workforce Model and Capacity
- Leadership and Management Capacity

A GP Out-of-Hours Leadership Group chaired by the Turnaround Director was established and has responsibility for the implementation of the programme of work required to stabilise the service, address

immediate concerns which resulted in escalation to level 4, and to develop a longer term plan. The key themes identified have been developed into a full programme management approach.

## 2.1 GP ENGAGEMENT.

### Issues Noted

Concerns were raised related to engagement with the GPs including how service and environmental issues highlighted were being addressed. It was noted that relationships between those working in the service the management team at times were strained and communications poor.

Concerns about lone working have led to GPs feeling vulnerable and professionally isolated.

### Actions

- **Engagement:** Open meetings were held in January and February with GPs to hear concerns, secure engagement and involvement in the improvement planning, and to offer assurance that plans will be jointly developed and brought forward to address the issues and risks highlighted. There will be a series of further engagement sessions arranged throughout the year.
- **Development of Action Plan:** Based on the feedback from both Sir Lewis Ritchie and the local GPs at the January meeting, an Improvement plan was developed with initial timescales included for guidance.
- **GP engagement:** There has been considerable engagement with representatives from the LMC and GP sub-committee over the last few weeks. Representatives from both were included and involved in discussions that led to the delivery of the Business Continuity model following the February Board meeting.
- **GP Correspondence:** An individual letter was sent to all GPs to explain the move to the Business Continuity model and to seek their involvement in the development of a sustainable service model.
- **Environmental Issues:** Immediate environment related to access and facilities have been dealt with and regular communications have been established to ensure concerns and issues are identified quickly. Many GPs have subsequently responded to acknowledge a difference in approach.
- **Professional Isolation:** Lone working and professional isolation issues are being addressed as part of the workforce planning underway. The move to Business Continuity has removed this issue in the short term.

## 2.2 WORKLOAD

### Issues Noted

There has been a decline in the number of GPs electing to work in the services with a number of reasons highlighted for this including a national issue relating to limits on pensions and taxation, and increased demands on day time practice. The workload in day-time general practice has increased, contributing to fewer GPs who feel able to commit to working out of hours. There is also increasing workload and complexity in the out-of-hours service. There are high numbers of people walking in to centres adding to crowded waiting areas and increasing pressure on clinicians.

### Actions:

- **STOPPING “WALK INS”:** A detailed implementation plan had been developed and a number of actions were underway. However due to COVID 19, this plan was accelerated with walk ins ceasing in the middle of March. Appropriate support was put in place for reception staff to manage the change and communication to the public. Like many other changes during this COVID period this implementation met with little resistance.

Reducing walk in patients had been considered as a precursor to the implementation of an appointment based system. When the Board returns to business as usual, walk-ins will not be recommenced and the process to establish an appointment system will continue to implementation.

- **IMPLEMENTATION OF AN APPOINTMENTS SYSTEM:** A detailed implementation plan was developed to introduce an appointments system by 28<sup>th</sup> April 2020. Joint work is now well underway with NHS24 colleagues who are key to the successful implementation of the system.

Actions carried out to support the introduction of an appointments systems have included:

- A review of appointment systems in operation in other Health Boards was complete and used to inform the work being developed
  - A table top exercise was carried out with NHS24 colleagues on Monday 9<sup>th</sup> March to review data, develop options for an appointments model, and to understand the capacity required to deliver the system within NHS 24 and the GPOOH service.
  - Mapping of current IT systems has been carried out
  - The Aadastra testing environment has been updated to support the capture of key info including CHI, Appointments and Pharmacy Walk ins. Testing is now underway. When complete this will be rolled out in the live environment
  - Early planning and engagement in relation to the introduction of a referral management system is complete.
  - Rotas have been developed and aligned to support new appointment system.
- It is intended to establish the appointment system in April/May as the Out of Hours Service returns to 'normal' business.

Actions in advance of full implementation are as follows:-

- Engagement with HR to agree the required HR process
  - Operational policies and a script for NHS 24
  - Communications and engagement plan for GPs
- **ATTEND ANYWHERE:** A detailed implementation plan has been developed and there is work underway to support the introduction of 'Attend Anywhere' capability across sites. Work progressed to date includes:
    - Visits to Ayrshire and Arran have taken place and learning implemented into the design of the model.
    - GPs were contacted and 30 indicated an interest in participating in Attend Anywhere consultations
    - Equipment has been installed across all the sites
    - An initial meeting has taken place with Inverclyde's Clinical Director to scope opportunities to use as part of an Inverclyde GPOOH model going forward
    - A meeting with the Vale of Leven CSM/Lead Nurse to scope opportunities to implement as part of the Integrated Care model is under development

As part of the COVID-19 Business Continuity Plans, Attend Anywhere was rolled out to all GP practices across GGC with increasing use within hours and it is anticipated this will support the OoH roll out.

## 2.3 WORKFORCE MODEL AND CAPACITY

### Issues Noted

GGC have been dependent on a GP led service which has been difficult to sustain with the reduced numbers signing up to work for the service. GPs are not contractually obliged to participate in the GPOOH service and the ability to fill shifts has been further impacted by pension restrictions which have limited the sessional contributions of some GPs working in the service. Fewer GPs coupled with a reduction in the uptake of shifts for those working in the service is leading to increased lone working for clinicians causing professional isolation. Issues were raised around support, advice and managing workload. Unfilled shifts and an inability to safely staff all centres consistently has led to short term closures and short term movement of staff.

## Actions

There are 3 key areas of development related to addressing workforce issues which are currently being progressed. These related to

- a) Development of a workforce model to support the re-establishment of a sustainable core GPOOH service for GGC
  - b) Development of a bespoke model to expedite the re-establish services within the Vale of Leven in evenings and at weekends
  - c) Identification of a model to re-establish a local service for the Inverclyde population.
- **DEVELOPING A SUSTAINABLE GPOOH MODEL:** HR have identified a lead to work with the service to develop a longer term workforce model and plan. While this is being developed a number of tasks are being developed and progressed. These include:
    - **Recruitment:** A rolling recruitment programme for ANPs and salaried GPs is underway to increase capacity and service flexibility in line with modelling for Multi-disciplinary teams.
    - **Salaried GPs:** We have increased the number of salaried GPs by 3 since January and are working with recruitment colleagues to develop a national campaign to increase this number further
    - **Pay Equalisation:** A proposal has been agreed to ensure a new pay model for the centres operating as part of Business Continuity.
    - **ANP Development:** There is a plan developing to secure a Board wide approach to a training and recruitment programme for ANPs across Out of Hours; Primary care and in HSCPs for work in Care homes etc. A workforce plan for ANPs will be jointly developed. Work is progressing to establish the competencies required across all areas of work to increase the 'offer' to potential staff. HR have been approached and a designated lead has been appointed to support this work.
    - **Training and Development**
      - **Nursing:** As part of the ANP workforce plan, ANPs and interested Primary Care Nurse will be supported through training. There will be a continuous development programme established for ANPs across GGC by end June 2020.
      - **GPs:** Recruitment process is planned to secure Associate Clinical Directors by end April 2020. One of these will be assigned a lead role in learning and development for GPs.
    - **Establishing the Multi-disciplinary Models:** Work is underway to develop a MDT model for the service supported by HR. The plan developing is to have a lead clinician overseeing the totality of the service with ANPs, primary care nurses and AAHPs part of that team. Key actions to be agreed are noted as follows
      - Develop and agree a model MDT for each site.
      - Develop Attend Anywhere to include links into existing community based teams in the community, with Scottish Ambulance paramedics at the centre or into an ANP led service.
      - Workforce numbers and expectation will be established as the detailed plan emerges.
      - Expected timeline for the implementation of the model to be agreed
      - Develop and publish workforce plan in conjunction with Staff Side colleagues.
  - **DEVELOPMENT OF A BESPOKE MODEL FOR VALE OF LEVEN:** Work commenced in August 2019 to review and where appropriate improve access pathways for patients attending the Vale of Leven. This included access to the GPOOH service operated from Vale of Leven. Due to a move to Business Continuity and temporary suspension of services a number of actions were agreed to address the GPOOH issue as a priority while the longer term planning for all front door services continues. Actions progressed and agreed to date include:
    - Sub group Established and has met for the first time with a series of actions agreed
    - Follow up meeting with the Lead ICGP from the Vale has taken place.
    - A proposal from the ICGPs has been drafted and considered by the GPOOH Leadership Group. Further more detailed work will resume when the service returns to normal business.
    - West Dunbartonshire HSCP colleagues have contacted local GPs to invite them to present any alternative model and that will resume when we return to normal business.
    - West Dunbartonshire HSCP colleagues are preparing a paper describing the West Dun intermediate care model including any options to extend overnight
  - **IDENTIFICATION OF A LOCAL MODEL FOR INVERCLYDE:**

- Initial meeting took place on Wed 11<sup>th</sup> March 2019 between managers from GPOOH team, Inverclyde HSCP colleagues and the Local GP Clinical Director
- Agreement reached to initially pursue any opportunities to establish weekend cover from local GPs
- Further meeting planned to develop the options for a longer term bespoke model for Inverclyde considering the opportunities afforded by Attend Anywhere

## 2.4 LEADERSHIP AND MANAGEMENT CAPACITY

### Issues Noted:

Leadership of the service and management capacity were a key area of concern highlighted as part of the review. In addition to noted capacity issues, there were concerns about governance, engagement and general leadership of the service.

### Actions Progressed:

- **Management Capacity:** A standing IJB Chief Officer has been seconded to the service on a full time basis to lead the service re-design work and to establish appropriate governance and engagement
- **Clinical Leadership:** GP clinical lead was engaged in January
- **Governance:** A review of governance process is underway with a view to better linking these into existing GGC governance routes.
- **Organisational Development:** OD plan is being developed.
- **Stakeholder Engagement:** Regular senior meetings with wider stakeholders including LMC, SAS and NHS 24 were established in Jan 2020
- **Management Arrangements:** Management arrangements will be reviewed to ensure the infrastructure is in place to develop and lead the service going forward.

## 2.5 PERFORMANCE MONITORING

In addition to the work progressing to address the issues highlighted by Sir Lewis Ritchie , GPs and the LMC a performance framework for the service is being developed.

The Management team have reviewed and will use the Lanarkshire reporting format as an example of good practice. The draft framework will include quantitative standard performance measures as well as qualitative measures and this will be introduced shortly as a test of change. There will be thorough engagement as part of the clinical governance arrangements to ensure it is embedded in the service and wider Board reporting arrangements.

## 3. SUMMARY

This paper has summarised areas of concern highlighted in relation to the GPOOH service and detailed work that has subsequently taken place over the last 3 months to start to address these. This has involved implementing Business Continuity measures to stabilise the service in the short term to allow time for the operational team to focus on taking forward the agreed improvement actions.

The new service Director and GP Clinical Lead have established of a number of workstreams and have overseen the development of initial implementation plans which will support the short term focused work and longer term planning and service development required to deliver a MDT service model. Much of this is complete.

Work is in progress and will be available at the next Board meeting to complete the Equality Impact assessment and to describe “What does good look like” a qualitative perspective on the performance of the Out of Hours Service.

It is still intended that progress is made in key areas e.g. the appointment system, throughout the COVID – 19 period.

BOARD OFFICIAL

Susan Manion, Service Director  
Jacqui McGeough, Head of Planning

April 2020