

<b>NHS Greater Glasgow &amp; Clyde</b>	<b>Paper No. 20/26</b>
<b>Meeting:</b>	<b>Interim Board</b>
<b>Date of Meeting:</b>	<b>2<sup>nd</sup> June 2020</b>
<b>Purpose of Paper:</b>	<b>Noting</b>
<b>Classification:</b>	<b>Board Official</b>
<b>Sponsoring Director:</b>	<b>Susan Manion and Dr Kerri Neylon</b>

### **Paper Title**

#### **NHS GGC GP Out of Hours service resilience and re-design**

At its meeting on the 25th February, the Board agreed to consolidate the GP Out of Hours service onto 4 sites to ensure the safety and resilience of the service. The Board also asked that there be regular updates on progress.

### **Recommendation**

The Board are being asked to note the progress towards the delivery of a sustainable service for GP OOHs and also note a number of the challenges in relation to the delivery of the business continuity model during the COVID period.

### **Purpose of Paper**

Update the Board on progress in relation to the provision of GP OOH services.

### **Key Issues to be considered**

Progress in relation to agreed actions has been positive, the paper highlights the continuing issues in relation to service delivery and the work being taken forward to engage with the wider GP community.

### **Any Patient Safety /Patient Experience Issues**

Patient safety and experience have been central to the actions taken to address the sustainability and re-design of the service.

**Any Financial Implications from this Paper**

Actions are taken in the context of the existing financial envelope.

**Any Staffing Implications from this Paper**

Staff Governance arrangements are in place for the service.

**Any Equality Implications from this Paper**

EQIA approved

**Any Health Inequalities Implications from this Paper**

N/A

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

There is a Risk Register for the Escalation Delivery Programme and the GP Out-of-Hours service is included in the Board's corporate risk register

**Highlight the Corporate Plan priorities to which your paper relates**

Ensuring a safe and resilient service

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**Date** 2<sup>nd</sup> June 2020

## **NHS GGC GP Out of Hours Service Resilience**

### **Situation**

At the Board meeting of 25<sup>th</sup> February 2020 it was agreed in response to a number of challenges around safety and resilience that the GP OOH service was entered into Business continuity arrangements.

A number of themes and urgent issues had emerged that required attention and service transformation, with the expectation of a programme of work over the following 18- 24 months.

To support this work, it was agreed that the service be consolidated with patient care being delivered from three sites in the evenings and weekends and four sites overnight. This was supported by the Scottish Government appointed Turnaround Director.

### **Background**

Issues affecting the GP OOH service were articulated in a letter from Sir Lewis Ritchie to the Board Chair at the end of 2019. This reflected concerns from those working within the service and three main themes were identified; GP engagement, workload and workforce. There was a recognition of a variety of issues of concern which resulted in fewer GPs working within the service and, therefore, intermittent temporary suspensions of services at certain sites. Throughout the whole period the service has always offered a Home Visiting service across the Board.

The Board paper outlined a number of key actions which were agreed:

- Implementation of an appointment system for patients
- Implementation of Attend Anywhere video consultations
- Recruitment of salaried GPs, Advanced Nurse Practitioners and other health professionals
- GP engagement
- Communications plan
- The full continuation of the Home visiting service and Patient Transport service, across the Health Board
- Commitment to delivery of Out of Hours services for both the Vale of Leven and Inverclyde populations.

In addition an EQIA was undertaken and agreed at the Board meeting of 5<sup>th</sup> May 2020. Work is ongoing to develop a revised dataset and performance framework to ensure progress can be adequately monitored.

## **Impacts of COVID-19**

As with all services across the NHS Board, the COVID -19 pandemic has impacted on the GP OOH service. There was a successful development of the Community pathway used the GP OOH infrastructure and staff, and many of the GPs who would usually work in the GP OOH service chose to work daytime shifts in the Community pathway. This impacted on the numbers of sites were able to open safely. However, the demand on the service was significantly reduced. The telephone triage hub has managed a significant volume of calls and the 7 community assessment centres across the Board area have seen collaborative working with our HSCP colleagues and successful cohorting of patients with suspected COVID-19.

The COVID-19 response resulted in some short delays in the timescales for the implementation of work in the GP OOH service. However, there has been significant learning from the development of the pathway which has influenced the thoughts around the future model of delivery of Urgent care in the Out of Hours period.

COVID-19 has resulted in a need to re-consider all ways of working in order to protect our staff and patients and prioritise infection control. We can no longer have waiting areas filled with patients and their families as there is significant risk of viral spread. There is an understanding that unscheduled care must now move to a more scheduled process.

In hours general practice has moved to a model of telephone and video consulting with patients only attending a GP Practice for a face to face contact where this is absolutely necessary and will influence clinical management.

## **UPDATES**

- **Workload**

### **Walk in patients**

This practice was stopped at the beginning of the COVID-19 response in order to protect staff and other patients. This is a permanent position for the service. Patients attending are asked to contact NHS24 for triage.

- **Appointment system**

An appointment system in all Primary Care sites is going live on Monday 1<sup>st</sup> June 2020. This has taken significant work from the GP OOH team and has been developed following a comparison of models in other Health Boards.

Analysis was undertaken with NHS24 to consider numbers, outcomes and timings of calls being transferred from NHS24 to the GP OOH service.

The launch of the appointment system was supported by a communications plan for the public to ensure a clarity of message to call NHS24 first.

- **Attend Anywhere**

The software and equipment for Attend Anywhere video consultations has been installed across all Primary care sites and in Caledonia House. This service will “go live” on 15<sup>th</sup> June to enable increasing direct access to a GP in the OOH service and again reduce footfall in our Primary care sites.

- **New model of care**

Work is underway to develop a new model of care in response to COVID-19. Calls coming from NHS24 will now have a GP telephone consultation initially. Evidence from other Boards shows that this can reduce the requirement for a face to face consultation by 50-70%. It is anticipated that this will be further impacted by the use of Attend Anywhere. Those patients who require to be seen will then be given an appointment for a Primary Care site (or a Home Visit), thus, protecting staff and patients, and in many cases be more efficient for patients.

- **GP Engagement**

Prior to COVID-19 a number of engagement events had taken place with the GPs who work in the service. Issues were raised and work has been carried out to address these issues.

- **Lone working**

The move to consolidate sites has addressed the issues of lone working. Clinicians are no longer working in isolation which has been welcomed by the GP community.

- **Environmental issues**

Working with Estates and Facilities we have improved environmental issues in all sites, ensuring support and rest areas are available and investing in technology upgrades where required.

- **GP Pay**

Pay equalisation was agreed and implemented from 1<sup>st</sup> April 2020 to ensure fairness, stability and clarity

- **Engagement**

Multiple letters describing the changes in the service have been sent out to the GP community (all GPs on the Performers List of NHSGGC). There have also been communications and links with all our staff.

A webinar was carried out to discuss the implementation of the appointment system, with over 60 attendees.

Further consideration is being given to ongoing engagement with the wider GP community and the best ways to receive feedback.

There has also been ongoing engagement with the LMC/ GP Subcommittee, Clinical Directors and Chief Officers from each of the 6 HSCPs.

Newsletters will be reintroduced as part of the URGENT CARE branding for the service.

- **Vale of Leven and Inverclyde**

Work has occurred in both of these areas to consider the possibilities of future models of service. This has been carried out alongside the HSCP Chief Officers and Clinical Directors in both these areas. Letters have been sent to local GPs requesting feedback and ideas for re-establishment of service and further work is ongoing at present.

## **Workforce**

### **Workforce plan**

A formal workforce plan will be completed during June which will set out the route for delivery of a multi-disciplinary team model for delivery of care. The workforce model will, however, require to be tailored to the new service model which will be developed over the next few months.

### **GP Recruitment**

There have been further adverts for GPs with some interest. In addition the Scottish Government released a standardised contract for 1 year to support GPs. This provided an opportunity to review all ways GPs are engaged to work with the GP OOH service and we have since written to them to make further offers of employment.

### **Nurse Recruitment**

ANP posts have been advertised with interviews taking place on 29<sup>th</sup> May. In addition we have employed a number of Nurse Prescribers and Health Care Assistants in order to provide appropriate skill mix in the Primary Care sites.

### **AHP recruitment**

Work is ongoing to consider the use of other professions working in the service. Specifically we are engaging with SAS to bring advanced paramedics into the service.

### **Management arrangements**

Operational management structures have been reviewed and we are building capacity to provide more support to front line delivery.

Clinical leadership will be strengthened with the introduction of 2 Associate Clinical Director posts with a focus on learning, development and quality improvement

Additional support from the Primary Care Nursing team is available and they are sharing learning from the COVID-19 community pathway to consider improvements in patient pathways.

## **ASSESSMENT**

Currently there are still challenges with the numbers of GPs working shifts in the service. However it is hoped that this will change with the introduction of the

appointment system and new models of working alongside all the other issues having been addressed.

It will take time to see the effects of changes made to manage workload and the rebranding of the service. In the short term we have been engaging with the HSCPs to consider actions across the system to increase engagement in the service from the wider GP community. Currently only around 44% of the 600 GPs signed up to the GP OOH service undertake regular shifts. In other Boards historically they have a structure with many more salaried GPs and ANPs and this is ultimately our aim.

We have made significant improvements within the service and the advantages of working within the new Urgent Care model from June will provide our colleagues support across the service, a framework to manage workload with the appointment system and technology to deliver an improved and more responsive service for patients. (see Appendix 1)

## **RECOMMENDATIONS**

The Board are asked to:

- Note the challenges in relation to the consolidation on three sites and the actions that are being taken to encourage further engagement from GPs
- Note the progress through the escalation delivery arrangements to deliver a sustainable service in line with the agreed business continuity model

Appendix 1

