

NHS Greater Glasgow and Clyde	Paper No. 25/85
Meeting:	NHS Greater Glasgow and Clyde Board
Meeting Date:	24 June 2025
Title:	GP Out of Hours Service – One Year Impact Report
Sponsoring Director/Manager:	Carron O’Byrne, Interim Chief Officer, Renfrewshire Health and Social Care Partnership Fraser McJannett, Director of Primary Care / GP Out of Hours Service Sandra Bustillo, Director of Communications and Public Engagement
Report Author:	Raylene McLaggan, Clinical Service Manager, GP Out of Hours Service Daniel Connelly, Deputy Director, Public Engagement

1. Purpose

The purpose of the attached paper is to:

Provide NHS Greater Glasgow and Clyde Board with an impact report on GP OOH service following the decision of NHS GGC Board to move to a revised permanent model for the service in April 2024. This paper provides a summary of the commitments the service made as part of that April 2024 submission as well as wider narrative on impact and performance of service.

2. Executive Summary

The GP OOH service provides urgent care to patients out with regular GP surgery opening hours and is designed to manage non-life-threatening medical issues that require urgent attention outside ordinary working hours, such as evenings, weekends and Public Holidays.

In April 2024, the Board approved a proposal to move the GP OOH service from business continuity arrangements to a permanent model, based on a telephone first approach, supported by home visiting centralised at Caledonia House, and access to one of five PCEC for those who need to be seen face-to-face. The five PCEC are now based at RAH, VIC, STO, Vale of Leven Hospital and IRH (weekend only). As part of this decision it was decided that a GP OOH PCEC service would be provided at IRH on a Sunday daytime, in addition to pre-existing Saturday service.

BOARD OFFICIAL

Extensive work has been undertaken to deliver the Board's decision to move to permanent model for GP OOH. During this time, a high quality, patient focussed service has continued to be provided to the residents of NHS Greater Glasgow and Clyde.

In 2024/25 there were 163,281 clinical interactions; of which 77,043 were telephone advice (47.2%), 14,215 (8.7%) were home visits, and 72,023 (44.1%) were face to face patient consultations at the PCECs. This is equivalent to an average of 3140 patient contacts per week or 447 contacts per day.

The Patient Experience and Public Involvement Team have undertaken extensive work within the service which is set out in appendix 1 to the paper. In March 2025, 848 patients provided feedback on the service, with 91% reporting their needs were met and 86% rating their care as good or excellent. 90% of patients reported that they were listened to and were given enough time and 90% of patients reported that they were treated with compassion and understanding. 71% of patients were given the opportunity to involve the people who matter to them, which is an area for possible improvement.

The move to permanent model has resulted in fewer unplanned closures of PCECs. In a bid to maximise access, the service continues to provide a significantly enhanced transportation service to all patients and carers, particularly when compared to daytime primary care services and neighbouring board GP OOH services. The service has robust clinical governance arrangements and there was a 35% reduction in formal patient complaints in 2024/25 compared to 2023/24.

The decision to move to this permanent model has provided greater consistency, stability and resilience and enables the service to meaningfully engage and plan with its stakeholders, including contribution to GGC wide led reforms as well as working closely with external partners such as NHS 24 and the Scottish Ambulance Service.

There are a number of key priorities for the service for the forthcoming year, as follows:

1. Close out remaining April 2024 commitments:

- a) Home Visiting Services continue to be reviewed in relation to quality improvement with a focus on reducing waiting times and ensuring timely and appropriate visits are carried out. This will be progressed alongside our telephone first approach.
- b) Telephone First approach will be further explored with an ongoing view of quality improvement. As part of this, we will be specifically reviewing our pathway for patients triaged as 1 or 2 hour appointment to provide them with telephone appointment / advice rather than automatic booking.
- c) Professional to Professional support will be an ongoing area of development within the service to consider patient pathways to increase support to manage people in their homes and reduce the need to convey to either PCECs or acute sites.

2. Organisational Change: The GP OOH management team looks forward to continuing to work in partnership to progress and complete this work.
3. Reform and renewal: The service will be contributing to Board wide strategic priorities including GGC Way Forward, Reform25 and the Primary Care Strategy.

3. Recommendations

The Board is asked to consider the following recommendations:

- Note the positive patient feedback through the structured patient experience work, which will be repeated in 2025/26.
- Note the improvement in the reduction of GP OOH site closures, as well as the provision of patient transport service, robust clinical governance arrangements, and initiation of organisational change (see main paper for more detail)
- Note the progress and further action required to fulfil all service commitments from the April 2024 Board paper (see main paper for more detail) as well as other key priorities for 2025/26 (as above).

4. Response Required

This paper is presented for Assurance

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows: *(Provide a high-level assessment of whether the paper increases the likelihood of these being achieved.)*

- | | |
|------------------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Positive</u> impact |
| Environment | <u>Positive</u> impact |

6. Engagement & Communications

This paper has been written by service leads but on CMT approval we would wish to circulate to the GP OOH Staff Partnership group, that meets on a monthly basis.

7. Governance Route

BOARD OFFICIAL

Corporate Management Team
FP&P

8. Date Prepared & Issued

Paper prepared on: 16 June 2025

Paper issued on: 16 June 2025

NHS Greater Glasgow and Clyde	Paper 25/85
Meeting:	NHS Greater Glasgow and Clyde Board
Meeting Date:	24 June 2025
Title:	GP Out of Hours Service – One Year Impact Report
Sponsoring Director/Manager:	Carron O’Byrne, Interim Chief Officer, Renfrewshire Health and Social Care Partnership Fraser McJannett, Director of Primary Care / GP Out of Hours Service Sandra Bustillo, Director of Communications and Public Engagement
Report Author:	Raylene McLaggan, Clinical Service Manager, GP Out of Hours Service Daniel Connelly, Deputy Director, Public Engagement

1. Introduction

In April 2024 the NHS GGC Board approved a recommendation from the service to move from temporary service arrangements to a permanent model of care. As part of this decision, the Board requested that the service provide a one year report on OOH arrangements.

This paper provides the Board with a report on recent patient evaluation of the service, progress made against last April’s commitments as well as wider commentary on the impact of the GP OOH service.

2. Background

The GP OOH service provides urgent care to patients out with regular GP surgery opening hours and is designed to manage non-life-threatening medical issues that require urgent attention outside ordinary working hours, such as evenings, weekends and Public Holidays.

Previously, there were significant challenges within the service including inability to sustain and staff all Primary Care Emergency Centres. A thorough independent review of the service was undertaken by Professor Sir Lewis Ritchie in 2019. Following on from this, in February 2020 - in order to secure immediate service stability - the service was placed into business continuity arrangements. These arrangements were one of the factors that contributed to NHS GGC being escalated to stage 4 on the NHS Scotland Board Performance Escalation Framework.

The decision to move to business continuity arrangements resulted in a full out of hours service (evenings / overnight / weekend / public holiday) being provided at four Primary Care Emergency Centres (PCEC); Royal Alexandra Hospital (RAH), New Victoria ACH (VIC), Stobhill (STO) ACH, Vale of Leven (VoL) and a Saturday daytime service being provided at the Inverclyde Royal Hospital (IRH). The GP OOH at IRH was co-located with the site's Emergency Department and the Board wide home visiting service was centralised to Caledonia House. Patient Transport Service (PTS) was maintained to ensure patients had access to PCECs if required.

The sites at Easterhouse Health Centre, Gartnavel General Hospital and Queen Elizabeth University Hospital were closed. Inverclyde Royal Hospital was to provide a Saturday service.

During the business continuity period, GP OOH service was placed under Renfrewshire HSCP on an interim basis and continues to do so.

In April 2024, the Board approved a proposal to move the GP OOH service from business continuity arrangements to a permanent model, based on a telephone first approach, supported by home visiting centralised at Caledonia House, and access to one of five PCEC for those who need to be seen face-to-face. The five PCEC are now based at RAH, VIC, STO, Vale of Leven Hospital and IRH (weekend only). As part of this decision it was decided that a GP OOH PCEC service would be provided at IRH on a Sunday daytime, in addition to pre-existing Saturday service.

An extensive engagement process was undertaken to inform the Board's decision. This process was independently assured by Healthcare Improvement Scotland and described as 'open, robust and transparent'.

3. Assessment

The service is providing a sustainable, high quality, safely staffed appointment-based GP OOH service, with high patient satisfaction. The move to permanent model has resulted in fewer unplanned closures of PCECs. In a bid to maximise access, the service continues to provide a significantly enhanced transportation service to all patients and carers, particularly when compared to daytime primary care services and neighbouring board GP OOH services. The service has robust clinical governance arrangements and there was a 35% reduction in formal patient complaints in 2024/25 compared to 2023/24.

In 2024/25 there were 163,281 clinical interactions; of which 77,043 were telephone advice (47.2%), 14,215 (8.7%) were home visits, and 72,023 (44.1%) were face to face patient consultations at the PCECs. This is equivalent to an average of 3140 patient contacts per week or 447 contacts per day. Table 1 provides a breakdown of the face to face consultations per PCEC site across the most recent three financial years.

Table 1: GP OOH episodes of care over the last 3 financial years

	2022 / 23 (*Part year figures)	2023 / 24	2024 / 25
Total episodes of care	130,564	183,640	163,281
Telephone Advice	65,238 (50.0%)	92,623 (50.4%)	77,043 (47.2%)
Home Visits	11,392 (8.7%)	15,825 (8.6%)	14,215 (8.7%)
Face to face consultations (Total)	53,934 (41.3%)	75,192 (40.9%)	72,023 (44.1%)
PCEC Site Activity Patient Numbers and % of overall PCEC**	53,934	75,192	72,023
Inverclyde Royal Hospital	604 (1.1%)	843 (1.1%)	1,297* (1.8%)
New Stobhill Hospital	16,892 (31.3%)	24,202 (32.2%)	23,587 (32.8%)
New Victoria Hospital	19,093 (35.4%)	24,039 (32.0%)	22,961 (31.9%)
Royal Alexandria Hospital	11,569 (21.5%)	18,037 (24.0%)	17,147 (23.8%)
Vale of Leven Hospital	5,776 (10.7%)	8,071 (10.7%)	7,031 (9.8%)

* To contextualise the lower 2022/23 figures, a national cyber-attack took place on 4th August 2022 which affected the IT system (Adastra) utilised by the GP Out of Hours (OOHs) service. The system was not in full operation until February 2023. This was a UK wide problem. During this period information was collected on paper and emails. However this was limited to basic demographics and information, and did not include the full extent of data that would normally have been recorded on Adastra and can be seen in the overall reduction in activity reported.

** PCEC site activity figures are the total number of consultations per site, irrespective of patients' residence..

There is currently no national performance indicators for GP OOH services but work is underway to address this through Scottish Government, Public Health Scotland and all territorial Health Boards. We anticipate progress will be made on this in the current year and this will enable more meaningful information sharing and benchmarking across Boards.

The Patient Experience and Public Involvement Team have undertaken extensive work within the service which is set out in appendix 1. In March 2025, 848 patients provided feedback on the service, with 91% reporting their needs were met and 86% rating their care as good or excellent. 90% of patients reported that they were listened to and were given enough time and 90% of patients reported that they were treated with compassion and understanding. 71% of patients were given the opportunity to involve the people who matter to them, which is an area for possible improvement.

BOARD OFFICIAL

Whilst patients from the Inverclyde area reported highest satisfaction with the service (92%), the number of patients who responded from this area was lower than anticipated. In June 2025, the Patient Experience and Public Involvement Team are therefore undertaking an additional evaluation of Inverclyde residents' experience of the service. The Board will be updated on these findings verbally at the Board meeting itself and the full exercise will be completed again in 2025/26.

More generally, The Social Media team have reached 156,000 people with messages around the GP OOH service, and 4000 physical leaflets were circulated across GP surgeries, health centres and pharmacies in the Inverclyde area.

April 2024 Service Commitments

To inform the Board's decision in April 2024, the service made a number a number of commitments to the Board. The undernoted provides a summary of the action undertaken against these commitments.

1. Expansion of service within Inverclyde to deliver a service on Saturdays, Sundays and Public Holidays from 10am – 4pm.

Fully implemented from 2nd June 2024. In 2024/25 1297 patients were assessed at Inverclyde Royal Hospital and there were no site closures. The OOH service look forward to continuing to work with the Inverclyde community, partners and staff, to maximise the quality and impact of service in the area.

2. Focus on public awareness with the development of a comprehensive awareness campaign on the GPOOH service and its role within the wider unscheduled care service.

Fully implemented. See accompanying report for more detail on engagement activity. There has been significant effort to increase staff and public awareness of GP OOH service and the ways in which contributes to wider unscheduled care pathways. There has also been specific promotion of the Patient Transport Service TS to maximise patient awareness of this aspect of the service. There has been communications about the way the service operates, specifically the planned appointment nature of service rather than previous walk-in approach. Public awareness campaigns will continue within service and as part of wider Board communications on accessing appropriate services.

3. Patient Transport Service is now offered to every patient who is being given an appointment at a PCEC.

Fully implemented. Patient transport is offered to every patient who cannot otherwise reach a PCEC. There were 5406 patient journeys in 2024/25, a marginal reduction to the 5428 in the preceding year. Regular audits are carried out to ensure patient transport is offered to patients. A range of vehicles and support is required to deliver PTS including cars and minibuses which include sitting and wheelchair accessibility. PTS uses a combination of traditional vehicles and modern electrical fleet, which have a direct effect on reducing harm to human health that air pollutant particulates from petrol and diesel vehicles contribute to.

4. Home visiting services continue to be reviewed in relation to quality improvement with a focus on reducing waiting times and ensuring timely and appropriate visits are

BOARD OFFICIAL

carried out.

Monitoring of the home visiting performance and activity continues. The introduction of the clinician home visiting advisor role provides a further telephone clinical assessment in the first instance to ensure patients referred for a home visit by NHS 24 are seen in the right place. This has resulted in greater efficiency in our Home visiting performance with a large percentage of these calls dealt with by telephone rather than a home visit being performed. There have been no adverse incidents reported from this new pathway.

5. Telephone first approach will be further explored with an ongoing view of quality improvement.

Telephone first approach is an ongoing development within the service. The service plans to expand on providing a clinical telephone first approach for patients that are referred from NHS 24 based on the 1 hour and 2 hour clinical priority. This area of work is in line with other OOHs Boards across Scotland. Current weekly figures show around 48-50% patient contacts are managed by telephone or video consultations.

6. Professional to Professional support will be an ongoing area of development within the service to consider patient pathways to increase support to manage people in their homes and reduce the need to convey to either PCECs or acute sites.

In 2024/25 3.39% of all clinical activity originated through the Professional to Professional route. In 2024/25 the professional to professional service has increased to include Scottish Ambulance Service, Public Health and Midwifery. Recently this has been expanded to include community pharmacy at the weekends.

7. Commitment to provide biannual updates to the Finance, Performance and Planning Committee, ensuring appropriate ongoing oversight of this key service

In 2024/25 weekly activity information was shared with the Senior Executive Group meeting and the service presented this paper to the Finance, Performance and Planning Committee on 10 June.

Site Closures

PCEC closures will always be option of last resort owing to the impact on patients, communities, staff and service. There has been a reduction of site closures from 38 in 2023/24 to 9 in 2024/25 and this year's figure reflects <1% of total site closures compared to 2019/20 when the independent review was undertaken. This marks significant progress and the service looks to sustain and improve on this.

Table 2: Annual Comparison of Site Closures

Year	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019/20	51	72	76	64	66	67	70	94	155	126	132	225	1198
2023/24	5	10	5	9	3	1	1	1	0	1	2	0	38
2024/25	1	0	1	2	0	0	1	0	4	0	0	0	9

BOARD OFFICIAL

2024/25 detail	Sto		Vic	Vic & Sto			Vic		Vic Sto & RAH				
-------------------	-----	--	-----	-----------------	--	--	-----	--	---------------------	--	--	--	--

Inverclyde Patient Access and Activity

A common theme in the April 2024 engagement exercise was patient access to GP OOH service, particularly for patients who reside in the Inverclyde area.

In May 2021, a GP OOH service (adjacent to the Emergency Department) was initiated at Inverclyde Royal Hospital (IRH) on Saturday mornings and public holidays. Following Board approval of the GP OOH paper in April 2024, this service was extended to include Sunday daytime service. The Sunday service commenced on 2 June 2024 and 433 patients were seen for remainder of the year (average 10 per day). There were no closures of the GP OOH PCEC at IRH throughout 2024/25.

The undernoted table provides a summary of ways in which Inverclyde resident patients accessed the GP OOH service throughout 2024/25. 79.1% of all clinical interactions were undertaken within Inverclyde itself, either through virtual appointments, home visits or patients accessing PCEC at IRH. The majority of patients that accessed the service did so through their own means of transport, but PTS was available to all patients who required it.

Table 3: GP OOH activity for Inverclyde resident patients

	Clinical Activity					Transportation	
Month	Total Activity	Virtual Consultation	Home Visit	IRH PCEC*	Non IRH PCEC	Independent Travel	PTS Travel
Apr-24	613	293	75	71	174	218	27
May-24	734	397	67	139	131	250	20
Jun-24	613	321	72	89	131	194	26
Jul-24	575	297	73	85	120	174	31
Aug-24	586	310	85	71	120	168	23
Sep-24	646	316	87	126	117	217	26
Oct-24	528	258	70	77	123	179	21
Nov-24	574	281	83	83	127	199	11
Dec-24	760	365	99	138	158	272	24
Jan-25	765	324	125	165	151	290	26
Feb-25	520	224	89	96	111	183	24
Mar-25	599	271	88	139	101	220	20
Total	7531	3657 (48.5%)	1013 (13.4%)	1279* (17.2%)	1564 (20.8%)	2564 (90.1%)	279 (9.8%)

* IRH PCEC activity (1279) reflects all patients from Inverclyde who were seen in IRH PCEC whereas table 1 (1297) is inclusive all PCEC activity, irrespective of patient residence / referring location.

Patient Transport Service

Where it is determined a face to face appointment is required, patients will be asked if they have means of transport to access the service. PTS will be provided to all patients requiring transport to and from the PCEC if they have no other means of transport. This service was extended during the Business Continuity period to widen the criteria for those able to access patient transport and allow for the transport of a carer to support the patient where required. This represents a significantly enhanced service compared to day time primary care services and other GP OOH services across Scotland in which patients transport is provided on an ad hoc basis and typically for a narrower group of patients.

GP OOH service is designed to manage non-life-threatening medical issues that require urgent attention outside daytime GP hours. The service will contact 999 if a patient's clinical response requires an immediate response.

In 2024/25 GP OOH provided transport to 5406 patients, a marginal reduction from 5428 the preceding year. 72.6% of patients arrived at the PCEC centre prior to their scheduled appointment time. Peaks in demand and complex patients are factors that have an onward impact on service response time.

Table 4 provides a summary of PTS performance per HSCP area. PTS performance ranges from 65.4% in West Dunbartonshire to 77.3% in Renfrewshire. Of the 1479 patients conveyed after their appointment time the average delay was 7 minutes 14 seconds, with times ranging from 4 minutes in East Dunbartonshire to 8 minutes in Inverclyde and West Dunbartonshire. A full breakdown of this information is included in table 4. All patients who required PTS received it, and were subsequently seen in the PCEC. Whilst no clinical incidents or concerns have been raised around PTS responsiveness, the service will undertake a fuller review of the PTS data to consider additional actions that can be undertaken to improve PTS performance.

Table 4: Patient Transport Service Performance

Patient HSCP Area	Total PTS Journeys	Patients that arrived prior to appointment time		Patients that arrived <i>after</i> appointment time		
		Number	%	Number	%	Median arrival time post appt time
Cross Border	263	186	70.7%	77	29.3%	00:06:14
East Dunbartonshire	191	138	72.3%	53	27.7%	00:04:07
East Renfrewshire HSCP	159	118	74.2%	41	25.8%	00:05:50
Glasgow City	3526	2591	73.5%	935	26.5%	00:06:53

BOARD OFFICIAL

Inverclyde	279	190	68.1%	89	31.9%	00:08:29
Renfrewshire	488	377	77.3%	111	22.7%	00:07:24
West Dunbartonshire	500	327	65.4%	173	34.6%	00:08:45
Total	5406	3927	72.6%	1479	27.4%	00:07:14

Table 5: Summary of patients that arrived *after* PCEC appointment time

HSCP	0-10 mins	10-20 mins	20-30 mins	30 mins to 1hr	1 to 2hrs	2 to 3hrs	Grand Total
Cross Border	50	18	8	1	0	0	77
East Dunbartonshire HSCP	40	10	2	1	0	0	53
East Renfrewshire	23	8	8	2	0	0	41
Glasgow City	595	205	71	55	8	1	935
Inverclyde	55	16	11	6	1	0	89
Renfrewshire	66	27	6	9	2	1	111
West Dunbartonshire	95	38	22	16	1	1	173
Grand Total	924	322	128	90	12	3	1479

Clinical Governance

GP OOH clinical governance has been enhanced over the course of 2024/25. There is a robust process for ensuring that learning from adverse events and near misses are shared with all staff in the service. Learning from adverse events informs our structured programme of education for staff. These sessions are outcome focussed, monitored and evaluated. Over the course of 2024/25, SAER training has been provided to all identified staff. We have also focussed on enhancing relationship and communication with NHS24 and SAS partners to maximise reporting of any incidents or issues and to ensure that all incidents are promptly investigated, including those that cut across organisational boundaries.

There was one Serious Adverse Event Review commissioned in January 2024 in relation to a patient who rapidly deteriorated shortly after attending the PCEC. This SAER is expected to conclude in July.

The service leadership encourage reporting of incidents on Datix to ensure that we are maximising clinical governance and onward learning. In 2024/25 there were 84 incidents recorded on Datix, compared to 70 incidents the preceding year.

There were 25 complaints received in 2024/25 (38 in 2023/24) which is equivalent to 0.01% of all patient contact. Of these 25 complaints, 23% were recoded as partly upheld or upheld.

All identified learning from complaints are logged, discussed with staff, and monitored for improvement, including any learning from complaints that are not upheld or patient satisfied.

Organisational Change

BOARD OFFICIAL

The scale and nature of changes meant that the service, working in partnership, moved to Organisational Change on 12 August 2024. Service leads continue to work with staff side partners to progress this organisational change and we expect this process to be concluded in 2025.

2025/26 Priorities

There are a number of key priorities for the service for the forthcoming year. These are as follows:

1. Close out remaining April 2024 commitments:
 - a) Home Visiting Services continue to be reviewed in relation to quality improvement with a focus on reducing waiting times and ensuring timely and appropriate visits are carried out. This will be progressed alongside our telephone first approach.
 - b) Telephone First approach will be further explored with an ongoing view of quality improvement. As part of this, we will be specifically reviewing our pathway for patients triaged as 1 or 2 hour appointment to provide them with telephone appointment / advice rather than automatic booking.
 - c) Professional to Professional support will be an ongoing area of development within the service to consider patient pathways to increase support to manage people in their homes and reduce the need to convey to either PCECs or acute sites.
2. Organisational Change: The GP OOH management team looks forward to continuing to work in partnership to progress and complete this work.
3. Reform and renewal: The service will be contributing to Board wide strategic priorities including GGC Way Forward, Reform25 and the Primary Care Strategy.

4. Conclusions

Extensive work has been undertaken to deliver the Board's decision to move to permanent model for GP OOH. During this time a high quality, patient focussed service has continued to be provided to the residents of NHS Greater Glasgow and Clyde.

There has continued to be extensive engagement with the public on this service and public satisfaction remains high. There has been a reduction in the number of complaints to the service. An enhanced Patient Transport Service supports patients and carers attend PCEC when they otherwise couldn't attend. Enhancements have been made to pre-existing clinical governance arrangements and organisational change is being progressed.

The decision to move to this permanent model has provided greater consistency, stability and resilience and enables the service to meaningfully engage and plan with

its stakeholders, including contribution to GGC wide led reforms as well as working closely with external partners such as NHS 24 and the Scottish Ambulance Service.

5. Recommendations

The NHSGGC Board is asked to consider the following recommendations:

- Note the positive patient feedback through the structured patient experience work, which will be repeated in 2025/26.
- Note the improvement in the reduction of GP OOH site closures, as well as the provision of patient transport service, robust clinical governance arrangements, and initiation of organisational change (see main paper for more detail)
- Note the progress and further action required to fulfil all service commitments from the April 2024 Board paper (see main paper for more detail) as well as other key priorities for 2025/26 (as above).

6. Implementation

Progress and impact will continue to report to HSCP Chief Officers, Corporate Management Team, Finance, Performance and Planning Committee twice annually, as per April 2024 agreement.

7. Evaluation

Progress and impact will continue to report to HSCP Chief Officers, Corporate Management Team, Finance, Performance and Planning Committee twice annually, as per April 2024 agreement.

8. Appendices

Appendix 1: Communication and Engagement Update 2025

**Supporting the Delivery of GP Out of Hours in NHS Greater
Glasgow and Clyde**

**Communications and
Engagement Update
2025**

1) Background:

This report updates communication and engagement activity following NHS Greater Glasgow and Clyde's Board decision in April 2024 to move to a permanent model for GP Out of Hours services.

The report provides an update on the work undertaken to promote the service, raise awareness and receive feedback from those using the service to support the ongoing delivery of GP Out of hours across NHS Greater Glasgow and Clyde.

Since 2020, the Patient Experience and Public Involvement Team has captured feedback from those who have direct experience of using GP Out of Hours services to understand their experiences of using the service, and to inform how we continue to deliver this.

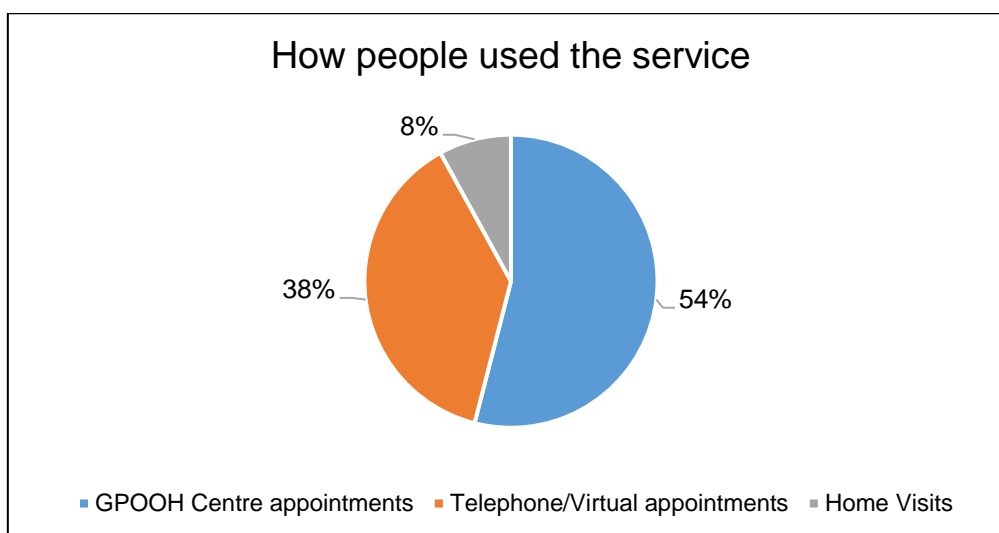
2) Feedback:

In March 2025, the PEPI Team undertook a follow up evaluation with people who had recent experience of using the GP Out of Hours service. Feedback was received from 848 users between March 2025 and April 2025 who completed a short evaluation of their experiences.

Very positive feedback was received from those responding, of the 848 users who responded, 91% stated that they felt their needs have been met by the service and 86% rated their care as good or excellent.

This report captures the feedback which will be used by the service to inform its ongoing service delivery and to support the model of GP Out of Hours for NHS Greater Glasgow and Clyde.

Of the 848 responses received from people, we received a spread of those that had used the service by attending: in-person at a centre (54%), through a virtual/telephone consultation (38%), or through a home visit (8%). The breakdown of this is highlighted in the graph below.



There was a broad range of responses from across NHS Greater Glasgow and Clyde area. A breakdown of where the 848 respondents came from by Health and Social Care Partnership is highlighted in the table below which is broadly reflective of population size across NHS Greater Glasgow and Clyde.

	Health and Social Care Partnership (HSCP)/Local Authority							
	East Dunbarton-shire	East Renfrewshire	Glasgow	Inverclyde	Renfrewshire	West Dunbarton-shire	Other	Total
Responses	70	74	401	40	125	69	60	839*

*848 responses received with 9 respondents not answering this question

3) Main Themes:

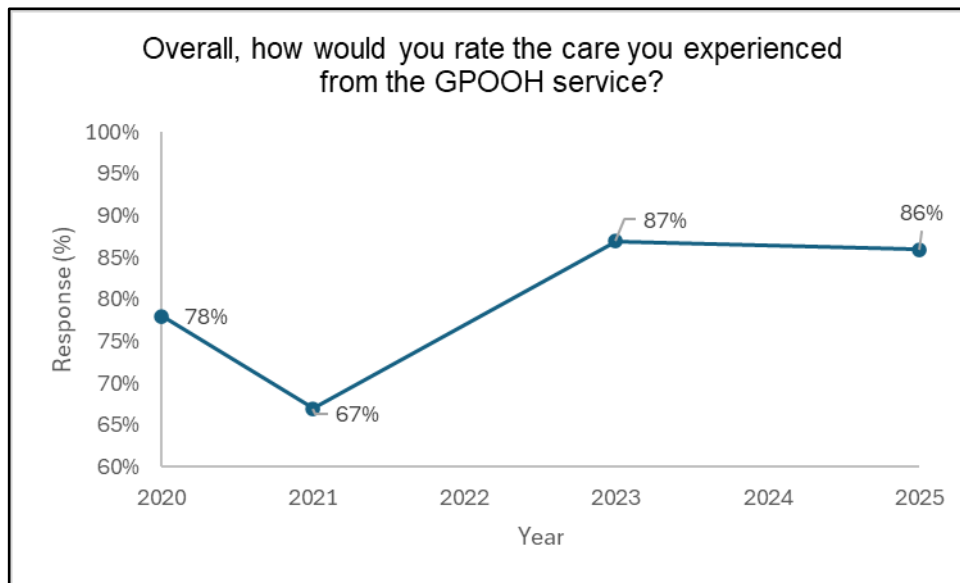
The responses provided reflect a wide range of experiences with GP Out of Hours services. The main themes and ideas that frequently appear include the quality of care received, wait times and the compassion demonstrated by healthcare staff with the key points summarised below:

- **Professionalism of healthcare staff:** Many respondents highlighted positive interactions with healthcare professionals who were described as caring, professional, and thorough in their assessments and treatments. Instances where staff validated patient experiences and provided effective diagnostics received commendation.
- **Quality of Care:** Most patients who received care expressed a high level of satisfaction with the treatment and care provided by the healthcare professional(s) involved.
- **Wait Times:** For those describing how their care and experience could be improved, the majority of comments described the wait times both for telephone consultations and for in-person appointments.

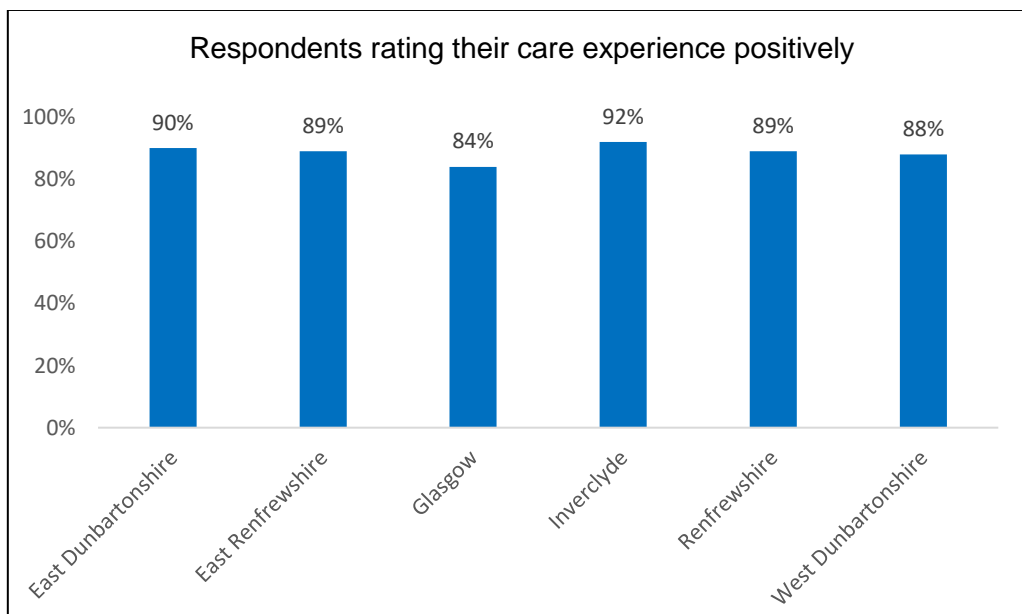
4) Ongoing Evaluation of Experience:

Standard questions on experience have been asked since 2020. This provides valuable information to support ongoing improvements and understand the experiences of those receiving care through the service.

The most recent feedback highlighted that 86% of respondents rated the care received either 'good', or 'excellent'. This is comparable to 2023, which demonstrated an increase in positivity from patients following the introduction of several enhancements to the GP Out of Hours service model.

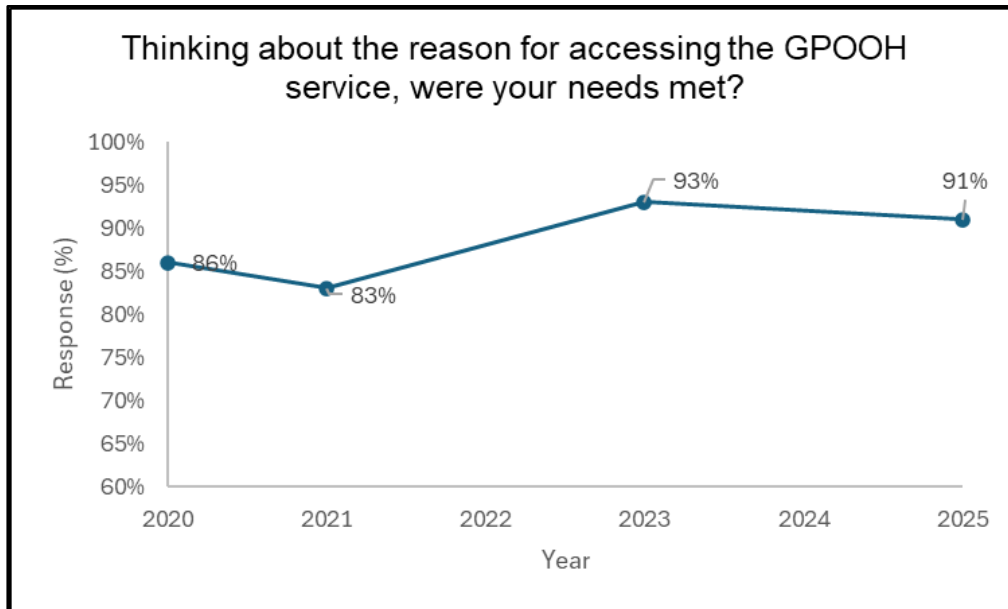


This is explored further with the responses highlighted per Health and Social Care Partnership/Local Authority area. This remains positive for each area with a high of 92% in Inverclyde, to 84% in Glasgow.

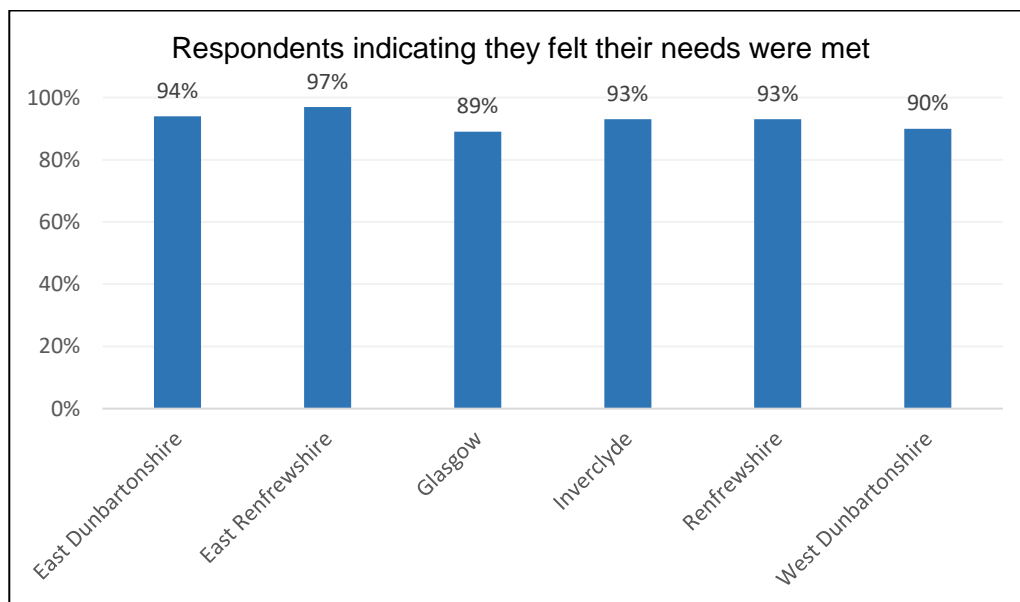


BOARD OFFICIAL

The second standard question used to understand people's care experience of the service asked people if they felt their needs were met through using the service. This is a measure that has proved to be consistently high from those responding, with 91% of respondents this year stating they felt their needs were met through accessing the service, as shown in the graph below.



When looking at this for each Health and Social Care Partnership/Local Authority area, a positive response level is highlighted throughout ranging from 97% in East Renfrewshire to 89% in Glasgow.



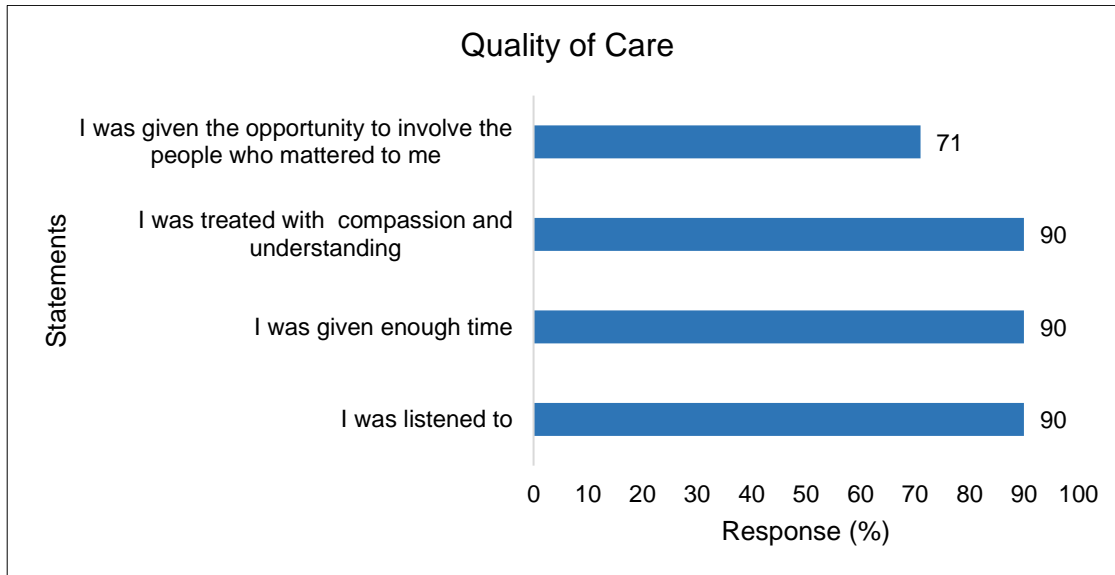
5) Feedback on Quality of Care

842 respondents answered a series of questions on the quality of care they received from GP Out of Hours services. We asked them to indicate if they agreed with the following statements to provide a baseline of care from the patient's perspective.

BOARD OFFICIAL

842 respondents answered this question summarised below:

- I was listened to (90%)
- I was given enough time (90%)
- I was treated with compassion and understanding (90%)
- I was given the opportunity to involve the people who matter to me (71%)



6) Promotion and Awareness raising:

Over the past year, we have undertaken a promotional campaign to raise awareness of the GP Out of Hours (GPOOH) service. Our efforts have included print, online, and direct outreach strategies to inform the community about the service and access. This work mainly focused on the Inverclyde area to respond to feedback received during the engagement programme in 2024 in relation to understanding of the service provision available.

A follow up exercise is scheduled for June 2025 to capture and re-test wider public awareness on the key component parts of the service model following the promotional activity.

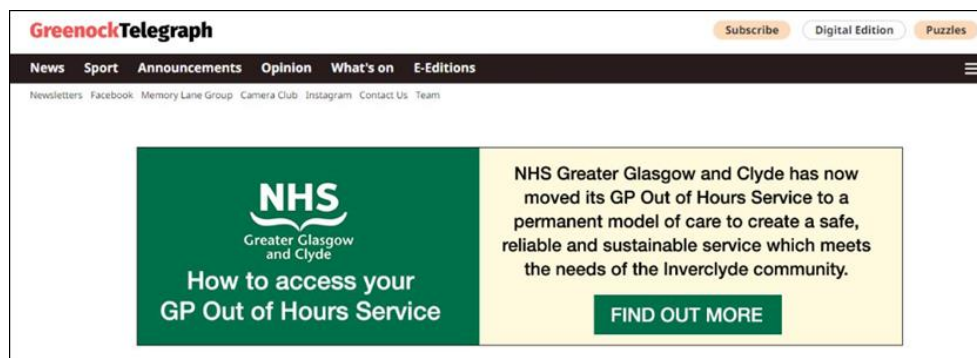
Advertising Campaign

- **Full-Page Advertisements:** We placed two full-page adverts in the Greenock Telegraph on 12th July 2024 and 11th April 2025. These adverts provided detailed information on the GPOOH service, including how to access it and where to seek treatment.



Full page advert: Greenock Telegraph

- **Online Campaign:** Following the print adverts, we launched an online campaign via the Greenock Telegraph for one month. The 2025 campaign was expanded to include targeted social media advertising and promotions on our website. We anticipate receiving the results of this multifaceted campaign in the coming weeks.



Example: Website ad banner

Social Media Engagement

- Our social media platforms have been active in promoting the GPOOH service. Key highlights include:
 - Multiple posts emphasising that the service operates by appointment only and directing patients to call 111 first.
 - A reach of 156,000 across our social media channels in the past year, significantly raising awareness.



Example: Facebook promotion

Direct Outreach

- Patient Information Leaflets:
 - We distributed 4,000 informational leaflets across all GP surgeries, health centres, and pharmacies in Inverclyde to provide clear and accessible information to the public.

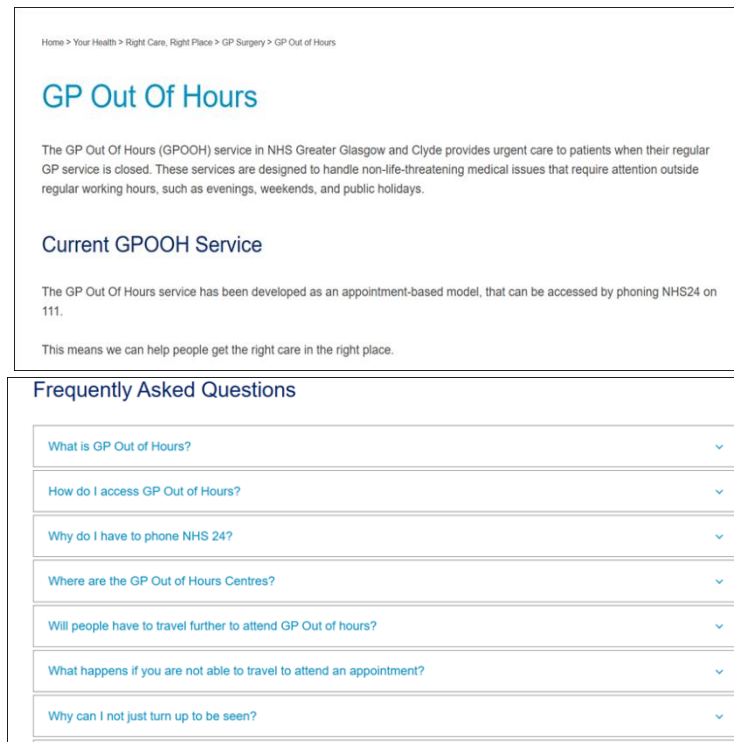


Leaflet: Front

Leaflet: Back

Website Update

- We audited our existing resources and developed a new, updated web resource dedicated to the GP Out of Hours service on the NHSGGC website.
- Since creating the new GP Out of Hours webpage, we have seen steady growth, registering more than 5,000 webpage visits in total between July 2024 and April 2025.



Dedicated web resource

7) Conclusion:

The report outlines the wide range of communication and engagement activities undertaken to support the delivery of GP Out of Hours services across NHS Greater Glasgow and Clyde. The Patient Experience and Public Involvement Team collected feedback from 848 users, with 91% feeling their needs were met and 86% rating their care as good or excellent. Promotional and awareness raising activities included print and online campaigns, social media engagement and direct outreach, particularly in Inverclyde. The feedback and promotional activities are supporting the ongoing delivery of GP Out of Hours service to support it meet the needs of our communities.