NHS Greater Glasgow and Clyde	**Paper No. 24/37**
Meeting:	**NHSGGC Board Meeting**
Meeting Date:	**30 April 2024**
Title:	**Supporting the Delivery of GP Out of Hours in NHS Greater Glasgow and Clyde Model**
Sponsoring Director/Manager	**Christine Laverty, Chief Officer Renfrewshire HSCP**
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1. Purpose

The purpose of the attached paper is to:

- Provide the Board with the background and update of the GP Out of Hours (GPOOH) service which has been in business continuity since arrangements in February 2020.
- Seek approval to move the GPOOH service from business continuity to a permanent model. Noting the commitments described following approval.

2. Executive Summary

The paper can be summarised as follows: The paper outlines the background and proposal to move the GPOOH service out of business continuity. Of particular significance is:

- The role and background of GPOOH service in NHSGGC.
- Business continuity arrangements put in place in February 2020.
- Steps taken by GPOOH since moving into business continuity arrangements.
- Service improvements made since February 2020.
- Proposed new model and configuration of GPOOH sites.
- GPOOH's performance and activity.
- Engagement overview
- Equality and socio-economic impact assessments.
- Inverclyde activity and provision
- Financial position of service currently and future position.
- Conclusions.

3. Recommendations

The NHS Board is asked to approve the following recommendation:

- Approve the move for GPOOH Services from business continuity to a permanent model based on the current configuration.

  This would mean the service commits to:

  - Expansion of service within Inverclyde to deliver a service on Saturdays, Sundays and Public Holidays from 10am – 4pm.
  - 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.
  - Patient Transport Service is now offered to every patient who is being given an appointment at a Primary Care Emergency Centre (PCEC).
  - 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.
  - Telephone First approach will be further explored with an ongoing view of quality improvement.
  - 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.
  - Commitment to provide biannual updates to the Finance, Performance and Planning Committee, ensuring appropriate ongoing oversight of this key service

4. Response Required

This paper is presented for <u>approval.</u>

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**
  (Sustain and develop GPOOH Service)
- **Better Care** **<u>Positive</u> impact**
  (Improve access and experience of care)
- **Better Value** **<u>Positive</u> impact**
  (Increased efficiency)
- **Better Workplace** **<u>Positive</u> impact**

(Improved workforce recruitment, retention, and progression; improved working conditions)

- **Equality & Diversity** **<u>Neutral</u> impact**

  (Board wide action to understand and improve variations in patient experiences with support to ensure that implementation does not negatively impact on equalities)

- **Environment** **<u>Positive</u> impact**

  (Reduce the requirement to travel to site).

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity: Agreement with Healthcare Improvement Scotland (HIS) for a formal two-month public engagement programme was proposed.

- The engagement period ran from Monday 9th October 2023 until Monday 11th December 2023, and aimed to seek feedback from the public and those using the service on the current model for GPOOH services. Feedback was received through our survey from 2,923 people during this engagement period and direct engagement with over 1,000 people across all Health and Social Care Partnerships.

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- This paper captures discussions that have taken place at the GPOOH Senior Management Team meetings.
- Discussions have taken place with staff partnership and staff with regards to the Proposed Home Visits model.
- Agreement with Healthcare Improvement Scotland with regards to the engagement process.
- An update on the engagement process discussed at the February 2024 Board Meeting
- This paper also captures further discussion at the Finance, Planning and Performance Committee on 9th April 2024.

8. Date Prepared & Issued

Date Prepared: 18th April 2024

Date Issued: 23rd April 2024

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

1. Executive Summary:

The GPOOH service in NHS Greater Glasgow and Clyde (NHSGGC) plays a crucial role in providing access to urgent care out with core hours of General Practice (Monday to Friday 8am- 6pm). Over recent years various challenges, including workforce shortages and service pressures, resulted in a significant level of unplanned closures. In 2019-2020, this resulted in over 1,000 unplanned session closures prompting the need to develop a more sustainable way of working for the service.

In February 2020, NHSGGC Board took the decision to move to business continuity in response to these challenges. During this business continuity period, NHSGGC has undertaken a series of steps to enhance service delivery, stability, safety, and patient experience. This included moving to an appointment-only system, the introduction of a telephone-first model for many consultations, the implementation of virtual consultations, improved patient transport services, and maintaining and enhancing the home visiting service. These improvements further increased the ways in which people can access the service.

Following four years in business continuity and significant service redesign with resultant improvements in stability and effectiveness, and increasingly positive patient feedback, NHSGGC seek to agree a permanent model based on the current provision and informed by feedback through significant engagement to move this service out of business continuity arrangements.

2. Introduction:

This report outlines the steps taken by NHSGGC to respond to challenges in delivering the GPOOH service. This includes the move to business continuity in 2020, and the steps taken to improve the service, and to support the workforce delivering this service.

The GPOOH service within NHSGGC provides access to urgent care medical problems that cannot wait for a routine appointment when GP practices are closed. The out of hours period covers evenings and overnights (from 6pm to 8am), weekends and public holidays.

Many factors have led to a changing model of care for the delivery of the GPOOH service within NHSGGC. Much of this is driven by the need to deliver a service that is stable and sustainable and supports patient safety as well as the safety of staff working within the service.

In 2015, the Scottish Government undertook a review of GPOOH services due to increasing pressures on the service relating to workforce pressures, with difficulties in

recruiting and retaining a satisfactory number of GPs and other healthcare professionals to deliver the service.

3. Pre-2020 situation:

Prior to February 2020 the GPOOH service configuration consisted of attendance at a PCEC, or a Home Visit (HV) was carried out. There was limited access to Patient Transport Service (PTS). The service was delivered across 9 PCECs with the main administrative base in Caledonia House. The PCECS providing care were:

- Stobhill Ambulatory Care Hospital (ACH), (Opened Evenings, weekends, overnights and public holidays)
- Royal Alexandra Hospital (RAH), (Opened Evenings, weekends, overnights and public holidays)
- Victoria Ambulatory Care Hospital (ACH),(Opened Evenings, weekends, overnights and public holidays)
- Vale of Leven Hospital, (VOL), (Opened Evenings, weekends, overnights and public holidays)
- Easterhouse Health Centre, (Opened Evenings and weekends days and public holidays)
- Gartnavel General Hospital, (Opened Evenings and weekends days and public holidays)
- Queen Elizabeth University Hospital, (Opened Evenings and weekends days and public holidays)
- Greenock Health Centre, (Opened Evenings and weekends days and public holidays)
- Inverclyde Royal Hospital, (IRH), (Opened overnights)

Patient flow in the PCECs was not controlled with patients who contacted NHS24 being told to attend a local site within a 1 or 2 or 4 hour time period. In addition, the service at that time also accepted walk-in patients i.e. self-presenters at the PCECs. This led to escalation of demand at PCECs which was at times unmanageable and brought with it risks for patients and staff.

Whilst there had been some work to develop the multi-disciplinary team and some additional Advanced Nurse Practitioners (ANP) had been appointed, the nursing resource was limited. GPs were supported on occasions with limited access to a Primary Care Nurse (PCN) or ANP during their shift.

Delivery of clinical care relied heavily on voluntary GP engagement with clinicians choosing to pick up sessions within the service. The service only had 14 salaried GPs covering less than 5% of clinical shifts. For the service to be fully operational, it required 34 GPs for a weekday service and 97 each day over weekends and public holidays.

In many of the sessions the GP operated as a lone clinical worker with the risk of professional isolation and elevated safety and patient risk.

For a multitude of reasons GP engagement had reduced, particularly as there was an abundance of other work options for GPs where the workload was better managed and controlled.

Fewer GPs working in the service resulted in many shifts across the week and weekends being left unfilled causing short notice closures of PCECs and daily decisions around site opening and safety resulting in significant operational work in moving staff to alternative sites. Historically across GPOOH, patients often turned up unexpectedly without contacting NHS24 as first point of contact to the PCECs which led to unsafe levels of demand but also risk when the site was unable to be staffed by clinicians.

Sessional GP rates of pay fluctuated during this period with the aim of encouraging pickup of clinical shifts, creating financial pressure within the service.

In 2019, the Chair of NHSGGC asked Professor Sir Lewis Ritchie to conduct a review of the NHSGGC service in response to increasing numbers of unplanned closures of GPOOH centres and clinical shifts that could not be filled. This was to ensure that the NHSGGC service operated in line with the national review Sir Lewis Ritchie had previously undertaken on behalf of the Scottish Government.

Issues affecting the GPOOH 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 ad hoc closures at certain sites.

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 the management of the service at times were strained and communications poor.

Workload: Due to the volume of workload and lack of GP clinical staffing resources, concerns were highlighted as a main theme.

Workforce: At the time the clinical model relied mainly on sessional GPs with only 14 salaried GPs within the service.

During this time, a number of actions were taken in order to keep the service operational. This included ad-hoc closures of some Primary Care Emergency Centres (PCECs) to consolidate the service on few sites across the Board. This was carried

out on a reactive, unplanned basis and was both extremely time intensive and challenging when repeatedly requesting staff work from alternative sites.

Table 1 reflects the % breakdown of adhoc closures across PCECs for year 2019-2020

PCEC	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Victoria	0%	0%	1%	0%	0%	0%	3%	3%	11%	4%	0%	3%
Stobhill	4%	3%	1%	4%	4%	4%	6%	7%	16%	4%	1%	24%
RAH	0%	4%	1%	4%	0%	0%	3%	9%	18%	14%	16%	28%
VoL	16%	28%	26%	17%	19%	26%	21%	20%	29%	25%	31%	44%
IRH	13%	13%	33%	52%	29%	27%	35%	30%	61%	32%	10%	97%
Greenock HC	15%	20%	23%	10%	24%	15%	31%	28%	48%	44%	53%	78%
Easterhouse	18%	32%	40%	15%	24%	31%	15%	44%	52%	54%	74%	80%
Gartnavel	10%	5%	5%	8%	10%	26%	8%	36%	43%	46%	50%	78%
QEUH	41%	49%	45%	44%	39%	26%	38%	41%	52%	56%	76%	78%

4. Business Continuity:

In February 2020, following feedback from Professor Sir Lewis Ritchie, the decision was taken to move the service into a business continuity position. This was a temporary measure agreed in order to achieve service stability.

To support this, it was agreed that the service be consolidated with patient care being delivered from three PCECs; RAH, Victoria ACH, and Stobhill ACH in the evenings, overnights and weekends, and public holidays.

This decision about appropriate sites was based on the level of demand across the service and appropriate facilities available at that time. These sites ensured that there was an available PCEC in the North of the Board area, the South of the Board area and the Clyde sector, with locations selected as those situated in the most densely populated areas. These were also sites that historically offered overnight cover and therefore this resulted in fewer movements of staff and infrastructure There was agreement that the Integrated Care model delivered at the Vale of Leven Hospital which provided access to GP care over the out of hours period would continue and be further developed, and when feasible a presence would be reinstated in the Inverclyde area.

The sites at Easterhouse Health Centre, Gartnavel General Hospital, Queen Elizabeth University Hospital, Inverclyde Royal Hospital and Greenock Health Centre were closed temporarily to concentrate services and resources on a smaller number of sites.

The home visiting service was maintained with cover provided across the whole Board area. The existing patient transport system was also maintained to ensure patients had access to the PCEC if required.

5. Steps taken by NHS Greater Glasgow and Clyde:

Since moving into business continuity in February 2020, NHSGGC has taken a number of steps to stabilise, evolve and improve the service. These include:

a) Introduction of appointment system at each GP Out of Hours Centre (PCEC) and stopping 'Walk in' patients.

The move to an 'appointment only' service was introduced in June 2020 to support access for those requiring the service, in line with other NHS Boards across Scotland and in keeping with Scottish Government urgent care pathways.

Patients "walking in" to a PCEC have not been subject to the NHS24 triage process and need to be assessed to determine what, if any treatment is required and by whom. The GPOOH service may, in fact, not be the right service for their needs.

Both of these actions have markedly improved the flow at the PCECs, have reduced waiting times for patients and have improved patient safety.

b) Move to Telephone First model:

The unprecedented shift in service delivery during the COVID-19 pandemic demonstrated the importance of innovative approaches to ensure patient safety. An increase in ways in which services could be accessed, such as telephone and Near Me consultations (virtual), were identified as effective ways in which care could be delivered alongside face-to-face care.

A telephone first model was introduced in March 2020 to provide remote triage and consultations for patients accessing the service. Whilst initially introduced as part of the pandemic response, further developments have been made to improve the effectiveness of this model. This new pathway means patients receive either a telephone consultation from a clinician or are asked to attend a PCEC at an allocated time. Video consultations using Near Me are also available.

Current figures show around 48-50% patient contacts are managed by telephone or video consultations.

c) Extending the Patient Transport Service:

The GPOOH patient transport service (PTS) is offered to patients requiring transport to and from the PCEC if they have no other means of transport and is recognised as playing an important role in supporting those who require an urgent medical assessment in the out of hours period.

This service has been extended to widen the criteria for those able to access patient transport and allow for the transport of a carer or appropriate escort to support the patient where required. This includes relatives, parents or guardians, and other healthcare professions where a necessary skill or service cannot be provided by the

patient transport staff. All escorts must travel from and back to the same address as the patient.

New vehicles have been secured that are better able to support patients with poor mobility, including wheelchair accessibility. PTS has access to electric vehicles which has a direct effect on reducing harm to human health that air pollutant particulates from petrol and diesel. Vehicles are clean and have appropriate equipment to ensure the patient is secure, with seatbelts, wheelchair restraints and access to car seats for children as appropriate.

Patient transport is available to all patients regardless of where they reside in the Board area. This service is provided completely free of charge, with no requirement for patients to meet any travel costs.

Transport is provided directly as part of the Out of Hours service and to support patient attendance at the PCEC. This is not linked to public transport or wider patient transport services. The service employs drivers to support this work and they undertake additional training in this role. The OOH service co-ordinates and monitors all PTS requests from the main base at Caledonia House, ensuring the most effective use of this service.

All patients are asked whether they require patient transport. Clinical consultations are unable to be closed without asking this question and recording the answer. Administrative staff ask a set of questions to determine the most appropriate form of transport and whether the patient will be accompanied on their journey. Patients will be allocated an appointment at the PCEC within the clinical timeframe identified and will be contacted to inform them that the transport has arrived at the pick-up location.

Patients will be taken home following their appointment. In situations where a prescription is required medication may be provided directly to the patient if they are unable to attend a Community Pharmacy in a timely manner.

In the event that a patient is not suitable for patient transport guidance is sought from a member of the clinical team which may result in a change of pathway such as a Home Visit being provided.

This comprehensive level of patient transport support is not provided to the same level by other NHS Boards, many of whom do not provide access to any transport. NHS Greater Glasgow and Clyde has focused on this provision in order to support use of the urgent care service, remove barriers to access and to address health inequalities including deprivation.

d) Maintaining the Home Visiting service:

For those who require urgent assessment but cannot attend a PCEC due to their clinical condition, the Home Visiting service is available. Clinicians have dedicated

cars with driver support colleagues and work across the whole Board area. Investment has also taken place in new cars with enhanced technology to improve on clinical safety and sharing of information. The Home Visiting service is centralised from the GPOOH's main base, Caledonia House.

e) Expansion to Vale of Leven Integrated Care Model:

The service provision introduced at the Vale of Leven was fully reinstated in February 2021 to provide a fully Integrated Care service from the centre. The Vale of Leven model was partially in place prior to the GPOOH placed into Business Continuity in February 2020. Clinical staff within this area undertake additional duties covering Medical Assessment Unit and ward cover out with the responsibilities of a GPOOH clinician.

f) Expansion to Inverclyde GP Out of Hours model:

The GPOOH service and Inverclyde Health and Social Care Partnership worked together to identify a model that could provide a local GPOOH service. In May 2021, the PCEC was opened on Saturdays and public holidays and moved to a co-located basis within the Emergency Department in IRH.

The decision to relocate the PCEC to the IRH was made to ensure access to better and improved facilities along with access to informal medical support. The reintroduction of the Saturdays and public holidays was based on service demand and workforce at that time.

g) Redesign of Urgent Care Implementation:

Further changes in the management of urgent and unscheduled care were introduced in December 2020 when the Scottish Government implemented a new national patient pathway for unscheduled care, focused around a central point of access through NHS 24.

h) Improved Working Conditions:

Work was carried out to ensure the environment of each of the PCECs was appropriate. This has included moving some of the sites to improved locations (e.g. Royal Alexandra Hospital). In addition, agreement has been reached to ensure no lone working for clinicians in PCECs, reducing professional isolation and improving safety for patients and staff.

i) Email prescriptions:

Ehealth support has now enabled clinicians working in the service to email prescriptions directly to community pharmacies across the Board area. This further supports remote consultation, improves the patient pathway and clinical efficiency and effectiveness. NHSGGC were the first Board in Scotland to adopt this and now other GPOOH services nationally have followed our lead.

j) Professional-to-Professional support:

Greater stability and clinical staffing in the service has enabled a greater expansion of professional-to-professional support in the urgent care arena. The GPOOH service now has dedicated phone lines allowing colleagues from Community Nursing, Scottish Ambulance Service, Community Pharmacy, Mental Health and Midwifery to have professional conversations with clinicians in our service. This supports care closer to home for patients, but also ensures efficient care to be provided such as prescriptions, home visits or appointments in the PCECs, thus avoiding colleagues having to navigate through NHS24. The OOH service is key in the delivery of urgent and unscheduled care of patients across NHSGGC and aligns to the national Right Care Right Place agenda.

6. Service Improvements:

The development of the current model has resulted in significant achievements. These include:

- Reduced requirement and demand for in-person (face-to-face) attendance.
- Greater stability across the GPOOH service as per Graph 1
- Improved working environment and elimination of lone working for all staff
- Successful recruitment resulting in significantly increased number of salaried GPs recruited supporting the service.
- Full re-instatement of an Integrated Care service at the Vale of Leven
- Development of a service in Inverclyde for Saturdays and public holidays (co-located with the Emergency Department at Inverclyde Royal Hospital).
- Establishment of remote working arrangements to support the service, either as a routine shift or as a surge response (a group of GPs who have agreed to provide short term remote back up to the service at times of increased demand).
- Improved infrastructure to ensure appropriate governance and clinical leadership arrangements are in place.
- Improved clinical leadership with the appointment of two experienced GPs as Clinical Directors.
- External organisation review carried out. An action plan has now been developed with a short life working group involving staff from all areas within service. The focus of this group will be to further improve the quality of service for patients and staff.
- Set up monthly Chief Officer Newsletters which share performance information, feedback from patients and key developments and updates for all staff.
- Increased uptake of GP clinical shifts as per Graph 2.
- Promoted multi-disciplinary teams within the PCECs.
- Increased nursing workforce through recruitment and training.
- Development of escalation plans to manage clinical demand.
- Expansion of professional-to-professional lines to support urgent unscheduled care activity.

- A revised dataset and performance framework set up to ensure progress is adequately monitored.
- A number of the service improvement changes aligned to the National Redesign work on urgent care.
- The GPOOH service contributes to the wider work in relation to unscheduled care delivered by the Board.

Graph 1: Number of ad hoc closures in PCEC in the year 2019 compared to 2023.

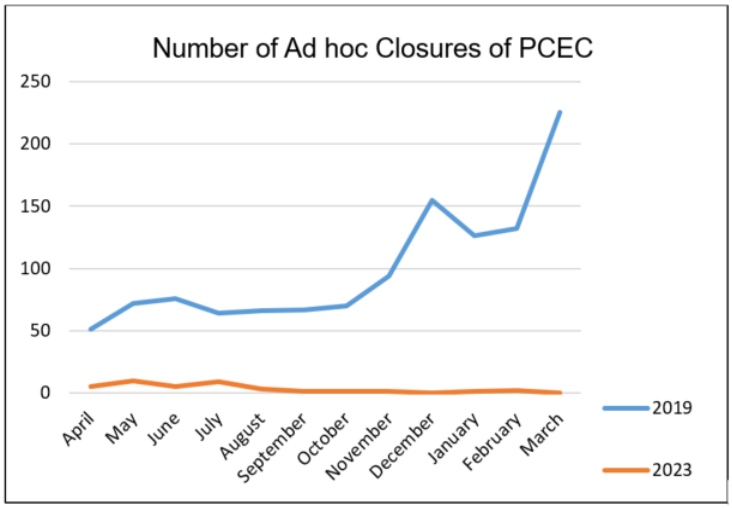
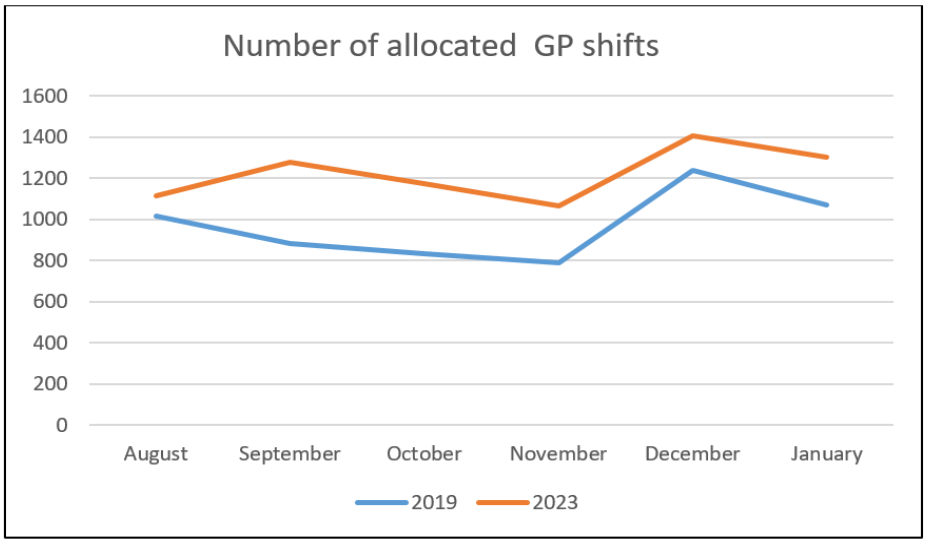


Table 2: Overall Total of adhoc closures

Year	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Total
2019-2020	51	72	76	64	66	67	70	94	155	126	132	225	1198
2023-2024	5	10	5	9	3	1	1	1	0	1	2	0	38

Graph 2: Number of allocated GP shifts



7. Considerations to Inform the Proposed model:

To take the service out of business continuity, we have undertaken an exercise to inform a proposed future model. This has considered a number of factors, namely:

(a) Current demand and capacity
(b) Current performance
(c) Equality and socio-economic impact
(d) Patient experience
(e) Formal public engagement
(f) Healthcare Improvement Scotland
(g) Findings

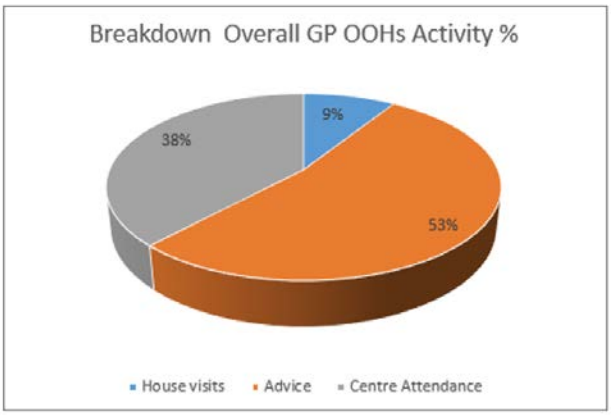
(a) Current demand and capacity:

Since November 2021, we have been undertaking an ongoing review of the demand versus capacity throughout the out of hours period. The following tables show demand for GPOOH services by HSCP area.

Table 3: GP Out of Hours activity across NHS Greater Glasgow and Clyde

NHSGGC GPOOH Activity				
Month	**House visits**	**Advice**	**Centre Attendance**	**Total**
Mar-23	1255	7710	5427	14392
Apr-23	1550	10090	6851	18491
May-23	1395	9325	6475	17195
Jun-23	1159	7077	5126	13362
Jul-23	1400	7646	5618	14664
Aug-23	1122	6603	5372	13097
Average	**1,314**	**8,075**	**5,812**	**15,200**
%	**9**	**53**	**38**	**100**

Graph 3: 6-month average of activity across NHS Greater Glasgow and Clyde



To understand the local population and usage, the current location postcode was analysed for all patients who were identified to attend a PCEC during the month of November 2023 for each HSCP. This is reflected in table 4 below.

Table 4 reflects the number of patients that attended a PCEC in November 2023

HSCP Sector/ PCEC	Inverclyde	Vale of Leven	RAH	Stobhill	Victoria	Grand Total
East Dunbartonshire HSCP	0	0	8	422	9	439
Glasgow City HSCP	0	1	179	1325	1370	2875
Renfrewshire HSCP	0	5	896	32	23	956
East Renfrewshire HSCP	0	0	109	1	184	294
Inverclyde HSCP	44	0	204	1	2	251
West Dunbartonshire	0	528	14	0	0	542
Other	0	2	1	167	338	508
Grand Total	**44**	**536**	**1411**	**1948**	**1926**	**5865**

(b) Current performance

Weekly performance continues to be scrutinised for assurance by Senior Executive Group (SEG). The service continues on a positive trajectory to meet patient demand and improvement in our response times. Table 5a highlights current activity across the components parts of the service week beginning 18th March 2024 (weekly). Table 5b highlights current performance within the Home Visiting service week beginning 18th March 2024 (weekly).

Table 5a: Current activity across component parts of the service

Component	Activity (weekly)
Centre Visits	1382
Telephone/Video Telephone and Video Consultation	1409
Home Visits	237
Total	**3028**

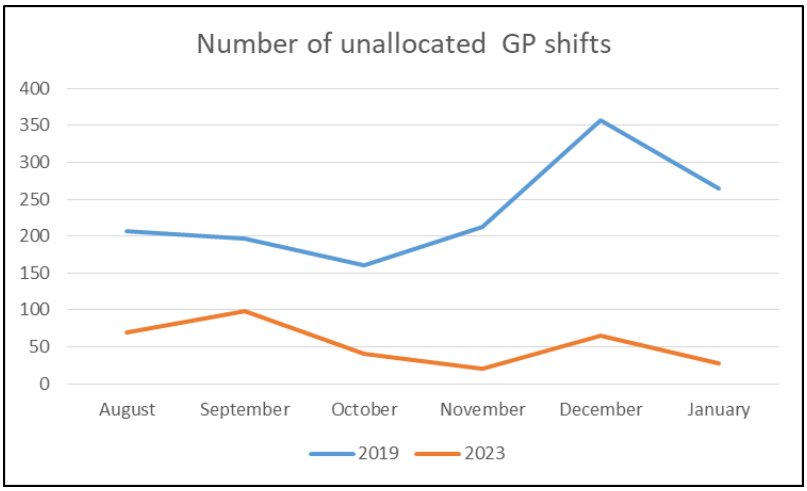
Table 5b: Currrent performance within the Home Visiting Service

Timeframe	Number	%
Within 1 hour	44	100%
Within time	28	64%
Timeframe	**Number**	**%**
2 hours	93	100%
Within time	75	81%
Timeframe	**Number**	**%**
4 hours	100	100%
Within time	90	90%

In February 2020 the clinical model relied mainly on sessional GPs with only 14 salaried GPs working in the service. There has been a significant increase to 43 salaried GPs which now accounts for 68% of the weekly clinical GP hours.

Further service improvements have been made which has led to stability in the service. Increased recruitment of salaried GPs, ANPs and other health professionals. GPOOH has developed a workforce plan with a multi-disciplinary team approach, reducing the reliance on GPs providing all clinical sessions. Improved terms and conditions for salaried GPs. This has led to an improvement in the reduction of unallocated GP shifts as per Graph 4.

Graph 4: Number of unallocated GP shifts



The clinical delivery model promotes a multi-disciplinary team approach at the PCEC. The clinical skill mix at a PCEC can consist of a GP, PCN, ANP and a Health Care Support worker (HCSW) which also reduces lone working and risk to service. The GPOOH components is now made up of Clinical Advice consultation (either by telephone or Near Me), attendance at a PCEC or Home Visit.

During the business continuity period, the service has been able to test the proposed clinical model to ensure fit for purpose. The model continues to be reviewed against the demand in service. This involves continued testing of the model in relation to an appropriate skill mix across the service, for example the refinement and expansion of ANP resource.

(c) Equality and Socio-economic impact

Table 6 below highlights the breakdown of Scottish Index of Multiple Deprivation data zones by local authority. This also highlights the spread of data zones categorised in the 20% most deprived across the area.

Table 6: Scottish Index of Multiple Deprivation Zones by Local Authority

	Total data zones	20% most deprived
East Dunbartonshire	130	5
East Renfrewshire	122	7
Glasgow City	746	339
Inverclyde	114	51
Renfrewshire	225	56
West Dunbartonshire	121	48

Our engagement activities were informed through a stakeholder analysis and the production of an Equality Impact Assessment. This supported the Board in identifying potential groups and geographic communities and how this would be taken forward in engagement activities.

The proposed changes have been informed by four Equality Impact Assessments (EQIAs) conducted since the service moved into business continuity in 2020 with the most recent conducted in February 2024. This has been an iterative process to reflect changes to the model as it evolved and been supported throughout by the Equalities and Human Rights Team.

The assessments are undertaken to provide equitable access and support for individuals across protected characteristic groups. This assessment considers the impact of proposed changes and service delivery on individuals based on protected characteristics such as age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, and sexual orientation.

The evaluation not only considers physical access considerations but also acknowledges the importance of addressing communication and language barriers. By examining the proposed changes and service delivery through this lens, the assessment identified any potential disparities and mitigating actions to promote equality of access and remove discrimination across all demographic groups.

1. **Physical Access Considerations:**
   - Measures have been taken to ensure physical access to GP Out of Hours (GPOOH) services, including the development of the Telephone First approach, extending patient transport and maintaining home visit services.
   - Existing patient transport provision and GP home visit teams support the mitigation of physical barriers to accessing the realigned out of hours services.

2. **Communication and Language Considerations:**
   - Communication support is provided for patients who require it, in compliance with NHSGGC's interpreting protocol and Clear to All Policy.

- Each out of hours service is equipped with a 'Chrome Book' for instant online British Sign Language (BSL) interpreting support for Deaf users.
- NHS 24, as the primary triage service, offers a range of communication support to direct users to the most appropriate service location.

3. **Mitigating Actions:**

- Provisions for person-centred patient transport, including the inclusion of carers, and accessible transport for wheelchairs mitigate impact on access for individuals with disabilities.
- Continued provision of communication support ensures equitable access for individuals with diverse communication needs.

In summary, the GPOOH service has taken proactive steps to address physical access and communication/language considerations, ensuring equitable access and support for individuals across various protected characteristic groups.

Socio-economic factors

The first EQIA stated that while the business contingency planning may not meet the specific strategic planning requirement threshold for a Fairer Scotland Duty assessment, the continuation of person-centred support will ensure experience of socio-economic disadvantage is not compounded by decisions made.

Socio-economic considerations and actions regarding patient transport provision have shown a progression towards greater inclusivity and accessibility. Initially, in 2020, the emphasis was on ensuring patients' ability to access services without financial burden, with provisions for those requiring transport.

During the engagement process we heard from people sharing concerns on transport and travel for any requirement to travel out with the local area for an in-person appointment.

Steps were taken by the service to ensure transport needs were routinely assessed for those requiring in-person appointments. The service revised the process to the system for arranging appointments.

As part of this, the clinicians are now required to indicate whether transport has been offered before moving on with other information (the system will not allow the clinician to move on unless this section is complete). To support consistency, standard wording has also been developed on how this should be asked, and this is now audited routinely.

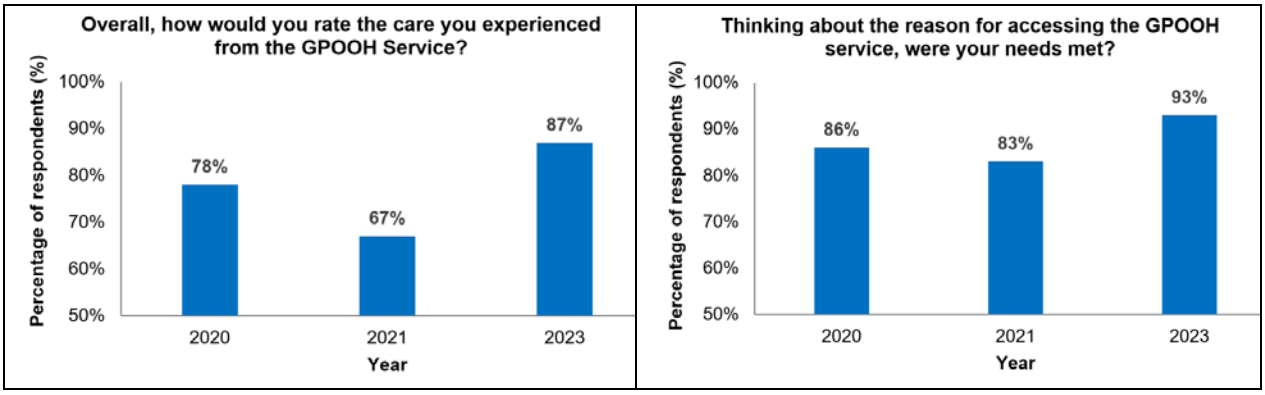
The model, which adopts the ‘Telephone First’ approach means that those requiring to travel for an in-person appointment has greatly reduced with approximately 60% of people receiving telephone and video consultation or house visits.

(d) Patient experience

Since moving to business continuity in 2020, we have evaluated the GPOOH service several times by actively seeking feedback from those using our services to understand their experiences. We have improved and modified the service on an ongoing basis in response to feedback to inform how we deliver the service.

Through this time, we asked standard questions to understand people's experiences of using the service. The feedback highlights an increase in positive response to this. In focusing on the 1,148 responses received to this in 2023, 87% rated the care experienced positively, with 93% also stating they felt their needs had been met by the service. This is shown below in graph 5.

Graph 5: Visual representation of patient feedback received in 2023



(e) Formal Public Engagement

To undertake wider public engagement on the model, and in discussion with HIS, we planned a formal two-month programme of engagement (starting on Monday 9th of October 2023 and concluding on Monday 11th of December 2023). Through this engagement we aimed to:

- Provide open communication and create opportunities where thoughts, questions and suggestions regarding GPOOH services can be shared.
- Build a shared understanding of the way in which GPOOH services operate, reflecting on the challenges and opportunities in the service.
- Provide an approach to capturing a diverse range of views and feedback, reflective from our communities.
- Provide engagement opportunities to allow a wide range of stakeholders to be involved to provide views and feedback.

Through this programme, NHS Greater Glasgow and Clyde gained very positive levels of participation and involvement which would rank among the highest in relation to engagement or consultation exercises for NHS Boards in Scotland. It achieved 2,923 responses with engagement activities involving over 1,000 people.

Comprising 40 activities, the community engagement plan ensured representation across NHSGGC's geographic population. Varied venues identified locally, from drop-in sessions to formal meetings, engaging older peoples groups, mother and toddler groups and local voluntary organisations. Thematic engagement covered all Health and Social Care Partnerships, specific communities, and groups, including discussions with elected representatives and community councils.

Geographically tailored drop-in sessions, including four in Inverclyde, and pop-up events in libraries and health centres to support an accessible and inclusive approach. The primary method for capturing feedback was through the survey receiving 2,923 responses, providing insights into the service model and public views.

A report setting out the process undertaken was presented to NHSGGC's Board in February 2024.

The full engagement report is attached as appendix 1 which outlines the process, activity and feedback received.

(f) Healthcare Improvement Scotland

NHSGGC were in discussion throughout this process with Healthcare Improvement Scotland (HIS) who offered advice throughout. Following the conclusion of the engagement and in review of the draft Engagement report, HIS confirmed with NHSGGC that they are satisfied with the engagement process undertaken (Appendix 2).

Healthcare Improvement Scotland agreed with NHSGGC's view that the proposed model did not meet the threshold of major service change. They did however invite NHSGGC to test a new assurance approach for proposals not deemed to be major service change, which NHSGGC took up.

This would offer a level of feedback from Healthcare Improvement Scotland on the engagement activity and process undertaken. Feedback provided by Healthcare Improvement Scotland will be shared with Board members alongside the final report. Healthcare Improvement Scotland set out four recommendations ahead of our planned engagement. In summary these were:

- Provide information to people and communities (on the model, business continuity, the rationale and the process for involvement)
- To involve people and communities (with targeted engagement to take place in Inverclyde)
- To review and update the impact assessments
- The NHS Board can show that the outcome of the engagement to inform the decision making (noting that this may not be what the wider public support as the

recommendation will also take into account other factors such as safety and stability).

In March 2024, Healthcare Improvement Scotland (HIS) acknowledged NHSGGC's robust and creative approach, the range of methods used, the outreach undertaken informed by Equality Impact Assessment and the involvement of the Clinical Director, Interim Director for Primary Care and Clinical Service Manager which supported the process to be "open, robust and transparent".

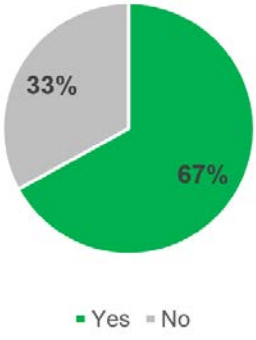
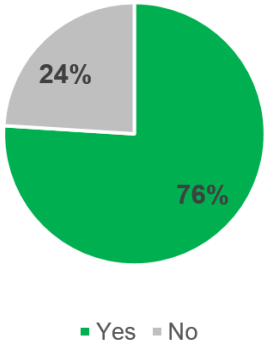
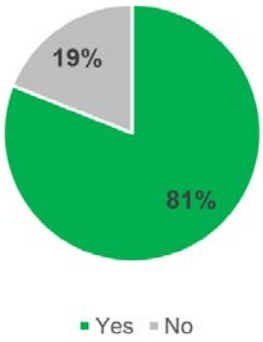
HIS stated it is satisfied that NHSGGC has met the first three recommendations. Regarding the fourth recommendation, HIS have noted that the feedback received will be used to directly inform the decision making process. The full engagement report is attached as appendix one to help inform the Board's decision making.

Following the Board meeting, NHSGGC will provide updates through the Involving People Network and via the media as well as sharing feedback with those stakeholders that have provided their details.

(g) Findings

The survey asked a number of questions to understand people's awareness of GPOOH and whether people felt the proposals met the needs of the public and also to understand the awareness of the component parts of the model. The breakdown below highlights the responses on three levels; (a) an overall (total) figure of all respondents to the survey; (b) those who had indicated using the service, and (c) those who had indicated using the service within the last six months.

Graph 6: Survey responses

(a) Respondees who agreed that the proposal met the needs of public	(b) Respondees who identified as service users who agreed that the proposal met the needs of public	(c) Respondees who identified as service users and had used the service most recently* who agreed that the proposal met the needs of public
		

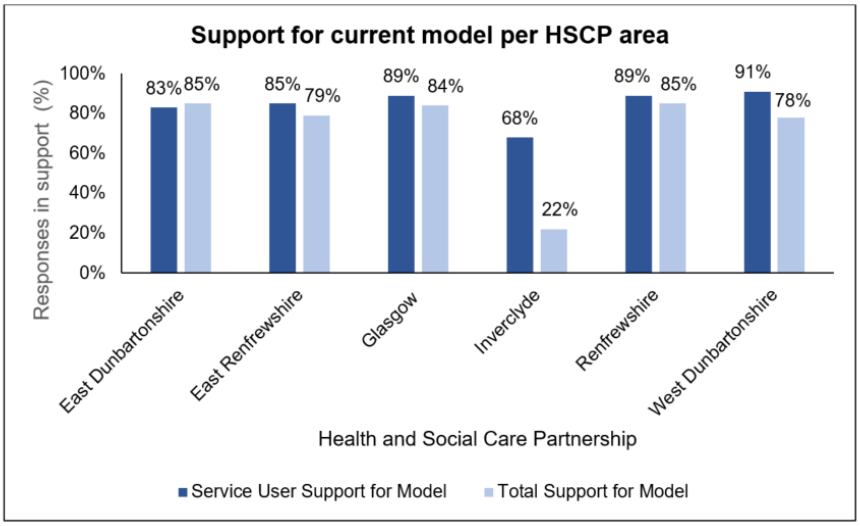
In general, there was overall support from the 2,923 respondents for the current model, with 67% indicating support for the current model. Support was greater when

looking at those with experience of using the service (76% support), and strengthened further when looking at those that had used it most recently (81% support).

The feedback highlighted a range of understanding and awareness to the component parts with the highest awareness relating to the 'Telephone First' approach (74%) and the lowest awareness relating to the home visiting element (42%). This is closely followed by lower public awareness in relation to the patient transport service (46%).

Geographic responses:
There was significant support for the current model from across NHS Greater Glasgow and Clyde when looking at responses for each Health and Social Care Partnership area with the exception of Inverclyde. The graph below highlights this and also provides a breakdown of those feeding back as recent users of the service, alongside the total responses for each area.

Graph 7: Support for current model across Health and Social Care Partnerships



The responses indicate that overall support for the current model is significant. It highlights higher feedback from service users in comparison to the total responses. The only exception to this is within East Dunbartonshire where support for the model is 83% among service users in comparison to 85% of the total response. Also notable is the Inverclyde responses with 68% support for the current model from recent service users versus 22% of total responses.

Outreach feedback:
The engagement plan included a dedicated programme of outreach events in the community across the whole NHSGGC geographical area. These engagements primarily encouraged feedback to be gathered via the online questionnaire and verbal feedback was also shared.

General awareness of the GPOOH service was mixed, those who had used it had positive feedback however in general there was a lack of awareness of what it was to

be used for and how it was different to daytime GP and other primary care services, NHS 24 and emergency services.

Clarification was sought from many of the people around different aspects of the GPOOH service and other aspects of urgent care such as minor injuries or the ambulance service and how they were coordinated together to provide urgent care support.

The pathways to access the GPOOH service was felt to be unclear and the waiting times for NHS 24 were felt to be too long. However, once they had accessed the service there was positive experiences.

There was positive feedback given on the patient transport provision, particularly the support available for accessing face to face appointments from those with a chronic condition or a higher support need however there was some concerns raised around waiting times and wheelchair access.

There was concern raised from the areas close to Vale of Leven, East Dunbartonshire and in some parts of Glasgow City around having to travel out with their local area. The clarification around patient transport helped to alleviate fears of accessing late at night and having to travel out with your local area while feeling unwell. It was felt that more information on this would be useful.

The appointment system was positively viewed, and people felt it was more efficient than waiting in A&E especially for small children. Being able to avoid long waits in a hospital type environment was felt to be less stressful. There was concern raised from people who had experienced long waiting times when first phoning 111, especially from carers of young children. People shared that it was very stressful needing GPOOH support and having to wait in the same virtual queue, a general feeling was that there should be a different triage for young children.[1]

Feedback on follow up care and accessing medication if a prescription was given or general out of hours pharmacy support was mixed and it was felt that better out of hours provision of community pharmacies would be beneficial.

In general people felt clearer and more available information on different levels of urgent care and GPOOH would help people know when to access the service and what to expect. There was feedback that this information should be accessible and available in local communities.

[1] Improved staffing levels in the service have significantly reduced wait times for a call back from our clinicians. At times where the service is exceptionally busy there is an escalation plan that involves under five patients being straight booked to the clinics.

There were strong views on the need for more local service provision in Inverclyde. As a result, additional activities, drop-in sessions, and meetings were held Inverclyde to support discussions.

Respondents within the Inverclyde area provided clear feedback on a desire for an expansion of GPOOH services locally. Common themes related to challenges faced by people travelling to Paisley or Glasgow if requiring in-person/face-to-face care among other issues. More detail on the feedback from the Inverclyde sessions is attached as appendix 3.

In summary, the engagement involved approximately 4,000 people through various channels such as community outreach, community meetings, online surveys, and social media.

Ongoing service user feedback since 2020 indicates a positive trend, with 87% of respondents in 2023 rating the care positively and 93% feeling their needs were met.

The formal public engagement programme received one of the highest response rates in NHS Scotland, with 2,923 responses, demonstrating wide public involvement.

Overall, 67% of respondents supported the current GPOOH model, rising to 76% among service users and 81% among recent service users. Geographic breakdowns demonstrated substantial support across Health and Social Care Partnerships, with some variations, specifically Inverclyde with low general support for the current model, but high support (68%) from those with recent experience of using the service in Inverclyde.

8. <u>Inverclyde:</u>

We are extremely aware of strong views held in the Inverclyde community in relation to access to health services and more local service provision. These were raised by Board members at the meeting when business continuity arrangements were agreed and were recognised in the feedback from Prof Sir Lewis Ritchie and captured around the agreed actions for business continuity, with a commitment to reintroduce a level of service in Inverclyde. The formal engagement process had a particular focus on Inverclyde to ensure view were captured from the community.

Prior to 2020 and business continuity arrangements GPOOH had agreements to provide an evening and weekend and public holiday service from Greenock Health Centre and overnights based at Inverclyde Royal Hospital. There was only one GP on in a PCEC shift with significant professional isolation and uncontrolled patient demand with multiple “walk in” patients. Overnight there was one GP on shift who carried out Home Visits and saw patients at the PCEC.

Clinical staffing of the service became a huge challenge with clinicians not engaging in working in this area. Clinical provision was heavily reliant on a very small number of

GPs who continued to agree to work in this area. This resulted in very high levels of adhoc closures of the PCEC with resultant instability of the service.

Table 7: Adhoc closures in Inverclyde 2019-2020

PCEC	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Greenock HC	15%	20%	23%	10%	24%	15%	31%	28%	48%	44%	53%	78%
IRH	13%	13%	33%	52%	29%	27%	35%	30%	61%	32%	10%	97%

Table 8: Adhoc closures in Inverclyde 2019-2020 depending on day

Day	MON	TUES	WED	THURS	FRI	SAT	SUN
Greenock HC % closures	32%	39%	44%	48%	48%	46%	38%
IRH % closures	32%	28%	31%	35%	35%	50%	44%

Increasing stability in the GPOOH service has enabled the service to focus recommencement of a service within Inverclyde. The closure of the old Greenock Health Centre meant it necessary to consider an alternative site for the PCEC and we included the views of clinicians who had worked in this area as part of the process. A new site was secured next to the Emergency Department of Inverclyde Royal Hospital which was welcomed by both Primary Care and Acute colleagues.

As part of the development of the new model of care demand and capacity has been considered. This has been used in order for the service to determine where best to site the PCECs in relation both to patient access but also the commitment to staff in relation to no lone working and professional support within the service. In addition, with the new care delivery model of “telephone first” and the introduction of emailing of prescriptions fewer than 50% of patients accessing the GPOOH service are required to attend a PCEC. The significant enhancement of the patient transport service, which is available free of charge to all patients regardless of distance from a PCEC, is key in supporting access.

Table 9: GP Out of Hours activity across NHS Greater Glasgow and Clyde and Inverclyde

NHSGGC GPOOH Activity				
Month	House visits	Telephone and Video Consultation	Centre Attendance	Total
Mar-23	1255	7710	5427	14392

Inverclyde GPOOH Activity				
Month	House visits	Telephone and Video Consultation	Centre Attendance	Total
Mar-23	86	388	201	675

Apr-23	1550	10090	6851	18491
May-23	1395	9325	6475	17195
Jun-23	1159	7077	5126	13362
Jul-23	1400	7646	5618	14664
Aug-23	1122	6603	5372	13097
Average	**1,314**	**8,075**	**5,812**	**15,200**
%	**9**	**53**	**38**	**100**

Apr-23	96	526	283	905
May-23	125	474	255	854
Jun-23	76	317	191	584
Jul-23	106	316	196	618
Aug-23	64	318	189	571
Average	**92**	**390**	**219**	**701**
%	**13**	**56**	**31**	**100**

Table 10: Reflects the time period patients identified for a PCEC from Inverclyde area for the month of November 2023

Day/Time Period	00.00 - 01.00	01.00 - 02.00	02.00 - 03.00	03.00 - 04.00	04.00 - 05.00	05.00 - 06.00	06.00 - 07.00	07.00 - 08.00	08.00 - 09.00	09.00 - 10.00	10.00 - 11.00	11.00 - 12.00	12.00 - 13.00	13.00 - 14.00	14.00 - 15.00	15.00 - 16.00	16.00 - 17.00	17.00 - 18.00	18.00 - 19.00	19.00 - 20.00	20.00 - 21.00	21.00 - 22.00	22.00 - 23.00	23.00 - 23.59	Grand Total
Monday	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	3	4	4	0	13
Tuesday	1	2	2	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	6	1	2	2	3	23
Wednesday	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1	1	3	2	3	2	1	14
Thursday	1	4	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	3	3	0	2	1	19
Friday	0	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	2	0	3	11
Saturday	2	1	1	1	0	0	1	3	7	10	8	5	10	4	4	10	3	6	1	2	2	1	1	4	87
Sunday	1	3	1	1	1	0	0	0	6	5	3	7	8	5	6	13	8	4	1	2	0	1	6	2	84
Grand Total	**5**	**10**	**5**	**4**	**2**	**4**	**1**	**3**	**13**	**15**	**11**	**12**	**18**	**9**	**10**	**23**	**11**	**11**	**12**	**17**	**11**	**13**	**17**	**14**	**251**

Table 11: Daily data for PCEC attendance for Inverclyde area, November 2023

Day	EV	O/N	D/T	Day	EV	O/N	D/T	Day	EV	O/N	D/T	Day	EV	O/N	D/T	Day	EV	O/N	D/T
				Mon 6	3	0		Mon 13	6	0		Mon 20	2	0		Mon 27	2	0	
				Tues 7	4	1		Tue s 14	4	1		Tue s 21	6	2		Tue s 28	1	3	
We d 1	0	0		Wed 8	6	0		We d 15	6	1		We d 22	0	0		We d 29	1	0	
Thu r 2	2	0		Thur 9	7	2		Thu r 16	0	1		Thu r 23	3	1		Thu r 30	2	2	
Fri 3	2	2		Fri 10	1	0		Fri 17	3	0		Fri 24	1	2					
Sat 4	4	1	19	Sat 11	5	2	16	Sat 18	2	13	13	Sat 25	0	6	19				
Sun 5	2	2	15	Sun 12	4	3	20	Sun 19	3	10	10	Sun 26	3	2	20				

(EV- evening 18.00-00.00, O/N- overnight 00.00-08.00, D/T- daytime 08.00-18.00)

TABLE 12: Percentage (%) of appointments used at Inverclyde Royal Hospital PCEC

Month	% of PCEC appointments used
April 2023	50%
May 2023	50%
June 2023	39%
July 2023	39%
August 2023	36%
September 2023	40%

The current average use of appointments at IRH PCEC is 42% across Saturdays and Public Holidays.

Table 13: Breakdown of patients accessing the service in Inverclyde in November 2023

November 2023	Telephone and Video Consultation	Attend PCEC	Home Visit	Total
Inverclyde HSCP	335	251	94	680
Percentage of total	49%	37%	14%	100%

The data for November 2023 shows that 37% of patients using the GPOOH service were seen in a PCEC. With the current Saturday PCEC at IRH this means that 27% of people using the service were seen at a PCEC outside of Inverclyde. Expansion to a Saturday and Sunday PCEC at IRH reduces this to 17.5%. This equates to an average of 4 people daily over a 14 hour period.

Employing clinical staff to provide a midweek evening service would provide around 30 clinical appointments each evening (with a minimum of 2 clinicians to avoid isolation). The highest number of attendances in an evening is 7 with an average of 3 patients per evening. This means that even with the highest number of attendances 70% of appointments are not utilised.

The data outlines clearly that midweek PCEC attendances do not support additional investment in opening the IRH site for evenings and weekends. However, the data does support opening the PCEC on a Sunday in addition to Saturdays and Public Holidays. The ability to deliver this is dependent on the service being moved out of business continuity arrangements and into a permanent model which will enable processes to complete.

Consideration has been given to closing the PCEC at RAH and relocating this midweek to IRH. There are a number of issues with this. Staff engagement has continued to raise concerns about engagement in shifts in Inverclyde. Many clinicians work in daytime services across the Board area and would struggle to attend the PCEC for shift start. Choosing to move staff from other PCECs to support a midweek evening service in Inverclyde has the significant potential to destabilise the service as this is our experience from 2019.

In addition, the data outlines that moving the site to IRH would require far greater numbers of patients to travel to Inverclyde than are currently required to travel outside of Inverclyde. This is likely to further increase the requirement for patient transport service with associated costs to the service for drivers, vehicles and infrastructure. The accommodation at IRH is suitable for the likely numbers that would attend from the local area but would be overwhelmed if patients that would usually access the RAH site had to attend IRH. This is not an effective use of resources or feasible option and has potential risks to the current stability of the service.

The developments and stability of the GPOOH service has occurred during a period of increasing instability in daytime General Practice which is multi-factorial. This has been particularly challenging in Inverclyde HSCP area where for periods during 2023-24 more than 50% of General Practices in the area had a formal patient list closure. Closures were related to challenges around clinical and administrative staffing and escalating workloads. It is important that the fragility of General Practice and its importance in delivery of care for the population is not exacerbated by an expectation of delivery of an urgent care service that should be available to all, but used on an infrequent basis.

The GPOOH service has to recognise its financial envelope and work within this so financial prudence is necessary. Expansion of the service to include a Sunday and midweek presence would mean that this would not be possible. Expansion to include a Sunday PCEC in Inverclyde in addition to Saturdays and Public Holidays has been costed and can be delivered within budget.

Patient attendances at the Emergency Department of Inverclyde Royal Hospital have been captured as part of this work and have shown a reduction over this period.

Table 14: Patient attendances at the Inverclyde Royal Hospital Emergency Department

Year	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	TOTAL
2019-20	2777	3000	2679	3014	2834	3000	2821	2786	2712	2822	2453	2015	**32,913**
2023-24	2308	2733	2610	2468	2562	2555	2490	2496	2322	2531	2445	2550	**30,070**

In contrast patient contacts with the whole GPOOH service have increased from 186,609 in 2019-20 to 189,724 in 2023-24. These figures are in keeping with national

activity data across Primary Care out of hours services released by Public Health Scotland.

The final consideration has been into whether a similar model to the Vale of Leven integrated care service should be developed at IRH. The Vale of Leven has a front door that deals with minor injuries, some medical receiving and GPOOH patients. GPs working in the service carry out a hybrid role with front door medical receiving cover, support from Advanced Nurse Practitioners and also ward cover for the Care of the Elderly and Medical wards. The GP support is key in provision of medical cover for this site. Patients with higher clinical needs are transferred to alternative acute sites. In direct contrast Inverclyde Royal Hospital is a well-functioning large acute hospital with a fully functioning Emergency Medicine department and acute receiving into various specialties. There is no requirement for an Integrated Care model at this site.

9. Proposed model:

Based on the information provided above, the proposed model is based on a Telephone First model, Home Visiting and Primary Care Emergency Centres delivering care at the following sites, supported by a patient transport service;

- Stobhill Ambulatory Care Hospital (ACH), (Opened Evenings, weekends, and overnights and public holidays)
- Royal Alexandra Hospital (RAH), (Opened Evenings, weekends, and overnights and public holidays)
- Victoria Ambulatory Care Hospital (ACH),(Opened Evenings, weekends, and overnights and public holidays)
- Vale of Leven Hospital-Integrated Care Model, (Opened Evenings, weekends, and overnights and public holidays)
- Inverclyde Royal Hospital (IRH), (weekend days and public holidays)

These sites are preferred as they continue to provide the service a presence in the North, South and Clyde areas of the Board with additional support in Lomond and Inverclyde areas.

Review of the GPOOH activity does not support a consideration of relocation of current services from one of the other existing sites to Inverclyde. However, demand for patients residing in the Inverclyde area at the time of the contact supports the recommendation to expand the PCEC hours at Inverclyde to include a Sunday service. Based on the demand and workforce, therefore, the proposed GPOOH model would support additional Sunday sessions alongside the Saturday sessions at the IRH.

10. Finance:

The proposed model will be delivered within the overall level of available budget, which amounts to £19.4m at 2023/24 values. This will allow full service provision to be achieved.

As implementation would likely start during 2024/25, it is anticipated that a level of financial pressure will exist as the transitional arrangements are made from the current service delivery to the new model of service however this will be non-recurring during the implementation phase only. The full year effect is however financially viable within available funding already in place.

11. Move from Business Continuity:

Moving the GPOOH service from business continuity arrangements to a permanent model is now necessary to ensure stability for staff and patients. This move would allow completion of work with existing staff and enable final adjustments in the configuration of the service.

Moving to a permanent model is key in recognition of the significant transformational changes that have happened in the service, and signals support and confidence in the service.

Remaining in business continuity brings with it additional risks to the service:

- Unable to extend the service to open on a Sunday at Inverclyde Royal Hospital.
- Unable to finalise contractual arrangements with a number of staff groups who support service delivery.
- Risks of ongoing financial pressures in the service as the required changes have not been delivered.

Moving to a permanent model ensures appropriate expansion of the service to support weekend days and public holidays in Inverclyde and ensures that the service is financially prudent and works within its budget. It is vital for the long- term future of the service.

12. Recommendations:

- Approve the move for GPOOH Services from business continuity to a permanent model based on the current configuration.

  This would mean the service commits to:

  - Expansion of service within Inverclyde to deliver a service on Saturdays, Sundays and Public Holidays from 10am – 4pm.
  - 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.
  - Patient Transport Service is now offered to every patient who is being given an appointment at a Primary Care Emergency Centre (PCEC).
  - 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.

- Telephone First approach will be further explored with an ongoing view of quality improvement.
- 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.
- Commitment to provide biannual updates to the Finance, Performance and Planning Committee, ensuring appropriate ongoing oversight of this key service

13. Conclusions:

The GPOOH service has made significant improvements for patients and staff during the period of business continuity, and has continued to stabilise during the last twelve months. The service is key in the provision of urgent and unscheduled care for NHSGGC and delivers between 3000-4000 patient contacts every week.

The move from business continuity to a permanent model will provide stability to staff and patients and allow for final adjustments in relation to the configuration of the service.

Changes to the service delivery model have provided far greater stability and resilience which supports all services across the Board. It is worth noting that the results of our engagement process indicate that 81% of people who responded to this engagement supported the current proposed model.

Continued close scrutiny of performance and an increasing focus on quality of care delivered and interface working further strengthens the position of the service.

Moving the service out of business continuity arrangements is key in recognition of these significant changes and signals support and confidence in this service, for those who work in it and those who use it. It is vital for the long-term future of the service that a decision is made that moves the service out of business continuity and onto a more secure permanent footing.

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

Public Engagement Report
2024

Contents

1. Executive Summary:

The GP Out of Hours (GPOOH) service in NHS Greater Glasgow and Clyde (NHSGGC) plays a crucial role in providing access to urgent care out with core hours of General Practice (Monday to Friday 8am- 6pm). Over recent years various challenges, including workforce shortages and service pressures, have prompted the need to develop a more sustainable way of working for the service.

In February 2020, NHSGGC Board took the decision to move to business continuity in response to these challenges. During this business continuity period, NHSGGC has undertaken a series of steps to enhance service delivery, stability, safety, and patient experience. This included moving to an appointment-only system, the introduction of a telephone-first model for many consultations, the implementation of virtual consultations, improved patient transport services, and maintaining and enhancing the home visiting services. These improvements further increased the ways in which people can access the service.

Following more than three years in business continuity and improving both the stability of the service and increasing positive patient feedback NHSGGC sought to agree a permanent model based on the current provision. To inform considerations on this, and in agreement with Healthcare Improvement Scotland a formal two-month public engagement programme was proposed.

Engagement:

Initially engagement was planned to start in August 2023 but was delayed until September 2023 in order to allow for relevant community groups to return following summer breaks. There was a further short delay due to by elections in Rutherglen. This meant the engagement period was delayed until after 5th of October 2023.

The engagement period ran from Monday 9th October 2023 until Monday 11th December 2023, and aimed to seek feedback from the public and those using the service on the current model for GPOOH services. Feedback was received from 2,923 people during this engagement period, including over 2,000 people with recent experience of the service.

Engagement activities included discussions with community groups, public drop-in sessions, meetings, ‘pop-ups’ at Health Centres and the development of materials, resources and social media activity including press releases, dedicated webpage, videos, infographics, and a live and responsive ‘Frequently Asked Questions’ section.

The engagement plan included diverse activities such as community sessions, formal meetings, and open events, reaching various demographics across NHSGGC. The Patient Experience Public Involvement team, alongside service leads worked in partnership with HSCP colleagues and community groups to deliver the engagement.

This engagement initiative, planned in collaboration with Healthcare Improvement Scotland, aimed to gather insights from service users and the wider public. We tested engagement materials with Your Voice Inverclyde and the Participation and Engagement Network in East Renfrewshire. With over 2,900 survey responses and engagement with more than 1,000 individuals, this achieved one of the highest response rates in comparison to similar exercises undertaken across NHS boards in Scotland.

Feedback:

Results indicated very high overall support for the current GPOOH service model, particularly from recent users (81% support). Geographic analysis showed significant support across NHSGGC, with notable exceptions within Inverclyde.

The survey responses highlighted varying levels of awareness and understanding of the component parts of the model, with the highest awareness related to the 'Telephone First' approach (74%) and the lowest for home visiting (42%).

Feedback highlighted positive aspects, emphasising efficient and convenient access, emergency care support, and person-centred care.

However, concerns about transport costs, a preference for local services, and the importance of face-to-face contact were noted particularly within the Inverclyde area where there were strong desires for local face to face / in person services.

In summary, the engagement revealed significant support for the current model of GPOOH service but also highlighted specific concerns, especially in Inverclyde. The feedback suggests some further steps for improved communication and exploring access challenges.

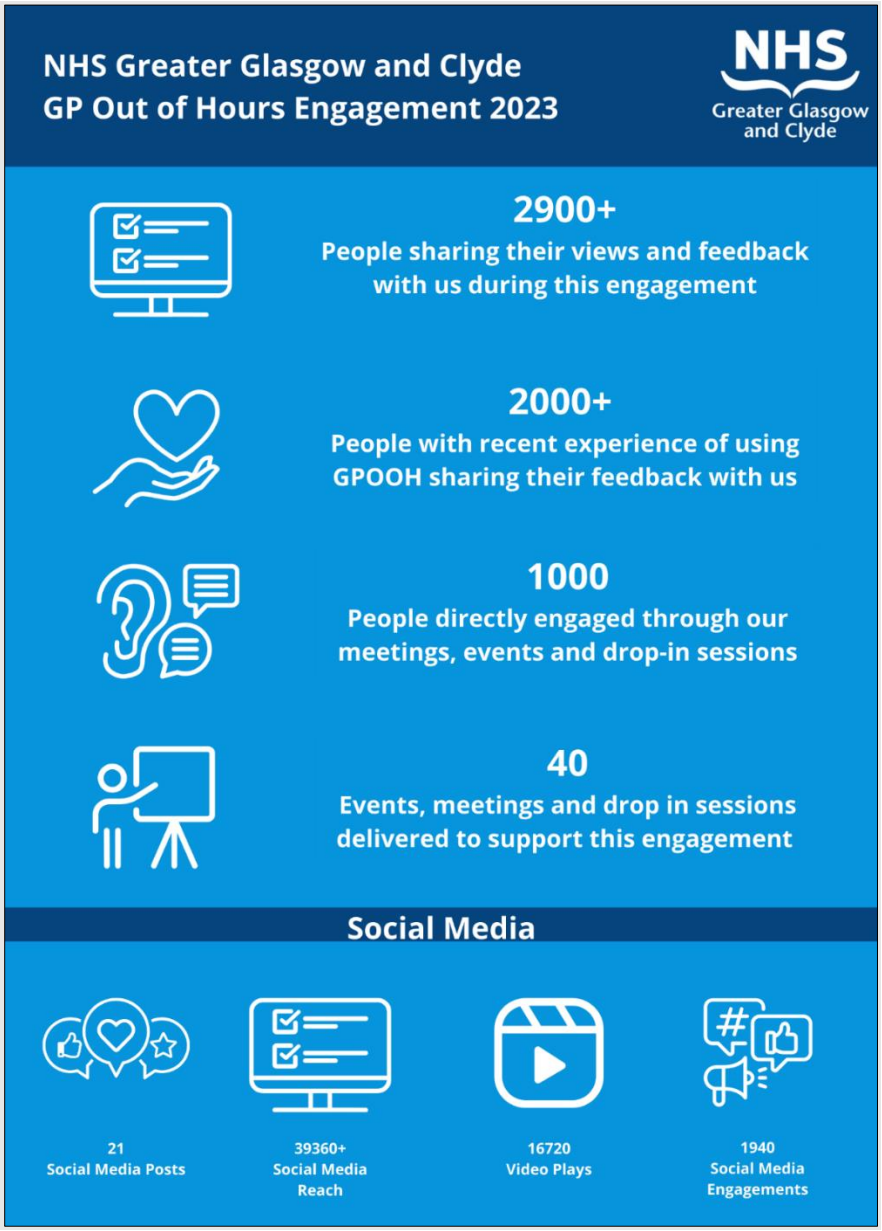
This report sets out the engagement work delivered to support this, the feedback received and the findings from this.

What we did:

Our engagement consisted of a comprehensive programme of community outreach with community groups and networks, community council groups and public meetings, encompassing all six Health and Social Care Partnerships (HSCPs).

We shared information on the GPOOH care pathways and how to access the service and opportunities to participate in our engagement process on a dedicated website, through our social media and our networks, with the help of community partners and local media and we gathered feedback through an online survey. In summary our activities included:

- Feedback from over 2,900 people
- Over 2,000 people with recent experience of using the service
- Over 1,000 people directly engaged through our planned activities
- 40 events, meetings and drop-in sessions delivered to support this engagement



2. Introduction:

This report outlines the steps taken by NHSGGC to respond to challenges in delivering the GPOOH service. This includes the move to business continuity in 2020, and the steps taken to improve the service and to support the workforce delivering this service. It described the formal engagement undertaken across NHSGGC to capture feedback, views and concerns as we seek to deliver the current model for GPOOH services on a permanent basis.

The GPOOH) service within NHSGGC provides access to urgent care medical problems that cannot wait for a routine appointment when GP practices are closed. The out of hours period covers evenings after 6pm and before 8am, weekends and public holidays.

Many factors have led to a changing model of care for the delivery of the GPOOH service within NHSGGC. Much of this is driven by the need to deliver a service that is stable and sustainable and supports patient safety as well as the safety of staff working within the service.

In 2015, the Scottish Government undertook a review on GPOOH services due to increasing pressures on the service relating to workforce pressures, with difficulties in recruiting and retaining enough GPs and other healthcare professionals to deliver the service. In 2019, the Chair of NHSGGC asked Professor Sir Lewis Ritchie to conduct a review of the NHSGGC service in response to increasing numbers of unplanned closures of GPOOH centres and clinical shifts that could not be filled. This was to ensure that the NHSGGC service operated in line with the national review Sir Lewis Ritchie had previously undertaken on behalf of the Scottish Government.

3. Business Continuity:

In February 2020, NHSGGC faced difficulties in maintaining adequate service coverage across eight urgent care sites leading to unplanned closures. As a temporary measure, to support service stability the decision was taken to move to a business continuity position. 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 Primary Care Emergency Centres (PCEC) sites Royal Alexandra Hospital (RAH), Victoria Ambulatory Care Hospital (ACH) and Stobhill Ambulatory Care Hospital (ACH) in the evenings and weekends. These were the sites that offered overnight cover with the other sites previously providing a service in the evening (until midnight). During the overnight period there was agreement of 4 centres open overnight RAH, Victoria ACH, Stobhill ACH and the Vale of Leven Hospital.

The sites at Easterhouse Health Centre, Gartnavel General Hospital, Queen Elizabeth University Hospital and Greenock Health Centre were closed temporarily to concentrate services and resources on a smaller number of sites

This was supported by the Scottish Government appointed Turnaround Director. It is important to highlight that the home visiting service was maintained at all times and in additional patient transport system was also maintained to ensure patients had access to the PCEC if required.

In the short term prior to this agreement with the Board a number of early actions were taken in order to keep the service operation. This included ad hoc closures of some PCECs to consolidate the service on few sites across the Board. This was carried out on a reactive, unplanned basis.

This involved operating the service from a reduced number of GPOOH centres. Initially there was a focus on four sites, namely, Victoria ACH, Stobhill ACH, Royal Alexandra Hospital and Vale of Leven Hospital. This was increased to five sites with the reopening of a new site within Inverclyde Royal Hospital. Further changes in the management of urgent and unscheduled care were introduced in December 2020 when the Scottish Government implemented a new national patient pathway for unscheduled care which included a central point of access through NHS 24.

The unprecedented shift in service delivery during the COVID-19 pandemic demonstrated the importance of innovative approaches to ensure patient safety. An increase in ways in which services could be accessed, such as telephone and Near Me consultations (virtual), were identified as effective ways in which care could be delivered alongside face-to-face care.

In response to these challenges and opportunities, NHSGGC has actively engaged and sought feedback from patients and the public over the last three years to inform how we develop and deliver our services.

4. Steps taken by NHS Greater Glasgow and Clyde:

Since 2020, NHSGGC has taken steps to stabilise, evolve and improve the service. This has included delivery on fewer physical sites, with an increase in the range of methods with which people can access the service. These methods include:

a) **Stopping walk-ins and introducing appointments at the GP Out of Hours Centres:** Patients “walking in” to GPOOH centres have not been subject to the NHS24 triage process and need to be assessed to determine what, if any treatment is required and by whom. The GPOOH service may in fact, not be the right service for their needs. The move to ‘appointment only’ was introduced in June 2020 to support access for those requiring the service, and in line with other NHS Boards across Scotland and in keeping with Scottish

Government urgent care pathways. Developments within the service also included the delivery of virtual consultations (through telephone or Near Me) to reduce the need for patients to attend a site in person.

b) Move to Telephone First model:

A telephone first model was introduced in March 2020 to provide remote triage and consultations for patients accessing the service. Whilst initially introduced as part of the pandemic response, further developments have been made to improve the effectiveness of this model. This new pathway means patients receive either a telephone consultation from a clinician or asked to attend a GPOOH centre at an allocated time. Video consultations using Near Me are also available EHealth support has now enabled clinicians working in the service to email prescriptions directly to community pharmacies, improving the patient pathway.

c) Extending the Patient Transport Service:

The GPOOH patient transport service is offered to patients requiring transport[1] to and from the GPOOH centre if they have no other means of transport. This service was extended 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. New vehicles have been secured that are better able to support patients with poor mobility.

d) Maintaining the Home Visiting service:

For those who require urgent assessment but cannot attend an GPOOH centre due to their clinical condition, the home visiting service is available. Clinicians have dedicated cars with driver support colleagues and work across the whole board area. Investment has also taken place in new cars with enhanced technology to improve on clinical safety and sharing of information.

e) Expansion to Vale of Leven Integrated Care Model:

The service provision introduced at the Vale of Leven was fully reinstated in February 2021 to provide a fully Integrated Care service from the centre.

f) Expansion to Inverclyde GP Out of Hours model:

The GPOOH service and Inverclyde Health and Social Care Partnership worked together to identify a model that could provide a local GPOOH service. In May 2021, the GPOOH centre was introduced on Saturday mornings and public holidays and moved to a co-located basis within the Emergency Department in Inverclyde Royal Hospital.

[1] Patient Transport is available to all patients. At time of arranging an appointment for a centre, the administrative staff will discuss travel arrangements to the centre for the patient. Any patients who indicate they don't have transport means to travel to centre will be routinely offered patient transport. Patient transport now includes accessibility for wheelchair users.

g) Redesign of Urgent Care Implementation:
Work undertaken to Redesign Urgent Care was taken forward as part of the National programme. This recognises the importance of transforming pathways and providing appropriate and safe care in and out of hours and was officially launched in December 2020.

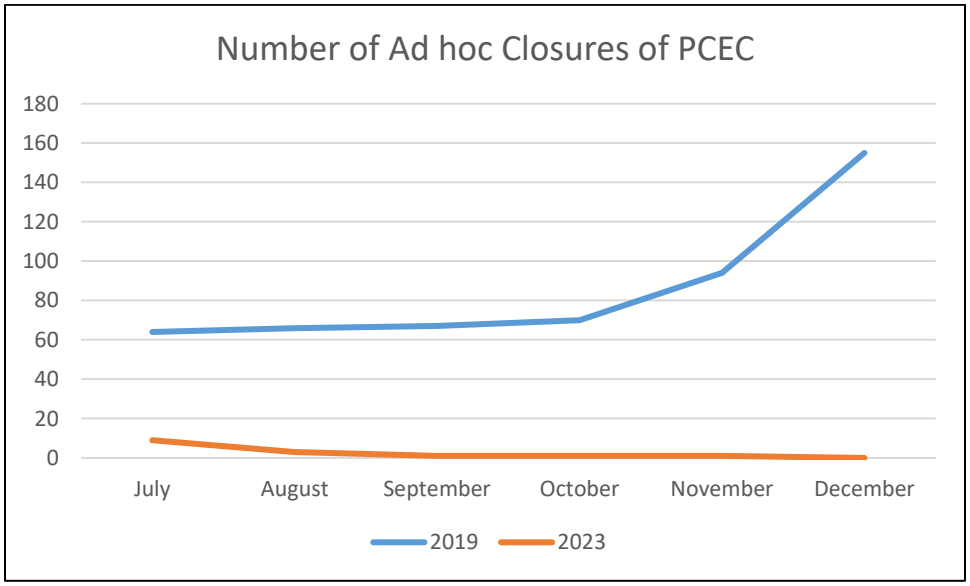
h) Improved Working Conditions:
Work was carried out to ensure the environment of each of the GPOOH centres was appropriate. This has included moving some of the sites to improved locations (e.g., Royal Alexandra Hospital). In addition, agreement has been reached to ensure no lone working for clinicians in GPOOH centres, reducing professional isolation and improving safety.

5. Service Improvements:

The development of the model has resulted in significant achievements. These include:

- Reduced requirement and demand for in-person (face-to-face) attendance
- Greater stability across the GPOOH service
- Improved working environment and elimination of lone working for all staff
- Increased number of salaried GPs supporting the service
- Full re-instatement of an Integrated Care service at the Vale of Leven
- Development of a service in Inverclyde for Saturday mornings and public holidays (co-located with the Emergency Department at Inverclyde Royal Hospital)
- Establishment of remote working arrangements to support the service, either as a routine shift or as a surge response (a group of GPs who have agreed to provide short term remote back up to the service at times of increased demand).

Graph 1: Number of ad hoc closures in PCEC in the year 2019 compared to 2023.



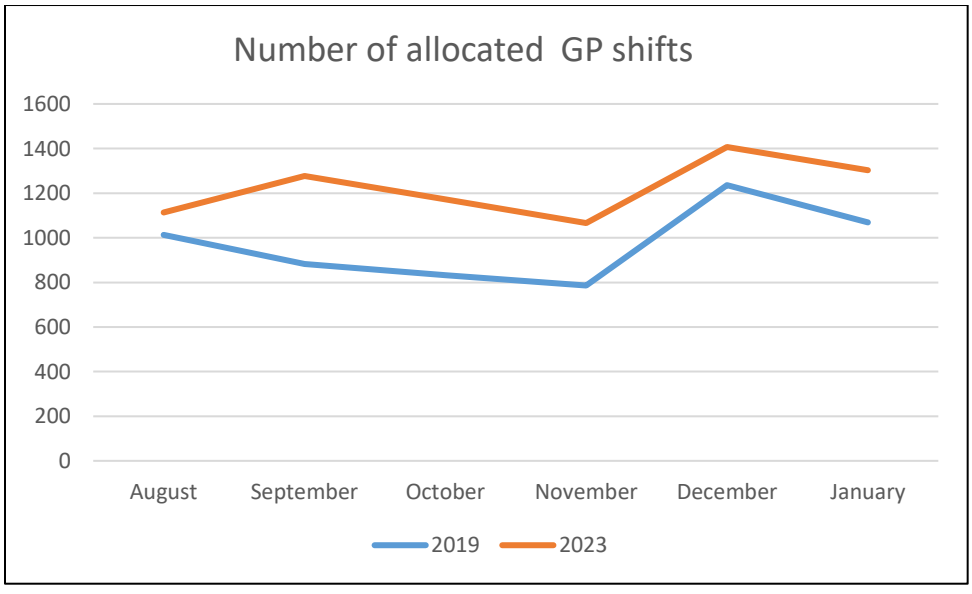
Year	July	August	September	October	November	December	Total
2019	64	66	67	70	94	155	516
2023	9	3	1	1	1	0	15

Issues affecting the GPOOH 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 ad hoc closures at certain sites.

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. To that end the service has:

- Improved its infrastructure to ensure appropriate governance and clinical leadership arrangements are in place.
- Improved the working environment and facilities, eliminated lone working.
- Carried out an external organisation review.
- Set up monthly newsletters.
- Increase improvement of uptake of GP clinical shifts as per Graph 2.

Graph 2: Number of allocated GP shifts



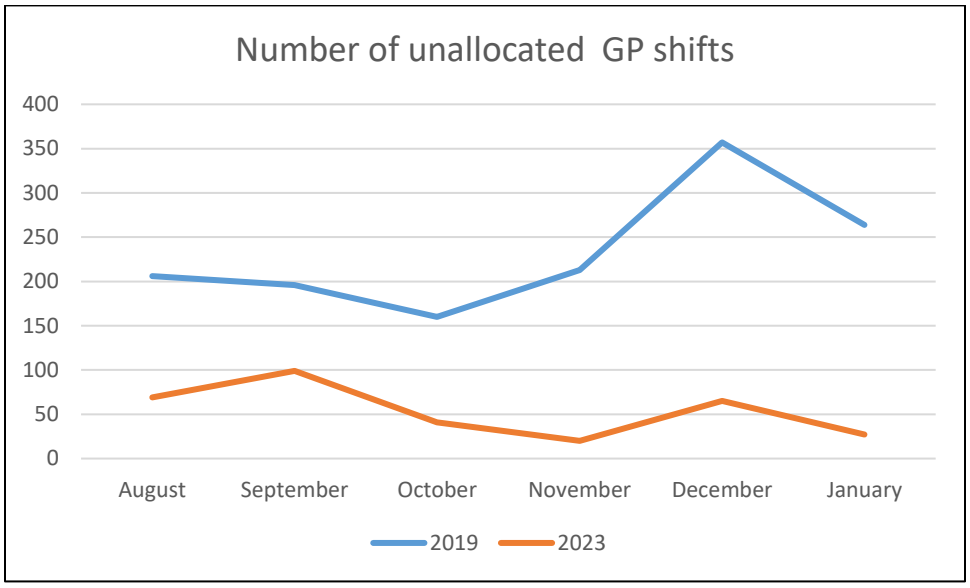
Workload: Due to the volume of work load and lack of GP clinical staffing resources, concerns were highlighted as a main theme. Since 2020 further improvement has been made by the service.

- To ensure the GPOOH Service met the needs of service users, an exercise was undertaken to review the demand versus capacity throughout the out of hour's period. The month of November 2021 was used as a baseline for the activity. This continues to be reviewed.
- A revised dataset and performance framework to ensure progress is adequately monitored.
- Implementation of an appointment system for patients. This allowed clinicians to manage workload and ensure effect flow through the OOH PCECs.
- The introduction of a telephone first model for remote consultations.
- Implementation of Near Me video consultations.
- Improved patient transport services.
- Development of escalation plans to manage clinical demand.
- Extension of the existing service via the Integrated Care GP model for the patients in the West Dunbartonshire area.
- Implementation of the surge GP to deal with unexpected demand
- Reintroduction of a PCEC in the Inverclyde area on Saturday mornings and public holidays (now co-located with the Emergency Department in Inverclyde Royal Hospital).
- Continuation of a comprehensive House Visiting service across NHSGGC.

Workforce: In February 2020 the clinical model relied mainly on sessional GPs with only 10 salaried GPs within the service. At present the clinical model relies 68% on salaried GPs workforce with currently 43 salaried GPs in place. Further service improvements has been made which has led to stability in service:

- Increased Recruitment of salaried GPs, Advanced Nurse Practitioners and other health professionals.
- Developed a workforce plan with a multi-disciplinary team approach, reducing the reliance on GPs providing all clinical sessions.
- Improved terms and conditions for salaried GPs.
- Development of the nursing workforce.
- Improvement in the reduction of unallocated GP shifts as per Graph 3.

Graph 3: Number of unallocated GP shifts



Patient Transport Service: The GPOOH Patient Transport Service (PTS) is available for all patients who do not have a means of transport in the OOHs period to attend a PCEC. While most patients can travel to a PCEC independently or with support from family and friends, GPOOHs service recognise that PTS plays an important role for those requiring urgent medical care in the OOHs period. Transport to and from can make a significant difference to patients wellbeing, and sometimes to their safety and health in the OOHs period.

Eligibility for Patient Transport:

Patient Transport is available to all patients. NHSGGC will provide free patient transport to all patients able to attend a PCEC. There is no requirement for patients to meet upfront travel costs and reclaim. At time of arranging an appointment for a centre, the administrative staff will discuss travel arrangements to the centre for the patient.

Any patients who indicate they don't have transport means to travel to centre will be routinely offered patient transport. Transport arrangements will also be discussed on any telephone consultations resulting in an attendance at a PCEC by a clinician and then followed up with administrative staff. PTS helps patients travel to and from their attendance at a PCEC safely and comfortably in the OOHs period.

Patients are eligible to have an escort accompany them on their journey if they have any specific requirements. The escort could be a healthcare professional, relative or carer who can provide a necessary skill or service which cannot be provided by the patient transport staff, for example, to accompany someone with a physical or mental incapacity or to act as a translator. An escort may also be a person recognised as a parent or guardian of an eligible patient under the age of 16. All escorts must travel from and back to the same address as the patient.

How the Patient Transport Service operates:

At time of booking transport for the patient, the administrative staff will run through a set of questions to determine if the patients are suitable for PTS. The administrative staff will ask if the patient needs PTS to and from their appointment. If an escort will be accompanying the patient on their journey and note any specific needs and ensure the patient is fit and able to utilise a GPOOHs vehicle.

If the patient is deemed suitable, the patient will be allocated an appointment at a PCEC within the clinical timeframe identified. Patients will be informed that transport has arrived at pick up location by GPOOHs administrative staff and to make their way out to the vehicle.

If after a discussion with the patient they are deemed not suitable for PTS then further guidance will be obtained from a GPOOHs clinician. This may result in a change of pathway such as a Home visit now required.

After the attendance at a PCEC, the administrative staff will arrange for the patient return journey. If the service is unable to offer patient transport, and this is still required it can be arranged through the NHSGGC transport department, or through alternative appropriate transport arrangements.

Types of transport:

A range of vehicles and support is required to deliver PTS including cars and minibuses which include sitting and wheelchair accessibility. PTS has access to electric vehicles, which has a direct effect on reducing harm to human health that air pollutant particulates from petrol and diesel vehicles contribute to.

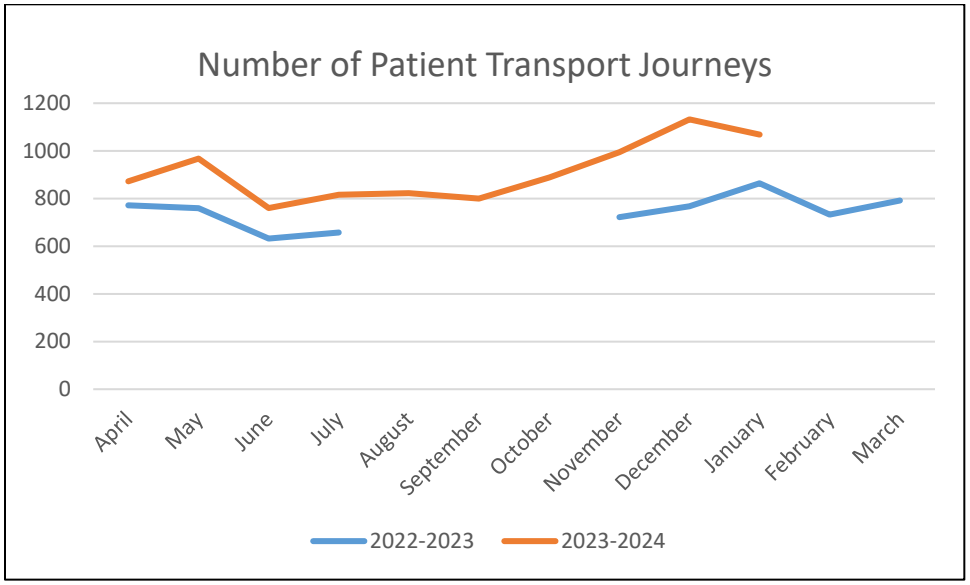
The vehicles are equipped and clean at all times and in the event of a vehicle becoming unfit for use, it will be taken out of service until it has been cleaned. The transport vehicle is comfortable and suitable for mobility requirements and will ensure the patient is secured in the vehicle with seatbelts, wheelchair restraints or access to car seats for children as appropriate. PTS has shown enormous flexibility.

The PTS has adapted to social distancing requirements and stepped up to develop better ways to transport patients and improved access to PTS.

Use of Patient Transport Service:

Graph 4 reflects the number of patient transport journeys that has gradually increased. Unfortunately the data is unavailable during August 2022-October 2022 due to the Business Contingency plan being invoked for the cyber-attack.

Graph 4: Number of patient transport journeys



Measuring the effectiveness of PTS and access:

The PTS service is measured on the effectiveness of this service through ongoing monitoring and performance information on journeys including:

- **Responsiveness**
  - Patient satisfaction, communication and safety
  - Co-ordination and integration
  - Journey quality and timeliness
- **Fairness**
  - Service use and health inequalities
- **Sustainability**
  - Environmental sustainability
  - Financial sustainability

Patient satisfaction includes a measure of feedback. The above measures allow the monitoring of the performance of the PTS service.

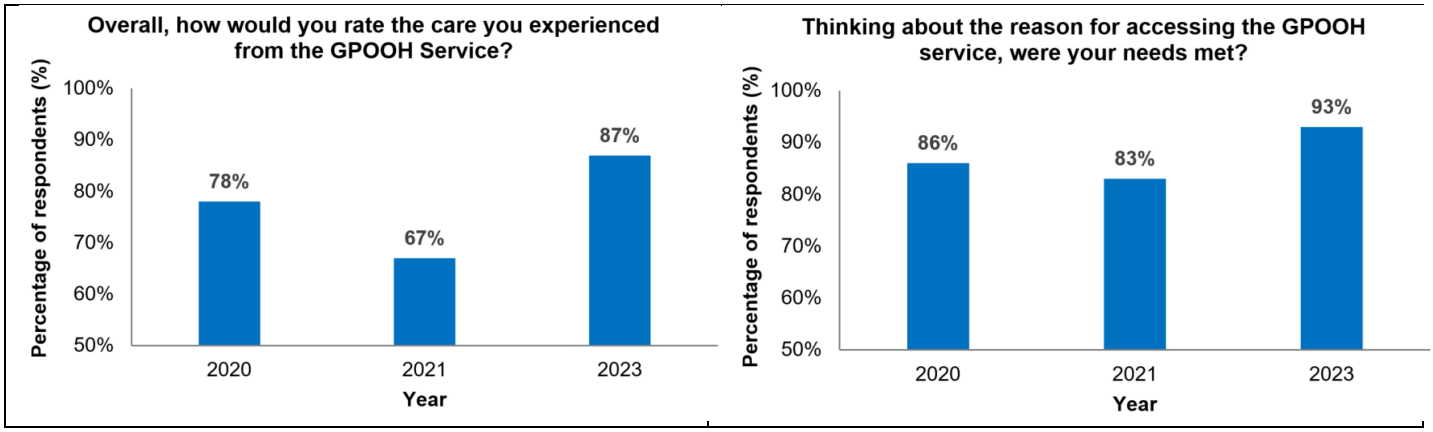
6. Ongoing Evaluation:

Since moving to business continuity in 2020, we have evaluated the GPOOH service several times as we actively sought feedback from those using our services to understand their experiences. We have improved and modified the service on an ongoing basis in response to our feedback to inform how we deliver the service.

Through this time, we asked standard questions to understand people's experiences of using the services. The feedback highlights an increase in positive response to this. In focusing on the

1,148 responses received to this in 2023, 87% rated the care experienced positively, with 93% also stating they felt their needs had been met by the service.

Graph 5: Patient satisfaction survey feedback



7. Formal Public Engagement:

To undertake wider public engagement on the model, and in discussion with Healthcare Improvement Scotland, we planned a formal two month programme of engagement (starting on Monday 9th of October 2023 and concluding on Monday 11th of December 2023). Through this engagement we aimed to:

- Provide open communication and create opportunities where thoughts, questions and suggestions regarding GPOOH services can be shared.
- Build a shared understanding of the way in which GPOOH services operate reflecting on the challenges and opportunities in the service.
- Provide an approach to capturing a diverse range of views and feedback reflective of our communities.
- Provide engagement opportunities to allow a wide range of stakeholders to be involved to provide views and feedback.

We delivered a wide variety of activities to support people's awareness and involvement included:

- Press releases, news articles and information shared through NHSGGC's Involving People Network.
- The production of short videos and infographics explaining the service and reasons for change.
- A programme of social media activity across our channels designed to raise awareness of the engagement and ways in which people could get involved and offer feedback.
- A dedicated webpage describing the activities and sharing the resources.

- Frequently Asked Questions outlining common queries, questions or concerns raised.
- A series of Drop-In sessions across NHSGGC to engage with people in local areas.
- Attendance at groups and networks to present, discuss and receive feedback.
- The development of a public survey to capture the views and feedback of people.

Our engagement activities were informed through a stakeholder analysis and the production of an Equality Impact Assessment. This supported us in identifying potential groups and geographic communities and how we may wish to plan engagement activities.

8. Communications:

Building on the previous engagement work of the last three years, a comprehensive communication plan was developed to raise awareness of the engagement and to direct feedback to the survey as the main mechanism for gathering feedback. The public sessions were advertised as part of NHSGGC social media channels and further shared by local media and local groups.

This was supported by a wider public programme of activity raising public awareness of the current position and inviting feedback through various methods including press releases, local press, social media and NHS Greater Glasgow and Clyde's Involving People Network. The main method of capturing people's feedback was through a survey, which was developed in partnership with Healthcare Improvement Scotland, and tested with local community groups.

We promoted this by creating a dedicated webpage for the engagement including information on the model of GPOOH in video and written format that explained the reasons for change and the ways to access the service including the support that is there such as patient transport and home visiting. We created a QR code for ease of access to the website and social media highlights to promote the engagement events and encourage engagement via the website and survey. Through the peer model we reached out to specific marginalised groups to hear about their experiences and engage with them on ways to improve information and access.

Our website hosted a section on Frequently Asked Questions ('FAQ's) that was updated with questions raised from members of the public during the engagement. Our EQIA was published on our website along with board papers and videos and documents with more information to support people with additional information on the service and the model.

Our engagement materials were shared through a press releases, via local news articles, through our own social media accounts (Facebook, Twitter and Instagram) and through our Involving People Network.

We created a series of posters and supporting visual materials such as a flowchart an animation and videos from senior staff that were held on our website and shared to GPOOH centres across NHSGGC encouraging people to participate in the engagement.

9. Social Media:

Our Social media plan was to create a number of key assets that would act as informative pieces about the GPOOH service whilst also maintaining a level of awareness of how to get involved and encouraging feedback and engagement from the public.

We aimed to keep the momentum for engagement steady throughout the engagement period by creating key resources for promotion and by linking in with key community partners to help cascade information about the service into communities at regular intervals. We produced 21 social media posts shared through our platforms providing information and encouraging feedback throughout the engagement.

We created key videos of senior staff and animation explaining the GPOOH service, how to access the service and what the different processes would be. These videos were watched 16,720 times throughout the engagement period. We also created a number of visual materials including posters and photos of members of staff and a flowchart of the GPOOH pathways. All of these were hosted on the dedicated webpage and promoted through our social media networks.

We promoted the website, survey and outreach sessions throughout the engagement period. We focussed on promotion on the run up to the days we hosted the sessions in Inverclyde and also through promoting photographs of ongoing engagement work in the community. This resulted in a social media reach of over 39,360 people who have viewed the GPOOH content.

10. Engagement:

We worked in conjunction with Healthcare Improvement Scotland to develop a proposed engagement plan for the work that would capture the views and experiences of the service from those that used the service and the wider public.

Our Engagement programme achieved one of the highest response rates for similar consultation and engagement exercises carried out by NHS boards in Scotland. We had over 2,900 responses and we directly engaged with over 1,000 people through 40 planned activities across NHSGGC.

These activities ranged from drop-in sessions in community centres and health centres to attending formal meetings, groups, networks and events to present and discuss the service. We also attended meetings in response to requests from interested communities and groups.

NHSGGC's PEPI team met with community groups across NHSGGC and within every Health and Social Care Partnership. This ranged from mother and toddler groups in Shawlands, Older People's groups in Easterhouse, Voluntary Sector events in West Dunbartonshire to the Association of Community Councils in Inverclyde.

The team were supported in many of their activities by service experts to describe and provide details on the service and how it operates. This included the Interim Director for Primary Care, the Clinical Director and the Clinical Service Manager for GPOOH.

11. Feedback from Engagement:

The survey was the primary tool for gathering feedback during engagement, receiving 2,923 responses. The Patient Experience Public Involvement team email was also used in the engagement materials as a way for people to provide comments and feedback.

The response level achieved for this engagement process represents a significantly high level, with similar consultation and engagement exercises across the NHS Scotland receiving on average 450 responses.

The approach sought to capture feedback on the service model, assess awareness of component parts, and assess public views on the current model. Atlas qualitative analysis software was used to analyse and theme the feedback received. The responses provided were from across NHS Greater Glasgow and Clyde, with the breakdown of this highlighted in table 1 below for each Health and Social Care Partnership.

Table 1: Responses provided per Health and Social Care Partnership

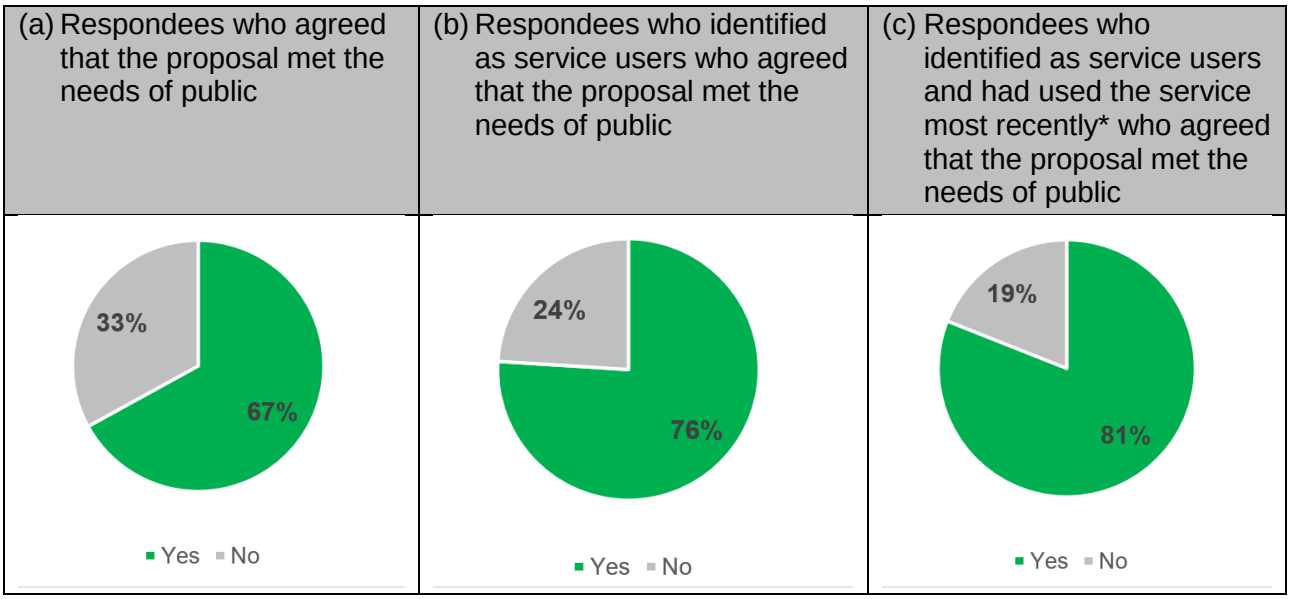
	Health and Social Care Partnership (HSCP)/Local Authority							
	East Dunbartonshire	East Renfrewshire	Glasgow	Inverclyde	Renfrewshire	West Dunbartonshire	Other	Total
Responses	254	182	1,031	772	352	172	160	2,923
Percentage Responses per area	8.7%	6.2%	35.3%	26.4%	12.0%	5.9%	5.5%	100%
NHSGGC Population percentage	9.1%	8.1%	53.6%	6.6%	15.0%	7.5%	N/A	100%

With the 2,923 responses broken down by area, the highest response level is Glasgow with 1,031 (35% of total). Inverclyde is the next highest with 772 (26% of total).

12. Responses in support of model:

The survey asked a number of questions to understand people's awareness of GPOOH and whether people felt the proposals met the needs of the public. The breakdown below highlights the responses on three levels; (a) an overall (total) figure of all respondents to the survey; (b) those who had indicated using the service, and (c) those who had indicated using the service within the last six months.

Graph 6: Survey responses

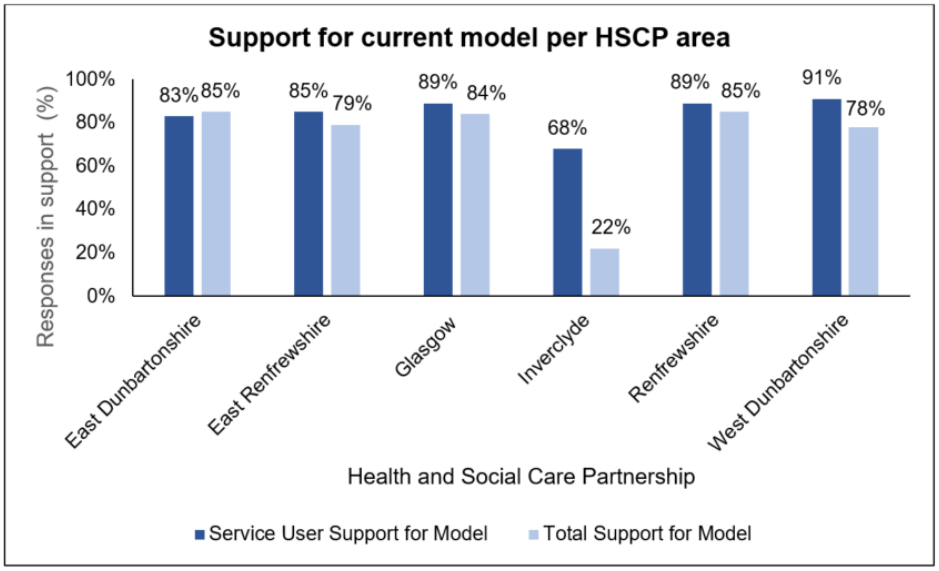


In general, there was overall support from the 2,923 respondents for the current model, with 67% indicating support for the current model. Support was greater when looking at those with experience of using the service (76% support), and strengthened further when looking at those that had used it most recently (81% support).

Geographic responses:

There was significant support for the current model from across NHS Greater Glasgow and Clyde when looking at responses for each Health and Social Care Partnership area. The graph below highlights this and also provides a breakdown of those feeding back as recent users of the service, alongside the total responses for each area.

Graph 7: Support for current model across Health and Social Care Partnerships



The responses indicate that overall support for the current model is significant. It highlights higher feedback from service users in comparison to the total responses. The only exception to this is within East Dunbartonshire where support for the model is 83% among service users in comparison to 85% of the total response. Also notable is the Inverclyde responses with 68% support for the current model from recent service users versus 22% of total responses.

13. Awareness of the model:

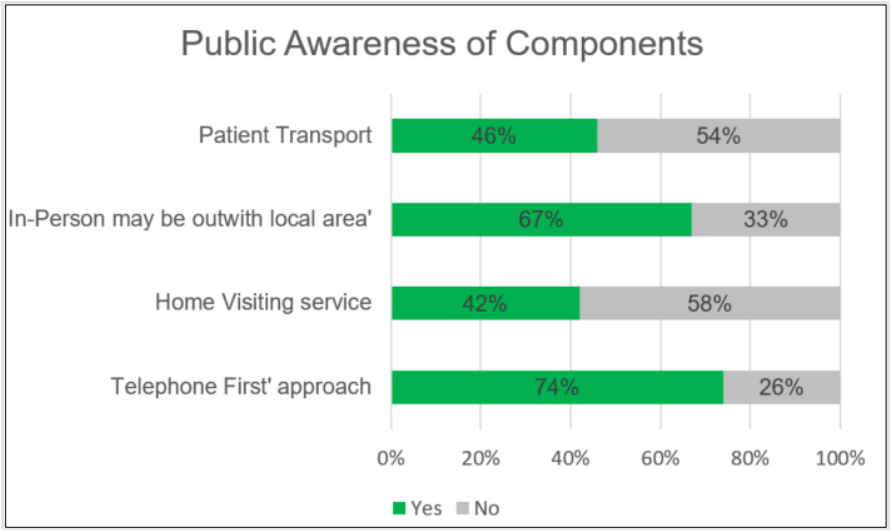
We understood from some early engagement that the ongoing development of the GPOOH model while in business continuity was unfamiliar to some people. As part of our work, we wanted to understand this further and asked a series of questions to focus on the component parts of the model.

The questions asked to understand this further included:

a) *Did you know that NHSGGC provides a dedicated patient transport service for patients that have difficulty in travelling for appointments?*
b) *Did you know that if you require an in-person appointment you may be required to attend a GP Out of Hours Centre that may be out of your local area?*
c) *Did you know that NHSGGC GP Out of Hours service operates a home visiting service for patients unable to leave their home?*
d) *Did you know that the NHSGGC GP Out of Hours service operates a 'Telephone First' service which will seek to provide advice and care without the need to leave the home setting?*

The responses to these questions (on whether people were aware of these elements) are highlighted in graph 8 below:

Graph 8: Public awareness in relation to component parts of the service



There is a range of understanding and awareness to the component parts with the highest awareness relating to the 'Telephone First' approach (74%) and the lowest awareness relating to the home visiting element (42%). This is closely followed by lower public awareness in relation to the patient transport service (46%). More specific feedback for each element is highlighted below:

a) <u>Patient Transport</u> *(46% awareness)*:

Respondents expressed varying levels of awareness, but a general appreciation for the patient transport service associated with GPOOH services. Some are grateful for the convenience it provides, particularly for those who don't drive or face difficulties with transportation.

Some respondents expressed confusion and lack of knowledge on how to access the patient transport service and who would (or should) be eligible for this, emphasising the need for better communication and promotion.

- *"It's a good service and much needed and very thankful for it..."*
- *"This is such a brilliant service to provide and I had no idea until I happened to mention that we would have to take a taxi to the call handler. Perhaps call handlers could offer this without being prompted?"*

b) <u>In-Person appointments out with local area</u> *(67% awareness):*

While some acknowledged the necessity of travelling for care and the understanding of this, other respondents highlighted the preference for local appointments and having services close to home.

Comments suggested a key theme related to transport and access considerations when requiring an In-person/face-to-face appointment. Concerns raised included the financial costs of transportation and difficulties for those without their own cars or access to transport.

- *"Nearer is easier, but I would be grateful for any service in an out of hours situation, particularly as my appointments have been for my young children at times I've been quite worried about them""*
- *"If my family or myself could not wait till GP was open happy to travel out with local area"*
- *"When someone is feeling poorly waiting to travel then travelling a further 45 mins to an hour to Paisley is very daunting - when sick on chemo I know travelling that far would have been awful"*
- *"I can drive so I have used them myself and taken family. At my recent attendance I had to be there in person. I think it is better to have fewer centres that are well staffed. If that means I have to travel that is ok. I worry for people who can't drive or are short of money or on their own. How would they get to centres?"*

c) <u>Home Visiting (42% awareness):</u>

Positive comments highlighted satisfaction with the professionalism, accessibility, and efficiency of the home visiting service.

Emphasis on the importance of quick access to home visits, especially for elderly or palliative patients. Suggestions for improvements included reducing wait times and addressing instances where there was perceived reluctance to provide home visits.

The home visiting service received many positive comments from those that had benefited from, or were aware of this. Positive comments mainly focused in a general satisfaction with the service with key themes relating to 'professionalism', 'accessibility' and 'efficiency'.

- *"I have used this while at work as I am a support worker. The doctors are always out quickly and take the time to understand what is going on. Have always been impressed by the home visiting doctors."*
- *"An outstanding service. Thank you a lot for everything"*
- *"A very good doctor visited promptly. Very reassured and cared for by her"*
- *"GP came in and he was very nice and was able to calm down my 92 year old mother"*

Respondents emphasised the importance of quick access to home visits, especially for elderly or palliative patients. Suggestions for improvements included wait times and some instances where there was a feeling of apparent reluctance to provide home visits. The overall theme is a need for timely and appropriate home visits for those in need.

96% of our survey respondents from our ongoing evaluation survey in 2023 who had a home visit rated the care they received as good or excellent.

99% of these respondents rated their needs were met as either definitely (86%) or to some extent (13%),

d) <u>Telephone First Approach</u> *(74% awareness):*

There was a high level of positive feedback to the development of the telephone first approach and the introduction of remote consultations and advice.

In general, respondents appreciated and spoke positively of approach to the 'telephone first' service and in particular the convenience of remote consultations, especially for advice and prescription needs.

Praise for the 'telephone first' approach related to its speed, efficiency, and helpfulness, with others describing experiences of long waiting times on the phone and some delays in call-back.

- *"Other than the waiting time to speak to someone on 111 the service was good and the GP contacted my local pharmacy direct to arrange a prescription."*
- *"I thought it was very good. In fact it exceeded my expectations as I thought I was going to be referred to A&E where I would have to sit and wait for hours"*
- *"The call handler, nurse and doctor were all very attentive and prepared to listen very friendly and professional"*

14. Impact Assessments:

Since 2020, the Equalities Impact Assessment has been reviewed and updated as the model evolved. The most recent reviews took place in September 2023 ahead of the formal engagement and in February 2024 following engagement. This found that positive steps have been made to improve data input quality through the Adastra patient information system. The extended patient transport service and introduction of virtual consultations demonstrate positive developments in addressing potential barriers to access.

Following the Impact Assessment in September 2023, steps were taken by the service to ensure transport needs were routinely assessed for those requiring in-person appointments. The service revised the process with an amendment to the system for arranging appointments.

As part of this, the Clinicians are now required to indicate whether transport has been offered before moving on with other information (the system will not allow the clinician to move on unless this section is complete). To support consistency, standard wording has also been developed on how this should be asked, and this is now audited routinely.

15. Engagement with Marginalised Groups:

In order to ensure that our engagement programme was inclusive, it was supported by the NHSGGC Equalities and Human Rights Team (EHRT) to develop specialised outreach activities for marginalised groups. This included engagement with 182 people with eight specific groups representing the BAME community, people with disabilities, older people and gypsy travellers.

There was low awareness across the groups of the service in general, with this even more so when looking at the specific elements. When people were asked what they would do if they were unwell, answers ranged from calling NHS24 to going straight to A&E with comments including it being easier to go to ‘A&E’. People described barriers to using healthcare, particularly if English wasn’t the first language.

Feedback gathered from marginalised communities focused on the main themes of information and access, not knowing where to get help or how long it would take. There was a particular focus on a lack of cultural sensitivity and people told us they were discriminated against when accessing services and a lack of knowledge about different cultures for instance African culture and Gypsy Travellers that if there is a language barrier extra help should be given.

Existing booking pathways via NHS24 are supported by language line to support callers who cannot or prefer not to speak English. Language line is private, confidential and free to use. People utilising GPOOH services who require an interpreter will continue to have this provided through NHSGGC’s telephone interpreter service. Interpretation and translation at the point of delivery provides a high quality, accessible and responsive to a patient’s linguistic needs in the OOH period.

Language preferences and communication needs are recorded in the patient’s record and shared with other services when the patient is referred on (for example NHS 24 to GPOOHs Service). GPOOHs staff will be aware of the needs of the patient’s during any interaction with the patient. This is in line with Primary care day time practice.

16. Summary of community outreach:

The engagement plan included a dedicated programme of outreach events in the community across the whole NHSGGC geographical area. These engagements primarily encouraged feedback to be gathered via the online questionnaire and verbal feedback was also shared.

General awareness of the GPOOH service was mixed, those who had used it had positive feedback however in general there was a lack of awareness of what it was to be used for and how it was different to daytime GP and other primary care services, NHS 24 and emergency services.

Clarification was sought from many of the people around different aspects of the GPOOH service and other aspects of urgent care such as minor injuries or the ambulance service and how they were coordinated together to provide urgent care support.

The pathways to access the GPOOH service was felt to be unclear and the waiting times for NHS 24 were felt to be too long. However, once they had accessed the service there was positive experiences.

There was positive feedback given on the patient transport provision, particularly the support available for accessing face to face appointments from those with a chronic condition or a higher support need however there was some concerns raised around waiting times and wheelchair access.

There was concern raised from the areas close to Vale of Leven, East Dunbartonshire and in some parts of Glasgow City around having to travel out with their local area. The clarification around patient transport helped to alleviate fears of accessing late at night and having to travel out with your local area while feeling unwell. It was felt that more information on this would be useful.

The appointment system was positively viewed, and people felt it was more efficient than waiting in A&E especially for small children. Being able to avoid long waits in a hospital type environment was felt to be less stressful. There was concern raised from people who had experienced long waiting times when first phoning 111, especially from carers of young children. People shared that it was very stressful needing GPOOH support and having to wait in the same virtual queue, a general feeling was that there should be a different triage for young children.[2]

[2] Improved staffing levels in the service have significantly reduced wait times for a call back from our clinicians. At times where the service is exceptionally busy there is an escalation plan that involves under five patients being straight booked to the clinics.

Feedback on follow up care and accessing medication if a prescription was given or general out of hours pharmacy support was mixed and it was felt that better out of hours provision of community pharmacies would be beneficial.

In general people felt clearer and more available information on different levels of urgent care and GPOOH would help people know when to access the service and what to expect. There was feedback that this information should be accessible and available in local communities.

17. Evaluation of Engagement:

We created a responsive engagement programme that adapted to the needs of attendees and participants and sought feedback on this from those that took part. Within Inverclyde, we sought local input for appropriate and accessible venues for our meetings and drop-in sessions. The format evolved in response to feedback ranged from formal theatre style to more informal table discussions with service leads at each table while noting and responding to points.

Our Outreach programme was flexible and responsive, we adapted our outreach sessions in Inverclyde following feedback and added on additional sessions for community groups as requested. People heard about the drop in sessions from a variety of sources, local media and social media and the majority attended to gain information and ask questions. Positive comments were made on the level of expertise of the staff answering the questions although not all questions were able to be answered at the time some follow ups were made on more detailed questions.

There was feedback of not enough information available on the GPOOH service to the general public and requests for more clear information in a simple accessible format.

Some of our feedback on the drop in sessions:

- *" Really important part of engagement - face to face"*
- *" It was clear the staff were well equipped to answer queries"*
- *"Insightful. Generally good level of replies from each person with thought given to replies"*
- *"A beginning of a learning experience. Need to inform the wider public."*

18. Thematic Summary of Overall feedback received:

Feedback on NHS Greater Glasgow and Clyde's GPOOH service highlighted positive aspects, with praise for efficiency, quick response times, and convenient access.

Overwhelming appreciation was received for person-centred care and staff dedication emphasised the positive impact on patient experience. The feedback received is summarised in the following points:

a) **Efficient and Convenient Access:**
Respondents praised the service for its efficiency, quick response times, and convenient access to healthcare outside regular GP hours.

b) **Emergency Care and Support:**
Recognised for offering vital support in emergency situations, the service serves as a bridge between regular GP practice team care and hospital services.

c) **Preventing Unnecessary A&E Visits and Alleviating Pressure:**
The service was positively acknowledged by many respondents for playing a role in preventing unnecessary visits to Emergency Departments ('A&E') and alleviating pressures, ensuring more focused attention on critical emergencies.

d) **Person-Centred Care:**
Many positive comments were received highlighting the personalised, person-centred and considerate care provided by the out of hours GPs and staff, which provided a reassuring and supportive patient experience.

e) **Support for Vulnerable Populations:**
The service was seen by many respondents as essential for vulnerable populations, including the elderly in providing access to medical attention at any time.

f) **Gratitude for Service Staff:**
From respondents that had used the service, there was overwhelming gratitude for the helpfulness, friendliness, and dedication of the staff within the service.

g) **Transport and Access:**
Concerns about potential costs and difficulties in arranging transportation, especially for those living far from the centres if requiring in-person/face-to-face appointments[3].

h) **Preference for Local Services:**
Strong calls for expansion of service within the Inverclyde area and establishing more to minimise travel distances.

i) **Importance of Face-to-Face Contact:**
Many respondents emphasised the importance of face-to-face contact for accurate assessments.

[3] As described in the report, a new approach was implemented from September 2023 to ensure transport needs were routinely assessed for those requiring in-person appointments.

Respondents that felt the service could be improved mainly focused on clearer information, transport and access, describing challenges particularly for in-person appointments. Strong calls for reinstating services locally within the Inverclyde area were also captured.

19. Inverclyde:

Strong views on the need for more local service provision in Inverclyde, were voiced and shared prior to, and during this process. As a result we provided additional activities, drop-in sessions and meetings within Inverclyde to support discussions. This included 4 specific drop-in sessions across the Inverclyde area which were well attended by members of the public as well as elected representatives as well as a range of meetings with Community Councils, Community groups and Inverclyde Council.

- *"I think this is not suitable for people. Especially if you do not drive or don't have access to a car"*
- *"There should be provision for people unable to travel, particularly the elderly"*

The points highlighted above represent a summary of the feedback received with general concerns in relation to the need to travel to Paisley or Glasgow when requiring in-person care.

Respondents within the Inverclyde provided clear feedback on a desire for an expansion of GPOOH services locally. Common themes related to challenges faced by people travelling to Paisley or Glasgow if requiring in-person/face-to-face care. Many expressed concerns about the impact on those who may struggle with transport and concerns with incurring extra costs attending out with the local area and potential / perceived impact on timely access to care due to travel times

Through our engagement, and the discussions that took place as part of this we noted that some people were unaware of the full range of the service that was currently there and accessed on a "Telephone First" basis, in line with the rest of Scotland. A general feeling or perception of the area being left behind or downgraded due to services beyond GPOOH 'moving out of the area' arose as part of the discussions in Inverclyde.

Additional to the main survey feedback, we were aware of two online petitions within the Inverclyde area and also received a submission from Inverclyde Council and from an MSP for West Dunbartonshire:

- The first petition, submitted by an elected representative within Inverclyde and titled: '*Reverse the closure of Inverclyde's Out of Hours GP Service*' contained 6,063 signatures.

This commenced in 2020 was not formed as part of this engagement process, and the service delivery model has changed significantly and evolved during this time. We are aware that at least 5,000 of the signatures occurred in 2020 following the initial move to business continuity.

- The second petition, from the local Inverclyde area was not formally submitted but we were aware of this, and was titled: '*Save Inverclyde's Out of Hours GP Service. No more cuts!*' . This contained 1,332 signatures.

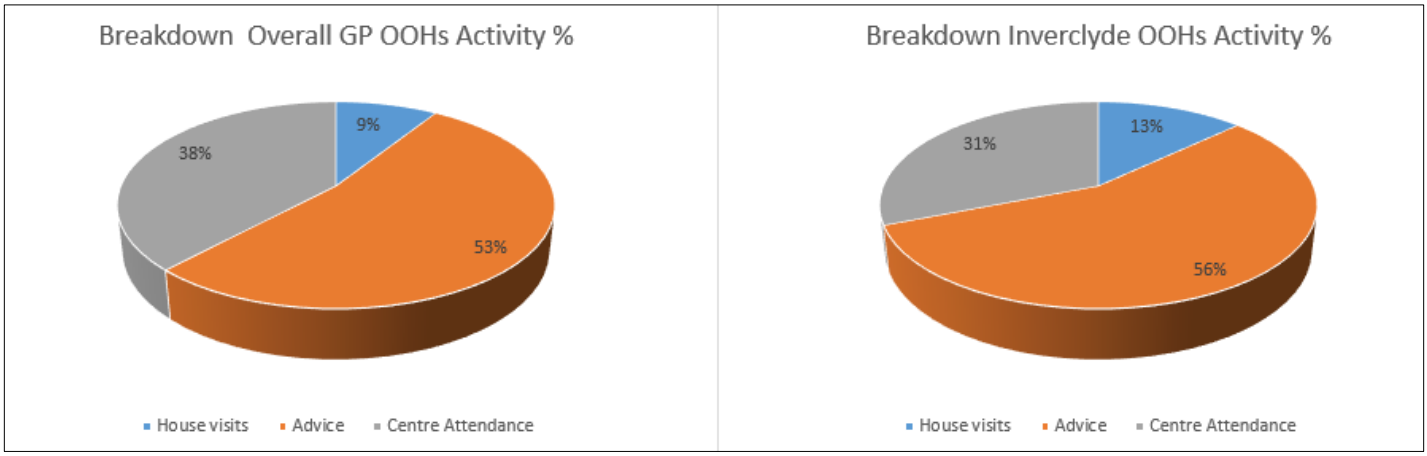
Utilisation of Activity: Table 2 reflects the GPOOHs activity across NHSGGC compared to patient contacts residing in the Inverclyde area at time of the contact. The Inverclyde area has been determined by the postcode of the current location of the patient. The average of this activity is highlighted below in graph 9.

Table 2: GP Out of Hours activity across NHSGGC and Inverclyde

NHSGGC GPOOH Activity				
Month	**House visits**	**Advice**	**Centre Attendance**	**Total**
Mar-23	1255	7710	5427	14392
Apr-23	1550	10090	6851	18491
May-23	1395	9325	6475	17195
Jun-23	1159	7077	5126	13362
Jul-23	1400	7646	5618	14664
Aug-23	1122	6603	5372	13097
Average	**1,314**	**8,075**	**5,812**	**15,200**
%	**9**	**53**	**38**	**100**

Inverclyde GPOOH Activity				
Month	**House visits**	**Advice**	**Centre Attendance**	**Total**
Mar-23	86	388	201	675
Apr-23	96	526	283	905
May-23	125	474	255	854
Jun-23	76	317	191	584
Jul-23	106	316	196	618
Aug-23	64	318	189	571
Average	**92**	**390**	**219**	**701**
%	**13**	**56**	**31**	**100**

Graph 9: Six month average of activity across NHSGGC and Inverclyde



20. Recommendations for Next Steps:

Recommendations to Support GPOOH Services in NHS Greater Glasgow and Clyde:

a) **Support the move for GPOOH Services from Business continuity to a permanent model**
Move the Service out of business continuity to a new permanent model based on the current configuration.

b) **Expansion of service within Inverclyde:**
Expand the service within Inverclyde to deliver a Sunday session alongside those already provided in response to the level of demand at the weekend.

c) **Public Awareness:**
The development of a comprehensive public awareness campaign on the GPOOH service and its role within the wider unscheduled care service. Emphasise the telephone first approach via NHS24, the service's accessibility, its role in urgent care, and the variety of methods available to access care and advice including telephone and video consultations, in-person appointments and home visits.

d) **Patient Transport and Home Visiting Services:**
Actions have recently been taken to review and revise protocols for offering patient transport when required, which should take steps to reduce concerns about potential costs and difficulties. The development of this should be reviewed to assess the implementation and increase awareness of available transport services and support.

e) **Home Visiting Services:**
The Service is actively considering feedback on suggestions for improvement in home visiting services, including reducing wait times and ensuring timely and appropriate visits. Emphasise quick access to home visits, particularly for elderly or palliative patients.

f) **Telephone First Approach:**
The Service will explore further the feedback raised regarding the "Telephone First" approach (feedback in relation to long waiting times on the phone). Understand if this can be measured, and whether there is further improvements that can be made to enhance and expand this.

g) **Professional to Professional support:**
The Service will continue to focus and develop the quality of the service, including patient pathways, continuous quality improvement with focus on particular patient pathways (e.g.

under 5year olds). Increasing support for ‘professional to professional’[1] discussion with the aim to increase the support to manage people in their homes and reduce the need to convey to either GPOOH centres or acute sites.

21. Conclusion:

This report presents on the comprehensive engagement programme conducted by NHS Greater Glasgow and Clyde to understand the public's views on the current model for GPOOH services.

In Summary, the engagement involved approximately 4,000 people, including feedback from over 2,900 people and 2,000 with recent service experience, through various channels such as community outreach, community meetings, online surveys, and social media.

Ongoing service user feedback since 2020 indicates a positive trend, with 87% of respondents in 2023 rating the care positively and 93% feeling their needs were met.

The formal public engagement programme received one of the highest response rates in NHS Scotland, with 2,923 responses, demonstrating wide public involvement.

Overall, 67% of respondents supported the current GPOOH model, rising to 76% among service users and 81% among recent service users. Geographic breakdowns demonstrated substantial support across all Health and Social Care Partnerships, with some variations. In Inverclyde, there was a call for more local service provision with a large focus on considerations on traveling to Paisley or Glasgow when in-person appointments were required.

The report highlights varying awareness levels of components parts of the model, with the 'telephone first' approach having the highest awareness (74%) and home visiting having the lowest (42%). Feedback from marginalised groups emphasised issues related to information provision and barriers to access.

The summary of feedback received indicates overall significant levels of satisfaction with efficient and convenient access, urgent care and support, and person-centred care. However, concerns were raised about transportation, the preference for local services, and the ongoing importance of face-to-face contact when required.

[1] Professional-to-Professional communication is between Healthcare professionals to discuss patient care, share insights, or coordinate care. Currently there are Professional to Professional lines for Community Nursing, Scottish Ambulance Service and Community Pharmacy, there is potential to expand this to include frailty practitioners working in care homes.

In conclusion, this engagement programme reflects a robust exercise by NHSGGC to involve the public in shaping the future of GPOOH services. The high response rates and detailed feedback demonstrate a commitment to understanding the diverse needs and concerns of the population.

The recommendations outlined suggest a proactive approach to addressing identified issues and enhancing the overall delivery of GPOOH services in NHS Greater Glasgow and Clyde.

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1 March 2024

Daniel Connelly
Deputy Director, Public Engagement
NHS Greater Glasgow & Clyde

Dear Daniel,

GP Out of Hours service change: draft engagement report

Thank you for your response to our letter of 23 February. Please find attached a revised version of our comments in Appendices 1 & 2 as discussed.

Yours sincerely

Clare Morrison
Director of Community Engagement & System Redesign
Healthcare Improvement Scotland
clare.morrison3@nhs.scot

Appendix 1

1. Introduction

1.1 On 12 May 2023, we wrote to NHS Greater Glasgow and Clyde (NHSGGC) advising them that the Scottish Health Council was of the view that NHSGGC's proposal to make permanent the temporary GP Out of Hours arrangement (which had been put in place as part of business continuity) should not be categorised as 'major' service change. However, we identified gaps in the engagement process NHSGGC had undertaken to date, and suggested these areas should be reviewed and addressed to provide assurance to the public and wider stakeholders.

1.2 A new assurance approach[1] is being developed with a range of NHS boards and Integration Joint Board colleagues and within Planning with People guidance. NHSGGC agreed to work with us to help develop and test this new assurance process using the GP Out of Hours Review as a test case. This would be based on:

- the board agreeing to undertake the engagement recommended by us,
- the board self-assuring the engagement undertaken through its own corporate governance structure, and
- HIS undertaking a proportionate review of the process.

1.3 A summary of our recommendations, which are in line with national guidance, together with the actions taken by NHSGGC to respond to these, are detailed in Appendix 2. Our findings and recommendations should be read alongside NHSGGC's reporting of their engagement activity, evaluation and outcomes through their governance processes and structures.

2. Engagement activity undertaken by NHSGGC

2.1 During 2020 and 2021, and following implementation of the temporary changes, NHSGGC's Patient Experience and Public Involvement team engaged with people and communities on the service model to help inform further service developments. This included a survey, which captured the experiences of 639 service users across the six Health and Social Care Partnerships, and targeted focus groups.

2.2 In 2023, NHSGGC carried out further engagement activity and received an additional 1148 responses from people who had recently used the service. NHSGGC has indicated that this valued feedback will continually be reviewed to inform ongoing service improvements and communications to support public awareness and understanding of the service pathways.

2.3 With regard to engagement on the proposal to make the current temporary changes permanent, NHSGGC prepared and shared draft engagement materials with us for comment, for example, their communication and engagement plan and public engagement document. The NHS board considered our feedback, and the majority of our comments were incorporated into their plan and materials (refer to detailed information in Appendix 2). Our feedback emphasised the importance of ensuring

[1] To support a proportionate approach to engagement, we are developing a new assurance process for changes that do not meet the threshold of 'major'.

clarity in communications from the outset and outlining the scope and purpose of engagement, for example, in NHSGGC's press release.

2.4 NHSGGC engaged with people and communities on the proposal over a two-month period, from 9 October to 11 December 2023.

3. Our feedback

3.1 Our feedback on the engagement materials and activities are as follows:

- The engagement materials addressed the recommendations we identified (please see Appendix 2). NHSGGC confirmed that materials were tested in draft form with public representatives from Your Voice Inverclyde and the Participation and Engagement Network in East Renfrewshire to ensure information was in plain language and easy to understand. The NHS board's webpage included a range of information on the proposal and how to get involved.
- Four public drop-in sessions were held across local centres in Inverclyde to ensure people and communities had the opportunity to receive information, ask questions and share their views. These sessions were held at different times across the afternoon and evening, which would accommodate people's attendance.
- Two pop-up events were held in Springburn and Parkhead and offered members of the public who were attending their health centre to interact with engagement officers on the proposal, receive information and provide feedback. Each pop-up event ran over a period of two hours.
- We are aware of two public petitions – "Reverse the closure of Inverclyde's Out of Hours GP Service", started by Martin McCluskey over 3 years ago, it now has over 6000 signatures; and "Save Inverclyde's Out of Hours GP Service. No more cuts!", started by Christopher Mceleny on 11 November 2023, with over 1300 signatures.
- NHSGGC advised that the format of the public drop-in sessions was adapted during the engagement period in response to people's feedback and ongoing learning. For example, change from a formal theatre style set up to more informal table discussions with service leads at each table, noting and responding to points raised by people.

4. Conclusions

4.1 We acknowledge NHSGGC's robust and creative approach to evaluating service users' experiences of the temporary model, and for its ongoing actions to drive improvements.

4.2 Based on the evidence available to us, Healthcare Improvement Scotland (HIS) is satisfied that NHSGGC has met our first three recommendations. Regarding the fourth recommendation, NHSGGC has provided assurance that feedback received from people and communities will be considered as part of the decision-making process, currently planned to take place at its board meeting on 30 April 2024.

4.3 We support NHSGGC's approach to using a range of methods, including face-to-face and digital, to share information, respond to questions and seek feedback from people. We also recognise the outreach they have undertaken, informed by their equality impact assessment, to meet with groups who may be particularly impacted by the proposals and seldom-heard communities. We felt the involvement of the Clinical Director, Interim Director for Primary Care and the Clinical Service Manager for GP Out of Hours, through the engagement process supported the process to be open, robust and transparent.

4.4 We are aware NHSGGC has received a Motion from Inverclyde Council (December 2023). NHSGGC received over 2923 responses to its online survey. This is a high survey response level, when compared to similar changes across Scotland. Responses were received from across the NHSGGC area, with the highest number (1031) coming from Glasgow City (35%), followed by 771 from Inverclyde (26%). The survey was NHSGGC's main mechanism for receiving feedback from people and communities, alongside other approaches including the public drop-in sessions, pop-up events, formal meetings with community groups and network events and email responses. NHSGGC states it has directly interacted with over 1000 people across 40 activities.

4.5 As the proposal was not categorised as 'major' service change, HIS has not gathered, analysed or reported on people's experience of the engagement process and understands this will be reported on by NHSGGC via their internal governance processes, in line with the guidance.

4.6 NHSGGC has confirmed its engagement process was evaluated on an ongoing basis and adapted to meet people's needs.

5. Recommendations

Based on our feedback, and in line with guidance, we recommend that, as part of its decision-making process, NHSGGC:

1) Considers the views and responses submitted by people and communities from the engagement activity and uses this feedback, alongside other evidence to inform decision-making on the proposal and to inform future improvement in the service.
2) Provides feedback to communities on the decision, the rationale by which it was reached and describes how people's views and comments were considered. This may also include responses that were received out with the scope of the engagement relating to wider communications or service improvement.
3) Evidence how the updated equality impact assessment has taken into account the feedback from people and communities and consider how the effectiveness of mitigations, put in place to address potential demographic and socio-economic impacts, will be monitored, for example transport and access.
4) Reviews the evaluation NHSGGC has undertaken of the engagement process and considers areas of good practice and learning.

Future Service Changes

For future service change and redesign, NHS GGC should engage with people and communities at an early stage in the engagement process to co-design solutions with people, communities, and partners in line with Planning with People guidance.

HIS would find it helpful to discuss opportunities for ongoing improvement of engagement and how we may continue to develop the emerging assurance process for service change proposals that are not categorised as major service change.

Healthcare Improvement Scotland
01.03.24

Appendix 2: Recommendations made to NHS GGC on 6 March 2023, additionally annotated to indicate recommendation/requirement

Note: we are aware of the engagement that NHS GGC has done with patients who accessed GP OOHs during 2020, 2021 and 2023 to capture their experiences of the service. This is not included in the assessment below.

	HIS Recommendations	Suggested actions for NHS GGC to take forward recommendations	What NHS GGC did

1.	Provide information to people and communities on:
	• substantive model and reasons for putting the business continuity model in place (e.g. safety, stability)
	• the business continuity model and evidence of benefits, e.g.:
	  ○ Feedback from service users (2020/21)
	  ○ Impact on the operation of the service
	  ○ Recruitment
	• Information on the process of involvement
		• RECOMMENDATION: Prepare a communications and engagement plan (this may be informed by the impact assessments).
		• REQUIREMENT: Clarify the scope people have to influence the proposal.
		• REQUIREMENT: Where there are no alternative options or limitations on the scope to influence, these should be clearly explained, with evidence provided if requested. However, the board should remain open to consider new suggestions.
		• RECOMMENDATION: Information should be balanced, written in plain language and easy to understand. Where possible, patient and public representatives should be involved in developing the communications material and communications and engagement plan.
		• REQUIREMENT: Information should be easily accessible to members of the public and available in a variety of formats and languages if appropriate/ requested.
		• RECOMMENDATION: The process of engagement, including how and when decisions will be made, should be
			NHS GGC prepared a draft communications and engagement plan and survey, which they shared with HIS for comment. This was informed by the EQIA.
			
			NHS GGC provided information describing the temporary reduction in the number of GP Out of Hours centres (and the reasons for this), developments in the service (including feedback from service users) and the process for involvement and how feedback will be used through:
			• Webpage
			• Videos
			• Frequently Asked Questions (this was updated during the engagement process)
			• Equality Impact Assessments
			
			NHS GGC confirmed draft engagement materials were tested with public representatives (Your Voice Inverclyde and the Participation and Engagement Network in East Renfrewshire) before finalising to “support plain language with information that is easy to understand”.

		clearly explained to help people understand how their involvement will be taken into account. • RECOMMENDATION: People are aware of how they will hear about the outcome of their involvement e.g. following the board meeting.	

2.	**Involve people and communities** in the process of moving from: substantive, to business continuity arrangement, to decision-making on permanent service model.	• REQUIREMENT: Undertake engagement activity with people and communities (as outlined in the communications and engagement plan).
		• REQUIREMENT: Provide sufficient time for the engagement process.
		• *RECOMMENDATION: Undertake targeted engagement with people and communities in the Inverclyde area, where questions and significant concerns have been raised (via elected representatives and public petition).*
		• REQUIREMENT: Provide opportunities for people to ask questions and share their views on making the business continuity arrangement permanent e.g. surveys, focus groups, meetings and one-to-one.
		• REQUIREMENT: Proactively respond to questions (or clearly indicate if further work is needed) e.g. in dialogue, FAQs and keep a record of people's views and feedback.
		• REQUIREMENT: Collate people's feedback and submit to NHS board for their consideration as part of evidence for decision-making.
			A two-month public engagement was held from 9 October to 11 December 2023. During this time a range of opportunities were developed for people and communities to be involved:
			• Four drop-in public sessions (Inverclyde area):
			  ○ Greenock
			  ○ Inverkip, Greenock
			  ○ Gourock
			  ○ Port Glasgow
			• Two pop-up events
			  ○ Springburn Health Centre
			  ○ Parkhead Health Centre
			• Survey, opportunities for one-to-one discussion, attendance at meetings. The webpage also provided an email address for further information about how to get involved or request the survey in a different format.
			• NHSGGC attended around 40 community meetings (geographic and communities of interest) during the engagement period. These included community councils, mother and toddler groups and groups from various "seldom heard communities", for example, engagement with eight specific groups representing the Black and Minority Ethnic community, people with disabilities, older people and gypsy travellers.

3.	**Review and update the impact assessments** (equality impact assessment and Fairer Scotland Duty) – these should also be used to inform the communications and involvement plan	• REQUIREMENT: Review and update the impact assessments to reflect more recent developments in delivering the service (last Equality Impact Assessment (EQIA) we have seen is dated May 2020). • REQUIREMENT: Are any demographic groups particularly impacted by the proposal? e.g. *older people and those*	• Equality impact assessment was updated on 28.09.23 and further reviewed on 19.02.24. • The EQIA was used to inform the communications and engagement plan. • The engagement programme was supported by the NHSGGC Equality and Human Rights team (EHRT).

		with long-term conditions, under 5s, not registered with a GP – this *will require* targeted engagement.
		• RECOMMENDATION: Engage with people to understand whether:
		  o the impacts have been properly assessed or if there is anything missing, and
		  o the measures put in place to respond to adverse impacts are sufficient
		  for example, how are people made aware of these mitigation measures – and can this be supported by data? (an increase in patient transport or home visiting)
		• REQUIREMENT: Update the impact assessments with any additional information gathered through the communications and engagement activity.
		• REQUIREMENT: Consider the Fairer Scotland Duty *in terms of socio-economic disadvantage, the potential impacts of the proposal* and need for assessment in making a strategic decision (service redesign and transformation).
		• RECOMMENDATION: Provide further clarity on the impact of transport and access, and any mitigating measures put in place, for example with regards to extending the eligibility criteria for support with transport. Is there a dedicated budget for helping with transport? Is the transport accessible to people with mobility issues and disabilities? What has been the uptake?
			• The EQIA does not anticipate any potential unfair impact on people with protected characteristics due to mitigating measures that are in place e.g. extended criteria for patient transport service, telephone and Near Me appointments, home visits.
			• In terms of socio-economic impacts (Fairer Scotland Duty), NHSGGC notes these are captured in the EQIA *"NHSGGC will provide free patient transport to and from Out-of-Hours GP services for all patients who are unable to attend due to financial cost. There is no requirement for people to meet upfront travel costs and reclaim".*

4.	Outcome of engagement/decision-making	• REQUIREMENT: The NHS board can show how it has used the outcome of the engagement/consultation to inform its recommendation/decision (this may not be what the wider public support as the recommendation will also take account of other factors, for example safety and stability) • REQUIREMENT: The NHS board will provide feedback to people on its recommendation/ decision.	NHSGGC has committed, in its public engagement document, to ensure feedback they receive will be used to directly inform the decision-making process. NHSGGC to provide feedback on its decision and how people's views and comments were considered. NHSGGC will continue to pro-actively address outstanding issues and concerns raised by people and communities, and work to co-design solutions where applicable.

Appendix three: Inverclyde engagement events outreach

The following table records the issues and questions that were raised by members of the public at the engagement events held in Inverclyde.

This is listed in order of most commonly shared views and issues to least. The table also indicates which events or locations these points were raised at with the key listed below.

The wide range of points shared provided helpful feedback to understand the views and issues within Inverclyde. At times, the team found feedback shared based on perceptions of the service (e.g. some perceptions of no local service), or of historic use of the service (e.g. turn up at local service when needed), rather than the current provision but all feedback was recorded to inform the engagement feedback.

Event or Location	Code	Attendees
Broomhill Community Centre	BrCC	25
Inverkip Community Centre	ICC	17
Coppermine Community Centre	CCC	30
Boglestone Community Centre	BoCC	20
Association of Community Councils	ACC	15
West and East Locality Meetings	W&EL	14
Larkfield Family Group	LFG	10
Total		131

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
Concerns Regarding Patient Transport and Accessibility	Clarity on the process for arranging patient transport, including eligibility criteria, the provisions for carers, wheelchair access, and child seats.	The Patient Transport Service (PTS) facilitates transportation to and from Primary Care Emergency Centres (PCEC) for patients without other means of transport at no cost to the patient. Recently expanded criteria means this is now offered to all patients requiring transport and allows carers to accompany patients. New vehicles also better accommodate patients with limited mobility including those requiring wheelchair access.		**Response required:** Increase public awareness of support available to access GPOOH including patient transport.	☒	☒	☒	☒	☒	☒	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
Concerns regarding accessing services from areas of deprivation	The impact of a limited in-person service within deprived communities raised concerns about access, costs, and vulnerable individuals who may struggle to access healthcare services.	The developments in the model including appointment-only system, telephone-first consultations, and virtual care has increased the ways in which people can access the service, with the majority of advice and care provided in the comfort of the patient's own home (through virtual advice or home visits). The six-monthly average across NHSGGC highlights 62% of people receive advice and care without attending a centre in-person (through virtual advice or home visits), with this figure increasing to		**Response required:** Provide information on transport requirements. Increase public awareness of how to access the service.	☒	☒	☒	☒	☒	☐	☒

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		69% specifically within Inverclyde.									
Concerns of service removal from Inverclyde/Inverclyde Royal Hospital	Concerns around a general feeling of removal of services from the Inverclyde area and potential knock on effect on other services.	NHSGGC is committed to IRH's future with significant investment being made over a number of years.	**Response in place:** NHSGGC has given a commitment that IRH has a future in the long-term future as part of our overall future Clinical Strategy.		☒	☒	☒	☒	☒	☒	☐
Engagement and Decision Making	The feeling that a decision has already been made and the engagement process cannot influence this.	Any decision is still to be made by the NHSGGC Board. There has been ongoing engagement since 2020 on the business continuity model with feedback informing developments. The formal engagement period has informed the engagement report capturing views and		**Response required:** The governance steps in this process including committee and Board considerations of the engagement and any subsequent actions will demonstrate consideration of the engagement process and the	☒	☒	☒	☒	☒	☒	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		feedback. This will inform the Board of views, feedback and issues to inform considerations and any final decision.		feedback captured through this.							
Impact on Inverclyde Royal Hospital Emergency Department	Points raised on whether there is a greater demand and use at Inverclyde Royal Hospital A&E department when GP Out of Hours is not operating.	We have examined the potential impact on the local A&E service and can confirm that there is no increase in A&E attendances.		**Response required:** Increase public awareness of the role of a GP Out of Hours service within the overall urgent care pathway and how this can be accessed.	☒	☒	☒	☒	☒	☒	☐
Desire to reinstate original/previous model	Views expressed on why the previous model of eight sites cannot be reinstated if the new way of working has supported a more stable model.	The service has developed a workforce plan with a multidisciplinary team approach. The clinical skill mix can consist of a GP, Primary Care Nurse, Advanced Nurse Practitioner	**Response in place:** Rationale outlined in paper		☒	☒	☒	☒	☒	☐	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		and a Health Care Support worker. During the business continuity period, the service has been able to test the proposed clinical model to ensure it is fit for purpose with positive developments in both the stability of the service, and in feedback from those using the service. There is also a significant risk of lone working again if spread across the eight sites, with resulting destabilisation.									

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
Local Pharmacy Access	Access to pharmacy is poor in Inverclyde – travel to RAH and all round Glasgow for medication	Developments in eHealth have now enabled clinicians working in the service to email prescriptions directly to community pharmacies, improving the patient pathway.	**Response in place:** Explanation about the developments in prescribing has been provided.		☐	☐	☒	☒	☐	☐	☒
Concern for access during emergency situations	Concern for emergency situations and access – i.e. flooding in Greenock/Inverclyde.	GPOOH is a service for the occasions when a patient cannot wait until their GP surgery re-opens to see a primary care practitioner. Emergency care continues to be provided locally via the Inverclyde Royal Hospital Emergency Department which is open 24 hours a		**Response required:** Increase public awareness of the role of a GP Out of Hours service and how this can be accessed.	☐	☐	☒	☒	☐	☐	☒

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		day, 365 days a year. The national urgent care pathway via 111 enables NHS24 to triage patients ensuring that people are directed to the correct care provider for their needs.									
Impact on health from longer travel time to Primary Care Emergency Centre	Concern about time taken to travel to a GPOOH centre at a different location with an urgent condition.	The service is for urgent care that you would normally attend your local GP surgery for and is not for emergency care. The most common reasons for using GPOOH in 2023 were: Urinary tract infection; Upper respiratory infection; Lower respiratory	**Response in place:** The telephone-first model means that the majority of care is provided via a telephone call when the patient is in their own home and does not have to travel. If a patient needs to be seen in a centre and also needs		☒	☒	☐	☒	☐	☐	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		infection; Skin lesion or rash.	transport, then the appointment and the transport will be coordinated and scheduled within the clinical triage recommendations for time.								
Comparison with the service model in the Vale of Leven	Views expressed on why the model provided in Vale of Leven is not replicated within Inverclyde to support local provision.	The model delivered from Vale of Leven Hospital is very different to Inverclyde. There are services in Inverclyde available that are not replicated in the Vale of Leven and vice versa. Clinical staff within this area undertake additional duties covering Medical Assessment Unit and ward cover out with the responsibilities of a GPOOH clinician.		**Response required:** Increase public awareness of GPOOH service. This should include an explanation of the different models of care in Vale of Leven and Inverclyde.	☒	☐	☐	☒	☒	☐	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
Clarity on how to access GP Out of Hours	Views shared demonstrated some lack of clarity on how people should currently access the service, in particularly with NHS24 being the first step for this.	NHSGGC promotes GPOOH access through ongoing communications and public awareness campaigns. Emphasis is on the telephone-first approach via NHS24, service accessibility, urgent care role, and various access methods including telephone, video, appointments, and home visits.		**Response required:** Increase public awareness of the role of a GP Out of Hours service and how this can be accessed.	☐	☐	☐	☒	☒	☒	☐
The recruitment of more GPs to work in Inverclyde	Views shared that the recruitment of more GPs could provide a local solution for the Inverclyde area.	There is a national GP shortage affecting both In-hours and out-of-hours care. The development of the model and multidisciplinary team approach has supported greater stability and	**Response in place**		☒	☐	☒	☐	☒	☐	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
		reduced the reliance on GPs providing all clinical sessions. Positive steps have been taken to attract and retain a larger workforce including salaried GPOOH staff. 46 salaried GPs have been recruited to the GP OOH service working across the NHSGGC area.									
Cost Implications for patient transport versus hosting a local service	Some concerns were raised around cost implications for patient transport as opposed to providing a local GPOOH centre in Inverclyde.	The patient transport is for the whole of NHGGC Board area with the costs detailed as part of the report.	**Response in place:** More detail for transport usage is included as part of the report. The financial costs for the proposed model are also included within the report.		☒	☒	☐	☐	☐	☐	☐
Clarity on the role of GP Out of Hours as	Clarification between in hours and out of hours	Sessions clarified the main reasons for GPOOH use		**Response required:**	☐	☒	☒	☐	☐	☐	☐

	Issue/Topic	Response	Response in place	Response required	BrCC	ICC	CCC	BoCC	ACC	W&EL	LFG
an Urgent Care Service	and what out of hours is for.	and addressed issues like non-registration or inability to get in-hours appointments. A comprehensive public awareness campaign emphasising the telephone-first approach, accessibility and role within urgent care should support this further.		Increase public awareness of how to access the service.							

Elected Member Briefing 23/11/23

Members of the GPOOH senior management team met with Elected Members from Inverclyde Council, the Inverclyde HSCP Chief Officer and Head of Service (Health and Community Care) on 23/11/23 to discuss the proposal relating to the GPOOH service.

The Chief Officer led the session and facilitated a robust discussion relating to a wide range of issues including,

- Proposals to move to a permanent model and how this would affect patients in Inverclyde
- Patient transport- availability of staff and cars and uptake across Inverclyde

- Finance- resources available to implement permanent change
- Recruitment and retention of GPs/ANPs
- Awareness levels of the service locally

GPOOH staff spent some time describing the background to the service, service improvements, explaining the component parts of the service including the role of NHS 24, triage, telephone first, home visiting service and attendance at our centres.

The elected members made it clear during this session that a return to a model that ensured a 7 day local service to one of the most deprived area of the Health Board area was the only acceptable outcome to this engagement and permanent reconfiguration of the GPOOH service.

The session was helpful in terms of giving a further opportunity for elected members to discuss their concerns and facilitated a robust but respectful exchange of views by all the participants that attended the online meeting.

The session ended with confirmation that Inverclyde Council would lodge a formal response to the period of formal engagement which would clearly set out its position in relation to the proposed move a permanent model. A further briefing has been arranged for 25 April 2024.