



<b>Meeting of East Renfrewshire Health and Social Care Partnership</b>	Integration Joint Board
<b>Held on</b>	29 March 2017
<b>Agenda Item</b>	12
<b>Title</b>	Proposed Review: GP Out of Hours
<p><b>Summary</b></p> <p>This report informs the IJB of a proposed joint HSCP review of GP out of hours linked to the whole system review of out of hours services.</p>	
<b>Presented by</b>	Candy Millard, Head of Strategic Services
<p><b>Action Required</b></p> <p>The Integration Joint Board is asked to endorse the proposed approach.</p>	
<p><b>Implications checklist – check box if applicable and include detail in report</b></p> <p> <input type="checkbox"/> Financial      <input type="checkbox"/> Policy      <input type="checkbox"/> Legal      <input type="checkbox"/> Equalities  <input type="checkbox"/> Efficient Government      <input type="checkbox"/> Staffing      <input type="checkbox"/> Property      <input type="checkbox"/> IT </p>	

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**EAST RENFREWSHIRE INTEGRATION JOINT BOARD**

**29 March 2017**

**Report by Julie Murray, Chief Officer**

**PROPOSED REVIEW: GP OUT OF HOURS**

**PURPOSE OF REPORT**

1. This report informs the IJB of a proposed joint HSCP review of GP out of hours linked to the whole system review of out of hours services.

**RECOMMENDATION**

2. The Integration Joint Board is asked to endorse the proposed approach.

**BACKGROUND**

3. In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care. In the recently published National Out of Hours Review, out of hours care is defined as care to a patient which cannot wait until the GP surgery is open again. Access to the GP Out of Hours service was initially intended to be through NHS24, however, over time, a significant number of patients now walk into the service.
4. NHS Greater Glasgow and Clyde as the operational lead has been carrying out a review of Primary Care Out of Hours services in the context of the recently published National Review by Sir Lewis Ritchie and the Board's service and financial planning for 2016/17.
5. Strategically Integration Joint Boards are responsible for the planning and commissioning of safe and effective Out of Hours services. A joint group has been established by the HSCP Chief Officers to review the provision of the full range of health and social care out of hours services.
6. The following report describes the current service, activity and pressures on GP OOH services as it affects East Renfrewshire.

**REPORT**

**Current Service Configuration**

7. A Home Visiting Service - this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside.
8. A telephone advice service - this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.

9. A pre-prioritised call service to support NHS24 - this is provided from the Hub at Cardonald utilising GGC clinical workforce and funded by NHS 24.
10. 8 Primary Care Centres - these are located geographically around the city to support access locally for patients - these centres see patients who are directed by NHS24, or self-present and those adjacent to A/E departments will see those redirected by A/E. The service offers a patient transport service to and from these centres for patients who cannot afford public transport and do not have their own transport. This to minimise the need for home visits. The service does not operate an appointment system and patients are directed by NHS24 to their nearest Primary Care Centre. For East Renfrewshire our local services are adjacent to the Emergency Department at Royal Alexandra Hospital and with the Minor Injury Unit at; Victoria Ambulatory Care Hospital. Both these centres are open overnight.

### **Analysis of Out of Hour Attendances**

11. Of the total attendances, the Greater Glasgow area accounts for 70.4% of attendances, Clyde sector 27.3% and out of board area 2.3%. Residents from Barrhead Neilston and Uplawmoor account for 5% of the Clyde attendances. Residents from other East Renfrewshire localities do not feature as high users of the Greater Glasgow service.
12. There are differences in the use of the two out of hours centres that serve East Renfrewshire. The RAH sees 84% of patients as a referrals from NHS24 with 9% walk in patients, whereas in the Victoria only 67 % are NHS24 referrals and 27% walk in without appointments.

### **Challenges for the Service**

13. Whilst there is some evidence of reducing demand for out of hours, the current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is a higher level of demand and call upon the same GPs to work extremely long hours.
14. Despite these difficulties the service has remained robust. Only on a handful of occasions has it been required to close a site. Gartnavel closed on three occasions when Drumchapel remained open and Easterhouse once. It is however a regular occurrence to have to operate midweek with one or two home visiting shifts remaining unfilled or that the doctor had to be moved into a primary care out of hours centre. The RAH is one of the sites which are particularly hard to find doctors to work in.
15. The Home Visiting service is required to reach calls within the timeframe allocated by NHS24, i.e. within 1 hour/within 2 hours/within 4 hours. Although the overall percentage of times achieved is usually 90% and above, within these figures are a whole number of within 1 and within 2 hour calls which go out of time. The management team and Quality Assurance Group monitor these calls and there is genuine concern that activity at weekends at times exceeds capacity.

### **Action Taken and Next Steps**

16. NHSGGC have taken a series of actions to try to manage the issues of demand and capacity facing the service. These include introduction of nurses into centres to reduce demand on medical staff; working with NHS24 to develop alternative pathways; and considering potential changes to the relationship between the Out of Hours service and hospital based service at IRH.

17. Whilst these actions have made some improvements there are a number of key strategic decisions to be made about the preferred future model of service. The Out of Hours group will develop a number of options for consideration and wider consultation

#### **FINANCE AND EFFICIENCY**

18. Up until 2015, Out of Hours GPs in the Greater Glasgow and Clyde service were independent contractors. In 2015, following a nationwide investigation into the way individual Boards paid out of hours GPs, HMRC implemented a ruling that GPs working in out of hours services required to be on the NHSSG payroll, rather than treated as independent contractors. The result of the changes to the tax treatment of GPs working in out of hours services for NHS GGC has incurred an additional cost of £2.5m per annum. This funding has been covered non-recurrently.
19. Rates of pay are increased at times of peak activity in Our of Hours namely Public Holidays and the Festive fortnight and this has also resulted in an unfunded cost pressure of c£500k. The service has constantly reviewed its costs and service delivery model and has made cost reducing efficiencies of £300k over the last 5 years.
20. In light of the potential savings challenge for the HSCP. It is important that we require NHSSGC to take contingency measures to manage pressures on GP Out of Hours services.

#### **CONSULTATION**

21. The out of hours group will develop a number of options for wider consultation

#### **PARTNERSHIP WORKING**

22. A joint group has been established by the HSCP Chief Officers to review the provision of the full range of health and social care out of hours services.

#### **IMPLICATIONS OF THE PROPOSALS**

23. None

#### **CONCLUSIONS**

24. In the light of the current position the steering group agreed to recommend to Chief Officers that an HSCP led review of the GP out of hours service is established. Proposed steps in the review process would include:
  - formal consideration of the current issues in each IJB and sign off of the principles for the review process, the programme arrangements and the timescale and process for the review;
  - early public and patient engagement to shape and contribute to the review process;
  - a formal review oversight group established to develop a detailed review programme by the beginning of April 2017.
  - a clear timescale to bring forward proposed changes.

**RECOMMENDATIONS**

25. The Integration Joint Board is asked to endorse the proposed approach.

**REPORT AUTHOR AND PERSON TO CONTACT**

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**BACKGROUND PAPERS**

None

**KEY WORDS**

GP; Out of Hours;