Agenda - Y Pwyllgor Cyfrifon Cyhoeddus

Lleoliad:

Ystafell Bwyllgora 3 - Y Senedd

Dyddiad: Dydd Llun, 18 Mawrth 2019

Amser: 13.00

I gael rhagor o wybodaeth cysylltwch a:

Fay Bowen

Clerc y Pwyllgor

0300 200 6565

SeneddArchwilio@cynulliad.cymru

(Rhag-gyfarfod preifat)

(13.00 - 13.15)

1 Cyflwyniad, ymddiheuriadau, dirprwyon a datgan buddiannau

(13.15)

2 Gwasanaeth gofal sylfaenol y tu allan i oriau: Sesiwn Dystiolaeth gyda Bwrdd Iechyd Prifysgol Hywel Dda

(13.15 - 14.45) (Tudalennau 1 - 61)

Papur briffio gan y Gwasanaeth Ymchwil

PAC(5)-08-19 Papur 1 - Bwrdd Iechyd Prifysgol Hywel Dda

PAC(5)-08-19 Papur 2 - Ymateb gan Goleg Brenhinol Meddygon Teulu

PAC(5)-08-19 Papur 3 - Ymateb gan Y Gymdeithas Feddygol Brydeinig

Joe Teape - Dirprwy Brif Weithredwr, Bwrdd Iechyd Prifysgol Hywel Dda

Richard Archer - Meddyg Teulu y tu allan i oriau, Bwrdd Iechyd Prifysgol Hywel Dda

(Egwyl)

(14.45 - 14.55)

3 Gwasanaeth gofal sylfaenol y tu allan i oriau: Sesiwn Dystiolaeth gyda Bwrdd Iechyd Caerdydd a'r Fro

(14.55 - 16.30) (Tudalennau 62 - 67)

PAC(5)-08-19 Papur 4 - Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Steve Curry – Prif Swyddog Gweithredu, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Lisa Dunsford – Cyfarwyddwr Gweithrediadau ar gyfer y Bwrdd Clinigol Gofal Cychwynnol, Cymunedol a Chanolraddol (PCIC), Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

Dr Sherard Lemaitre – Meddyg Teulu ar gyfer Bwrdd Iechyd Prifysgol Caerdydd a'r Fro y tu allan i oriau

4 Cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer y busnes canlynol:

(16.30)

Eitem 5 a'r cyfarfod ar 25 Mawrth 2019

5 Gwasanaeth gofal sylfaenol y tu allan i oriau: Trafod y dystiolaeth a ddaeth i law

(16.30 - 16.45)

Mae cyfyngiadau ar y ddogfen hon

HYWEL DDA UNIVERSITY HEALTH BOARD'S RESPONSE PUBLIC ACCOUNTS COMMITTEE

Primary Care Out-of-Hours (OOH) Services

Patient Experience

- Since the 111 service was fully rolled out to all areas of Hywel Dda University Health Board (the Health Board) (October 2018), there has been in the region of 20,000 contacts made from patients within the region. To date, there have not been any notifications of significant events relating to the care received by service users.
- Patients are able to access care from GPs and non-medical clinicians at five treatment centres located throughout the Health Board region: Prince Philip in Llanelli; Glangwili in Carmarthen; Withybush in Haverfordwest; Llyn Y Fran surgery in Llandysul; and Bronglais in Aberystwyth.
- In addition to face-to-face clinicians, there are advice GPs who operate as a part of the clinical model. In addition, as a part of the 111 provision, GPs, Pharmacists and senior nurses operate within the Clinical Support Hub; the aim of which is to undertake consultations with the more complex patient demographic.
- Following the launch of 111 in Carmarthenshire in May 2017, Hywel Dda Community Health Council (the CHC) undertook a survey (supported by the Health Board) and have produced a patient experience report. Whilst some important themes key to improvement were identified, the response and hence sample size was disappointingly small with only 36 patients completing the survey. Some of the themes included:
    - Assessment of the success of the Health Board communications strategy in relation to 111;
    - Monitoring of 111 standards and response times;
    - Continued efforts to be made by the Health Board to strengthen the GP OOH provision so that patient direction and NHS capacity is maintained;
    - Reports of positive experiences to be shared with staff;
    - Feedback from service users to be discussed and any opportunity to improve the services be observed;and
    - Feedback from service users to then be shared and details of how it influences the 111 service to be made available.
- Discussions are now underway to commence a Health Board wide survey since 111 was rolled out across the remainder of the Health Board in October 2018; this is provisionally planned for quarter 1 in 2019/20.
- At time of reporting, there is also a CHC Wales-wide survey-monkey under way, which aims to assess patient experience within the broader OOH service.

Financial and Clinical Sustainability

- The Health Board spans a significantly large and challenging geographical area. There are pockets of urbanised communities surrounded by vast swathes of rural which is a mix of urban and rural by nature.
- The Health Board operates five OOH bases across its area of responsibility; four are co-located with secondary care emergency services, and the fifth is affiliated to a GP practice in south Ceredigion.
- The Health Board has experienced a number of cost pressures, including:
    - Ad hoc pay enhancements offered and taken up in efforts to improve shift fill status when cover drops below what the service considered a critical level. This measure has not served the service well as there was little evidence to support claims that patients have significantly increased access to services as a consequence.
    - When shifts are not filled, there is sometimes a financial benefit but there is a corresponding negative impact in the wider system. On the other hand, when the rota gap stems from salaried staff absence, there is no saving and securing locum cover means the service pays twice for such sessions.
    - The service stands out as the highest cost service in Wales per head of population, which is driven by the rural nature of the service that impacts on the number of bases in operation.
- HMRC cost pressures arising from the employer's duty to pay NI contributions (2017) are in the region of £300k per annum. The service has had to meet this cost from patient care monies.
- The impact of HMRC's changed viewpoint on the self-employed status of GPs has resulted in some sessions being withdrawn. Other service changes, such as the rollout of 111, has also had a negative impact on GP availability, albeit transiently. Acceptance of the new models has been an issue and been subject to significant engagement work.
- As a part of service redesign and succession planning, there is now a requirement for investment opportunities (advanced practice/alternative models) to prepare for the future. This could be considered an investment, which could produce a yield in 5-10 years' time given the periods required to train and develop advanced practitioners adequately. These timescales allow experienced GPs to provide support and supervision to new advanced practitioner recruits, prior to retirement.
- Vacant shifts due to lack of GP interest is not an uncommon feature in the service. These most frequently occur at weekends when the service faces its highest demand. This is exacerbated by a lack of uptake in salaried posts. A rolling recruitment has resulted in five successful employments, but three have been from GPs who were in locum positions and were able to change their employment arrangements due to varying personal circumstances. Therefore, there has been no real net gain in the workforce position. For many GPs, the flexibility in locum work is attractive and is a factor in the poor uptake in salaried recruitment.

- Since 111 was rolled out into Pembrokeshire and Ceredigion (October 2018), the Health Board has provided an additional advice GP resource. Assessment of its efficiency and the impact on how it may have diverted advice work away from GPs who need to see patients face to face, will soon be undertaken in conjunction with the 111 team; this will inform the decision as to whether additional advice resource is a justified investment.
- The Health Board's broader financial position is presently not conducive to supporting the long-term OOHs strategy, given that an increased run rate will exist for temporary period. Accommodating this, at least in the medium term is a challenge for the Health Board.

Information and Performance Management

- The Health Board submits monthly returns to Welsh Government against the OOH standards. There is a hiatus in the flow of data from October 2018 to date, which is attributable to determining reporting criteria as a part of the 111 system. However, the new (interim) standards are being launched on 1 April 2019, which take account of the service changes brought about by 111.
- Reporting is to be completed by the Welsh Ambulance Services NHS Trust (WAST) as a part of the data sharing agreement. Discussions are underway to discuss content and local requirements. The Health Board will retain access to the data set and organisational reports are set to continue.
- There is a data sharing protocol in place between the Health Board, Abertawe Bro Morgannwg University Health Board and WAST, which allows the production of full end-to-end analysis of OOH activity in the West Wales Region.
- The Health Board has access to software and is developing individualised reports that highlight its activity. A meeting has been arranged for 5 March 2019 to support development of the reporting mechanisms.

Peer Review

- The Health Board's OOH service took part in the inaugural peer review exercise in 2018 (chaired by Dr Chris Jones, Chair of Health Education and Improvement Wales (HEIW)).
- The review looked at all aspects of service provision and discussed issues affecting the service with managers, clinicians and administrators involved in the OOH service in order to better understand the underlying local service issues.
- It was at the Peer review that previous work to train administrators as Health Care Support Workers (HCSW) was shared with the review team. This has resulted in a pilot, funded by the 111 program, which is promoting the expansion of the operational team that have contact with patients.
- The Health Board is running a pilot where drivers double up as HCSWs and join GPs during house calls, in addition to base working. Through this interaction, HCSWs carry out basic observations and other tasks relevant to their training and competence; work which would otherwise have to be done by a GP. A review of the pilot is to be carried out at its conclusion, during quarter 1 of 2019/20.

Integration of OOH with Other Services

- The Health Board sees the development of a supervisory GP role, which will assume on-shift responsibility and carry empowerment to direct other clinicians to manage the workload in a live scenario as central to the future model. This will support further development of non-medical clinicians, such as enhancement of the current and innovative advanced practitioner collaboration.
- Since November 2018, the OOH service has formed a collaboration with WAST to bring two Advanced Paramedic Practitioners (APPs) into the service. Over a three month period, the APPs have undertaken approximately one in five home visits across the locality and are beginning to make a significant contribution within the service treatment centres.
- In addition, WAST has increased the numbers of clinicians they are able to train in advanced practice. This bodes well for the service and can only have a positive impact on the wider unscheduled care system.
- Discussions are now under way to increase the model significantly, but this requires substantial long-term investment (discussed earlier).

Staff Engagement

- The Health Board has established a select GP Advisory Panel (chaired by the Director of Operations/Deputy Chief Executive) which includes senior GPs with a long history on the OOH service locally, which helps resolve issues and supports with advice on complex issues.
- The focus of the Advisory Panel has been centred on identifying and addressing reasons behind poor shift fill rates, development of Standard Operating Procedures, and discussions around escalation and actions that can be taken. Additionally a Memorandum of Understanding is due to be signed off by the group, with valuable contributions made by the clinical membership.
- In the coming weeks and months, the Advisory Panel will have a key role in discussions associated with potential service model changes.
- Other related groups have helped with the wider GP workforce issues with the Deputy CE opening individual conversations and holding meetings with staff to address issues at executive level. This is in addition to site visits and meetings held by the management team, which appear to be well received.
- The service manager has improved lines of communication with many of the staff and this provides support when the service has been under strain. This endeavour extends to non-clinical members of the team, such as receptionists, drivers, call handlers and shift organisers. These valuable members of the staff are regularly consulted and actions and ideas generated are fed back to relevant parties to include OOHs service management and 111 on a regional working basis.
- In respect of the locum GP workforce, the Health Board commissioned expert advice (along with its peer organisations) for GPs affected by the HMRC's decision to vary its interpretation about the self-employed status of GPs. The Health Board also facilitated three dedicated meetings so that GPs could hear first-hand the expert advice and opinion as it applied to their personal circumstances.

- There was a detailed and lengthy engagement process with medical staff ahead of the 111 rollout in October 2018. These sessions continue but medical attendance has waned.
- Extraordinary meetings were held with the 111 project team and concerned members of staff ahead of launch that were invaluable.

Resilience

- Weekday shift fill has improved overall and this generates little cause for concern presently. Weekend shift fill remains variable in all areas but there are particular issues in the Llanelli region.
- In Llanelli, the OOH team is working with the local Minor Injuries Unit (MIU) to better understand the demand profile, particularly when there is no OOH clinician present. At this early stage, there have been no significant impacts on MIU attendances, suggesting that other clinicians are able to make effective decisions about patient care remotely. Carmarthen's base is far more resilient by comparison.
- Ceredigion is usually covered with only short notice leave (e.g. sickness) giving rise to uncovered shifts in the majority of occasions. This is different to Carmarthenshire where shifts are not filled despite being available.
- Pembrokeshire (60% salaried) has a relatively stable evening and overnight rota, though long term sickness has impacted this on times. The weekend is subject to the availability of locum GPs and on occasion, there are significant shortfalls. The service is also able to call on Advanced Nurse Practitioners (ANP) on a bank basis, which affords resilience to weekend cover when needed. The difference with Pembrokeshire is that (overnight) there is only one clinician in attendance, whereas the other counties have two. There is therefore little in the way of resilience if the Pembrokeshire clinician is unable to work at any point. The new APP model has mitigated this significantly.

24-hour Working

- In order to achieve a "care closer to home model", the service needs to fully understand the potential benefit in the improvement of relationships with daytime primary care.
- Discussions about developing a 24-hour vision have begun and a strategic direction of clinical bias is presently being sought, which will align with the Health Board's Clinical Strategy.
- Collaboration and discussions with the Primary Care Directorate have also commenced and as a part of these, the service is looking to see how it can support PT4L (education days) for general practice.

The Scope of OOH Services

- There is a clear need to define the scope of operation for OOHs.
- The OOH standards relate to the presentation of patients with “Urgent Primary Care” needs. However, the service often sees cases with lower acuity and is able to defer to alternative pathways as a result, including daytime practice.
- In an area where access to daytime services is challenged and capacity reduced, there is an inevitable knock-on effect on OOH demand. But with that, there appears to be no recognition with much of the wider public of the core remit of the service and it is felt that there is now an opportunity to clearly re-define and re-design the service to facilitate a more appropriate level of access to services. Patient education, by means of a clear communications strategy, may be one way to achieve this.
- Within any re-design lies the potential to extend support of urgent presentations to the 24-hour period and not be limited to the current OOH operating times. Again, establishment of a stable workforce (and a sufficient supplementary recruitment) will also be an essential element of any service modernisation.

National Standards

- Interim 111 standards are due to be launched on 1 April 2019.
- Fully staffed bases within the current establishment level should assist in meeting these standards, but frequent weekend gaps in rotas will detrimentally affect overall performance.
- Monitoring of NHS Direct (WAST) performance and allocation of priorities will continue to ensure appropriateness of clinical priorities and ensure clinical staff are not overwhelmed by demand.
- The standards will be shared with clinical colleagues so they are fully appraised.

Workforce Planning

- At a meeting on 18 February 2019, the future model was debated in some detail.
- The service will next move to a scoping phase in order to evaluate how the service can evolve and what numbers and types of clinicians will be required for the future.
- Current staffing levels i.e. having frequent gaps, allows the service to invest in APPs within its current resource level but, when taking into account retirement options available to many GPs in the coming 5 years, the invest to save model of finance will become more a necessity as additional monies to support enhanced run rates will be required for limited periods. This includes a potential £600k in terms of further development of the APP model (to include additional funding for educational opportunities), with another similar amount for Advanced Nurse Practitioners (ANPs).
- This level of investment could lead to 20 additional advanced practitioners being qualified in the next 2 years, which would make a real difference to our patients.

Quality Assessments

- Complaints and concerns management and learning from events is an important functional and strategic element in the management of the service.
- In 2018, there were 70 incidents and concerns raised in connection with the service; ten have been upheld following investigation. There was one serious incident (which involved multiple service providers that was subject to a Grade 4 investigation led by the Health Board). In addition, there were two Coroner's investigations (no individual was identified to be at fault) and two Ombudsman investigations (no ruling against the service).
- The National OOH Forum is collating information on events for sharing on a national scale, so that learning from events can be widely disseminated. Furthermore, any potential change to policy can be identified at this level and contributions can be made from GP leads across Wales.
- In recent months, the clinical supervision requirements of the service have increased in order to support the APPs who are now operational. In terms of demand, they are contributing to the home visiting activity on a substantial scale, with approximately 20% of activity being completed by an APP. The next stage of audit and review of the project will include case reviews and looking at patient journeys post admission, ensuring appropriate skill sets are maximised.
- It should be noted that the Emergency Department and 999 referral numbers from OOH remain consistent and stable despite the inclusion of this new group of practitioners.

Spreading Innovative Practice

- The APP model has provided significant additional winter resilience to the OOH service and will now be further developed as the clinicians are moved into all aspects of OOH care, to include face-to-face consultation in one of the treatment centres.
- The ANPs, currently engaged on bank arrangements, will be the subject of a scoping exercise to better understand the feasibility/potential derived from creating substantive (salaried) posts.
- In the wider context of workforce development, and on the premise that shift offerings can only be offered during unsocial hour's periods, recruitment is potentially adversely affected. Expansion of the service to operate on a 24-hour basis may create opportunities to address and reverse this issue through the production of a full rotational (24-hour) shift system. However, clinicians and experience is in short supply across all departments and service providers. For service modernisation to be feasible, careful scoping of recruitment potential needs to be undertaken.
- In terms of service modernisation, the Health Board has senior representation at the National 111 Programme Board, with the Deputy Director of Operations in regular attendance. Furthermore, the Board has invited its service leads to present evidence in support of the rollout and has approved the risk assessments and mitigations.

National Leadership Arrangements

- The Deputy Chief Executive/Director of Operations is the executive lead for the service; this has provided support, focus and stability in challenging workforce issues.
- In addition, the Deputy Medical Director holds a portfolio for OOH on a national basis and has developed a close working relationship and understanding of the Health Board's service.
- The Clinical Director and Service Manager are frequent contributors to the national OOH forum.
- Collectively, service leads have been able to influence the rollout of the 111 system, especially in terms of rurality; the standardisation brought about by the 111 model has been adapted for rural settings. An example would be the requirement to retain access to a higher number of home visits in support of the demographic variances seen in the rural setting.

The 111 Service

- Full integration of the 111 model across the Health Board was achieved on 31 October 2018.
- In four months, the combined 111/OOH service has dealt with in excess of 20,000 patient contacts.
- To date, there have been no reported serious/untoward incidents. This gives assurance that the model is clinically safe based on current activity and assessment of concerns.
- In terms of operational oversight, there are frequent joint operational group meetings with WAST, 111 and service leads from Health Boards who are currently within 111. This provides a platform to address operational concerns in an open and clinically supported atmosphere.
- The 111 National Programme team has supported the Health Board through its journey, which culminated in roll out of the model into Pembrokeshire and Ceredigion in October 2018. It also provided financial assistance to the OOH service to support various related issues most of which have already been noted in this briefing. This is in addition to the support from Welsh Government in respect of winter allocations, which has funded an expansion of the dedicated telephone based Advice GP.

Royal College of General Practitioners
Coleg Brenhinol Meddygon Teulu
RCGP CYMRU WALES

12 February 2019

Mr Nick Ramsay AM
Chair
Public Accounts committee
National Assembly for Wales

Dear Mr Ramsay

Primary Care Out-of-Hours Service

Thank you for inviting the views of the Royal College of General Practitioners (RCGP) Wales on the matter of the Primary Care Out of Hours Service. RCGP Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

The following response will address the key areas of the Public Accounts Committee's inquiry, which we feel able to add value to.

Auditor General's Report

The College recognises and supports the findings of the Auditor General for Wales' Report on the Primary Care Out of Hours Service and considers it to be a comprehensive and accurate summation of the current state of the service. The findings of the report, particularly around the considerable strain that the service is under chimes with our own understanding of the situation.

Background

General practice has a vital role to play in the delivery of high quality patient care and is highly valued by patients, at all times of the day, including outside normal working hours and in the face of urgent patient needs.

As stated in the Auditor General's report, the Out of Hours service in Wales is under considerable pressure and strain. Indeed, across Wales there is some variance between the best and worst performing Out of Hours service, however as a recent report by The Board of Community Health Councils found, every health board in Wales has identified fragility in their Out of Hours service. This is clearly concerning, and we would call for urgent and meaningful action to be taken to address it.

General practice makes up a major part of the out of hours NHS workforce, however the GP workforce is not growing fast enough to meet growing level of demand, and GPs are increasingly disincentivised to work in Out of Hours care. We recognise this as a critical threat

Royal College of General Practitioners Wales 4th Floor Cambrian Buildings Mount Stuart Square Cardiff Bay Cardiff CF10 5FL
Tel: 020 3188 7755 Fax: 020 3188 7756 email: welshc@rcgp.org.uk web: www.rcgp-wales.org.uk

Coleg Brenhinol Meddygon Teulu Cymru 4ydd Llawr Adeiladau Cambrian Sgwâr Mount Stuart Bae Caerdydd Caerdydd CF10 5FL
Ffôn: 020 3188 7760 e-bost: welshc@rcgp.org.uk web: www.rcgp-wales.org.uk

to 24/7 primary care services. In addition to the workforce crisis currently being experienced in general practice, patient conditions are becoming more complex, technology is rapidly evolving, and health and care provision is increasingly moving towards less traditional approaches. GPs and teams working in out of hours settings must be well-equipped and trained to cope with these changes and challenges.

The Out of Hours service needs to provide a safe working environment for staff and a timely response to patients, however due to the failings identified in the Auditor General's report, this is not always possible leading to staffing gaps in out of hours' rotas and patients subsequently being left unable to always access services when required. This results in increased and unnecessary pressure on A&E departments.

The Scope of the Out of Hours Services

The Out of Hours service provides urgent care out-with the core hours of general practice – typically between 18:30 and 08:00 every day and from 18:30 Friday until 08:00 Monday, including Bank and Public holidays.

The service is not intended to offer routine care to patients, however we recognise that patients on occasion do use the service in this way as a consequence of a pressure on in-hours general practice. General practice in Wales is suffering from a workforce crisis, with 34% of respondents to a recent RCGP Wales survey stating that their practice had at least one GP vacancy which had been open for more than three months. Vacancies in the in-hours service result in patients being unable to access appointments when required, placing increased pressure on the Out of Hours service. When considering the future of the Out of Hours service, it must be considered alongside the in-hours service.

National Standards

The current national standards are viewed as sensible, however they are rarely met or enforced. RCGP Wales would support a proactive approach to services that are routinely missing targets, with support given to identify why the targets are missed and help address the reasons for this. Such a system could may perhaps operate in a similar way to the focus and scrutiny on A&E performance.

RCGP Wales has called for a national governance framework for the Out of Hours service to be established. Such a framework would help to provide clear guidance for clinicians to work to, helping to protect and support clinicians working in the high risk Out of Hours environment.

Workforce Planning

Workforce planning is crucial to the viability of the Out of Hours service and as evidenced within the Auditor General's report, this is an area which has traditionally been considered in isolation from other services in primary care.

There is a growing need for training and career development in out of hours settings for GPs and other professional groups to ensure GP skills are kept up to date in an increasingly

challenging and complex environment. Providing care in the Out of Hours service requires specific keeping up to date with acute medical, surgical and psychiatric knowledge, and specific approaches to governance due to the connections that exist between out of hours GPs, ambulance services and emergency departments. GPs will also be expected to offer advice and support to a wide range of professionals, often on an ad hoc basis, from the moment they are qualified; they must be fully trained and equipped to assume this role. There has been increasing demand for Advanced Nursing Practitioners (ANPs) and other members of multidisciplinary team members both in and out of hours. It is essential that primary care workforce planning recognises the need for multidisciplinary team members in out of hours settings as well as in hours, and the extent of training needed to address this growing need.

In terms of workforce planning, a primary care Out of Hours service must make use of a variety of healthcare professionals, with GP leadership at its core. Wales must move away from Out of Hours GPs dealing with presentations relating to dentistry and urgent repeat medications. Workforce planning must be developed with the core principle of patients being able to see the right person at the right time, with GP supervision for multidisciplinary staff at its core.

Moreover, challenges being experienced in terms of workforce levels in the Out of Hours service are reflective and also partly caused by challenges being faced in general practice more broadly as a result of sustained underfunding of the service. In 2016/17 general practice in Wales received 7.30% of total Welsh NHS funding; considerably less than the UK average of 8.88%. As the Wales Audit Office Report also states, national funding for the Out of Hours services has fallen by 21% in real terms since 2004/05. This chronic underfunding is having a profound impact on the recruitment and retention of GPs; in Wales between 2016 and 2017 there was a 4.1% decrease of GP full-time equivalents in the profession. The capacity of GPs to meet the level and type of demand form patients in both is being stretched and is a contributing factor to reducing numbers of GPs feeling able to work in the Out of Hours service. Any workforce planning must consider the current pressures on the GP workforce and should be carried out in conjunction with strategic planning around increasing funding to general practice if meaningful progress is to be made.

Staff Engagement

Engagement with staff in the Out of Hours service has traditionally been poor. The Out of Hours service must be developed from a patient, community and local population perspective. To truly achieve this, staff from all parts of the primary care Out of Hours system must be consulted with in a meaningful way.

Spreading Innovative Practices

Health board bureaucracy makes the sharing of innovative practices extremely challenging. Although those working in the Out of Hours service across Wales do have opportunities to meet, there are rarely opportunities to meet with others working across the UK in Out of Hours. This lack of knowledge-sharing around innovation and changes across the UK is to the detriment of innovative practice within Wales. Traditionally, there has been a siloed approach within the Welsh Out of Hours service, for instance despite being a member of the UHUK, staff attendance at these meetings is currently not prioritised.

National Leadership Arrangements

Traditionally, national leadership arrangements in Out of Hours services have been weak, with variable interactions between the service and the national forum. Further, interactions between the service and health boards have traditionally been difficult. We are aware of development in this area and hope this will lead to an improved service.

The 111 Service

The 111 service provides an opportunity to reduce strain on secondary care and is viewed as a lever for change for the Out of Hours service. In Wales, latest figures show that 53.3% of calls to NHS Direct were directed towards primary care, other healthcare professionals or to minor injury units. Of course, the 111 service is in the process of being rolled out across Wales, but it will only be able to meet expectation if it is adequately funded. Further, the service must be applied equitably across patient populations and balanced with more traditional means of accessing consultations to ensure equitable access for all patients.

Should you or the Committee wish to discuss any points raised in this response further, please do not hesitate to let us know.

Best wishes,

Dr Mair Hopkin
Joint Chair
RCGP Wales

Dr Peter Saul
Joint Chair
RCGP Wales

Royal College of General Practitioners Wales 4th Floor Cambrian Buildings Mount Stuart Square Cardiff Bay Cardiff CF10 5FL
Tel: 020 3188 7755 Fax: 020 3188 7756 email: welshc@rcgp.org.uk web: www.rcgp-wales.org.uk

Coleg Brenhinol Meddygon Teulu Cymru 4ydd Llawr Adeiladau Cambrian Sgwâr Mount Stuart Bae Caerdydd Caerdydd CF10 5FL
Ffôn: 020 3188 7760 e-bost: welshc@rcgp.org.uk web: www.rcgp-wales.org.uk

Y Gymdeithas Feddygol Brydeinig
Pumed Llawr
2 Pentir Caspian
Ffordd Caspian
Bae Caerdydd
Caerdydd
CF10 4DQ

British Medical Association
Fifth Floor
2 Caspian Point
Caspian Way
Cardiff Bay
Cardiff
CF10 4DQ

BMA
Cymru Wales

Nick Ramsay AM
Chair, Public Accounts Committee
National Assembly for Wales
By email only

14 February 2019

Primary Care Out-of-Hours Services

Dear Nick

Many thanks for your invitation to provide evidence to the Public Accounts Committee's inquiry into the findings of the Auditor General for Wales' report on Primary Care out-of-hours services.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives

RESPONSE

The BMA's Welsh General Practitioners Committee (GPC Wales) represents the interest of all GPs across Wales, many of whom work in out of hours services – as I do personally. As you would expect, the committee took great interest in the findings of the Auditor General's report, which chimed with the views many of our members had expressed regarding the state of services across Wales.

Following the publication of the report in July 2017, we issued the below statement:

"The findings of the Wales Audit Office report come as no surprise as BMA Cymru Wales has real concerns about the sustainability of out-of-hours services across Wales and have been highlighting this for some time."

"Pressures facing GPs across Wales are increasing and recruitment and retention challenges are putting the system under a real strain, leading to more choosing to leave the profession."

"With the lack of resources and no new investment in out-of-hours services, it is no surprise that GPs are feeling too exhausted to work out-of-hours."

"There have been other changes that have had an adverse impact on the workforce including changes to taxation and organisational structures."

"Having safe and sustainable out-of-hours services for patients is highly important and BMA Cymru Wales has put forward a range of solutions to the government and health boards to ensure safe and sustainable services for staff and patients."

Workforce & Daily pressures

The report highlights that shifts are also staffed by a small group of dedicated individuals who agree to work antisocial and unpopular shifts. This is reflective of our members' experience.

Our members have told us that on a regular basis, out of hours services across Wales are extremely stretched, with many shifts left unfilled. This of course has a consequence on the professionals who are working within OOH, as well as on other urgent care services. Our members are in regular receipt of 'begging' emails and texts from service co-ordinators asking them to work shifts in OOH.

However, gaps still persist. We were informed during several periods in the autumn of last year, that services in North West Wales were operating at a significant deficit in terms of hours being worked, particularly at weekends. Additionally, we know of significant difficulties in filling shifts in ABMU UHB's western area leading to the closure of the Neath OOH service outright for long periods during 2017-2018.

We conducted a survey of approximately 100 GPs in Wales during December-January 2017 on the topic of Out of Hours services. 43% of respondents said they did not provide any OOH services at all; with 81% of this group telling us they would not consider working in these services in future in any capacity.

Of the respondents who did not currently work in OOH, the main deterrents cited were exhaustion from pressures in general practice (64% of respondents) and unattractive pay rates (38%). Many respondents stated the fact that a high proportion of shifts were often uncovered deterred them from working in OOH due to fears they would bear clinical responsibility over a wide area.

Recognising the difficulties in attracting the medical workforce, we support the emerging usage of the wider multidisciplinary team such as nurses and pharmacists to provide OOH care, including paramedics supporting particular points of pressure within the system. However, there is a need to ensure that work is not being duplicated through a more consistent and integrated workforce and service planning process. Additionally, there is a need to ensure a consistent level of service availability for the OOH service to refer onwards to, for example district nursing services and acute clinical response teams.

Financial aspects

We would agree with the Auditor General's conclusions that funding of OOH services in Wales has been inadequate over a significant period of time, and the planning process does not serve to create a long-term sustainable service. The report's assertion that investment in OOH has not kept pace with inflation is confirmed by NHS Digital's UK-wide publication *Investment in General Practice 2013/14 to 2017/18*, which also includes information on investment in primary care OOH services (as outlined in Table 1). As a comparator, inflation averaged approximately 2.4% per year (Bank of England estimate) during that period.

Table 1: Extract from '*Investment in General Practice, 2013/14 to 2017/18, England, Wales, Northern Ireland and Scotland: Table 4a'* - investment in OOH services

Wales	£ thousands				
	2013/14	2014/15	2015/16	2016/17	2017/18
Out of Hours (including OOH Development fund)	32,780	33,581	33,840	35,592	36,140
% change	n/a	2%	1%	5%	2%

Available at https://digital.nhs.uk/data-and-information/publications/statistical/investment-in-general-practice/2013-14-to-2017-18-england-wales-northern-ireland-and-scotland

We welcomed the launch of a dedicated fund made available by Welsh Government to support winter pressures over the last two years. However, we heard reports from across Wales that these funds were often difficult to access, and we would suggest that in future the Unscheduled Care Board could better utilise this money in collaboration with Out of Hours providers to avoid stretching an already finite workforce.

Taxation status changes brought in by the HMRC in 2017 have also made working in OOH unattractive for many doctors. In essence, if the HMRC determined that an individual is employed, as opposed to being self-employed, then tax and national insurance contributions would be removed by the organisation which pays you. If an organisation had wrongly treated an individual as self-employed then the organisation

could face a significant fine potentially going back as far as 20 years. BMA Cymru Wales produced a FAQ document[1] for members affected by this issue.

Based on independent advice regarding these liabilities, Health Boards concluded that GPs working for the health board but not in a traditional salaried position would be classified as employed for taxation purposes *but not* for employment purposes, thereby lacking access to employment rights such as annual leave/sick leave. This change affects GPs working in OOH services as well as those working in directly managed GP practices. Indeed, 86% of respondents to our OOH survey said that health boards had implemented changes to their pay in light of this development, often without any consultation with those affected.

We are also aware of disparities in pay rates offered by different health boards as well as those offered by English OOH services for border areas. This can adversely impact fragile services by thinly spreading an already limited workforce.

In response to these issues, BMA Cymru Wales has convened several meetings with OOH leads and Welsh Government to seek to develop a suite of contracts for doctors working in OOH. We know from our survey that one size does not fit all, and that some doctors would prefer a zero-hours contract conferring employment rights while others would prefer a traditional employment contract. Work is currently underway to develop these model contracts in conjunction with health boards, which will hopefully help to alleviate workforce pressures.

Interaction with other services

The Auditor General's report rightly recommends a standardised means of accessing OOH services, which would be of significant benefit to patients.

While supportive of a streamlined approach for patients and healthcare professionals, we have significant concerns with the roll-out of the 111 service based on the early experience in ABMU and Hywel Dda UHB areas, and thus have expressed caution to Welsh Government before wider implementation is begun. The results of the pilot suggesting a link between 111 and a decrease in ambulance conveyance for non-urgent issues is to be welcomed. However, we have received reports of emerging issues with the outcomes of the algorithm used by 111 in terms of its triage and prioritisation. Additionally, 111 suffers from staffing pressures at the clinical hubs and was previously using a separate clinical system to most OOH services which serves to hamper integration.

As part of the 2017/18 contract agreement with Welsh Government, GPC Wales agreed to help standardise the OOH messaging used by practices, and thus agreed a form of

[1] BMA Cymru Wales (2017) '*FAQ: health board approach to taxation and employment status of GPs*' https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20wales/gpcw-faq-hb-taxation-status-change-12oct17.pdf?la=en

wording that was shared with all practices in Wales for use on answerphones and online materials.

We would be happy to expand upon these areas in greater detail were we to be called to provide evidence in front of the committee.

Yours sincerely

Dr Charlotte Jones
Chair, GPC Wales

Cardiff & Vale University Health Board

Response to the Public Accounts Committee inquiry into Primary Care Out-of-Hours Services

Introduction

1. Cardiff and Vale University Health Board (UHB) welcomes the opportunity to contribute to the Public Accounts Committee inquiry into Primary Care out-of-hours (OOHs) services. This paper provides the Health Board's written response to the areas highlighted by the Committee as part of their inquiry, namely:

   - Performance and patient experience
   - Financial and clinical sustainability
   - Information and performance management
   - Integration of out-of-hours with other services

Background to Primary Care OOH services in Cardiff and Vale University Health Board

2. The service is currently provided from three bases: Cardiff Royal Infirmary (CRI), Barry Hospital and University Hospital of Wales (UHW). CRI is the main operational base. Opening times for appointments are outlined below:

Base	Monday to Friday	Saturday/Sunday and Bank Holidays
CRI	20.00-23.00	08.00-23.00
Barry Hospital	19.30-22.00	08.00-21.00
UHW	19.30-24.00	08.00-23.00

3. Detailed demand capacity work has been undertaken and staffing rotas are developed to best meet the demands for the service. Significant work has been undertaken to determine the most appropriate clinical mix within the team. In general during the overnight period there are two GPs, a triaging nurse and a Clinical Practitioner working.

4. Based on the last six years' worth of data, the service receives on average more than 120,000 calls per year. 53% of these calls are taken during a Saturday and Sunday. Typically 30% of patients are provided with a primary care face to face appointment, 30% are provided with telephone advice, 25% are referred onto other services, 7% are provided with a home visit and 8% relate to dental calls.

Performance and Patient Experience

5. The table below highlights performance for the last 3 years.

Table 1 – Primary Care OOH performance April 2016 to January 2019

	April 16- Mar 17		April 17- Mar 18		April 18- Jan 19	
Standard	Total	Average %	Total	Average%	Total	Average %
Urgent Triage	30599	69.00	30549	74.32	24175	80.17
Routine Triage	43870	76.00	46905	77.36	39725	84.16
HV P1 (Emergency)	287	70.00	202	65.15	111	76.08
HV P2 (Urgent)	2085	74.00	2346	74.1	1878	77.57
HV P6 (Less Urgent)	4147	73.00	4229	70.46	3376	76.12
PCC P1 (Emergency)	336	71.00	251	68	159	76.21
PCC P2 (Urgent)	3675	80.00	4059	77.34	2417	83.8
PCC P6 (Less Urgent)	23400	95.00	25589	97.43	22277	97.87

6. The table generally shows year on year improvement across all performance measures. Performance is reviewed in detail on a monthly basis but is made available to the team on a daily basis, so action can be taken in response to any issues highlighted.

7. The most recent patient survey was undertaken in October 2018, the findings were compared to a similar survey carried out in April 2017. Key results show:

   - 72% of patients that completed the patient satisfaction survey have used the service before.
   - 87% of patients rated their overall experience as excellent or good, this was a 29% increase from the previous survey.
   - 14% of patients did note that they were dissatisfied with the time it took for a clinician to telephone them.
   - 31% felt that they waited too long to see the clinician once in a clinical setting.

8. Actions taken to address the results of this survey include:

   - Working continually to improve shift fill rates.
   - Ensuring ‘comfort calls’ are kept up to date so the patient is aware of the latest position.
   - Hub Shift leads work closely with the reception team to ensure messages are sent to staff regarding waiting times at Primary Care Centres.
   - Clinicians advise of waiting times when booking appointments.
   - Receptionists advise on waiting times when a patient arrives.

Financial and Clinical Sustainability

9. The Welsh Audit Office report noted the following: *Notional funding across Wales for OOHs funding was noted to have fallen in real terms Cardiff was referenced as spending the least on OOHs services at approximately £8,000 per 1,000 populations compared with Powys who spend £19,000. However, the report noted that they had not analysed the reason for the variation and they recognised that a fair comparison of the costs between HBs is complicated due to geography and population. It also noted that Powys OOHs service is different to the rest of Wales as it is run from a private 'not for profit' doctors co-operative called Shropdoc.*

10. Work has been undertaken within the Health Board to ensure there is sufficient funding in the service to meet demand. In the last two years, the funding has been increased by 17%. This has helped secure additional resource in the overnight period to include a second GP. This had an impact on staff morale and has helped improve shift fill rates and the ability to deliver a better service for patients.

11. Also, during the last 12 months the structure has been reviewed and additional managerial roles have been introduced. This has included a Deputy Clinical Lead and an Operational Manager.

12. The Health Board has also been developing a workforce plan using a clinically coded case mix to determine the numbers of hours per week required across a range of clinical roles. The Health Board already has a multidisciplinary approach to OOHs with GPs working alongside Advanced Nurse Practitioners and Advanced Paramedics, Minor Illness nurses, Triage and Dental nurses. Detailed demand capacity work has been undertaken to inform this work and some examples of the output are included in Annex 1. A workforce plan has been developed to ensure there is a robust structure and also a development plan for staff working within OOHs which provides the opportunity to progress within the service, and learn and develop new skills. This is underpinned by a robust training and competency programme. It is anticipated that this will improve retention and increase recruitment into the service.

Information and Performance

13. The Welsh Audit Office Report notes that the Welsh Government is currently reviewing the OOHs targets. This is currently with WASPI and Welsh Government, the new targets will be published in April 2019

14. As outlined in Table 1, there have been improvements in performance within the Health Board over the last few years and there is regularly review of data and information to help inform decision about the service. The service has changed quite dramatically over time and has in many ways led the way across Wales in nurse and advanced practice recruitment, education and training. The workforce plan gives the OOHs service an opportunity to start to further change the workforce in a controlled and measured way, and will enable the service to train, recruit and retain the workforce for the future. This in turn will ensure the provision of better quality care to people who need to use the service.

Integration of OOHs with other Services

15. The 111 roll out plan is for Cardiff and Vale UHB to go live in 2020; however this may be subject to change. 111 have decided on a "soft launch" which means that 111 will provide the call handling facilities for patients requiring assistance. Patients would then be triaged by 111, and passed back to OOHs for; a further triage, a home visit or a primary care face to face appointment.

16. Teams from Cwm Taf UHB, Aneurin Bevan UHB and Cardiff and Vale UHB have been meeting on a regional basis for a period of time. During recent months, the group has been looking at the data to support an overnight model, where triage could be provided on a regional basis rather than locally, especially during times of escalation.

17. We are also currently piloting a GP cluster model to support the OOHs service by triaging and offering appointments to patients within the practice/cluster by offering appointments earlier in the morning and later in the evening Monday to Friday, and also on Saturday mornings. This is still in its early stages and a full analysis and evaluation of this pilot will be undertaken (results are not available at this stage).

18. In addition, the OOHs team work closely with colleagues in the Emergency Unit, Primary Care, WAST, Frequent Attender Nurse and engage with colleagues regularly to agree pathways. There are also various multi-agency meetings that include staff from the Emergency Unit, OOHs, Primary Care, Police, Wales Ambulance Services Trust, Social Care, Drug and Alcohol, Mental Health, Housing etc. to support individuals who may be using emergency services regularly for a variety of reasons. A great deal of work has been done with partners to address the needs of these people and to support a change in behaviour, whilst also aiming to resolve the reasons for the regular use of the emergency services. This not only reduces demand on the service, but importantly aims to resolve the issues that can be extremely complex for the individual.

Summary and key messages

19. There has been a significant focus on OOHs during the last year which has involved both clinical and non-clinical teams. We have seen a steady improvement in performance over the period and this is closely monitored and reviewed on a regular basis so that appropriate action can be taken.

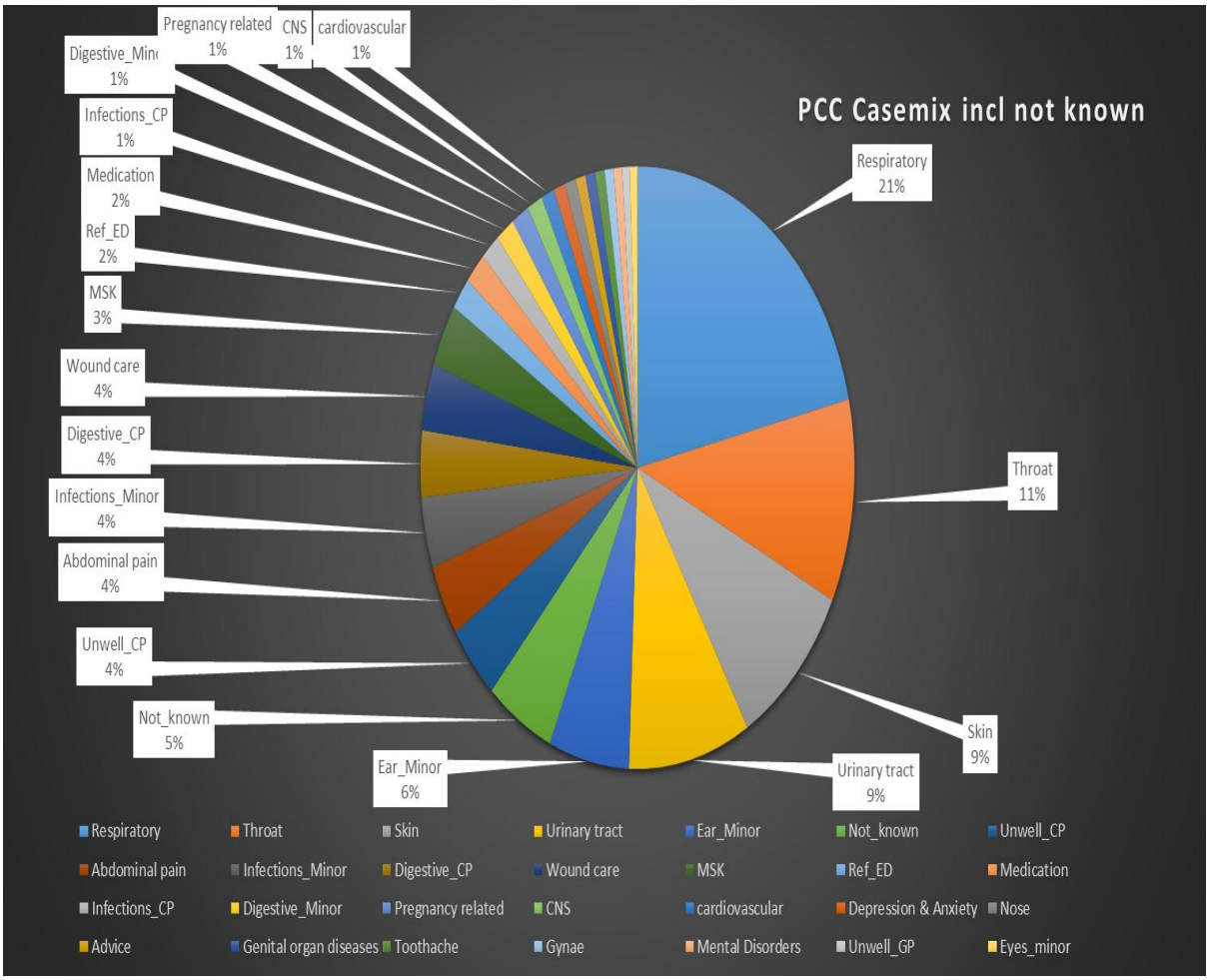
20. There has been additional investment in the service to improve service delivery.

21. Detailed demand and capacity work has been undertaken. This has informed the development of the workforce model to ensure it is aligned to the needs of people using the service.

22. Whilst recognising the challenges in Urgent Primary Care/OOH we are pleased with the progress made within the Health Board but we are not complacent and are keen to learn from others. We welcome the feedback from the national peer review which recognised:

- Our approach to workforce planning and the MDT model as best practice across Wales (this has been cascaded to others).
- The development of the remote working protocol as best practice in Wales and the protocol on death certification (again these have been shared with the All Wales OOH forum).
- The work undertaken on demand capacity analysis which is also being used as a model for implementation in other Health Boards.
- The escalation protocols and arrangements for on call and out of hours which will be suggested to other Health Boards as good practice.
- The good culture and excellent management and leadership within the Health Board.

Annex 1: PCC Casemix



This work was used to determine the skill mix required which is outlined below: