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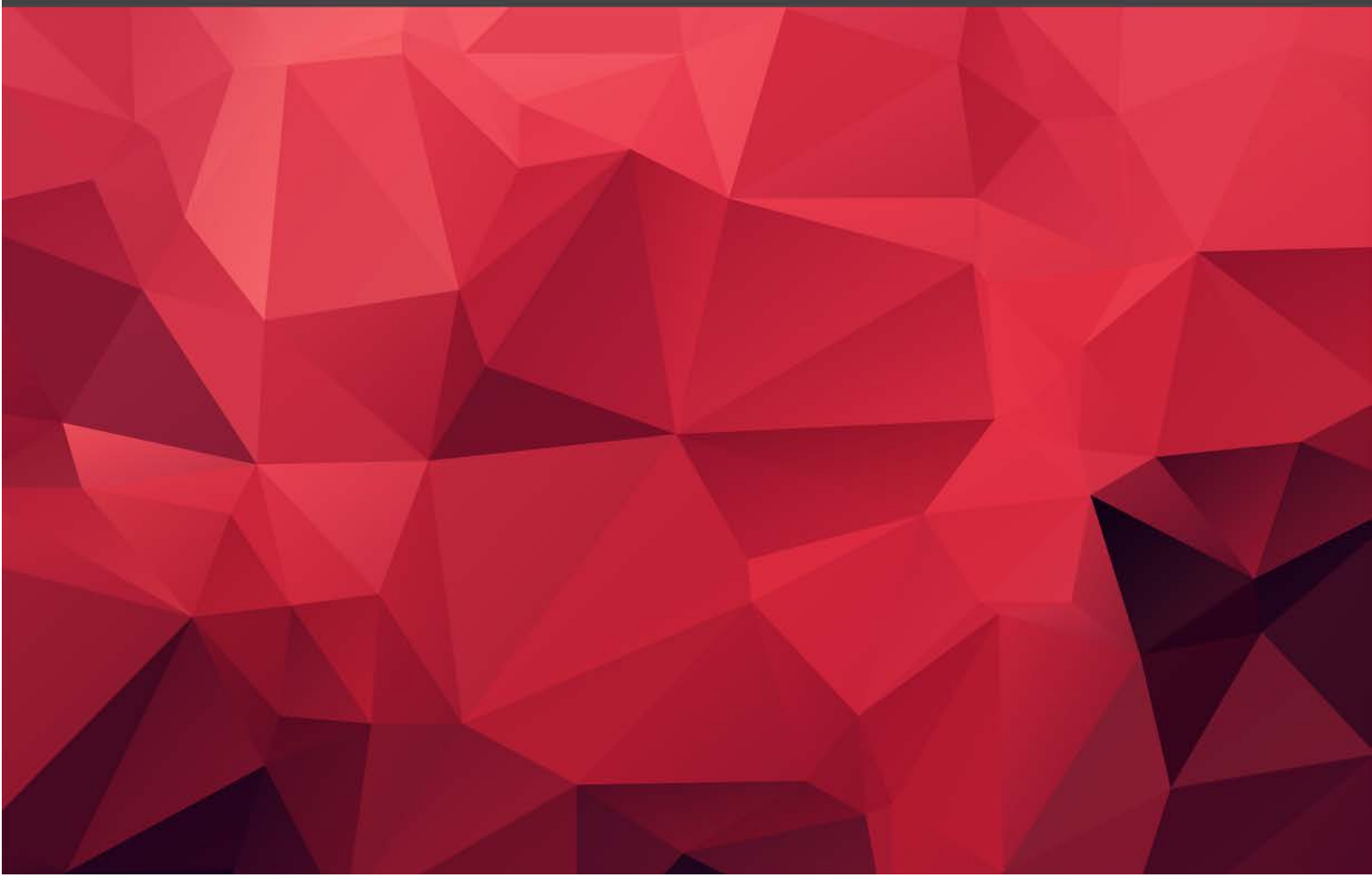
Review of GP Out-of-Hours Services – **Abertawe Bro Morgannwg University Health Board**

Audit year: 2016

Date issued: August 2017

Document reference: 308A2017



The work was delivered by Philip Jones.

Contents

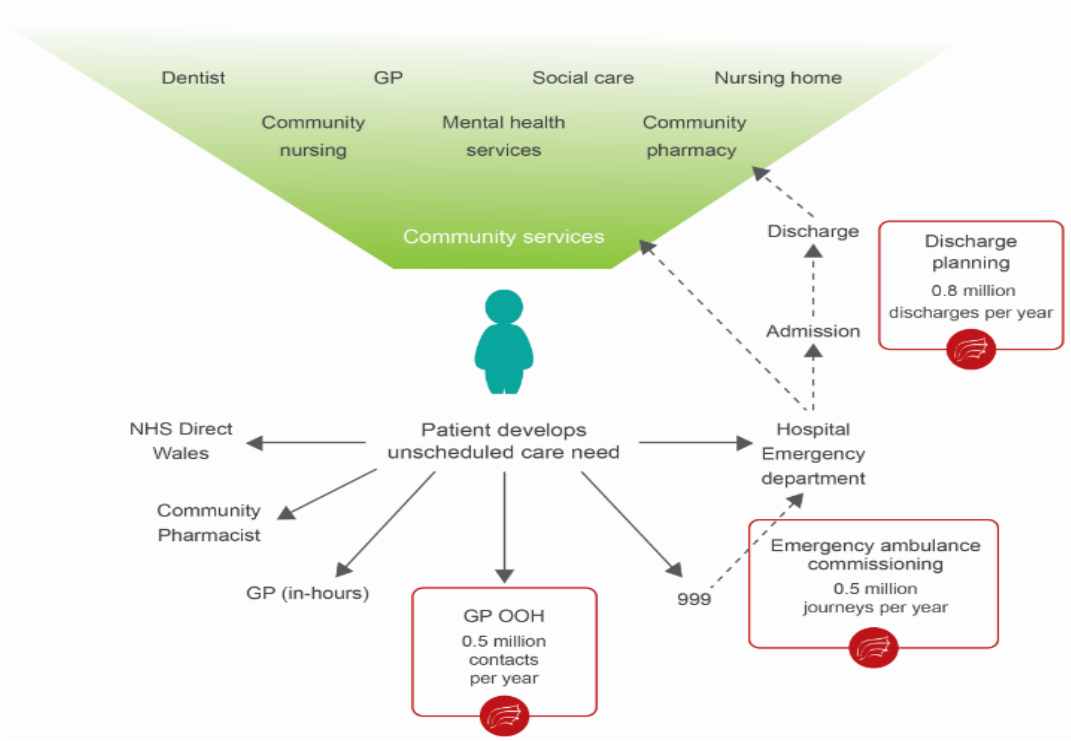
The GP out-of-hours service has effective governance arrangements and fewer staffing problems than in most parts of Wales. However, the Health Board needs to improve its understanding of demand, address issues with performance data and strengthen its strategic and workforce planning.

Summary report

Background

1 General practice out-of-hours (GP out-of-hours) services provide healthcare for patients with urgent (but not emergency) medical problems outside normal surgery hours[1]. These services manage more than 0.5 million patients every year in Wales[2] and are a key component to the wider unscheduled care system (Exhibit 1). When GP out-of-hours services struggle to meet demand, this can have knock-on impacts on the rest of the system, causing increased pressure on ambulance services, hospital emergency departments and in-hours primary-care services.

Exhibit 1: GP out-of-hours services within the wider system of unscheduled care



Source: Wales Audit Office

2 Health boards are responsible for ensuring their resident populations have access to high-quality GP out-of-hours services. Some health boards provide these

[1] The out-of-hours period runs from 6.30 pm until 8 am on weekdays, as well as weekends and public holidays.

[2] Welsh Government, **Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services**, May 2014.

services by employing GPs on a sessional or salaried basis[3], while other health boards choose to commission services from private companies.

3 In 2012, a ministerial review led by Dr Chris Jones, concluded that GP out-of-hours services across Wales were unsustainable in their current form[4]. The report highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.

4 Our previous work on unscheduled care in 2009[5] and in 2013[6] also identified specific problems in GP out-of-hours services across Wales, including recruitment and retention of GPs as well as scope to improve integration and information sharing with other unscheduled care services.

5 In May 2014, Welsh Government published its national standards for GP out-of-hours services with the intention of developing a common framework for performance management and governance. All health boards are expected to have implemented the standards by March 2018.

6 In 2015, the Welsh Government's Delivery Unit (DU) reviewed health boards' preparedness to implement the standards. Across Wales, they found that work was underway to achieve the standards but:

- gaps were apparent in performance reporting;
- there remained difficulties recruiting GPs;
- there was a need to standardise clinical pathways; and
- there was a need to better understand capacity and demand.

7 In March 2015, a conference of Welsh Local Medical Committees voted to support a motion calling for an urgent review of the sustainability of GP out-of-hours services. The conference warned that services were becoming unsustainable due to difficulties in filling GP rotas and changes in triage processes that were resulting in an increase in demand.

8 Planning work is ongoing at an all-Wales level to put in place a new care co-ordination service called 111. This service will be a single point of access for unscheduled care services including GP out-of-hours and will provide integrated call taking, clinical assessment, information provision, signposting and referral. The introduction of 111 is therefore both an opportunity and a complicating factor in the planning of GP out-of-hours services.

[3] Salaried staff are directly employed by the service and are paid a regular salary. Sessional staff work for the service as and when required and are paid depending on the number of sessions they work.

[4] Dr Chris Jones, **Primary Care Out of Hours Review, Interim Report**, July 2012.

[5] Auditor General for Wales, **Unscheduled care: Developing a whole systems approach**, 15 December 2009.

[6] Auditor General for Wales, **Unscheduled care: An update on progress**, 12 September 2013.

9 Furthermore, a May 2015 report on GP out-of-hours services at Betsi Cadwaladr University Health Board highlighted a number of problems with the service across North Wales including inadequate staffing levels, long waiting times and a lack of clinical leadership. There was also potential to improve staff training, monitoring and clinical governance.

10 The Public Accounts Committee (PAC) expressed its concerns about the failings of GP out-of-hours services across North Wales as part of its review of governance arrangements at Betsi Cadwaladr University Health Board and across NHS Wales more widely.

11 Whilst the Welsh Government has provided updates to the PAC on health boards' actions to embed the national standards for GP out-of-hours services, it was not clear whether or not the problems experienced at Betsi Cadwaladr University Health Board were prevalent elsewhere in Wales. The Auditor General therefore decided it was timely to review GP out-of-hours services across Wales to examine this, and broader aspects of the management of GP out-of-hours services as part of the wider unscheduled care system.

12 The review aimed to establish whether Abertawe Bro Morgannwg University Health Board (the Health Board) is ensuring that patients have access to effective and resilient GP out-of-hours services. Appendix 1 provides details of the audit methodology. The work focused specifically on the:

- overall governance arrangements;
- financial and clinical sustainability of services; and
- performance and patient experience.

13 The Health Board manages its GP out-of-hours services through its Primary and Community Services Delivery Unit (PCSDU). The service is based around the localities of Swansea, Neath Port Talbot and Bridgend. The GP out-of-hours service uses three primary care centres, based at Morriston Hospital, Neath Port Talbot Hospital and the Princess of Wales Hospital. The centres are co-located with emergency departments or, in the case of Neath Port Talbot Hospital, with the Local Accident Centre. Call-handling and triage were provided under contract by Primecare until autumn 2016. Responsibility for call-handling and triage was transferred at that time to the Welsh Ambulance Services NHS Trust (WAST) as part of the introduction of the pilot 111 Pathfinder within the Health Board. Implementation of 111 started in Bridgend and Neath Port Talbot in early October 2016, and in Swansea later that month.

14 As part of our methodology, we carried out a postal survey of a sample of patients who had contacted the out-of-hours services across Wales. We did not receive enough responses to our patient survey to allow robust comparisons across health boards, however, the results of our survey at an All-Wales level are included in Appendix 2 of this report.

Key findings

15 Our overall conclusion is: The GP out-of-hours service has effective governance arrangements and fewer staffing problems than in most parts of Wales. However, the Health Board needs to improve its understanding of demand, address issues with performance data and strengthen its strategic and workforce planning. We have set out the main reasons for this conclusion in the paragraphs below.

Governance arrangements

16 The GP out-of-hours service has effective arrangements for leadership and scrutiny but could strengthen its performance data, strategic planning and understanding of demand. We reached this conclusion because:

- the Health Board needs to improve its understanding of capacity and demand and ensure that GP out-of-hours has sufficient profile within the broader planning of 111;
- the staff survey shows positive views about clinical and operational leadership of GP out-of-hours and changes to the management structure aim to provide further clarity; and
- performance management and scrutiny arrangements are in place and work continues to address problems in providing performance data to the Welsh Government.

Financial and clinical sustainability

17 The Health Board spends less on GP out-of-hours than most others and, whilst it lacks a workforce plan, there are few unfilled shifts and it is starting to reduce reliance on GPs. We reached this conclusion because:

- although there is no GP out-of-hours workforce plan, the service has few unfilled shifts, staff are positive about the support they get and some non-traditional roles are being tested; and
- despite increasing its spending on GP out-of-hours services, the Health Board's cost per contact is comparatively low and the service is taking a rigid approach to sessional pay for GPs.

Performance and patient experience

18 The Health Board could not provide key performance data, nevertheless we found good signposting of out-of-hours services and benefits from co-locating with emergency departments. We reached this conclusion because:

- signposting to GP out-of-hours services is good and access to in-hours primary care is around the average for Wales;

- the Health Board was unable to provide monthly performance data about call-taking, hear-and-treat, and see-and-treat services.
- co-locating out-of-hours and emergency departments has led to stronger working relationships and the new directory of services is a key enabler of appropriate referrals to other services.

Recommendations

19 As a result of our work, we make the following recommendations in relation to GP out-of-hours services.

Exhibit 2: recommendations

Recommendations	
R1	**Planning:** the Health Board has recognised risks to the sustainability of GP out-of-hours services. However, it does not have a strategic or workforce plan. The Health Board should: a. bring strategic thinking to the forefront of its GP out-of-hours planning and set this out in a strategic plan; b. develop a clear workforce plan to clarify and focus its work to develop new roles and workforce solutions. c. revisit and update previous work on GP out-of-hours capacity planning, to ensure that operational planning is based on the most up-to-date information on demand for the service.
R2	**Performance management:** effective monitoring of performance indicators has been impeded by problems in establishing consistent and comparable data definitions, and by issues which have prevented the transfer of data between IT systems. The Health Board also reports very few incidents to the National Reporting and Learning System. The Health Board should: a. address the ongoing data definition and system issues that currently prevent meaningful comparisons with other health boards, to ensure the Health Board has an accurate position of its GP out-of-hours performance; b. subsequently ensure that robust performance comparisons, including performance data as well as feedback from staff, partners and the public, are reported on a frequent basis to the Board and its committees; and c. review the robustness of its GP out-of-hours incident reporting arrangements to the National Reporting and Learning System (NRLS).

Detailed report

The GP out-of-hours service has effective arrangements for leadership and scrutiny but could strengthen its performance data, strategic planning and understanding of demand

The Health Board needs to improve its understanding of capacity and demand and ensure that GP out-of-hours has sufficient profile within the broader planning of 111

20 GP out-of-hours services are an essential part of the unscheduled care system. The national review into these services in 2012, led by Dr Chris Jones, urged health boards to consider the development of GP out-of-hours services as a key component of their strategic vision for unscheduled care.

21 We assessed the Health Board's plans, looking for a documented plan for GP out-of-hours services that identified and addressed the key risks related to the service. We also reviewed the Health Board's wider plans for unscheduled care to assess whether GP out-of-hours features prominently and coherently. The main focus of strategic planning for GP out-of-hours planning has been in relation to its role as part of the provision of the 111 Pathfinder pilot. We did not see a specific plan that gives a clear strategic focus for the future of GP out-of-hours. Similarly, the Health Board's wider unscheduled care implementation plan focuses on the 111 Pathfinder pilot, with no specific mention of GP out-of-hours.

22 Our survey of GP out-of-hours staff asked whether the Health Board had consulted staff in relation to the planning of GP out-of-hours services. In the survey, 47% of the Health Board's respondents agreed or strongly agreed with the statement 'I was given ample opportunity to give my opinions to inform the development of the plan for GP out-of-hours services'. The equivalent figure in Wales as a whole was 24%.

23 Health boards are required to implement the national GP out-of-hours standards by March 2018. In late 2015, the DU asked health boards to self-assess their readiness to implement each of the standards. Appendix 3 shows that the Health Board compares poorly with other health boards in the extent of implementation of the 34 standards. The Health Board gave itself a 'limited development' rating for five performance standards and a 'work underway' rating for another 10 standards. Given its involvement in the 111 Pathfinder pilot, the Health Board is maintaining an action plan in relation to the 111 standards framework, which includes the standards for GP out-of-hours.

24 Our previous work on unscheduled care across Wales found that health bodies were planning services without a comprehensive understanding of demand. This was contributing to problems in meeting demand, such as delays in patients receiving their care. At the Health Board we found that there has been some

previous work to establish demand, although at the time of our fieldwork further work was taking place to update the figures, because of a perception that demand has continued to rise. However, senior staff recognise that the service lacks a clear picture of the capacity it has to respond to demand. In 2013, the Health Board used the 'Foundations Improvement Science in Healthcare' (FISH) programme to establish the predictable peaks in demand, to help ensure effective capacity management. This exercise was found to be very useful and could be repeated.

25 Staff and other stakeholders commented that the planning associated with the 111 pilot at the Health Board was a key opportunity to address some of the challenges faced with GP out-of-hours services. There was general recognition that access to up-to-date information about services would be vital to the success of 111. Senior managers were confident about the emphasis placed in service plans, and the comprehensive work being carried out, to ensure that a constantly updated directory of services is available for use by 111 staff. We heard that initial experiences with the pilot were good, and that the system was generally working well.

The staff survey shows positive views about clinical and operational leadership of GP out-of-hours and changes to the management structure aim to provide further clarity

26 Effective leadership and clear lines of accountability are vital components of any healthcare service. Our scoping work for our review on GP out-of-hours services suggested there was a risk that the leadership arrangements for GP out-of-hours services in health boards are unclear or distant from the actual delivery of services.

27 In common with all health boards in Wales, the Health Board has a specific executive member directly responsible for GP out-of-hours services. In some health boards, more than one executive member shares responsibility for out-of-hours but in the Health Board, the Chief Operating Officer (currently the Interim Chief Executive) is the named executive with both operational and professional responsibility for the GP out-of-hours service. Below the Chief Operating Officer, the next tier of management responsibility for GP out-of-hours lies with the Director of the PCSDU. Previously, the service had been managed as part of the Swansea locality. Bringing the service into the PCSDU is a key opportunity to ensure a consistent focus and ownership of the service across the Health Board. It also aims to help ensure better links with in-hours service provision.

28 Health Board operational management responsibilities for GP out-of-hours were changing at the time of our fieldwork. A single operational lead had just been appointed. The role covers both the GP out-of-hours service and the 111 roll-out. Previously, operational management of the service was part of another role in the Swansea locality. We were told that, as a result, lines of accountability for aspects of GP out-of-hours across the Health Board had not always been clear. The expectation going forward is that by bringing the service into the PCSDU (which is

Health Board-wide), and by establishing clear operational responsibility and focus, arrangements will be much clearer.

29 The self-assessments submitted by health boards to the Delivery Unit in late 2015 showed a mixed picture of clinical leadership within GP out-of-hours services. The Health Board has a clear clinical lead in place and staff told us about the clinical lead's positive commitment to the role and long experience in relation to GP out-of-hours. He is highly committed to managing the day-to-day requirements of the service, as well as establishing a forward view as to how the service can be sustained and developed. Given that his role is established at 0.5 whole time equivalents, it is a challenge to ensure sufficient time to address all of the requirements placed upon the role.

30 In response to our staff survey, 67% of respondents the Health Board's respondents agreed or strongly agreed that GP out-of-hours is 'effectively managed by the service's clinical leaders' (compared with 48% across Wales). Twenty-six per cent of the respondents disagreed or strongly disagreed (the figure across Wales was also 26%).

31 In response to our staff survey, 63% of the Health Board's respondents agreed or strongly agreed that operational managers have regular, direct involvement in the service (compared with 42% across Wales). Twenty-five per cent of the respondents disagreed or strongly disagreed (the figure across Wales was 32%). We found that GP out-of-hours operational management responsibilities cover call handling, services in primary care centres, and home visits. In some areas they also include management of GPs working for out-of-hours. In all areas they cover management of other clinical and non-clinical staff.

Performance management and scrutiny arrangements are in place and work continues to address problems in providing performance data to the Welsh Government

32 A key part of the governance of GP out-of-hours services is the monitoring and review of performance. The national review into GP out-of-hours services in 2012 highlighted issues with monitoring performance, including a lack of consistent and comparable data across Wales. We were unable to obtain GP out-of-hours performance data for the Health Board from the Welsh Government. GP out-of-hours managers told us that there had been ongoing problems in establishing the correct definitions for the data, which was why the Welsh Government did not have a consistent and comparable dataset available for the Health Board. The Health Board expects that the introduction of the 111 service will lead to the provision of a robust and comparable set of GP out-of-hours performance data. At the time of writing, work was taking place to address initial IT problems with the transfer of data between the Clinical Assessment System (for call triage) used by WAST for 111, and the Adastra computer system. In addition, an external consultancy company was developing a 111 performance dashboard.

33 The GP out-of-hours clinical lead maintains hands-on involvement regarding the performance management of individual GPs working within the services. The PCSDU holds operational management meetings on a weekly basis. They receive metrics relating to doctor performance, site performance and on the effective management of rota patterns. There is ongoing monitoring on the number of contacts that GPs achieve, and other key indicators. For GP out-of-hours, 1% of clinical calls have been audited in line with the Royal College of General Practitioners standard. Since the introduction of 111, at least 1% of calls are reviewed against quality indicators. The 111 framework also sets a standard with regard to patients receiving appropriate and effective advice by trained call takers. This should follow a robust and agreed assessment and prioritisation tool. The standard states that 95% of calls that call takers divert to emergency department, 999 and GP settings are regularly audited and fed into an internal quality assurance process. It was too early in the introduction of the 111 pilot for us to establish whether these standards were being achieved. However, managers told us that initial indications showed that the system was working well, and that emergency departments reported receiving more appropriate referrals from 111, than under previous arrangements.

34 The Board and committees should routinely consider high-profile information on performance to effectively scrutinise GP out-of-hours. At the Health Board, the Management Board meets on a monthly basis and receives GP out-of-hours performance information and details of significant events. This information is also fed into the Medical Director's governance stream and into the Unscheduled Care Flow Programme Board.

35 In response to our Board member survey, 60% of members agreed that the Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services. Sixty per cent agreed or strongly agreed that they were satisfied with the performance and quality of GP out-of-hours services. This was well above the all-Wales average of 40%.

36 Where health boards identify errors or incidents in relation to GP out-of-hours services, they should report the incidents to the NRLS. Exhibit 4 highlights that there is considerable variation between health boards in the number of incidents reported to the NRLS within GP out-of-hours services. This suggests that systems of reporting vary considerably across health boards, making any comparison of the data difficult. The Health Board only reported two incidents in 2015 and none in either of the previous two years.

Exhibit 4: number of incidents reported to the NRLS between 2013 and 2015

The Health Board reported only two GP out-of-hours incidents in 2015, and none in either of the previous two years.

	Number of incidents reported		
Health Board	**2013**	**2014**	**2015**
Aneurin Bevan	83	92	136
Betsi Cadwaladr	15	10	1
Cwm Taf	2	4	3
Cardiff and Vale	0	0	4
Abertawe Bro Morgannwg	**0**	**0**	**2**
Powys	0	1	0
Hywel Dda	0	0	0

Source: NRLS, NHS Commissioning Board Special Health Authority.

37 In our survey of GP out-of-hours staff, 89% agreed or strongly agreed that information obtained through complaints, incidents and error reporting is used to make care safer. The Health Board's self-assessment against the standards for GP out-of-hours indicated that significant event analysis takes place, and effective serious incident reporting arrangements are in place.

38 Another key aspect of reviewing GP out-of-hours services is through health boards' monitoring and management of risks. There is a GP out-of-hours risk register which highlights three key risks (including the sustainability of the staffing model) and includes actions to mitigate the risks. The register is reviewed routinely by service managers and by the GP Out-Of-Hours Board which oversees operational and planning issues for the service. It is also reported as part of overall risk management arrangements for the Health Board. Managers told us that the 111 Pathfinder will provide an important opportunity to address risks relating to the provision of GP out-of-hours.

39 As part of arrangements to ensure internal quality assurance measures for the 111 service, the Health Board and WAST have established a clear governance framework. This includes the management of risk and processes in place to respond to complaints, incidents, significant events, health and safety issues, infection prevention and control, safeguarding policies. All processes for reporting, investigating and learning from complaints and compliments are monitored through a jointly agreed governance structure. At the time of writing, we were told that early signs showed that this new approach was much more robust. It was leading to more decisive learning and the provision of quarterly information to GPs.

The Health Board spends less on GP out-of-hours than most others and, whilst it lacks a workforce plan, there are few unfilled shifts and it is starting to reduce reliance on GPs

Although there is no GP out-of-hours workforce plan, the service has few unfilled shifts, staff are positive about the support they get and some non-traditional roles are being tested

40 Our scoping work across Wales highlighted considerable risks regarding the sustainability of GP out-of-hours services. The national review of GP out-of-hours services in 2012 stated that there was a manpower crisis in Wales and drew attention to some services struggling to ensure adequate staffing.

41 We requested from health boards, documentation setting out their workforce plan for GP out-of-hours services. We were looking for clear plans for the future, setting out required skills and resources, based on a good understanding of demand. At the Health Board, we found no evidence of a specific workforce plan, although in interviews there was clear recognition of the basic challenge of staffing sustainability in GP out-of-hours services.

42 When deciding their ideal mix of salaried and sessional staff, health bodies have to weigh up the pros and cons. For example, whilst salaried staff can provide more stability, sessional staff may provide greater flexibility. The Health Board employs approximately 129 sessional GPs within GP out-of-hours, and does not employ any salaried GP staff.

43 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan[7] states that: 'No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic.' As such, health bodies are gradually trying to move towards GP out-of-hours teams that supplement GPs with specialist nurses, paramedics and pharmacists. Based on data submitted to the DU, the Health Board was moving in this direction, by piloting the use of a pharmacist within the GP out-of-hours team and planning to introduce Advanced Paramedic Practitioners.

[7] Welsh Government, Our plan for a primary care service for Wales up to March 2018, February 2015.

44 Staffing and capacity within GP out-of-hours services should be flexible enough to be able to respond to seasonal spikes in activity, such as the pressures experienced in April and December each year because of respiratory viruses.

45 In response to our survey, the Health Board indicated that additional GP sessions are booked on a planned basis at enhanced rates to increase capacity in December and April. The DU's assessment of capacity arrangements was that the Health Board had provided the minimal level of assurance of its flexibility to cope with different levels of capacity. A new escalation plan had been prepared as part of the introduction of the 111 pilot, and at the time of writing it had not been necessary to implement it.

46 In response to our questionnaire, the Health Board agreed that it was able to change its practices and processes in response to pressures on GP out-of-hours and other unscheduled care services. It also agreed that it could provide additional appointments at times of peak demand. However, it responded less positively, about its capacity to provide additional GP, nursing, and call-taking staff cover at short notice. The provision of additional home visits at peak periods is particularly difficult for the service.

47 Even when health boards have a robust workforce plan, there can still be problems in ensuring appropriate staffing of GP out-of-hours services. For example, there may be difficulties in recruiting staff to posts, and difficulties in filling shifts. Exhibit 5 shows the staffing position in the Health Board compared with the rest of Wales. The data suggests that the Health Board is in a stronger position than some others, with the highest level of GPs on lists per 1,000 population, a relatively low rate of unfilled shifts, and staff responding more favourably than average in relation to workload and staffing levels.

Exhibit 5: measures comparing staffing resources across Wales

Aspects of staffing	Health Board	Across Wales
Size of list of GP pool to draw upon per 1000 population	0.25	Ranging from 0.17 in Betsi Cadwaladr to 0.25 in ABM.
GP shifts unfilled rate (2015-16)	2%	7% (average) Ranging from 0.5% in Powys to 20% in Aneurin Bevan.
Percentage of staff		
• agreeing or strongly agreeing that their workload was manageable; and	72%	66%
• agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand.	56%	21%

Source: Self-assessments submitted to the Delivery Unit, Wales Audit Office survey of GP out-of-hours staff, Wales Audit Office health board questionnaire.

48 The staff that work in GP out-of-hours services are essential to the success of patient care. Health boards, therefore, need to support these staff to engender positive morale and to ultimately ensure they are happy to continue to work within the service. Exhibit 6 suggests the Health Board's staff wellbeing and support arrangements are generally comparable with the rest of Wales.

Exhibit 6: staff support arrangements and measures of staff wellbeing

Percentage of staff…	Health Board	Across Wales
agreeing or strongly agreeing that they received a comprehensive induction when they started work for the out-of-hours services	66%	64%
agreeing or strongly agreeing that they get sufficient training, learning and development within the out-of-hours service to carry out their role	49%	57%
agreeing or strongly agreeing that morale in the out-of-hours service is good	47%	31%
agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time	74%	73%
who received a personal appraisal development review	100%	Insufficient data to calculate all-Wales position

Source: Wales Audit Office survey of GP out-of-hours staff.

49 Our scoping work suggested there is a risk that clinicians working in the GP out-of-hours service could be working excessively long hours. This is a particular risk because these staff often work in other services as well as in GP out-of-hours services. We asked health boards how they monitored staff working hours within the GP out-of-hours services. The Health Board told us that it restricts sessions to a maximum of 50 hours per week, with no more than 12 consecutive hours, and a maximum of three overnights in a seven-day period. As independent practitioners, it is ultimately up to individual GPs and their practices to enforce these restrictions. The Health Board reminds GPs of their professional obligations in this respect. Staff told us that the Health Board has had cause to take action when monitoring had indicated breaches of these restrictions.

Despite increasing its spending on GP out-of-hours services, the Health Board's cost per contact is comparatively low and the service is taking a rigid approach to sessional pay for GPs

50 Exhibit 7 compares the amount of funding that the Welsh Government notionally allocates to GP out-of-hours services with the actual expenditure on GP out-of-hours services in each health board. The notional funding from the Welsh

Government has not changed since 2004-05[8] other than in Hywel Dda, and in 2015-16, the Health Board subsidised its GP out-of-hours services to the sum of £372,000. This is the second lowest subsidy in Wales when expressed as a percentage of notional allocation.

Exhibit 7: health board actual spend on GP out-of-hours service compared with the notional allocation from the Welsh Government

Health Board	Notional allocation from Welsh Government 2015-16 (£000s)	Actual expenditure on GP out-of-hours services in 2015-16 (£000's)	Subsidy paid by health boards (£000's)	Subsidy paid by health boards as a percentage of notional allocation
Powys	1,980	2,543	563	28.4%
Aneurin Bevan	4,736	6,078	1,342	28.3%
Cwm Taf	2,447	3,064	617	25.2%
Hywel Dda	4,826	6,009	1,183	24.5%
Cardiff and Vale	3,048	3,768	720	23.6%
Abertawe Bro Morgannwg	**4,533**	**4,905**	**372**	**8.2%**
Betsi Cadwaladr	7,169	7,222	53	0.7%
WALES	28,739	33,589	4,850	16.9%

Source: Wales Audit Office analysis of Welsh Government data and health board local financial returns. Subsidy = Actual expenditure minus Notional allocation.

51 Exhibit 8 shows that whilst the total GP out-of-hours expenditure by health boards in Wales increased in cash terms by 6% between 2009-10 and 2015-16, when we took inflation into account, there was a real-terms reduction of 3%. Over the same period in the Health Board, there was a 16% increase in cash terms, which equates to a 6% increase in real terms. This was the second highest increase amongst other health boards in real-terms expenditure.

[8] The only change since 2004-05 is an uplift of £0.22 million in Hywel Dda during 2007-08.

Exhibit 8: change in GP out-of-hours expenditure between 2009-10 and 2015-16

	Expenditure on GP out-of-hours services (£000)		Change in expenditure between 2009-10 and 2015-16	
Health Board	**2009-10**	**2015-16**	**Cash terms**	**Real terms**
Hywel Dda	4,738	6,009	27%	16%
Cwm Taf	2,657	3,064	15%	5%
Abertawe Bro Morgannwg	**4,238**	**4,905**	**16%**	**6%**
Powys	2,534	2,534	0%	-8%
Cardiff and Vale	3,847	3,768	-2%	-11%
Aneurin Bevan	6,005	6,078	1%	-8%
Betsi Cadwaladr	7,632	7,222	-5%	-14%
WALES	**31,651**	**33,581**	**6%**	**-3%**

Source: Wales Audit Office analysis of health board local financial returns. To calculate the real-terms changes we used the Gross Domestic Product deflators published by HM Treasury. GDP deflators measure inflation across the whole economy. We used the deflators issued in December 2016 to put all figures into 2015-16 prices.

52 If the Health Board's GP out-of-hours service is going to succeed in meeting demand and providing quality care to patients, it needs an appropriate budget and a robust approach to budget-setting. At the Health Board we found that the level of funding is based on a roll over of the previous year's budget. Staff told us that, nonetheless, the service has increased rates of pay of the last few years, and this has helped to sustain the service.

53 At the Health Board, and across Wales, we found that the cost and complications of arranging indemnity insurance was a particular barrier to recruiting GPs for the out-of-hours service. Managers were aware of national discussions to resolve this situation. However, at the time of our work, momentum to resolve this issue at a national level was slow.

54 Exhibit 9 shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales when considering its catchment population. It is the second lowest spending health board in relation to out-of-hours expenditure per 1,000 population and is the second lowest spending health board in relation to cost per contact. The Health Board is also the third lowest in Wales for out-of-hours expenditure as a percentage of total GMS expenditure. Whilst the data show that the Health Board spends less than most other bodies on GP out-of-hours services, our audit did not set out to evaluate whether such levels of expenditure are appropriate or not, given the needs of the local population.

Exhibit 9: GP out-of-hours expenditure across Wales

Health Board	Out-of-hours expenditure per 1000 population (£)	Cost per contact (£)	Out-of-hours expenditure as % of total GMS expenditure (2015-16)
Abertawe Bro Morgannwg	**9.33**	**36.07**	**6.7%**
Aneurin Bevan	10.45	68.88	7.0%
Betsi Cadwaladr	10.40	50.36	6.2%
Cardiff and Vale	7.77	34.63	5.5%
Cwm Taf	10.33	50.65	6.8%
Hywel Dda	15.68	93.32	9.8%
Powys	19.17	71.63	7.4%
WALES	**10.84**	**52.74**	**6.9%**

Sources: Local Health Boards' LFRs; Mid-Year Population Estimates, Office for National Statistics.

55 A key aspect of the financial sustainability, as well as the clinical sustainability, of GP out-of-hours services is the approach the Health Board takes to paying GPs. Whilst staffing models are gradually changing, GPs remain essential in leading GP out-of-hours services. Health boards need to strike a balance between paying enough to attract GPs to work in the service whilst also ensuring value for money. Exhibit 10 shows how the Health Board approach to GP sessional pay compares with other bodies across Wales. The Health Board does not use any of the listed approaches shown to incentivise GPs to work in out-of-hours, or to decrease competition between GP out-of-hours services for sessional GP staff.

Exhibit 10: approach to sessional pay across Wales

	This Health Board	All health boards	
		Yes	No
Increased rate of pay for filling shifts at late notice.	No	3	4
Increased rate of pay for filling shifts well in advance (thereby incentivising early sign up to shifts).	No	0	7
Increased rate of pay for committing to more than one shift (incentivised bundling model).	No	3	4
Increased rate of pay for completing shifts as intended (thereby incentivising staff to work the shifts they agreed to fill).	No	0	7
Standardised rates of pay agreed with neighbouring health boards.	No	2	5
Standardised rates of pay agreed with all health boards in Wales.	No	0	7
Sessional rates in the out-of-hours service are identical to in-hours locum rates for GPs.	No	1	6

Source: Health Board Questionnaire

The Health Board could not provide key performance data, nevertheless we found good signposting of out-of-hours services and benefits from co-locating with emergency departments

Signposting to GP out-of-hours services is good and access to in-hours primary care is around the average for Wales

56 Our previous work on unscheduled care showed that patients can find it difficult to decide how best to access unscheduled care services. If GP out-of-hours services are to succeed in managing demand appropriately, the public needs to be informed about the real purpose of GP out-of-hours and how to access the service appropriately.

57 Health boards have tried a range of actions to inform the public about GP out-of-hours services. These actions include placing information on health board websites, use of social media and press releases, work on behavioural insight training and specific work to target frequent service users. The Health Board told us it was using a variety of approaches to educate the public on when to use the out-of-hours services, and these included:

- promoting the Choose Well Campaign through the Health Board website, social media, and public forums;
- setting out 'Who Sees What' referral processes for emergency department staff;
- making information available to patients who attend emergency departments; and
- maintaining a close working relationship with emergency departments and WAST.

58 The Health Board displays key information about GP out-of-hours services on its website. This information now refers to the 111 number for access to the service across the Health Board.

59 The Community Health Council (CHC) carried out a number of pieces of work to evaluate people's views about the signposting of unscheduled care services, prior to the introduction of the 111 pilot by the Health Board. The work included a patient questionnaire about the Choose Well campaign; local engagement events held at hospitals, minor injury units, GP out-of-hours, and emergency departments; as well as questions about GP out-of-hours services during general visits to hospitals. The CHC found that, despite the work of the Health Board to signpost services, patients were not always making informed choices about unscheduled care services. This sometimes leads to negative patient experiences of GP out-of-hours, when accessed inappropriately.

60 We reviewed health board websites to assess the extent of information on GP out-of-hours services for the public. Exhibit 11 shows how the results for the Health Board compared with the rest of Wales. We were able to find all of the pieces of information about GP out-of-hours services on the Health Board's website that we were looking for. This is better than for most other health boards.

Exhibit 11: comparison of GP out-of-hours information available on Health Board websites

	This Health Board	All health boards	
		Yes	No
Is there any information on the landing page about GP out-of-hours services?	Yes	4	3
Is there any information on the landing page about the Choose Well campaign?	Yes	7	-
Does the website have a page on GP out-of-hours services?	Yes	7	-
Does the GP out-of-hours page provide a description of the GP out-of-hours service?	Yes	3	4
Does the GP out-of-hours page provide examples to illustrate conditions/circumstances where it is appropriate to access GP out-of-hours services?	Yes	1	6
Does the GP out-of-hours page provide the opening hours of the GP out-of-hours service?	Yes	2	5
Does the GP out-of-hours page provide the locations of the GP out-of-hours primary-care centres?	Yes	2	5

Source: Wales Audit Office review of health board websites.

61 We reviewed a sample of GP practice websites and carried out 'mystery shopping' calls to GP practice phone lines, outside normal working hours, to assess how well they signpost patients to GP out-of-hours services. Exhibit 12 shows that the information provided by GP practices in the Health Board compared favourably with those across Wales.

Exhibit 12: comparison of GP out-of-hours information available on practice websites and automated messages

	This health board (10 practices)		Wales (70 practices)	
Practice websites	**Yes**	**No**	**Yes**	**No**
Does the practice have a website?	9	1	59	11
Does the landing page signpost patients to GP out-of-hours services?	2	8	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	10	0	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	7	3	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	7	3	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	8	2	44	16
Practice phone lines	**Yes**	**No**	**Yes**	**No**
Was the call answered?	10	0	69	1
Was the call automatically diverted to the GP out-of-hours service?	0	10	16	53
Did the answerphone message give the phone number of the out-of-hours service?	9	1	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	8	2	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	10	0	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	8	2	47	20

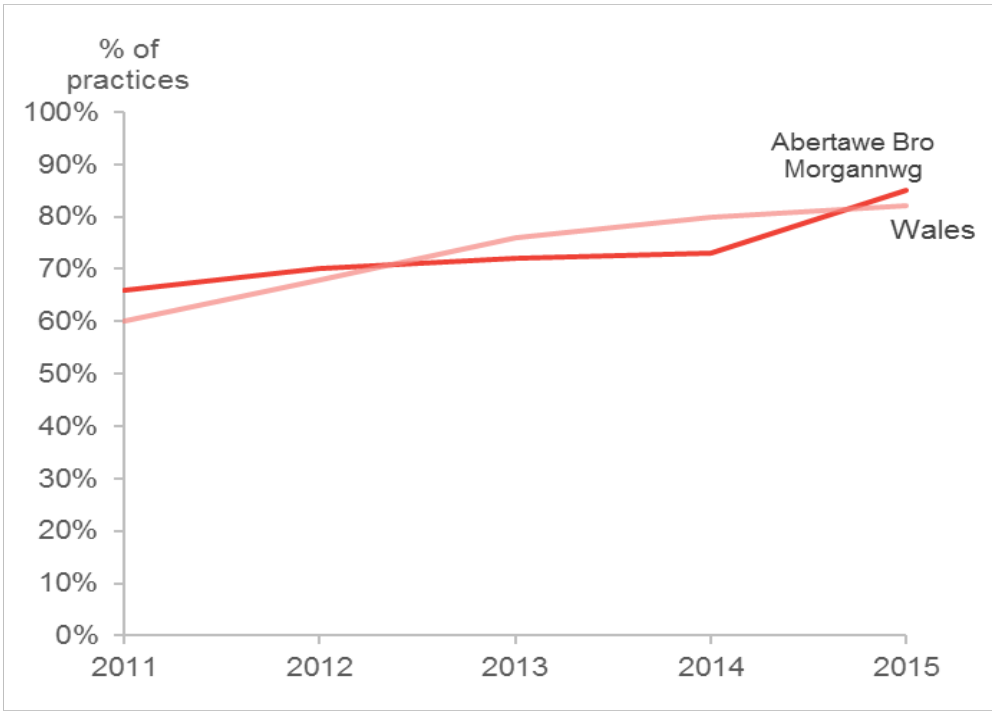
Source: Wales Audit Office review of GP practice websites and phone lines.

62 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. Exhibit 13 shows an increase across Wales in the percentage of GP practices that are open for the entirety of their core hours[9]. The definition of 'open' in this instance is that the

[9] Under the General Medical Services (GMS) contract (the UK-wide contract between general practices and primary care organisations for delivering primary care services to local communities), GP practice core hours are Monday to Friday, between 8 am and 6.30 pm (except on Good Friday, Christmas Day and Bank Holidays).

practice's doors are physically open and a patient can have face-to-face contact with a receptionist. The exhibit shows that performance in surgeries across the Health Board was slightly above the all-Wales average in 2015 after a period of two years where it was below average.

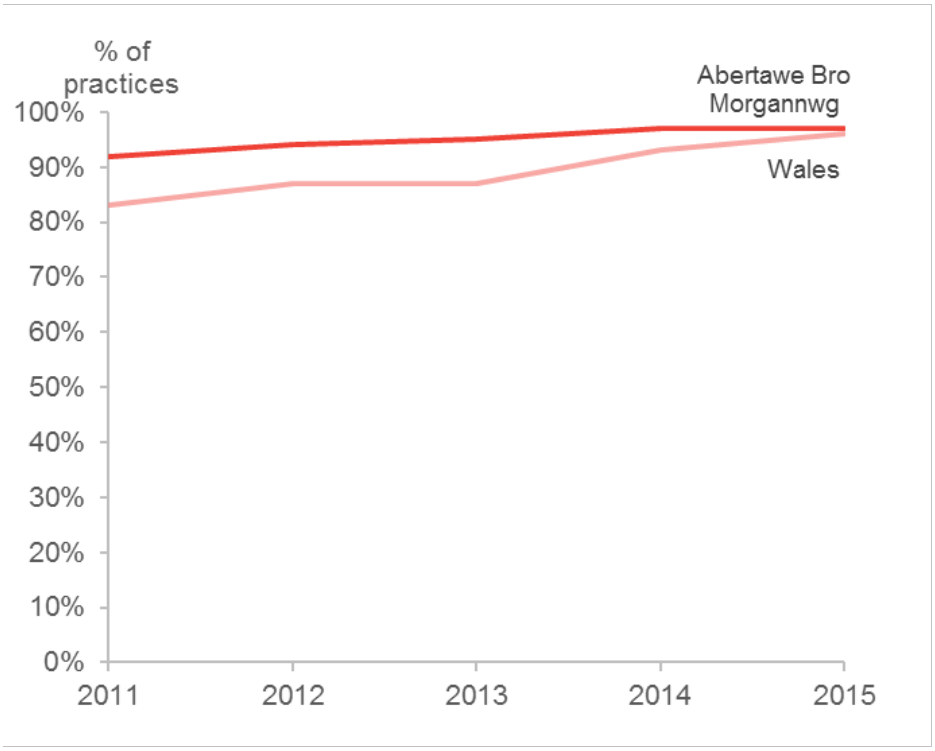
Exhibit 13: percentage of GP practices open for their entire core hours



Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

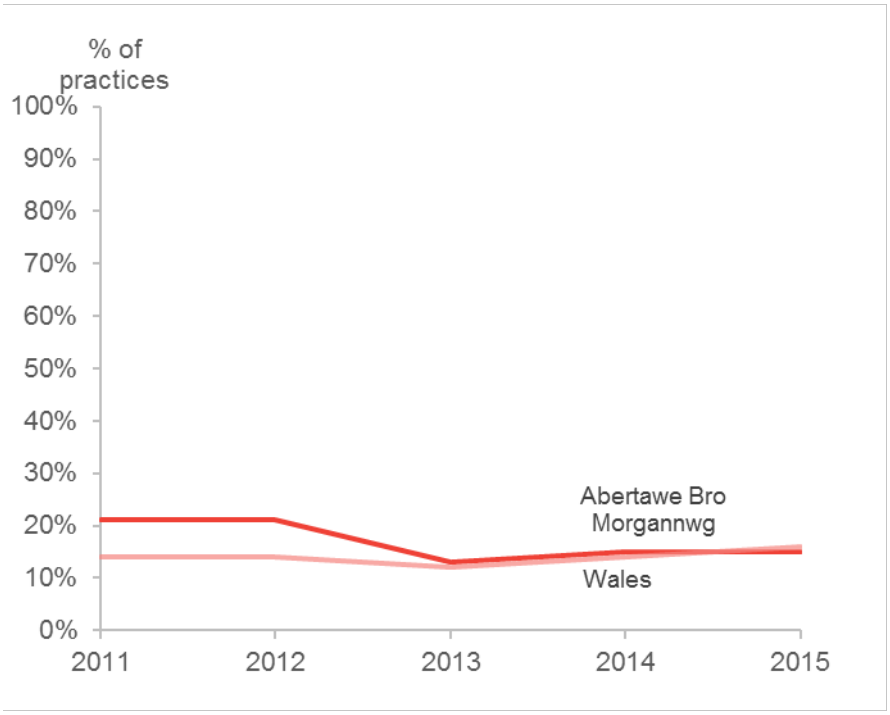
63 There has been an increase across Wales in the percentage of practices that offer appointments between 5 pm and 6.30 pm, on at least two days per week (Exhibit 14). There was a fairly consistent increase between 2011 and 2015 in the number of practices at the Health Board offering such appointments (96% of Health Board practices in 2015).

Exhibit 14: percentage of GP practices that regularly offer late appointments



64 Exhibit 15 shows less progress across Wales in ensuring practices offer appointments before 8.30 am on at least two days a week. The Health Board's performance was above average in 2011 and 2012 with 21% of GP practices regularly offering early appointments. Its performance then fell to the national average between 2013 and 2015, with 15% of GP practices regularly offering early appointments in 2015.

Exhibit 15: percentage of GP practices that regularly offer early appointments



Source: Wales Audit Office analysis of data from My Local Health Service.

The Health Board was unable to provide monthly performance data about call-taking, hear-and-treat, and see-and-treat services

65 Most GP out-of-hours services use an automated system to answer calls, so that patients hear a pre-recorded message. If the message is too long or complicated, or if it takes too long for the message to begin, patients may decide to terminate the call. We had hoped to compare the Health Board's termination rate with other organisations but data issues have prevented this.

66 Managers told us that there had been ongoing problems in establishing the data definitions of its GP out-of-hours performance information, and as a result it had not been possible to provide a consistent and comparable dataset to the Welsh Government. This meant that the performance information for health boards provided to us by the Welsh Government did not include a data set for the Health Board. As a result we were unable to fully evaluate this aspect of the service. While additional problems have subsequently arisen with data transfer between the IT systems used by the 111 service, managers told us that the Health Board is making good progress in addressing these issues.

67 Despite the data issues, managers told us that early evaluation of the 111 Pathfinder pilot had shown that the call handling approach was working well. With a direct booking system, GPs can decide that some cases can be offered an appointment immediately without further triage. More complicated cases are being pulled out to be seen separately to the main queue. Where there was previously a high rate of paediatric appointments, there has been indication that the system is better at identifying the actual need for face-to-face care, so reducing unnecessary paediatric appointments. In addition, some calls are being taken out of the advice queue to be taken by pharmacists where appropriate.

68 Once the GP out-of-hours service has taken a call from a patient, the call taker may choose to manage the patient in one of several ways. For example:

- making an appointment to see a GP at a primary care base;
- arrange for clinical advice to be given over the phone;
- visiting a patient at home; or
- a call handler may give non-clinical advice.

69 The Health Board was unable to provide us with monthly performance data about call handling. This meant that we were unable to evaluate this aspect of the service fully, or to provide comparisons with other health boards.

70 Telephone triage is the process that GP out-of-hours services use to assess the immediate needs of patients. The CHC told us that they receive very few complaints or comments from patients about the telephone triage process, and that there were no obvious aspects that stood out as being problematic for patients.

71 In our survey of GP out-of-hours staff in the Health Board, 70% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as ‘hear and treat’) whereas 23% were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.

72 If GP out-of-hours services are to provide effective hear-and-treat services, they need to ensure the staff carrying out telephone consultations have the requisite skills. When appointing staff to work in out-of-hours, the Health Board reviews previous GP out-of-hours experience and training and said they do not add significantly to this due to HMRC constraints. There is provision of training for staff in the use of clinical decision support software. Uptake of this training is monitored, as is completion of mandatory training requirements.

73 Medical registrars who come to work for the GP out-of-hours service are given additional professional support by other GPs in the service, who will provide advice and feedback, Staff told us that this is regarded positively by registrars, and is seen as a positive incentive for them to work with GP out-of-hours. As mentioned earlier, managers told us there are specific limits on the sessional hours that GPs can work, and monitoring has previously identified some instances where action was taken to prevent further breaches.

74 For hear-and-treat to be most effective, it helps if the clinician has access to a summary of the patient’s medical history through a computer system called the GP

Record. The Health Board was unable to provide us with data on the number of times the GP out-of-hours service accessed the summary GP Record for patients. Senior staff told us that access to the Welsh Clinical Record has improved, although of itself, it does not provide any detailed patient information. For example, it does not convey the content of recent patient consultations. However, prescribing information is available within the framework provided, which is very useful.

75 The Health Board provides a financial incentive to encourage practices to use Special Patient Notes (SPN). The tool is used to ensure the right information is available to the right people and is especially important for out-of-hours services which are unlikely to have any prior knowledge of a patient that they need to assess. Such information may relate to a Do Not Resuscitate plan, a care plan for admission avoidance, anaphylactic actions, care plans for chronic or longstanding conditions, and so on. Practices record SPNs on the Adastra computer system. These are transferred on a daily basis from Adastra onto the Clinical Assessment System (CAS) which is used by GP out-of-hours staff.

76 A weak area is the lack of quick access to pathology and radiology reports. Staff recognise this as a national issue. The NADEX (National Active Directory Exchange) system does not allow GPs from outside of a health board to access information relevant to that health board. GPs have to re-register if they are to be able to do so. This makes it more difficult for GPs employed by GP out-of-hours from outside of a health board area to access relevant patient details.

77 If the service considers a patient's condition serious enough, the telephone consultation may result in an appointment with a clinician in a GP out-of-hours treatment centre or a visit to the patient's home. If the patient's condition is 'very urgent', the national standards state that 90% of patients should be seen at an appointment or through a home visit within an hour. Ninety per cent of 'urgent' patients should be seen within two hours and 90% of 'less urgent' patients should be seen within six hours. Due to the lack of availability of monthly performance data, we were unable to evaluate these aspects of the Health Board's service, or to compare it with other health boards.

78 At the time of reporting, some initial evaluation of the outcomes of pharmacist involvement in treatment, as part of 111, had been carried out, with positive findings. The information suggested that the system which has been established to divert some less urgent cases to a pharmacist, where appropriate for the patient, is working very well. A national evaluation of the first phase of the 111 Pathfinder pilots is expected in June 2017. It is expected to provide comprehensive feedback on the service, including whether patients are seen within the criteria set out in the national standards.

Co-locating out-of-hours and emergency departments has led to stronger working relationships and the new directory of services is a key enabler of appropriate referrals to other services

79 Our scoping work suggested that GP out-of-hours services may be experiencing demand from patients that were suitable for other services. Out-of-hours services are for urgent cases but not emergencies, therefore the life-threatening emergency cases seen in GP out-of-hours services represent misplaced demand. Across Wales, 3.5% (6,756 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 were life-threatening emergency cases. The lack of availability of monthly performance data meant that we were unable to establish the corresponding figure for the Health Board.

80 If a patient contacts GP out-of-hours and is subsequently referred to their GP, it could be argued that the patient should have seen their own GP in the first instance. This is not true in all cases but we present the data here for discussion purposes. Across Wales, 17.6% (33,747 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 resulted in referrals to the patient's own GP. The corresponding figure for the Health Board was not available.

81 Across Wales, 40.8% of patients that contacted GP out-of-hours between April 2016 and September 2016 required a referral to a different service. As above, the corresponding figure for the Health Board was not available.

82 A potential barrier to effective referrals is the availability of other services outside normal working hours. In our survey of GP out-of-hours staff we asked for views on the availability of services for a range of conditions. In the Health Board, the services that staff felt were least available related to:

- frail patient found on floor and lives alone;
- frail patient with diarrhoea and vomiting, needs hydration;
- cellulitis or pneumonia, requiring IV antibiotics;
- frail patient with diarrhoea and vomiting, needs hydration; and
- mental health crisis.

83 Even when alternative services are available to take referrals from GP out-of-hours services, there is a risk that GP out-of-hours staff will not make referrals because they do not know about these alternative services. The Health Board told us that a key element in the development of the 111 Pathfinder pilot has been establishing a robust directory of services. This is available online to all staff. Managers recognise that it will be crucial to ensure that the directory is constantly updated to ensure that staff have the most accurate and complete information available to them.

84 A key relationship within the unscheduled care system is that between GP out-of-hours and the hospital emergency department. When patients access emergency departments and their needs can be appropriately met by GP out-of-hours, there needs to be robust processes for referring these patients to GP out-of-hours. The

Health Board is one of six health boards across Wales that has a written protocol that covers all GP out-of-hours services, setting out how emergency departments should refer patients to GP out-of-hours services when clinically appropriate.

85 Out-of-hours managers told us that there are excellent working practices in place between GP out-of-hours and emergency departments. Emergency department staff have been clear about wishing to avoid a sharp increase in activity for emergency departments. We were told that monitoring during the initial months of the 111 pilot has shown that calls are being directed appropriately and that emergency departments have received more appropriate referrals, with no negative impact on the demand placed upon them. There is ongoing work to 'pull' activity from emergency departments to more appropriate services.

Appendix 1

Audit methodology

Our review of GP out-of-hours services took place across Wales between June and November 2016. Details of the audit approach are set out below.

Exhibit 20: audit methodology

Method	Detail
Health Board questionnaire	The questionnaire was the main source of corporate-level data that we requested from the Health Board.
Document request	We reviewed documents from the Health Board which covered: • 111 implementation action plan • 111 Pathfinder governance proposals • Unscheduled care implementation plan • Assurance evidence against standards • The GP out-of-hours consultancy agreement • Spreadsheets showing capacity and demand analysis • Minutes of various operational meetings • GP out-of-hours risk register • Escalation policy
Interviews	We interviewed a number of staff including: • Clinical Director/Clinical Adviser, GP Out-Of-Hours • Assistant Operational Lead, GP Out-Of-Hours. • Service Director, Primary and Community Service Delivery Unit • Head of Primary Care • Services Manager for GP Out-Of-Hours and 111 • Local Medical Committee representative • Local CHC representative
Surveys of GP out-of-hours staff	We carried out an online survey of all staff that work in the out-of-hours service, with 42 staff responding.
Survey of patients	We carried out a postal survey of 1,990 randomly selected patients in Wales that had contacted the out-of-hours service on any of the following dates: 12, 13, 16, 17, 18 July 2016. We received responses from 330 patients, giving a response rate of 16.6%.
Survey of Board members	As part of our structured assessment work, we surveyed NHS Board members. We included a small number of questions relating to out-of-hours services. At Abertawe Bro Morgannwg we had responses from 15 members.
Review of Health Board websites	We reviewed the Health Board's website to assess the effectiveness of information provided on how and when to access out-of-hours services.

Method	Detail
Mystery shopping: GP practice phone lines and websites	We made telephone calls, after practice closing times, to a sample of 10 practices in each health board. We assessed the answerphone message for effectiveness in information provision to patients. We also assessed GP-practice websites to assess the signposting to the out-of-hours service.
Use of existing data	We used existing sources of data such as incident data from the National Reporting and Learning System, data from the Delivery Unit's 2015 work on out-of-hours, data from the My Local Health Service website and data submitted by health boards to the Welsh Government.

Appendix 2

All-Wales patient survey results

We did not receive enough responses to our patient survey to allow robust comparisons across health boards. The data we present from the patient survey are therefore a picture of opinions (from 330 respondents) from across Wales.

When asked about their overall level of satisfaction, 77% of respondents said they rated the GP out-of-hours service as ‘excellent’ or ‘very good’. We also asked patients whether the advice or treatment provided by the GP out-of-hours service had had a positive impact on their symptoms. Exhibit 21 shows the results from across Wales.

Exhibit 21: percentage of patients who said the GP out-of-hours service had a positive impact on their symptoms

Please indicate how much impact the out-of-hours service had on your overall symptoms	Percentage of respondents
My symptoms improved a lot	43%
My symptoms improved a little	22%
My symptoms did not improve	13%
My symptoms got worse	9%
It is too soon to tell	2%
Don’t know/Not applicable	11%

Source: Wales Audit Office survey of patients.

Our scoping work suggested that patients may be confused about how and when to access out-of-hours services. A proxy measure of whether patients are confused about how and when to access GP out-of-hours services is the percentage of patients that accessed a different service before accessing the GP out-of-hours service. Our patient survey showed that 66% of respondents across Wales had accessed one or more different services before accessing GP out-of-hours services. Exhibit 22 shows which services they accessed.

Exhibit 22: range of services accessed by patients before contacting GP out-of-hours services

Service	Percentage of respondents
GP surgery	32%
NHS Direct Wales	18%
Pharmacy/Chemist	6%
Accident and Emergency department or minor injuries unit	5%
District nurse/community nurse	4%
Ambulance service/999	4%
Other	8%

Source: Wales Audit Office patient survey. Note: the right hand column does not add up to 100% because some patients accessed more than one service, while some patients accessed none.

86 When we asked patients whether they were satisfied that GP out-of-hours services had been the right service for their needs, 87% of respondents said 'Yes', 8% said 'No' and 5% said 'Don't know'.

87 We also asked how patients found the telephone number for the GP out-of-hours service. Exhibit 23 shows the results from across Wales.

Exhibit 23: mechanism by which patients access the GP out-of-hours phone number

How did you find the number of the GP out-of-hours service?	Percentage of respondents
I got it from my GP surgery	45%
I already had the number	37%
I looked it up on the internet	7%
I asked a healthcare professional	4%
I asked a friend/relative/carer	3%
I looked it up in the telephone directory	1%
Other	4%

Source: Wales Audit Office survey of patients.

88 Once a patient has decided to contact the GP out-of-hours service, it is important that the service answers calls quickly. In our survey, 9% of respondents across Wales said it took 'longer than I expected' for their call to be answered, 56% said it took 'about what I expected' and 35% said it took 'less time than I expected'.

89 After a patient has their initial call answered, it is common for the GP out-of-hours service to arrange to call the patient back at a later time. In our survey, 288 respondents received a call back from the GP out-of-hours service. Of these respondents, 16% said it took 'longer than I expected' to get a call back, 50% said it took 'about what I expected' and 34% said it took 'less time than I expected'.

90 If a patient needs to be seen by a clinician face to face, the GP out-of-hours service may offer an appointment or a home visit. In our survey, 61 patients said the out-of-hours service did not offer them a face-to-face appointment or home visit. Of these respondents, around one-third would have preferred a face-to-face appointment or a home visit.

91 Exhibit 24 shows the survey results in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

Exhibit 24: measures of patient experience of GP out-of-hours appointments and home visits across Wales

Face-to-face appointments (180 respondents)

- 85% of patients who responded to our survey said that they waited as long as they had expected or less time than they had expected, whilst 15% of respondents waited longer than they had expected.
- 82% of respondents said that the location of their appointment was convenient, whilst 10% of respondents said it was inconvenient.
- 97% of respondents said the service treated them with respect during their appointment and 98% said that the healthcare professionals listened to them carefully.
- 91% of respondents said that their appointment with the healthcare professionals was at least as long as they had expected, whilst 9% of respondents said that their appointment had been shorter than expected.

Home visits (73 respondents)

- 62% of respondents said the service told them the time that they should expect their home visit, 22% said they were not told and 16% couldn't remember.
- 74% respondents said that they waited as long as they had expected or less time than they had expected for their home visit, whilst 26% of respondents said that waited longer than they had expected.
- All respondents, except one, said that during the home visit, the healthcare professional listened carefully and treated them with respect.
- 96% of respondents said that their home visit was at least as long as they had expected.

Source: Wales Audit Office survey of GP out-of-hours patients.

92 Seventy-eight per cent of respondents to our survey said that after accessing GP out-of-hours they needed to access another service to have their needs met. This

may suggest patients are not accessing the right service for their needs, or it may reflect that patients are contacting GP out-of-hours with complex problems that are not easy to solve in the out-of-hours environment.

Appendix 3

Health boards' self-assessment against the national standards

Exhibit 25: Health Board self-assessment against the national standards

Aim		Performance Standard	Health Boards						
		Achieved	CT	BCU	CV	AB	ABMU	HD	Powys
		Work Underway							
		Limited Development							
		No response							
To ensure that services respond in a timely manner	1.1	Introductory message should include signposting to emergency services for clearly identifiable life-threatening conditions.							
	1.2	All patients receive a prompt response to their initial contact.							
	1.3	Patients will receive a timely, co-ordinated clinically appropriate response to their needs.							
	1.4	Referrals to other services are appropriate.							
Accessible	2.1	A single point of access in place.							
	2.2	Services are planned across organisational boundaries							
	2.3	Language							
	2.4	Disability							
	2.5	Signposting							
Knowledgeable	3.1	The service will be staffed by appropriately skilled and trained clinical and non-clinical staff.							
	3.2	Relevant medical history is considered to support the consultation.							
Effective	4.1	Patients receive clinical assessment in line with current national standards and guidelines.							
	4.2	Quality improvement methodology used to continually develop local services and share good practice.							
	4.3	Significant event analysis is in place.							
	4.4	Serious incidents are reported through LHB processes to ensure reporting in line with Putting Things Right and Datix guidelines.							
	4.5	Clinician audit in place using a recognised and accredited template e.g. RCGP toolkit.							
Care is Safe	5.1	Risk Management in place and lines of accountability are clear.							
	5.2	Efficient transmission of OOH data to GP Practices.							
	5.3	Communicating effectively internally and externally with patients, service users, carers and staff							
	5.4	Clear governance and accountability frameworks in place							
	5.5	Prescribing formulary agreed, with particular attention to antibiotics							
	5.6	Controlled drugs policy and procedures in place & controlled drugs are available for OOH services to dispense							
	5.7	Effective complaints handling and compliments reporting processes in place							
	5.8	Effective Serious Incident reporting processes in place							
	5.9	Relevant safety alerts are highlighted							
Consistent	6.1	The service will be able to flexibly adjust to meet periods of high demand without detriment to service provision							
	6.2	Systems, capacity and workload planning takes into account variation in demand, to allow for 4 consultations per hour for face-to-face consultation within a Primary Care Centre setting							
	6.3	Common framework of standards and governance across urgent and unscheduled care provision							
Acceptable	7.1	Equality, Diversity and Human rights policies and procedures in place in line with Equality Act 2010 and local HB policies							
	7.2	Dignity and respect policies in place							
	7.3	Information and consent issues addressed							
Relevant	8.1	Development of clinical pathways							
	8.2	Working with other services to develop a Locality based approach to unscheduled care e.g. WAST, Care Homes, Prisons, Patient Groups							
Efficient	9.1	Financial probity assured							

Source: Delivery Unit, Key findings from the Health Boards' baseline assessment of GP Out-of-Hours Services, October 2015.

Appendix 4

Management response

Exhibit 26: Health Board management response

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
R1	**Planning**: The Health Board has recognised risks to the sustainability of out-of-hours services. However, it does not have a strategic or workforce plan. The Health Board should:						
	a. Bring strategic thinking to the forefront of its GP out of hours planning and set this out in a strategic plan.	Clear direction for the service, ensuring sustainability and improved performance	Yes	Yes	Strategic development of the service over 2017-18 has been laid out in a scoping document which outlines a number of key priorities and approved by the OOH Management Group.	30/11/17	Service Manager OOH / Clinical Director GP OOH

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
					These developments will be consolidated into an overall strategic plan for Unscheduled Care.		
	b. Develop a clear workforce plan to clarify and focus its work to develop new roles and workforce solutions	Improved skill mix and modernised workforce providing effective care. Workforce levels to match demand.	Yes	Yes	Work has begun to: • Develop a Nurse Practitioner role within the out of hours service to reduce dependency upon a shrinking GP workforce. • Establish links with Welsh Ambulance Service NHS Trust to develop options for use of paramedics in rapid response vehicles to respond to house calls and reduce demand on GP time. • Redesign the shift patterns for GPs in OOH to better match demand and target increased rates to times of high patient demand.	31/10/17	Service Manager OOH / Clinical Director GP OOH

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
					• Consult with receptionist/driver staff to re-design rota to achieve cover that is more flexible across ABMU. These solutions together with further development of the workforce to be consolidated into the overall unscheduled care action plan.		
	c. Revisit and update previous work on GP out of hours capacity planning, to ensure that operational planning is based on the most up-to-date information on demand for the service.	Appropriate level of operational capacity in place to match demand.	Yes	Yes	Information from Adastra, the GP OoH IT operating system, is used effectively to assess levels of demand (including clinical content, time, place and numbers). This is used to plan strategic changes to the service and operational changes to the GP rota on a month-by-month basis. This information will continue to be used to inform the strategic plan.	31/10/17	Service Manager OOH / Clinical Director GP OOH

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
					Look at alternative capacity modelling methodology, eg Foundations in Health Care Science [F.I.S.H] to support the development of robust capacity planning.	30/11/17	Service Manager OOH / Clinical Director GP OOH
R2	**Performance Management:** Effective monitoring of performance indicators has been impeded by problems in establishing consistent and comparable data definitions and by issues which have prevented the transfer of data between IT systems. The Health Board reports very few incidents to the National Reporting and Learning System. The Health Board should:						
	a. Address the ongoing data definition and system issues that currently prevent meaningful comparisons with other health boards, to ensure that Health Board has an	Better understanding of performance and ability to bench mark across with other Health Boards.	Yes	Yes	Workshop arranged for 17th July 2017 with representatives from other Health Boards to look at GP OOH data definitions and data quality. Process of establishing clear	TBC (dependent upon development of 111)	Assistant Programme Director 111/ GP OOH

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
	accurate position of its GP out of hours performance.				definitions and better data quality being led through development of 111.		
	b. Subsequently ensure that robust performance comparisons, including performance data as well as feedback from staff, partners and the public, are reported on a frequent basis to the Board and its committees.	Better understanding of performance and feedback at Health Board level.	Yes	Yes	Development of robust data will continue from work on data definitions and data quality (see above). Data retrieved from Adastra system is currently used to assess operational performance in individual treatment centres. Staff meetings are in place to ensure feedback from staff. Feedback from partners is achieved through wider system of planning groups for unscheduled care in the Health Board and links with GP Clusters.	30/11/17 31/10/17 31/10/17	Assistant Programme Director 111/ GP OOH Service Manager OOH /111 Service Manager OOH /111 Service Manager OOH / Clinical Director GP OOH

Ref.	Recommendation	Intended Outcome / Benefit	High Priority Yes/ No	Accepted Yes / No	Management Response	Completion Date	Responsible Officer
					Systems to obtain feedback from patients and the public on GP OOH Service to be put in place.	30/11/17	Service Manager OOH /111
	c. Review the robustness of its GP Out of Hours incident reporting arrangements to the National Reporting and Learning System (NRLS)	Better feedback to NRLS contributing to national system of reporting and understanding	Yes	Yes	Agree standard GP OOH reporting process across Wales in GP OOH Forum.	31/03/2018	Clinical Director GP OOH

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone : 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500
Ffacs: 029 2032 0600
Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru
Gwefan: www.archwilio.cymru