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# Review of GP Out-of-Hours Services – **Betsi Cadwaladr University Health Board**

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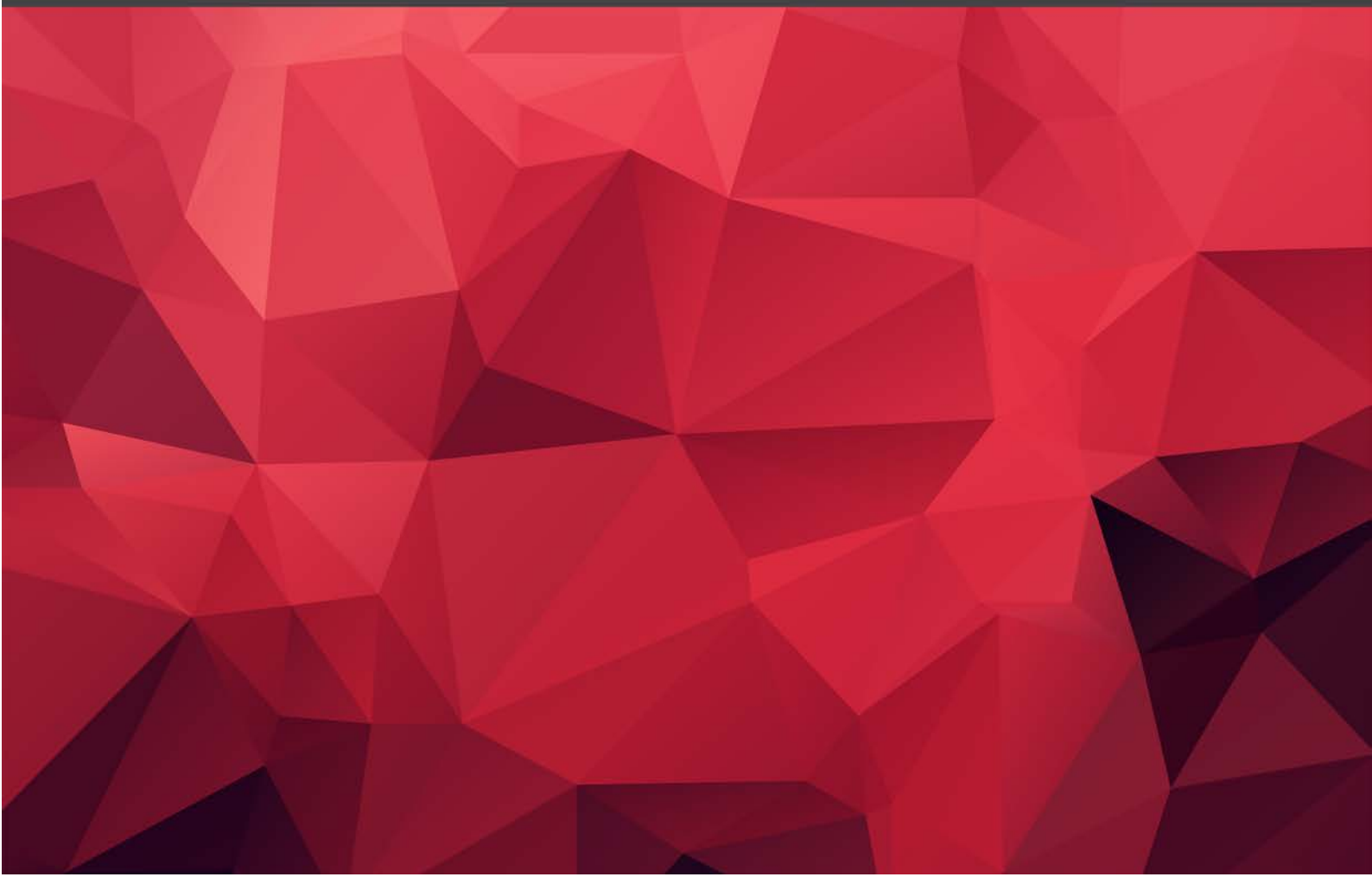

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The work was delivered by Fflur Jones.

# Contents

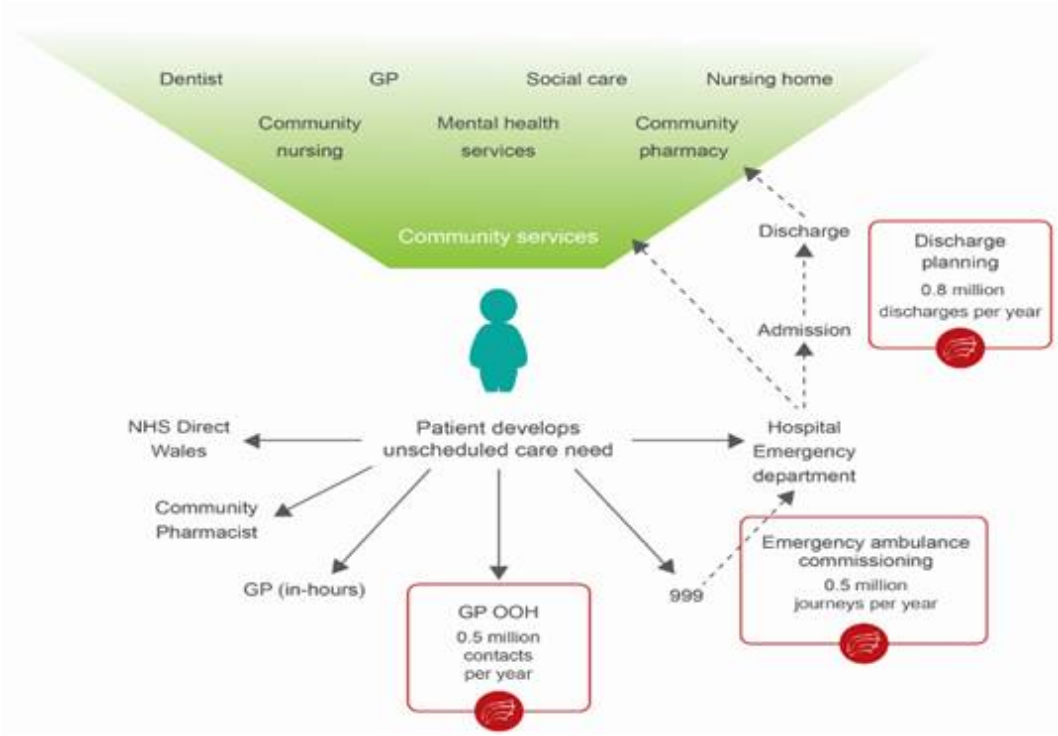
The Health Board is planning more strategically and clearly to improve GP out-of-hours services, but in a challenging environment is not yet achieving a modern, consistent, well-resourced and staffed service that meets national performance targets.

# 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 6:30pm until 8:00am 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 Furthermore, a May 2015 report on GP out-of-hours services at Betsi Cadwaladr University Health Board (the 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.

9 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

[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.

arrangements at Betsi Cadwaladr University Health Board and across NHS Wales more widely.

10 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.

11 In December 2014, the Health Board commissioned an external review of the GP out-of-hours service from Partners 4 Health, which reported in March 2015. The review led to 41 recommendations, and the recommendations were incorporated into an action plan, which was updated throughout 2015 and 2016. Internal Audit assessed the progress made and reported against the updated action plan to Audit Committee in September 2016. Internal Audit concluded that, while some actions had progressed well, others remained outstanding with further actions needed. The service has subsequently developed the action plan to incorporate the findings from the Health Board's Internal Audit review in 2016, with updates addressing their additional comments.

12 Our review aimed to establish whether Betsi Cadwaladr 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 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

14 Our overall conclusion is: **The Health Board is planning more strategically and clearly to improve GP out-of-hours services, but in a challenging environment is not yet achieving a modern, consistent, well-resourced and staffed service that meets national performance targets.** In the paragraphs below we have set out the main reasons for coming to this conclusion.

## Governance arrangements

16 The Health Board is working to improve how it plans services, but its strategy is undocumented, methods for capturing performance data are outdated and differences in the way the divisions are managed presents challenges. We reached this conclusion because:

- the Health Board is taking steps to improve the clarity of its strategic planning but does not yet have a documented strategy for GP out-of-hours;
- despite some progress, lines of accountability for clinical leadership of the service remain unclear, and the fact that divisions are managed differently presents challenges; and
- the service undertakes regular performance monitoring but methods of capturing data are outdated and there is scope to improve risk management.

## Financial and clinical sustainability

17 A reduction in expenditure in real terms, along with underdeveloped financial planning and long-term workforce issues continue to affect the sustainability of the service. We reached this conclusion because:

- the service faces long-term recruitment and staffing challenges, and workforce planning is underdeveloped; and
- while the service has seen the biggest cut in expenditure in real terms for GP out-of-hours services, financial planning and management of the service remains underdeveloped.

## Performance and patient experience

18 The Health Board needs to strengthen performance against national targets and its work to ensure demand is appropriate. We reached this conclusion because:

- there is scope to do more to help patients access GP out-of-hours services appropriately by ensuring in-hours GP practices offer good access to appointments and effectively signpost patients to the right service;
- the Health Board is not yet meeting the standard for answering calls but is generally performing better than the all-Wales average;
- while performance for hear and treat is generally consistent with the Wales average, national targets are unmet and there is limited capture of patient outcome data;
- despite comparatively good performance for see and treat services, national performance targets are unmet, with particular concerns for urgent home visit performance; and
- referrals from out-of-hours to other services are more common in Betsi Cadwaladr than the rest of Wales with good referral processes but there is limited confidence in the availability of alternative out-of-hours 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 a GP out-of-hours action plan but only 16% of staff feel they have been able to influence the planning of GP out-of-hours. The Health Board should:<br>a. refresh the out-of-hours action plan to take account of the recommendations in this report.<br>b. consult with staff as part of the refresh process for the action plan, in order to improve staff engagement and involvement in planning.<br>c. ensure that work to draft a specific documented GP out-of-hours strategy is done in consultation with staff, to develop clear priorities and a strategic direction for the short-to-medium term |
| R2 | **Workforce:** the service has a largely traditional staffing model that relies on GPs and there are difficulties in filling GP shifts. Our survey suggests scope to improve morale and collective ownership for the service by the Health Boards divisions. The Health Board should:<br>a. carry out work to understand the reasons for low morale; and<br>b. develop a specific workforce plan for GP out-of-hours that sets out sustainable, medium-term actions to move away from a traditional staffing model by making use of a wider range of clinical professionals within the service. |
| R3 | **Public messaging:** our mystery shopping of the Health Board website, GP websites and GP phone lines highlighted scope to improve signposting to the GP out-of-hours service. The Health Board should:<br>a. refresh and re-disseminate a standardised wording for GP answerphone messages and practice websites that guide patients to out-of-hours services only when they have urgent conditions; and<br>b. use the implementation of 111 as a key opportunity to improve its public messaging about GP out-of-hours. |
| R4 | **Home visit performance**: while the number of urgent home visits are low for the Health Board and it faces geographical challenges in reaching patients, the Health Board should undertake work to understand and address the reasons why less than half (9 of 31) of Betsi Cadwaladr UHB patients categorised as ‘very urgent’ receive a home visit within one hour. |

| Recommendations | |
|---|---|
| R5 | **Interface with other services:** only 73% of GP practices in Betsi Cadwaladr are open for their entire core hours. Similarly, only 12% of practices regularly offer appointments before 8.30am. Difficulties in accessing in-hours primary care may be impacting out-of-hours services. the Health Board should work with local GP practices to understand and address the reasons for relatively poor performance on core hours opening and availability of early appointments. |
| R6 | **Risk management:** at the time of our fieldwork the service's corporate GP out-of-hours risk register contained 24 risks. However, over half of the risks featured on the register had been on the register for a number of years. The Health Board should ensure that it builds on constructive work undertaken to improve its divisional level risk registers to:<br>a. ensure risks included on the corporate-level risk register are up-to-date and reviewed regularly; and<br>b. that the Health Board are taking sufficient action to mitigate, reduce and eliminate risks. Where this is not possible, the service must be confident that it can contain these long-standing risks effectively. |
| R7 | **Financial planning:** the Health Board use a simplistic approach to setting its budget for GP out-of-hours by rolling over the previous year's budget with some amendments to take into account service developments and separation into divisions. Given the challenging context the service faces with regard to real terms budget reductions, the Health Board should consider alternative methods for budget-setting such as zero-based budget setting, that prioritises delivery of an appropriately resourced and sustainable service. |

# Detailed report

## The Health Board is working to improve how it plans services, but its strategy is undocumented, methods for capturing performance data are outdated and differences in the way the divisions are managed presents challenges

### The Health Board is taking steps to improve the clarity of its strategic planning but does not yet have a documented strategy for GP out-of-hours

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 There is no current documented strategy for GP out-of-hours services at the Health Board. The staff understand that the strategic approach is to stabilise the service during 2016-17 before making improvements because of the significant challenges they have been experiencing during recent years. Since our fieldwork, the Health Board has established a forum for the development of a documented strategy. The Primary Care Transformation Group has established a forum titled 'GP out-of-hours Future Service Task and Finish Group' with its first scheduled meeting in May 2017. The intention is for the group to produce a draft strategy by early 2018.

22 At the time of fieldwork, the East area of GP out-of-hours were independently developing a local GP out-of-hours strategy. This was due to the feeling within the area that there was a need for a longer-term vision to addressing the issues they face day-to-day. For example, difficulties in recruiting nurse practitioners. The area is developing the local strategy in consultation with their nearest Emergency Department and other stakeholders in the area in the hope that it will enable them to become more proactive and less reactive.

23 While there is no specific strategy or plan for GP out-of-hours overall, there is an action plan for GP out-of-hours, which includes the findings and recommendations of the Partners 4 Health review[7]. The original action plan has been further adapted to incorporate both the original Partners 4 Health review and the findings of Internal Audit as noted above. There are 41 recommendations and performance against them at time of the fieldwork was 4 Red, 23 Amber, and 14 Green. For three of the four actions identified as red, the Health Board responded that addressing these actions were not within the control of GP out-of-hours services: two relating to

[7] In December 2014, the Health Board commissioned an external review of the GP out-of-hours service from Partners 4 Health, which reported in March 2015. The review led to 41 recommendations.

improving recruitment of GPs and use of district nurses for GP out-of-hours services.

24 The service's action plan covers a range of issues affecting the GP out-of-hours service, with an update in 2016 provided by the internal audit review of progress against each recommendation. However, the actions identified by the service to respond to each recommendation are not time-bound and there is no delegated responsibility for each action. The service should consider further development of its action plan to ensure clarity as far as possible. Since the time of the fieldwork, the service have further developed the action plan and have identified timescales for actions requiring further work.

25 The Health Board's Annual Operating Plan for 2016-17 has limited discussion of GP out-of-hours services specifically. The plan refers to the health board's intention during 2016 to work 'closely with both primary and secondary care on the further development of primary care out-of-hours services'. The plan refers to additional posts in primary care to support new care models but these posts are not specific to GP out-of-hours services.

26 Further detail within a supporting appendix to the Health Board's Annual Operating Plan notes plans to work with the out of hours service to develop in hours service models for primary care, and the proposed implementation of priority in hours solutions from the out of hours service. Another appendix of the AOP refers to creating capacity within primary care both for in hours and GP out-of-hours services and enhanced support to WAST through partnership working and joint ownership of patients. There is also a reference to developing an integrated approach between the Emergency Departments and GP out-of-hours to facilitate the right patient being seen by the right people at the right time". However, there is limited detail in the appendices noting how these programmes will be progressed.

27 Our survey of GP out-of-hours staff[8] asked whether the Health Board had consulted staff in relation to the planning of the service. In the survey, only 16% 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%.

28 Health boards are required to implement the national GP out-of-hours standards by March 2018, the most appropriate mechanism by which to do so would be through a service plan. In late 2015, the Delivery Unit (DU) asked health boards to self-assess their readiness to implement each of the standards. Appendix 2 shows that the Health Board feels well prepared to implement the standards over the next year. It has coded only two of thirty-four performance standards as 'Work Underway' (yellow), and all others as 'Achieved' (green).

[8] We carried out an online survey of all staff that work in the GP out-of-hours service. We received 73 responses from across the Health Board. The Health Board indicated that it had a total workforce of 75 staff.

29 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.

30 At the Health Board, we found that there is regular monitoring of demand and capacity. The Central area leads the monitoring and uses the data to inform planning of shifts and appointment slots. The Central area lead uses a similar method to Emergency Departments to monitor demand for GP out-of-hours services. The lead monitors demand on a monthly basis and told us that it has been relatively consistent. While activity has increased overall year on year, peaks occur at the same time and at broadly the same rate each year.

31 Planning work is ongoing at an all-Wales level to put in place a new care coordination 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.

32 At the time of fieldwork, the Health Board had not been given a date for the implementation of 111 services yet, despite anticipating that this will not take place until at least 2019. The Health Board have decided to wait for a definite date before developing plans. However, the service have taken part in national preparations for the introduction, being the first Health Board to take part in a scoping exercise for 111. The Health Board told us that as part of this, they have developed pathways for blocked catheters and palliative care. The Health Board also continue to feed into the national 111 project board.

## Despite some progress, lines of accountability for clinical leadership of the service remain unclear, and the fact that divisions are managed differently presents challenges

33 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.

34 The Health Board's Chief Operating Officer is the Executive lead for the GP out-of-hours service. Information on the service is reported through each area's Unscheduled Care divisions to the local Hospital Director as part of the Hospital Management Team structures at each District General Hospital site. The Hospital Director for the West area of the Health Board is the strategic lead for the GP out-of-hours service, but each Hospital Director reports to the Secondary Care Director and then to the Chief Operating Officer of the Health Board. Staff we spoke to during our review understood the Executive leadership structure.

35 The service currently sits within the Health Board's secondary care structure, as part of unscheduled care. During 2016, the Health Board discussed a transfer of the service to sit under primary care from April 2017 onwards, however, this has not taken place and this proposal is still under discussion. This ongoing discussion will form part of the work stream of the recently established GP out-of-hours Task and Finish Group alongside development of the GP out-of-hours documented strategy.

36 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. Two health boards (Hywel Dda and Abertawe Bro Morgannwg) had a clinical lead in place, two health boards had vacancies at clinical lead level (Aneurin Bevan and Cwm Taf), Cardiff and Vale had a clinical director and Betsi Cadwaladr was in the process of allocating clinical lead responsibility to one of its Medical Directors at the time of fieldwork.

37 The Partners 4 Health report identified weaknesses in clinical leadership of the service, and stated that the service should consider appointing a lead nurse to each area. The Health Board feel that they have responded strongly to this criticism through the recruitment of two GP out-of-hours Senior Nurses for the Central and East divisions and another shared Senior Nurse post in the West division as well as three GP out-of-hours Medical Advisers. One of the three Area Medical Directors was appointed to this role in early 2017 and is due to chair the GP out-of-hours Task and Finish Group.

38 The clinical reporting lines are not currently clear to all staff. The Health Board's process is that senior nurses should report professionally through to unscheduled care nursing management and ultimately to the nursing director on each site. However, during interviews staff did not understand these reporting lines. The Health Board recognises this issue with plans to map its reporting lines to mitigate the potential of duplication.

39 In response to our staff survey, 38% of respondents either agreed or strongly agreed with the statement that 'the service is effectively managed by its clinical leaders'. A further 32% either disagreed or strongly disagreed (compared with 26% across Wales). These results show a significant split in staff opinion. We saw a similar split when we asked staff if lines of accountability were clear. Some 41% of respondents felt they were and 39% did not. It is unclear if this split reflects different arrangements by area.

40 The three divisions of the Health Board broadly offer the same model of service to patients, with some slight differences. On a day-to-day basis, the divisions operate independently of one another. During fieldwork, we heard about examples where divisions have found it challenging to work together, for example, when the service has needed to move a GP across within the area boundary as well as from one area to another to provide geographic coverage. The divisions have also experienced some challenges from GPs who once they have been booked for a

particular shift are reluctant to move, whether within their own division or outside of this.

41 In response to our staff survey, 34% of respondents either agreed or strongly agreed that the service is effectively managed. However, 48% of those who responded either disagreed or strongly disagreed with the statement. Again, it is unclear if this split reflects different arrangements by area.[9]

## The service undertakes regular performance monitoring but methods of capturing data are outdated and there is scope to improve risk management

42 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.

43 At the Health Board, we found that the service undertakes regular performance monitoring. The service generates specific performance reports on a daily, weekly monthly and quarterly basis:

- unscheduled Care Teams at each DGH receive daily reports:
- the Chief Operating Officer receives a weekly report of performance;
- the Health Board's Director of Secondary Care and Lead Hospital Director, WAST Representative along with a range of Divisional Managers and Performance Department colleagues receive a weekly report on performance;
- Welsh Government receive a weekly staffing report which is shared with Health Board and WAST Directors.
- The Board receive a monthly report within their regular performance report;
- the Health Board's Higher Management Team (including all Hospital Directors) receives a monthly performance report; and
- the Quality and Safety Group meets each quarter and considers performance reports, with the group are able to escalate issues up to the Quality Safety and Experience Committee if necessary.
- the Health Board also reports to Welsh Government on a quarterly basis in line with the Special Measures structures.

44 While it is clear that the service provides regular performance information relating to the GP out-of-hours service, staff we spoke to within the service raised concerns

[9] The Partners 4 Health staff survey asked respondents "Do you feel satisfied with how the OOH service operates?" to which 24% of respondents said Yes and 79.6% said No. While there are differences in the questions posed, the results for our review show a slight improvement in perception since 2014.

about the production and validation of data. The performance department of the Health Board ask leads within the GP out-of-hours service to produce reports using the Adastra clinical patient management system[10]. However, staff are currently required to input data from the Adastra system into Excel spreadsheets in order to produce the information requested for the unscheduled care performance dashboard.

45 In addition, currently there is no interrogation of the data recorded by Adastra to ensure its accuracy. More broadly, notes from the July 2016 Quality and Safety Group meeting indicate the Group intends to review performance reporting to ensure all reports are necessary and provide value.

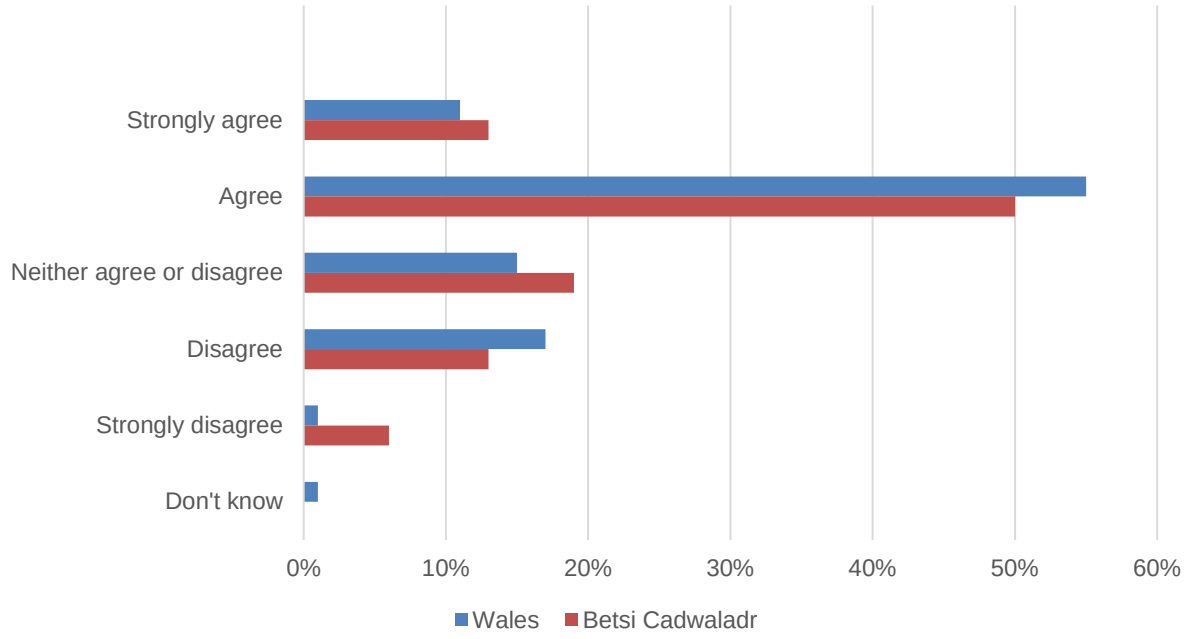
46 If governance of GP out-of-hours is to be effective, Board and committees should routinely consider high-profile information on performance. Responses submitted by the Health Board indicate that information on performance is considered regularly by forums across the health board, including the operational forum each month; and quarterly Quality and Safety Group;

47 In addition, the service provide performance information as requested to the Executive Team, Audit Committee and Quality and Safety meetings. The Health Board hold monthly Board meetings and regularly receive information relating to GP out-of-hours. Between January and December 2016, GP out-of-hours featured in the minutes of four of the twelve Board meetings. Board members told us that they are generally satisfied with the regularity of information received to scrutinise the service. Nearly two thirds of the respondents to our Board Member Survey (63%) either agreed or strongly agreed that 'The Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services'. Just under one fifth (19%) disagreed or strongly disagreed with the statement.

48 Staff we spoke to within the service supported this sentiment stating that over the last year Board members have shown an increasing interest in the service. Through better transparency and greater frequency of performance reporting, staff feel that Board members are beginning to appreciate the complexity of the service more than before.

[10] Adastra is a clinical patient management system designed specifically for unscheduled telephone advice and face-to-face appointments.

Exhibit 3: percentage of Board Members who agreed with the following statement 'The Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services'.




Source: Wales Audit Office survey of Board Members.

49 Where health boards identify errors or incidents in relation to GP out-of-hours services, they should report the incidents to the National Reporting and Learning System (NRLS). Exhibit 4 highlights considerable variation between health boards in the number of incidents reported to the NRLS within GP out-of-hours services. The number of incidents reported at the Health Board has decreased consistently between 2013 -2015. There are relatively few reported incidents. This may be because there may genuinely be very few incidents. Alternatively, staff may be reluctant to report incidents, or find it difficult to do so. It is important that the Health Board is satisfied that the numbers of reported incidents reflects the true position.

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

| | 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.

50 In our survey of GP out-of-hours staff, 40% of respondents said that they agree or strongly agree with the statement 'Information obtained through complaints, incidents and error reporting is used to make care safer.' A further 17% either disagreed or strongly disagreed with the statement, with the remaining 43% neither agreeing nor disagreeing with the statement or stating that they did not know. These results were generally similar to those at an all-Wales level. The service captures concerns and complaints through the Datix system. The Quality and Safety Group discusses each case during quarterly meetings to review the complaint or incident and identify opportunities for learning.

51 Another key way in which the Health Board reviews its GP out-of-hours services is through management of risk. At the time of our fieldwork, the service's risk register contained 24 risks. The register provides a clear profile for each risk, the person or persons responsible for owning the risk and the mitigating actions in place. The service calculates risk in terms of likelihood and severity of potential impact. The two highest scoring risks within the service at the time of our fieldwork related to insufficient numbers of GPs to provide the service and difficulty accessing voice recordings when dealing with some complaints.

52 However, over half of the risks featured on the register had been on the register for a number of years. Eleven risks were from 2012 and three from 2013. For example, one risk related to the fact that there has been no dedicated clinical lead for the service and dated back to 2012 and another related to problems accessing mandatory training and dated back to 2013. These risks indicate that the service is struggling to address some of its key risks in a timely way. While the service reviews these risks regularly, it must ensure that it is also taking action to

mitigate, reduce and eliminate risks. Where this is not possible, the service must be confident that it can contain these long-standing risks effectively.

53 In addition to the corporate GP out-of-hours risk register, each area has its own area risk register that they provide to quarterly Quality and Safety Group meetings. During 2016-17, the service updated and standardized its divisional risk registers, which addressed weaknesses in previous risk registers. In contrast to the corporate GP out-of-hours risk register, all risks on the area registers for East and Central were recent, dated either from 2015 or 2016. The service intends to build on these improvements to strengthen the corporate GP out-of-hours risk register.

# A reduction in expenditure in real terms, along with underdeveloped financial planning and long-term workforce issues continue to affect the sustainability of the service

## The service faces long-term recruitment and staffing challenges, and workforce planning is currently underdeveloped

54 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.

55 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 that there is currently no out-of-hours workforce plan. The service feel that developing a workforce plan without an overall strategy for the Health Board is challenging. The out-of-hours action plan states that the service will develop a workforce plan as part of the Health Board's Primary Care Transformation Programme. It is not currently clear when this work will be complete, and the Health Board states that in the meantime will continue to monitor its staffing levels.

56 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan[11] states, '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 has largely a traditional model of GP-provided services.

57 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. The service has data going back six years relating to rosters/rotas, which they continually update to reflect past activity and predict future demand. While the service uses this information to attempt to match capacity to the predicted demand,

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

ongoing challenges in filling rotas, particularly on weekend evenings limit its ability to do so.

58 The GP out-of-hours Task & Finish Group[12] approved an escalation plan for the service in September 2015. The plan is detailed and provides staff with clear indicators that warn them of when the service is becoming 'at risk' and that there is a need to escalate issues. The plan covers:

- filling shift rotas;
- call handling;
- triage queues; and
- quality standards.

59 The out-of-hours divisional manager is responsible for reviewing and escalating issues in line with the plan and each area is accountable for the escalation process in their division.

60 The Health Board's plans should also be flexible enough to allow changes in capacity at short notice, to allow the service to function properly when demand spikes unexpectedly. The Health Board told us in their survey response that they rarely have problems persuading GPs, nursing staff or call-taking staff to provide additional cover at short notice. However, during interviews we found that this is not true for all divisions. Some staff told us that they spend a significant amount of their time attempting to encourage and persuade GPs to fill last-minute shifts, particularly during the weekend.

61 The Health Board feel that they have robust arrangements for changing working practices and processes when out-of-hours is under pressure. However, Community Health Council reports have highlighted problems with GP capacity to cover all divisions during weekends, particularly weekend evenings. Again, the reluctance of divisions and GPs to change the area they cover during shifts to ensure coverage could be an important factor in this regard.

62 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. The position in the Health Board compared with the rest of Wales is shown in Exhibit 5. The table shows that the Health Board has the smallest GP pool to draw upon per 1000 population, at 0.17. The percentage of staff showing concern as to whether the current staffing levels are sufficient to meet demand is also particularly worrying. Despite the unfilled shift rate at the Health Board being lower than at an all-Wales level, 3% and 7% respectively, only 6% off staff agree that current

[12] The GP out-of-hours Task and Finish group was established to respond to the service being put into special measures. Its remit is to address concerns within the Partners 4 Health report, ensure standards are upheld and to look for further ways in which to improve the service.

staffing levels for their service is sufficient to meet demand, compared to 21% at an all-Wales level.

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** | 0.17 | Ranging from 0.17 in Betsi Cadwaladr to 0.25 in ABM. |
| **GP shifts unfilled rate (2015-16)** | 3% | 7% (average)<br>Ranging from 0.5% in Powys to 20% in Aneurin Bevan |
| **Percentage of staff** | | |
| • agreeing or strongly agreeing that their workload was manageable | 55% | 66% |
| • agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand | 6% | 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.

63 The Health Board, like many others in Wales, is consistently struggling to recruit staff. Issues surrounding pay rates and work pressure in highly competitive divisions such as on the border between Wrexham and Chester pose particular challenges. For example, a recent recruitment exercise for Nurse Practitioners and Senior Nurse vacancies in the East area attracted small numbers of applicants, six and four respectively. There is also a shortage of call handlers.

64 The service has attempted to address the Partners 4 Health recommendation about recruiting additional GPs but has struggled to fill posts due to a shortage of applicants. However, the service has taken some steps to attempt to address recruitment issues and staffing shortages. The East area has had recent success in overcoming recruitment issues for GPs by incorporating a shift bundling model developed by Cwm Taf UHB. This model creates an incentive for GPs to sign up for a number of shifts in advance, and if successfully implemented, enables management to better plan its shifts over a longer term.

65 However, GPs in the West area of the GP out-of-hours service did not respond well to this proposal and the Health Board has altered its strategy for this area accordingly. In the East area, the Health Board is now working with GP clusters to increase recognition by GPs of their ownership of the service and their responsibility to patients in providing adequate coverage. The Health Board are also in discussion with the Welsh Ambulance Service Trust (WAST) to develop

Multi-Disciplinary Teams that can provide additional support for out-of-hours services.

66 Staff we spoke to during our fieldwork indicated that the relationship between the service and the Health Board's corporate support services for GP out-of-hours is sometimes strained. For example, staff told us that there is often a delay in getting new recruits into post. Such delays can often leave the service without coverage for longer than is necessary. Staff told us about examples where delays in a new recruit's start date have had a financial implication for the service as they have had to secure interim coverage for the post.

67 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. The position in the Health Board compared with the rest of Wales is shown in Exhibit 6. This suggests that there are serious issues with morale at the Health Board, as only 24% of staff agree or strongly agree that morale in the GP out-of-hours service is good, compared to 31% at an all-Wales level. Similarly, the percentage of staff agreeing or strongly agreeing that they get sufficient training is lower at the Health Board, at 49%, compared to 57% at an all-Wales level.

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 | 61% | 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 | 24% | 31% |
| agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time | 73% | 73% |
| who received a personal appraisal development review | 52% | Insufficient data to calculate all-Wales position |

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

## While the service has seen the biggest cut in expenditure in real terms for GP out-of-hours services, financial planning and management of the service remains underdeveloped

68 Exhibit 7 compares the amount of funding that Welsh Government notionally allocates to GP out-of-hours services, with the actual expenditure on GP out-of-hours services in each health board. In 2015-16, the Health Board subsidised its GP out-of-hours services to the sum of £0.05 million. This amounted to the smallest percentage of subsidy paid by a health board as a percentage of its notional allocation, equating to 0.7% and significantly lower than the national average of 16.9%. The Health Board should consider whether the subsidy it pays to its GP out-of-hours service is appropriate in order to achieve effective performance and sustainability of the service.

Exhibit 7: Health board actual spend on GP out-of-hours service compared with the notional allocation from 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.

69 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 has been the biggest reduction in its expenditure in Wales. This equated to a reduction of 5% in cash terms and 13% in real terms. Compared to the all-Wales figures, which saw expenditure increase in cash terms by 6% and decrease in real terms by only 2%, expenditure by the Health Board has significantly reduced in previous years.

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.

70 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. The Health Board uses a simplistic approach to setting its budget for GP out-of-hours, which is to roll over the previous year's budget with some amendments to take into account service developments and separation into divisions. We understand that the service did not have a formal savings plan for 2015-2016. In the context of the information above, this financial planning approach appears underdeveloped and can only provide limited support for the service in becoming sustainable for the future.

71 Exhibit 9 shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales. Betsi Cadwaladr UHB's expenditure per 1,000 population and cost per contact is generally in line with all-Wales average figures.

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.

72 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.

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. | Yes | 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). | Yes | 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 (1) / Yes (2) | 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

73 There is variation in the pay-rates awarded between the three divisions of the health board for GPs, which is based on workload, volume of activity and competition for GPs. Staff told us that this variation in pay rates can create competition and can cause retention issues between divisions. Staff we spoke to indicated a desire to see national guidance and enforcement of GP out-of-hours wages.

# The Health Board needs to strengthen performance against national targets and its work to ensure demand is appropriate

## There is scope to do more to help patients access GP out-of-hours services appropriately by ensuring in-hours GP practices offer good access to appointments and effectively signposts patients to the right service

74 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.

75 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 informs the public about GP out-of-hours services through the Choose Well marketing campaign. The Health Board leaves calling 'cards' at reception desks in Emergency Departments and out-of-hours, GP surgeries, pharmacies, dental surgeries, MIUs and community hospitals to provide information to patients. It has also attempted to communicate its 'Who Does What' protocol at national events and holiday camps.

76 The Health Board communicated directly with GP practices to provide an initial 'advisory' script for them to signpost patients to out-of-hours services during relevant times through an answerphone message. While some GP surgeries have responded well and have developed an answerphone message, others use automatic divert. Automatic divert often causes issues for the GP out-of-hours service as people who contact their GP surgeries in the period between its closing time and out-of-hours do not necessarily understand that they're being diverted.

77 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. While we found over half of the key information we were looking for on the Health Board website, other pieces of key information was absent. For example, there was no information about GP out-of-hours services or the locations of local GP out-of-hours primary care centres on the landing page. The Health Board made a conscious decision not to include information on its GP out-of-hours locations on its website in order to deter patients from attending without an appointment. This is of particular importance, as some

smaller sites are not always staffed. Call handlers advise patients that require a GP out-of-hours appointment the location of the appointment.

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? | No | 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? | No | 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? | No | 2 | 5 |

Source: Wales Audit Office review of health board websites.

78 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 how GP practices in the Health Board compared with those across Wales.

79 While the Health Board told us that it carries out periodic tests of GP practice messaging services, we found some inconsistency in the answerphone messages we sampled during our review. The descriptions of the out-of-hours service provided by answerphone messages varied significantly. The answerphone messages and websites we surveyed gave two different numbers for GP out-of-hours, despite only one number being in use. There were also three different names for the service: Newdoc, North Wales GP out-of-hours Service and Morfadoc. Our mystery shopping results indicate that the public may not be sufficiently clear about the telephone number and how best to access the service.

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? | 7 | 2 | 31 | 29 |
| Does the website give patients the telephone number for the GP out-of-hours service? | 9 | 0 | 57 | 3 |
| Does the website state that GP out-of-hours services are for 'urgent' cases only? | 3 | 6 | 34 | 26 |
| Does the website state that GP out-of-hours services are not for 'emergency' cases? | 1 | 8 | 22 | 38 |
| Does the website signpost patients to NHS Direct Wales (and other services)? | 7 | 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? | 2 | 8 | 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'? | 2 | 8 | 32 | 36 |
| Did the message state that GP out-of-hours services are for 'urgent' cases only? | 1 | 9 | 35 | 33 |
| Did the message signpost patients to NHS Direct Wales (and other services)? | 6 | 4 | 47 | 20 |

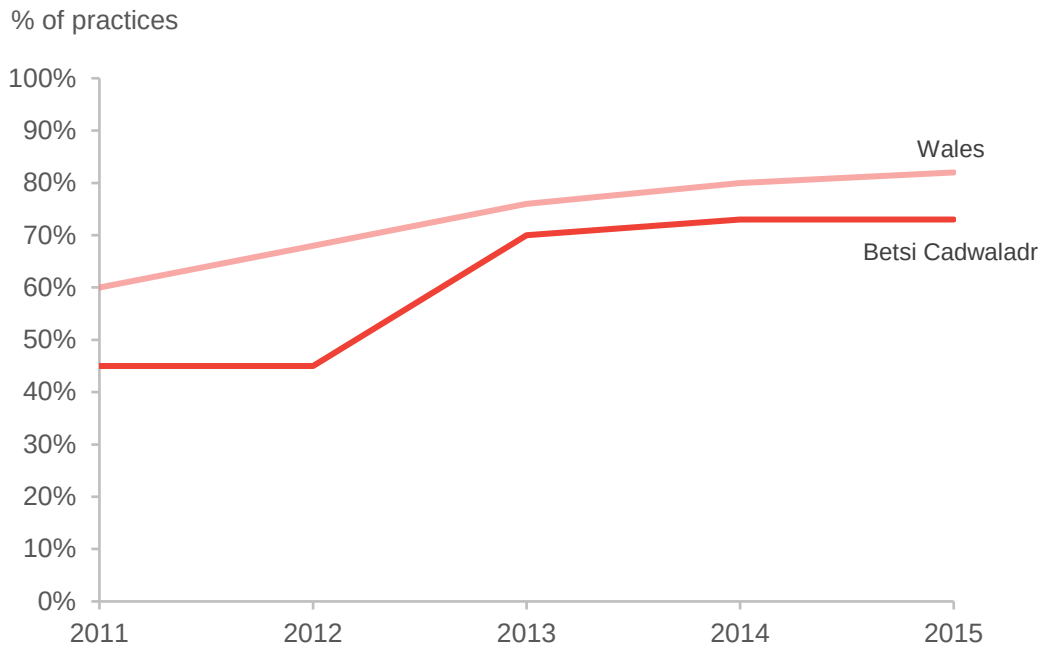
Source: Wales Audit Office Mystery Shopper review

80 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[13]. The definition of 'open' in this instance is that the

[13] 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 08:00 and 18:30 (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 is worse than the all-Wales average.

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

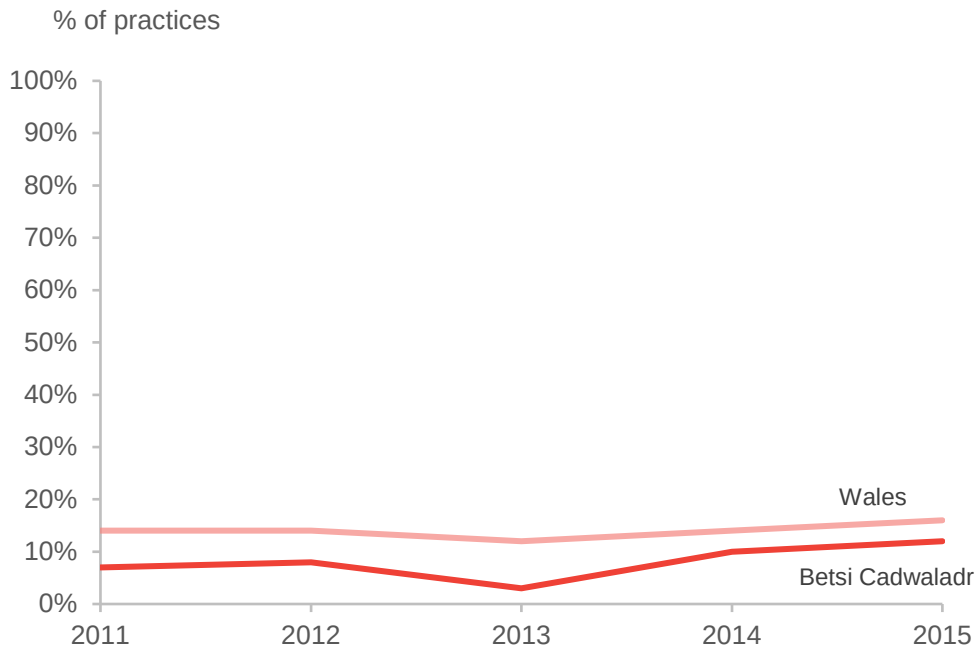



Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

81 There has been an increase across Wales in the percentage of practices that offer appointments between 5pm and 6.30pm, on at least two days per week. In the Health Board however, the figure has remained relatively stable at around 92% despite an increase in 2013 and 2014 to 94%.

82 Exhibit 14 shows less progress across Wales in ensuring practices offer appointments before 8.30am on at least two days a week. In the Health Board, we found that the percentage of GP practices that offer these appointments is lower than at an all-Wales level. While the percentage has increased from its lowest point in 2013 when only 3% of practices offered such appointments, in 2015 12% of GP practices offered appointments before 8:30am compared to 16% at an all-Wales level.

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




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

## The Health Board is not yet meeting the standard for answering calls but is generally performing better than the all-Wales average

83 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. Across Wales, 15% of calls to GP out-of-hours services during the period April 2016 to September 2016 were terminated[14] in this way. In the Health Board, only 4% of calls were terminated in the same period (Exhibit 15)

84 After the answerphone/automated message, patients will typically speak to a call taker. If there are delays at this stage, patients may choose to abandon the call. The data for Wales for the period April 2016 to September 2016 showed that 12%

[14] Definition of terminated calls: Calls terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call is classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system. The data cover April 2016 to September 2016.

of calls were abandoned[15] at this stage. The corresponding figure in the Health Board was also 12%.

85 The data also show that between April and September 2016, the Health Board answered 59% of calls within 60 seconds of the end of the answerphone message. The all-Wales figure for the same period was 74%. The national standards for GP out-of-hours services state that health boards should be achieving 95%.

Exhibit 15: call handling performance

| | Health Board | Wales |
|---|---|---|
| Percentage of calls terminated | 4.3% | 14.6% |
| Percentage of calls abandoned in 60 seconds or less | 4.9% | 7.0% |
| Percentage of calls abandoned after 60 seconds | 6.8% | 5.3% |
| Percentage of calls answered within 60 seconds (after the pre-recorded message) | 59.0% | 74.3% |
| Percentage of calls answered after 60 seconds (after the pre-recorded message) | 41.0% | 25.7% |

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards.

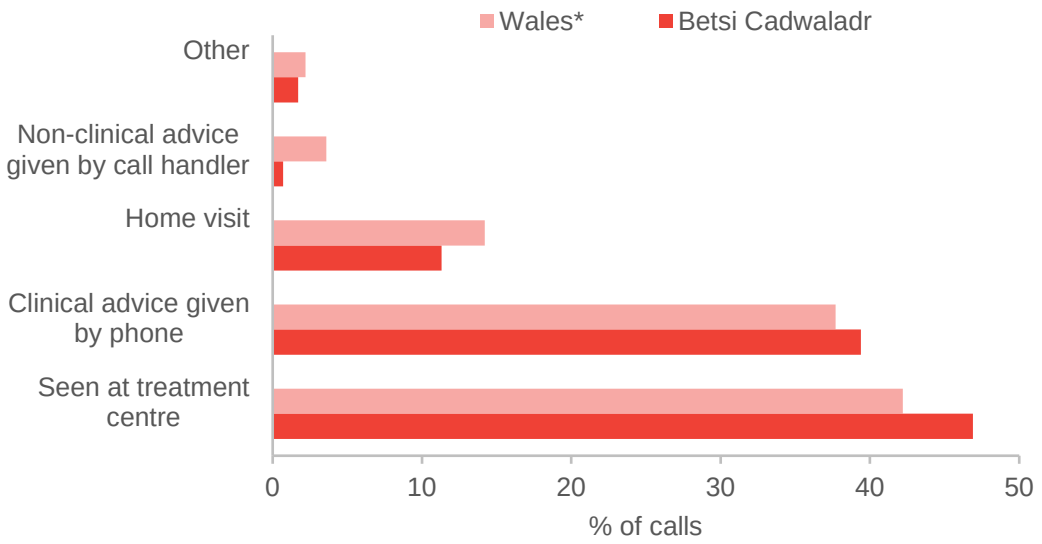
## While performance for hear and treat is generally consistent with the Wales average, national targets are unmet and there is limited capture of patient outcome data

86 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. Exhibit 16 shows how the Health Board handled calls[16] between April 2016 and September 2016 and how it compares with the position across the whole of Wales. The graph indicates that the service has lower rates of call-handlers providing non-clinical advice to patients and lower rates of home visits. Conversely, the Health Board has higher rates of providing clinical advice over the phone and higher rates of providing appointments to patients at a treatment centre than at an all-Wales level.

[15] Definition of abandoned calls: Calls where the caller hung up before the call was answered by a call handler after the pre-recorded message (or after the initial 30 seconds, if there is no pre-recorded message). The data cover Apr 2016 to September 2016.

[16] We have excluded calls where the patient had a life-threatening emergency.

Exhibit 16: the way in which the GP out-of-hours service manages calls




Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards.

87 Between April and September 2016, the service provided an appointment in a primary care centre for 43% of patients and 10% of patients received a home visit. In addition, a significant proportion, 36% of patients that called the service received telephone advice only. This includes referrals for the patient to see their own GP, to attend an Emergency Department or contact the ambulance service.

88 After a patient has described their symptoms to the call taker, the GP out-of-hours service may decide that the patient needs a call back from a clinician. The national standards state that 98% of urgent calls should receive a call back within 20 minutes. Between April and September 2016, across Wales, 78% of urgent calls received a call back within 20 minutes. The corresponding figure in the Health Board was 78%. The national standards also state that 98% of 'routine' calls should receive a call back within 60 minutes. Between April and September 2016, across Wales 82.3% of routine calls received a call back within 60 minutes and the corresponding figure in the Health Board was 86%.

89 In our survey of GP out-of-hours staff in the Health Board, 53% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as 'hear and treat. Twenty-four per cent were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.

90 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. The Clinical Advisor in the East has developed a presentation for GPs when they joint the service and nurses receive training on the telephone assessment

service (TAS). Induction training for new starters and update training for experienced members of staff is available. The service undertakes regular quality audits to maintain skills and competencies of its staff.

91 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. In the Health Board, 4% of the patients that contacted the GP out-of-hours had their GP Record accessed by the service. This compares with 5.6% across Wales.

92 There is no evidence that the Health Board monitors the outcome for patients from hear and treat services. For example, the Health Board do not currently capture re-contact rates of patients to the service. Re-contact rates would enable the Health Board to capture information about instances where the services has not met the patients' needs through the advice given to them over the phone.

## Despite comparatively good performance for see and treat services, national performance targets are unmet, with particular issues in providing urgent home visits

93 If the service deems 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.

94 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, 90% of 'urgent' patients should be seen within two hours and 90% of 'less urgent' patients should be seen within six hours. Exhibit 17 suggests that the Health Board is performing favourably compared to the all-Wales position. However, performance for home visits is higher at an all-Wales level than at the Health Board, with performance for very urgent home visit patients a particular concern.

Exhibit 17: percentage of patients seen within the relevant time targets

| | Health Board | Wales[1] |
|---|---|---|
| **Home visits** | | |
| Percentage of 'very urgents' seen within one hour | 29.0% | 59.9% |
| Percentage of 'urgents' seen within two hours | 64.8% | 69.2% |
| Percentage of 'less urgents' seen within six hours | 95.0% | 92.7% |
| **Treatment centre** | | |
| Percentage of 'very urgents' seen within one hour | 75.0% | 85.7% |
| Percentage of 'urgents' seen within two hours | 84.8% | 80.9% |
| Percentage of 'less urgents' seen within six hours | 98.7% | 97.2% |

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards.

[1] The figures for Wales exclude Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board.

95 Performance with regard to home visits to very urgent patients was particularly poor for the Health Board between April and September 2016, reaching 29% (9 out of 31) of patients within the target time. The national target is 75%. The Health Board told us that in some cases, it is difficult to provide timely home visits due to the large distances between the GP out-of-hours base and patients' homes. The service's performance with regard to centre appointments was significantly better during this period. Between April and September 2016, the service saw 75% of very urgent patients face to face within 60 minutes, against a target of 75%. The service saw 85% of urgent patients within two hours against a target of 98%, and saw 99% of less urgent patients within three hours, again, against a target of 98%.

96 Data from across Wales shows that between April 2016 and September 2016, 1% of patients that had an appointment booked at the GP out-of-hours treatment centre did not attend their appointment. The corresponding figure in the Health Board is 0.4% and this equates to an approximate cost of £6,800 in 2015-16[17].

## Referrals from out-of-hours to other services are more common in Betsi Cadwaladr than the rest of Wales with good referral processes but there is limited confidence in the availability of alternative out-of-hours services

97 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. In the Health Board, the corresponding figure was 0.5% (418 cases).

98 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. In the Health Board, the corresponding figure was 21% (14,038 cases).

[17] We calculated the cost per appointment by dividing the total cost of out-of-hours services by the number of appointments in 2015-16.

99 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. In the Health Board, the corresponding figure was 47%. Exhibit 18 shows the pattern of referrals made by the service.

Exhibit 18: pattern of referrals made by GP out-of-hours services

| | Health Board | Wales |
|---|---|---|
| **Category: Hear-and-treat patients** | | |
| Received a telephone assessment only and the call was closed | 45.5% | 54.7% |
| Referred to emergency ambulance service | 4.0% | 4.0% |
| Referred to hospital emergency department or minor injury unit | 12.3% | 10.6% |
| Referred to hospital admission or assessment on a hospital ward | 12.5% | 2.9% |
| Referred to their own GP | 13.6% | 14.4% |
| Referred to district nursing | 4.7% | 2.6% |
| Referred to dentist | 0.6% | 0.3% |
| Other | 12.9% | 8.9% |
| **Category: Patients seen at treatment centres** | | |
| Did not attend the appointment or left before the appointment took place | 4.3% | 1.0% |
| Treated and discharged | 56.4% | 61.1% |
| Referred to emergency ambulance service | 0.1% | 0.1% |
| Referred to hospital emergency department or minor injury unit | 1.7% | 1.8% |
| Referred to hospital admission or assessment on a hospital ward | 9.7% | 9.1% |
| Referred to their own GP | 27.2% | 23.4% |
| Other | 4.2% | 3.6% |
| **Category: Patients seen at home** | | |
| Treated and discharged | 55.8% | 60.4% |
| Referred to emergency ambulance service | 0.2% | 0.6% |
| Referred to hospital emergency department or minor injury unit | 2.4% | 2.1% |
| Referred to hospital admission or assessment on a hospital ward | 7.5% | 7.9% |
| Referred to their own GP | 25.3% | 17.0% |
| Other | 4.6% | 6.2% |

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards.

100 Where GP out-of-hours refers emergency cases to the ambulance service, the national standards state that the service should transfer all such calls within three minutes. Between April 2016 and September 2016, the Health Board transferred 99.5% of such calls within three minutes. There was insufficient data available to calculate an all-Wales position for this measure.

101 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:

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

102 The Health Board try and mitigate this risk by providing call centre staff with access to an up-to-date directory of services.

103 The Health Board has undertaken work during 2015-16 to alter the Adastra system to prioritise patients more effectively. The triage system now responds immediately if a caller says that they are in pain and ensures the most appropriate response for a particular patient. For example, the service will not transfer palliative care patients to WAST if they note that they are in pain to avoid their admission to Emergency Department, which in most cases is not the most appropriate place for them. Treatment Escalation Plans (TEPs) for patients in end of life care are now provided to GP out-of-hours services, however this is not yet true in all circumstances.

104 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 in line with the majority of health boards across Wales that does have a written protocol that sets out how emergency departments should refer patients to GP out-of-hours services when clinically appropriate. The Health Board is also in line with all other health boards that does have a written protocol that sets out how the GP out-of-hours should routinely in-reach to the emergency department, to identify patients suitable for GP out-of-hours.

105 Our fieldwork found that operational staff at the Health Board engage with WAST several times a day to discuss current pressures and plan for future pressures e.g. GP out-of-hours weekend planning.

106 Each division has a GP Out of hours treatment centre adjacent to the Emergency Department at the three DGH sites: Ysbyty Gwynedd, Ysbyty Glan Clwyd and Ysbyty Wrexham Maelor. In addition, the West has treatment centres at the following hospitals: Bryn Beryl, Alltwen, Dolgellau and Penrhos Stanley and the

use of a facility in Tywyn, Central also has a treatment centre in Llandudno Hospital and East in Deeside Hospital.

107 The staff from each (Emergency) department can refer to the other for appropriate cases. Staff we spoke to said that this arrangement generally works well, but that pressures from increasing demand and reduced capacity mean that staff cannot use it as well or much as they would like. For example, staff from the West area Emergency Department expressed frustration that when a GP is called away to cover for house calls the option of referring appropriate patients to GP out-of-hours services is suspended.

# 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 19: 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:<br>• The GP out-of-hours Action Plan<br>• Spreadsheets showing capacity and demand analysis<br>• Minutes of various operational meetings<br>• The internal review of GP out-of-hours services<br>• Risk register |
| Interviews | We interviewed a number of staff including:<br>• Chief Operating Officer<br>• Director of Secondary Care.<br>• Executive Lead for GP out-of-hours services<br>• 3 Area Leads for GP out-of-hours services.<br>• Local CHC representative. |
| Surveys of Out-of-Hours service staff | We carried out an online survey of all staff that work in the out-of-hours service. We received 117 responses from the Health Board. |
| 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 related to out-of-hours services. We received 16 responses from Board 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. |
| Mystery shopping of GP practice phone lines (and review of practice 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. |

| Method | Detail |
| --- | --- |
| 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

108 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.

109 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 20 shows the results from across Wales.

Exhibit 20: 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.

110 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 21 shows which services they accessed.

Exhibit 21: 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.

111 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'.

112 We also asked how patients found the telephone number for the GP out-of-hours service. Exhibit 22 shows the results from across Wales.

Exhibit 22: 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.

113 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'.

114 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.

115 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.

116 Exhibit 23 shows the survey results from in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

Exhibit 23: 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.

117 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 24: 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 25: 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 a GP out-of-hours action plan but only 16% of staff feel they have been able to influence the planning of GP out-of-hours. The Health Board should:<br>a. Refresh the out-of-hours action plan to take account of the recommendations in this report.<br>b. Consult with staff as part of the refresh process for the action plan, in order to improve staff engagement | Updated action plan that comprehensively covers recommendations for the service<br><br>Staff are given opportunities to provide input into and fully understand future plans for the service | Yes | a. Yes<br>b. N/A<br>c. Yes | Actions identified:<br>a. The action plan will be refreshed in line with a quarterly report to address those actions that remain outstanding.<br>b. See also comments in c below – many of these actions have now been addressed and the focus of consultation with staff will be on the future | For those actions that are not ongoing, September 2017<br><br>Summer 2017 – March 2018 | Divisional Leads/Lead Manager HMT<br><br>Strategic Lead/ Divisional Leads/Lead Manager HMT |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | and involvement in planning.<br>c. Ensure that work to draft a specific documented GP out-of-hours strategy is done in consultation with staff, to develop clear priorities and a strategic direction for the short-to-medium term | | | | development of the service.<br>c. The GP Out of Hours Future Service Model Task and Finish Group held its first meeting on 8th May 2017. This group is overseeing the development of a strategy that will determine the future service model across the Health Board. As part of this process, we will engage with staff through workshops and direct staff engagement and these discussions will contribute to the | | |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | | | | | development of a strategy that will help the service meet the standards for the delivery of out of hours services and ensure that we have a sustainable service. It is anticipated that this work will supercede the previous action plan and will look to the future rather than the past. | | |
| R2 | **Workforce:** The service has a largely traditional staffing model that relies on GPs and there are difficulties in filling GP shifts. Our survey suggests scope to improve morale and | Appreciation and understanding of low levels of morale amongst staff<br>Clearly articulated plans that provide an insight into the | Yes | Yes | a. We will carry out work to understand the reasons for low morale and improve the way we engage with staff. We will undertake PADRs | Summer 2017 – March 2018 | Strategic Lead/ Divisional Leads/Lead Manager HMT |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | collective ownership for the service by the Health Boards divisions. The Health Board should:<br>a. Carry out work to understand the reasons for low morale.<br>b. Develop a specific workforce plan for GP out-of-hours that sets out sustainable, medium-term actions to move away from a traditional staffing model by making use of a wider range of clinical professionals within the service. | challenges faced by the service with regard to workforce, and involve key stakeholders in addressing these challenges through alternative models of delivery, where appropriate | | | across GPOoHS, improve management support generally and for sickness absence and ensure grievances/ disciplinaries are concluded in a timely way.<br>b. The workforce plan will be linked to the development of a future model/sustainable strategy as described in R1. Depending on the direction decided at that stage, we will then be in a position to move away from a more traditional model | | |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | | | | | to one which can be sustained in the future. | | |
| R3 | **Public messaging:** Our mystery shopping of the Health Board website, GP websites and GP phone lines highlighted scope to improve signposting to the GP out-of-hours service. The Health Board should:<br>a. Refresh and re-disseminate a standardised wording for GP answerphone messages and practice websites that guide patients to out-of-hours services only when | The public receiving a consistent, clear message about when and how to access GP out-of-hours services. | Yes | Yes | a. We will request support from the BCU communications team to develop a communications strategy for the Future Service Model Task and Finish Group, which will include the development/ revisions of all aspects of communications with the public – | Summer 2017 – March 2018 | Communications Team/ Divisional Leads/Lead Manager HMT |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | they have urgent conditions.<br>b. Use the implementation of 111 as a key opportunity to improve its public messaging about GP out-of-hours. | | | | whether via telephone or website.<br>b. We will contribute positively to the 111 project's implementation. | As determined by the 111 timescale | |
| R4 | **Home visit performance:** While the number of urgent home visits are low for the Health Board and it faces geographical challenges in reaching patients, the Health Board should undertake work to understand and address the reasons why less than half (9 of 31) of Betsi Cadwaladr UHB patients categorised as 'very | Improved performance for urgent home visit patients. | Yes | Yes | The GPOoHs service will undertake an analysis of those "very urgent" patients who do not receive a home visit within one hour. This issue will also feed into the work of the Task and Finish Group as an area to be addressed and possible alternatives to the | September 2017 | Divisional Leads |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | urgent' receive a home visit within one hour. | | | | current delivery of care identified. | | |
| R5 | **Interface with other services:** Only 73% of GP practices in Betsi Cadwaladr are open for their entire core hours. Similarly, only 12% of practices regularly offer appointments before 8.30am. Difficulties in accessing in-hours primary care may be impacting out-of-hours services. The Health Board should work with local GP practices to understand and address the reasons for relatively poor performance on core hours opening and | Maximising opportunities for primary care to manage demand for GP services during core-hours. | Yes | Yes | The GPOoHs service will work with colleagues within primary care (through the Task and Finish Group structure) to identify opportunities for improving access for patients within core hours. | Summer 2017 – March 2018 | Area Directors |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | availability of early appointments. | | | | | | |
| R6 | **Risk management:** At the time of our fieldwork the service's corporate GP out-of-hours risk register contained 24 risks. However, over half of the risks featured on the register had been on the register for a number of years. The Health Board should ensure that it builds on constructive work undertaken to improve its divisional level risk registers to:<br>a. Ensure risks included on the corporate-level risk | The risks contained on the service's register are relevant and are regularly reviewed | No | Yes | a. As noted in the main body of the report, the recent focus has been upon the Divisional Risk Registers and the constructive work undertaken to improve these is recognised. The service will now move to further develop its corporate level risk register and a workshop will be arranged with | September 2017 | Divisional Leads/ Lead Manager HMT |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | register are up-to-date and reviewed regularly; and;<br>b. That the Health Board are taking sufficient action to mitigate, reduce and eliminate risks. Where this is not possible, the service must be confident that it can contain these long-standing risks effectively. | | | | Divisional Leads and Risk Management colleagues to further develop the corporate register.<br>b. This will be picked up as part of the work to develop the corporate risk register as noted above. | | |
| R7 | **Financial planning:** The Health Board use a simplistic approach to setting its budget for GP out-of-hours by rolling over the previous year's budget with some amendments to take into account service developments and separation into divisions. Given the | A budget setting process for the service which is well-considered and is consistent with the needs of the service | Yes | Yes | A Finance Manager is a key member of the Task and Finish Group, and as we move to identify a future, sustainable model, this will be costed as part of this work. | Summer 2017 – March 2018 | Finance Lead for GPOoHS |

| Ref | Recommendation | Intended outcome/ benefit | High priority (yes/no) | Accepted (yes/no) | Management response | Completion date | Responsible officer |
|---|---|---|---|---|---|---|---|
| | challenging context the service faces with regard to real terms budget reductions, the Health Board should consider alternative methods for budget-setting such as zero-based budget setting that prioritises delivery of an appropriately resourced and sustainable service. | | | | | | |

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