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# GP Out-of-Hours Services: Update on Progress – **Aneurin Bevan University Health Board**

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The person who delivered the work was Urvisha Perez.

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The Health Board has made good progress in addressing our recommendations to improve aspects of the GP out-of-hours service.

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# Summary report

## Introduction

- 1 Our 2017 report on [GP Out-of-Hours Services](#) found that there was robust monitoring of GP out-of-hours services and that plans to modernise the service and strengthen its leadership were at an early stage. The Health Board had reduced spending on out-of-hours in real terms, but planned remodelling of the service was taking time to address the overreliance on GPs. And finally, there was scope to improve performance on call taking, call backs and urgent appointments, as well as signposting by GP practices to out-of-hours services.
- 2 We made several recommendations. These included involving staff in service planning, improving support for learning and development, exploring reasons for low morale, improving clinical leadership and operational management, public information and training on telephone triage, and evaluating the extension of GP practice hours. The Health Board developed an action plan in response intending to complete most actions by October 2017.
- 3 As part of our 2018-19 audit programme, we undertook a high-level assessment of progress made by the Health Board to address our recommendations. In undertaking this work, we:
  - asked the Health Board to complete a self-assessment of its progress;
  - reviewed documentary evidence to support the self-assessment, as well as board and committee papers; and
  - conducted interviews to discuss progress, current issues and future challenges.
- 4 A summary of our findings is set out in the following section with more detailed information provided in [Appendix 1](#).

## Our findings

- 5 Our overall conclusion is that the Health Board **has made good progress in addressing our recommendations to improve aspects of the GP out-of-hours service**. We reached this conclusion because:
  - a range of mechanisms for communicating with out-of-hours staff are now in place;
  - the out-of-hours peer review was positive about leadership and management and cited improvements since the new operational leadership team has been in place;
  - regular discussions with staff about personal development and steps to build team culture and trust are improving morale;
  - the GP practice extended-hours scheme was reviewed and found to be improving access but assessing value for money was more difficult;
  - the Health Board has taken measures to ensure that the public receive a consistent message about the out-of-hours service; and
  - out-of-hours GPs no longer perform telephone triage because the new 111 service model includes front-end call handling and clinical triage.
- 6 In undertaking this assessment of progress update, we identified no new risks in relation to GP out-of-hours services.

7 In summary, the status of progress against each of the previous recommendations is set out in [Exhibit 1](#).

**Exhibit 1: status of 2017 recommendations**

Total number of recommendations	Implemented <sup>1</sup>	Ongoing action	No or limited action	Superseded or not within the Health Board's direct control
10	6	1	0	3

Source: Wales Audit Office

<sup>1</sup> Green indicates that the recommendation has been implemented or fully addressed; Amber indicates ongoing action to address the recommendation; Red indicates that limited or no progress has been made; and Blue indicates that the recommendation has been superseded or is not within the Health Board's direct control.

# Appendix 1

## Progress to address our 2017 recommendations

Exhibit 3: progress to address our 2017 recommendations

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Staff engagement</b>		
<p>Our 2017 review found that the Health Board had held several stakeholder engagement events with groups such as GP cluster leads and the urgent care forum. As part of our 2017 review, we surveyed GP out-of-hours staff to seek their views on the extent the Health Board had consulted with staff on service planning. The findings suggested that engagement was wide ranging but may not have involved enough operational staff. At the Health Board, 16% of respondents agreed or strongly agreed with the statement 'I was given ample opportunity to give my opinions to inform the development of the plan for GP out-of-hours services' compared with 24% of out-of-hours staff across Wales.</p>		
<p>R1a. In future service developments, the Health Board should develop a consultation and communication plan including a variety of methods for operational staff to participate in discussions and decisions.</p> <p>R1b. In future service developments, the Health Board should give regular updates to staff as plans develop and opportunities for further participation.</p>		<p>Since our 2017 review the Health Board has recruited a new out-of-hours operational leadership team, including a head of service, clinical director and directorate manager. The new team has been in place for approximately 18 months. In that time, the team has introduced forums and communication channels to try and bridge the gap between leaders and staff and introduce regular communication. One such forum is the monthly Clinical Reference Group, which is chaired by a senior GP and attended by different staff group representatives. The out-of-hours peer review<sup>3</sup> highlighted the effective engagement with clinical staff through the Clinical Reference Group and cited it as an exemplar that all health boards should aim to replicate. The Health Board reported that over its 18 months of operation the group's relationship has matured and is now working effectively. To ensure all staff are updated, a newsletter is sent to all out-of-hours staff following Clinical Reference Group meetings.</p>

<sup>2</sup> Green indicates that the recommendation has been implemented or fully addressed; Amber indicates ongoing action to address the recommendation; Red indicates that limited or no progress has been made; and Blue indicates that the recommendation has been superseded or is not within the Health Board's direct control.

<sup>3</sup> The Welsh Government commissioned a national review of out-of-hours primary care in 2018, which was carried out at the Health Board in November 2018.

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Staff engagement</b>		
<p>Our 2017 review found that the Health Board had held several stakeholder engagement events with groups such as GP cluster leads and the urgent care forum. As part of our 2017 review, we surveyed GP out-of-hours staff to seek their views on the extent the Health Board had consulted with staff on service planning. The findings suggested that engagement was wide ranging but may not have involved enough operational staff. At the Health Board, 16% of respondents agreed or strongly agreed with the statement 'I was given ample opportunity to give my opinions to inform the development of the plan for GP out-of-hours services' compared with 24% of out-of-hours staff across Wales.</p>		
<p>R1a. In future service developments, the Health Board should develop a consultation and communication plan including a variety of methods for operational staff to participate in discussions and decisions.</p> <p>R1b. In future service developments, the Health Board should give regular updates to staff as plans develop and opportunities for further participation.</p>		<p>Other ways the team has improved staff communication include establishing a team leaders' meeting, which is attended by shift leads and different staff group representatives. And the team is also planning a staff away day and intends holding them twice a year.</p> <p>There is no formal communication plan, but it is clear the team has a variety of communication channels for future service planning engagement. If service changes are needed in future, it would be good practice to develop bespoke communications and engagement plans.</p>

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Clinical leadership and operational management</b>		
<p>In 2017, staff responding to our survey felt that the service was not effectively managed by clinical leaders and management staff. We recognise that at that time there had been some staff changes and team restructures. Our survey found that:</p> <ul style="list-style-type: none"> <li>• 28% of respondents agreed or strongly agreed that GP out-of-hours is 'effectively managed by the service's clinical leaders' compared with 48% of out-of-hours staff across Wales; and</li> <li>• 72% of respondents felt that the service's management staff did not effectively manage the GP out-of-hours service.</li> </ul>		
<p>R2. The Health Board's GP out-of-hours leaders should seek to repeat a staff survey to understand whether staff perceive any improvement in the management of the service since the restructure.</p>		<p>The Health Board has not undertaken a staff survey to understand views on service management since the restructure. However, as already stated, since our 2017 review, the Health Board has recruited a new out-of-hours operational leadership team. The out-of-hours peer review was positive about leadership and management. The review found that since the establishment of the new team, there was evidence that the service is beginning to be transformed. It also found that the team is attracting clinicians to the service with innovative service models. It found that GP taster sessions were leading to new staff joining the out-of-hours rota. And that there was strong executive and senior leadership support.</p> <p>The Health Board plans to conduct a staff survey before its follow-up out-of-hours peer review in December 2019.</p>



Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Staff support</b>		
Our 2017 review found weaknesses in staff support arrangements, for example, less than 50% of staff responding to our survey said they had sufficient learning and training opportunities, and only 10% felt morale was good.		
R3a. The Health Board should, as part of annual appraisals, make sure all staff have a personal development plan where training needs can be identified and progressed.		<p>The Health Board reported that discussion about personal development plans is part of the annual appraisal discussions. As at November 2019, the out-of-hours team appraisal rate was 65%. Managers also review personal development with staff at monthly one-to-one meetings, which previously were not commonplace.</p> <p>As well as individual development plans, some team training has been completed, such as all staff attending the Care Aims course and managers attending workforce planning training.</p> <p>The out-of-hours peer review highlighted areas for further development, some of which were related to training, continuing professional development and opportunities for career progression. The team has started to address these findings. Some of the action taken includes the Clinical Director working with Health Education Improvement Wales (HEIW) to develop an urgent primary care fellowship, and a commitment to assign all management staff to a continuing professional development course by the end of 2019-20. The follow-up out-of-hours peer review in December 2019 will look to see what progress has been made.</p>
R3b. The Health Board should carry out work to understand the reasons for low morale amongst staff, perhaps by giving staff the opportunity to sit on or lead working groups to resolve the issues causing low morale.		<p>Over the past 18 months the new operational leadership team has taken steps to improve team culture and trust and communication and to remove barriers between staff and leaders. The leadership team is also trying to be more visible, for example, by working from the contact centre. A workshop session was held with the team leaders' group to generate ideas for improving the service.</p> <p>The out-of-hours peer review found that overall morale is improving, but it continues to require focus. We recognise the steps the team has taken to improve morale. To get a better understanding, the leadership team should consider exploring the issue of staff morale in its next out-of-hours staff survey or hold a workshop session at their staff away day.</p>

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Extended GP-practice hours</b>		
Our 2017 review found that Aneurin Bevan was the only health board in Wales to have increased expenditure on extended GP practice hours between 2009-10 and 2015-16. In 2009-10, the Health Board spent £127,000 per year and by 2015-16 this had risen to £557,000. Despite increased spending, the benefits of extending practice hours had not been evaluated.		
R4. The Health Board should undertake an evaluation of the benefits of extending GP-practice hours.		<p>In January 2018, internal audit issued a reasonable assurance report on access to primary care. The review focused on GP practices that operated the extended-hours scheme.</p> <p>The review found that participating practices provided sufficient information on a quarterly basis to the Health Board to be eligible for the relevant payment, but it was difficult to assess whether the scheme offered value for money. The GP practices that the review team visited were enthusiastic about the scheme and were meeting the scheme's eligibility requirement to make sufficient numbers of appointments available. The review acknowledged the difficult financial choices the Health Board had to make but concluded that cancelling the scheme would be a backward step in improving access to primary care services.</p> <p>The Health Board reported that it continues to commission the service and the Access Group still reviews the quarterly data submitted by participating GP practices. The Health Board is due to review the scheme specification against the new access standards issued by the Welsh Government.</p>

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Public information</b>		
Our 2017 review found that, generally, information about the out-of-hours service was readily available, but messages on GP-practice websites and answerphones needed to describe the GP out-of-hours service more consistently.		
R5a. The Health Board should include GP out-of-hours opening times on the Health Board webpage.		<p>This recommendation has been superseded. The 111 service which was rolled out in August 2019 is available 24 hours a day, seven days a week.</p> <p>The Health Board's website, including its homepage, has been updated to direct the public to the 111 service. However, the national 'Choose Well' information about the GP out of hours service, also on the homepage, still refers the public to their GP phone number or NHS direct. The Health Board reported that its communications team attempted to update this information, but as it is a nationally hosted page, they were unable to amend it. We recognise that this will remain an issue until the 111 service is rolled out to all health boards across Wales.</p>
R5b. The Health Board should develop standardised wording for GP practice answerphone messages and practice websites.		<p>The Health Board reported that in anticipation of the launch of the 111 service the communications team sent all GP practices a communications pack. The pack included wording for a standard voicemail message, in both English and Welsh. On the 111 'go live day' the out-of-hours team conducted spot checks. If GP-practice voice messages did not comply, the primary care team was notified and asked to follow up. The 111 communications team also attended the Neighbourhood Care Networks meetings<sup>4</sup> to promote the communications pack.</p> <p>The Health Board should continue to spot check GP-practice phone messages and websites to ensure they all comply.</p>

<sup>4</sup> Neighbourhood Care Networks are the equivalent of primary care clusters.

Recommendations to be addressed	Status <sup>2</sup>	Summary of progress
<b>Telephone triage:</b>		
Our 2017 review found that GPs did not feel as confident about telephone triage as seeing patients face-to-face. Consequently, GPs were sometimes overcautious, meaning they spent an extended amount of time with patients on the phone, as well as sending them to a primary care centre or arranging a home visit. Telephone triage training for GPs was mainly through work shadowing and externally provided training. But GPs reported that the externally provided training was not as extensive as it could be.		
<p>R6a. The Health Board should revise the current training on telephone triage and offer GPs refresher courses.</p> <p>R6b. The Health Board should include telephone triage training as part of GPs inductions.</p>		<p>These recommendations have been superseded. As stated earlier, the Health Board launched the 111 service in August 2019. The Health Board was the fourth in Wales to launch this service. The new service means that GPs on the Health Board's out-of-hours rota are not required to triage patients. This is because the service model includes front-end call handling and clinical (nurse) triage. This is provided by an enhanced 111/NHS Direct Wales team based within the Welsh Ambulance Services Trust (WAST).</p>



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