

NHS Board
29 January 2020

Lanarkshire NHS Board
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SUBJECT: URGENT CARE OUT OF HOURS SERVICE

1. PURPOSE

The purpose of this report is to:

- Update the NHS Lanarkshire Board on the Out of Hours Service (OOHs);
- Note the establishment of a Project Team to progress the required work; and
- Approve the approach as outlined in the attached Project Plan, as a high level description of the work to be undertaken over the coming weeks/months to assess the current workforce model, and put in place robust arrangement to quality assure the service delivery model.

For approval	<input checked="" type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input type="checkbox"/>
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2. ROUTE TO THE BOARD

An update on the Out of Hours services in Lanarkshire is reported frequently to the Corporate Management Team (CMT). The NHS Lanarkshire Board has set clear standards to ensure we provide safe, effective and person-centred services to meet the needs of the people of Lanarkshire. The Chief Executive has asked for a review of current provision with staff delivering the service to inform service delivery and any improvement requirements for the future.

This paper has been assembled by clinical and operational managers with input from service change and transformation and dedicated project management. See draft Terms of Reference (Appendix 1). The project work will be progressed under the leadership of Maria Docherty, Nurse Director South Lanarkshire Health & Social Care Partnership.

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
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3. SUMMARY OF KEY ISSUES

Background

- 3.1. The current Urgent Care Out of Hours (OOH) service in Lanarkshire is hosted with delegated responsibility for service delivery within Health and Social Care Partnership South Lanarkshire. The current service model is based on an extensive review of the service with a wide range of stakeholders undertaken in 2015/16 and aligned with the review of Out of Hours nationally, Pulling

Together: 'Transforming urgent care for the people of Scotland', led by Sir Lewis Ritchie, published in Jan 2016¹.

3.2 The national review recommended a service that is fit for the future must be underpinned by the following guiding principles:

- Person centred (*both for those who receive and those who deliver services*)
- Intelligence led (*making the most of what we know about our patients*)
- Asset optimised (*making the most of all of the assets/resources available*)
- Outcomes driven (*making the best decisions for patient care and wellbeing*)

3.3 Since 2016, the Urgent Care OOHs Service has been further developing the multi-disciplinary workforce model, focussing on continuous improvement of the service, whilst actively delivering a service plan to achieve a fully staffed two centre (Hamilton and Airdrie) model for Lanarkshire.

Interdependencies

3.4 Urgent Care OOHs is a significant interdependence with meaningful recruitment and retention, excellent multi-disciplinary team based working, fit for purpose accommodation and working conditions conducive to high quality service provision as well as availability of ongoing training and development of competencies staff.

3.5 The current OOHs model is not in scope for the nGMS2018 contract, however there is strong interdependencies with this work to develop general practice to manage demand and redesign capacity, review clinical models and service delivery possibilities in GP Practices and community teams under the nGMS2018 contract and existing Primary Care Improvement Plan (2019/20). Urgent Care OOHs is also influenced by and related to GP Sustainability within Lanarkshire.

4. Current Situation

4.1 The board will be aware there are challenges in Lanarkshire similar to those throughout Scotland in delivering the service due to reducing numbers of medical and non-medical staff trained and available in the out of hours period to deliver the service in Lanarkshire.

4.2 The current model is dual site operating from two primary care centres based in Douglas St, Hamilton and Airdrie Health Centre, Airdrie. The centre in Hamilton hosts the Out of Hours Hub and is the base for the 6 cars used to transport GP's to home visits by dedicated OOHs drivers. Douglas Street centre

¹ <https://www.gov.scot/publications/main-report-national-review-primary-care-out-hours-services/>

also provides additional staffing such as paediatric nursing and is the base for mental health nursing telephone triage.

- 4.3 Approximately 90% of contacts are passed to the service by NHS 24 in 3 types of disposition, namely primary care centre cases, home visits and doctor advice calls. Each of these types of disposition is assigned one of 3 levels of urgency by NHS 24, i.e. to be seen within 1 hour, 2 hours or 4 hours. This contrasts with the dispositions offered to patients by NHS 24 in-hours when the most urgent disposition is 4 hours with longer dispositions available.
- 4.4 In addition, community pharmacy, community nursing, community hospitals and the Scottish Ambulance Service have direct access to the OOHs Hub via the professional to professional line with approx. 10% of contacts present via the professional to professional line.
- 4.5 The service does not routinely deal with “walk-in” patients. Such patients are directed to NHS 24 unless it is apparent that the patient needs seen and assessed more urgently. Such cases comprise a very small proportion of the workload.
- 4.6 The current position is that around 70% of sessions are provided by either salaried or sessional GPs and that around 30% of the sessions are provided by other clinicians, all with the support of health care support workers, administrative staff and drivers.
- 4.7 The main challenges for the Out of Hours service in Lanarkshire, as in other health boards, are recruitment and retention of clinical staffing. It is proving increasingly difficult to recruit and retain General Practitioners and although Lanarkshire has been successful in recruiting nurse practitioners and advanced nurse practitioners for training, it has proved difficult to retain fully trained nurses.
- 4.8 Although the tests of change of paediatric nurses and mental health nurses working within Out of Hours have been successful, it has not always been possible to fill the sessions as the nurses have been required to work within their acute setting.
- 4.8 Over the last 4 months in the OOH Service in Lanarkshire have maintained the 2 centre model for 80.5% of the out-of-hours period. The business continuity approach on these occasions is to consolidate to one centre. Over the last year (2019) the OOHs service has maintained the 2 centre model 87.7% of the out-of-hours period. On occasions the service have had to revert to a one centre model, which has predominantly been at weekends and times overnight. The decision to consolidate to a one centre model is made to ensure the population of Lanarkshire have a safe and effective operational service. There has been no requirement to invoke the escalation policy since 22 December 2019.
- 4.9 The current position is 70:30 workforce split GP to non-medical clinical staff. As previously reported to the board the service has considered a stretch aim of 30:70, however this has again been reviewed by the Nurse and Medical Director with senior manager for the service and a 50:50 ratio by March 2023 (Ratio of

GP to non-medical Clinical Staff) is the preferred ratio, both from a safe clinical modelling perspective and sustainable workforce. There will be a continued review of this trajectory through the OOH workforce planning group.

The goal of the OOH workforce improvement plan is to have a 2 site model that will optimise all members of the multi-disciplinary team. This model includes ANPs, NPs, Mental Health and Paediatric Nurses, Health Care Support Workers, Pharmacists and Paramedics as well as GPs. The synergies between Urgent in hours and out of hours workstreams will be key to ensuring staff models and workforce are utilised efficiently and effectively, in keeping with the interdependencies as described above. The continuous improvement and transferable learning and benefits to be realised across urgent care in-hours and urgent care out-of-hours models.

The Governance arrangements and reporting of this work is monitored and reported through the South Support Care and Clinical Governance Group and through the NHS Lanarkshire Population Health, Primary Care Services Governance Committee. In due course a further paper describing the OOHs Clinical Model will be presented to HQAIC for scrutiny and review.

5 IN SUMMARY

- 5.1 Urgent Care Out of Hours in Lanarkshire will continue to work to the two existing sites. This will utilise all available resources across a multi-disciplinary team. There is a requirement to ensure the infrastructure of clinical and professional support is available over the next 3 years to support, mentor and sign off the non-medical workforce that is being recruited to. A mixed model of GP and Senior Advanced Nurse Practitioners will provide this. This will form part of the workforce plan detailed within the project plan (Appendix 2)
- 5.2 To recruit and train this alternative non-medical workforce a timeframe of 24-36 months is required. This is based on recommendations from professional leads and takes into account recruitment timelines plus training for appropriate competencies.

The next steps include:

- The Urgent Care Project team will work together over the coming weeks and months to undertake detailed planning process to submit a report to the NHS Board.
- A comprehensive Communication and Engagement strategy and plan will be developed to ensure meaningful contribution from staff delivering the service to inform and influence the project work and communication and feedback process with internal and external stakeholders.

6. CONCLUSIONS

The Project Team have produced an initial high level project plan (Appendix 2) to inform a review of current practices, systems and processes and the

development of a comprehensive plan, reflecting current requirements and within current constraints to meet future needs will be produced following Board approval of this paper and outlined approach.

7. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives	<input checked="" type="checkbox"/>	AOP	<input type="checkbox"/>	Government policy	<input type="checkbox"/>
Government directive	<input type="checkbox"/>	Statutory requirement	<input type="checkbox"/>	AHF/local policy	<input type="checkbox"/>
Urgent operational issue	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>		

8. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	<input checked="" type="checkbox"/>	Effective	<input checked="" type="checkbox"/>	Person Centred	<input checked="" type="checkbox"/>
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Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	<input checked="" type="checkbox"/>
People are able to live well at home or in the community; (Person Centred)	<input checked="" type="checkbox"/>
Everyone has a positive experience of healthcare; (Person Centred)	<input checked="" type="checkbox"/>
Staff feel supported and engaged; (Effective)	<input checked="" type="checkbox"/>
Healthcare is safe for every person, every time; (Safe)	<input checked="" type="checkbox"/>
Best use is made of available resources. (Effective)	<input checked="" type="checkbox"/>

9. MEASURES FOR IMPROVEMENT

Set out in the main report.

10. FINANCIAL IMPLICATIONS

Any financial implications will be managed within the current budget.

11. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

The Urgent Care Out of Hours Service features on the corporate risk register (Appendix 3).

12. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision and leadership	<input checked="" type="checkbox"/>	Effective partnerships	<input type="checkbox"/>	Governance and accountability	<input checked="" type="checkbox"/>
Use of resources	<input checked="" type="checkbox"/>	Performance management	<input checked="" type="checkbox"/>	Equality	<input type="checkbox"/>
Sustainability	<input checked="" type="checkbox"/>				

13. EQUALITY AND DIVERSITY IMPACT ASSESSMENT / FAIRER SCOTLAND DUTY

An Equality Diversity Impact Assessment will be completed as part of the project work to ensure that any changes to service delivery are impact assessed.

Yes
No

14. COMMUNICATION AND ENGAGEMENT

The development of the Urgent Care Out of Hours services highlights the requirement to undertake a communications and engagement exercise to ensure meaningful engagement with all key stakeholders to ensure staff and service users can influence and inform the design and development of the service delivery. This will be in line with Scottish Government guidance.

15. ACTIONS FOR THE BOARD

The Board are asked to:

Approval	<input checked="" type="checkbox"/>	Endorsement	<input type="checkbox"/>	Identify further actions	<input type="checkbox"/>
Note	<input type="checkbox"/>	Accept the risk identified	<input type="checkbox"/>	Ask for a further report	<input type="checkbox"/>

16. FURTHER INFORMATION

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Supplementary Papers

Number	Title
Appendix 1	Urgent Care Out of Hours Project Board draft Terms of Reference
Appendix 2	Urgent Care OOHs Project Plan (high level)
Appendix 3	Corporate Risk Register Extract