

**NHS Board Meeting  
30 September 2020**

**Lanarkshire NHS Board  
Kirklands  
Fallside Road  
Bothwell  
G71 8BB  
Telephone: 01698 855500  
[www.nhslanarkshire.scot.nhs.uk](http://www.nhslanarkshire.scot.nhs.uk)**



**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 re-establishment of a Project Team to progress the required work; and
- Note the intention to review and update the attached Project Plan, which sets out a high level description of the work to undertaken to ensure a safe, resilient and effective workforce model, and put in place robust arrangement to quality assure the service delivery model.

For approval	<input type="checkbox"/>	For endorsement	<input type="checkbox"/>	To note	<input checked="" type="checkbox"/>
--------------	--------------------------	-----------------	--------------------------	---------	-------------------------------------

**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. The project work will be progressed under the leadership of Maureen Dearie, General Manager, South Lanarkshire Health & Social Care Partnership.

Prepared	<input checked="" type="checkbox"/>	Reviewed	<input type="checkbox"/>	Endorsed	<input type="checkbox"/>
----------	-------------------------------------	----------	--------------------------	----------	--------------------------

**3. SUMMARY OF KEY ISSUES**

**Background**

3.1. The current 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 2016<sup>1</sup>. Since the Covid-19 pandemic in March 2020 the clinical service model has been re-designed changing current practice within OOH to remote clinical review of all calls from NHS24. Prior to the pandemic all calls coming from NHS24 already had a disposition allocated for example; 4 hour PCC appointment or 2 hour advice call. OOH hub staff then allocated the disposition given to them by NHS24. This change of practice is in line with clinical risk assessment model adopted throughout primary care for initial telephone assessment of all presentations. The changes to disposition are shown in 3.8.

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, 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 High quality OOHs care is dependant on recruitment and retention of all staff groups, 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). The availability of an OOHs service is influenced by and related to GP Sustainability.

### Current Situation

3.6 Currently within the OOH service and following an SBAR which was submitted by the OOH Clinical Director there are 3 significant pressures facing the service:

1. Lack of medical cover particularly on Friday and Sunday overnights and Saturday from 4pm onwards. On occasion this can leave the OOH service with no GP clinicians therefore NHSL are unable to operate any OOH service for the population of Lanarkshire.
2. Due to the reopening of schools and nurseries the numbers of children presenting to the Covid Assessment Centre (CAC) with respiratory illness has increased. The OOH

---

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

service has supported the CAC service throughout the pandemic but due to the lack of available GP's we are now unable to provide the cross-cover for the CAC to support this increase.

3. Due to the home visiting telephone review pilot becoming embedded into the updated clinical model in September 2020 there has been a reduction in the sessions filled from the GP clinicians. This has impacted on the OOH service as the increase in home visits places an increasing demand on the already limited clinicians within the OOH service.

- 3.6 There is consequently a high risk that the OOH service will be unable to operate at points during the coming months with the need to re-direct patients to the 3 A&E departments with the attendant scrutiny from Scottish Government, local politicians and the media. In order to ensure patient and staff safety in this time of increasing pressures an SBAR was submitted by the Associate Nursing Directors and Associate Medical Director in South HSCP. The SBAR offered professional advice on staffing availability and safe service provision. This can be flexed on a shift by shift basis.

#### **Dual site delivery Douglas Street and Airdrie**

- 6 GP's to cover both sites and domiciliary visits (with a reduction to 4 overnight)
- 1 Advanced Nurse Practitioner (ANP) each site
- 1 Nurse Practitioner (NP) each site
- 1 Mental health Liaison Nurse DS site (not overnight)
- 1 Pediatric Nurse, except overnight DS site (not overnight)
- 1 Health Care Support Workers (HCSW) each site

#### **Single site delivery from Douglas Street including Covid assessment centre**

- 4 GP's (with a reduction to 2 overnight – 12MN-8AM)
- 2 ANP's
- 2 NP's
- 1 MH Liaison Nurse (not overnight)
- 1 Paediatric Nurse (not overnight)
- 2 HCSW

#### **Single Site delivery OOH's only**

- 2 GP's
- 1 Senior ANP
- 2 ANP who have evidenced competency of practice as an ANP\*
- 1 NP
- 1 HCSW

#### **Single site OOH's on partial divert e.g. children under the age of 12 years.**

- 1 GP available with remote clinical access.
- 1 Senior ANP who will manage complete patient care from age 12 years
- 1 ANP
- 1 HCSW

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. Currently within OOH we have 4 salaried GP's with the remainder (approximately 150) being sessional. Despite having 150 sessional GP's on the rota system only approximately 25 GP's undertake regular shifts to deliver the OOH service in Lanarkshire. Further pressure has been added to the OOH GP staffing due to:

- Only approximately 15% of the GP's working within OOH service can see face to face appointments within the PCC.
- As the CAC is collocated with the OOH service in the Hamilton Douglas Street, clinic, The OOH clinicians have provided supported particularly overnight and at the weekends when GP CAC cover has been difficult to obtain.

3.7 The OOH service operates from two primary care centres based in Douglas St, Hamilton and Airdrie Health Centre, Airdrie. Due to the current situation and lack of GP clinicians available we have to reduce to 1 site (Douglas Street, Hamilton) to ensure both staff and patient safety. There are no plans to change the current model to permanently move to a single site and Airdrie is operational when deemed safe to do so. The centre in Hamilton hosts the Out of Hours Hub and is the base for the 6 cars used to transport clinician's to home visits by dedicated OOHs drivers. Douglas Street centre also provides additional professional staffing when available such as paediatric nursing and is also the base for mental health nursing telephone triage hence why it is the chosen site for when we operate a single service.

3.8 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.

Considering recent Covid-19 pressures and required modifications to services, current practice within OOH has been modified in respect of undertaking remote clinical review of all calls from NHS24 by GP. This has had a significant impact on the OOH service in relation to managing flow and clinical interactions within the service. An analysis of data from 26 July to 13 September established that:

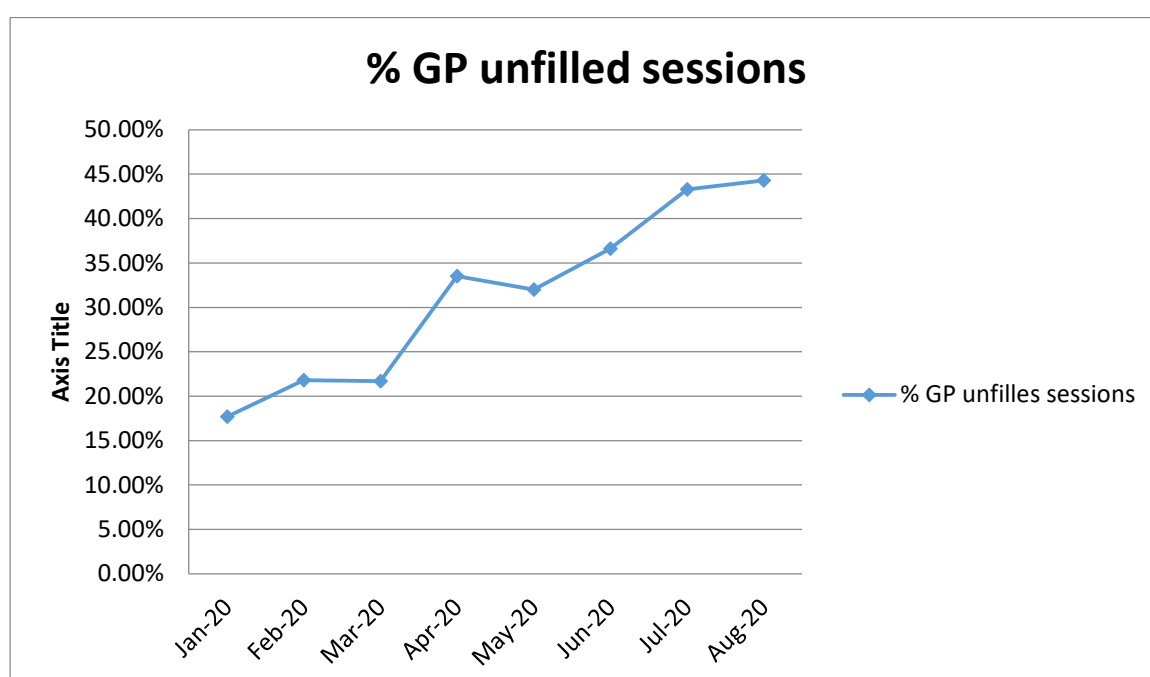
- 28-44% home visit dispositions changed to advice call dispositions.
- Approximately 55% face to face appointments (PCC) dispositions changed to advice call dispositions.

3.9 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 approximately 10% of contacts presenting in this format.

3.10 The service does not routinely deal with "walk-in" patients. Such patients are directed to NHS 24 unless it is apparent that the patient requires urgent assessment and care. Such cases comprise a very small proportion of the workload.

- 3.11 The previous position was 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, largely Nurse Practitioners and Advanced Nurse Practitioners (ANP), all with the support of health care support workers, administrative staff and drivers. Currently ANP’s are only supporting the service minimally (22% for August 2020) due to other clinical commitments such as: supporting the Covid-19 Assessment Centre (CAC) or returning to GP practices. A large proportion of the ANP workforce also remains in their trainee phase.
  
- 3.12 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 within the OOH service and although Lanarkshire has been successful in recruiting advanced nurse practitioners for training, it has proved difficult to retain the fully qualified advanced nurse practitioners. This is for multiple reasons including recruitment of ANP’s by general practice. 3.17
  
- 3.13 There have been successful tests of change with paediatric nurses and mental health nurses working within Out of Hours however, it has not always been possible to fill what could be potential sessions as the nurses have been required to work within their acute setting. The work within the Project Plan and associated workforce will explore the current nursing workforce with the necessary skills and competencies. Approximately 35-40% of presentations to OOH are children so by employing these nurses within OOH it should enhance and support the current workforce and allow us to deliver a person centred approach for children.
  
- 3.14 January 2020 to August 2020 the OOH Service in Lanarkshire have maintained the 2 centre model for only 23.5% of the out-of-hours period. This was due to lack of GP clinicians.

The table below shows the unfilled GP sessions from January 2020 to August 2020.



As shown from the table above fill rate has decreased by approximately 40% since January 2020 and continues to worsen. The clinical decision to consolidate to a one site model is made to ensure the population of Lanarkshire have a safe and effective operational service at the point of delivery.

- 3.15 The current position is a 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 in March 2020 by the Nurse and Medical Director along with the 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 in October 2020.
- 3.16 From 15 March to 20 July 2020 OOH have completed 463 Near Me consultations, this method of consultation is mentioned in the revised Clinical Model with an aim to this becoming embedded into practice by 2021. Clinical telephone review of all NHS24 calls to OOH by GP's has not only reduced the footfall through the PCC's but also ensured both patient and staff safety within this current pandemic.  
The goal of the OOH Project Plan is to retain 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. There are opportunities for transferable learning and benefits to be realised across urgent care in-hours and out-of-hours models.
- 3.17 Much of the project plan for OOH was paused due to the demands of the covid response. The intention is for this work to recommence, following a review and refresh of the actions to ensure they are current given the changing operational environment.
- 3.18 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.

OOH in Lanarkshire will continue to aim to work to the two existing sites. Aiming to 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. As well as continue to maintain the standards of the current GP training status accreditation. A requirement to invest in and support 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 (Project Plan embedded at end of paper, the revised plan will be updated following Project Team meeting end September and circulated to Board thereafter). To recruit and train an 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 and

training for appropriate competencies.

**The next steps include:**

**Short- term**

- Further develop the work set out in existing SBAR's to describe safe minimum and optimal levels of skill mixed clinical cover taking account of the various scenarios that are likely to prevail.
- Further review and monitor the OOH escalation and redirection procedure in conjunction with these models and scenario.
- Continue the work to optimize shift cover and maximise the availability of the service
- Recruitment of salaried GP's is underway and with the addition of CNORIS for sessional staff and flexible working hours it is hoped that we will be successful in recruitment.
- A GP satisfaction survey will be circulated to all GP's current on the rota system. Evaluation of same and an action plan devised which will be disseminated to staff and lessons learned for recruitment and retention in the future.
- Continue the dialogue with Acute clinicians who may be able to support the service.
- Increase the number of Senior ANP's from two working with the service by further Senior ANP recruitment.

**Medium Term**

- Review and update the existing Project Plan to take account of the learning from recent months and the current consideration of the clinical safety and workforce issues
- The OOH Project team will work together over the coming period to undertake a detailed planning process to submit a report to the NHS Board.
- A comprehensive Communication and Engagement Strategy and supporting delivery plan will be developed to ensure meaningful contribution from the workforce and other key internal and external stakeholders to inform and influence the project work and to ensure effective communication and feedback.
- Continue work on recruitment and workforce development over the next 12 months to stabilise and strengthen the core team.

**4. STRATEGIC CONTEXT**

This paper links to the following:

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

**5. 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"/>
------	-------------------------------------	-----------	-------------------------------------	----------------	-------------------------------------

**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"/>

**6. MEASURES FOR IMPROVEMENT**

Set out in main report

**7. FINANCIAL IMPLICATIONS**

Any financial implications will be managed within the current budget.

**8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS**

The Urgent Care Out of Hours Service features on the corporate risk register.

**9. FIT WITH BEST VALUE CRITERIA**

This paper aligns to the following best value criteria:

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

**10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT**

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

**11. CONSULTATION AND ENGAGEMENT**

The development of the 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.

## 12. ACTIONS FOR THE BOARD

The Board are asked to:

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

## 13. FURTHER INFORMATION

For further information about any aspect of this paper, please contact:

Maureen Dearie, General Manager  
 South Lanarkshire Health & Social Care Partnership  
 Telephone: 07740819471

**Val de Souza**  
**Director, Health and Social Care**  
**South Lanarkshire Health and Care Partnership**

### Supplementary Papers

Out of Hours Project Plan (Updated April 2020)