

NHS Board Meeting  
27 January 2021

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 provide Board Members with:

- Update the 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 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 assurance	<input checked="" type="checkbox"/>	To note	<input type="checkbox"/>
--------------	--------------------------	---------------	-------------------------------------	---------	--------------------------

### 2. ROUTE TO THE BOARD

This paper has been prepared 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 and is an update on the Out of Hours services in Lanarkshire, which is reported frequently to the South Support Care and Clinical Governance Group. The report has also been shared with the NHSL Corporate Management Team.

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 SLHSCP SMT has asked for a review of current provision to inform service delivery and any improvement requirements for the future.

### 3. SUMMARY OF KEY ISSUES

#### Background

3.1 For some years, the Primary Care Out of Hours service has faced challenges recruiting additional general practitioners to work in the service, either on a salaried basis or on a sessional basis. Changes were made to the service immediately prior to and subsequently supported by the national review by Sir Lewis Ritchie in 2015/16 Out of Hours, Pulling Together: 'Transforming urgent care for the people of Scotland', published in Jan 2016<sup>1</sup>. Enhancements were also made to non-medical clinical staffing as part of the primary care and mental health transformation programme. Despite this improvement activity, the service continues to face a shortfall in GP recruitment and retention and similarly for nurse practitioners and advanced nurse practitioners. Recent data for 2020 show that the percentage of GP sessions unfilled remains a concern.

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

3.2 To address these challenges, a project plan was put in place to further develop the OOH service in relation to clinical modelling, workforce planning and development, and wider supports. Since the initial project plan was initiated, there have been several significant developments which impact on the current way of working and on planning for the future:

- Learning from the evaluation of the pilot of telephone review of home visit requests.
- Learning from increased remote consulting during the Covid-19 pandemic.
- Unscheduled care flow hubs are being developed to help with reducing unplanned attendances and scheduling face to face workload in the emergency departments.

3.3 The current OOH Project team is undertaking a detailed update of the plan for approval by the SLHSCP SMT and NHSL CMT. It is anticipated this will be completed by 31 March 2021. 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. Work on recruitment and workforce development will be ongoing over the next 12 months to stabilise and strengthen the core team.

3.4 Although Out of Hours services are excluded from the 2018 General Medical Services contract, the provision of Out of Hours services must take cognisance of the developments in in-hours practice and link with these. The national review recommended that 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 the assets/resources available*)
- Outcomes driven (*making the best decisions for patient care and wellbeing*)

3.5 Since 2016, the OOHs Service has been developing the multi-disciplinary workforce model. This focuses 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. However, due to the prevailing situation and the finite availability of GP clinicians, the service regularly operates from only Douglas Street, Hamilton to ensure both patient and staff safety. When required, Hamilton is the preferred site to operate as a single centre as it hosts the Out of Hours Hub, is the base for the six cars used to transport clinicians to home visits by dedicated OOHs drivers and is geographically most accessible for the entire Lanarkshire population. The 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, synergies between Urgent 'in-ours' and 'out of hours' work streams will be key to ensuring staff models and a workforce that is utilised efficiently and effectively.

There are also opportunities for transferable learning and benefits to be realised across urgent care in-hours and out-of-hours models given the interdependencies described below.

### **Interdependencies**

3.6 There are numerous interdependencies involved in providing high quality OOHs care. These include:

- interface with NHS 24.
- recruitment and retention of all staff groups.
- excellent multi-disciplinary team-based working.
- fit for purpose accommodation.
- effective IT systems.

- working conditions conducive to high quality service provision.
- availability of ongoing training and development of staff competencies.

### Current Situation

3.7 Currently, the most significant pressure is a lack of resilience in the medical cover particularly on Friday and Sunday overnights and Saturday from 8pm onwards. On three occasions in September/October 2020 the OOH service had no medical cover overnight on a Saturday and Hub staff had to re-direct a small number of patients to Emergency Departments or offer them a call back in the morning. Most patients opted for a call back.

In December 2020, there was one occasion where the service was led by a senior ANP. The majority of patients were able to be seen within the service, however if patients had presented with for example a mental health crisis requiring detention or if it was an infant under the age of 4 years old, they would have had to be diverted. No diversions were required. There is ongoing work within the senior ANP team to continue to expand competency in new areas and reduce the groups of patients that would need to be diverted. The table below shows the unfilled GP sessions from June 2020 to November 2020:

<b>MONTH</b>	<b>% UNFILLED GP SESSIONS</b>
Jun-20	36.6%
Jul-20	46.3%
Aug-20	44.3%
Sep-20	34.3%
Oct-20	41.1%
Nov-20	31.5%

The Board will be aware that the challenges in Lanarkshire are like those throughout Scotland due to reducing numbers of medical staff available in the out of hours period. The service has also found that the availability of some non-medical staff has fluctuated. Nurse Practitioner and Advanced Nurse Practitioner numbers have improved but the paediatric nurses were recalled to support inpatient services and the sessional telephone advice pharmacists have not been working in the OOH service since the start of the Covid pandemic.

Currently within OOH we have four salaried GP's (2.9 WTE) with the remainder (approximately 150) being sessional. Only approximately 25 of these sessional GP's (15% of the sessional workforce) 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 active GPs working within the OOH service see face to face appointments within the PCC. This is due to either personal choice or following completion of a risk assessment for Covid-19.
- As the Community Assessment Centre (CAC) is co-located with the OOH service in the Hamilton Douglas Street, clinic, the OOH clinicians have provided support particularly overnight and at the weekends when GP CAC cover has been difficult to obtain. There are both workforce benefits and

challenges with this approach with some clinicians having reservations about the model. As the pandemic has gone on the frequency has reduced to around two to three times per fortnight.

Due to a combination of the reconfiguration of Airdrie Community Health Centre to accommodate the Airdrie Covid Assessment Centre and the subsequent gaps in clinician's availability the two centre model only operated around 25% of the time throughout 2020.

3.8 Colleagues in the Scottish Government are aware of the challenges facing the Lanarkshire OOH service and there is dialogue with them on the position and the actions that are being taken. A helpful meeting took place at the end of 2020 between Scottish Government representatives, managers and clinical leads for OOH' to consider the prevailing situation and to test the approach being adopted in Lanarkshire against the national picture. Scottish Government colleagues affirmed the approach to the clinical modelling and the need to review and enhance the clinical leadership and management support available to the service. There was also support for the need to consider the pay differential for OOH salaried GP's relative to other board areas. There was a welcome offer of ongoing support and dialogue with the Scottish Government team in respect of the OOH Project plan.

3.9 At present, there are two main points of contact with the OOH urgent unscheduled care service:

- patient contact via NHS 24.
- professional contact via the professional-to-professional line to the OOH hub.

Approximately 90% of contacts are passed to the service by NHS 24 in three types of disposition, namely primary care centre cases, home visits and doctor advice calls. Each of these types of disposition is assigned one of three levels of urgency by NHS 24, i.e. to be seen within 1 hour, 2 hours or 4 hours.

3.10 Considering recent Covid-19 pressures and required modifications to services, the current practice within OOH has been modified to undertaking remote clinical review of all calls from NHS24 by a GP. This has had a significant positive impact on the OOH service in relation to managing safe patient flow and clinical interactions within the service. An analysis of data from 22 November to 13 December 2020, shown in the table below, highlights that approximately 50% of both face-to-face referrals (PCC) and home visit (HV) referrals can be undertaken remotely without the need for a face-to-face consultation. As a consequence of these changes, the OOH performance against the 1, 2 and 4 hour disposition targets has been positive. The service intends to continue with this model of remote consultation in the first instance, only undertaking face to face consultations/home visits when clinically required.

Date	Received Disposition	Disposition outcome after remote clinical review	Total	% calls
<b>We 22.11.20</b>	HV	Advice	65	59
	HV	HV	45	41
	PCC	Advice	218	49
<b>We 29.11.20</b>	PCC	PCC	228	51
	HV	Advice	52	57
	HV	HV	39	43
	PCC	Advice	191	45
	PCC	PCC	235	55

<b>We 06.12.20</b>	HV	Advice	70	64
	HV	HV	40	36
	PCC	Advice	216	49
	PCC	PCC	227	51
<b>We 13.12.20</b>	HV	Advice	62	56
	HV	HV	48	44
	PCC	Advice	251	53
	PCC	PCC	219	47

3.11 “Walk-in” patients are an infrequent occurrence (max. 2/3 per month) and the service does not therefore routinely deal with this category of patient. Such patients are directed to NHS 24 unless it is apparent that the patient requires urgent assessment and care.

3.12 In future it is envisaged that there could be three main ways of accessing the Out of Hours service, namely:

- with an online consulting module accessed via a link from the website.
- telephone contact with NHS 24.
- professional to professional line to the OOH hub.

Consideration should be given to patients being encouraged to use NHS Inform for health information and advice, enabling a proportion of patients to self-manage their symptoms. This could be enhanced with an online consultation module, e.g. eConsult, which would enable patient to submit queries to the OOH service for subsequent assessment by clinician. Patients who are unable to utilise such technologies would be able to access initial triage via NHS 24 in the conventional manner.

3.13 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.

3.14 There have been successful tests of change with paediatric nurses and mental health nurses working within Out of Hours. Subsequently the psychiatric nursing liaison service is now embedded but the paediatric nurses have been withdrawn to the ward. Approximately 35-40% of presentations to OOH are children so by employing paediatric nurses within OOH, this would enhance and support the current workforce to allow the service to deliver a person-centred approach for children. However, it has not always been possible to fill potential sessions as the nurses cannot always be released from their respective acute setting. The work within the Project Plan and associated workforce modelling will explore the skill mix and competencies required to secure permanent paediatric nurse staffing.

3.15 The current position is approximately a 70:30 workforce split GP to non-medical clinical staff. The current OOH's rota aims to have four GP's to one ANP/NP per session but this is very difficult to achieve with at times only one GP on a session. As previously reported to the Board the service had considered a stretch aim of 30:70 (ratio of GP to non-medical clinical staff), however this was reviewed in March 2020 by and a 50:50 ratio by March 2023 thereafter set as the stretch aim. The OOH workforce planning group is meeting monthly and will continued to review this trajectory in the context of the revised clinical model which is currently in draft format.

3.16 Much of the project plan for OOH was paused due to the demands of the Covid response. This work has recommenced, following a review and refresh of the actions to ensure they are current given the changing operational environment. This project will have two phases. The initial phase will concentrate on developing a Clinical Model that will provide a sustainable Out of Hours Service on a pan Lanarkshire basis. The second phase will focus on innovation and redesign of the service and will

come into play late 2021 at the earliest.

3.17 An immediate focus of the project team is a review of the factors influencing recruitment and retention. This will include ensuring that terms and conditions of salaried GPs working in OOH in Lanarkshire are commensurate with other Boards in Scotland and will also include reviewing other models that facilitate salaried GP's working sessions in practices; joint roles and contributing to wider training roles.

The intent of this work is both to make the post attractive and to ensure equity between salaried and sessional GP's.

3.18 In order to achieve the objectives of the overall review, work is progressing in each of the undernoted areas:

- Developing a new Clinical Model.
- Standardisation of Terms and Conditions for OOH General Practitioners (GPs).
- Review of Nursing Job Descriptions.
- Reviewing recruitment and retention of medical, non-medical and clinical and support workforce.
- Review and update of current Training and Development Plans and competency framework across all areas.
- Review and update of current Standard Operating Procedures (SOPs).
- Review of current Information Technology (IT) equipment, systems, and processes with a view to making use of new digital solutions.
- Review current premises and transport, making agreed improvements e.g., new vehicles and in-vehicle technology and use of new areas within Douglas Street.
- Workforce Planning Tool(s).
- Developing and making use of current staff surveys to understand potential issues to deliver the service.
- 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 stabilize and strengthen the core team.

3.19 The governance of the project was originally routed through NHSL's Finance CMT. The Project Board noted that the focus of the terms of reference are about sustainability and delivering a resilient, safe and patient centric staffing model. As such, the Governance arrangements and reporting of this work is now 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.

3.20 To recruit and train the refreshed workforce model of GP and Senior Advanced Nurse Practitioners will require a timeframe of 24-36 months. This is based on recommendations from professional leads and takes into account recruitment timelines and training for appropriate competencies. The service has introduced an infrastructure of clinical and professional advice to support, mentor and sign off the non-medical workforce that is being recruited. Alongside this, there is a strong leadership focus on maintaining the standards of the current GP training status accreditation. This will form part of the workforce plan detailed within the project plan.

### 3.21 The next steps

#### Short- term

- Further develop the work to update the safe minimum and optimal levels of skill mixed clinical cover taking account of the various scenarios that are likely to prevail.
- Conclude the current review of the OOH escalation and redirection procedure in conjunction with these models and scenarios and thereafter monitor its use.
- Optimising the shift cover and maximising the availability of the service
- Sustain a programme of recruitment of salaried GP's.
- Conclude the current review of Salaried OOH GP remuneration and conditions to ensure comparability with other Boards.
- Highlight the addition of CNORIS for sessional staff and flexible working hours to support recruitment.
- A GP satisfaction survey was circulated to all GP's currently on the rota system. The evaluation of the responses and the subsequent action plan will be disseminated and lessons learned will be factored into the project plan as well as the recruitment and retention activity.
- Staff psychological survey will be circulated to all staff groups within OOH early January and following evaluation an action plan will be disseminated to all staff.
- Continue the dialogue with Acute clinicians who may be able to support the service.

#### Medium Term

- Review and update the Project Plan to take account of the learning from recent months and the current consideration of the clinical safety and workforce issues.
- A project manager and project support officer are in place until the end of March 2021 and the project remit has been revisited with progress on a clinical model now underway.
- Work stream meetings are established and report to the Project Board monthly.
- On-going development of the MDT and developing a stronger interface with other unscheduled care colleagues within Lanarkshire.
- Discussions with SAS will continue regarding advanced paramedic practitioners supporting in OOH.
- Discussions with pharmacy will continue with regards to advanced pharmacy practitioners supporting OOH.
- Further discussion with NHS 24 is required in relation to the triage process, the clinical decision-making software, the dispositions offered and the time targets for addressing calls as this impacts on service delivery in the OOH urgent unscheduled care service.

## 4. STRATEGIC CONTEXT

This paper links to the following:

Corporate objectives		AOP		Government policy	
Government directive		Statutory requirement		AHF/local policy	
Urgent operational issue		Other			

## 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	
------	-------------------------------------	-----------	-------------------------------------	----------------	--

**Six Quality Outcomes:**

Everyone has the best start in life and can 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 requires a communications and engagement exercise to ensure meaningful engagement with all key stakeholders. This will enable staff and service users to 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 is asked to:

Approve	<input type="checkbox"/>	Accept the assurance provided	<input checked="" type="checkbox"/>	Note the information provided	<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

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