Lanarkshire GP survey of in-hours urgent care

From 24th May to 19th June, 2022, 174 responses *(155 GPs, 12 Managers, 7 role not given)* ***from 78 practices were received to a survey about in-hours urgent care (UC). All 10 Localities were represented. 15 were locums working in more than one practice***

Table 1 *– Locality of respondents' practices*

Airdrie	12
Bellshill	3
Coatbridge	11
Motherwell	8
North	17
Wishaw	12
CamGlen	23
Clydesdale	18
East Kilbride	19
Hamilton	36
Locum	15

An average of two GPs per practice responded (range 1 to 6)

In-hours urgent care in General Practice is defined as:

'Initial clinical assessment and the primary care management of unscheduled medical, surgical and mental health emergencies.'

152 (87%) were comfortable with this definition and 22 were not. Additional comments included:

General Practice is not an emergency service (n=8), certain things best not dealt with in primary care i.e. in secondary care (n=5), *emphasis on clinical assessment (n=2),* not paediatrics, *90% of GP work is urgent care by this definition,* change wording to 'urgent medical issues' not emergencies, *add 'life, limb or sight-threatening'*

Table 2 *- Impact of urgent care on planned daily care*

	f	*%*
Planned care is disrupted every day	89	51%
Planned care is disrupted most days	73	42%
Planned care is not disrupted	11	6%

Table 3 *– Activity to meet UC demand cf. 2019*

	More	*Same*
Telephone appointments	157	8
Admin. tasks in own time	146	19
Extend working day	115	50
Patient call-back voicemail	112	29
Video appointments	52	33
Refer to out of hours	17	66

Other things: more eConsults/telephone (n=7), changed triage or appointment system (n=6), more ANPs/MDT (n=4), more appointments/ sessions/longer days (n=3), more urgent vs routine (n=3), never OOH (n=3), I often struggle to get to the loo on a normal day as so busy

"Go to see your GP" for all issues is not feasible
If we could share out the emergencies we could get on with the routine complicated problems
Confusing for patients, need logical point of access

Table 4 *- Any change in frequency of UC appointment requests?*

	More	*Same*	*Fewer*
Recently discharged from hospital	134	32	1
Complex cases	132	35	1
Older people	115	51	1
People who have contacted NHS24	114	50	3
Young children/babies	98	60	7
Palliative care	65	98	4

Other things added: people who have kept things stored up or were waiting and are now complex (n=4), less resilience/more mental health/want seen straight away (n=4), increased demand across the board (n=2), rapid decline of cancer patients (n=1), secondary care sending cancer referrals back (n=1)

Table 5 *– Which option for new UC in-hours staff deployment?*

	f
Shared across as many Lanarkshire practices as possible	103
Deploy in individual practices, based on sustainability criteria	45

Other things added: share within a Locality/Cluster (n=5), target at struggling practices (n=5), take list size into account (n=3), housecalls are the main issue (n=2)

Workload has exponentially increased and at times can be dangerous **Demand from patients is relentless**

Table 6 *– What should be prioritised?*

	Top priority
Communicate alternative routes for non-clinical UC requests to gen public	108
Clear information on new UC staff for gen public	93
Greater awareness of issues that increase UC	85
Specific information for certain patient groups e.g. high resource users	78

Many thanks to all those who took the time to respond to this survey. Report compiled by Helen Alexander, 7th July, 2022