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Auditor General for Wales

Review of GP out-of-hours services – **Hywel Dda University Health Board**

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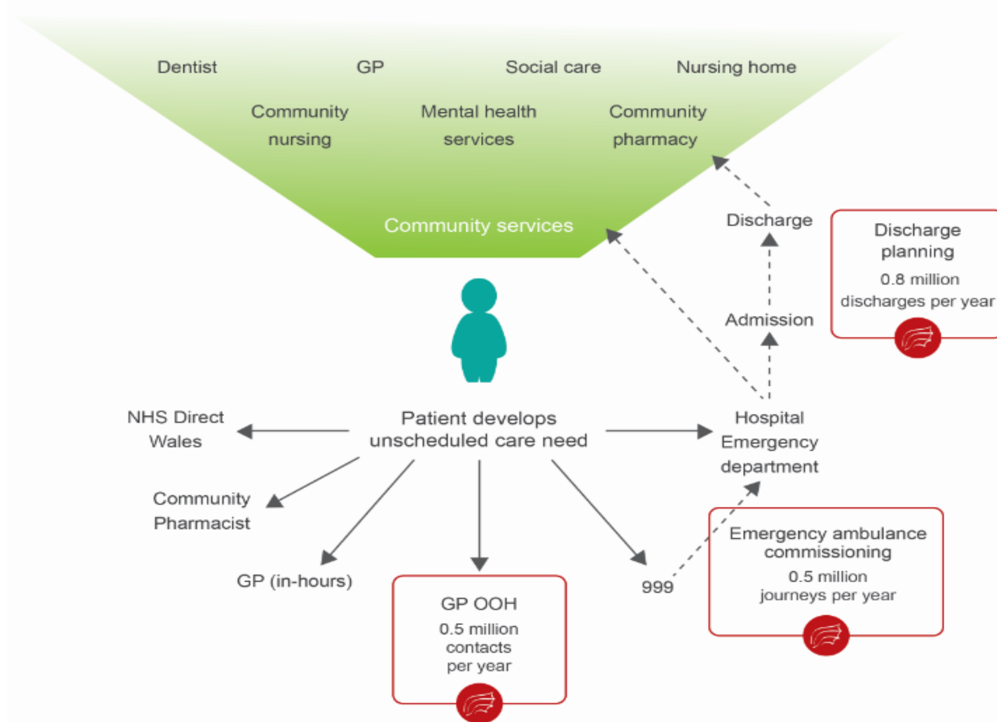
Summary report

Background

1 General practice out-of-hours (GP out-of-hours) services provide healthcare for patients with urgent (but not emergency) medical problems outside normal surgery hours[1]. These services manage more than 0.5 million patients every year in Wales[2] and are a key component to the wider unscheduled care system (Exhibit 1).
When GP out-of-hours services struggle to meet demand, this can have knock-on impacts on the rest of the system, causing increased pressure on ambulance services, hospital emergency departments and in-hours primary-care services.

Exhibit 1: GP out-of-hours services within the wider system of unscheduled care

The exhibit shows how GP out-of-hours services fit within the wider system of unscheduled care. As well as carrying out work on GP out-of-hours services, we are also reviewing emergency ambulance commissioning arrangements and discharge planning



[1] The out-of-hours period runs from 6:30pm until 8:00am on weekdays, as well as weekends and public holidays.

[2] Welsh Government, Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services, May 2014.

Source: Wales Audit Office

2 Health boards are responsible for ensuring their resident populations have access to high-quality GP out-of-hours services. Some health boards provide these services by employing GPs on a sessional or salaried basis[3], while other health boards choose to commission services from private companies.

3 In 2012, a ministerial review led by Dr Chris Jones, concluded that GP out-of-hours services across Wales were unsustainable in their current form[4]. The report highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.

4 Our previous work on unscheduled care in 2009[5] and in 2013[6] also identified specific problems in GP out-of-hours services across Wales, including recruitment and retention of GPs as well as scope to improve integration and information sharing with other unscheduled care services.

5 In May 2014, Welsh Government published its national standards for GP out-of-hours services with the intention of developing a common framework for performance management and governance. All health boards are expected to have implemented the standards by March 2018.

6 In 2015, the Welsh Government's Delivery Unit (DU) reviewed health boards' preparedness to implement the standards. Across Wales, they found that work was underway to achieve the standards but:

- gaps were apparent in performance reporting;
- there remained difficulties recruiting GPs;
- there was a need to standardise clinical pathways; and
- there was a need to better understand capacity and demand.

7 In March 2015, a conference of Welsh Local Medical Committees voted to support a motion calling for an urgent review of the sustainability of GP out-of-hours services. The conference warned that services were becoming unsustainable due to difficulties in filling GP rotas and changes in triage processes that were resulting in an increase in demand.

8 Furthermore, a May 2015 report on GP out-of-hours services at Betsi Cadwaladr University Health Board highlighted a number of problems with the service across North Wales including inadequate staffing levels, long waiting times and a lack of

[3] Salaried staff are directly employed by the service and are paid a regular salary. Sessional staff work for the service as and when required and are paid depending on the number of sessions they work.

[4] Dr Chris Jones, Primary Care Out of Hours Review, Interim Report, July 2012.

[5] Auditor General for Wales, Unscheduled care: Developing a whole systems approach, 15 December 2009.

[6] Auditor General for Wales, Unscheduled care: An update on progress, 12 September 2013.

clinical leadership. There was also potential to improve staff training, monitoring and clinical governance.

9 The Public Accounts Committee (PAC) expressed its concerns about the failings of GP out-of-hours services across North Wales as part of its review of governance arrangements at Betsi Cadwaladr University Health Board and across NHS Wales more widely.

10 Whilst the Welsh Government has provided updates to the PAC on health boards' actions to embed the national standards for GP out-of-hours services, it was not clear whether or not the problems experienced at Betsi Cadwaladr University Health Board were prevalent elsewhere in Wales. The Auditor General therefore decided it was timely to review GP out-of-hours services across Wales to examine this, and broader aspects of the management of GP out-of-hours services as part of the wider unscheduled care system.

11 The review aimed to establish whether Hywel Dda University Health Board (the Health Board) is ensuring that patients have access to effective and resilient GP out-of-hours services. Appendix 1 provides details of the audit methodology. The work focused specifically on the:

- overall governance arrangements;
- financial and clinical sustainability of services; and
- performance and patient experience.

12 It is important to note that the model of GP out-of-hours services provided by the Health Board varies by county. In Ceredigion and Pembrokeshire, the Health Board delivers all aspects of the GP out-of-hours service, however in Carmarthenshire, a private company 'Primecare' provides the call taking function, and some aspects of the triage process.

13 As part of our methodology, we carried out a postal survey of a sample of patients who had contacted the out-of-hours services across Wales. We did not receive enough responses to our patient survey to allow robust comparisons across health boards however the results of our survey at an All-Wales level are included in Appendix 2 of this report.

Key findings

14 Our overall conclusion is: **There are weaknesses in governance arrangements and workforce issues that threaten the sustainability of the GP out-of-hours service. We found scope to improve public messages about the service, aspects of call taking and the interfaces with other different services**. In the paragraphs below we have set out the main reasons for coming to this conclusion.

Governance arrangements

15 There are weaknesses in the Health Board's governance arrangements for GP out-of-hours services, with particular scope to improve performance management and leadership. We reached this conclusion because:

- the Health Board has a GP out-of-hours action plan but many of its actions are overdue. Wider unscheduled care work mainly focuses on GP out-of-hours when remedial action is needed, instead of taking a proactive, developmental approach.
- there are weaknesses in clinical and operational leadership arrangements although executives are becoming more engaged in GP out-of-hours.
- the Health Board is not robustly performance managing the GP out-of-hours service and there is insufficient clinical audit.

Financial and clinical sustainability

16 Despite increased expenditure on GP out-of-hours there are long-term workforce issues that threaten the sustainability of the service. We reached this conclusion because:

- the Health Board's GP out-of-hours service has a largely traditional staffing model and struggles to fill shifts. There is scope to improve morale, strengthen staff support arrangements and address feelings of inequity across counties.
- the Health Board's spending on GP out-of-hours is comparatively high, has increased and is considerably more than the notional funding it receives from Welsh Government.

Performance and patient experience

17 The Health Board needs to strengthen public messages about GP out-of-hours, improve aspects of call taking and address problems with interfaces and relationships with other services. We reached this conclusion because:

- there is scope to do more to help patients access GP out-of-hours services appropriately by providing better information and by ensuring in-hours GP surgeries open for the entirety of their core hours.
- the Health Board is not yet meeting the standard for answering calls quickly and patients that contact GP out-of-hours frequently terminate their calls.
- Hywel Dda GP out-of-hours patients are less likely to have their needs completely met on the phone than in Wales as a whole and counties differ considerably in managing triage and call taking.
- the Health Board is ensuring it provides the majority of appointments and home visits in a timely way. However the Health Board is performing comparatively poorly in seeing 'very urgent' patients within an hour.

- referrals from out-of-hours to other services are less common in Hywel Dda than the rest of Wales and there is a need to improve interfaces and relationships with other services.

Recommendations

18 As a result of our work, we make the following recommendations in relation to GP out-of-hours services.

Exhibit 2: recommendations

This exhibit contains the recommendations resulting from our review of GP out-of-hours at the Health Board.

Recommendations	
R1	**Planning:** The Health Board has a GP out-of-hours action plan but many actions are overdue and only 15% of staff feel they have been able to influence the planning of GP out-of-hours. The Health Board's unscheduled care work mainly focuses on GP out-of-hours when remedial action is needed, instead of taking a proactive, developmental approach. The Health Board should: a. refresh the out-of-hours action plan to take account of the recommendations in this report; b. consult with staff as part of the action plan refresh process, in order to improve staff engagement and involvement in planning; and c. find a way of ensuring it gives GP out-of-hours greater prominence within the unscheduled care programme, for example by ensuring out-of-hours is a standard agenda item at programme meetings.
R2	**Leadership:** There are weaknesses in the arrangements for clinical and operational leadership. The Clinical Lead has limited capacity to cover the three counties and this is contributing to a reactive rather than proactive approach to the management of GP out of hours services. There have also been issues with the visibility of operational management. The Health Board should: a. increase the clinical leadership capacity in the GP out-of-hours service to ensure routine presence and engagement in all counties. b. ensure regular operational management presence and visibility within the service in all counties. c. as part of the action plan update (see R1), consider actions that will contribute to the three counties being managed in a more joined up way. The actions should consider joint working across the counties to manage demand, share resources and share learning on good practice.
R3	**Performance management:** GP out-of-hours performance is not regularly scrutinised at Board/Committee level and there is not a robust approach to performance monitoring. There has been insufficient clinical audit of GPs' work,

Recommendations	
	partly due to problems with recording phone contacts, and the service is not reporting patient safety incidents. The Health Board should: a. increase the frequency with which it reports GP out-of-hours performance and quality at Board/Committee level. These reports should seek to compare performance with services in other health boards. b. identify and address the reasons why the Health Board is not fully complying with the national reporting requirements for the GP out-of-hours standards. c. build on ongoing work to develop a daily performance dashboard, to ensure the service's management have comprehensive, live data to use to manage all areas and aspects of the service. d. include in its action plan a specific solution to the problem of some clinicians not recording their phone calls. e. increase the time and resource dedicated to clinical audit of GPs' patient contacts. f. provide the clinical lead with direct IT access to clinical documentation from the service in Carmarthenshire so that clinical audit covers all areas of the Health Board. g. review and act upon the reasons why the service is not currently reporting patient safety incidents.
R4	**Workforce:** The service has a largely traditional staffing model that relies on GPs and there are difficulties in filling GP shifts. Our survey suggests scope to improve morale and there are some feelings of inequity between the different counties. The Health Board should: a. develop a specific workforce plan for GP out-of-hours that sets out sustainable, medium-term actions to move away from a traditional staffing model by making use of a wider range of clinical professionals within the service; b. carry out work to understand the reasons for low morale, perhaps as part of an approach to expand the use of performance appraisals; and c. work with neighbouring health boards to agree consistent GP pay rates that all parties adhere to.
R5	**Public messaging:** Our mystery shopping of the Health Board website, GP websites and GP phone lines highlighted scope to improve signposting to the GP out-of-hours service. The Health Board should: a. develop standardised wording for GP answerphone messages and practice websites that guide patients to out-of-hours services only when they have urgent conditions; and b. use the implementation of 111 as a key opportunity to improve its public messaging about GP out-of-hours and to unify the current three phone numbers for out-of-hours.
R6	**Taking and returning phone calls**: The Health Board has a comparatively high call termination rate and is not meeting some national standards for timeliness

Recommendations	
	in taking and returning calls. The effectiveness of triage varies by county. The Health Board should: a. undertake work to understand and address the reasons for the Health Board's high call termination rate; b. review its capacity for taking and returning calls to ensure it meets national standards for timeliness; c. review the variation in triage practices across the counties with a view to standardising and rolling out good practice to all areas; d. undertake work to understand and address the reasons why Hywel Dda patients are less likely than patients in the rest of Wales to have their needs completely met on the phone; and e. undertake work to understand and address the reasons why less than half of Hywel Dda patients categorised as 'very urgent' receive a home visit within one hour.
R7	**Interface with other services:** Only 65% of GP practices in Hywel Dda are open for their entire core hours. Similarly, only 11% of practices regularly offer appointments before 8.30am. It is therefore possible that difficulties in accessing in-hours primary care may be impacting on out-of-hours services. Our fieldwork also highlighted some examples of difficult relationships between GP out-of-hours staff and emergency department staff. The Health Board should: a. work with local GP practices to understand and address the reasons for relatively poor performance on core hours opening and availability of early appointments. b. as part of the refresh of the action plan (see R1) consider holding some joint workshops involving out-of-hours and emergency department staff. The workshops should aim to identify specific actions to improve better joint working and relationships.

Detailed report

There are weaknesses in the Health Board's governance arrangements for GP out-of-hours services, with particular scope to improve performance management and leadership

The Health Board has a GP out-of-hours action plan but many of its actions are overdue. Wider unscheduled care work mainly focuses on GP out-of-hours when remedial action is needed, rather than taking a proactive, developmental approach

19 GP out-of-hours services are an essential part of the unscheduled care system. The national review into these services in 2012, led by Dr Chris Jones, urged health boards to consider the development of GP out-of-hours services as a key component of their strategic vision for unscheduled care.

20 We assessed the Health Board's plans, looking for a documented plan for GP out-of-hours services that identified and addressed the key risks related to the service. We also reviewed the Health Board's wider plans for unscheduled care, to assess whether GP out-of-hours features prominently and coherently.

21 Although the Health Board does not have a specific GP out-of-hours strategy, it does have an action plan for GP out-of-hours that resulted from an internal review in October 2015. The Chief Executive requested the review following a small number of concerns and incidents involving harm to patients that had used GP out-of-hours. We found that the internal review had succeeded in raising the profile of GP out-of-hours within the Health Board. However, the action plan took a long time to finalise and at the time of our review, 28 out of the 39 timed actions appeared overdue.

22 The Health Board has an Unscheduled Care Programme, documented through county-specific spreadsheets. Our review of the spreadsheets, as well as the Health Board's Primary Care Cluster Plans, found a small number of mentions of GP out-of-hours services. Staff interviewed told us that GP out-of-hours has not been enough of a focus within the wider unscheduled care work. These staff said the unscheduled care work focused on discharge planning and improving the 'front door' of the hospital. GP out-of-hours tends to be a focus when there is a specific problem that requires remedial action, rather than it being a focus of proactive, developmental work.

23 Our survey of GP out-of-hours staff[7] asked whether the Health Board had consulted staff in relation to the planning of the service. In the survey, only 15% of the Health Board's 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'. The equivalent figure in Wales as a whole was 24%.

24 Health boards are required to implement the national GP out-of-hours standards by March 2018, the most appropriate mechanism by which to do so would be through a service plan. In late 2015, the Delivery Unit (DU) asked health boards to self-assess their readiness to implement each of the standards. Appendix 2 shows that the Health Board compares quite poorly with other health boards in the extent of implementation of the 34 standards. The Health Board gave itself a 'limited development' rating for one performance standard and a 'work underway' rating for another 14 standards.

25 Our previous work on unscheduled care across Wales found that health bodies were planning services without a comprehensive understanding of demand. This was contributing to problems in meeting demand, such as delays in patients receiving their care. At the Health Board, we found that work was underway to understand GP out-of-hours capacity and demand. However, the work to date has not been particularly detailed. There is also scope for the Health Board to manage capacity and demand in a more holistic way across the three counties. At the time of the review, the Health Board was largely managing GP out-of-hours as separate services across the three counties.

26 Planning work is ongoing at an all-Wales level to put in place a new care coordination service called 111. This service will be a single point of access for unscheduled care services including GP out-of-hours and will provide integrated call taking, clinical assessment, information provision, signposting and referral. The introduction of 111 is therefore both an opportunity and a complicating factor in the planning of GP out-of-hours services.

[7] We carried out an online survey of all staff that work in the GP out-of-hours service. We received 73 responses from across the Health Board. The Health Board indicated that it had a total workforce of 75 staff.

27 In the Health Board, implementation of 111 was due to begin in Carmarthenshire in November 2016. Technical issues meant this was deferred until May 2017. At the time of our review, some staff told us that 111 was a real opportunity to solve many of the issues they have in GP out-of-hours. However staff also raised concerns in relation to:

- whether the Health Board would be ready in time to implement 111;
- continuity in the GP out-of-hours service when 111 is implemented;
- whether 111 implementation would mean job losses in the GP out-of-hours service;
- 111 implementation not being accompanied by a sufficient increase in community service resources; and
- 111 implementation would reinforce existing complications caused by having separate service models across the Health Board.

There are weaknesses in clinical and operational leadership arrangements although executives are becoming more engaged in GP out-of-hours services

28 Effective leadership and clear lines of accountability are vital components of any healthcare service. Our scoping work for our review on GP out-of-hours services suggested there was a risk that the leadership arrangements for GP out-of-hours services in health boards are unclear or distant from the actual delivery of services.

29 In common with all health boards, we found that the Health Board has a specific executive member directly responsible for GP out-of-hours. In some health boards, more than one executive member shares responsibility for out-of-hours but in Hywel Dda, the Director of Operations is the named executive with both operational and professional responsibility for GP out-of-hours service. Below the Director of Operations, the next tier of management responsibility for GP out-of-hours lies with the County Director for Pembrokeshire.

30 In the Health Board, we found that direct involvement in the internal review from the Chief Executive and Director of Operations has led to greater executive engagement in GP out-of-hours services. The whole executive team has also had a development session on the subject of GP out-of-hours services.

31 The self-assessments against implementation of the national standards submitted to the DU showed health boards across Wales had taken a variety of approaches to providing clinical leadership within GP out-of-hours services. In the Health Board, we found that whilst there is a clinical lead in place, the current arrangements are not effective. Staff told us about the clinical lead's positive commitment to the role, but our fieldwork suggested concerns about the time he is able to dedicate to the role, which is complicated by needing to cover the service's wide geographical area. The consequence is an approach which is more about 'firefighting', reactive work rather than forward-looking, developmental work. The clinical lead's management time is due to increase from 2 to 3 sessions per week.

32 In response to our staff survey, 41% of the Health Board's respondents agreed or strongly agreed that GP out-of-hours is 'effectively managed by the service's clinical leaders' (the figure across Wales was 48%). Thirty per cent of Hywel Dda staff disagreed or strongly disagreed (compared with 26% across Wales).

33 At the time of our fieldwork, the Health Board was introducing extra management resource within the GP out-of-hours service. The extra resource was introduced in response to the following issues raised with us during interviews:

- management was rarely visible/available during the out-of-hours period. This was a barrier to communications, oversight and staff management;
- the GP out-of-hours manager had limited capacity due to a half-time secondment to work on 111 implementation; and
- there was limited regular contact between the GP out-of-hours manager and the County Director responsible for out-of-hours services.

The Health Board is not robustly performance managing the GP out-of-hours service and there is insufficient clinical audit

34 A key part of the governance of GP out-of-hours services is the monitoring and review of performance. The national review into GP out-of-hours services in 2012 highlighted issues with monitoring performance, including a lack of consistent and comparable data across Wales.

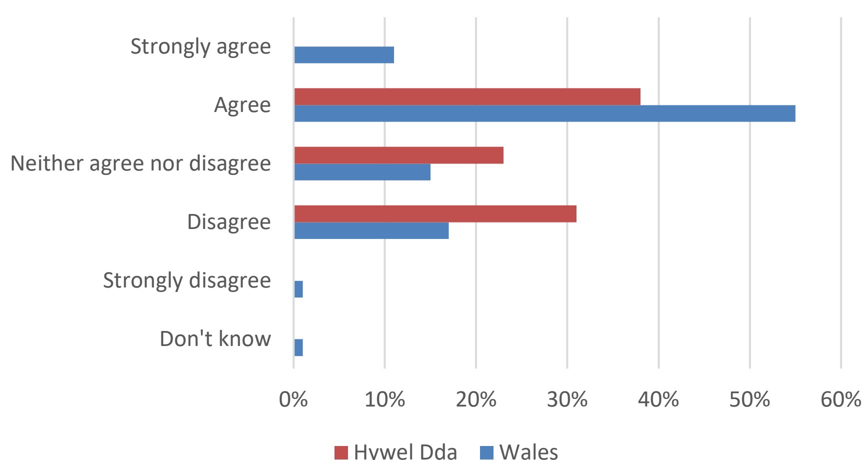
35 At the Health Board, we found that GP out-of-hours services are not subject to robust performance management. Whilst the Health Board is reporting monthly data to Welsh Government, IT issues mean the Health Board is not fully complying with the reporting requirements of the national GP out-of-hours standards. The GP out-of-hours team appears to have limited capacity to produce monitoring reports and the service struggles to get performance data from the private GP out-of-hours provider in Carmarthenshire. At the time of our review, work was ongoing to produce a daily performance report for GP out-of-hours.

36 A key part of performance management of GP out-of-hours services is regular clinical audit, to provide clinicians with feedback on their work. We found that audit of clinical contacts to the GP out-of-hours services is very limited. A lack of time and resource, and also data problems are the cause of these limitations. One data problem is due to instances of clinical staff failing to use the voice recording system to record their telephone consultations, thereby preventing audit of these clinical contacts. We also found that the clinical lead does not have IT access to the clinical documentation in Carmarthenshire, inhibiting clinical audit in the county.

37 If governance of GP out-of-hours is to be effective, Board and committees should routinely consider high-profile information on performance. At the Health Board, the internal review raised the profile of GP out-of-hours services. However, the Board only considers GP out-of-hours services annually, which is less frequent than in four other health boards. The Health Board's primary care committee also considers GP out-of-hours annually, which is less frequent than in all other health boards. Exhibit 3 shows that in response to our Structured Assessment survey[8], Board members in the Health Board also believe there is scope to ensure GP out-of-hours services are scrutinised more often.

Exhibit 3: percentage of Board Members who agreed with the following statement 'The Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services'

The chart shows the percentage of Board Members in Hywel Dda and across Wales who agreed with the following statement: 'The Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services.'



[8] As part of our 2016 structured assessment work, we surveyed all Board members on a number of aspects of governance. The survey included a number of questions specifically relating to GP out-of-hours services. We received responses from 16 board members in Hywel Dda University Health Board.

Source: Wales Audit Office survey of Board Members.

38 Where health boards identify errors or incidents in relation to GP out-of-hours services, they should report the incidents to the National Reporting and Learning System (NRLS). Exhibit 4 highlights considerable variation between health boards in the number of incidents reported to the NRLS within GP out-of-hours services. The Health Board has not reported any incidents in the three years between 2013 and 2015, despite staff telling us about at least three serious clinical incidents involving the GP out-of-hours service in recent years.

Exhibit 4: number of incidents reported to the NRLS between 2013 and 2015

The exhibit shows the number of incidents reported in GP out-of-hours services at each health board.

	Number of incidents reported		
Health Board	**2013**	**2014**	**2015**
Aneurin Bevan	83	92	136
Betsi Cadwaladr	15	10	1
Cwm Taf	2	4	3
Cardiff and Vale	0	0	4
Abertawe Bro Morgannwg	0	0	2
Powys	0	1	0
Hywel Dda	**0**	**0**	**0**

Source: NRLS, NHS Commissioning Board Special Health Authority.

39 In our survey of GP out-of-hours staff, 38% of the Health Board's respondents agreed or strongly agreed with the statement 'Information obtained through complaints, incidents and error reporting is used to make care safer'. Twenty-one per cent neither agreed nor disagreed, 24% said they disagreed or strongly disagreed, and 19% said they did not know. These were similar to the results for the rest of Wales.

40 The DU's work highlighted scope to improve the Health Board's processes for learning from incidents. The work mentioned issues with timeliness of concluding investigations for serious incidents.

41 Another key aspect of reviewing GP out-of-hours services is through health boards' monitoring and management of risks. The Health Board has a risk register specific to GP out-of-hours services, owned by the senior nurse and lead clinician. However, at the time of our review, many of the actions to mitigate the risks were overdue. This suggests the Health Board is not using the risk register as a live risk management tool.

Despite increased expenditure on GP out-of-hours services, there are long-term workforce issues that threaten the sustainability of the service

The Health Board's GP out-of-hours service has a largely traditional staffing model and struggles to fill shifts. There is scope to improve morale, strengthen staff support arrangements and address feelings of inequity across counties.

42 Our scoping work across Wales highlighted considerable risks regarding the sustainability of GP out-of-hours services. The national review of GP out-of-hours services in 2012 stated that there was a manpower crisis in Wales and drew attention to some services struggling to ensure adequate staffing.

43 We requested from health boards, documentation setting out their workforce plan for GP out-of-hours services. We were looking for clear plans for the future, setting out required skills and resources, based on a good understanding of demand. At the Health Board, we found no evidence of a specific workforce plan, despite widespread recognition of the staffing problems in GP out-of-hours services. These problems include frequent unfilled clinical shifts in Pembrokeshire and a smaller but growing problem with unfilled shifts in Carmarthenshire.

44 When deciding their ideal mix of salaried and sessional staff, health bodies have to weigh up the pros and cons. For example, whilst salaried staff can provide more stability, sessional staff may provide greater flexibility. At the Health Board we note considerable differences in the mix of these staff in the different counties. Salaried GPs largely fill the weekday GP shifts in Pembrokeshire, with sessional GPs tending to fill the shifts on weekends. Salaried GPs fill the majority of shifts in Ceredigion. However, sessional GPs tend to fill shifts in Carmarthenshire. Some staff told us that workforce problems in Pembrokeshire may be driving GPs to volunteer for shifts in Ceredigion and Carmarthenshire rather than Pembrokeshire. The differences in models may also be driving some feelings of inequality between staff in the different counties.

45 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan[9] states that 'No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic'. As such, health bodies are gradually trying to move towards GP out-of-hours teams that supplement GPs with specialist nurses, paramedics and pharmacists. Based on data submitted to the DU, the Health Board has largely a traditional model of GP-provided services, however they do have a paramedic practitioner working in GP out-of-hours in Pembrokeshire, seconded from the ambulance service. Pembrokeshire's GP out-of-hours service also has a nurse practitioner that does occasional shifts, and at the time of our review was advertising for another nurse practitioner.

46 Staffing and capacity within GP out-of-hours services should be flexible enough to be able to respond to seasonal spikes in activity, such as the pressures experienced in April and December each year because of respiratory viruses. The Health Board does make some attempt to flex its capacity at peak times but broader problems with attracting staff make this flexibility very difficult to achieve. Staff interviewed told us that a reduction in the pool of triage nurses available to the GP out-of-hours service has reduced the ability to flex staffing. The DU has previously flagged the lack of flexibility caused by broader staffing constraints as a high risk.

47 Even when health boards have a robust workforce plan, there can still be problems in ensuring appropriate staffing of GP out-of-hours services. For example, there may be difficulties in recruiting staff to posts, and difficulties in filling shifts. Paragraphs 43 and 44 have already recognised the difficulties the Health Board has in filling clinical shifts. The Health Board recognises it needs to do more to encourage local GPs to work in the out-of-hours service and the new GP out-of-hours manager and senior nurse intends to visit practices and develop relationships with GPs as a priority. Exhibit 6 shows the staffing position in the Health Board compared with the rest of Wales. The data suggests that the Health Board has an average pool of GPs to draw upon and that staff had comparatively positive views about the service's workload and staffing levels.

[9] Welsh Government, **Our plan for a primary care service for Wales up to March 2018**, February 2015.

Exhibit 6: measures comparing staffing resources across Wales

This exhibit summarises key information about staffing resource levels within GP out-of-hours services.

Aspects of staffing	Health Board	Across Wales
Size of list of GP pool to draw upon per 1000 population	0.21	Ranging from 0.17 in Betsi Cadwaladr to 0.25 in ABM
GP shifts unfilled rate (2015-16)	Data not available	7% (average) Ranging from 0.5% in Powys to 20% in Aneurin Bevan
Percentage of staff		
• agreeing or strongly agreeing that their workload was manageable	74%	66%
• agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand	33%	21%

Source: Self-assessments submitted to the Delivery Unit, Wales Audit Office survey of GP out-of-hours staff, Wales Audit Office health board questionnaire.

48 The staff that work in GP out-of-hours services are essential to the success of patient care. Health boards, therefore, need to support these staff to engender positive morale and to ultimately ensure they are happy to continue to work within the service. Exhibit 7 suggests the Health Board's staff wellbeing and support arrangements are slightly less effective than the average position across Wales. The Health Board's internal review recognised that education and training needs to improve and our interviews showed that GP appraisals have not been happening because of the limited time available for clinical leadership.

Exhibit 7: staff support arrangements and measures of staff wellbeing

This exhibit summarises key information about arrangements for support and wellbeing for GP out-of-hours staff.

Percentage of staff…	Health Board	Across Wales
agreeing or strongly agreeing that they received a comprehensive induction when they started work for the out-of-hours services	55%	64%
agreeing or strongly agreeing that they get sufficient training, learning and development within the out-of-hours service to carry out their role	51%	57%
agreeing or strongly agreeing that morale in the out-of-hours service is good	26%	31%
agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time	71%	73%
who received a personal appraisal development review	33%	Insufficient data to calculate all-Wales position

Source: Wales Audit Office survey of GP out-of-hours staff.

The Health Board's spending on GP out-of-hours is comparatively high, has increased and is considerably more than the notional funding it receives from Welsh Government

49 Exhibit 8 compares the amount of funding that Welsh Government notionally allocates to GP out-of-hours services with the actual expenditure on GP out-of-hours services in each health board. Hywel Dda is the only geographical area in Wales that has had an increase in its notional GP out-of-hours funding from Welsh Government since 2004-05[10]. Despite the increase in funding, in 2015-16, the Health Board subsidised its GP out-of-hours services to the sum of £1.183 million.

[10] The funding for the area covered by Hywel Dda increased in 2008-09 by £0.22 million, although we have been unable to ascertain the specific reasons for the increase.

Exhibit 8: health board actual spend on GP out-of-hours service compared with the notional allocation from Welsh Government

This exhibit compares health boards' actual expenditure on GP out-of-hours services with the notional amount of money that Welsh Government allocated for GP out-of-hours services.

Health Board	Notional allocation from Welsh Government 2015-16 (£000s)	Actual expenditure on GP out-of-hours services in 2015-16 (£000's)	Subsidy paid by health boards (£000's)	Subsidy paid by health boards as a percentage of notional allocation
Powys	1,980	2,543	563	28.4%
Aneurin Bevan	4,736	6,078	1,342	28.3%
Cwm Taf	2,447	3,064	617	25.2%
Hywel Dda	**4,826**	**6,009**	**1,183**	**24.5%**
Cardiff and Vale	3,048	3,768	720	23.6%
Abertawe Bro Morgannwg	4,533	4,905	372	8.2%
Betsi Cadwaladr	7,169	7,222	53	0.7%
WALES	28,739	33,589	4,850	16.9%

Source: Wales Audit Office analysis of Welsh Government data and health board local financial returns. Subsidy = Actual expenditure minus Notional allocation.

50 Exhibit 9 shows that whilst the total GP out-of-hours expenditure by health boards in Wales increased in cash terms by 6% between 2009-10 and 2015-16, when we took inflation into account, there was a real-terms reduction of 3%. Over the same period in the Health Board, there was a 27% increase in cash terms, and a 16% increase in real terms. The Health Board is one of three health boards that has increased its expenditure on GP out-of-hours in real terms.

Exhibit 9: change in GP out-of-hours expenditure between 2009-10 and 2015-16

This exhibit shows the change in health boards' expenditure on GP out-of-hours between 2009-10 and 2015-16, in cash terms and in real terms.

	Expenditure on GP out-of-hours services (£000)		Change in expenditure between 2009-10 and 2015-16	
Health Board	**2009-10**	**2015-16**	**Cash terms**	**Real terms**
Hywel Dda	**4,738**	**6,009**	**27%**	**16%**
Cwm Taf	2,657	3,064	15%	5%
Abertawe Bro Morgannwg	4,238	4,905	16%	6%
Powys	2,534	2,534	0%	-8%
Cardiff and Vale	3,847	3,768	-2%	-11%
Aneurin Bevan	6,005	6,078	1%	-8%
Betsi Cadwaladr	7,632	7,222	-5%	-14%
WALES	**31,651**	**33,581**	**6%**	**-3%**

Source: Wales Audit Office analysis of health board local financial returns. To calculate the real terms changes we used the Gross Domestic Product deflators published by HM Treasury. GDP deflators measure inflation across the whole economy. We used the deflators issued in December 2016 to put all figures into 2015-16 prices.

51 If the Health Board's GP out-of-hours service is going to succeed in meeting demand and providing quality care to patients, it needs an appropriate budget and a robust approach to budget-setting. At the Health Board we found a simplistic approach to budget setting for GP out-of-hours which relies only on rolling over the previous year's budget.

52 During interviews at the Health Board, staff told us that the GP out-of-hours service tends to underspend on its budget due to difficulties in filling shifts, particularly in Pembrokeshire. We also understand that the service does not have a specific savings plan.

53 Exhibit 10 shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales when considering its catchment population. Hywel Dda is the highest spending health board in relation to cost per contact and is the second highest spending health board in relation to out-of-hours expenditure per 1,000 population. Hywel Dda is also the highest in Wales for out-of-hours expenditure as a percentage of total GMS expenditure.

Exhibit 10: GP out-of-hours expenditure across Wales

This exhibit compares the Health Board's expenditure on GP out-of-hours with expenditure in the other health boards in Wales by population and activity.

Health Board	Out-of-hours expenditure per 1000 population (£)	Cost per contact (£)	Out-of-hours expenditure as % of total GMS expenditure (2015-16)
Abertawe Bro Morgannwg	9.33	36.07	6.7%
Aneurin Bevan	10.45	68.88	7.0%
Betsi Cadwaladr	10.40	50.36	6.2%
Cardiff and Vale	7.77	34.63	5.5%
Cwm Taf	10.33	50.65	6.8%
Hywel Dda	**15.68**	**93.32**	**9.8%**
Powys	19.17	71.63	7.4%
WALES	**10.84**	**52.74**	**6.9%**

Sources: Local Health Boards' LFRs; Mid-Year Population Estimates, Office for National Statistics.

54 A key aspect of the financial sustainability, as well as the clinical sustainability, of GP out-of-hours services is the approach the Health Board takes to paying GPs. Whilst staffing models are gradually changing, GPs remain essential in leading GP out-of-hours services. Health boards need to strike a balance between paying enough to attract GPs to work in the service whilst also ensuring value for money. Exhibit 11 shows how the Health Board approach to GP sessional pay compares with other bodies across Wales. The Health Board has identified that it has agreed a standard rate of pay with neighbouring health boards however our work suggests that different rates of pay continue to exist in Hywel Dda and Abertawe Bro Morgannwg health boards.

Exhibit 11: approach to sessional pay across Wales

This exhibit summarises health boards' approaches to setting sessional pay for GPs in GP out-of-hours services.

	This Health Board	All health boards	
		Yes	No
Increased rate of pay for filling shifts at late notice	No	3	4
Increased rate of pay for filling shifts well in advance (thereby incentivising early sign up to shifts	No	0	7
Increased rate of pay for committing to more than one shift (incentivised bundling model)	No	3	4
Increased rate of pay for completing shifts as intended (thereby incentivising staff to work the shifts they agreed to fill)	No	0	7
Standardised rates of pay agreed with neighbouring health boards	Yes	2	5
Standardised rates of pay agreed with all health boards in Wales	No	0	7
Sessional rates in the out-of-hours service are identical to in-hours locum rates for GPs	No	1	6

Source: Health Board Questionnaire

55 In October 2015, as part of its internal review, the Health Board gathered comparative data of the hourly GP out-of-hours pay rates across Wales. This data indicated that the Health Board's rate of pay for GPs in the service was slightly lower than some other health boards, at £60 for a weekday evening shift, £70 for other standard shifts, and £100 for bank holiday shifts. However, since the Health Board collected these data it has increased its rate in May 2016, after the executive team's development session on GP out-of-hours services. Our interviews at the Health Board also highlighted some dissatisfaction in relation to different pay rates for sessional and salaried staff.

56 Between 2009-10 and 2015-16, all health boards other than Powys were at one point paying some of their GP surgeries to extend their normal opening hours. In Hywel Dda, this expenditure peaked at £262,000 in 2012-13 and in 2015-16 had reduced to £72,000. Despite this expenditure, the Health Board has not done any work to evaluate whether the extended hours funding has secured value for money. The next section of this report explores further the data on extended opening hours.

The Health Board needs to strengthen public messages about GP out-of-hours, improve aspects of call taking and address problems with interfaces and relationships with other services

There is scope to do more to help patients access GP out-of-hours services appropriately by providing better information and by ensuring in-hours GP surgeries open for the entirety of their core hours

57 Our previous work on unscheduled care showed that patients can find it difficult to decide how best to access unscheduled care services. If GP out-of-hours services are to succeed in managing demand appropriately, the public needs to be informed about the real purpose of GP out-of-hours and how to access the service appropriately.

58 Health boards have tried a range of actions to inform the public about GP out-of-hours services. These actions include placing information on health board websites, use of social media and press releases, work on behavioural insight training and specific work to target frequent service users. The Health Board told us it informs the public through the Choose Well marketing campaign, as well as through advice available on GP surgery answering machines during the out-of-hours period. The phased introduction of 111 across the Health Board provides a key opportunity for the Health Board to improve public understanding and access to GP out-of-hours services.

59 We reviewed health board websites to assess the extent of information on GP out-of-hours services for the public. Exhibit 12 shows how the results for the Health Board compared with the rest of Wales. We were only able to find two pieces of information about GP out-of-hours services on the Health Board's website that we were looking forward.

Exhibit 12: comparison of GP out-of-hours information available on Health Board websites

This exhibit shows the results of our reviews of health board websites.

	This Health Board	All health boards	
		Yes	No
Is there any information on the landing page about GP out-of-hours services?	No	4	3
Is there any information on the landing page about the Choose Well campaign?	Yes	7	-
Does the website have a page on GP out-of-hours services?	Yes	7	-
Does the GP out-of-hours page provide a description of the GP out-of-hours service?	No	3	4
Does the GP out-of-hours page provide examples to illustrate conditions/circumstances where it is appropriate to access GP out-of-hours services?	No	1	6
Does the GP out-of-hours page provide the opening hours of the GP out-of-hours service?	No	2	5
Does the GP out-of-hours page provide the locations of the GP out-of-hours primary-care centres?	No	2	5

Source: Wales Audit Office review of health board websites.

60 We reviewed a sample of GP practice websites and carried out ‘mystery shopping’ calls to GP practice phone lines, outside normal working hours, to assess how well they signpost patients to GP out-of-hours services. Exhibit 13 shows how GP practices in the Health Board compared with those across Wales. Importantly, the answerphone messages in the Health Board area varied considerably in their descriptions of the GP out-of-hours service. Some messages described the purpose of GP out-of-hours as ‘medical attention’, ‘urgent medical assistance’ or ‘in case of emergency’. Other messages simply told patients to contact GP out-of-hours ‘if you require a doctor on call’ or ‘to speak to a doctor.’

Exhibit 13: comparison of GP out-of-hours information available on practice websites and automated messages

The exhibit shows the results of our reviews of GP practice websites.

	This health board (10 practices)		Wales (70 practices)	
Practice websites	**Yes**	**No**	**Yes**	**No**
Does the practice have a website?	9	1	59	11
Does the landing page signpost patients to GP out-of-hours services?	4	5	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	7	2	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	6	3	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	4	5	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	7	2	44	16
Practice phone lines	Yes	No	Yes	No
Was the call answered?	10	-	69	1
Was the call automatically diverted to the GP out-of-hours service?	4	6	16	53
Did the answerphone message give the phone number of the out-of-hours service?	4	6	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	4	6	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	5	5	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	6	3	47	20

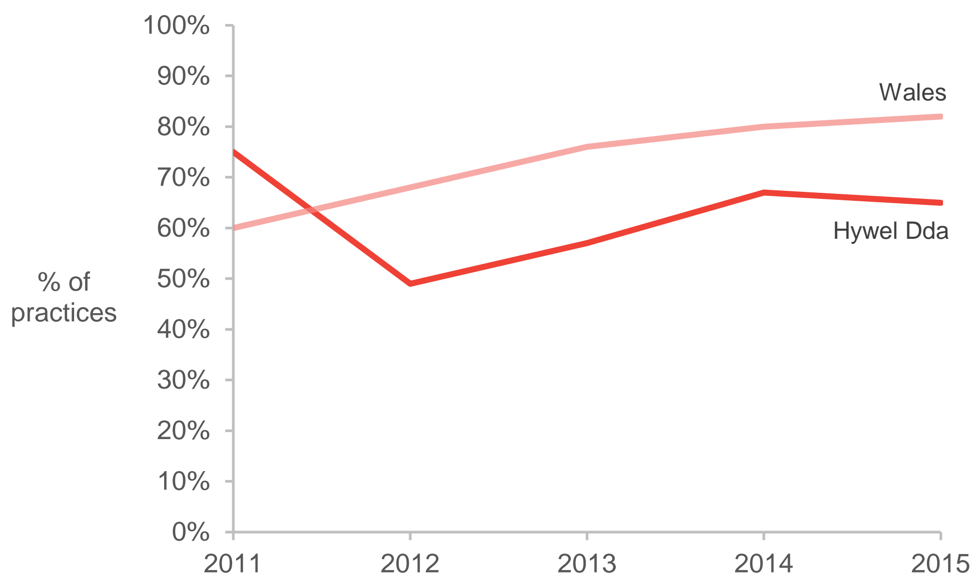
Source: Wales Audit Office review of GP practice websites and phone lines.

61 Our mystery shopping showed that there are at least three different phone numbers for GP out-of-hours services across the Health Board[11]. Whilst this may simply reflect the different models of out-of-hours service across the counties, the Health Board may want to consider whether it is overcomplicating patient access to the GP out-of-hours service.

62 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. Exhibit 14 shows an increase across Wales in the percentage of GP practices that are open for the entirety of their core hours[12]. The definition of 'open' in this instance is that the practice's doors are physically open and a patient can have face to face contact with a receptionist. The exhibit shows that performance in surgeries across the Health Board is worse than the all-Wales average. In fact, performance in Hywel Dda is the worst in Wales.

Exhibit 14: percentage of GP practices open for their entire core hours

This chart exhibit shows the percentage of practices that are open for their entire core hours.



[11] The phone numbers were 0845 6011186, 01437 769811 and 0870 8509508.

[12] Under the General Medical Services (GMS) contract (the UK-wide contract between general practices and primary care organisations for delivering primary care services to local communities), GP practice core hours are Monday to Friday, between 08:00 and 18:30 (except on Good Friday, Christmas Day and Bank Holidays).

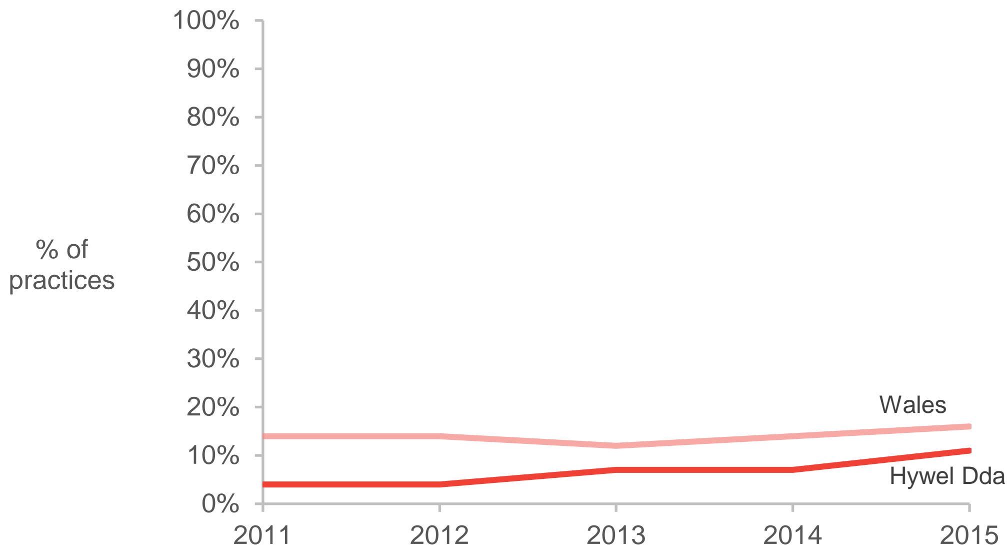
Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

63 There has been an increase across Wales in the percentage of practices that offer appointments between 5pm and 6.30pm, on at least two days per week. Ninety-eight per cent of practices across the Health Board now offer such appointments, making the health board the second best performing for this measure.

64 Exhibit 15 shows less progress across Wales in ensuring practices offer appointments before 8.30am on at least two days a week. The Health Board's performance is comparatively poor with 11% of practices offering such early appointments.

Exhibit 15: Percentage of GP practices that regularly offer early appointments

This chart shows the percentage of GP practices that offer appointments before 8.30am, on at least two days a week.



Source: Wales Audit Office analysis of data from My Local Health Service.

The Health Board is not yet meeting the standard for answering calls quickly and patients that contact GP out-of-hours frequently terminate their calls

65 Most GP out-of-hours services use an automated system to answer calls, so that patients hear a pre-recorded message. If the message is too long or complicated, or if it takes too long for the message to begin, patients may decide to terminate the call. In the Health Board, 23% of calls to GP out-of-hours were terminated[13] in this way, which is higher than the all-Wales average (Exhibit 16).

66 After the answerphone/automated message, patients will typically speak to a call taker. If there are delays at this stage, patients may choose to abandon the call. In the Health Board, 7% of calls were abandoned[14] at this stage, which is lower than the all-Wales average. The data also show that between April and September 2016, the Health Board's GP out-of-hours service answered 89% of calls within 60 seconds of the end of the answerphone message. The national standards for GP out-of-hours services state that health boards should be achieving 95%.

Exhibit 16: call handling performance

This exhibit shows key data on the timeliness with which GP out-of-hours services see patients at home and at treatment centres.

	Health Board	Wales
Percentage of calls terminated	23.3	14.6
Percentage of calls abandoned in 60 seconds or less	4.9	7.0
Percentage of calls abandoned after 60 seconds	2.4	5.3
Percentage of calls answered within 60 seconds (after the pre-recorded message)	88.8	74.3
Percentage of calls answered after 60 seconds (after the pre-recorded message)	11.2	25.7

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards.

[13] Definition of terminated calls: Calls terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call is classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system. The data cover April 2016 to September 2016.

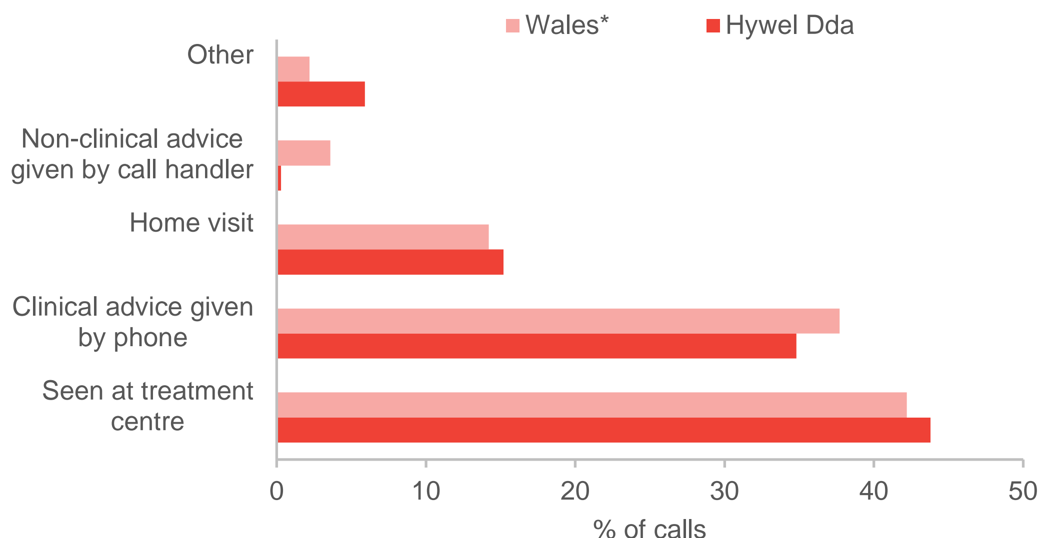
[14] Definition of abandoned calls: Calls where the caller hung up before the call was answered by a call handler after the pre-recorded message (or after the initial 30 seconds, if there is no pre-recorded message). The data cover Apr 2016 to September 2016.

Hywel Dda GP out-of-hours patients are less likely to have their needs completely met on the phone than in Wales as a whole and counties differ considerably in managing triage and call taking

67 Once the GP out-of-hours service has taken a call from a patient, the call taker may choose to manage the patient in one of several ways. Exhibit 17 shows how the Health Board handled calls[15] between April 2016 and September 2016. It shows that the Health Board's patients were marginally more likely than in Wales as a whole to be seen in a treatment centre or to receive a home visit.

Exhibit 17: the way in which the GP out-of-hours service manages calls

This exhibit shows the ways in which health boards manage calls to the GP out-of-hours service.



Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards.

[15] We have excluded calls where the patient had a life-threatening emergency.

68 The Health Board recognises considerable variation between counties in the way that the GP out-of-hours service manages calls. For example, the percentage of calls dealt with on the phone by GPs tends to be much lower in Carmarthenshire than in the other counties. The low percentage in Carmarthenshire is likely to be due to the different call taking model although the Health Board should carry out further work to understand these differences.

69 Telephone triage is the process that GP out-of-hours services use to assess the immediate needs of patients. Health Board staff told us that triage within GP out-of-hours needs to be strengthened. They said that the quality of triage varies by county and can result in big differences in the proportion of patients that the GP out-of-hours service sees face-to-face.

70 After a patient has described their symptoms to the call taker, the GP out-of-hours service may decide that the patient needs a call back from a clinician. The national standards state that 98% of urgent calls should receive a call back within 20 minutes. Between April and September 2016, 81% of urgent calls in the Health Board received a call back within 20 minutes (compared with 78% across Wales as a whole). The national standards also state that 98% of 'routine' calls should receive a call back within 60 minutes. Between April and September 2016, 88% of routine calls to the Health Board received a call back within 60 minutes.

71 In our survey of GP out-of-hours staff in the Health Board, 47% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as 'hear and treat'). Twenty-five per cent were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.

72 If GP out-of-hours services are to provide effective hear-and-treat services, they need to ensure the staff carrying out telephone consultations have the requisite skills. At the Health Board, GPs working in out-of-hours are encouraged to attend courses, and triage support is available from existing GPs. The service offers new GPs up to four sessions as supernumerary staff but staff told us in interviews that GPs rarely accept this offer as they would rather begin work as soon as possible.

73 For hear-and-treat to be most effective, it helps if the clinician has access to a summary of the patient's medical history through a computer system called the GP Record. In the Health Board, 12% of the patients that contacted GP out-of-hours had their GP Record accessed by the service. This compares with 5.6% across Wales.

The Health Board is ensuring it provides the majority of appointments and home visits in a timely way. However, the Health Board is performing comparatively poorly in seeing 'very urgent' patients within an hour.

74 If the service deems a patient's condition serious enough, the telephone consultation may result in an appointment with a clinician in a GP out-of-hours treatment centre or a visit to the patient's home.

75 If the patient's condition is 'very urgent', the national standards state that 90% of patients should be seen at an appointment or through a home visit within an hour. 90% of 'urgent' patients should be seen within two hours and 90% of 'less urgent' patients should be seen within six hours. Exhibit 18 suggests that the Health Board's GP out-of-hours service is generally providing more timely home visits and appointments than in Wales as a whole. However the Health Board is performing less well than Wales in seeing 'very urgent' patients within an hour.

Exhibit 18: percentage of patients seen within the relevant time targets

This exhibit shows key data on the timeliness with which GP out-of-hours services see patients at home and at treatment centres.

	Health Board	Wales[1]
Home visits		
Percentage of 'very urgents' seen within one hour	46.4	59.9
Percentage of 'urgents' seen within two hours	72.5	69.2
Percentage of 'less urgents' seen within six hours	97.1	92.7
Treatment centre		
Percentage of 'very urgents' seen within one hour	91	85.7
Percentage of 'urgents' seen within two hours	93.6	80.9
Percentage of 'less urgents' seen within six hours	98.2	97.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards.

[1] The figures for Wales exclude Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board.

76 In the Health Board between April 2016 and September 2016, 1.5% of patients that had an appointment booked at the GP out-of-hours treatment centre did not attend their appointment. This equates to an approximate cost of £19,000 between April 2016 and September 2016[16].

Referrals from out-of-hours to other services are less common in Hywel Dda than the rest of Wales and there is a need to improve interfaces and relationships with other services

77 Our scoping work suggested that GP out-of-hours services may be experiencing demand from patients that were suitable for other services. Out-of-hours services are for urgent cases but not emergencies, therefore the life-threatening emergency cases seen in GP out-of-hours services represent misplaced demand. Across Wales, 3.5% (6,756 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 were life-threatening emergency cases. In the Health Board, the corresponding figure was 3.9% (1,239 cases).

78 If a patient contacts GP out-of-hours and is subsequently referred to their GP, it could be argued that the patient should have seen their own GP in the first instance. This is not true in all cases but we present the data here for discussion purposes. Across Wales, 17.6% (33,747 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 resulted in referrals to the patient's own GP. In the Health Board, the corresponding figure was 14.3% (4,558 cases).

79 Across Wales, 40.8% of patients that contacted GP out-of-hours between April 2016 and September 2016 required a referral to a different service. In the Health Board, the corresponding figure was 32%. Exhibit 19 shows the pattern of referrals made by the service.

[16] We calculated the cost per appointment by dividing the total cost of out-of-hours services by the number of appointments in 2015-16.

Exhibit 19: pattern of referrals made by GP out-of-hours services

This exhibit provides key data about how GP out-of-hours services referred patients to other health and care services between April 2016 and September 2016. (Expressed as percentage of patients in each category)

	Health Board	Wales
Category: Hear-and-treat patients		
Received a telephone assessment only and the call was closed	54	54.7
Referred to emergency ambulance service	8	5.7
Referred to hospital emergency department or minor injury unit	15.5	10.6
Referred to hospital admission or assessment on a hospital ward	0.8	2.9
Referred to their own GP	15.3	14.4
Referred to district nursing	5.1	2.6
Referred to dentist	0.2	0.3
Other	1.1	8.9
Category: Patients seen at treatment centres		
Did not attend the appointment or left before the appointment took place	1.5	1.0
Treated and discharged	76	61.1
Referred to emergency ambulance service	0.1	0.1
Referred to hospital emergency department or minor injury unit	1.2	1.8
Referred to hospital admission or assessment on a hospital ward	4.9	9.1
Referred to their own GP	16.3	23.4
Other	0.1	3.6
Category: Patients seen at home		
Treated and discharged	69.5	60.4
Referred to emergency ambulance service	0.8	0.6
Referred to hospital emergency department or minor injury unit	2.3	2.1
Referred to hospital admission or assessment on a hospital ward	4.9	7.9
Referred to their own GP	12.8	17.0
Other	1.3	6.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards.

80 Where GP out-of-hours refers emergency cases to the ambulance service, the national standards state that the service should transfer all such calls within three minutes. Between April 2016 and September 2016, the Health Board transferred 82.5% of such calls within three minutes. There was insufficient data available to calculate an all-Wales position for this measure.

81 A potential barrier to effective referrals is the availability of other services outside normal working hours. In our survey of GP out-of-hours staff we asked for views on the availability of services for a range of conditions. In the Health Board, the services that staff felt were least available related to:

- mental health crisis;
- frail person found on the floor and lives alone; and
- frail person with diarrhoea and vomiting who needs hydration.

82 Even when alternative services are available to take referrals from GP out-of-hours services, there is a risk that GP out-of-hours staff will not make referrals because they do not know about these alternative services. The Health Board's GP out-of-hours services do not have access to an up-to-date directory of service, which is likely to limit their ability to make appropriate referrals.

83 A key relationship within the unscheduled care system is that between GP out-of-hours and the hospital emergency department. When patients access emergency departments and their needs can be appropriately met by GP out-of-hours, there needs to be robust processes for referring these patients to GP out-of-hours. The Health Board is one of six health boards across Wales that has a written protocol that covers all GP out-of-hours services, setting out how emergency departments should refer patients to GP out-of-hours services when clinically appropriate. The Health Board also has a protocol that applies in some of its emergency departments, setting out how the GP out-of-hours service should routinely in-reach to the emergency department, to identify patients suitable for GP out-of-hours.

84 Despite the existence of these protocols, the Health Board's internal review highlighted scope to improve the interface between GP out-of-hours and other unscheduled care services. Our fieldwork also highlighted some examples of difficult relationships between GP out-of-hours staff and emergency department staff. These examples were at Bronglais, Glangwili and Withybush hospitals where attempts to improve integration between out-of-hours and the emergency department had led to strained relationships.

Appendix 1

Audit methodology

Our review of GP out-of-hours services took place across Wales between June and November 2016. Details of the audit approach are set out below.

Exhibit 20: audit methodology

This exhibit sets out the audit methodology used to undertake this review of GP out-of-hours services

Method	Detail
Health board questionnaire	The questionnaire was the main source of corporate-level data that we requested from the Health Board.
Document request	We reviewed documents from the Health Board which covered: • the GP out-of-hours Action Plan • primary care cluster plans • unscheduled care plans • 111 critical milestones documents • spreadsheets showing capacity and demand analysis • action plan related to national standards for GP out-of-hours services • minutes of various operational meetings • the internal review of GP out-of-hours services • risk register
Interviews	We interviewed a number of staff including: • county director for Pembrokeshire, with responsibility for GP out-of-hours • county director and commissioner for Carmarthenshire • unscheduled care general manager • clinical lead for GP out-of-hours services • GP out-of-hours manager and 111 lead • GP out-of-hours manager/senior nurse • Local Medical Committee representative
Surveys of GP out-of-hours staff	We carried out an online survey of all staff that work in the out-of-hours service. We had 73 responses at the Health Board.
Survey of patients	We carried out a postal survey of 1,990 randomly selected patients in Wales that had contacted the out-of-hours service on any of the following dates: 12, 13, 16, 17, 18 July 2016. We received responses from 330 patients, giving a response rate of 16.6%.
Survey of Board members	As part of our structured assessment work, we surveyed NHS Board members. We included a small number of questions relating to out-of-hours services. At Hywel Dda we had responses from 16 members (61%).

Method	Detail
Review of health board websites	We reviewed the health board’s website to assess the effectiveness of information provided on how and when to access out-of-hours services.
Mystery shopping: GP practice phone lines and websites	We made telephone calls, after practice closing times, to a sample of 10 practices in each Health Board. We assessed the answerphone message for effectiveness in information provision to patients. We also assessed GP-practice websites to assess the signposting to the out-of-hours service.
Use of existing data	We used existing sources of data such as incident data from the National Reporting and Learning System, data from the Delivery Unit’s 2015 work on out-of-hours, data from the My Local Health Service website and data submitted by health boards to the Welsh Government.

Appendix 2

All-Wales patient survey results

We did not receive enough responses to our patient survey to allow robust comparisons across health boards. The data we present from the patient survey are therefore a picture of opinions (from 330 respondents) from across Wales.

When asked about their overall level of satisfaction, 77% of respondents said they rated the GP out-of-hours service as 'excellent' or 'very good'. We also asked patients whether the advice or treatment provided by the GP out-of-hours service had had a positive impact on their symptoms. Exhibit 21 shows the results from across Wales.

Exhibit 21: percentage of patients who said the GP out-of-hours service had a positive impact on their symptoms

This exhibit shows patients' views about the GP out-of-hours service's impact on their symptoms.

Please indicate how much impact the out-of-hours service had on your overall symptoms	Percentage of respondents
My symptoms improved a lot	43%
My symptoms improved a little	22%
My symptoms did not improve	13%
My symptoms got worse	9%
It is too soon to tell	2%
Don't know / not applicable	11%

Source: Wales Audit Office survey of patients.

Our scoping work suggested that patients may be confused about how and when to access out-of-hours services. A proxy measure of whether patients are confused about how and when to access GP out-of-hours services is the percentage of patients that accessed a different service before accessing the GP out-of-hours service. Our patient survey showed that 66% of respondents across Wales had accessed one or more different services before accessing GP out-of-hours services. Exhibit 22 shows which services they accessed.

Exhibit 22: range of services accessed by patients before contacting GP out-of-hours services

This exhibit shows the services accessed by patients before contacting GP out-of-hours.

Service	Percentage of respondents
GP surgery	32%
NHS Direct Wales	18%
Pharmacy / Chemist	6%
Accident and Emergency department or minor injuries unit	5%
District nurse / community nurse	4%
Ambulance service / 999	4%
Other	8%

Source: Wales Audit Office patient survey. Note: the right hand column does not add up to 100% because some patients accessed more than one service, while some patients accessed none.

When we asked patients whether they were satisfied that GP out-of-hours services had been the right service for their needs, 87% of respondents said ‘Yes’, 8% said ‘No’ and 5% said ‘Don’t know’.

We also asked how patients found the telephone number for the GP out-of-hours service. Exhibit 23 shows the results from across Wales.

Exhibit 23: mechanism by which patients access the GP out-of-hours phone number

This exhibit shows how patients found the telephone number of the GP out-of-hours service.

How did you find the number of the GP out-of-hours service?	Percentage of respondents
I got it from my GP surgery	45%
I already had the number	37%
I looked it up on the internet	7%
I asked a healthcare professional	4%
I asked a friend / relative / carer	3%
I looked it up in the telephone directory	1%
Other	4%

Source: Wales Audit Office survey of patients.

Once a patient has decided to contact the GP out-of-hours service, it is important that the service answers calls quickly. In our survey, 9% of respondents across Wales said it took 'longer than I expected' for their call to be answered, 56% said it took 'about what I expected' and 35% said it took 'less time than I expected'.

After a patient has their initial call answered, it is common for the GP out-of-hours service to arrange to call the patient back at a later time. In our survey, 288 respondents received a call back from the GP out-of-hours service. Of these respondents, 16% said it took 'longer than I expected' to get a call back, 50% said it took 'about what I expected' and 34% said it took 'less time than I expected'.

If a patient needs to be seen by a clinician face to face, the GP out-of-hours service may offer an appointment or a home visit. In our survey, 61 patients said the out-of-hours service did not offer them a face-to-face appointment or home visit. Of these respondents, around one-third would have preferred a face-to-face appointment or a home visit.

Exhibit 24 shows the survey results from in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

Exhibit 24: measures of patient experience of GP out-of-hours appointments and home visits across Wales

The exhibit summarises key information about patients' experiences of appointments and home visits.

Face-to-face appointments (180 respondents)

- 85% of patients who responded to our survey said that they waited as long as they had expected or less time than they had expected, whilst 15% of respondents waited longer than they had expected;
- 82% of respondents said that the location of their appointment was convenient, whilst 10% of respondents said it was inconvenient;
- 97% of respondents said the service treated them with respect during their appointment and 98% said that the healthcare professionals listened to them carefully; and
- 91% of respondents said that their appointment with the healthcare professionals was at least as long as they had expected, whilst 9% of respondents said that their appointment had been shorter than expected.

Home visits (73 respondents)

- 62% of respondents said the service told them the time that they should expect their home visit, 22% said they were not told and 16% couldn't remember;
- 74% respondents said that they waited as long as they had expected or less time than they had expected for their home visit, whilst 26% of respondents said that waited longer than they had expected;
- all respondents, except one, said that during the home visit, the healthcare professional listened carefully and treated them with respect; and

• 96% of respondents said that their home visit was at least as long as they had expected.

Source: Wales Audit Office survey of GP out-of-hours patients.

Seventy-eight per cent of respondents to our survey said that after accessing GP out-of-hours they needed to access another service to have their needs met. This may suggest patients are not accessing the right service for their needs, or it may reflect that patients are contacting GP out-of-hours with complex problems that are not easy to solve in the out-of-hours environment.

Appendix 3

Health boards' self-assessment against the national standards

Exhibit 25: Health Board self-assessment against the national standards

Aim		Performance Standard	CT	BCU	CV	AB	ABMU	HD	Powys
		Achieved							
		Work Underway							
		Limited Development							
		No response							
To ensure that services respond in a timely manner	1.1	Introductory message should include signposting to emergency services for clearly identifiable life-threatening conditions.							
	1.2	All patients receive a prompt response to their initial contact.							
	1.3	Patients will receive a timely, co-ordinated clinically appropriate response to their needs.							
	1.4	Referrals to other services are appropriate.							
Accessible	2.1	A single point of access in place.							
	2.2	Services are planned across organisational boundaries							
	2.3	Language							
	2.4	Disability							
	2.5	Signposting							
Knowledgeable	3.1	The service will be staffed by appropriately skilled and trained clinical and non-clinical staff.							
	3.2	Relevant medical history is considered to support the consultation.							
Effective	4.1	Patients receive clinical assessment in line with current national standards and guidelines.							
	4.2	Quality improvement methodology used to continually develop local services and share good practice.							
	4.3	Significant event analysis is in place.							
	4.4	Serious incidents are reported through LHB processes to ensure reporting in line with Putting Things Right and Datix guidelines.							
	4.5	Clinician audit in place using a recognised and accredited template e.g. RCGP toolkit.							
Care is Safe	5.1	Risk Management in place and lines of accountability are clear.							
	5.2	Efficient transmission of OOH data to GP Practices.							
	5.3	Communicating effectively internally and externally with patients, service users, carers and staff							
	5.4	Clear governance and accountability frameworks in place							
	5.5	Prescribing formulary agreed, with particular attention to antibiotics							
	5.6	Controlled drugs policy and procedures in place & controlled drugs are available for OOH services to dispense							
	5.7	Effective complaints handling and compliments reporting processes in place							
	5.8	Effective Serious Incident reporting processes in place							
	5.9	Relevant safety alerts are highlighted							
Consistent	6.1	The service will be able to flexibly adjust to meet periods of high demand without detriment to service provision							
	6.2	Systems, capacity and workload planning takes into account variation in demand, to allow for 4 consultations per hour for face-to-face consultation within a Primary Care Centre setting							
	6.3	Common framework of standards and governance across urgent and unscheduled care provision							
Acceptable	7.1	Equality, Diversity and Human rights policies and procedures in place in line with Equality Act 2010 and local HB policies							
	7.2	Dignity and respect policies in place							
	7.3	Information and consent issues addressed							
Relevant	8.1	Development of clinical pathways							
	8.2	Working with other services to develop a Locality based approach to unscheduled care e.g. WAST, Care Homes, Prisons, Patient Groups							
Efficient	9.1	Financial probity assured							

Source: Delivery Unit, Key findings from the Health Boards' baseline assessment of GP Out-of-Hours Services, October 2015.

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					availability identified to meet with local personnel		Clinical Lead (OOH)
R2c	As part of the action plan update (see R1), consider actions that will contribute to the three counties being managed in a more joined up way. The actions should consider joint working across the counties to manage demand, share resources and share learning on good practice.	Shared learning and economies of scale across the counties.	N	Y	Three counties are now being managed as one service following the termination of the Primecare contract last October. The principles of conjoined working are in place but more work is needed. Our absolute intention is to work towards a single service.	31 August 2017 20 April 2017 Ongoing	General Manager (OOH) Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					Discussions entered into with Medical Director and Workforce with regards to introducing more flexibility in the capacity to see patients more freely.		
R3a	Increase the frequency with which it reports GP out-of-hours performance and quality at Board/Committee level. These reports should seek to compare performance with services in other health boards.	Greater Board visibility of GP out-of-hours issues.	N	Y	Performance will be reported at BPPAC routinely. Following 111 roll out performance standards will be regularly reviewed through the 111 Programme Board.	19 June 2017 (next meeting)	Deputy Director of Operations

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R3b	Identify and address the reasons why the Health Board is not fully complying with the national reporting requirements for the GP out-of-hours standards.	Compliance with national requirements. Better comparisons across Wales.	N	Y	Capacity to regularly report on the standards will improve following the roll out of 111. Further support elicited to carry out this function in the meantime with a plan to extend the secondment into the administration office until September 2017 (SB).	30 June 2017	Deputy Director of Operations
R3c	Build on ongoing work to develop a daily performance dashboard, to ensure the service's management have	Better picture of performance within the service to guide, to guide improvement.	Y	Y	The 111 project team are leading a task and finish group of OOH Service managers from across Wales.	Ongoing work 31 October 2017	Deputy Director of Operations / General Manager (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	comprehensive, live data to use to manage all areas and aspects of the service.				HDUHB General Manager (OOH) is a member. An escalation strategy is being developed which will respond to the OOH Standards being implemented in 2018. In the short term, production of a staffing assurance template within HDUHB has been implemented at an all Wales level as an interim alternative. Daily data is also distributed re OOH activity.		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R3d	Include in its action plan a specific solution to the problem of some clinicians not recording their phone calls.	Better record keeping to facilitate better audit.	Y	Y	Voice recording rolled out as standard. Currently automatic call recording is available in Pembrokeshire and Carmarthenshire. Ceredigion needs to be completed as the 111 programme rolls out. Work to enhance the Switchboards at all General Hospitals across the 3 counties has been commissioned by HDUHB. This will, in turn, provide greater voice	Complete 31 December 2017 (TBC)	General Manager (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					recording capability and resilience. In terms of the use of mobile telephones and also the Ceredigion basis, there is an opt-in recording system available to the out of hours staff.		
R3e	Increase the time and resource dedicated to clinical audit of GPs' patient contacts.	Better oversight of clinical performance.	Y	Y	Clinical Lead hours under review. If increased, capacity to undertake auditing will be made. Individual GPs undertake their own audits for revalidation	31 August 2017	Deputy Director of Operations / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					purposes- these to be assessed for inclusion as capacity allows.		
R3f	Provide the clinical lead with direct IT access to clinical documentation from the service in Carmarthenshire so that clinical audit covers all areas of the Health Board.	Ensuring clinical audit has a comprehensive evidence base.	N	Y	Already in place since the Primecare contract terminated and the Carmarthenshire element was managed in house.	Complete	Clinical Lead (OOH)
R3g	Review and act upon the reasons why the service is not currently reporting patient safety incidents.	Improved learning from incidents.	Y	Y	Increased focus is to be placed to concerns and complaints raised with the OOH service. A joint meeting with the concerns Dept and OOH staff took place in late May-	30 June 2017	General Manager (OOH) / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					17 in order to improve response times to investigate and report concerns in line with standards. Discussions around learning from events have been raised at the OOH Forum and agreement has been reached to share learning from these events in this context in the future.		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R4a	Develop a specific workforce plan for GP out-of-hours that sets out sustainable, medium-term actions to move away from a traditional staffing model by making use of a wider range of clinical professionals within the service.	Clear direction of travel in addressing workforce issues.	Y	Y	In April 2017 an "Out of Hospital" working group was formed to discuss the wider recruitment challenges faced by the HDUHB as a whole. This is to focus on partnership working in order to formulate "hybrid" roles, i.e. practitioners working across multi-disciplines including ED, WAST, Community and OOH. A facilitated workshop is to be	31 August 2017 Ongoing	Deputy Director of Operations

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					held later in 2017 to understand the staffing establishment within Primary Care and to discuss ways of improving recruitment and retention as well as implementing new roles. A sub-group of this working group has also met to discuss the concerns from the OOH context- work is ongoing. Focus on recruitment to enable investment		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					in alternative Health Care Professionals (Paramedics, Nurses etc) is also under way, and the recruitment Dept is undertaking a comprehensive review of the recruitment strategy.		
R4b	Carry out work to understand the reasons for low morale, perhaps as part of an approach to expand the use of performance appraisals.	Improved staff morale.	N	Y	The 111 agenda is providing a current focus in terms of uncertainty of service provision within the new 111 model. General Manager and Clinical Lead	Ongoing	General Manager (OOH) / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					to liaise with individual GPs as able to discuss concerns on a 1:1 basis.		
R4c	Work with neighbouring health boards to agree consistent GP pay rates that all parties adhere to.	Reduced competition between health boards. Better shift filling.	N	Y	GPs have received pay increases but there remains a disparity between neighbouring Health Boards to the amount of £10 per hour on weekday overnight shifts and bank holidays- in favour of ABMU staff. This was also discussed at the OOH Forum in May 2017, but no	Complete September 2017	Deputy Chief Executive

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					consensus was reached. A further proposal to the Executive Team will be made if appropriate regarding pay rates.		
R5a	Develop standardised wording for GP answerphone messages and practice websites that guide patients to out-of-hours services only when they have urgent conditions.	Improved public understanding of how and when to use out-of-hours services.	N	Y	Developed with the rollout of 111 – in Carmarthenshire. Telephone messages have been and agreed by the LMC. Work to standardise web sites has yet to take place.	31 August 2017	EB/ND

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5b	Use the implementation of 111 as a key opportunity to improve its public messaging about GP out-of-hours and to unify the current three phone numbers for out-of-hours.	Improved public understanding of how and when to use out-of-hours services.	Y	Y	Process has commenced, Carmarthen go live May 2nd. Pembrokeshire and Ceredigion to follow. Comprehensive communications plan in place.	Complete for Carmarthen	General Manager (OOH)
R6a	Undertake work to understand and address the reasons for the Health Board's high call termination rate.	Reduced call termination rate.	N	Y	Improving picture since the termination of the Primecare contract. Further analysis under way.	Complete since November 2016 31 July 2017	General Manager (OOH)
R6b	Review its capacity for taking and returning calls to ensure it	Improved timeliness of call taking.	N	Y	General Manager (OOH) has received training to	September 2017	General Manager (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	meets national standards for timeliness.				enable capacity and demand modelling analysis to be undertaken. Work to complete this will be under way in June 2017.		
R6c	Review the variation in triage practices across the counties with a view to standardising and rolling out good practice to all areas.	Spread of good practice in triage processes.	N	Y	Standardised triage since the termination of the Primecare contract.	Complete	General Manager (OOH)
R6d	Undertake work to understand and address the reasons why Hywel Dda patients are less likely than patients in the rest of Wales to have their needs completely met on the phone.	Improved performance in managing care over the phone.	N	Y	Improving picture since the termination of the Primecare contract and introduction of the 111 model. Full statistical review to be	August 2017	General Manager (OOH) / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					established as soon as possible.		
R6e	Undertake work to understand and address the reasons why less than half of Hywel Dda patients categorised as 'very urgent' receive a home visit within one hour.	Improved performance in providing timely home visits in very urgent cases.	Y	Y	Evidence that this has improved with the launch of the Clinical Support Hub and launch of 111.Rurality of the locality is an additional factor and associated poor mobile telephone coverage makes this target problematic Work within the GP OOH Forum to	June 2017 August 2017	General Manager (OOH) / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					develop a concise home visiting policy should also lead to improvement in the "very urgent" response time.		
R7a	Work with local GP practices to understand and address the reasons for relatively poor performance on core hours opening and availability of early appointments.	Improved access to in hours primary care. Reduced shifting of activity from in hours to out-of-hours.	Y	Y	Work is underway within the primary care team to assess and monitor the actions of day time practices. The latest statistics produced in Feb 2017 show that 85% of HDUHB practices are open between 0800 and 1830. One barrier to meeting the	2 May 2017 Ongoing	General Manager (OOH) / Clinical Lead (OOH) / Assistant Director of Primary Care

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					objectives of early morning sessions includes the staffing level within a practice- wherever there are shortfalls, there is difficulty in opening early morning sessions. Work is ongoing including into the recruitment and retention of GP services.		
R7b	As part of the refresh of the action plan (see R1) consider holding some joint workshops involving out-of-hours and emergency department staff. The workshops should aim to	Improved relationships between out-of-hours staff and emergency department staff.	N	Y	Anecdotally there is poor communication between the OOH and ED services and this is reported throughout the	October 2017	General Manager (OOH) / Clinical Lead (OOH)

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	identify specific actions to improve better joint working and relationships.				Health Board. A previously failed integration for the OOH Service in Carmarthen and in Haverfordwest has left a widening divide between the services. The focus of OOH has since shifted and the service is now a significant player within the Unscheduled Care agenda. General Manager and Clinical Lead to assess re-building of these relationships and to		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					consider the benefits of collaborative working.		

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