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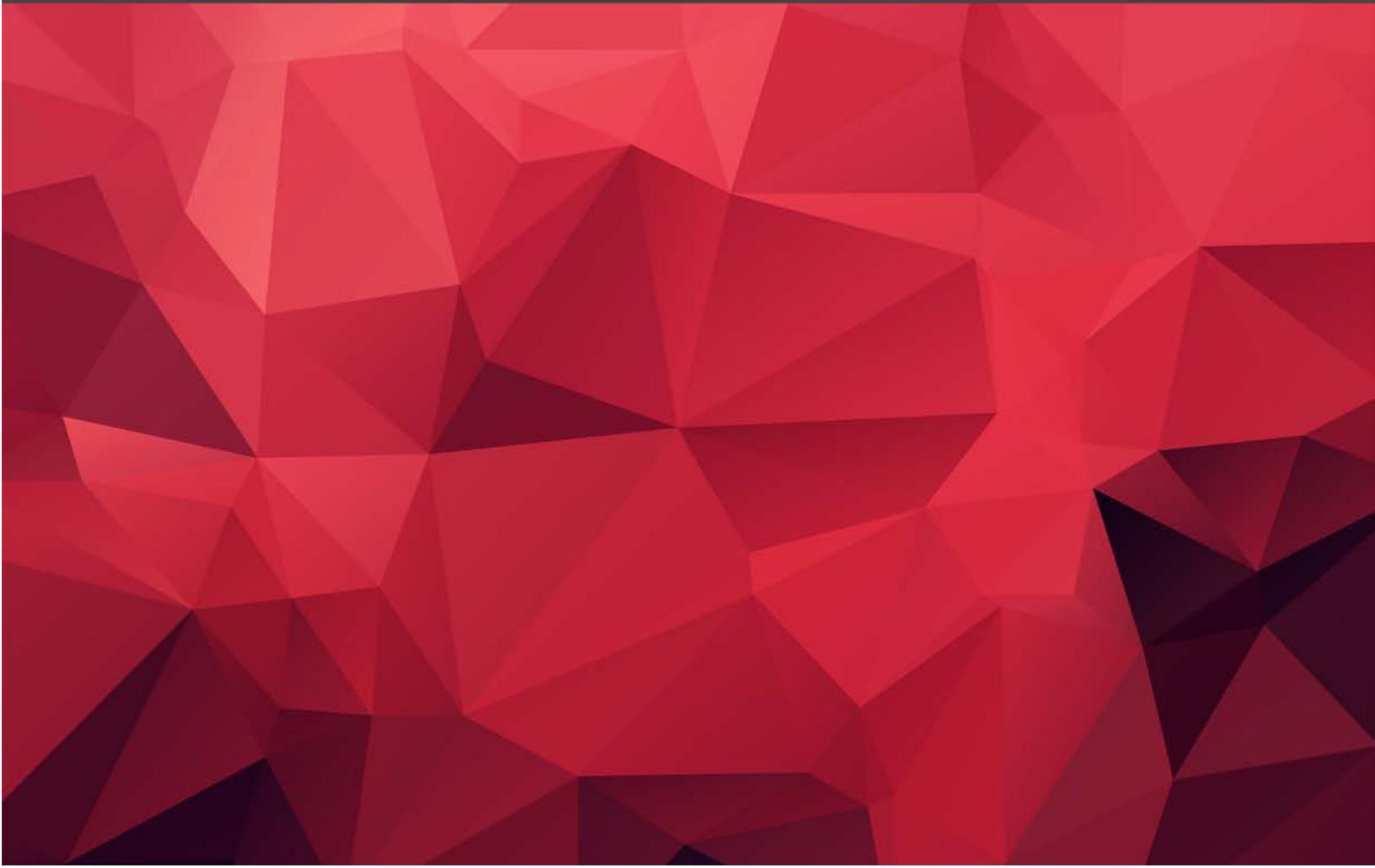
Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of GP out-of-hours services – **Powys Teaching Health Board**

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The work was delivered by Philip Jones and Matthew Brushett.

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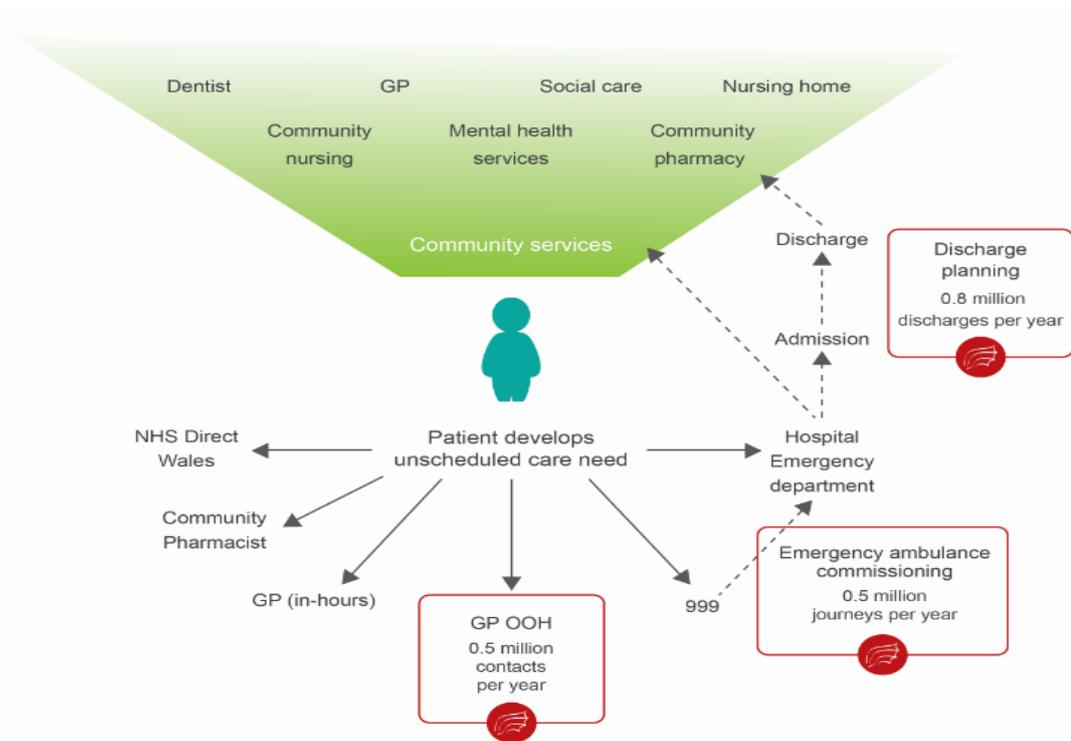
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Summary report

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 hours¹. These services manage more than 0.5 million patients every year in Wales² 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



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

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.

services by employing GPs on a sessional or salaried basis³, 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 form⁴. 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 2009⁵ and in 2013⁶ 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 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

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.

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 Powys Teaching 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 Health Board uses the 'Shropshire Doctors' Co-operative' (Shropdoc), a not-for-profit company, to deliver some of its GP out-of-hours services. Shropdoc provides services to 600,000 patients in Shropshire, Telford and Wrekin, and Powys.
- 13 The model of GP out-of-hours services varies within Powys. In most of the Health Board's area, Shropdoc delivers the GP out-of-hours service, providing the call taking function, all aspects of the triage process and face-to-face provision. Patients in the Ystradgynlais area or Ystradgynlais Community Hospital have their GP out-of-hours services provided by Abertawe Bro Morgannwg University Health Board. Shropdoc is responsible for call-handling in the Ystradgynlais area. It is required to liaise and refer appropriately with Abertawe Bro Morgannwg University Health Board to ensure seamless referral of appropriate patients requiring face-to-face contact.
- 14 As part of this study, we ran a staff survey across all Health Boards in Wales. Unfortunately, only nine responses could be attributed to staff from the Health Board so we have chosen to omit this data from the report.
- 15 We also carried out a postal survey of a sample of patients who had contacted the GP 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

- 16 Our overall conclusion is: **The governance arrangements for GP out-of-hours services are generally sound and the available data suggest patients receive timely appointments. However there are limitations in performance data and there is scope to improve strategic and workforce planning to address risks that threaten the service's sustainability.** In the paragraphs below, we have set out the main reasons for coming to this conclusion.

Governance arrangements

- 17 Governance of GP out-of-hours services is generally sound, and strategic planning is becoming more focussed. There is scope to improve performance monitoring at Board and committee level. We reached this conclusion because:
- The Health Board assesses itself as achieving most of the national standards, and is addressing risks to the sustainability of GP out-of-hours services in its current strategic planning work
 - There are clear leadership arrangements for GP out-of-hours at all levels; and
 - Monitoring and review of GP out-of-hours performance is generally sound but the data are not regularly considered at Board and committee level

Financial and clinical sustainability

- 18 The Health Board spends more on GP out-of-hours than most other bodies and is developing a workforce plan to address risks that threaten the service's sustainability. We reached this conclusion because:
- The GP out-of-hours service has few unfilled shifts and is able to flex its workforce at times of peak demand. A workforce plan is being developed to reduce the service's reliance on GPs
 - Powys spends more on GP out-of-hours services than most other health boards and should consider strengthening its approach to budgeting and sessional pay.

Performance and patient experience

- 19 Powys patients have comparatively good access to in-hours primary care and the out-of-hours service provides timely appointments but there are issues with the quality of the data and there is scope to improve signposting to out-of-hours. We reached this conclusion because:
- Access to in-hours primary care is comparatively good although there is scope to improve signposting to GP out-of-hours through the Health Board's website and GP practice answerphone messages;

- The available data suggest the Health Board's GP out-of-hours service performs comparatively well on call-taking but there are likely to be inaccuracies in the data;
- Powys patients are more likely than in the rest of Wales to have their needs completely met on the phone although there is scope to improve the timeliness of call backs;
- The Health Board is ensuring it provides the majority of appointments in a timely way, despite the challenge of providing home visits across Powys; and
- GP out-of-hours staff have access to good information to help them make appropriate referrals but there are limitations in the available data on numbers of referrals to other services.

Recommendations

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

Exhibit 2: Recommendations

Recommendations	
R1	<p>Planning: The Health Board recognises risks to the sustainability of GP out-of-hours services, including its reliance on Shropdoc to provide services. It is developing a workforce plan, and will be increasing the focus on Primary Care Urgent Care as part of the implementation of its Health and Care Strategy. The Health Board should:</p> <ol style="list-style-type: none"> monitor the implementation of this planning work to ensure a higher profile for GP out-of-hours and to see that objectives are achieved. develop a contingency plan to mitigate the risks associated with the possibility of Shropdoc having to re-tender for its contracts in England and the potential negative consequences for Powys which that would bring.

Recommendations

- R2 Performance management:** Monitoring and review of GP out-of-hours performance is generally sound but the data are not regularly considered at Board and committee level. The Health Board also reports very few incidents to the National Reporting and Learning System. The Health Board should:
- increase the frequency of GP out-of-hours performance agenda items on the Board and Patient Experience, Quality & Safety Committee;
 - produce standalone GP out-of-hours reports for these committees;
 - include in the standalone reports feedback from staff, partners and public; and
 - review the robustness of its GP out-of-hours incident reporting arrangements to the National Reporting and Learning System (NRLS)
- R3 Public messaging:** There is scope to improve signposting to GP out-of-hours through the Health Board's website and GP practice answerphones. The Health Board should:
- update its website to include more information on out-of-hour services, such as a description of what its function is, examples of cases where it would be appropriate to access the service, opening hours and locations of GP out-of-hours primary care centre; and
 - Work with GP practices to ensure messages on their websites and answerphones are consistent. Perhaps develop standard text for all practices to adopt.
- R4 Taking and returning phone calls:** The available data suggest the Health Board's GP out-of-hours service performs comparatively well on call-taking although there are likely to be inaccuracies in the data and there is scope for Shropdoc call takers to improve their geographical knowledge of Powys. The Health Board should:
- review training for new starters at Shropdoc to ensure that operators have a thorough knowledge of the Powys area so they can advise patients appropriately on the locations and availability of local services.
- R5 Interface with other services:** GP out-of-hours staff have access to good information to help them make appropriate referrals but there are limitations in the available data on numbers of referrals to other services. The Health Board has no recent detailed information on whether patients are accessing GP out-of-hours inappropriately, or on whether patients have accessed other services when they should have accessed GP out-of-hours. The Health Board should:
- gather evidence of whether any of its patients have accessed GP out-of-hours services inappropriately, and similarly whether any patients have accessed other services when they should have accessed GP out-of-hours;
 - where appropriate, clarify its protocols to ensure services are aware of arrangements to transfer patients to GP out-of-hours; and
 - review all of the GP out-of-hours data it provides to Welsh Government on a monthly basis to ensure it is providing information that is directly comparable with other organisations.

Detailed report

Governance of GP out-of-hours services is generally sound, and strategic planning is becoming more focussed. There is scope to improve performance monitoring at Board and committee level

The Health Board assesses itself as achieving most of the national standards, and is addressing risks to the sustainability of GP out-of-hours services in its current strategic planning work

- 21 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.
- 22 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.
- 23 The Health Board has agreed its Health and Care Strategy and is beginning work on its implementation. This will include a focus on Primary Care Urgent Care services. In addition, both the Health Board and Shropdoc recognise that the sustainability of the GP out-of-hours workforce is a key strategic issue and have been working to develop alternative workforce models. At the time of writing, the Health Board was developing a strategic workforce plan to focus this work. It also has an Unscheduled Care Improvement Plan but there is no specific reference to out-of-hours services within it.
- 24 In Powys during 2016, significant risks to the future of the GP out-of-hours service emerged when the Clinical Commissioning Group for Shropshire and Telford considered tendering a contract for a new GP out-of-hours service. This could have meant Shropdoc losing their contract for Shropshire and Telford. Without this contract, the company may have been unable to continue service provision in Powys. Eventually, the retendering did not proceed however the matter did highlight a vulnerability in GP out-of-hours provision in Powys. It is not possible to rule out the potential for a tendering process at some point in the future so the Health Board should consider developing a contingency plan to mitigate this risk.
- 25 Health boards are required to implement the national GP out-of-hours standards by March 2018. In late 2015, the Delivery Unit (DU) asked health boards to self-assess their readiness to implement each of the standards. [Appendix 3](#) shows that the Health Board believes it has achieved nearly all of the national standards,

meeting 32 out of 34 standards, with 'work underway' towards one of the standards and 'no response received' for another. The self-assessment suggested the Health Board has achieved more standards than all other Health Boards in Wales. In contrast, when the DU carried out a document review to validate health boards' self-assessments, the DU did not receive enough assurance that the Health Board was on course to meet the standards. The Health Board disagreed with the DU's evaluation and the DU is now considering whether to carry out further work.

- 26 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 Shropdoc has a clear understanding of peaks and troughs in operational demand for day-to-day patterns of activity, and for particular periods during the year when demand varies. Shropdoc has been using the 'Foundations Improvement Science in Healthcare' (FISH) programme to understand demand patterns. FISH software looks at current demand patterns, in order to predict upcoming demand and to help plan resources.
- 27 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. GPs told us that they have concerns about 111 and its potential impact. They regard themselves as gatekeepers in preventing unnecessary hospital admissions, and think that this mechanism would be diminished under potential 111 arrangements. At the time of writing, the Health Board had recently started the process of developing a plan for implementing 111.

There are clear leadership arrangements for GP out-of-hours at all levels

- 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 Powys, executive responsibility for GP out-of-hours services lies with the Health Board, and service level agreements set out clear arrangements for liaison with Shropdoc and Abertawe Bro Morgannwg University Health Board. In common with all health boards, Powys has a specific executive member responsible for GP out-of-hours services, a post held by the Director of Primary, Community Care and Mental Health. The executive lead maintains a close working relationship with their counterpart at Shropdoc, who is available on call during the out-of-hours period. Responsibility for the day-to-day running of the service sits with the Health Board's Head of Primary Care. We concluded that senior staff have a sound working

knowledge and experience of the service and feedback we obtained from Powys Community Health Council about the running of the service was very positive.

- 30 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. At Shropdoc, the clinical leadership arrangements are clear and we were told about an open culture where staff feel able to raise issues, and perceive clinical leaders as being approachable. This leadership stems from the top of Shropdoc, with the Chief Executive having had extensive experience as a clinician.
- 31 Operational management arrangements within Shropdoc and the Health Board are clearly set out. Shropdoc has clear team management arrangements and staff are clear about lines of accountability. Governance of Shropdoc is through their council of GPs, who act in effect as Shropdoc's Board.
- 32 The Health Board operates a senior manager on-call alert process, which is set out in an escalation process document. Shropdoc operational leadership arrangements comprise a shift leader, one of which is present 24 hours a day, 7 days a week, in a seven-person rota that covers all locations. Field team arrangements also include senior line managers (nurses / paramedics), non-clinical managers, and non-clinical call handlers.

Monitoring and review of GP out-of-hours performance is generally sound but the data are not regularly considered at Board and committee level

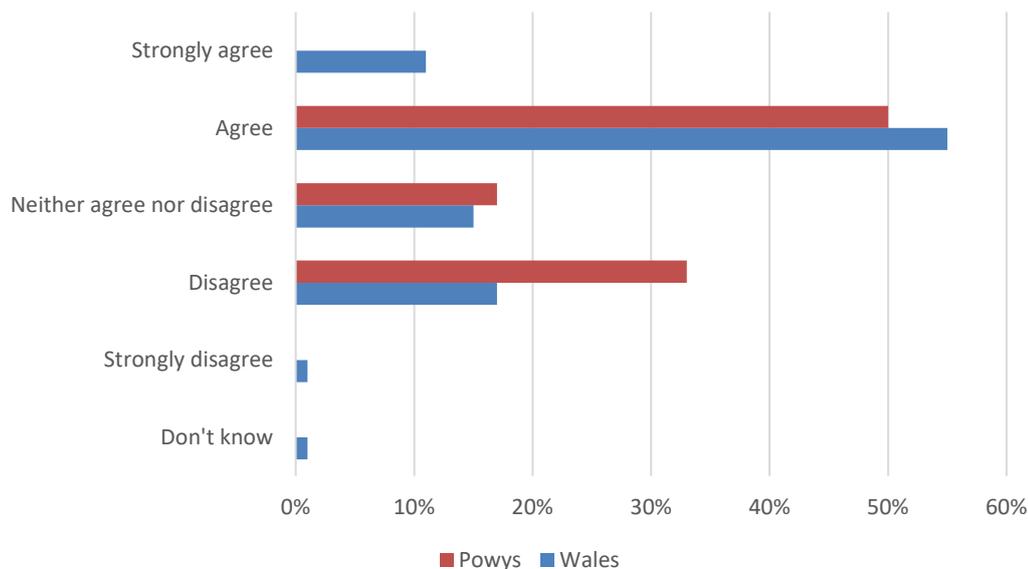
- 33 A key part of the governance of GP out-of-hours services is the monitoring and review of performance. The national review into GP out-of-hours services in 2012 highlighted issues with monitoring performance, including a lack of consistent and comparable data across Wales.
- 34 In the Health Board, there are robust processes for collecting data relating to GP out-of-hours performance and quality, and this data is comprehensively audited. Audits are based on a 1% sample of patient interactions and are carried out using the Royal College of GPs toolkit. This looks at how well documented the interaction is, in addition to attitudinal issues, with any concerns being flagged up to the GP education lead. The Care Quality Commission report, published in 2014, indicated that the Shropdoc had a robust approach to audit, with results fed back to staff members and recorded against their personal files.
- 35 The Health Board and Shropdoc review GP out-of-hours performance data at quarterly performance review meetings. Both bodies discuss a range of key information, including service target data. The Health Board also reviews the GP out-of-hours performance data at its Unscheduled Care Board.
- 36 Senior Health Board staff review Shropdoc's RAG status in the performance review document considered at quarterly Performance Management Group meetings. Actions arising are noted in the minutes, although in the minutes we reviewed

(November 2015), there was no evidence that the actions from the previous meeting had been followed up. We saw evidence that the Health Board and Shropdoc liaise regularly and monitor GP out-of-hours and GP access on a monthly basis.

- 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, both the Board and the Patient Experience, Quality and Safety Committee only consider GP out-of-hours services annually, which is less frequent than in four other health boards. Whilst Board members were generally pleased with performance reporting from Shropdoc, some members thought the reports could be more visible, as they were often incorporated as part of other reports. The Board also thought the reports would provide more assurance if they included feedback data from staff, partners and the public. **Exhibit 3** shows that in response to our Structured Assessment survey⁷, only half of the Board members surveyed thought that the Board and its committees regularly scrutinise performance and quality of GP out-of-hours services.

⁷ 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 12 responses from board members in Powys Teaching Health Board.

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’.



Source: Wales Audit Office survey of Board Members

- 38 The Health Board and Shropdoc engage effectively with patients and the Community Health Council (CHC) to review out-of-hours performance. The CHC attends performance management meetings. Shropdoc routinely engages with patients about the service they provide and the Health Board routinely consults patients about out-of-hours services, as part of access surveys. Feedback obtained from the CHC Patient representative as part of a 2014 Care Quality Commission report, suggested that patients thought the service was well led and effective.
- 39 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. Powys reported only one incident to the NRLS between 2013 and 2015. This is in contrast to Aneurin Bevan Health Board, which had 311 incidents, the highest number in Wales. This variance suggests that there are differences in the way health boards record incidents. The Health Board should review its current arrangements for reporting incidents to the NRLS.

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

Health Board	Number of incidents reported		
	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.

- 40 Despite the data presented in [Exhibit 4](#), staff told us that Shropdoc has an open culture, which encourages the reporting of, and effective learning from incidents, complaints and concerns. Staff told us this information is routinely shared between Shropdoc and the Health Board. We were also told that Shropdoc implements processes to ensure that effective learning follows, through initiatives like staff training on dealing with complaints and incidents, using real-life scenarios.
- 41 Another key aspect of reviewing GP out-of-hours services is through health boards' monitoring and management of risks. In Powys, once risks have been identified, by either Shropdoc or the Health Board, they are communicated and recorded in DATIX and in the Health Board's risk register as appropriate. Some risks are escalated to executive level where appropriate. The Care Quality Commission reported in 2014 that risk management was embedded and understood at all levels of the organisation.

The Health Board spends more on GP out-of-hours than most other bodies and is developing a workforce plan to address risks that threaten the service's sustainability

The GP out-of-hours service has few unfilled shifts and is able to flex its workforce at times of peak demand. A workforce plan is being developed to reduce the service's reliance on GPs

- 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 documents from health boards, 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. As mentioned in paragraph 23, the Health Board is currently developing a workforce plan for GP out-of-hours. The Health Board and Shropdoc both recognise that the current workforce model is unsustainable in the longer term and are working together to develop new types of roles.
- 44 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan⁸ 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. We had planned to use data submitted to the DU to show the progress being made by each health board in employing these alternative staff in out-of-hours, however, Powys did not submit the necessary data.
- 45 Our fieldwork suggested that the Health Board is working towards implementing an alternative workforce model related to GP out-of-hours. The Health Board is introducing Urgent Care Practitioner (UCP) roles within GP out-of-hours triage; a role that the Health Board has already introduced during the in-hours period.
- 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. In Powys, Shropdoc's FISH approach has helped the service to predict peaks and

⁸ Welsh Government, **Our plan for a primary care service for Wales up to March 2018**, February 2015.

troughs in resourcing needs through the day and week, and for particular periods such as Christmas. They are then able to organise available resources accordingly. The DU's assessment of capacity arrangements was that the Health Board had provided a full level of assurance of its flexibility to cope with different levels of capacity.

- 47 The Health Board has an escalation plan in place, setting out a clear set of actions and responsibilities in the event of breaches in capacity arrangements. Shropdoc told us it rarely has problems with persuading GPs and call-taking staff to provide additional cover at short notice. Shropdoc is also able to adapt its working practices and processes when the GP out-of-hours service is under pressure and when other unscheduled care services are under pressure.
- 48 To manage unpredictable surges in demand the Health Board provides clinicians with the opportunity to provide remote triage from home and to flex call dispatcher and team leader resources at short notice. In Powys, during the 2015-16 financial year, only 0.5% of GP out-of-hours shifts were left unfilled, which is significantly lower than the 7% Welsh average.

Powys spends more on GP out-of-hours services than most other health boards and should consider strengthening its approach to budgeting and sessional pay

- 49 **Exhibit 5** 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. The notional funding from the Welsh Government has not changed since 2004-05⁹ other than in Hywel Dda, and in 2015-16, the Health Board subsidised its GP out-of-hours services to the sum of £563,000. This is the highest subsidy in Wales when expressed as a percentage of notional allocation.

⁹ The only change since 2004-05 is an uplift of £0.22 million in Hywel Dda during 2007-08.

Exhibit 5: Health board actual spend on GP out-of-hours service compared with the notional allocation from Welsh Government

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 6** 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 no increase in cash terms, but this equates to an 8% decrease in real terms. Three other Health Boards also showed a decrease in real terms expenditure.

Exhibit 6: Change in GP out-of-hours expenditure between 2009-10 and 2015-16

Health Board	Expenditure on GP out-of-hours services (£000)		Change in expenditure between 2009-10 and 2015-16	
	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	2,543	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. We found that the Health Board bases its funding on a roll over of the previous year's budget, rather than budgeting based on the real needs of the service. Managers told us that funding for Powys GP out-of-hours is inadequate. The rural nature of Powys means the Health Board cannot provide one central location for out-of-hours appointments. As a result, it has to cover the costs of four face-to-face centres.
- 52 At the Health Board, and across Wales, we found that indemnity insurance was a particular barrier to recruiting GPs for the out-of-hours service. Shropdoc examined whether it could cover the costs of the insurance but they found that this would not be commercially viable. Senior Health Board staff would like a national solution to this issue. However, at the time of our work, momentum to resolve this issue at a national level was slow.
- 53 **Exhibit 7** shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales when considering its catchment population. Powys is the highest spending health board in relation to GP out-of-hours expenditure per 1,000 population and is the second highest spending health board in relation to cost per contact. Powys is also the second highest in Wales for GP out-of-hours expenditure as a percentage of total GMS expenditure. Whilst the

data show that Powys spends more than most other bodies on GP out-of-hours services, our audit did not set out to evaluate whether such levels of expenditure are appropriate given the needs of the local population.

Exhibit 7: GP out-of-hours expenditure across Wales

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 8** shows how the Health Board approach to GP sessional pay compares with other bodies across Wales. Powys is the only health board in Wales to pay sessional out-of-hours GPs and in-hours locum GPs identical rates. However, Powys is one of three health boards in Wales to pay an increased rate to GPs filling shifts at short notice, which can incentivise staff to wait until the last minute before committing to work shifts.

Exhibit 8: Approach to sessional pay across Wales

	This Health Board	All health boards	
		Yes	No
Increased rate of pay for filling shifts at late notice.	Yes	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.	No	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.	Yes	1	6

Source: Health Board Questionnaire

Powys patients have comparatively good access to in-hours primary care and the out-of-hours service provides timely appointments but there are issues with the quality of the data and there is scope to improve signposting to out-of-hours

Access to in-hours primary care is comparatively good although there is scope to improve signposting to GP out-of-hours through the Health Board's website and GP practice answerphone messages

- 55 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.
- 56 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 Community Health Council told us there was good awareness of the service across Powys, although many patients were unaware that out-of-hours GPs were based in Powys, mainly because they found the service name Shropdoc misleading.
- 57 The Health Board told us they displayed key GP out-of-hours information on the Health Board's website and cards were available for GPs to hand out to patients. Shropdoc has highlighted the need for the Health Board to promote the opening and closing hours of medical practices, pharmacists, dentists, and self-care options, as part of patients' information. We reviewed health board websites to assess the extent of information on GP out-of-hours services for the public. **Exhibit 9** shows how the results for the Health Board compared with the rest of Wales. We were only able to find three pieces of information about GP out-of-hours services on the Health Board's website that we were looking for. The picture is similar across Wales.

Exhibit 9: Comparison of GP out-of-hours information available on 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?	Yes	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.

58 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 10 suggests that there is particular scope in Powys to improve the way in which GP practice answerphone messages signpost patients to out-of-hours services.

Exhibit 10: Comparison of GP out-of-hours information available on practice websites and automated messages

Practice websites	This health board (10 practices)		Wales (70 practices)	
	Yes	No	Yes	No
Does the practice have a website?	10	0	59	11
Does the landing page signpost patients to GP out-of-hours services?	7	3	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	10	0	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	6	4	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	7	3	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	8	2	44	16
Practice phone lines	Yes	No	Yes	No
Was the call answered?	10	0	69	1
Was the call automatically diverted to the GP out-of-hours service?	5	5	16	53
Did the answerphone message give the phone number of the out-of-hours service?	3	7	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	2	8	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	3	7	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	2	8	47	20

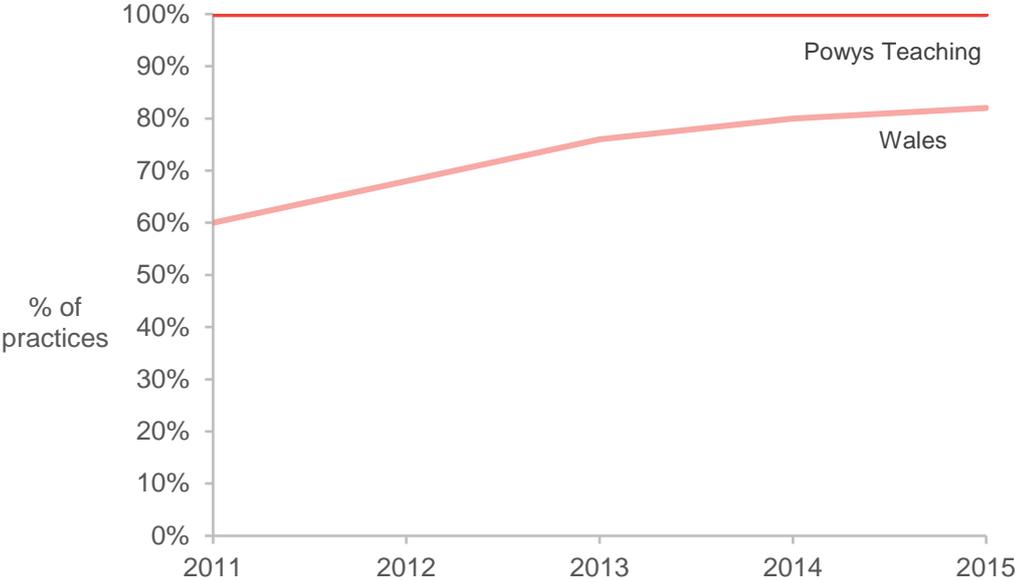
Source: Wales Audit Office review of GP practice websites and phone lines.

- 59 Our mystery shopping showed that there are at least three different phone numbers for GP out-of-hours services across the Health Board¹⁰. The Health Board may want to consider whether it is overcomplicating patient access to the GP out-of-hours service.
- 60 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. [Exhibit 11](#) shows an

¹⁰ The phone numbers were 0333 2225566, 0333 222 6648 and 08444 068888.

increase across Wales in the percentage of GP practices that are open for the entirety of their core hours¹¹. 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 above the all-Wales average. In fact, the data suggest that Powys is the only Health Board in Wales where all of its GP practices were open for their entire core hours during 2011-2015.

Exhibit 11: Percentage of GP practices open for their entire core hours



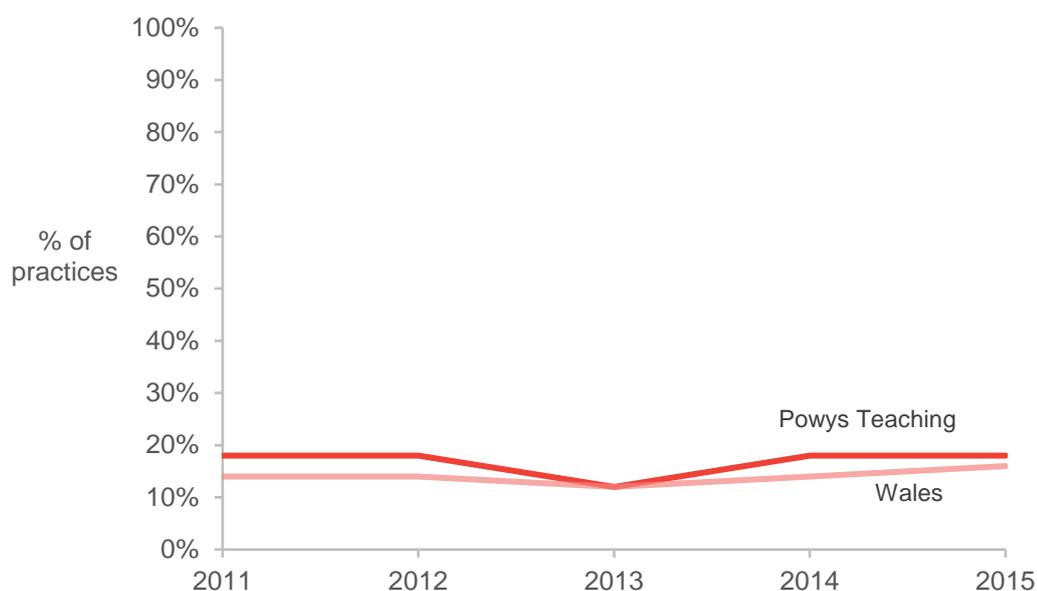
Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

- 61 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. Every practice across the Health Board now offers such appointments, one of four health boards in Wales to accomplish this.
- 62 **Exhibit 12** shows less progress across Wales in ensuring practices offer appointments before 8.30am on at least two days a week. The Health Board’s

¹¹ 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).

performance is above the national average, with 18% of GP practices regularly offering early appointments.

Exhibit 12: Percentage of GP practices that regularly offer early appointments



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

The available data suggest the Health Board's GP out-of-hours service performs comparatively well on call-taking but there are likely to be inaccuracies in the data

63 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. According to the data submitted by health boards to the Welsh Government, Powys' out-of-hours service did not terminate any calls between April 2016 and September 2016¹² (Exhibit 13). However it is unlikely that no patients

¹² 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.

decided to terminate their call, which suggests there are problems with the data submitted to Welsh Government.

64 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, 5% of calls were abandoned¹³ at this stage, which is lower than the all-Wales average. The data also shows 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 13: Call handling performance

	Health Board	Wales
Percentage of calls terminated	0%	14.6
Percentage of calls abandoned in 60 seconds or less	5%	7.0
Percentage of calls abandoned after 60 seconds	0%	5.3
Percentage of calls answered within 60 seconds (after the pre-recorded message)	89%	74.3
Percentage of calls answered after 60 seconds (after the pre-recorded message)	11%	25.7

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards between April and September 2016

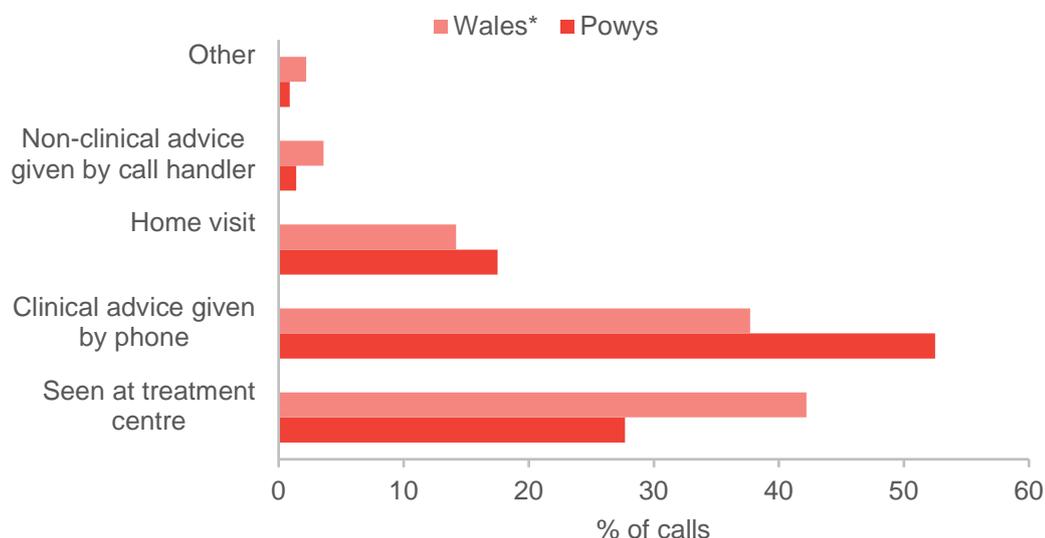
Powys patients are more likely than in the rest of Wales to have their needs completely met on the phone although there is scope to improve the timeliness of call backs

65 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 14 shows how the Health Board handled calls¹⁴ between April 2016 and September 2016. It shows that the Health Board’s patients were much more likely than in Wales as a whole to be given advice over the phone and were less likely to be seen at a treatment centre.

¹³ 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.

¹⁴ We have excluded calls where the patient had a life-threatening emergency.

Exhibit 14: The way in which the GP out-of-hours service manages calls



Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards (April 2016 to September 2016).

- 66 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 staff at Shropdoc lacked knowledge of the geography of Powys. They have highlighted this since the service started, but they only see improvement when triage staff remain in the service for a long time.
- 67 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, 90% 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, 79% of routine calls to the Health Board received a call back within 60 minutes (compared with 82% across Wales as a whole).
- 68 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. Shropdoc provides good support and development for its staff (employed and GPs). GPs must attend a triage training session, and then complete a 'buddy' session before they can become triagers. Once in position, GPs are audited after 3 months, then 6 months and every 12 months thereafter. The Health Board's intranet system provides staff with up-to-date relevant information, and forces staff to look at the information to access the system. GP training sessions are held three

times a year. In terms of support, managers and staff told us that back-to-back working was discouraged to prevent overworking GPs that had just finished an out-of-hours shift. Most, but not all practices will ensure GPs have a non-working day following a night of out-of-hours work.

- 69 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. The Health Board was unable to provide us with data on the number of times the GP out-of-hours service accessed the summary GP Record for patients. There is, however, a flagging system between Shropdoc and the patients' practices. This system ensures call handlers can spot any risks to patients, enabling them to pass the information onto GPs, and if necessary, prioritise the call. Out-of-hours staff can also flag risks for the patient's own GP to follow-up. Although there is some risk with the flagging system, in that it relies on the in-hours GP to enter risks on the system, staff told us that GPs usually do this as a matter of routine.

The Health Board is ensuring it provides the majority of appointments in a timely way, despite the challenge of providing home visits across Powys

- 70 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.
- 71 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 15** suggests that in most cases, GPs see patients within the hour, whether at home or at a treatment centre, which compares favourably to the rest of Wales.

Exhibit 15: Percentage of patients seen within the relevant time targets

	Health Board	Wales ¹
Home visits		
Percentage of 'very urgents' seen within one hour	84.1	59.9
Percentage of 'urgents' seen within two hours	92.8	69.2
Percentage of 'less urgents' seen within six hours	99.5	92.7
Treatment centre		
Percentage of 'very urgents' seen within one hour	100	85.7
Percentage of 'urgents' seen within two hours	100	80.9
Percentage of 'less urgents' seen within six hours	100	97.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to Welsh Government by the health boards (April 2016 to September 2016).

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

72 In 2014, the CQC found that in previous patient surveys carried out by CFEP UK Surveys (Client-Focused Evaluations Programme), Powys GP out-of-hours services had achieved above average scores compared to national averages for service effectiveness indicators. The limited data available to us shows low numbers of breached waiting time targets. We were told that there are processes in place to reassure and support patients while they are waiting for a GP to arrive. This includes the Shropdoc operator making a 'comfort call' towards the end of the time response window to reassure patients that a GP is on the way. Operators can also give advice to patients on what to do if their condition worsens. The 2014 Care Quality Commission report stated that responses from patient surveys showed a high level of satisfaction in the service provided by Shropdoc, which was significantly above the national benchmark.

GP out-of-hours staff have access to good information to help them make appropriate referrals but there are limitations in the available data on numbers of referrals to other services

73 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 3.3% (510 cases).

- 74 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 1.5% (227 cases). The difference between this figure and the all-Wales figure suggests possible differences in the way the data are recorded, which makes it difficult to compare performance.
- 75 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 1.5%. Again, the difference between these two figures strongly suggests different approaches to recording data and so comparisons need to be drawn carefully. **Exhibit 16** shows the pattern of referrals made by the service.

Exhibit 16: Pattern of referrals made by GP out-of-hours services

	Health Board	Wales
Category: Hear-and-treat patients		
Received a telephone assessment only and the call was closed	82	54.7
Referred to emergency ambulance service	3.4	5.7
Referred to hospital emergency department or minor injury unit	2.8	10.6
Referred to hospital admission or assessment on a hospital ward	8.9	2.9
Referred to their own GP	2.9	14.4
Referred to district nursing	0	2.6
Referred to dentist	0	0.3
Other	0	8.9
Category: Patients seen at treatment centres		
Did not attend the appointment or left before the appointment took place	0	1.0
Treated and discharged	80.8	61.1
Referred to emergency ambulance service	0.1	0.1
Referred to hospital emergency department or minor injury unit	8.7	1.8
Referred to hospital admission or assessment on a hospital ward	1	9.1
Referred to their own GP	0	23.4
Other	9.5	3.6
Category: Patients seen at home		
Treated and discharged	65	60.4
Referred to emergency ambulance service	1.6	0.6
Referred to hospital emergency department or minor injury unit	8.5	2.1
Referred to hospital admission or assessment on a hospital ward	4.2	7.9
Referred to their own GP	0	17.0
Other	16.5	6.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards (April 2016 to September 2016).

- 76 A potential barrier to effective referrals is the availability of other services outside normal working hours. 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 told us that all GP out-of-hours centres have access to an up-to-date directory of services. Comprehensive information about other services is

contained within the core system used by Shropdoc staff when handling calls. In 2014, the Care Quality Commission found that GP out-of-hours staff had direct access to beds in local healthcare establishments. Staff could also access a complex needs rota to deal with unusual cases, like mental health or prison patients, as well as direct access to community nursing teams.

- 77 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 had no recent detailed evidence of patients accessing other services inappropriately when their actual need was for the GP out-of-hours service. The Health Board could consider reviewing this, given the evidence gap.

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 17: Audit methodology

Method	Detail
Health board questionnaire	The questionnaire was the main source of corporate-level data that we requested from the Health Board.
Document request	<p>We reviewed documents from the Health Board which covered:</p> <ul style="list-style-type: none"> • Health Board IMTP • Primary Care Action Plan, 2016-17 • Unscheduled care plans • Contract between Health Board and Shropdoc. • Terms of reference, GP out-of-hours performance group • Shropdoc activity and performance papers • Self-assessment of compliance with national standards for GP out-of-hours services • Board report on GP access • Sample of minutes of from operational meetings • Sample of relevant policies and procedures. • Escalation plan • Care Quality Commission report on Shropdoc, 2014. • Risk register.
Interviews	<p>We interviewed a number of staff including:</p> <ul style="list-style-type: none"> • Director of Primary & Community Care and Mental Health. • Head of Primary Care (lead for GP out-of-hours services). • Shropdoc Operations Director. • Information Officer, Primary Care • One general practitioner. • Acting Chief Officer, Powys Community Health Council.
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 Powys we had responses from 12 members (57%).
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.

Method	Detail
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

- 78 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.
- 79 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 18** shows the results from across Wales.

Exhibit 18: Percentage of patients who said the GP out-of-hours service had a positive 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.

- 80 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 19** shows which services they accessed.

Exhibit 19: Range of services accessed by patients before contacting GP out-of-hours services

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.

- 81 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".
- 82 We also asked how patients found the telephone number for the GP out-of-hours service. **Exhibit 20** shows the results from across Wales.

Exhibit 20: Mechanism by which patients access the GP out-of-hours phone number

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.

- 83 Once a patient has decided to contact the GP out-of-hours service, it is important for the service to answer 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'.

- 84 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'.
- 85 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.
- 86 **Exhibit 21** 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 21: Measures of patient experience of GP out-of-hours appointments and home visits across Wales

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.
- 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.
- 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

- 87 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 22: Health Board self-assessment against the national standards

Aim	Performance Standard				Health Boards						
	Achieved	Work Underway	Limited Development	No response	CT	BCU	CV	AB	ABMU	HD	Powys
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.

Appendix 4

Management response

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	<p>The Health Board recognises risks to the sustainability of GP out-of hours services, including its reliance on Shropdoc to provide services. It is developing a workforce plan, and will be increasing the focus on Primary Care Urgent Care as part of the implementation of its Health and Care Strategy.</p> <p>The Health Board should:</p> <p>a. monitor the implementation of this planning work to ensure a higher profile for GP out-of-hours and to see</p>	A higher profile for GP out-of-hours and a clear strategic focus	Yes	Yes	a.Health Board will review and monitor the Shropdoc strategic workforce plan and the Urgent Care Practitioners capacity. Outcomes will be monitored and recorded within the Unscheduled Care Board and OOH Performance Management Group meetings	<p>OOH strategic workforce plan sign off by Board June 2017</p> <p>Quarterly updates monitoring implementation progress will commence in June 2017</p>	<p>Director of Primary Care and Community Care</p> <p>Director of Primary Care</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>that objectives are achieved.</p> <p>b. develop a contingency plan to mitigate the risks associated with the possibility of Shropdoc having to re-tender for its contracts in England and the potential negative consequences for Powys which that would bring.</p>	<p>A clear approach to help the Health Board manage the risks that could arise, should Shropdoc not be able to fulfil its existing GP out-of-hours contract.</p> <p>–</p>	Yes	Yes	<p>b.Shropdoc and PTHB are working to ensure Welsh provision as part of Shropdoc's wider responsibilities is not affected by any changes occurring with contracts in English CCGs. This has been in place since January 2016 as a matter of risk.</p> <p>– The two organisations are in a strategic partnership and there will be a clear separation of the provision</p>	31 March 2018	and community Care

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					subsequent to the outcome of the review in 1a		
R2	<p>Performance management: Monitoring and review of GP out-of-hours performance is generally sound but the data are not regularly considered at Board and committee level. The Health Board also reports very few incidents to the National Reporting and Learning System.</p> <p>The Health Board should:</p> <p>a. increase the frequency of GP out-of-hours performance agenda items on the Board and Patient</p>	To ensure greater visibility of issues affecting the GP out-of-hours services at the Board and its committees.	Yes	Yes	<p>R2 a/b/c</p> <p>Health Board standalone reports to be produced to include information on:</p> <ul style="list-style-type: none"> • Performance and provider activity • Feedback from staff partners and public • Summary of incident reporting <p>The report will feed into the Patient</p>	<p>Quarterly reports to be submitted to the Patient Experience, Quality & Safety Committee. First report to be submitted at July 17 meeting</p>	<p>Director of Primary Care and community Care</p>

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	Experience, Quality & Safety Committee; b. produce standalone GP out-of-hours reports for these committees;	To provide relevant information to ensure that the committees have appropriately detailed information to consider.	Yes	Yes	Experience, Quality and Safety board committee Work will continue with both Shropdoc and ABMU to improve and refine reporting arrangements		
	c. include, in the standalone reports, feedback from staff, partners and public;	To ensure sufficient breadth of information is provided.	Yes	Yes			
	d. review the robustness of its GP out-of-hours incident reporting arrangements to the National Reporting and Learning System (NRLS).	– To ensure that incidents are being recorded, are accurate, and subsequently reported	Yes	Yes	R2 d Health Board to review its current	June 2017	

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					process for the reporting arrangements to the NRLS and if necessary update and amend the current process.		
R3	<p>Public messaging: There is scope to improve signposting to GP out-of-hours through the Health Board's website and GP practice answerphones.</p> <p>The Health Board should:</p> <p>a. update its website to include more information on out-of-hours services, such as a description of what its function is, examples of cases where it would be appropriate to access the service,</p>	To provide clearer signposting for GP out-of-hours service users.	Yes	Yes	R3 a Health Board will review and update Powys Teaching Health Board website with clearer signposting to the OOH information and update with relevant information on appropriate access, opening hours and location of primary care centres.	June 2017	Director of Primary Care and Community Care

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	<p>opening hours and locations of GP out-of-hours primary care centre;</p> <p>b. work with GP practices to ensure messages on their websites and answerphones are consistent. Perhaps develop standard text for all practices to adopt.</p>	<p>– Consistent messaging and signposting by all GP practices.</p>	Yes	Yes	<p>This will include a link to the Shropdoc website which also details support for minor ailments and self-management advice.</p> <p>R3 b Health Board to liaise with GP practices to update OOH contact information to ensure consistency across Powys.</p>	June 2017	
R4	<p>Taking and returning phone calls: The available data suggest the Health Board's GP out-of-hours service performs comparatively well on call-taking although there are likely to be inaccuracies in</p>						<p>Director of Primary Care and Community Care</p>

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>the data and there is scope for Shropdoc call takers to improve their geographical knowledge of Powys.</p> <p>The Health Board should: review training for new starters at Shropdoc to ensure that operators have a thorough knowledge of the Powys area so they can advise patients appropriately on the locations and availability of local services.</p>	<p>– All Shropdoc call takers to have a good knowledge of the geography of Powys and its services.</p>	Yes	Yes	Health Board to liaise with Shropdoc to introduce a process to improve call handlers geographical knowledge of Powys area and its services as part of its call handler induction process.	November 2017	
R5	GP out-of-hours staff have access to good information to help them make appropriate referrals but there are limitations in the available data on numbers of referrals				a. Health Board to liaise with OOH providers to include routine reporting on inappropriate patient	To commence in quarterly reporting from July 17 onwards	Director of Primary Care and community Care

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>to other services. The Health Board has no recent detailed information on whether patients are accessing GP out-of hours inappropriately, or on whether patients have accessed other services when they should have accessed GP out-of-hours.</p> <p>The Health Board should:</p> <p>a. gather evidence of whether any of its patients have accessed GP out-of-hours services inappropriately, and similarly whether any patients have accessed other services when they should have accessed GP out-of-hours;</p>	<p>Clear information about inappropriate use of services, to inform work to direct patients to the right services.</p> <p>Staff are aware of how to direct services into GP out-</p>	<p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>Yes</p>	<p>access to OOH services</p> <p>Health Board to liaise with partners to obtain data on inappropriate service access by patients who should have accessed GP OOH services.</p> <p>b.</p> <p>Health Board to review current protocols used for patient transfer/ direction to GP OOH services, and amend where appropriate amend and update.</p> <p>c.</p> <p>Health Board will continue to review the</p>	<p>August 2017</p> <p>June 2017</p>	

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<p>b. where appropriate, clarify its protocols to ensure services are aware of arrangements to transfer patients to GP out-of-hours;</p> <p>c. review all of the GP out-of-hours data it provides to Welsh Government on a monthly basis to ensure it is providing information that is directly comparable with other organisations.</p>	<p>of-hours services where appropriate.</p> <p>– Provision of information about GP out-of-hours to the Welsh Government, which is consistent and comparable.</p>	Yes	Yes	all Wales monthly data submissions and identify indicator data that is currently not consistent and comparable with other Health Boards' submissions. This will be included in the quarterly reports submitted to the Patient Experience, Quality & Safety Committee.	End of May 2017	

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500

Fax: 029 2032 0600

Textphone : 029 2032 0660

E-mail: info@audit.wales

Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500

Ffacs: 029 2032 0600

Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru

Gwefan: www.archwilio.cymru