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Auditor General for Wales

Review of GP Out-of-Hours Services – Cwm Taf University Health Board

Audit year: 2016

Date issued: August 2017

Document reference: 462A2017



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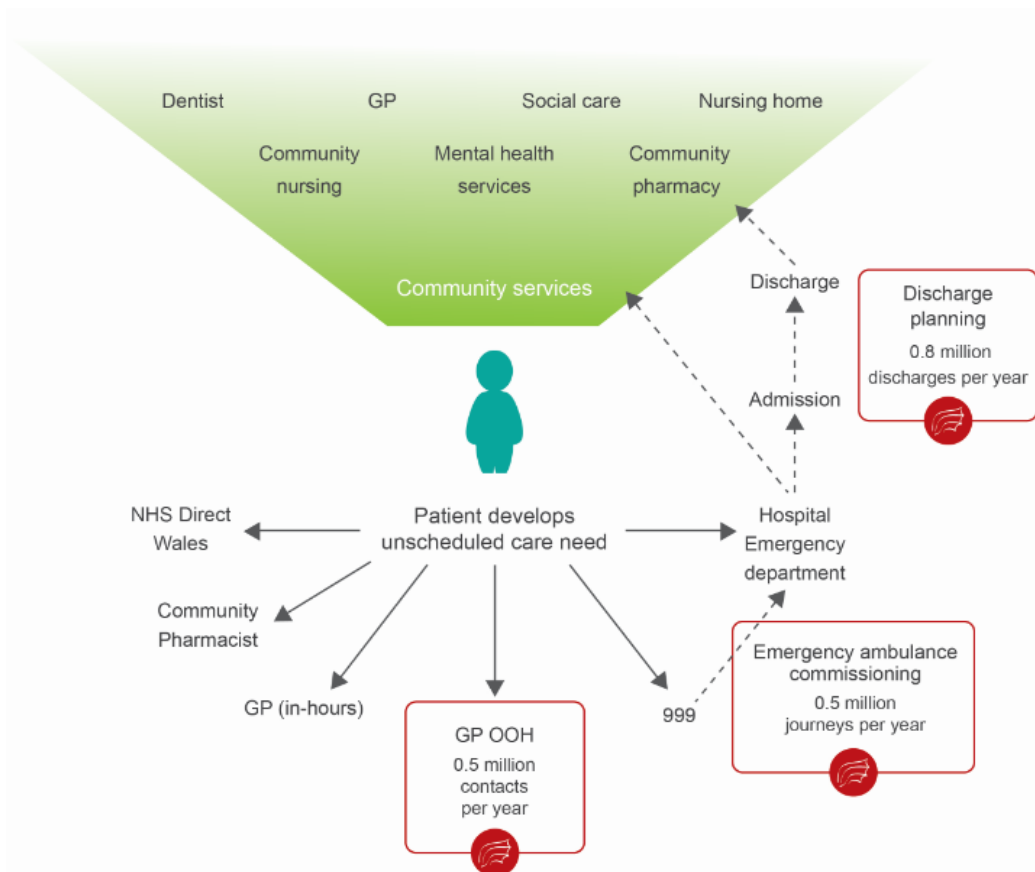
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Summary report

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

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

- 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 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, the 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.

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.

- 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 Cwm Taf 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 At the Health Board, the GP out-of-hours service is based within the Primary Care Division. The service is delivered in-house and is based at Ty Elai in Williamstown, alongside Rhondda Cynon Taff County Borough Council's call centre. Up until recently, the out-of-hours service ran four primary care centres, now there are two, which are co-located with the following emergency departments:
- Royal Glamorgan Hospital, Llantrisant; and
 - Prince Charles Hospital, Merthyr Tydfil.
- 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: **the Health Board has taken good steps to stabilise the GP out-of-hours service, however there is further scope to improve data integrity, operational management capacity, public signposting and performance against some targets.** In the paragraphs below, we have set out the main reasons for coming to this conclusion.

Governance arrangements

- 15 Good progress has been made on redesigning the GP out-of-hours model and strengthening clinical leadership but there are weaknesses in data integrity and limited capacity at operational management level. We came to this conclusion because:
- the Health Board has made progress in designing a more sustainable service model but needs to do more to engage staff in service development;
 - the GP out-of-hours service has clear lines of accountability and has improved clinical leadership but there is limited capacity at operational management level; and
 - performance management and scrutiny arrangements are in place and being improved, however data integrity issues need to be resolved.

Financial and clinical sustainability

- 16 The Health Board has increased spending on GP out-of-hours in real terms and has taken some positive steps to stabilise the workforce but recruitment issues remain. We came to this conclusion because:
- staff wellbeing and support arrangements are generally good, but despite some positive steps towards a more sustainable workforce, the service continues to have recruitment difficulties; and
 - the Health Board has increased spending on GP out-of-hours in real terms and the level of spending is similar to the average position across Wales.

Performance and patient experience

- 17 There is good access to in-hours primary care but there is scope to improve GP out-of-hours performance in some key areas and to strengthen signposting from GP practices. We came to this conclusion because:
- access to in-hours GP surgeries and public education initiatives are good but there is scope to improve out-of-hours information on practice websites and answerphones;
 - the Health Board is not meeting targets for answering calls quickly, but the data suggest few calls are abandoned; terminated calls are not recorded;
 - the Health Board is not meeting targets for 'urgent' or 'routine' call-backs, and there is an opportunity to strengthen telephone triage training;
 - the Health Board does not have reliable performance data on the prioritisation of home and treatment centre appointments; data integrity issues need urgent attention; and
 - through co-locating the out-of-hours service with emergency departments, the Health Board has fostered closer working between teams.

Recommendations

18 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>Staff engagement: We found that only 20% of staff responding to our survey felt they were given enough of an opportunity to give their opinions to inform the development of the plan for GP out-of-hours services. For the next phases of service development, the Health Board should:</p> <ol style="list-style-type: none"> a. include a variety of methods to engage and encourage staff to participate in service design discussions and decisions, especially mobile staff and those working shifts; and b. give regular updates and opportunities for further participation to staff as plans develop.
R2	<p>Operational management team capacity: We found a lean operational management structure, which relies on the good will of individual staff to be on-call outside of their working hours. The Health Board should review current management team capacity. Options could include introducing an extra tier of management or formalising on-call arrangements amongst existing staff.</p>
R3	<p>Data integrity: We found ongoing issues with the GP out-of-hours service computer system which is affecting the integrity of performance data used to manage the service and submitted to Welsh Government. The Health Board should as a matter of urgency, address the ongoing data integrity issues that are currently preventing meaningful comparisons with other health boards, to ensure the Health Board has an accurate position of its GP out-of-hours performance.</p>
R4	<p>Public information: We found that there was limited information about the out-of-hours service on the Health Board and GP practice websites. Messages on practice answerphones were not consistent and a number of practices we sampled did not have a website. The Health Board should:</p> <ol style="list-style-type: none"> a. update the Health Board website to include the following: <ul style="list-style-type: none"> – choose Well information on the landing page; – a dedicated page for GP out-of-hours service with a description of the service; – examples of types of condition/circumstances when choosing the out-of-hours service would be appropriate; – GP out-of-hours service opening times, and – locations of the primary care centres. b. work with GP practices to ensure messages on their websites and answerphones are consistent. Perhaps develop standard text for all practices to adopt;

Recommendations

- c. encourage GP practices without a website to develop one, and include information about the GP out-of-hours service on their websites.

R5 **Telephone triage:** The Health Board reported that GPs working in the out-of-hours service have not received training on telephone triage. For GPs to feel confident in triaging patients by telephone, the Health Board should:

- a. include telephone triage training as part of GP inductions; and
- b. offer formal telephone triage training to existing GPs working for the service.

Detailed report

Good progress has been made on redesigning the GP out-of-hours model and strengthening clinical leadership but there are weaknesses in data integrity and limited capacity at operational management level

The Health Board has made progress in designing a more sustainable service model but needs to do more to engage staff in service development

- 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 The Health Board recognised that the GP out-of-hours service was underperforming, mainly due to difficulties in recruiting GPs to work shifts. Recognising the current model was unsustainable, in early 2015, the Health Board established the Service Redesign Project. The business case for the project shows that four proposals were considered, these being:
 - Option 1 – do nothing;
 - Option 2 – centralising the GP out-of-hours service at the two district general hospitals but operating separately;
 - Option 3 – centralising and fully integrating the GP out-of-hours service with the emergency departments; or
 - Option 4 – centralising and co-locating the GP out-of-hours service with the emergency departments.
- 22 Following a full options appraisal, which is detailed in the business case, the service found Option 4 to be the most viable. The Health Board subsequently implemented this option in late September 2015. Aside from the options appraisal, the business case also sets out the reasons for change, proposals for a GP pay incentive scheme, a workforce development plan and financial summary.
- 23 The objectives of the service redesign are outlined as:
 - service integration – centralising and co-locating the service alongside the emergency departments, to allow easier transfer of patients between services;

- improve GP recruitment – tackle the recruitment crisis by creating attractive and supportive working environments, helping to draw GPs and other health professionals to the service and encourage them to remain;
 - stabilise the service – by introducing a new pay incentive scheme that will help gain a greater future working commitment from GPs; and
 - workforce remodelling – to devise a plan to expand the skill mix within the GP out-of-hours workforce to help reduce the over reliance on GPs.
- 24 In June 2016, the Health Board evaluated the first six months' progress on the GP out-of-hours service redesign. The update, which was presented to the Health Board, detailed achievements such as:
- centralising and co-locating the out-of-hours service with emergency departments;
 - implementing a 'shift bundling' incentive scheme for GPs;
 - securing sessions with an advanced nurse practitioner; and
 - developing a governance framework with the Welsh Ambulance Services NHS Trust (WAST) to allow their advanced paramedic practitioners to work within the out-of-hours service.
- 25 We spoke to a selection of operational and strategic staff who were all positive about the progress made through the service redesign. They told us that because of introducing the shift bundling incentive scheme, GP shift fill rates are frequently over 90%. A chart presented in the six-month evaluation report shows a fall in unfilled shift rates after the shift bundling scheme was introduced in September 2015 (from 20% in April 2015 to 5% in March 2016).
- 26 The Health Board reported that a number of stakeholders were involved in the service redesign. The business case included a communications plan, with the six-month evaluation outlining who was engaged during the process. This included corporate leaders, GPs, operational staff, Community Health Council (CHC) and Local Medical Committee (LMC) representatives. The community area forums were used as a mechanism to engage the local public on plans and for them to raise any issues. The community health council representative we interviewed confirmed they had worked closely with the Health Board on the service redesign.
- 27 Our survey of GP out-of-hours staff⁷ asked whether the Health Board had consulted staff in relation to the planning of the service. In the survey, only 20% 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%. These findings show that whilst there was a communications plan in place, it might not have succeeded in securing enough involvement from operational staff.

⁷ We carried out an online survey of all staff that work in the GP out-of-hours service. We received 25 responses from across the Health Board. The Health Board indicated that it had a total workforce of 65 staff.

In addition, the nature of shift and mobile working might have made it difficult for some staff members to participate.

- 28 The Health Board's winter pressure plan, developed in conjunction with partner organisations⁸, outlines how partners will work together to prevent unnecessary acute admissions. A section within the document explains how the GP out-of-hours service will contribute.
- 29 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 compares reasonably against other health boards in Wales. The Health Board's own assessment suggests that out of the 34 criteria set out within the nine standards, 27 are already in place (green) and the remaining seven are underway (amber).
- 30 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. We found the Health Board has a relatively good understanding of demand. Operational managers reported that trends were predictable, for example winter, public holidays and weekends. The GP out-of-hours service's demand and activity is constantly monitored. Depending on service need, clinical capacity can be reorganised to provide the best configuration. The service also tries to supplement some service specialties where there are shortfalls in others. For example if there is a shortage of telephone triage, they will try to build more face-to-face capacity.
- 31 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.
- 32 The Health Board is in the initial stages of planning for the introduction of 111 in some areas, and to date has developed very early plans. In October 2016, the Health Board held a workshop with other healthcare professionals to develop the plans further. Those we interviewed as part of this review, expressed some apprehension, based on the problems experienced in England and the scale of the task.

⁸ Partners include: Cwm Taf University Health Board, Rhondda Cynon Taff County Borough Council, Merthyr Tydfil Council Borough Council and the Welsh Ambulance Services NHS Trust

The GP out-of-hours service has clear lines of accountability and has improved clinical leadership but there is limited capacity at operational management level

- 33 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.
- 34 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 Cwm Taf, the Executive Director of Primary, Community and Mental Health is the named executive with overall responsibility for GP out-of-hours service. Below the Executive Director of Primary, Community and Mental Health, the next tier of management for GP out-of-hours lies with the Assistant Director of Operations for Unscheduled Care.
- 35 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 the time of this review, the Health Board had recently been successful in appointing a Clinical Lead for the service (joining the service in March 2016) for three sessions per week. The Health Board feels the role is integral to the operational management team. The Clinical Lead's role involves dealing with clinical management issues, clinical complaints, GP performance, reviewing call handling algorithms and helping to interpret new guidelines.
- 36 In response to our staff survey, 44% 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%). 16% of Cwm Taf staff disagreed or strongly disagreed (compared with 26% across Wales).
- 37 At the Health Board, there is a small operational management team for the GP out-of-hours service, which is made up of:
- the Head of Primary Care, who has oversight of the GP out-of-hours service;
 - the Development Manager, who is responsible for developing the contact centre and reviewing performance; and
 - the Operational Manager, who is responsible for the day-to-day running of the contact centre, for example managing staff and rotas.
- 38 During the day, there is enough capacity within the operational management team. However, staff told us that management becomes stretched when one or more of the team is on annual leave or sick leave.
- 39 During out-of-hours shifts, the most senior staff on duty are four band three team leaders, and on some shifts, a band six operational support manager too. In terms of senior management support, the development manager, operational manager

and clinical lead are contactable during the shift. However, this is a casual arrangement and the lean management structure means that these members of staff are always on-call outside of their working hours. This means the service relies on the commitment of individual staff, and although the service has improved, this model is not sustainable. The team thinks the service would benefit from an extra tier of management, so issues are dealt with as they arise.

- 40 Staff reported that if there was a major issue, there is an escalation plan and there is an on-call manager and executive.

Performance management and scrutiny arrangements are in place and being improved, however data integrity issues need to be resolved

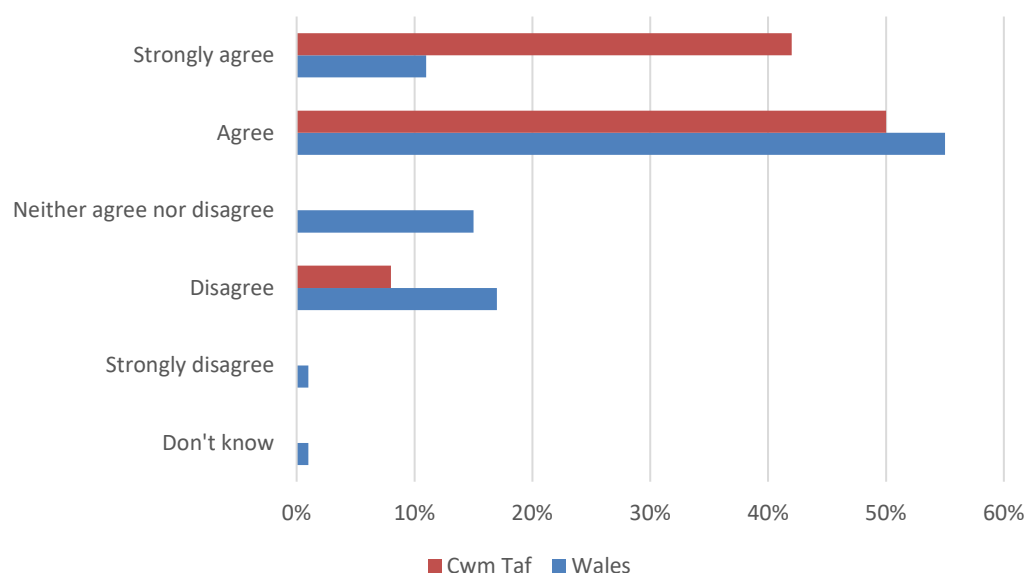
- 41 A key part of the governance of GP out-of-hours services is the monitoring and review of performance. The national review into GP out-of-hours services in 2012 highlighted issues with monitoring performance, including a lack of consistent and comparable data across Wales.
- 42 At the Health Board, we found that the service runs daily reports on shift fill rates to allow managers to amend and update rotas. The Assistant Director of Operations for Unscheduled Care receives this information on a weekly basis. The operational management team also regularly monitors the quality of GP out-of-hours calls and gives call handlers feedback on their performance.
- 43 The service runs regular reports from the Adastral computer system, which show performance against the following measures:
- total calls – by GP and dental calls;
 - call handling – by urgent or routine calls, and whether target times are met;
 - Primary Care centre – number of patients attending walk-ins and referred to the emergency department;
 - home visits – number of visits;
 - dental calls – by urgent or routine calls, and whether target times are met;
 - ambulance calls – whether target times are met; and
 - number of referrals – to the emergency department, by ambulance and hospital calls.
- 44 However, the Health Board has been experiencing data integrity issues with Adastral. Whilst Adastral provided onsite consultancy in an attempt to resolve the data integrity issues, data discrepancies have persisted. The Health Board is attempting to resolve the situation but at the time of our review, the issues remained.
- 45 To improve performance management, the Primary Care division is developing an integrated performance dashboard, which includes GP out-of-hours performance.

At the time of the review, the division was in the process of recruiting a data analyst to interrogate data across the division.

- 46 In addition to operational performance, monitoring clinical performance is key to ensuring patient safety. At the Health Board, the Clinical Lead has introduced an annual performance audit for all out-of-hours GPs. The audit involves reviewing patient notes and checking for good documentation, patient observations, appropriate diagnoses, prescriptions made etc. The Clinical Lead sends feedback to the GPs via email using a form that outlines their performance and areas for improvement. Once all the audits are completed, all GPs receive feedback on general improvement themes.
- 47 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 Board, Primary Care Committee, and Quality and Safety Committee consider the out-of-hours service on a quarterly basis, and executive and operational teams on a monthly basis. On a monthly basis, the Service Redesign Group also meet to monitor progress on the redesign programme.
- 48 **Exhibit 3** shows that in response to our Structured Assessment survey⁹, Board members in the Health Board strongly believe the GP out-of-hours service is regularly scrutinised, and 58% said they were satisfied with the performance and quality of the service (the remaining 42% said they neither agreed nor disagreed).

⁹ 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 12 board members in Cwm Taf University 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.

49 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. In line with the majority of health boards, Cwm Taf reported a low number of incidents to the NRLS. The Health Board also provided us with its own incident data for 2015, which shows a similar number of clinical incidents.

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

Health Board	Number of incidents reported		
	2013	2014	2015
Hywel Dda	0	0	0

Source: NRLS, NHS Commissioning Board Special Health Authority.

- 50 A review of the service's complaints log shows they have a clear complaints process in place. The complaints log shows, when and how complaints are received, what it was about and how it was resolved. The log also lists service compliments. The operational team, who respond to most of the complaints, explained that although the out-of-hours service is a high volume, high-risk service it receives low numbers of complaints, and at times compliments exceeded complaints. The Quality and Safety Committee and Locality Clinical Directors consider complaints.
- 51 Another key aspect of reviewing GP out-of-hours services is through the health boards' monitoring and management of risks. At the Health Board, the primary care and out-of-hours risk register is reviewed at monthly business meetings. Every six months the Primary Care, Localities and Out-of-Hours Quality and Safety Group reviews the top risks, which feeds into the Health Board's Quality and Safety committee. The DU's review of the Health Board's self-assessment against the GP out-of-hours standards found the service compliant with the standard on risk management.

The Health Board has increased spending on GP out-of-hours in real terms and has taken some positive steps to stabilise the workforce but recruitment issues remain

Staff wellbeing and support arrangements are generally good, but despite some positive steps towards a more sustainable workforce the service continues to have recruitment difficulties

- 52 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.
- 53 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, one of the main drivers for redesigning the service is a shortage of GPs to deliver the service. Although we found no specific workforce plan, the GP out-of-hours service redesign business case details workforce redesign options. These range from expanding the skills in the service to making better use of final year GP registrar trainees.
- 54 When deciding the 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, there are 70 sessional GPs and no salaried GPs. The Health Board reported they have attempted to recruit salaried GPs a number of times but have not been successful.
- 55 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan¹⁰ 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. The Health Board still has a largely GP reliant out-of-hours service, however, in line with their plans for workforce remodelling, the Health Board has made some progress in expanding the mix of professions working within the service. For example, the service has secured sessions with one advanced nurse practitioner and four advanced paramedic practitioners. Through remodelling the workforce, the Health Board aims to have a GP out-of-hours

¹⁰ Welsh Government, Our plan for a primary care service for Wales up to March 2018, February 2015

service that is led by GPs, but not over reliant on GPs. However, some of the other professions the service is looking to attract, such as advanced nurse practitioners, are also in short supply.

- 56 The Health Board recognises that creating a multidisciplinary out-of-hours service will need long-term solutions. The service redesign six-month evaluation reported limited success with recruitment but reported progress in exploring other options. For example, developing plans to offer general primary care nurses the opportunity to undertake an MSc in Advanced Clinical Practice. This is because for a primary care nurse to be eligible to work for the out-of-hours service, they need to hold a qualification in minor illnesses, and have at least two years' experience in general practice. A recruitment exercise for primary care nurses highlighted a shortage of suitably qualified staff. This is in line with the services workforce aspirations and by training staff, the Health Board is investing in the future of the out-of-hours service.
- 57 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 reported that during predictable peaks in demand, such as Christmas and Easter, they roster additional GPs. In terms of seasonal respiratory viruses, the service attempts to increase its capacity but this is reliant on the availability of GPs to work shifts.
- 58 **Exhibit 5** shows the staffing position in the Health Board compared with the rest of Wales. The data suggests that the Health Board has one of the highest pools of GPs per 1,000 population when compared with other health boards. However, very few staff responding to our survey believe current staffing levels are enough to meet demand, although this may reflect that there are no salaried GPs. The unfilled shift rates presented in **Exhibit 5** are from 2015-16, but as stated in paragraph 25, the Health Board introduced their shift bundling incentive scheme in September 2015, after which unfilled shift rates have improved.
- 59 Staff we spoke to highlighted some of the barriers to retaining GPs within the out-of-hours service and these included GPs wanting a better work-life balance and reluctance to work at the Prince Charles Hospital because the hospital is not on the M4 corridor. In addition, there are some tax penalties, which may act as a disincentive for some GPs. The personal tax allowance for those GPs earning above certain tax thresholds can be reduced to zero. Also, both the annual and lifetime pension allowances have been reduced in recent years which attract tax penalties if breached. These barriers pose a risk to the sustainability of the service.

Exhibit 5: measures comparing staffing resources across Wales

Aspects of staffing	Health Board	Across Wales
Size of list of GP pool to draw upon per 1,000 population	0.24	Ranging from 0.17 in Betsi Cadwaladr to 0.25 in ABM
GP shifts unfilled rate (2015-16)	11%	7% (average)

Aspects of staffing	Health Board	Across Wales
		Ranging from 0.5% in Powys to 20% in Aneurin Bevan
Percentage of staff <ul style="list-style-type: none"> agreeing or strongly agreeing that their workload was manageable agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand 	64% 12%	66% 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.

60 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 6** suggests the Health Board's staff wellbeing and support arrangements are generally better than the average position across Wales. However, in line with the average across Wales, morale amongst staff appears low and the Health Board should address this.

Exhibit 6: staff support arrangements and measures of staff wellbeing

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	76%	64%
agreeing or strongly agreeing that they get sufficient training, learning and development within the out-of-hours service to carry out their role	64%	57%
agreeing or strongly agreeing that morale in the out-of-hours service is good	39%	31%
agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time	68%	73%
who received a personal appraisal development review	95%	Insufficient data to calculate all-Wales position

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

The Health Board has increased spending on GP out-of-hours in real terms and the level of spending is similar to the average position across Wales

61 **Exhibit 7** 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 2004-05¹¹. In 2015-16, Cwm Taf subsidised its GP out-of-hours services to the sum of £617,000.

Exhibit 7: 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 (£000s)	Subsidy paid by health boards (£000s)	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.

62 **Exhibit 8** 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 15% increase in cash terms, and a 5%

¹¹ 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

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

Health Board	Expenditure on GP out-of-hours services (£000s)		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%
Abertawe Bro Morgannwg	4,238	4,905	16%	6%
Cwm Taf	2,657	3,064	15%	5%
Powys	2,534	2,534	0%	-8%
Aneurin Bevan	6,005	6,078	1%	-8%
Cardiff and Vale	3,847	3,768	-2%	-11%
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.

- 63 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 they roll over the previous year's budget and then adjust it to take into account under or overspends, additional cost pressures, and investment or savings plans approved via the Integrated Medium Term Plan (IMTP) process.
- 64 Staff we interviewed as part of this review felt the service was not sufficiently funded, with the management structure needing further investment. The service does not have savings plans but the service redesign project includes an aim to reduce the total cost of GP pay, by introducing other professionals to the service.
- 65 **Exhibit 9** shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales when considering its catchment population. The Health Board expenditure per 1,000 population, cost per contact and expenditure as a percentage of the total expenditure on the General Medical Services (GMS) contract is similar to the all-Wales average.

Exhibit 9: GP out-of-hours expenditure across Wales

Health Board	Out-of-hours expenditure per 1,000 population (£000s)	Cost per contact (£000s)	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.

- 66 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 10 shows that the Health Board's approach to GP sessional pay compares well with other bodies across Wales. As stated earlier, the Health Board has introduced a shift bundling approach to attract GPs and create a more stable service. At the time of this review, the approach had been in use for about a year and the service has seen significant improvements in shift fill rates.
- 67 The Health Board's rates of pay for GPs is similar to the neighbouring health boards of Cardiff and Vale, and Aneurin Bevan, with Cardiff and Vale also incentivising shift bundling.

Exhibit 10: approach to sessional pay across Wales

	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).	Yes	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.	No	1	6

Source: Health Board questionnaire.

There is good access to in-hours primary care but there is scope to improve GP out-of-hours performance in some key areas and to strengthen signposting from GP practices

Access to in-hours GP surgeries and public education initiatives are good but there is scope to improve out-of-hours information on practice websites and answerphones

- 68 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.
- 69 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 was using a variety of approaches to educate the public on when to use the out-of-hours services, these included:
- promoting the Choose Well Campaign through a number of channels including social media, their website and public forums;
 - issuing regular press briefings around key bank holiday times;
 - distributing a leaflet on how to access the service and what to expect; and
 - updating the GP out-of-hours service telephone message to reinforce the service is for 'urgent' care needs.
- 70 The Health Board, with the community health council, runs quarterly public forums in each of its four localities. An activity at one round of public forums helped local people understand when to use various health services. A panel of public health practitioners was invited and various scenarios presented to attendees who had to state which service, including the GP out-of-hours service, they would seek for each situation. This is an innovative way to educate local residents on accessing the most appropriate health service.
- 71 Staff we interviewed felt the public understand the purpose of the GP out-of-hours service but the service is convenient, because unlike in-hours practice, patients can see a GP and medicines are dispensed straight away. Also, whilst technically a patient's condition may not be classed as urgent, if they are worried and feel unwell it feels urgent to them.
- 72 We reviewed health board websites to assess the extent of information on GP out-of-hours services for the public. [Exhibit 11](#) shows how the results for the Health

Board compared with the rest of Wales. Our review found that the Health Board has limited information about the GP out-of-hours service on its website. We were only able to find two of the seven pieces of information we were looking for. Since our review, we are aware the Health Board has refreshed its website, including a section for the GP out-of-hours service.

Exhibit 11: 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?	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.

73 We reviewed a sample of GP practice websites and carried out ‘mystery shopping’ calls to GP practice telephone lines, outside normal working hours, to assess how well they signpost patients to GP out-of-hours services. Exhibit 12 shows how GP practices in the Health Board compared with those across Wales. In the Health Board, less than half of the GP practices we reviewed had websites, and of those that did there was very little information about the GP out-of-hours service. However, there was better information found on GP practice answerphones.

Exhibit 12: comparison of GP out-of-hours information available on practice websites and automated messages

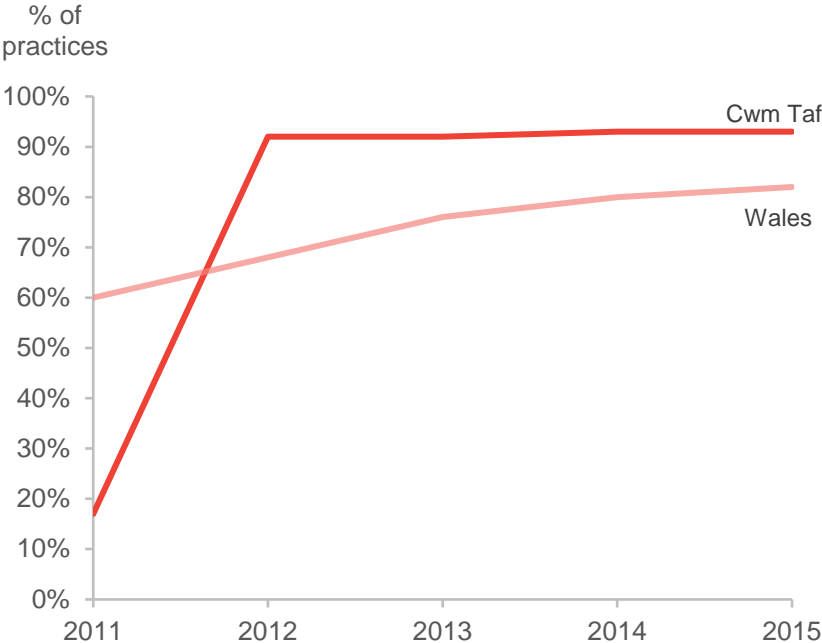
Practice websites	This Health Board (10 practices)		Wales (70 practices)	
	Yes	No	Yes	No
Does the practice have a website?	4	6	59	11
Does the landing page signpost patients to GP out-of-hours services?	1	3	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	4	0	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	1	3	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	1	3	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	1	3	44	16
Practice telephone lines	Yes	No	Yes	No
Was the call answered?	9	1	69	1
Was the call automatically diverted to the GP out-of-hours service?	1	8	16	53
Did the answerphone message give the telephone number of the out-of-hours service?	8	0	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	5	4	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	5	4	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	8	1	47	20

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

- 74 Of the 10 GP practices we phoned as part of our mystery shopping, one did not have an answerphone (so our call was not answered), and another transferred patients straight to the out-of-hours service. We found considerable variation in answerphone messages some of which did not mention the out-of-hours service and others did not say the service was for urgent care. However, all answerphone messages gave a single number for the GP out-of-hours service.
- 75 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. Exhibit 13 shows an increase across Wales in the percentage of GP practices that are open for the

entirety of their core hours¹². 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 over 90% of Cwm Taf GP practices are open for their entire core hours, this is better than the Wales average.

Exhibit 13: percentage of GP practices open for their entire core hours

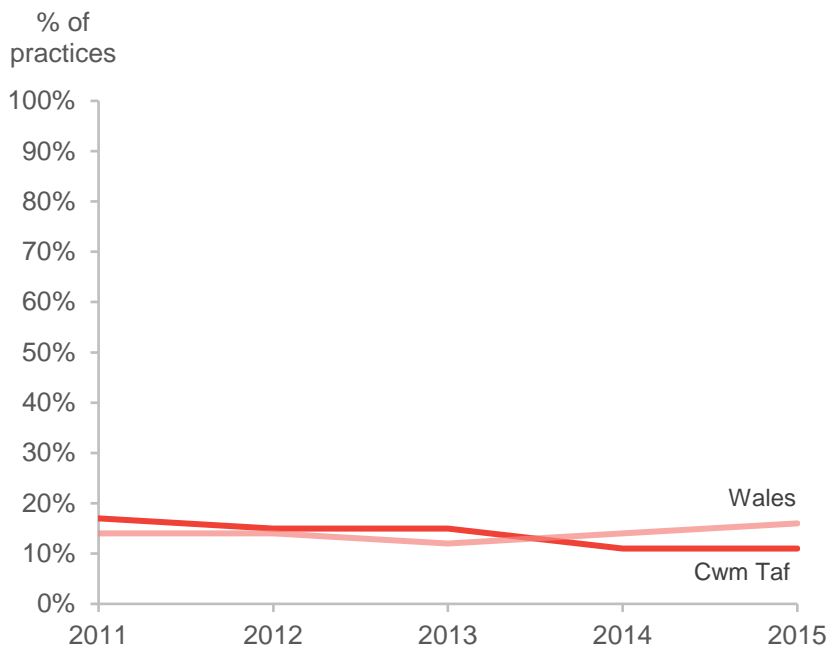


Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

- 76 There has been an increase across Wales in the percentage of practices that offer appointments between 5.00pm and 6.30pm, on at least two days per week. Cwm Taf is one of four health board areas where all GP practices offer such appointments.
- 77 Exhibit 14 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. The average across Wales is 16%.

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 8.00am and 6.30pm (except on Good Friday, Christmas Day and Bank Holidays).

Exhibit 14: percentage of GP practices that regularly offer early appointments



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

The Health Board is not meeting targets for answering calls quickly but the data suggest few calls are abandoned; terminated calls are not recorded

- 78 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, the Health Board's out-of-hours service did not terminate any calls between April 2016 and September 2016¹³ (Exhibit 15). The Health Board reported that the GP out-of-hours service does not record data for terminated calls.
- 79 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

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.

the Health Board, 3.5% of calls were abandoned¹⁴ at this stage, which is lower than the all-Wales average of 12%. The data also shows that between April and September 2016, the Health Board's GP out-of-hours service answered 78.2% 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 15: call handling performance

	Health Board	Wales
Percentage of calls terminated	0	14.6
Percentage of calls abandoned in 60 seconds or less	2.0	7.0
Percentage of calls abandoned after 60 seconds	1.4	5.3
Percentage of calls answered within 60 seconds (after the pre-recorded message)	78.2	74.3
Percentage of calls answered after 60 seconds (after the pre-recorded message)	21.8	25.7

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

The Health Board is not meeting targets for urgent or routine call-backs, and there is an opportunity to strengthen telephone triage training

- 80 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. For example:
- making an appointment to see a GP at a primary care base;
 - arrange for clinical advice to be given over the telephone;
 - arrange a home visit;
 - re-direct to a more appropriate Health Care Professional including the A+E Department, Optician or WAST in an emergency; or
 - a call handler may give non-clinical advice.

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.

- 81 We are unable to present data showing how Cwm Taf handles calls because the Health Board is experiencing issues with Aداstra, which is resulting in the data being unreliable.
- 82 Telephone triage is the process that GP out-of-hours services use to assess the immediate needs of patients. The local medical committee representative told us that the call handlers at the Health Board, who determine the initial prioritisation of the patient case, before GPs call back, are generally well trained. The Health Board reported that the call handlers use a small number of decision support templates, which help determine the urgency of each case, for example, immediate life threatening, urgent or routine.
- 83 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, 64% of urgent calls in the Health Board received a call back within 20 minutes. The national standards also state that 98% of 'routine' calls should receive a call back within 60 minutes. Between April and September 2016, 62% of routine calls to the Health Board received a call back within 60 minutes.
- 84 In our survey of GP out-of-hours staff in the Health Board, 50% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as 'hear-and-treat'). 25% were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.
- 85 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. The Health Board reported that GPs have not received training on telephone triage but has given GPs best practice guides. In addition, all triaging GPs are subject to audit, which provides feedback to GPs on the quality of their telephone triage. However, for GPs to feel confident in triaging patients by telephone, training should be included as part of their induction to the service.
- 86 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, 5.6% of the patients that contacted GP out-of-hours had their GP Record accessed by the service; this is the same as the average across Wales.

The Health Board does not have reliable performance data on the prioritisation of home and treatment centre appointments; data integrity issues need urgent attention

- 87 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.

88 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. As stated previously, at the time of writing this report, the Health Board was experiencing data integrity issues, and as such were unable to provide reliable data for this performance measure. The Health Board should as a matter of urgency, address the ongoing data integrity issues to ensure the Health Board has an accurate position of its GP out-of-hours performance.

Through co-locating the out-of-hours service with emergency departments, the Health Board has fostered closer working between teams

- 89 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 1.2% (438 cases).
- 90 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 0.1% (22 cases). This figure seems very low which suggests differences in data recording practices, this makes it difficult to compare with other health boards and across Wales.
- 91 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. Due to data integrity issues, we are unable to present the corresponding figure for the Health Board.
- 92 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 83.2% of such calls within three minutes. There was insufficient data available to calculate an all-Wales position for this measure.
- 93 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.

- 94 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 all 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.
- 95 Feedback through this review and our review of emergency ambulance commissioning found that the Welsh Ambulance Services NHS Trust and the respective emergency departments have received co-locating the out-of-hours service with emergency departments positively. The Health Board reported that there is now a better working relationship between emergency departments and the out-of-hours service. As the services are co-located, 'urgent' patients attending emergency departments are transferred to the out-of-hours service, and out-of-hours patients that have emergency care needs are closer to the emergency department.

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 16: 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	We reviewed documents from the Health Board which covered: <ul style="list-style-type: none">• GP out-of-hours service redesign business case• Minutes of various operational meetings• GP out-of-hours service specification• Performance dashboards• GP out-of-hours standards self-assessment• Risk register• Escalation chart• Complaints log• Training and induction manuals
Interviews	We interviewed a number of staff including: <ul style="list-style-type: none">• Director of Primary Care, Community Care and Mental Health• Assistant Director of Operations, Unscheduled Care• Clinical Lead for GP out-of-hours service• GP out-of-hours senior management team• Local Medical Committee representative• Community Health Council 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 25 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 Cwm Taf we had responses from 12 members.
Review of health board websites	We reviewed health board websites to assess the effectiveness of information provided on how and when to access out-of-hours services.
Mystery shopping: GP practice telephone 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.

Method	Detail
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

- 96 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.
- 97 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 17** shows the results from across Wales.

Exhibit 17: 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.

- 98 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 18** shows which services they accessed.

Exhibit 18: 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.

- 99 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'.
- 100 We also asked how patients found the telephone number for the GP out-of-hours service. **Exhibit 19** shows the results from across Wales.

Exhibit 19: mechanism by which patients access the GP out-of-hours telephone 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.

- 101 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'.

- 102 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'.
- 103 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.
- 104 **Exhibit 20** shows the survey results in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

Exhibit 20: measures of patient experience of GP out-of-hours appointments and home visits across Wales

Measures of patient experience	
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% could not 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.

- 105 78% 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 21: Health Board self-assessment against the national standards

Aim	Performance Standard		Health Boards						
	Achieved		CT	BCU	CV	AB	ABMU	HD	Powys
	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.

Appendix 4

Management response

Exhibit 22: Cwm Taf University Health Board's management response

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1a	Include a variety of methods to engage and encourage staff to participate in service design discussions and decisions, especially mobile staff and those working shifts.	Staff are engaged and have greater opportunities for participation.	Yes We acknowledge that this is required for the refinement of the existing model and future change to 111.	Yes	Regular Executive and Senior management team led evening meetings with GPs currently working within the OOH service already take place and this will continue. Feedback from GPs is very positive regarding the value of these meetings.	Oct 2017	Martine Randall

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>Regular meetings take place with representatives of all staff groups.</p> <p>To work with the communications team and the Primary Care Communications Officer to agree an action plan around staff engagement as there are many things which can be offered.</p>		
R1b	Give regular updates and opportunities for further participation to staff as plans develop.	Staff are well informed and understand service development plans.	<p>Yes</p> <p>We acknowledge that this is required</p>	Yes	Regular meetings take place with all staff groups		

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
			for the refinement of the existing model and future change to 111.				
R2	The Health Board should review current management team capacity. Options could include introducing an extra tier of management or formalising on-call arrangements amongst existing staff.	To ensure there is the appropriate level of support for staff during out-of-hours shifts.	Yes This is a priority in order to ensure a robust service.	Yes	An on-call rota out of hours has now been put in place since May 2017. A new Band 6 role was introduced during December 2015 and this is providing additional resilience to the Band 7 and Band 8b roles.	Oct 2017	Sarah Bradley
R3	The Health Board should as a matter of urgency, address the	To ensure the service has an	Yes	Yes	A significant amount of work has already	March 2018	Martine Randall

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	ongoing data integrity issues that are currently preventing meaningful comparisons with other health boards, to ensure the Health Board has an accurate position of its GP out-of-hours performance.	accurate position on its performance.	The integrity of the data is a priority.		<p>taken place in order to try and resolve these issues. External consultancy has been engaged via AdastrA. Whilst this has achieved some improvement problems still exist.</p> <p>A data analyst has also been recruited specifically for Primary Care and has also been working to extract the data out of the AdastrA System and link it with QlikSense in order to provide more reliable data.</p> <p>The plan is to link the data extrapolated</p>		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					<p>from QlikSense into the UHBs business intelligent system.</p> <p>Data to be reported as part of the Primary Care Dashboard.</p>		
R4a	<p>Update the Health Board website to include the following:</p> <ul style="list-style-type: none"> – Choose Well information on the landing page; – a dedicated page for GP out-of-hours service with a description of the service; – examples of types of conditions/circumstances when choosing the out-of-hours service would be appropriate; – GP out-of-hours service opening times; and 	To improve public information about the service.	<p>Yes</p> <p>It is important that patients have easy to access and up-to-date information about the service.</p>	Yes	<p>The report indicates that at the time of the audit there was limited patient information on the UHBs website as it was being updated at the time. There is now an updated page on the website.</p> <p>This action point also links with Response 1 and</p>	March 2018	Martine Randall

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	<ul style="list-style-type: none"> – locations of the primary care centres. 				<p>the need for a 'Comms plan'. Not all patients access the UHBs website and therefore other avenues for cascading information to be explored.</p> <p>A new leaflet has been drafted and distributed to all GP practices advising of when and where the service is available and how to access it.</p> <p>Information can be displayed within GP surgeries on the television</p>		

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					screens and other partner agency information sources.		
R4b	Work with GP practices to ensure messages on their websites and answerphones are consistent. Perhaps develop standard text for all practices to adopt.	To ensure the public get consistent information about the service.	Yes This is a priority to ensure that patients understand how to access the right services.	Yes	The primary care team will work with the Practice Managers Group in the development of guidance for practices.	December 2017	Sarah Bradley
R4c	Encourage GP practices without a website to develop one, and include information about the GP out-of-hours service on their websites.	To improve the reach of public information about the service.	Yes This is a high priority as it is a means for	Yes	The use/development of practice websites is now include as one of the items for monitoring at the annual practice	Complete	Sarah Bradley

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
			cascading important information about services and changes to practices.		development visit undertaken by the primary care team. Promotion of My Health on Line is a priority for 2017-18.		
R5a	Include telephone triage training as part of GP inductions.	GPs are confident in performing telephone triage when joining the service.	Yes It is of paramount importance that GPs are confident to undertake telephone triage.	Yes	Telephone triage has now been included into the induction programme. A copy of an RCGP approved publication on telephone triage is issued to all triaging GPs.	Complete	Martine Randall

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5b	Offer formal telephone triage training to existing GPs working for the service.	GPs regularly update their skills to maintain their confidence and service quality.	Yes It is important that knowledge and skills are maintained.	Yes	Formal telephone triage training was offered to all GPs during 2017. A training programme was delivered during June 2017, which was well attended. A copy of an RCGP approved publication on telephone triage is also issued to all triaging GPs.	Complete	Martine Randall

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