

Strategic Framework for GP Out of Hours

January 2014

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John Compton
Chief Executive
Health and Social Care Board

1 Chief Executive's Foreword

This document sets out the Strategic Framework for GP Out of Hours as we seek to develop this invaluable service for patients. I would like to thank all staff in the current provider organisations for their commitment and dedication in providing this service.

We have developed this Framework through discussions with our staff and many stakeholders. As a result the key areas that we hope to be moving forward with are:

- Simplifying access
- Improving operational efficiency
- Improving alignment with other healthcare services.

The Health and Social Care Board remains focused on providing safe and effective GP Out of Hours services while working with staff, the public and stakeholders to develop and shape the future provision of GP Out of Hours.

I would like to take this opportunity to thank everyone who has contributed to date and I look forward to working with you as we move forward.

A handwritten signature in black ink, appearing to read 'John Compton', written in a cursive style.

2 Glossary of terms used in this document

| Term | Meaning |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Alignment | To organise activities so that they work well together. |
| Category C calls | Calls to the ambulance service that are not life threatening and not serious. |
| Commissioner | The commissioner purchases services from a provider organisation. |
| ED | Emergency Department. |
| GP | Doctor who is a General Practitioner. |
| HSCB | Health and Social Care Board. |
| Mutual organisation | A not for profit organisation. |
| Operational efficiency | To use resources in the best way. |
| Out of Hours centres | Locations at which GPs or nurses see patients. |
| Primary Care | Primary care is the term for the many forms of health and social care and treatment accessed through a first point of contact generally provided outside hospitals. These health services play a central role in the local community e.g. GPs, pharmacists, dentists, nurses, social workers, optometrists, midwives and other allied health professionals. |
| Red-eye | Work during the night after midnight. |
| Triage | A system for assessing and prioritising patients based on clinical need. |
| Virtual call centre | People answering telephone calls can be based in various locations but computer and telephony software can be used to link these people together so that calls to one telephone number can be dealt with across the region. |

3 Strategic Context

3.1 Background

‘Caring For People Beyond Tomorrow’ (2005), the Strategic Framework for the development of Primary Health and Social Care for Individuals, Families and Communities in Northern Ireland (2005) had as an objective, to “provide a comprehensive primary care out of hours emergency care service providing access, as appropriate, not only to general medical, general dental and community pharmacy services, but also to community nursing, mental health, and other social care services.”

The strategic context has changed substantially since 2005 following the Review of Public Administration and the restructuring of Health and Social Care organisations, both commissioning and provision. Current financial pressures demand particular caution when implementing change. Local Commissioning Groups, now established as part of the Health and Social Care Board, offer the potential for the provision of GP Out of Hours services to reflect local need and integrate with community based services. This is an evolving process that demands an incremental approach. This Strategic Framework reflects the need to recognise and accommodate these changes.

‘Transforming Your Care’ was written with cognisance of the Strategic Framework for GP Out of Hours. The Strategic Framework is consistent with the proposals in ‘Transforming Your Care’ and would enable the development of an urgent care number, such as ‘111’, as well as a Directory of Services and support wider urgent care and other developments.

3.2 Service Aim

GP Out of Hours aims to provide, for urgent conditions, a comprehensive, safe and efficient Out of Hours Service to the Northern Ireland population, as well as to the non-resident transient population, who are also entitled to General Medical Services (GMS) services until the patient's own GP surgery is next open.

3.3 Definition of Out of Hours period

According to The Health and Personal Social Services (General Medical Services Contracts) Regulations (Northern Ireland) 2004 the 'Out of Hours' period is defined as:

- (a) the period beginning at 6.30pm on any day from, and including, Monday to Thursday and ending at 8am on the following day;
- (b) the period between 6.30pm on, and including, Friday and 8am on the following Monday; and
- (c) any public holiday or local holiday agreed with the Board.

Out of Hours Primary Care must be provided during the above times with any additional times or local arrangements being undertaken with commissioner agreement. The Health and Social Care Board has accepted agreements made with all GP Practices, by the legacy Health Boards, that GP Out of Hours services provide additional cover, and therefore start at 6pm each evening.

3.4 Definition of urgent care

Based on the Department of Health discussion document 'The Direction of Travel for Urgent Care' published in October 2006, urgent care is defined as follows:

“Urgent care is the range of responses that health and care services provide to people who require – or perceive the need for – urgent advice, care, treatment or diagnosis. People using services and carers should expect consistent and rigorous assessment of the urgency of their care need and an appropriate and prompt response to that need.”

3.5 Response to an urgent care need

The response to an urgent care need must take into account clinical need so that the most urgent calls will be responded to first. An appropriate response, following telephone triage, may include:

- telephone advice, reassurance and advice on self-care
- face-to-face consultation with a clinician or nurse in a healthcare facility or patient's residence
- admission to hospital or referral to a more appropriate service such as ambulance, Emergency Department, Minor Injuries Unit, mental health, social services, nursing service, dental service or pharmacy.

In an emergency, where it is felt that an ambulance is required, patients should continue to telephone 999 directly. GP Out of Hours is not an emergency service or a 'walk-in' service.

3.6 Demand for the service

The demand for GP Out of Hours services is much higher here than in the rest of the United Kingdom. Partly, this is because England and Wales have established call handling and call triage services, such as NHS Direct, in Scotland NHS24, in addition to other services such as walk-in centres. These are additional to the core GP Out of Hours Services.

GP Out of Hours provider organisations in Northern Ireland deal with over 600,000 patient contacts a year. The call volumes continue to increase. Demand for the service peaks in the early evening, on a Saturday and Sunday morning and during bank holidays. After 10pm demand drops considerably with low and, in some areas, very low demand after midnight. It is anticipated that demand for GP Out of Hours services, and Health and Social Care services in general, will continue to rise. It is important that services continue to improve; to operate as efficiently as possible, and in an integrated way, with other health and social care services.

3.7 Commissioning and providers

Up until 1st January 2005, individual GPs were responsible for the care of their patients outside hospital, 24 hours a day. The introduction of the new GMS contract in 2004 enabled GP Practices to opt out of providing Out of Hours care to their patients. All NI GP Practices opted out and the four Health and Social Care Boards (now the regional Health and Social Care Board) assumed responsibility for commissioning Out of Hours services. The four Boards elected to commission the delivery of services from seven provider organisations.

The four Boards merged on 1st April 2009 to become one organisation, called the Health and Social Care Board, which is now the regional commissioning organisation for GP Out of Hours. The number of service providers reduced from seven to five, with the establishment of our five Health and Social Care Trusts in April 2007. Table 1 shows the current commissioner and providers.

| Commissioner | | Provider |
|-------------------------------------------|--------------------------------------------------------------------------|------------------------------------------------------------------------------------|
| Western Health and Social Services Board | From April 2009 the commissioner became the Health and Social Care Board | Western Urgent Care (mutual) |
| Southern Health and Social Services Board | | Southern Health and Social Care Trust |
| Eastern Health and Social Services Board | | Belfast Health and Social Care Trust South Eastern Health and Social Care Trust |
| Northern Health and Social Services Board | | Dalriada Urgent Care (mutual) |

Table 1: Current GP Out of Hours commissioner and providers

3.8 Recommendations from the independent review

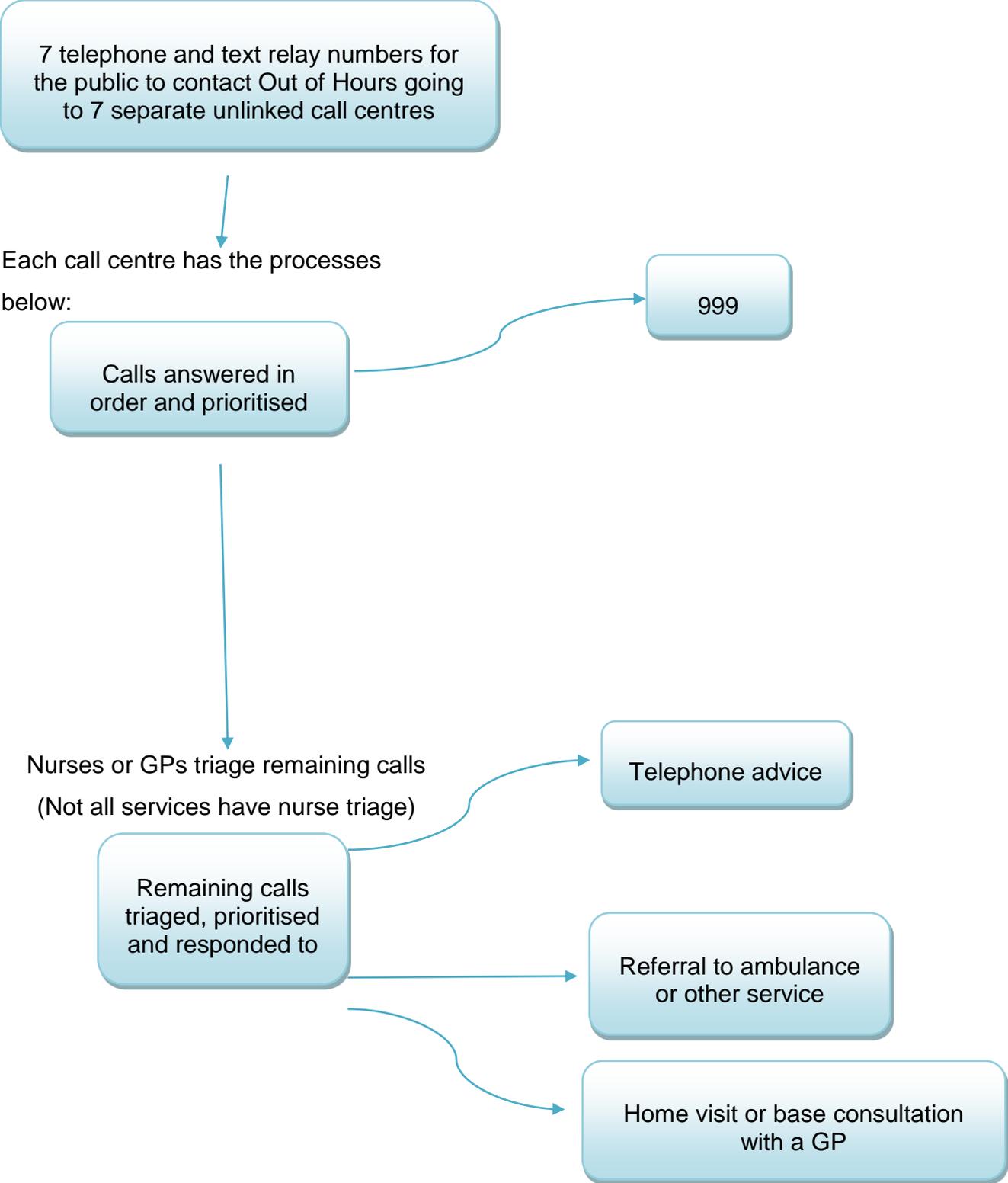
An independent review of GP Out of Hours services was carried out in late 2007 and early 2008. Key recommendations made by the Primary Care Foundation were:

- Call handling and clinical assessment should be rationalised
- Improve operational efficiency by developing common systems and processes
- Develop a consistent approach for commissioning care
- Review organisational structures
- A simpler patient pathway was suggested. The current pathway and proposed pathway are illustrated on the next pages.

Current patient pathway

Processes

Possible Outcomes



Suggested patient pathway

Processes

Possible Outcomes

Single telephone or text phone number to contact Out of Hours



*Call handlers answer calls and may pass on certain emergency calls to emergency services (ensuring a prompt response). They pass on all other patients calling with clinical problems for clinical triage

Calls answered in order and prioritised

999

Referral to other service

Nurses or GPs triage remaining calls

Remaining calls triaged, prioritised and responded to

Telephone advice

Referral to ambulance or other service

Home visit or base consultation; with a GP or nurse

* Provider organisations would support call handlers, through protocols, to pass on emergency calls (ensuring a prompt response), and refer calls for management by appropriate referral services; however piloting following the independent review has produced reservations in relation to the direct booking of home and base visits, bypassing clinical triage. Consensus is that these more complex cases require a Nurse or GP triage assessment.

3.9 Current status

The Health and Social Care Board is the regional commissioner of GP Out of Hours. Many common protocols, process improvements, and a Service Specification (including standards for service delivery) have been implemented. A website www.gpoutofhours.hscni.net has been developed and telephone numbers for GP Out of Hours are in the BT Phonebook and Yellow Pages. Further progress can be made and this Strategic Framework document outlines the key areas to be developed:

- Simplifying access
- Improving operational efficiency
- Improving alignment with other healthcare services.

4 Strategic Direction

4.1 Challenges

Implementing this strategy will be challenging. There will be a need to ensure that the core service continues to operate robustly and that the potential for delivering other services is fully explored and developed.

This will be delivered with comprehensive stakeholder engagement, through developing and investing in staff to ensure a safe working environment, and optimising the experience for patients using the service. Maximising the development and use of technology, telephony and the skills of staff will be a particular challenge given funding constraints. The HSCB will continue to listen to and work constructively with, all stakeholders.

In particular there are challenges in the following areas:

- **Delivery of services at peak times**

Demand for services usually peaks in winter, with particular pressure at holiday times such as Christmas, New Year and Easter

- **Workforce**

GPs are not required by their contracts to work during the Out of Hours period, and many other staff work on a part-time sessional basis (in addition to an often full-time daytime commitment). Recruitment, retention, training and development of staff are ongoing issues for a workforce that mainly works out of hours and on a part-time basis

- **Funding**

Improvements in telephony and technology require a capital and sometimes a revenue investment. However these developments are

required to support communication, particularly for patients and carers, and can enable more efficient and flexible ways of working

- **Governance**

In implementing the changes necessitated by the Strategic Framework, commissioners will need to work with providers to ensure high standards in the handling of calls from patients; maintaining the safety and quality of services currently provided, both during the transition to, and in delivery of, new working arrangements.

4.2 Vision

The vision is for a single point of contact for the patient to access urgent primary care services required before the GP surgery is next open: and for a co-ordinated network, forming part of a matrix of care, in order to provide the most appropriate and effective response, locally to the patient, ensuring high quality care at this stage of the patient journey.

4.3 Aims

The key aims of the service include the need to be:

1. Patient centred with effective access and demand management
2. Learning and accountable organisations focussed on quality and health outcomes
3. Innovative and co-ordinated.

The Commissioner and provider organisations will achieve these aims through three key areas of work:

- Simplifying access
- Improving operational efficiency
- Improving alignment with other healthcare services.

The following describes how each of these three key areas of work will be delivered:

4.4 Simplifying access

The focus is to simplify the process for accessing GP Out of Hours, ensuring that as the demand for services increases, all calls will continue to be dealt with in a timely manner and within the required standards. To implement this will involve:

- reducing the current telephone and text relay numbers from 7 to 1 which will simplify access for people when contacting GP Out of Hours
- implementation of appropriate technology to maintain optimal access and service provision (the HSCB is currently investing to improve the computerised clinical records systems, including resilience and infrastructure; as well as linking all Out of Hours service providers together on Health and Social Care's secure regional IT network)
- coordination of workload among call centres at busier times which may involve increasing the number of call handling staff at times of high demand, and rationalising the number of call centres at times of low demand such as the overnight period (no centres will close)
- implementing more sophisticated telephony to facilitate call handling workload across Northern Ireland
- improving communication with the public in terms of how to access and how to make better use of the service

- evaluating the feasibility of a dedicated mobile number for people who have hearing loss
- investigate ways of managing demand and the feasibility of reducing inappropriate demand.

4.5 Improving operational efficiency

The focus is to develop common systems and processes to improve operational efficiency. Patients need high quality assessment and triage; and to be offered advice, treatment, or referral to appropriate services in a safe, timely and effective manner. To implement this will involve:

- co-ordination of workload among call centres at busier times which may involve increasing numbers of triage staff, and consolidating the number of triage centres at times of low demand, such as the overnight period. To begin with this would be piloted initially during the overnight period. Triage staff will still be located locally in existing centres, but capacity will be enhanced through utilising technology to regionally coordinate and integrate all staff virtually
- using technology to co-ordinate and facilitate home visits
- ensuring that the service is developed in a way that best meets patients' needs.

4.6 Improving alignment with other healthcare services

The focus is to explore better alignment and working with other healthcare services. To implement this will involve:

- aligning call handling and triage processes with the Northern Ireland Ambulance Service, to enhance collaborative working and agree protocols so as to facilitate the easier transfer of appropriate calls to the ambulance service, and transfer of appropriate 'Category C' ambulance calls to the GP Out of Hours service
- retaining provision by local organisations of triage (with operational flexibility to support any changing service provision), home visits to see patients, and the facility to see GPs and nurses in local Out of Hours centres. This will allow for future development to complement and align with the development of Emergency Department and unscheduled care services. It will also retain flexibility to enable clinical provision which is responsive to local need (as assessed by Local Commissioning Groups and Integrated Care Partnerships) and to primary care providers (e.g. GPs)
- Consideration of the potential to broaden service provision, whereby the staff and infrastructure could be used, for example, to provide call handling for other services such as Social Services contacts or other unscheduled care services during the Out of Hours period, and reviewing the referral processes to other services such as nursing, mental health services etc.

5 Delivery and timeframe

5.1 Delivery

The clear message from the engagement process which preceded the drafting of this Strategic Framework, is that there is broad support for these proposals; however, GP Out of Hours needs to remain focussed on its principal role and ensure the delivery of the core service. The priority, therefore, will be to establish a balanced and deliverable workload over the next five years and within available funding.

5.2 Timeframe

An outline timeframe for delivery of the Strategic Framework is included below. Implementation is subject to the availability of funding.

| Implementation and Timeframe |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>Simplifying access</p> <ol style="list-style-type: none"> 1. Scope future technology requirements 2. Scoping of options for a single phone number by September 2014 with the timetable for implementation dependent on the selected option. |
| <p>Improving operational efficiency</p> <ol style="list-style-type: none"> 1. Co-ordination between providers of triage during the red-eye period complete by March 2016 2 (a) Any funding released will, where possible, be re-invested in the service as 'pump–priming' finance to support the changes (b) A business case will be developed to support the necessary investment to extend the co-ordination of triage into busier parts of the out of hours period. |

Improving alignment with other healthcare services

1. Alignment of operational procedures with Northern Ireland Ambulance Service to facilitate the transfer of 999 calls; ensure consistent and appropriate use of 999 services by providers; pilot the transfer of ‘Category C’ Calls from the Ambulance Service to GP Out of Hours, with a feasibility study and evaluation completed by September 2014, and implementation by December 2015 (subject to appropriate resourcing of any additional workload)
2. Review of interface with mental health services, completed by April 2015
3. Review of interface with unscheduled care community services, completed by December 2015
4. Review of alignment with ED services, completed December 2016
5. Implementation of plans for mental health services, unscheduled care community services and ED services based on recommendations from those reviews (and appropriate transfer of resource to underpin transfer of work).

The above timescales are subject to funding, approval and outcome of any consultations and may be subject to change. The Gantt chart below shows the proposed timescales.

