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# Review of GP Out-of-Hours Services – Cardiff and Vale University Health Board

Audit year: 2016

Date issued: March 2018

Document reference: 333A2017



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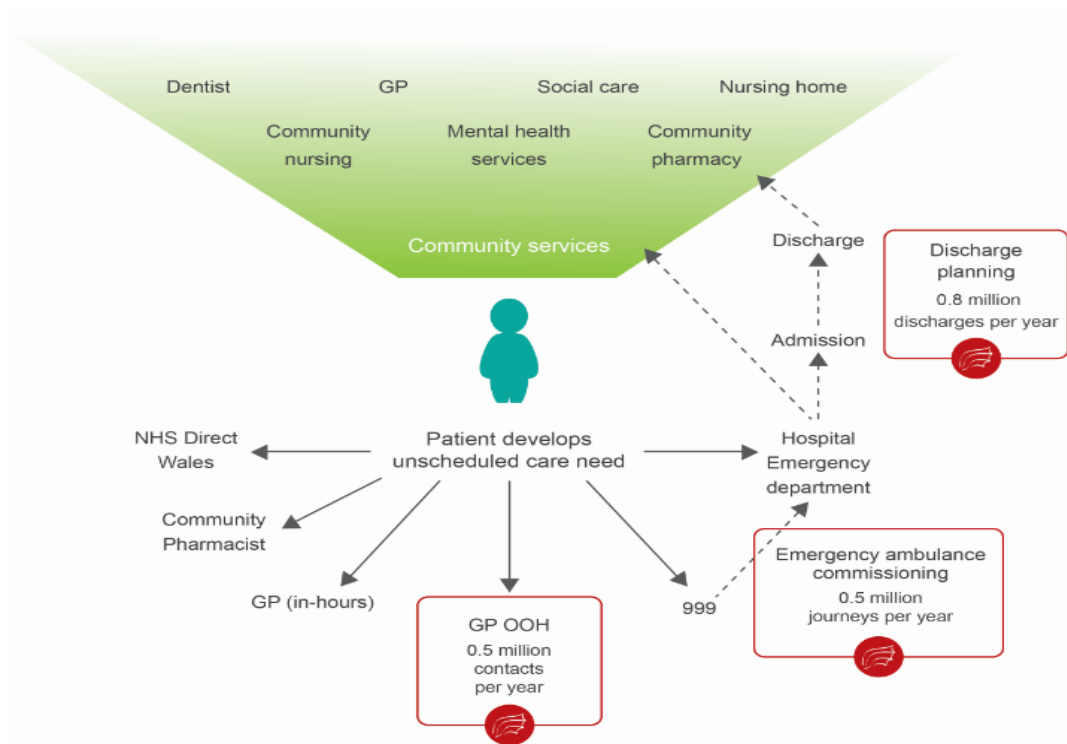
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# Summary report

## 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 hours<sup>1</sup>. These services manage more than 0.5 million patients every year in Wales<sup>2</sup> and are a key component of the wider unscheduled care system (**Exhibit 1**). When GP out-of-hours services struggle to meet demand, this can have knock-on impacts on the rest of the system, causing increased pressure on ambulance services, hospital emergency departments and in-hours primary-care services.

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



Source: Wales Audit Office

- 2 Health boards are responsible for ensuring their resident populations have access to high-quality GP out-of-hours services. Some health boards provide these

<sup>1</sup> The out-of-hours period runs from 6.30 pm until 8 am on weekdays, as well as weekends and public holidays.

<sup>2</sup> Welsh Government, **Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services**, May 2014.

services by employing GPs on a sessional or salaried basis<sup>3</sup>, while other health boards choose to commission services from private companies.

- 3 In 2012, a ministerial review led by Dr Chris Jones, concluded that GP out-of-hours services across Wales were unsustainable in their current form<sup>4</sup>. The report highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.
- 4 Our previous work on unscheduled care in 2009<sup>5</sup> and in 2013<sup>6</sup> also identified specific problems in GP out-of-hours services across Wales. These problems included 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.
- 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

<sup>3</sup> 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.

<sup>4</sup> Dr Chris Jones, [Primary Care Out of Hours Review, Interim Report](#), July 2012.

<sup>5</sup> Auditor General for Wales, [Unscheduled care: Developing a whole systems approach](#), 15 December 2009.

<sup>6</sup> Auditor General for Wales, [Unscheduled care: An update on progress](#), 12 September 2013.

arrangements at Betsi Cadwaladr University Health Board and across NHS Wales more widely.

- 10 The Welsh Government has provided updates to the PAC on health boards' actions to embed the national standards for GP out-of-hours services. But it was not clear whether 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 Cardiff and Vale 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 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

- 13 Our overall conclusion is: **The Health Board has strengthened the governance of GP out-of-hours but performance is mixed and risks remain in relation to the sustainability of the service.** In the paragraphs below we have set out the main reasons for coming to this conclusion.

## Governance arrangements

- 14 The GP out-of-hours service has strengthened its monitoring and leadership arrangements and has recently written a business case to improve its strategic planning. We reached this conclusion because:
- the Health Board does not have a GP out-of-hours strategy but is planning change to the service through an action plan and a new business case;
  - there are good arrangements for clinical and operational leadership of the GP out-of-hours service; and
  - the Health Board has strengthened the way it monitors GP out-of-hours performance and learns from incidents but the approach to clinical audit and patient feedback is limited.

## Financial and clinical sustainability

- 15 There are risks to the sustainability of the service because problems remain in filling GP shifts and spending is comparatively low. We reached this conclusion because:
- the service has increased its skill mix but remains fragile because there is no workforce plan and there are frequent problems filling shifts.
  - the Health Board's expenditure on GP out-of-hours has decreased and in 2015-16 its spending was the lowest per contact in Wales. Since our fieldwork, the Health Board has increased funding for GP out-of-hours services.

## Performance and patient experience

- 16 Call-taking performance is comparatively good but there is scope to improve the timeliness of home visits, appointments and especially call backs. We reached this conclusion because:
- the Health Board works in a range of ways to inform the public about out-of-hours services but there is scope to improve signposting from its website and practice answerphone messages;
  - the service answers calls more quickly than other services in Wales and whilst there appear to be no call terminations, there may be inaccuracies in the data;
  - timeliness of call backs to patients remains one of the service's most stubborn problems with performance remaining below the all-Wales average;
  - timeliness of home visits and appointments is mixed compared with the average performance across Wales; and
  - problems with data consistency make it difficult to compare referral patterns and whilst the out-of-hours service does not have a directory of services, it does have protocols with emergency departments.

## Recommendations

- 17 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><b>Planning:</b> the Health Board does not have a GP out-of-hours strategy or workforce plan. Expenditure on out-of-hours in 2015-16 was comparatively low, although the Health Board has since increased its spending. The Health Board should:</p> <ol style="list-style-type: none"><li>develop a process for regularly comparing its out-of-hours expenditure with other health boards, given the GP out-of-hours service's mixed performance; and</li><li>develop a long-term workforce plan aimed at permanently resolving problems with filling GP shifts and improving the timeliness of all aspects of the service.</li></ol>
R2	<p><b>Performance management:</b> the Health Board has strengthened the way it monitors GP out-of-hours performance. Some weaknesses remain in clinical audit for GPs and learning from patient feedback. The data considered in our review also suggested that there had been no call terminations to the GP out-of-hours service during the sample period, which may suggest data accuracy problems. The Health Board should:</p> <ol style="list-style-type: none"><li>introduce processes for learning from patient feedback to improve GP out-of-hours services;</li><li>prioritise clinical audit to ensure all GPs have their out-of-hours clinical contacts regularly reviewed, to meet the national standards; and</li><li>check its out-of-hours data relating to the number of call terminations, to ensure the information is accurate.</li></ol>



## Recommendations

- R3 Public messaging:** we found large variation in the public messages about GP out-of-hours on practice answerphone messages. We also found scope to improve messaging on the Health Board website. The high rate of referrals from GP out-of-hours to other services further suggests scope to do more to ensure patients are accessing the most appropriate service. The Health Board should:
- a. improve signposting on its website by including information about GP out-of-hours on the landing page, providing a description of the service, details of the opening hours and locations, and the conditions and circumstances in which patients should use it.
  - b. work has already been undertaken to try to ensure all GP practices have a standard answerphone message that provides appropriate information about the out-of-hours service. The Health Board now needs to ensure this is rolled out and implemented in all practices.
  - c. as part of the eventual introduction of 111, consider replacing the five different telephone numbers with a single number for accessing GP out-of-hours.
- R4 Interface with other services:** the Health Board's data suggests that in some practices there are high numbers of patient contacts with the out-of-hours service soon after it opens. We also found that the out-of-hours service has difficulties in accessing the in-hours GP Record system. The Health Board should:
- a. share data with all practices showing the variation in the use of out-of-hours services between 6.30 pm and 7.30 pm, with a view to highlighting outliers and resolving issues that are driving out-of-hours demand; and
  - b. identify and address the reasons that are preventing out-of-hours staff from accessing the GP record.

# Detailed report

## The GP out-of-hours service has strengthened its monitoring and leadership arrangements and has recently written a business case to improve its strategic planning

### The Health Board does not have a GP out-of-hours strategy but is planning change to the service through an action plan and a new business case

- 18 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.
- 19 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. We found that the Health Board does not have a specific strategy for GP out-of-hours but it does have an action plan. The action plan contains around 50 actions aimed at solving specific issues within the service.
- 20 In summer 2016, the GP out-of-hours service experienced a weekend of significant operational problems which has prompted changes to service planning. The weekend involved an acute shortage of GPs which resulted in a complete one-night closure of the service. Patients contacting the service heard an answerphone message diverting them to in-hours primary care, NHS Direct Wales or 999.
- 21 Since summer 2016, the Health Board has updated its action plan and developed a specific business case for GP out-of-hours services. The business case identified problems with the service's workforce model, problems filling shifts, and recommends the Health Board increases its expenditure on GP out-of-hours. The business case proposed an increase in expenditure of between £78,000 and £158,000 in the current financial year, plus a recurrent increase of between £374,000 and £731,000, depending on different options for staff pay rates.
- 22 Since our fieldwork, the Health Board has agreed to fund an additional GP to work in the out-of-hours service every night, and for an additional 18 hours throughout the weekends. The business case had also recommended an increase to GP pay rates but the Health Board did not support the recommendation, pending the conclusion of work on pay rates at an all-Wales level. The Health Board did, however, agree in-year funding for a bundling approach that provides enhanced payments to GPs willing to cover a number of less attractive shifts.
- 23 Our document review also looked at the Health Board's broader plans, to see if they focus sufficiently on GP out-of-hours. We found that some of the problems being experienced by GP out-of-hours are referred to in the Health Board's Integrated Medium Term Plan (IMTP). The IMTP states that GP out-of-hours is

'fragile' and mentions recruitment difficulties. Senior staff also told us that GP out-of-hours regularly features in discussions within the Health Board's Big Room<sup>7</sup> approach to planning unscheduled care.

- 24 Our survey of GP out-of-hours staff<sup>8</sup> asked whether the Health Board had consulted staff in relation to the planning of the service. In the survey, 30% 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%.
- 25 Health boards are required to implement the national GP out-of-hours standards by March 2018. In late 2015, the Delivery Unit (DU) asked health boards to self-assess their readiness to implement each of the standards. Appendix 3 shows that the Health Board believes it is towards the middle of the pack when compared with other health boards in the extent of implementation of the 34 standards. The Health Board gave itself a 'limited development' rating for one performance standard and a 'work underway' rating for another six standards. Every month, the Health Board monitors performance against these standards and agrees a set of actions to address any performance issues.
- 26 Our previous work on unscheduled care across Wales found that health bodies were planning services without a comprehensive understanding of demand. This was contributing to problems in meeting demand, such as delays in patients receiving their care. The Health Board carried out analysis of capacity and demand in 2014 and again in 2016, with the focus being on meeting the national performance standards. The work carried out in partnership with the Health Board's Performance Department suggested a significant increase in capacity was required to meet demand and to meet the national performance standards. This analysis was used to inform the business case referred to earlier in this section.
- 27 Planning work is ongoing at an all-Wales level to put in place a new care co-ordination 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 Health Board is scheduled to be the last area in Wales to roll out the 111 service, so at the time of our fieldwork there was not a clear timescale or plan for implementation.

<sup>7</sup> The Big Room is an approach to whole-system planning, involving weekly and high-profile discussions among staff from across the organisation, led by the chief executive.

<sup>8</sup> We carried out an online survey of all staff that work in the GP out-of-hours service. We received 73 responses from across the Health Board. The Health Board has not reported to us how many whole-time equivalents they have working in the GP out-of-hours service.

## There are good arrangements for clinical and operational leadership of the GP out-of-hours service

- 28 Effective leadership and clear lines of accountability are vital components of any healthcare service. Our scoping work for our review on GP out-of-hours services suggested there was a risk that the leadership arrangements for GP out-of-hours services in health boards are unclear or distant from the actual delivery of services.
- 29 In common with all health boards, we found that the Health Board has a specific executive member directly responsible for GP out-of-hours. In some health boards, more than one executive member shares responsibility for out-of-hours. This is the case for Cardiff and Vale where the Chief Operating Officer is the named executive with operational responsibility for the GP out-of-hours service, while the Medical Director maintains professional responsibility. Below the executive team, the next tier of management responsibility for GP out-of-hours lies with the Primary, Community and Integrated Care (PCIC) Clinical Board.
- 30 During our fieldwork we were told that the Health Board's leadership arrangements were contributing to a fairly high profile for GP out-of-hours. Senior managers are regularly involved in meetings to discuss GP out-of-hours and the PCIC has taken a proactive involvement in the service through its risk log and its service monitoring arrangements.
- 31 The self-assessments against implementation of the national standards submitted to the DU showed health boards across Wales had taken a variety of approaches to providing clinical leadership within GP out-of-hours services. The Health Board has made changes to address issues with its clinical leadership arrangements. A new clinical director has been put in place, with the support of two medical advisers. At the time of our work, a third medical advisor was being brought in because the leadership team remained short of time and capacity.
- 32 In response to our staff survey, 63% 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%). Fourteen per cent of the Health Board's staff disagreed or strongly disagreed (compared with 26% across Wales). During our fieldwork, we were also told positive things about the service's operational leadership. Staff told us that the management team was visible, and readily available on-call.

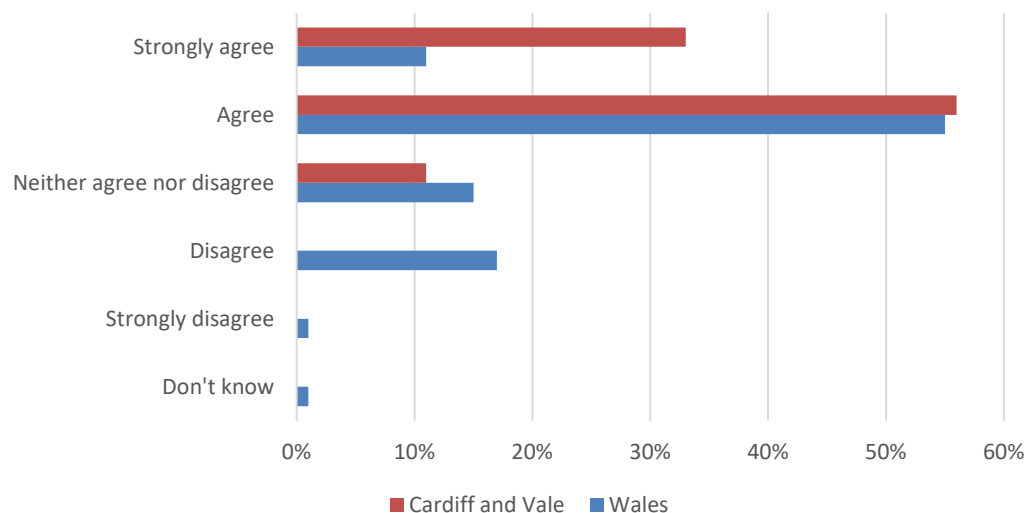
## The Health Board has strengthened the way it monitors GP out-of-hours performance and learns from incidents but the approach to clinical audit and patient feedback is limited

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

- 34 At the Health Board, we found that the introduction of the national standards, and the national requirements to collect and report data, have contributed to better, more routine monitoring. GP out-of-hours performance data is considered monthly by the PCIC Service Delivery Group, monthly by the Health Systems Management Board, and also monthly in performance meetings between the PCIC and the Executive Team. The out-of-hours action plan is monitored weekly as part of operational management meetings.
- 35 Whilst it is a positive finding that the Health Board has increased its monitoring of out-of-hours, we were told by some staff that the service is now busy generating reports and data. The Health Board should ensure it has struck the right balance between regular reporting and over-production of reports, to ensure it is making the best use of its staff and data. Since our fieldwork, the Health Board has carried out work to rationalise reporting on GP out-of-hours services.
- 36 The Health Board carried out considerable work some two years ago to cleanse the performance data it was getting from the Adastra computer system. However, whilst the Health Board is now more confident in the accuracy of its data, there are remaining problems in other health boards, leading to difficulties in benchmarking.
- 37 The service would benefit from learning more from patients' feedback. Patient surveys, or information from interviews and focus groups is an important aspect of service improvement. However, in common with many GP out-of-hours services across Wales, the Health Board's service has not surveyed patients for several years.
- 38 A key part of performance management of GP out-of-hours services is regular clinical audit, to provide clinicians with feedback on their work. At the Health Board, and in common with most other health boards, GPs are not having their clinical contacts regularly audited. This is due to time constraints within the clinical leadership team. We were told, however, that nursing staff have regular clinical audits, although this work is time-consuming.
- 39 We were told in interviews that there is large variation in productivity within the service's clinical staff. For example, some clinicians can triage ten cases an hour, whilst some other staff can only triage three cases. The service's management has been reluctant, so far, to challenge this variation because it does not want to deter any staff from working for the service.
- 40 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 Executive Team considers out-of-hours data every month, which is more frequent than in most other organisations. **Exhibit 3** shows that in response to our Structured Assessment survey<sup>9</sup>, Board members in the Health Board agreed more strongly than in other health boards that the Board and its committees regularly scrutinise the performance and quality of the GP out-of-hours service.

<sup>9</sup> As part of our 2016 structured assessment work, we surveyed all Board members on a number of aspects of governance. The survey included a number of questions specifically relating to GP out-of-hours services. We received responses from 16 board members in Hywel Dda University Health Board.

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.

41 Where health boards identify errors or incidents in relation to GP out-of-hours services, they should report the incidents to the National Reporting and Learning System (NRLS). Exhibit 4 highlights considerable variation between health boards in the number of incidents reported to the NRLS within GP out-of-hours services. The Health Board did not report any incidents in 2013 and 2014, but in 2015, did report four 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
<b>Cardiff and Vale</b>	<b>0</b>	<b>0</b>	<b>4</b>
Abertawe Bro Morgannwg	0	0	2
Powys	0	1	0
Hywel Dda	0	0	0

Source: NRLS, NHS Commissioning Board Special Health Authority.

- 42 In our survey of GP out-of-hours staff, 62% of the Health Board's respondents agreed or strongly agreed with the statement 'Information obtained through complaints, incidents and error reporting is used to make care safer'. Fifteen per cent neither agreed nor disagreed, 8% said they disagreed or strongly disagreed, and 15% said they did not know. These results were more positive than the results for the rest of Wales.
- 43 During our fieldwork, senior staff told us that the service had made marked improvements to its complaints handling and learning from incidents. Previously, the service did not have a set process for investigations, and complaints handling was taking a long time. The incident learning process is now being owned and driven by a Band 5 member of staff. The Community Health Council told us it has recognised improvements in the handling of complaints.
- 44 Another key aspect of reviewing GP out-of-hours services is through health boards' monitoring and management of risks. Whilst the Health Board does not have a specific risk register for out-of-hours, the PCIC Clinical Board Risk Register identifies the GP out-of-hours service as its highest service risk. This in turn feeds into the Health Board risk register. The risk rating reflects problems in filling shifts and in ensuring timely performance.

## There are risks to the sustainability of the service because problems remain in filling GP shifts and spending is comparatively low

### The service has increased its skill mix but remains fragile because there is no workforce plan and there are frequent problems filling shifts

- 45 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.
- 46 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. The Health Board does not have a workforce plan for GP out-of-hours although the service's business case does include some limited aspects of workforce planning. For example, it identifies gaps in capacity that it plans to fill with GPs in the short term, but then by increasing the skill mix of the service in the next two to three years. The Health Board told us that since our fieldwork, the service has increased its skill mix of new roles and is in the process of developing an overall workforce plan.
- 47 When deciding their ideal mix of salaried and sessional staff, health bodies have to weigh up the pros and cons. For example, whilst salaried staff can provide more

stability, sessional staff may provide greater flexibility. The Health Board's GP out-of-hours service has no salaried GPs. The service has tried to recruit salaried GPs in the past but they have not been able to fill the posts due to lack of interest.

- 48 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan<sup>10</sup> 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. Following a skill mix review, the Health Board has recruited the following staff into the GP out-of-hours service: triage nurses, advanced nurse practitioners, advanced paramedic practitioners, minor illness nurses, prescribing pharmacists and dental nurses. During interviews, staff told us that the skill mix of the service was a real strength. However, some interviewees told us that the new staffing model was still in its infancy, with non-medical staff not being a perfect replacement for GPs because they require considerable supervision from GPs.
- 49 Staffing and capacity within GP out-of-hours services should be flexible enough to be able to respond to seasonal spikes in activity, such as the pressures experienced in April and December each year because of respiratory viruses. The Health Board does attempt to flex its capacity at peak times by increasing the resource available for call handling, triage and face-to-face consultations. At peak times, the Health Board also flexes its approach by asking GPs to swap between triage and consultation work, depending on the demand. Some GPs are allowed to work from home at peak times, as an incentive to recruit to shifts when the service is very busy. The Health Board often decides to close its GP out-of-hours centre at Barry or at University Hospital of Wales to centralise its resource at Cardiff Royal Infirmary.
- 50 During 2016, the service amended its escalation policy following a particularly difficult weekend where 280 patients were awaiting triage. The policy now considers the number of staff working during a shift, in addition to the number of callers waiting. Staff told us that the escalation policy is now better but could be further strengthened. For example, some staff felt the policy focuses on informing senior staff that the GP out-of-hours service is under pressure, rather than being focused on taking specific actions to deal with the pressure. Staff also felt that the policy could be improved by strengthening links with neighbouring health boards, to ask neighbours to help out when the GP out-of-hours service is under strain. The Health Board's escalation policy is now being shared as good practice with other health boards in Wales.
- 51 Even when health boards have a robust workforce plan, there can still be problems in ensuring appropriate staffing of GP out-of-hours services. For example, there may be difficulties in recruiting staff to posts, and difficulties in filling shifts. The

<sup>10</sup> Welsh Government, **Our plan for a primary care service for Wales up to March 2018**, February 2015.



Health Board recognises that filling shifts is one of the service’s biggest challenges. Operational staff told us about very frequent difficulties in filling GP shifts. The Health Board would like to have two doctors covering night shifts at weekends, instead of one doctor, but it recognises that it may struggle to fill the additional shift. **Exhibit 5** shows the staffing position in the Health Board compared with the rest of Wales. The data suggests that the Health Board has a smaller pool of GPs to draw upon, that filling shifts can be a problem and that staff had comparatively negative views about the service’s staffing levels.

**Exhibit 5: measures comparing staffing resources across Wales**

Aspects of staffing	Health Board	Across Wales
<b>Size of list of GP pool to draw upon per 1,000 population</b>	0.18	Ranging from 0.17 in Betsi Cadwaladr to 0.25 in ABM.
<b>GP shifts unfilled rate (2015-16)</b>	12%	7% (average). Ranging from 0.5% in Powys to 20% in Aneurin Bevan.
<b>Percentage of staff</b>		
<ul style="list-style-type: none"> <li>• Agreeing or strongly agreeing that their workload was manageable</li> </ul>	69%	66%
<ul style="list-style-type: none"> <li>• Agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand</li> </ul>	15%	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.

52 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 more effective than the average position across Wales. However, during our fieldwork we were told about some problems with morale and disagreements amongst the call taking and administrative staff, which has led to the development of a staff charter.

## 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	73%	64%
agreeing or strongly agreeing that they get sufficient training, learning and development within the out-of-hours service to carry out their role	80%	57%
agreeing or strongly agreeing that morale in the out-of-hours service is good	43%	31%
agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time	81%	73%

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

## The Health Board's expenditure on GP out-of-hours has decreased and in 2015-16 its spending was the lowest per contact in Wales

53 **Exhibit 7** compares the amount of funding that the Welsh Government notionally allocates to GP out-of-hours services with the actual expenditure on GP out-of-hours services in each health board. Cardiff and Vale paid £720,000 more on GP out-of-hours services in 2015-16 than the notional allocation it received from Welsh Government<sup>11</sup>.

### 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 the Welsh Government 2015-16 (£000s)	Actual expenditure on GP out-of-hours services in 2015-16 (£000's)	Subsidy paid by health boards (£000's)	Subsidy paid by health boards as a percentage of notional allocation
Powys	1,980	2,543	563	28.4%
Aneurin Bevan	4,736	6,078	1,342	28.3%
Cwm Taf	2,447	3,064	617	25.2%

<sup>11</sup> 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.

Health Board	Notional allocation from the Welsh Government 2015-16 (£000s)	Actual expenditure on GP out-of-hours services in 2015-16 (£000's)	Subsidy paid by health boards (£000's)	Subsidy paid by health boards as a percentage of notional allocation
Hywel Dda	4,826	6,009	1,183	24.5%
<b>Cardiff and Vale</b>	<b>3,048</b>	<b>3,768</b>	<b>720</b>	<b>23.6%</b>
Abertawe Bro Morgannwg	4,533	4,905	372	8.2%
Betsi Cadwaladr	7,169	7,222	53	0.7%
<b>WALES</b>	<b>28,739</b>	<b>33,589</b>	<b>4,850</b>	<b>16.9%</b>

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

54 **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 2% decrease in cash terms, and an 11% decrease in real terms. The Health Board is one of four health boards that has decreased 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 (£000)		Change in expenditure between 2009-10 and 2015-16	
	2009-10	2015-16	Cash terms	Real terms
Hywel Dda	4,738	6,009	27%	16%
Cwm Taf	2,657	3,064	15%	5%
Abertawe Bro Morgannwg	4,238	4,905	16%	6%
Powys	2,534	2,534	0%	-8%
<b>Cardiff and Vale</b>	<b>3,847</b>	<b>3,768</b>	<b>-2%</b>	<b>-11%</b>
Aneurin Bevan	6,005	6,078	1%	-8%
Betsi Cadwaladr	7,632	7,222	-5%	-14%
<b>WALES</b>	<b>31,651</b>	<b>33,581</b>	<b>6%</b>	<b>-3%</b>

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.

55 **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. Cardiff and Vale is the lowest spending health board in relation to cost per contact and is also the lowest spending health board in relation to out-of-hours expenditure per 1,000 population. Cardiff and Vale is also the lowest in Wales for out-of-hours expenditure as a percentage of total GMS expenditure. During interview, staff told us that the service's budget is frequently underspent due to difficulties in filling GP shifts.

**Exhibit 9: GP out-of-hours expenditure across Wales, 2015-16**

Health Board	Out-of-hours expenditure per 1,000 population (£)	Cost per contact (£)	Out-of-hours expenditure as % of total GMS expenditure (2015-16)
Abertawe Bro Morgannwg	9.33	36.07	6.7%
Aneurin Bevan	10.45	68.88	7.0%
Betsi Cadwaladr	10.40	50.36	6.2%
<b>Cardiff and Vale</b>	<b>7.77</b>	<b>34.63</b>	<b>5.5%</b>
Cwm Taf	10.33	50.65	6.8%
Hywel Dda	15.68	93.32	9.8%
Powys	19.17	71.63	7.4%
<b>WALES</b>	<b>10.84</b>	<b>52.74</b>	<b>6.9%</b>

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

56 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 how the Health Board approach to GP sessional pay compares with other bodies across Wales. The Health Board has agreed a shift bundling approach that incentivises staff to commit to working for more than one shift at a time. The Health Board has also attempted to agree a standard rate of pay with neighbouring health boards and has been keen for an all-Wales agreement on pay rates. However, staff told us that the other health boards are continuing to increase their rate of pay at pressured times, perpetuating competition between health bodies. We were also told that the Health Board's previous efforts to improve bank holiday shift filling by increasing pay rates have come too late, due to delays in the

decision making and approval process. The Health Board believes it has now resolved this issue.

#### 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.	Yes	2	5
Standardised rates of pay agreed with all health boards in Wales.	No	0	7
Sessional rates in the out-of-hours service are identical to in-hours locum rates for GPs.	No	1	6

Source: Health Board Questionnaire

**Call-taking performance is comparatively good but there is scope to improve the timeliness of home visits, appointments and especially call backs**

**The Health Board works in a range of ways to inform the public about out-of-hours services but there is scope to improve signposting from its website and practice answerphone messages**

- 57 Our previous work on unscheduled care showed that patients can find it difficult to decide how best to access unscheduled care services. If GP out-of-hours services are to succeed in managing demand appropriately, the public needs to be informed about the real purpose of GP out-of-hours and how to access the service appropriately.
- 58 Health boards have tried a range of actions to inform the public about GP out-of-hours services. The Health Board told us it informs the public through the work of

its Communications Team, using the Choose Well campaign and social media. The Primary Care Team also runs a multidisciplinary access group to review frequent attenders and holds patient case conferences. The team is also linking with 1000 lives regarding behavioural insights training.

- 59 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. We were only able to find two pieces of information about GP out-of-hours services on the Health Board’s website that we were looking for.

**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.

- 60 We reviewed a sample of GP practice websites and carried out ‘mystery shopping’ calls to GP practice phone lines, outside normal working hours, to assess how well they signpost patients to GP out-of-hours services. **Exhibit 12** shows how GP practices in the Health Board compared with those across Wales. Importantly, the answerphone messages in the Health Board area varied considerably in their descriptions of the GP out-of-hours service. Some messages described the purpose of GP out-of-hours as ‘urgent medical advice’ or ‘in emergencies’. Other messages simply told patients to contact GP out-of-hours ‘if you want a consultation with the out-of-hours service’ or ‘if you require to speak to a doctor urgently’. Further descriptors were used on GP websites. The Health Board’s

Access group has promoted the use of standardised messages, but our work has found that many GP practices are not complying with this guidance.

**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?	9	1	59	11
Does the landing page signpost patients to GP out-of-hours services?	5	4	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	8	1	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	8	1	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	2	7	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	6	3	44	16
Practice phone lines	Yes	No	Yes	No
Was the call answered?	10	–	69	1
Was the call automatically diverted to the GP out-of-hours service?	3	7	16	53
Did the answerphone message give the phone number of the out-of-hours service?	7	2	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	1	8	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	4	5	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	5	4	47	20

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

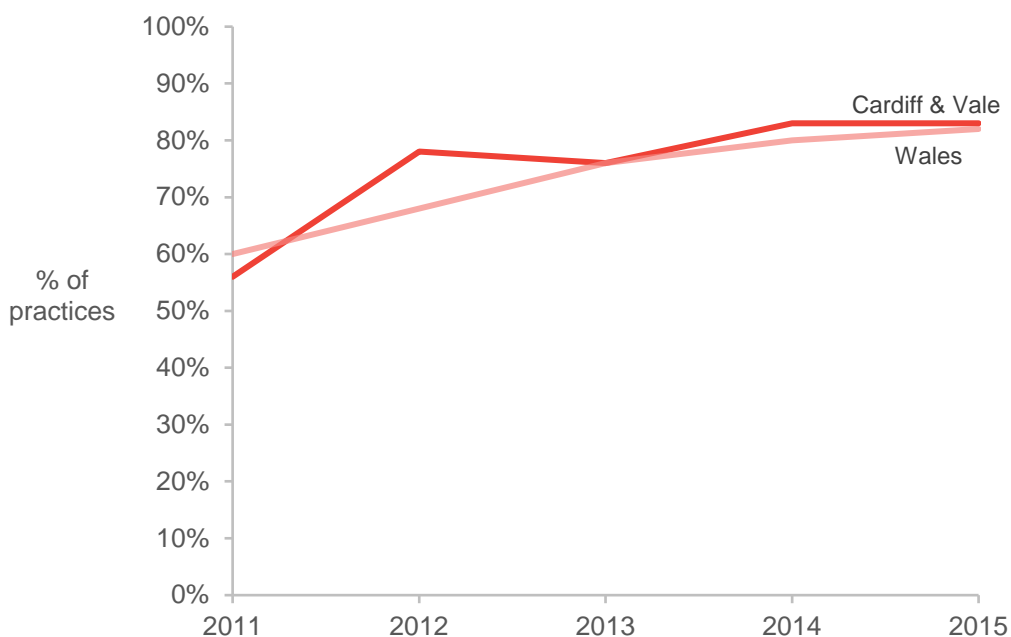
61 Our mystery shopping showed that there are at least five different phone numbers for GP out-of-hours services across the Health Board, three promoted through GP answerphone messages, and a further two promoted through GP websites<sup>12</sup>. The

<sup>12</sup> The phone numbers were 01446 729562, 01446 704666, 02920 44450, 01446 744877 and 01446 735365.

Health Board may want to consider whether this is overcomplicating patient access to the GP out-of-hours service.

- 62 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. The Health Board recognises this issue and regularly monitors the number of contacts with the out-of-hours service, by practice, between 6.30 pm and 7.30 pm as a proxy measure for problems accessing in-hours services. The data show large variations by practice, suggesting scope to improve in-hours access in some practices.
- 63 **Exhibit 13** shows an increase across Wales in the percentage of GP practices that are open for the entirety of their core hours<sup>13</sup>. The definition of 'open' in this instance is that the practice's doors are physically open and a patient can have face to face contact with a receptionist. The exhibit shows that performance in surgeries across the Health Board is marginally better than the all-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.

- 64 There has been an increase across Wales in the percentage of practices that offer appointments between 5 pm and 6.30 pm, on at least two days per week.

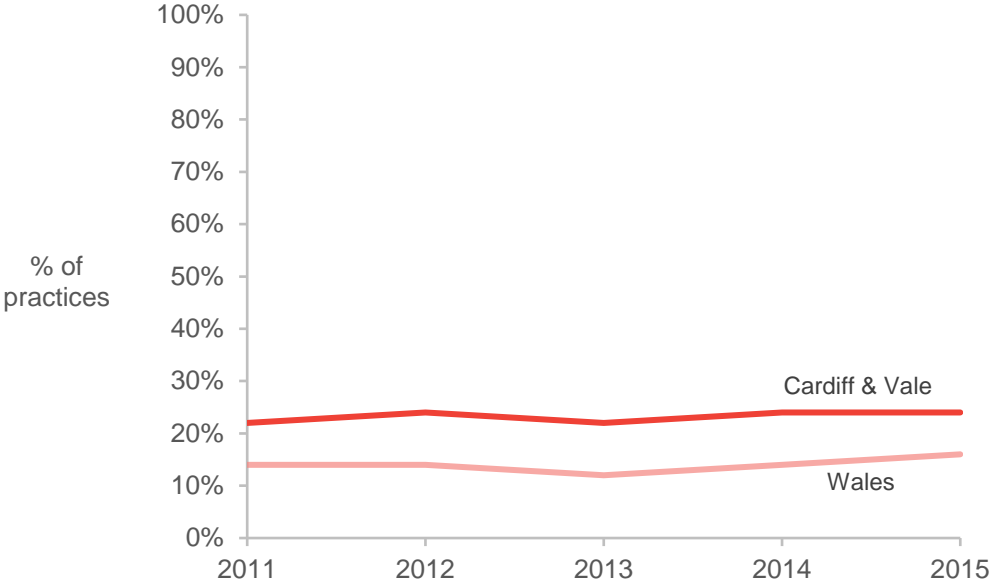
<sup>13</sup> Under the General Medical Services (GMS) contract (the UK-wide contract between general practices and primary care organisations for delivering primary care services to local communities), GP practice core hours are Monday to Friday, between 8 am and 6.30 pm (except on Good Friday, Christmas Day and Bank Holidays).



All practices across the Health Board now offer such appointments, making the health board one of the best performing for this measure.

65 **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 better with 24% of practices offering such early appointments. This is the highest performance in Wales.

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



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

**The service answers calls more quickly than other services in Wales and whilst there appear to be no call terminations, there may be inaccuracies in the data**

66 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. The Health Board's data suggests no calls to GP out-of-hours were terminated<sup>14</sup> in this way. This seems unlikely and the Health Board should review its data to ensure they are accurate (**Exhibit 16**).

<sup>14</sup> 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

67 After the answerphone/automated message, patients will typically speak to a call taker. If there are delays at this stage, patients may choose to abandon the call. In the Health Board, 6% of calls were abandoned<sup>15</sup> at this stage, which is lower than the all-Wales average. The data also show that between April and September 2016, the Health Board's GP out-of-hours service answered nearly 90% of calls within 60 seconds of the end of the answerphone message. This is the highest across Wales, however, the national standards for GP out-of-hours services state that health boards should be achieving 95%.

**Exhibit 15: call-handling performance, April to September 2016**

	Health Board	Wales
Percentage of calls terminated	0.0	14.6
Percentage of calls abandoned in 60 seconds or less	3.8	7.0
Percentage of calls abandoned after 60 seconds	2.2	5.3
Percentage of calls answered within 60 seconds (after the pre-recorded message)	89.8	74.3
Percentage of calls answered after 60 seconds (after the pre-recorded message)	10.2	25.7

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

**Timeliness of call backs to patients remains one of the service's most stubborn problems with performance remaining below the all-Wales average**

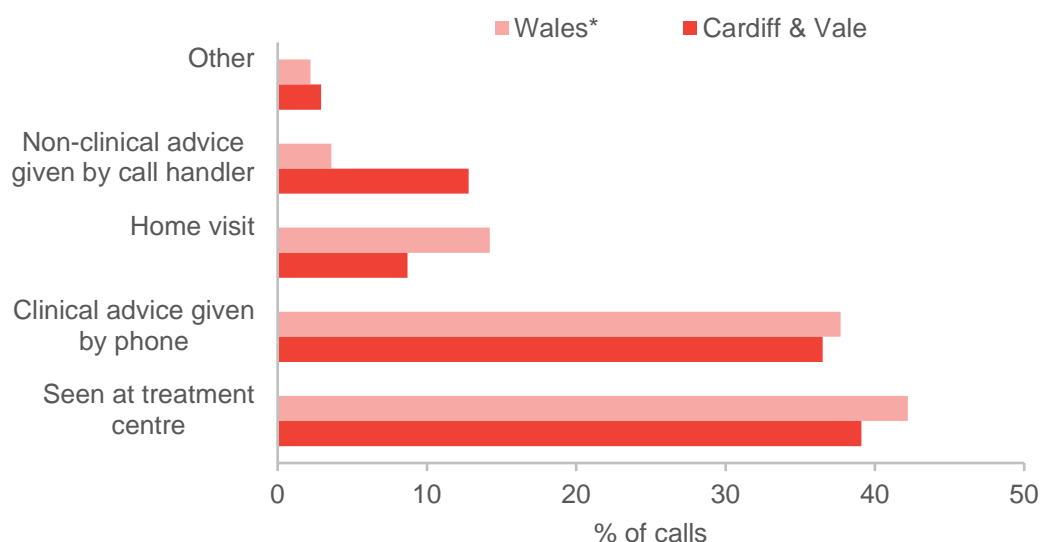
68 Once the GP out-of-hours service has taken a call from a patient, the call taker may choose to manage the patient in one of several ways. **Exhibit 16** shows how the Health Board handled calls<sup>16</sup> between April 2016 and September 2016. It shows that the Health Board's patients were more likely than in Wales as a whole to receive the entirety of their treatment through non-clinical advice given by a call handler. Cardiff and Vale patients were marginally less likely to have a home visit or an appointment at the GP out-of-hours facility.

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.

<sup>15</sup> 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 April 2016 to September 2016.

<sup>16</sup> We have excluded calls where the patient had a life-threatening emergency.

Exhibit 16: the way in which the GP out-of-hours service manages calls, April to September 2016



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

- 69 Telephone triage is the process that GP out-of-hours services use to assess the immediate needs of patients. The Health Board used to run an ‘expert triage’ model where additional emphasis and resources were focused on triage, to stop as many contacts as possible from progressing beyond the triage stage. The service now uses a direct booking model, where clinicians go through the details of the patients awaiting a call back, to directly book them into appointments where necessary. This aims to avoid an unnecessary telephone contact with the clinician. Since moving away from the expert triage model, GPs are no longer trained in triage. Instead, they shadow another GP for one shift. The Health Board’s GP out-of-hours service also includes a dental triage service. This involves dental nurses fielding calls from patients.
- 70 After a patient has described their symptoms to the call taker, the GP out-of-hours service may decide that the patient needs a call back from a clinician. The national standards state that 98% of urgent calls should receive a call back within 20 minutes. Between April and September 2016, 71.6% of urgent calls in the Health Board received a call back within 20 minutes (compared with 78% across Wales as a whole). The national standards also state that 98% of ‘routine’ calls should receive a call back within 60 minutes. Between April and September 2016, 80.4% of routine calls to the Health Board received a call back within 60 minutes. The equivalent figure in Wales as a whole was 82.3%.
- 71 The Health Board’s service has been criticised by the Community Health Council in the past for the timeliness of its call backs. Staff told us that the service is now making more effort to give patients a true indication of the delay they are likely to

experience in receiving a call back. Staff told us that timeliness of call backs has improved but remains a problem, particularly at weekends. The Health Board's business case for GP out-of-hours recognises that at peak times, between 50 and 200 patients may be awaiting a call back from the service, which can 'result in risks to patient safety, avoidable harm and outcomes'.

- 72 In our survey of GP out-of-hours staff in the Health Board, 69% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as 'hear and treat'). Fifteen per cent were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.
- 73 For hear-and-treat to be most effective, it helps if the clinician has access to a summary of the patient's medical history through a computer system called the GP Record. In the Health Board, 2.7% of the patients that contacted GP out-of-hours had their GP Record accessed by the service. This compares with 5.6% across Wales. The out-of-hours action plan recognises a particular issue with 'poor access' to the record.

### Timeliness of home visits and appointments is mixed compared with the average performance across Wales

- 74 If the service deems a patient's condition serious enough, the telephone consultation may result in an appointment with a clinician in a GP out-of-hours treatment centre or a visit to the patient's home.
- 75 If the patient's condition is 'very urgent', the national standards state that 90% of patients should be seen at an appointment or through a home visit within an hour. Ninety per cent of 'urgent' patients should be seen within two hours and 90% of 'less urgent' patients should be seen within six hours. **Exhibit 17** suggests that the Health Board's GP out-of-hours service is generally providing more timely home visits than in Wales as a whole, other than for 'less urgent' cases. However, the Health Board is performing less well for face-to-face appointments at treatment centres, other than for 'urgent' cases.

Exhibit 17: percentage of patients seen within the relevant time targets, April to September 2016

	Health Board	Wales <sup>1</sup>
<b>Home visits</b>		
Percentage of 'very urgents' seen within one hour	71.1	59.9
Percentage of 'urgents' seen within two hours	77.0	69.2
Percentage of 'less urgents' seen within six hours	77.9	92.7
<b>Treatment centre</b>		
Percentage of 'very urgents' seen within one hour	68.3	85.7
Percentage of 'urgents' seen within two hours	81.6	80.9
Percentage of 'less urgents' seen within six hours	96.1	97.2

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

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

76 In the Health Board between April 2016 and September 2016, 2.1% of patients that had an appointment booked at the GP out-of-hours treatment centre did not attend their appointment. This equates to an approximate cost of £10,200 between April 2016 and September 2016<sup>17</sup>.

**Problems with data consistency make it difficult to compare referral patterns and whilst the out-of-hours service does not have a directory of services, it does have protocols with emergency departments**

77 Our scoping work suggested that GP out-of-hours services may be experiencing demand from patients that were suitable for other services. Out-of-hours services are for urgent cases but not emergencies, therefore the life-threatening emergency cases seen in GP out-of-hours services represent misplaced demand. Across Wales, 3.5% (6,756 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 were life-threatening emergency cases. In the Health Board, the corresponding figure was 2.5% (929 cases).

78 If a patient contacts GP out-of-hours and is subsequently referred to their GP, it could be argued that the patient should have seen their own GP in the first instance. This is not true in all cases but we present the data here for discussion purposes. Across Wales, 17.6% (33,747 cases) of all calls to GP out-of-hours

<sup>17</sup> We calculated the cost per appointment by dividing the total cost of out-of-hours services by the number of appointments in 2015-16.

services between April 2016 and September 2016 resulted in referrals to the patient's own GP. In the Health Board, the corresponding figure was 26.6% (10,057 cases).

- 79 Across Wales, 40.8% of patients that contacted GP out-of-hours between April 2016 and September 2016 required a referral to a different service. In the Health Board, the corresponding figure was 60%. **Exhibit 18** shows that the pattern of referrals made by the service in the Health Board varies considerably to the all-Wales position in a number of indicators. This may reflect differences in data collection processes.

**Exhibit 18: pattern of referrals made by GP out-of-hours services, April to September 2016**

	Health Board	Wales
<b>Category: Hear-and-treat patients</b>		
Received a telephone assessment only and the call was closed	50.6	54.7
Referred to emergency ambulance service	0.2	5.7
Referred to hospital emergency department or minor injury unit	8.6	10.6
Referred to hospital admission or assessment on a hospital ward	1.2	2.9
Referred to their own GP	18.5	14.4
Referred to district nursing	0	2.6
Referred to dentist	0	0.3
Other	21.0	8.9
<b>Category: Patients seen at treatment centres</b>		
Did not attend the appointment or left before the appointment took place	2.1	1.0
Treated and discharged	32.2	61.1
Referred to emergency ambulance service	0.2	0.1
Referred to hospital emergency department or minor injury unit	1.7	1.8
Referred to hospital admission or assessment on a hospital ward	11.2	9.1
Referred to their own GP	45.3	23.4
Other	7.3	3.6
<b>Category: Patients seen at home</b>		
Treated and discharged	19.7	60.4
Referred to emergency ambulance service	0.2	0.6
Referred to hospital emergency department or minor injury unit	0.6	2.1
Referred to hospital admission or assessment on a hospital ward	13.6	7.9
Referred to their own GP	32.2	17.0
Other	25.4	6.2

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

- 80 Where GP out-of-hours refers emergency cases to the ambulance service, the national standards state that the service should transfer all such calls within three minutes. Between April 2016 and September 2016, the Health Board transferred 100% of such calls within three minutes. There was insufficient data available to calculate an all-Wales position for this measure.
- 81 A potential barrier to effective referrals is the availability of other services outside normal working hours. During fieldwork staff told us about good availability of the district nursing service and the acute response team. In our survey of GP out-of-hours staff, the services that staff felt were least available related to:
- mental health crisis;
  - frail person with diarrhoea and vomiting who needs hydration; and
  - frail person found on the floor and lives alone.
- 82 Even when alternative services are available to take referrals from GP out-of-hours services, there is a risk that GP out-of-hours staff will not make referrals because they do not know about these alternative services. The Health Board's GP out-of-hours services do not have access to an up-to-date directory of service, which is likely to limit their ability to make appropriate referrals. However, the out-of-hours service triage suites do have reference packs which provide telephone numbers of other services.
- 83 A key relationship within the unscheduled care system is that between GP out-of-hours and the hospital emergency department. When patients access emergency departments and their needs can be appropriately met by GP out-of-hours, there needs to be robust processes for referring these patients to GP out-of-hours. The Health Board is one of six health boards across Wales that has a written protocol that covers all GP out-of-hours services, setting out how emergency departments should refer patients to GP out-of-hours services when clinically appropriate. The Health Board also has a protocol that applies in some of its emergency departments, setting out how the GP out-of-hours service should routinely in-reach to the emergency department, to identify patients suitable for GP out-of-hours.
- 84 During fieldwork staff told us that relationships between the out-of-hours service and the emergency departments are improving. The clinical directors for these services now meet regularly and a working group has been set up to improve working practices. A particular driver for this work has been the problems experienced by the out-of-hours service in summer 2016.

# 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 19: 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"> <li>• The GP out-of-hours Action Plan and Business Case</li> <li>• IMTP Operational Plan</li> <li>• Presentation showing capacity and demand analysis</li> <li>• Minutes and papers of the PCIC</li> <li>• PCIC risk register</li> </ul>
Interviews	We interviewed a number of staff including: <ul style="list-style-type: none"> <li>• Interim Chief Operating Officer</li> <li>• PCIC Director of Operations</li> <li>• PCIC Head of Primary Care Services Operations and Delivery</li> <li>• Head of Primary Care Improvement/GP out-of-hours</li> <li>• Operational Manager for GP out-of-hours</li> <li>• Clinical Director of GP out-of-hours</li> <li>• Deputy Clinical Shift Lead for GP out-of-hours</li> <li>• Community Health Council</li> </ul>
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 72 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 Cardiff and Vale we had responses from nine members.
Review of health board websites	We reviewed the Health Board's website to assess the effectiveness of information provided on how and when to access out-of-hours services.
Mystery shopping: GP practice phone lines and websites	We made telephone calls, after practice closing times, to a sample of 10 practices in each Health Board. We assessed the answerphone message for effectiveness in information provision to patients. We also assessed GP-practice websites to assess the signposting to the out-of-hours service.



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

- 85 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.
- 86 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 20** shows the results from across Wales.

**Exhibit 20: 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.

- 87 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 21** shows which services they accessed.

**Exhibit 21: 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.

- 88 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'.
- 89 We also asked how patients found the telephone number for the GP out-of-hours service. **Exhibit 22** shows the results from across Wales.

**Exhibit 22: mechanism by which patients access the GP out-of-hours phone number**

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

Source: Wales Audit Office survey of patients.

- 90 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'.

- 91 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'.
- 92 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.
- 93 **Exhibit 23** shows the survey results from in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

**Exhibit 23: measures of patient experience of GP out-of-hours appointments and home visits across Wales**

**Face-to-face appointments (180 respondents)**

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

**Home visits (73 respondents)**

- 62% of respondents said the service told them the time that they should expect their home visit, 22% said they were not told and 16% could not remember.
- 74% of 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 they 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.

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

# Appendix 3

## Health boards' self-assessment against the national standards

Exhibit 24: 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 25: management response

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1a	Develop a process for regularly comparing its out-of-hours expenditure with other health boards, given the GP out-of-hours service's mixed performance.	Appropriate, sustainable funding for the GP out-of-hours service.	Yes	Yes	Historically, the Cardiff and Vale Out of Hours service benchmarked the lowest in Wales in terms of investment per patient; however, due to significant investment, this has increased. C&V will look to review funding per 1000 population, and compare against the Welsh average if this information is available and reliable from other Health Boards.  All Wales expenditure to be reviewed through the Out of Hours QSE group, taking into account the difference in Health Board population, and where possible service skill mix.	October 2017 (but reviewed at the PCIC Q,S&E committee on an ongoing periodic basis).	Jane Brown

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1b	Develop a long-term workforce plan aimed at permanently resolving problems with filling GP shifts and improving the timeliness of all aspects of the service.	Better strategic and workforce planning to ensure appropriate staffing levels to cope with demand.	Yes	Yes	<p>Workforce and governance reviews currently being undertaken to inform the future workforce development prior to the implementation of 111. 111 may have significant implications for the C&amp;V workforce which will have to be taken into account as and when more information is known.</p> <p>Work has already been undertaken to identify those shifts that are regularly difficult to fill considering alternative clinical cover. It has been acknowledged that the traditional GP OOHs model is not necessarily sustainable in the current climate, with ongoing difficulties in filling core shifts, as such skill mix will be a key factor moving forward.</p> <p>This includes consideration of salaried GPs as well the wider workforce.</p>	November 2017 – long-term workforce plan developed (based on what is currently known re 111).	Jane Brown



Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2a	Introduce processes for learning from patient feedback to improve GP out-of-hours services.	Improved service performance and patient experience.		Yes	Develop more patient feedback mechanisms in conjunction with corporate services to for use by OOHs patients. Analysis with themes and trends to be discussed at Out of Hours QSE meeting. Produce information leaflets and posters for patients, along with a section on the service webpage to promote selfcare.	End September 2017 – Patient experience feedback mechanisms in place to be mapped and introduced. Learning and feedback to be routinely collected and analysed.	Ailsa Pritchard
R2b	Prioritise clinical audit to ensure all GPs have their out-of-hours clinical contacts regularly reviewed, to meet the national standards.	Assurance that clinical contacts are of high quality.	Yes	Yes	Agreed audit process in place; feedback to OOHs QSE meeting.	Process in place by September 2017. Continual review at OOHs QSE meeting.	Helen Earland/ Sherard Lemaitre

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2c	Check its out-of-hours data relating to the number of call terminations, to ensure the information is accurate.	Better data quality, leading to better performance management.		Yes	Work is underway to review this information working with the Vale Local Authority who provide some of the telephony statistics. Further work on an All Wales basis is taking place to review OOHs telephony statistics which Cardiff and Vale are leading on.	October 2017	Ailsa Pritchard
R3a	Improve signposting on its website by including information about GP out-of-hours on the landing page, providing a description of the service, details of the opening hours and locations, and the conditions and circumstances in which patients should use it.	Better public understanding and use of GP out-of-hours services.		Yes	This information has been updated on the intranet for GP OOHs. The internet information is being led by a primary care group, which is also looking at GP OOHs. The refreshed GP OOHs internet site will include all information about the service and advice for the public on self care and other services that can be accessed.	December 2017	Ailsa Pritchard

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R3b	Work with GP practices to ensure all practices have a standard answerphone message that provides appropriate information about the out-of-hours service.	Better public understanding and use of GP out-of-hours services.		Yes	A standardised message was promoted through the primary care access group, of which 27 practices used a standardised message. However, this cannot be enforced with the practices. Work is ongoing with practices to improve the uptake rate to ensure that a consistent message is provided to patients.	October 2017	Jane Brown
R3c	As part of the eventual introduction of 111, consider replacing the five different telephone numbers with a single number for accessing GP out-of-hours.	Better public understanding and use of GP out-of-hours services.		Yes (but dependent on 111 roll out)	Work towards rationalising the numbers down to one number, impact on stakeholders will need to be assessed during this change process. The Head of OOHs is a member of the Directory of Services group, which is looking at this issue longer term, and will continue to work to ensure a single point of access.	November 2017	Jane Brown

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R4a	Share data with all practices showing the variation in use of out-of-hours services between 6.30pm and 7.30pm, with a view to highlighting outliers and resolving issues that are driving out-of-hours demand.	Reduced demand on GP out-of-hours from certain GP practices.		Yes	Information included in the desktop assessment of practice sustainability as an additional indicator of performance.  Send out monthly to practices and clusters.  To be included in the information shared and discussed at annual Practice Development Visits as well as sharing through CD forum.	In place and will be refreshed as part of the PDPs in September 2017.  In place and will continue monthly.	Jane Brown
R4b	Identify and address the reasons that are preventing out-of-hours staff from accessing the GP Record.	Better clinical information to inform contacts within the GP out-of-hours service.		Yes	Ongoing issues with IHR have impacted on the ability for staff working in the Out of Hours service in being able to access the GP record. This has been raised with NWIS and C&V IT colleagues as a priority area for change. A meeting with the C&V IT dept arranged for August 2017 to review IT related issues and agree actions to address these.	August 2017 – Meeting with IT dept and action plan to be produced to track and address issues.	Jane Brown/ Gareth Bulpin



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