

AGENDA ITEM

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Title/Subject: Primary Care: GP Out of Hours Improvement Plan
Meeting: Integration Joint Board
Date: 5 October 2018
Submitted By: Associate Medical Director, Primary Care
Action: For Decision

1. INTRODUCTION

- 1.1 The service improvement plan attached describes the current Primary Care, GP Out of Hours (GP OOH) service in Forth Valley and gives an analysis on some of the challenges the service faces. It outlines the key improvement measures underway at midpoint of a 24 month programme of change towards an aim of achieving a sustainable multidisciplinary OOH service across Falkirk, Clackmannanshire and Stirling. The current service transformation work is supported through Primary Care Transformation funding and a commitment was made to both Falkirk and Clackmannanshire and Stirling IJB in August 2017 to bring forward a revised Out of Hours service model and workforce plan within the timescales associated with the bridging funding.

2. RECOMMENDATION

The Falkirk Integration Joint Board is asked to:

- 2.1 note that, although still currently unachievable, the GP OOH service is working hard to deliver a full and sustainable OOH access across the three OOH bases.
- 2.2 note that the OOH service is making good progress towards a stable multidisciplinary workforce and service delivery model which delivers a quality service for people whilst providing a good working experience for staff.
- 2.3 note that the service is on track to meet the 12 month aim of 30% of OOH service to be ANP supported by Jan 2019 with ANP posts core funded from service budget.
- 2.4 note that it is recognised that delivering quality out of hours care, sustainably, relies on working as part of an effective model of community based supports and working towards a more integrated approach will be a priority moving forwards.
- 2.5 note the new GP Out of Hours Fund recurring allocation of £271k
- 2.6 approve the use of this fund to achieve the aim of 60% multidisciplinary service delivery and support partnered overnight community care supports as determined by partnership review.

- 2.7 note the synergy between the Out of Hours Plan, the Primary Care Improvement Plan and the Action 15 Mental Health plan (outlined in separate papers). Collaboration across the plans aims to promote a sustainable primary care and 24/7 urgent care model of mental health support across Forth Valley.

3. BACKGROUND AND CONSIDERATIONS

- 3.1. The GP OOH transformation programme follows the recommendations made in the National Review of Primary Care OOH Services, "Pulling Together," by Sir Lewis Ritchie in 2015. Sir Ritchie's report reflects the experience here in Forth Valley of the progressive loss of GPs willing to provide OOH services and predicts that this loss will continue in the future.
- 3.2. By regulation, Primary Care GP services are provided between 08.00 and 18.00 Monday to Friday, with no obligation on GPs to deliver services outwith these times. Over the last few years, the lack of GPs available and willing to work in out of hours has led to a service which has struggled to remain sustainable, often unable to fill shifts to a safe and effective level, resulting in the need to consolidate available cover to one or two bases for prolonged periods or at short notice. The experience of working in a very pressured service also led to a poor working experience and reduced willingness of many loyal GPs to continue to work in OOHs with costs of GP locum cover consequently increasing.
- 3.3. In June 2017, a multidisciplinary short life working group, including members of the public participation forum, was established with the purpose of analysing the needs of a cohort of consecutive out of hours patient contacts. All of the cases had been seen by an OOH GP and were reviewed in light of the skills and resources required to appropriately manage each case.
- 3.4. The consensus of the review showed that the majority could have been seen by an appropriately skilled ANP (Advanced Nurse Practitioner). Mental Health related calls could have been handled appropriately by a Mental Health Nurse Practitioner; and many of the home visits could have been handled appropriately by a skilled paramedic practitioner.
- 3.5. A new workforce plan and improvement plan was generated with an aim that the GP OOH service delivery model would shift from 90% GP cover to 30% ANP cover within 12 months of ANP recruitment and to 60% within 24 months.
- 3.6. A copy of the Plan is attached at Appendix 1.

4. CONCLUSIONS

- 4.1. The GP Out of Hours service is moving towards a more sustainable delivery position both in terms of creating a sustainable workforce model, which can meet user need, and financial sustainability, through a more cost effective model of workforce.
- 4.2. The successful delivery of the first phase of OOH transformation is testament to the commitment and leadership of the current OOH team, particularly the GP and ANP leads. Learning from the last six months has informed and provided assurance that scaling this multidisciplinary model up is the right thing to do. The service will scale up the multidisciplinary workforce with a rolling programme of training for ANP and paramedic practitioners whilst also seeking to build better connections and approaches with partner services in social care and out of hours nursing.
- 4.3. The OOH service will work with service users and the out of hours workforce to ensure we can provide a quality service which delivers a positive experience for both service users and staff.

Resource Implications

The costs of the 5 OOH ANP training posts are transitional and on track to be fully supported through core OOH budget without additional cost, by the end of the transformation funding window.

Scottish Government have now allocated a recurring Out Of Hours Fund to Integration Authorities, of which Falkirk Partnership allocation is £143,446 (Forth Valley £271,000).

To move forward to fully scale the Forth Valley wide OOH model it is proposed that the fund supports:

- Bridging Funding for a rolling recruitment of 2 ANP / Paramedic Specialist Posts for two years, to enable scaling up of the workforce to deliver the future service model £140,000
- Mainstream funding for the overnight mental health support £30k
- Funding to sustain community based night nursing in line with integration funding review £100k (pro rata between partnerships).

Impact on IJB Outcomes and Priorities

The objectives of Primary Care Transformation Plan are consistent with the vision, outcomes and priorities of the Strategic Plan, the National Health and Well-being Outcomes and the national Primary Care Vision and Outcomes.

Legal & Risk Implications

There are no anticipated legal risks to the Partnership. The transformation is supported by a project management approach, and is included within directorate risk management processes.

Consultation

No significant service change is being proposed. Consultation and engagement with service users and workforce is ongoing as part of the transformation process.

Equalities Assessment

Equalities implications have been considered and an impact assessment was completed and shared with the primary care transformation proposal in August 2018. This paper does not present any further changes to service.

Approved for submission by: Patricia Cassidy, Chief Officer

Author – Lesley Middlemiss, Programme Manager Primary Care

Date: 26 September 2018

List of Background Papers:

Pulling together: Transforming urgent care for the people of Scotland: The Report of the Independent Review of Primary Care Out of Hours Services. Sir Lewis Ritchie Nov 2015.

<https://www.nls.uk/scotgov/2015/9781785448799.pdf>



Primary Care Out of Hours Service Improvement Plan

PULLING TOGETHER



**Bryony Murray, Dr Chris Mair, Dr Karyn Webster,
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August 2018

1. Introduction

1.1 Out of Hours GP Care in Forth Valley

By regulation, GP services are provided between 08.00 and 18.00 Monday to Friday, with no obligation to deliver services out with these times. Primary Care (GP) Out of Hours describes the period when general practice services are normally closed and provides access to GP urgent care, via NHS 24, in evenings, overnight and weekends.

GP OOH is delivered from three sites in Forth Valley; Forth Valley Royal Hospital, Stirling Community Hospital and Clackmannanshire Community Health Care Centre.

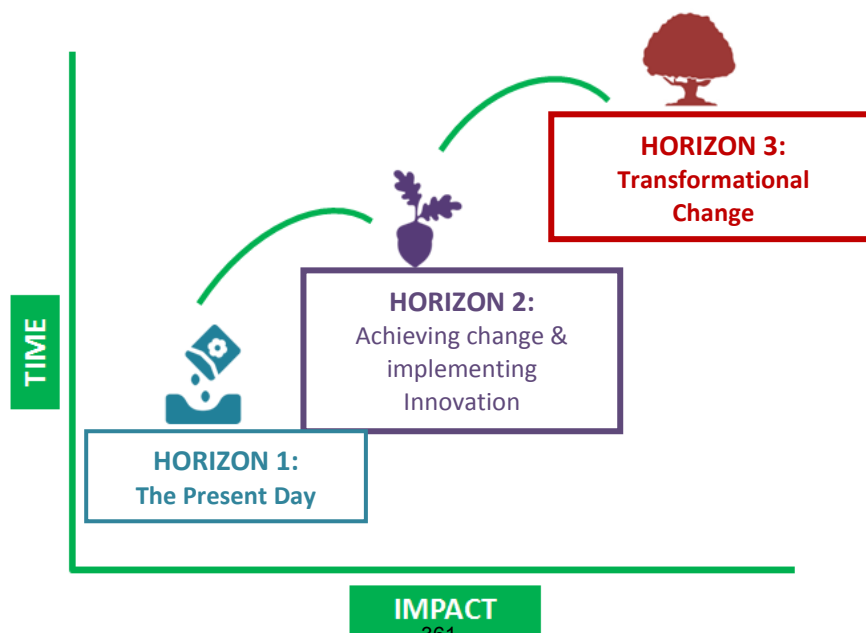
1.2 What is the Problem?

The OOH Service relies largely on a willing sessional / noncore GP workforce to deliver care. Over the last few years, the GP workforce has reduced and the service has struggled to remain sustainable, often unable to fill shifts to a safe and effective level, resulting in the need to reduce service.

Our local problem reflects the issues highlighted in The National Review of Primary Care OOH Services, “Pulling Together,” by Sir Lewis Ritchie (2015) who highlighted the progressive loss of GPs willing to provide OOH service and predicts this loss to continue in future: *“Older GPs working in OOH services contribute on average, a greater contribution of working hours than younger GPs. This is counterbalanced by the workforce age profile which is biased towards younger GPs.”*

1.2 Service Transformation

This report will discuss the three phased approach to the Improvement Plan for the Forth Valley GP Out of Hours Service. The report has been written using the three horizon model for improvement:

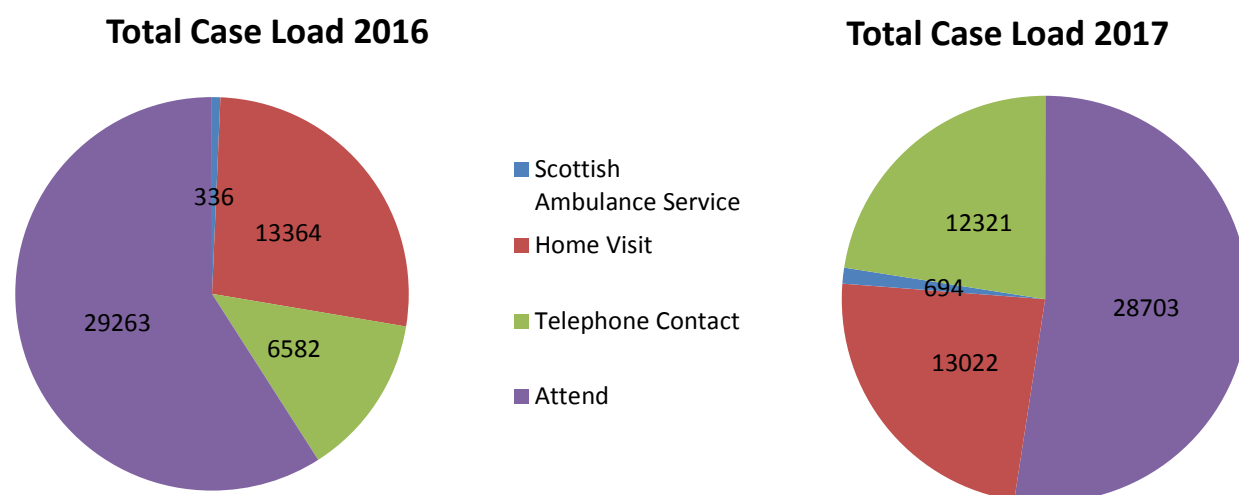


2. Horizon One – OOH before Service Change

2.1 Service Demand

People accessed the Out of Hours Service via NHS24 more than 50,000 times in 2017.

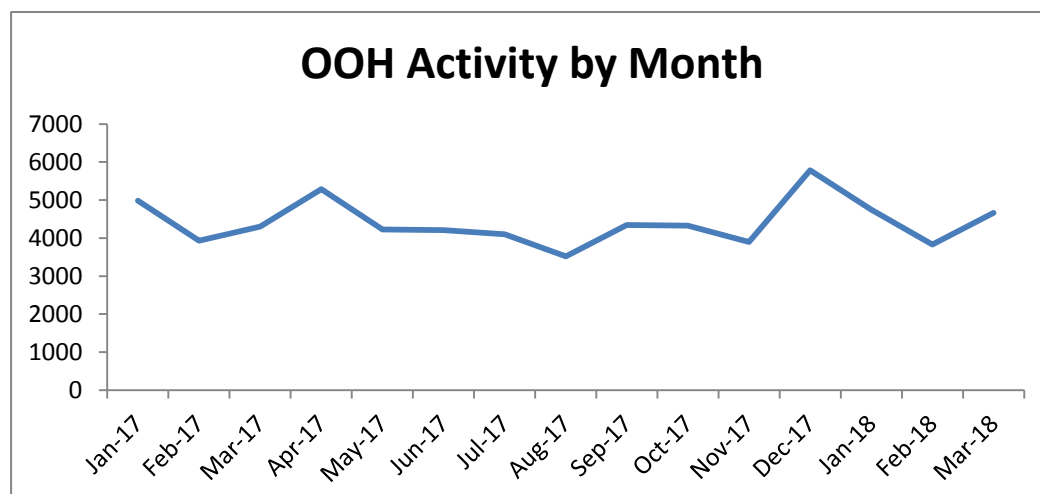
Figure 1 below shows the case loads in 2016 versus 2017:



The total case load in 2016 was 49560. In 2017, it was 54740; an increase by over 10%.

Day to day, week to week appointment demand is variable and previous detailed analysis of demand by Dr Anna Lamont and Service Manager, Deirdre Anderson led to revised working schedules and a formal review of the workforce delivery model which in turn led to the current improvement work.

Figure 2 shows the OOH activity by month from January 2017 to March 2018:



2.2 Appointment Demand:

2.2.1 Home Visits (24% of demand, average of 236 visits per week)

A GP, accompanied by an OOH service driver, will visit directly to patients in their home. These appointments are allocated to the sickest patients who are unable to travel. Supporting high levels of home visits when the service is understaffed is a significant issue. The Scottish Ambulance Service has provided a very successful support model to the far North West Stirling region from Killin for several years now with 694 contacts last year.

2.2.2 Advice Calls (22% of demand, average of 250 calls per week)

The number of advice calls almost doubled between 2016 and 2017 rising from 13% to 22% of demand. It is likely that this, in part is due to pressure on the service leading to more time effective triage of patient needs through a telephone discussion with a GP.

The mental health nursing test of change between 9pm and 8am has shown that although small numbers, 1-2 mental health (MH) advice calls are taken night, these calls take considerably longer than most appointments.

2.2.3 Face to Face Appointments (52% of demand, average of 800 contacts per week)

Patients visit the GP at one of the three sites after being allocated a specific appointment time by NHS24 /NHS FV hub administrators. The majority of appointments are provided within the centre by a GP.

2.3. Workforce and Service Capacity

There are currently 14 NHS salaried GPs providing 145 hours per week; equating to 26% of total service provision, and 3 skilled ANPs, providing 39 hours or 7% of total service provision. The rest of the service (67%) is provided by locum or sessional GPs. Clinical staff are supported by a team of Hub Administrators, some of whom also work as receptionists. There is also a team of drivers, who are responsible for transporting GPs to home visits. The salaried workforce is very much part time and headcounts are as follows:



14 x Salaried GPs



8 x ANPs (5 trainee)



14 x Driver



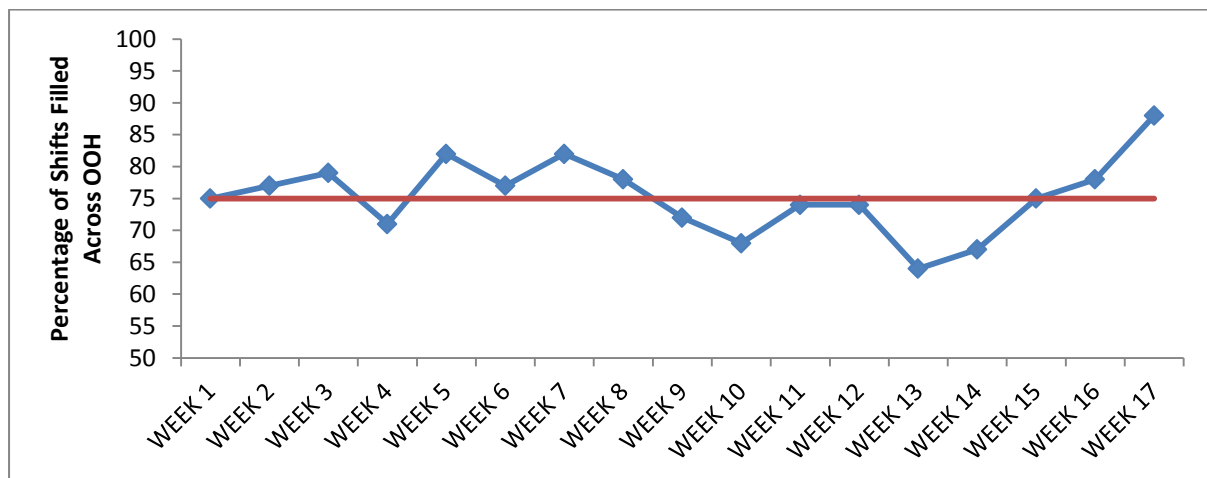
25 x Administrator

A fully staffed service prior to implementing service change would provide 544 hours of OOH capacity per week over three sites with the following schedule of GPs (approx 90%) and ANPs (approx 10%) hours:

		MON 6pm- 8am	TUES 6pm- 8am	WED 6pm- 8am	THURS 6pm- 8am	FRI 6pm- 8am	SAT (24hrs)	SUN (24hrs)
F V R H	GP HOURS	250 hours						
	ANP HOURS	52 hours						
	RECEPTION HOURS	120.5 Hours						
	DRIVER HOURS	160.5 Hours						
		MON 6pm- 12am	TUES 6pm- 12am	WED 6pm- 12am	THURS 6pm- 12am	FRI 6pm- 12am	SAT 8am – 12am	SUN 8am – 12am
S C H	GP HOURS	158 hours						
	ANP HOURS	6 hours						
	RECEPTION HOURS	101.5 Hours						
	DRIVER HOURS	168.5 Hours						
		MON 6pm- 12am	TUES 6pm- 12am	WED 6pm- 12am	THURS 6pm- 12am	FRI 6pm- 12am	SAT 8am – 8pm	SUN 8am – 8pm
C C H C	GP HOURS	78 hours						
	ANP HOURS	0 hours						
	RECEPTION HOURS	64.5 Hours						
	DRIVER HOURS	56.5 Hours						

Delivering this schedule of cover sustainably remains unachievable, as can be seen by the graph below which shows that over the last 6 months the service has had a fill rate of 75% for OOH shifts. In March a total of 806 sessional hours were unfilled. This equates to a 32% gap in staffing. Midnight to 8am services have only been provided from FVRH over the last year due to the inability to service two sites.

Figure 3: Run chart showing the percentage of shifts filled in OOH from January - April 2018



The experience of working on an under-staffed shift puts a lot of GPs off taking on additional work in the OOH service unless they know the shift is going to be adequately staffed:

When GPs working in the service were asked if they book their shifts in advance,

- ***75% of participants answered no.***

2.3.1 Support Staff

Administrative staff work shifts either as frontline receptionists in one of the three sites, or as a Hub Administrator managing incoming appointment requests from NHS24. They also deal with incoming calls from palliative care patients from a direct access phone line.

The OOH drivers are responsible for transporting clinical staff to the home visit appointments across the region and are all first aid trained.

2.3.2 Resource Use

Forth Valley GP OOH service has an annual budget of £2.5m. Budget pressures reflect the variation in the costs between sessional / locum clinical input, salaried GP and ANP (up to 400% variation for an overnight shift). Sessional locum rates have, in the past been raised significantly to incentivise GPs to work; however, this in turn led to a reduction in shifts being booked ahead by locums and increasing dissatisfaction and loss of salaried staff. The rates have since been fixed for each shift and the leadership team have worked considerably to understand the drivers which might increase uptake and satisfaction of OOH working aside from pay.

2.4 Delivering Service from Three Bases

2.4.1 Stirling Community Hospital / Stirling Health and Care Village

The new GP and Minor Injuries centre, now open, delivers much improved OOH specific facilities in a highly accessible location. Now co-located with the Scottish Ambulance Service, the opportunities to develop integrated working and new models of overnight service are great.

2.4.2 Clackmannanshire Community Healthcare Centre

CCHC in Alloa has purpose built accommodation. CCHC provides appointments between 6pm to midnight Monday to Friday; and 8am to midnight at the weekends. Sustaining the overall service led to suspension of service in Clacks for a few months in late 2017. Since Christmas 2017 every effort has been made to provide OOH access and, on the whole, the evening service has been maintained. It has proved, however, extremely challenging to staff weekend shifts and weekend provision has been minimal. Clackmannanshire is recognised as extremely important asset to the OOH service, because of its geographical location.

2.4.3 Forth Valley Royal Hospital site

OOH accommodation was not originally planned into the FVRH site and is currently based within the Mental Health department. The site lacks functionality and staff have noted that the waiting room space is not suitable for high volumes of patients.

The overnight service was previously delivered from FVRH and Stirling Community Hospital but is currently managed out of the Forth Valley Royal Hospital site with all attendances coming to FVRH and all visits going out from FVRH – the other two sites closing at midnight.

With the opening of Stirling Health and Care Village, the OOH Hub will be based in Stirling and the opportunity to reinstate overnight access will be tested.

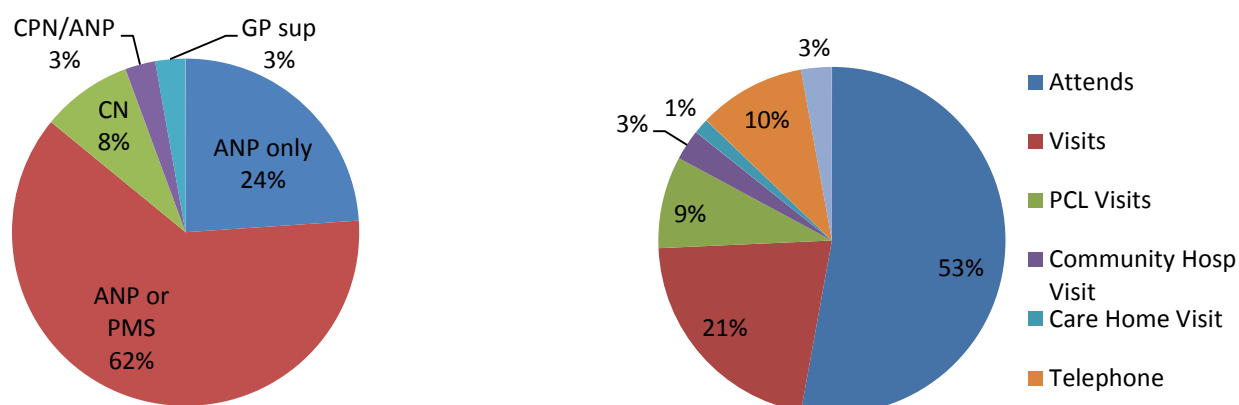
3. Horizon Two – Implementing Change and Innovation

3.1 Service Review

In October 2017, a short life working group was established with the purpose of analyzing 70 consecutive overnight out of hours contacts. All of the cases had been seen by an OOH GP and were reviewed in light of the skills and resources required to appropriately manage each case and discuss potential alternatives. The workforce model for the service was discussed and alternative models of care were proposed. The poster on Page X shows the data and outcomes from the review and was presented at the NHS Scotland event in June 2018.

The consensus of the review showed that of the 70 cases discussed, the majority could have been seen by an appropriately skilled ANP (Advanced Nurse Practitioner). Mental Health related calls could have been handled appropriately by a Mental Health Nurse Practitioner; and many of the home visits could have been handled appropriately by a skilled paramedic practitioner.

Figure 4 – Analysis of 70 Consecutive OOH cases

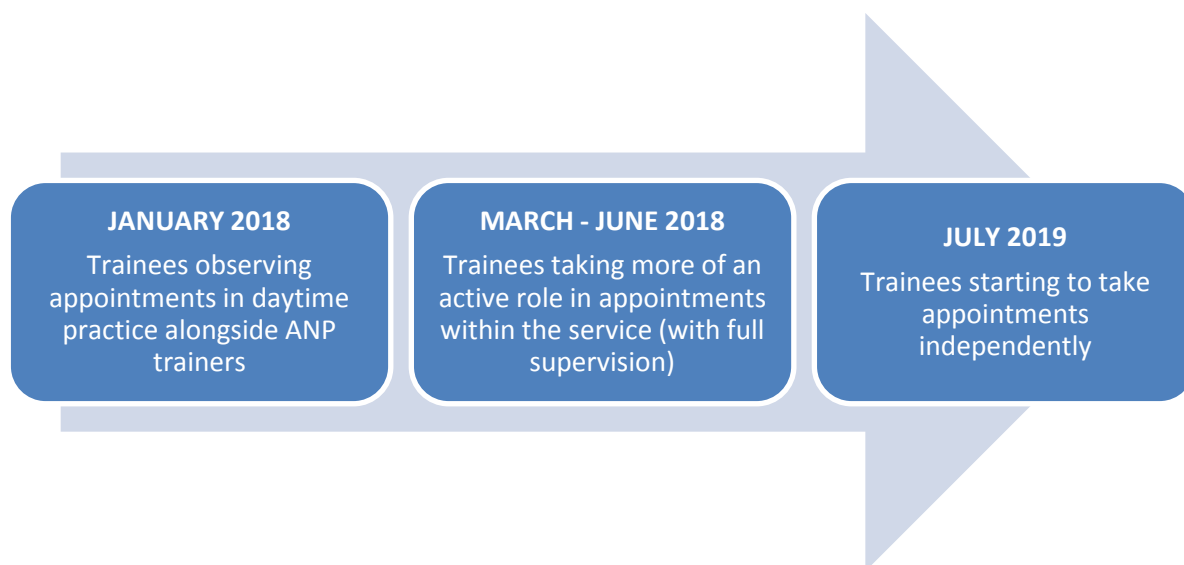


3.2 ANP Recruitment & Training Plan

The data above was used to map an appropriate service, based on patient demand. In January 2018, five trainee ANPs were recruited to the OOH service on a permanent basis. Each of the five ANPs joined with varying levels of experience, from a number of different clinical backgrounds, including paediatric and emergency departments.

Until January 2018, the service employed only two ANPs who worked a small number of hours each week.

To accommodate the trainees, a number of skilled ANPs working in daytime practice became ANP trainers. A training plan was collated; starting with time spent observing appointments. Shifts in the OOH service have been fully supervised alongside GPs and skilled ANPs. A number of additional training opportunities were arranged, including time with paediatric ANPs and support from minor injuries teams. The trainee staff members will also have completed relevant formal qualifications as part of the training programme.



As of July 2018, two of the five trainees are taking shifts independently. It is predicted that by the end of the year, at least 4 of the 5 trainees will be independent team members and will contribute 90+ hours a week to the service.

Since starting, the ANPs have had a major impact on the service. 83% of the surveyed GPs said the introduction of ANPs had impacted their role positively. The other 17% had not had shifts alongside the ANPs yet. Some of the comments include:

- *"Valued colleagues"*
- *"The way forward"*
- *"ANPs are enthusiastic and essential to the smooth running of the service"*

3.3 Mental Health Practitioners – Test of Change

In response to the service review, the service partnered with the Mental Health hospital overnight nursing service to provide MH advice calls. Data collected from December 2017 to April 2018 showed that the introduction of skilled MH nurse practitioners meant an average 1-2 calls per night were being redirected from GPs. The average length of call is around 28 minutes.

The introduction of highly skilled MH nurses proved to be very successful in terms of appropriate redirection of workload. Previously, 100% of MH related calls were taken by GPs.

The GP staff within the OOH service expressed high satisfaction with the introduction of the MH practitioners. Many noted that they have been an extremely welcome addition and that the patients are receiving the best care from the most appropriate professional. Dr Webster, Clinical Lead noted that one of the major benefits of having MH practitioners in the service was their ability to access mental health records and Care Partner (the MH service patient database); this allows staff to communicate with the wider MH team and provide patients with the best advice, treatment and support.

3.4 Paramedic Practitioners & Scottish Ambulance Service (SAS)

Appointment data has suggested that skilled paramedic practitioners could respond to home visits in the place of a GP, when appropriate. This is a strategy employed in Rural North West Stirling and by other health boards and has shown good success. Limited progress has been made with regards progressing paramedic practitioner roles, the number of specialist paramedics are small, however, colocation with SAS in the Stirling Health and Care Village will offer opportunities to explore this further.

3.5 Review of Support Staff

The role of the hub administrator has had to adapt over the last 12-18 months with the increased demand on the palliative care line.

To ensure best practice and utilisation of skill within the hub, a review of support staff roles has been implemented. It is proposed that distinguishing the role of the hub administrators from the role of receptionist is required.

3.6 OOH Leadership and Workforce Consultation

In October 2018, two new Clinical Leads joined the OOH service; Dr. Chris Mair and Dr. Karyn Webster are supported by OOH Operational Lead, Jason Graham. Dr. Mair and Dr. Webster have both worked for the service for many years and bring a wealth of GP knowledge and GP training experience. Dr. Webster also works as an Emergency Medical Practitioner within FVRH. The new management team have spent a considerable amount of time working directly with OOH clinicians to understand what matters to them and how the working experience of OOH can be improved. A staff survey was used to gather staff views:

The staff survey was completed by 17 GPs and showed that although there are still significant issues within the service, things are improving.

Questions from the survey included:

- What difficulties do you face managing home visits?

- Do you feel your feedback is listened to when raised?
- Do you receive adequate CPD in the service?

When asked why they chose to work in the OOH service, the majority of answers were around job satisfaction:

- "I find it challenging and interesting"
- "Suits life/work balance and childcare"
- "Knowing it is an important service for patients"
- "I like challenging myself to a different type of medicine and my in-hours job benefits from this"

3.7 Three Site Model

The staff survey highlighted that working environment is an issue for the workforce:

When asked 'Do you feel the current premises work well,' - 53% answered no.

Comments included:

- "Sharing waiting room at FVRH with Psychiatric patients can be difficult"
- "I would not work at FVRH"
- "FVRH quite isolated if a patient were to become aggressive"
- "FVRH needs better loo options for specimens/to avoid the walk of embarrassment"
- "CCHC requires lone working"
- "SCH is completely inaccessible for many patients. It is hard to find"

The service continues to run from three clinic settings, however, full service remains unachievable with the current workforce.

The data from the GP staff survey also showed that GPs are less likely to choose to work when they will be working alone e.g. in CCHC and that there is a clear need to revise the physical environment within FVRH.

As the ANPs become more experienced, there is potential to increase the resilience of the three site model, however, scaling up of this model to achieve a 60% balance of provision by ANPs will be required if a sustainable 3 site model is to be achievable.

3.8 Resource

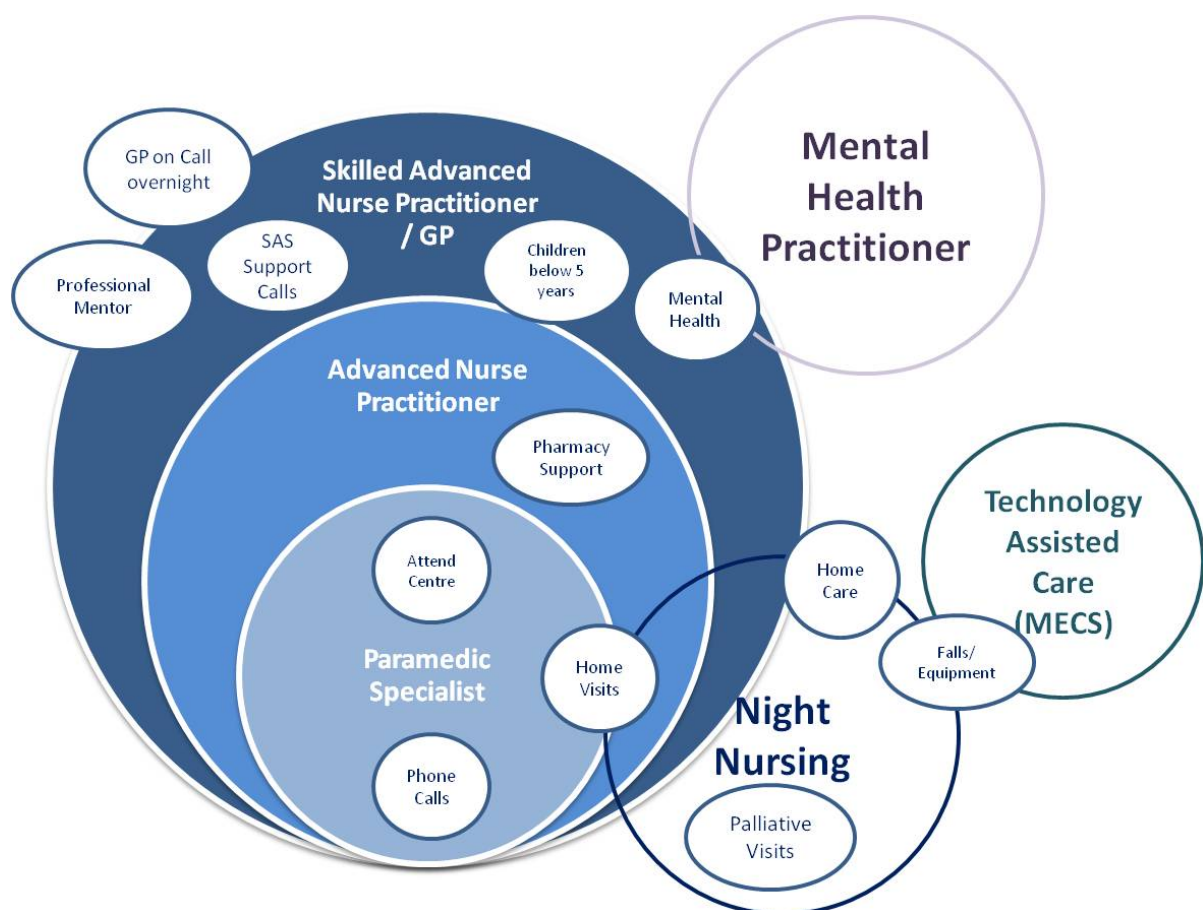
All of the above service changes have been part of the agreed primary care Out Of Hours Transformation fund. This fund provided bridging funding to enable two core tests of change with the aim that the ANPs would be core funded as they are embedded productively into the service. This is on track to be the case within the 12 months of funding available.

4. Horizon Three – Future Service Model

The key outcome this work strives for is sustainability. The current state has shown a shortage of clinical staff alongside a rise in demand. Horizon 2 has initiated change through tests of change and planned improvements. The long term plan is to grow the multi-disciplinary team and develop a training plan that supports and empowers a variety of staff see Figure 5.

The data from overnight appointments demonstrated the benefit of ANPs and paramedic practitioners joining the service. ANPs have worked within OOH previously and with great success. The addition of five new ANP staff members this year has been very well received – with 83% of surveyed GPs noting that they had seen a positive difference since they started.

Figure 5 – Venn Diagram showing Future Multi-disciplinary Team Concept



4.1 Mental Health Support

In light of the successful Mental Health test of change, the next step will be to mainstream mental health support. Currently, Mental Health Nurse Practitioners (MHNPs) carry a mobile phone to take calls during overnight shifts and provide support for both OOH and the Emergency Department. As the MH service extends, more MHNPs will be trained to

provide overnight support for OOH. This means the service will provide extended support and the OOH service will have MH cover when it opens at 6pm.

Running the service from 6pm to 8am will ensure patients have access to the most appropriate health professional at all times.

- **It is proposed that the new OOH fund will fund this support on a recurring basis**

4.2 ANP Recruitment & Training

To achieve a balance of GP/ANP capacity of at least 50/50 There is a need to increase the ANP workforce both through salaried and development of a sessional workforce in order to create a sustainable and cost effective service.

ANPs are being recruited across the region as part of the Primary Care Improvement Plan. This will provide a bank of skilled staff and support the ongoing professional development of ANPs in primary care; we must capitalise on the opportunity to engage in and out of hours ANPs to integrate and optimise the opportunities to grow the OOH workforce.

5 ANP trainees have been in post since January 2018. These trainees have been working across a variety of areas as part of a training programme and have had close supervision since starting. On July 15th.

Overnight shifts remain the most difficult to fill, but in the long term these will be covered by skilled ANPs.

To ensure the MDT model is fully achieved, embedding the current 5 trainees into core service and a plan of recruitment is required;

- **It can be confirmed that existing posts will be fully funded through the core service budget by the end of February 2019**
- **It is proposed that the OOH fund will support rolling recruitment of 2 ANPs and/or Paramedic Practitioners**

4.4 Paramedic Practitioners

In addition to increasing the ANP workload further, the priority for the next year will be a partnership with Scottish Ambulance Service and a training programme for paramedics. Skilled Paramedic Practitioners have been used in rural areas of Stirling and in other health boards to manage home visits and have shown successful results. Once the trainee ANPs have moved into independent shifts, there will be more training time available for paramedic practitioners.

The MDT approach to the service means patient will see the most appropriate clinician for their condition.

4.3 Future Service Model and workforce plan: increasing ANP/Paramedic skill mix:

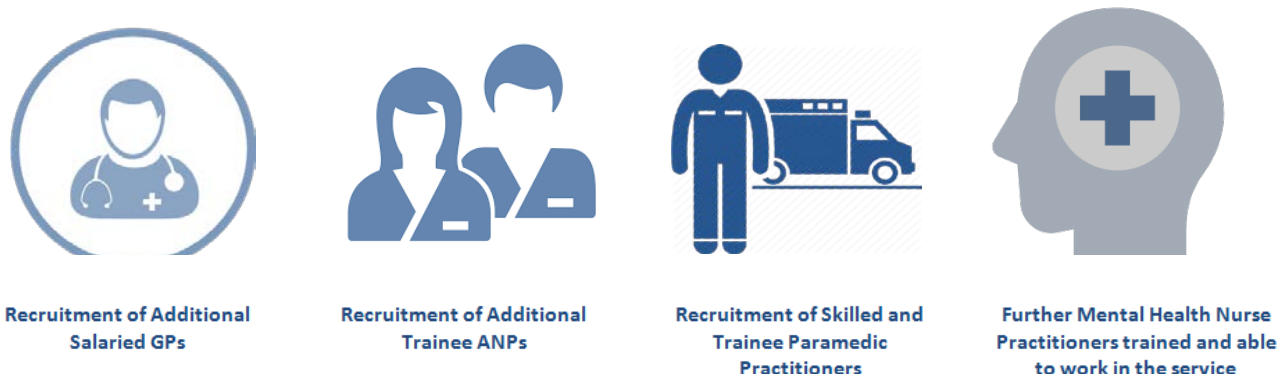
		MON 6pm- 8am	TUES 6pm- 8am	WED 6pm- 8am	THURS 6pm- 8am	FRI 6pm- 8am	SAT (24hrs)	SUN (24hrs)
F V R H	GP HOURS	136 hours						
	ANP/PMS HOURS	136 hours						
		MON 6pm- 8am	TUES 6pm- 8am	WED 6pm- 8am	THURS 6pm- 8am	FRI 6pm- 8am	SAT 24hrs	SUN 24hrs
S C H	GP HOURS	97 hours						
	ANP/PMS HOURS	97 hours						
		MON 6pm- 12am	TUES 6pm- 12am	WED 6pm- 12am	THURS 6pm- 12am	FRI 6pm- 12am	SAT 8am – 8pm	SUN 8am – 8pm
C C H C	GP HOURS	38 hours						
	ANP/PMS HOURS	38 hours						

These hours are interchangeable and provide a bank of skill. The above figure shows an example of how ANP hours could be used; ANPs will cover a minimum of 50% of the service. As the service moves forwards, a review of options of delivery across the three sites and the full hours of the service is required.

4.5 Integration with wider Out of Hours Services

The GP OOH service is one of several that provide cover once the in-hours services close. Mobile Emergency Care Services (MECS) and Night Nursing both provide overnight cover across the region. Night Nursing respond to calls from the palliative care line. Calls to this line have increased substantially over the last 2 years and the NN service covers large numbers of house calls that would otherwise be left to the OOH GPs.

To ensure people can remain supported at home, the wider OOH services need to work closely to ensure better integration. The OOH working group will look to develop opportunities to work closer with the wider services. Appointment data from other services will be used to determine the most efficient models of care.



Service User Experience & Satisfaction

As the service develops, patient satisfaction will be monitored and analysed to ensure safe and effective practice is in place. As well as monitoring data, it is intended that the service team build an understanding of patient expectation and use of the service. Patients will be invited to provide feedback and the team will monitor patient experience using a variety of methods.

4.6 Appointment Demand from NHS24

Working with NHS24 the OOH service is working on how appointment timescales are assigned. Currently people are assigned to be seen within 1 or 4 hours. In future the addition of a, non urgent, 12 hour outcome, used by other partnerships, is likely. There are also plans to strengthen the process of feedback between NHS24 and the clinicians within the service. The clinical leads for the service are building relationships with lab service to ensure communication is improved when discussing abnormal results – with the aim of reducing unnecessary follow ups.

4.7 Three Site Model

The vision for the service is to provide equitable access for all patients across Forth Valley – and this ideally provides access across the three sites to be maintained. The feedback from staff clearly shows that environment affects working experience and is an issue in Forth Valley Royal.

Over the next six months, the feasibility of delivering a full service over three sites will be tested; a review of existing base at FVRH is required as well as reinstating overnight capacity in Stirling. The main administrative hub will remain in SCH and the new facility alongside a more robust workforce provides an opportunity to create a sustainable model.

5. GP OOH Fund 2018

In June 2018, the Scottish Government set out a specific recurring allocation of Primary Care funding to support “*resilience and sustainability of GP OOH services now and in the future*”. The allocation of a separate fund was in recognition that the service provided in GP OOHs is an urgent/emergency care service which is linked to but distinct from in-hours GMS provision.

Resource allocation was £270,986 for Forth Valley. This was allocated with the expectation that partnerships will work with their respective NHS Board and others in planning existing OOH services and how these additional resources will be used given OOH services are often delivered across a wider system.

5.1 Next Steps and Recommendations for the OOH Fund:

- 1. Maintain and build on the recent workforce development process working with in hours Primary Care teams to ensure new Primary Care ANPs are integrated and encouraged to work in the OOH service and increasing the proportion of salaried OOH GPs.**
 - a. Recruit additional training posts for ANPs and Paramedic Practitioners on a rolling process over the next two years to achieve the balance of skill mix required to deliver at least 50% of service through advanced professional roles. 2WTE training posts = £140k (posts being core funded once trained)**
- 2. Provide recurring funding to sustain the Mental Health support model for OOH across full service hours. 0.4wte = £30k (enhanced rates)**
- 3. Integrate more fully with wider community OOH services and support resilience of services already prioritised through partnership Integration Funding. Particularly supports for palliative and urgent care at home in terms of night nursing and MECS. OOH fund contribution to partnership priorities for overnight care and support = £100k (Pro Rata share between both partnerships)**
- 4. Test the feasibility of delivering a full service across three sites over the next year through continuous improvement and review the service model using value analysis, data, staff and public experience.**

References:

Pulling together: Transforming urgent care for the people of Scotland: The Report of the Independent Review of Primary Care Out of Hours Services. Sir Lewis Ritchie Nov 2015.

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