Item No: 11

Meeting Date: **Wednesday 26th April 2017**

Glasgow City Integration Joint Board

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INTEGRATED HEALTH AND SOCIAL CARE OUT OF HOURS REFORM UPDATE

Purpose of Report:	To update the Integration Joint Board on the progress of the strategic review and reform of Out of Hours services.

Recommendations:	The Integration Joint Board is asked to: a) note this report.

Relevance to Integration Joint Board Strategic Plan:

The Implementation Plan approved alongside the Strategic Plan included a commitment to carry out a strategic review of Out of Hours health and social care services

Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Supports achievement of all National Health and Wellbeing Outcomes.

Personnel:	There is the potential for workforce change in relation to the service redesign.

Carers:	Out of Hours services provide support to Carers at times when GP surgeries and other in-hours services are not open. Any stakeholder engagement or consultation activity will include seeking the views of carers.

Provider Organisations:	None anticipated at this point

Equalities:	An Equalities Impact Assessment will be carried out ahead of final proposals being presented to IJBs and the NHSGGC

Financial:	There is potential for financial savings to be realised through rationalisation of service delivery models and locations, however there may also be a need for investment to support implementation of proposed new models of services. Financial impacts will be outlined to IJBs and NHSGGC when final proposals are presented.

Legal:	IJBs are responsible for the planning and commissioning of safe and effective Out of Hours services.

Economic Impact:	None

Sustainability:	None

Sustainable Procurement and Article 19:	None

Risk Implications:	None at this point, emerging risks will be managed via the Steering Group, Executive Operational Group and workstreams as appropriate.

Implications for Glasgow City Council:	None at this point

Implications for NHS Greater Glasgow & Clyde:	Acute Services are a significant stakeholder in the review of GP Out of Hours services.

Direction Required to Council, Health Board or Both	Direction to:	
	1. No Direction Required	✓
	2. Glasgow City Council	
	3. NHS Greater Glasgow & Clyde	
	4. Glasgow City Council and NHS Greater Glasgow & Clyde	

1. Introduction and Purpose

1.1 The purpose of this report is to update the Integration Joint Board on the progress of the strategic review and reform of Out of Hours services.

2. Background

2.1 The review and reform of out of hours provision is a priority within the Glasgow City Health and Social Care Partnership transformational agenda and a component of that work programme, with the objective of potentially developing an integrated health and social care out of hours service across the wider NHS Greater Glasgow and Clyde area. This review builds on a national review of Out of Hours health and social care provision carried out on behalf of the Scottish Government by a review group chaired by Sir Lewis Ritchie.

2.2 The IJB previously noted a report in December 2016 updating on the progress of the strategic review and reform of Out of Hours Services in Glasgow, which is available at https://www.glasgow.gov.uk/CHttpHandler.ashx?id=36168&p=0

2.3 The December 2016 report noted that the scale, complexity and timeframes for the review (estimated at 18 months – 2 years) required a scaling up of the project to ensure coordination, consistency and an overall approach which allows for existing work streams to proceed, whilst creating space for fresh thinking in critical areas, for example the natural alignment of the existing GP out of hours action plan being reflected within the broader out of hours review.

3. Project Governance, Structure and Scope

3.1 While this project is led by Glasgow City HSCP, there is significant potential for enhancement of service delivery through review and redesign of out of hours services across the NHS Greater Glasgow and Clyde area. The Chief Officers of the six IJBs within NHS Greater Glasgow and Clyde have agreed that the Chief Officer: Planning, Strategy and Commissioning for Glasgow City Health and Social Care Partnership should lead this project on behalf of all HSCPs.

3.2 A Steering Group of Senior Officers, Clinicians and other key stakeholders across the NHSGGC area has been established to provide strategic governance and oversight to the project. The Steering Group is chaired by the Chief Officer: Planning, Strategy and Commissioning for Glasgow City HSCP. Initial meetings of the Steering Group have considered terms of reference, wider project governance, and shared objectives and priorities.

3.3 The Steering Group has also agreed to establish an Executive Operational Group. It is envisaged that the Executive Operational Group will act as the primary vehicle for taking forward any tasks in relation to the Out of Hours Review, directing and monitoring progress of workstreams as necessary. The Executive Operational Group itself will operate under direction from the Steering Group.

3.4 A number of workstreams have been established or proposed to take forward specific tasks. These are:

Scoping, Mapping and Future Models – this workstream will map out current out of hours services across the health and social care system, following which it will begin to identify potential options for future service delivery models.

Transformation of GP Out of Hours – this workstream will consider current and potential future service delivery models for the GP Out of Hours service (see section 5 of this report)

Transformation of Health and Social Care Out of Hours – this workstream will build on the outputs of the 'Scoping, Mapping and Future Models' workstream to develop firm proposals and implementation plans for redesigned out of hours health and social care services in Glasgow.

3.5 It is noted that there are a range of other related activities underway across the system, in particular in relation to Unscheduled Care. Appropriate links will be established between such pieces of work and the Steering Group, Executive Operational Group and the workstreams outlined above.

4. Transitional Funding

4.1 To support implementation of the recommendations of the national review of out of hours services, the Scottish Government have made additional funds available to Partnerships to support local actions.

4.2 A bid was made on behalf of all six HSCPs in the Greater Glasgow and Clyde area, covering two specific areas:

1) Project management capacity to support the review and redesign of out of hours services in Glasgow – given the scale of this project, there is requirement for a specific resource to support project management activity, as spare capacity is not readily available within Partnerships at present.

2) Funding to recruit additional Mental Health Nurses to ensure 24/7 Mental Health service coverage to all A&E departments within NHSGGC - Currently Glasgow Royal Infirmary and Queen Elizabeth University Hospital A&Es do not receive an outreach Community Psychiatric Nurse (CPN) / Liaison service Mon - Friday from 5pm until 8pm - Out of Hours CPN service starts at 8pm and they will respond from that time. Both A&Es also do not have a direct CPN/Liaison service on Saturdays, Sundays and Public Holidays from 9am - 5pm. The additional funding will close these gaps and eliminate the requirement for A&Es to rely on duty psychiatric medical cover based at Mental Health Hospitals for Mental Health advice and assessment. This will improve service response times and patient experience for individuals who present at A&E during these service 'gap' times.

4.3 The Glasgow bid was approved by the Scottish Government, to the sum of £523,000 per year for two years, and work is ongoing to recruit to both the Project Management roles and the additional Mental Health nursing posts.

4.4 Glasgow was eligible to make a further funding bid, as the amount secured for proposals outlined at 4.2 above did not utilise the full level of funds (£1,615,812 over two years) available to Glasgow. A further bid was submitted to address some of the pressures on out of hours GP services, through recruitment of additional capacity to expand the current Advanced Nurse Practitioner role within out of hours services.

4.5 This additional bid has also been approved by Scottish Government and will increase the number of Advanced Nurse Practitioners within the service by 4 Whole Time Equivalent Band 7 nurses. Their role would be to provide an enhanced service on specific sites to enable the site to remain open when a full cohort of GPs is not available.

5. GP Out of Hours Service

5.1 As per the Integration Scheme, strategic planning of the GP Out of Hours service is hosted by Renfrewshire IJB on behalf of the six IJBs in the NHSGGC area. Operational delivery of the service is hosted by Acute Services.

5.2 A review of the current GP service model is underway to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow & Clyde.

5.3 A discussion paper outlining current issues and pressures within GP Out of Hours services is appended to this report. The paper notes cost pressures within the service, and that the current service is under consistent operational pressure due to an increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours.

5.4 A number of factors are identified as contributing to the lack of GP willingness to participate in the Out of Hours service, such as:

- Workload pressures (both in the out of hours service, and during normal daytime service) and volumes of home visits
- Changing age demographic of the GP workforce – evidence tell us that younger doctors do fewer out of hours sessions than their older colleagues
- Rates of pay on offer in Glasgow are lower than other neighbouring NHS Boards. In addition, locum GP rates are higher than out of hour rates, resulting therefore in a more attractive option for GPs to cover ‘in’ rather than ‘out’ of hours

5.5 The review of GP Out of Hours will look at the number of Primary Care Centres from which the service is operational and consider the potential to reduce these, with consequent reductions in the number of “walk-in” patients. In addition, the potential benefits of introducing an appointment system, which is not currently in place, will be explored.

5.6 Rationalising the number of Primary Care sites provides a number of potential benefits:

- Consolidating services in a fewer locations
- Increasing the sustainability of the service overall
- Reduction in the number of “walk-in” patients
- Financial savings through a reduction in support service and premises costs

5.7 Each potential benefit will be further explored in the process of the review and outlined in a business case to be presented to IJBs and NHSGGC Board at a future date.

5.8 The discussion paper appended to this report also outlines three potential models for future service delivery:

- **Option 1** - co-located with main Emergency Department / Receiving Units i.e. Glasgow Royal Infirmary / Queen Elizabeth University Hospital / Royal Alexandra Hospital
- **Option 2** - mixture of acute and community sites linked to population centres
- **Option 3** - solely community centres

5.9 The advantages and disadvantages of each service model are outlined in the discussion paper, with a recommendation that option 2 is most suited to the Greater Glasgow and Clyde area. The IJB is asked to provide comments on this recommendation.

6. Next Steps

6.1 Sir Lewis Ritchie and members of his review team planned to visit Glasgow on 19 April 2017 to understand current out of hours provision. At time of writing, a proposed itinerary for the visit was:

- Meeting in Commonwealth House Board Room, presentation from Sir Lewis/team on vision nationally and presentation from Chief Officer: Strategy, Planning and Commissioning and members of Out of Hours Steering group on work to date
- Visit to Victoria Infirmary to GP Out of Hours and District Nursing Out of Hours
- Visit to Hamish Allen Centre to Social Work Out of Hours, Home Care Out of Hours and Homelessness Out of Hours

6.2 The Chief Officer: Strategy, Planning and Commissioning will provide a verbal update on the outcomes of the visit at the IJB on 26 April 2017.

6.3 The mapping exercise will be concluded by early summer, with the Executive Operational Group formed shortly after. Workstreams will then progress work to develop firm proposals and implementation plans for redesigned out of hours health and social care services in Glasgow. Updates and, where appropriate, requests for approval of specific proposals, will be presented to the six IJBs across the NHS Greater Glasgow and Clyde area as required.

7. Recommendations

7.1 The Integration Joint Board is asked to:

a) note this report.

Appendix 1 – DISCUSSION PAPER ON NHS GREATER GLASGOW & CLYDE - GP OUT OF HOURS SERVICE

1 Background

1.1 NHS Greater Glasgow & Clyde have been carrying out a review of Primary Care Out of Hours services in the context of the recently published National Review by Sir Lewis Ritchie and the Board's service and financial planning for 2016/17.

1.2 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care. Access to the GPOOH service was initially intended to be through NHS24, however, over time, a significant number of patients now walk in into the service.

Strategically the new IJBs are responsible for the planning and commissioning of safe and effective OOH services.

1.3 Up until 2015, OOH GPs in the Greater Glasgow Health Board service were independent contractors. In 2015, following a nationwide investigation into the way individual Boards paid out of hours GPs, HMRC implemented a ruling that GPs working in out of hours services required to be on the Board payroll, rather than treated as independent contractors. The result of the changes to the tax treatment of GPs working in out of hours services for GGC has incurred an additional cost of £2.5m per annum. This funding requires to be found on a recurrent basis as to date it has been covered non-recurringly.

Rates of pay are increased at times of peak activity in OOH – namely Public Holidays and the Festive fortnight and this has also resulted in an unfunded cost pressure of c500k.

The service has constantly reviewed its costs and service delivery model and has made cost reducing efficiencies of £300k over the last 5 years.

However with the budget for the entire Board service being £16m, predominately in staff costs, it is not possible for the service to cover these increased staffing costs from within the service

Currently other WOS boards pay GPs higher rates than GGC and this is causing high levels of unfilled shifts. The service are using agency staff consistently for the first time since its inception

1.4 We are undertaking a review of the current GP service model to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow & Clyde.

1.5 In the recently published National Out of Hours Review, out of hours care is defined as care to a patient which cannot wait until the GP surgery is open again.

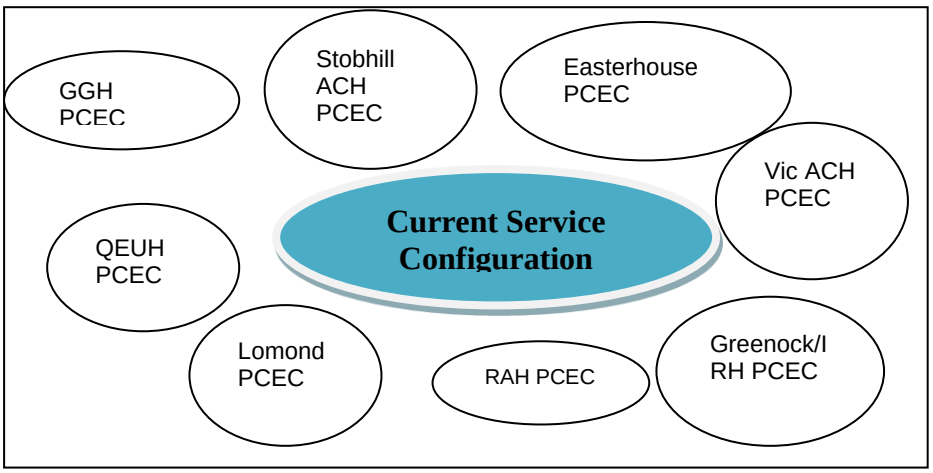
2 Current Service Configuration

2.1 A Home Visiting Service – this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside .

2.2 A telephone advice service – this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.

2.3 A pre-prioritised call service to support NHS24 – this is provided from the Hub at Cardonald utilising GG&C clinical workforce and funded by NHS 24

2.4 8 Primary Care Centres - these are located geographically around the city to support access locally for patients – these centres see patients who are directed by NHS24, or self present and those adjacent to A/E departments will see those redirected by A/E.



The service offers a patient transport service to and from these centres for patients who cannot afford public transport and do not have their own transport. This to minimise the need for home visits.

The service does not operate an appointment system and patients are directed by NHS24 to their nearest PCEC.

- The service is currently adjacent to Emergency Departments at Queen Elizabeth University Hospital, and Royal Alexandra Hospital and overnight at Inverclyde Royal Hospital
- The service is co-located with Minor Injury Units at Stobhill ACH; Victoria ACH and Vale of Leven.
- There are 3 other centres at Gartnavel General Hospital for West Glasgow, Easterhouse Health Centre – North/East Glasgow and Greenock Health Centre – Inverclyde
- There are only three main centres open overnight at RAH, Victoria ACH and Stobhill ACH. An overnight service is provided by the Home Visiting doctor at IRH and at Vale of Leven.

3 Summary of Work in 2016/17

3.1 Closure of Western Infirmary and Drumchapel Primary Care Centre and centralisation of West sector service at Gartnavel General Hospital.

3.2 Introduction of nurses into centres to reduce demand for medical staff

3.3 Trial of nurses undertaking home visits to test viability of alternative models

3.4 Other work which is also progressing in reviewing pathways into/out of the out of hours service include :

- **Alternative care pathways:** we are working with NHS 24 to implement changes to care pathways which will reduce pressure on the service e.g.
    - 12 hour disposition – improving use of this which will feed back to in hours GP services
    - Introduction of a self care guide for patients
    - Reinforcing SIGN guidelines on use of antibiotics for self limiting conditions – joint letter from LMC and GPOOH has been distributed to all GPs across GGC
    - Pilot of "speak to doctor" being developed within NHS24
    - Introduction of Prescribing pharmacists within NHS24 – this will support reducing demand on GPs for repeat prescriptions.
    - Prescribing guidelines for Pharmacies – these are being developed nationally for specific pathways e.g. uncomplicated UTI.

- **Nursing homes:** to reduce the numbers of home visits to nursing homes with the purpose of Pronouncing Life Extinct which put pressure in the service we are changing the interface with nursing homes to reduce demand;

- **Patient Transport Service –** initial review of this has been undertaken to improve efficiency of service.

4 Activity

4.1 The following provides a description of GPOOH activity which is taken from the published ISD datamart. This reports on all GPOOH services across Scotland with the most recent report scheduled to be published at the end of February 2017.

***Note** – the location within ADASTRA in which GGC activity is recorded is slightly different to the way other Boards record this information. Whilst the service have been working with ISD to try to get as accurate a picture as possible, the reported figures are slightly different to those which the service themselves produce although the trend data is consistent.*

4.2 **Consultations** - ISD 2015/16 reports 246,617 Consultations which was 3.3% higher than the previous year.

In 2016/17 the figures have shown a reduction - the latest monthly activity reported for 2016/17 is to October 2016.

	April to October	Variance
2014/15	134,782	
2015/16	139,367	3.4 %
2016/7	131,830	-5.4%

4.3 **Primary Care Centres/Home Visiting**

The following table shows a 2.9% increase in 2015/16 but a 3.7% drop in 2016/17 to Primary Care Centres and a 0.9% drop in 2015/16 and 6% drop in 2016/17 to the Home Visiting service.

Data Source : ISD	April to October Activity			
	Primary Care Centres		Home Visiting Service	
	Activity	**%age diff**	**Activity**	**%age diff**
2014/15	87701		21360	
2015/16	90238	2.90%	21163	-0.90%
2016/17	86875	-3.70%	19892	-6.00%

4.4 **Recent Experience : West Glasgow**

In July 2016 Drumchapel PCEC closed and was merged with the Western site (which had closed and relocated in November 2015) at Gartnavel. It was anticipated that the numbers of patients attending the Gartnavel site would be less than the numbers previously attending the separate sites and this has in fact been the experience

	13/14	**14/15**	**15/16**	**16/17**
West Glasgow	19040	20514	19673	16240
%diff in year		7.7%	-4.1%	-17.5%

These initial figures suggest that the initial move to Gartnavel resulted in a significant reduction in OOH attendances. Of note when Western site moved, the walk in rate reduced from almost 30% to 15%. This can be explained by

- lack of accessibility to student and visiting population
- move away from adjacency to an A/E department

The West population may not be typical and this experience might not be mirrored should other services move. The following table provides a description of the mode of arrival of patients to other Primary Care Centres across GGC as a percentage of the total attendances.

	as %age of attendances at PCEC			
	NHS24	**Walk-in**	**Refer MIU/E**	**Other**
Easterhouse	75%	23%	0%	2%
Greenock	87%	12%	0%	1%
Inverclyde	97%	0%	0%	3%
Lomond	32%	51%	7%	10%
Renfrewshire	84%	9%	2%	5%
QEUH	71%	21%	6%	2%
Stobhill	63%	29%	1%	7%
Victoria	67%	27%	1%	5%

4.5 The following table describes the current daily average attendances to the PCEC's :

Current Daily average activity								
	Vic ACH	QEUH	GGH	Stobhill A	Easterhou	RAH	IRH	Vale
Monday	66	18	30	48	26	29	11	26
Tuesday	64	19	31	49	26	27	12	24
Wednesday	61	19	29	46	24	28	10	24
Thursday	61	19	29	43	23	27	10	23
Friday	65	20	33	47	26	28	11	25
Saturday	202	76	133	133	98	103	47	85
Sunday	197	77	132	133	97	103	43	84

4.6 **Postcode analysis of attendances**

Of the total attendances, the Greater Glasgow area accounts for 70.4% of attendances, Clyde sector 27.3% and out of board area 2.3%.

- In the out of board area, attendances from the ML (Motherwell) catchment area are highest at 18.5% followed by KA (Kilmarnock) at 18.4%, EH (Lothian) at 9.6% and G74 (East Kilbride) at 8.7%.
- In the Greater Glasgow area – G33 (Blackhill, Riddrie…) account for 6.2% of Greater Glasgow attendances, following by G81 (Dalmuir…) at 4.9%, G32 (Springboig….) at 4.4% and G53 (Pollok…) at 4%
- In the Clyde area – G83 (Balloch) is the highest at 15%, followed by G82 (Dumbarton) at 12.2%, PA2 (Foxbar….) at 9.8% and PA3 (Ferguslie….) at 7%.

GPOOH POSTCODE DISTRIBUTION OF ATTENDANCES (based on year 2014/15)								
Out of Board Area			Greater Glasgow Area			Clyde		
Postcode	Area	%age	Postcode	Area	%age	Postcode	Area	%AGE
overall		2.3%	overall		70.4%	overall		27.3%
following describes highest users of out of board area			*of the Greater Glasgow areas - following is highest postcode areas*			*of the Clyde areas - following is highest postcode areas*		
ML	ML Motherwell	18.5%	G33	Blackhill, Riddrie, Ruchazie, Garthamlock, Stepps	6.2%	G83	Balloch, Luss	15.0%
KA	KA Kilmarnock	18.4%	G81	Dalmuir, Faifley, Duntocher	4.9%	G82	Dumbarton	12.2%
EH	EH Lothian	9.6%	G32	Springboig, Shettleston, Carmyle, Carntyne	4.4%	PA2	Foxbar, Glenburn, Hu nterhill	9.8%
G74	G74 East Kilbride	8.7%	G53	Pollok, Nitshill, Darnley	4.0%	PA3	Ferguslie, Linwood	7.0%
AB	AB Aberdeen	6.9%	G21	Cowlairs, Gargad, Barmulloch, Barlornock, Robroyston	3.9%	PA16	Greenock	6.5%
FK	FK Falkirk	6.3%	G42	Polmadie, Battlefield, Crosshill, Govanhill	3.9%	PA4	Renfrew, Inchinnan	6.3%
DD	DD Dundee	4.0%	G13	Jordanhill, knightswood, yoker	3.8%	G84	Helensburgh	6.3%
KY	KY Kirkcaldy	3.4%	G66	Lenzie, Lennoxtown	3.7%	PA5	Johnston, Elderslie	5.7%
			G69	Gartcosh, Chryston	3.7%	PA1	Paisley central, Ralston	5.3%
			G15	Drumchapel	3.6%	PA15	Greenock	5.5%
			G52	Mosspark, Cardonald, Penilee	3.6%	G78	Barrhead, Neilston, Uplawmoor	5.0%
			G41	Shawlands, Pollokshields, Strathbung	3.5%	PA14	Port Glasgow	3.9%
			G73	Rutherglen	3.4%			
			G44	Cathcart, Kingspark, Croftfoot	3.1%			
			G64	Bishopbriggs, Torrance	3.1%			
			G72	Cambuslang	2.9%			
			G20	Ruchill, N Kelvinside, Woodside	2.9%			
			G51	Kinningpark, Ibrox, Govan	2.7%			

5 Challenges for the service

5.1 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours

5.2 The reasons for this are multifactorial but it cannot be ignored that the workload at PCECs and home visiting sessions is a disincentive for GPs who would traditionally have done OOH sessions. It is also evidenced that doctors towards the end of their careers, who traditionally would have done a significant number of sessions, are being replaced by younger doctors who may do a few sessions but nowhere near the number of sessions previously done by their departing colleagues.

There are many other contributing factors including:

- Superannuation issues
- Remuneration in comparison to other Boards(Glasgow offers the lowest rates of pay)
- Employment status (neighbouring Boards recognise Private Limited companies) and regularly use Agency to fill shifts
- Day time workload of GPs
- Day time locum GP rates are higher than out of hour rates so more attractive for GPs to cover in rather than out of hours
- Walk in numbers to the centres are steadily increasing
- Volume of attendances at weekends and increased waiting times creates a challenging environment to work in
- Ability to provide suitable training environment for GP trainees – feedback from GPs is indicating that the workload is greater than the ability to undertake detailed case discussion and to provide appropriate clinical supervision.

5.3 Despite these difficulties the service has remained robust. Only on a handful of occasions has it been required to close a site. Gartnavel closed on three occasions when Drumchapel remained open and Easterhouse once. It is however a regular occurrence now to have to operate midweek with one or two home visiting shifts remaining unfilled or that the doctor had to be moved into a PCEC. Lomond and RAH are the sites which are particularly hard to find doctors to work in.

5.4 Home Visiting - the service is required to reach calls within the timeframe allocated by NHS 24, i.e. within 1 hour/within 2 hours/within 4 hours. Although the overall percentage of times achieved is usually 90% and above, within these figures are a whole number of within 1 and within 2 hour calls which go out of time. The management team and Quality Assurance Group monitor these calls and there is genuine concern that activity at weekends at times exceeds capacity. This is less so midweek and thus it is to midweek provision that the potential for efficiency has been identified.

6 Next Stage

6.1 The next stage of the review is to look at the number of Primary Care Centres from which the service is operational and consider the potential to reduce these and the number of walk in patients.

6.2 The service currently do not operate an appointment system – if such a system were to be introduced, this would give the service more control over where a patient was directed. There would be significant cost to the board in setting up the infrastructure to enable an appointment system and defining the length of a GP consultation would lead to the requirement for additional numbers of clinicians. Also, seeking to have patients directed to PCECs by NHS 24 depending on their postcode would be a significant change for NHS 24 which has operational policies agreed on a Scotland wide basis. It is worth mentioning this here as some of our options for reorganisation potentially direct patients to an acute site outwith their postcode area for acute receiving with the attendant risks involves.

6.3 Primary Care Centres are staffed predominantly by one doctor and a Trainee and in bigger centres they are supported by Minor Illness Nurse Practitioners. At some of the busier centres two doctors may be on rota depending on day of week and demand.

6.4 The KPI of the service is to see patients within the time stratification applied by NHS24 at triage and tries to do this in order of time of arrival but endeavours to see all patients within one hour of arrival. A process is in place to bring in additional doctors should this time period be exceeded – this is either the Home Visiting doctor linked to the site or a back up doctor who is on call from home (these doctors are paid a retainer to be immediately available from home if required). Currently these back up shifts are rarely filled.

6.5 Rationalising the number of Primary Care sites provides an opportunity to consolidate services, perhaps to increase the sustainability of the service, potential to reduce walk-in numbers and may contribute towards the savings plan. This will come predominantly through a reduction in support service costs.

6.6 There are a number of key strategic decisions to be made that would then inform a service model

- Option 1 - should sites be co-located with main ED/Receiving Units i.e. GRI / QUEH / RAH
- Option 2 - mixture of acute and community sites linked to population centres
- Option 3 solely community centres

6.7 **Description of Options :**

- **Option 1 - Colocation with main ED/Receiving Units**
    - **Advantages**
        - high walk in rate may reduce ;
        - consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
        - makes service less vulnerable if a clinician calls off at short notice
        - Potential to improve training environment for GP registrars
    - **Disadvantages**
        - Removes centres from areas with high levels of deprivation and this will reduce ease of access for these vulnerable groups of patients
        - These will be high volume sites, particularly at weekends, which may make it even more difficult to attract GPs to work in such an environment
        - busy transport moves – would reduce any further opportunities to reduce Patient Transport service
        - Potential impact on increased attendances to Emergency Departments
        - Challenges to accommodate such a large service on one site
        - Suitable area within GRI would require to be found as service not currently located on this site and at QEUH Children's Hospital as current area not suitable for expansion
        -
- **Option2 - mixture of acute and community based on demand**
    - **Advantages**
        - Could develop a pattern with fewer sites midweek

- Potential to improve training environment for GP registrars mid week
- Opportunity to redesign shift patterns and skill mix mid week
- Moving from an acute site has shown to potentially reduce walk- ins (a/e redirects are counted as walk ins) and overall attendances.

- **Disadvantages**
  - Potential impact on increased attendances to Emergency Departments
  - Removal from acute site and proximity to acute receiving and resuscitation if not on ED/Receiving site
  - Reduces ease of access for people who stay in either rural areas or areas of high deprivation
  - Potential increased patient transport requirement

- **Option 3 - entirely in community settings**

  - **Advantages**
    - Frees up space on acute sites
    - Clearly differentiates GP and hospital services
    - Subject to sites selected potential reduction in walk-ins
    - consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
    - makes service less vulnerable if a clinician calls off at short notice

  - **Disadvantages**
    - Will require new locations to be found – Easterhouse only community site currently
    - Significant costs of moving IT etc
    - Significant workforce challenges depending on location and number of sites
    - Depending on sites chosen could lead to people attending local ED instead
    - Removes ability for ED to redirect

7 Conclusion

7.1 In GG&C, the service are of the opinion that three overnight sites are required –one in the North, one in the South and one in Clyde.

7.2 It was recognised too that the requirements midweek evening and overnight offer opportunities for change and efficiency, whereas weekends are extremely busy with PCECs fully occupied and at times significant waiting times developing. The service feel that investment in weekend services is required and are preparing a paper on this.

7.3 With the above in mind the service suggests a configuration of Option 2 - mixture of community and acute sites. The service would propose that the number of weekend sites remain the same but midweek reducing the number of sites to five (Stobhill ACH; Victoria ACH; RAH – all overnight and GGH and Easterhouse to midnight). It is the view that this is both likely to provide efficiency savings, offer stabilisation of the service, and continue to provide accessible high quality care.

7.4 These options now need to be discussed with a wider group of stakeholders.