Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

Nick Ramsay MS
Chair of the Public Accounts Committee
Welsh Parliament
Cardiff Bay
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Our Ref: AG/RP

28 August 2020

Dear Mr Ramsay

Update on progress against recommendations made in Public Accounts Committee and Wales Audit Office reports on Out of Hours Services

You noted our response, dated 7 October 2019, to the Committee's Inquiry into Out of Hours Services and requested a comprehensive update on progress made against the recommendations in July 2020. You also asked us to provide you with an update on the Audit Wales recommendations made in their Out of Hours report that was published in July 2018. Please accept my apologies for the delay in providing you with this update.

A great deal of progress has been made against the recommendations of both reports and you will find a comprehensive update attached at **Annex 1**. Officials have had discussions with Audit Wales and have taken their feedback on board. This annex should be seen as a 'live' document and as such will be updated as and when any progress is made against the recommendations.

It is also worth noting that the continued rollout of the 111 is progressing well with 5 out of 7 LHBs soon to have fully implemented the service, with 111 also spanning All Wales for COVID related queries. The implementation of the on-line symptom checker (which has had over 1.2m hits over the last 6 months) plus a range of other digital services for clinicians and the public has made a significant difference and increased NHS resilience throughout the COVID period. We are now reviewing how the service can support some of the wider

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unscheduled and urgent care services ahead of this winter whilst we also build a new IT system and we anticipate this being in place from Q3 onwards next year.

The COVID-19 pandemic of 2020 has had a profound effect upon the delivery of NHS services and the behaviour of the general public in the way they access healthcare. We have seen rapid developments to operational delivery within the NHS in order to ensure patients who are COVID positive receive the treatment they need and at the same time protect those who are most at risk. The 'lockdown' of the population to control the spread of COVID-19 saw a sharp reduction in attendance at Emergency Departments (EDs), and a large increase in the amount of calls to the NHS 111 service and use of the COVID-19 online symptom checker. Although 111 services are still operating at 30+% above pre-COVID levels, attendance to ED has not yet quite returned to the pre-COVID situation.

This change to the way the public access services is something we must seek to maintain beyond the current pandemic. For example, Cardiff and Vale UHB have recently implemented CAV 24/7 whereby patients are asked to phone first before attending ED. They will receive an initial triage from a call handler and if required will then be passed onto a clinician who will undertake a further triage. Following this the clinician will then make a decision on the best point of care for the patient. The model has gained nationwide interest and we look forward to seeing any future evaluation of this model. In light of this the 111 Programme Team and Urgent Primary Care colleagues within LHBs will now be reviewing the future strategy over the next few years.

I hope you find this update useful.

Yours sincerely

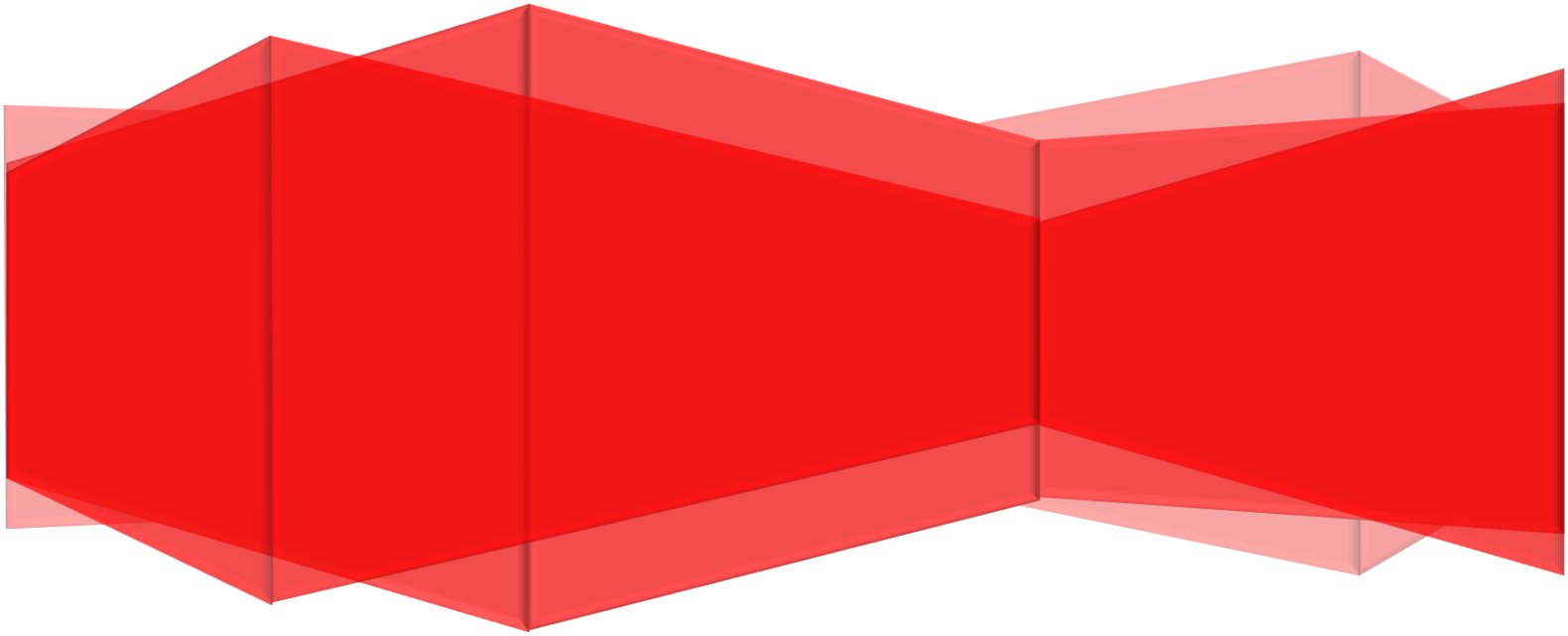
Dr Andrew Goodall
Director General/ Chief Executive NHS Wales

Llywodraeth Cymru
Welsh Government

Primary Care Out of Hours Services

Response to WAO and PAC Recommendations

Urgent Care Team, Welsh Government



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SECTION 1 – CONTEXT AND STRATEGIC DIRECTION

Introduction

The Wales Audit Office (WAO) published their audit of *Primary Care Out of Hours Services* on 12 July 2018.

The report recommendations call for greater involvement and leadership from both NHS and Welsh Government. It should be remembered that Local Health Boards have statutory responsibility for the delivery of primary care services in the 'out of hours' period. Each health board received an individual report during 2017 relating specifically to their local out of hours service from the WAO.

The report made 8 recommendations that stakeholders within both Welsh Government and the NHS were required to address. Following on the back of the WAO report, the Public Accounts Committee (PAC) undertook an inquiry of their own into Out of Hours services during spring 2019.

PAC took evidence from the NHS and Andrew Goodall, Simon Dean and Judith Paget attended a session with the Committee on Monday 29 April 2019. The Committees inquiry looked at the findings of the WAO report and specifically considered:-

- Performance and patient experience
- Financial and clinical sustainability
- Information and performance management
- Integration of out of hours services with other services

The inquiry also considered:

- The scope of out of hours services
- National Standards
- Workforce Planning
- Staff Engagement
- Quality Assessments
- Spreading innovative practice
- National Leadership Arrangements
- The 111 Service

The Public Accounts Committee published their report in July 2019 and made 8 recommendations, 5 of which were accepted, 2 rejected and 1 noted.

The intention of this document is to present a narrative describing the evidence relating to the actions that have been undertaken against each of the recommendations from both the WAO and PAC reports.

Background

While we were pleased to note the WAO report recognises that out of hours services are well regarded by the public, we accepted the recommendations contained within the report as being a helpful contribution to the delivery of an effective Out of Hours (OoH) service in Wales. In common with other parts of the UK there have been issues with recruiting clinical staff, in particular GPs in the OoHs period over the last few years.

Over the last 2 years, Welsh Government working closely with the NHS have been focussing on the areas highlighted in the WAO report delivering a range of national and local actions that are making the system more resilient. At the same time the ongoing rollout of 111 has increased resilience and created opportunities for more and better regional and national working.

The WAO made 8 major recommendations and we believe a significant amount of work has been undertaken, much of which was underway by the time the report was published.

In particular, we recognised the call for greater involvement and leadership from both the Welsh Government and the NHS and Judith Paget, the Chief Executive of the Aneurin Bevan University Health Board has been providing a strategic lead, chairing the National Primary Care Board, which co-ordinates key actions to greater integration of services 24/7 as part of the Primary Care Model for Wales.

Our shared ambition is to bring greater consistency and equity to the delivery of Out of Hours services across Wales, learning from the best practice that already exists. However, ultimately health boards remain statutorily responsible for the delivery of primary care services in the out of hours period.

The Primary Care Model for Wales

Building upon the Primary Care Plan for Wales, the Primary Care Model for Wales describes the components required for delivery. The model was informed by pacesetter projects across Wales in response to the Primary Care Plan, and implementation of the model is driven through the Strategic Programme for Primary Care (2018). There are six work streams as part of the formal programme management structure of the Strategic Programme as follows:

- Prevention & Wellbeing

- 24/7 model

- Data & Digital

- Workforce and OD

- Communication & Engagement

- Transformation and the Vision for Clusters.

The Strategic Programme for Primary Care and the OOHS/111 Programme both report into the National Primary Care Board. There is 111/OOHs representation across the Strategic Programme work streams, notably on the 24/7 work stream which the Programme Director for 111 is the co-chair. This reinforces the 24/7 approach ensuring that the principles of delivery are the same whilst reflecting there may be different operating models in and out of hours. The resilience of, and access to, in hours services has a key bearing on OoH services. Therefore, OoHs services in Wales are now being planned in the strategic context of the Primary Care Model for Wales, as well as an integral part of the unscheduled care system.

In this context, our approach is part of a 24/7 service. We know services delivered during the in hours period can impact on demand for services out of hours. Some GP practices across Wales are facing challenges in terms of achieving sustainability and accessibility. Welsh Government are working in close collaboration with health boards and GP practices to address the challenges of GP recruitment and introduce access to a wider range of health professionals and signpost people to other local services such as community pharmacies.

In terms of attracting more GPs and other health professionals to Wales, our national and international campaign "This is Wales: Train, Work, Live" was launched in October 2016 to market Wales and NHS Wales as an excellent place for doctors, including GPs. The campaign has resulted in a significant increase in the fill rate for GP training. The baseline allocation for GP training places increased from 136 to 160 last autumn. Following the most recent recruitment process (2019), 186 GP training places have been filled surpassing not only the initial baseline allocation of 136 place but also the new increased allocation of 160. It is positive that more doctors are choosing Wales to train as a GP. Our strategy is for expansion of multi-disciplinary teams in primary care, including out of hours, led by GPs, by investing in a range of healthcare professionals, such as advanced practitioners, clinical pharmacists, mental health clinicians and therapists. We are also reforming the national contract for in hours primary care services to improve the way they are planned and delivered leading to more sustainable and accessible services.

Since the GP contract reform in 2004 that saw GP OoHs removed from the GMS contract, the delivery model for in and out of hours has been managed in a variety of ways and delivered through different providers (i.e. currently OoHs is delivered by Health Boards). The post 2004 legacy has created a number of structural issues with supporting systems that have taken significant time and effort to correct. However, it is recognised that there is the 'golden thread' of urgent care that runs across in hours and out of hours services. It is clear that the management of urgent primary care in hours has an impact on urgent primary care services out of hours and vice versa. Therefore, we need to consider the urgent primary care offer as a whole whilst recognising that service delivery will be slightly different in and out of hours but will revolve around seamless and effective care from a multi professional team on a 24/7 basis, with priority for the sickest people.

As part of the implementation of the Primary Care Model for Wales, the Strategic Programme for Primary Care has five specific work streams to progress actions. A key work stream within this is the *24/7 Model work stream*, intentionally labelled to ensure we consider what the overall offer is to the public. There is a recognition that across Wales the urgent care services offered to the public from Primary and Community Care are very different depending upon the time of day and often the location of the prospective patient. Whilst recognising the service delivery will be slightly different in and out of hours, the overall principles and components of the model should be the same, for example, call handling systems, the extended MDT and wider community service infrastructure (key components of the Primary Care Model for Wales).

The 24/7 work stream is focussed upon urgent care services within Primary and Community Care and should complement the work of the National Unscheduled Care Board. The work stream picks up actions highlighted in the OoHs Peer Reviews, investments in Primary and Community services associated with the winter period, escalation metrics and tools within primary care, access to and use of the totality of independent contractor footprint within a locality and the success of and

options for the delivery of clinical triage through in hours GMS services. This work will have a watching brief on the development of the population segmentation and risk stratification at cluster level.

The 111 Service

The Welsh 111 service presents a significant opportunity to become the single access point of choice for people with urgent care needs, presenting strategic opportunities for simplifying access to a range of services and advice. Where 111 is rolled out in Wales, this is already making OoHs services more resilient – this can be seen in Swansea Bay, Hywel Dda, Powys and more recently Aneurin Bevan, where the 111 service manages people with urgent needs in the out of hours period. The 111 programme roll out, due to be completed by 2021/22, will initially support urgent primary care out of hours, providing greater national alignment for the call handling and clinical triage.

The 111 service is improving access by signposting people to local services and sources of help, using a free to call number as demonstrated through the Covid-19 pandemic, where 111 was rolled out across Wales to all LHBs for COVID related queries. In due course this will be delivered using other multimedia / digital opportunities and the on-line symptom checker was extensively used over the last 6 months with over 1.2m hits. There will be greater regional and national working to meet the demand for advice and treatment at peak times and to safely reduce the workforce at quiet times.

Contacts with patients will be increasing based around multi-disciplinary team working, these will be less reliant on GPs but place greater emphasis on their clinical leadership role. System architecture, including the Welsh Clinical Portal and updated Special Patient Notes, means clinical teams will have access to up-to-date clinical records, which is essential so people receive appropriate care, especially those with complex conditions and / or at the end of life.

Plans are in place to roll the service out in Cardiff in 2021 and Betsi in early 2022 however we are instigating a 'firebreak' in the rollout from now until next year to allow for the introduction of a new national 111 IT platform to support the service in the future. Following the implementation of the IT system, roll out of the 111 service will be extended to Betsi Cadwaladr as noted in 2022. Once rolled out in Cardiff 111 will provide access to the recently launched 'Phone First' service for non-emergency access to the Emergency Department in UHW. This will be the model elsewhere in Wales when 'Phone First' is rolled out.

SECTION 2 - WALES AUDIT OFFICE RECOMMENDATIONS

The following section provides a narrative of evidence against the recommendations set out in the WAOs report of *Primary Care Out of Hours Services* published in July 2018. We have RAG rated where we feel we are against each recommendation. Please see key below:-

Recommendation 1

In parallel with the national roll out of the 111 telephone service, the Welsh Government should lead work to standardise the way that NHS websites, GP phone lines and other NHS information sources refer and signpost to out of hour's services. The work should also aim to provide a clear, nationally-agreed definition of the scope of out of hour's services and the circumstances in which the public should access them.

In August 2018, we issued the following standard OoHs messaging to GP practices:-

- *Thank you for calling the xxx. The surgery is now closed. If you have a life threatening emergency please hang up and dial 999.*
- *If you require urgent medical attention call the out of hours service on xxxxxx or 111 (as appropriate).*
- *For other health advice and information please call NHS Direct on 0845 4647.*

The standard messaging was also provided to the practices in Welsh. The British Medical Association (BMA) Cymru were supportive of this approach and disseminated to the Local Medical Committee's (LMCs).

Regarding the standardisation of NHS websites, a Content Management System Replacement Project has been established. This project seeks to replace the NHS Wales content management system and is agreeing standards around the look, feel, content and navigation across the NHS Wales websites.

The Project Board is chaired by Prof. Hamish Laing with communications, technical and clinical representation. A website User Experience Design Consultancy company, Box UK has undertaken work with a broad range of stakeholders to develop robust, user driven designs. This is now being used to inform the development of the new sites and will inform the development of the Welsh Online Platform.

With regards to a clear definition of the scope of out of hours service, the Primary Care Model for Wales, described briefly in the introduction to this document, is about seamless services across the 24/7 period, where there is less of a distinction between in hours and out of hours. This will be based around a detailed understanding of the patterns of demand and a greater focus on making access to the right services easier for the public. The 111 service will be an important component of this. While equally crucial is the definition and model for urgent Primary Care which is currently being worked on by the 24/7 sub group mentioned above.

Recommendation 2

The Welsh Government is carrying out work to update the national standards for out of hours, to make sure the standards fit with the new ways of working between 111 and out of hours. The Welsh Government should introduce an annual report to describe the health boards' progress in implementing the new national standards.

Standards

The out of hours / 111 community were keen to create a single 'universal' suite of standards and quality indicators. The intention was to develop a set of measures that could be adopted, and used by all health boards, regardless of whether they are operating 111 or out of hours.

The new set of Standards and Activity Measures for 111 and OoH in Wales have been developed through close collaboration between out of hours/111 clinicians, service managers and the Welsh Government. These were shared widely with the NHS before being issued in March 2019. The Standards have been divided into three parts:

- Part A are delivery standards and activity indicators (AIs) which are required to be reported monthly at either a national or local level.

- Parts B and C are quality and development indicators which require WAST and health boards to collect and report the information either monthly, quarterly, six monthly or annually.

Whilst it is generally recognised that the Standards present a challenge to the current service, it was agreed that these 'stretch' Standards would continue to drive the development of the delivery model for out of hours. They will also drive improvement, innovation, regional / national working in a prudent manner. The new set of revised standards have been issued and are being monitored from 1 April 2019.

Although the evidence base is still relatively small it appears that delivery of these clinically based standards will be better using the 111 model, making it easier to get the right clinician to the right person at the right time.

Annual Report

The Welsh Government required health boards to produce an annual report capturing performance against the Standards for the first time for 2017/18. The annual report template has been updated and developed and was issued to WAST and health boards in April 2019, ready for reporting in July 2019 on 2018/19 activity against the current Standards.

This process is now complete and the annual report for 2018/19 has been published on the Delivery and Performance website that sits within the NHS Intranet.

We will be commissioning an annual report for 2019/20 in due course.

Recommendation 3

To make out of hours services more attractive places to work, the Welsh Government should work with health boards to carry out a national project to engage with out of hours staff, to identify and address the factors that are causing poor morale and deterring staff from working in these services.

Peer Reviews

As a mechanism to improve the delivery of services to patients and improve staff experience, the Peer Review process delivered in 2018 and again in 2019, was a clinically led, data driven and outcome focussed review of each health board's OoH service. It was designed to act as a 'critical friend' in offering advice and support as part of development of a safe effective OoHs service.

The Peer Review Panel was led by an independent chair (Dr CDV Jones) with membership including Clinical Directors, operational leads, Associate Medical Directors, Directors of Primary Care, the 111 Programme, HEIW and Welsh Government. The intended outcomes included:

- Recognise good practice and shared learning;
- Provide positive peer support for improvement;
- Offer increased clarity of direction for NHS Wales regarding the wider transformation for urgent primary care and greater consistency of approach both in hours and out of hours (24/7);
- Assist in the development of a clinically led, solution focussed, sustainable model for Wales;
- Giving staff at all levels within OoHs services a voice; and
- Highlighting the role of OoHs to the Executive function of Boards and WAST.

The output from each review was a summary report and action plan which was endorsed by local clinical leaders and the wider executive team.

Overall the Peer Review Panel was impressed by the ongoing dedication and commitment that was demonstrated by all staff and their continued focus on delivering high quality patient care. There was an evident 'passion' to deliver long term sustainable change aligned to the wider 24/7 urgent primary care agenda and the national 111 Programme.

Health Boards have a new cohort of clinical leaders and operational staff in place who are often in the vanguard of developing new approaches to urgent primary care both locally, regionally or nationally.

Key summary messages arising from the Peer Review visits were:

- Clinical teams and their wider organisations found the peer review visits constructive and assisted with wider learning and sharing of best practice.
- Local work environments are being reviewed to ensure they are conducive to patient care and staff welfare and that where appropriate, they broadly have access to a similar range of services as in-hour colleagues.
- Local and national workforce plans are being strengthened to ensure they support GPs leading and working within a wider multi-disciplinary team.

- Urgent Primary Care (OoHs) are adopting a more consistent approach to demand and capacity planning linked to workforce modelling with support from 111 and the Delivery Unit.
- Health boards are now all on the same version of Adastra so we can benchmark against standards in a more consistent manner going forwards.
- Improving effective non-clinical and clinical triage processes are critical to the effectiveness of the urgent care pathways. The 111 team are assisting the standardisation of these approaches across Wales and increasingly there will be greater scope for developing these at a regional or national level. Some of this work has been progressed this winter linked to mental health response and urgent dental capacity.
- The integration between 111, NHS Direct and OoHs will increasingly offer significant opportunities for wider system resilience.
- The role of the 111 clinical hub (over time) will increasingly offer urgent care advice and support for a number of key clinical pathways such as mental health, dental, palliative and paediatric advice.
- Maintaining and updating one central Directory of Services (across Health, Local Authorities and third sector) remains a critical component to support urgent primary care – particularly when there is an increasing range of services.
- There was variation in the reporting of Serious Incidents (SIs), near misses and never events. Processes are being strengthened locally to ensure ongoing learning between clinical teams (both locally and nationally) and for wider clinical governance purposes. Urgent Primary Care Services / the OoH Forum have reviewed their reporting mechanisms to ensure they are robust and effective and have linked to appropriate governance structures within each organisation.
- LHBs, 111 and Welsh Government are actively supporting a range of initiatives to support out-of-hours services as part of winter planning. Particular focus was on wider MDT input including pharmacy support, mental health, palliative care, advanced paramedic practitioners (APPs), Health Care Support Workers (HCSW) and initiatives to support improved access to urgent dental care. 2018/19 schemes have been evaluated and were actively supported and extended to cover Easter peak demand and most became practice as usual. Other initiatives have been put in place for 24/7 cover in 2019 led by Directors of Primary Care.
- Maintaining executive and senior clinical leadership is essential and specifically the role that urgent primary care (OOHs) plays in its wider function to support unscheduled care.
- A number of pilots have been instigated across organisations which reflect established (good) practice. It was agreed by executive and clinical teams that in most instances that subject to appropriate evaluation these should be mainstreamed and recognised as business as usual.

As stated previously, the new Standards upgraded in consultation with clinicians and managers from the service are key to driving forward both the new delivery model and a high quality response to patients.

Other Initiatives

There are a wide variety of both national and local initiatives being undertaken to make OoHs a more attractive place to work. These are often aimed at reducing the general feeling of isolation by: creating a team culture, increasing its (OoHs) profile, and offering well defined roles for all staff by developing a cross cutting competency framework – clinical, managerial and administrative, better training and development opportunities, reducing the reliance on GPs and introducing new professionals / roles. For example:-

- Demand / capacity work – the tools for supporting demand capacity work are under developed in primary care. As part of the Strategic Programme Workforce Group, demand capacity models are being considered in order to provide a 'once for Wales' approach for in hours and out of hours primary care. Out of hours have been leading this work and are now implementing a single methodology for all Welsh health boards.

- All Wales roles for urgent care – a sub-group of the Urgent Primary Care (OoHs) Group is looking at developing national roles and has developed a set of core competencies for urgent care. This work will be particularly important as we consider the use of the role of urgent care practitioners in and out of hours.

- Workforce plan – the demand / capacity modelling and the development of national urgent care roles are critical to inform workforce plans. The Strategic Programme Workforce Group is taking workforce planning forward for both in and out of hours services to provide clusters and health boards with the tools to develop more robust workforce plans and in turn inform IMTP plans going forward. Health Education Improvement Wales (HEIW) is fully linked into the workforce group so any educational or training requirements can be considered as they arise.

- Website development – HEIW and 111 have undertaken a project to address Out of Hours recruitment difficulties via a website development that is dedicated to Primary Care Out of Hours provision of a one stop shop for information, education and direct contact details of local out of hours services. The purpose of the website is to highlight opportunities in OoHs and attract and recruit potential staff. The website launched in September 2019 and coincided with an active social media campaign designed to raise awareness of out of hours as a viable career option and to support marketing of recruitment opportunities and will link to the new GP Wales website. This is still in its infancy however the expectation is for this site to clearly communicate the wider attractiveness of the service to clinicians and to offer a range of information to them. This will in turn lead to an improvement in recruitment and retention overall.

Recommendation 4

The Welsh Government should work with the health boards, ambulance service and the 111 Programme to develop a national workforce plan for the out of hours services. This should build on the engagement work in Recommendation 3. The plan should set out the mix of skills and competencies that multi-disciplinary out of hours teams need in future and the national level actions required to deliver that mix of skills.

Again this recommendation needs to be seen in the context of the 24/7 model of Primary Care where the workforce may work in both in hours and out of hours and where the boundaries between the two are intentionally blurred. In both, a highly trained and skilled multi-disciplinary workforce is key to the consistent delivery of high quality and safe care, delivered at the right place and time for patients with urgent care needs.

Within the Urgent Primary Care (OOH) setting there is a need to develop a sustainable workforce with the right skills, behaviours and competencies and that there is a consistent approach to this across Wales.

The recent Peer Review of OOH services identified that within UPC (OOH) settings across Wales there was limited scope for career enhancement and career development for all clinical professionals engaged in working in UCP (OOH) and therefore there was a need for a greater emphasis on MDT working requiring a career and competency framework which supports the vision for a highly professional multi-disciplinary clinical workforce.

In order to develop such a framework a task and finish group was established (reporting to the UPC (OoHs) workforce group) comprising of clinicians working in either OOH or 111 and chaired by the 111 Workforce lead. The group have developed a draft summary framework and accompanying portfolio (attached at Appendix 3) which defines the core and supplementary skills and competencies required for each role. The framework is not intended to replace or contradict any of the requirements laid down by an individual team member's professional body, it is there to aid clinicians who wish to work in OOH either as a main or additional role.

Due to the diverse range of professionals working in the UPC setting there is a move away from the traditional role titles to ensure practitioners practising at a certain level have the equivalent knowledge, experience and skills to undertake the role, for example a paramedic and nurse at level 6 will have different core competencies according to their professional body and therefore the aim of the framework is to identify gaps in knowledge and competence and support practitioners to address those gaps to ensure the practitioner is competent to practice at that level within the OOH setting. With the support of HEIW a specific modular based educational programme is currently being developed to underpin the framework and provide opportunities for development of clinicians working in the OOH setting. To ensure the educational programme is developed and implemented in a timely manner the 111 Programme have funded an experienced out of hours clinician to work 1 day a week until 31 March 2020.

The framework is currently in draft form and the workforce lead has engaged with various peer groups and professional bodies to gain views and comments on the document. To date views have been sought from GPC Wales, RCN, RPS, Senior Paramedicine colleagues, OOH forum members, 24/7 group

members, Directors of Nursing, Directors of Primary Care, Directors of Therapies, Assistant Directors and Workforce and OD and HEIW colleagues. The feedback from the various groups / professional bodies has been positive and all welcome the introduction of such a framework. The framework is currently being tweaked in line with feedback received and it is anticipated that the document will be signed off in January. Whilst it was originally anticipated that the framework would be signed off in October the engagement process took slightly longer than anticipated.

Recommendation 5

The Welsh Government should work with health boards to introduce a regular national assessment of quality in out of hours services, to consider clinical audit, learning from incidents and patient experience. The assessment should also lead to a set of national and local improvement actions for the NHS in Wales.

Peer Review

As described in Recommendation 3, a peer review process was undertaken towards the end of 2018 and again in 2019 with all health boards. The output from each of these reviews was a summary letter that was used as the basis of a locally developed and owned action plan that the Health Board Executive Board was asked to endorse and support to achieve improvements in the out of hours service. Each review picked up clinical governance and challenged health boards to ensure that this was in place and robust. At the end of the 2018 review a document was created highlighting national issues and findings. One of these national issues was the need to implement a more rigorous approach to clinical governance and to embed this within health board governance processes.

The feedback received from health boards regarding the peer review has been extremely positive. They found the process extremely useful and have welcomed the undertaking of peer review visits during 2019. These reviews have noted a far more rigorous and inclusive approach to clinical governance.

Out of Hours Forum – Quality and Safety Group

The Out of Hours Forum is a national meeting that consists of a number of stakeholders across the OoH service in Wales, and includes clinicians, operational managers, 111 team, Welsh Government officials etc.

In response to the WAO report, an OoH Quality and Safety Group has been established. This group is currently Chaired by Dr Sherard Lemaitre, Clinical Director, Cardiff & Vale UHB. The Quality & Safety Group focusses on quality indicators, clinical audit and serious incidents with a view to learning lessons and being able to support clinical decision making.

The Terms of Reference are attached at **Appendix 1** for your information:

111 / Out of Hours Standards

As referred to in Recommendation 2, the new set of Standards and Activity Measures for 111 and OoH in Wales include the following quality improvement standards:

- 100% reporting of 'serious incidents' to Welsh Government in agreed timescales via DATIX
- Clinical Audit undertaken to review any 'adverse incidents' reported through governance process (DATIX)
- Quality Improvement Methodology is used continually to develop local services and share good practice

DATIX

Work is currently being undertaken to look at DATIX reporting in out of hours and mapping how serious incidents are reported / recorded within out of hours. This work will be used to identify areas for improvement feeding in to the work of OoH Forum Quality and Safety Group. Links have been established across teams within Welsh Government and this work is developing.

Colleagues within Welsh Government are also undertaking a procurement of new systems that will replace the current NRLS and DATIX systems. Conversation are ongoing on how OoH can feed into these new systems.

Whilst the above mentioned work is ongoing, the Out of Hours Forum Quality and Safety Group have drafted a good practice protocol for DATIX reporting. This is attached at **Appendix 2** for your information.

Recommendation 6

The Welsh Government should work with health boards, ambulance service and relevant all Wales groups to test and spread innovative practice in the provision of out of hours face to face appointments and home visits. This work should result in a clear model of face to face services for the NHS to implement locally or regionally.

There are now a number of mechanisms in place to identify and share good practice. The 2018 peer review process identified much good practice within health boards and the process supported the sharing of this both during and after the review, both for those being reviewed and the reviewers. The national summary report contained evidence of good practice being shared across the OoHs community. The Review aimed at facilitating the sharing of this good practice to provide greater consistency of approach across Wales. Each health board is responsible for developing a locally owned action plan which will capture best practice and these, together with a inaugural national conference that took place in early summer 2019 which helped share key national learning points.

The Peer Review Process for 2019 has helped to reinforce the sharing of good practice across Wales and is providing evidence of this good practice being implemented across Wales. A summary report will be widely circulated once all visits have been concluded.

The implementation and roll out of the 111 service in Wales is providing an opportunity for health boards to review and plan their clinical triage, triage and wider community support model and how this can be delivered consistently.

Health boards are starting to embed a more rigorous assessment of demand and will remain responsible for the face to face and home visiting service and the local adoption and roll out of the Primary Care Model for Wales which is about seamless multi professional care across the 24/7 period.

The OoHs Quality and Safety Forum which meets approximately every 6 weeks has been very active in this area, providing the opportunity for clinical leaders and managers to discuss and share learning and best practice.

Recommendation 7

Welsh Government should review the national leadership arrangements for out of hours services. The review should consider whether there is a need for more specific leadership of out of hours at a national level. The review should also consider the role of the All Wales Out of Hours Forum and whether its work is sufficiently joined up with that of the other national NHS groups.

Judith Paget, Chief Executive, Aneurin Bevan UHB was appointed strategic lead of Out of Hours services (12 July 2018) and Richard Bowen (Programme Director 111 /OOHs) took on a lead role to implement many of this operational issues directly impacting on the services as noted. A task and finish 'Out of Hours Strategic Group' was established to look at what strategic actions / support was needed to improve OoH services in Wales. The Group is looking at a number of opportunities including:

- Peer Review (described above);
- Understanding demand as part of meaningful workforce planning;
- Multi-disciplinary working;
- Death verification processes; and
- Preparation for the 111 roll out.

Out of Hours Quality and Safety Forum

As referred to above, the OoH Forum is a national meeting that consists of key stakeholders across the OOH service in Wales, and includes clinicians, operational managers, 111 team Welsh Government officials etc.

Members of the Forum also hold seats on other key strategic groups such as the National Unscheduled Care and Primary Care Programme Boards, 111 Implementation Board, Directors of Primary Care meeting etc.

Accountability and governance arrangements for the Forum has been revised and updated and all Clinical Directors who lead local OOH Services sit on this group along with a representative from the Associate Medical Directors group. Each have a duty to formally report back to their statutory organisations and their respective Quality & Safety Sub Committees. Leads also report national issues directly to the 111 Board chaired by Judith Paget.

National Strategic Leadership

The Out of Hours Strategic Group is overseeing a number of pieces of work such as those above and two new streams:

- A Workforce and Educational Working Group; and
- Developing a 'better offer' to Out of Hours staff and reducing the feeling of isolation.

Local Leadership

It has been clear from both the peer reviews that local leadership has improved significantly in the period after the Report was issued. There is evidence of Out of Hours achieving far greater visibility within each health board and a new generation of clinical leaders emerging across Wales in Out of Hours, bring a fresh view and new ideas as demonstrated with recent appointments in Aneurin Bevan and Cwm Taf Morgannwg.

Recommendation 8

Welsh Government and the 111 Programme should clarify the timescales for finalising and assessing the business case for the integrated computer system to replace existing systems in 111 and out of hours services, to ensure decisions on affordability are taken as soon as possible.

The Full Business Case was submitted to Welsh Government in November 2019, was scrutinised by the Infrastructure Investment Board in December and approved in February 2020. WAST also formally took on the Contracting Authority function in March 2020 (as per the plans) and NHS Wales are implementing the new SALUS system which is planned to be in place for 6 of the 7 LHBs and WAST in Q3 2021. Betsi will follow implementing both 111 and the new SALUS IT system.

The purpose of the 111 Wales Procurement Programme was to procure an integrated information solution to support the new 111 service, replacing the existing NHS Direct Wales CAS and the multiple GP Out of Hours Adastra systems across each of the health boards.

The replacement system will provide a fully managed service, hosted in an NHS Wales Datacentre with the following features:

- A single integrated solution covering call handling, triage and clinical assessment;
- Links to 999 and Emergency Department systems;
- Ability to integrate with the NHS Wales IT infrastructure, as well as providing records to the relevant repositories;
- Provide multi-channel access for citizens wishing to access the service;
- Be available in both desktop and mobile settings; and
- Have a fully integrated, evidence based, decision support system, available to both clinical and non-clinical call handlers.

The procurement of a new system is a key enabler for ensuring the long term success of the 111 programme and will support and underpin NHS Wales in making changes to the wider urgent care and unscheduled care system.

SECTION 3 – PUBLIC ACCOUNTS COMMITTEE RECOMMENDATIONS

The following section provides a narrative of evidence against the recommendations set out in the Public Accounts Committee's inquiry of *Primary Care Out of Hours Services* published in July 2019. We have RAG rated where we feel we are against each recommendation. Please see key below:-

RECOMMENDATION 1

We recommend the Welsh Government ensure there is capacity within the Out of Hours service to provide patients with reassurance and help them to access the service most appropriate to their needs.

This recommendation was accepted although Health Boards are responsible for providing out of hours services, we recognise that they must continue to work with Welsh Government in delivering a resilient sustainable service. Using a nationally developed model, health boards are currently undertaking a significant piece of work to analyse and understand the exact nature and timing of their demand. This will be used to ensure that rotas include the right balance of clinicians to meet this expected demand.

Health boards actively manage shift fill for all out of hours staff groups, including but not confined to GPs. A submission of clinical staffing levels is shared with Welsh Government and other partners twice a week. This information is available to, and discussed on, the NHS Daily Executive Conference calls to assist in operational planning and resilience.

The development of one central Directory of Services (DoS), across Health, Local Authorities and third sector, remains a critical component in supporting urgent primary care. This is particularly important when there is increasing range of health and well-being services working within and across organisational boundaries. DoS information is crucial in sign posting patients to the correct service whether this is by the patients themselves of through professionals, or the 111 service. For example, a Health and Well-being App providing access to the DoS for professionals was launched in the summer, while the public have access to the DEWIS and NHS (D) W websites.

RECOMMENDATION 2 - RECOMMENDATION WAS REJECTED

Recommendation 2: We recommend the Welsh Government reviews the way it allocates funding to health boards for out of hours services to ensure that allocations more accurately reflect the current service needs and provide greater transparency in terms of investment and actual spend.

Funding for out of hours services is contained within the overall GMS allocation to health boards. The recommendation focuses on the allocation. It is for health boards to determine the appropriate level of investment in these services, using either the GMS allocation, or drawing on their substantial levels of discretionary funding, this does not therefore relate directly to central allocations. This blend of funding reflects the wider range of services now in place to support out of hours services. It is crucial that local organisations understand local services. Given this, we agree that it would be timely to review the current definition of expenditure to ensure funding is more transparent and reflects the wider range of services now in place to support out of hours access.

RECOMMENDATION 3

We recommend the Welsh Government share good practice across Health Boards in Wales in making out of hours services more attractive places to work, such as the approach taken in Aneurin Bevan University Health Board.

As previously discussed in this document, this is already well in train. A Peer Review was undertaken of each health board in the late autumn of 2018 and again in 2019. Making out of hours a better place to work was a significant theme, while the review provided an opportunity to share best practice.

Following the review a summary report was produced that captured best practice from across Wales, this was shared with all health boards and WAST earlier this year. Further, the All Wales Quality and Safety OoHs / 111 Forum, a meeting of clinical and managerial leads has reorganised reinforcing the sharing of best practice relating to quality, safety and management. For example the clinical section shares and learns from clinical incidents and near misses, while the managerial section has helped delivered the new policy relating to Verification of Death training A new website will be launched in the September which aims to provide a range of information to help inform clinicians about the benefits of working in out of hours (see also Recommendation 4 below).

The peer review identified 'isolation' as a key factor in some clinicians' decision not to work in the out of hours. There is still work to do but the move to multi-disciplinary team working, the implementation of 111 and the embedding of out of hours in the 24 /7 model of primary care all help to reduce this feeling of isolation, making out of hours a much more attractive proposition for all staff.

RECOMMENDATION 4

We are concerned about the general decline in GP numbers not just for out of hours services but daytime services too across Wales. We recommend the Welsh Government actively develop policies to increase GP numbers.

The *Train, Work, Live* campaign is actively targeting GPs and GP trainees and is supported by 2 incentive schemes for GP trainees. The fill rate for GP training has improved significantly in recent years and as a result, we have increased the number of GP places from 136 to 160 this year, with the intention to further increase the number of places in the near future. We are also working with Health Education and Improvement Wales HEIW to further increase the number of GP training places from August 2021.

We have also introduced and continue to develop a number of tools to support primary care workforce sustainability, including establishing an all Wales Locum Register for locum GPs. This is a pivotal first step to structure the provision of sessional work to support our GP partners working in Wales.

HEIW have undertaken a project to address out of hours recruitment difficulties via a website development that is dedicated to Primary Care Out of Hours. The purpose of the website is to highlight opportunities in out of hours and attract potential and existing staff. The website was launched in September 2019.

RECOMMENDATION 5

We recommend the Welsh Government resolve issues with the quality of data available on GP numbers as a matter of urgency as there needs to be better data available, including on out of hours care. If multidisciplinary teams are delivering the out of hours services, it is imperative to know who works in each team, where they are delivering the service to, and be able to track the staff numbers over years.

NHS Wales Shared Service Partnership (NWSSP) has been engaged by the Welsh Government to procure and implement the Wales National Workforce Reporting System (WNWRS), this provides a secure web based tool developed to capture **all** practice staff information for General Practices.

With the introduction of the WNWRS we hope to improve data quality across the board and we continue to work with all relevant stakeholders to ensure the data is of the highest quality. We are depending on GP practices providing as complete and accurate information as possible to support production of higher quality statistics.

We will explore the potential for further development of the WNWRS with NWSSP, to consider how information for clinicians working in out of hours can be captured and develop a proposal by the end of December 2019. If this development is not feasible, we will work with health boards and primary clusters to collect accurate and complete workforce data for GPs working in alternative settings, including out of hours

RECOMMENDATION 6 - RECOMMENDATION WAS REJECTED

We are concerned that there appears to be a number of issues arising from the pay inequalities of GPs compared to England as well as taxation issues as reported to us in evidence. We recommend that the Welsh Government seek to address these issues and provide us with an update on any action taken to do so.

Although there appears to be some anecdote relating to pay inequalities in the east of Betsi Cadwaladr, we have no hard evidence of this and it doesn't appear that this is a national issue. We are also aware of the issues with taxation in relation to HMRC IR 35 but these are non-devolved issues. Health boards have acted collectively in response to these issues, while Welsh Government have tracked progress and impact. There are however bigger and more general concerns with pensions and the Minister for Health and Social Services is pursuing these with the UK Government.

RECOMMENDATION 7

We recommend the good practice at CVUHB in terms of strengthening its performance management is shared with other health boards and that the Welsh Government explore in more detail how it can enhance the sharing of good practice. The Welsh Government may wish to consider, where possible, to give greater direction on such practice and monitor compliance with any directions issued.

We are working with the Welsh out of hours community to strengthen the emphasis on understanding the nature of the demand within individual health boards both in terms of case mix and time of the day. This involves developing the good practice already developed in CVUHB around

demand and capacity modelling so that it can be used across Wales. A 'Once for Wales' model has been developed and is being utilised by each health board this winter. We believe that developing the clinical model based on demand is the key. Once these building blocks are in place we will increase the emphasis on performance management.

RECOMMENDATION 8 - NOTED

We recommend that our successor committee of the sixth assembly examine the progress and success of the implementation of the 111 service following full roll out in 2021/22.

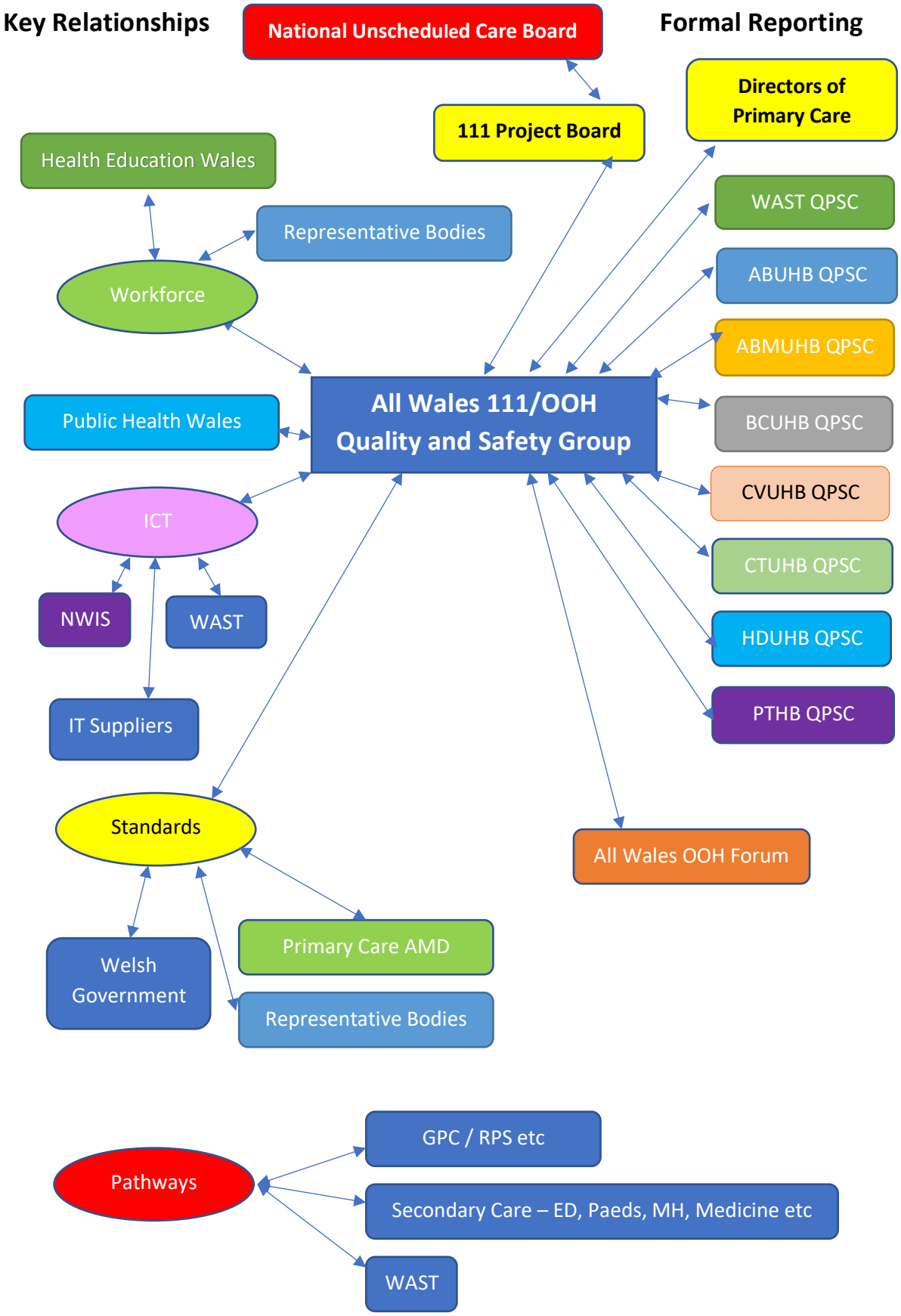
We were pleased to **note** that the Committee recognise the success of the 111 roll out to date and recognise the opportunities presented by the service. We would welcome the committee of the sixth assembly examining the progress and success of the111 service. This will continue to remain a key priority for NHS Wales in the future and we are actively supporting a number of initiatives to ensure its long term success.

Committee	**All Wales 111/OOH Quality and Safety Group**
Purpose	The purpose of the All Wales 111/OOH Quality and Safety Group is to provide Welsh Ambulance NHS Trust (WAST) and Local Health Boards (LHBs) with: • Evidence and timely advice relating to the provision of Urgent Out of Hospital Health Care • Assurance in relation to arrangements for safeguarding and improving the quality and safety of patient centred health care by 111 Wales, provided by WAST and associated Out of Hours (Urgent Primary Care) services provided by LHBs. • Provide specific assurance in relation to the Clinical Support Hub and its cross organisational roles and responsibilities. In accordance with its stated objectives and the requirements and standards determined for NHS Wales.
Membership	**Chair:** • Medical Director or Associated Medical Director for Primary Care of WAST or LHBs **Vice Chair**: • Senior Clinician from 111/OOH teams **WAST / LHB OOH Representatives** – from each organisation • Senior clinician • Operational Manager **The above representatives will feed back to their local professional groups, covering medical, dental and allied professionals.** **111 Wales Project Team** • Director or deputy • Senior Clinician (Incident Coordinator) • Pharmacist Lead **By Invitation** The Committee may extend invitations to attend as required to representatives within Wales NHS including but not limited to: • Welsh Government – Primary or Community Care • Community Health Council • Public Health Wales • Health Education Wales • Human Resources

	Invitations for Broader Clinical Stakeholder Engagement via: • Emergency Medicine • Mental Health • Paediatrics • Dentistry • Microbiology • Optometry • Professions Allied to Medicine • Representatives from key professional bodies All members of the group may co-opt any other members as necessary and therefore membership may not be limited to that specified within the TOR. **In attendance** Executive Directors / or deputies holding portfolios containing aspects of quality, safety, complaints or service improvement can attend from time to time, or as requested by the Group's Chair **Secretary:** Secretarial Support will be provided through the 111 Wales Project Team ***Costs for member's*** time to attend shall be borne by their representative organisation.
Duties:	The Group will in respect of its provision of advice to WAST and the LHBs: *(Italics = Specific advice to WAST CSPT sign off processes when time permits).* **Quality:** • *The group can specifically review and advise on the Decision Support Software for call handlers and clinicians provided as a solution within the 111/OOH IT solution.* • *The Group can advise and recommend local (and in time national or all Wales) modifications on decision support software considering NHS Wales policy – e.g. pandemic or other localised public health outbreaks or incidents.* • The Group will make national recommendations on antimicrobial use in the urgent primary care setting, taking in account of LHB Policies and guidance. This in turn will assist in the standardisation of antimicrobial availability across Welsh OOH services.

	Safety • Lessons are learned and shared across 111 and Out of Hours service from patient safety incidents, complaints and claims. • Significant national risks are actively identified, shared and robustly managed across 111 Wales and Out of Hours services • Noting the outcomes from the above, the group (with the endorsement of LHB and WAST Medical Directors) should consider the implications for NHS Wales following the publication of any review/investigation reports arising from external regulators. **Workforce** • Highlights national issues or concerns regarding the workforce regarding selection, training, support, responsiveness and health and well-being. **Quality, Safety and Performance Management** • Advise on the initial development of NHS Wales strategies for the development of a high quality and safe services, or pathways for patient seeking advice relating to new or urgent health needs whilst in the community. • Consider the implications for quality and safety relating to corporate strategies across NHS Wales in relation to meeting the needs of patients presenting with new or urgent health problems within the community • Consider the quality and safety implications for NHS Wales resulting from reports on service performance against Healthcare Standards for Wales with respect to 111 Wales and LHB Out of Hours Urgent Primary Care Services. • The Group will advise Welsh Government, WAST and LHBs on the adoption of a set of key indicators of the quality of care, against which NHS Wales performance will be regularly assessed and reported on through Annual Reports. • The Group will produce an annual report summarising national performance and local variance against the key indicators.
Access	• The group will have oversight on performance and access indicators for 111 (and by agreement with LHBs) on OOH standards and can provide peer support on wider service delivery and transformation.

	• The group can also offer wider input on the delivery of regional solutions to OOHs and 111 working to facilitate improved patient safety and quality of care.
Meetings Frequency:	At least 8 members of the group should be quorate with at least one of the members being the Chair or Vice Chair Meetings shall be held no less than quarterly but usually alternate months or otherwise as agreed appropriate by the Chair of the Group.
Reporting	The minutes and associated recommendations will be reported to the Quality and Safety Committees of WAST and LHBs, Directors of Primary Care and 111 Project Board with copies being shared with Welsh Government and All Wales Out of Hours Forum.
Feeder groups	The Group may, subject to approval by the 111 National Board establish specific task and finish groups to carry out aspects of their work as and when required.
Applicability of Standing Orders	It is not envisaged that the work of this group will directly impact on individual organisation's Standing Orders however if there is any potential conflict then this will be reviewed by the Board Secretaries and /or Medical Directors in the first instance.
Review	The terms of reference and operating arrangements shall be reviewed annually by the Group, the 111 National Programme and shared with appropriate organisations across NHS Wales


Key Relationships
National Unscheduled Care Board
Formal Reporting
Directors of Primary Care
111 Project Board
Health Education Wales
WAST QPSC
Representative Bodies
ABUHB QPSC
Workforce
ABMUHB QPSC
All Wales 111/OOH Quality and Safety Group
Public Health Wales
BCUHB QPSC
CVUHB QPSC
ICT
CTUHB QPSC
NWIS
WAST
HDUHB QPSC
PTHB QPSC
IT Suppliers
Standards
All Wales OOH Forum
Primary Care AMD
Welsh Government
Representative Bodies
GPC / RPS etc
Pathways
Secondary Care – ED, Paeds, MH, Medicine etc
WAST

GOOD PRACTICE PROTOCOL – DATIX REPORTING FOR URGENT PRIMARY CARE OOHS SERVICES

INTRODUCTION

Reporting incidents, near misses and concerns ~~is~~ are essential for improving patient and staff safety, developing more effective processes and providing a record of incident occurrences. DATIX tools tend to be applied universally throughout Health Boards which means they have to cover a vast array of circumstances and areas of work – this can lead to too many user choices or difficulty in knowing which options to select on the report.

As part of the peer review process in 2018, it was noted that the reporting of DATIX in OOHs services was low, compared to other services.

There could be many reasons for this, for example:-

- Staff do not need to fill in DATIX reports very often and therefore do not build up the experience finding the whole experience daunting when they are required to complete one.
- GPs who work in OOHs are sessional GPs and do not often have access to reporting tools such as DATIX, unless they are employed by the Health Board.

PURPOSE

This document aims to provide a national Good Practice guide for all Out of Hours Service providers to encourage standardisation and reduce variations in practice.

DEFINITION OF A REPORTABLE INSTANCE

The Occupational Safety and Health Association defines a**n** incident as *"an unplanned, undesired event that adversely affects completion of a task."*

In NHS terms this would mean anything that impacts on the safe and timely delivery of healthcare provision. The severity of this could range from near-miss (could have happened but was avoided) to actual harm (death). By reporting all unexpected incidents that impact of service delivery and the actions taken at the time (if any) to mitigate the risk, service delivery changes can be made (and justified) if they can show improvement and reduction in future occurrences.

COMMON TYPES OF INCIDENTS

- Complaints from Staff, Patients or Contractors about staff or patient attitude
- Complaints from Staff, Patients or Contractors about service provision (accessing service and availability)
- Accidents involving staff, patients or contractors
- Delay in Patient Care (this could be due to service demand or failure to act)
- Misdiagnosis
- Confidentiality breach
- Medication errors
- Faulty equipment
- Incidents involving violence and aggression

RESPONSIBILITIES

- The identifier of a reportable incident should be the person responsible for completion of the Datix report.
- In the first instance, Datix should be completed on the Datix Health Board system.
- With prior agreement a 'responsible person' can be nominated to complete the Datix on the identifiers behalf and a desk top reporting tool has been created for this purpose (Attached). OOHs services need to ensure this is on every member of staff's desktop via their IT departments. This should be e-mailed to key personnel (see below), if e-mail is not possible this should be printed and put in an envelope and put in a safe place.

SCOPE

This Good Practice Guide is a protocol for OOHs providers to use and adapt to their own needs and will be agreed and formulised at the Urgent Primary Care OOHs group as well as the Quality and Safety 111/OOHs forum.

PROCEDURES

All DATIX reports should also be reported on a quarterly basis to the All Wales Quality and Safety OOHs/111 Forum to encourage shared clinical learning and active recording of types of incidents to aid themes and trends.

Key information to record:

- Date and time of incident
- Name(s) of parties involved; whether actively or witnesses
- Nature of the Incident (facts only. No opinions or supposition)
- Case reference number, vehicle registration, other specifics to support investigation
- Location of incident
- Immediate circumstances
- Immediate remedial action taken
- Further action required, if any
- Route for feedback, if requested

RECOMMENDATIONS TO OOHS PROVIDERS

- Each OOHs service to share the good practice guide with all staff.
- Each OOHs service to ensure they have named staff on each shift for the forms to be returned to or completed by.
- Each OOHs service to have a designate place for the forms to be returned to (if e-mail not possible) in a sealed envelope for attention of the management team.
- Standardised investigation and feedback process to be adopted by the management team (this includes entering onto the Health Board DATIX system).
- Each OOHs service to provide quarterly information on DATIX to the 111 team and to include key themes and learning outcomes.
- Each OOHs service to create their own protocol on DATIX following this guidance.

DATIX PAPER BASED REPORT

Date of Incident	
Time of Incident	
Name of incident reporter	
Contact Details (Email /Telephone)	
Department	Urgent Primary Care Service (OOHs)
Name(s) and Contact Details of Parties involved. (witness or actively affected)	
Location of incident (select from list)	
Type of Incident	
Case reference / Car registration (If applicable)	
Immediate details of the incident	
Immediate remedial action taken	
Further action recommended / required	
Route for feedback, if requested	

FORM MUST BE E-MAILED TO……. FOLLOWING YOUR SHIFT OR IF E-MAIL NOT POSSIBLE RETURN TO ……

Urgent Primary Care Out of Hours Service

Competency framework for clinicians working in Urgent Primary Care (out of hours) services

Competency Framework and Portfolio

Contents:

Section 1:

1.1. Introduction to the Urgent Care Practitioner

The Urgent Care Practitioner (UCP) is the term used within Urgent Primary Care Out Of Hours (UPC OOH) in Wales and this document for a clinical, registered member of the OOH team regardless of their professional background (nurse, paramedic, pharmacist, allied health professional). Whilst due regard is made to the base professions, and the requirements within them, this framework serves to provide parity across these professions with regards to the level of competence of practitioners specifically within an UPC OOH setting.

1.2. The framework and working in Urgent Primary Care (OOH)

This is your framework. It is designed to help you gather and collate evidence that supports your level of practice, whatever your clinical role in OOH is. This evidence is essential for your practice both for the PADR process under Agenda for Change and your revalidation requirements for your professional body.

This document defines the core and supplementary skills and competencies for each clinical role within OOH. It is designed to stay with you for the whole of your career in the service, supporting your progression through the career pathways.

There are no set rules for what constitutes evidence for this portfolio; this is for you to decide with your assessor. There are some templates/tools to support gathering of evidence within the document but it is up to you if and how you use them. Examples of other forms of evidence may include a certificate from a course, notes from an informal discussion, a reflection on practice, a case study or a thank you card from a patient.

One piece of evidence may provide proof of competence for several different competencies. This can be logged and tracked in the Competency Portfolio and the Evidence Log.

This portfolio is designed to work alongside other portfolios currently in use across Wales e.g. Advanced Practice Portfolios, RSP/111 Transition portfolios. These portfolios will have competencies in common with this UCP portfolio and therefore can themselves be used as evidence of attainment of competency by simply mapping the competencies that are common to each.

1.3. How to use this Framework/Portfolio

Step 1. Choose a Named Mentor/Assessor

Completing the portfolio and framework will take time and dedication from both you and your mentor. Your Named Mentor/Assessor should be a GP or Senior Practitioner that regularly works for an OOH service that has a good understanding of competence development and this framework. This Mentor/Assessor will be your final sign off as having shown competence at the required level within the framework.

Individual competencies within the portfolio, or assessments done to achieve competencies can be assessed by any clinician that practices in the area that competence is being assessed.

Step 2. Map your current competency

It is important that you map where you currently are in relation to the competencies in order that you can plan with your assessor/mentor/tutor your development.

This is the point where, if you have another portfolio that has already been completed and assessed, you map this across into this portfolio. If a competency within the framework or portfolio is demonstrated as complete, this can be directly dropped into the UCP framework and signed off by your Named Mentor/Assessor, there will be no requirement for further assessment of these competencies provided the required level of competence for role is met.

Once prior learning has been incorporated into your portfolio, identify the gaps in your practice/knowledge and think about what you will need to do to address those gaps.

Step 3. Draft a Development Plan

Once you have completed step 2 it's important to meet with your Named Mentor/Assessor to discuss your development plan. This will include setting a timeframe for completion of tasks and also to plan in checkpoints for you and your mentor. It will also give you an opportunity to discuss and arrange any learning activities that your mentor may be able to help with such as shadowing or attendance at a course.

Step 4. Gathering Evidence

As a general rule, there is an expectation of a triad of evidence for each competency within the portfolio. For example, a mini-cex done in practice with a case-based discussion on the case and a documented reflection on practice. As previously stated, there are no set rules for what constitutes a single piece of evidence.

You will need to think about the evidence you submit and whether it truly meets demonstrates competence rather than knowledge. For example, you may attend a course where you have learned about the pathophysiology and assessment of a particular condition. In isolation this would not demonstrate competence, but a reflection on the learning and then a Direct Observation of Practice demonstrating the use of that knowledge in practice would.

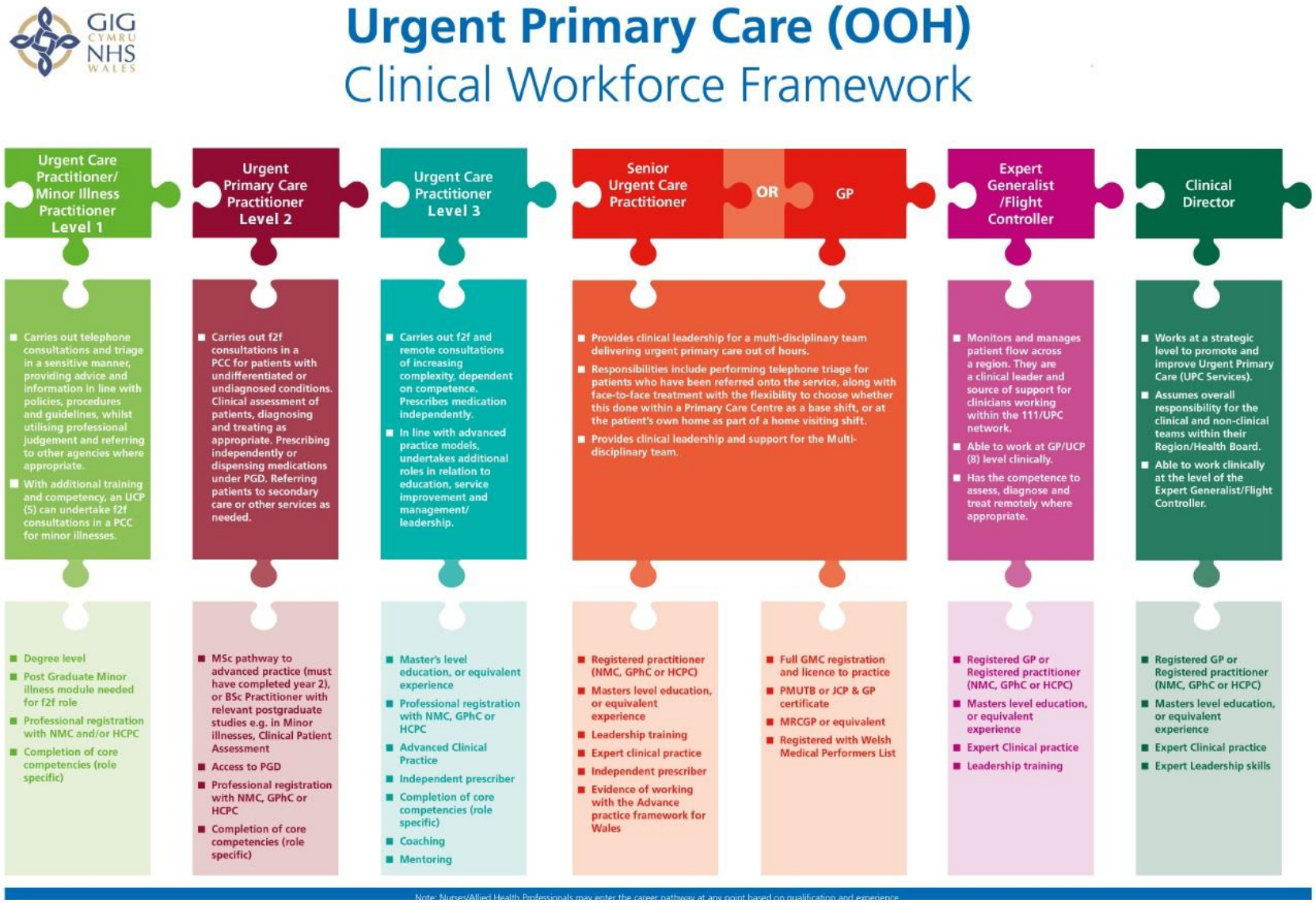
Step 4. Assessment

It is anticipated that the formal assessment will be a dynamic process between you and your Named Mentor/Assessor. As each section in the portfolio becomes complete, the relevant section of the framework can be signed off.

Competencies not required for your role can be assessed at any time, and as you progress through the career framework and up the levels, each competency will be reassessed with new evidence to demonstrate the ability to work at a higher level. This continual building of new evidence will demonstrate your progression and should inform your employers of your level of practice through the PADR process.

Section 2: The Urgent Primary Care (OOH) Career Framework

2.1. Career Pathway



2.2. Education/Qualification requirements – Medical/Clinical roles

Profession/Role:	Salary scale/Banding	Qualification/Education requirements	Role specific
Clinical Director	Medical & Dental or AfC depending on professional background	• Full GMC Registration & License to practice or Professional registration with NMC, GPhC and/or HCPC • PMETB or JCPTGP Certificate • MRCGP or equivalent MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience and competency as defined in this Framework • Non-medical prescribing	Visible on Welsh Performers List and/or Expert level of competence as defined in this Framework.
Expert Generalist/Flight Controller	Medical & Dental or AfC depending upon professional background	• Full GMC Registration & License to practice or Professional registration with NMC, GPhC and/or HCPC • PMETB or JCPTGP Certificate • MRCGP or equivalent MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience and competency as defined in this Framework • Non-medical prescribing	Visible on Welsh Performers List and/or Expert level of competence as defined in this Framework.
GP	Medical & Dental – BMA Salary model, incl. Pay Enhancement for OOH working	• Full GMC Registration & License to practice • PMETB or JCPTGP Certificate MRCGP or equivalent	Visible on Welsh Performers List
Senior Urgent Care Practitioner	AfC, incl. Pay enhancement for unsocial hours	• MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience and competency as defined in this Framework • Non-medical prescribing • Evidence of working with the Advanced Practice framework for Wales Professional registration with NMC, GPhC and/or HCPC	Leadership & Management competencies Significant knowledge of Primary Care/OOH policies, practices and clinical governance. Evidence of working within core competencies as defined by OOH

Urgent Care Practitioner level 3	AfC, incl. Pay enhancement for USH	• MSc in Advanced Practice/Advanced Clinical Practice or equivalent experience or Postgraduate studies in Minor Illness, Clinical Patient Assessment modules • Non-medical prescribing Professional registration with NMC, GPhC and/or HCPC	Evidence of working within core competencies as defined by OOH
Urgent Care Practitioner level 2	AfC, incl. Pay enhancement for USH	• MSc pathway in Advanced practice (must have completed year 2), or equivalent experience or Postgraduate studies in Minor Illness, Clinical Patient Assessment modules • Non-medical prescribing – optional • Degree in nursing/paramedic sciences or equivalent • Professional registration with NMC, GPhC and/or HCPC	Evidence of working within core competencies as defined by OOH
Urgent Care Practitioner / Minor Illness Practitioner Level 1	AfC, incl. Pay enhancement for USH	• Postgraduate studies in Minor Illness • Degree in nursing/paramedic sciences or equivalent • Professional registration with NMC, GPhC and/or HCPC • Non-medical prescribing – optional • Relevant Degree in nursing/paramedic or allied healthcare sciences or equivalent • Professional registration with NMC, GPhC and/or HCPC	Evidence of working within core competencies as defined by OOH

2.3. Novice to Expert Taxonomy – Benner's Stages of Skill Acquisition

Benner's (1984)(1)Stages of Skill Acquisition provides a framework to describe the concept that expert nurses develop skills and understanding of patient care over time through a sound educational base as well as a multitude of experiences. The theory outlines five levels or stages of nursing performance: novice, advanced beginner, competent, proficient and expert.

For the purpose of this document these stages have been applied to all clinicians to describe the knowledge/skill development of non-patient facing and patient facing roles within the Urgent Primary Care (OOH) service to help illustrate the career progression opportunities that can exist within OOH.

Please note that for roles where there is a requirement to undertake both patient facing and non-patient facing functions it is possible to be at different stages of skill acquisition, i.e. you may be expert Triage practitioner, and a competent Clinical Practitioner at the same time, however this should describe the skill development and journey expected in your career within OOH, supplemented by your competency portfolio.

[1] P. Benner (1984) Model of Skills Acquisition http://currentnursing.com/
nursing theory/Patricia_Benner_From_Novice_to_Expert.html

2.4. Taxonomy Applied to Career Pathway

Taxonomy Role	Novice	Advanced Beginner	Competent	Proficient	Expert
Urgent Care Practitioner	***New to role, no prior experience of working as a clinician within a primary care/OOH setting***	***Knowledge has been consolidated, able to practice safely within scope of role.***	***Additional learning identified. Operates independently as a clinician, but under supervision of a senior clinician whilst developing advanced practice skills.***	***Operates independently as a Clinical Practitioner within scope of role. Advancing skills through additional knowledge and competence.***	***Operates independently as an Advanced Clinical Practitioner, within recognised framework. Leads service.***
	1. New to role/service qualified within patient facing role. 2. Assessment of competence and learning needs undertaken. 3. Will practice only with direct clinical supervision available on site (ACP/Lead Nurse/GP) 4. Must undertake essential education such as telephone consultation skills, ADASTRA training etc.	1. 6 months post qualification/commencement in role. 2. Role specific competencies achieved. 3. Will practice with direct/indirect clinical supervision available. 4. Attends appropriate training to supplement knowledge. 5. Developed telephone triage skills (competent practitioner).	1. Progressing additional postgraduate studies in clinical practice (MSc pathway to Advanced Practice modular approach) 1. Additional competencies identified for completion. 2. Attends appropriate training to supplement knowledge. 3. Demonstrates and maintains competencies in daily practice. 4. May mentor other triage clinicians. 5. May undertake audit of triage calls using appropriate framework.	1. Holds MSc in Advanced Clinical Practice or equivalent level of qualification and/or satisfactory completion of the competency portfolio. 2. Non-medical prescribing module undertaken/in progress. 3. Provides mentorship to newly appointed/trained triage clinicians. 4. Role specific competencies achieved. 5. Will develop skills to work across pillars of advance practice. 6. Lead role identified.	1. Evidence of working across all pillars of advance practice 2. Educated to MSc level 3. Independent prescriber 4. Will undertake research and actively participate/lead service improvement initiatives. 5. Provides clinical leadership. 6. Review and analyse audits to inform future design of training programmes. 7. Collaborate with GPs and lead on developing new or reviewing existing protocols.

2.5. Self-Assessment

We believe Benner's model will help you to undertake a self-assessment of your practice against the competencies required within OOH as your career develops. This will also assist your clinical supervisors in evaluating your competence and development within the OOH Service. The following table provides descriptions against each stage to support you with this;

Novice	• Beginner with no experience • Taught general rules to help perform tasks • Rules are: context-free, independent of specific cases, and applied universally • Rule-governed behaviour is limited and inflexible
Advanced Beginner	• Demonstrates acceptable performance • Has prior experience of actual situations to recognize own limitations and identify and adopt good practice • Principles, based on experiences, begin to be formulated to guide actions
Competent	• Typically, a practitioner with experience on the job in the same area or in similar day-to-day situations • More aware of long-term goals • Gains perspective from planning own actions based on conscious, abstract, and analytical thinking and helps to achieve greater efficiency and organization
Proficient	• Perceives and understands situations as whole parts • More holistic understanding improves decision-making • Learns from experiences what to expect in certain situations and how to modify plans
Expert	• No longer relies on principles, rules, or guidelines to connect situations and determine actions • Background of greater experience • Has intuitive grasp of clinical situations • Performance is now fluid, flexible, and highly-proficient

Section 3: The Competency Portfolio and Framework

3.1. Competency Portfolio and Framework Key

The competencies required for working in Urgent Primary Care (OOH) are detailed in the attached Portfolio. There are 17 sections, organised into 3 areas;

- General
- Triage
- Clinical

The framework in Section 4 demonstrates the expected level of competence for each role. All clinicians should read and be familiar with the competencies specific to their job.

Area	Content
General	1. Organisational 2. Communication 3. Personal and People Development 4. Health, Safety & Security 5. Quality, Service Improvement & Research 6. Equality and Diversity 7. Information Systems & Documentation 8. Health & Wellbeing
Triage	9. Telephone Triage
Clinical	10. Core Clinical Competencies 11. Adult (16+) Clinical Competencies 12. Child (3yr – 16yr) Clinical Competencies 13. Pre-Verbal Child (0-3yr) Clinical Competencies

3.2. Competence Development and Educational Support

Some clinicians joining Urgent primary Care (OOH) will already have attained core clinical competencies through their education, learning and development and work experience. There is a requirement for all clinicians to ensure their competence is mapped and aligned to this framework. The service will then offer support to fill any knowledge gaps identified. This may be through self-directed study, clinical supervision in practice or specific training programs within the following areas:

- Telephone consultation skills
- Diagnostic reasoning
- Cardiovascular
- Respiratory
- Gastrointestinal
- Neurological
- Ear, Nose & Throat
- Ophthalmology
- Musculoskeletal
- Dermatology
- Genitourinary
- Endocrine/Metabolic
- Mental Health
- Women's Health
- Men's Health
- Sexual Health
- Paediatrics
- End of Life Care
- Independent Prescribing
- Leadership
- Mentorship
- Coaching

4.1 Urgent Care Practitioner Competency Framework

This is a tabular summary of the clinical portfolio. It demonstrates the minimal level of competence in each area expected for each role. Sign and date in box when minimal level achieved. Clinical Competencies (Section 10 onwards are only required at UCP Level 1 if the practitioner has a F2F role (Minor Illness). Novice and Advanced Beginner would indicate the need for supervised practice in that area, Competent and above would be autonomous practice. Where Novice or Advanced Beginner is shown for role, this is indicative and not a requirement.

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
1. Organisational					
1.1. Practicing the Health Board's Values and Behaviours					
2. Communication					
2.1. Communication with Patients					
2.2. Communication within Teams					
3. Personal and People Development					
3.1. Personal Development					
3.2. People Development					
4. Health, Safety & Security					
4.1. Procedures and Processes					
4.2. Vaccines and Drugs					
4.3. Emergency Situations					
4.4. Infection Control					
4.5. Mandatory Training					
5. Quality, Service Improvement & Research					
5.1. Service Improvement					
5.2. Audit					
5.3. Research					
6. Equality & Diversity					
6.1. Population Needs					
7. Information Systems & Documentation					
7.1. IT & Telephone Systems					
7.2. Documentation					
8. Health & Wellbeing					
8.1. Health Promotion and Public Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
9. Telephone Triage					
9.1. General Competencies					
9.2. Adult (16yr+) Competencies					
9.3. Child (3yr – 16yr) Competencies					
9.4. Infant & Pre-Verbal (0yr-3yr) Child Competencies					
10. Core Knowledge Competencies					
10.1. Diagnosis, Decision Making & Management					
10.2. Cardiovascular					
10.3. Respiratory					
10.4. Gastro-Intestinal (GI)					
10.5. Neurological					
10.6. Ear, Nose & Throat (ENT)					
10.7. Ophthalmology					
10.8. Musculoskeletal (MSK)					
10.9. Dermatology					
10.10. Genitourinary (GU)					
10.11. Endocrine/Metabolic					
10.12. Mental Health					
10.13. Women's Health					
10.14. Men's Health					
10.15. Sexual Health					
10.16. End of Life Care					
10.17. Pharmacotherapy and Medicines Management					
10.18. Child Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
11. Adult (16+) Clinical Competencies					
11.1. Cardiovascular					
11.2. Respiratory					
11.3. Gastro-Intestinal (GI)					
11.4. Neurological					
11.5. Ear, Nose & Throat (ENT)					
11.6. Ophthalmology					
11.7. Musculoskeletal (MSK)					
11.8. Dermatology					
11.9. Genitourinary (GU)					
11.10. Endocrine/Metabolic					
11.11. Mental Health (MH)					
11.12. Women's Health					
11.13. Men's Health					
11.14. Sexual Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
12. Child (3yr – 16yr) Clinical Competencies					
12.1. Cardiovascular					
12.2. Respiratory					
12.3. Gastro-Intestinal (GI)					
12.4. Neurological					
12.5. Ear, Nose & Throat (ENT)					
12.6. Ophthalmology					
12.7. Musculoskeletal (MSK)					
12.8. Dermatology					
12.9. Genitourinary (GU)					
12.10. Endocrine/Metabolic					
12.11. Mental Health					
13. Infant & Pre-Verbal (01-3yr) Child Clinical Competencies					
13.1. Cardiovascular					
13.2. Respiratory					
13.3. Gastro-Intestinal (GI)					
13.4. Neurological					
13.5. Ear, Nose & Throat (ENT)					
13.6. Ophthalmology					
13.7. Musculoskeletal (MSK)					
13.8. Dermatology					
13.9. Genitourinary (GU)					
13.10. Endocrine/Metabolic					

4.2 Paediatric Urgent Care Practitioner Competency Framework

This is a tabular summery of the clinical portfolio. It demonstrates the minimal level of competence in each area expected for each role. Sign and date in box when minimal level achieved. Clinical Competencies (Section 10 onwards are only required at UCP Level 1 if the practitioner has a F2F role (Minor Illness). Novice and Advanced Beginner would indicate the need for supervised practice in that area, Competent and above would be autonomous practice. Where Novice or Advanced Beginner is shown for role, this is indicative and not a requirement.

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Paediatric Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
1. Organisational					
1.2. Practicing the Health Board's Values and Behaviours					
2. Communication					
2.1. Communication with Patients					
2.2. Communication within Teams					
3. Personal and People Development					
3.1. Personal Development					
3.2. People Development					
4. Health, Safety & Security					
4.1. Procedures and Processes					
4.2. Vaccines and Drugs					
4.3. Emergency Situations					
4.4. Infection Control					
4.5. Mandatory Training					
5. Quality, Service Improvement & Research					
5.1. Service Improvement					
5.2. Audit					
5.3. Research					
6. Equality & Diversity					
6.1. Population Needs					
7. Information Systems & Documentation					
7.1. IT & Telephone Systems					
7.2. Documentation					
8. Health & Wellbeing					
8.1. Health Promotion and Public Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Paediatric Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
9. Telephone Triage					
9.1. General Competencies					
9.2. Adult (16yr+) Competencies					
9.3. Child (3yr – 16yr) Competencies					
9.4. Infant & Pre-Verbal (0yr-3yr) Child Competencies					
10. Core Knowledge Competencies					
10.1. Diagnosis, Decision Making & Management					
10.2. Cardiovascular					
10.3. Respiratory					
10.4. Gastro-Intestinal (GI)					
10.5. Neurological					
10.6. Ear, Nose & Throat (ENT)					
10.7. Ophthalmology					
10.8. Musculoskeletal (MSK)					
10.9. Dermatology					
10.10. Genitourinary (GU)					
10.11. Endocrine/Metabolic					
10.12. Mental Health					
10.13. Women's Health					
10.14. Men's Health					
10.15. Sexual Health					
10.16. End of Life Care					
10.17. Pharmacotherapy and Medicines Management					
10.18. Child Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Paediatric Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
11. Adult (16+) Clinical Competencies					
11.1. Cardiovascular					
11.2. Respiratory					
11.3. Gastro-Intestinal (GI)					
11.4. Neurological					
11.5. Ear, Nose & Throat (ENT)					
11.6. Ophthalmology					
11.7. Musculoskeletal (MSK)					
11.8. Dermatology					
11.9. Genitourinary (GU)					
11.10. Endocrine/Metabolic					
11.11. Mental Health (MH)					
11.12. Women's Health					
11.13. Men's Health					
11.14. Sexual Health					

Novice	Advanced Beginner	Competent	Proficient	Expert

Competency	Paediatric Urgent Care Practitioner				Expert Generalist
	Level 1	Level 2	Level 3	Senior	
12. Child (3yr – 16yr) Clinical Competencies					
12.1. Cardiovascular					
12.2. Respiratory					
12.3. Gastro-Intestinal (GI)					
12.4. Neurological					
12.5. Ear, Nose & Throat (ENT)					
12.6. Ophthalmology					
12.7. Musculoskeletal (MSK)					
12.8. Dermatology					
12.9. Genitourinary (GU)					
12.10. Endocrine/Metabolic					
12.11. Mental Health (MH)					
13. Infant & Pre-Verbal (0yr-3yr) Child Clinical Competencies					
13.1. Cardiovascular					
13.2. Respiratory					
13.3. Gastro-Intestinal (GI)					
13.4. Neurological					
13.5. Ear, Nose & Throat (ENT)					
13.6. Ophthalmology					
13.7. Musculoskeletal (MSK)					
13.8. Dermatology					
13.9. Genitourinary (GU)					
13.10. Endocrine/Metabolic					