

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

Mr A Crompton  
Auditor General  
Wales Audit Office  
24 Cathedral Road  
Cardiff, CF11 9LJ

1 August 2018

Dear Mr Crompton

### **Primary Care Out of Hours (OOHs) Services – All Wales Summary Report**

Thank you for providing a copy of the above report which you published on 12 July 2018. I accept it is a challenging, and yet largely balanced report, which reflects the very difficult environment within which OOHs operates. The report does, however, need to be seen in the context of workforce issues in the 'out-of-hours' period that are commonly felt across the UK, and not just in Wales.

The recommendations in the report call for greater involvement and leadership from both the Welsh Government and the NHS in the transformation of urgent primary care. The recommendations place an expectation on Welsh Government to lead a range of work, working with health boards, who have a statutory responsibility for the delivery of primary care services in the 'out of hours' period.

While the majority of the field work was concluded at least 12 months ago, Welsh Government recognises the OOH service is still fragile. It is ready to make a strong commitment to improve it, and has begun to do so through the following:

- The next few months will see a Peer Review process for OOHs being supported both by Welsh Government and the service. The Peer Reviews are clinically led learning sessions to support change. Seven workshops will be held across all LHBs over the autumn period to better understand the issues and develop an action plan, with workforce being the central component.
- The establishment of a national strategic lead, Judith Paget, CEO at ABUHB, will help to drive the strategic direction of the OOH service. This brings with it an opportunity to bring primary care, 111 and OOHs under the leadership of a single Senior Responsible Officer (SRO).

- The 111 service in Wales is being rolled out and the work plan for 2018-19 and 2019-20 was agreed by the 111 Implementation Board recently. 2018-19 will see the remainder of Hywel UHB, Powys and Aneurin Bevan UHB all 'going live' with 111 in their localities, and work with North Wales to develop a clinical support hub to better support the OOH service over the winter period, ensuring that patients have better access to expert advice and treatment.

I know the WAO reviewed OOH services at the local level last year, and that each health board received their individual report. Health boards have a statutory responsibility for the delivery of primary care services, and will have worked to address the issues raised. Their board's will have monitored progress through their quality and safety committees and it is pleasing to acknowledge that OOHs has begun to feature more strongly in the winter plans, in Joint Executive Team meetings, and during regular performance scrutiny.

I welcome this report. It is challenging but it will help us focus on what is a priority and drive forward the changes and improvements for the OOH services in Wales that are required.

## **General**

The WAO patient survey revealed 'generally positive views about the OOH service where 'half of all respondents rated the service as excellent and 89% as excellent or very good'. While the report highlights the fragility of the service, I am pleased that we are beginning to address the areas highlighted in the recommendations.

While the report focusses on the 'Out of Hours' service, our future direction of travel will look at the provision of, and access to, a wider range of services in the out of hours period, and also the 24/7 model for primary care.

The transformational model for 24/7 primary and community care is key to these improvements. The model will be supported with a multi disciplinary team (MDT). The MDT will work to support patients, aim to deal effectively with unplanned care needs to enable people to remain at home wherever possible, and provide more support to enable faster discharge when people do need secondary care.

We are also developing a new *Policy Framework for Unscheduled Care* to set out the government's expectations and ambitions for unscheduled care in Wales. Much has changed in the ten years since the publications of *Delivery Emergency Care Services (DECS)* in 2008, and this will provide an opportunity to set out how OOHs services can be further integrated into the new offer of 24/7 primary care.

## **Funding**

The **notional** funding described in the WAO press release relates to the funding repatriated as part of the new GMS contract agreed in 2004. The report stated that this had not changed in the intervening period. While this may be accurate technically in terms of the defined national budget, it is not accurate in terms of actual expenditure; in 2017/18 LHBs actually spent £35.8m on Out of Hours delivery compared to the notional allocation of £28.7 – approximately 25% more than the notional funding (noted in paragraph 1.17).

## \*Funding

<u>Allocation (2004)</u>		<u>17-18 Audited spend</u>
ABMU HB	£4.533m	£5.066m
AB HB	£4.736m	£6.613m
BCU HB	£7.169m	£7.222m
C&V UHB	£3.048m	£3.768m
CT HB	£2.447m	£3.211m
H Dda HB	£4.826m	£6.913m
Powys HB	£1.980m	£3.034m
<b>Total</b>	<b>£28.739m</b>	<b>£35.826m</b>

There are eight recommendations in the report and I have taken the opportunity to consider and respond to each of these in turn.

### **Recommendation 1 - Access to OOHs and it's scope**

*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 out-of-hours services. The work should also aim to provide a clear, nationally agreed definition of the scope of out-of-hours services and the circumstances in which the public should access them.*

The roll out of 111 provides an opportunity to simplify the message to the public about how they access care at times of unexpected need. The 111 number is easy to remember and free to use, both of which benefit the patient.

GPC Wales has agreed to improve the standard of messaging on GP practice answerphones, to help direct people to the most appropriate place when their surgery is closed. Welsh Government, working with the NHS, is developing guidance to clarify of key points that should be included in answerphone message to provide greater consistency across Wales.

Technological changes are happening fast and work is underway, through the 111 programme, to replace the current OOH IT system with a new pan Wales system. The procurement of this system has started and is due to conclude at the end of 2019. In 'A Healthier Wales' we outlined how digital is a key enabler of transformational change and set out our ambition to provide an online digital platform for citizens. This will provide people with a new, digital way of accessing health and care services and information, enabling them to become more active participants in their own health and well-being. A key aspect of this will be the single National Directory of Services across health, social services and the third sector, which will help citizens make informed choices by signposting users to the most appropriate service for their needs, including OOHs. An 'App' to support this is currently being developed.

With the work to develop a 24/7 primary care model, it becomes increasingly important to define 'urgent primary care' and to re-shape the approach to 'Out of Hours' services. This has been picked up through the National Urgent Care Group and the National Primary Care Board. Improving access and reducing the pressure in other parts of the unscheduled care

system is a key objective, and options to address this at the GP Cluster level are being explored with GPC Wales.

## **Recommendation 2 - OoHs Standards and an Annual Report**

*The Welsh Government is carrying out work to update the national standards for out-of-hours, to make sure that 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.*

The NHS and Welsh Government are working together in a clinically led process to redefine and finalise the national standards for 111. This will ensure they are clinically focused, outcome driven and have greater consistency over a 24/7 period. These new standards will be subject to the governance process through the Welsh Informatics Standards Board (WISB). The new standards will be introduced by spring 2019, and will supersede the existing OOHs standards and interim 111 standards.

In summer 2017, Welsh Government commissioned the NHS Delivery Unit to review and support health boards in the delivery of the OOHs standards. These standards, developed in 2014, were to be achieved by March 2018. The Delivery Unit produced an all Wales summary report for the Welsh Government, providing a position statement on where the LHBs were against the standards. This report has subsequently been published on HOWIS.

<https://wg.wales.nhs.uk/uniquesigf31510284af2ec6dcfb998c39315f7a88ce2223c1263895620e9f9605280fdf2/uniquesig0/sitesplus/407/page/71281>

In summer 2018, Welsh Government has commissioned a self-assessment annual report from each LHB to assess their progress in delivering the new standards. These are in the process of being analysed and a summary report will be produced by Welsh Government by September 2018.

## **Recommendation 3 - OoHs - An Attractive Place to Work**

*To make out-of-hours services more attractive places to work, the Welsh Government should work with the 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 those services.*

Welsh Government have been working with health boards, professional bodies, clinicians and GPC Wales over the last 12 months to better understand how to make OOHs a more attractive place to work. Some LHBs - Powys tHB and Aneurin Bevan University Health Board - have established Clinical Reference Groups to improve engagement with their OOH workforce, which appear to be working well.

Welsh Government, working with NHS Chief Executives and the Strategic Lead for OOHs has agreed a national programme of peer reviews. These reviews will be chaired by Dr CDV Jones, supported by up-to-date information, and will engage with out-of-hours clinicians in developing local plans for the way forward. The first of the peer reviews will be held in Hywel Dda as a pilot in mid August, the remaining LHBs will conduct their peer reviews by November 2018, ahead of the winter 2018/19.

## **Recommendation 4 - Workforce**

*The Welsh Government should work with the health boards, ambulance service and the 111 Programme to develop a national workforce plan for 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.*

OOHs are part of a wider system, and need to be seen in the context of the transformational model for Primary Care. This focuses on developing a 24/7 primary care service which uses the skill set delivered by multi-disciplinary professionals and new technology. Most LHBs have already been developing their OOH clinical teams to include a range of health professionals.

Workforce plans are generated from the annual planning process and significant effort is being made to ensure that these plans include urgent care and primary care components that include OOHs. We would agree that this process needs improvement and the action plan emanating from the peer review will include a specific component on workforce planning.

## **Recommendation 5 - Service Quality - OoHs**

*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.*

The GP Out of Hours Forum, a clinically led group comprising OOHs clinicians and managers, have now established a 'Quality and Safety Committee' to consider audit findings and derive learning from incidents and patient experience. This is chaired by Dr Roger Diggle, Associate Medical Director, Hywel Dda UHB.

Health boards must consider how to increase levels of corporate support to the primary care OOHs, and support from IM&T and patient experience teams is especially important.

## **Recommendation 6 - Best Practice, Local Management and a Local Model for face-to-face Services**

*The Welsh Government should work with the 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.*

While in the longer term call handling and first line triage will be undertaken by the 111 service, the provision of the face to face element is likely to remain the statutory responsibility of the LHBs.

The new national Urgent Care Group, chaired by the Strategic Lead for OOHs will consider various models of care which can offer flexibility depending on local circumstances. However, the Group will also investigate the opportunities provided by regional working and new technologies.

The Peer Reviews will investigate local management arrangements; and will require LHB executives to introduce the process, and be in attendance for the session debrief, involving all participants. The resulting action plan will be developed by and owned by the LHB, to deliver change.

Health boards must ensure that workforce planning of OOHs is a priority for the corporate planning team; and that it features as a core service in the Health boards' Unscheduled Care Plans, winter plans and IMTPs.

### **Recommendation 7 - National Leadership**

*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 national Out-of-Hours Forum and whether its work is sufficiently joined up with that of the other national NHS groups.*

Welsh Government supports the direction of travel in the report, encourages greater national leadership for OOHs, and the call for a strategic plan to develop sustainable clinical triage / treatment arrangements.

Welsh Government accepts that it will need greater involvement in the process and that accountability issues need to be clarified.

The Chief Executive of the Aneurin Bevan UHB has taken on the national strategic lead for Out of Hours. Ms Paget will work with the NHS and Welsh Government to transform the way services are delivered over the next few years. As a first step a National Urgent Care Group has been set up, which will align, support and scrutinise work being undertaken by the NHS and Welsh Government. This group will link closely with the National Primary Care Board, the 111 Board and the National Programme for Unscheduled Care.

### **Recommendation 8 - 111**

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

The Business Case for the integrated computer solution for 111 is making good progress, and is following the timetable agreed as part of the capital investment process. Over the next three years OOHs will increasingly be provided through the NHS 111 service.

As the 111 programme rolls out it is expected to help the support for primary care OOHs, and with it greater national alignment for the call handling and clinical triage. The 111 team are supporting the development of regional working to meet the demand for clinical advice and treatment at peak times.

I accept the points where more leadership is called for, but I also believe that we have made progress on many of the calls for action. The establishment of a strategic lead is timely, and provides strong leadership moving forward. The Peer Review process and the *Policy Framework for Unscheduled Care* being developed over the coming months will help to provide a robust guide to how OOHs service should function in the future.

Yours sincerely

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

**Dr Andrew Goodall**  
**Director General/ Chief Executive NHS Wales**

cc:

Frank Atherton, Chief Medical Officer for Wales

Jean White, Chief Nursing Officer for Wales

Andrew Havers, Senior Medical Officer, Primary Care