

12 February 2019

Mr Nick Ramsay AM  
Chair  
Public Accounts committee  
National Assembly for Wales

Dear Mr Ramsay

## Primary Care Out-of-Hours Service

Thank you for inviting the views of the Royal College of General Practitioners (RCGP) Wales on the matter of the Primary Care Out of Hours Service. RCGP Wales represents a network of around 2,000 GPs, aiming to improve care for patients. We work to encourage and maintain the highest standards of general medical practice and act as the voice of GPs on resources, education, training, research and clinical standards.

The following response will address the key areas of the Public Accounts Committee's inquiry, which we feel able to add value to.

### Auditor General's Report

The College recognises and supports the findings of the Auditor General for Wales' Report on the Primary Care Out of Hours Service and considers it to be a comprehensive and accurate summation of the current state of the service. The findings of the report, particularly around the considerable strain that the service is under chimes with our own understanding of the situation.

### Background

General practice has a vital role to play in the delivery of high quality patient care and is highly valued by patients, at all times of the day, including outside normal working hours and in the face of urgent patient needs.

As stated in the Auditor General's report, the Out of Hours service in Wales is under considerable pressure and strain. Indeed, across Wales there is some variance between the best and worst performing Out of Hours service, however as a recent report by The Board of Community Health Councils found, every health board in Wales has identified fragility in their Out of Hours service. This is clearly concerning, and we would call for urgent and meaningful action to be taken to address it.

General practice makes up a major part of the out of hours NHS workforce, however the GP workforce is not growing fast enough to meet growing level of demand, and GPs are increasingly disincentivised to work in Out of Hours care. We recognise this as a critical threat

to 24/7 primary care services. In addition to the workforce crisis currently being experienced in general practice, patient conditions are becoming more complex, technology is rapidly evolving, and health and care provision is increasingly moving towards less traditional approaches. GPs and teams working in out of hours settings must be well-equipped and trained to cope with these changes and challenges.

The Out of Hours service needs to provide a safe working environment for staff and a timely response to patients, however due to the failings identified in the Auditor General's report, this is not always possible leading to staffing gaps in out of hours' rotas and patients subsequently being left unable to always access services when required. This results in increased and unnecessary pressure on A&E departments.

### **The Scope of the Out of Hours Services**

The Out of Hours service provides urgent care out-with the core hours of general practice – typically between 18:30 and 08:00 every day and from 18:30 Friday until 08:00 Monday, including Bank and Public holidays.

The service is not intended to offer routine care to patients, however we recognise that patients on occasion do use the service in this way as a consequence of a pressure on in-hours general practice. General practice in Wales is suffering from a workforce crisis, with 34% of respondents to a recent RCGP Wales survey stating that their practice had at least one GP vacancy which had been open for more than three months. Vacancies in the in-hours service result in patients being unable to access appointments when required, placing increased pressure on the Out of Hours service. When considering the future of the Out of Hours service, it must be considered alongside the in-hours service.

### **National Standards**

The current national standards are viewed as sensible, however they are rarely met or enforced. RCGP Wales would support a proactive approach to services that are routinely missing targets, with support given to identify why the targets are missed and help address the reasons for this. Such a system could perhaps operate in a similar way to the focus and scrutiny on A&E performance.

RCGP Wales has called for a national governance framework for the Out of Hours service to be established. Such a framework would help to provide clear guidance for clinicians to work to, helping to protect and support clinicians working in the high risk Out of Hours environment.

### **Workforce Planning**

Workforce planning is crucial to the viability of the Out of Hours service and as evidenced within the Auditor General's report, this is an area which has traditionally been considered in isolation from other services in primary care.

There is a growing need for training and career development in out of hours settings for GPs and other professional groups to ensure GP skills are kept up to date in an increasingly

challenging and complex environment. Providing care in the Out of Hours service requires specific keeping up to date with acute medical, surgical and psychiatric knowledge, and specific approaches to governance due to the connections that exist between out of hours GPs, ambulance services and emergency departments. GPs will also be expected to offer advice and support to a wide range of professionals, often on an ad hoc basis, from the moment they are qualified; they must be fully trained and equipped to assume this role. There has been increasing demand for Advanced Nursing Practitioners (ANPs) and other members of multidisciplinary team members both in and out of hours. It is essential that primary care workforce planning recognises the need for multidisciplinary team members in out of hours settings as well as in hours, and the extent of training needed to address this growing need.

In terms of workforce planning, a primary care Out of Hours service must make use of a variety of healthcare professionals, with GP leadership at its core. Wales must move away from Out of Hours GPs dealing with presentations relating to dentistry and urgent repeat medications. Workforce planning must be developed with the core principle of patients being able to see the right person at the right time, with GP supervision for multidisciplinary staff at its core.

Moreover, challenges being experienced in terms of workforce levels in the Out of Hours service are reflective and also partly caused by challenges being faced in general practice more broadly as a result of sustained underfunding of the service. In 2016/17 general practice in Wales received 7.30% of total Welsh NHS funding; considerably less than the UK average of 8.88%. As the Wales Audit Office Report also states, national funding for the Out of Hours services has fallen by 21% in real terms since 2004/05. This chronic underfunding is having a profound impact on the recruitment and retention of GPs; in Wales between 2016 and 2017 there was a 4.1% decrease of GP full-time equivalents in the profession. The capacity of GPs to meet the level and type of demand from patients in both is being stretched and is a contributing factor to reducing numbers of GPs feeling able to work in the Out of Hours service. Any workforce planning must consider the current pressures on the GP workforce and should be carried out in conjunction with strategic planning around increasing funding to general practice if meaningful progress is to be made.

### **Staff Engagement**

Engagement with staff in the Out of Hours service has traditionally been poor. The Out of Hours service must be developed from a patient, community and local population perspective. To truly achieve this, staff from all parts of the primary care Out of Hours system must be consulted with in a meaningful way.

### **Spreading Innovative Practices**

Health board bureaucracy makes the sharing of innovative practices extremely challenging. Although those working in the Out of Hours service across Wales do have opportunities to meet, there are rarely opportunities to meet with others working across the UK in Out of Hours. This lack of knowledge-sharing around innovation and changes across the UK is to the detriment of innovative practice within Wales. Traditionally, there has been a siloed approach within the Welsh Out of Hours service, for instance despite being a member of the UHUK, staff attendance at these meetings is currently not prioritised.

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## National Leadership Arrangements

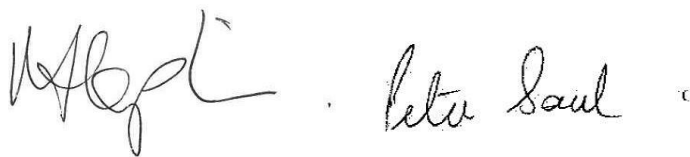
Traditionally, national leadership arrangements in Out of Hours services have been weak, with variable interactions between the service and the national forum. Further, interactions between the service and health boards have traditionally been difficult. We are aware of development in this area and hope this will lead to an improved service.

## The 111 Service

The 111 service provides an opportunity to reduce strain on secondary care and is viewed as a lever for change for the Out of Hours service. In Wales, latest figures show that 53.3% of calls to NHS Direct were directed towards primary care, other healthcare professionals or to minor injury units. Of course, the 111 service is in the process of being rolled out across Wales, but it will only be able to meet expectation if it is adequately funded. Further, the service must be applied equitably across patient populations and balanced with more traditional means of accessing consultations to ensure equitable access for all patients.

Should you or the Committee wish to discuss any points raised in this response further, please do not hesitate to let us know.

Best wishes,

The image shows two handwritten signatures in black ink. The signature on the left is 'M Hopkin' and the signature on the right is 'Peter Saul'. There is a small dot between the two signatures.

**Dr Mair Hopkin**  
**Joint Chair**  
**RCGP Wales**

**Dr Peter Saul**  
**Joint Chair**  
**RCGP Wales**