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Cymru Wales

Nick Ramsay AM

Chair, Public Accounts Committee
National Assembly for Wales
By email only

14 February 2019

Primary Care Out-of-Hours Services

Dear Nick

Many thanks for your invitation to provide evidence to the Public Accounts Committee's inquiry into the findings of the Auditor General for Wales' report on Primary Care out-of-hours services.

The BMA is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives

RESPONSE

The BMA's Welsh General Practitioners Committee (GPC Wales) represents the interest of all GPs across Wales, many of whom work in out of hours services – as I do personally. As you would expect, the committee took great interest in the findings of the Auditor General's report, which chimed with the views many of our members had expressed regarding the state of services across Wales.

Following the publication of the report in July 2017, we issued the below statement:

Cyfarwyddwr Cenedlaethol (Cymru)/National director (Wales):

Rachel Podolak

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Rhestrwyd yn Undeb Llafur o dan Ddeddf Undebau Llafur a Chysylltiadau Llafur 1974.
Registered as a Company limited by Guarantee. Registered No. 8848 England.
Registered office: BMA House, Tavistock Square, London, WC1H 9JP.
Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



“The findings of the Wales Audit Office report come as no surprise as BMA Cymru Wales has real concerns about the sustainability of out-of-hours services across Wales and have been highlighting this for some time.”

“Pressures facing GPs across Wales are increasing and recruitment and retention challenges are putting the system under a real strain, leading to more choosing to leave the profession.”

“With the lack of resources and no new investment in out-of-hours services, it is no surprise that GPs are feeling too exhausted to work out-of-hours.”

“There have been other changes that have had an adverse impact on the workforce including changes to taxation and organisational structures.”

“Having safe and sustainable out-of-hours services for patients is highly important and BMA Cymru Wales has put forward a range of solutions to the government and health boards to ensure safe and sustainable services for staff and patients.”

Workforce & Daily pressures

The report highlights that shifts are also staffed by a small group of dedicated individuals who agree to work antisocial and unpopular shifts. This is reflective of our members' experience.

Our members have told us that on a regular basis, out of hours services across Wales are extremely stretched, with many shifts left unfilled. This of course has a consequence on the professionals who are working within OOH, as well as on other urgent care services. Our members are in regular receipt of 'begging' emails and texts from service co-ordinators asking them to work shifts in OOH.

However, gaps still persist. We were informed during several periods in the autumn of last year, that services in North West Wales were operating at a significant deficit in terms of hours being worked, particularly at weekends. Additionally, we know of significant difficulties in filling shifts in ABMU UHB's western area leading to the closure of the Neath OOH service outright for long periods during 2017-2018.

We conducted a survey of approximately 100 GPs in Wales during December-January 2017 on the topic of Out of Hours services. 43% of respondents said they did not provide any OOH services at all; with 81% of this group telling us they would not consider working in these services in future in any capacity.

Of the respondents who did not currently work in OOH, the main deterrents cited were exhaustion from pressures in general practice (64% of respondents) and unattractive pay rates (38%). Many respondents stated the fact that a high proportion of shifts were often uncovered deterred them from working in OOH due to fears they would bear clinical responsibility over a wide area.

Recognising the difficulties in attracting the medical workforce, we support the emerging usage of the wider multidisciplinary team such as nurses and pharmacists to provide OOH care, including paramedics supporting particular points of pressure within the system. However, there is a need to ensure that work is not being duplicated through a more consistent and integrated workforce and service planning process. Additionally, there is a need to ensure a consistent level of service availability for the OOH service to refer onwards to, for example district nursing services and acute clinical response teams.

Financial aspects

We would agree with the Auditor General's conclusions that funding of OOH services in Wales has been inadequate over a significant period of time, and the planning process does not serve to create a long-term sustainable service. The report's assertion that investment in OOH has not kept pace with inflation is confirmed by NHS Digital's UK-wide publication *Investment in General Practice 2013/14 to 2017/18*, which also includes information on investment in primary care OOH services (as outlined in Table 1). As a comparator, inflation averaged approximately 2.4% per year (Bank of England estimate) during that period.

Table 1: Extract from 'Investment in General Practice, 2013/14 to 2017/18, England, Wales, Northern Ireland and Scotland: Table 4a' - investment in OOH services					
Wales	£ thousands				
	2013/14	2014/15	2015/16	2016/17	2017/18
Out of Hours (including OOH Development fund)	32,780	33,581	33,840	35,592	36,140
% change	n/a	2%	1%	5%	2%

Available at <https://digital.nhs.uk/data-and-information/publications/statistical/investment-in-general-practice/2013-14-to-2017-18-england-wales-northern-ireland-and-scotland>

We welcomed the launch of a dedicated fund made available by Welsh Government to support winter pressures over the last two years. However, we heard reports from across Wales that these funds were often difficult to access, and we would suggest that in future the Unscheduled Care Board could better utilise this money in collaboration with Out of Hours providers to avoid stretching an already finite workforce.

Taxation status changes brought in by the HMRC in 2017 have also made working in OOH unattractive for many doctors. In essence, if the HMRC determined that an individual is employed, as opposed to being self-employed, then tax and national insurance contributions would be removed by the organisation which pays you. If an organisation had wrongly treated an individual as self-employed then the organisation

could face a significant fine potentially going back as far as 20 years. BMA Cymru Wales produced a FAQ document¹ for members affected by this issue.

Based on independent advice regarding these liabilities, Health Boards concluded that GPs working for the health board but not in a traditional salaried position would be classified as employed for taxation purposes *but not* for employment purposes, thereby lacking access to employment rights such as annual leave/sick leave. This change affects GPs working in OOH services as well as those working in directly managed GP practices. Indeed, 86% of respondents to our OOH survey said that health boards had implemented changes to their pay in light of this development, often without any consultation with those affected.

We are also aware of disparities in pay rates offered by different health boards as well as those offered by English OOH services for border areas. This can adversely impact fragile services by thinly spreading an already limited workforce.

In response to these issues, BMA Cymru Wales has convened several meetings with OOH leads and Welsh Government to seek to develop a suite of contracts for doctors working in OOH. We know from our survey that one size does not fit all, and that some doctors would prefer a zero-hours contract conferring employment rights while others would prefer a traditional employment contract. Work is currently underway to develop these model contracts in conjunction with health boards, which will hopefully help to alleviate workforce pressures.

Interaction with other services

The Auditor General's report rightly recommends a standardised means of accessing OOH services, which would be of significant benefit to patients.

While supportive of a streamlined approach for patients and healthcare professionals, we have significant concerns with the roll-out of the 111 service based on the early experience in ABMU and Hywel Dda UHB areas, and thus have expressed caution to Welsh Government before wider implementation is begun. The results of the pilot suggesting a link between 111 and a decrease in ambulance conveyance for non-urgent issues is to be welcomed. However, we have received reports of emerging issues with the outcomes of the algorithm used by 111 in terms of its triage and prioritisation. Additionally, 111 suffers from staffing pressures at the clinical hubs and was previously using a separate clinical system to most OOH services which serves to hamper integration.

As part of the 2017/18 contract agreement with Welsh Government, GPC Wales agreed to help standardise the OOH messaging used by practices, and thus agreed a form of

¹ BMA Cymru Wales (2017) 'FAQ: health board approach to taxation and employment status of GPs' <https://www.bma.org.uk/-/media/files/pdfs/collective%20voice/committees/gpc/gpc%20wales/gpcw-faq-hb-taxation-status-change-12oct17.pdf?la=en>

wording that was shared with all practices in Wales for use on answerphones and online materials.

We would be happy to expand upon these areas in greater detail were we to be called to provide evidence in front of the committee.

Yours sincerely

A handwritten signature in cursive script, reading 'Charlotte Jones'.

Dr Charlotte Jones
Chair, GPC Wales