

# Primary Care Out-of-hours Services

July 2019



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# Primary Care Out-of-hours Services

July 2019



# About the Committee

The Committee was established on 22 June 2016. Its remit can be found at:  
[www.assembly.wales/SeneddPAC](http://www.assembly.wales/SeneddPAC)

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## Committee Chair:



**Nick Ramsay AM**  
Welsh Conservatives  
Monmouth

## Current Committee membership:



**Mohammad Asghar AM**  
Welsh Conservatives  
South Wales East



**Gareth Bennett AM**  
UKIP  
South Wales Central



**Vikki Howells AM**  
Welsh Labour  
Cynon Valley



**Rhianon Passmore AM**  
Welsh Labour  
Islwyn



**Adam Price AM**  
Plaid Cymru  
Carmarthen East and Dinefwr



**Jenny Rathbone AM**  
Welsh Labour  
Cardiff Central

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The following Member was also a member of the Committee during this inquiry.



**Neil Hamilton AM**  
UKIP Wales  
Mid and West Wales

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## Chair's foreword

Out-of-hours services are a valued and essential part of the health service delivering urgent primary care when needed. However, faced with enduring challenges presented by morale and staffing issues, problems in recruiting GPs and a lack of quality performance data hampering effective management, it is a service under strain.

As an outlier within primary care services, out-of-hours-services have not been properly integrated with other primary care services. A lack of clear definition of out-of-hours services and with historically poor signposting of patients to other appropriate health and care services, the out-of-hours services has become the default first point of contact for patients needing to access a range of health and social care services while their GP surgeries are closed.

We heard that working within out-of-hours services can be a daunting and lonely place and we welcome the priority given by some health boards to implementing a multidisciplinary team approach to delivering out-of-hours services. This we believe will be essential to boosting staff morale and creating a positive team environment where those working in out-of-hours feel fully supported.

We are pleased that the Welsh Government has responded positively to concerns about out-of-hours services highlighted by the Auditor General and we note the actions it has set out to address these. It too has placed multidisciplinary working at the heart of its transformational model for 24/7 primary and community care and we welcome Welsh Government plans to fully integrate out-of-hours services into the wider primary care service. This should open up the range of health and social care services that patients can access. Moreover, it will be crucial in ensuring patients are assisted in accessing to the most appropriate service taking the strain off out-of-hours services.

National leadership for out-of-hours services appears to have been lacking and we welcome the developments that have been made in this area including the establishment of the Urgent Care Group. This group has an important role to play in developing models of care and securing opportunities for regional working, as well as helping to drive improvements that are needed in the delivery and integration of out-of-hours services.

As we look to the future we acknowledge the opportunities that the full roll out of the 111 service will bring in terms of improving integration of out-of-hours with other services. Although we welcome the developments that are being put in

place to improve out-of-hours services, we will continue to actively monitor progress to ensure improvement is delivered.



## Recommendations

**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 services most appropriate to their needs..... Page 16

**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..... Page 23

**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. .... Page 23

**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. .... Page 31

**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. .... Page 31

**Recommendation 6.** 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..... Page 31

**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. .... Page 35

**Recommendation 8.** 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..... Page 42

## 1. Introduction

1. The Auditor General published a report on Primary care out-of-hours services<sup>1</sup> in July 2018. The report found that out-of-hours services are appreciated by patients but are not meeting national standards and are under strain due to morale and staffing issues. Poor information hampers effective management of services, and planning of out-of-hours is not properly integrated with other key services. The introduction of a new 111 service presents opportunities for important improvements but cannot solve all of the issues facing out-of-hours services.
2. A publication by the Board of Community Health Councils in Wales in May 2018 also highlighted considerable challenges for out-of-hours services. The report said services were “fragile” and described problems including increasing demand for services, difficulties recruiting GPs and complications caused by varying pay arrangements in different health boards.<sup>2</sup>
3. The Welsh Government responded to the Auditor General’s recommendations in letters dated 1 August 2018 and 14 August 2018.<sup>3</sup> The letters confirm that the Welsh Government has accepted all eight recommendations.
4. The letters describe a national peer review programme, which concluded in December 2018. The output from the peer review in each health board was a summary letter, which was intended to form the basis of locally developed plans.<sup>4</sup>
5. At its meeting on 1 October 2018, the Committee agreed to undertake an inquiry into out-of-hours services. In preparation for the inquiry, Committee members carried out site visits to several out-of-hours services across Wales.
6. The Auditor General is planning to publish a report on Primary Care Services across NHS Wales in summer/autumn 2019, which the Committee will consider, along with the findings of this report, in further detail later this year.
7. Transcripts of all oral evidence sessions and written evidence received can be viewed in full at:  
<http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=22560>

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<sup>1</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), July 2018

<sup>2</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), May 2018

<sup>3</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#) & [PAC\(5\)-25-18 Paper 5](#), 1 October 2018

<sup>4</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

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## 2. General Progress

**8.** The Auditor General’s national report refers to a ministerial review from 2012, which described out-of-hours services as “unsustainable” and highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.

**9.** A further report published by the Board of Community Health Councils in May 2018, found that every health board in Wales had identified their out-of-hours service as fragile, noting that, “despite taking a range of actions to address the challenges, health boards have not made any significant or sustained progress”.<sup>5</sup>

**10.** In its response to the Auditor General’s national report, the Welsh Government referred to a Peer Review process, which was due to be concluded in December 2018. The clinically-led process aimed to “better understand the issues and develop an action plan” for out-of-hours services at each health board”.<sup>6</sup>

**11.** Hywel Dda University Health Board (UHB) told us that the Peer Review process had highlighted the need for the whole organisation to support improvements in out-of-hours services.<sup>7</sup> Cardiff and the Vale University Health Board (CVUHB) said that the Peer Review process had identified areas for improvement that were “very much aligned” with those identified by previous reviews.<sup>8</sup>

**12.** The Welsh Government has cited a list of positive outcomes from the Peer Review process including staff engagement, constructive peer comments, heightened profile of out-of-hours services and recognition of good practice. An all-Wales “lessons learnt” paper will be fed back at a national event in summer 2019 and the Welsh Government is working on a transformational model for 24/7 primary and community care.<sup>9</sup>

**13.** The Welsh Government’s 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. It’s transformational model for 24/7 primary and community care will be key to service improvements. The model will be

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<sup>5</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), Page 7, May 2018

<sup>6</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>7</sup> Record of Proceedings (RoP), 18 March 2019, paragraph 147

<sup>8</sup> RoP, 18 March 2019, paragraph 236

<sup>9</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

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.<sup>10</sup>

**14.** The Welsh Government 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 publication of Delivery Emergency Care Services (DECS) in 2008, and this will provide an opportunity to set out how out-of-hours services can be further integrated into the new offer of 24/7 primary care.<sup>11</sup>

**15.** In classifying the current state of primary care out-of-hours services in Wales, the Welsh Government told us that, while out-of-hours services remain a service under pressure, changes have been introduced more recently, that connect out-of-hours services to the Welsh Government's primary care model for Wales. This should facilitate better access to the services and care patients need, which is not always through a GP. Dr Andrew Goodall, Director General HSS/Chief Executive NHS Wales, explained:

"We feel that there is a real opportunity around out-of-hours services to make sure that patients don't always need to access the GP. They are an important part of our system and our oversight, but our own data would tell us that probably only around 30 per cent of all of the calls that we get into the system probably actually need a GP response; they can well access other practitioners within the system. And I think across Wales, it's still a system that occurs at scale. So, it has a really important role as a contribution to the way we run our unscheduled and urgent care services."<sup>12</sup>

**16.** The Welsh Government has also set out a number of learning points arising from its Peer Review Process including the need for support in terms of how out-of-hours services fit with local services, increased consistency around some processes such as triage and the sharing of good practice around multidisciplinary approaches.<sup>13</sup>

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<sup>10</sup> Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

<sup>11</sup> Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

<sup>12</sup> RoP, 29 April 2019, paragraph 19

<sup>13</sup> RoP, 29 April 2019, paragraphs 22-23

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## Conclusions and Recommendations

- 17.** It is clear from the evidence that out-of-hours services remain under pressure with a number of factors impacting upon the service, in particularly staff recruitment and financial issues.
- 18.** We note the work of the Welsh Government in undertaking a peer review process of out-of-hours services and look forward to seeing the outcomes of the lessons learnt later this year. It is also encouraging to see the Welsh Government’s plans for a transformational model for 24/7 primary and community care, an essential part of which will be utilising a multidisciplinary approach to delivering out-of-hours services.
- 19.** However, we are concerned over the time between the review, which was concluded in 2018, and the attempt to spread good practice at a national event in the summer of 2019. There is a need for greater urgency in delivering improvement given progress to date has been slow.
- 20.** We believe the transformational model for primary and community care to be crucial as part of wider local care services in terms of operating more efficiently and ensuring patients are directed to the right point of care. We are aware that while some health boards have made progress with implementation of a multi-disciplinary approach, there is still much to do to ensure this model operates more widely across Wales. We will actively monitor the Welsh Government’s approach to primary and community care to ensure a multi-disciplinary approach is consistent across Wales.

### 3. Access to and Awareness of services

**21.** The Auditor General's report found that patients have generally positive views about out-of-hours services but there is a need to improve signposting.

**22.** Some improvements to signposting have been made already. HDUHB told us that the advent of 111 was a step forward in public messaging, given there is now one telephone number for the public to call where they can be signposted to a range of services.<sup>14</sup> We also heard that as part of the migration to 111, HDUHB improved their directory of services to make sure that available alternatives were clearer, and there is now standard messaging within all of its primary care facilities. We were pleased to hear that HDUHB has also been proactive in communicating at the start of each weekend if there is going to be a base closure to ensure the public are signposted to alternative services.

**23.** We also heard about the work done by HDUHB to promote the advent of 111 across social media with reach in excess of 66,000 people, with promotional material being sent to 690 GP practices and dental surgeries.<sup>15</sup> Similarly, CVUHB have improved information on its website about out-of-hours services and consistent answer phone messages have been rolled out across GP surgeries.<sup>16</sup>

**24.** To assist with improved signposting, the Auditor General's report recommends the development of a nationally agreed definition of the scope of out-of-hours services and the circumstances in which the public should access these services.

**25.** The Welsh Government has said the roll out of 111 will provide an opportunity to simplify public messaging about out-of-hours services, stating that Welsh Government and the NHS are developing guidance about the key points that should be made in GP answerphone messages, and a software application (app) is currently in development, using a national directory of services, to help patients make informed choices about which services to use.<sup>17</sup>

**26.** The Welsh Government also recognises it is increasingly important to define "urgent primary care" and to "re-shape the approach" to out-of-hours services. It

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<sup>14</sup> RoP, 18 March 2019, paragraph 23

<sup>15</sup> RoP, 18 March 2019, paragraph 30

<sup>16</sup> RoP, 18 March 2019, paragraph 243

<sup>17</sup> Written Evidence, PAC(5)-25-18 Paper 4, 1 October 2018

states that this action has been picked up by the National Urgent Care Group and National Primary Care Board.<sup>18</sup>

**27.** Welsh Government Officials told us that standard out-of-hours messaging was agreed and issued to GPs in August 2018. The NHS Delivery Unit was commissioned to audit the use of this standard messaging in Wales and there is ongoing work to standardise and improve NHS websites.<sup>19</sup>

**28.** It has also been highlighted that patients, on occasion, do use the out-of-hours service for routine care, as a consequence of pressure on in-hours services.<sup>20</sup> CVUHB told us that about 20 per cent of patients who contact out-of-hours are referred to other health or care services, although this doesn't necessarily mean they have contacted the service inappropriately. There are also suggestions that some patients "game the system", i.e. use out-of-hours services to get around the difficulties of making an appointment with their own GP, but it is not known how many.<sup>21</sup>

**29.** The Welsh Governments approach to delivering a transformational model for 24/7 primary and community care will help improve patient knowledge and awareness of the services they need and ongoing work in this area will help improve this further.

**30.** Welsh Government Officials described out-of-hours services as providing access to urgent services while a patients GP surgery is closed and the matter cannot wait until the surgery reopens. Judith Paget explained:

"...the distinction and our ability to communicate with the population around numbers to call will be much easier when we simplify the system by having 111 as a national number available to everybody, because we'll be able to communicate that, if you've got something that threatens life or limb, you ring 999, and, if you're not sure about anything else, you ring 111 and let the call handler support you and help you."<sup>22</sup>

**31.** We heard that patients are accessing services because they have a need, but that need does not always need to start with a default to an accident and emergency department, or an urgent out-of-hours service. The Welsh Government

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<sup>18</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>19</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

<sup>20</sup> Written Evidence, [PAC\(5\)-08-19 Paper 2](#), 18 March 2019

<sup>21</sup> RoP, 18 March 2019, paragraphs 247 and 286

<sup>22</sup> RoP, 29 April 2019, paragraph 43

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are using technology to assist further improving signposting by having a national directory of services, which has the available choices, ranging from the NHS, local government provision, through to the third sector.<sup>23</sup> Most witnesses agreed with the need for a definition of out-of-hours services but some raised concerns that differing visions for the delivery of out-of-hours services could make agreeing a definition difficult. However, we heard that the conformity arising from having a definition could ensure that resources are available to a reasonable level across Wales and the public receive an equal level of care.<sup>24</sup>

**32.** We were told by CVUHB that it remains a challenge to ensure the messaging is simple and points of access to the unscheduled care system are clear.<sup>25</sup>

**33.** We also heard that a definition would also help set out where out-of-hours services sits within the overall unscheduled care pathway and assist understanding of where and when out-of-hours can be accessed along that pathway.<sup>26</sup>

## Conclusions and Recommendations

**34.** It is essential that patients receive clear and easily understandable information to help them access the services which are most appropriate to their needs, particularly when they have urgent care concerns outside of normal hours.

**35.** The evidence we heard has pointed to some improvements in terms of signposting patients to out-of-hours services and there is greater consistency in terms of messaging around where and how to access services appropriately.

**36.** However, the Committee does not believe that poor performance is down to poor signposting as this places the blame on patients and not the service. In reality patients cannot be expected to do their own medical diagnosis, and often call out-of-hours services because they are worried. They need either reassurance regarding their concerns or reassurance that comes from knowing they should go to the accident and emergency department and they have done the right thing by calling.

**37.** For example, a parent in charge of a sick child who is ill on a Saturday night is not going to wait until the Monday morning and take their chances of getting an

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<sup>23</sup> RoP, 29 April 2019, paragraph 49

<sup>24</sup> RoP, 18 March 2019, paragraph 36

<sup>25</sup> RoP, 18 March 2019, paragraph 288

<sup>26</sup> RoP, 18 March 2019, paragraph 253

appointment with a GP. Patients need a service to be available for either reassurance or early treatment.

**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 services most appropriate to their needs.

**38.** We welcome the Welsh Governments approach to further improving awareness of services available to patients through its plans for 24/7 primary and community care, particularly through the delivery of a national directory of services as well as local directories of services in some health boards. Embedding the multi-disciplinary approach to primary care teams that we have already spoken about is also going to be crucial in ensuring that patients have access to a broader range of health and care practitioners within primary and community care settings.

## 4. Compliance with National Standards

**39.** The Auditor General's national report suggests that health boards were not meeting the previous national standards for timeliness of call taking and call handling. The Welsh Government had expected health boards to achieve these standards by March 2018.<sup>27</sup> Furthermore, the report suggested that health boards were not meeting previous standards for timeliness of face-to-face appointments and home visits either.<sup>28</sup>

**40.** While the Auditor General's report highlighted positive patient views about out-of-hours services it also suggested a more mixed picture of opinions on timeliness.<sup>29</sup> These issues were also reflected in a report by the Royal College of GPs that notes patients are often "faced with lengthy waits to speak to anyone". That report called for an increase in the number of call handlers and actions to reduce the call abandonment rate.<sup>30</sup>

**41.** Recommendation 2 of the Auditor General's report noted that work was underway to update the national standards, to reflect new ways of working between the 111 service and out-of-hours services.<sup>31</sup> The Welsh Government has now issued a new set of Standards and Activity Measures that will supersede the previous standards. The new standards aim to ensure "greater consistency over a 24/7 period" and the Welsh Government was due to begin monitoring the new standards on 1 April 2019.<sup>32</sup>

**42.** We note that a new set of Standards and Activity Measures for 111 and out-of-hours services in Wales have been developed through close collaboration between out-of-hours services clinicians, service managers and the Welsh Government. These were shared widely with the NHS before being issued in March 2019 and will be monitored during the 2019/20 financial year.<sup>33</sup>

**43.** The Auditor General's local report on CVUHB found a lack of compliance with the previous national standards and although the health board was answering

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<sup>27</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 19, July 2018

<sup>28</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 20, July 2018

<sup>29</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 21, July 2018

<sup>30</sup> Royal College of GPs report, step 1

<sup>31</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 10 – recommendation 2, July 2018

<sup>32</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>33</sup> Written Evidence, [PAC\(5\)-19-19 PTN3](#), 8 July 2019

out-of-hours calls more quickly than many other services<sup>34</sup>, the recorded number of terminated calls was zero, which suggests there could have been inaccuracies in the health board's data. The local report also found that timeliness of call backs to patients was one of the service's most persistent problems and performance was below the Wales average.<sup>35</sup> The report also indicated mixed performance in the timeliness of the health board's home visits and appointments.<sup>36</sup>

**44.** Written evidence from CVUHB highlighted a general improvement in timeliness of triage, home visits and appointments, although it appears the previous national standards are generally not being met. The submission does not provide data on timeliness of call taking and notes some patient dissatisfaction with the time it takes to receive a call back and with waiting times in clinics.

**45.** In answering questions on how improvements have been achieved and what further actions are planned to ensure compliance with national standards, CVUHB told us they have recruited extra staff to undertake triage and increased staff training. The board has also developed a death certification protocol enabling nurses to be able to certify deaths, which were accounting for a large proportion of GP home visits.<sup>37</sup>

**46.** With regard to call handling CVUHB told us that previous problems with gathering performance data in this area had now been rectified.

**47.** We asked the Welsh Government for its view on the difficulties faced by health boards in meeting the previous national standards for out-of-hours services. We were told that out-of-hours has been operating in a challenging and difficult environment. Clearly difficulties in filling shifts and attracting the workforce has had an ongoing impact on health boards ability to meet with some of the previous national standards.<sup>38</sup>

**48.** Another difficulty cited to us was that the previous National Standards were set for in hours services as well as out-of-hours services. This caused a problem because the majority of the workforce available to support patients through the

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<sup>34</sup> Auditor General for Wales, [Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services](#), Page 25, March 2018

<sup>35</sup> Auditor General for Wales, [Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services](#), Page 26, March 2018

<sup>36</sup> Auditor General for Wales, [Cardiff and Vale University Health Board – Review of GP Out-of-Hours Services](#), Page 28, March 2018

<sup>37</sup> RoP, 18 March 2019, paragraph 256

<sup>38</sup> RoP, 29 April 2019, paragraph 56

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system operates more broadly between the hours of nine to five, Monday to Friday, than it does on a 24/7 basis.<sup>39</sup>

**49.** It was explained that the new standards have “more of a clinical feel about what is able to be delivered” and clinical teams seem happier that they now have access to quality measures.<sup>40</sup>

## Conclusions and Recommendations

**50.** Moving forward, we remain concerned about how improvements to the delivery of out-of-hours services will be measured. It is vitally important that the new standards set by the Welsh Government, achieve the desired outcome of driving improvements, ensuring greater consistency over the 24 hour period in terms of primary care delivery and providing a suitable set of performance measures upon which progress can be accurately measured. We look forward to receiving further updates from the Welsh Government on how this is being achieved.

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<sup>39</sup> RoP, 29 April 2019, paragraph 57

<sup>40</sup> RoP, 29 April 2019, paragraph 59

## 5. Funding the Out-of-Hours Service

- 51.** The Auditor General’s national report shows that the Welsh Government’s notional funding for out-of-hours services remains largely static, with health boards actual spending on out-of-hours services increasing slightly, from £31.7 million to £35.2 million between 2009-10 and 2016-17.<sup>41</sup> The report also shows that spending on out-of-hours services per 1,000 population varies widely by health board.<sup>42</sup>
- 52.** The Welsh Government recognises that notional funding has remained static but stresses that health boards are spending more on out-of-hours services than they are allocated. Data also shows health board spending on out-of-hours services increased from £35.2 million in 2016-17 to £35.8 million in 2017-18.<sup>43</sup>
- 53.** Evidence from the British Medical Association states that funding for out-of-hours services had been inadequate over a significant period of time, and presented data suggesting investment in out-of-hours has not kept pace with inflation.<sup>44</sup>
- 54.** HDUHB suggested to us that “money is not a key driver” in the out-of-hours service and the health board is not aiming to save money. Instead it is actively trying to spend its budget to make sure shifts are filled and bases remain open.<sup>45</sup> HDUHB is facing ongoing financial difficulties and the current way of working in out-of-hours is not financially or clinically sustainable.<sup>46</sup>
- 55.** We heard that CVUHB over the past two years, has invested an additional £887,000 in its out-of-hours service, taking the overall budget to £5.2 million. The Health Board has also made a non-recurrent investment of £560,000 in 2016-17 and £700,000 in 2017-18.<sup>47</sup>
- 56.** Health boards are spending more on out-of-hours services than they receive on their notional allocation from the Welsh Government, and the British Medical Association has expressed concerns about the level out-of-hours funding. We wanted to establish what the Welsh Government has done to assure itself that the

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<sup>41</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 25, July 2018

<sup>42</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 26, July 2018

<sup>43</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>44</sup> Written Evidence, [PAC\(5\)-08-19 Paper 3](#), 18 March 2019

<sup>45</sup> RoP, 18 March 2019, paragraph 151

<sup>46</sup> RoP, 18 March 2019, paragraphs 156 to 161

<sup>47</sup> RoP, 18 March 2019, paragraph 366

funding it is providing is adequate for health boards to be able to deliver good quality services.

**57.** The Welsh Government told us they have tended to move away from the budget line and acknowledged that it needs resetting to better capture the current discharge of out-of-hours and associated services in Wales. Future budget lines could then be a more accurate, with a richer description of the investment into out-of-hours and actual expenditure.

**58.** Dr Goodall highlighted there was a danger of fixating on the budget that applies only to out-of-hours which represents the traditional approach to out-of-hours services, rather than looking at the wider range of services that are being put in place to access in out-of-hours.<sup>48</sup>

**59.** The Auditor General's report notes the challenges around GP pay rates in out-of-hours services. The report states that some health boards increase pay rates at short notice when they are struggling to fill shifts, which can act as a disincentive for staff to sign up for shifts in advance.<sup>49</sup> The report also states that different health boards pay different rates for GP shifts, creating a competitive market for GPs.<sup>50</sup>

**60.** The report of the Board of Community Health Councils notes differences in pay arrangements between health boards and notes that health boards are reviewing GP pay rates, "including bonuses for covering particular shifts and one-off payments to encourage GPs into their areas".<sup>51</sup> The report also recommends that the Welsh Government and the NHS should agree "how GPs are paid to provide out-of-hours services to avoid competition between geographical areas".<sup>52</sup>

**61.** The Royal College of GPs report states:

"working conditions and remuneration policies need to reflect the antisocial nature of the hours and the high-risk high-stress nature of the work."<sup>53</sup>

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<sup>48</sup> RoP, 29 April 2019, paragraph 63

<sup>49</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 27, July 2018

<sup>50</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 27, July 2018

<sup>51</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), Page 6, May 2018

<sup>52</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), Page 7, May 2018

<sup>53</sup> Royal College of GPs report, step 4

- 62.** CVUHB told us that some actions had been taken to address the “inflationary pay spiral” and that health boards in South East Wales were working to the same pay rates as much as possible.<sup>54</sup>
- 63.** We asked to what extent health boards were competing with one another, as opposed to collaborating, to fill GP shifts and what the Welsh Government is doing to address this issue to avoid an inflationary pay spiral.
- 64.** The Welsh Government confirmed it had anecdotal evidence that GP shifts had been unfilled because GPs had chosen to work elsewhere due to competing pay rates. However, it does not appear to have become a significant issue with more shifts being filled than not. However, the Welsh Government is monitoring the issue and said it will take action if necessary.<sup>55</sup>
- 65.** We heard that in Aneurin Bevan University Health Board (ABUHB), investment had been made following discussions with GPs about what would encourage them to work in the out-of-hours service. While sometimes pay rates were discussed, the issue was more about GPs feeling supported, having a team so they were not isolated, and having services they could draw on. The Board has invested in an overnight district nursing service so that the district nurses could be there overnight in support of GPs. The service has also broadened out to include frailty services as part of a joint investment with local authorities, so on weekends, GPs have access to other services. This has helped with fill rates, which increased to around 90 per cent over the past winter.<sup>56</sup>

## Conclusions and Recommendations

- 66.** We are concerned that the current funding model for out-of-hours services has not kept pace with how these services, and primary care more broadly, have needed to evolve and develop in recent years. With a historical notional allocation to health boards that has remained largely static since 2004/05, and with health boards having to make additional investments, which are often non-recurring, the current funding model appears to be neither sustainable or clear.
- 67.** Furthermore, it is not clear to us whether the Welsh Government has the right financial information available to determine whether its funding of out-of-hours services is adequate or not.

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<sup>54</sup> RoP, 18 March 2019, paragraphs 379 and 380

<sup>55</sup> RoP, 29 April 2019, paragraphs 176 - 183

<sup>56</sup> RoP, 20 April 2019, paragraph 65



**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.

**68.** We have heard concerns about differences in pay arrangements between health boards which is leading to competition for GPs between geographical areas. This has led to problems in filling out-of-hours shifts in some areas. We were not convinced by the Welsh Government's evidence that this is not a significant issue and we believe more needs to be done to ensure competing pay rates do not present issues in terms of filling shifts.

**69.** We welcome the work undertaken in ABUHB to look beyond issues around pay and at other factors to encourage GPs to work in the out-of-hours service. We believe that better support for GPs working in out-of-hours services and reassurance that there are other services available to support them, again drawing on the multidisciplinary model, will make out-of-hours services a more attractive place to work.

**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.

## 6. Staffing Issues and Morale

**70.** The Auditor General’s report highlights issues with morale in out-of-hours services and describes some of the factors contributing to poor morale, including perceptions of under-staffing, antisocial hours and a lack of career development.<sup>57</sup> The report recommends that the Welsh Government should work with health boards to carry out a national project to engage with out-of-hours staff, to understand factors causing poor morale and deterring staff from working in these services.<sup>58</sup>

**71.** In responding to this recommendation, the Welsh Government said it has been working with health boards and other stakeholders over the past 12 months to try to understand how to make out-of-hours services more attractive places to work.<sup>59</sup>

**72.** The Royal College of GPs report states:

“At present, GPs and other out-of-hours staff go over and beyond to try to make things work in extremely difficult circumstances. This is not sustainable. Things need to change; services need to be safe and pleasant place to work.”<sup>60</sup>

**73.** Furthermore, the Royal College of GPs, describes a “critical threat” related to the GP workforce not growing fast enough to meet growing demand.<sup>61</sup> Similarly, a letter from the British Medical Association, cites the main factors deterring doctors from working in out-of-hours include exhaustion for in-hours work and unattractive pay rates.<sup>62</sup>

**74.** HDUHB told us that it had offered £16,000 of incentives to fill shifts on a particular weekend but failed to secure any additional cover. The evidence

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<sup>57</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), pages 22 - 23, July 2018

<sup>58</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 10 – recommendation 3, July 2018

<sup>59</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>60</sup> Royal College of GPs Wales Report, [Meeting urgent needs: Improving out-of-hours services in Wales](#), page 1, August 2018

<sup>61</sup> Written Evidence, [PAC\(5\)-08-19 Paper 2](#), 18 March 2019

<sup>62</sup> Written Evidence, [PAC\(5\)-08-19 Paper 3](#), 18 March 2019

suggested pay was not the main motivating factor for GPs, instead “if they’re on their own without a colleague, they will not work”.<sup>63</sup>

**75.** Lone working was an issue also raised with us by CVUHB who told us they had funded an additional GP to work overnight, recognising it is “quite an isolated service to work in”.<sup>64</sup>

**76.** Evidence from the Welsh Government highlighted work by Health Education and Improvement Wales (HEIW) to produce an online resource and social media campaign, to provide consistent information on out-of-hours services to encourage interest in working in this area. HEIW is also working with the out-of-hours community to deliver training modules, develop new job roles and organise a national conference on out of hours.<sup>65</sup>

**77.** The Auditor General’s report found that services are strained due to morale and staffing issues that threaten the resilience of services. A staff survey undertaken by the Auditor General highlighted poor morale in out-of-hours services. Factors contributing to this include perceptions of under-staffing, antisocial hours and a lack of career development. These factors may be deterring staff from working in out-of-hours services.

**78.** The Board of Community Health Councils’ report notes:

“Most health boards reported that there were not enough GPs to deliver the service consistently. This is because of their difficulties in recruiting GPs to deliver out-of-hours services and the number of shifts GPs are prepared to cover.”<sup>66</sup>

**79.** The British Medical Association informed us that it’s members regularly receive “begging” emails and texts from out-of-hours service coordinators, asking them to work shifts.<sup>67</sup>

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<sup>63</sup> RoP, 18 March 2019, paragraph 104

<sup>64</sup> RoP, 18 March 2019, paragraph 371

<sup>65</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

<sup>66</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), Page 5, May 2018

<sup>67</sup> Written Evidence, [PAC\(5\)-08-19 Paper 3](#), 18 March 2019

- 80.** HDUHB informed us that it had suffered 99 base closures<sup>68</sup> within its out-of-hours service since May 2017.<sup>69</sup>
- 81.** To address these issues some health boards are engaging with staff to improve pay rates and working environments. We heard in HDUHB there were concerns whereby GPs did not feel welcome if they were working within a hospital or in an out-patients department as a base. Morale has improved due to changes to the working environment, moving a base to a different location, and developing a memorandum of understanding with a GP advisory group to set out the health boards commitments to them.<sup>70</sup>
- 82.** We were able to explore first hand some of the issues relating to the working environment for those working in out-of-hours services during our site visits. We were particularly interested in the impact of co-locating out-of-hours services in emergency departments at hospitals.
- 83.** Staff at Cardiff Royal Infirmary told us that co-location at the University of Hospital of Wales often leaves patients gravitating inappropriately to the Emergency Department, rather than to the out-of-hours service. At Wrexham Maelor Hospital, staff told us that co-location makes it difficult for nurses in the out-of-hours service not to step in and assist the Emergency Department. This often means that Emergency Services can easily rely on them for their support, taking their time away from out-of-hours services.
- 84.** Staff also relayed to us that another issue arising from co-location is that waiting areas are shared with other services. We were told that a separate waiting area and entrances to out-of-hours services need to be considered, as this could help avoid comments of “people jumping the queue” when they are in fact using a different service. Having said that, out-of-hours staff also told us that having the two services based in the same location does allow for patients to easily move between the two, which is beneficial in terms of patients receiving the appropriate and correct services for their needs.
- 85.** Our site visits also concurred with other evidence we heard that out-of-hours services are less attractive places to work than in-hours services. We heard that although out-of-hours nurses are encouraged and paid to undertake relevant training courses to improve their career pathways, and the staffing situation is

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<sup>68</sup> If an Out-of-hours service is suffering particular staffing pressures/shortages, it may choose to temporarily close one or more of its bases.

<sup>69</sup> RoP, 18 March 2019, paragraph 83

<sup>70</sup> RoP, 18 March 2019, paragraph 74

much less “chaotic” than before, it remains that some nurses leave out-of-hours services to work in GP practices. This can also be the case for GPs, where there is extra competition on attracting GPs from in-hours services, and private online services, that can often pay higher rates than the out-of-hours services. These movements of staff are causing a staff shortage in some instances as well as disruption to services and staffing levels.

**86.** Wrexham Maelor hospital finds itself in a particularly difficult situation, being so close to the England/Wales border, as they are also competing with the higher pay scales for GPs in England. Health boards are competing for the same pool of staff, and due to unsociable shifts, inconsistent rates of pay, and under-staffing, it is often the out-of-hours service that suffers.

**87.** HDUHB explained that improving staff morale was a high priority and work is being done to demonstrate the value of out-of-hours services and embed it within day to day operations. The health board recognised there was more to do with regards to staff retention and maintaining the face to face dialogue with GPs will be key to that.<sup>71</sup>

**88.** Linked to staff retention, we queried the causes of the closure of out-of-hours services in March 2018 at HDUHB and the number of times in the past year that the health board has had to close one or more of its out-of-hours centres. We heard that HDUHB had suffered 99 base closures<sup>72</sup> within its out-of-hours service since May 2017. One of the biggest issues of morale for the health board is that there is quite a “vicious circle”, once staff know that not all the shifts are going to be covered they do not want to take up a shift and know they are going to be working on a shift under heightened pressure.

**89.** We were told that some of the GP shortages in HDUHB are due to geography and movement to the 111 system, as some GPs find assessing patients over the phone stressful and are not happy to cover three counties on their own. There are also issues with different locum pay rates in different health boards which has made it difficult to attract locum GPs to Carmarthen and that younger GPs are seeking portfolio careers, which involves some out-of-hours work on the weekends but not night shifts.<sup>73</sup>

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<sup>71</sup> RoP, 18 March 2019, paragraph 77

<sup>72</sup> If an out-of-hours service is suffering particular staffing pressures/shortages, it may choose to temporarily close one or more of its bases.

<sup>73</sup> RoP, 18 March 2019, paragraphs 101 - 103

**90.** HDUHB have also tried financial incentives to attract GPs to fill shifts with no success because the GPs do not want to work alone. We heard numerous reasons for GPs not wanting to work out-of-hours shifts many of which are dependent on individuals needs and personalities. GPs fears of working alone were also confirmed by Dr Sherard Lemaitre a GP working at CVUHB who told us that working in a full team would create a better working environment.<sup>74</sup>

**91.** However, Dr Lemaitre also told us that CVUHB were working on recruitment, retention and training to demonstrate that out-of-hours is a safe working environment. He explained that triage was also an area of work GPs were afraid of but there was recognition now that a full telephone assessment is an important part of a GPs job. CVUHB are now providing annual training for not only GPs and allied health professionals but also GP trainees who at some point may wish to work in out-of-hours services. We also heard that the development of multidisciplinary teams to support GPs will help fill out-of-hours shifts and create the happy team working environment that staff want.<sup>75</sup>

**92.** Dr Richard Archer, an out-of-hours GP at HDUHB, told us that in the longer term the workforce needs to be changed from being a GP provided service to a GP led one, and then finally a GP supervised service, as the numbers of GPs decrease. There is concern more widely about the general decline in GP numbers not just for out-of-hours services but daytime services too.<sup>76</sup>

**93.** The Auditor General’s national report highlights issues related to tax and employment status that risk further deterring GPs from working in out-of-hours services.<sup>77</sup> Her Majesty’s Revenue and Customs (HMRC) has challenged a number of UK health bodies in recent years in relation to non-compliance with tax rules. The main issue relates to whether GPs working in out-of-hours should be classed as employees. The report states that the NHS in Wales is concerned that this may result in unforeseen costs for health boards and further deter some GPs from working in out-of-hours. Work is ongoing within NHS Wales to assess the impact of these issues.

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<sup>74</sup> RoP, 18 March 2019, paragraph 303

<sup>75</sup> RoP, 18 March 2019, paragraphs 304 - 305

<sup>76</sup> RoP, 18 March 2019, paragraph 105

<sup>77</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 27, July 2018

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**94.** The Board of Community Health Councils' report notes difficulties in recruiting GPs to deliver out-of-hours services and cites one of the factors as "changes to the way in which the tax system works for GPs providing the service".<sup>78</sup>

**95.** The British Medical Association described taxation status changes that have made out-of-hours less attractive for many doctors.<sup>79</sup>

**96.** HDUHB told us that issues relating to the tax and employment status of GPs had cost the Board around £300,000 in 2018-19. We heard how GPs working in out-of-hours as self-employed contractors were deemed to be employed by the health board and the additional costs were to meet the costs of employer's national insurance contributions.<sup>80</sup>

**97.** We questioned HDUHB on how issues relating to GP tax and employment status impacted on out-of-hours services and what the health board is doing to manage these issues. We heard dialogue is ongoing regarding the employment status of GPs who usually work ad hoc shifts. As these GPs went from self-employed contractors to employees there was a requirement for the health board to meet the costs of the employers national insurance, which in the case of HDUHB was £300,000 in the year 2018-19. This has been charged to the out-of-hours budget but it has been suggested that going forward this should come from a central reserve within the health board to ensure it does not detract from some of the front line funding that could be invested in out-of-hours services.

**98.** GP tax and employment status issues have also impacted on out-of-hours services in CVUHB leading to unexpected costs of around £276,000 but also concerns from GPs about whether they would be able to continue to work in the service. The board told us that despite these concerns no GPs were lost from the service.<sup>81</sup>

**99.** Judith Paget, Chief Executive of Aneurin Bevan UHB/Chair of the National Primary Care Board and Strategic Lead for out-of-hours services, explained that the concerns around HMRC changes were not as significant as initially anticipated. However, tax issues are generally more problematic in March, which is the most difficult period in terms of filling out-of-hours shifts because of its

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<sup>78</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), pages 5 - 6, May 20187

<sup>79</sup> Written Evidence, [PAC\(5\)-08-19 Paper 3](#), 18 March 2019

<sup>80</sup> RoP, 18 March 2019, paragraphs 99

<sup>81</sup> RoP, 18 March 2019, paragraphs 316-317

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proximity to the end of the tax year. This is when GPs become concerned about their income going over tax thresholds.

**100.** The Auditor General's report notes that all health boards are exploring alternative staffing models, to reduce their reliance on GPs, by employing triage nurses, advanced nurse/paramedic practitioners and pharmacists. The report notes that progress has been piecemeal and none of the health boards had an out-of-hours workforce plan at the time of our work.<sup>82</sup>

**101.** Evidence from HDUHB focuses in numerous places on the health board's actions to expand the multidisciplinary model of the service, with mention of advice GPs, pharmacists and senior nurses along with administrators and drivers being trained as healthcare support workers. The evidence also refers to two advanced paramedic practitioners (APPs) undertaking home visits and contributing within treatment centres, with discussions ongoing to increase this model significantly. There is a potential £600,000 investment leading to 20 additional advanced practitioners in the next 2 years and the APP model has already provided significant additional winter resilience in out of hours, and that clinical supervision requirements have increased in order to support APPs.

**102.** HDUHB is clearly working in a variety of ways to explore a multidisciplinary model for out-of-hours, but we wanted to find out how much real difference these new roles are making and what barriers is the LHB facing in fully implementing the multidisciplinary model.

**103.** We asked about the potential £600,000 investment in advanced practitioners within HDUHB and whether they were confident they would be able to recruit the number of advanced practitioners they need. We were told that the health board wants to fast track a cohort of 10 colleagues through a rapid training course but this is work in progress and the board is still some way from a multidisciplinary model.

**104.** CVUHB appears to be successfully operating a multidisciplinary team approach with GPs being supported by a clinician practitioner, senior nurse lead and an administrative function.

## Conclusions and Recommendations

**105.** The Committee is extremely concerned that there are enduring issues which are making out-of-hours services unattractive places to work. Staff morale within out-of-hours services is a challenge given the strong evidence heard that

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<sup>82</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), paragraph 1.14, July 2018



improving staff morale has little to do with offering financial incentives. Instead it is clear to us that the working environment has a greater impact on morale due to concerns about lone working, working under pressure due to unfilled shifts and not feeling part of a valued team. In rural areas these issues are magnified as GPs find themselves alone covering vast geographical areas and faced with difficult logistical decisions in terms of prioritising patients.

**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.

**106.** We understand there to be a lack of transparency in the data on the number of GPs in Wales with Stats Wales not publishing the Full Time Equivalent (FTE) numbers of GPs while they investigate issues with the quality of the data. An investigation that we understand to now be in its sixth year.

**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.

**107.** While there is some excellent practice within some health boards to improve staff morale we are concerned that in some parts of Wales not enough has been done to tackle these issues.

**Recommendation 6.** 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.

**108.** We welcome the innovative practices used in some health boards to take forward a multidisciplinary model which supports a team approach to delivering out-of-hours services. For example, in HDUHB using a team of advice GPs, pharmacists and senior nurses along with administrators and drivers being trained as healthcare support workers, addresses concerns GPs have about working alone and provides a valuable team environment in which to work.

**109.** Similarly in CVUHB we recognised the benefits of operating a multidisciplinary team approach with GPs being supported by a clinician practitioner, senior nurse lead and an administrative function.

**110.** We conclude a multidisciplinary approach to providing out-of-hours services will boost staff morale as full shifts and team working will encourage staff to want to work in out-of-hours services and create a better working environment. In the future we expect the Welsh Government to provide us with evidence of how good practice in operating multidisciplinary models is being shared.

## 7. Performance Management

**111.** The Auditor General's report found that poor information on service quality and performance is hampering the effective governance, planning and management of services at a national and local level.

**112.** The Auditor General's report also highlighted variation in the frequency with which NHS Boards and committees receive information about out-of-hours services. In our survey of NHS Board members, only 40% of respondents were satisfied with the quality of information they received.<sup>83</sup> It further states that during the audit fieldwork, some interviewees felt that out-of-hours only receives sufficient attention at senior levels in health boards when the service begins to suffer operational problems.<sup>84</sup> The Welsh Government is trying to raise the profile of out-of-hours services through its routine performance management meetings with health boards.<sup>85</sup>

**113.** The report's findings also highlighted significant gaps in and problems with comparability in the monthly out-of-hours data that health boards submit to the Welsh Government. Some data comparability issues are caused by different services having different versions of the Adastra software, although work was ongoing to standardise the way that out-of-hours data is recorded.<sup>86</sup>

**114.** HDUHB said that the national standards were a challenge in the rural areas within the health board, where five centres run across the geographical area of Ceredigion, Pembrokeshire and Carmarthenshire. If one of these centres is closed, it can be very challenging to meet the access standards.<sup>87</sup>

**115.** For example, we heard instances whereby if there is only one GP covering an area, who may have two separate high priority calls to respond to, but geographically in between there are some lower priority calls, it is difficult to not visit those calls while passing them on route between the two high priority calls.<sup>88</sup>

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<sup>83</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 28 – paragraphs 1.23 – 1.24, July 2018

<sup>84</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 28, July 2018

<sup>85</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 28 – paragraph 1.25, July 2018

<sup>86</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 29, July 2018

<sup>87</sup> RoP, 17 May 2019, paragraph 40

<sup>88</sup> RoP, 18 March 2019, paragraph 42

**116.** Furthermore, the reality of the rural environment and how GPs manage calls on shift means they have to sometimes leave the higher priority calls to wait because the lower priority calls have been waiting too long or they can be resolved quickly.

## Standards and Performance Management

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**117.** We asked witnesses whether there was any appetite for national standards to be redefined and if this would cause any problems by a lack of consistency of standards between out-of-hours primary care services and other urgent health services, which would include the Welsh Ambulance service trust and emergency departments.

**118.** One of the issues highlighted to us is that standards for out-of-hours are incredibly high, compared to daytime practice, which other clinical staff do not have to achieve. If standards were to be redefined for everyone there might be improvement in standards across services.<sup>89</sup>

**119.** The Auditor General’s local report on CVUHB recognises improvements in the health board’s reporting and monitoring of out-of-hours performance. The report states that the health board had carried out considerable work to cleanse its performance data, however some problems remained, leading to difficulties with benchmarking. The report suggests comparatively good arrangements in the health board for reporting of out-of-hours data to the executive team and Board.

**120.** We asked what the health board has been doing to address some of the residual problems identified by the Auditor General about the quality of its out-of-hours performance data.

**121.** CVUHB explained that work had been undertaken to refine its reporting mechanisms with all out-of-hours performance measures being put before the board every time it meets ensuring visibility and raising the profile of out-of-hours services at Board level. The Board have also looked beyond just performance figures to gauge an understanding of what is going on in practice. For example, we heard how the Board has not just looked at the number of shifts filled but the hours that were covered in the mornings, afternoons and evenings and using that information to discuss with teams what action needs to be taken. The data is being used to help drive service improvement.<sup>90</sup>

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<sup>89</sup> RoP, 18 March 2019, paragraph 68

<sup>90</sup> RoP, 18 March 2019, paragraphs 348-351

## Conclusions and Recommendations

**122.** We share the Auditor General's concerns that some health boards are not getting sufficiently detailed information on how their out-of-hours services are performing. However, we were encouraged to hear about the approach being taken by CVUHB to strengthen its performance management of out-of-hours services to refine its reporting mechanisms, including the use of qualitative data to fully understand what is happening within out-of-hours services at the point of delivery.

**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.

**123.** In terms of improving performance management further we think it is important that health boards examine the relationship between in hours services and out-of-hours services to understand how the two interact. For example, in hours services can increase or decrease demands on out-of-hours services depending on how they are organised and how easy it is to access in hours appointments.

**124.** It is important that future approaches to performance management data takes into account primary care services as a whole and how these interrelate with out-of-hours services.

## 8. Strategic Planning and Leadership of Out-of-hours Services

**125.** The Auditor General’s national report notes that there is no national strategy for out-of-hours services. It says that neither the national primary care plan nor the national plan for 111 provide a comprehensive vision for out-of-hours. In particular, there is no clear vision of how out-of-hours services should provide face-to-face appointments and home visits.<sup>91</sup>

**126.** Recommendation 6 of the Auditor General’s report says that the Welsh Government, health boards and others should work together to test and spread good practice in the provision of face-to-face appointments and home visits. This should result in a clear model to be implemented locally or regionally.<sup>92</sup>

**127.** The Welsh Government has a newly formed group led by Judith Paget, that is working to develop a strategic plan for out-of-hours but that the face-to-face aspects of out-of-hours are likely to remain the statutory responsibility of health boards. A new Urgent Care Group will consider different models of care and opportunities for regional working.<sup>93</sup> The group is also overseeing work including the Peer Review, a workforce and educational working group, demand and capacity work and multidisciplinary working.<sup>94</sup>

**128.** The Auditor General’s report found that planning of out-of-hours services is not properly integrated with other key services. The new 111 service will address some integration issues but will not solve all of the problems facing out-of-hours services. The Auditor General found weaknesses in the planning of out-of-hours services at a national level and while two national plans mention the strategic direction for out-of-hours, neither provides a comprehensive picture of the future for these services.

**129.** For example, the national plan for 111 sets out the future model for 24-hour call taking, information and advice but there is no such model for face-to-face services like appointments and home visits. Health boards are not meeting the national timeliness standards for face-to-face appointments and home visits. Without a clear strategic plan or model for delivering these face-to-face services in

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<sup>91</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 32, July 2018

<sup>92</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 12, July 2018

<sup>93</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>94</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

new, innovative ways, it is likely that health boards will continue to struggle to meet the standards in future.

**130.** Witnesses from HDUHB told us that the standardisation of its processes through the 111 implementation had marked significant change. Having moved from three systems to one GPs are better placed to support each other across the three counties and will cover shifts when needed.<sup>95</sup>

**131.** The Auditor General's national report shows that if the NHS plans out-of-hours services in isolation from other services, this can cause problems.<sup>96</sup> The Board of Community Health Councils has noted increased demand for out-of-hours services, "particularly when people struggle to get an appointment in-hours".<sup>97</sup>

**132.** The Royal College of GPs report further highlights that the inter-dependence between in-hours and out-of-hours primary care services and says, "it is essential that resource is provided to alleviate the pressures on in-hours general practice and ensure problems do not spill over into the out-of-hours period".<sup>98</sup>

**133.** The Welsh Government's "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". In addition, a new Policy Framework for Unscheduled Care is in development.<sup>99</sup>

**134.** The Auditor General's national report highlights the difficulties that health boards and the Welsh Government have had in deciding the best place for out-of-hours services within their management structures. The report also states that in some health boards, responsibility for out-of-hours services is split between two or more executives, which potentially blurs the lines of accountabilities.<sup>100</sup>

**135.** The report concludes that lack of clarity in out-of-hours leadership arrangements can contribute to out-of-hours services being somewhat isolated from other service areas.<sup>101</sup> The report also highlights issues with the leadership

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<sup>95</sup> RoP, 17 May 2019, paragraph 11

<sup>96</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 31, July 2018

<sup>97</sup> Board of Community Health Councils in Wales, [The fragility of GP Out-of-hours services in Wales](#), Page 5, May 2018

<sup>98</sup> Royal College of GPs Wales Report, [Meeting urgent needs: Improving out-of-hours services in Wales](#), step 5, August 2018

<sup>99</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>100</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 33, July 2018

<sup>101</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 33, July 2018

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arrangements for out-of-hours at a national level. The report notes the relatively small size of the Welsh Government’s Urgent Care Team and that out-of-hours has not been an area of major focus for the national professional lead for primary care.<sup>102</sup>

**136.** Recommendation 7 of the Auditor General’s report states that the Welsh Government should review its 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.<sup>103</sup>

**137.** The Welsh Government “encourages greater national leadership” for out-of-hours and accepts that “accountability issues need to be clarified” and Judith Paget, Chief Executive of Aneurin Bevan University Health Board, has been made the national strategic lead for out-of-hours services.<sup>104</sup>

**138.** In accepting the Auditor General’s recommendation to enhance some of the national leadership and oversight, the role of the national strategic lead will be to lead a group that will review and assess the out-of-hours model, particularly with 111 on the horizon; advise on national actions; review and recommend a revised set of standards; and advise on any resourcing requirements. Work has been done to standardise the out-of-hours system and a series of winter initiatives have been run to allow people to test different ways of responding to out-of-hours demand, which are currently being evaluated. There is also a peer review of call handling in the Welsh Ambulance Services NHS Trust (WAST) and work on demand capacity as well as national role descriptions to be completed, an evaluation of the winter plan, and work around escalation and metrics.<sup>105</sup>

**139.** In terms in integrating out-of-hours with other services we heard that in areas where 111 has already arrived, out-of-hours is a key component of that, and having a strong and resilient out-of-hours service is important to the full launch of the 111 service. Ensuing primary care is viewed across a 24/7 period, having a similar approach but maybe slightly different services available in the out of hours, weekend or bank holidays, than you might have on a day-to-day basis.<sup>106</sup>

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<sup>102</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), pages 33 - 34, July 2018

<sup>103</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 13, July 2018

<sup>104</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>105</sup> RoP, 29 April 2019, paragraphs 227 - 228

<sup>106</sup> RoP, 29 April 2019, paragraph 233

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**140.** We were told that the recent Primary Care Board's evaluation of arrangements made by health boards to ensure demand was met over the winter months, has informed the 24/7 work stream of the Strategic Programme for Primary Care. The emerging learning from the evaluation is being shared with relevant groups and once finalised, it will be endorsed by both the National Primary Care Board and the National Unscheduled Care Board and cascaded to stakeholders. The Welsh Government expects health boards and their partners to apply this learning when planning and delivering services.<sup>107</sup>

**141.** Cardiff and the Vale UHB explained that sustainability of in-hours primary care is important to the functioning of out-of-hours services, and vice versa. The board called for the whole system to be reviewed.<sup>108</sup>

## Conclusions and Recommendations

**142.** In light of the concerns raised by the Auditor General about the absence of a national strategy for out-of-hours services we welcome the Welsh Government's development of the Urgent Care Group, led by a national lead – Judith Paget, that is working to develop a strategic plan for out-of-hours services. However, it will be important to ensure that the enhanced national approach to strategic planning leadership of out-of-hours is replicated at the local level. The Committee will be keen to receive future updates from the Welsh Government that describe how the enhanced arrangements for national leadership and strategy are translating into service improvements.

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<sup>107</sup> Written Evidence, PAC(5)-19-19 PTN3, 8 July 2019

<sup>108</sup> RoP, 18 March 2019, paragraphs 279 to 282

## 9. Relationship between 111 and out-of-hours services

**143.** The introduction of the 111 service provides a key opportunity to improve integration of out-of-hours with other services. The 111 service will provide 24-hour call taking, information and advice. Importantly, it will provide integrated call taking and triage for out-of-hours plus NHS Direct Wales. A 111 pathfinder scheme is showing encouraging results, and whilst implementation of 111 is taking longer than planned, the NHS in Wales now has a plan and business case that plots a full national roll out. Betsi Cadwaladr University Health Board will be the final health board to implement 111 and its roll out will begin in Quarter 4 of 2020-21. However, the plan does not set out the overall cost of implementing 111 across Wales. In particular, the plan does not set out the cost of implementing an integrated computer system to replace existing systems in 111 and out-of-hours services. At the time of drafting, the national 111 Programme was drafting a business case for the integrated computer system.

**144.** The Auditor General’s national report states that roll out of the 111 service has taken longer than anticipated.<sup>109</sup> The Welsh Government says that “over the next three years out-of-hours services will increasingly be provided through the NHS 111 service”.<sup>110</sup>

**145.** The Welsh Government has stated that the national IT system to support the 111 service is progressing well, with the go live date being October 2020.<sup>111</sup> The 111 service will roll out to Cwm Taf and Aneurin Bevan in 2019/20, with a “firebreak” in autumn 2019/20 to introduce a new IT system. Full roll out across Wales is to be completed by 2021/22.<sup>112</sup>

**146.** Recommendation 8 of the Auditor General’s national report states that the Welsh Government should clarify the timescales for finalising and assessing a business case for a new, integrated computer system to replace existing systems in 111 and Out of Hours.<sup>113</sup>

**147.** In terms of why the roll out of 111 has taken longer than originally anticipated the Welsh Government had taken a deliberate pause to see how the roll out

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<sup>109</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 34, July 2018

<sup>110</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>111</sup> Written Evidence, [PAC\(5\)-25-18 Paper 4](#), 1 October 2018

<sup>112</sup> Written Evidence, [PAC\(5\)-11-19 Paper 2](#), 29 April 2019

<sup>113</sup> Auditor General for Wales Report, [Primary care out-of-hours services](#), page 14, July 2018

across the rest of the UK was occurring, and learn lessons from that.<sup>114</sup> The Welsh Government acknowledged that the roll out of 111 is a significant change programme and it has taken its time to build up confidence by rolling the system out gradually, building up experience, taking clinical teams with them and developing a more resilient position.<sup>115</sup>

**148.** The British Medical Association highlighted to us significant concerns about the roll out of 111 because of problems with the service's triage and prioritisation algorithm, and because of staffing pressures in the 111 clinical hub.<sup>116</sup>

**149.** HDUHB suggested 111 has meant significant change to the nature of the work of GPs in out of hours, shifting the focus from face-to-face contacts to telephone-based contacts. This caused some unhappiness among GPs and a turbulent time of change.<sup>117</sup>

**150.** In terms assessing the strengths and weaknesses of the current operation of 111 across Wales, the Welsh Government has completed an extensive evaluation of the pathfinder in Abertawe Bro Morgannwg UHB. Using external support, the evaluation looked at outcomes, patient experience and a range of other indicators. Further work was undertaken with the support of the community health council to consider patient experience and more evaluation may take place after the full roll out of 111 in Abertawe Bro Morgannwg and Cwm Taf<sup>118</sup>, to take into account any further learning that might need implementing before roll out in CVUHB and BCUHB.<sup>119</sup>

**151.** We were keen to establish whether the Welsh Government had a clear picture as to what the 111 service will cost to roll out to all health boards, its ongoing running costs and the costs of the new integrated computer system, and the extent to which it will provide better value for money than the predecessor arrangements.

**152.** Some increase in resource for the 111 service will be needed and the Welsh Government has a clear central programme team and a programme director to lead on this and provide the expertise on the output. It is anticipated that it will

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<sup>114</sup> RoP, 29 April 2019, paragraph 240

<sup>115</sup> RoP, 29 April 2018, paragraphs 241 -242

<sup>116</sup> Written Evidence, [PAC\(5\)-08-19 Paper 3](#), 18 March 2019

<sup>117</sup> RoP, 18 March 2019, paragraph 20

<sup>118</sup> From 1 April 2019, Health Boards now known as Swansea Bay University Health Board and Cwm Taf Morgannwg University Health Board

<sup>119</sup> RoP, 29 April 2019, paragraph 244

cost around £3 million in revenue cost to each health board in Wales over the course of 14 years and there are options on the contract to extend that. Given the extent of out-of-hours services and its complexity, the Welsh Government told us this is a good investment of money in terms of its overall budget at this stage.<sup>120</sup>

## Conclusions and Recommendations

**153.** We believe that the roll out of the 111 service provides a key opportunity to improve integration of out-of-hours with other services. Most importantly, it will provide integrated call taking and triage for out-of-hours plus NHS Direct Wales. We believe the Welsh Government should take a zero tolerance approach of any resistance to change from health boards. However, we also recognise the significant resource needed to deliver a 111 service and we will be keen to monitor progress and delivery following the full roll out in 2021/22.

**Recommendation 8.** 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.

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<sup>120</sup> RoP, 29 April 2019, paragraph 246