NHS
Gloucestershire
Clinical Commissioning Group

Developing the Gloucestershire Primary Care Out of Hours Service in the context of the Urgent and Emergency Care Strategy

Introduction

As part of the current retendering of the Gloucestershire Primary Care Out of Hours service, NHS Gloucestershire Clinical Commissioning Group (GCCG) held an engagement event on Thursday 20 March, 2014, 5.30 -7.30pm. The event was well attended with over 100 attendees from a range of local organisations, community groups and healthcare professionals.

Due to the numbers attending, the event was moved from the Boardroom to The Hub at Sanger House. Whilst enabling GCCG to accommodate everyone wishing to attend, this presented some audio-visual challenges which were noted in the event welcome and introduction session, but are also reflected in some of the attendee feedback received. Copies of the presentation have subsequently been made available on the GCCG website, but future events of this size need to ensure additional equipment is available to address the issue.

Event Overview

Mark Walkingshaw, Deputy Accountable Officer, GCCG chaired the event, which began with a series of presentations:

- Developing the Gloucestershire Primary Care Out of Hours Service in the context of the Urgent and Emergency Care Strategy: Maria Metherall, Senior Commissioning Manager, Urgent Care
- The Current Out of Hours service in Gloucestershire: Gill Bridgland, Commissioning Implementation Manager
- Procurement of a Primary Care Out of Hours service: David Porter, Head of Procurement

A copy of the presentation is available at http://www.gloucestershireccg.nhs.uk/about-us/procurement/primary-care-out-of-hours-tender-2014/

Feedback

Following the presentations and subsequent Q&A session, attendees were invited to give feedback on a number of key issues for an out of hours service:

- The patient/carer perspective: What does a good service look like?
- “Face to face” consultations within a 30 minute drive
- Criteria for home visits
- Integration with, and contribution to, the local healthcare community

A full record of the feedback received is given in Appendix 1.

In addition, attendees were encouraged to record their patient experience feedback and/or additional comments about the out of hours service through the event *Evaluation Form* and *Your experience counts* template.

All of the speakers were available at the end of the presentations to take questions and discuss specific issues or concerns with individual attendees.

Key themes

A full record of the feedback received is given in Appendix 1. A summary of comments and the key themes for each of the questions are as follows:

The patient perspective: What does a good service look like?

For children: Get good, prompt telephone advice.
Health Visitors please!
Need to take carers into account.
Service needs exemplary practice in relation to mental health and disabilities.
Specialist knowledge of managing challenging behaviour
Co-productive with parent carers.
Empathetic

For adults: Timely and efficient.
Better education on "the correct" service.
Access to timely GP appointments if that is what is recommended.
Efficient and reactive.
Regularly monitored and reviewed by users "you said we did"

For elderly: Clarity of language.
Very important for OOH to know which elderly has an unpaid carer as this person often speaks for the patient.
Responsive and connects to the community to reduce repeated contacts
Care Homes not overusing OOH service. Good/better communication with clinicians to support care in care homes.
The same – fair service provision for all by need?

The service will be required to provide access to "face to face" consultations for Gloucestershire residents within a 30 minute drive by car.

- Localised consultation/centres attached to surgeries or Community Hospitals.
- A network of responders required.
- Rural GP services to extend into OOH service.
- What if you don't drive? What if you are elderly?
- Rural differences require differentiation.

What should the criteria for a "home visit" include?

- If patient or carer unable to leave home
- Clear consideration of all alternatives first (thinking cost) but a lot of compassion so judgements may need to consider individual circumstances.
- Not age – frailty and disability.
- Single householder, rural isolation.
- Unavailability of rural transport.
- Mobility
- A must for palliative care

The service needs to integrate with, and positively contribute, to the local healthcare community.

Challenges: Info sharing across organisations 111/999/OOH needs to see same data set
Education needed for general public on what is already available will be a challenge.
Please don't duplicate ANOTHER directory! Use what we have, but put resources into make what we have more robust.

Opportunities: Carer aware services please

A paediatric 24 hour extra service or midwife/nurse lead service for 0-4 year olds

Referrals to “falls clinic” for the elderly

Ability to keep patients at home with rapid response

Encourage integrated services access for people presenting complex needs which incorporate a number of generic provision eg: Learning disability, person with MH physical health needs.

Provide information which is easy to find on Glos site identifying what services and provision are available and how to access them.

Development of a positive network

Other comments:

- I think the OOH services should be accessible to people without an appointment. The people who currently go straight to ED regardless of the degree of severity of their condition could go straight to their nearest OOH service if they knew they could. Location of OOHs services needs to be in the heart of dense population i.e. large residential estates, bringing healthcare closer to the doorstep.
- Patients often comment that they do not know what service to contact OOHs, 111, 999, go to A&E, MIU.
- It is important to recognise that often parents get anxious with children when they get sick – so if they call for help, this should be provided by a medically qualified professional.
- OOHs/111 must be manned by clinical qualified staff – who are skilled and competent – instil confidence in others.
- Can you make the new service work in a connected way with A&E? I had to stand outside A&E in Tewkesbury and dial 111 on my phone to book an appointment with the OOH doctor.

The patient perspective: What does a good service look like?

For children?	For adults?	For the elderly?
• Perfect, Quick, Painless. • Stay at home. Get good, prompt telephone advice. Health Education compulsory for parent. Health Visitors please! • Service must listen to carers who are often experts in their children's care and stop playing God! • Need to take carers into account. How will system deal with children with complex health needs and disabilities? • *Not always based on the target of* not going to hospital. • Service needs exemplary practice in relation to mental health and disabilities. • Service providers should learn from carers and be prepared to admit they don't know everything. • Parents often need assurance – even though the child may not be seriously ill. • Specialist knowledge of managing challenging behaviour. • Empathetic. • Service must be co-productive with parent carers. • Expertise in relation to autistic spectrum disorders. • Response times must be kept to the minimum. • Not to ask single parents with several small children to drag them all out to a centre in the middle of the	• Efficient and effective. • For all 3 – Timely and efficient. • Stay at home. Better education on "the correct" service. Penalties for repeatedly abusing service. • My own GP should be delivering. • Round the clock access to information, support and care 24/7. • Access to timely GP appointments if that is what is recommended. • First person contact has to be a GP NHS 111 – GP answers as this saves time. • Easy to understand information. No jargon. • NHS 111 well trained specialised clinician. • Efficient and reactive. • Regularly monitored and reviewed by users "you said we did". • Looks at needs of carers. • Efficient. Empathy • The same for all. Prompt, responsive. Do what they say they will, know available services and the area. • Ensuring all GP practices do extend hours. Especially in the Forest of Dean. • Efficient, effective. Focussed on positive outcomes. • Impossible to answer on a post-it other than an obvious broad brush stroke response!!	• Understanding. Clarity of language. Sympathetic. • Very important for OOH to know which elderly has an unpaid carer as this person often speaks for the patient. • 24/7 Access to excellent care/information/support and easily accessible. • Kind, caring, speedy, effective and honest. • Why can't this service be provided by GRH or CGH? • Compassionate, caring, friendly, ability to listen. Elderly can hide pain. Transport • Responsive and connects to the community to reduce repeated contacts. • Urgent assistance physical and social when called, better seamless social care. • Understanding that a) the elderly tend to under emphasise their condition and b) They can't all drive somewhere. • There are many elderly who do not have mental capacity – hence unpaid carer important to listen to as will call on behalf of elderly. • Care Homes Not overusing OOH service. Good/better communication with clinicians to support care in care homes. • NHS 111 well trained clinician specialised training. • Easy access/easy to

night. • Easy access to high quality information, support and care. • For ALL CARE!!!! • First person contact is very important. NHS 111 – GP answers as can be efficient and cost effective. • No jargon. • Information/support – easy and understandable. • First contact NHS 111 – GP answers or clinical important well trained specialised. • The need for including families and experience.		understand/accessible in a way but is encouraging. • Understanding that they are vulnerable/ may leave alone and have co morbidities. • With dignity. Awareness of carers. Awareness of services of Community Hospital. • The same – fair service provision for all by need? • Quick response, quality advice, signpost. • Timely. Understanding. Looks at needs of carers. • Kindness, quick. Involving "care".

The service will be required to provide access to "face to face" consultations for Gloucestershire residents within a 30 minute drive by car. Your comments:

- Depends where you live and where the Out of Hours is placed. From Winchcombe it would take more than 30 minutes to Gloucester unless you broke every speed limit.
- Does that include the motorway and traffic lights and the time to get granny and the kids and the dog in the car?
- What about if you don't have a car or is it the other way round.
- Consideration should be given to making known ways in which people might travel to the service when they do not have the ability to travel by car.
- Localised consultation/centres attached to surgeries or Community Hospitals.
- Unhelpful statement. More work needed on ease of access.
- Really! That means in rush hour can't go from Chelt to Glos.
- A network of responders required.
- Rural GP services to extend into OOH service.
- What if you don't drive? What if you are elderly?
- How do you filter out chronic illness sufferers who might need additional help?
- Services in Lydney and Dilke need to be open after 11pm at night.
- What about patients without cars?
- What about those who live just by the border? Need to work with neighbouring counties too.
- Rural differences require differentiation.
- We are a rural county!!!!
- Could there be one car/driver maybe to go with the service? What about those without car and not able to access taxi etc.
- Are you assuming everybody can drive or access to a driver.
- Many older people do not like to drive at night and many do not have a car. Public transport is poor and unreliable.
- Should be "to all Gloucestershire residents". No distance limited
- 30miles means 60minutes.
- Good! How will it be monitored, who will provide car and driver?
- We don't understand the question. What drive from where?

What should the criteria for a "home visit" include?

- Carers concern for patients symptoms.
- If patient or carer unable to leave home.
- Information of patient's health history necessary when dealing with patient with brain injury and memory loss.
- Where carers find themselves unable to cope with sudden deterioration in say a dementia sufferer.
- Patient unable to travel/get out of bed.
- Proper assessment, not midwife for male with abdominal pain.
- Clear consideration of all alternatives first (thinking cost) but a lot of compassion so judgements may need to consider individual circumstances.
- Age of the patient.
- Not age – frailty and disability.
- Single householder, rural isolation.
- Unavailability of rural transport.
- Mobility, breathlessness, baby/children ill, no transport.
- Patients/carers inability to leave home.
- Chronic long term illness
- Isolation of elderly – need contact, support, advice
- Ill children
- No transport
- Elderly
- Patient unable to leave home
- Transport issues
- A must for palliative care
- Very sick – that they can't come out
- Very vulnerable
- End of Life patient – severe pain, breathlessness, fall – but not for hospital admission
- When telephone advice has not been able/enough to resolve issue
- Breathing difficulties – unless already got ambulance on the way
- Social/rural isolation

The service needs to integrate with, and positively contribute, to the local healthcare community.

What are the challenges with this?	What opportunities might this bring?
Co-ordinating resources. Access to resources/information	To get GPS to work more closely with their patients – know them!! In the long term its more effective.
Please don't duplicate ANOTHER directory! Use what we have, but put resources into make what we have more robust.	Info/case history shared across service so that carers do not have to constantly repeat same story.
When a current service/3rd sector etc changes – who does it inform? How will co-ordinate this information?	Education, education, education
How to educate the uneducable	Make improvements
Ensure IT supports the sharing of info across services eg specialist care notes with GP – can be seen by NHS 111 – not seen by ambulance on visit.	Educate patients – inform them on what they should use OOH for – NHS resources are limited!
Info sharing across organisations 111/999/OOH needs to see same data set	Joined up care. Allowing contracts with third sector to be monitored and ensure promises by main providers are kept.
Not reaching those who might benefit	A vulnerability database of patients
Encourage community support groups and	The whole integrated, it needs to be part of the

neighbouring community	whole.
How doe 111 work for those with significant communication difficulties?	The opportunity to increase access to more services for people with significant mobility difficulties
Education needed for general public on what is already available will be a challenge.	The opportunity to increase access to these services for those with communication difficulties
Integration by all	Carer aware services please
Organisations not passing the buck!	A more responsive service. Generalists in healthcare that are local
Own up to mistakes and make improvements	Better communication
The time to integrate without time to do so	Information sharing
Hidden agendas, big egos, protective managers	Representatives from third sector, schools, community centres, existing health & social care professionals work together
Please ensure that healthcare professionals can communicate info about patient to the new OOH service – GPs, Palliative care teams, District nurses, must be able to pass info onto help the overnight teams. This must include ambulance service please.	Don't forget district councils! Who are also embedded in their community , know their communities and provide good services
	Better service for patients
	To make best use of what it already there to reduce numbers of repeat contacts ie connect to the community.
Who or what will lose out?	Likely to be more cost effective if less overlap
Why outside provider interest in profit not care	A paediatric 24 hour extra service or midwife/nurse lead service for 0-4 year olds
Duplication	Best value
A need of local patient knowledge	Preventative
Need a fully staffed district nurse service before rapid response is introduced	Multi-cultural
They might actually have to talk to each other!	Referrals to "falls clinic" for the elderly
Money driving too many quality issues – not care	Ability to keep patients at home with rapid response
How are they going to do this if out of county?	Opportunity for enabling people with learning disabilities to access mainstream services – promoting inclusion within society and need for "specialist" provision
GPs should listen to their practice nurses – they know more about the patient.	Agree need to have details of all services. Avoid duplication.
Integrating with social service and mental health teams where a patient has complex needs.	Encourage integrated services access for people presenting complex needs which incorporate a number of generic provision eg: Learning disability, person with MH physical health needs.
Not meet needs!	Provide information which is easy to find on Glos site identifying what services and provision are available and how to access them.
Communication between providers may be an obstacle unless fully focused on	Development of local group/hubs
Effective communication	Link or contact residents associations to be elderly and carer aware
Language – huge inner city community speaking many languages	Development of a positive network
Needs – great!	Communication – if they will listen.