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Press release

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Patients satisfied with out-of-hours care but the NHS needs to ensure services are fit for the future

Most patients are satisfied with NHS out-of-hours care. But fewer GPs are working during the out-of-hours period and there is a significant risk the service is unsustainable in its current form.

An Audit Scotland report published today, *Primary care out-of-hours services*, looks at how out-of-hours care has been managed and delivered since responsibility for it shifted from GPs to NHS boards in 2004. Since then, 95 per cent of Scotland's GP practices have opted out of providing 24-hour care to their patients.

Under the new system of out-of-hours care, GP practices can opt out of providing out-of-hours care but GPs can then choose to deliver some out-of-hours work to NHS boards for a fee. But the number of doctors doing this work is steadily dropping, particularly in rural areas. The report says NHS boards and the Scottish Executive need to invest in extending the roles of other health professionals, such as nurses and paramedics, and in developing new models for delivering the service.

Deputy Auditor General for Scotland Caroline Gardner said: "Since the changes to out-of-hours services three years ago, NHS boards have worked hard to maintain the care patients have traditionally experienced, and most patients are satisfied. However the way the service is currently delivered needs to change as there is a significant risk that it is unsustainable in its current form, particularly in Scotland's rural and remote areas.

"The Scottish Executive should look to healthcare professionals other than GPs and consider how to extend their roles and skills. Meanwhile NHS boards should continue to develop how they work with partners, such as NHS 24 and the ambulance service, to deliver out-of-hours care for patients."

Boards covering Scotland's rural and remote areas are under the most pressures in providing out-of-hours. Since the changes to the service there have been reductions in GPs choosing to work out-of-hours and costs in remote and rural areas are higher. In 2005/06 providing out-of-hours care in the Argyll and Bute area cost six times that of doing so in Greater Glasgow (£43.63 per person compared with £7.61).

The report also finds that there is a lack of monitoring of changes to out-of-hours services, so it is difficult to assess the impact on patients. However as part of the report Audit Scotland carried out a survey that found that more than 80 per cent of patients who have accessed out-of-hours care are satisfied with the service they received.

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Notes to editors

1. Under the new General Medical Services contract for GPs introduced in April 2004, GP practices could choose not to provide out-of-hours services ('out-of-hours' covers weeknights and weekends). By 31 December 2004, 95 per cent of Scotland's practices had opted out, and responsibility transferred to NHS boards.
2. NHS boards generally contract GPs at locally-set hourly rates to provide out-of-hours care. However, the number of GPs doing this work is steadily falling and many boards find it difficult to fill out-of-hours rotas.
3. Audit Scotland carried out a survey of GPs and commissioned a survey of patients for this report. Copies of the results are available on request from Audit Scotland on the contact numbers above.
4. All Audit Scotland reports published since 2000 are on Audit Scotland's website www.audit-scotland.gov.uk

5. Audit Scotland is a statutory body set up in April 2000, under the Public Finance and Accountability (Scotland) Act 2000. Audit Scotland has prepared this report for the Auditor General for Scotland. The Auditor General is responsible for securing the audit of the Scottish Executive and most other public bodies in Scotland, except local authorities. He investigates whether spending bodies achieve the best possible value for money and adhere to the highest standards of financial management. The Auditor General is independent and is not subject to the control of the Scottish Executive or the Scottish Parliament.