

# **Review of primary care out-of-hours services in Scotland**

## ***Summary impact report (12 months)***

### **The report findings and recommendations**

1. The Auditor General's report *Primary care out-of-hours services* was published on 30 August 2007.
2. The report examined primary care out-of-hours services following the introduction of the new GP contract in 2004, which allowed GP practices to opt out of providing 24-hour care to patients. The report found that the NHS has worked hard to maintain out-of-hours services for patients and, according to our survey results, most patients are satisfied with the care that they get. But with fewer GPs willing to work out-of-hours the report identified there was a significant risk the service was not sustainable. It said that the NHS needed to address this and consider how to involve other healthcare professionals and agencies as appropriate, such as paramedics and nurses.
3. The report made 12 recommendations aimed at developing out-of-hours care so that it is fit for the future and sustainable. This includes extending the roles of other healthcare professionals and developing new models of delivering care. Appendix 1 shows how the recommendations relate to the areas of impact.

### **Media interest in the report**

4. The report generated a great deal of media interest upon publication, including radio and television interviews and many press articles (84 items in total). Three months after publication, the report had 767 downloads from our website and a year after publication it had 2,118 downloads.<sup>1</sup> This suggests a high level of continuing interest in the report.

### **Parliamentary scrutiny**

5. The Scottish Parliament Audit Committee first considered the report on 12 September 2007. The Committee then wrote to Dr Kevin Woods to find out how the Government planned to take forward Audit Scotland's recommendations. The Audit Committee considered Dr Wood's response on 7 November 2007 and the Convenor concluded that the Scottish Government accepted a number of the recommendations and had begun to take action to address some of the concerns the report raised. However, the Committee noted that it did not have adequate assurances that the NHS would get sufficient value for

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<sup>1</sup> The three month figures includes 58 podcast downloads and the 12 month figure includes 224 podcast downloads.

money from the new contract. Rather than carry out an enquiry at that stage, the Committee agreed to wait until Audit Scotland completed further work on the new general medical services (nGMS) contract and consider the whole range of issues together.

6. Audit Scotland published a report on the nGMS contract in July 2008. The report had recommendations for the Scottish Government, some of which were similar to those in the out-of-hours report, for example, around ensuring the Scottish Government collects robust data before implementing major schemes; and that it reviews the impact of the changes on other services such as NHS 24. The report also raised concerns about the difficulty in assessing whether the nGMS contract was achieving value for money and made recommendations for the Scottish Government and NHS boards to monitor the investment in enhanced services to ensure NHS boards achieve value for money and meet local needs. The report was subsequently referred to the Health and Sport Committee.

### **Significant developments**

7. NHS Quality Improvement Scotland (QIS) is responsible for monitoring boards' performance against its *Standards for The Provision of Safe and Effective Primary Medical Services Out-of-Hours*. It undertook follow-up visits and reported performance against the standards in May 2008. In its response to the Audit Committee, the Government outlined plans for NHS QIS to develop a set of clinical performance indicators for out-of-hours services. This forms part of NHS QIS' forward work programme 2007-2010.
8. A Demand Management Group has been established to identify actions that the NHS needs to take to monitor the impact of changes to general medical services on other services.
9. The Audit Scotland review of the nGMS contract found some evidence that the roles of practice staff are changing.

## Appendix 1 – Summary of report impact by Audit Scotland’s framework for measuring impact

HOLDING TO ACCOUNT AND HELPING TO IMPROVE				
	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
<b>General Impacts</b>				
Considerable media interest generated by the report’s publication	•			
Action taken by the Scottish Parliament Audit Committee	•			
<b>Audit Scotland recommendations for the Scottish Government</b>				
The SEHD should ensure that detailed national cost models based on accurate data are produced before implementing major schemes, and that these are used to inform negotiations and implementation.	•	•		
The SEHD should provide timely and effective guidance when implementing major new schemes, identifying actions that NHS boards are required to take and monitoring their impact.		•		
The SEHD should identify performance measures and baseline information against which benefits for patients and the NHS can be clearly measured before implementing schemes.	•	•		•
The SEHD should work with the NHS to share data on costs associated with out-of-hours services including costs associated with different models of care, and to reflect the impact of rurality.	•	•	•	
The SEHD should develop performance measures for out-of-hours services to support NHS boards to compare their out-of-hours services as they continue to develop them.		•		
The SEHD should provide clarity about the way forward for primary care out-of hours services, for example by investing in the development of extended roles for NHS staff to build on work carried out by NES and the SEHD strategy group.		•	•	

	Assurance and accountability	Planning and management	Economy and efficiency	Quality and effectiveness
The SEHD should review the impact of the changes to out-of-hours care on other services, specifically pharmacy, A&E and the ambulance service to inform planning around how out-of-hours services develop in the future.	•	•		•
The SEHD should ensure data are collected on a consistent basis to allow comparisons over time. (This related to data on demand for other services during the out-of-hours period.)	•	•		
NHS boards should share data on fees and payments to ensure value for money and monitor fee levels across Scotland.		•	•	
NHS boards should monitor contracts with other service providers to ensure value for money.		•	•	
NHS boards should continue to integrate primary care out-of-hours services with unscheduled care services, so that best use is made of available resources and patients can receive a more joined-up service.			•	•
NHS boards should monitor the implementation of extended roles for staff and GP re-provision rates to support accurate workforce planning for out-of-hours services and to inform service improvement.		•		