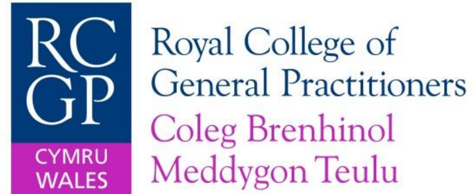

6 September 2018

Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

Dear Dai

Welsh out of hours services

Thank you for your letter of 7 August 2018 relating to out of hours services.

The evidence session looks like it was a useful undertaking and encouraged local health boards to think proactively about the winter. There appeared to be widespread recognition that out of hours services had serious weaknesses; there is mounting evidence that this is the case and we hope it leads to action to address this.

We note the emphasis being placed on multidisciplinary working and this is something we welcome. The College believes GPs at the heart of wider teams of primary care professionals will be vital in organising and planning services.

You asked a number of specific questions relating to out of hours services, and our answers are below.

Out of hours services

To what extent has the RCGP been engaged in conversations with the Health Boards across Wales/Welsh Government about tackling the gaps in GP out of hours services?

The College attends monthly meetings with Assistant Medical Directors in each local health board. Out of hours has regularly been discussed, but too often it is a case of “preaching to the converted”, with inadequate internal health board mechanisms to take forward the concerns and solutions expressed to the group. As the Wales Audit Office report highlighted, decisions about resourcing made by health boards lie at the heart of many of the problems, and there has been no contact between RCGP Wales and the Directors of Finance who hold the purse strings.

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We have also been in contact with Welsh Government and have urged them to send a clear message to local health boards that out of hours services should be prioritised and adequately resourced. In May the College attended a 'clinical summit' on unscheduled care pressures, to have an open conversation on pressures and solutions. The meeting was attended by Welsh Government representatives, including the NHS Chief Executive, as well as organisations in the health sector. A follow up meeting is scheduled for October. The College also has relatively regular meetings with Welsh Government officials, including those who lead on out of hours services. However we have not been asked for advice on specific plans.

As well as the College, we would also stress the importance of LHBs consulting with GP practices. We understand the Welsh Government has stressed the meaningful involvement of clinicians as a priority. We are aware of some incidents of this happening, although we don't have the information to say how widespread this has been.

To what extent will the All Wales action plan to address the challenges facing GP out of hours services in Wales (referred to in the Cabinet Secretary's letter) address your concerns about the mismatch between capacity and demand in out of hours services this forthcoming winter?

This document has not been shared with RCGP Wales at the time of writing. Following your letter, we have been in contact with Welsh Government on 9 August to request a copy. Given the level of expertise on urgent primary care within RCGP Wales, it is disappointing that we have not been offered the opportunity to feed into this document

Do you agree with the Health Boards that the current, GP-led model of out of hours services is not sustainable? Would you agree that focusing on trying to get more GPs back onto the out of hours rota is not a long term solution?

The current model is unsustainable because of long-term underinvestment and lack of support. As the recent Wales Audit Office report made clear, Welsh Government and local health boards have not prioritised services. It also found that between 2004-05 and 2016-17, notional funding from the Welsh Government for out of hours services decreased by 21% in real terms (pg 25).

A GP-led model is essential. The College would express serious concerns about any attempt to move away from a GP-led model, but believe GPs should be leading a multidisciplinary team. Services are unsustainable because of a lack of support and a failure of leadership from Welsh Government and local health boards.

Out of hours services need to be more than GPs and we strongly encourage the increased use of a wider, multidisciplinary workforce in out of hours services. Ensuring patients see the right person at the right time was something we called for our document 'Meeting urgent needs: improving out of hours services in Wales. The use of staff such as advanced nurse and paramedic practitioners, pharmacists, community psychiatric nurses and palliative care nurses should be encouraged. Urgent repeat medications are still often dealt with by GPs, when provision already exists for it to be obtained from pharmacy.

In this context, the role of GP leadership is perhaps more important than ever before. Language such as 'flight controller' or 'conductor of the orchestra' is often used. 'Meeting urgent needs' highlights the importance of 'GP supervision for multidisciplinary staff'. While

the 'model' may change to incorporate more primary care professionals, the importance of GP leadership must not be neglected. However, at present there are not primary care trained multidisciplinary team members available in sufficient numbers to fill the gaps, and all too often a flight controller or clinical lead job is a highly stressful role trying to juggle inadequate resources and holding the personal risk for an overstretched service. It is not surprising that most GPs are less than enthusiastic about doing this!

There are around 3,000 GPs in Wales, with important roles in training, education and clinical leadership as well as in the provision of patient care. RCGP Wales figures indicate this is around 400 full time equivalent GPs below what is needed. As a result, simply asking to more GPs to fill out of hours shifts is likely to lead to gaps in service elsewhere. Many GPs who have traditionally supported out of hours services will no longer work in out of hours services due to concerns over clinical risk and patient safety within the services. Committing to training sufficient MDT staff, making sure there are adequate call handling and other support staff and addressing the under resourcing of services might encourage them to return. Working conditions also need to be improved, with adequate access to cups of tea during a shift.

We agree that the current model is unsustainable. We agree that there is a need to further develop multidisciplinary working in out of hours services with GP leadership.

Does the RCGP have more confidence in the strategic direction and pace of change around the GP out of hours agenda?

While there appears to be an increasing commitment to fix it, the College still lacks confidence that adequate steps are being taken to address the challenges. The solutions still appear to be targeted at the out of hours services themselves, rather than an entire health board approach being taken to meet the needs of patients. A suggested approach is highlighted in the RCGP Wales document 'Meeting urgent needs: improving out of hours services in Wales'. The document outlined 'essential and achievable' steps that would result in quick improvement. These ideas were intended as steps that could begin to turn services around as a matter of urgency. For example, employing and training more call handlers would address call abandonment rates, allowing patients to access services instead of spreading demand across the NHS. It is non-clinical recruitment and something that should be achievable relatively quickly. We believe it should be in place before the 2018/19 winter.

In addition, it highlighted the need for pathways that work for patients. Rather than patients with mental health issues experiencing long delays within the out of hours system, the use of health board resource could speed up the patient jouney and relieve pressure on services. For example, patients with mental health issues often face long delays within the out of hours system, a better option would be CPNs performing the initial triage who can rapidly escalate to psychiatry admissions.

Should the 111 programme be rolled out at a greater pace?

111 is just a Number. Without strong and adequately resourced services sitting behind it, it is unlikely to make a significant difference. However it should be used as a catalyst to deliver the type of system we want. It should be used to recognise the importance of the community based services 111 feeds into. It should also be used to develop the triage and multidisciplinary workforce we need. LHBs are likely to be in a better position to determine whether they should increase the pace of the roll out, although if certain aspects are

identified as working well, there is a role for Welsh Government in promoting good practice and ensuring it is rolled out more widely.

Workforce

Is the answer to capacity issues in out of hours services to provide services at fewer sites?

No. The underlying issue is under-resourcing and lack of capacity. Services would need to be planned to ensure they are accessible for patients. They would also need to consider the importance of creating a positive working environment for anyone working in them.

Have the Health Boards across Wales made sufficient progress towards multi-disciplinary team working, (for example, through advanced nurse practitioners, advanced paramedics, physician associates and palliative care nurses etc.) to alleviate winter pressures?

No. Too often MDT professionals have been introduced in a crisis situation without adequate understanding of their competencies. This has placed patients at risk and put MDT staff in a difficult position. MDT staff have a huge amount to offer services, but their individual knowledge skills and competencies need to be understood and pathways adapted accordingly. As an example, not all nurses will be able to diagnose and treat young children, and not all paramedics are competent to provide palliative care. Additional training, support and mentoring needs to be provided.

Pockets of good practice exist such as the way nurses are used and trained in BCU, or the way pharmacists have been integrated into 111, but these have not been systematised across Wales.

Workforce shortages across different professions can limit progress, and it is important to recognise that staff are adapting to a new way of working while under significant pressure. It can be difficult to find the necessary headspace when workload pressures are so intense many are just getting through day by day. There is also a lot of work to be done with public perceptions, as there can be some pushback about being seen by someone other than a GP.

Is there sufficient focus on mental health in the Health Board's winter plans given the additional pressures this can put on services during busy winter periods?

Health board winter plans have not been shared with RCGP wales. We have local advocates in each health boards who would be able to provide expertise if requested. We believe the solutions to dealing with mental health problems in the out of hours period are as described above.

Is there sufficient focus in the Health Board's winter plans on hospital admission prevention and the role of primary care in managing patients, particularly the elderly and those with chronic conditions safely in the community?

The distribution of resources makes it very difficult to deliver preventative healthcare. This lack of support, coupled with increasing demand, means access to general practice remains

too difficult. The 2017/18 National Survey for Wales results revealed that 42% of people found it difficult to make a convenient appointment.

Effectively managing elderly patients and those with chronic conditions requires strong general practice and primary care. We do not believe this is adequately prioritised by Welsh Government or LHBs. It is an issue all year round, and the increased illness in the winter months only exacerbates the issue.

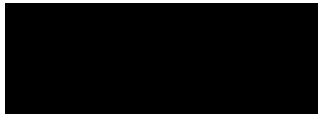
Every patient whom GPs successfully manage to keep at home rather than admit to hospital needs ongoing medical, nursing and care support, and a mechanism needs to be in place to resource this.

Promotion of flu vaccination

Flu, gastroenteritis and norovirus can put short-term strains on health and social care services during the winter period. Are GPs doing enough to promote and increase uptake levels, particularly among high risk patients?

GPs work hard to ensure good vaccination rates, and no GP wants unused vaccine sitting in their fridges at the end of the season! Increased public awareness of the benefits is needed, especially among younger patients with chronic disease

Yours sincerely



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