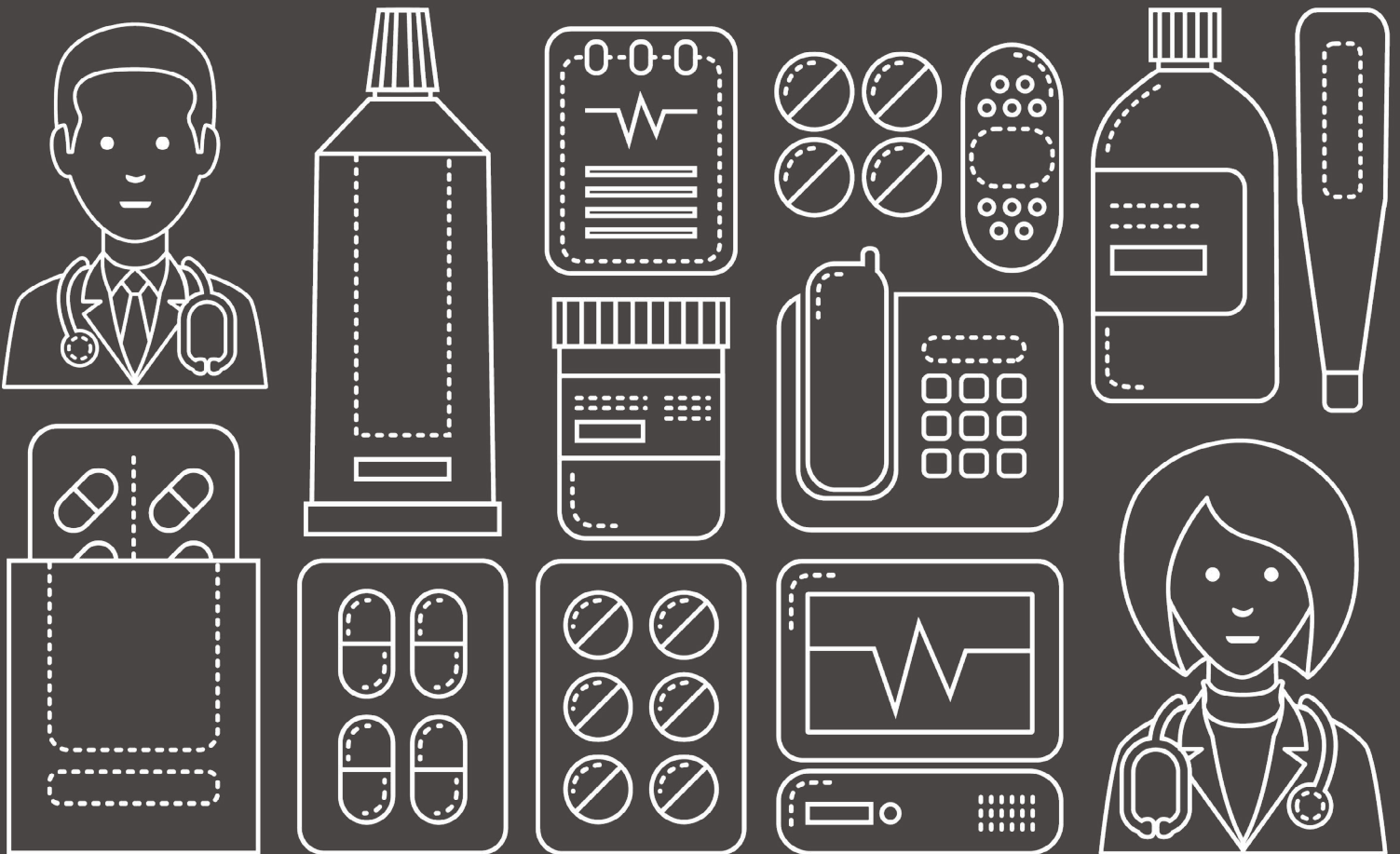


Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Primary Care Out-of-Hours Services



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU



I have prepared and published this report in accordance with the Government of Wales Act 1998.

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**Mae'r ddogfen hon hefyd ar gael yn Gymraeg.**

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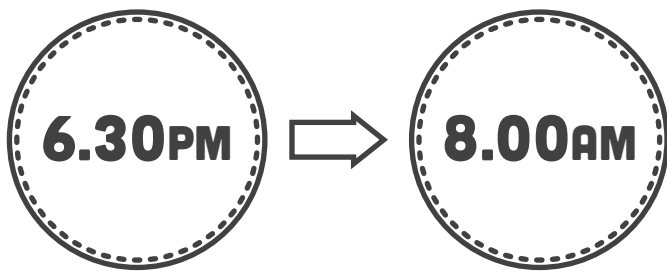
# Background

- 1 **Exhibit 1** describes what primary care out-of-hours services are and how they work.

## Exhibit 1 – Primary care out-of-hours services in Wales

Primary care out-of-hours services are sometimes referred to as GP out-of-hours or urgent primary care services. These services provide healthcare for patients with urgent but not emergency medical problems outside normal surgery hours. General practitioners have traditionally led the delivery of out-of-hours services but other clinicians are increasingly involved in these services, including nurses, paramedics and pharmacists.

### The out-of-hours period

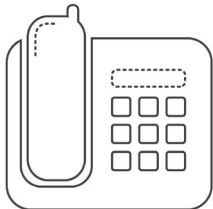


**Plus weekends and public holidays**

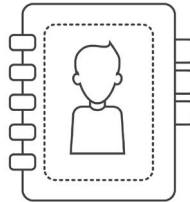
### Who is responsible for providing out-of-hours services?

Since 2004, health boards have been responsible for ensuring their resident population can access these services. Some health boards choose to provide these services directly, by employing staff. Other health boards choose to commission other organisations (ie private companies or not-for-profit cooperatives) to provide these services (see **Appendix 1**).

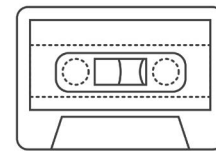
## How do out-of-hours services work?



**0.6 million**  
people contact  
out-of-hours  
every year.



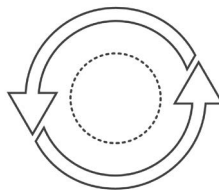
People call their GP  
surgery's number,  
or  
the out-of-hours  
service's direct number,  
or  
in some areas people  
can now call 111.



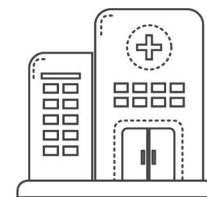
**Recorded message**  
A welcome message  
signposts patients to  
alternative services.  
Hold the line to speak  
to the out-of-hours  
service.



**Call taking**  
The call is answered  
by a trained call  
handler. They ask  
what the problem is.



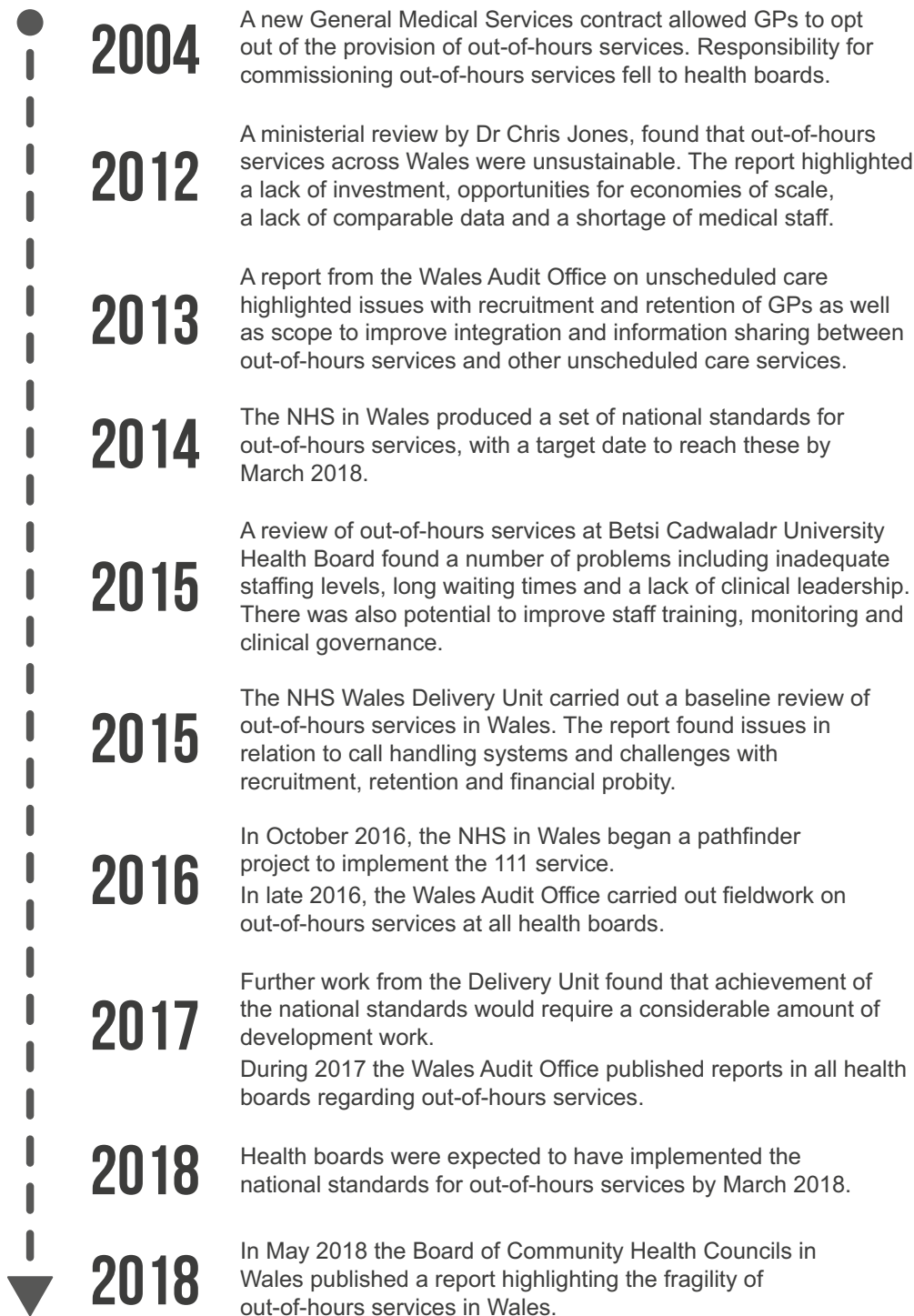
**Call back**  
A doctor, nurse or  
paramedic often calls  
the patient back.



**Advice or Appointment**  
Some patients are advised  
to self-care, some are visited  
at home and most have an  
appointment at a primary  
care centre.

- 2 The timeline below highlights the important events and changes that have affected out-of-hours services in Wales since 2004.

**Exhibit 2 – Timeline of key developments in out-of-hours services**



Source: Wales Audit Office

- 3 This report considers whether patients in Wales have access to resilient and well-run out-of-hours services. It summarises the findings from our 2017 audit reports on out-of-hours services at each health board. We have also examined the current arrangements for the national leadership and planning of out-of-hours, and the progress that has been made in delivering the 111 telephone service (see [Exhibit 3](#)). [Appendix 2](#) describes our methods.
- 4 This report is part of a suite of Wales Audit Office work on primary care. In April 2018, we published *A Picture of Primary Care in Wales*. During autumn 2018, we will publish reports describing each health board's progress in delivering the national primary care plan.

### Exhibit 3 – What is 111?



The 111 service is a new way for people to get health information, advice and urgent care, 24 hours a day. People should still call 999 for emergencies.

The service brings together the phone-based aspects of NHS Direct Wales and out-of-hours.

The Welsh Government and National 111 Programme intend to roll out the 111 service across Wales subject to a successful pathfinder scheme in Swansea, Neath Port Talbot, Bridgend and Carmarthenshire. People in these pathfinder areas can dial 111 free of charge.

The pathfinder is part of wider work on developing a Transformational Model of Primary Care in Wales. Click this link for more details on the model: [www.primarycareone.wales.nhs.uk/pacesetters](http://www.primarycareone.wales.nhs.uk/pacesetters)

The service is for people who are unsure of which service to use, or who just want advice or information. Importantly, the service is also for people who want to access out-of-hours services. 111 will eventually replace the out-of-hours phone number.

People calling 111 get through to a bank of trained call taking staff employed by the Welsh Ambulance Services NHS Trust. If necessary, people then have an assessment over the phone, with a doctor, nurse or pharmacist. These clinicians may solve the person's problem through advice or information, they may make a referral to another service or they may make an appointment or arrange a home visit from the out-of-hours service.

Provision of home visits and face-to-face appointments remains the responsibility of each health board, not the 111 service.

Evaluation of the ongoing pathfinder has shown some positive results, as shown later in this report.

[Navigate to the Welsh Ambulance Services NHS Trust website for further details on 111.](#)

Source: Wales Audit Office, Welsh Ambulance Services NHS Trust

# Key findings and recommendations

- 5 Overall, we concluded that primary care out-of-hours services are appreciated by patients but are not meeting national standards<sup>1</sup> 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. The findings that have led us to draw these conclusions are summarised below.

## Our survey suggests patients have generally positive views about out-of-hours services but there is a need to improve signposting and to achieve the national standards on timeliness

- 6 Our patient survey revealed generally positive views about out-of-hours services. Whilst our survey provides only a small snapshot of the views of 330 patients, half of all respondents rated out-of-hours as 'Excellent' and 89% rated it as excellent, very good or good.
- 7 Our mystery shopping exercise showed there is scope to improve signposting to help the public understand when and how to use out-of-hours services. We found scope for more consistent and clearer messages on health board websites and GP practice phone lines.

### Recommendation 1

**In parallel with the national roll out of the 111 telephone service, the Welsh Government should lead work to standardise the way that NHS websites, GP phone lines and other NHS information sources refer and signpost to out-of-hours services. The work should also aim to provide a clear, nationally-agreed definition of the scope of out-of-hours services and the circumstances in which the public should access them.**

- 8 The available data on out-of-hours services suggests some service users face delays in call handling, home visits and face-to-face appointments. The Welsh Government expected health boards to meet the national standards for out-of-hours services by March 2018. However, the most up-to-date data (up to October 2017) suggests health boards are some way off from meeting many of the standards.

<sup>1</sup> Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services, May 2014.

## **Recommendation 2**

**The Welsh Government is carrying out work to update the national standards for out-of-hours, to make sure the standards fit with the new ways of working between 111 and out-of-hours. The Welsh Government should introduce an annual report to describe the health boards' progress in implementing the new national standards.**

**Notional funding from the Welsh Government has fallen in real terms and services are strained due to morale and staffing issues that threaten the resilience of services**

- 9 Our staff survey 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.
- 10 There is a range of staffing problems in out-of-hours services. Health boards are struggling to fill shifts and they rely on a small number of staff to fill unpopular shifts. All health boards are trying to reduce their reliance on GPs by expanding the range of professionals working in out-of-hours teams. But progress is piecemeal and at the time of our fieldwork, no health board had a specific workforce plan for out-of-hours.
- 11 Health boards' spending on out-of-hours services varies widely, and across Wales as a whole, Welsh Government's notional funding for out-of-hours has fallen 21% in real terms since 2004-05. Services are taking unsustainable approaches to paying GPs, such as increasing pay rates for last minute shifts, and by increasing rates to compete with neighbouring health boards. There is concern that out-of-hours services may be affected by the need to demonstrate increased compliance with rules relating to the tax and employment status of GPs. These issues have the potential to increase service costs and further deter staff from working in out-of-hours. Work is ongoing within NHS Wales to assess the impact of these issues.

## **Recommendation 3**

**To make out-of-hours services more attractive places to work, the Welsh Government should work with the health boards to carry out a national project to engage with out-of-hours staff, to identify and address the factors that are causing poor morale and deterring staff from working in these services.**

#### **Recommendation 4**

**The Welsh Government should work with the health boards, ambulance service and the 111 Programme to develop a national workforce plan for out-of-hours services. This should build on the engagement work in Recommendation 3. The plan should set out the mix of skills and competencies that multi-disciplinary out-of-hours teams need in future and the national-level actions required to deliver that mix of skills.**

#### **Poor information on service quality and performance is hampering the effective governance, planning and management of services at a national and local level**

- 12 The frequency of reporting out-of-hours information to boards and committees varies considerably across Wales. Some interviewees told us that out-of-hours only receives enough attention at senior levels in health boards when the service begins to suffer operational problems.
- 13 Problems with gathering data on the performance and quality are causing difficulties with performance management. There are longstanding problems with the monthly data that health boards submit to the Welsh Government. There are large gaps in the data and there are issues with comparability between health boards. Some of these problems may be solved by a new national computer system (see [paragraph 19](#)) but the system will not be in place until October 2020.
- 14 There is scope to improve intelligence on the quality of out-of-hours services. The monthly data that health boards submit to the Welsh Government focus on national standards related to timeliness but do not cover the quality-related aspects of the standards. We also found that some health boards are not carrying out sufficient clinical audit to monitor the quality of care provided by clinicians. There is also scope to improve the way that services report and learn from patient safety incidents.

#### **Recommendation 5**

**The Welsh Government should work with health boards to introduce a regular national assessment of quality in out-of-hours services, to consider clinical audit, learning from incidents and patient experience. The assessment should also lead to a set of national and local improvement actions for the NHS in Wales.**

## 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

- 15 We found weaknesses in the planning of out-of-hours services at a national level. Whilst two national plans mention the strategic direction for out-of-hours, neither provides a comprehensive picture of the future for these services. 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. And without a clear strategic plan or model for delivering these face-to-face services in new, innovative ways, it is likely that health boards will continue to struggle to meet the standards in future.

### **Recommendation 6**

**The Welsh Government should work with health boards, ambulance service and relevant all-Wales groups to test and spread innovative practice in the provision of out-of-hours face-to-face appointments and home visits. This work should result in a clear model of face-to-face services for the NHS to implement locally or regionally.**

- 16 We also found weaknesses in the planning of out-of-hours services by health boards. Most health boards have action plans for out-of-hours services but these are operational rather than strategic. We also found that some health boards' unscheduled care plans barely mention out-of-hours, highlighting the need for more integrated planning.
- 17 There is scope to review and strengthen leadership arrangements at both a local and national level. Given that out-of-hours forms part of a wider system of urgent care, health boards have struggled to decide where to position out-of-hours within their existing management structures. Some health boards have chosen to split the executive responsibility for out-of-hours between two or more staff, which potentially muddies lines of accountability. Where appropriate, our local audit reports have made recommendations about strengthening leadership arrangements for out-of-hours services.

- 18 At a national level, there is a professional lead for primary care. The remit of this role is to take forward the national primary care plan but as the plan makes only one mention of out-of-hours services, out-of-hours has not been a major focus for the professional lead. Out-of-hours services have also not been a major focus of the national boards for unscheduled care and primary care. The All Wales Out-of-Hours Forum is a national, clinician-led group that guides developments in out-of-hours services but its remit is loose. There is also scope to better align the forum's work with that of the national boards and the Directors of Primary, Community Care and Mental Health.

### **Recommendation 7**

**Welsh Government should review the 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.**

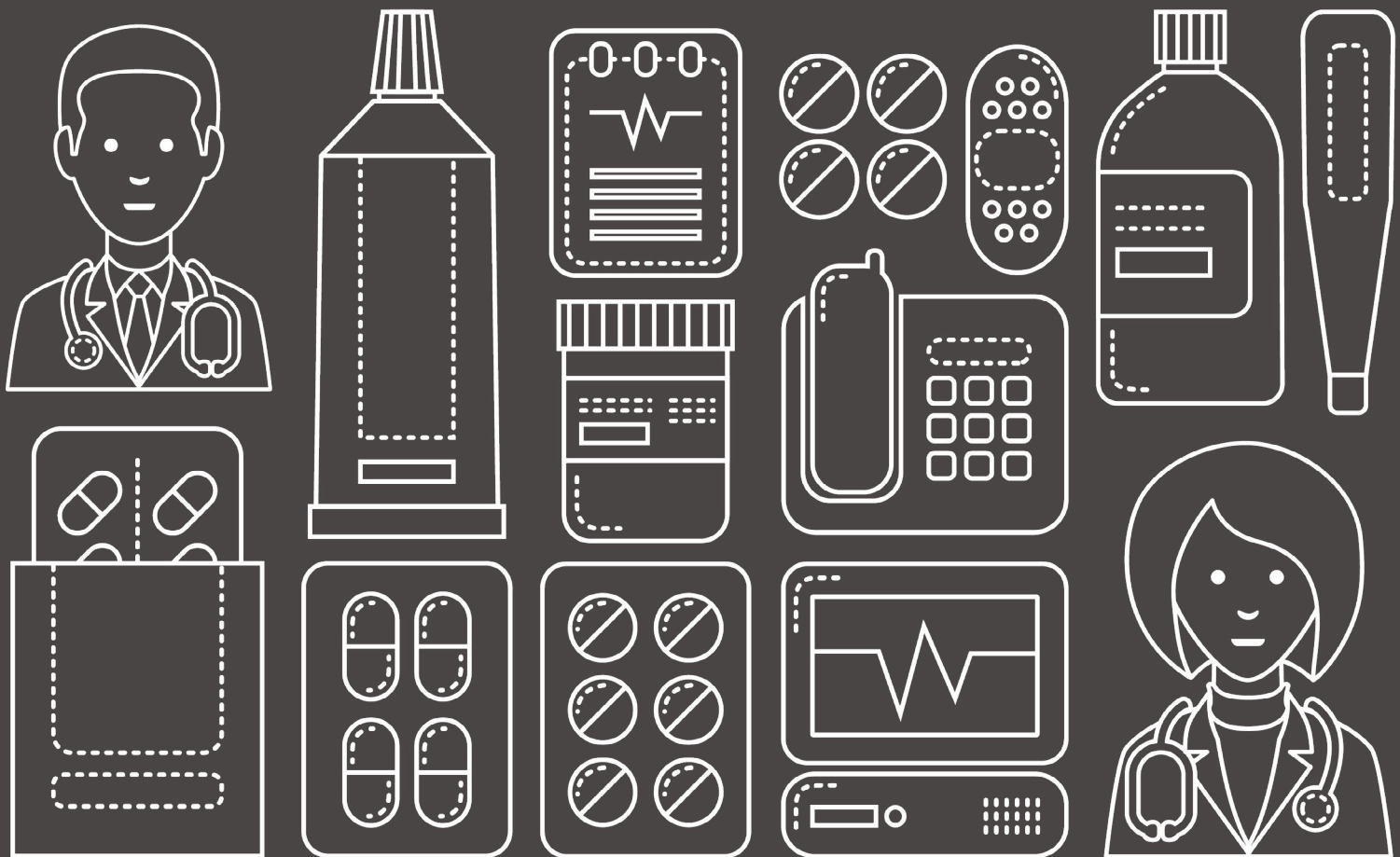
- 19 The introduction of the 111 service provides a key opportunity to improve integration of out-of-hours with other services. The 111 service will provide 24-hour call taking, information and advice. Importantly, it will provide integrated call taking and triage for out-of-hours plus NHS Direct Wales. 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.

### **Recommendation 8**

**Welsh Government and the 111 Programme should clarify the timescales for finalising and assessing the business case for the integrated computer system to replace existing systems in 111 and out-of-hours services, to ensure decisions on affordability are taken as soon as possible.**

- 20 While the 111 service has many potential benefits, it is not a solution to all of the problems facing out-of-hours services. A successful 111 service should ease some of the current call taking pressures. But as out-of-hours services will remain responsible for providing appointments at primary care centres and home visits, services are still likely to face challenges in filling shifts and ensuring adequate staffing levels.

# Detailed report



Our survey suggests patients have generally positive views about out-of-hours services but there is a need to improve signposting and to achieve the national standards on timeliness

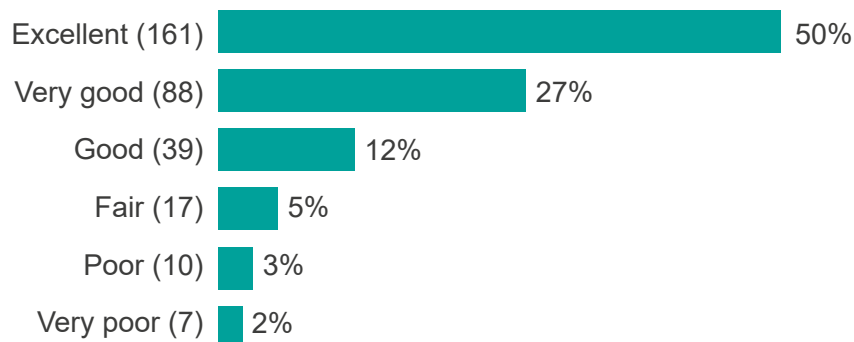
## Our patient survey suggests people have generally positive views about out-of-hours services

1.1 We surveyed nearly 2,000 out-of-hours patients to ask their views on the care they received. We received 330 responses so we recognise that our survey provides only a small snapshot of opinions. **Exhibit 4** suggests that overall, patients had positive experiences of out-of-hours.

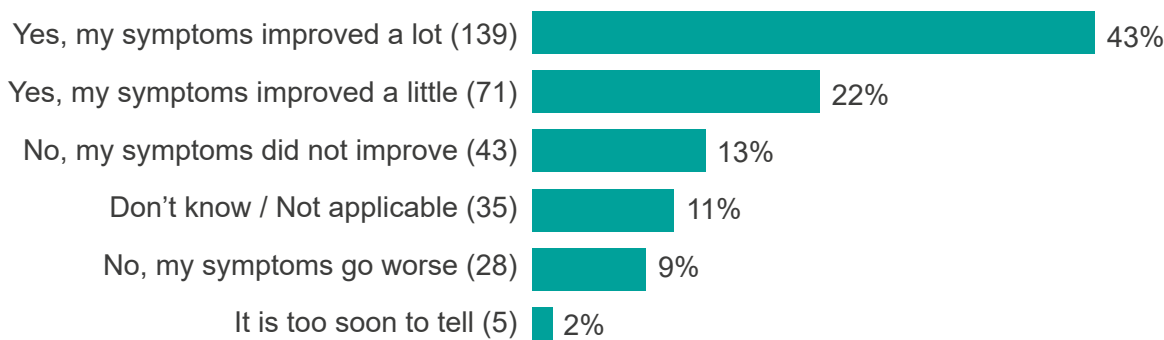
### Exhibit 4 – Results of our patient survey

#### Overall satisfaction

How would you rate the service you received from the out-of-hours service?



Did your symptoms improve as a result of the advice/treatment you received from the out-of-hours service?



### **Call taking**

- 89% thought the call taker always listened carefully to them.
- 92% thought the call taker always treated them with respect.

### **Patients offered an appointment**

- 82% said the appointment location was convenient or very convenient.
- 89% said the healthcare professional always listened carefully.
- 93% said they were always treated with respect.

### **Patients visited at home**

- 90% said the healthcare professional always listened carefully.
- 93% said they were always treated with respect.

### **A sample of positive views expressed by patients:**

‘ While there was some delay in the doctor arriving, necessitating a second phone call to the out of hours service, when the doctor did arrive his care and thoroughness was excellent, we could not have asked for more from him.’

‘ Whatever statistics say this service is essential in a rural county like Powys.’

‘ The young doctor who attended me was truly sympathetic and helpful.’

‘ I was dealt with quickly and professionally and due to starting a course of antibiotics straight away my symptoms were under control in a few days. I feel this service is excellent and I was so impressed with this service as it was the first time I had call to use it.’

‘ My daughter is an epileptic and has suffered lots of problems during the night time. I have visited the out of hours many times and have always appreciated the fact that they are there. I will always be grateful. Thank you.’

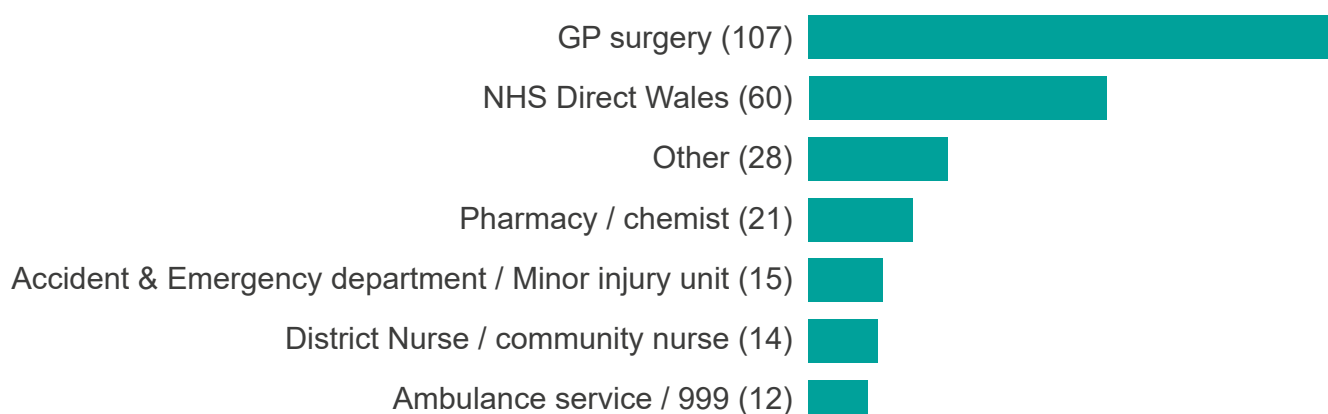
Source: Wales Audit Office survey of out-of-hours patients

## There is scope to improve signposting to help the public understand when and how to use out-of-hours services

- 1.2 We carried out a 'mystery shopping' exercise of GP practice phone lines and websites to better understand patients' experiences of contacting out-of-hours. We found scope to improve signposting to out-of-hours services through health board websites. Four out of seven health board websites had clear information about out-of-hours on their landing pages. And whilst all health boards had a specific webpage dedicated to out-of-hours, only three of these pages provided a description of the service and only two gave the opening times. Only Aneurin Bevan University Health Board's webpage provided examples to illustrate circumstances where it is appropriate to access the service.
- 1.3 There is also scope to improve signposting to out-of-hours services through GP practice telephone lines. We called 70 practices during the out-of-hours period and found that more than a quarter of the answerphone messages we heard did not give the telephone number of out-of-hours services. Only around half of the answerphone messages stated that out-of-hours services are for 'urgent' cases only.
- 1.4 The results of our patient survey also suggest there is a need to do more to help patients find their way to the most appropriate service for their needs. **Exhibit 5** shows that many patients accessed other health services before contacting out-of-hours. Whilst this may be unavoidable in some cases, better public understanding of services may ensure people find the right help more quickly.

## Exhibit 5 – Many patients contact other health services before finding their way to out-of-hours

**Before you contacted the out-of-hours service, did you contact or visit any of the services below? Please tick all that apply**



Source: Wales Audit Office survey of out-of-hours patients

## While incomplete, data suggests health boards are not meeting the national standards for timeliness in out-of-hours services

- 1.5 Later in this report we highlight weaknesses in out-of-hours performance data (see paragraphs 1.28 to 1.30). The data that does exist suggests problems with the timeliness of aspects of out-of-hours services<sup>2</sup>. The Welsh Government expected health boards to achieve the national standards by March 2018 but the analysis below suggests health boards are some way off from meeting many of the standards.
- 1.6 The national standards require services to answer 95% of calls within 60 seconds of the end of any introductory message. During the year ending October 2017, health boards achieved only 75% against this standard. Four health boards did not meet the standard in any month.

2 The rest of this section uses data submitted to the Welsh Government from health boards for the year ending October 2017. However, there are some considerable gaps in the data. Abertawe Bro Morgannwg and Hywel Dda (for Carmarthenshire only) did not submit data during this period due to migration to 111 and associated technical issues. Aneurin Bevan and Betsi Cadwaladr had telephony problems that affected their data during the period.

- 1.7 The standards also state that 98% of ‘urgent’ calls should be logged and returned within 20 minutes. The performance across Wales during the year to October 2017, was 70%. No health board met this standard during any month.
- 1.8 There was also poor performance in returning ‘routine’ calls. The standard states that 98% of routine calls should be logged and returned within 60 minutes. Performance across Wales was 74% during the year ended October 2017. Again, no health board met this standard during any month.
- 1.9 **Exhibit 6** shows services are also struggling to achieve the standards for timeliness of providing face-to-face appointments and home visits, particularly for very urgent and urgent cases. There is also large variation in performance levels between health boards. As these data show average performance across a year, they do not show daily variations in performance. During our interviews, we were told that daily performance can vary significantly, with particular difficulties in maintaining performance levels at weekends.

**Exhibit 6 – Many patients are not receiving timely face-to-face appointments and home visits from out-of-hours services**

Expected standard	Performance in Wales (year ended October 2017)	
	Face-to-face appointments	Home visits
90% of very urgent cases should have an appointment within 1 hour of clinical assessment	77% [Range: 64% in Cardiff and Vale to 100% in Powys]	63% [Range: 34% in Cwm Taf to 78% in Powys]
90% of urgent cases should have an appointment within 2 hours of clinical assessment	80% [Range: 61% in Cwm Taf to 100% in Powys]	66% [Range: 47% in Cwm Taf to 86% in Powys]
90% of less urgent cases should have an appointment within 6 hours of clinical assessment	98% [Range: 96% in Aneurin Bevan to 100% in Powys]	89% [Range: 71% in Cardiff and Vale to 99% in Powys]

Source: Wales Audit Office analysis of monthly data submitted by health boards to Welsh Government

1.10 As shown in **Exhibit 7**, our patient survey suggests a mixed picture of opinions on the timeliness of certain aspects of out-of-hours services.

#### **Exhibit 7 – Results from our patient survey on the timeliness of out-of-hours services**

##### **Patients who were called back by the service**

- 70% were told how long it would be before they were called back.
- 83% thought it took as long as expected or less time than expected for their call back.

##### **Patients offered an appointment**

- 85% thought it took as long as expected or less time than expected for their face-to-face appointment.

##### **Patients visited at home**

- 62% were told how long it would be before they were visited.
- 74% thought it took as long as expected or less time than expected for their visit.

##### **A sample of views on timeliness expressed by patients:**

‘ Doctor did not call, waited all day, no visit. Cancelled call at midnight and contacted my own doctor the following day.’

‘ I was extremely unwell with breathing issues and felt I should have been seen sooner.’

‘ I waited a total of 9 hours before being seen. I was admitted to hospital following the appointment for emergency treatment. Obviously this is unacceptable.’

‘ The waiting times for a home visit which did take most of the day, but otherwise a very good service.’

‘ I was told I would have to wait 8 hours for a call back so I went to A&E and was up there for 8 hours.’

Source: Wales Audit Office survey of patients

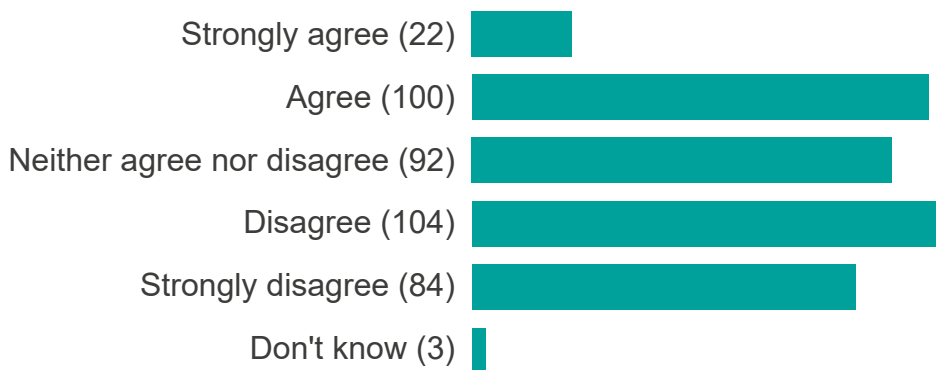
Notional funding from the Welsh Government has fallen in real terms and services are strained due to morale and staffing issues that threaten the resilience of services

### Our staff survey suggests issues with morale in out-of-hours services

1.11 As part of our audit work we undertook a survey of staff working in out-of-hours services across Wales. **Exhibit 8** shows that just 30% of the staff that responded to our survey agreed or strongly agreed that morale in the service was good. **Exhibit 8** also shows some of the factors that are affecting morale of existing staff and are potentially deterring other staff from working in out-of-hours services.

#### Exhibit 8 – A range of factors are impacting on staff morale

**In our survey, we asked staff about the extent to which they agreed with the statement: Morale within the out-of-hours service is good?**



Source: Wales Audit Office survey of out-of-hours staff

### **A selection of negative views about morale from our staff survey:**

- ‘ Antisocial hours also have an impact.’
- ‘ The service is chronically understaffed, and this causes significant stress for those who remain. Consequently morale is low.’
- ‘ There is a lot of pressure on call handlers to decide whether the case is urgent or routine.’
- ‘ Morale is so low and career development - the goal posts keep changing - I am disillusioned as to whether I will ever get to where I want to be.’
- ‘ No facilities to take a rest break overnight.’
- ‘ I feel that out-of-hours is the "forgotten" relation within the health board.’
- ‘ There is a severe lack of communication between management and staff.’
- ‘ The volume of calls that we get and the pressure on the service is massive.’

### **A selection of positive views about morale from our staff survey:**

- ‘ We have a great team.’
- ‘ Friendly atmosphere. Work as a team. Always availability to discuss any issues that arise during a shift, whether needing a second opinion before decision making.’
- ‘ The direct staff I have worked with for many years are what keeps the (service) going, keeping our spirits up and helping others. I have worked here for many years and consider them friends along with valued colleagues.’

Source: Wales Audit Office survey of out-of-hours staff

## Health boards have tried to modernise out-of-hours teams but services still rely heavily on GPs and a range of factors are dissuading many GPs from working in out-of-hours

- 1.12 The ministerial review of out-of-hours services carried out by Dr Chris Jones in 2012 stated that there was a 'manpower crisis' and said services were struggling to ensure adequate staffing. Our audit findings indicate that there are still significant staffing challenges within out-of-hours services in many parts of Wales. Even when services have a large pool of GPs to draw upon, only a small number of GPs tend to be willing to work overnight and weekend shifts. We also found that out-of-hours managers and administrators were having to spend a disproportionate amount of their time focusing solely on filling shifts instead of their numerous other tasks and roles.
- 1.13 During our fieldwork, we heard about a range of factors that may be dissuading GPs from working in out-of-hours services. Some of these factors included:
- increasing pressure during in-hours services (many of the GPs that work in out-of-hours also work in GP surgeries during the daytime);
  - fear of litigation and patient complaints;
  - perceptions of increasing workload pressure and low staffing in out-of-hours services;
  - poor facilities and working conditions, such as access to food and refreshments, in some out-of-hours services; and
  - issues related to the tax and employment status of GPs working in out-of-hours services (see [paragraph 1.22](#) for further details).
- 1.14 Difficulties attracting GPs mean that services are trying to reduce their reliance on doctors by expanding the range of professionals in their teams. All health boards are exploring alternative staffing models by looking to employ additional triage nurses, advanced nurse practitioners, advanced paramedic practitioners and/or pharmacists. However, progress is piecemeal across Wales, partly because none of the health boards had a workforce plan for out-of-hours at the time of our fieldwork. A general challenge facing many services is in ensuring that the non-GP members of clinical teams receive adequate supervision and support to perform their clinical roles in out-of-hours.

1.15 In November 2017, the NHS in Wales produced its Strategic Development Plan for 111, which aims to roll out a standardised model of 111 across the country. That plan cites out-of-hours fragility as its highest risk. The Directors of Primary, Community Care and Mental Health now have an action plan for stabilising the out-of-hours workforce. Actions include reviewing capacity and demand, developing new approaches to home visits and approaches that allow GPs to carry out telephone triage from home, developing multi-disciplinary team working, and consideration of harmonising pay rates.

### Notional funding for out-of-hours has fallen in real terms, services are taking unsustainable approaches to GP pay and the NHS needs to assess the impact of taxation issues relating to GP employment status

1.16 The ministerial review of out-of-hours services in 2012 highlighted a lack of investment in these services. We found that notional funding from the Welsh Government for out-of-hours has remained largely static at around £28.7 million between 2004-05 and 2016-17<sup>3</sup>. When inflation is taken into consideration, this equates to a 21% decrease in real terms<sup>4</sup>.

1.17 The paragraph above considers the level of funding that health boards received from the Welsh Government. In this paragraph, we consider the health boards' actual expenditure on out-of-hours services. Between 2009-10 and 2016-17, health boards' spending on out-of-hours increased slightly from £31.7 million to £35.2 million. When inflation is taken into account, this represents a small decrease of 0.4% in real terms. **Exhibit 9** shows that spending on out-of-hours varies widely by health board. In 2016-17, the cost of out-of-hours services per 1,000 population ranged from approximately £8,000 in Cardiff and Vale to £19,000 in Powys. We did not analyse the reasons for this variation and we recognise that fair comparison of the costs between health boards is complicated for reasons including:

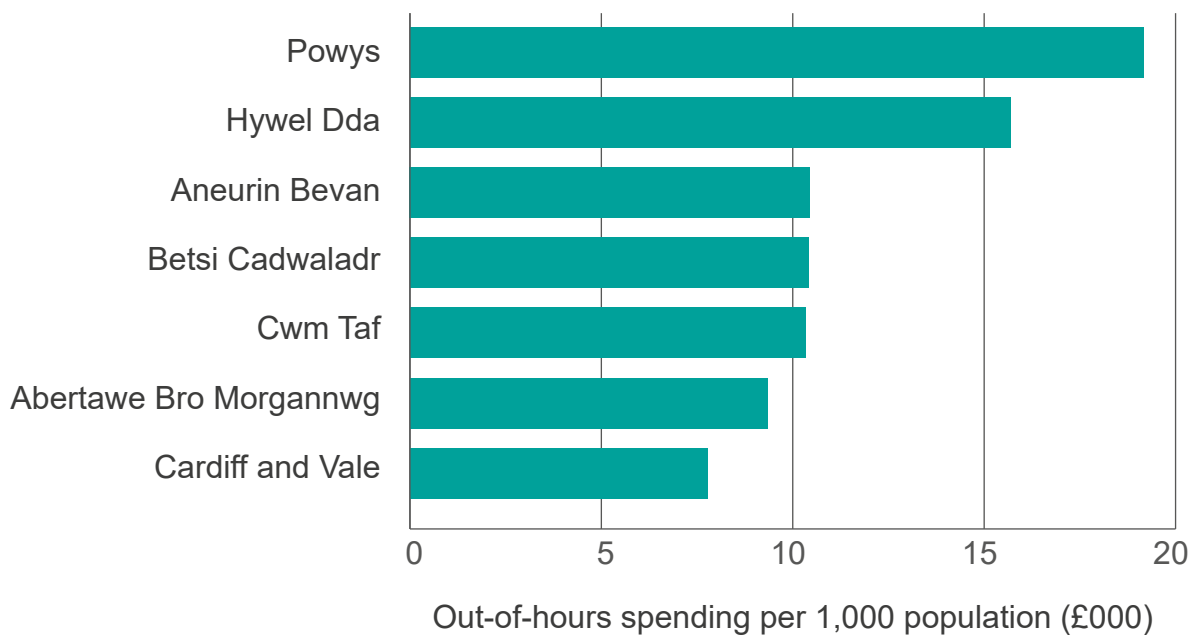
- **Geography:** Large, rural health boards may need more primary care centres and staff to cover larger geographical areas.
- **Population:** Areas with large, dense populations may be able to benefit from economies of scale.

<sup>3</sup> This data was sourced from the Welsh Government. In 2004-05, when out-of-hours services became the responsibility of health boards to provide, the Welsh Government repatriated approximately £28.7 million in funding into the health boards' budgets. This sum has remained largely static ever since. The Welsh Government states that health boards receive a block allocation of funding from the Welsh Government and it is for each health board to determine how to spend that funding, based on local needs.

<sup>4</sup> Calculated using HM Treasury GDP deflators at market prices, and money GDP December 2017 (Quarterly National Accounts).

- **Different models of provision:** The out-of-hours service in Powys is quite different to other services in Wales. The service in Powys is provided by a privately run not-for-profit doctors' cooperative called Shropdoc. The scope of the service provided by Shropdoc is broader than a traditional out-of-hours service<sup>5</sup>. This different model of provision and the different scope of the service makes it difficult to compare costs in Powys with costs in other health boards.
- **Shift fill rates:** Some services are unable to spend their full budget because they are unable to fill all staff shifts, which reduces pay costs.

Exhibit 9 – Spending on out-of-hours services varied widely across Wales in 2016-17



Source: Health boards' local financial returns; Mid-Year Population Estimates, Office for National Statistics.

5 Under the out-of-hours contract in Powys, Shropdoc provides 'margins cover' where GP surgeries can divert telephone calls to Shropdoc 30 minutes before closing and 30 minutes after opening. Other aspects of the contract include provision of a surgery service to Newtown Practice on Saturdays, provision of extended support to Dyfi Valley Practice throughout the week, provision of the drugs used during the out-of-hours period and provision of a violent patients telephone line.

- 1.18 We found that health boards set budgets for out-of-hours services that are largely historic and not based on actual need. Most health boards simply roll over the budget from previous years, with minor adjustments for changes planned during the forthcoming year.
- 1.19 One of the most significant financial challenges facing out-of-hours services is GP pay rates. To fill shifts, health boards must set pay rates that are high enough to attract GPs, while also ensuring good value for money. When services are struggling to fill a shift at late notice, many health boards increase their rate of pay. This approach can discourage staff from signing up to shifts in advance, which causes ongoing uncertainty about the service's ability to fill shifts, and potentially increases costs.
- 1.20 Three health boards use a 'shift bundling' approach. This is where staff are paid better rates by committing to work a bundle of shifts. Often the bundle must include some overnight and weekend shifts, so this approach can help to fill unpopular shifts.
- 1.21 As different health boards pay different rates for out-of-hours shifts, this creates a market where some staff can vary their place of work depending on how much they are paid. This means health boards are competing for the same pool of staff. There is extra competition for GPs from in-hours primary care services, and online GP consultation services run by private companies, that often pay higher rates than out-of-hours services.
- 1.22 There is concern that out-of-hours services may be affected by the need to demonstrate increased compliance with rules related to the tax and employment status of GPs. Her Majesty's Revenue and Customs (HMRC) has challenged a number of health bodies across the UK 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 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.

Poor information on service quality and performance is hampering the effective governance, planning and management of services at a national and local level

### **There is scope to increase the attention paid to out-of-hours at board and committee level in health boards**

- 1.23 The frequency of reporting out-of-hours information to boards and committees varies considerably across Wales. Three health boards report performance and quality information annually to their board, whilst four report at least every quarter. There is similar variation for quality and safety committees.
- 1.24 Our survey of NHS board members showed that respondents were generally comfortable with the frequency with which they received information on out-of-hours services. 58% agreed that their board and committees regularly scrutinise out-of-hours performance. However, only 40% of respondents were satisfied with the quality of information they received.
- 1.25 During our fieldwork, some interviewees told us that out-of-hours only receives enough attention at senior levels in health boards when the service begins to suffer operational problems. Welsh Government is now trying to raise the profile of these services by including specific consideration of out-of-hours during regular performance meetings with health boards.

### **Health boards have good data to predict peaks in demand but staffing issues mean services still struggle to adapt**

- 1.26 Despite the unscheduled nature of demand on out-of-hours services, peaks in demand are largely predictable. These services experience particular pressures during public holidays and during periods of cold weather.

- 1.27 Most health boards use past activity data to predict future peaks in demand. They then use these predictions to adjust their staffing rotas. Despite this ability to plan additional staffing requirements, out-of-hours services often struggle to attract staff to fill the additional shifts in the rota. In our staff survey, 66% of respondents felt their service was not flexible enough to meet peaks and troughs in demand.

## Problems with gathering data on the performance and quality of services are causing difficulties with performance management

- 1.28 Robust performance data is essential to the effective management of out-of-hours services. Health boards are required to submit monthly data to the Welsh Government focusing largely on the performance levels set out in the national standards. However, there are significant gaps in the datasets provided by some health boards and there are problems with comparability of data between health boards.
- 1.29 The comparability problems stem from health boards having different versions of the AdastrA software system in their out-of-hours services. Some data definitions are inconsistent between services, so benchmarking is difficult. Some of the gaps in the data are due to problems with telephone and computer systems that have prevented the recording of certain data items. There are further gaps in the data in the health boards involved in the 111 pathfinder (see [paragraphs 1.48 to 1.54](#)).
- 1.30 Welsh Government and the health boards have now agreed to standardise the way that patients' outcomes are recorded in AdastrA. It remains to be seen whether this standardisation work will address current inconsistencies in the recording of timing points related to call handling, appointments and home visits. The Strategic Development Plan for the new 111 service aims to replace the AdastrA system with a new IT system in October 2020.

## There is scope to improve data on the quality of out-of-hours services

- 1.31 Some out-of-hours services are not doing enough to collect and review information about the quality of care provided by clinicians. At the time of our fieldwork, out-of-hours clinical leaders in two health boards<sup>6</sup> did not have enough time to carry out clinical audit to monitor the quality of care provided by all clinicians.
- 1.32 The out-of-hours data that health boards submit to the Welsh Government every month focuses almost exclusively on timeliness and does not cover the broader aspects of the national standards, including quality. At a national level, therefore, there are gaps in knowledge around the quality and safety of out-of-hours services.
- 1.33 Where health boards identify errors or incidents in relation to out-of-hours services, they should report the incidents to the National Reporting and Learning System. In 2015, two health boards did not report any such incidents stemming from out-of-hours services, however one health board reported 136 incidents. This suggests inconsistency between health boards in their approaches to reporting patient safety incidents. The All Wales Out-of-Hours Forum has recently taken on additional responsibilities for sharing learning across health boards following incidents.
- 1.34 In our staff survey, 53% of respondents agreed that information obtained through complaints, incidents and error reporting was used to make care safer. Twenty-one percent neither agreed nor disagreed, 14% disagreed and 12% said they did not know.

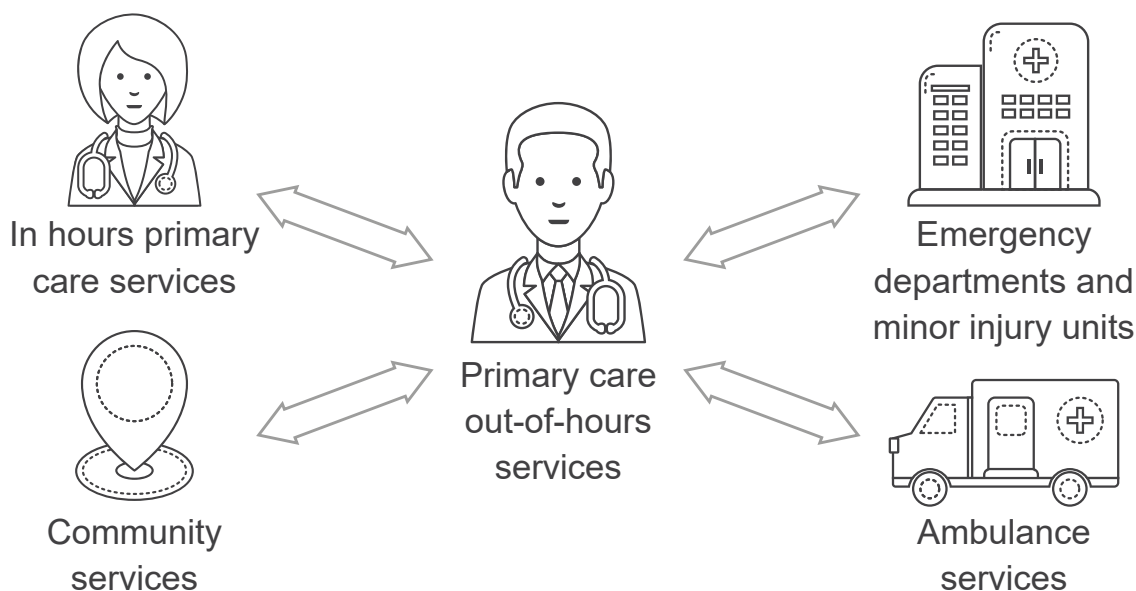
6 Cardiff and Vale University Health Board and Hywel Dda University Health Board.

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

**There is no national out-of-hours strategy and these services are often not considered enough during wider planning of health and care**

1.35 This section of the report considers whether the NHS in Wales is planning out-of-hours services as a fully integrated part of the system of health and social care. **Exhibit 10** shows that out-of-hours services are a key component of the wider system. It also shows that if the NHS plans out-of-hours services in isolation from other services, this can cause problems.

**Exhibit 10 – Out-of-hours services are a key part of the wider health and care system**



When out-of-hours services are under pressure, or close temporarily due to staff shortages, significant additional demand can spill into ambulance services, hospitals, community services and in-hours primary care services.

These services are dependent on one another. Changes to one service can have negative impacts on others. So if out-of-hours services are planned in isolation of other services, this can cause problems. Integrated planning and leadership of all of these services is really important.

Source: Wales Audit Office

- 1.36 Despite the importance of out-of-hours services, Wales does not have a single, comprehensive strategy for out-of-hours. Two national plans mention the strategic direction for out-of-hours but neither provides a comprehensive picture of the future for these services. For example, whilst there is a national primary care plan, it makes only one mention of out-of-hours services. And whilst the national plan for 111 sets out a model for out-of-hours call taking and triage, it does not cover appointments at out-of-hours primary care centres and home visits. It is these face-to-face aspects of out-of-hours services that health boards are struggling most to provide.
- 1.37 NHS Wales has a set of national standards for out-of-hours services but the standards set out expected performance levels rather than providing a model or strategic direction. The standards are summarised at [Appendix 3](#). The Welsh Government is now revising the standards to cover out-of-hours and 111. This presents an important opportunity for the Welsh Government to clarify the future model for out-of-hours services.
- 1.38 Wales has national boards for planning unscheduled care and for primary care. However, out-of-hours has not been a major focus of either board. Out-of-hours issues have been more of a focus at the meetings of the health boards' Directors of Primary, Community Care and Mental Health. During the past year or so, there has been an increase in focus on out-of-hours at meetings of health board chief executives.
- 1.39 Wales does have a national group that guides developments in out-of-hours services. The All Wales Out-of-Hours Forum began as a group to explore the educational needs of out-of-hours doctors but has now taken on an informal role of providing advice to health boards and Welsh Government. The group is well-attended by clinicians and senior out-of-hours managers, is a good forum for open discussion and provides a mechanism for peer support for clinical directors and operational managers. However, its remit is loose and its work needs to be better integrated with that of the national boards and the Directors of Primary, Community Care and Mental Health.
- 1.40 At a local level, most health boards have action plans to improve out-of-hours services. However, these tend to be operational, rather than strategic plans. In our survey, only 28% of staff said their health board had a good plan for the future of out-of-hours. We also found that some health boards' wider unscheduled care plans barely mention out-of-hours services.

## Out-of-hours does not always get the attention it needs, partly due to weaknesses in leadership arrangements

- 1.41 Given the significance of out-of-hours services, it is important that health boards and Welsh Government have strong leadership arrangements for these services. We found weaknesses in these arrangements, partly because health boards and Welsh Government have struggled to decide the best place for these services within their management structures.
- 1.42 Out-of-hours services are difficult to place within existing structures because they sit across traditional service boundaries. Out-of-hours is partly a primary care service because GPs have traditionally led its delivery. But out-of-hours is also an urgent care service due to its role in meeting the urgent needs of patients. Out-of-hours is also closely related to emergency and unscheduled care due to its links with accident and emergency departments and ambulance services.
- 1.43 Most health boards have positioned out-of-hours within their unscheduled care management division or directorate. Other health boards have placed out-of-hours within the primary care division. Health boards have also taken mixed approaches to deciding their executive leadership arrangements for out-of-hours. All health boards have named executives with responsibility for these services but five have split this responsibility between two or more executives. These arrangements potentially muddy the lines of accountability.
- 1.44 Our staff survey revealed mixed views on the clarity of lines of accountability for out-of-hours services. 47% of respondents agreed that lines of accountability were clear, 31% disagreed, and 21% were neutral or did not know.
- 1.45 We conclude that there is scope to strengthen leadership of out-of-hours within health boards. The lack of clarity in these arrangements contributes to out-of-hours being somewhat isolated from other service areas. These weaknesses mean that the issues faced by out-of-hours services do not always have a high enough profile within health boards.
- 1.46 We also found issues with leadership arrangements for out-of-hours at a national level that might be reducing the profile of these services. Within Welsh Government's Health and Social Services Group, responsibility for out-of-hours sits with the Urgent Care team. However, the team is relatively small at just three posts.

1.47 Whilst there is a national professional lead for primary care, the role does not focus specifically on out-of-hours. The lead's role is to take forward the national primary care plan but as the plan makes only one mention of out-of-hours services, this has not been a major focus area for the professional lead. Interviewees told us, however, that the Welsh Government's new primary care lead is being more proactive in ensuring their role covers out-of-hours as well as in-hours primary care.

### **The 111 pathfinder is showing promise and is an opportunity to better integrate out-of-hours with other services but roll-out is taking longer than planned and 111 cannot solve all problems facing out-of-hours**

1.48 In December 2011, the Welsh Government took the decision in principle to introduce a three-digit phone number for urgent, non-emergency care.<sup>8</sup> The 111 service aims to provide call taking, health information and advice. Importantly, the service aims to provide integrated call taking and triage for out-of-hours plus NHS Direct Wales.

1.49 Implementation of 111 is taking longer than planned. After the initial decision to launch 111, there were delays in developing costed options for implementation, partly because the Welsh Government deliberately waited to learn from an evaluation of the 111 scheme in England. We consider this a pragmatic decision to enable Wales to learn from the large-scale changes in England, which included start-up issues such as delays in responses and abandoned calls within the 111 service. In a statement to the Senedd on 23 April 2013, the Minister for Health and Social Services said that the planning of 111 would be accelerated. As reported in our September 2013 unscheduled care report<sup>9</sup>, Welsh Government planned to complete its phased implementation in 2015.

1.50 Progress in the 111 project accelerated after the appointment of a new programme director in 2015. In late 2016, NHS Wales launched a 111 pathfinder scheme at Abertawe Bro Morgannwg University Health Board. Evaluation of the first six months of the pathfinder has shown encouraging results. As shown in **Exhibit 11**, the evaluation suggests the 111 service is providing high patient satisfaction and timely call taking. Nevertheless, the Welsh Ambulance Services NHS Trust told us that the 111 service has also suffered some operational challenges, particularly when out-of-hours services have struggled to fill shifts.

<sup>8</sup> Department of Health and Social Services, Chief Executives' Meeting, CEO(30)09

<sup>9</sup> Auditor General for Wales, *Unscheduled care: An update on progress*, September 2013.

### Exhibit 11 – The 111 pathfinder is showing encouraging results

92% of patients said they would recommend the service.

94% of patients said the health advice and information was helpful.

75% of staff said patients were receiving the right care in the right place all or most of the time.

94% of calls were answered within 60 seconds.

The average triage time for the most urgent calls was 3 minutes.

The pathfinder did not create additional demand for emergency departments or out-of-hours services. However, the health board also notes that demand for out-of-hours services has not reduced since 111 began.

During the pathfinder phase, there was a reduction in ambulance conveyances and a reduction in emergency department attendances. Whilst the evaluation of the pathfinder suggests that 111 might have contributed to these reductions, it also recognises that other factors could have contributed to this change.

Source: Abertawe Bro Morgannwg University Health Board and NHS Wales Review of the 111 Pathfinder, in association with Janette Turner, University of Sheffield, September 2017.

- 1.51 In November 2017, the NHS in Wales produced its Strategic Development Plan for 111, which aims to roll out a standardised model of 111 across the country. The plan sets out a range of potential benefits including simpler access to services with seamless transfer of information between clinicians. Service benefits include standardisation and integration of services across Wales, with improved efficiency and better outcomes.
- 1.52 The Strategic Development Plan provides a timeline for the roll out of 111 at all health boards. The final health board to implement 111 will be Betsi Cadwaladr where roll out is due to begin in Quarter 4 of 2020-21, approximately 9 years after the initial decision to launch a 111 service.
- 1.53 The Strategic Development Plan states that the cost to the Welsh Government of rolling out 111 to five health boards from 2017-18 to 2019-20 will be £18.7 million. Health boards will also contribute up to £400,000 each per year. However, the plan does not set out the full cost of implementing 111 across all health boards in Wales. In particular, the plan does not set out the cost of implementing a new integrated computer system to replace existing systems in 111 and out-of-hours services. At the time of drafting this report, the national 111 Programme was developing a business case for the replacement IT system.
- 1.54 The Strategic Development Plan sets out a wide range of benefits that it hopes 111 will deliver. These benefits include improved clinical outcomes, maximising a scarce workforce and help for patients in choosing the right service for their needs. While the roll out of 111 represents a significant change for the NHS in Wales, it will not solve all of the problems currently facing out-of-hours services. A successful 111 service should ease some of the current call taking pressures. But as out-of-hours services will remain responsible for providing appointments at primary care centres and home visits, services are still likely to face challenges in filling shifts and ensuring adequate staffing levels.



## Appendix 1 – Locations and call handling arrangements for out-of-hours services

The table below shows the location of each health board's out-of-hours primary care centres, and provides details of the out-of-hours call handling arrangements.

Health Board	Primary Care Centres	Details of call handling arrangements
Abertawe Bro Morgannwg	3 – Morriston Hospital, Neath Port Talbot Hospital, Princess of Wales Hospital	Out-of-hours call handling provided by 111.
Aneurin Bevan	3 – St Woolos Hospital, Newport, Ysbyty Ystrad Fawr, Ystrad Mynach, Nevill Hall Hospital, Abergavenny	Call handling and triage in call centre shared with the Welsh Ambulance Services NHS Trust.
Cardiff and Vale	3 – Barry Hospital, University Hospital of Wales, Cardiff Royal Infirmary	Call handling is provided directly by the health board.
Cwm Taf	2 – Royal Glamorgan Hospital, Prince Charles Hospital	Call handling is provided directly by the health board.
Powys	5 – Brecon, Welshpool, Llandrindod Wells, Newtown, Ystradgynlais Hospital	The Shropdoc doctors' cooperative provides out-of-hours services in most of the area.  Abertawe Bro Morgannwg University Health Board provides out-of-hours services at Ystradgynlais Hospital.
Hywel Dda	5 – Prince Philip Hospital, Glangwili Hospital, Withybush Hospital, Bronglais Hospital, Llynyfran Surgery	Out-of-hours call handling provided by 111 (in Carmarthenshire only).
Betsi Cadwaladr	3 – Ysbyty Gwynedd, Ysbyty Glan Clwyd, Wrexham Maelor Hospital	Call handling is provided directly by the health board.

## Appendix 2 – Our methods

We reported on out-of-hours services in each health board during 2017. The majority of our local fieldwork took place between June and November 2016. We carried out our national-level fieldwork in late 2017 and early 2018. Details of our approach are set out below.

### Exhibit 12 – Our methods

Method	Detail
Health board questionnaire	We used a questionnaire to gather corporate-level data from each health board.
Document review	We reviewed key documents relating to out-of-hours at each health board, as well as national-level documents.
Interviews	We interviewed a range of staff at each health board including executives, senior managers, operational managers, clinical leaders and operational staff. At a national level, we interviewed a range of staff from Welsh Government, the 111 Programme, Delivery Unit, bodies representing out-of-hours clinicians, and the All Wales Out-of-Hours Forum.
Survey of out-of-hours staff	We carried out an online survey of all staff that work in the out-of-hours service. We had responses from 408 people.
Survey of patients	We carried out a postal survey of 1,990 randomly selected patients in Wales that had contacted the out-of-hours service in July 2016. We received responses from 330 patients, giving a response rate of 16.6%.
Survey of Board members	As part of our structured assessment work, we surveyed NHS Board members. We included a small number of questions relating to out-of-hours services.
Review of health board websites	We reviewed the health boards' websites to assess the effectiveness of information provided on how and when to access out-of-hours services.
Mystery shopping: GP practice phone lines and websites	We made telephone calls, after practice closing times, to a sample of 10 practices in each health board. We assessed the answerphone message for effectiveness in information provision to patients. We also assessed GP practice websites to assess the signposting to the out-of-hours service.

## Appendix 3 – National standards for out-of-hours services

Exhibit 13 – National standards for out-of-hours services

Standard	Summary of requirements
Standard 1. To ensure that services respond in a timely manner	This standard covers timeliness of introductory messages, call taking, appointments and referrals to other services.
Standard 2: Accessible	There should be a single phone number in each health board area, and patients should be able communicate in their own language. Provisions should be made for people with disabilities and sensory impairments and call handlers should have up-to-date information to signpost patients to other services.
Standard 3: Knowledgeable	Staff should have a pre-employment check and an induction programme. There should be an annual review of training and annual appraisals. Services should also have access to patients' medical history.
Standard 4: Effective	Clinical assessments should be in line with national guidelines. Services should use a quality improvement methodology and learn from all significant events. A minimum of 1% of clinical contacts should be audited by the service, with a minimum of 4 cases per clinician per year.
Standard 5: Care is safe	Services should have arrangements for risk management, governance, accountability, complaints handling and serious incident reporting. Services should ensure timely transmission of relevant patient information to their own GP practice.  The standards say there should be compliance with the local antibiotics formulary and a controlled drugs policy should be in place.

Standard	Summary of requirements
Standard 6: Consistent	Services should flex to meet periods of high demand, using business continuity and escalation plans. Planning should be on the basis of 4 consultations per hour for face-to-face appointments.
Standard 7: Acceptable	Services should have policies for equality, diversity, human rights, dignity and respect. Services should demonstrate they take patient views into account.
Standard 8: Relevant	Clinical pathways should be in place and agreed with various stakeholder groups.
Standard 9: Efficient	Financial probity should be assured and services should be cost effective.

Source: Wales Audit Office summary of the Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services, May 2014

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