

Meeting of
Lanarkshire NHS Board

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SUBJECT: PRIMARY CARE OUT OF HOURS ACTIVITY REPORT 2009/10

1. PURPOSE

The aim of this report is to provide the Board with an up to date picture of activity levels within the Out of Hours (OOH) service. Over the past year there has been a sustained rise in demand. This report outlines a number of factors contributing to this increase and gives an explanation of the underlying causes and an assurance that the demand is being managed.

2. BACKGROUND

The OOH service is relatively young having been set up in October 2004. There was a small increase in activity year on year of around 2% until early 2009 when the service experienced a considerable rise in demand. Whilst flu accounted for some of this rise, it is clear that the demand remained higher than expected even when flu was not prevalent. Consequently a more in depth analysis to identify the underlying causes has been carried out.

3. REVIEW OF SERVICE ACTIVITY

OOH Contacts:

In the main patients access the OOH service via NHS 24. Following contact with NHS 24, patients will either receive self care advice or be handed over for further care. The average breakdown of NHS 24 outcomes for NHS L are as follows:

NHS 24 OOH Outcomes

| | |
|---------------------------------|-----|
| • Primary Care Emergency Centre | 38% |
| • Home Visits | 11% |
| • GP tel advice | 12% |
| • 999 | 6% |
| • A&E | 5% |
| • Self Care | 28% |

Examples of typical clinical scenarios for each of these outcomes are detailed in Appendix 1. In terms of impact to the OOH service, a PCEC appointment lasts on average fifteen minutes; a home visit including travel takes on average forty minutes and advice calls tend to take about ten minutes.

Patients referred to the OOH service by NHS 24 are recommended to be seen within 1,2 or 4 hours and this forms a key quality standard. Performance against these standards is reported each month to the Board and is generally positive for 2+4 hour calls with circa 75% performance for 1 hour calls.

In addition the OOH service receives referrals directly via the 'professional to professional' line from Nursing Homes, Community Nurses, Community Hospitals, Community Pharmacies, the Emergency Department, the Scottish Ambulance Service and NHSL Laboratories. These calls are also directed into one of the three OOH categories. Emergency Department referrals result mainly in PCEC attendances whilst Nursing Home referrals generally require home visits and as a result are intensive in terms of resource. There are also a small number of walk-in patients which for the year 09/10 totalled 449 or 0.3%.

Activity data was reviewed for the year April to March 2009/10 and compared with 2008/9. The total number of contacts, that is patients contacting during the OOH period for advice or consultation rose by a total of 11%. This is a substantial increase in workload for the OOH service to manage.

Total OOH Contacts

| | | |
|-----------|--------|---|
| • 2008/9 | 128105 | |
| • 2009/10 | 142114 | 11% increase in total OOH contacts |

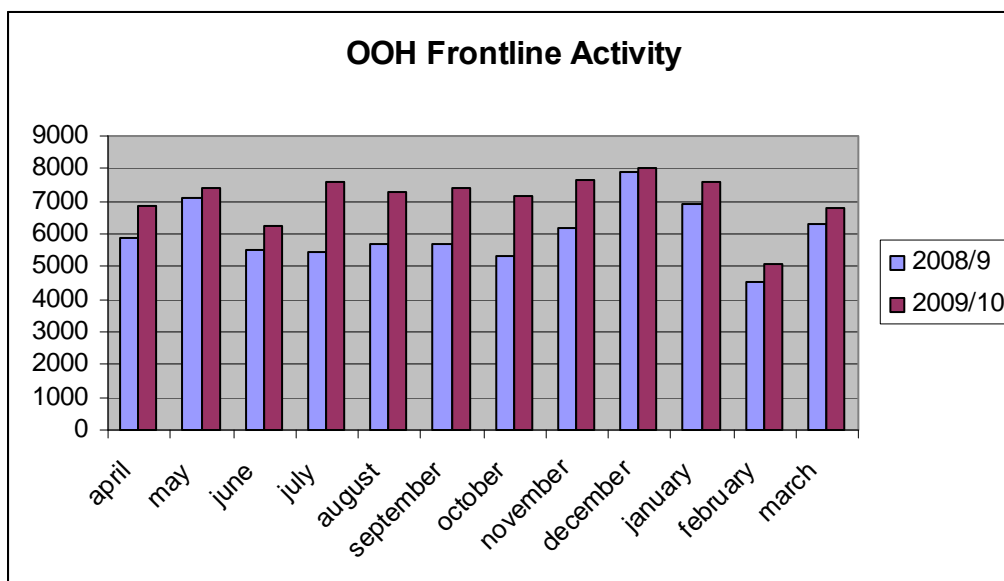
Whilst the rise in total contacts is important, it is of greater significance when the figures are broken down to those cases that resulted in direct Primary Care OOH activity (PCEC;HV;GP advice); here the increase in workload is even higher at 17% over the previous year.

Total Primary Care OOH Frontline Workload

| | | |
|-----------|-------|---|
| • 2008/9 | 72456 | |
| • 2009/10 | 85089 | 17% increase in total OOH workload |

The month by month frontline workload is graphed below and is set out in more detail in Appendix 2. It can be seen that activity rose each month throughout 2009/10 with the highest rise occurring in July. Whilst some of this rise in demand is directly related to H1N1 cases, flu does not account for all the increase nor for the sustained increase.

(Note : 1282 doses of Tamiflu were issued by the OOH service, a crude proxy for the additional consultations. These cases account for less than 2% of the additional workload.)



To service this demand, the OOH service is a sizable operation of 2400 man-hours per week comprising a rota of 380 sessions per week for doctors, nurses, drivers, receptionists and hub staff.

The monthly percentage increase in frontline activity is tabled below::

| Month | %incr | Month | %incr | Month | %incr | Month | %incr |
|-------|-------|--------|-------|-------|-------|-------|-------|
| Apr | 16% | July | 39% | Oct | 35% | Jan | 10% |
| May | 4% | August | 28% | Nov | 24% | Feb | 12% |
| June | 13% | Sept | 31% | Dec | 1% | Mar | 5% |

The greatest increases were felt during the summer months where on average there were one third more patients attending the service. The sustained nature of the demand put the service under pressure at numerous times during the year. It should be noted that whilst the rise in activity has slowed the demand has stabilised around the new higher levels. Continual monitoring since the end of this report period shows that April 2010 figures remained high (though somewhat skewed by Easter); May 2010 demand was similar to 2009 remaining 4% up on 2008 and June is up 10% on 2008.

Demography of Contacts:

When considered by age and sex there has been no change in pattern of demand:

| | | | |
|----------|-----|--------|-----|
| • Female | 58% | • Male | 42% |
|----------|-----|--------|-----|

| | |
|-------------|-----|
| • <5 years | 16% |
| • 6-15 | 11% |
| • 16-30 | 15% |
| • 31-45 | 16% |
| • 46-60 | 14% |
| • 61-75 | 13% |
| • >75 years | 15% |

Constant level of demand by age band

It is worth noting that the service deals with a relatively high level of calls from children and the elderly with over 40% of all contacts coming from this group.

Pattern of Presentation:

There has been a slight change in the pattern of attendances by day of week, with a higher proportion of patients attending weekdays, especially on a Monday and Wednesday during 2009/10

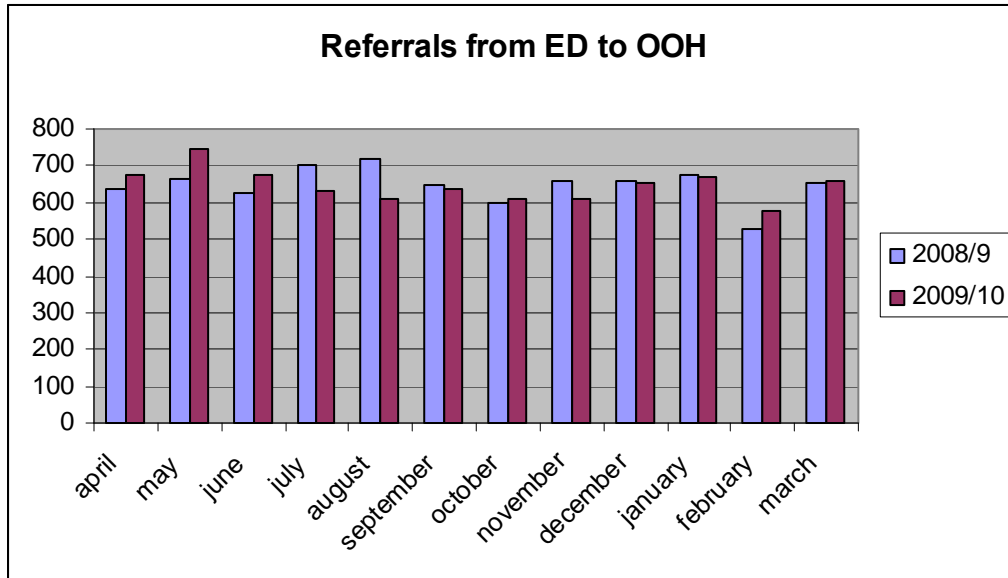
| Day of week | 2009/10 | 2008/09 |
|--------------------|----------------|----------------|
| Monday | 14% | 11% |
| Tuesday | 9% | 8% |
| Wednesday | 10% | 9% |
| Thursday | 9% | 8% |
| Friday | 10% | 9% |
| Saturday | 24% | 26% |
| Sunday | 24% | 26% |

A small patient survey (direct contact by phone) was undertaken by the OOH service which suggested that patients were at times using the OOH service instead of their own GP practice because of perceived difficulties in accessing appointments. In addition, the most recent data appears to show that NHS 24 have refer larger levels of PCEC attendances to the NHSL OOH service rather than advising patients to contact their own GP in hours.

Further work with GP practices and patients is necessary to establish the nature of this dynamic and whether this is a true reflection as well as work with NHS 24 to investigate why NHS L is referred a higher proportion of callers when compared with the rest of Scotland.

Referrals from Emergency Department:

The volume of referrals rose through 2007/08, as a direct result of proactive work to encourage and facilitate this. The overall volume remained steady over the period 2008/09 to 2009/10 at 7760 and 7741 referrals respectively. The graph below shows the month by month activity.



Additional Activities Undertaken by Out of Hours Service

In addition to handling the overall increase in demand, the OOH service also supported the HPV vaccination programme by providing a comprehensive vaccination service to all eligible girls who had left school and could therefore not be caught through the school programme. These figures are not included in the OOH activity in this paper as they were run as a separate call/recall system.

4. ANALYSIS OF FINDINGS

The data demonstrates unequivocally an increase in OOH workload. A number of factors have contributed to this rise:

- a. **Flu** – the sharp increase in July, August and September was in part directly due to flu contacts. However, there was also an indirect increase in demand associated with flu. It was recognised that some practices were saturated with flu cases and that consequently the overflow of non flu cases from day-time practice were handled by the OOH service. It is possible that this exposure to the OOH service by a wider group of patients may have had a longer-lasting impact on the level of demand, influencing it upwards.
- b. **Care Homes** – a combination of factors have contributed to an increase in workload from Care Homes. Since these contacts mostly involve home visiting, the impact in terms of resource is disproportionately high. The increase in demand is in part due to:
 - o The profile of patients has changed with a higher number of dependent patients in Care Homes, especially following early discharge from hospital. As a consequence, there is an increased number of care of the elderly patients in both care homes and community beds that require intervention, especially over the week end

- Changes in provision of GP services to Care Homes via the LES would appear in some cases to have led to an increase in use of OOH services outwith the set GP days. Further exploration of the local causes for this is necessary.
 - Relatives visiting at week ends can increase demand
 - Changes in staff profiles within care homes, including increased use of Bank nursing staff at week ends who are less familiar with patients and procedures and therefore seek increased support / visits
 - The death verification protocol by nurses is not implemented in any care homes
- c. **NHS 24** are triaging an increased percentage of calls to OOH, 56% in 2008/09 vs 60% in 2009/10. This percentage increase is in addition to an already raised level of contacts. The proportion of NHS 24 contacts resulting in OOH activity is higher in NHS L when compared with neighbouring Boards, e.g. in Glasgow & Lothian c30% are PCEC attendances; 10% home visits and 10% GP advice with NHSL at 38%;11% and 12% respectively. This is thought to be due to NHS 24 employing doctors to triage calls in these Boards – a facility not available to NHS L without funding from NHS 24
- d. **Lab results** - due to a change in the timing of the lab runs, the second run of the day generates results after 18:00. The OOH service receives between 3 and 13 cases each evening where results are abnormal and further action is required. Whilst the numbers are comparatively small, the workload involved is significant due to the effort required to trace and contact these patients as there is frequently insufficient information on the label. Many patients subsequently require a home visit with around 15% of cases requiring admission to hospital.
- e. **Overflow from day-time practice** – an overflow from daytime practice has contributed to the increasing level of activity over the past year. It must be stressed that this trend has not been fully evaluated. However, sample audits suggest that some patients were experiencing difficulty in accessing their own practice and others found it more convenient to attend the OOH service. The required quality standards whereby patients should be seen within a four hour window in OOH is also valued by patients and is likely to drive up demand.
- f. **A&E referrals** – A&E referrals have contributed to the rise in activity from baseline but the volume has remained steady over the past two years
- g. **Patient preference** – anecdotally it would seem that the more patients use the service, the more likely they are to return. It would also appear that employers are increasingly reluctant to give time off work for attendance at the GP practice in hours.
- h. **Weather** – interestingly the heavy snow during December had a positive effect on the OOH service as demand was stable during this

month, although the percentage of doctor telephone advice calls increased

5. IMPACT OF RAISED DEMAND ON THE OOH SERVICE

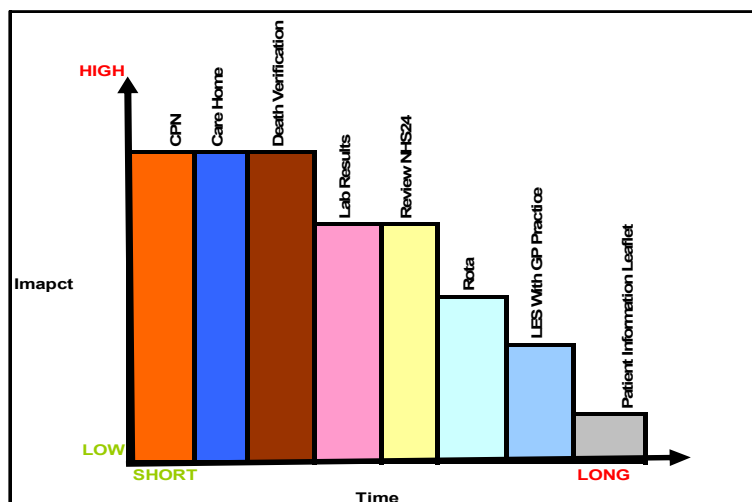
The significant increase in demand placed upon the service has been actively managed over the past year. On weekday nights, the demand has been absorbed within existing resource. At weekends the resource has had to be increased with more doctors working in the PCEC's, by having an additional doctor in the hub providing telephone advice and occasionally an additional home visiting car has also been required. This additional sixty doctor hours per week has gone a long way to meet the demand and to ensure quality standards are met however on a few occasions patients could not be appointed within their recommended appointment times.

The cost of providing additional doctor hours totalled £131k during 2009/10 but with prudent management in other areas of expenditure the additional sessions were funded within budget. Any further expansion, however, would require further investment or significant service redesign.

Looking to the future, it will be necessary to carefully scrutinise the increased doctor resource at week ends. On an increased number of occasions referrals from the ED have to be curtailed at week ends as there has been limited capacity within the service to take additional patients. A workstream of the Emergency Access Steering Group is looking at available capacity and demand in detail and will provide a view as to the ability of the OOH service to see greater numbers of patients with the associated resource implications.

6. FUTURE ACTIONS TO MITIGATE RISK AND MEET DEMAND

Demand and capacity will continue to be closely monitored. A number of pieces of work are currently underway in an attempt to stem the rise in patients attending OOH and to manage the demand as effectively as possible. The actions are summarised in the graph below where they are considered in the context of the impact of the action and the time to effect change.



| Action | Impact | Owner | Date |
|---|--|---------------------------------|--------------------|
| Enhanced CPN service. The mental health service is currently being restructured and will include access during the OOH period. | This redesign will reduce workload from a group of patients that whilst small are resource intensive | Paula McDade | Autumn 2010 |
| Care Homes Working Group – an in depth study of care home calls is being undertaken to identify where pre-emptive practice could be deployed | By identifying CH with high demand, the underlying issues can be investigated and addressed with a potential reduction in workload | Craig Cunningham | Autumn/Winter 2010 |
| Death Verification Protocol – to be reviewed and implemented, particularly in Nursing Homes | A significant number of calls could be managed by existing staff without recourse to OOH thereby reducing home visit workload | Frances Leckie | Winter 2010 |
| Lab Working Group – advise the working group on requirements for labels | The workload in tracing patients could be reduced by enhancing the demography details on current labels | Dr Liz Duncan | Current |
| Review with NHS 24 – both locally and nationally to improve the appropriateness of referrals; investigate high referral rate to NHS L; reduce the volume of 1 hour home visit request; request access to funding for triage doctors. | OOH workload will be reduced and be more appropriate | Dr Liz Duncan Linda McGregor | Ongoing |
| Tight rota management - to ensure sufficient staff are deployed at peak times and trimmed at times of lower demand; ongoing review of | An efficient and cost effective service that meets demand | Dr Liz Duncan Linda McGregor | Ongoing |

| | | | |
|----------|--|--|--|
| capacity | | | |
|----------|--|--|--|

| | | | |
|--|--|----------------------|-------------------------------------|
| <p>Closer Working with Practices LES – practices with a high level of patients usage will receive feedback for discussion</p> | <p>Through a better understanding of practice issues and dialogue with practice to address issues, there is potential to reduce OOH demand</p> | <p>Gregor Smith</p> | <p>Winter 2010/ Spring 2011</p> |
| <p>Patient Information Leaflet – a new patient communication has been produced to inform patients on what to expect from the service and to give advice on access</p> | <p>Improved advice may reduce the number of inappropriate attendances and improve understanding of OOH role</p> | <p>Dr Liz Duncan</p> | <p>September 2010</p> |

7. CONCLUSIONS

The OOH service is a relatively new service which following an initial period of slow growth has experienced increasing demands over the last eighteen months. Detailed analysis has revealed a wide range of factors that have combined to result in this sustained rise in demand. Each year the service also experiences and intensely plans for the predictable rise in demand during winter and festive periods

Throughout this time, Out of Hours has adopted an open and flexible approach in responding to these challenges and has performed very well in meeting them.

However, service pressures are now being experienced given the sustained nature of the increased demands and the service's responsive, flexible style. Performance was maintained last year mainly through funding additional doctor time. This approach is difficult to maintain in terms of manpower and not affordable long term.

As we move forward, the service will need to tightly monitor supply and demand as well as take very specific actions on key fronts to keep performance and budget in check.

Additional requirements are emerging from the Emergency Care Event and Workstreams. The OOH service will continue to look inventively at how these can be met

The OOH service has a key role to play in the management of unscheduled care workload and is committed to working creatively and in partnership to ensure the best use of all available resource.

8. RECOMMENDATIONS

The Board is asked to note the trend of rising demand, the resultant significant burden and the actions taken to mitigate against clinical risk. Further information is available from:

| | | |
|------------------|--------------------------------|---------------|
| Alan Lawrie | Director South Lanarkshire CHP | 01698 245194 |
| Dr. Liz Duncan | Clinical Director OOH Service | 01698 377606 |
| Dr. Gregor Smith | Divisional Medical Director | 01698 245194 |
| Lena Collins | Locality General Manager | 0141 584 2509 |

Appendix 1

Examples of typical clinical scenarios attending the OOH Service

- **Primary Care Emergency Centre**
 - Upper Respiratory Infection
 - Abdominal Pain
 - Flare up Asthma
 - Rashes and skin infections
 - Gastroenteritis

- **Home Visits**
 - Palliative Care
 - Acute confusion or agitation in the elderly
 - Flare up of chronic condition in housebound
 - Acute Psychiatric Condition requiring detention under mental health act

- **GP Telephone Advice**
 - Medication Enquiry
 - Disputed outcome with NHS 24, e.g. patient requesting home visit where nurse recommends PCEC attendance
 - Flare up of Mental Health Problems

- **999**
 - Chest pain
 - Vomiting blood
 - Collapsed

- **A&E**
 - Burns
 - Falls & sprains
 - Trauma

- **Self Care**
 - Flu like symptoms
 - Pain management
 - Advice to parents on management of mild illness in children, e.g. chicken pox, fever after vaccination, diarrhoea and vomiting

Appendix 2

NHS L OOH Activity April 09 to March 10 - compared previous year

Table 1

| Activity | April 09 | Total | April 08 | Total | % Change |
|----------|----------|-------------|----------|-------------|--------------|
| HV | 1326 | | 1154 | | |
| PTS | 237 | | 159 | | |
| PCEC | 4565 | | 3921 | | |
| DA | 709 | 6837 | 649 | 5883 | 16% □ |

HV: home visit

PTS: patient transport service

PCEC: primary care emergency centre

DA: doctor advice

| Activity | May 09 | Total | May 08 | Total | % Change |
|----------|--------|-------------|--------|-------------|-------------|
| HV | 1542 | | 1400 | | |
| PTS | 254 | | 190 | | |
| PCEC | 4812 | | 4731 | | |
| DA | 773 | 7381 | 777 | 7098 | 4% □ |

| Activity | June 09 | Total | June 08 | Total | % Change |
|----------|---------|-------------|---------|-------------|--------------|
| HV | 1408 | | 1070 | | |
| PTS | 185 | | 196 | | |
| PCEC | 3745 | | 3604 | | |
| DA | 883 | 6221 | 626 | 5496 | 13% □ |

| Activity | July 09 | Total | July 08 | Total | % Change |
|----------|---------|-------------|---------|-------------|--------------|
| HV | 1438 | | 1118 | | |
| PTS | 202 | | 169 | | |
| PCEC | 4254 | | 3518 | | |
| DA | 1615 | 7609 | 658 | 5463 | 39% □ |

| Activity | Aug 09 | Total | Aug 08 | Total | % Change |
|----------|--------|-------------|--------|-------------|--------------|
| HV | 1343 | | 1243 | | |
| PTS | 184 | | 153 | | |
| PCEC | 4401 | | 3643 | | |
| DA | 1377 | 7305 | 679 | 5718 | 28% □ |

| Activity | Sept 09 | Total | Sept 08 | Total | % Change |
|----------|---------|-------|---------|-------|----------|
| HV | 1342 | | 1180 | | |
| PTS | 197 | | 187 | | |
| PCEC | 4612 | | 3654 | | |

| | | | | | |
|----|------|-------------|-----|-------------|--------------|
| DA | 1265 | 7416 | 651 | 5672 | 31% □ |
|----|------|-------------|-----|-------------|--------------|

| Activity | Oct 09 | Total | Oct 08 | Total | % Change |
|----------|--------|-------------|--------|-------------|--------------|
| HV | 1376 | | 1108 | | |
| PTS | 228 | | 161 | | |
| PCEC | 4327 | | 3457 | | |
| DA | 1201 | 7177 | 584 | 5310 | 35% □ |

| Activity | Nov 09 | Total | Nov 08 | Total | % Change |
|----------|--------|-------------|--------|-------------|--------------|
| HV | 1382 | | 1232 | | |
| PTS | 241 | | 187 | | |
| PCEC | 4855 | | 4076 | | |
| DA | 1170 | 7648 | 671 | 6166 | 24% □ |

| Activity | Dec 09 | Total | Dec 08 | Total | % Change |
|----------|--------|-------------|--------|-------------|-------------|
| HV | 1543 | | 1586 | | |
| PTS | 258 | | 271 | | |
| PCEC | 5172 | | 5325 | | |
| DA | 1048 | 8021 | 730 | 7912 | 1% □ |

| Activity | Jan 10 | Total | Jan 09 | Total | % Change |
|----------|--------|-------------|--------|-------------|--------------|
| HV | 1538 | | 1494 | | |
| PTS | 269 | | 228 | | |
| PCEC | 4742 | | 4394 | | |
| DA | 1064 | 7613 | 795 | 6911 | 10% □ |

| Activity | Feb 10 | Total | Feb 09 | Total | % Change |
|----------|--------|-------------|--------|-------------|--------------|
| HV | 1123 | | 1030 | | |
| PTS | 192 | | 192 | | |
| PCEC | 3711 | | 3294 | | |
| DA | 669 | 5695 | 572 | 5088 | 12% □ |

| Activity | Mar 10 | Total | Mar 09 | Total | % Change |
|----------|--------|-------------|--------|-------------|-------------|
| HV | 1265 | | 1241 | | |
| PTS | 201 | | 222 | | |
| PCEC | 4458 | | 4188 | | |
| DA | 654 | 6778 | 639 | 6290 | 5% □ |

Total contacts for year

85089

72456