

NHS LANARKSHIRE
SOUTH LANARKSHIRE
COMMUNITY HEALTH PARTNERSHIP

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SUBJECT: Out of Hours Service Report on Activity over the Festive Period

1. Introduction

The following report has been compiled in order to provide an initial analysis of the activity undertaken by the Primary Care Out of Hours service over the festive period, covering the two four day blocks.

The report is broken down into five sections

1. Analysis of demand over the period by day and type of activity
2. Response times during the period
3. Capacity planning
4. Initial analysis of the issues
5. Recommendations

At present further work is being undertaken through interrogation of the Adastra computer system in regard to the clinical component of the calls. This will assist in identifying further additional actions which can be taken in future Bank Holiday periods to manage demand appropriately.

In addition, it has been agreed that the OoH service and Secondary Care service undertake a detailed de brief once the services return to normal levels in order to begin planning for future breaks and in particular winter 2007/8. It is noteworthy that activity on the weekends of the 6/7th (1863) and 13/14th (1440) remain higher than anticipated but have been covered with enhanced staffing levels.

2. Analysis of Demand

Over the period NHS 24 across Scotland received just under 94,000 calls. Of these calls 9,793 related to residents of NHS Lanarkshire. This equates to an increase in total of over 15% on the activity in the same period for 2005/06.

Attached at Annex A is an analysis of the activity over each of the days, identifying how many patients were provided with telephone advice, how many received home visits and how many came to the PCEC for treatment. This annex also shows comparable figures for 2005/06

In total, just under 60% of patients (5,837) received direct treatment and of those 21% (1,243) received a Home Visit. The numbers treated and in particular the number receiving home visits as a percentage of the total was far greater than is usually the case, hence the impacts on response times at the PCECs.

3. Response times during the period

The performance indicators to which the OoH service normally operates includes three time bandings;

- within one hour
- within two hours
- within four hours.

Patients are assessed as to which category they fall into and the system can monitor their progress and final outcomes.

From the previous board reports it is demonstrated that usually the vast majority of patients are seen within the maximum four hour time band. Monitoring of activity in the other two bands is due to be reported to the Board in February 2007.

Over the festive period the response times within these bands were challenging and calls over two periods (25/26 and 1/2) were analyzed in some detail. The analysis for those four days as an example shows that;

- 70% of patients assessed as requiring to be seen within one hour were in fact seen in two and just under 85% in three,
- 63% of patients assessed as requiring the two hour slot were seen within three.
- over 48% of patients in the least urgent category had to wait over 4 hours.

To date there have been no reported adverse incidents associated with these response times.

4. Capacity planning

Capacity was planned to meet demand as predicted from 05/06 figures and as detailed in the NHS Lanarkshire Winter Plan. The rotas that had been successful during the 05/06 festive period were deployed during 06/07. All planned rotas were filled. Only one call-off resulted from sickness and this session was largely backfilled by existing staff extending their hours of working.

The principles followed were:

- Saturday & Sunday of Christmas week – schedule as normal Saturday
- Saturday & Sunday of New Year week – schedule as normal with the addition of triage doctors (1session Saturday & 3 sessions Sunday)
- Christmas day - schedule as normal with the addition of triage doctors & stand-by doctors

- Boxing Day, New Year day & Jan 2nd – as per week-end day with the addition of two extra cars for home visiting between 9am & 10pm; extended hours & additional doctors at Cumbernauld PCEC & between 4 & 7 additional triage sessions. Stand-by doctors were also in place.

5. Initial Analysis

- Overall demand increased by 15 – 18% throughout the festive period. The pattern of demand was similar to expected with 40% of contacts receiving self-care advice; of the 60% requiring face to face consultation.
- Surges in demand:
Demand increased sharply from 09:00 on each of the mornings. This resulted in a backlog of appointments. The earliness and degree of the surge in demand was greater than anticipated, particularly for the Saturday & Sunday mornings where the increase rose to 50% greater than anticipated. Comparing last year with this year, for example, there was a 25% increase in demand on the Saturday before Christmas. The PCECs had been staffed in line with predicted demand from 2005. There were some peaks in Home Visit (HV) requests that were particularly challenging to meet, such as New Year Saturday where HV requests rose to 16%
- Response Times:
Of those calls requiring a PCEC appointment, 27% were urgent however, only 15% of 1 hour requests were met within the hour; whilst 70% were seen within two hours. One third of two hour requests were met within two hours and a further third were met within three hours. Of the routine (4 hour) requests, approximately half were seen within four hours and half out with the 4 hour window. The majority (> 80%) of home visits were carried out within 4 hours.
- Limitations of Premises:
There could have been some additional doctor capacity within the PCECs collocated at A&E for three hours on each of the Saturdays and Sundays which may have been sufficient to meet demand, otherwise all available rooms were used to maximum capacity. The hours of opening of the satellite centres at Cumbernauld were extended; Lanark opening hours could have been extended by approximately a further six hours which again would have assisted meeting demand.
- Week day input from surgeries:
There is anecdotal evidence that patients experienced difficulty accessing surgeries in the intervening three days and therefore placed further unexpected burden on the OOH services on the Saturday & Sunday.
- Response by Doctors:
Doctors working in the service extended their shift hours on the day to support the service and meet demand. Other doctors came to the hub at short notice to assist in triaging, particularly those calls relating to prescriptions. A few additional doctors were recruited at very short notice.
- Clinical Content of calls:
A full analysis has not been undertaken yet. Anecdotally, there were many calls relating to prescriptions that put additional strain on the emergency system. Clearly the respiratory virus also resulted in an increase in demand. Early analysis indicates that doctor triage results in a higher level of homecare advice further relieving pressure on the system.
- Absenteeism:
Due to the respiratory virus key members of the management team were unable to attend work over the

festive period which precluded some immediate action between week one and week two. There was however a significant senior management presence over the New Year weekend. Only one doctor failed to attend due to illness; the hours were covered by existing doctors. Similarly only a few admin staff sessions were lost due to illness.

- A& E:
There was good cooperation with A&E and in particular support was secured from A&E admin staff to cover illness. Patient transfer from A&E was an extra burden on the service and indeed had to be ceased on one day due to lack of resource.
- Clinical Incidents: There have been no reported clinical incidents to date.

6. Recommendations

There are a number of possible approaches to future planning of the service over extended periods. It should be noted that doctor recruitment has not been a major limiting factor to date. The following actions are recommended with a view to agreeing future options for service delivery during both the festive period and public holidays in general.

1. Wider consultation. A draft detailed plan for each public holiday will be drawn up and circulated for comment to all key staff within the service, e.g. general manager, service manager, hub manager, rota co-coordinator, nursing manager and clinical directors. Checks will be carried out with similar service providers across Scotland. The final plan will be discussed in detail through holding a meeting with all key internal stakeholders.
2. Contingency. More detailed contingency and escalation procedures will be required to be mapped out.
3. Management Duties. Daily management duties will be planned with agreed rostering for all public holidays. Reimbursement to be agreed.
4. Whole system approach to unscheduled care. A meeting will be convened with key stakeholders from across the service in Lanarkshire to review arrangements for unscheduled care during public holidays and to consider potential options.