PART TWO: CASE STUDIES

EXAMPLES OF GP PROVIDED OUT OF HOURS CARE
In Stornoway in the Isle of Lewis local GPs have developed an innovative solution to the problem of unsustainable pressures on the emergency care system. The local rural general hospital had experienced problems recruiting sufficient junior doctors to cover the out of hours period, and consequently local GPs stepped in to provide cover for A&E out of hours alongside their normal general practice duties.

This model is uncommon within the UK, with GPs taking a management and treatment role at the front end of hospital. It has led to better results in A&E with decreased overnight admissions and tests.

**OVERVIEW**

The out of hours GP service in the Isle of Lewis (Outer Hebrides) has developed from a very traditional approach to an innovative model where GPs cover the local rural general hospital from 8pm to 8am, seven days a week.

The service is run through the Western Isles Health Board, with ten GPs from local surgeries providing cover for the front end of the hospital on a rota system in the out of hours period, in addition to treating patients seeking help through NHS 24. This model evolved out of necessity as there were not enough junior doctors to cover the rota at the local hospital so, in order to save the service, GPs stepped in and filled the gap.

**Authors:**

Rachel Mawby
KEY FEATURES

The essence of this system is that local GPs lead and coordinate a multidisciplinary team which controls the front end of the local hospital, in addition to dealing with the out of hours needs of the local population in the community, for example through home visits.

Within the hospital GPs trained in emergency medicine treat every patient who presents at A&E. The GPs admit patients as appropriate to the Acute Assessment Unit or an appropriate ward or High Dependency Area. At any point if the GP decides a patient is beyond their clinical skills the relevant consultant will be called in to take over management of the patient. Patients presenting at A&E with conditions that are best treated within general practice will be seen by a GP in A&E. In addition to GPs, this service is staffed by Emergency Nurse Practitioners within A&E and Clinical Support Nurses in the hospital.

Outside the hospital the team is comprised of ambulance service paramedics, some of whom have trained to practitioner level for unscheduled care, overnight nurses, who again have trained as unscheduled care practitioners, and a second on call GP.

Patients who do not present at A&E (via foot, car, ambulance or emergency helicopter) will access the service via NHS 24 (the out of hours health contact service for Scotland).

OUTCOMES AND RESULTS:

- Reduction in the number of 999 calls coming to A&E by over 50%
- Decrease in overnight admissions by 17%
- Decrease in the number of out of hours tests and X-rays, reducing pressure on the relevant departments as these staff will then be available the next day
- Improved resilience in night time hospital cover.
SELDOC is one of the few remaining GP cooperatives in the UK. Cooperatives are a collaborative model of care designed to help GPs to provide services over large areas on a rota system. They depend on GPs being opted in to provide out of hours care. Given that many GPs chose to opt out after the 2004 contract change the majority of cooperatives ceased to exist. However, unlike most areas, the majority of GPs in Lambeth, Southwark and Lewisham remained opted in to provide out of hours care, which means that GPs in the area can continue to directly provide care through this traditional model.

OVERVIEW

SELDOC is a GP cooperative providing urgent and emergency general practice services to patients in Lambeth, Southwark, Lewisham, and, since 2013, in Sutton in the out of hours period (6.30pm till 8am on weekdays, and 24 hours at weekends and bank holidays). It also provides cover for patients of surgeries that have had to close for GP training or in emergency circumstances.

Before the 2004 GP contract change, all GPs had to provide some cover for the out of hours period, and many GPs banded together to form GP cooperatives which helped to spread the load within a local area. In 2004, GPs were given the opportunity to opt out of providing out of hours care, and the majority chose to do so, meaning many GP cooperatives ceased to exist. However, over 90% of all GP surgeries within Lambeth, Southwark and Lewisham have opted to provide out of hours care, and choose to do so through SELDOC, meaning it remains a true cooperative that is run by elected local GPs. Every GP surgery is strongly encouraged to contribute to staffing the service.
A recent inspection by the Care Quality Commission of the SELDOC base at Dulwich Community Hospital found that the “service had systems in place to ensure that the provider could effectively respond to the needs of the patients accessing the out-of-hours service safely. Information regarding the care received by patients was shared with the patient’s GP in a timely manner to ensure continuity of care between the different service providers”. In addition, the inspection found that that the service is well led, patients were happy with the care they received and felt involved in decisions about their care, while the staff felt supported.

KEY FEATURES

SELDOC operates on a rota system staffed entirely by local GPs, except in exceptional circumstances, with around 120 GPs out of a total of 600 in the area signed up in any month. SELDOC also employs drivers and support staff such as receptionists, but all patients are treated by local GPs. The patient population is around 900,000.

Patients contact the service via a variety of means. As the local Clinical Commissioning Group has not signed up to NHS 111 most patients ring SELDOC directly – however around a third are directed via NHS 111.

Once a patient is through to SELDOC their call will be dealt with by a trained call handler who will take the patient’s demographic details and, by performing a basic triage, grade the call either as urgent or not urgent. Each caller will receive a call back from a fully qualified GP (urgent calls will receive a call back within 20 minutes, non urgent within an hour). Through this system SELDOC manages 65% of its patients via telephone, 25% via face to face consultations at one of their four base centres, and 10% via home visits.

The four base centres are comprised of two walk in centres and two urgent primary care centres co-located within Lewisham hospital and Guy’s hospital. SELDOC also provides support to acute trusts by providing GPs to work in emergency departments in King’s and St Thomas’ hospitals.

During the financial year 2012-2013 SELDOC dealt with 42,000 advice calls from patients, 15,000 face to face consultations at a medical centre and conducted 8,000 home visits during the out of hours period; an increase of 12% on the previous year.

OUTCOMES AND RESULTS:

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“...Our motto at SELDOC is that you are treating your colleagues’ patients – this means all the patients in Lambeth, Southwark and Lewisham get the kind of care they would expect from their own surgeries, and because it’s a close knit professional community it keeps GPs on their toes”

“...We are successful and have managed to ride the turbulence of the NHS for the past 17 years as our not-for-profit cooperative ethos focuses on quality and has always created value for patients, our members’ surgeries and local commissioners”

Dr Riaz Jetha
GP Director SELDOC
CITY AND HACKNEY URGENT HEALTHCARE SOCIAL ENTERPRISE (CHUHSE)

In many areas of the country out of hours services which had previously been provided by GPs have been outsourced to private sector providers. However, this outsourcing can create problems with recruitment and retention of workforce due to a lack of buy in from the local GP population. This was the case in City and Hackney and the reason behind the emergence of CHUHSE.

CHUHSE is a collaborative model of care staffed and owned by GPs in City and Hackney who provide urgent and emergency general practice services to an urban population in the out of hours period.

OVERVIEW

CHUHSE is a GP led Social Enterprise which has recently taken over the provision of out of hours services in the London Boroughs of City and Hackney.

A commercial provider, Harmoni, had taken over the service in 2010 on a temporary basis but was struggling to both recruit and retain GPs for the City and Hackney rota. Therefore, in order to gain a direct influence on the quality of the service, 87% of City and Hackney GPs asked to opt back into responsibility for out of hours care.

Having originally been told that their bid to opt-in to out of hours responsibility would be approved, GPs established CHUHSE as a Social Enterprise to provide the service on their behalf, with a planned commencement date of April 2013. However, with the passing of Section 75 of the Health and Social Care Act in January 2013, the then PCT received legal advice that there was a risk of a challenge under competition law were the service not to be put out to competitive tender. As a result the City and Hackney CCG decided to put the service out to full competitive tender in Spring 2013.
What makes CHUHSE work is the way that the service has secured the emotional ownership of local GPs and the residents of City and Hackney. Previously the commissioners and wider healthcare community had a purely business relationship with the out of hours provider but there is now a spirit of cooperation and partnership which is helping to improve integrated working.

Local GPs then established CHUHSE as a membership based Community Benefit Society as the vehicle to bid for the contract. Members were drawn from the local community and local GPs. By the time the tender was submitted the Society had 400 members.

CHUHSE won its bid to run the local out of hours service despite the fact that the cost of delivering the service would be higher than under the previous contract. The CCG took this decision as they had faith in the quality of the service model, due to the level of local buy in, engagement and ownership of the service. Moreover, they were convinced that whole system costs would be reduced with the introduction of CHUHSE due to more patients being seen by the out of hours service and fewer by tariff-based services. CHUHSE started running the service on 2 December 2013.

KEY FEATURES

CHUHSE provides urgent and emergency primary care services in the out of hours period to a population of 280,000 patients. This care is provided by GPs only on a rota system of around 60 GPs. The service also employs drivers, call handlers, receptionists and administrative staff.

NHS 111 does not provide call handling for GP out of hours calls in the area, therefore patients wishing to access the service will do so through their dedicated phone number. All calls are answered by a call handler who will prioritise the call into urgent or less urgent. All patients will receive a call back from a GP who, after definitive clinical assessment, will decide how to progress their case. In this way, CHUHSE deals with 60% of callers with GP advice only, 35% will be seen in person at their primary care centre and 5% receive home visits.

CHUHSE has a co-located primary care centre at Homerton Hospital. There are plans to open an additional two locations in City and Hackney in order to further improve access to out of hours care.

OUTCOMES AND RESULTS:

- As CHUHSE has only been in operation for a short amount of time, the outcomes and results are not as yet quantifiable. However, the switch to a GP led social enterprise away from an outsourced private provider has increased the proportion of local GPs working within the out of hours period, and therefore the ability of the service to provide patient centred continuity of care between the in and out of hours periods.
The most common form of GP provided out of hours care is a social enterprise, which can enable general practice services to be delivered in the out of hours period without compromising in hours care by utilising a large number of GPs on a rota system. This model can be used in both a rural location over a large sparsely populated area, and an urban location with a large condensed population.

OVERVIEW

Devon Doctors is a GP owned and led social enterprise which provides urgent out of hours general practice services to a patient population of 1.2 million across Devon.

KEY FEATURES

Devon Doctors has 15 treatment centres around the county. They are all co-located with emergency departments and minor injury units in district, general and community hospitals around Devon. Patients are responsible for arranging transport to the treatment centres, as they would be to daytime practices.

Each of these treatment centres is open in the out of hours period, 6pm - 8am, as well as over the weekends and on bank holidays and will, typically, be staffed by a GP, a driver and an operational assistant. The majority of GPs who work for Devon Doctors are self employed, however the service as a whole employs the equivalent of 5.5 Whole Time Equivalent (WTE) GPs, 2.5 WTE Nurse Practitioners, 2 WTE Treatment Centre nurses, 12 WTE Treatment Centre Operational Assistants and 32 WTE Drivers.
Patients access the service via NHS 111 and are triaged into urgent and not urgent cases. All patients receive a call back from a Devon Doctors nurse or GP who will decide if they need to be seen via a home visit, at one of the treatment centres or can be dealt with over the phone. Access to the treatment centres is by appointment only, as there is no walk in centre. Over the course of 2013, Devon Doctors helped 217,588 individuals. Of these 53% were offered advice over the phone, 29% visited a Treatment Centre, 14% were visited at home, and the remaining 4% were classified as ‘other’.

In addition, Devon Doctors is also responsible for:

- A 24/7 electronic palliative care coordination service & register
- Coordination of out of hours community nursing teams across Devon from 5pm - 8am and 24/7 in Plymouth
- Cover for CCG study days
- Evening margin cover for GP practices
- Lunchtime cover for GP practices

OUTCOMES AND RESULTS:

- In 2012 the Primary Care Foundation rated Devon Doctors’ out of hours service as one of the best in England – with 75% of service users in both Plymouth and Torbay rating the service as either ‘good’ or ‘very good’.
- 95% of all local GP practices have rated the service as either excellent or very good.

"Devon Doctors is owned on a not-for-profit basis by every GP practice in the county. These same practices also provide the majority of the doctors and nurses who work for us and, what's more, are ideally placed to assess the standard of care we provide. As a social enterprise, Devon Doctors is not preoccupied with creating a surplus for shareholders; rather its focus is on patient care. Since 2004 it has consistently been rated as one of the best out of hours services in England, as measured by both performance standards and patient feedback. We firmly believe our model of care is the main reason for this."

Chris Wright
Chief Executive, Devon Doctors
The number of GP practices who directly provide out of hours services to patients on their practice list is relatively low, with the majority of GPs finding the task interferes with their ability to provide care in the in hours period. However, some GP practices, particularly in remote rural locations, choose to continue to provide their own out of hours care. Indeed this method of providing care can have unique advantages, by ensuring continuity of care between the in and out of hours periods and reducing the duplication of general practice services.

OVERVIEW

South Harris Medical Practice is a single handed GP practice providing out of hours general practice services to a rural population of 580 patients on the Isle of Harris.

KEY FEATURES

South Harris Medical Practice has acted as a single handed dispensing practice since 1989. Aside from the single partner, a part time associate GP is employed at the practice. There is only one GP on duty at any time, with the GP partner working up to three weeks on call 24/7 and the part time GP associate working on call every third or fourth week at a time. No other medical practitioners or administrative staff are employed in the out of hours period.

Patients wishing to contact the out of hours service do so by calling the on duty GP’s private phone number. The GP then performs a basic triage to decide if advice can be given over the phone or if a home visit or ambulance are required. There is no out of hours patient centre.
The fact that the out of hours and in hours GP are one and the same aids in the triaging process, with patients and their unique needs often personally known to the doctor on duty.

The practice has a higher than average proportion of over 65s with 30% of all patients falling into this category. The extreme rurality of the area also presents its own challenges. The practice area is around 50 miles from the nearest hospital with only one ambulance servicing the area, with travel times to hospital taking up to an hour, meaning that an ambulance can often be the worst option for even a seriously ill patient.

However, the number of calls that are received is very low, with GPs only seeing around 2-3 night visits (after 10pm) per month. While a serious night visit can be extremely tiring, this system has the advantage of reducing the level to which access is replicated, with patients’ needs being dealt with by their GP in the first instance.

GPs at the South Harris Medical Practice also provide extended opening, with a Saturday morning drop in service, and by providing cover for evening opening on Fridays at an adjoining practice. In return the adjoining practice provides cover on Friday for the South Harris Practice during the day.

**OUTCOMES AND RESULTS:**

- Attendances at A&E are relatively low – partly because the distance to the hospital means that the impetus is on the GP not to refer, but mainly because of the effective triage that is carried out by the out of hours GP.
- Increased continuity of care, as patients will see the same GP in both the in and out of hours periods.
- Personalisation of the service – the fact that patients are aware that there is only one GP on call at all times means that they are more likely to use the service in a responsible manner.
- Increased responsiveness – the fact that the doctor will be on call the following day is an added incentive to try and sort out a problem rather than leaving it for the doctor on duty the next day as perhaps might happen in a larger service.

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“Patients appreciate the fact that the same doctor who looks after them during the day is also responsible out of hours... we know our own patients reasonably well and can often judge the urgency or otherwise of out of hours calls”

Dr Andrew Naylor
GP, South Harris Medical Practice
SHROPSHIRE DOCTORS COOPERATIVE LTD (SHROPDOC)

Shropdoc is a not-for-profit social enterprise. This model exists in order to allow GPs to provide urgent medical care in the out of hours period at scale. In this way GPs are better able to respond flexibly to the needs of patients in their area by joining together to work on a rota system over a large area.

OVERVIEW

Shropdoc is not-for-profit social enterprise which provides urgent medical care (which is not life threatening or an emergency) to patients within Shropshire, Telford and Wrekin, and Powys in the out of hours period (at weekends, bank holidays and between the hours of 6.30pm and 8.00am Monday to Friday).

KEY FEATURES

Shropdoc has 279 local GP members who deliver out of hours care to a population of 600,000 patients. They have approximately 200 support staff including call handlers, drivers and management teams, as well as around 30 Nurse Practitioners (NP). All member GPs must do at least one session a month.

On average, Shropdoc provides care for 140,000 patients year. Approximately 35,000 patients are seen at ten primary care centres located at hospital sites, 21,000 patients receive a home visit and around 60% of patients are managed with a telephone consultation. Shropdoc also provides medical cover for 12 Community Hospitals and 5 Minor Injury Units.

Shropdoc does not provide a walk in service. All patients seeking to access the service must go through a central ‘triage’ system, where all patients are subject to expert telephone assessment.
Patients contacting this service will have their demographic details and a brief outline of their presenting condition taken by a call handler. Call handlers complete comprehensive training including the identification of Life Threatening Emergencies, and those needing an urgent response from the GP. If it is deemed life threatening the call handler will transfer the patient/carer over directly to the ambulance services to avoid delay and risk to the patient. Shropdoc call handlers refer <2% of patients to 999 and <1% to A&E. All other calls are allocated a priority – either ‘routine’ or ‘urgent’. Calls are then placed in the ‘Triage pool’ to be called back by a GP or NP.

Although the NHS 111 service is available locally the Shropdoc out of hours contact service is still funded by the local CCGs. Patients may be redirected from NHS 111 if they need a GP review.

Shropdoc also has a process whereby the local A&E departments can directly book patients into a GP clinic appointment if they judge that their condition could be best dealt with in a primary care setting, by calling a dedicated Shropdoc phone line.

OUTCOMES AND RESULTS:

- Shropdoc refers less than 4% of people each year to A&E
- High access rates: 23% of the population contact Shropdoc annually
- In a 2011/12 internal audit Urgent Health UK (the federation of Social Enterprise Unscheduled Primary Care Providers) rated Shropdoc ‘commendable’ (the highest rating available) and stated that it “continues to maintain good systems in all areas, particularly Patient Experience and compliance with CQC standards”

“Shropdoc works so well for patients because the local GP workforce have retained a sense of responsibility for looking after patients out of hours. 72% of our GPs are principals and over 90% are on the local performers list. They know and understand how local services work. We do not use agency staff. Shropdoc provides a safe and supportive working environment for GPs and they are appropriately reimbursed.”

Dr Gill Clements
Medical Director, Shropdoc
Dalriada Urgent Care is a GP not-for-profit social enterprise operating in Northern Ireland. By far the most common model, the social enterprise allows for GP ownership and oversight of out of hours services to be maintained without requiring all GPs within an area to directly provide out of hours care.

OVERVIEW

Dalriada Urgent Care is a not-for-profit mutual society formed in 2005 following the introduction of the new GP contract. It developed from Dalriada Doctor on Call which operated as a GP cooperative. Dalriada Urgent Care has a steering council comprised of elected members from amongst the society membership, appointed members from stakeholder organisations and lay representatives. The management executive report directly to the steering council.

KEY FEATURES

Dalriada Urgent Care provides out of hours GP services to patients within the Northern sector of the Health and Social Care Board (HSCB) in Northern Ireland (i.e. at weekends, bank holidays and between the hours of 6pm and 7.30am Monday to Friday). There are four primary care centres based in Ballymena, Whiteabbey, Coleraine and Moneymore to provide cover across the area of almost 1600 square miles.
Dalriada Urgent Care has 190 GPs who deliver out of hours care to a population of 455,000 patients. They have approximately 200 support staff including call handlers, drivers and management, as well as approximately 45 triage nurses. On average, Dalriada Urgent Care manages 148,000 patients per year.

Other services undertaken include in hours and out of hours dental services for the same area, in hours and out of hours Intermediate Care Services, a Marie Curie nursing service (10pm to 8am, 7 days per week), nurse triage services for other areas, coordination of out of hours nursing services and medical cover for three Community Hospitals. Coordination and facilitation of first responders schemes providing emergency defibrillation training in the most rural areas has also been provided.

Dalriada Urgent Care does not provide a walk in service. Patients contacting this service will have their demographic details and a brief outline of their presenting condition taken by a call handler. If it is deemed a life threatening situation the call handler will transfer the call directly to a clinician to avoid delay and risk to the patient. All other calls are allocated a priority – either ‘routine’ or ‘urgent’. All patients go through this ‘triage’ system, where they are subject to telephone assessment by a clinician (either GP or nurse).

OUTCOMES AND RESULTS:

- 33% of the population contact Dalriada Urgent Care annually
- 9% of people referred to emergency departments
- 3% of people referred to 999
- 50% of patients provided with advice over the phone, 40% are seen in face to face appointments and 10% receive a home visit