

**NHS GREATER GLASGOW & CLYDE NHS BOARD**

**Board Meeting**  
**Tuesday 16<sup>th</sup> February 2016**

**Board Paper No :16/04**

**Director of Planning and Policy**

**GP OUT OF HOURS SERVICES: Changes to Drumchapel service and wider review**

**Recommendation:** The Board is asked to:-

- Agree a process is developed with our Partnerships to deliver appropriate engagement on the relocation of the Primary Care Emergency Centre (PCEC) at Drumchapel Hospital to Gartnavel General Hospital;
- Note the review which is underway of the wider GP Out of Hours service;

**1. Introduction and Purpose**

**1.1** The primary purpose of this paper is to set out our proposals to relocate the current PCEC from Drumchapel Hospital. We are also carrying out a wider review of PCEC services in the context of the recently published national review and the Board's service planning for 2016/17.

**2. Drumchapel PCEC**

**2.1** The transfer of Older People's services from Drumchapel Hospital means we need to relocate the PCEC from the hospital. Our proposal is the service would relocate to Gartnavel Hospital.

**2.2** The current GPOOH services are open from 6pm to midnight Monday to Friday and 8am to midnight Saturday, Sunday and Public Holidays. Access to the Primary Care Out of Hours service is via telephone triage with NHS24. The GP Out of Hours service offers patient transport to pick up and return patients from their home to the centre.

**2.3** 28% of referrals to Drumchapel PCEC are patients who arrive without having phoned NHS 24 and 72% come via NHS24. Of these referrals 4% required to be seen within 1 hour, 9% within 2 hours and 65% within a 4 hour period. 84% of the patients were treated by a Doctor and 16% by a Nurse. Children (0-15 years) accounted for 32% of attendances.

**2.4** The West GPOOH services are under considerable pressure to continue to maintain two centres. On a number of occasions patients have had to be transported from one site to another to be seen dependent upon GP availability.

**2.5** A postcode review of attendances to both Centres in the West has been undertaken only 20% of the attendances at Drumchapel PCEC come from the Drumchapel postcode area.

PCEC WEST GLASGOW - BASED AT GGH			Proportion of Current area flow	
Postcode	Area	Proportion of overall activity	GGH	DRUM CHAPEL
G11	Partick	5%	13.0%	0.4%
G12	Hyndland/Kelvindale	5%	12.0%	0.5%
G13	Jordanhill/Knightswood/Yoker	13%	6.0%	18.0%
G14	Scoutston/Yoker	6%	8.0%	5.0%
G15	Drumchapel	13%	1.0%	20.0%
G20	Maryhill/Woodside/Kelvinhill/Ruchill	8%	17.0%	1.0%
G23	Summerston	2%	3.0%	0.6%
G3 6/7/8	Woodlands/Kelvingrove/Yorkhill	4%	11.0%	0.1%
G40	Bridgeton/Calton/Dalmarnock	1%	2.0%	0.0%
G4 9	Port Dundas	1%	2.0%	0.0%
G60	Old Kilpatrick/Bowling	2%	0.2%	3.0%
G61	Bearsden	8%	1.0%	12.0%
G62	Milngavie	3%	0.6%	5.0%
G81	Dalmuir/Faifley/ Duntocher	17%	2.0%	27.0%

- 2.6** As part of the consultation process for the transfer of services from Drumchapel Hospital, representatives from the Stakeholder Reference Group and Patient and Public Involvement Team undertook a public travel and accessibility assessment. This compared transport and accessibility issues, relating to journeys to Gartnavel Hospital and Drumchapel Hospital, from various points in the catchment areas served by both. The report found that Gartnavel General Hospital was easier to reach by bus and train than Drumchapel Hospital.
- 2.7** Merging the two West services at Gartnavel General Hospital would create a service which is similar in size to that of the service provided at Stobhill Hospital. The service would be staffed by both GPs and Nurse Practitioners and would be supported by the Home Visiting GP.
- 2.8** The transfer would affect on average 23 patients a night, 64 patients on a Saturday and 63 patients on a Sunday who currently attend the Drumchapel service.
- 2.9** Currently any patient who is asked to visit the PCEC and does not have their own transport will be collected from and returned to their home.
- 2.10** This relocation gives the service the opportunity to:-
- Reprofile staffing to develop a workforce that works together to ensure a responsive and flexible service with a range of staff with the right skills available to meet all expected urgent clinical conditions.
  - Have access to on-site support for patients who become unwell including an on site crash team
  - Provides an opportunity to contribute towards the savings plan through a reduction in the number of sites from which the service is operational
- 2.11** The Acute Division manages this service but the legislation which established Integration Joint Boards gave the new Partnerships responsibility for planning the service. We have been working with the lead Chief Officer for primary care to develop the planning for OOH and we need to agree the engagement process with Partnerships. In addition to an appropriate engagement process we will also conduct an Equality Impact assessment of the

proposed transfer. Engagement will also take place with staff and their representatives.

### 3. Wider Service Review

- 3.1 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care.
- 3.2 A national review of GP Out of Hours services has just been completed. The key recommendations focus on the need to review both in and out of hour's provision of urgent care across a spectrum of care providers. The recommendations from this report are being considered jointly by the Acute Division and Integrated Joint Boards.

The current GP Out of Hours Service provides the following :

- A Home Visiting Service – this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside.
- A telephone advice service – this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.
- A pre-prioritised call service to support NHS24 – this is provided from the Hub at Cardonald
- 10 Primary Care Centres which see patients who are directed by NHS24, Emergency Departments or self present. The service offers a patient transport service to and from these centres for patients who do not have their own transport.
- The service is currently adjacent to Emergency Departments at Queen Elizabeth University Hospital, and Royal Alexandra Hospital and overnight at Inverclyde Royal Hospital
- The service is co-located with Minor Injury Units at Stobhill ACH; Victoria ACH and Vale of Leven.
- There are two services in the West of the city, one at Drumchapel Hospital and one at Gartnavel General Hospital

### 4. Activity Profile

Primary Care Emergency Centres	2014/15	2015/16	%age diff
Drumchapel	12168	12354	2%
Easterhouse	12297	12905	5%
Gartnavel	8067	7220	-10%
Greenock	5366	5369	0%
Inverclyde	619	599	-3%
Lomond	12387	12612	2%
Queen Elizabeth University Hospital	9042	9600	6%
Renfrewshire	14024	13985	0%
Stobhill	18447	19708	7%
Victoria	28496	29729	4%
<b>Total PCEC by Final Outcome</b>	<b>120913</b>	<b>124081</b>	<b>3%</b>

- 4.1** We are undertaking a review of the current GP service model to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. A key aim within GGC is to achieve, as far as possible, the co-location of GP Out of Hours services at sites with an Emergency Department/Minor Injury Service. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow & Clyde. This review is looking at
- The service model with reference to best practice from elsewhere
  - The workforce model of that service
  - The number of Primary Care Emergency Centres
- 4.2** The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods where we experience higher levels of demand. Following guidance from Her Majesties Revenue and Customs in July 2015 a change in the employment arrangements for GPs was introduced whereby they became employees of the Board. This has increased the cost of the service by circa £1m – the final total is yet to be confirmed. Delivering an Out of Hours service in 10 Primary Care Centres and a central HUB spreads a limited workforce over multiple locations. In some centres the OOH service is the only service in operation at certain times of the day / night and this creates risk for staff working there and means that no other services are able to assist in the event of a clinical emergency.

## **5. Conclusion**

The proposed transfer of this service is an opportunity to improve the support to the PCEC and to manage the current pressures on the services. The outcome of the wider review will be reported to the Board.

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**Planning and Policy**