Out of Hours Primary Medical Care Services (OOH) Buckinghamshire

Clinical and Public Engagement Report December 2014

Executive Summary
Introduction
This report presents the outcomes of a pre-engagement programme that was held with stakeholders from across Buckinghamshire through autumn of 2014; to gather their feedback at the early stages of creating the service specification for Out of Hours Primary Medical Care Services (OOH).

Stakeholders for this purpose include patients using the existing OOH services, clinicians, staff from all localities, partner organisations, community and voluntary groups and the public.

At the same time that this engagement work was undertaken, the Buckinghamshire County Council Health and Adult Social Care Select Committee undertook an inquiry into General Practice Services in Buckinghamshire. The recommendations from their report (See Appendix 1) relate mainly to in-hours services. Wycombe District Council conducted a review into urgent health care in Wycombe district and a report is due in February 2015. Healthwatch Buckinghamshire has undertaken a survey on access to health care services in Buckinghamshire, also soon to report.

During 2013/14 NHS Aylesbury Vale CCG and NHS Chiltern CCG conducted “A Call to Action” programme of engagement to gather feedback to help in broadly planning future health services. The re-commissioning of the out of hours service was already on the horizon at that point and so the service was included in the engagement programme.

All information gained from clinical and patient engagement has been used to inform the service specification for Out of Hours primary medical care services for Buckinghamshire.

Methodology
The clinical commissioning groups in Buckinghamshire – NHS Aylesbury Vale CCG (AVCCG) and NHS Chiltern CCG (CCCG) conducted engagement through September, October, November and December of 2014.

This engagement took place with clinicians at locality meetings across the county and at protected learning time sessions; with the general public and community and voluntary groups online using the Lets Talk Health Bucks engagement platform www.letstalkhealthbucks.com and with patients of the OOH services being offered a paper based questionnaire directly after being seen by a GP.

Both the Bucks CCGs engaged widely with clinicians and the public on primary care services during the same autumn 2014 period and questions relating to GP Out of Hours services were incorporated within this work.

These activities were promoted widely through appropriate channels including the CCG bulletins and the media to encourage participation.
Overall key themes from feedback
The following main themes emerged from all the audiences relating to areas that could be improved:

- Better integration between OOH and other health services – this to be achieved through:
  - Information Technology – connectivity with other systems to enable access to patient notes and care plans
  - Improved communication between all health care professionals to ensure that OOH GPs are better linked in and can access social care, ACHT, night nursing service etc.

- Common pathways

- Ease of access and equity of provision throughout the county

- Better awareness of how to access the service (although generally people found it easy to access the service).

- Appropriately qualified health care professionals to triage patients and make use of services such as ACHT (Acute and Community Healthcare Team) to reduce use of 999 and A&E referrals.

- Patients do not want to travel far to an OOH base. The public online survey suggested people would travel between 2 to 5 miles. However, most patients at time of using the service felt unable to travel far.

A Call to Action
The recent responses support earlier responses to engagement from the 2013/14 A Call to Action engagement programme, which were:-

- Joined up, integrated care with much better communication between health care professionals
- Continuity of care – people wanted to see the same GP who knew their medical history
- Better communication about services and choices available
- Earlier screening and diagnosis
- Making use of the benefits of new technology.
Clinical Consensus
• Improved handover from OOH to GP service
• OOH provider access to special patient notes (SPN) and care plans – connectivity with other health care systems
• More appointment slots to make it easier for people to see an OOH doctor
• Work more closely with ACHT
• Ability to manage LTC (long term conditions) better
• GPs to be local with knowledge of local services
• More emphasis on providing self-care advice
• Provider to have access to overnight carers service to try and keep people at home where appropriate
• Consistency of pathway / tools wherever a patient presents – e.g. 111, OOH, MIIU, A&E etc.
• Equity of patient journey from home to OOH base, wherever they live to reduce unnecessary A&E attendances
• Quick access for provider to consultant support
• Ability to increase number of GPs on duty in times of high demand
• Access to a standardised prescribing policy and list of medication

Patient/Public Consensus
• Closer working with other healthcare professionals – e.g. district nurses, social care, night nursing
• Better information about local
• OOH GP to have access to records
• More local GP with knowledge of local services and system
• Better medicine/drug availability
• Better trained or clinical call handlers/admin

Patients - satisfaction with current services:

The response to the OOH patient survey was low but we were advised by the provider that patient feedback rates are always very low and that our response rate was better than they were used to. A low response rate is not surprising as patients are generally unwell and providing feedback on the service is probably low on their list of actions. We wanted to be sure that the offer to give feedback would be made sensitively and appropriately and the provider advised the best time to offer the survey would be at the end of the appointment with a clinician – and only if the clinician felt it appropriate.

On the whole we found that patients were satisfied with the current services.

1. All our respondents said that it had been either fairly easy or very easy to contact the OOH GP service by telephone
2. Most of our respondents felt that the time it had taken to receive care from the OOH service had been about right – one felt it had taken too long.

3. All our patient respondents had confidence and trust in the out of hours clinician that they saw or spoke to.

4. Most of our respondents felt their experience to be either very good or fairly good, with one describing it as very poor.

5. One patient suggested improvement to the service as “by having painkillers with them and not just someone to listen to your problem. Suitable dressings would also be useful. Empty promises of a district nurse coming.”

6. We asked patients how far they would travel to the OOH service. Responses were quite clear. No respondents would travel further five mile, but most felt they would not be able to drive whilst unwell and that this would represent a hazard.

Public – online survey

Access
We asked the public if they knew how to contact the OOH service – as this service is not actively promoted – it’s accessed through calling NHS 111. GP surgeries have answerphone messages directing people to call NHS 111 when they are closed and NHS 111 is widely advertised locally.

We found that 93% of people said they know how to contact an out-of-hours GP service when their surgery is closed.

Roughly half of our public respondents had tried to contact the GP OOH service during the last year.

Most said it was either very easy or fairly easy with only a small proportion describing this as difficult.

Speed
With regard to the time it took to receiving care from a clinician, 67% said “It was about right” but 26% said “it took too long”.

Confidence and Trust in the Clinician
Positive response but split – 41% said “yes definitely” with “48% “yes to some extent” with only a very small number saying not. This is an interesting comparison to the patient survey where majority were “yes definitely”.

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Overall Experience
This was varied and again is an interesting comparison to the patient survey where the majority of patients felt the service to be very good. The results were:

- Very good: 37%
- Fairly good: 30%
- Neither good nor poor: 4%
- Fairly poor: 22%
- Very poor: 7%

Travel Distance
The most common distance that people were prepared to travel was 2 to 5 miles.

Public Survey – Suggestions for Improvement
- OOH care to be delivered by patients own GP practice
- GP practices to be funded to enable them to offer OOH services
- OOH GPs to have access to patient records
- Quicker response
- Easy to understand clinician – clinician to ensure patient has understood
- Better knowledge of local services
- Better signposting at OOH locations
- Better advertising of the service
- Better linking with pharmacies – or map to show where pharmacies are and opening times
- Ability to discuss online or via email