

## HEALTH SCRUTINY PANEL

A meeting of the Health Scrutiny Panel was held on 6 March 2006.

**PRESENT:** Councillor Mrs H Pearson (Vice Chair) (In the Chair), Councillors Biswas, Lancaster and K Walker.

**OFFICIALS:** J Bennington and J Ord.

**\*\* PRESENT BY INVITATION:** D Randall, Primecare, Cleveland  
M Phillips, Middlesbrough Primary Care Trust.

**\*\* APOLOGIES FOR ABSENCE** were submitted on behalf of the Chair, Councillor Dryden and Councillor Mawston.

### **\*\* DECLARATIONS OF INTEREST**

No declarations of interest were made at this point of the meeting.

### **\*\* MINUTES**

The minutes of the meeting of the Health Scrutiny Panel held on 21 February 2006 were submitted and approved.

## **OUT OF HOURS SERVICES REVIEW – TERMS OF REFERENCE**

The Scrutiny Support Officer submitted a report which outlined the suggested terms of reference for the next scrutiny topic to investigate the effectiveness of the current Out of Hours Services.

The suggested terms of reference were as follows: -

- a) To investigate how the service is provided.
- b) To investigate how the service is performance managed and lessons learnt implemented.
- c) To establish how the service is performing against local or national targets and/or standards.
- d) To investigate the views of stakeholders in relation to the service.
- e) To investigate whether there are any improvements that can be made to the service.

**AGREED** that the terms of reference as outlined for the investigation into the effectiveness of the current out of hours service be approved.

## **OUT OF HOURS SERVICE – MIDDLESBROUGH PRIMARY CARE TRUST**

In an introductory report of the Scrutiny Support Officer it was confirmed that as part of the review evidence would be sought from other stakeholders including the Cleveland Local Medical Committee and the Patients Forum.

The Chair welcomed Martin Phillips and David Randall to the meeting who provided information on the operation and management of the Out of Hours Service (OOH)..

The presentation by Martin Phillips, Acting Director of Primary Care, Middlesbrough PCT focussed on the following elements: -

- an indication was given of the previous circumstances which prevailed prior to the Carson report in 2000 which called for increased co-ordination and identified a range of needs for the patient as the focal point;
- following the Carson report a new General Medical Services Contract was introduced in 2004 a key element of which allowed GP's to opt out of providing an OOH service and transfer the responsibility to their respective PCT;
- the five PCT's across the Tees Valley took over the OOH service on 1 April 2004 ahead of the statutory December deadline;
- it was noted that most GP's in the five PCT areas across the Tees Valley had opted out of providing an OOH service;
- the OOH service was the provision of primary medical care and services out of normal office hours, 6.00 p.m. to 8.00 a.m., weekends and Bank Holidays;
- it was considered that the arrangements would assist with recruitment and retention of GP's although it was acknowledged that there was still a shortage of GP's;
- the aim of the OOH arrangements was to 'to improve the appropriateness, consistency and quality of care and enhance capacity and skills so as to manage the increasing demand in a clinical safe and effective manner';
- details were given of the commissioning process which in terms of the specification of services and the model of care incorporated the following:-
  - Four Facets: Telephony, Triage, Treatment and Transport;
  - Principles: simplifies access, collaboration, capacity and skills;
  - keystones: co -location with Medical Assessment Unit/ premises based care;
- Primecare a leading healthcare provider had been selected after a contractual process for a three-year contract from 1 April 2004;
- the arrangements provided treatment in an out of hours centre, co-located with a hospital medical admissions unit;
- it was noted that all staff were professionally qualified and most of the GP's across the Tees Valley had previously been part of the former Commercial Deputising Services;
- an underlying principle of the new arrangements was that in terms of the quality of care, the home was not necessarily the best place except where specific care packages provided this usually for terminally ill patients;
- when ringing the OOH service a series of questions were asked to ensure that appropriate advice was given and subsequent action taken which could be consultation with a doctor, nurse or attendance at the Emergency Care Centre based at JCUH ;

- 12 minutes was identified as the average time for a call back on clinical assessment and 1 up to 4 hours to a visits to a primary care centre;
- an indication was given of the joint monitoring arrangements which included the five PCT's meeting on a regular basis.

David Randall, Primecare Cleveland, addressed the Panel and focussed on the following aspects of the service:

- working in OOH was the principle job for a number of doctors working purely in the primary care centres;
- during the last 12 months of operation the degree of consistency had increased with a number of doctors working on a regular basis in OOH thus building on local knowledge;
- reference was made to specific protocols in place one of which ensured that the results of all consultations were referred to GP's by 9.00 a.m. the next morning.

The key points arising from the deliberations following the presentations centred on the following: -

- a) in response to concerns expressed regarding delays which had occurred both Martin Phillips and David Randall confirmed that such comments should be forwarded to be dealt with as part of the monitoring and audit arrangements for the service and assist with the procurement of a new contract for April 2007;
- b) it was confirmed that doctors recruited from other countries would be required to undertake additional training and have appropriate language skills;
- c) it was acknowledged that in view of significant IT costs it would take a number of years perhaps 10-15 years before the introduction of a single assessment process with access by health care professionals to confidential medical records;
- d) in relation to Middlesbrough it was considered that there was better coverage in terms of primary care centres and access to doctors across the Tees Valley;
- e) in terms of recruitment it was recognised that there were less doctors going into general practice and further investment was needed to be directed towards medical schools;
- f) mindful of safety issues it was noted that under current arrangements GP's had a driver on calls.

**AGREED** that all be thanked for the information provided which would be incorporated into the overall review.