

# MIDDLESBROUGH COUNCIL

## AGENDA ITEM 9

### OVERVIEW & SCRUTINY BOARD

15 OCTOBER 2013

<b>OUT OF HOURS UPDATE – THE PANEL’S FINDINGS</b>
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#### **PURPOSE OF THE REPORT**

1. To provide members of the Overview & Scrutiny Board with an update on the findings of the Health Scrutiny Panel, following their meeting regarding the Out of Hours Service.

#### **RECOMMENDATIONS**

2. That the Overview & Scrutiny Board notes the findings.

#### **CONSIDERATION**

##### **Chronology and Evidence**

3. On the 19 March the panel considered the impact the winter pressures had on the accident and emergency department at James Cook University Hospital (JCUH).
4. As part of that review the panel heard that there was a general dissatisfaction with the current Out of Hours (OOH) service and a perception that it too readily ‘transfers risk’ by calling on ambulances to transfer people to the emergency facilities at JCUH.
5. The panel then produced a final report for its meeting on 30 April. That report made reference to the advice from the CCG which said that the contract awarded to the OOH provider did not invest enough resources into ensuring sufficient visits by OOH GPs.
6. The panel then reviewed the Winter Pressures topic and the various health representatives attended a meeting on the 25 July to establish what progress had been made in mitigating the effect of winter pressures on the A&E department for this year.

7. At that meeting the representatives were asked a number of questions and specifically with regard to the Out of Hours services, they were asked what progress has been made to see if the perception of 'transferring risk' was a reality?
8. In answer to that question, the Clinical Commissioning Group (CCG) outlined 2 improvements in this area
  - i) The CCG and JCUH were identifying and supporting those people who may be at risk of an unplanned admission in the future.
  - ii) CCG Lead, Dr Mike Milner, was collaborating with the Northern Doctors Urgent Care (NDUC) to review pathways and ensure robust criterion for those patients requiring admission to hospital. This will include, as a minimum, that the out of hours doctors must physically assess a patient prior to admitting them to an acute hospital.
9. The panel felt that further investigation was needed on the Out of Hours contract and as such met with representatives from the CCG and Northern Doctors Urgent Care (NDUC), the contract provider on 4 September.
10. The panel wanted to discuss the Out of Hours (OOH) operation, the contract and specifically the 'transfer of risk' issue and the resources available for visits by GPs (as discovered in the Winter Pressures review).
11. The panel learnt that:
  - Dr Edward Summers had undertaken an audit of A&E and 999 calls for the NDUC OOH service
  - in the week between 10 June to 17 June there had been 2857 A&E Cases and 922 NDUC cases, of which 25 of the NDUC cases had been referrals to A&E/999 from NDUC
  - Therefore during the period of the audit, admissions (non A&E) accounted for 5.4% of NDUC cases
12. The 999 cases had included such things as Stroke, cardiac chest pain, significant overdose of pain killers.
13. The A&E Cases had involved: elderly people who had fallen and who had first received a face to face assessment; patients electing to go to A&E after the offer of a centre appointment; and admissions following District Nurses discussions with GPs from the OOH service about people with catheter problems. One person had called an ambulance prior to the OOH call.
14. The panel heard that the NDUC were hitting all of their targets in figures kept up until March 2013. The 111 service was implemented in March making comparisons with pre March figures difficult. It was noted by the CCG that lots of information was coming out of the experiences of the 111 system which is

all being analysed and will feed in to the overall assessment and performance process. It was noted that the integration with the 111 service had gone well and it was working well in this area.

15. There had been a routine CQC inspection of NDUC – Northumberland House and Crutes House which had found that the organisation had met all of the 5 standards which the CQC measure against.

16. In moving forward and developing the OOH service the NDUC were undertaking a number of improvements in the following areas:

- **Paramedic Support Line** – paramedics can ring for GP advice and are put through to a GP within minutes;
- **Special Patient Notes** – work with GP practices to get patient plans sent. If the OOH service has access to care plans then it is less likely to admit to A&E; and
- **Access to GP Patient Records** – working with GP practices to get them to use the special patient notes system. Patients expect the OOH service to have access to their notes.

17. The panel heard that GPs from the OOH service regularly met with consultants in A&E to discuss the reasons why people are being admitted to A&E by the OOH service and this gave both sides the opportunity to assess any unnecessary admissions.

18. There are mechanisms for consultants to feed back to the NDUC, they can speak to the individual doctor who made the judgement to send someone to A&E and it has been found that there are very few inappropriate out of hours referrals.

19. The panel discussed the distinction between the NICE guidelines for admitting a patient to hospital versus the clinical judgement of a practitioner. It was outlined that working in OOH can be a high risk area, as there is sometimes no access to a patient's information and history, because of this, sometimes the safest option is for them to be seen by A&E.

20. It was acknowledged that national perceptions will influence local opinions. However the panel heard from Dr Milner that in his opinion, the OOH service has developed into a safer and better service.

21. The panel was invited to come and look at the NDUC centre.

## **Future Contract**

22. The panel discussed how past experience would shape the development of the new OOH contract. The OOH and the CCG have learnt from this contract that one of the most important functions is to have access to patient notes and they are working to improve this across all GP practices. The new contract is up for renewal in 2016 and preliminary work will begin on its contents and this development work is listed within the CCG's 2013 commissioning intentions.
23. The CCG will assess the impact of the 111 services; they will consider the integration of the services so that they all work together effectively and they will also look at the needs of the patients.
24. Patient experience will help shape the new contract, engagement work will take place, including surveys, focus groups, marketing engagement events and learning from complaints will all be used in the process.

## **Conclusion**

25. The Panel agreed to revisit this topic with particular reference to the development of the new contract for the Out of Hours provider in 2016.

**Councillor Eddie Dryden  
Chair, Health Scrutiny Panel**

## **BACKGROUND PAPERS**

No background papers were used to prepare this briefing paper.

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