

**REPORT TO INTEGRATION JOINT BOARD
15 July 2022**

NHS GRAMPIAN OUT OF HOURS PRIMARY CARE SERVICE (GMED)

1 Recommendation

It is recommended that the Integration Joint Board (IJB):

- 1.1 Notes the current position in relation to Grampian Out of Hours (OOH) Primary Care Services with Moray as the Hosting Integration Joint Board (IJB).**

2 Directions

- 2.1 No direction requires to be issued as a result of this report.**

3 Risk

- 3.1 Risks are recorded on Health and Social Care Moray (HSCM) Risk Register.**

Background

- 3.2 GMED provides urgent primary care services for the Grampian population in the out of hour's period, (including Public Holidays). On 18th January 2021, GMED activated a Surge Plan that was in consultation with GMED staff groups as well as Partnerships and NHS Grampian Leads. The plan's main objective was to review clinical staff availability across the Grampian region and ensure a safer clinical cover in pressure areas, (such as Elgin or Peterhead), in light of risks that the Covid-19 pandemic has posed or exacerbated.**

- 3.3 The plan has instigated the activation of Inverurie base overnight, providing additional support to other staff in central Aberdeenshire. Banchory cell has been staffed by an Advanced Nurse Practitioner, which released GP time to staff Aberdeen as a decision support cell to the whole of Grampian. Stonehaven is thus suspended overnight.**

- 3.3.1 The plan has now been extended on two occasions due the unstable situation created by the pandemic.**

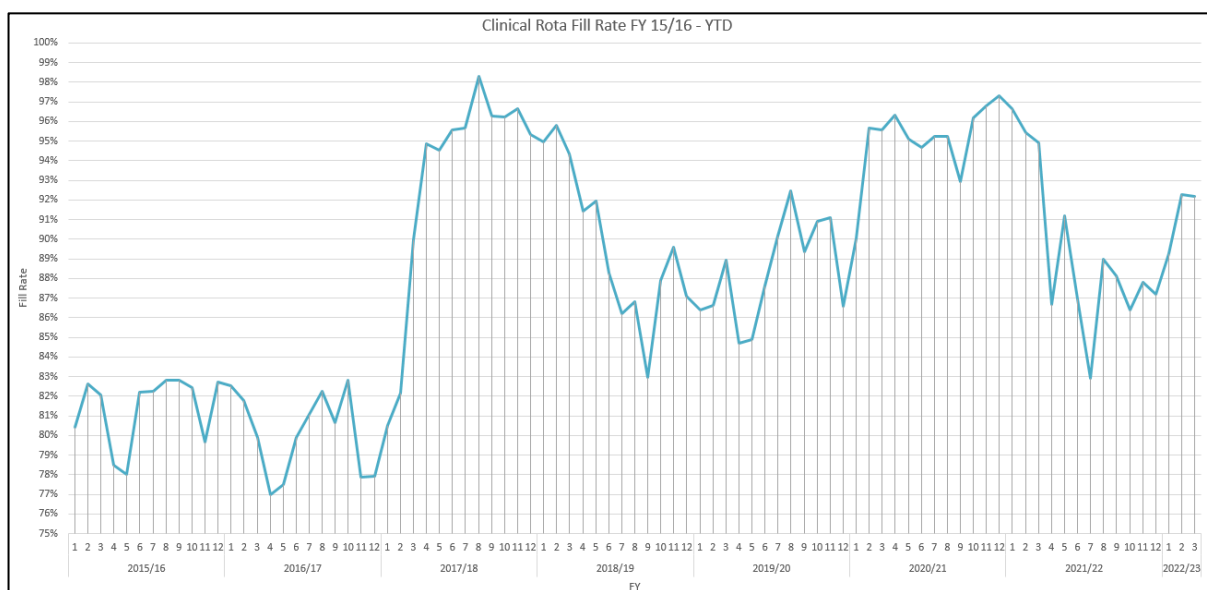
- 3.4 There was only 1 adverse event relating to the re-organisation of the cell opening times or change in skill mix in the last 12 months.**

3.5 Covid Hub

- 3.5.1 On 31st March 2022 the Covid Hub concluded and GP Practices have fully taken over the management of the pathways in terms of the pandemic.**

3.6 Workforce:

- 3.6.1 GMED service continues to maintain similar rota fill rate levels comparing to previous years (with the exception of 2020). The average rota fill rate is 90% for the whole year, which is assessed to be at the G-OPES¹ Level 2.
- 3.6.2 Clinical rota is affected by unpredicted absence, Covid related absence and holiday periods. Furthermore, the majority of the GP workforce within the service is employed as bank staff, which contributes to challenges around sustainability and resilience of workforce. Ability to staff the rota is recorded on the HSC Moray Risk Register. Appropriate controls are in place.
- 3.6.3 Anecdotally, GMED remains one of the better staffed out of hours services across Scotland.



3.7 Staff Governance and Engagement:

- 3.7.1 GMED Management Team continues to work with staff to improve employee experience; from the start of the recruitment process to day to day operations. Appropriate NHSG tools are used to measure satisfaction (i.e. iMatter) and internal surveys. Identified actions are taken forward together with staff to promote NHSG Shared Governance standards.

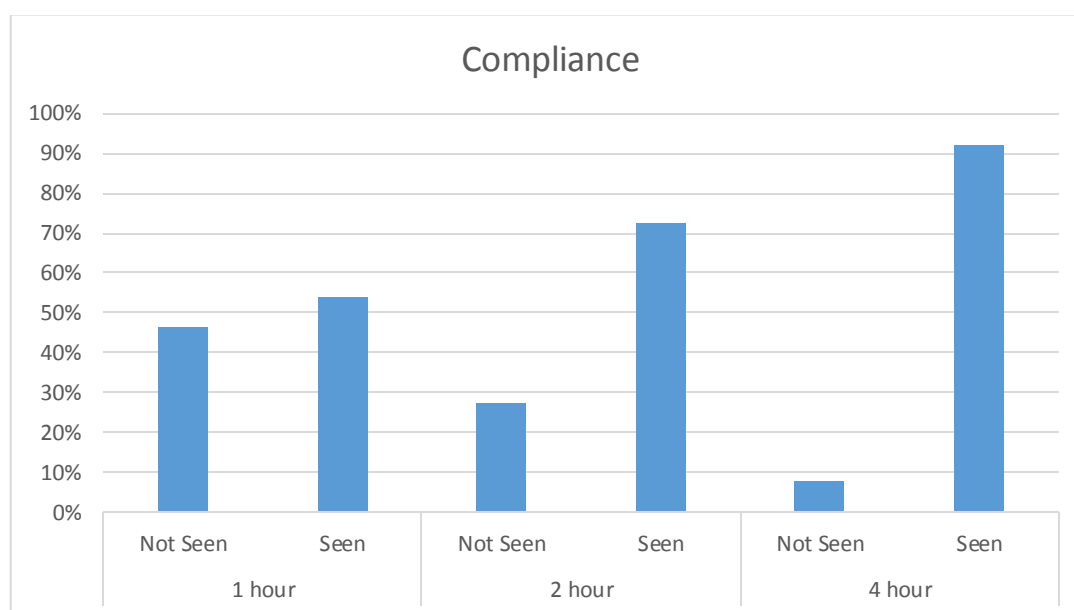
¹ G-OPES: The Grampian Operational Pressure Escalation System; an enhanced approach to managing the operational pressures as a unified health and care system

3.8 **Performance:**

3.8.1 GMED activity continues to be predictable.

	2021	2020	2019
Advice	43580	37138	13965
Centre Consult	11766	19491	54247
CPN	2239	1723	1365
Home Visit	10735	11346	18526
Covid Advice	21319	11900	0
Total	91660	83618	90122

One of the main key performance indicators for OOH Primary Care Services is:
“Proportion of home visit cases where a clinician arrives at the destination of care within the timescale recommended by triage”.



3.8.2 80% of calls are attended within the priority allocated by the recommended triage.

3.8.3 With the recent Aadastra upgrade, the way we count the number of contacts has changed. Instead of counting one patient journey as one contact, we count each type of contact as a separate contact; e.g., case came through as an advice call, after initial assessment with clinician it was decided a home visit is required – this will now be counted as two contacts.

3.9 **Finance:**

- 3.9.1 GMED improved their financial position considerably in the financial year 2021/22 to March (month 12) in comparison to previous financial years. YTD Variance is (£377,059) which is 5% overspend. In comparison, YTD to M12 variance was 19% overspend in 2020/21 and 2019/20.

MORAY HOSTED SVS

Expenditure Summary Period 12 Mar 2021/2022

	Annual Budget	YTD Budget	YTD Actuals	YTD Variance	Period Budget	Period Actuals	Period Variance	Period Estab	Avg Wte	Period Wte
	(270,820)	(270,820)	(205,238)	(65,583)	(22,568)	(14,894)	(7,675)	0.00	0.00	0.00
MISCELLANEOUS INCOME	(270,820)	(270,820)	(205,238)	(65,583)	(22,568)	(14,894)	(7,675)	0.00	0.00	0.00
PAY	10,198,472	10,198,472	10,339,419	(140,947)	1,168,276	1,044,422	123,854	84.22	84.81	79.94
NON-PAY	332,712	332,712	503,242	(170,530)	(152,105)	81,668	(233,773)	0.00	0.00	0.00
Totals	10,260,364	10,260,364	10,637,423	(377,059)	993,603	1,111,197	(117,594)	84.22	84.81	79.94

- 3.9.2 Within individual cost centres, the highest overspend is noted in the Nursing Pay, whereas Medical & Dental Pay continue to observe an underspend.

- 3.9.3 Further work is being undertaken with Finance to realign cost centres within the service.

3.10 **Unscheduled Care Review:**

- 3.10.1 In September 2021, GMED participated in the 90-day Unscheduled Care review work streams that looked at optimising patient flow in the hospital and Emergency Department. Work within these streams continues.

- 3.10.2 As part of the Unscheduled Care (USC) Review, GMED is now engaging with Mental Health and SAS to review referral pathways in line with the 'right care, right place' guidance.

3.11 **Flow Navigation Centre (FNC):**

- 3.11.1 GMED and USC Leads are currently scoping potential FNC models to further enhance the ability to deliver unscheduled care by the right professional at the right place.

3.12 **Custody:**

- 3.12.1 Service leads across Police Scotland, Aberdeenshire and Moray are now working together to implement arrangements and alternative pathways to ensure sustainable cover for the Custody service. GMED continues to temporarily support the new pathways but will withdraw once new staff are fully trained.

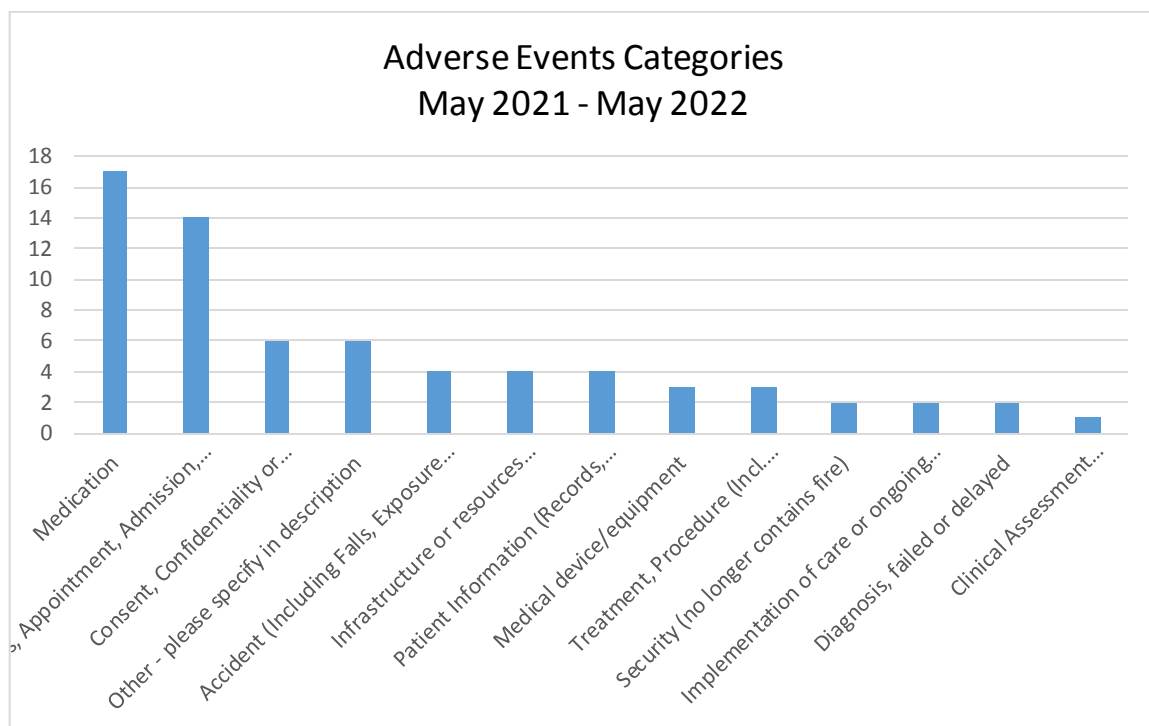
3.13 **Clinical Governance:**

3.13.1 GMED continues to strengthen clinical governance within the service:

- Reporting into HSCM Clinical and Care Governance,
- Reporting into HSCM Clinical Risk Management Committee,
- GMED Clinical Governance Meeting,
- Staff Educational Sessions,
- Identifying and taking learning from adverse event and complaint reviews.

3.14 **Adverse Events:**

3.14.1 The service recorded 68 adverse events between 02 May 2021 and 01 May 2022. Top 10 categories are presented on the graph below.



3.15 **Patient Feedback:**

3.15.1 GMED received 29 complaints between 02 May 2021 and 01 May 2022, of which 7 were closed at the Early Resolution stage, 8 were fully upheld and 5 partially upheld.

3.15.2 Complaints and adverse events reporting numbers have remained stable: Covid has not impacted significantly.

3.16 **Way forward:**

3.16.1 The Out of Hours Primary Care service has been operating a winter surge plan through the covid pandemic. In May 2022 GMED held a Strategic

Planning Workshop to look at the short and medium term plans for the service following the impact of covid 19. Representatives from all sub teams within the service have attended.

Following the workshop a 12 month road map is being developed. This will focus on:

- Finalising service set up and moving on from the Surge Plan;
- Staff recruitment and retention, including workforce planning;
- Improved understanding, processes and pathways with stakeholders;
- Further development of pharmacy and logistics processes;
- Improvement in facility management and access.

Taking account of the preparation work that is required, we are planning for implementation to begin around Autumn 2022.

4 Summary

4.1 Considering the impact of Covid over a considerable length of time, GMED remains in a strong and steady position. Although there are issues GMED are facing as a service, these issues are being dealt with at both operational and strategic level.

4.2 The Head of Service, Clinical Divisional Director and Chief Nurse have been consulted in the preparation of this report and their comments have been incorporated within the report.

5 Equalities, Staffing and Financial Implications

5.1 An equality impact assessment is not required because this report reflects delivery of a hosted service.

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NHS Grampian for Aberdeenshire Health and Social Care Partnership

Report prepared by ***Magda Polcik, GMED Service Manager ***

Date ***18 July 2022 ***