



INTEGRATION JOINT BOARD

Date of Meeting	19 November 2024
Report Title	Position of the Out of Hours Primary Care (GMED) Service
Report Number	HSCP.24.084
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Consultation Checklist Completed	Yes
Directions Required	No
Exempt	No
Appendices	Appendix A: Terms of reference for GMED Redesign Programme Board
Terms of Reference	1

1. Purpose of the Report

The purpose of the report is to update the IJB on the position of the Out of Hours Primary Care (GMED) Service with Moray as the Hosting Integration Joint Board (IJB) and the progress of the redesign work commissioned by the three Chief Officers of the IJBs.

2. Recommendations

2.1. It is recommended that the Integration Joint Board:

- a) notes the establishment of a Primary Care Out of Hours (GMED) Redesign Programme Board to consider service redesign options;



INTEGRATION JOINT BOARD

- b) notes the principles of the redesign as detailed in the Terms of Reference (TOR) for the Redesign Programme Board; as detailed in Appendix A,
- c) notes the timeline for the Programme Board.

3. Strategic Plan Context

3.1 Redesign Vision

GMED seeks to deliver a high quality, person-centred, sustainable, urgent and unscheduled primary care services to the Grampian population. It aims to do this by ensuring that the service has safe workforce levels in line with the Health and Care (Staffing) (Scotland) Act 2019 that came into force in April 2024 and by promoting staff wellbeing.

The Grampian GMED Service is hosted by Health and Social Care Moray on behalf of Aberdeen City and Aberdeenshire Health and Social Care Partnerships.

GMED delivers urgent (non-emergency) primary care to the Grampian population when GP Practices are not operational (Monday to Friday between 1800-0800, weekends and public holidays).

The team is made up of approximately 300 members of staff including, predominantly Bank General Practitioners (GPs) with a core of substantive Advanced Nurse Practitioners (ANPs) and healthcare support staff (Drivers, Dispatch and Admin).

The team is made up of GPs and Advanced Nurse Practitioners with a logistics and transport team. There are 8 GMED satellites (Aberdeen, Stonehaven, Banchory, Huntly, Inverurie, Peterhead, Elgin, and Fraserburgh). In the out of hours period the GMED service also provides direct support, advice and care to partnership professional services and service users including the Scottish Ambulance Service (SAS), Police Scotland, Custody Services, Scottish Prison Service, Out of Hours (OOH) District nurse Services, Mental Health Services, NHS 24, Hospital at Home and community hospitals along with direct service to patients with palliative care needs.

A recent internal review of bank GP rates in 2023 highlighted differences between bank rates and salaried rates for Out of Hours GPs. It has also brought to light, through various feedback received, that caseload management processes and clinical governance should be reviewed to improve staff wellbeing and their work environment. Therefore, Chief Officers for Aberdeen City, Aberdeenshire and Moray IJBs have requested that the service's clinical model is reviewed to enhance quality, safety, and efficiency.



INTEGRATION JOINT BOARD

A GMED Service Redesign Programme Board was established in February 2024 with the objective of exploring and finding the balance between clinical governance, patient safety, staff governance and financial pressure, with a focus on prevention and improving patient's outcomes.

The Programme Board have established a number of Short Life Working Groups (SLWGs) to deliver on specific aspects of the redesign:

1. Medical Pay SLWG; the purpose of this group is to:
 - Review medical payments structure for salaried and bank staff;
 - Ensure that GMED is delivered as efficiently and effectively as possible, whilst at the same time ensuring that clinical outcomes are met;
 - Act as an advisory body with an expertise in the delivery of the GMED service.

2. Service Delivery Model SLWG. The purpose of this group is to:
 - Review the Service delivery model of OOH care in Grampian;
 - Ensure that GMED is delivered as efficiently and effectively as possible, whilst at the same time ensuring that Clinical outcomes are met;
 - Assure the Project Board that any recommendations are grounded in a full assessment of a sustainable service fit for the future;
 - Consider trends and analysis of patient population;
 - Act as an advisory body with an expertise in the delivery of GMED;
 - Make recommendations as to the future of the Service delivery model based on a collaborative approach.

3. Clinical Pathways SLWG; the purpose of this group is to:
 - Review the clinical pathways within the service, including review of redirection pathways in line with national redirection and signposting policies;
 - Assure the Project Board that any recommendations are grounded in a full assessment of a sustainable service fit for the future;
 - Act as an advisory body with an expertise in the delivery of GMED.

4. Data Analysis
This SLWG advises on and provides data required by the other SLWG's to assist in any decision making; e.g. financial information; trends (patient and staff), information and learning from other health board areas.

4. Summary of Key Information

- 4.1. The Grampian Out of Hours Primary Care Service committed to delivering a proposal for the redesign of the service by end September 2024; this required each of the sub groups to meet on a regular basis (every 2 weeks



INTEGRATION JOINT BOARD

or more often approx.). GMED Senior Management Team has extended the review timeline following learning of best practice shared by other out of hours services across Scotland. Three additional SLWGs have been set up. The team have committed to end of January 2025 deadline to develop initial proposals based on the findings of the review. Additional SLWGs are: Patient Flow and Pathways; Multidisciplinary Team and Training, and Operational Model.

- 4.2. It seeks to assure the HSCPs that the Service can deliver efficiently and effectively across all areas of the system.
- 4.3. The GMED Service Redesign Programme Board will engage with Health Improvement Scotland, following the principles of '[Planning with People](#)'; patients and stakeholders (including staff) will be considered throughout the redesign. Using a mix of quantitative and qualitative measures throughout the process will provide a comprehensive assessment of the success of the redesign, ensuring that various aspects of it are adequately evaluated.
- 4.4. The Programme Board Terms of Reference are attached for information.
- 4.5. The host IJB (Moray IJB) and H&SCP (Health and Social Care Moray) have responsibility for performance management of the hosted service for which they have operational oversight and shall use performance information to monitor the delivery of this project on an ongoing basis.
- 4.6. Aberdeen City and Aberdeenshire IJBs will be consulted first prior to submitting final redesign proposals to Moray IJB for final approval.
- 4.7. Further updates will be provided to the IJB as the redesign continues whilst it is anticipated that proposals will be able to be presented to the Aberdeen City IJB in spring 2025.

5. Implications for IJB

5.1. Equalities, Fairer Scotland and Health Inequality

An Integrated Impact Assessment (IIA) will be carried out as part of the redesign programme work. The IIA will be presented with further updates to the board as appropriate.

5.2. Financial

There are no direct financial implications arising from the recommendations of this report.

5.3. Workforce



INTEGRATION JOINT BOARD

There are no direct workforce implications arising from the recommendations of this report.'

5.4. **Legal**

There are no direct legal implications arising from the recommendations of this report.

5.5. **Unpaid Carers**

There are no direct implications relating to unpaid carers arising from the recommendations of this report.

5.6. **Information Governance**

There are no direct information governance implications arising from the recommendations of this report.

5.7. **Environmental Impacts**

There are no direct environmental implications arising from the recommendations of this report.

5.8. **Sustainability**

There are no direct sustainability implications arising from the recommendations of this report.

5.9. **Other**

There are no other direct implications arising from the recommendations of this report.

Management of Risk

Risk Appetite Statement

There is no direct risk from this report. However, it should be noted that risk may arise from the programme as it develops.



INTEGRATION JOINT BOARD

Appendix A

Terms of Reference GMED Service Redesign

1. Introduction

Overview

GMED delivers urgent (non-emergency) primary care to the Grampian population when GP Practices are not operational (Monday to Friday between 1800-0800 and Saturday to Monday morning/Public Holidays on a 24-hour basis).

The team is made up of GPs and Advanced Nurse Practitioners with a logistics and transport team. There are 8 GMED satellites (Aberdeen, Stonehaven, Banchory, Huntly, Inverurie, Peterhead, Elgin, and Fraserburgh).

In the out of hours period the GMED service also provides direct support, advice and care to partnership professional services and service users including SAS, Police Scotland, Custody Services, Scottish Prison Service, OOH District and Marie Curie Nursing Services, Minor Injury Units, Mental Health Services, NHS 24, Hospital at Home and community hospitals along with direct service to patients with palliative care needs.

In-hours, business support team focuses on the management of rotas, liaising with GP practices/practitioner services and any other operational activities to ensure patient and staff safety.

Background

The review of bank GP rates in 2023 has brought to light that there is a differential between bank rates and salaried rates for Out of Hours GPs. It has also brought to light, through multiple feedback received, that caseload management processes and clinical governance should be reviewed to improve wellbeing and work environment. Therefore, Chief Officers requested that the service's clinical model is reviewed to enhance quality, safety, and efficiency.

Vision

Delivery of high quality, person-centred sustainable urgent and unscheduled primary care services to the Grampian population by ensuring that the service has safe workforce levels in line with the Health and Care (Staffing) (Scotland) Act 2019 that comes in force in April 2024 and by promoting staff wellbeing.



INTEGRATION JOINT BOARD

2. Principles

The 2020 Framework for Quality, Efficiency and Value sets out the NHS Scotland ambitions for improving quality, efficiency, and value of healthcare for the people of Scotland and is based on 10 key principles. These principles will underpin the work around GMED redesign.

1. Reduce unwarranted variation in service provision, remove waste and eliminate harm;
2. Use resources effectively – reduce costs, improve productivity, and release efficiencies to enable reinvestment in front line patient care;
3. Adopt a whole system approach to service redesign;
4. Ensure clinical decision-making takes precedence over short term efficiency gains or achievement of targets;
5. Use good quality benchmarking and performance data, together with insight into service provision, to identify where productive opportunities lie;
6. Improve healthcare quality and person-centred care by increasing the safety, effectiveness, experience and responsiveness of services;
7. Encourage innovative approaches to service redesign and use of technology;
8. Collaborate and partner with stakeholders;
9. Encourage a more productive and empowering workplace culture;
10. Identify, spread and sustain good practice.

3. Objectives

Through this redesign, the service will find the balance between financial pressure, clinical governance and patient safety, staff governance with a focus on prevention:

- Enhance efficiency and quality through streamlining processes and optimising resource allocation to deliver efficient, person-centred and financially viable service delivery model of urgent/ out of hours primary care service through innovative approaches or restructured workflows.
- Leadership and Management Teams, Clinicians and Support Staff will be equal partners in decision making and be supported to have honest conversations where an intervention adds no or minimal value;
- GMED will be recognised as an employer of choice for urgent care Advanced Nurse Practitioners and General Practitioners, where education, training and development are embedded.

4. Scope



INTEGRATION JOINT BOARD

Workforce

Review of staffing models within GMED. This should involve:

- assessing the current structure,
- evaluating its effectiveness, and
- determining if it aligns with organisational strategic intent and partners.

Alternative efficient, reliable and sustainable staffing model should be proposed. The model should reflect:

- supporting and management of healthy work-life balance, wellbeing and stress levels across the whole team;
- risks mitigation through implementation of an alternative workforce strategies/models;
- increase skill-mix to allow for better caseload management and resource utilisation;
- training and development of current staff within GMED;
- training and development of future cohorts of General Practitioners, Advanced Nurse Practitioners, Advanced Paramedic Practitioners and Health Care Support Workers;
- increase in operational supervision and review of management structure;
- cost efficiencies and effectiveness by reviewing skill-mix and pay structures.

The model should be able to respond flexibly to future demand based on growth and changes in the NHS Grampian population trend predictions.

Locations

Evaluate if GMED locations optimally distribute the workforce and its impact on workflow and performance. Consider feedback from local stakeholders. Provide well-supported recommendations on alternatives based on the assessment.

Processes and Workflows

Analyse and optimise existing demand and workflows to streamline operations as well as ensure clinical governance standards are reviewed, updated or established to enhance protocols, redirection in line with 'Know Who To Turn To' and 'right place, right time, right professional' campaign principles.

Service Components: the redesign might impact all GMED workforce

Geographical Limitations: the redesign might affect all GMED locations



INTEGRATION JOINT BOARD

Exclusions: the redesign will not include review of the service's fleet as new contract will be in place from January 2024 for 3 to 4 years (i.e. until 2027 or 2028).

5. Membership

Chair: GMED Clinical Director

Core Members: Associate Medical Director Primary Care; Clinical Director Primary Care, Deputy Chief Officer/ Head of Service, Chief Nurse, Lead Nurse, Service Manager, HR, Finance, Partnership Representative, Head of Transformation.

Stakeholders:

Primary Care Lead: City	Primary Care Lead: Moray	MIU
Primary Care Lead: Shire	Primary Care Contracts	FNC
GP Representative	LMC/GP Sub Rep	ED
ANP Representative	Assistant Business Support Manager	H@H
Community Hospital: Moray rep	Community Hospital: Shire rep	SAS
Driver Rep	Dispatcher Rep	ANP Team Leaders
Deputy Service Manager	Operations Manager	Clinical Leads
BMA Representative	Joint Negotiating Committee	

Conflict of Interest: Any attendee who becomes aware of a potential conflict of interest relating to matters to be discussed by the Programme Board must give prior notification to the Chair. If this is not possible, or if the conflict only becomes apparent at the meeting, they should declare this at the meeting and, where necessary, withdraw during discussion of the relevant agenda item.

6. Governance Structure

The host IJB (Moray IJB) and H&SCP (Health and Social Care Moray) have responsibility for performance management of the hosted service for which they have operational oversight and shall use performance information to monitor the delivery of this project on an ongoing basis.

Aberdeen City and Aberdeenshire IJBs will be consulted first prior to submitting final redesign proposals to Moray IJB for final approval.

7. Roles and responsibilities

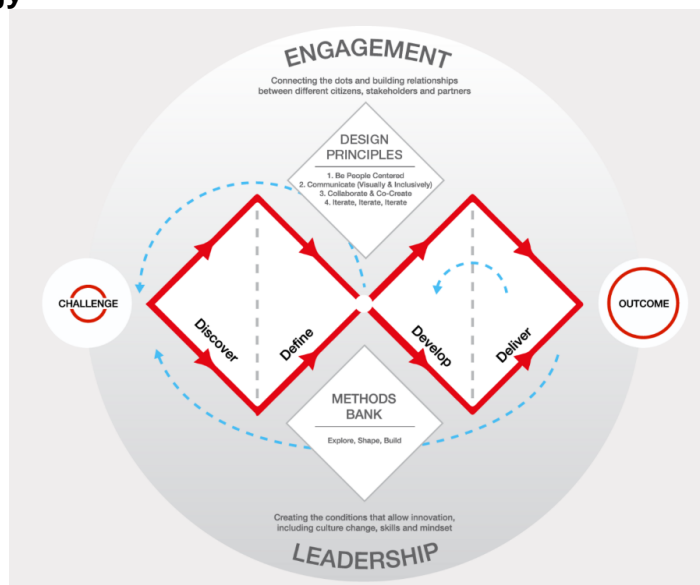
1. Ensure alignment with the organisation's strategic goals and vision; in particular Plan for the Future and the Principles outlined in section 2;
2. Coordination and prioritisation of redesign itself and related projects;



INTEGRATION JOINT BOARD

3. Provide oversight, direction, and decision-making frameworks for the redesign
4. Manage high-level interdependencies and risks associated with the redesign within the wider sector and organisational context;
5. Approve and allocate resources necessary for the redesign; identify any risks associated with resource allocation;
6. Ensure effective communication strategies are in place with stakeholders and wider organisation;
7. Monitor progress of the redesign program against predefined KPIs and milestones;
8. Provide guidance and make key decisions on critical issues affecting the redesign;
9. Provide quality oversight and ensure compliance with relevant standards and frameworks;
10. Ensure appropriate and adequate public and patient engagement is undertaken;
11. Evaluate the effectiveness of the redesign, initiate improvement initiatives as per PDSA framework and capture lessons learnt;
12. Ensure that change management theories underpin the redesign; in particular ensure that GMED staff are included in each step of the redesign.
13. Equalities Impact Assessment should be conducted in order to avoid discriminating against people with a protected characteristic, to ensure alignment with the current legislative framework and to promote equality and celebrate diversity.

8. Methodology



[Framework for Innovation - Design Council](#)



INTEGRATION JOINT BOARD

9. Meeting Frequency

- Frequency: 6 weeks
- Duration: 1 hour
- Location: Teams or in Person

10. Evaluation and Measurements

KPIs:

- Operational efficiency:
 - o response times
 - o appropriateness of triage for home visits
 - o effective information exchange
 - o cost efficiencies
- Patient Feedback
- Stakeholder Feedback
- Employee feedback to measure engagement and satisfaction: use of existing tools such as iMatter

Using a mix of quantitative and qualitative measures across the above KPIs will provide a comprehensive assessment of the success of the redesign, ensuring that various aspects of it are adequately evaluated.

11. Key Short Life Working Groups/Programmes:

To be expanded and leads identified

- GP Pay Review;
- Skill-mix review across Grampian: implementation of an alternative clinical model;
- Support staff roles review
 - o Dispatchers
 - o Drivers
 - o Elgin Admin
- OOH Nursing
- Staff Wellbeing
- Data Analytics