

**Department Of Health response to the  
Independent Review of GP Out-of-Hours  
Services in England Report**

***“Raising Standards for Patients.  
New Partnerships in Out-of-Hours Care”***

***October 2000***

**Department Of Health response to the Independent Review of GP Out-of-Hours Services in England Report “*Raising Standards for Patients. New Partnerships in Out-of-Hours Care*”**

The reassurance and peace of mind that expert medical care is available outside normal surgery hours has been central to the public popularity of Britain’s primary care tradition. With the advent of the modernisation programme for the whole NHS in the NHS Plan, it is vital that that tradition continues in the new NHS, adapted to the needs of patients and professions alike in the 21<sup>st</sup> century. The review reflects and extends the proposals set out in the NHS Plan, published last July.

This is a commendable piece of work delivered by David Carson and the review team, on an area of utmost importance - how the NHS responds to urgent patient needs out-of-hours.

The Department welcomes the vision set out in the report for the future of out-of-hours services in England which is consistent with Government policy - to offer people fast and convenient care, delivered to a consistently high standard. The report is the means to establish clear quality standards for out-of-hours services. And the report also stresses the importance of effective co-ordination between different parts of the NHS.

In line with the commitment in the NHS Plan the report recommends new quality standards and closer integration too between NHS Direct and GP out-of-hours services. This will mean that patients who contact out-of-hours services will be confident that their calls are handled consistently and professionally wherever they live. They will be confident they are being offered the right service, by the right professional at the right time. Whether they need a doctor to call, to visit an out-of-hours centre, to go to accident and emergency or to have telephone advice from a nurse. By 2004, patients who call NHS Direct will be able to have their call passed to a GP co-operative or deputising service, referred to a pharmacy or, have a 999 ambulance summoned, without making a second call.

The review builds on the significant re-organisation of primary care services that meet patients' needs out-of-hours in recent years, in particular the development and success of the GP co-operative movement.

At present many parts of the country have excellent arrangements for out-of-hours care. In some, GPs and nurses are in co-operatives which ensure that individual members do not have to be on call every night.

Some have been pioneers in developing safe and effective ways of performing a preliminary diagnosis, or triage, over the phone, to ensure that doctors are only called out when they need to be. But this is not true for the whole of the country. At times patients have to listen to poorly recorded answering machine messages to establish contact details for emergency out-of-hours care. They may also have to make several calls before speaking to a professional and, without a system to assess each case, doctors can end up making home visits when they are not necessary.

The central aim of the report is to ensure that high quality, accredited out-of-hours services, well integrated with the rest of the NHS, are available to all patients in all parts of the country. The report's proposals are grounded firmly in existing best practice and are therefore both realistic and achievable. The challenge now, is to help the rest achieve the same high standards as the best.

The Department is currently assessing the package of measures needed to ensure its successful implementation. This includes legislative and other changes. The Department will consult the profession on changes to the GP terms of service and the red book.

The report also suggests major changes to the way in which some GPs will organise out-of-hours provision with an increased role for nurses.

The approach set out in the report may also involve changes for some GPs who are not part of a co-operative or deputising arrangement. They will have to ensure that in addition to early clinical triage their patients also have access to the full range of information and support that the integrated providers will be able to provide including the same access standards.

This is likely to require these GPs to make arrangements with other out-of-hours providers and NHS Direct. Where necessary, such GPs will still see those patients who require a face-to-face consultation with a doctor, but they will do so secure in the knowledge that their patients' needs have already been rigorously triaged. The report suggests that almost half the calls they receive at present will be met safely and appropriately in a telephone consultation with a nurse.

Nurses and GPs have worked together in primary care for some years to offer patients better access to a health care professional over the telephone, both during the day and in out-of-hours periods. Nurse telephone consultation operating at the level of the GP co-operative has been shown to be at least as safe and effective as standard care, and, where patients expect that they might receive telephone advice, satisfaction with telephone support from nurses and doctors is very high.

The use of clinical decision support software has been shown to have a substantial impact on the way in which out-of-hours calls are managed, not only reducing the overall workload of GPs and nurses so that they have more time to attend to patients in greatest need, but in enabling patients to be cared for at home instead of attending an out-of-hours primary care centre.

We welcome the emphasis in the report on the importance of establishing new and effective partnerships between all those involved in the delivery of out-of-hours services. This will achieve the much better use of existing resources. The emergence of primary care trusts creates new opportunities to plan and co-ordinate the provision of services in a given locality.

The model of accountability set out in the report will ensure for the first time that GPs and the organisations with which they presently work out-of-hours (co-operatives and deputising companies) will be able to work closely and collaboratively with the other providers in their area, including local accident and emergency departments and walk-in centres.

These partnerships also include closer working between NHS Direct and out-of-hours providers. In 15 areas, out-of-hours providers are already working in partnership with NHS Direct to provide a single point of access to out-of-hours care. These pilots, covering three million patients, have demonstrated benefits in terms of improved patient access and more appropriate management of demand for out-of-hours care. An appraisal of the research evidence for the safety, effectiveness and acceptability to patients of different models of out-of-hours care is to be published shortly by the University of Southampton. Pilots (like the report recommends) have been based on a Service Level Agreement between NHS Direct and the out-of-hours provider involved.

The introduction of the NHS Clinical Assessment System as the standard clinical decision support tool for NHS Direct will enable closer joint working through the creation of common standards for referral to out-of-hours providers with: NHS control of the system; scope for direct feedback from out-of-hours providers on the clinical appropriateness of referrals; and improved electronic links with out-of-hours providers.

New NHS Direct software will reduce the average call duration to approximately six minutes compared to a current average of twelve minutes without compromising patient safety. This reduction in call length together with NHS Direct's increased ability to network calls will make it easier for them to flex up capacity to meet peaks in demand.

As NHS Direct and existing out-of-hours services are integrated these benefits will become available to all patients.

Dr Carson has agreed to lead the process of implementing the report. He will be supported by a small implementation project team who will maintain a national advisory group of all key stakeholders and expertise. Invitations to join this group will be sent out shortly.

One of the first tasks for the implementation project team will be to organise a series of regional roadshows to help explain how the report affects different individuals and organisations responsible for out-of-hours care and also to ensure early and uniform implementation of the quality standards.

We will want to see the new quality standards implemented as quickly as possible. The development of better co-ordinated services will take longer. Wider integration with NHS Direct will take into account the expanding capacity of NHS Direct. The pace of change locally will need to reflect local circumstances *and the need to meet new quality accreditation standards.*

Health economies will be expected to begin to develop plans to meet the quality criteria ahead of the legislative changes that will be made. They may also begin to address the necessary infrastructure and organisational changes mentioned within the report and plan for closer integration.

During 2001/2 there will be the scope to develop “exemplars” which will allow NHS Direct and out-of-hours providers to build up experience of developing integrated services and the benefits of partnership working. The implementation project team will work with and evaluate these “exemplars”. This together with the local accountability of NHS Direct will help demonstrate the ability of partnership organisations to deliver a high quality service to patients and GPs. By 2004 NHS Direct will need the technology to transfer calls to out-of-hours providers.

During 2001/02 we expect the performance management framework will be designed to report on the progress of implementation, the utilisation of resources and the operation of the system. It will be drafted and discussed with regional offices and health authorities by the end of this year. It will include the national reporting framework in relation to the quality standards. This activity must have a high priority if we are to ensure consistency across the service. We will review progress on implementation regularly.

There will be resource implications to ensure that the appropriate infrastructure and organisational changes can be delivered, and we intend to provide funding to meet the targets set out in the report.

The report sets the direction of travel for the future provision of out-of-hours care; one which will ensure patients are offered high quality care that is fast, convenient, and appropriately meets their needs.

With a clear vision for the way ahead set out in the report, with resources to back that vision, and with commitment from all concerned to work together and drive up quality, the service that primary care can offer when the surgery is closed can and will be modernised to ensure that it retains its important place in sustaining the reputation of primary care.