To:	**Renfrewshire Integration Joint Board**
On:	**23 June 2017**
Report by:	**Chief Officer**
Heading:	**NHS Greater Glasgow & Clyde Review of Out of Hours GP Services - Update**

1. Summary

1.1. To bring to the IJB's attention an update on the NHSGGC-wide Review of Out of Hours GP Services.

2. Recommendation

It is recommended that the IJB:

- Note the update report by the NHSGGC Out of Hours Review Group (Appendix 1); and
- Agree that a further report will be brought back to the IJB as the Review progresses.

3. Background

3.1. As specified in the Public Bodies (Joint Working) Act, General Medical Services, including out of hours, are part of the delegated functions for all Integration Authorities.

3.2. The national Independent Review of Primary Care Out of Hours Services reported its findings in early 2016 and in the same timeframe a review of the existing GP Out of Hours Services across the NHSGGC area had been initiated.

3.3. An update on that work – prepared by the Review Group for consideration by all IJBs within the NHSGGC area – is attached to this report.

4. Main Issues

4.1 In the recently published National Out of Hours Review, out of hours care is defined as “care to a patient which cannot wait until the GP surgery is open again”.

4.2 Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHSGGC.

4.3 The review is being undertaken of the current GP service model to ensure an efficient, responsive service that is sustainable going forward.

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5. People Implications

5.1 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours.

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6. Financial Implications

6.1 The result of the changes to the tax treatment of GPs working in Out of Hours services for NHSGGC has led to an unfunded cost pressure of £2.5M per annum. Increased rates of pay at times of peaked activity, namely Public Holidays and the Festive fortnight, have also resulted in an additional unfunded cost pressure of circa £500k.

6.2 While it is recognised that the service has constantly reviewed its costs and identified cost reducing efficiencies (circa £300K over the last five years), it is important that the Out of Hours Service is clear that it is responsible for taking the necessary contingency actions to manage those pressures safely whilst the review is on-going.

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7. Professional Implications

7.1 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHSGGC is responsible for ensuring all patients can access out of hours care. While access to the GP Out of Hours service was initially intended to be through NHS24, over time a significant number of patients now ‘walk in’ the service.

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8. Local Implications

8.1 There is a GP Out of Hours service co-located within the Royal Alexandra Hospital (RAH).

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9. Risk Analysis

9.1 As per 5.1, the current service is under consistent pressure due to the increasing lack of availability of GPs opting to participate in the GP Out of Hours service.

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10. Impact Assessments

10.1 None required for this report.

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11. Consultation

11.1 Any significant service changes recommended by the review will be subject to appropriate consultation.

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12. Strategic Assessment

12.1 The Health & Social Care Partnership's Strategic Plan recognises that access to and the development of primary medical services is a key consideration in improving the delivery of services

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Implications of the Report

1. **Financial –** none
2. **HR & Organisational Development** – none
3. **Community Planning** –none
4. **Legal –**none
5. **Property/Assets –** property remains in the ownership of the parent bodies.
6. **Information Technology –** none
7. **Equality & Human Rights –** The recommendations contained within this report have been assessed in relation to their impact on equalities and human rights. No negative impacts on equality groups or potential for infringement have been identified arising from the recommendations contained in the report. If required following implementation, the actual impact of the recommendations and the mitigating actions will be reviewed and monitored, and the results of the assessment will be publised on the Council's website.
8. **Health & Safety –** none

9. **Procurement** – procurement activity will remain within the operational arrangements of the parent bodies.

10. **Risk –** None.

11. **Privacy Impact** – n/a.

List of Background Papers – None.

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PROPOSED REVIEW: GP OUT OF HOURS

A joint group has been established by the HSCP Chief Officers to review the provision of the full range of health and social care out of hours. The group considered the paper below at its first meeting. The paper describes the immediate service and financial pressures on GP OOH services. In the light of that current position the steering group agreed to recommend to Chief Officers that an HSCP led review of the GP out of hours service is established. Proposed steps in the review process would include:

- formal consideration of the current issues in each IJB and sign off of the principles for the review process, the programme arrangements and the timescale and process for the review;
- early public and patient engagement to shape and contribute to the review process;
- a formal review oversight group established to develop a detailed review programme by the beginning of April 2017.
- a clear timescale to bring forward proposed changes.

NHS GREATER GLASGOW AND CLYDE - GP OUT OF HOURS SERVICE

1. Background

1.1 NHS Greater Glasgow and Clyde have been carrying out a review of Primary Care Out of Hours services in the context of the recently published National Review by Sir Lewis Ritchie and the Board's service and financial planning for 2016/17.

1.2 In 2004, the General Medical Services (GMS) contract came into force. This gave General Practitioners (GPs) the opportunity to opt out of providing out of hours care for their patients. The GMS contract means that NHS Greater Glasgow & Clyde is responsible for ensuring all patients can access out of hours care. Access to the GPOOH service was initially intended to be through NHS24, however, over time, a significant number of patients now walk in into the service.

1.3 Strategically the new IJBs are responsible for the planning and commissioning of safe and effective OOH services.

1.4 Up until 2015, OOH GPs in the Greater Glasgow Health Board service were independent contractors. In 2015, following a nationwide investigation into the way individual Boards paid out of hours GPs, HMRC implemented a ruling that GPs working in out of hours services required to be on the Board payroll, rather than treated as independent contractors. The result of the changes to the tax treatment of GPs working in out of hours services for GGC has incurred an additional cost of £2.5m per annum. This funding requires to be found on a recurrent basis as to date it has been covered non-recurringly.

Rates of pay are increased at times of peak activity in OOH - namely Public Holidays and the Festive fortnight and this has also resulted in an unfunded cost pressure of c500k.

The service has constantly reviewed its costs and service delivery model and has made cost reducing efficiencies of £300k over the last 5 years.

However with the budget for the entire Board service being £16m, predominately in staff costs, it is not possible for the service to cover these increased staffing costs from within the service.

Currently other WOS Boards pay GPs higher rates than GGC and this is causing high levels of unfilled shifts. The service are using agency staff consistently for the first time since its inception

1.5 We are undertaking a review of the current GP service model to ensure that we can continue to provide an efficient, responsive service that is sustainable going forward. Ensuring safe, accessible services to patients and staff during the Out of Hours period is a key factor in ensuring high quality services to the population of NHS Greater Glasgow and Clyde.

1.6 In the recently published National Out of Hours Review, out of hours care is defined as care to a patient which cannot wait until the GP surgery is open again.

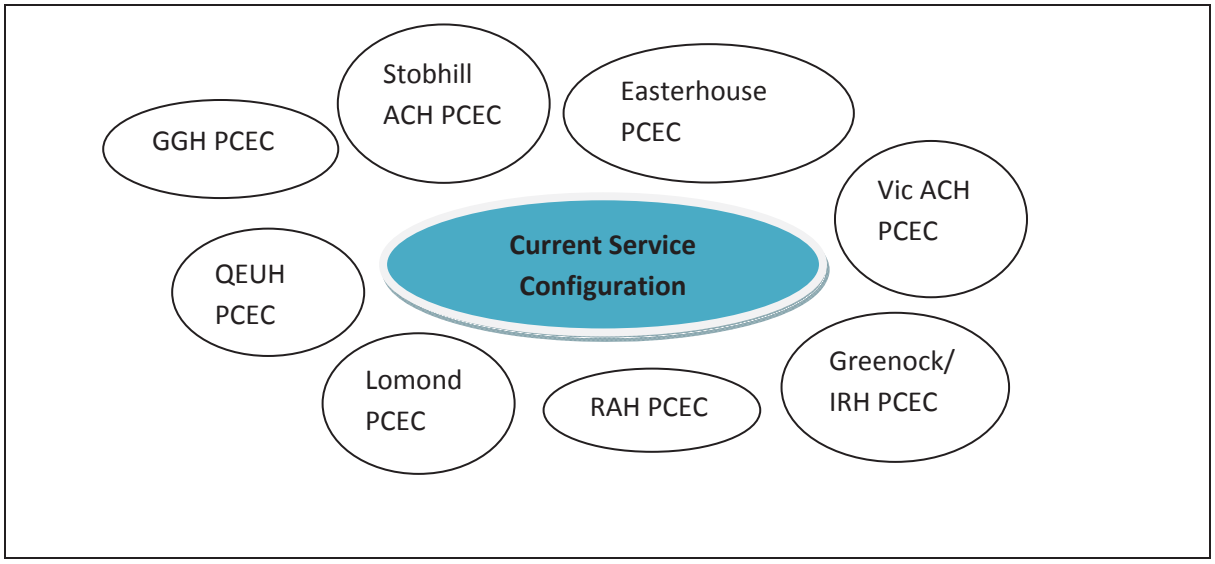
2. Current Service Configuration

2.1 A Home Visiting Service - this extends into Lanarkshire to cover Camglen and to Highland to cover Helensburgh and the Lochside .

2.2 A telephone advice service - this is provided from the Hub at Cardonald by the GP advisor who has a wide role in co-ordinating the service.

2.3 A pre-prioritised call service to support NHS24 - this is provided from the Hub at Cardonald utilising GGC clinical workforce and funded by NHS 24

2.4 8 Primary Care Centres - these are located geographically around the city to support access locally for patients - these centres see patients who are directed by NHS24, or self present and those adjacent to A/E departments will see those redirected by A/E.



The service offers a patient transport service to and from these centres for patients who cannot afford public transport and do not have their own transport. This to minimise the need for home visits.

The service does not operate an appointment system and patients are directed by NHS24 to their nearest PCEC.

- The service is currently adjacent to Emergency Departments at Queen Elizabeth University Hospital, and Royal Alexandra Hospital and overnight at Inverclyde Royal Hospital.
- The service is co-located with Minor Injury Units at Stobhill ACH; Victoria ACH and Vale of Leven.

- There are 3 other centres at Gartnavel General Hospital for West Glasgow, Easterhouse Health Centre - North/East Glasgow and Greenock Health Centre - Inverclyde
- There are only three main centres open overnight at RAH, Victoria ACH and Stobhill ACH. An overnight service is provided by the Home Visiting doctor at IRH and at Vale of Leven.

3. Summary of Work in 2016/17

3.1 Closure of Western Infirmary and Drumchapel Primary Care Centre and centralisation of West sector service at Gartnavel General Hospital.

3.2 Introduction of nurses into centres to reduce demand for medical staff

3.3 Trial of nurses undertaking home visits to test viability of alternative models

3.4 Other work which is also progressing in reviewing pathways into/out of the out of hours service include :

- **Alternative care pathways:** we are working with NHS 24 to implement changes to care pathways which will reduce pressure on the service, eg:
  - 12 hour disposition - improving use of this which will feed back to in hours GP services;
  - introduction of a self care guide for patients;
  - reinforcing SIGN guidelines on use of antibiotics for self limiting conditions - joint letter from LMC and GPOOH has been distributed to all GPs across GGC;
  - pilot of “speak to doctor” being developed within NHS24;
  - introduction of Prescribing pharmacists within NHS24 - this will support reducing demand on GPs for repeat prescriptions;
  - prescribing guidelines for Pharmacies - these are being developed nationally for specific pathways, eg, uncomplicated UTI.

- **Nursing homes:** to reduce the numbers of home visits to nursing homes with the purpose of Pronouncing Life Extinct which put pressure in the service we are changing the interface with nursing homes to reduce demand.

- **Patient Transport Service:** initial review of this has been undertaken to improve efficiency of service.

- **Clyde sector:** Working with the Clyde sector team to consider potential changes to the relationship between the OOH service and hospital based sevices at the IRH and Vale.

4. Activity

4.1 The following provides a description of GPOOH activity which is taken from the published ISD datamart. This reports on all GPOOH services across Scotland with the most recent report scheduled to be published at the end of February 2017.

Note *- the location within ADASTRA in which GGC activity is recorded is slightly different to the way other Boards record this information. Whilst the service have been working with ISD to try to get as accurate a picture as possible, the reported figures are slightly different to those which the service themselves produce although the trend data is consistent.*

4.2 **Consultations**

ISD 2015/16 reports 246,617 Consultations which was 3.3% higher than the previous year.

In 2016/17 the figures have shown a reduction - the latest monthly activity reported for 2016/17 is to October 2016.

	April to October	Variance
2014/15	134,782	
2015/16	139,367	3.4 %
2016/7	131,830	-5.4%

4.3 **Primary Care Centres/Home Visiting**

The following table shows a 2.9% increase in 2015/16 but a 3.7% drop in 2016/17 to Primary Care Centres and a 0.9% drop in 2015/16 and 6% drop in 2016/17 to the Home Visiting service.

	April to October Activity			
	Primary Care Centres		**Home Visiting Service**	
Data Source : ISD	**Activity**	**%age diff**	**Activity**	**%age diff**
2014/15	87701		21360	
2015/16	90238	2.90%	21163	-0.90%
2016/17	86875	-3.70%	19892	-6.00%

4.4 **Recent Experience : West Glasgow**

In July 2016 Drumchapel PCEC closed and was merged with the Western site (which had closed and relocated in November 2015) at Gartnavel. It was anticipated that the numbers of patients attending the Gartnavel site would be less than the numbers previously attending the separate sites and this has in fact been the experience

	13/14	**14/15**	**15/16**	**16/17**
West Glasgow	19040	20514	19673	16240
%diff in year		7.7%	-4.1%	-17.5%

These initial figures suggest that the initial move to Gartnavel resulted in a significant reduction in OOH attendances. Of note when Western site moved, the walk in rate reduced from almost 30% to 15%. This can be explained by:

- lack of accessibility to student and visiting population;
- move away from adjacency to an A/E department.

The West population may not be typical and this experience might not be mirrored should other services move. The following table provides a description of the mode of arrival of patients to other Primary Care Centres across GGC as a percentage of the total attendances.

	as %age of attendances at PCEC			
	NHS24	Walk-in	Refer MIU/E	Other
Easterhouse	75%	23%	0%	2%
Greenock	87%	12%	0%	1%
Inverclyde	97%	0%	0%	3%
Lomond	32%	51%	7%	10%
Renfrewshire	84%	9%	2%	5%
QEUH	71%	21%	6%	2%
Stobhill	63%	29%	1%	7%
Victoria	67%	27%	1%	5%

4.5 The following table describes the current daily average attendances to the PCEC's :

Current Daily average activity								
	Vic ACH	QEUH	GGH	Stobhill A	Easterhou	RAH	IRH	Vale
Monday	66	18	30	48	26	29	11	26
Tuesday	64	19	31	49	26	27	12	24
Wednesday	61	19	29	46	24	28	10	24
Thursday	61	19	29	43	23	27	10	23
Friday	65	20	33	47	26	28	11	25
Saturday	202	76	133	133	98	103	47	85
Sunday	197	77	132	133	97	103	43	84

4.6 **Postcode analysis of attendances**

Of the total attendances, the Greater Glasgow area accounts for 70.4% of attendances, Clyde sector 27.3% and out of board area 2.3%.

- In the out of board area, attendances from the ML (Motherwell) catchment area are highest at 18.5% followed by KA (Kilmarnock) at 18.4%, EH (Lothian) at 9.6% and G74 (East Kilbride) at 8.7%.
- In the Greater Glasgow area - G33 (Blackhill, Riddrie…) account for 6.2% of Greater Glasgow attendances, following by G81 (Dalmuir…) at 4.9%, G32 (Springboig….) at 4.4% and G53 (Pollok…) at 4%
- In the Clyde area - G83 (Balloch) is the highest at 15%, followed by G82 (Dumbarton) at 12.2%, PA2 (Foxbar….) at 9.8% and PA3 (Ferguslie….) at 7%.

GPOOH POSTCODE DISTRIBUTION OF ATTENDANCES (based on year 2014/15)								
Out of Board Area			Greater Glasgow Area			Clyde		
Postcode	Area	%age	Postcode	Area	%age	Postcode	Area	%AGE
overall		2.3%	overall		70.4%	overall		27.3%
following describes highest users of out of board area			*of the Greater Glasgow areas - following is highest postcode areas*			*of the Clyde areas - following is highest postcode areas*		
ML	ML Motherwell	18.5%	G33	Blackhill, Riddrie, Ruchazie, Garthamlock, Stepps	6.2%	G83	Balloch, Luss	15.0%
KA	KA Kilmarnock	18.4%	G81	Dalmuir, Faifley, Duntocher	4.9%	G82	Dumbarton	12.2%
EH	EH Lothian	9.6%	G32	Springboig, Shettleston, Carmyle, Carntyne	4.4%	PA2	Foxbar, Glenburn, Hu nterhill	9.8%
G74	G74 East Kilbride	8.7%	G53	Pollok, Nitshill, Darnley	4.0%	PA3	Ferguslie, Linwood	7.0%
AB	AB Aberdeen	6.9%	G21	Cowlairs, Gargad, Barmulloch, Barlornock, Robroyston	3.9%	PA16	Greenock	6.5%
FK	FK Falkirk	6.3%	G42	Polmadie, Battlefield, Crosshill, Govanhill	3.9%	PA4	Renfrew, Inchinnan	6.3%
DD	DD Dundee	4.0%	G13	Jordanhill, knightswood, yoker	3.8%	G84	Helensburgh	6.3%
KY	KY Kirkcaldy	3.4%	G66	Lenzie, Lennoxtown	3.7%	PA5	Johnston, Elderslie	5.7%
			G69	Gartcosh, Chryston	3.7%	PA1	Paisley central, Ralston	5.3%
			G15	Drumchapel	3.6%	PA15	Greenock	5.5%
			G52	Mosspark, Cardonald, Penilee	3.6%	G78	Barrhead, Neilston, Uplawmoor	5.0%
			G41	Shawlands, Pollokshields, Strathbung	3.5%	PA14	Port Glasgow	3.9%
			G73	Rutherglen	3.4%			
			G44	Cathcart, Kingspark, Croftfoot	3.1%			
			G64	Bishopbriggs, Torrance	3.1%			
			G72	Cambuslang	2.9%			
			G20	Ruchill, N Kelvinside, Woodside	2.9%			
			G51	Kinningpark, Ibrox, Govan	2.7%			

5. Challenges for the Service

5.1 The current service is under consistent pressure due to the increasing lack of availability of GPs willing to participate in the GP Out of Hours service. This is further exacerbated at holiday periods when there is higher levels of demand and call upon the same GPs to work extremely long hours

5.2 The reasons for this are multifactorial but it cannot be ignored that the workload at PCECs and home visiting sessions is a disincentive for GPs who would traditionally have done OOH sessions. It is also evidenced that doctors towards the end of their careers, who traditionally would have done a significant number of sessions, are being replaced by younger doctors who may do a few sessions but nowhere near the number of sessions previously done by their departing colleagues.

There are many other contributing factors including:

- superannuation issues;
- remuneration in comparison to other Boards(Glasgow offers the lowest rates of pay);
- employment status (neighbouring Boards recognise Private Limited companies) and regularly use Agency to fill shifts;
- day time workload of GPs;
- day time locum GP rates are higher than out of hour rates so more attractive for GPs to cover in rather than out of hours;
- walk in numbers to the centres are steadily increasing;
- volume of attendances at weekends and increased waiting times creates a challenging environment to work in;
- ability to provide suitable training environment for GP trainees - feedback from GPs is indicating that the workload is greater than the ability to undertake detailed case discussion and to provide appropriate clinical supervision.

5.3 Despite these difficulties the service has remained robust. Only on a handful of occasions has it been required to close a site. Gartnavel closed on three occasions when Drumchapel remained open and Easterhouse once. It is however a regular occurrence now to have to operate midweek with one or two home visiting shifts remaining unfilled or that the doctor had to be moved into a PCEC. Lomond and RAH are the sites which are particularly hard to find doctors to work in.

5.4 Home Visiting - the service is required to reach calls within the timeframe allocated by NHS 24, ie, within 1 hour/within 2 hours/within 4 hours. Although the overall percentage of times achieved is usually 90% and above, within these figures are a whole number of within 1 and within 2 hour calls which go out of time. The management team and Quality Assurance Group monitor these calls and there is genuine concern that activity at weekends at times exceeds capacity. This is less so midweek and thus it is to midweek provision that the potential for efficiency has been identified.

6. Next Stage

6.1 The next stage of the review is to look at the number of Primary Care Centres from which the service is operational and consider the potential to reduce these and the number of walk in patients.

6.2 The service currently do not operate an appointment system - if such a system were to be introduced, this would give the service more control over where a patient was directed. Issues with an appoint system include potential challenges in setting up the infrastructure to enable an appointment system and defining the length of a GP consultation could lead to the requirement for additional numbers of clinicians. Also, seeking to have patients directed to PCECs by NHS 24 depending on their postcode would be a significant change for NHS 24 which has operational policies agreed on a Scotland wide basis. It is worth mentioning this here as some of our options for reorganisation potentially direct patients to an acute site outwith their postcode area for acute receiving with the attendant risks involves.

6.3 Primary Care Centres are staffed predominantly by one doctor and a Trainee and in bigger centres they are supported by Minor Illness Nurse Practitioners. At some of the busier centres two doctors may be on rota depending on day of week and demand.

6.4 The KPI of the service is to see patients within the time stratification applied by NHS24 at triage and tries to do this in order of time of arrival but endeavours to see all patients within one hour of arrival. A process is in place to bring in additional doctors should this time period be exceeded - this is either the Home Visiting doctor linked to the site or a back up doctor who is on call from home (these doctors are paid a retainer to be immediately available from home if required). Currently these back up shifts are rarely filled.

6.5 Rationalising the number of Primary Care sites would provide an opportunity to consolidate services, perhaps to increase the sustainability of the service, potential to reduce walk-in numbers and may contribute towards the savings plan. This will come predominantly through a reduction in support service costs.

6.6 There are a number of key strategic decisions to be made that would then inform a service model. The rest of this section includes initial appraisal of options for further discussion and development.

- Option 1 - should sites be co-located with main ED/Receiving Units, ie, GRI/QUEH/ RAH.
- Option 2 - mixture of acute and community sites linked to population centres.
- Option 3 solely community centres.

6.7 **Description of Options**:

- **Option 1 - colocation with main ED/Receiving Units**

  - **Advantages:**

    - high walk in rate may reduce;
    - consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
    - makes service less vulnerable if a clinician calls off at short notice;
    - potential to improve training environment for GP registrars.

  - **Disadvantages:**

    - removes centres from areas with high levels of deprivation and this will reduce ease of access for these vulnerable groups of patients;
    - These will be high volume sites, particularly at weekends, which may make it even more difficult to attract GPs to work in such an environment;
    - busy transport moves - would reduce any further opportunities to reduce Patient Transport service;
    - potential impact on increased attendances to Emergency Departments;
    - challenges to accommodate such a large service on one site;
    - suitable area within GRI would require to be found as service not currently located on this site and at QEUH Children's Hospital as current area not suitable for expansion.
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- **Option2 - mixture of acute and community based on demand**

  - **Advantages:**

    - could develop a pattern with fewer sites midweek;
    - potential to improve training environment for GP registrars mid week;
    - opportunity to redesign shift patterns and skill mix mid week;
    - moving from an acute site has shown to potentially reduce walk-ins (a/e redirects are counted as walk-ins) and overall attendances.

  - **Disadvantages:**

    - potential impact on increased attendances to Emergency Departments;
    - removal from acute site and proximity to acute receiving and resuscitation if not on ED/Receiving site;
    - reduces ease of access for people who stay in either rural areas or areas of high deprivation;
    - potential increased patient transport requirement.

- **Option 3 - entirely in community settings**

  - **Advantages:**

    - frees up space on acute sites;
    - clearly differentiates GP and hospital services;
    - subject to sites selected potential reduction in walk-ins;
    - consolidates clinical staff on one site in each area which allows potential to redesign shift patterns and skill mix;
    - makes service less vulnerable if a clinician calls off at short notice.

- **Disadvantages**

    - will require new locations to be found - Easterhouse only community site currently;
    - significant costs of moving IT etc;
    - significant workforce challenges depending on location and number of sites;
    - depending on sites chosen could lead to people attending local ED instead
    - Removes ability for ED to redirect.

7. Conclusion

7.1 The OOH service view is that three overnight sites are required may be the best arrangement-one in the North, one in the South and one in Clyde.

7.2 Requirements midweek evening and overnight offer opportunities for change and efficiency, whereas weekends are extremely busy with PCECs fully occupied and at times significant waiting times developing. The service feel that investment in weekend services is required.

7.3 The service would propose that the number of weekend sites remain the same but midweek reducing the number of sites to five (Stobhill ACH; Victoria ACH; RAH - all overnight and GGH and Easterhouse to midnight). It is the view that this is both likely to provide efficiency savings, offer stabilisation of the service, and continue to provide accessible high quality care.

7.4 These options need initial consideration to agree which are taken forward to be discussed with a wider group of stakeholders.

GPOOH Service
24th January 2017
Revised 2nd February 2017

NHS GREATER GLASGOW AND CLYDE
GP OUT OF HOURS SERVICE - COMPARATOR OTHER BOARDS

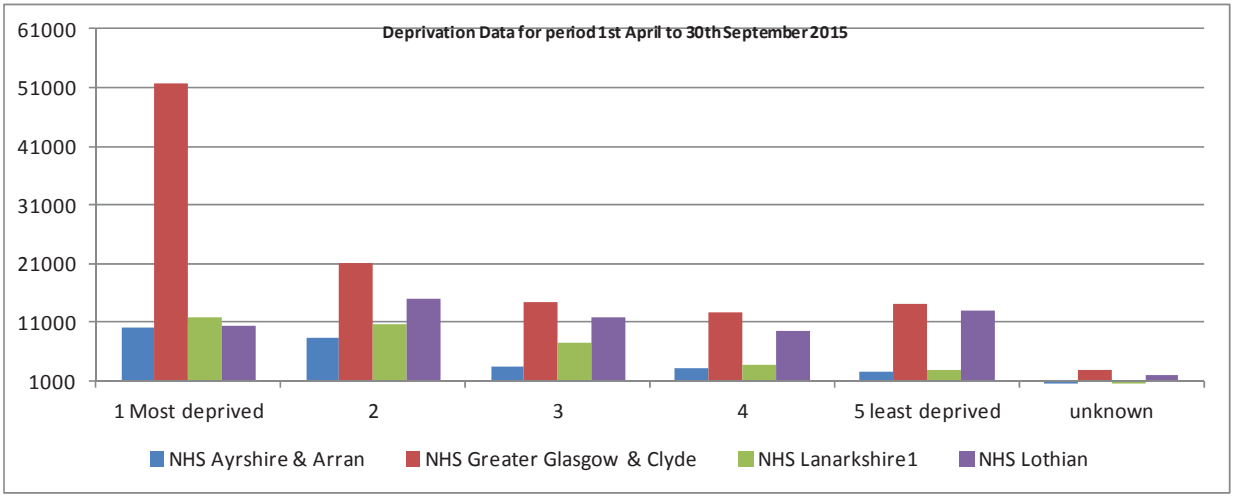
1. As part of the review of the GGC GP Out of Hours service, the way in which GP OOH services are undertaken in other Health Board areas has been considered and in particular Lothian and Lanarkshire have been examined in more detail.

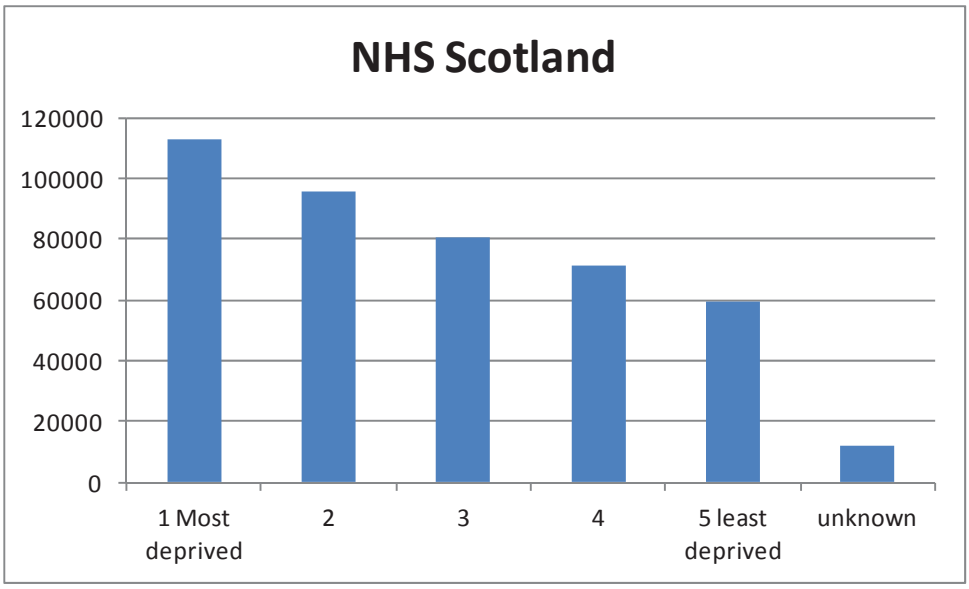
2. ISD provide monthly activity/performance reports on GP Out of Hours services across Scotland - the focus of these reports are activity by referral source and performance against the response times for Home Visiting. A six monthly and annual report is also produced and the 2015/16 report is scheduled to be released at the end of February 2017. The following provides a comparator for the GGC service against other Board areas in Scotland - activity is taken from the 2014/15 6 month report and a snapshot for January 2016.

3. **Rate of patients per 1,000 population** - Greater Glasgow & Clyde has the highest rate of attendance by patients per 1,000 population at 102, followed by Tayside at 92. Lothian and Lanarkshire have significantly lower rates at 72 and 57 respectively. Table below provides summary of rates taken from ISD report 2015 for all Board areas.

Rate of patients	
	per 1,000 population
Highland	81
Tayside	92
Grampian	81
Forth Valley	78
Fife	83
GGC	102
Lothian	72
A&A	77
Lanarkshire	57
Borders	66
Orkney	47
Western Isles	54
D&G	76

4. **Range of attendances by deprivation category** - the first graph provides a visual of attendances by deprivation category for GGC, Lothian, Ayrshire & Arran and Lanarkshire and the second graph for NHS Scotland overall. The profile for GGC is quite markedly different to that of the other Boards with 44% of attendances coming from the most deprived groups. Lothian is 17%, Lanarkshire 31% and Ayrshire and Arran 35%.





5. **Number and percentage of Consultations** - GGC consultations are 26% of the total consultations across Scotland, with Lothian accounting for 14% and Lanarkshire 9%. 59% of these consultations are directed to PCEC in GGC with 52.7% and 63.1% in Lothian and Lanarkshire. GGC has the lowest Home Visiting ratio, with 14.6% of Consultations resulting in a Home Visit. 15.8% and 20.5% of Consultations in Lothian and Lanarkshire result in a Home Visit. The following table provides activity for all Board areas broken down by treatment option.

Health Board	Number of Patients	Number and Percentage of Consultations									
		Number						Percentage (based on Total Consultations)			
		Total	PCEC	Home Visit	OOH Doctor/Nurse Advice	Other		PCEC	Home Visit	OOH Doctor/Nurse Advice	Other
Scotland	**894,474**	**997,112**	**557,476**	**192,563**	**205,775**	**41,298**		**55.9%**	**19.3%**	**20.6%**	**4.1%**
Ayrshire & Arran	58,494	62,481	29,906	21,555	11,001	19		47.9%	34.5%	17.6%	0.0%
Borders	15,921	24,396	8,369	8,374	7,652	1		34.3%	34.3%	31.4%	0.0%
Dumfries & Galloway	24,410	26,806	10,184	7,751	8,740	131		38.0%	28.9%	32.6%	0.5%
Fife	64,360	68,556	38,632	12,809	10,779	6,336		56.4%	18.7%	15.7%	9.2%
Forth Valley	47,662	51,622	28,631	12,878	10,048	65		55.5%	24.9%	19.5%	0.1%
Grampian	100,674	116,535	65,292	21,048	24,853	5,342		56.0%	18.1%	21.3%	4.6%
Greater Glasgow & Clyde	233,479	261,471	155,423	38,100	52,988	14,960		59.4%	14.6%	20.3%	5.7%
Highland	51,280	53,507	33,552	11,367	8,323	265		62.7%	21.2%	15.6%	0.5%
Lanarkshire	79,565	85,268	53,775	17,483	13,956	54		63.1%	20.5%	16.4%	0.1%
Lothian	127,058	140,295	73,991	22,134	36,641	7,529		52.7%	15.8%	26.1%	5.4%
Orkney	2,122	2,152	969	476	700	7		45.0%	22.1%	32.5%	0.3%
Shetland	1,504	1,529	561	521	395	52		36.7%	34.1%	25.8%	3.4%
Tayside	84,698	99,032	56,947	17,079	18,550	6,456		57.5%	17.2%	18.7%	6.5%
Western Isles	3,247	3,462	1,244	988	1,149	81		35.9%	28.5%	33.2%	2.3%

6. **Multiple attendances** - the table below shows the distribution of attendances for Scotland and GGC, Lothian, Ayrshire & Arran and Lanarkshire. One attendance only accounts for 72.4% of activity across Scotland. In GGC this is 70.8%; Lothian 72.5% Ayrshire & Arran 75.1%; and Lanarkshire 78.7%.

5 or more attendances account for 3% of total Scotland activity - in GGC this is 2%, Lothian 2.5%, Ayrshire & Arran 2.1% and Lanarkshire 1.3%.

2 or more attendances accounts for 18% of activity across Scotland : in GGC this is 20.1%; Lothian 18.5%; Ayrshire & Arran 16.3% and Lanarkshire 14.9%.

Health Board of T	Total Number of Patients[2]	1 Attendance	2 Attendances	3 Attendances	4 Attendances	5 or more Attendances
NHS Scotland	**306,909**	**222,131**	**55,393**	**15,389**	**6,137**	**7,859**
NHS Ayrshire & Arr	20724	15568	3384	923	396	453
NHS Greater Glasg	84126	59543	16920	4333	1632	1698
NHS Lanarkshire[1]	29481	23190	4393	1124	390	384
NHS Lothian	43679	31653	8064	2102	747	1113

7. **Home Visits performance** - a key performance indicator measured by HIS is the response time to Home Visits as triaged and set by NHS24. The following table describes the %age within and outwith time for Boards across Scotland. GGC is the best performing site with 94.6% of Home Visits within time, followed by Borders at 93.7%. Lothian, Ayrshire & Arran and Lanarkshire performance noted at 87.9%, 87.4% and 70.8% respectively.

%age of 1,2 and 4 Hour Home Visits - triaged by NHS24		
Board	On Time %	Over Time %
Ayrshire & Arran	87.4%	12.6%
Borders	**93.7%**	**6.3%**
Dumfries & Galloway	87.3%	12.7%
Fife	77.1%	22.9%
Forth Valley	83.3%	16.7%
Grampian	79.6%	20.4%
GGC	**94.6%**	**5.4%**
Highland	77.1%	22.9%
Lanarkshire	70.8%	29.2%
Lothian	87.9%	12.1%
Orkney	81.1%	18.9%
Shetland	83.1%	16.9%
Tayside	70.4%	29.6%
Western Isles	84.6%	15.4%

8. **Additional information gathered :**

- **Patient Transport** - GGC is the only Board which provides a dedicated patient transport service. Other Board areas will utilise Taxi's or on occasion pool cars to transport patients.

- **Primary Care Centres** -

  - GGC has 9 PCECs located in a mixture of acute and primary care sites. Lanarkshire has 3 PCECs which are all located in primary care sites and Lothian has 5 PCECs located in a mixture of acute and primary care sites.
  - Appointments - GGC do not operate an appointment system. Lothian and Lanarkshire do operate such a system and NHS24 is gatekeeper of this.
  - Walk-ins - GGC have a high percentage of walk in patients to the PCEC who are seen and treated. Lothian and Lanarkshire discouraged this and unless extremely unwell, any patients who do walk in are advised to call NHS24 for an appointment.

- **Nurse Practitioners** - GGC, Lothian and Lanarkshire all have Nurse Practitioners with both Lothian and Lanarkshire building up this resource and continuing to progress staff through the training course - Lanarkshire aim is to have 40% Nurse Practitioners on rota.

- **Cost per head of population** - of the three boards, Lanarkshire has highest cost per head of population at £12.21 with GGC and Lothian reporting £10.51 and £10.05 respectively.

- **Interface with other professionals** -

    - GGC is colocated in a central hub with the CPN OOH service, NHS24 and SAS. The Service support the untriaged telephone call service for NHS24.
    - Lothian support telephone call handling for evening and night district nursing services from their Hub. They operate professional to professional services with SAS. They also have ability to offer a planned review service to patients in the community at request of primary care clinicians.