

# Health & Adults Scrutiny Sub-Committee

**Tuesday, 20 February 2024 at 6.30 p.m.  
Council Chamber - Town Hall, Whitechapel**

## Supplemental Agenda

### **3 .2 GP - Out of Hours Service (Pages 3 - 22)**

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<http://www.towerhamlets.gov.uk/committee>



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<p style="text-align: center;">Non-Executive Report of the:</p> <p style="text-align: center;"><b>Health and Adult Scrutiny Sub-Committee</b></p> <p style="text-align: center;"><b>20.02.2024</b></p>	 <p style="text-align: center;"><b>TOWER HAMLETS</b></p>
<p><b>Report of: Malcolm Thomson, Chief Operating Officer, GP Care group</b></p>	<p><b>Classification:</b> Unrestricted</p>
<p><b>Spotlight: Out of Hours Service</b></p>	

<b>Originating Officer(s)</b>	Filuck Miah, Corporate Strategy and Communities
<b>Wards affected</b>	All wards

**Summary**

This cover report accompanies the presentation slide deck:

The content of the slide deck focusses on GP out of hours services for Tower Hamlets

**Recommendations:**

The Health and Adults Scrutiny Sub-Committee is recommended to:

1. Review the accompanying presentation in order to inform discussion for the Health and Adults Scrutiny Sub-Committee meeting.

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# Tower Hamlets GP Out-of-Hours Service

Presenter: Malcolm Thomson,  
Chief Operating Officer

Date: 20<sup>th</sup> February 2024

# Background

Tower Hamlets GP Care Group has been operating the Tower Hamlets GP OOH since 2018 as part of the Community Health Services contract.

The service activity has grown significantly, exceeding 1400 patients monthly.

In September 2023, the OOH, along with the Urgent Treatment Centre at the Royal London Hospital, was inspected by the Care Quality Commission and was rated as GOOD.

# Accessibility

How do you ensure that the service is easily accessible to patients during non-standard hours, including evenings, weekends, and holidays?

## Operational Hours:

- Monday to Thursday evenings 6:30 pm to 8 am
- Friday 6:30 pm to Monday 8 am. We offer a 24-hour service to cover bank holidays.

## OOH Access:

- Our GP Out of Hours service is accessible via 111.
- We have 6 x 20-minute telephone appointments available per hour.
- Presentations that need a face-to-face consultation, will be asked to attend in person for this.
- A home visiting diary made up of 1 appointment per 2 hours. (this can flex according to demand)
- Comprehensive Directory of Service (DOS) that is inclusive of all typical primary care presentations.
- Assist the GP surgeries during PLC days with a doctor and a driver on-site to manage telephone and face-to-face consultations.
- A driver is at the site to allow us to attend to house-bound patients.
- There is a large pool of competent GPs who can cover short-notice cancellations

# Quality of Care

How do you monitor and review the quality of medical care provided for out of care service?

We have a range of ways we monitor and review the quality of care.

- Clinical Guardian – All out-of-hours staff have a sample of their records reviewed monthly using a web-based tool that meets all mandatory/governance requirements for auditing clinical consultations. It is a checklist for the auditor when reviewing discharge summaries.

The auditor looks at correct note writing, diagnosis, treatment and investigation results, safety netting and follow-up treatment. The auditor will also ensure safeguarding concerns are identified and escalated. Where necessary, the GP is contacted for reflection on their cases, contributing to our learning and continuous improvement culture.)

- All our out-of-hours clinicians are invited to take part in our monthly training sessions and safeguard supervision quarterly.
- As our OOH clinicians are independent GPs, the covering agents provide evidence they are up to date with their statutory obligations, DBS and training requirements; our internal HR systems monitor this.
- All patient safety alerts and updates to NICE guidelines are shared with the team via our safety alert processes to ensure clinicians are provided with evidence-based information.
- Prescribed medicines are audited monthly by a pharmacist. Results are shared and presented to the team by the auditing pharmacist. It allows us to act on individual prescribing performance with any training gaps.



# Waiting Times

How have you managed waiting times for patients seeking urgent medical attention and identify any bottlenecks or inefficiencies in the system?

- 111 refer patients using a Disposition Code (DX code), which tells the GP the disposition category with a wait time. The most popular wait times are 2 and 6 hours.
- Patients may be classed as a 2-hour disposition by the 111-call handler. The doctor will then need to prioritise these patients.
- Our Out-of-hours doctor always reads the contents of the referral to make a clinical judgment and to ensure they are placed in the right time category for patient safety, ensuring an urgent case is handled in a timelier manner.
- Our CQC inspection noted that our Out of Hours KPI needed improvement against our 2-hour target. This means that at least 95% of patients must be contacted within the time frame.
- It is noted that 111 regularly identify a patient for a 2-hour response, however once clinically triaged by the GP the disposition would change to a 6-hour response
- The OOH has taken steps to improve this since the September CQC inspection

# Performance

LOCAL PEOPLE, LOCAL HEALTH

Tower Hamlets  
GP Care Group  
Out of Hours  
(OOHs)

Month <b>1,407</b> Total Activity	Month <b>397</b> Face to Face Total	Month <b>49</b> Home Visit Total	Month <b>938</b> Advice Total	Month <b>65.36%</b> % Set and Seen Within 2 Hrs	Month <b>92.65%</b> % Set and Seen Within 6 Hrs
Month <b>9</b> DNA Face to Face	Month <b>28%</b> % Face to Face	Month <b>3%</b> % Home Visit	Month <b>67%</b> % Advice	Month <b>171</b> Did Not Attend Advice	Month <b>180</b> Did Not Attend Total

Pick Year

- 2019-2020
- 2020-2021
- 2021-2022
- 2022-2023
- 2023-2024**
- 2024-2025

In & Out of Area

- In Area
- Out of Area

Pick Month

Apr	Aug	Dec
May	Sep	<b>Jan</b>
Jun	Oct	Feb
Jul	Nov	Mar

Month  
**100%**  
Discharge to GP

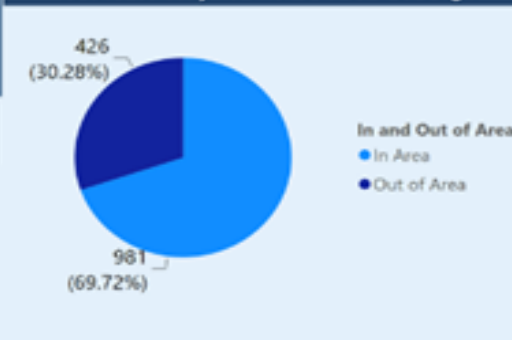
<b>447 Hrs 54 Mins</b> Total Consultation Duration	<b>299 Hrs 20 Mins</b> Advice Duration	<b>126 Hrs 23 Mins</b> Face to Face Duration	<b>13 Hrs 58 Mins</b> Home Visit Duration
<b>0 Hrs 19 Mins</b> Average Total Consultation Duration	<b>0 Hrs 19 Mins</b> Average Advice Duration	<b>0 Hrs 19 Mins</b> Average Face to Face Duration	<b>0 Hrs 17 Mins</b> Average Home Visit Duration

**12.79%**  
% Did Not Attend

Disposition Text	Total Activity	%
To Contact a Primary Care Service within 6 hours	485	34.47%
To Contact a Primary Care Service within 2 hours	419	29.78%
To Contact a Primary Care Service within 24 hours	273	19.40%
To Contact a Primary Care Service within 12 hours	104	7.39%
Speak to a Primary Care Service within 6 hours	102	7.25%
Speak to the Primary Care Service within 6 hours for Expected Death	18	1.28%
Speak to the Primary Care Service within 6 hours for Expected Death	6	0.43%
999 for an Ambulance	0	
<b>Total</b>	<b>1,407</b>	<b>100.00%</b>

Month <b>45.39</b> Average Activity per Day	Month <b>15.57</b> Weekday Average Activity	Month <b>73</b> Sunday Average Activity	Month <b>89.50</b> Saturday Average Activity
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Total Activity In and Out of Borough



Total Activity by Day



Advice Total, Face to Face Total and Home Visit Total by PCN Name



Daily Patients per Hour



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# Performance

Month	Face to face	Home visiting	Telephone consultation	Total Activity	%Patients seen within 2 hours
September	299	30	894	1223	67%
October	333	36	947	1344	73%
November	332	35	926	1407	75%
Dec	427	36	1073	1536	68%

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# Patient Satisfaction

How have you gathered feedback from patients (out-of-hours services) to assess their satisfaction with the service, including aspects such as communication, empathy, and effectiveness of treatment?

There are several ways in which the service seeks out patient and public feedback.

- The service adheres to a complaints policy, and all clinicians seeing patients use leaflets or a QR code displayed throughout the department to guide patients through to the complaints team should they wish to make a complaint. This is for both face-to-face and telephone appointments.
- Anyone who attends a face-to-face is encouraged to use the patient feedback kiosk at the entrance to the UTC.
- Our patient experience team undertook an intensive piece of work in 2018 to seek the views of the service users to ensure the service was operating well. This is to be repeated in 2024.
- A patient with a hearing deficit visited the department –we used his feedback and invited him to walk our pathway to improve the patient experience for people with hearing impairment.

# Resource Allocation

Can you outline the allocation of resources, including staffing levels, to ensure efficient and effective delivery of care?

- We have the facilities to offer video calls, face-to-face, home visits, and telephone calls.
- New GPs are inducted across UTC and Out of Hours to improve efficiency and effectiveness.
- The Out of Hours service is co-located with the UTC to increase surge capacity when required in either service.
- Staffing levels from 6:30 pm to 8 am is 18 hours of headcount. 2 doctors manage during peak times from 7 pm to 1 am.
- On a typical weekend day, we have a 41-hour headcount with 2 GPs managing our peak times.

# Integration with Primary Care

How have you ensured that out-of-hours GP services are well-integrated with primary care providers to facilitate continuity of care and seamless transitions between services?

To ensure continuity of care:

- The Out Of Hours service uses the same clinical system as 111 and GP practices for transferring patient information.
- All GP practices in the London area will receive discharge summaries electronically within 2 hours of closing the consultation.
- We also have access to Care Plans via the clinical systems. ( Universal Care Plans accessible by multiple providers)
- Aداstra also allows the OOH GP to use “event messaging” this reaches the patient registered practice electronically in addition to the discharge summary

Outcomes that need immediate attention will be emailed directly to the surgery.

# Safety and Governance

How do you monitor safety protocols and governance procedures to minimise the risk of medical errors, adverse events, and patient harm for out-of-hours service?

- All GPCG staff have access to our incident reporting system (DATIX), which acts as a central repository for any incidents, service alerts, or incidents that are identified from complaints.
- Staff receive training at induction on how to access procedures and policies for the out-of-hours service. Annual reviews of these policies ensures they are evidence based and current.
- Incidents are investigated by senior clinicians in line with the incident management policy and timeframes ensuring that any immediate safety actions implemented.
- Further quality improvement actions are added to a service-level action plan, and this is monitored by the service manager.
- Where any safety concerns are long-standing or represent a wider issue, they are added to the Risk register, which is monitored by the service manager and COO monthly.

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  @THGPCareGroup





North East London

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# Improving access to Primary Care Update February 2024

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Tower Hamlets

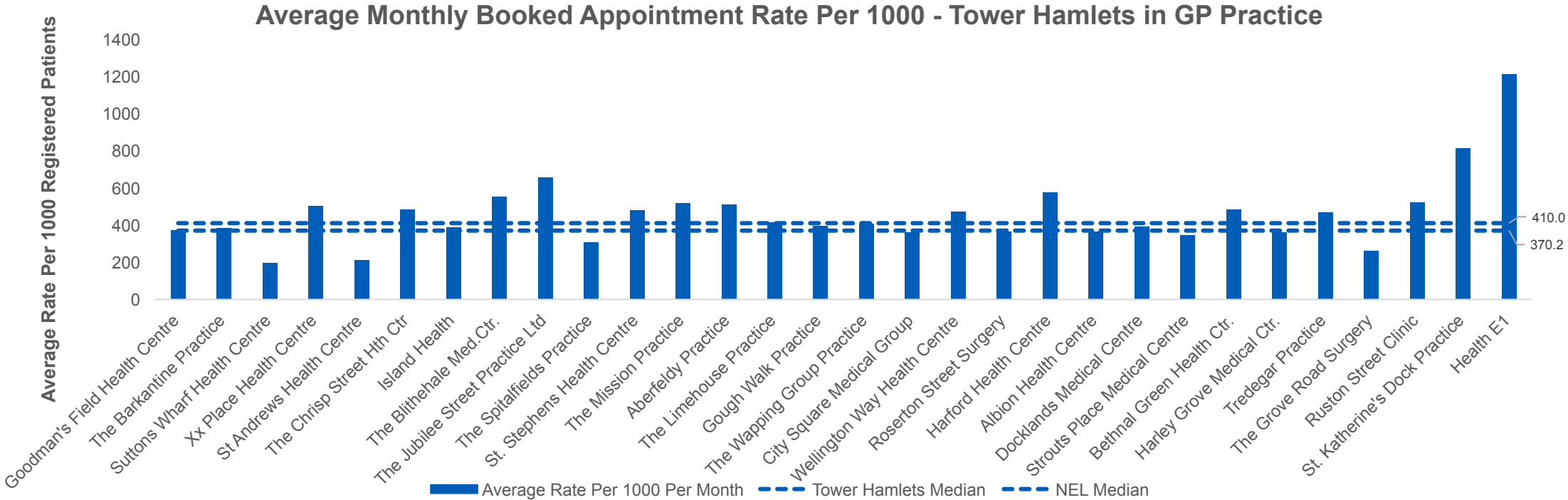
# Challenges

- Rapid population growth
- Mobile population leading to high turnover of patients (30%)
- GP and Nurse workforce crisis – exacerbated by the cost of living/housing compared to outside of London
- Hospital waiting lists add to existing pressures in primary care
- Telephony and access biggest post pandemic issues
- No single approach to access

# Booked Appointments by GP Practice in Tower Hamlets

- The chart below shows the monthly average rate of booked appointments per 1000 in each GP Practice in Tower Hamlets.
- The data represents activity between January 2023 and November 2023.

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# Mode of Contact Percentage Breakdown (%)

- The table displays a breakdown of the percentage of appointments by mode of contact between January 2023 and November 2023 in Tower Hamlets GP Practices.
- Unknown appointments are appointments that have been marked as “Not an appointment” in the clinical system by the GP practice (e.g. EMIS, TPP).
- For more information on appointment mapping standards, please see link below:

<https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice/appointments-in-general-practice-supporting-information>

PCN Name	Practice Name	Face-to-Face	Home Visit	Telephone	Video Conference/Online	Unknown
Tower Hamlets Network 1 PCN	Bethnal Green Health Ctr.	42.63%	0.43%	56.60%	0.00%	0.33%
	Strouts Place Medical Centre	41.69%	0.05%	58.26%	0.00%	0.00%
	Suttons Wharf Health Centre	77.89%	0.13%	21.83%	0.00%	0.15%
	The Mission Practice	71.06%	1.13%	27.81%	0.00%	0.00%
<b>Tower Hamlets Network 1 PCN Overall</b>		<b>60.32%</b>	<b>0.55%</b>	<b>39.02%</b>	<b>0.00%</b>	<b>0.12%</b>
Tower Hamlets Network 2 PCN	Albion Health Centre	91.94%	0.57%	7.48%	0.00%	0.01%
	Health E1	61.40%	0.00%	38.58%	0.00%	0.03%
	The Blithehale Med.Ctr.	82.29%	0.00%	17.70%	0.00%	0.00%
	The Spitalfields Practice	63.03%	0.81%	36.16%	0.00%	0.00%
<b>Tower Hamlets Network 2 PCN Overall</b>		<b>77.82%</b>	<b>0.32%</b>	<b>21.85%</b>	<b>0.00%</b>	<b>0.00%</b>
Tower Hamlets Network 5 PCN	Harley Grove Medical Ctr.	83.11%	0.47%	16.42%	0.00%	0.00%
	Ruston Street Clinic	62.09%	0.00%	37.91%	0.00%	0.00%
	St. Stephens Health Centre	50.96%	0.87%	43.63%	4.53%	0.01%
	The Grove Road Surgery	99.34%	0.00%	0.66%	0.00%	0.00%
	Tredegar Practice	92.98%	0.00%	7.02%	0.00%	0.00%
<b>Tower Hamlets Network 5 PCN Overall</b>		<b>69.68%</b>	<b>0.46%</b>	<b>27.94%</b>	<b>1.92%</b>	<b>0.00%</b>
Tower Network PCN	City Square Medical Group	55.07%	1.30%	43.22%	0.00%	0.42%
	Goodman's Field Health Centre	60.34%	2.82%	29.31%	7.52%	0.01%
	Harford Health Centre	40.06%	0.65%	59.29%	0.00%	0.00%
	St. Katherine's Dock Practice	92.97%	0.00%	7.03%	0.00%	0.00%
	The Jubilee Street Practice Ltd	30.97%	0.09%	68.10%	0.00%	0.84%
	The Wapping Group Practice	91.47%	0.50%	5.91%	1.93%	0.19%
<b>Tower Network PCN Overall</b>		<b>54.83%</b>	<b>1.24%</b>	<b>40.95%</b>	<b>2.69%</b>	<b>0.28%</b>
Tower Hamlets Network 6 PCN	St Andrews Health Centre	58.40%	0.27%	40.64%	0.56%	0.14%
	St. Paul's Way Medical Ctr	52.52%	0.50%	46.99%	0.00%	0.00%
	Wellington Way Health Centre	39.31%	0.26%	57.88%	2.03%	0.53%
	Xx Place Health Centre	75.97%	0.59%	22.29%	0.03%	1.11%
<b>Tower Hamlets Network 6 PCN Overall</b>		<b>59.87%</b>	<b>0.42%</b>	<b>38.56%</b>	<b>0.59%</b>	<b>0.55%</b>
Tower Hamlets Network 7 PCN	Aberfeldy Practice	39.35%	0.28%	60.36%	0.00%	0.00%
	Gough Walk Practice	60.10%	0.20%	39.70%	0.00%	0.00%
	The Chrisp Street Hth Ctr	51.39%	0.89%	47.72%	0.00%	0.00%
	The Limehouse Practice	67.20%	0.37%	32.42%	0.00%	0.01%
<b>Tower Hamlets Network 7 PCN Overall</b>		<b>53.35%</b>	<b>0.48%</b>	<b>46.17%</b>	<b>0.00%</b>	<b>0.00%</b>
Tower Hamlets Network 8 PCN	Docklands Medical Centre	51.27%	0.40%	48.15%	0.00%	0.18%
	Island Health	49.70%	0.00%	49.97%	0.21%	0.11%
	Roserton Street Surgery	54.18%	0.54%	45.27%	0.00%	0.00%
	The Barkantine Practice	45.56%	0.00%	54.44%	0.00%	0.00%
<b>Tower Hamlets Network 8 PCN Overall</b>		<b>48.82%</b>	<b>0.15%</b>	<b>50.93%</b>	<b>0.05%</b>	<b>0.05%</b>

# Delivery plan for recovering access to primary care

**Empower patients** by rolling out tools they can use to manage their own health

- NHS App
- Expand self-referral pathways
- Pharmacy First launched Jan 2024 - community pharmacies can supply prescription-only medicines for seven common conditions, in addition to blood pressure checking and contraception services [NHS England » Launch of NHS Pharmacy First advanced service](#)

**Implement ‘Modern General Practice Access’** so patients know on the day how their request will be handled, based on clinical need and continuing to respect their preference for a call, face-to-face appointment, or online message

- Move to digital telephony
- Care navigation training
- Training and transformation support to all practices through a new National General Practice Improvement Programme

**Cut bureaucracy** to give practice teams more time to focus on their patients’ clinical needs.

- Reduce time spent liaising with hospitals
- Reduce requests to GPs to verify medical evidence, including by increasing self-certification

**Build capacity** so practices can offer more appointments from more staff

- Additional Roles Reimbursement Scheme (ARRS), including physician associates, pharmacists, care co-ordinators and social prescribing link workers.

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