

Tower Hamlets GP Out-of-Hours Service

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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.

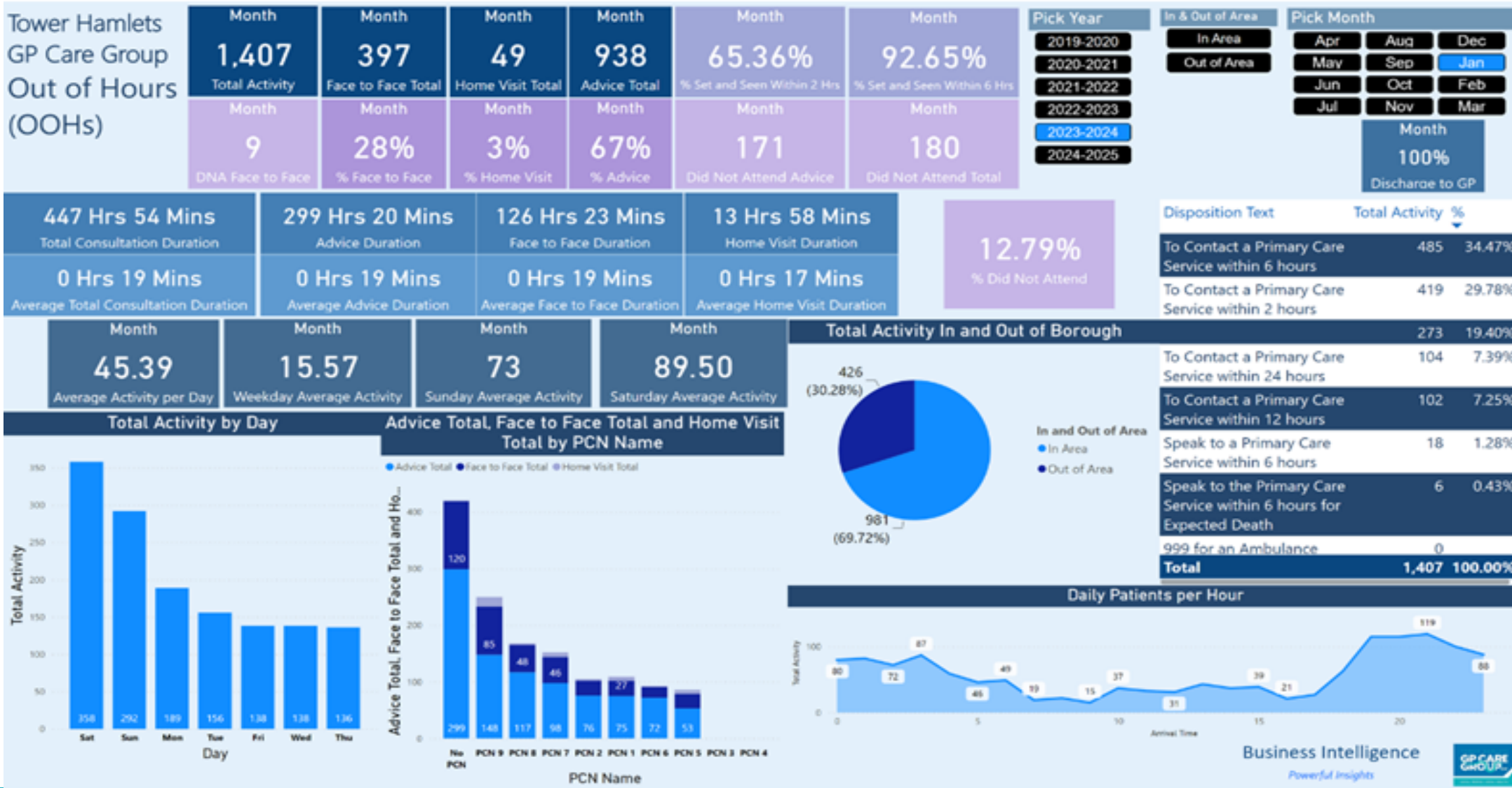
Waiting Times

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

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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%

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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