

**SOUTHERN HEALTH & SOCIAL
SERVICES COUNCIL**

Response to

**Southern Health & Social Services
Board's Out of Hours Primary Care
Medical Centres Consultation
Document**



SOUTHERN
health & social services
COUNCIL

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1. INTRODUCTION

The Southern Health and Social Services Board (SHSSB) issued its consultation paper on the future configuration and delivery of Out of Hours primary care services in May 2004, inviting written responses by 13th August. The Southern Health and Social Services Council (SHSSC) considered these proposals at its monthly meetings in May and June 2004.

In addition, to inform the Council's response, a series of public meetings was held during late June and early July to hear the views of local communities on the plans for Out of Hours services. Ten meetings were held in; Lurgan, Newry, Dromore, Banbridge, Keady, Armagh, Dungannon, Kilkeel, Crossmaglen and Fivemiletown at which a total of 108 people (+ ? from Banbridge) participated. (A summary of the issues raised at the public meetings is included in the appendix to this paper).

The Council's response to the consultation paper was agreed at a special meeting of the Council on 28th July 2004.

2. SHSSC RESPONSE TO THE PROPOSALS

2.1 Timescales for Implementation

The Council was represented on the Southern Board's Out of Hours Project Team that developed the proposals for the future provision of local services. The Council recognises that this provided the opportunity to bring the perspective of service users to the planning process however the Council's ability to contribute constructively to the plans was hampered by the timescale available to the Project Team. This

timescale was influenced by events over which the Department of Health, Social Services and Public Safety (DHSSPS), rather than the Boards, had a measure of control.

Planning for the change in Out of Hours Primary Care Medical Services commenced in Great Britain (GB) early in 2000 and although all regions of the UK were working to a common deadline no action on the issue was evident in Northern Ireland until 2003. It is the view of the Council that these changes in the provision of services required earlier planning by the DHSSPS on a strategic level. If such steps had have been taken, it may have facilitated a timescale which allowed for service user participation in the planning process at a local level which would have been desirable.

2.2 Regional Framework

The Southern Board's Consultation document refers to the fact that in developing the proposals for local service the Board worked closely with other Boards, service providers and with the Regional Working Group established by the DHSSPS to support this area of service development. This Regional Group has the responsibility for developing the overall regional framework within which Boards plan the development of services. While the process that proceeded change in GB included an Independent Review of GP Out of Hours services in England¹ which provided an opportunity for significant debate, no such opportunity for debate on the Regional Framework was available in Northern Ireland.

2.3 Quality Standards

¹ Raising Standards for Patients; New Partnerships in Out of Hours Care: (Carson Report) DoH (October 2000).

Important details of the standards to which the new service will operate are included in the internal documents of the Regional Working Group rather than the Boards' individual plans and thus are not available for public scrutiny and have not been subject to public consultation. The Council is concerned that the Quality Standards indicated in the Regional Framework² for Northern Ireland fall short in some significant areas of those which will apply in GB. For example: -

- No official structure exists in Northern Ireland for accrediting Out of Hours centres. It is not clear what are the implications of the extension of the Royal College of General Practitioners (NI) Quality Practice Accreditation Scheme to the accreditation of an integrated and multidisciplinary service and thus need to be explored.
- Service providers in Northern Ireland will be required to report annually to the Boards on their delivery against quality standards compared to a quarterly reporting requirement in GB.
- The GB standard is that patients should be able to access services with a single call. The initial standard for Northern Ireland is no more than 2 telephone calls, with a longer-term plan to invest in the technology and the new structures required to achieve compatibility with the GB standard of a single call.
- Standards for call handling (i.e. targets for engaged and abandoned calls) are mandatory in GB but only recommended in

Northern Ireland, with providers able to 'set their own standards dependent on local circumstances'.³

- Firm targets have been set in GB for the identification of callers with life threatening conditions (90% identified within 1 minute; all within 15 minutes) while no targets are included in the Northern Ireland standards.

- There are significant differences in the target times set for telephone clinical assessment and disposal.

2.4 Role of NHS Direct

The Regional Framework for Out of Hours services in Northern Ireland draws heavily on the model for services outlined in the Department of Health report 'Raising Standards for Patients: New Partnerships in Out-of-Hours Care'.⁴ Central to the GB model is the NHS Direct service⁵ that has no equivalent in Northern Ireland. By the end of 2006, NHS Direct will provide a single telephone point of access for emergency Out of Hours services in GB. The Council understands that there are no plans to introduce NHS Direct to Northern Ireland. The proposed role for NHS Direct as a gatekeeper for Out of Hours services is a factor in facilitating the application of the higher standards in relation to clinical assessments and the identification of life threatening conditions.

NHS Direct handles over half a million telephone calls each month. Approximately 70% of the telephone calls are made after hours and

^{2,3} NI Regional Framework: DHSSPS Regional Working Group (Year).

⁴ Raising Standards for Patients; New Partnerships in Out of Hours Care: (Carson Report) DoH (October 2000).

research has shown that the service has a significant impact on the demand for GP Out of Hours services.⁶ The lack of a similar service in Northern Ireland has obvious implications for the development of Out of Hours services.

A single telephone access point allows callers to be directed towards the most appropriate service. The Council's community consultations revealed a lack of certainty about the circumstances in which it was appropriate to use Out of Hours, A&E or 999 services and a need for such re-direction was highlighted. While the Council is aware that the longer term vision for the Northern Ireland service is that it should be accessible through a single number common to all emergency services, it is concerned that investment on a comparable scale to the GB investment in NHS Direct is not being contemplated.

Currently half of the calls to the Out of Hours service in the Southern area are dealt with by way of telephone advice provided by a doctor. In other areas of the UK telephone advice on health issues is available through the nurse led NHS Direct service. We have identified no statistical data to allow us to assess the impact of the absence of the NHS Direct service in Northern Ireland. However it is likely that it is one factor in the significant differences in usage of the Out of Hours service in different areas of the UK, as illustrated in Table 1 below.

⁵ NHS Direct is a nurse led service providing 24-hour telephone help and advice. It has operated in England since 1997 and in Wales since 2000. NHS 24 provides a similar service in Scotland.

⁶ Munro et al: 'Impact of NHS Direct on demand for immediate care'. BMJ Volume 321 (July 2000).

| Table 1: Usage of GP Out of Hours Service | |
|--|---|
| | Calls per 1000 population per year |
| SHSSB average | 289:1000 |
| NI Average | 275:1000 |
| England average | 130:1000 |
| Scotland average | 140:1000 |

2.5 Role of NHS Walk-In Centres

The SHSSB's Consultation paper recognises that a proportion of patients contact the Out of Hours service because they find it more convenient than accessing daytime GP services. The concept of NHS walk in centres has been developed in GB since 1999 and a recent increase in investment will bring the number of such centres in England to 64. These centres are based in convenient locations and offer quick access to a range of NHS services including consultations, minor treatment, health information and advice on self-treatment without the necessity of an appointment. Opening hours are 'tailored to suit modern lifestyles'⁷ including early mornings, late evenings and weekends. The Council is not aware of any plans to develop similar services in Northern Ireland. However, the need for GP practices to tailor opening hours to meet the needs of patients in full time employment was emphasised during our community consultations.

⁷ DoH Press Release 30/12/99.

3 SHSSC RESPONSE TO CONSULTATION QUESTIONS

3.1 Question 1:

Do you agree with the Board's vision for the development of integrated Out of Hours services as set out in section 5 of the consultation document and in Phase 3 – Service Evolution?

The Council is supportive of the Board's vision for the development of an integrated Out of Hours service and is of the opinion that the needs of the public would be well served by an Out of Hours service that displayed the characteristics listed in paragraph 5.2 of the SHSSB's consultation document.

The Council welcomes the requirement for all Out of Hours services to comply with defined quality standards, but as referred to in paragraph 2.3 above questions the need for Northern Ireland standards to deviate from those in other areas of the UK.

The Council is concerned at the overall implications of responsibility for the provision of Out of Hours services passing to the Board without a guarantee of adequate funding being put in place to run the service. The Council is aware that funding levels available to resource the service were indicated before medical staffing costs were determined.

The Council supports the concept of service evolution envisaged under Phase 3 of the Board's proposals, and the principle of greater integration of services was strongly supported by those attending the community consultation meetings. Debate on the issue was hampered by the lack of detail on how services might integrate or any examples of how it might

work in practice. This highlights the major gap in the planning process for Out of Hours services in Northern Ireland. As referred to in paragraphs 2.2 and 2.3 above, planning was inadequate in that there was no prior opportunity to debate the strategic issues involved or to develop a familiarity with the concepts involved in the service proposals.

3.2 Question 2:

What do you consider to be the priorities for development within phase 3?

As indicated above the lack of detail in relation to Phase 3 made for difficulties in considering the proposal beyond the level of principle. However the Council's view of the priorities for development under Phase 3 are as follows:

- Pharmacy services
- Mental health services
- Palliative care services, and services for terminally ill patients generally
- Community nursing services
- A&E and Minor Injury Services

3.3 Question 3:

In what way do you consider the proposals in Phase 1 – Enhancing and Consolidating services could be improved on?

The Council accepts that the time constraints on the Board in implementing Phase 1 allows limited opportunity for enhancing the service. The Council in its report on the GP Out of Hours service based

at Moylinn Medical Centre, published in 1999⁸, recommended the re-siting of the centre. The decision to move the Craigavon service to the Craigavon Area Hospital site is welcomed by the Council and was generally supported by those attending the community consultation meetings for whom it had relevance.

3.4 Question 4:

Do you agree with the Board's preferred option for the location of Out of Hours centres as outlined in Phase 2 – Improving Access to Out of Hours Services?

The consideration by the Project Team of the options for the location of the centres was influenced by an awareness of the funding constraints that were to apply to the new service. While the new service was to cover a significantly increased area to that covered by the ASADOC service, there is no indication that the funding allows for a commensurate increase in the level of service. The option appraisal resulted in access times being less influential on the final decision than other more subjective factors.

It was clear to the Council from the community consultations that service users regard accessibility, and in particular travel times as a priority in the decision making process on the location of centres. It is the view of the Council that given the geography of the Southern Area, acceptable accessibility cannot be achieved with the proposed number of centres, regardless of which locations are chosen.

⁸ GP Out of Hours Service at Moylinn Medical Centre - Experiences and Perceptions of Patients: SHSSC (1999).

Comparison in relation to equity of access to Out of Hours centres across the 4 Board areas is difficult because of the differences in population, geography, and road networks. However what is evident is that we are starting from a position where the Southern Area has historically had fewer Out of Hours centres than the other Board areas.

| Table 2: Current Out of Hours Primary Care Centre locations⁹ | | | |
|--|-----------------------|-----------------------|----------------------|
| Eastern Board | Northern Board | Southern Board | Western Board |
| Crumlin Road | Antrim | Moy | Enniskillen |
| Foster Green | Ballymena | Moylinn | Gt. James St. |
| Wellington Park | Coleraine | Newry | Limavady |
| Lagan Valley | Larne | | Omagh |
| Downpatrick | Moneymore | | Strabane |
| Bangor | Whiteabbey | | Waterside HC |

Under the new proposals the number of centres in the Northern area will remain unchanged; Eastern area will have 5 centres, while the Western area will have 4 centres plus a satellite centre. In the Southern area the proposal is for 3 centres with an additional satellite centre at Armagh.

Arguably the most valid comparison in terms of population and geography is between the Southern and the Western areas.

| Table 3: Comparison with Western area | | |
|--|----------------------|---------------------|
| | Southern Area | Western Area |
| Population | 320,000 | 284,000 |

⁹ Regional Configuration of Out of Hours Services; Causeway Communications (2004?)

| | | |
|------------------|-----------------|----------------|
| Area | 3,200 sq km | 4842sq km |
| Proposed centres | 3 + 1 satellite | 4 +1 satellite |

One consequence of the proposed configuration of Out of Hours centres is that the travel time to Out of Hours centres in the Southern area compares unfavourably with that of other Board areas.

- EHSSB 95% within 15 minutes travel time
- WHSSB 96% within 20 minutes travel time
- SHSSB 95% within 25 minutes travel time
- NHSSB figures not available at time of writing

Under the proposed arrangements the excessive travel times are predominantly in the hinterland of the Daisy Hill centre. Table 4 below illustrates how travel times to the Daisy Hill centre compare with those to other centres in Northern Ireland.

| Table 4: Populations with travel time to nearest Out of Hours centre in excess of 21 minutes¹⁰ | | | | |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| | 21-25 minutes | 26-30 minutes | 31-35 minutes | 36-40 minutes |
| Altnagelvin | 94 | 0 | 0 | 0 |
| Antrim | 0 | 0 | 0 | 0 |
| Ards | 1771 | 3716 | 3477 | 27 |
| Armagh | 1061 | 105 | 0 | 0 |
| Ballymena | 2549 | 2655 | 132 | 56 |
| Beldoc | 56 | 103 | 0 | 0 |
| Coleraine | 2000 | 4896 | 1475 | 60 |
| Craigavon | 0 | 0 | 0 | 0 |
| Daisy Hill | 9159 | 9213 | 1705 | 166 |
| Down Hospital | 4146 | 221 | 1160 | 860 |
| Erne Hospital | 6800 | 5768 | 2528 | 2 |
| Forster Green | 0 | 0 | 0 | 0 |
| Larne | 448 | 14 | 0 | 0 |
| Limavady | 759 | 0 | 0 | 0 |
| Lisburn | 265 | 0 | 0 | 0 |
| Moneymore | 726 | 7 | 0 | 0 |
| South Tyrone | 74 | 0 | 0 | 0 |
| Strabane | 1225 | 156 | 0 | 0 |
| Tyrone County | 2601 | 99 | 0 | 0 |
| Whiteabbey | 2 | 0 | 0 | 0 |

¹⁰ Figures based on the Causeway Communications Regional Configuration study, adjusted to take account of the SHSSB proposals for centre locations under Phase 2. No adjustment made for the impact of the relocation from Moy to South Tyrone Hospital on the Western area figure.

The Council does not have access to ward level information on travel times. The consultation paper identifies areas in Mourne and South Armagh as areas where there are specific problems in meeting target times for access. In addition to these two areas, concern was expressed during the community consultation meetings regarding access times for some rural communities within the Banbridge District Council boundaries

- **Mourne area**

Currently the Mourne area is served Out of Hours by a local rota of GPs so the move to a single service for the Southern Area will mean the loss of a valued local service. The proposal to have Out of Hours services for this area delivered from the Newry centre will result in greatly increased access times for services, with most of the population lying well outside the target times of 25 minutes travel time to the centre. Access to the Downpatrick centre will benefit only a limited number of patients in peripheral areas, but travel times can increase significantly during the tourist season. The seasonal increase in the population of the Mourne area, and its resultant potential increase in the demand for Out of Hours services, needs to be considered in planning the Out of Hours service.

The proposal to provide a service to the Mourne area from the Newry centre will also have an impact on the nurse led minor injury service at Brooklands where back up is currently provided by local GPs. The view expressed at the community consultation meeting in Kilkeel was that an effective service in meeting individual need or in providing support to the Brooklands service could not be provided from a Newry base. Concern was expressed that where the service is under pressure, practicalities would override clinical judgement and home visits might be less likely in remote areas.

- **South Armagh**

A proportion of the area defined as South Armagh lies well within the target travel time to the Newry centre. However in Crossmaglen and the surrounding area, distance combined with a poor road network results in sections of the population having travel times in excess of the target. In common with Kilkeel doubts were expressed about whether remote areas would in practice be afforded equality of access to home visits. In the absence of a local GP Out of Hours service the idea of fast tracking aspects of Phase 3 to provide a nurse led service integrated with a range of other services was suggested.

- **Banbridge**

In Banbridge there was strong support for the idea that the new health village was a natural site for an Out of Hours centre with benefits to be gained from its proximity to other planned services and the polyclinic.

It is the Council's view that the proposal for the number and location of the Out of Hours centres should be reviewed with a view to improving access times for the populations of the Mourne and South Armagh areas, and some rural wards in the Banbridge District Council area.

3.5 Question 5:

In what way do you consider the proposals outlined in Phase 2 could be improved upon?

The need for improvements in relation to access times has been dealt with in response to Question 4 above.

The proposal for services outlined in Phase 2 could be improved if Northern Ireland had access to the range of Out of Hours services available in other areas of the UK, including an NHS Direct type service and walk in GP services.

The problems of travel to the Out of Hours centre for those without access to private transport were raised at a number of the community consultation meetings. Pensioners and others on low incomes without access to a car are also likely to have difficulty in meeting the costs of taxis. A study of Out of Hours services in the Argyll and Clyde area of Scotland showed that people living in deprived areas were four times more likely to use a taxi to travel to Out of Hours centres.¹¹ No support is available with these costs through the benefits system. The current policy is that the need for a home visit is determined on medical rather than social criteria, although we heard evidence during the community consultation of some sensible flexibility on this issue within the current service.

¹¹ Patient Evaluation of GP Emergency Out of Hours Services: Argyll and Clyde Health Board and Health Council (1997).

The decision to shift the travel costs from the service to the patient was taken at the time of the development of the Out of Hours service during the 1990s. Such a policy discriminates against the most disadvantaged sections of the population. In line with its obligations under New Targeting Social Need, the Board should examine the impact of this policy on the least well off sections of the population and put in place measures to ensure equality of access to Out of Hours services. Dealing with the issue through improving access to transport may well be more cost effective than offering otherwise avoidable home visits.

The Council supports the concept of improved integration of services and believes that a more seamless approach to the provision of Out of Hours health and social care services is in the interests of those who use such services. Co-location of GP Out of Hours with accident and emergency and minor injury services will, the Council believes, help to improve integration with hospital-based services. The public debate on the value of co-location would have been assisted by more detailed information in the consultation document on how co-location might work in practice e.g. whether a common triage system for the two services was envisaged.

The Council is however concerned about some of the possible consequences of locating GP Out of Hours service on hospital sites. While in principle accident and emergency and GP Out of Hours services are designed to deal with quite separate sets of emergencies, this distinction is less obvious to the public than to service providers and the exercise of patient choice leads to an element of overlap in service activity. This fact was recognised in the Carson Report.¹² Co-location

¹² Raising Standards for Patients; New Partnerships in Out of Hours Care (Carson Report): DoH (October 2000).

therefore can have the effect of reducing the overall number of locations to which the population has recourse in the event of a health care emergency.

Emergency ambulances continue to be based primarily at hospital locations. The co-location of emergency ambulance, GP Out of Hours services and accident and emergency/ minor injury services can be viewed as compounding the disadvantage experienced by the more remote communities. This point was emphasised strongly at the community consultation meetings in both Kilkeel and Crossmaglen.

In spite of decades of integrated health and social care structures in Northern Ireland, the challenge to improve communications and cooperation with community based services remains. The Council is concerned that co-location on hospital sites may well lead to better integration with hospital based emergency services but may present a barrier to integration with other services. The development of the health village on the former Banbridge hospital site presented an opportunity for the Board to test the implications for integration in a wider sense of locating a centre in an innovative community setting.

4 EQUALITY ASSESSMENT QUESTIONS

4.1 The Council would wish to draw the Board's attention to the fact that certain sections of the population experience difficulties in using Out of Hours services. The use of medical criteria as the sole determinant of the need for a home visit has an adverse impact on single parents and other people with dependants.

- 4.2 The proposals for the location of Out of Hours centres in the Southern area results in significant sections of the population, particularly among those served by the Newry centre, having travel times in excess of the target for accessing the service. This has an adverse impact on lower income groups who are less likely to have access to private transport and may have to use taxis to attend the centre. While low-income groups per se are not included in the section 75 categories it is recognised that categories that are included, such as people with disabilities and single parents, are disproportionately represented among the poorest sections of the community. The Council's view therefore is that the impact of the proposals on these categories needs to be considered. The Council accepts that there are significant challenges involved in making services fully accessible to disadvantaged groups in a largely rural area. However the adverse impact on these groups could be mitigated if access times in the Southern area were brought closer into line with those which obtain generally in Northern Ireland.
- 4.3 The Council is not aware of any aspect of the proposals which represents a potential violation of an individual's human rights

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