GP Out-of-Hours Consultation Response Questionnaire

June 2012
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1 Submitting a response

You can respond to this consultation by e-mail or letter.

Before you submit your response, please read Appendix 1 about the effect of the Freedom of Information Act 2000 on the confidentiality of responses to public consultation exercises.

If you require the documents in another format or language please use the contact details below. Public meetings will also be held.

Responses should be sent to:

E-mail: OOH.consultation@hscni.net

Written: Dr Sloan Harper (GP Out-of-Hours Consultation)
Health and Social Care Board Headquarters
12 – 22 Linenhall Street
Belfast
BT2 8BS

Telephone: (028) 9032 1313

Textphone: 18001 028 9032 1313

Fax: (028) 9055 3622

Responses must be received no later than 4.30pm on Friday 28th September 2012.
2 Background

An independent review of the GP Out-of-Hours services was carried out in late 2007 and early 2008. Following this review the Health & Social Care Board (HSCB) has developed a Strategic Framework outlining proposals for the future development of GP Out-of-Hours. The aims of the proposals are to:

- Simplify access to GP Out-of-Hours
- Improve operational efficiency
- Improve alignment with other healthcare services

These proposals are explained fully in the Strategic Framework.

For reference, further details on current GP Out-of-Hours services and our standards of service are available at www.gpoutofhours.hscni.net

This questionnaire seeks your views on the Strategic Framework for GP Out-of-Hours, and should be read in conjunction with this document.

The questionnaire can be completed by an individual health professional, stakeholder or member of the public; or it can be completed on behalf of a group or organisation.
### 3 Your views - The Consultation Response Questionnaire

Please tell us if you are responding on your own behalf or for an organisation by placing a tick in the appropriate box:

I am responding: as an individual □
on behalf of an organisation ☑
(please tick a box)

<table>
<thead>
<tr>
<th>Name:</th>
<th>Mrs Maeve Hully</th>
</tr>
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<tbody>
<tr>
<td>Job Title:</td>
<td>Chief Executive</td>
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<tr>
<td>Organisation:</td>
<td>Patient and Client Council</td>
</tr>
<tr>
<td>Address:</td>
<td>Regional Office, 1&lt;sup&gt;st&lt;/sup&gt; Floor, Lesley House, 25-27 Wellington Place</td>
</tr>
<tr>
<td></td>
<td>Belfast BT1 6GD</td>
</tr>
<tr>
<td>Telephone:</td>
<td>02890 321 230</td>
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<tr>
<td>Textphone:</td>
<td></td>
</tr>
<tr>
<td>Fax:</td>
<td></td>
</tr>
<tr>
<td>E-mail:</td>
<td><a href="mailto:Maeve.Hully@hscni.net">Maeve.Hully@hscni.net</a></td>
</tr>
</tbody>
</table>

May we contact you should clarification be required on your response?

Yes ☑ or No □ (please tick a box)

Have you used a GP Out-of-Hours service in the last 12 months?

Yes □ or No □ (please tick a box) – *see response document*
1. There are three proposals for GP Out-of-Hours. Please indicate whether you agree or disagree with each of the proposals.

<table>
<thead>
<tr>
<th>Proposal</th>
<th>Agree</th>
<th>Disagree</th>
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<tbody>
<tr>
<td>(i) Simplify access to GP Out-of-Hours.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>(ii) Improve operational efficiency.</td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>(iii) Improve alignment with other healthcare services.</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>

2. Do you have any comments on the above three proposals contained in the Strategic Framework or other suggestions? If you disagree with any of the detailed actions associated with the proposals, then please give the reason why you disagree with each action and if you have alternative suggestions, please give details.
Introduction

The Patient and Client Council welcomes the Health and Social Care Board’s publication of the “Strategic Framework for GP Out-of-Hours”.

Simplifying Access to G.P. Out-of-Hours

The Patient and Client Council has spoken with thousands of people in 2010 and in 2011 and published the People’s Priorities reports each year. In these documents people identified access to GP Out-Of-Hours as one of the top ten priorities for improvement in both years.

The common issues identified were:

- Ability to access their GP more quickly
- Local GPs should work extended working hours including evenings and weekends – they should be involved with the GP Out-Of-Hours services
- Difficulty in travelling to get to the Out-of-Hours services without a car, particularly in the South West area

In 2012, the Patient and Client Council is undertaking a major study to understand how people choose where to go to when they need medical care urgently. A full report of this work will be published early in 2013. However, preliminary findings which are particularly relevant to this framework consultation are summarised below.

When the Patient and Client Council asked people about where they would go for urgent medical care, only a small percentage of people indicated that they would go to GP Out-of-Hours services or GP clinics. The majority replied that they would go to A&E. However, a large percentage of respondents did indicate that they were aware of how to contact their Out-Of-Hours service.
People were also asked to say what they thought was a reasonable time for GPs to return their call after they first contacted the Out-of-Hours Service; the majority of respondents thought it was reasonable that they should be answered within 30 minutes.

People who had used the service within the last year were asked what they would like to change about the service, and the majority said GPs should respond more quickly.

**The Patient and Client Council therefore recommends that the Health and Social Care Board changes the present contractual commitment on Out-of-Hours services to ensure that a GP calls a patient back within 30 minutes of the first contact as opposed to the existing 2 hours.**

**Improve Operational Efficiency**

**Introduction of a single telephone number for urgent care**

It is clear from the Patient and Client Council’s work with the public that part of the problem when accessing unscheduled care is a lack of clarity amongst people about where they should go in a crisis. The need for clear protocols on the point of contact for urgent care is recognised in the recommendations of Transforming Your Care, which states that clear communication with the public as to the types of facilities available, where they are located and under what circumstances they should be used will be central to the successful delivery of unscheduled care in the future (DHSSPS: 103). A single telephone number across Northern Ireland for urgent care is integral to the new model.

Views on this area of care expressed to the Patient and Client Council would suggest support for any moves that make accessing urgent care more straightforward at what is often an anxious time for people. People want to be well-informed about where they should go in a crisis, but they also want to have help in making those decisions at the time of crisis. However, when asked specifically about a single helpline number they sought assurance about the speed and efficiency of such a service.

**The Patient and Client Council recommends that there should be a single telephone number for all GP Out-of-Hours. This would require adequate resources to operate in a timely and efficient way.**
Information and Advice
It is clear from the work of the Patient and Client Council that the call for clear and accessible information has been made by members of the public across all areas of care. Particular ‘information gaps’ have been identified in a number of areas including information on GP Out-of-Hours, generic drugs and common health related illnesses. The following recommendation from the most recent People’s Priorities report is illustrative of the importance the public places on clear, accurate and timely information:

“The Department and the Health and Social Care Board should address the need for an information and advice service for people in Northern Ireland that will provide accredited information on health and social care, the services available and the standards they should expect” The People’s Priorities 2011 (Patient and Client Council: 32)

In other parts of the UK, people have access to NHS Choices, NHS 24 or similar services. The Department of Health in England recently published research indicating that people who visited the NHS Choices website were less likely to consult a GP. This was supported by a separate study from the Imperial College, London which arrived at the same conclusion. The latter found that 37% of the people who used the NHS Choices website when considering a visit to their GP said that it reduced the number of visits they made. The reduced number of visits lead to substantial financial savings for the health service as well as a better service for patients.

There is a need to ensure that people in Northern Ireland have equal access to health care information and advice as in other parts of the United Kingdom. The introduction of a similar service in Northern Ireland such as NHS Choices or NHS 24 would assist in this process and remove the disadvantages currently experienced by people in Northern Ireland.

The Patient and Client Council therefore recommends that a more extensive information and advice service be made available to patients and carers; this would include information regarding the range and services provided by Out-of-Hours GPs as well as accredited information on a range of illnesses and conditions.
Improve Alignment with other healthcare services

Closer working relationships between primary, community and hospital services will be seen as a welcome development as the most frequently voiced concerns in Patient and Client consultations with the public are poor communication between services and a lack of continuity in care. An observation made in the Patient and Client Council’s early reports sums up this issue, one which is often repeated across subsequent reports.

“People wanted to see services organised so there was a sense of continuity of relationship with health and social care services; whether in primary, community or hospital care, people reported rarely seeing the same person twice and having to explain their needs on each occasion – something they saw was, at best, time-wasting and, at worst, distressing” Report on the Public Engagement on Priorities for Action (PCC 2009:11)

Therefore, the Patient and Client Council strongly endorses the proposal within the Strategic Framework for GP Out-of-Hours consultation to improve alignment with other health care services.
Equality implications

Before completing this section, please refer to Appendix 2.

3. This proposal was screened for equality and human rights considerations. A full copy of the screening exercise is included as part of this consultation. A summary of the outcomes is also included in Appendix 2. Please let us know if you are satisfied with the content of the screening exercise and outcomes. If no we would be interested in your reasons for this.

Yes ✓          No

Comments:

4. If you have any suggestions on how the proposals could better promote equality of opportunity, human rights or good relations please give details.

Yes          No ✓

Comments:
5. If you have any additional evidence to support the equality and human rights screening activity give details below.

Yes ☐ No ☐

Comments:

6. Please use the box below to insert any further comments, recommendations or suggestions you would like to make in relation to the Strategic Framework for GP Out-of-Hours.

Comments:

*The Patient and Client Council would recommend that this framework be rural proofed.*
4 Appendix 1 - Freedom of Information Act 2000 – confidentiality of consultations

The Health and Social Care Board (HSCB) will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The HSCB can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the HSCB in this case. This right of access to information includes information provided in response to a consultation. The HSCB cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the HSCB should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the HSCB’s functions and it would not otherwise be provided;

- the HSCB should not agree to hold information received from third parties “in confidence” which is not confidential in nature;

- acceptance by the HSCB of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner's Office (or see web site at: http://www.informationcommissioner.gov.uk/).
5 Appendix 2 – Equality Implications

Section 75 of the Northern Ireland Act 1998 requires the HSCB to “have due regard” to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The HSCB is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.

In keeping with the above statutory obligations and in accordance with guidance produced by the Equality Commission for Northern Ireland, the HSCB has carried out a preliminary equality screening exercise to determine if the proposals in the Strategic Framework for GP Out-of-Hours are likely to have a significant impact on equality of opportunity and should therefore be subjected to an Equality Impact Assessment (EQIA). The HSCB has concluded that an EQIA is not appropriate for a number of reasons, for example:

- The introduction of the Strategic Framework is designed to improve the Out-of-Hours service, pathways and communication about the out-of-hours service for everyone.

- It appears that it will improve equality and human rights through greater accessibility and equity of services.

- The introduction of the Strategic Framework is unlikely to impact negatively on any of the equality groups.