



Royal College of
General Practitioners

Out of Hours Review

RCGP Scotland welcomes the Out of Hours Review (the Review) and is very encouraged by the progress that has been made. In considering what recommendations are made, we believe that four areas must be given priority:

1. GP Out of Hours needs a clear identity:
 - a. We are concerned that the scope of Out of Hours (OOH) responsibility has widened greatly since it was set up to replace existing GP services with the changes in the GMS contract of 2004. In many areas the service is covering community hospitals, other residential establishments, prisons and more. Defining the primary care OOH team's remit has always been problematic but such a definition will be important in determining the scope of OOH services in the report.
 - b. The service needs to be differentiated from other provision, especially that of Emergency Medicine and of the Scottish Ambulance Service (SAS) - 'Blue Light' services. RCGP Scotland suggests the term 'Green Light Service' as a clear brand that recognises the skills and role of the staff involved. This will be important as we seek to build the OOH workforce with a professional identity to aspire to work in this service.
 - c. The service should be built around the needs of patients, taking into account differences across the country, from inner city to remote and rural contexts.
2. Recognition of GP contribution:
 - a. Clear recognition should be made of the vital contribution of GPs to the OOH service since 2004. This is important both for the many GPs still working in the service and to encourage present and future recruitment. Barriers for GPs at all stages of their careers to contribute to OOH care provision should be reduced. The Review provides an opportunity to inform political representatives, media and the public on the facts of GP involvement and should wholeheartedly grasp that opportunity.
3. Effective teamwork:
 - a. The service must capitalise on the core values and skills of GPs whose skills are recognised by being on the local performers list. As Scotland aspires to meet the *2020 Vision*, with increasing provision of care at home or in a homely setting, especially for people who are older and with more complex care needs, there must be access to the expert medical generalist care provided by GPs.

- b. The team must be multi-disciplinary, supportive and secure, utilising the skills of nurses, paramedics, pharmacists and others to ensure safe, effective care is provided for patients. The welfare of staff employed must be ensured in terms of security, accommodation, and sustenance.
 - c. Teamwork must be supported by appropriate communication systems, such as linked and fit for purpose IT systems, to facilitate care within OOH and seamlessly with other stakeholders such as GP practices, hospitals and SAS.
4. The service must be integrated within the wider health and social care service:
- a. OOH services must attend to the principles of sound interface working as being developed by RCGP Scotland. This will include:
 - systems for sharing and learning from adverse events,
 - work shadowing between primary and secondary care and GPs and social care to develop relationships,
 - clear and consistent systems of clinical decision support to ensure all members of the team can work to the top of their competency.
 - Leadership for integration to facilitate building of leadership
 - b. Quality and governance should be integrated within wider locality as well as national structures¹. For instance: OOH GPs should be part of GP locality clusters, sharing the same values-led principles and contributing to quality improvement audits as detailed in 'Developing a quality framework for Scottish general practice'. There is a great opportunity at this time to establish strong links between OOH GPs and teams and local general practices
 - c. Recommendations about workforce development must take into account wider pressures on staffing, both within and outside standard hours, and must recognise the need to ensure sustainable recruitment to the appropriate professional groups.
 - d. GPs in training should be adequately supervised and supported, and should complete a sufficient number of shifts during their training, so that they are confident to work in OOH after gaining their CCT. OOH services could also be used as a training provider for other groups, for instance Foundation doctors.
 - e. The service must be adequately staffed and funded to allow fulfilment of its objectives.

¹ Existing quality measures eg HIS

http://www.healthcareimprovementscotland.org/our_work/primary_care/out-of-hours_services/oooh_quality_indicators.aspx