Inquiry into out-of-hours Health Care Provision in Rural Areas

NHS Lothian

Introduction

While the population of Scotland is projected to fall, the population of Lothian is projected to increase by 11% between 2004 and 2024 (General Registry Office data). A proportion of this increase will result from potential future migration into Lothian by people in their late twenties and forties. However, 56% of the projected increase is in people aged 65 years and above and 23% of this growth – around 10,000 people – is in those aged 75 years and above (figure 1).

Just under half of the projected future Lothian population group will be under 65, a group that makes relatively few demands on NHS services. The increase in the number of residents over 65 and in the over 75 and over 85 age groups will place increasing demands on the health service. A number of these older residents live in outlying communities in the NHS Lothian area which will bring challenges in the provision of planned, unscheduled and out-of-hours care.

Unscheduled Care in Lothian

NHS Lothian uses the term ‘unscheduled care’ rather than out-of-hours care as this better captures the nature of the services that respond to unplanned access to care.

Unscheduled care services offer initial assessment, treatment and support to members of the public. Accident and emergency services, minor injuries units, primary care services in-hours and out-of-hours, dental services, walk in services, NHS 24, rapid response services, emergency mental health services, emergency social services, telephone advice and triage lines provide the spectrum of unscheduled care.

In Lothian, Accident and Emergency services for adults are available at the Royal Infirmary of Edinburgh and St John’s Hospital in Livingston. There is an A&E department at the Royal Hospital for Sick Children in Edinburgh and St John’s treats children.

A nurse-led Minor Injuries Clinic operates at the Western General Hospital, from 8am to 9pm 365 days of the year. This clinic treats adults and children over one-year-old for a wide range of minor injuries.

Unscheduled care services have traditionally looked after people who find planned care more difficult to access.

Unscheduled care services provide urgent and opportunistic care for people with a complex mix of previously unknown needs and established problems.
Patients range from those with overwhelming unpredicted illness, the consequences of drugs, alcohol, violence or injury, acute exacerbation of chronic conditions to self-limiting conditions or practical problems.

All unscheduled care services offer rapid advice, treatment and help to reduce the risk of the problem happening again. This may include referral to the GP or a specialist service so that the relevant health professional can plan and agree with the patient how care should be organised in future.

**Lothian Unscheduled Care Service**

Primary care services in Lothian provide care to all communities in all settings for around 50 hours per week. For the remaining 118 hours of the week, including all public holidays, the Lothian Unscheduled Care Service organises primary health care, helps co-ordinate urgent primary care during major incidents and works closely with all of the other services that provide unplanned and urgent care in-hours and out-of hours.

A Lothian Public Health led health impact assessment and public consultation set out the priorities for high quality and equitable unscheduled care services (box1).

**Box 1**

**A HIGH QUALITY UNSCHEDULED CARE SERVICE PROVIDES:**

- rapid access to advice and support
- assessment by an experienced professional
- trusted care so that patients feel happy to share information about past illnesses, treatment and medicines,
- necessary diagnostic tests
- care tailored to individual needs
- a clear, structured plan for what happens next

**AN EQUITABLE SERVICE ENSURES THAT QUALITY OF CARE DOES NOT DEPEND ON:**

- which service people contact first
- where they live
- having access to private transport
- the reason they believe they need help
- their personal or social circumstances
- their income
- other health problems or disabilities

Lothian Unscheduled Care Service delivers its services in line with these principles.
Unscheduled Care Activity in Lothian

It is known that young children, people with chronic conditions, those with limited social support and those who live in more deprived areas are more likely to use all forms of unscheduled care in hours and out-of-hours. Data from Lothian Unscheduled Care Service show the service is used mostly by children up to four years (crude rate 92.3 per 1,000 population) and in people over 85 years (crude rate 134.9 per 1,000 population). Patients living in the most deprived areas in Lothian were 1.6 times more likely to use Lothian Unscheduled Care Service than those in the most affluent areas.

Evaluation of the Lothian Unscheduled Care Service suggests that, on the basis of the age, sex, geographical and social distribution of service use, the service is meeting the needs of the local population.

Of the people who received care from Lothian Unscheduled Care Service, 59% were seen at a treatment base, 24%, received a home visit and 16% received telephone advice. In line with the differing nature of the acute illnesses they experience, just under 90% of those aged under 4 attended a base while around 70% of those aged 85 or over received a home visit.

Since its establishment in 2004 the Lothian Unscheduled Care Service has collaborated with others to improve the quality of care for patients, this includes:

- Implementation of a computer system that updates GPs automatically about patients treated by the unscheduled care service;
- GPs provide summaries of important information about their patients' illnesses and treatment for use by the teams providing unscheduled and urgent care; and
- Case review by the Medical Director of the Lothian Unscheduled Care Service and staff from NHS 24 to examine care that patients have received from both services to identify areas for improvement.
- Planned Review Service, allow clinicians to refer patients for review over weekends and public holidays to provide continuity of assessment, thereby reducing or delaying admission.

It is known that urgent admissions to hospital occur more frequently among people from lower socio-economic groups. This reflects variations in the burden of disease and exposure to health risks that have not been addressed fully by existing services. It can also reflect barriers to accessing planned specialist care, primary care and preventive services.

Response to Health and Sport Committee questions:

1. What do you think is the most sustainable and cost effective way to provide adequate out-of-hours services in rural areas?

NHS Lothian's out-of-hours service is managed and delivered through Lothian Unscheduled Care Service. This has proven to be a cost effective way to
deliver the service to the residents of Lothian, in its main population centres, outlying towns and villages and dispersed rural settlements.

Contact is made by telephone with the Lothian Unscheduled Care Service via NHS 24. With telephone availability at very near 100% in all homes and ever-increasing availability of mobile phones, telephone access to NHS 24 and when indicated telephone access in turn to Lothian Unscheduled Care Service, is considered to be good.

Lothian Unscheduled Care Service employs 28 salaried GPs who work regular sessions for the service. A further 300 GPs work for the service on an ad-hoc sessional basis. The salaried GP shifts represent around 50% of all the shifts with the remaining 50% being filled by sessional staff. This mixed economy continues to work well across the different bases. As Lothian Unscheduled Care Service has developed it has reduced the number of GP shifts and extended the roles of nursing and other staff within the service, this has had cost effectiveness benefits.

2. What are your views on the quality of out of hours care provided in rural areas, in particular clinical safety and effectiveness?

It is conceivable that clinical safety and effectiveness may be affected by travel and treatment delays if a patient living in a rural setting is asked to attend one of the 5 bases out of which the Lothian Unscheduled Care Service operates. There is however no evidence that this has been the case.

Those bases which serve Lothian’s rural communities are St. John’s Hospital, for the West Lothian area, Roodlands Hospital for the East Lothian area and Bonnyrigg Primary Care Centre for the Midlothian area. These locations have been chosen for proximity to the communities they serve and access to relevant health facilities.

Delays to time taken to attend for home visits in rural areas are also a factor. Between April 08 and March 09 there were a total of 20,232 visits made to patients at home. Following triaging, 20% of these were recommended by NHS 24 to be done within 1 hour, 36% within 2 hours and 44% within 4 hours. Performance in October 2009 against this was:

- 1 hour visits - 93% (of the 20%) were done within 1hr (99% in 1hr 15 mins)
- 2 hour visits - 94% (of the 36%) were done within 2hr (96% in 2hrs 15 mins)
- 4 hour visits - 97% (of the 44%) were done within 4hr.

Data has not been analysed by postcode, so it is not possible to show which visits were to people in rural settings, but anecdotally, these are low.

Crude data on contact with Lothian Unscheduled Care Service by GP practice shows that the further practices are from the centre the lower the attendance
rate, thus patients registered with rural practices use out-of-hours services less than those in main population centres.

Demand on the Roodlands and Bonnyrigg bases, which serve populations of around 80,000, is sufficiently low out-of-hours that neither base requires an overnight presence.

3. What are your views on the accessibility and availability of out-of-hours care in rural areas?

As noted above, access by telephone across Lothian is considered to provide equitable access to NHS 24 advice and if indicated further telephone follow up by Lothian Unscheduled Care Service.

The Lothian Unscheduled Care Service bases are located to provide the best access to the majority of the population. This means some patients live at a distance from the bases, so face travel delays in reaching the base or in being visited at home. Further delays may ensue if onward transfer to hospital is required.

To overcome travel difficulties, those patients who do not have access to transport may be offered taxi travel to the nearest Lothian Unscheduled Care base.

4. How well do you think NHS 24 and the Scottish Ambulance Service links in with existing out-of-hours services?

In NHS Lothian, NHS 24 and the Scottish Ambulance Service link very well with Lothian Unscheduled Care Service, with each organisation working together to co-ordinate in-hours and out-of-hours unscheduled care. Scottish Ambulance Service paramedics work in Lothian Unscheduled Care Service and the Scottish Ambulance Service have established agreements to transfer care of patients accessing the ambulance service out-of-hours who would be better served through Lothian Unscheduled Care Service.

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