

Dr Rickman Godlee
Chair
Oxfordshire LMC

Dear Dr Godlee

We are writing to you as clinical leads of the Oxfordshire Urgent Care Service to let you know about some issues that are arising in the out of hours period in Oxfordshire, in the hope that we can work with the LMC, in the interests of better patient care, to address them.

1) Forward planning for the Easter / Royal Wedding / May Day Bank holiday period: This year's flu pressures led to an enormous rise in contacts from patients during the out of hours period. We had planned for an increase in activity, but in the event, the contacts exceeded the predicted rise by a considerable margin. GP colleagues who work with the Urgent Care Service rose to the challenge admirably, many of them cutting further into their holiday period by coming in early or staying later in order to support the service. We believe that, despite at some times having waits of up to 4 hours for triage, the service we offered the patients of Oxfordshire was at least as good as, and possibly superior to that reported by neighbouring counties.

Having said that, the Urgent Care Service is increasingly experiencing the Christmas / New Year period as a single high pressure event, rather than as two separate bank holiday events, with high contact rates on the evenings after surgeries have been open in the daytime between Christmas and New Year. We could, of course, employ extra staff for these periods, but, unfortunately, the funding for these extra shifts is simply not there. Given that we may have an even longer holiday event looming over the Easter / Royal Wedding / May Day holiday weekends, we would be grateful for your assistance in planning with Oxfordshire practices about how they can ensure that there is sufficient in hours surgery capacity to cope with patient demand and care planning for the prolonged holiday period, during the run up to, the middle Tues / Weds / Thurs of and the aftermath of this period.

Practices will no doubt already be planning for the Easter / Royal Wedding / May Day period and we are keen that the issue of capacity is part of their cogitations, in terms of planning for sufficient open surgeries / urgent slots during the period and also ensuring that repeat prescriptions are sorted out, and care plans for vulnerable patients over the eleven day period are made and communicated to OOH where necessary.

2) Management plans: It is noticeable that increasingly complex patients are now cared for at home. Making safe treatment decisions can be very difficult and time consuming for an out of hours doctor with no prior knowledge of the case. We would be very grateful if we could be provided with more information about such patients.

This could be achieved in a number of ways.

- At a minimum, patients with palliative care needs, case management or complex past medical histories / treatment could be given a print out of their patient summary to show to an out of ours doctor, should they need urgent care, and could be encouraged to keep a list of their medications handy.

- Preferably, an agreed management plan should be faxed to the Urgent Care service to be attached to the patients OOH record as an element of the current 'special note'. Ideally, this could include, where relevant, the patient's usual values for vital signs such as pulse, BP, respiratory rate and oxygen saturation (where appropriate) so that appropriate judgements can be made during the urgent care consultation.
- In the case of patients with mental health or behavioural difficulties, a summary of the patient's 'usual' status would be very helpful, along with any individual 'red flags' or triggers for that person and an agreed management plan for frequent users of services.

Access to such management plans is vital if continuity of care is to be provided across 'in hours' and 'out of hours' primary care and we would be grateful for your advice on how best to encourage local GPs to provide them.

3) Practice variation in response to urgent requests in the afternoon: There appears to be a marked variation in the management of in hours urgent care requests as evidenced by the numbers of requests for urgent care which are passed to out of hours services for action. We regularly receive calls from call answering services, passing calls to the out of hours service which were received before 1830. Patients also report having been asked to call OOH by their GP, because they have called in 'too late' and others report that they have called us because the receptionist at the surgery said the doctor was 'fully booked'. We are also aware that patients will sometimes attempt to 'manipulate the system' and that many GPs are still out late into the evening fulfilling their in hours responsibilities.

The simple truth is that 'overflow' of 'in hours' work into 'out of hours' is not only unfair on those GPs who do not do this, but also impacts negatively on our ability to respond promptly and appropriately to genuine urgent care requests arising between 1830 and 0800. We are looking at how we can respond internally to these requests, perhaps by developing an 'avoidable out of hours contact concern' form. However, we would again be grateful for your comments and support on tackling this.

4) Recruitment: although our recruitment of GPs working in the service has improved recently, we remain keen to involve GPs from as many practices in the county as possible in urgent care work. With the possibility of GP consortia taking on the commissioning role, it is more important than ever that GPs remain 'in touch' with the developing out of hours health and social care scenario, in which their patients are cared for more than 2/3 of the time. If only one partner in each practice offered a regular monthly or fortnightly session, our ability to offer the service entirely through local doctors would be greatly enhanced, with attendant advantages in terms of mutual understanding and communication. The LMC's support in enhancing the status and perceived importance of involvement in urgent care work as well as any other suggestions regarding recruitment would be welcomed.

We look forward to hearing from you with your suggestions as to how we can work together on these issues.

Yours sincerely

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Ilan Neale
Angela Jones

Clinical Leads, Urgent Care

Christine Hewitt

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Cc Dr Paul Roblin