

Professor Sir Lewis Ritchie
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Primary care out of hours review

Dear Professor Ritchie,

Thank you for the invitation to contribute to the primary care OOH review. The below comments build on the discussion you had with SGPC (the BMA's Scottish General Practitioners Committee) at their meeting on 11 June. These are set in the context of the development work SGPC are currently involved in with the Scottish Government on the GMS contract, whilst also taking into account the wider views of the BMA's Scottish Council.

Alan McDevitt, Chair of SGPC, has spent the last 9 months meeting with GPs and LMCs across Scotland and setting out the committee's vision for the future of general practice in Scotland. The Scottish Government have also been at these meetings to listen to the views of Scottish GPs. A version of Alan's presentation at these meetings can be found on the [BMA website](#); this was recorded at the SLMC Conference held on 13 March 2015. This vision for in-hours working includes elements such as team working, GP engagement and managing patient demand which are also essential components of an effective OOH service.

In order for the OOH service to meet the aims outlined in the National OOH Review Stakeholder letter we would suggest the following points need to be taken into consideration:

GP involvement

We appreciate you taking the time to speak to SGPC as part of this engagement work, and also for including an SGPC representative, Dr Andrew Buist, on the Review Group to feed GPs' concerns and suggestions into the review. We understand that you have also been talking to GPs who work in the OOH service to gather their views – we think GP involvement in and engagement with reshaping the OOH service is essential. It's important that this involvement is a feature of the future OOH service, allowing doctors who work in the service to feel valued and supported.

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Chief executive: Keith Ward

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Workforce

As workforce shortages continue and daytime services increasingly have insufficient numbers of GPs available to deliver an effective service, it is important to ensure that any strategies employed to boost the OOH service don't negatively impact on the daytime service.

It is also essential that the existing workforce are confident that their working environment is safe and adequate to allow them to do the job effectively. Many experienced GPs are no longer working in the OOH service because of the ever increasing workload and the working conditions, including a poor work environment and lack of basic equipment. It is imperative that GPs have the tools they need to do their job effectively in the OOH environment – this is the responsibility of the health boards.

Trainees

It is essential that trainees have the confidence to work competently in the OOH service. To achieve this we need to ensure the OOH service is an excellent training environment. This will then raise the likelihood that these doctors will choose to work OOH sessions once they have completed their training.

Patient demand

One of the topics discussed during your visit to SGPC in June was the difference between patient need and patient demand. It is essential that the OOH service meets the needs of patients; but it is unlikely to be able to meet current patient demand, particularly in the face of current workforce shortages. A campaign of patient education, including political endorsement of the service as one for emergencies, is needed to ensure the service is sustainable and effective in helping those patients who need access to it.

Consideration should also be given to demands generated by NHS24 and other services/departments; for example patients who are turned away from A&E should not automatically be referred to the OOH service.

Remuneration

It's important that GPs are not penalised for choosing to work in the OOH service. Several factors may currently be preventing GPs from working in the service, these include:

- The HMRC's ruling that OOH GPs should be taxed as if they were employees without the need to give these doctors any of the benefits of employment.
- The inability for some GPs to opt out of superannuation for OOH payments.
- The variation in the remuneration offered to OOH GPs in different health board areas – rates in some areas are very low. It is important that those doctors working in OOH are appropriately paid to be there.

Addressing these disincentives to working OOH sessions will be essential in ensuring the right numbers of doctors choose to work in the service.

Team working

Close working within the OOH team is very important. Doctors working in an OOH centre for the first time need a comprehensive induction which should include introductions so they can link up with their new colleagues. Working closely with a variety of other professionals, for example the mental health team, is also important. This is a key element which reflects the current direction of travel in GMS contract discussions; that creating strong teams of healthcare professionals who can work together is the most effective way to meet the needs of patients.

We believe addressing the above points will go a long way to creating an effective and sustainable OOH service.

National work stream alignment

It would also be helpful to understand how this review fits in with other strands of work being undertaken by the Scottish Government, such as the work on seven day services, the Shape of Training Review, the development work for the new GMS contract and the broader work on pursuing the 2020 vision and the national clinical strategy. As our comments above make clear, these pieces of work are all interlinked and any actions which come from one of these work-streams will impact on the others. The successful implementation of each of these pieces of work, and the achievement of the 2020 vision, is dependent on all of them being mutually consistent, aligned and reinforcing.

Thank you again for the opportunity to input to the primary care out of hours review. Please let me know if you would like to discuss any of the above points in more detail.

Yours sincerely,



Jill Vickerman
Scottish Secretary