



ISD and HPS submission for the OOH Review

Key points

- Information Services (ISD) worked with colleagues from Primary Care Out of Hours (PC OOH) services to develop a national [PC OOH dataset](#). This has been collected weekly since April 2014. Information is shared routinely with PC OOH services and a report on demand and activity at PC OOH services was [published](#) for the first time in August 2015.
- ISD in partnership with NHS 24, Scottish Ambulance Service and NHS boards routinely link patient records following their unscheduled care journey – the [Unscheduled Care Data Linkage](#). This provides a range of information and intelligence to the services locally and at a national level.
- Much of the intelligence provided by ISD to inform the OOH Review has come from national datasets. In addition to those mentioned above, this includes, but is not exhaustive [Prescribing](#), [Health and Social Care](#), [Workforce](#) and [General Practice](#).
- Health Protection Scotland ([HPS](#)) plan and deliver effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting all the people of Scotland from infectious and environmental hazards.

Areas that ISD could optimize intelligence expertise to enhance support for OOH Services

There are a number of areas that ISD could further improve the information and intelligence expertise available for OOH services. This would help with the management of services, understanding and improving patient outcomes, service improvement, understanding demand and capacity, finance, workforce, modelling whole system changes and planning.

ISD can provide informatics leadership in a variety of ways. This includes development of new and existing tools/products to allow services to be intelligence led; expert informatics advice to help understand how best to answer the key questions; all steps from initial data collection to how to act on the intelligence and evaluation of services. Intelligence can be provided at different geographical levels e.g. local OOH services, partnerships, regional, nationally. Current work underway and developmental suggestions are listed below, though this is not exhaustive.

A discussion on priorities will be required.

Primary Care Out of Hours

- ISD continuing to provide expertise to NHS Boards on improving the intelligence we can gain from the PC OOH dataset.
- Work with services to continue to assure the quality of the PC OOH data recorded, the IT system ADAstra is highly configurable, in some cases this has resulted in Boards recording some data in different ways.
- ISD would recommend adding PC OOH data to the current Unscheduled Care Data Linkage. This would mean that these data are then linked routinely with the other



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interlinking services. This will then present a comprehensive picture of demand, activity flows and outcomes for patients who use NHS unscheduled care services.

Primary Care In hours

- There is the potential to develop intelligence tools from existing data sources to allow GP Practices to review their patients' usage of OOH services for example, frequent users of each of the services.
- Early discussions are underway around the intelligence links with PC OOH and the Scottish Primary Care Information Resource ([SPIRE](#)). This is a collaboration between the Scottish Government and NHS National Services Scotland (NHS NSS), which aims to unlock the potential and wealth of information from GP Practice by developing a new service to simplify and standardise the process for extracting data from GP practice systems for a number of purposes e.g. improving patient care and outcomes, audit, disease surveillance, benchmarking, planning, research and QOF payments (QOF up to 2016/17).

Health and Social Care

- As responsibility for PC OOH care has transferred to Integrated Joint Boards, a 6 month project has been commissioned by Scottish Government to scope how unscheduled care data, including PC OOH, can inform the Health and Social Care agenda.
- There is the potential to add the data to the [Health and Social Care](#) dashboard. This links several datasets at an individual level to form a pathway of contacts an individual person has with several Health and Social Care services. This would allow at a person, service and system level the ability to interrogate the activity and costs associated with the provision of different services.
- Once the gaps in social care data are filled there is the potential to correlate this with PC OOH and the other unscheduled care datasets. This would provide a whole system picture across Health and Social care for the OOH period.
- Local Intelligence Support Team ([LIST](#)) is a service that supports local partnerships by providing ISD staff on site, who have strong links with and can exploit the wider intelligence and NHS NSS products and services. These products/services and any new developments, can then be augmented by local customer insights to provide local intelligence. LIST is complementary to and works in partnership with other intelligence experts at local and national level.

Allied Health Professionals

- Work is progressing in ISD to improve and enhance the information available for Allied Health Professionals including their interaction with social care

Nursing

- A new dataset to capture [District Nursing](#) information has recently been implemented. This will fill a gap in national information and contribute to improving the health of the population through consistent gathering of information.



Workforce

- Currently PC OOH workforce data are collected via a survey, this collection could be made routine and cover all staff, who are involved in delivering PC OOH services..

Costs

- Information provided to the [Cost Book](#) is very high level and does not provide a breakdown of costs for providing PC OOH services (a separate data collection for the purposes of the OOH review was sent to Boards). If this is needed then ISD could review the process for collecting this information more routinely.

3rd Sector

- ISD have had initial conversations with THE ALLIANCE and Scottish Council for Voluntary Organisation to discuss collaborative working around information and intelligence

Technology Enabled Care and Person Centred data

- ISD are developing plans to understand how information can be collected and used from Technology Enabled Care. In addition thoughts are at early stages around how to collect data from person centred devices e.g. fit bits.

IT infrastructure

- Underpinning successful delivery of all of the above is robust IT infrastructure. ISD will work closely with NSS IT and with other IT suppliers when changes are made to systems/new systems implemented. This will help to ensure data definitions, standards, recording practice are consistent and comparable. If ISD can provide advice/guidance on the recording of data when systems are being implemented, this ultimately allows for more effective and efficient reporting.



Overview of Information Provided to inform the OOH review

1. Introduction

Scotland has some of the best health service data in the world. Few other countries have information which combines high quality data, consistency, national coverage and the ability to link data to allow patient based analysis and follow up. Information Services Division (ISD), NHS National Services Scotland, provides information and intelligence, statistical services and advice that support the NHS and other stakeholders in progressing quality improvement in health and care, facilitating robust planning and decision making and helping, ultimately, to improve health and wellbeing outcomes for residents in Scotland. The table in Appendix 1 provides an overview of the national data available from ISD to inform and support Out of Hours Services.

Health Protection Scotland (HPS) was established by the Scottish Government in 2005 to strengthen and co-ordinate health protection in Scotland. They plan and deliver effective and specialist national services which co-ordinate, strengthen and support activities aimed at protecting all the people of Scotland from infectious and environmental hazards.

Generally patients in Scotland who need urgent primary healthcare in the OOH period will phone NHS 24, depending on their health problem they may be passed to GP OOH or SAS or A&E.

2. Patient based data available

Within the law and following robust Information Governance practices, ISD routinely receive patient level data from several of the NHS organisations that provide Out of Hours care.

Working with OOH Services, ISD developed a [national dataset](#) to collect consistent information from NHS Boards, on patient contacts with GP Out of Hours Services. These records have been provided to ISD weekly from April 2014. The data also support several of the Healthcare Improvement [Scotland Primary Care Out of Hours indicators](#).

Patient records from NHS 24, Scottish Ambulance Service (SAS), A&E and Emergency Admissions are also submitted routinely to ISD. These individual patient records are joined together to provide understanding on the journey that each patient makes through these services. This data is stored securely in a database called [Unscheduled Care Datamart \(UCD\)](#) and is linked from 2011 onwards. The plan for the coming year is to also link into this database the patient contacts from GP OOH services.

The above data that are provided to ISD includes information about who the patients are, where they have come from, what is wrong with them and what happens to them. In addition to how NHS 24, SAS and local GP OOH services use their own data to understand their services, this national data can be used to;

- understanding the activity, demand and capacity at a national and local level.

- provide information on Patient outcomes following their journey to enable service improvement.
- provide additional information to NHS 24, PC OOH, SAS and A&E on subsequent activity following contact with their service
- allow comparison of patient flows/delivery of care at different geographic areas.
- analyse the data in a variety of ways e.g. by symptom, gender, deprivation.

3. Demand for Services

NHS 24

During the year 1 May 2014 to 30 April 2015, NHS 24 had just under 1.3million unscheduled care calls in the OOH period. There has been an increase in the number of calls comparing figures for FYE 2015 compared to 2014. This may be a result of the introduction of 111 calls.

The vast majority of calls to NHS 24 were from patients or their representatives. On occasion a professional will phone for advice from NHS 24 colleagues.

The majority of calls to NHS 24 result in 2 in 5 patients being advised to attend/be seen by the Primary Care Out of Hours service. 34% of calls received were dealt with by NHS 24 and required no further action from any of the OOH services providers. However, on a small number of occasions the patients' condition may worsen and they may chose to phone for an ambulance or attend A&E rather than re contact NHS 24.

15% of calls to NHS 24 were regarding children under the age of 5. NHS 24 will advise 1 in 2 of this age group to attend the local Primary Care OOH services (primary care emergency centre). 52% of the under 5 age group were in the top 2 most deprived SIMD areas.

15% of the calls were about the over 75 age group, nearly 40% of this age group were passed to the local Primary Care OOH service for a GP/nurse to visit the patient at home. 43% of this age group were in the top 2 most deprived SIMD areas.

Females are more likely to contact NHS 24 than males, with 57% of calls to NHS 24 from females.

PC OOH

Nearly 1m contacts with patients occur annually with GP OOH services. Around 3 in 4 (75%) patients are referred by NHS 24. Following a call to NHS 24, of those that were given an appointment at a Primary Care emergency Centre (PCEC) about 80% are booked for a specific time slot. Some (but not many) GP OOH services will allow patients to walk into the Primary Care Emergency Centre without an appointment.

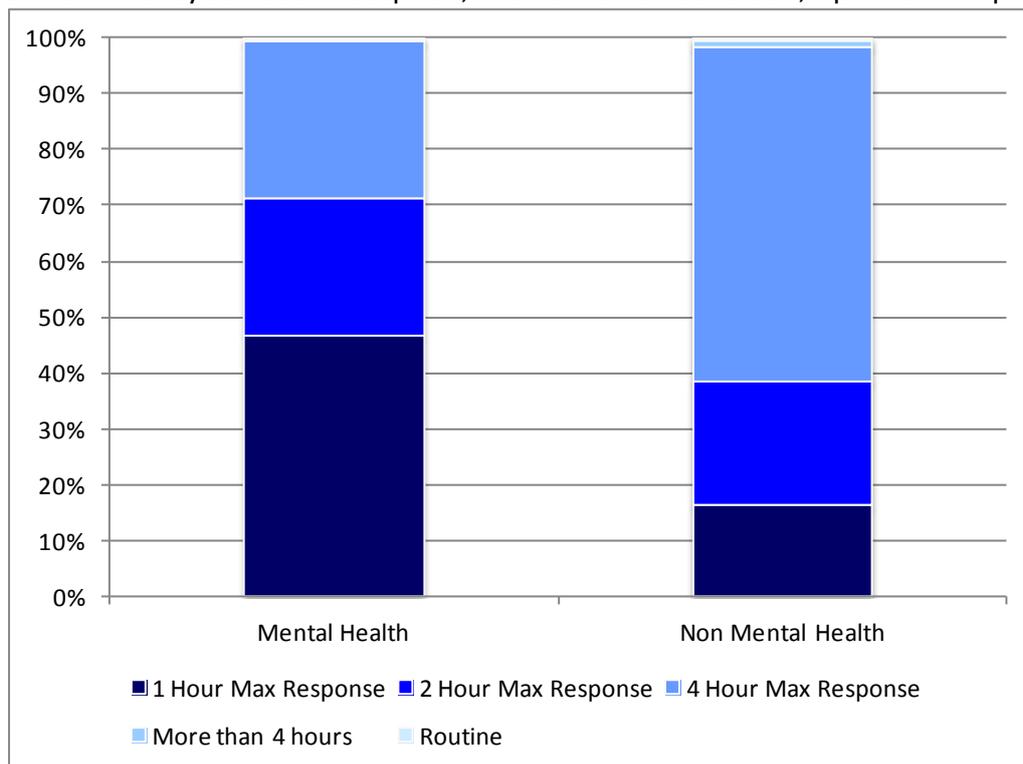
The GP OOH services will consult with these patients in several ways including seeing 56% of patients at the PCEC, 19% will have a home visit by either a Dr or Nurse and 21% will be advised over the phone by an OOH Dr or Nurse.

Just over half of patients (52%) are dealt with and discharged by the GP OOH service i.e. they are not referred to other services. 33% of patients are advised to see their own in-hours GP at the next available appointment. Only around 9% of people following contact with GP OOH are sent to either A&E (3%) or for admission to Hospital (6%) Please note that patients can have more than one outcome recorded.

As reflected with NHS 24, 59% of contacts with GP OOH are from females.

The number of contacts for mental health conditions (see Glossary) to GP OOH Services are presented in the chart below. The data was analysed by priority status at reception and shows that a high proportion of people categorised as having mental health conditions are in the one hour maximum response category in terms of priority status at reception, 45% compared to 15%.

Chart 1 Priority Status at Reception, Mental Health Condition, April 2014 - April 2015



Source: PC OOH, ISD

SAS

The Scottish Ambulance service deals with on average 710,000, 999 and GP urgent calls per year. Of these around ½ a million are in the OOH period, of which they attend around 380,000 incidents. Of those that they do not attend, the patients may be passed on to NHS 24 and others do not require any input following further triage by SAS. As with other OOH services, demand has been increasing, by 11 % between 2010 and 2014.

Just over half of the calls to SAS are initiated by the patient (family member/bystander/care home) and one in five come via NHS 24.

As you would currently expect if an ambulance is called to treat a person, most people are taken to hospital. The majority of people are conveyed to A&E or to a hospital (around 75%). Increasingly SAS are delivering See and Treat services i.e. they will treat an individual at the scene of the incident, rather than take them to hospital. This accounts for around 16% of calls in the OOH period. SAS will also transfer about 4% of their calls to NHS 24 or a clinical advisor.

The over 75 age group account for 26% of patients treated/conveyed by SAS.

44% of SAS incidents were in the top 2 most deprived SIMD areas.

A&E

There are around 1.6million attendances at A&E services across Scotland annually. Of these at around⁽¹⁾ 900,000 (56%) occur in the OOH period. The majority of people (62%) who arrive at A&E will self refer i.e. they have had no contact with a health care professional prior to their attendance. The SAS are recorded as bringing about 17% of people to A&E, NHS 24 will refer around 7% and around 3% are referred by PC OOH.

The over 75 age group are more likely to be brought to A&E by an ambulance whereas the younger age groups are more likely to self refer.

2 in 3 people (67%) are discharged home from A&E and 27% are admitted to hospital. A small percentage (2) are discharged to PC OOH, this small number will be reflected of how the services in each location are delivered e.g. collocation between A&E and PC OOH.

People from the most deprived SIMD areas (28%) have twice as many A&E attendances of those in the least deprived SIMD areas (14%). It is also known that proximity to A&E is large factor in attending i.e. closer you live to A&E the more likely you are to attend.

(1) Due to non patient record data accounting for 6% of all A&E attendances it is not possible to know the exact number ie ISD can't tell if attendances are in the OOH period or not.

4. **Pharmacy**

ISD has held data on medicines prescribed within NHS Scotland for several decades. These data are generated as part of prescription processing for the payment of dispensing contractors by the Practitioner and Counter Fraud Services (P&CFS Services) in NHS National Services Scotland. Data is held on over one billion prescriptions, which is made available to customers through routine reporting, bespoke analysis and online tools.

Community Prescribing

The total number of items dispensed in 2014/15 was 101.1 million, an increase of 2.4% compared to 2013/14. The number of items dispensed has been increasing year on year with a total increase of 34.9% over the last ten years.

The total net cost of items dispensed in 2014/15 was £1.19 billion; this is an increase of 4.3% compared to 2013/14. The net cost of items dispensed has increased overall by 27.1% over the last ten years.

It is not possible to identify patients who use pharmacy instead of OOH services.

Minor Ailments Service

At 31 March 2015, nearly 18% of the population of Scotland were registered for the Minor Ailments Service, a total of 913,483 people. Over 2.1 million items were dispensed under the Minor Ailments Service, accounting for 2.2% of all items dispensed by community pharmacies in Scotland. The cost of items dispensed under the Minor Ailments Service in 2014/15 was £5 million. This service is only available to a subset of the population – see Appendix 2

5. **Health Protection Scotland (HPS)**

HPS as the national centre for communicable disease and environmental hazard epidemiology, control and prevention, has a critical interface with Scotland's OOH primary care services; this interface is both direct and indirect.

Indirect

It is the responsibility of Health Protection Teams residing in NHS boards to communicate information, relevant to the control and prevention of communicable diseases and environmental hazards, to OOH personnel. Some of this information is locally derived but in many, especially serious, instances, health alerts are disseminated by HPS to a variety of agencies including Health Protection Teams for onward cascade, where appropriate.

Accordingly, HPS is the source of key knowledge critical to the optimal function of OOH services. Additionally, HPS is responsible for the training of the health protection workforce which, at a local level, is responsible for ensuring that primary care OOH services are armoured with optimal information and intelligence, and can respond optimally to queries from OOH primary care personnel.

Direct

HPS runs a 24/7 operational support and advisory service. While that service is primarily designed to support Health Protection teams in NHS boards, in certain instances (particularly those relating to serious incident responses such as Pandemic Flu) HPS coordinates national multi-agency, multi-disciplinary responses which have a direct interface with OOH services.

Nationally, particularly in recent years, HPS has developed a strong and critical relationship with NHS 24. Most of the NHS 24 calls are OOH ones. The NHS 24 service is part of the overall OOH primary care service. HPS gleans NHS 24 data to monitor, for example, Influenza-like illness to ensure optimal public health response to such activity and data to

evaluate, for example, the impact of implementing Rotavirus vaccination among infants through the interrogation of reports of diarrhoea illness. Also, in the context of information flow from NHS 24 to HPS, this relationship ensures that if anything unusual/unexpected is detected (vital in the era of potential terrorist threat) such intelligence will be communicated to HPS.

With respect to the flow of information from HPS to NHS 24, information and intelligence are frequently transmitted to NHS 24; recent examples include information on an outbreak of Meningitis Group W affecting many scouts, including four from Scotland, who attended a scout convention in Japan, and information and advice on a slightly higher than normal incidence of fever associated with the administration of vaccination associated with the recent implementation of the Meningococcal B vaccine programme among populations in Scotland.

Accordingly, direct and indirect interfaces between HPS and OOH primary care services are extremely important ones.

6. **GP Practice populations/list size**

There is great variability in the number of patients registered to a given GP practice around Scotland. The range in practice sizes includes, for example, a remote area with a list size (practice population count) of 200, and a heavily urban area of Scotland that has over 18,000 patients on its list.

The average number of registered patients in Scottish GP practices has increased by 8% between 2006 (5295 patients) and 2014 (5701 patients). The increase is a combination of increasing population in Scotland, so more people are registered to GP practices, and a decrease in the number of GP practices. The decrease in GP practices is due mainly to the closing of practices, with the number of practices between 2006 and 2014 reduced by 41 (1,021 to 980); all but six of the closures were products of mergers.

In 2014, of the 987 practices with registered patients, 45 practices were reported as providing OOH Services. This compares to 1,031 practices in 2006 with 51 practices providing OOH Services. Both years equate to 5% of practices providing OOH Services, this does however vary between Health Boards

The patient population that is aged 65+ is increasing across Scotland, whereas the younger age groups have decreased between 2006 and 2014.

Table 1

Patients registered with practices by NHS Board and age group; 01 October 2014

	Number of Practices	Patients age-group									Average Practice list size
		0-4	5-14	15-24	25-44	45-64	65-74	75-84	85+	All ages	
Scotland	980	286,298	572,639	700,822	1,529,040	1,536,121	539,263	316,138	106,950	5,587,271	5,701
Ayrshire & Arran	55	18,696	39,629	44,118	92,599	111,693	44,352	25,257	8,492	384,836	6,997
Borders	24	5,425	12,121	12,430	25,206	35,108	14,767	8,490	3,099	116,646	4,860
Dumfries & Galloway	36	6,920	15,351	16,451	33,118	46,154	20,101	11,896	4,021	154,012	4,278
Fife	65	20,055	40,286	48,819	94,061	105,172	40,280	22,377	7,966	379,016	5,831
Forth Valley	55	16,113	34,293	39,867	79,952	88,172	31,402	17,902	5,604	313,305	5,696
Grampian	79	31,898	59,789	75,105	166,241	160,059	55,421	31,907	11,680	592,100	7,495
Greater Glasgow & Clyde	244	64,038	123,817	166,156	376,922	333,480	102,030	63,764	20,475	1,250,682	5,126
Highland	94	14,513	32,769	34,239	74,709	97,659	38,445	21,037	6,635	320,006	3,404
Lanarkshire	114	35,773	74,676	80,015	178,500	191,615	63,469	36,675	10,435	671,158	5,887
Lothian	123	48,444	89,626	121,557	285,474	229,808	75,346	44,629	16,438	911,322	7,409
Orkney	6	943	2,021	2,188	4,603	6,385	2,593	1,268	419	20,420	3,403
Shetland	9	1,133	2,573	2,613	5,648	6,536	2,499	1,152	267	22,421	2,491
Tayside	65	21,176	42,978	54,610	106,116	116,030	45,112	27,786	10,696	424,504	6,531
Western Isles	11	1,171	2,710	2,654	5,891	8,250	3,446	1,998	723	26,843	2,440

Source: ISD Scotland General Practice - GP workforce and practice population statistics 2014 – Dec 14

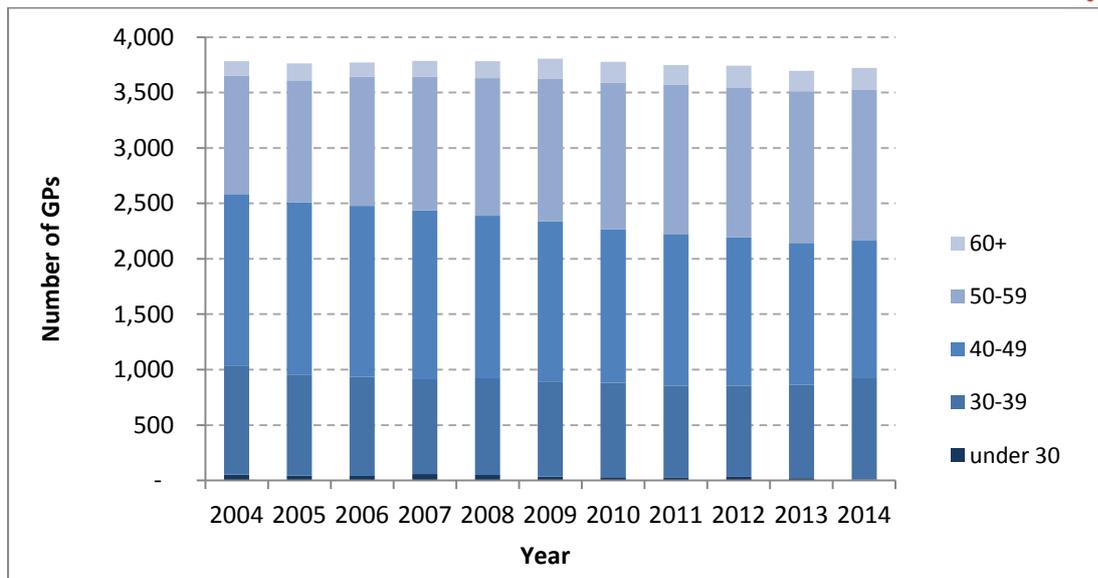
7. **Workforce Data** (please note, data includes all GP's, nurses etc., i.e. not only those working in OOH Services

GP Workforce

- The number of GPs contracted to work for NHS Scotland has risen by about 10% since the agreement of the General Medical Services Contract (Scotland) in 2004. Currently there are around 4,900 GPs in post across Scotland.
- Since 2004, the GP workforce has changed from mainly being male (55% in 2004) to mainly being female (only 44% males in 2014).
- The population of GPs has aged alongside its patients. In 2014, 45% of the male GPs, and around a quarter of the female GPs, were aged 50 years and over. In 2004 this was 38% and 17%, respectively.

Chart 2 below shows the age profile of GPs on the Performers list by year. This demonstrates that over the past 10 that the 50+ age group is increasing and that 40-49 age group is decreasing.

Chart 2



Source: ISD Scotland General Practice - GP workforce and practice population statistics 2014 – Dec 2014

Nurses

As at 31 March 2015 there were 59,174.6 whole time equivalent nurses in post across Scotland. It is not possible nationally to identify those who work in the OOH period. NHS 24 as at 31 March 2015 had 276.9 wte in post this represents an annual change of -6.8%.

AHP

At 31 March 2015 there were 11,267.3 wte AHPs. It is not possible to nationally identify those who work in the OOH period. At 31 March there were 1,331.1 wte paramedics in post. Representing an annual change of -4.6wte.

Other NHS staff

As at 31 March 2015 there were 464.2wte NHS 24 call handlers. A 21.4% increase from the previous year.

8 OOH GP Workforce Primary Care Workforce Survey 2013

Next survey PCWS is underway and will report early 2016.

The estimated Whole Time Equivalent (WTE) number of GPs in post in Scottish general practices (excluding Specialist Trainees) at 31 January 2013 was 3,735. This is only a little higher than the estimate of 3,700 generated from a previous survey run in 2009. Routinely available GP headcount information (published at www.isdscotland.org/Health-Topics/General-Practice) indicates a recent levelling off in the numbers of GPs working in general practices after a number of years of general increase. The results of this survey suggest that the WTE number has also been fairly static over the past few years.

The 2013 survey gathered new information on GPs working in GP Out of Hours services. For example, for the year ending 31 January 2013, GPs aged under 35 input an average of 3.5 hours each per week, less than half the weekly average for GPs aged 55 and over. Whilst GPs aged under 35 accounted for just under 24% of the overall number of individuals who contributed to GP Out of Hours services over the year, their combined hours accounted for 13% of the total hours input to those services over the same period. In contrast, GPs aged over 55 accounted for 14% of the overall headcount but 19% of the total hours input over the survey year.

Number (headcount) of GPs who worked for GP Out of Hours Services¹ at any point during the year ending 31 January 2013², by GP designation and NHS Board

NHS Board	Sessional GPs	Salaried GPs	Locum / Agency GPs ³	Specialist Trainee GPs ⁴	Total
Ayrshire & Arran	148	0	0	41	189
Borders	22	21	1	0	44
Dumfries & Galloway	48	10	19	13	90
Fife	136	2	0	0	138
Forth Valley	84	25	0	0	109
Grampian	181	28	0	60	269
Greater Glasgow & Clyde	417	46	0	174	637
Highland (incomplete counts) ⁵	135	6	37	6	184
Lanarkshire	113	16	8	0	137
Lothian	227	44	0	0	271
Orkney ⁶	0	3	9	0	12
Shetland ⁶	0	17	0	0	17
Tayside	80	24	0	0	104
Western Isles ⁶	26	2	4	0	32
Total (incomplete) ⁷	1,617	244	78	294	2,233

Estimated GP Whole Time Equivalent (WTE)¹ input to GP Out of Hours services² during the year ending 31 January 2013, by NHS Board

NHS Board	Headcount excluding Specialist GPs ^{3,4} Trainee	Estimated WTE excluding Specialist GPs ^{1,4} Trainee	Headcount including Specialist GPs ^{3,4} Trainee	Estimated WTE including Specialist GPs ^{1,4} Trainee
Ayrshire & Arran	148	20.9	189	21.6
Borders	44	8.3	44	8.3
Dumfries & Galloway	77	12.6	90	12.8
Fife	138	17.6	138	17.6
Forth Valley	109	16.0	109	16.0
Grampian	209	33.8	269	35.2
Greater Glasgow & Clyde	463	60.7	637	64.1
Highland (incomplete figures) ⁵	178	30.0	184	30.1
Lanarkshire	137	22.7	137	22.7
Lothian	271	30.9	271	30.9
Orkney ⁶	12	3.2	12	3.2
Shetland ⁶	17	3.7	17	3.7
Tayside	104	20.7	104	20.7
Western Isles ⁶	32	10.4	32	10.4
Total (incomplete) ⁷	1,939	291	2,233	297

Age¹ and gender profile of GPs^{2,3} who worked for GP Out of Hours Services⁴ at any point during the year ending 31 January 2013⁵

Age group	Males (N)	Males (%)	Females (N)	Females (%)	Total (N)	Total (%)
Under 35	212	18.6	248	31.4	460	23.8
35-44	384	33.6	309	39.1	693	35.9
45-54	343	30.0	166	21.0	509	26.3
55-59	120	10.5	46	5.8	166	8.6
60-64	48	4.2	14	1.8	62	3.2
65 and over	36	3.1	7	0.9	43	2.2
Total	1,143	100	790	100	1,933	100

9 Costs/Resources data available – source Costs Book – ISD Scotland

The Scottish Government spend approximately 12 billion on NHS Scotland each year.

Primary Care in hours



£767,088,000 is spent on primary care in hours services (£143.98 per head) in 13/14. This equates with £628,444,000 in 2004/05 (population of 5078400) - £123.74 per head.

NHS 24

NHS 24 costs from their 2013/14 [annual report](#) = £73,723,000. Treatment in Board area for NHSScotland patients = £32,864,000. This includes costs for all services NHS 24 provide and not just calls to 111 e.g. NHS inform, CBT, patient reminder service etc.

GP OOH

In 2013/14 the provision of primary care out of hours services across Scotland cost £78,773,000. Providing GP OOH services equates to a cost per head of £14.78 in Scotland (pop 5,327,700) and equates to around £79 per contact with GP OOH services (estimated using number of GP OOH contacts collected by ISD).

There are no comparative figures for 2004/05 as this service was provided by 'in-hours' GPs – the first year this data is available for is 2008/09 at a cost of £74,590,000 (£14.36) therefore, it can be seen that in real terms funding for OOH services has not increased for several years.

SAS

SAS costs for road ambulance for 2013/14 were £169,332,000 and for air ambulance for the same time period were £14,128,000. This excludes patient transfer service costs.

A&E

A&E total cost in 13/14 was £178,726,059 and per attendance equals £107 compared with £172,093,121 and £103 in 2009/10. The cost per head of population for 13/14 = £33.5.

Dental and Ophthalmic

Dental services cost £391,138,000 and Ophthalmic services cost £100,722,000 for 13/14.

10 Comparison of GP OOH between NHS England and NHSScotland

It should be noted that there are differences in how GP OOH services are delivered across the 2 countries; for example NHS England have walk in centres, and GP OOH services. NHSScotland do not have walk in centres but do have GP OOH. NHSScotland started national data collection of GP OOH data from April 2014 hence different time comparisons.

Measure	NHS England 2013/14	NHScotland 2014/15
Estimated cases handled by GP OOH services	5.8m	1m
Estimated home visits by GP OOH	800,000	200,000
Estimated cost of GP OOH service Provision	£400m	For 2013/14 £79m
Estimated cost per person of	£7.50	£14.78

GP OOH services		
Performance management reports	87% of CCG receive monthly performance reports	All NHS Boards can run performance reports either via their own IT system or via the national GP OOH database standard reports. In addition ISD provide comparative NHS Board information to GP OOH services (non routine).

11 Integrated Joint Boards – Health and Social care integration

NHS GP OOH services now come under the responsibility of IJB's.

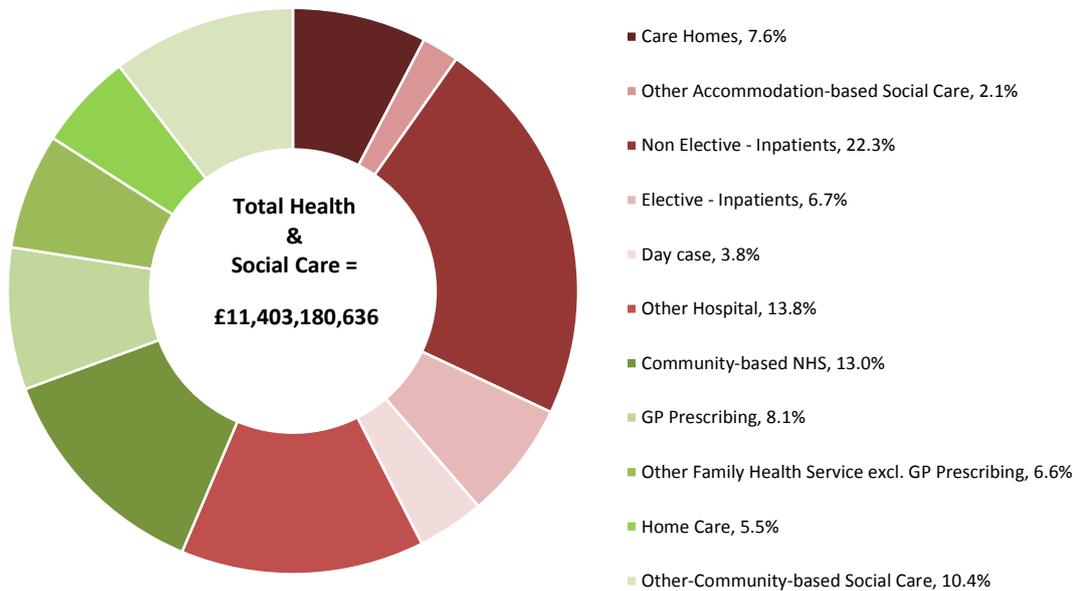
Health and Social Care Expenditure by sector (source ISD IRF may 15)

The split of health and social care expenditure has remained the same over the period 2010/11 – 2013/14. Of the total spent on health and social care, NHS expenditure accounts for approximately 72% and Social Care accounts for 28%.

In 2013/14 the total health and social care expenditure was £4.8bn. Of this, 50% (£2.4bn) was spent on individuals aged 65 and over within a hospital setting; of which 60% (£1.45bn) was accounted for by an unplanned admission.

In 2013/14, 28.4% (£1.36bn) of all health and social care expenditure on individuals aged 65 and over was within a social care setting; of which 48.5% (£0.66bn) was accommodation-based care eg care homes.

The balance of care between Institutional Based Care, such as care within a hospital or care home, to Community Based Care such as community nursing or home care has remained steady between 2010/11 – 2013/14 at approximately 65% Institutional Based Care and 35% Community Care.





12 Scottish Primary Care Information Resource (SPIRE)

In 2011, the Scottish Government convened a short life working group (SLWG) to more fully consider the benefits that could arise from wider use of primary care data to improve care and safeguard quality of care. The group proposed that:

- A national GP information service is developed and hosted within NHS NSS.
- The service should be underpinned by robust information governance arrangements that ensure patient confidentiality is protected at all times and that any use of data is subject to the agreement of participating practices.
- Participation would be open to all consenting GP practices, with any extraction mechanism transferring data securely from GP IT systems without impacting on practice or NHS Board workload. Having a single national extract mechanism should streamline and reduce current data gathering workload for practices.
- The service creates a dataset to provide a national analysis, research and intelligence service, including a reporting mechanism for feeding back information to practices.

These recommendations were endorsed in December 2012 and the Scottish Government Primary Care Division asked ISD to take this work forward through a new service called the Scottish Primary Care Information Resource (SPIRE).

The SPIRE project will deliver this service by March 2016.

Primarily this project will be around what happens in-hours however, due to a small number of GP Practices providing OOH care (remote and rural) it is likely that there will be a some OOH recorded on the systems.

Glossary

For the purposes of this document, OOH period is defined as

	OUT	IN	OUT
Weekend	Fri 18:00 - Mon 07:59	n/a	n/a
Mon	weekend	08:00 - 17:59	18:00 - 23:59
Tues	00:00 - 07:59	08:00 - 17:59	18:00 - 23:59
Wed	00:00 - 07:59	08:00 - 17:59	18:00 - 23:59
Thur	00:00 - 07:59	08:00 - 17:59	18:00 - 23:59
Fri	00:00 - 07:59	08:00 - 17:59	weekend

Primary Care Emergence Centre – A central location where healthcare professionals will consult with patients during the OOH period.

Mental Health search terms from READ code descriptions in PC OOH.

"Anxi", "Alcohol" "Depen" "Excess" "Withdraw" "Drugs" "Abuse", "Depress", "Mental Disorder", "Psych", "Schizophren", "Dementia", "Drug Depend", "Personality Disorder", "Acute Confusion", "Self harm", "Bipolar" "Eating Disorder", "Anorexi", "Bulimi", "Tourette", "ADHD", "Delerium", "Mental Illness", "Dissociative Disorder", "Paracetamol OD", "Acetaminophen", "OD", "Poison", "NSAID", "OD", "Poison", "Antidepress", "OD" "Poison", "Sedative", "OD", "Poison", "Opiate", "OD", "Toxic", "Poison", "Heroin", "OD", "Poison", "Psychiatric", "Methaemoglobinaemia"



Appendix 1 – Data Available to Inform and Support OOH Services and Review

Data available at ISD	NHS 24 (sent daily to ISD)	PC OOH (sent weekly to ISD)	SAS (sent daily to ISD)	A&E (sent monthly to ISD)	Emergency Admissions (~3 months time lag across Scotland)
Patient Level data	✓	✓	✓	✓	✓
Demand and Activity i.e. how many patients were seen and how often	✓	✓	✓	✓	✓
Patient demographics e.g. name, date of birth, postcode, CHI No.	✓	✓	✓ (about 75% complete)	✓	✓
Details of the contact with the service e.g. date and time of contact, who referred the person, outcome of contact	✓	✓	✓	✓	✓
Clinical data such as symptoms, diagnostic info	✓	✓	✓	✓ (not complete)	✓
What medication was prescribed for the patient	n/a	✓	n/a	n/a	n/a
Workforce data					
National workforce info	✓		✓	✓	✓
Bespoke collection			✓		
PCWS		✓			
Costs data					
Costs book	✓	✓	✓	✓	✓
Bespoke collection		✓			



Appendix 2 – Minor Ailment Service

The Minor Ailment Service (MAS) was rolled out nationwide in July 2006 and is part of the Community Pharmacy (CP) contract where the aim is to modernise and improve primary and community care services. Individuals who are eligible for MAS can register with the community pharmacy of their choice. In order to be eligible an individual must be registered with a GP and also fulfil at least one of the following criteria².

- persons who are under 16 years of age or under 19 years of age and in full-time education
- persons who are aged 60 years or over
- persons who have a valid maternity exemption certificate, medical exemption certificate, or war pension exemption certificate
- persons who get Income Support, Income-based Jobseeker's Allowance, Income-related Employment and Support Allowance, or Pension Credit Guarantee Credit
- persons who are named on, or are entitled to, an NHS tax credit exemption certificate or a valid HC2 certificate.

The MAS specification details that the core objectives of the service include shifting the balance of care from GPs and nurses to community pharmacies where appropriate and to help to address health inequalities. There are three status conditions for MAS; registered, lapsed and withdrawn. Each time a registered individual is treated through MAS their registration is extended for the next 12 months. If after 12 months an individual has had no activity then their registration will lapse. If an individual is no longer eligible for MAS then their registration will be withdrawn. Community pharmacies are remunerated for the fees of providing services and the cost of drugs dispensed and a capitation payment is received for the number of individuals registered.