



Get involved...

**Exploring Awareness, Knowledge and Experiences
of the GP Out of Hours Service in Newcastle**

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Section 1- Introduction

1.0 Introduction

1.1 Involve North East

Involve North East (formerly Community Action on Health) is an independent charity based in Newcastle, working across the North East. We are experts in innovative and practical involvement, working with patients, communities and harder to reach groups to gain the insight needed to design the best, most responsive and cost-effective health and social care services.

1.2 Project context

1.2.1 GP Out of Hours Service

If someone becomes ill or is injured outside of normal working hours in Newcastle, there are a number of different ways they can be treated:

- Call or visit NHS Direct
- Visit a local community pharmacy
- Visit a walk-in centre
- Call the GP Out of Hours service
- Call 999 in an emergency

The GP Out of Hours (OOH) service is available to patients who require a doctor or nurse outside of their own practice's operating hours. In Newcastle, the Service is provided by Northern Doctors Urgent Care (NDUC). It is open between 6.30pm and 8am Monday to Friday and 24 hours on a Saturday, Sunday and bank holidays.

In order to access the Service patients call a local cost number and are put through to a service advisor from NDUC. The number is provided on a recorded message if patients telephone their own GP practice when it is closed and is also advertised widely on NHS websites and in other health services.

Once a patient is connected to the service advisor they will be asked to provide some personal details and describe their symptoms. The advisor will then decide what, if any, action is required. A doctor or nurse may contact the patient, they may be asked to visit an OOH Service Centre (based at the Minor Injuries Unit at the Royal Victoria Infirmary) or a doctor may visit the patient at home if they are seriously ill or cannot leave the house because of their health or other issues.

1.2.2 NHS 111 Service

NHS 111 is a free telephone service available 24 hours a day, 365 days a year for patients who:

- Need medical help fast but it's not a 999 emergency
- Think they need to go to A & E or need another NHS urgent care service

- Do not know who to call or who do not have a GP to call
- Need health information or reassurance about what to do next

The Service is staffed by advisers and supported by nurses who will ask patients to describe their symptoms and then give them healthcare advice or direct them to a local service as necessary. Where possible, the adviser will book the patient an appointment or transfer them directly to the service they need. If an ambulance is required, NHS 111 will arrange this (NHS Choices website, accessed 2012).

Following pilots in a number of areas of England the Government has proposed to roll-out the NHS 111 across the country.

1.2.3 Contract specification

The proposed roll-out will impact upon the current OOH service model as NHS 111 will, in future carry out the front-end triage of all OOH calls. Consequently, a new contract is being developed which will go out to tender later in the year.

To help inform the new contract specification NHS North of Tyne is gathering patient feedback about the current OOH service.

1.3 The project

Involve North East was asked to assist NHS North of Tyne with gathering feedback about the OOH service.

1.3.1 Aim

To explore people's awareness, knowledge and experiences of the OOH Service in Newcastle.

1.3.2 Objectives

The key objectives of the project are to:

- Gauge awareness of the GP OOH Service
- Explore patients' use of the GP OOH Service
- Identify any barriers to using the GP OOH Service
- Identify ways to overcome any barriers discussed

Section 2 - Methodology

2.0 Methodology

To enable the objectives of the project to be met, one methodological process was employed to gather people's views.

2.1 Qualitative techniques

In order to gain a depth of understanding of people's awareness and experiences of GP OOH Services, a qualitative methodological approach was deemed to be the most appropriate. Qualitative research is concerned with gaining an understanding of how people feel, their beliefs, reasoning and motivations and therefore fitted with the objectives of the research.

2.1.1 Focus groups

Group discussions or focus groups are commonly associated with collecting qualitative data and this technique was used to gain insight into people's views. A group setting with members sharing a common interest enables them to feel comfortable and able to give their views freely. In addition, interaction within the group may also produce other data, when for example a memory is triggered by someone else's comments. Where focus groups were not appropriate, one-to-one interviews took place.

2.2 Participants

Anyone living in Newcastle was eligible to take part in the research, whether they had used the GP OOH Service or not (although we also had the opportunity to speak to two people from North Tyneside). However, the project's tight timescales limited the amount of recruitment Involve North East was able to undertake.

Participants were therefore mainly recruited through GP practices' Patient Participation Groups (PPGs). Most GP practices in the city have established PPGs which give patients an opportunity to share their views of the practice. They commonly hold face-to-face meetings on a quarterly basis although some practices have also set-up virtual PPGs. Involve North East held focus groups with three PPGs and one individual from another PPG.

In addition, a focus group was also held with The Health Quality Checkers Team from Skills for People, a group of people with learning disabilities who check how well local health services serve people with learning disabilities. Several individuals also came forward to take part in the research.

A total of 26 people gave their views and 12 had experience of the GP OOH Service. A profile of all participants can be found in Appendix 1.

Section 3 - Findings

3.0 Findings

This section provides a summary of the findings of the involvement activity undertaken for the GP OOH Service review.

3.1 Participant profile

As mentioned in Section 2, a total of 26 people took part in the research. Ten participants were male and 16 female. Their ages ranged from 26-35 years old and 76+. Twenty-one were White British and one was White Irish; two participants identified themselves as Asian or Asian British – Pakistani and two as Asian or Asian British – Bangladeshi. Twelve people had experience of using the Service, some for their own ailments and others had assisted friends or family in using the Service. For a full breakdown of participants see Appendix 1.

3.2 Awareness of the GP OOH Service

Participants were initially asked whether they had heard of the GP Out of Hours Service and the vast majority had (24 out of 26 people).

Most people did not know about the Service before needing it and simply phoned their surgery when it was closed hoping there would be some information about what to do.

“Principally, telephoning the surgery; I don’t recall seeing a lot in print.”

“I just needed someone and phoned the surgery thinking there would be a message saying where I was to go.”

“You ring the doctor’s surgery and it comes on the out of service hours.”

“I’ve known about it for years, I think it’s just been a case of ringing the doctor and hoping that there’ll be a message on the answering machine on a Saturday or Sunday to let us know what to do to access a GP out of hours and that service has always just been there.”

Four people had heard about the Service through their jobs working in the health sector, for a charity or for the Police.

“I was in the police force; I knew the number because I’d used it for quite a few people, members of the public.”

“Through going to meetings at Skills for People, it comes up very often. Because we’re on the Health Checkers Team we talk about all of the health services a lot.”

Two people had seen it advertised either on a surgery or NHS website and one on their GP's notice board. One person had heard about it through friends and family using the Service and one participant did not know – “it was just there in the background”.

3.3 Knowledge of the GP Out of Hours Service

Both users and non-users were asked about their knowledge of the GP Out of Hours Service.

3.3.1 Scope

Participants were initially asked about the scope of the Service and some people had simply never considered what it provided. Others were aware that after calling the Service you would be triaged and a decision would be made about what, if any, actions were required.

“No, it's never occurred to me.”

“Well presumably...you'd get a doctor or somebody on the phone and you'd explain what you needed, what was wrong and see what they say...”

“I think you initially get a nurse don't you to talk to you...an operator first but then you get a nurse.”

Participants with learning disabilities from Skills For People's Health Quality Checkers Team believed that the services offered would be the same as a regular doctor's surgery. They also thought that the Service was solely for patients who were so ill they could not leave their home and that a doctor would go out to the patients house.

“It's where the doctor goes to the patient.”

“My understanding is that the doctors probably don't have a base for out of hours surgeries and they actually come to your house.”

“It's where they go to people's houses to go and see them if the patient's very, very ill and they can't get out to the doctors then they go on a home visit to see them. It's a bit like Homecall.”

This group also asked:

- Whether the GP OOH Service is able to give advice about the side effects of medication?
- If a person did not speak English well, would there be someone they could speak to, or how would they get a translator at short notice?
- Whether you are able to speak on behalf of someone else? Some people had used NHS Direct and been told that only the patient could speak to the operator

3.3.2 Access

In order to access the GP OOH Service all but one person said that they would call their GP surgery and listen to the recorded message. The other participant was confused about whether you would contact the Service via NHS Direct.

“No, all I do is just ring the surgery because I know in the past they used to put you through automatically.”

“Ring the surgery first, that’s all I would do.”

“I would ring the doctor I think because that’s probably the only number I’ve actually got and I’m assuming that would direct me”.

“So the out of hours service is where you ring the number rather than ringing NHS Direct?”

3.3.3 Location

Only one participant knew that there was a Service Centre at the Minor Injuries Unit at the Royal Victoria Infirmary and one Practice Manager asked whether there had ever been any advertising of this part of the Service as they had never been given anything to display.

When participants were informed that some patients are given an appointment to see a doctor at specific location, they speculated as to where it was situated. Several participants mentioned that there used to be a building in Sandyford/Shieldfield

“There used to be one at Sandyford, because it was actually on Tyne Tees television, there was an NHS thing on the corner of Archibald Terrace, Sandyford?”

Others suggested the Walk-in Centre locations – Ponteland Road, Heaton Road and beside the Centre for Life.

3.3.4 Opening hours

No one knew the exact times that GP OOH Service was open but most assumed it operated when their surgery was closed, from around 6pm until the next morning.

3.3.5 Patients

Participants were also asked who they thought the Service was open to. The vast majority believed that anyone could use it “everyone including people with learning disabilities, parents, brothers, sisters, grannies, granddads”. One participant who had used the Service said that they were told that it was not available for children under two years of age with certain symptoms whilst another felt that you would have to be registered with a GP surgery to use it.

3.3.6 Injuries and illnesses

Participants felt that it would be appropriate to access the GP OOH Service for anything you would ordinarily make a GP appointment for, or something that needed urgent treatment but was not serious enough to go to Accident and Emergency (A & E). Others would use it for advice, whilst one person said that it would simply depend on whether they were well enough to leave the house.

“Anything you would try and make an urgent doctor’s appointment for. I mean I wouldn’t go if I needed more contraceptive pills, it would need to be urgent.”

“An emergency, but not as bad as 999.”

“Something I wouldn’t go to accident and emergency for, so if it was like a cut or a query.”

“I would probably use the Out of Hours Service if I wasn’t able to go to the hospital, that would be the deciding factor. If I was too ill to go to hospital and I needed the doctor to come to the home, because otherwise I think I’d probably get the same advice from both so if I couldn’t take my child there or I couldn’t get there myself, I would then be really keen to have the doctor come to my home.”

“Well presumably it’s for those cases where somebody’s not feeling well, they’re not right...and you say, ‘well I can’t really justify them calling an ambulance’ but you want a second opinion and explain this is what’s happening, where should I go from here, but after that the decision’s yours.”

3.3.7 Health professionals

Participants were also asked which health professionals they would be able to access through the Service. The vast majority of participants assumed that they would only have access to a doctor. Three people thought that you would also have access to the equivalent of a practice nurse.

“I think you speak to an operator at first and then to a nurse...and then the nurse says if she thinks that’s necessary she’ll have a doctor get in touch with you.”

“I think in one of our cases with the – it was our grandson and I think we spoke to, some person; I thought it was a practice nurse but she said, ‘I’ll get the GP to ring you back, you describe the symptoms’ and we’ll go on from there.”

3.3.8 Medical records

Whether the GP OOH Service had access to a patient’s records was also considered. Although they could not say with certainty, most participants thought that the Service did not have access to a patient’s medical history.

“I would have assumed they wouldn’t”.

“I would have hoped they would but I don’t think they do have them”.

“Will the Out of Hours Service be able to access people’s medical records? XXX has epilepsy and say he rang up, would they have access to...”

“I don’t think they do because on a few occasions they’ve asked for the whole history. Everything, date of birth, what practice you’re in and everything and really it prolongs the time”.

It was felt that the Service should be able to access a patient’s record as it would reduce the triage time and would be helpful if people were allergic to particular medication. In addition, if people with learning disabilities called the Service, it was felt that staff should be able to access this information in order to support them in the most appropriate way.

“It would be helpful for them. But for me, you don’t want them knowing everything, just the important things”.

“We’re trying to start up a flagging system with GP practices where they can flag up that people have a learning disability and they might need additional support. And I think if someone with a learning disability was using the Service, it would be really good if it came up and then that would mean they would spend a bit more time explaining things. I don’t know how possible that would be...”

3.4 Use of the GP Out of Hours Service

Twelve people had experience of the GP OOH Service having themselves used it or assisted family or friends when using it. The majority had very positive experiences of the Service which they felt was responsive and efficient however, three people had issues with the length of time it took for either a doctor to call them back or come out to them.

3.4.1 Positive experiences

One participant had used the Service for their 18 month old son. He had had a mild cough for a few days but when he woke up from a sleep his breathing seemed to be laboured. It was a Saturday afternoon at about 2pm so they decided to call the Service for some advice or reassurance.

They described the Service as “excellent”. A doctor called them back within 30 minutes and they were told to bring their son to the Service Centre at the RVI where the doctor had pre-booked an appointment for them.

“The doctor gave me very specific instructions about the location of the Centre and how to access the building. When we got there, there was no waiting about

- no one else was in the waiting room and we went straight in for an assessment. They gave me a prescription for antibiotics.”

They chose to use the Service because they knew that walk-in centres did not treat children of his age and they felt the condition was not serious enough to warrant presenting at A & E or calling 999. They admitted that calling NHS Direct had simply not occurred to them.

Another participant had had a similar experience with their grandson who has asthma. One evening at about 8pm he started having difficulties breathing. They called the GP OOH Service and a doctor called them back within a few minutes and instructed them to take him to A & E to be examined. The doctor had pre-booked them a place at the hospital.

“The place was packed. People lying on the floor, being sick, and it was nearly closing time for the walk-in bit and we went to the desk and they said, ‘oh yes, Mr Jackson, your son’s booked in, just wait five minutes’ so we waited five minutes, went into a cubicle, they checked him out, chest and everything, and of course he was on Ventolin so they said, ‘just give him a double dose of Ventolin and wait until tomorrow’ but we were relieved by the fact that we could take him there quickly and be seen...that was far superior to anything in the past where they just said, ‘oh pop up and wait’.”

They chose to use the GP OOH Service because they were unsure what time the walk-in centres were open until and felt that they needed to see a doctor.

Another participant had called the Service as their daughter had had a bad reaction to some medication. Having been triaged they were told to take their daughter to the nearest walk-in centre. They felt that the Service was efficient and they were happy with the instructions they were given. They contacted the GP Out of Hours Service because they initially tried to get in touch with a GP at their surgery and because it was closed they followed the telephone instructions.

“No, I always try and contact my GP surgery to get their opinion.”

A fourth patient called the Service because they had taken a double dose of their medication after 7pm and wanted reassurance from a doctor that they had not put their health at risk. They described the Service as “excellent”.

“I called them and a doctor called me back within 10 minutes. They reassured me and told me it was fine and wouldn’t affect me.”

In terms of their reasons for using the Service, they had initially called NHS Direct but had been told it would be an hour wait for someone to call them back which they felt was too long so they decided to try the GP OOH Service.

A further participant had used the GP OOH Service for their husband who became ill one evening, he was “really poorly, violently vomiting and had a horrendous head”. Again they spoke very highly of the Service.

“The lady was lovely that I initially spoke to on the telephone, she said, ‘I’ll call you back’ and she called back within probably five minutes and said somebody was coming...and the doctor was with us within twenty minutes, it was amazing and it was a doctor from this practice which was fantastic. He gave him an injection and it was all within about two hours XXXX was, you know, more human again and it was just fantastic, I can’t fault it.

They chose to contact the Service because their husband said they were too ill to travel.

One participant had called the GP OOH Service for their next door neighbour who was taking Warfarin and had started bleeding. They chose to use the Service because:

“I didn’t feel I had the authority to ring an ambulance and send her to hospital because she has relatives. I couldn’t get hold of her son at all so I rang the Out of Hour’s Service as I thought if they want to send her to hospital the onus is on them rather than me.

Their experience of the Service was a positive one. Having been triaged by the operator a doctor called them back within 15 minutes and asked them to call an ambulance.

A trapped nerve in their neck at two o’clock in the morning prompted another participant to use the GP OOH Service. The doctor came out to them within an hour and they were admitted to hospital. They were “very impressed” with the Service and had used it because they use their GP surgery as a first port of call.

Another participant had used it for their husband about seven years ago. He got up at about 7am and had weakness in his arm and leg and his speech was impaired. They called the Service who sent a doctor within half an hour who then called an ambulance. They were very pleased with the Service.

“I can’t fault them, absolutely marvellous. They kept me calm, I don’t know how they did it but they kept me calm.”

The next participant had used the GP OOH Service for their mother who is in her seventies and had woken up very dizzy and confused. They called the Service and a GP came out to their house within half an hour. They had a very positive experience and felt that they would always be guided by a doctor as to what action to take.

“They came out very quickly, within half an hour but unfortunately they had to dial an ambulance for her...It was excellent and they said if the doctor was going to be later then they would give us a ring if there was going to be any problems, but they were very, very quick and I couldn’t fault them.”

3.4.2 Mixed experiences

The final three participants had mixed experiences of the GP OOH Service. The first had been instructed to contact their GP by their optician if they had a particular

symptom; the symptom had appeared at about 11pm so they called the GP OOH Service. After been triaged they had a less favourable experience than previous participants, having to repeat their symptoms to another operator and then waiting a considerable amount of time for a doctor to call them back.

“She said, ‘right, we’ll ring you back’ and then half an hour later I had another call, ‘would you repeat what you said before?’ So I did repeat it yet again and they said, ‘oh right, we’ll consult someone else’. It wasn’t a doctor; I didn’t speak to a doctor then. So this is, we’re getting on, midnight, no reply, half past twelve, no reply, and I said to my wife, ‘oh I’m going to bed’. So went to bed, just got into bed and about half an hour later the phone rang. They told me who they were and said, ‘we’re sending an ambulance for you’.”

Upon arriving at hospital they had to wait until 4 o’clock in the morning to be seen and after two doctors had examined them they were told “you should be in the eye hospital, we can’t do anything here tonight...go home and go to the General Hospital casualty and the eye department when it opens in the morning”. Their negative experience was further exacerbated by the fact that they had arrived in an ambulance with no money and were told to get a taxi home.

One participant called the GP OOH Service on behalf of their husband who was suffering from chest pains one weekend. They chose to use the Service because:

“At the time we didn’t have a car and it wasn’t the sort of emergency where I would have rushed XXX to hospital...I think now we’ve got a car we don’t use the out of hours anymore because we’d probably just go to the walk-in centre or hospital straight away.”

Their experience of the Service was mixed; they were triaged immediately and were told a doctor would come out to their house but then had to wait between three and four hours for the doctor to arrive.

“We were satisfied with the outcome of the whole thing but the length of time was disappointing because when you’re caring for somebody, whether it’s a child or an elderly person or my husband in this case, three or four hours just seemed forever and you’ve got the one in front of you that’s really poorly. I think when you’re in the hospital it’s slightly different because you’re in a queue, you can see things happening and you know that the doctors are around and if the matter became worse then there’s someone there. When you’re in the house you’re just watching that person really, really ill and you’re just watching the clock and three or four hours can be quite a long time.”

When the doctor arrived they were not satisfied with the service as they felt they were being “fobbed off”. The patient was told to take some paracetamol and make a GP appointment on the Monday and they were frustrated by this and felt that the doctor could have taken a blood sample whilst at the house rather than him having to go the surgery later.

“I was actually saying to him, well if I was going to go and see the GP on Monday, what’s the point of you coming out and having that little bit of a discussion with him which was unpleasant because it was a bit confrontational and I remember it was slightly off-putting as well because I do tend to not call the out of hours unless it was an emergency and I wasn’t happy with the outcome ‘cause we just had to wait and then take XXX on Monday to see his normal doctor.”

“If the doctors actually come out, and obviously there is a cost element to all of that and the doctor has reached your home, why can’t they take blood samples while they’re there because then you just have to make another appointment and its costing the GP on Monday to do the same thing that GP has come out for.”

Another participant also had issues with the length of time it took for a doctor to arrive. The patient was housebound and also had Alzheimer’s and was suffering from sickness and diarrhoea on a Friday evening. They called the GP OOH Service on their behalf because leaving the house “wasn’t really an option ‘cause it would have caused a lot of discomfort to my aunt. So I wanted someone to come to the house”. Again they waited for about four hours which they felt was a considerable time but did appreciate being able to wait in the comfort of their own home rather than a busy hospital.

3.5 The future GP Out of Hours Service

The next part of the discussion focused on participants’ views of specific aspects of the GP OOH Service and possible future changes.

3.5.1 Service Centres

Having called the GP OOH Service, patients in Newcastle may be asked to attend an appointment with a doctor at the Service Centre based in the Minor Injuries Unit at the RVI (in North Tyneside the Centre is at Fracture Clinic at North Tyneside General Hospital). As discussed in section 3.3.3 above, only one participant knew that the Service Centre in Newcastle was based at the Minor Injuries Unit.

3.5.1.1 Number of Service Centres

They were then asked whether they thought that one Service Centre was sufficient for the city. The majority of people suggested that there should be two Service Centres in Newcastle, one based in the east end of the city and one in the west end.

However, a number of people acknowledged that it would be role of the NHS to decide whether the Centre was over-used and felt that costs would be prohibitive.

“But it comes down to the budget doesn’t it.”

“I don’t think we can honestly afford it and that’s the first reality.”

“Depends on the patient throughput.”

“I would have said you’re [the NHS] in a better position to judge because the demand of the services, and whether you need to increase it and what are the best ways to make one place bigger or distribute it, I mean from our point of view, a patient’s point of view, a distributed service is much more convenient because it’s less travelling.”

“I think the only reason you would need more would be if you wanted it closer to home. I went on a Saturday afternoon which I thought would be a busy time but there was no one there so I don’t know whether there would be the demand for more than one.”

Another participant queried whether demand for the Service would rise if there was more prominent advertising of it and in particular, the fact that you may be able to see a doctor at a Service Centre.

“And then the out of hours service, because it’s not hugely promoted, in terms of there’s not posters on the wall ‘cause you would have to ring your doctor’s surgery which not everybody would do because they think well it’s open from 8am til 6pm end of story and they wouldn’t probably ring, so I don’t know how...maybe it’s fit for purpose now but maybe that’s because not a lot of people, I’ve lived here all my life and I didn’t know it existed. So if you started promoting it more then maybe it wouldn’t be enough but stats would probably tell you at the moment that that’s all we need.”

One participant felt that there should be no Service Centre at all and that anyone who was able to leave their house and wanted to see a doctor face-to-face should go to a walk-in centre. Whereas another patient felt that the walk-in centres were not a viable alternative.

“I don’t think they should have any premises. If you want to see someone face-to-face you can go to a walk-in centre, it’s over-egging the pudding!”

“You’ve got walk in centres, what time do they close?”

They do tend to be eight till eight.

Really they’re not worth having because if you go in there they say, ‘are you under a doctor?’, you say, ‘yes’, ‘can’t treat you’. Go back to your doctor.”

3.5.1.2 Service Centre locations

In terms of the location of the GP OOH Service Centres, two participants living in North Tyneside felt that its location at the Fracture Clinic at North Tyneside General Hospital was well situated for them but one participant with learning disabilities said they would have to get a taxi, which concerned them.

“I live in Shiremoor so if I’ve got an appointment at the hospital I have to get a taxi or get the bus during the day. If it was late at night I would get a taxi but I’m not keen on going out at night.”

Other participants commented on the suitability of the Service Centre in Newcastle, based at the Minor Injuries Unit at the RVI. There was a general feeling that the site was not particularly appropriate for a variety of reasons.

The central location of the Centre, although well situated for most living in the inner west of the city, was of concern to some although one person made the point that “if you keep shifting them around, you get people confused”.

“Not easy at all, it’s hard even if you’ve got a car.”

“Depending where you are in the city it’s probably one of the hardest places to get to, yet it’s one of the most important.”

“I mean from our point of view, a patient’s point of view, a distributed service is much more convenient because it’s less travelling.”

“It would be better somewhere like Molineux.”

“It’s a bit too far to go because it’s in town. I live around Benwell so it’s a pity there’s not one round there, near to where my surgery is or in my surgery building.”

How to actually get to the Centre was also an issue. If buses are still running, very few go past the hospital and after 11pm buses are no longer an option so people have to get there on foot, use a private car or take a taxi. This latter option was prohibitive for some although one participant felt that the hospitals should offer to pick up patients if necessary.

“I would be interested to know how many people after contacting out of hours service, have a Do Not Attend rate because they haven’t got the means of getting there, that’s the ones that would worry me.”

“Out of service hours implies in fact there isn’t any public transport around. Transport is difficult in the middle of the night.”

“I would have to get a bus to the city centre and walk up...and after 6pm public transport slows right down and like I said, the bus drops you off in the centre of town and you have to walk up which could be difficult if you’re ill or you have a sick child with you.”

“They’ve got that one number 32 bus that goes all around but that only runs from 8 o’clock in the morning until half past four, what use is that?”

“There’s walking or a taxi, if you can afford a taxi.”

“A lot of people can’t afford that taxi...if they need to taxi back, it’s double money they have to think about...but there can be other things worked out around the transport issue if they had – I mean they’ve got a massive contract

with Five Star Taxis so why don't they use the existing contract and pick up patients that can't afford to do that?"

Several people specifically mentioned parking at the hospital which they thought was expensive and limited and the site was difficult to navigate in a car.

"The parking is very expensive though."

"It is accessible for me because I have a car but the parking you have to pay for I think."

"Parking could potentially be a problem given where the centre is as it's not near the NCP car park, it's at the Richardson Road end but we got a parking space – it might be more difficult on match days!"

"I work as an interpreter so I go to all the hospitals; but parking at the RVI, I know they've got that multi-storey but it's not ideal. I know lots of people who find it difficult to park in there and to get off the site. Parking is horrendous, it's really bad and 'cause they're constantly changing it and the signs are bad. So I get there half an hour early and park somewhere else and walk."

3.5.1.3 Service Centre building

In terms of the building itself the majority of people thought it was accessible although several felt that the size of the RVI and a lack of good signage made it difficult to navigate around. For those with learning disabilities, signs hanging from the ceiling are particularly difficult to read.

"I got lost last time I was at the RVI, it's a maze that hospital!"

"The building is beautiful but it's terrible to get around, I mean you don't need to go out for a walk you just go to the RVI's new wing!"

"Some of the signs are too small and I remember at the General they used to have signs hanging from the ceiling and it was very difficult to look up, especially for people with learning difficulties."

"I think the signage needs to be better on the whole site 'cause I went in the old way and there were no signs saying not to, then I couldn't work out how to reverse out!"

"Even if you go there in a taxi, finding the place you have to be is horrendous. I got lost looking for the eye department".

3.5.1.4 Transport to the Service Centre

A similar number of participants would use their own car, call a taxi or use the bus to get to the Service Centre. One person living in Fenham said that they would walk.

3.5.2 Accessing the GP Out of Hours Service

3.5.2.1 Access via a walk-in centre

Currently the GP OOH Service is accessed by telephoning NDUC who will triage the patient and decide what action, if any, is required. Participants were asked how they would feel if they were able to access the Service by a different means, such as visiting a walk-in centre and being referred on. Only a small minority of people supported this suggestion and queried how it would work in practice.

“I don’t think there would be anything wrong with that and it might be useful if people have children under two years old who had turned up at the walk-in centre because they thought they couldn’t use the OOH service. How would it work? Would they have an OOH phone in the walk-in centre for you to call?”

“That would be fine, people want be close to services, if the walk-in was open of course, though I would probably just use the walk-in centre if I was there.”

Others felt that there would be no need for this as telephoning a number was much less time consuming and staying within their own home was better for the patient.

“I would feel really annoyed if I’d taken all the time to go to the walk-in centre and then I’ve been referred to another service.”

“I think if you think it’s serious enough, why? You’re anxious enough without leaving the house. It would be a long drawn out process and much quicker to phone someone.”

“Well you’ve got to take the time and trouble to go to a walk in centre...I don’t think it makes sense. If you’re feeling ill during the night, why would you go to a walk in centre when all you have to do is pick up the phone and speak to somebody?”

“Common sense, what’s the sense in going there if you’re as bad as you’re supposed to be? You wouldn’t be able to get there.”

The fact that walk-in centres are only open until 8pm was also an issue for some as the GP OOH Service only begins at 6.30pm.

“Half the walk-in centres aren’t open at that time...they’re not open through the night.”

“If the walk-in centre is only open until 8pm how would that work? If the hours were extended, into the later evening, you might get a situation where people could do that.”

3.5.2.2 Access via NHS 111

Participants were also asked their views on being able to access the GP Out of Hours Service by calling the new NHS 111 number which will eventually replace NHS Direct. Only one person said that they would still prefer to telephone their own surgery. The vast majority supported the idea as they felt it was a much simpler number to remember than your GP surgery and it would reduce the time it took to get through to the Service.

“Anything for an easy approach, 111 is easy to remember”.

“I think it would be fine. If you weren't at home and needed a doctor and couldn't remember your doctor's number you could call it, it is easy to remember.”

“Good. It's an easy number to remember and at the moment if I want to ring the Out of Hours doctor I have to ring my surgery to get the number so it would make it quicker.”

“You've got to find the doctors number, then find this number and write it down; it's a good idea.”

“I think the current number is very long and for people, especially the elderly to ring that number, so I think it's a good idea.”

For users with learning disabilities there was some concern however. They wanted reassurance that the call would go straight through to an operator as opposed to being presented with a menu of options which they would find difficult to process and remember. Furthermore, there is a need for operators to be trained in supporting all sectors of the community who may use the Service.

“But what choices do you have? Will it be – number one is this, number two is that? That would put me off 'cause I tell you when I ring my doctors up and you've got up to six choices. You forget what all the numbers are for.”

Another participant was concerned that people might be reluctant to call NHS 111 if it is marketed as a replacement for NHS Direct due to negative experiences with the service.

“My biggest worry for the 111 though, because you associate it with the replacement of NHS Direct, my friends and people that I know, they totally mistrust NHS Direct and don't even bother with it, they would never, ever call it because most people that I know have had awful experiences. So if you're linking 111 to that, then I think you're dirtying the water, but if you just do it as a new, non-emergency service, that would be better.”

Participants were also asked to consider the possibility of removing the 0300 number and only being able to access the GP OOH Service via NHS 111. A minority of people were not in favour of this being the only method of contacting the Service. They

believed that there should be a number of ways to access it and felt that there would need to be a transition period where both numbers were available.

“The more options the better, you should have both.”

“I think that might be quite restricting actually.”

“I wouldn’t like it; I think you’re going backwards.”

“Cause it’s like a cultural change isn’t it. Until people start using 111 in everyday life it’s going to be a long period of time. There should be a transition period where the doctor’s surgery should have the message to phone 111.”

Furthermore, some people took comfort in initially calling their GP surgery, even though they are only doing so to get the 0300 number or in some cases be automatically transferred. Several other people felt that actually being able to speak to a GP might be more difficult via NHS 111 and that the current service would be “a bit more personal”.

“Even if the doctor you’re speaking to didn’t have your medical records – you still think, ‘oh, I’m safe because I’m ringing my own doctors’.”

“I think you feel like you’re phoning your own GP’s number, it’s quite comforting.”

Most people however supported the idea of only having the one number, with some caveats. There is a need for the NHS 111 number to be widely and clearly promoted and this promotion should include people with learning disabilities to ensure that they fully understand what the number offers and how the GP OOH Service can be accessed in this way.

“I think when they launch it they just need to be really clear about what it’s about, what it is, what it isn’t and they’re going to have to circulate that really very widely across the city to let lots of different groups know. They could almost do with doing a mailshot to every household, because they don’t and people just find out about services by accident.”

“What they’ll have to do is try and get a list of all of the people with learning disabilities from each surgery and tell them about it.”

Another participant wanted assurance that there would be no time delays due to more people using the number for a variety of services and advice. They also wanted to speak to local doctors or people with knowledge of their local area.

“As long as it was as responsive as the OOH service number and didn’t mean that because more people would be calling 111 it would impact upon the speed and quality of the triage I don’t see it as a problem. Also I would still want the service to be local and be able to speak to a local doctor or if this wasn’t

possible, someone who had local knowledge of the service centre and how to direct me there.”

3.5.3 Consultations

Participants were also asked to consider various suggestions around the GP consultation itself.

3.5.3.1 GP call-back

Consideration was given as to whether patients would prefer to be given a timeframe within which the GP would call them back, or a specific time, for example between 2.30pm and 4pm or 3.15pm.

Most people said that it would depend upon the patient’s circumstances but agreed that they would expect a phone call within one hour of speaking to the operator. In terms of a timeframe or a specific time there was a general feeling that a specific time would be ideal, but impractical. Moreover, if the specific time was not met, people would be more likely to think that they had been forgotten.

“In an ideal world I would like a specific time but I don’t know how that would impact on the doctor. They might be tied up speaking to another patient when they’re supposed to be ringing me. I don’t think anyone would expect a specific time.”

“It would be hard for the doctors to keep to a specific time, it’s not practical.”

“I think a specific time is unreasonable and unworkable for them and if they were a couple of minutes late you’d panic they’d forgotten about you. The timeframe would allow them to manage the cases better.”

“And if they don’t ring you back at the specific time you’re going to start to panic and think are they going to ring me or not?”

3.5.3.2 Telephone consultation

Participants also gave their views on the option of only having a telephone consultation rather than being able to see a doctor at a Service Centre or in their own home. The vast majority of people did not support this.

For some people, being able to communicate with people over the telephone is difficult. They may not understand the questions being asked of them or may sound well on the phone but in person appear more ill.

“I think it’s ridiculous having a phone conversation. You need a doctor to see you.”

“I wouldn’t be happy because I’d only ring if it was urgent so I would want more than a phone call.”

“Personally, I could talk to a doctor if I was compos mentis, but there are a lot of people who probably couldn’t get the message over and someone’s asking them questions because they might be confused or anything. If there was somebody with them I don’t suppose there would be a problem but if you’re on your own it would be really scary and the doctors asking you questions and you’re not really sure.”

“I could be lying on the floor you know, sounding quite reasonable but I actually can’t move.”

“As an interpreter it would be really difficult for my clients ‘cause obviously communication is a big issue and if they can’t explain over the phone how they feel, so if someone can’t come out to them and communicate face-to-face, they’re just going to go to A & E.”

“I would want face-to-face contact, I would. Most people with a learning disability find it easier to talk to people face-to-face than over the phone.”

“If you’ve got someone on the end of the phone with a list of questions and they don’t ask the person with learning disabilities the right question, or they use long words people won’t respond and you’ll get the wrong diagnosis”.

The other viewpoint was that the GP OOH Service would simply become the equivalent of NHS Direct and would result in many more people presenting at A & E.

“Ridiculous! I don’t see the point if all you would get is a telephone consultation and it would force people to go to A & E when they might not need it.”

“I wouldn’t be happy, it would just become an advice line and anyone could give you the advice, just like NHS Direct. It’s peace of mind isn’t it and there’s only so much you can do over the phone, I don’t think you would get any comfort.”

“But then it’s just NHS Direct isn’t it, so you’ve actually lost the out of hours service, you’ve got to have an out of hours service otherwise...it would force you down the walk-in route, or A & E and then you’d see an increase of people going to A & E and it’s not appropriate, it wouldn’t be right.”

3.5.3.3 Self-care advice

Finally, participants were asked if a GP gave them self-care advice over the telephone, such as take some paracetamol and rest, whether they would feel able to act upon this advice. Some people would be happy with doing so although it was felt that others would find it difficult to follow instructions, either because they did not understand what they were being asked to do or did not feel well enough to do so.

“It depends on the individual, some people are quite confident in carrying out instructions but some could just go into a complete panic and there’s the language barrier as well.”

“I think when you’re dealing with people with learning disabilities and elderly people as well actually, if they said ‘do you understand what you have to do’ a lot of people would just say yes wouldn’t they if even if they didn’t because they don’t want to waste time or feel stupid.”

“There are people who find it difficult to take in information and then respond to it quickly, they need more time.”

“If you’d been panicked into ringing the number I think you would probably be scared to just self-medicate yourself because you think, well I didn’t need to ring the doctor if it was as easy as that.”

For others it would depend on whether they agreed with the advice or not and were physically able to carry out the instructions.

“Yes if you agreed with the advice that you didn’t need to be seen and I could get some paracetamol out of the cupboard or get out of the house to get it.”

“It would be easy if you agreed with the advice I think. That’s the easy bit. If you agree with it, you would do it, but if it doesn’t sound very good, that would increase the panic.”

3.5.4 Suggestions for improvements

Some participants put forward suggestions for improvements to the current GP OOH Service not covered in the rest of the discussions. Learning disability support workers advised that if the Service was to change, they “need to consider how vulnerable adults will use the service”.

Several people felt that the Service needed better advertising in terms of what it offers and how to access it. The information should be clear and accessible to different groups; it should be easy read, with no jargon. Information should also be given about how people who do not have English as their first language use the Service. Advertising the Service in GP surgeries, residential and care homes and organisations that support people with learning disabilities was also suggested.

“They should run a campaign, using plain, easy to understand language on what to expect from this service. People don’t regularly get a message about the limits of services. People should be made aware of their often unrealistic views of services. Such as it won’t be your doctor that comes out to see you – people still expect the old system.”

“People have to understand what it is, what it can do, what it can’t do and sending it out to residential homes and care homes and organisations that support people with learning disabilities because support staff need to know

about it as well. I think to keep vulnerable groups informed; so often the NHS change things and they don't actually tell people...the walk-in centres have closed, we don't know where they are anymore, you just come across them."

"It's really important for people with learning disabilities to know about the service 'cause I think sometimes they will use A & E, like lots of people do, because they don't know that there are other services out there."

Several people also suggested that it would be better if the Out of Hours Service was provided by GPs at their own practice, who have access to their medical records.

"I know it's probably old fashioned now but that seemed much better, that you would know the doctor and they would know the history, and you'd feel secure that it was a doctor from your practice."

"It still revolves around your history. If a doctor's on the phone and he doesn't know your history, finds your allergic to this that and the other, they might just prescribe it and say, 'here'."

"I must admit – only because of what you see in the national press and things, and there was that awful case where a doctor came from another country and wasn't qualified – that has stuck with me and I think that's quite frightening, I don't know if anyone else feels the same, I don't – where are they staffed from? Are they staffed from GPs that want extra work and they get overtime? Or do they come in from other areas? Or do they come from other countries?"

Another person felt that the Service could be more people-orientated.

"It should be more people-orientated, they need to be aware and able to talk to all different types of people and remember everyone's different and treat people as individuals."

3.6 Summary

The vast majority of people were aware of the GP OOH Service and how to access it, most people knew that it was open to anyone and under what circumstances you would use it. However, participants with learning disabilities thought that it was only available to people who were so ill they could not leave their home and that a GP would go to their house to treat them. Another participant thought that after speaking to an operator, you then speak to a nurse.

Although no one knew the exact times the Service was open, the majority assumed that it was open when their surgery was closed. However, there was a total lack of awareness of Service Centres and the possibility of being asked to attend an appointment there. Participants also considered whether the Service would have access to their medical records and most thought that it would not.

For those who had used the GP OOH Service, the majority reported positive experiences, however three people had concerns about the length of time it took for a doctor to call them back or come out to their house and one participant asked that GPs be able to carry out the same duties as their own GP.

In terms of how the future Service will look, participants generally felt that there should be two Service Centres located in the east and west of the city although they acknowledged that it would depend on how efficiently the Centres are currently running. They thought that the Centre at the RVI was not well located as it is difficult to get to the hospital on public transport and there is no transport after about 11pm. Taxis are expensive as is parking at the hospital which is also limited. It was also felt that the building would be difficult to locate on the expansive hospital site which has poor signage.

There was limited support for accessing the GP OOH Service through walk-in centres as it was more time consuming than simply telephoning, staying within their own home was more comfortable for patients and the walk-in centres close at 8pm. Conversely there was support for accessing the Service via NHS 111 which was an easy number to remember and quicker than calling their GP surgery. However people with learning disabilities wanted the call to go straight to an operator, rather than being presented with a menu of options. Another participant warned that the new number should not be marketed as a replacement for NHS Direct. Most people would be happy to only be able to access the Service via NHS 111 providing it was well promoted to all sectors of the community. A minority of people felt there should be more than one option to access the Service; others took comfort from ringing their GP surgery first.

Participants would prefer a specific time for a GP to call them back but felt that this would not be practical and that an hour timeframe would be acceptable. The vast majority of people were not in favour of only having a telephone consultation which they thought was akin to NHS Direct and for some people communicating over the telephone was difficult. They warned that this would result in more people presenting inappropriately at A & E. Again following self-care instructions would be difficult for some people who were not able to process information well and follow instructions.

Finally, suggestions for improvements included greater promotion of the Service with information accessible to all groups including those with learning disabilities and having GP practices providing their own out of hours services as they would have access to a patient's medical record.

Section 4: Recommendations

4.0 Recommendations

It is suggested that NHS North of Tyne, take time to analyse the findings of this project in order to help them develop the new contract specification for the GP Out of Hours Service. From the findings of this research, some recommendations have been made.

4.1 Awareness-raising

There is a need for widespread promotion of the GP Out of Hours Service:

- Any information should be clear and accessible to all groups, easy to read with no jargon
- Promotion should involve advertising in all GP practices as well as residential and care homes and organisations that support people with learning disabilities

Information to be disseminated should include:

- The Service's opening hours
- Who the Service is open to including children under two years old, those not registered with a GP practice and not just people who are so ill they cannot leave their home
- How the Service works for people who do not have English as a first language
- Whether callers are able to speak on behalf of the patient
- Whether they can give advice about the side effects of medication
- All of the possible outcomes after being triaged, but in particular the possibility of being asked to attend a Service Centre, and their exact locations

4.2 Suggested practical changes

Any changes to the Service require a health impact assessment and in particular need to consider how vulnerable adults will use the Service.

4.2.1 Contacting the Service via NHS 111

- Consider using NHS 111 as the only means of contacting the GP Out of Hours Service but ensure that the Service's response times are not affected by the number of people calling NHS 111

- Ensure NHS 111 will be answered directly by an operator rather than having a menu of options to choose first
- NHS 111 operators should be trained in supporting all user groups who may use the Service, including those with learning disabilities and have local knowledge of the area and NHS services available
- The new NHS 111 number should be widely promoted but do not market it as a replacement to NHS Direct

4.2.2 Service Centres

- Consider having two Service Centres in Newcastle, one in the east of the city and one in the west
- Consider re-locating the Newcastle Service Centre to a location off the RVI site and with plenty of parking
- Consider offering to collect patients who cannot afford to get to a Service Centre using the RVI's taxi contract

4.2.3 Consultation

- Ensure that patients are called back by a GP within a one hour time period
- Consider whether self-care advice over the telephone is appropriate for each individual patient
- Ensure patients who require a house visit are seen within a two hour time period, or if this is not possible make sure that patients are aware how long they will have to wait and that they are comfortable waiting for this length of time
- Ensure that the GP who makes the house call is able to carry out all of the duties a practice-based GP can, e.g. take a blood sample, so that treatment is faster and patients do not then need to visit their practice

4.2.4 Other

- Consider giving the GP Out of Hours Service access to a patient's medical history or if this is not possible ensure they have access to their Summary Care Record and information about the patients background such as their first language and whether they have a learning disability
- Consider allowing GP practices to run their own GP Out of Hours Services

Appendices

Appendix 1 – Participant profile

All participants

Gender

	Frequency	Percentage (%)
Female	16	61.5
Male	10	38.5
Total	26	100.0

Age

	Frequency	Percentage (%)
18-25	0	0.0
26-35	3	11.5
36-45	6	23.1
46-55	1	3.8
56-65	6	23.1
66-75	4	15.4
76+	6	23.1
Total	26	100.0

Location

	Frequency	Percentage (%)
Benwell	3	11.5
Denton	1	3.8
Denton Burn	1	3.8
Elswick	2	7.7
Fenham	7	26.9
Gosforth	1	3.8
Jesmond	1	3.8
Kenton	1	3.8
Newbiggin Hall	1	3.8
North Tyneside	2	7.7
Spital Tongues	1	3.8
Walker	1	3.8
No response	4	15.4
Total	26	100.0

Ethnic background

	Frequency	Percentage (%)
White British	21	80.8
White Irish	1	3.8
Any other White background	0	0.0
Mixed White and Black Caribbean	0	0.0
Mixed White and Black African	0	0.0
Mixed White and Asian	0	0.0
Any other Mixed background	0	0.0
Asian or Asian British - Indian	0	0.0
Asian or Asian British - Pakistani	2	7.7
Asian or Asian British - Bangladeshi	2	7.7
Any other Asian background	0	0.0
Black or Black British – Caribbean	0	0.0
Black or Black British - African	0	0.0
Any other Black background	0	0.0
Chinese	0	0.0
Any other ethnic group	0	0.0
Total	26	100.0

Do you have any experience of using the GP Out of Hours Service?

	Frequency	Percentage (%)
Yes	12	46.2
No	14	53.8
Total	26	100.0