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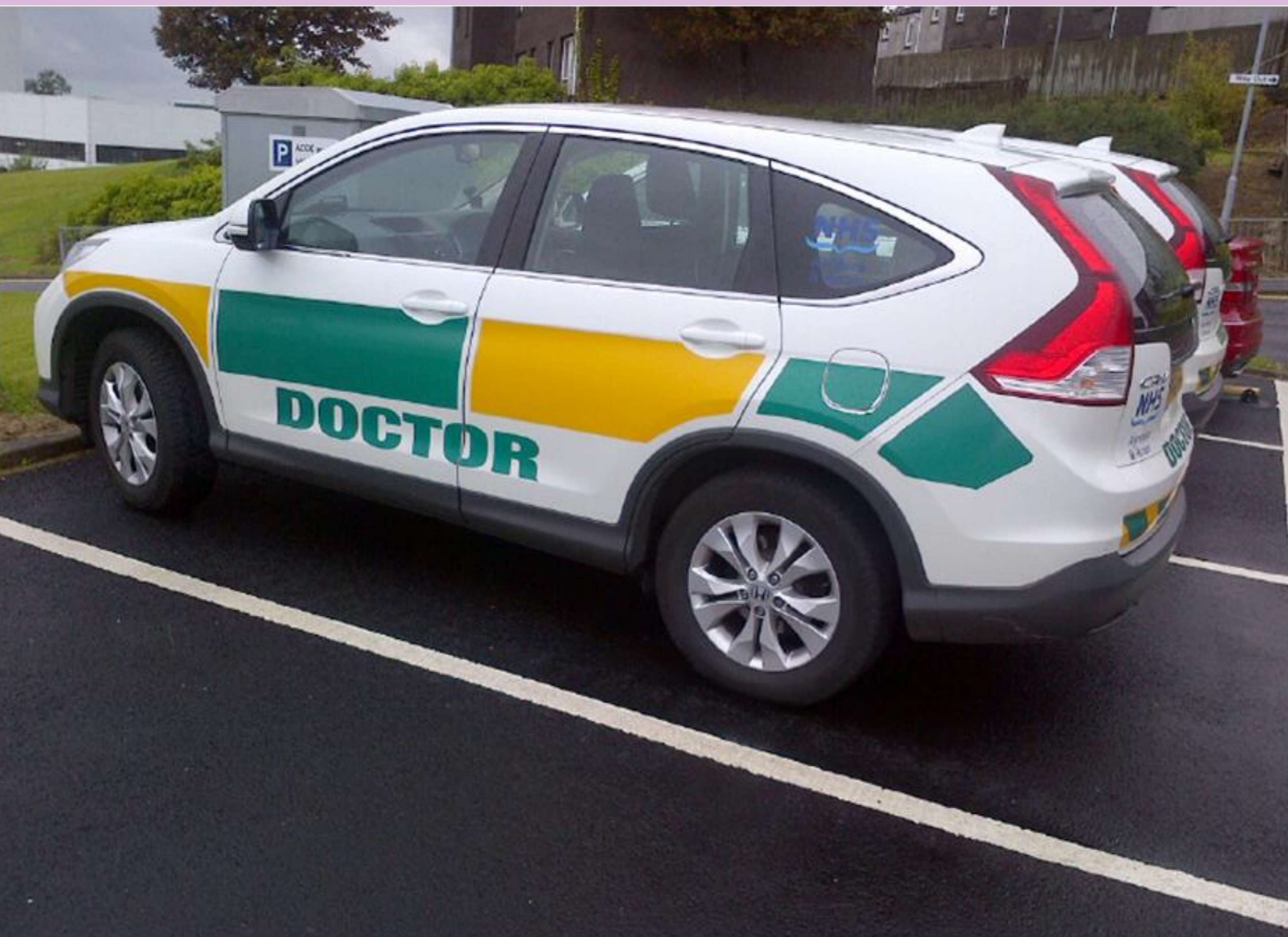
National Review
Primary Care Out-of-Hours-Service

Gathering views on patient experience of out-of-hours services

November 2015



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1 Introduction

1.1 In January 2015 the Cabinet Secretary for Health, Wellbeing & Sport announced a review of primary care out-of-hours services on behalf of the Scottish Government. The review was asked to consider how best to deliver primary care out-of-hours services in light of the challenges of Scotland's ageing population and as health and social care services became better integrated.

1.2 The Scottish Health Council was asked by the Scottish Government to organise a series of discussion groups across Scotland to gather views on the current service.

1.3 This report describes the approach taken by the Scottish Health Council's local offices and summarises the feedback received from people who took part. It also highlights some of the recommendations arising from the themes supported by the group discussions. Our approach to this activity is a means of gathering information on public views and is not undertaken as formal research.

2 Process

2.1 The Scottish Health Council organised a series of 13 discussion groups (one in each NHS Board area in Scotland, with the exception of Orkney which had to be cancelled due to local factors) to gather feedback to inform the National Review Primary Care Out-of-Hours Services. A total of 113 people took part who considered a number of preset questions which aimed to elicit views on their experience of using out-of-hours services.

2.2 The discussion groups were held during June and July 2015 and were made up of a wide range of members of communities with varied experiences. It included individuals from multicultural groups, carers, disabled people, people with long term conditions and people with sensory impairments. There were between three and 14 participants in each group.

2.3 Using the Scottish Health Council's local office network ensured a good geographical spread across Scotland. The appendix provides details of where the discussion groups took place.

2.4 Each discussion group followed a similar format and lasted approximately 1½ hours. The Chairman of the Review Panel (Sir Professor Lewis Ritchie) and other members of the review team attended some of the discussion groups and took the opportunity to speak with participants in advance of the session and hear about their experiences of using primary care out-of-hours services.

2.5 The discussions focused on predetermined questions which had been designed to gather views about all aspects of primary care out-of-hours services and a summary

of common themes which emerged, together with recommendations, were fed in to the national review.

3 Feedback received

3.1 A wide range of feedback and patient experience has been gathered. The feedback does not seem to suggest that there were any significant differences in views or experiences brought about by geography although some issues (such as transport, travelling distances and service awareness of local circumstances and arrangements) were mentioned in most (if not all) rural areas and Island communities.

3.2 Significantly, a number of people who had used the out-of-hours services were incredibly complimentary about the service being provided and of their experience and treatment.

A standard set of questions was developed which aimed to generate discussion and elicit feedback on patient experience. Below is a summary of some of the common themes that emerged. The specific feedback to each of the questions is outlined in the appendix and by geographical area.

3.3 When deciding who to turn to or contact out of hours, most participants said it would depend on the severity of the illness and what the condition was. Most advised that they would turn to NHS 24 although a significant number of people said they would wait until their GP practice re-opened during normal working hours. One of the reasons given for waiting was that people felt they would be treated more quickly by their GP practice. There were also some instances where people who had experienced NHS 24 previously and not had a good experience and so would prefer instead to use their GP practice.

Some participants said they would contact their local acute hospital directly in the first instance (especially if it concerned the health of a child or vulnerable adult). There were also some patients who had recently been discharged from hospital who had been given direct dial numbers for the discharging ward; they said they would prefer to use those contacts simply because medical staff based there would have knowledge of their history.

3.4 Across all aspects of the discussion, participants mentioned the challenges of attending out-of-hours centres and the difficulties of not only getting there in the first instance but also, for example, travelling with children and late at night.

3.5 Also a common theme was the variety of different methods and routes which people used to access or contact NHS 24. In one instance three different approaches or examples were mentioned within one discussion group. Participants, therefore, recommended the need for a ‘one message, one contact number’ approach in future and additional public and patient awareness raising about which organisation should be used for what (and when). Along similar lines, several participants were unaware of the recent telephone number changes (dialing 111) for contacting NHS 24. More

generally, people tended to be unclear of when they should or should not use their GP or out-of-hours services.

3.5 Transport and distances to travel to out-of-hours centres featured heavily in the discussions and in particular the challenges of travelling late at night or during early hours of the morning. This was described as being particularly challenging for patients in rural areas or for people who were elderly or with young children (or all three). Participants also described what seemed to be a lack of awareness by NHS 24 staff of local circumstance, geography and/or local arrangements. One person described living near the border with England and being advised by NHS 24 that they had to go to Borders General Hospital in Melrose (it was midwinter at 2am and involved a round trip of 76 miles). This was compared to going south of the border to a hospital in Berwick which would have been 26 miles.

3.6 Participants also described what they considered to be barriers associated with using out-of-hours services. This included language (when English was not their first language), complicated terminology and communication issues for people with a sensory impairment (who often became dependent on family members to contact out-of-hours services). Because of such barriers, some people said they felt much more comfortable going straight to hospital (accident and emergency) rather than using an out-of-hours service.

3.7 Other challenges included what participants described as a “lack of deaf awareness” by NHS 24 staff. They said that a ‘minicom service’ (an electronic device for text communication via a telephone line, used when one or more of the parties has hearing or speech difficulties) was in place for people who were deaf but they also mentioned feeling frustrated about trying to communicate effectively in what seemed to be a prolonged telephone process. This was seen by some as a deterrent to using the out-of-hours service. People with a visual impairment described similar frustrations – one patient had experience of being handed a leaflet which, because of their visual impairment, they could not read. Some participants referred to the availability of Contact Scotland which is an online service for medical personnel to use for deaf people. It was felt that there could be improved awareness amongst healthcare staff on how to use these sort of services for the benefit of patients.

3.7 During the discussions, we heard of examples of family and carers of people with dementia using NHS 24 on their behalf. They described in some instances a lengthy process when phoning out-of-hours services for another person and the challenges of caring for a person who was unwell and at the same time balancing that with answering questions on their behalf. A number of people described how difficult it was to liaise with NHS 24 when the patient was not able to make the call or communicate themselves due to illness.

3.8 Language barriers when contacting out-of-hours services (quite often with no access to interpreters) was a common theme in the discussions as were difficulties associated with culture and communication. Difficulties with accessing services was also a feature throughout the discussions which were described as particularly challenging for people from ethnic backgrounds, people whose first language was not

English, people with sensory impairments, elderly people and those with dementia and generally people with support needs.

Experience of using the service

3.9 The most common theme to emerge from discussing patient experience was the long wait for treatment or delays in calls being returned by out-of-hours services. Several people described situations of having to call NHS 24 on numerous occasions after not being called back – some chose to attend their local accident and emergency instead. The examples shared included one person who contacted the out-of-hours service at 11.30pm and was offered a return call in two hours; another instance was of a patient who did not receive a call back until the following day. In an another situation, a 94-year-old gentleman described how he fell in the bathroom and waited two hours for the ambulance to arrive.

3.10 A feature of the discussions about the experience of using out-of-hours services was participants mentioning the feeling that they were repeatedly asked the same questions when contacting NHS 24. This caused particular anxiety when the patient could not communicate themselves and when NHS 24 insisted on speaking to the person who was unwell. Participants said they found that frustrating and had difficulty in understanding why such a lengthy process existed. Participants also described being transferred to several different call handlers, all of whom again asked the same questions. One person felt particularly frustrated when they described how they had been triaged three times before seeing a doctor.

3.11 Other participants referred again to transport and travel challenges and there were instances where people had been asked to attend a centre which was over an hour away from their home. The added challenges of living in rural areas were mentioned (one person described having to visit an out-of-hours centre late at night which also involved a ferry journey). Participants felt that there was a need for NHS 24 to have a better understanding of the geography and local travel challenges for patients. Also mentioned were the difficulties for patients in getting back home again after attending an out-of-hours centre.

3.12 Some participants mentioned the lack of arrangements for Scotland's "tourist populations" and no information for them on how to access out-of-hours services. Due to the lack of arrangements (and presumably information), they felt the impact could be that tourists would automatically attend accident and emergency departments regardless of whether it was appropriate or not.

3.13 The quality of out-of-hours centres' premises featured in some discussions. People commented in the context of it being seen as a deterrent to using the service, citing lack of privacy and patients waiting alongside other patients who may be aggressive and/or displaying frightening behaviour for whatever reasons. It was seen as being particularly distressing for people who were attending with children. Some participants also raised challenges associated with presenting at an out-of-hours centre when patients had immune system problems and in some cases patients were unclear (when they arrived at an accident and emergency) of the difference in

physical location of the primary care out-of-hours service and the accident and emergency department.

3.14 Other more practical issues described related to out-of-hours services not having adequate access to patients' medical history or records and treatment histories not being shared across other health sectors and health professionals. It was common in the discussions for people to say that they would prefer that their medical records were accessible to all services and this would add to their confidence in treatment provided. There was some recognition, however, of issues associated with confidentiality if medical records were to be shared but overall people said they would prefer that the support services had background on their history. Some people recommended the introduction of a system whereby patients should "own" their records and that would make for easier access all round.

3.15 Featuring heavily in the discussions were challenges when participants described calling the out-of-hours services on behalf of other people (for example carers and relatives). This seemed to be particularly problematic for them when calling on behalf of older people (some with dementia) and children. Generally, when calling on behalf of someone else, most people said they would be more likely to call for an ambulance (especially when the person was elderly) or more likely to attend accident and emergency (if the concern was for a child or young person).

Comparing the experience with that of using general practice surgery during normal working hours

3.16 When asked to compare out-of-hours services against using GP practices, generally participants felt that they received a much better service provision from their GP practice during the daytime. They felt this was because the GP practice had, for example, a much better knowledge of the patient and, more importantly, access to their medical history and notes. Participants did, nonetheless, mention significant difficulties in getting GP appointments and the associated lack of consistency in seeing the same GP (especially where there were severe shortages). One person mentioned that they had had to take time off work in an attempt to get a GP appointment. Also, there were instances of where people had decided to use out-of-hours services because of the challenges of getting a daytime appointment with their GP.

3.17 A number of participants were complimentary of the introduction of evening GP appointments and specialist clinics but then described access as being difficult and a barrier (when they were not routinely publicised). Although a significant number of participants said that the experience of using general practice during normal working hours was better, some also said that the service could be more "personalised" and "needed modernised". They also felt that it no longer should it be seen as a 9am to 5pm service as it currently was and that this was "at odds" with changing, modern lifestyles.

3.18 Some people mentioned that they had used the local pharmacy instead of out-of-hours services and felt that that option needed to be promoted more widely where appropriate.

Thinking about a visit to primary care out-of-hours services, was this something you would normally go to your GP about and if so why didn't you go to GP during normal working hours?

3.19 The responses to this discussion ranged from reaction to medication, accidents, falls, children's' ailments or anything else which the patient felt could not wait until normal working hours. People also felt that the seriousness of the condition would often dictate which service they used and people with a pre-existing condition or long term condition had a tendency to want to speak to someone with that specialist knowledge.

3.20 Again the discussion highlighted some confusion about when people should visit the GP during normal working hours and when contacting the out-of-hours services was appropriate. Participants raised the lack of access to appointments to the GP during normal working hours and the impact that people were "forced" to use out-of-hours services.

From experience of using the out-of-hours service, can you offer suggestions on how it could be improved?

A wide range and variety of suggestions emerged on how the current services could be improved. The most common suggestions included:

- the need to improve access in remote and rural areas
- quicker decision-making processes from call handler to patient
- patient details should be shared between all health service providers
- more (long term) advertising and marketing for out-of-hours services
- clarity of who to contact and when and what for
- improved staffing levels and greater investment in the service
- access to trained nurses at out-of-hours centres located in community hospitals
- improved public transport links to improve both attendance at GP appointments during the day (thus reducing pressure on out-of-hours services) and to make it easier to attend out-of-hours services
- NHS 24 asking for patients' postcodes so they can advise of the nearest point of assistance
- greater access to pharmacies during the out-of-hours period
- a better system where people do not need to be asked repeated questions by NHS 24
- introduction of a system similar to the first responder (a member of the public who volunteers to help their community by responding to medical emergencies while an ambulance is on its way, and is trained in emergency skills) for out of hours, for example community first responder
- introduction of advocates to help people call the out-of-hours services when needed
- rotation of pharmacies which are open 24 hours (and information made widely available)
- community education programmes on how to access out-of-hours services, for example through schools

- extending GP practice opening hours in more areas including evenings
- introduction of a regular audit of out-of-hours services to highlight gaps for improvement
- develop a system to identify “repeated users of the service” and then address that with education and awareness programmes
- introduce a system where people are aware how long they will have to wait for treatment out of hours, and
- better communication and customer skills for those dealing with people in distress.

4 Recommendations

Based on the feedback provided from gathering views on people’s experience of primary care out-of-hours services, the Scottish Health Council was asked to provide some recommendations to inform the national review.

Below are the recommendations submitted by the Scottish Health Council.

- Although there have been efforts to move to a system where patients’ medical records can be shared across all services and any other changes, this continues to be an issue that causes great frustration and dissatisfaction with users and carers, and therefore efforts need to be redoubled to ensure real progress is made.

- Increase awareness of local geography and locations within NHS 24 so patients are not travelling long distances unnecessarily when accessing out-of-hours centres.

- Improve access and address barriers to using out-of-hours services (NHS 24 in particular) for people with sensory impairments, people from ethnic backgrounds, people whose first language is not English, elderly people and those with dementia and generally people with support needs (and their carers and relatives).

- Implement a sustained, longer term programme of awareness raising across Scotland to include how people should access out-of-hours services and for what purposes. It should address patient expectation and include the sources of out of hours support which is available including NHS 24, local information and support available across all sectors (including third sector and voluntary agency support).

- Sufficient resources and priority should be dedicated to ensure that a seamless out-of-hours service is provided for all patients, their families and carers. Regular evaluation of patients' experience of out-of-hours services is recommended which would include measuring public confidence in any new models of service provision.

Appendix: Discussion groups facilitated by Scottish Health Council staff

Feedback by question and geographical area

Question 1
Know who to turn to. What would you do in the event that you felt unwell during the evening when your doctor’s surgery was closed? Which service would you think to turn to first?

Argyll and Bute (Highland)
Participants felt that this would vary depending on how unwell the person felt, how urgent it was and the circumstances. There was a consensus that people would use NHS 24, however various other methods were mentioned, such as ringing the local hospital, turning up at local accident and emergency departments, dialling 999 or phoning friends who would then ring NHS 24 on their behalf.

Ayrshire and Arran
Group members agreed that the severity of the illness would determine which service to use, however, most said they would turn to NHS 24 or telephone 999 for an emergency. A few group members said that they would go directly to their local accident and emergency department. One person said they would contact the children’s hospital if their child became unwell (the child had serious multiple conditions). One group member said “I live alone, so I would contact my family first” and others said they would contact their neighbours, a district nurse or use an installed alert system. One said they would use social media to ask friends/family for advice.

Borders
The group agreed that this would depend on the severity and nature of the illness. Most advised they would call NHS 24, however if they perceived it to be an emergency they would call 999. One member said they would ask someone to drive them to accident and emergency. Another member, who lives on the east coast of the Borders area, said that after experiencing the Borders’ out-of-hours service they would tend to (now) go to accident and emergency in Berwick as it was quicker and easier than going to Borders General Hospital in Melrose.

Dumfries and Galloway
The group agreed that this would very much depend on the nature of the illness.
Most said they would call NHS 24 in the first instance and 999 if it was an emergency. A few said they would try to self medicate if it was something that could be treated in “working hours” and others spoke about calling their GP practice which had the facility to redirect the call to NHS 24 during out of hours (meaning this would save them dialling or remembering the number).

Fife
All but one participant stated that they would contact NHS 24 in the first instance, either by dialling the NHS 24 telephone number or calling the 111 non-emergency number. One

participant said they would contact their own GP practice out of hours to listen to a telephone message which provided information about who to contact out of hours (NHS 24). Participants noted that, within the discussion group, members had used three different methods of reaching NHS 24. They advocated for the need to ensure that the general public were given one message/one contact number through continual awareness raising.

Forth Valley
On the whole the group agreed that it would depend on what the circumstances were, the severity of how unwell they felt and whether they were looking for advice or a response. If the issue could not wait for the GP practice to open, then general consensus was to call NHS 24; seconded by calling for an ambulance if they felt severely unwell. One participant noted that, although she would call NHS 24 or wait for a GP practice to open for herself, if it was her mother who felt unwell she would not hesitate to call for an ambulance as she knew her health conditions could deteriorate rapidly. This was echoed by another participant who said that she knew the severity of her own long term condition and "would not risk" waiting for NHS 24.

One participant said that where possible, the minor injuries unit would be their first choice, followed by NHS 24 after 9pm. Others commented that the distance to travel to a minor injuries unit and other services could often dictate their choice. One participant who had physical disabilities noted that contacting out-of-hours services by telephone was the only option; therefore it would be NHS 24 unless an urgent response for action was necessary.

Grampian
The group agreed that they would call NHS 24, 111 or 999 depending on the seriousness of the situation. For example, if it was a suspected heart attack, the group agreed that they would dial 999 for an ambulance. One participant did not know the number for NHS 24 and was unaware that it had changed recently.

Greater Glasgow and Clyde
The group felt that it would very much depend on the nature of the illness; if they felt it was serious they would go straight to the hospital or call 999. One person stated that they had been advised to use 999 under certain circumstances to speed up the response. Some participants would have used the number 111 in the first instance although many would call the GP surgery and wait for the call to be automatically transferred. One person with a particular medical condition, described how she would call the ward that dealt with that condition. This was reiterated by others in the group who had been given numbers to call in the event of particular medical emergencies. These were used in preference to the out-of-hours services as it was felt that staff had a better understanding of the medical conditions.

Highland
The majority of the group felt that in most instances they would contact NHS 24 first and use accident and emergency services when needed – one example given was a case of suspected peritonitis. People also said they would be more likely to call NHS 24 at weekends than through the week. Generally it was agreed that a different approach might be needed for children's illnesses.

There was also some discussion about transport. Participants said that assumptions were often made that everyone had a car; people also mentioned that new drink/driving laws could make it necessary for more people to use taxis even if they had access to their own transport. Two members of the group felt that it would also depend on the distance to the primary care out-of-hours centre and how unwell they or the person they were caring for were.

Examples were shared where there had been a long wait to speak to a doctor when using the NHS 24 service which had led to one person travelling a long distance during the early hours of the morning with a child. Another example related to waiting two hours for NHS 24 to return a call when a person was having an asthma attack. This ultimately led the person to phoning for an ambulance for medical assistance instead – they were then transferred and treated at the local hospital. In such circumstances, delays were considered by participants as “unacceptable”. A suggestion was for nurses to make home visits, for example to prescribe necessary medication when appropriate or help in instances where an elderly person had got their medications mixed up.

Two members of the group also felt that it depended on when they or a person they cared for became unwell and that would also determine which service they would turn to first. They said that, if it was close to the weekend , they were more likely to use accident and emergency services. One person felt that they would always use NHS 24 services first and would only contact accident and emergency services if directed to do so by NHS 24.

Lanarkshire

Whilst most of the group felt they would call NHS 24, a few said they would go directly to accident and emergency for more serious matters. Those in the group with sensory impairments felt it was difficult, if not impossible for some, to contact NHS 24 and mostly they relied on other family members to call on their behalf. One participant felt that when they requested help with transport the call handler was “crabbit” towards them.

Lothian

One participant said that they would turn to NHS 24 in the first instance but highlighted that, due to their deafness, huge barriers were in place when talking on the telephone to NHS 24 staff. They said they felt very dependent on family and friends to communicate effectively with the service on their behalf. They added that they felt more comfortable going straight to hospital although this had its barriers too around communication. The point was made that NHS staff were generally not “deaf aware”. It was noted that there were no direct telephone numbers for deaf people to use the type-talk system so having to wait an additional 30 minutes for translation of medical questions added to what was considered to be an already lengthy process.

Another participant who was also deaf said that their preference would be to go straight to hospital, due to the lack of deaf awareness of NHS 24 staff. They said they had used the mini-com system (a way of sending an interactive typed message over a telephone line), however, this inevitably led to "dragging" out the process. Also, some participants said that NHS staff at the call centre did not recognise that English was not their first language and that could often lead to mistakes with translations.

It was felt that face-to-face contact was much easier as deaf people could use gestures. There was a general theme from participants that they all recognised an issue with time being wasted due to the “bureaucratic processes” in place when contacting NHS 24, for example too many tiers in the system.

One participant had recently fallen ill at night, and knew to call NHS 24, however they made the call via their GP practice number as they did not have a direct line number. They felt that with their particular medical history, it would have been useful to have continuity, but that it was a “random chance” that they would get a GP out of hours who knew anything about their particular condition. They told of an experience of an out-of-hours GP giving wrong medication which had to be rectified with their own GP afterwards. They were aware that they should call NHS 24 if they needed assistance out of hours but said they would tend to wait until the GP practice opened or, if urgent, get a taxi to the Royal Infirmary of Edinburgh.

Other participants said they would call NHS 24 and described their experience as good. However, some highlighted that it was a lengthy process and that they needed to repeat their story over and over again (through a tiered process).

Some participants said they had parents with dementia. One had experience of using NHS 24 when calling on behalf of their parent with dementia and said it “was a nightmare”. They said that an out-of-hours locum turned up at their parents’ home after being sent from NHS 24 with no information or records (and said this was because of data protection). They felt that there was a lack of information shared with the out-of-hours service and they also didn't appear to have the necessary or correct equipment with them.

Participants again said that the time taken to get support was an issue particularly when they were ultimately referred to hospital and that this could have been avoided if correct information and equipment had been available (to the locum). Other participants agreed that there were “definite communication problems at first point of contact”.

One participant, who said she was a paid carer, said that in her work they were often the first point of contact with NHS 24 on behalf of their patient and there seemed to be no acknowledgement from NHS 24 that the staff calling are limited to time (could be due to shift change or supporting other patients) so the process seemed very drawn out. She said that, because of their knowledge as a care giver, she was aware she should call NHS 24 in the first instance.

Another participant had not had any out-of-hours experience and would not know what to do or where to find out what to do. One participant said they went to their GP surgery as the first point of contact, however, they were given a card and asked to call the out-of-hours service. Participants also highlighted issues associated with “pathways” not being clear for patients and access issues.

Shetland

Many participants mentioned NHS 24 or the 111 service as the first point of contact. However, one participant said they could not remember the number before it changed to 111 (although she did manage to get through in the end). Another participant suggested that the

111 service should run from 1730 hours to 0830 hours as some surgeries closed before 1800 hours. Although participants said they would initially call NHS 24, they also mentioned that this would depend very much on the circumstance for which they needed medical assistance and if it was deemed necessary that an ambulance was needed or go straight to accident and emergency, then this would be the route they would take. However, one participant stated that on one occasion a relative had to wait for two hours for a second ambulance assistant to arrive to help move the patient. Another participant said they would call a relative who was a healthcare professional in the first instance.

Tayside

All in the group agreed that they would call NHS 24 or, if it was more serious, they would call 999 for an ambulance. The group felt it would very much depend on the nature of the illness and who was ill. For example, if it related to a long term condition then they may be more likely to phone NHS 24 although if it was serious they would still call 999. Likewise, they agreed that, if it was a child or an elderly relative who was ill, they might be more likely to phone 999 or go straight to accident and emergency than they would if it was for them personally.

All in the group agreed that if they felt unwell during out of hours they would not use the NHS 24 service as a substitute for going to their own GP practice simply because they may be treated more quickly. For example, one group member said that if he felt unwell on a Sunday night his instinct would be to wait until his GP practice opened on the Monday. There was surprise from some in the group that anyone would use NHS 24 as an alternative to waiting for a GP whilst others were aware that this happened in practice.

Western Isles

All agreed that in most instances they would contact NHS 24 when the GP surgery was closed. They acknowledged that they would call 999 immediately if the situation was considered serious enough for emergency or ambulance assistance. The lengthy waiting times experienced by some were of concern. One example shared was when it took a doctor 1½ hours to see the patient. It was also recognised that the wait may not necessarily be NHS 24's fault but could be due to either the ambulance and/or GP being held up elsewhere.

One person said "To date I have been impressed with the service every time I have used NHS 24". One participant who dialled in to the session from the Isle of Benbecula (Uist) said that their accident and emergency department was not always manned therefore residents tended to call NHS 24 in most situations and if they needed to go to accident and emergency then NHS 24 would make sure (in advance of sending patients there) that it was manned.

Question 2
What was your experience of using these services (may include any telephone service you used, your reception at any facility you used e.g. the receptionist greeting and the process, the waiting area and time you waited, were you kept informed, the treatment you received, any advice and/or referrals which were recommended.

Argyll and Bute (Highland)
Participants said that there were challenges for people accessing NHS 24 around a lack of understanding of the Argyll and Bute geography, for example where the nearest primary care emergency centre was located. There were also concerns that GPs were "not advocating" that their patients use NHS 24. Some participants raised concerns about delays in NHS 24 phoning back when they said they would. They said it was outwith the two hour response time that was given. Participants also had concerns about the time it took NHS 24 to process a phone call.

Participants' experiences also varied across Argyll and Bute. People said they were generally happy with the response they received from the local hospital and the Scottish Ambulance Service although there was an example of an elderly gentleman, who had fallen, having to wait two hours for an ambulance. There were some concerns about the follow-up service. An example was also shared about a lack of mental health support services in remote and rural communities out of hours. There also appeared to be some confusion amongst participants about what services were available in Argyll and Bute, for example community casualty unit versus accident and emergency and (what was described as) "the Blue Light Retrieval Centre".

Participants said that language could often be difficult and called for simplified terminology. They also said that there was a lack of support if people needed to travel to access health services particularly if they had children. Others mentioned that Argyll and Bute was very dependent on tourism and they had concerns about tourists' expectations and whether local services could satisfy them. They said that tourists tended to go accident and emergency and would be unlikely to go through NHS 24 as their first point of contact.

Ayrshire and Arran
Almost all of the group agreed that calling NHS 24 was a lengthy process with one group member reporting having been triaged three times before any decision was made; they added that "once the doctor came it was fine". Another group member said they had been given a wait time of 4-6 hours before a doctor could be with them. They said they decided just to go directly to accident and emergency rather than wait. Another group member said that an on call doctor had made a decision to send a family member to hospital by ambulance, however, on arrival at the house, the paramedic overruled this. The participant said, as a result, they "did not have much confidence in the Scottish Ambulance Service".

Borders
There was a mixed response to this question with some having had both positive and negative experiences of using NHS 24. Most described the telephone service as "helpful" and "good", however, one person described their experience as "atrocious". Some expressed frustration at the length of the process and how often they were asked the same questions "again and again".

There was also concern that the process depended on the ability of the caller to describe their symptoms accurately over the phone (and often when they were anxious); they wondered what would happen if people were unable to describe their condition for whatever reason.

One person, who required a home visit, described the service as “efficient and professional” with the doctor arriving promptly and providing the necessary care and treatment. Another person said that a prescription was issued during a home visit at a weekend but there was no pharmacy open so they could not get the medication until Monday morning. Those who were asked to attend the out-of-hours centre at Borders General Hospital had mixed experiences. Most found the reception to be helpful, friendly and professional but one person felt that they were simply part of a process or following a system rather than being listened to.

Some participants described the waiting area for out-of-hours services at Borders General Hospital as “grim”; others said they were not kept informed of what was going on. Some said they found the system in the waiting area confusing as it was also the general accident and emergency waiting area. Others said with both out-of-hours services and accident and emergency in the same waiting area, it was difficult to know what was going on and how the system worked.

One person said their experience had been good up to the point when it was decided they had to be admitted to hospital and thereafter they had had to wait a long time for a bed. The majority said the treatment they received was “good” or “excellent”, however, a couple of people felt that the treatment they received was “lacking in care and empathy”.

Two people who lived near the border with England described being told by NHS 24 they had to go to Borders General Hospital in Melrose at night (a round trip of 76 miles). In one case this was in midwinter at 2am. They said they had a sick child and felt they should have been offered a home visit. They advised that they were told they were not allowed to go over the border to the hospital in Berwick (a round trip of 26 miles) which was quicker and easier to get to. Both said they did not understand why they could not go to the nearest facility in Berwick rather than going to the hospital in Melrose.

One person spoke of an experience they had with the ambulance and out-of-hours services where they felt there had been “serious failings in the different elements of the service” and communication between the services.

Dumfries and Galloway

Whilst most of the group felt they were happy with their GP service, a few mentioned communication problems when trying to get an appointment to see their GP (for example, sometimes having to insist on seeing someone). Around three quarters of the group reported that they did not have a positive experience when using NHS 24; issues they described were:

- a deaf lady felt there were too many questions at triage and was required to repeat the details when she needed to call again due to a deterioration in her husband’s health
- a fear of misusing 999

- a feeling that patients should be passed over to a nurse at an earlier point during the call
- being asked questions over and over again (and when patients were already very anxious), and
- differences of opinion in how patients should be treated amongst healthcare professionals (for example a local GP over ruled NHS 24).

A few members of the group felt that more needed to be done to measure the quality of the service and the difference of “devolved services” – for example, people felt that patient experience in the Wigtownshire locality was different where they would be unable to have a GP visit and directed to present at the Galloway Community Hospital before being then sent to the Dumfries and Galloway Royal Infirmary due to the lack of medical staff (which involves a round trip of 150 miles).

Fife

All but one participant had issues with the initial (and perceived as somewhat repeated and irrelevant) questions when they telephoned NHS 24. One participant also felt it was inappropriate to be called by their first name without having been asked if this was acceptable. When it came to NHS 24’s stipulation of speaking to the actual patient, the majority of participants agreed that sometimes this was difficult, if not impossible, for the individual due to their condition and/or being unable to speak directly to the NHS 24 call handler/nurse.

One participant voiced concerns over the inability of the deaf and hard of hearing and blind communities and those whose first language is British Sign Language (BSL) in accessing the GP out-of-hours services due to communication barriers. It was noted that individuals from those communities tended not to contact the out-of-hours service but instead went directly to accident and emergency departments. Participants said that there was a text service available which allowed patients to contact the police, fire and ambulance services and advocated that a similar system should be introduced for contacting NHS 24.
Several participants were concerned that their medical records or notes which were available to NHS 24 were often inadequate or non-existent even though they had been assured by professionals involved in their care (or their family member’s care) that full notes/histories would be available. One participant felt that if an individual’s notes were shared too widely then there could be a confidentiality issues although this did not appear to be a concern to the majority of participants.

Two participants stated that the service was “excellent right from the initial contact” and praised every aspect of it. All participants were happy with the medical treatment they received, although the majority were not happy with the process they had to go through to access it.

Forth Valley

Concerns were noted regarding about the experience of NHS 24 by a few individuals, such as:

- the length of time experienced to get through to speak to someone and/or for someone to call back when required

- a number of questions being asked before they received any advice and then questions repeated when speaking to someone different, and
- when phoning on behalf of someone, NHS 24 asked to speak to the individual directly despite the person being unable to communicate clearly at the time.

Others in the group said they had very different experiences of NHS 24; one saying theirs was “first class” which reiterated a few examples of positive experiences: prompt call backs, good advice and polite/helpful staff. Participants described attendance at accident and emergency as a result of calling NHS 24; there was a mixed feeling regarding their experience with some saying it was “excellent”. However a couple of participants felt uncomfortable going to accident and emergency unless it was considered absolutely necessary.

Grampian

Two participants agreed they had positive experiences with NHS 24. Examples were:

- a diabetic patient became unwell and felt he got excellent treatment which was promptly delivered by a paramedic who treated him at home and stayed with him until he recovered, and
- a lady with a heart condition felt care received was excellent and was impressed with how she was monitored. She felt that the communication between agencies was good

There were also some concerns about the service. Examples include the following:

- One participant who felt that was no flexibility in the NHS 24 system as they used an algorithm and script. They felt that more work needed to be done to improve the first point of contact.
- The entire group agreed that history taking was repetitive and frustrating as the same questions were asked by the nurse practitioner; this was thought to be stressful and potentially dangerous for the patient.
- Insisting on speaking to the patient which was felt to not always be practical if they were distressed.
- One participant said that out-of-hours care was “like a patient starting with a blank sheet”.
- Another said there were “still big gaps in the system, medical data is owned by the GP but it should be owned by the patient”.

The entire group agreed that things had changed in their GP surgeries, for example, they “no longer had their own doctor”. Some felt that, with the increase of female GPs and the maternity leave taken, this contributed to more “strange faces”. Participants also expressed the view that out-of-hours doctors did not have the same level of medical knowledge that a patient’s own GP had and this affected the quality of the treatment.

There was a view that patients should carry their own medical records on a disc and the patient should “own the information”. Participants felt that it was essential to have patient information shared between out-of-hours services, NHS 24 and the GP surgery. All participants were unsure about how the system currently worked.

Greater Glasgow & Clyde

There was general frustration amongst participants with the lengthy protocols when telephoning the out-of-hours services, particularly when calling on behalf of another person. Although group members understood that there needed to be a level of checks in place, they felt that the call handlers didn't always recognize that the caller was potentially trying to balance caring for the unwell person with answering questions on their behalf. They said that insisting on speaking to the unwell person (to get permissions) was felt to be insensitive if, for example, the patient was experiencing breathlessness. They also felt that repeating the same details to each person they spoke to was unnecessary – one person said "the protocols seem quite prescriptive".

One person described having to wait two hours for a more senior person to call back and felt that this was unsatisfactory. It had been explained that the person for whom the call was made was in extreme pain. There was a general feeling that for similar (reported) conditions callers might have very different experiences. One person described the difficulty in getting a house call when they were not mobile although they felt that the situation seemed to have improved recently. They felt that it was now easier to speak to a doctor.

Participants felt that facilities very much depended on which out-of-hours services location you visited. There was general agreement that there was a lack of privacy in the out-of-hours centres and areas. One person said that they felt uncomfortable attending certain (out-of-hours) facilities and would only go there if no other option existed. It was also stated that it could be uncomfortable for patients having to wait alongside other patients that might be exhibiting aggressive and/or frightening behavior. It was suggested that there could be a dedicated out-of-hours service for dealing with mental health issues although some people thought that there were emergency numbers already in place for that.

One participant said that when they attended out-of-hours services there seemed to be no assistance for the GP and that some tasks could have been carried out by other healthcare professionals (but there were no other medical/nursing staff). In addition, they also felt that the availability of medical supplies seemed to be poor especially in relation to availability of some items that might be frequently required. Within the group there seemed to be a lack of certainty over what would happen if you attended the out-of-hours centre and were then admitted – for example, would patients be transferred by ambulance?

One person described how they had been unable to hear their name being called and enquired at reception. The individual was advised that they had missed their "turn" and would have to wait until it came round again. They were very unhappy although felt that the layout of the waiting area may have contributed to this.

One participant, with a visual impairment, felt it was not adequate to be handed a leaflet simply telling them what to do next (which had been their experience). From frequent visits to Stobhill Hospital, they advised that the nurses there were generally good and took the time to explain what needed to be done. There was a feeling from other participants that doctors in out-of-hours centres did not always want to take the time to look at the records and instead relied solely on questioning the patient.

Some said there seemed to be little recognition of anticipatory care plans or asthma care plans and one person felt that she was being asked for information that she should not necessarily know the detail of (it referred to a large number of drug allergic reactions which were noted in her records).

Highland

The group felt that the NHS 24 service was good overall, however, there was a chance that the person phoning could encounter a lengthy wait before they spoke to a doctor; some members of the group felt that this was unacceptable.

In addition, the questions asked on phoning NHS 24, while appropriate for many, were felt to take too long if you were feeling very unwell or needed to speak to someone quickly; they felt that the call handler and triage nurses sometimes needed to place greater belief in what the patient was telling them. It was suggested that a question relating to a pre-existing or a long term condition could be asked so that people could be fast-tracked through the process. The majority of the group agreed that the service met their needs when it involved seeing someone face to face. They acknowledged that this did not always have to be a doctor but could, for example, be someone like a nurse practitioner. One person gave a personal account of when they attended an out-of-hours centre and was made to feel like a “time waster”. The person was sent home without treatment for a long established illness. It ultimately resulted in being admitted to hospital the evening after for treatment; in the participant’s view, this could have been avoided.

A discussion took place regarding accident and emergency services and it was felt by most that at weekends the waiting rooms (in the accident and emergency department) could be an upsetting place to be. They said that quite often people were sitting with individuals who were affected by alcohol and may be agitated or aggressive. Participants said this was of particular concern when attending with a child or a vulnerable adult, for example someone with a learning disability or autism or an elderly frail adult. It was recognised however by one individual that a separate children’s area was available in the district general hospital and this was a positive development. Separate waiting areas being made available more routinely if necessary was advocated.

Lanarkshire

The experience of the group was split with half of the participants reporting that they did not have a positive experience when using NHS 24. Issues they identified included the following:

- Waiting over six hours for a doctor as they had to source a car and a “medical equipment bag”.
- Having to call back having already waited. The person advised that as a result they would now go straight to the accident and emergency department.
- Call back and waiting times were too long and it was upsetting when healthcare staff were “grumpy and I was already worried”.

One person felt very strongly that there was great benefit to the patient if they were physically seen by a GP and did not have to “waste time answering crib sheet questions” over the phone. A few people spoke of the lack of availability of interpreting services saying

that it was usually left to a family member to interpret which wasn't always what the patient wanted.

Lothian

Many participants had already given personal experiences whilst answering the first question. However further experiences and key points were highlighted. For the deaf community, they said there was no direct telephone number that they would feel comfortable using. They also felt that face-to-face contact at the reception of any service point highlighted translation issues and wasted time due to staff not being deaf aware or aware of the process for translators. They talked about Contact Scotland (which is an online service that is set up for medical personnel to use); it appears that a lot of medical staff are not aware of this service.

Another issue concerned presenting at an out-of-hours facility when no consideration was given to people with immune system problems when it involved them having to sit with other ill people in waiting/reception area. One participant felt they wouldn't know where to start or what advice to give people with dementia (or anybody with other support needs). They felt that it was an "inhuman system" with more face-to-face contact needed for certain groups of people. It was also highlighted by participants that they would not know who to contact outwith normal hours for people with mental health problems and this needed to be given equal importance as physical needs.

Shetland

The group agreed that NHS 24 was a good service to have in so much as:

- information was transferred from NHS 24 to accident and emergency before the patient arrived
- nurses called patients back and identified themselves
- staff were extremely helpful
- notes from NHS 24 on the treatment advised was transferred to the doctor's surgery and available for when they attended the GP surgery on the Monday
- the system worked well and was extremely reassuring, and
- the NHS 24 doctor attended and the decision to keep the person at home was made (which was considered to be the best outcome for the patient).

However, participants did raise the following concerns about:

- being passed from one person to another and not knowing what profession the staff member represented
- NHS 24 did not call back when they said they would
- the case not assessed as being an emergency (when the patient thought it should have been)
- NHS 24 not knowing the local area and therefore giving advice which was not appropriate (for example go to the supermarket for medication when the nearest supermarket would be about 20 miles away)
- not having local knowledge and being unaware of the patient's medical history
- not being integrated with inadequate IT systems (particularly in relation to patient backgrounds)
- delays in getting through to NHS 24, and

- NHS 24 following a script and there appeared to be no scope to ask for information regarding historical or long term conditions.

One participant mentioned that during the working week everything worked fine but it was a worry at weekends when it felt like you were “in an abyss”. Another participant mentioned that it was good to have the service but it should be more “fluid” (meaning flexible).

Tayside

There was a mixed response to this question with some participants having had both positive and negative experiences of using NHS 24.

There was some frustration about the number of questions (some which were felt to be irrelevant to the condition) asked by the NHS 24 call handler and the lengthy time it could take. It was added that the person making the call may be feeling emotional, anxious or in a great deal of pain and sometimes that made it a more stressful experience. There was also some frustration about having to answer the same questions repeatedly and again when being transferred to another call handler. One participant advised that NHS 24 planned to use a new system soon whereby questions would only be asked once and not repeated; there was a feeling that this should make the patient journey much better.

An example was given of one question which can be difficult to answer accurately is if the patient had a temperature when you don’t have a temperature probe. One person’s own negative experience of using NHS 24 meant that they would either wait to see his own GP or go straight to the accident and emergency department.

Some participants shared their experience of going to accident and emergency out of hours.

One went direct to an accident and emergency department without having phoned NHS 24 first and so had to wait a long time for others (who had an appointment) to be seen first. He felt this was unfair and that it should have depended on the seriousness of the illness. Another had a similar experience of accident and emergency but did not mind the wait for treatment.

An experience was given whereby a person was very ill and a relative telephoned 999 and based on the answer to the triage questions, was told that it was not an emergency. A couple of days later the person was rushed into hospital with a serious medical condition. The participant was frustrated that this was not picked up effectively during the triage call with the 999 call handler.

There was some frustration mentioned at the length time it could take for someone (for example a nurse practitioner) from NHS 24 to phone the patient back. They said that experience was that “it could take hours”. One person in the group who worked with people from minority ethnic backgrounds related that language could be a huge barrier when trying to access out-of-hours services.

One participant mentioned that his voluntary organisation helped people who did not speak good English to access healthcare services sometimes out of hours. His feeling was that front line medical staff were often not accessing translation services (maybe because they

are unaware that a budget was available for this). The group agreed it was important that good translation services were used more fully than they were currently.

One group member shared an experience of telephoning NHS 24 with chest pain. He was asked to go to an out-of-hours centre where he was diagnosed with a chest infection and given medication. After a couple of days the symptoms had not eased and he was admitted to hospital with a ruptured heart valve. Participants agreed that once a medical practitioner saw the patient in most cases the care and treatment was good but it said it was "getting to that stage that people often find frustrating". The group did stress though that most of them had also received positive experiences of the out-of-hours services.

Western Isles

There were varied responses to this question with a mix of positive and less positive experiences.

Positive

- "Called the ambulance (999) and it worked excellently."
- "Rang NHS 24 at the weekend and got advice and treatment. Antibiotics were waiting for me at the hospital when I got there."
- "Used the 999 service and the experience was very prompt. I had complete confidence they would be there as fast as possible."
- "Needed to see a dentist on a Sunday. The dentist was on site and dealt with the emergency there and then."
- "Satisfied with diagnosis, care and treatment from the visiting medic."

Could be improved

In remote and rural areas (like Uist), participants said there was sometimes just the one ambulance available so there was the potential for a long wait. One participant spoke of having to "hope" that staff would be available at an accident and emergency department and that sometimes a lot of "sitting around" would be experienced.

There was some discussion around delays in treatment due to the length of time it took emergency staff to arrive. One participant described using NHS 24 on two occasions and spoke of the length of time it took to go through the various options before reaching the call handler. One participant, whose husband had passed away, called NHS 24 and was informed it would "take some time" for someone to arrive to certify the death. She advised that it took five hours for a first responder to arrive (she was not sure when the doctor arrived to certify the death).

One patient spoke of their experience of having a particularly bad fall. They called NHS 24 and were referred to an accident and emergency department where they were treated by a nurse. A radiologist was on site at the time and an x-ray was taken. The nurse discussed the x-ray and treated as he/she thought best and the patient was sent home. The person said that they experienced a further three calls to NHS 24, four visits to accident and emergency, two x-rays and a scan during which time the patient was in a lot of pain and the nurses and GP were very reluctant to give adequate pain relief. The participant said that had this taken place during working hours, they would have gone directly to their GP surgery.

Another anecdote was around a patient who telephoned NHS 24 two hours before the surgery was due to open. They were advised to wait for the surgery to open and ring for an emergency appointment (which they did). When the person was seen, it was evident the patient needed to be hospitalised and ended up waiting for a long time on a treatment room bed in the surgery until a bed could be made. The participant felt that NHS 24 should have advised them to go straight to the hospital (therefore avoiding a long delay).

One participant shared information about a call to NHS 24 for her daughter who was violently sick and could not manage to get to the telephone to confirm her identity. She said that her mother had to hold out the phone for her to try to speak. On that particular occasion NHS 24 were accommodating but other participants described situations where "NHS 24 actually refused to speak to anyone other than the patient".

In Uist, to ensure someone is at the accident and emergency department, patients sometimes ring NHS 24 first so that they (NHS 24) can inform the hospital that a patient was on their way (thereby ensuring accident and emergency is staffed). Four out of five participants advocated for NHS 24 to be become more knowledgeable in local geography and particularly in remote and rural areas.

One participant said that in one area there used to be an ambulance station at the hospital but it no longer existed. Information was shared that there could be a number of personnel on call but they sometimes had to go to other places to pick up staff before they made their way to where the call out was – participants felt this was time consuming. They advocated bringing the station back to the hospital so that healthcare personnel were based there 24/7 (this was described as being a bonus for Benbecula but not necessarily for areas further afield on the island).

Question 3
How would you compare your experience with that of using your general practice during normal working hours?

Argyll and Bute (Highland)
In some areas of Argyll and Bute participants said there was a difficulty in comparing daytime and out-of-hours provision. It seemed that some areas had a full complement of GPs but not all. People using the daytime service said they had a better understanding of what could be provided by a local practice and advocated for "patient education" about what out-of-hours services could provide. Participants felt that people were using accident and emergency services inappropriately and in some areas they were solely relying on locum cover.

They added that in some areas it was very difficult to get a daytime appointment (usually a two week waiting time).

Ayrshire and Arran
The group was divided over this question, with half of the participants saying their own GP practice was better as the staff knew the patient and their history and the other half saying

the out-of-hours service was better as it was quicker and with more attention being given (to the patient). One group member said that “it was easier to go through ADOC/NHS 24 rather than staff at the GP practice” (ADOC is the local out of hours system – ‘Ayrshire Doctors on Call’). This was because they felt they were seen and treated much quicker than if they had accessed their own GP practice.

Borders
Most people were happy with the service they received from their GP surgery during normal hours. They felt they received good care and treatment and preferred to be been seen by their GP as they knew them and their medical history.

There were some though who had an issue with the length of time it took to get an appointment. Most were confident that if it was really urgent they would get an appointment within 48 hours but otherwise it could be up to three weeks before they were seen. One person commented that they got a home visit after two hours when using the out-of-hours service but if they had tried to make an appointment with their GP they would likely have had to wait three weeks.

Dumfries and Galloway
Half of the group spoke of the time limit of appointments and access to appointments in GP surgeries. Overall the group had mostly positive experiences with their local GP surgery and felt the continuity of having a GP who knew their patients and families was very important. One person described how, during a crisis, the family had to explain the complicated medical history of a patient with the GP from the out-of-hours service whereas it was felt the patient would have had a better experience if it had been their own GP.

The group had a discussion around how out-of-hours services were delivered elsewhere with areas for improvement being suggested including:

- patients being triaged and consulted by condition-specific staff for example paediatricians, and geriatricians, and
- improvements for access for people whose first language was not English (service provision was described as discriminatory at present).

Fife
The majority of participants felt that visiting their own GP was a far more personalised experience as their medical history as known and full notes were available (and there was an understanding of individual circumstances). It was stated that normal 9am-5pm, Monday-Friday working week of GP practices needed to be modernised as it did not fit with changing lifestyles. One participant said that they preferred the out-of-hours service to their own GP as it was “more caring” and another said they found it easier to express their worries to “a voice rather than a face”.

Forth Valley
The main outcome of discussion was that a family GP is favoured over out-of-hours services such as NHS 24 and minor injuries units. Positive experiences with GPs were shared and it was highlighted that the relationship between patient and GP was very important and knowledge of the condition and treatment history was invaluable. One participant noted that it was difficult to draw a comparison between the family GP and a service such as NHS 24

as they would be contacted under very different circumstances. A few participants followed on from good GP experiences to share that their experiences with local pharmacies which was described as “excellent” and where they had experienced quick and practical advice without having to book a GP appointment.

The group agreed that being able to get through to a GP surgery by telephone and the waiting times for appointments was often challenging and frustrating. Concern was also noted that experiences with out-of-hours services such as NHS 24 were not always fed back to GPs.

Greater Glasgow and Clyde

The view was expressed that GPs “do not really do house calls any more” during daytime hours so it may be that patients had to wait until after normal surgery hours for this service. The view was shared that the GP was not as good as out-of-hours services for people requiring palliative care.

Some people felt that they had built up a relationship with their GP but this was not always seen as positive. The view was that doctors in out-of-hours services did not know the patient’s history and so they had to spend more time (with the patient). Most people said that, when visiting their GP, they were limited to 10-minute consultations although one person stated that they were given as much time as needed. One person described how they might have to ring up the GP practice on consecutive days to try to get an appointment. It was felt that this was not necessarily the case for all practices.

Highland

The following points were highlighted by individual group members:

- The GP knows the patient and the medical history and is aware of ongoing illnesses and treatments. Accident and emergency departments do not have this information.

- One person spoke of using the pharmacy instead of their GP practice due to not being able to get an appointment at their surgery. They felt that accessing services out of hours was better as they could not get access to their GP services during the day.

- One person spoke of the problems they had encountered when trying to support a confused elderly adult due to confidentiality constraints. An example of phoning NHS 24 to help a confused older person who had mixed up their medication was shared where the advisor on the phone could not share the person’s medical details with the caller/carer even though the person they were supporting had given verbal consent. The participant advocated for the use of dosette boxes. These are boxes that can be filled with medications by patients themselves or with assistance from family and carers.

- A further example was shared where the receptionist at the hospital would not share information with the patient’s driver about whether or not the patient had gone through to see the doctor (when the patient was no longer in the waiting room). As this patient was elderly and confused, the driver had to leave the clinic to search for the person (he found that the patient had not left the building).

It was felt by the group that they had all received some good advice from NHS 24 for some minor illness. One person felt strongly that it was a good service and “should keep going”. It was pointed out that the out-of-hours services’ doctor was “fresher” if they were not on duty all day. A suggestion was made that GP practices should allow advanced nurse practitioners to do more of the prescribing.

The group felt that people were starting to use other means of obtaining medical advice, for example using *Facebook* and *Net Mums* to get instant advice from a group on what to do when faced with a particular issue. They said that quite often people posted photographs of an injury or rash to receive advice from the group. The visual, instant aspect of obtaining advice in this way was felt to be helpful and whether this sort of service could be delivered by an NHS service was also discussed.

One person felt that NHS 24 were doing more diagnostic procedures over the telephone (for example listening to breathing) and that the use of video or the ability to share photos would be a good addition to the service where the advisor/consultant could see the person, injury or affected area. There was a discussion about discharging elderly people and sometimes confused people home often with new or different drugs (which could lead to panic or confusion).

One person shared that they had accessed accident and emergency services directly due to an acute asthma attack. Another person, who lived in a rural area, felt that the home visit they had received from their GP had improved as they had attended with a driver and the GP was not “tired or worn out”.

The group felt that GPs and GP surgeries could offer a wider selection of interventions to what patients could access in the past, for example, the removal of small lesions and administration of some cancer treatments. The group also discussed GP contracts and felt that practices should inform their patients how they were funded and if they were a “business or NHS run”. There was a query from a member of the group about how information about what services or treatment a patient had accessed or received from the out-of-hours service was sent to their own GP practice. It was felt that the process of information sharing should be clearer to patients.

Lanarkshire

Most of the group had a more positive experience with their local GP Surgery “in hours” and felt there was an importance of having a GP who knew their patients and families. One person felt that a better service was received at accident and emergency which was due to their own GP having a limited timeslot thereby leaving the patient feeling their appointment was rushed and that they were listened to and more thoroughly examined at accident and emergency.

Lothian

One participant felt that there needed to be more expertise around poly pharmacy (the use of multiple drugs to treat a single ailment or condition).

More generally, participants said that communication was “a struggle” both with GPs and out of hours for those with a hearing impairment so there was a need to raise awareness of

deafness for healthcare practitioners as well as the general population. There was a view that there was a need for all services to look at an overall approach to care of people and not as a standalone review.

Participants also said that it seemed to depend on how a patient presented their illness/concern in terms of how it got treated (and they felt that this should not be the case). There was a view that people were "guardians of themselves" and medical staff within both services needed to listen to patients and not just put through the system as "to be fixed" but rather look how they felt. There was recognition that there was an issue of sharing information/patient records across all services.

Participants also shared positive experiences of being able to use email as a communication method with the GP practice which they felt allowed for flexibility to meet some patients preferences and needs. Participants advocated for this to be considered for all systems and services.

Shetland
Overall the group had positive experiences with their local GP surgery and felt the continuity of having a GP who knew their patients and families was very important. One participant stated that attending the GP surgery tended to not be an emergency situation and therefore this was a different scenario. Various comments were received about the local GP service including the following:

- "Attending the GP always feels like you have had a full consultation as the GP has all your notes in front of them."
- "GP has better local knowledge of the local area."
- "Access to appointments can be a problem."
- "A patient would have a better experience with their own GP who would know them better than calling NHS 24 who do not have access to their medical history."
- "NHS 24 do not have the local knowledge as your local GP as they do not have access to all the information."

Participants described using the out-of-hours services for an unknown worrying complaint, relative falling, relative unwell, unwell child and leg injury.

Tayside
It was clear from the discussion that most of the group preferred to go to their own GP than use out-of-hours services because their own GP knew them personally and had knowledge of their medical background. However, some members found it easier to get a GP appointment than others with some GP practices offering appointments three weeks away and others seeing the patient on the same day. Participants said that some GP practices were also working flexible hours – evenings and weekends – meaning that patients could often see their own GP instead of using out-of-hours services.

Participants said that over time a patient builds a relationship with their GP who knows their background and medical history. They described how this wouldn't happen when a person contacted NHS 24, 999 or went to accident and emergency. One person gave an experience of taking his child to accident and emergency because following a fall during an

out-of-hours period – he felt that he was under suspicion whereas he would not have felt that way with his own GP. There was another example of where a patient would prefer to see their own GP than use an out-of-hours service where medical staff don't know them.

Western Isles

All participants were very positive about their experiences of using their GP surgery during normal working hours. Some described having excellent care which "saved their life in terms of diagnosis" and others had experience of the GP practice "going above and beyond" an ordinary GP service (by arranging other support services, for example social care packages). They did describe lengthy waiting times, however, and one participant said that they would prefer to see a doctor rather than a nurse practitioner.

All participants said that they tended to "trust a GP diagnosis" more than a nurse practitioner. Some participants expressed concern about the increasing use of nurse practitioners and referred to the availability of GPs and recruitment issues.

Question 4

If you could think about your last visit to the primary care out-of-hours services, can you share if it was something you would normally go to your GP for, and if so, why didn't you see your GP during normal hours?

Argyll and Bute (Highland)

Participants described a patient taking ill on a Sunday morning and felt that the same treatment and approach would have been the same regardless of whether it was out of hours or in hours. Another example was a child with a bleeding hand and the parent would have gone to accident and emergency anyway. One participant was unclear about when they should go to a GP or use out-of-hours services. All said that there needed to be more patient education.

Ayrshire and Arran

Everyone in the group said that they had only ever contacted the out-of-hours service for an emergency situation or as a result of an accident.

Borders

Most felt they could not have waited to see their GP during normal hours. However, one person commented that, because they had put off going to their GP during the week, by the time the weekend came they needed to be seen and had to use out-of-hours services. One person who lived near the border with Lanarkshire said they chose to join a GP surgery in Lanarkshire because it was more convenient for them. They said they were happy with the service they received even though they were sometimes declined a home visit (and on one occasion this had caused a problem as they were too unwell to travel). This resulted in using NHS Borders out-of-hours services later on in the day for something they would have gone to their GP for.

Dumfries and Galloway
Only a few participants had used the out-of-hours service for other than an emergency, for example possible stroke or heart attack. Others had used the service for falls and children's ailments such as earache, urinary tract infection etc.

Forth Valley
Overall, the last experience of using out-of-hours was a result of something which needed dealt with urgently and could not wait for a GP appointment. One participant reiterated that services such as NHS 24 felt like they were for situations which required quick resolution and not something you would wait for a GP appointment at anytime. Others noted that out-of-hours services were sometimes the first choice because of transport difficulties getting to a GP surgery. Pharmacies were discussed again as they had proved to be a source of quick advice which was sometimes favourable to waiting for a GP appointment.

Grampian
One participant said that it was easier to wait until the out-of-hours period to seek medical advice because they could not take time off work. One participant said a long term condition had exacerbated over the weekend and they unexpectedly had to use out-of-hours services. If there was an evening appointment system with their own GP surgery then they would have seen their own GP before the weekend. From the discussion it was agreed by the entire group that they preferred to go to their own GP but one participant experienced difficulty getting an appointment at short notice. The patient felt unequipped to answer the question of whether it was an emergency and found the recorded message confusing. None of the participants' surgeries offered evening appointments.

Greater Glasgow and Clyde
There were a range of reasons why out-of-hours services were used rather than the GP. In a number of cases it was some condition that had just developed and that could not wait. An example was given by one person that they were in pain, which they initially hoped would improve. During the night it seemed to get worse and it was not feasible to wait for another eight hours. Another example given was of someone who had come home from work feeling unwell. One person said that they had been unable to get an appointment for either the GP or nurse.

Lanarkshire
All of the participants felt their cases were emergencies that could not wait until normal working hours. One of the group members had experience of receiving "advice" from NHS 24 which prevented them needing to see a GP out of hours.

Lothian
A lack of access to appointments during normal hours was seen to be a reason why more people contact out-of-hours services.

Tayside
Reasons for using the out-of-hours service included chest pains, children with illness or who have had an accident, phoning on behalf of an elderly family member who had taken ill or a family member who had a serious illness. In some of these instances the person would have

gone to their GP if they had been open but in others the seriousness of the illness needed more immediate treatment.

Western Isles
Participants said they used out-of-hours services for conditions such as low blood pressure and for assistance where the ailment was urgent (for example a fall or respiratory problem).

Question 5
From your experience using the out-of-hours service, can you offer suggestions how your experience may have been improved? What would you change? What would you like to see working differently?

Argyll and Bute (Highland)
Participants described improvements in response times due to speaking to a healthcare professional who was "better informed and had more understanding of the condition". One participant advocated for the introduction of "local hubs". Others said that transport needed to be improved, particularly in relation to how people access primary care emergency centres out of hours.

Ayrshire and Arran
Suggestions from participants included:

- a need to speak to a local decision maker, during the first telephone call, without having to use an automated system
- patient details shared between all health service providers for example GP, Scottish Ambulance Service, NHS 24 and accident and emergency departments
- more investment in out-of-hours services
- more advertising for NHS 24 outwith GP waiting rooms (possibly a leaflet through everyone's door), and
- more sharing of information across organisations.

Borders
For those who do not live in central Borders it would help people's confidence in the service if they knew they could access out-of-hours services at community hospitals. Participants felt that it was not necessary to see a GP and that nurses could be trained to offer services. Improvements to public transport during the out-of-hours periods were mentioned and particularly for people who did not have access to personal transport.

Participants said that Borders had geographical issues. They felt they should be able to access the nearest services even if they were in another region, for example in Berwick, Lothian or Lanarkshire rather than being directed to Borders General Hospital which in some cases was further away.

It was suggested that when patients arrived at Borders General Hospital out-of-hours service it should be explained that there were two services running parallel and patients should be clearly advised of how the system worked to avoid unnecessary confusion.

Participants advocated greater access to pharmacies when prescriptions were given out during the out-of-hours period so that people did not have to wait all weekend for their medication.

Other suggestions included:

- introduction of a system where information could be passed from one part of the service to another so that the same questions do not need to be asked repeatedly

- development of “people skills” for staff when engaging with patients and training on empathy and how to give out clear information (avoid use of automated responses and processes as it sometimes felt like dealing with a call centre)

- staff answering the telephone clearly so that those who are hard of hearing can understand what was being said, and

- empower people to use resources and skills within their own communities to complement the out-of-hours service (for example, community first responder to provide reassurance and improve communication especially to help older people accessing out-of-hours services).

Dumfries and Galloway

Suggestions included:

- have a rotation of pharmacies open 24 hours a day for advice
- GPs giving patients on repeat medication the opportunity for regular reviews to help manage potential waste of medicines
- providing better community education on how to best use the out-of-hours service, for example via schools
- training to call handlers making them aware of the anxiety of the person
- having more “specialist rather than generalist” staff available
- more example of the “hub in Dundee” (which was described as a “good holistic model”), and
- more locally-based services with care being delivered nearer to the patient.

Fife

Suggestions included:

- the first contact with an NHS 24 call handler should be with a nurse or other qualified medical practitioner
- sharing of patient notes across the services
- extending GP practice hours to seven days a week
- revert to GP practices providing out-of-hours services, and
- improve NHS 24 knowledge of Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)

Forth Valley

Suggestions included:

- “Gold Standard” of committed care should be aimed for with more GP services provided

- make better use of first responders working with the Scottish Ambulance Service (and advertise their role)
- joined-up working where background patient records were available where appropriate to stop patients having to repeat stories and history
- carers responsibility should be considered when they are contacting GPs or out-of-hours services on behalf of the person they care for
- a reference number could be given when you call NHS 24; so if you had to call back regarding the same issue, they can pull up details of your previous call immediately without having to go through many questions
- longer opening times for GPs
- greater integration and co-ordination including increased knowledge of different services so that the public feels informed and confident accessing different services when a GP is not available
- patients' electronic access to their own medical records to enable them to share/inform out-of-hours services effectively
- automated options when calling NHS 24, and
- more education and promotion of services.

Grampian
Suggestions included:
- all GP surgeries offering evening consultations
- increase in home visits and doctors' availability, and
- reduction in the repetitive history taking when calling NHS 24.

One participant said that "there shouldn't be an out-of-hours service, just a service".

Greater Glasgow and Clyde
There was a consensus that it was unnecessary for the same questions to be asked repeatedly and a feeling that there seemed to be a lot of paperwork involved. Some participants asked whether or not there was a regular audit of out-of-hours services – it was suggested that this might show where improvements could be made.

Participants said that if there was going to be a delay in the GP calling back within a defined timescale, then there should be an interim call to advise the patient of this and to ensure that there was no worsening of their condition. There was a feeling within the group that there needed to be some education for the public about the correct places to go.

One person described a leaflet which had been produced for the opening of the new South Glasgow University Hospitals. This was felt to be very comprehensive and was shared widely (possibly delivered to all households in the area) although there was less certainty over the availability of alternative versions. A number of people felt that education for the public could start in schools and that it might be possible for topics such as this to be included within the curriculum.

Some participants asked if there were patterns of particular people using the service either repeatedly or after work and whether this could be addressed if felt to be inappropriate use. It was felt to be important for local services to meet local needs. Participants said that, at

certain times, people attending an out-of-hours service would have had to travel significant distances (there was feeling that this was not always recognised by call handlers).

Highland

Suggestions included:

- the need to not pre-judge patients if they had other medical conditions and to treat everyone with dignity and respect
- patients should be provided with information about the length of delays to expect and provided with regular updates if delays continued
- if patients were very unwell and struggling with answering questions when contacting NHS 24 there should be a system where they can be skipped and be transferred directly to a nurse
- NHS 24 being more accessible and visible to young people living away from home for the first time, for example students
- better advertising for NHS 24 (have it displayed on every bus), and
- introduction of a system to feed back to the GP surgery if a patient has tried all week to get an appointment

Lanarkshire

Suggestions included:

- better use of community pharmacy services and increased awareness of out-of-hours services (and when it should be used)
- improved transport links to out-of-hours services
- education on how to use the service
- reduction in automated services and more information that is accurate so that people understand the system
- increase in staff training in deaf/blind awareness
- reduction in waiting times for a call back (possibly increase the number of call handlers), and
- make appointments more local and with specialist staff such as paediatricians.

Lothian

Suggestions included:

- improved transport links especially outwith Edinburgh City Centre
- more access to other health services that can be performed out of hours, for example x-ray services being easier to access out of hours and more routine
- reduction in bureaucracy when accessing services
- quicker access to translators with more GP and medical staff awareness of issues for deaf people (increased use of written communication and use of Connect Scotland)
- address low staffing levels of out-of hours-services.
- Improved access to appointments with GPs within normal hours, and
- sharing of information across all services.

Shetland

Suggestions included:

- more first responders/volunteers

- increase use of community defibrillators and local residents trained to use them
- use the British Red Cross and other voluntary services more for out-of-hours services
- better working conditions for younger GP recruits so they stay in Scotland
- better use of advance nurse practitioners
- make medical records available to relevant staff in the out-of-hours services
- rewording the "call back in 2 hours" message to "if you have not heard from us in 2 hours please call us back", and
- increased hours of community nurses to be on call 24/7

Tayside

Suggestions included:

- more GPs and other medical staff in GP practices
- ambulance service and out-of-hours medical staff should all have access to a patient's Key Information Summary (KIS) to enable them to diagnose and treat patients more quickly, accurately and safely
- quicker access through triage and reducing the number of questions
- when a call needs transferred from NHS 24 to the ambulance service (or vice versa) that should be done immediately (there and then on the telephone)
- use language translation services more often than is done presently
- introduce a rota system so that GP practices extend their working hours to include cover at weekends and consider use of evening drop-in clinics for people who are working and can't get through on the telephone for an appointment
- encourage people who are not registered with a GP to do so because they are more likely to use out-of-hours services when they could be treated at a GP practice instead
- run an awareness raising campaign (could be national or local) so that people know what service they should use and when
- carers being better recognised and being listened to
- increased use of telehealth approaches for people living in remote areas, and
- better management of falls by through a falls prevention service which could help reduce the number of people having to use out-of-hours services.

Western Isles

Suggestions included:

- introduction of a system where a qualified medical practitioner could be on the scene immediately
- introduction of a "named GP"
- training to improve nurses and GP communication skills (for example so they are more reassuring and informative about after care, further appointments etc)
- address the attitude of some patients that the doctor is always right (empower patients to be involved in their care)
- address issues of poor telephone and mobile connection in remote and rural areas
- better use of the dental outreach service in remote areas
- more outreach secondary health services, for example chiropody, physiotherapy and dental, and
- better ambulance service coverage in remote and rural settings.

There was a lot of discussion within the group about how the out-of-hours service could be improved – it focused specifically on pain relief, pain management and who might be able to administer this and when it could be administered. Participants agreed that there should be quicker access to pain relief and wondered whether first responders could initiate basic pain relief before paramedics arrived. The group felt that waiting up to four hours or more for pain relief could “seem like a lifetime”.

There was also a concern in some remote and rural areas that there was a lack of first responders and the group felt that this should be addressed. One participant said: “I would like to have a member of the out-of-hours Emergency Care Nursing Team to be based in Harris as it is a scattered community. On two occasions medics got lost trying to find location of the patient due to lack of knowledge of the island geography.”

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