WALES AUDIT OFFICE
SWYDDFA ARCHWILIO CYMRU

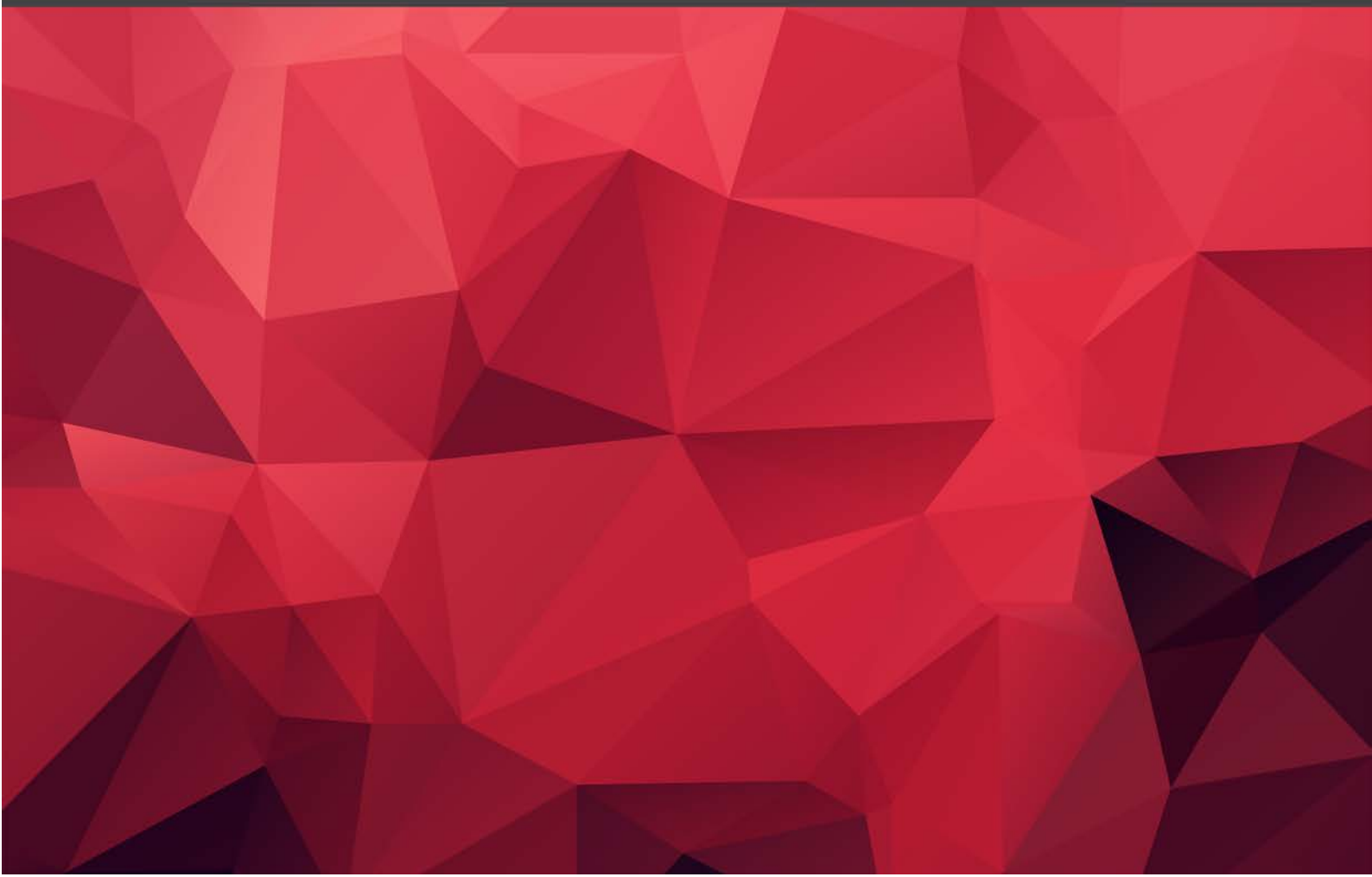
Archwilydd Cyffredinol Cymru
Auditor General for Wales

Review of GP Out-of-Hours Services – **Aneurin Bevan University Health Board**

Audit year: 2016

Date issued: August 2017

Document reference: 361A2017



This work was delivered by Urvisha Perez.

Contents

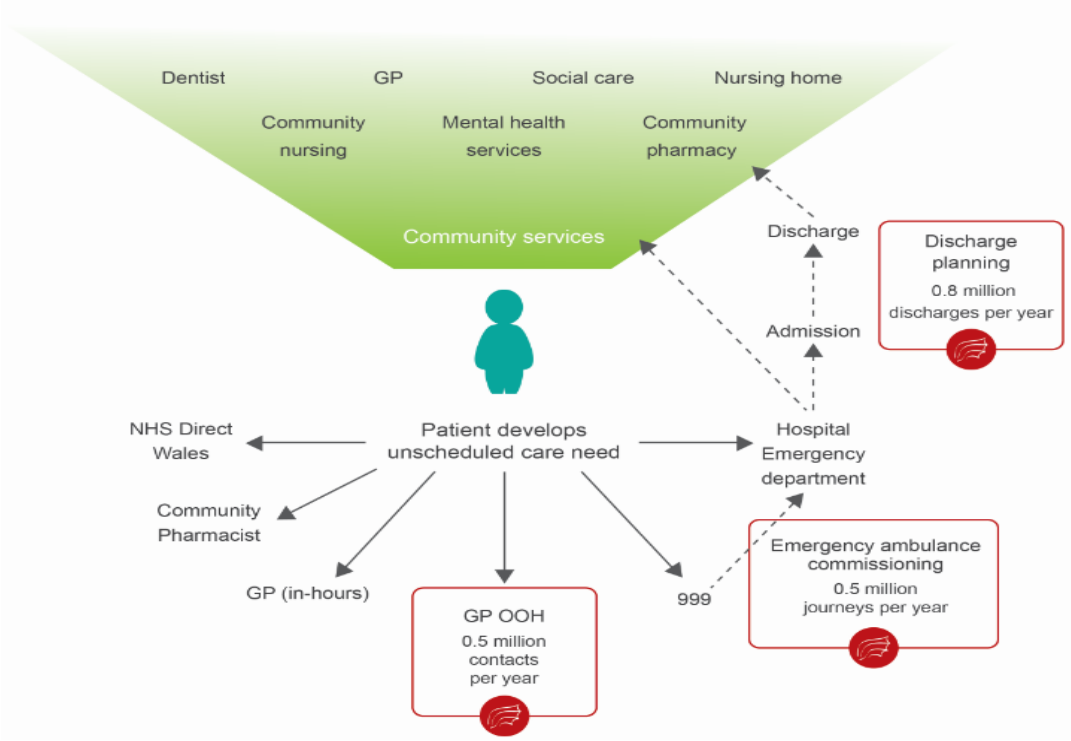
The Health Board is in the early stages of a long-term plan to improve the sustainability and leadership of GP out-of-hours services. Scope remains to improve performance against several targets and consistency of GP practice messages about the out-of-hours service.

Summary report

Background

1 General practice out-of-hours (GP out-of-hours) services provide healthcare for patients with urgent (but not emergency) medical problems outside normal surgery hours[1]. These services manage more than 0.5 million patients every year in Wales[2] and are a key component to the wider unscheduled care system (Exhibit 1). When GP out-of-hours services struggle to meet demand, this can have knock-on impacts on the rest of the system, causing increased pressure on ambulance services, hospital emergency departments and in-hours primary-care services.

Exhibit 1: GP out-of-hours services within the wider system of unscheduled care



Source: Wales Audit Office

2 Health boards are responsible for ensuring their resident populations have access to high-quality GP out-of-hours services. Some health boards provide these

[1] The out-of-hours period runs from 6.30 pm until 8 am on weekdays, as well as weekends and public holidays.

[2] Welsh Government, **Wales Quality and Monitoring Standards for the Delivery of Out-of-Hours Services**, May 2014.

services by employing GPs on a sessional or salaried basis[3], while other health boards choose to commission services from private companies.

3 In 2012, a ministerial review led by Dr Chris Jones, concluded that GP out-of-hours services across Wales were unsustainable in their current form[4]. The report highlighted a lack of investment, opportunities for economies of scale, a lack of comparable data and a shortage of medical staff.

4 Our previous work on unscheduled care in 2009[5] and in 2013[6] also identified specific problems in GP out-of-hours services across Wales, including recruitment and retention of GPs as well as scope to improve integration and information sharing with other unscheduled care services.

5 In May 2014, the Welsh Government published its national standards for GP out-of-hours services with the intention of developing a common framework for performance management and governance. All health boards are expected to have implemented the standards by March 2018.

6 In 2015, the Welsh Government's Delivery Unit (DU) reviewed health boards' preparedness to implement the standards. Across Wales, they found that work was underway to achieve the standards but:

- gaps were apparent in performance reporting;
- there remained difficulties recruiting GPs;
- there was a need to standardise clinical pathways; and
- there was a need to better understand capacity and demand.

7 In March 2015, a conference of Welsh Local Medical Committees voted to support a motion calling for an urgent review of the sustainability of GP out-of-hours services. The conference warned that services were becoming unsustainable due to difficulties in filling GP rotas and changes in triage processes that were resulting in an increase in demand.

8 Furthermore, a May 2015 report on GP out-of-hours services at Betsi Cadwaladr University Health Board highlighted a number of problems with the service across North Wales including inadequate staffing levels, long waiting times and a lack of clinical leadership. There was also potential to improve staff training, monitoring and clinical governance.

9 The Public Accounts Committee (PAC) expressed its concerns about the failings of GP out-of-hours services across North Wales as part of its review of governance

[3] Salaried staff are directly employed by the service and are paid a regular salary. Sessional staff work for the service as and when required and are paid depending on the number of sessions they work.

[4] Dr Chris Jones, **Primary Care Out of Hours Review, Interim Report**, July 2012.

[5] Auditor General for Wales, **Unscheduled care: Developing a whole systems approach**, 15 December 2009.

[6] Auditor General for Wales, **Unscheduled care: An update on progress**, 12 September 2013.

arrangements at Betsi Cadwaladr University Health Board and across NHS Wales more widely.

10 Whilst the Welsh Government has provided updates to the PAC on health boards' actions to embed the national standards for GP out-of-hours services, it was not clear whether or not the problems experienced at Betsi Cadwaladr University Health Board were prevalent elsewhere in Wales. The Auditor General therefore decided it was timely to review GP out-of-hours services across Wales to examine this, and broader aspects of the management of GP out-of-hours services as part of the wider unscheduled care system.

11 The review aimed to establish whether Aneurin Bevan University Health Board (the Health Board) is ensuring that patients have access to effective and resilient GP out-of-hours services. Appendix 1 provides details of the audit methodology. The work focused specifically on the:

- overall governance arrangements;
- financial and clinical sustainability of services; and
- performance and patient experience.

12 At the Health Board, the GP out-of-hours service is based within the Primary Care Division. The service is run in-house and is based at Vantage Point House, along with the contact centres for the Welsh Ambulance Services NHS Trust (WAST) and NHS Direct Wales. The GP out-of-hours service runs three primary care centres, based at:

- St Woolos Hospital, Newport
- Ysbyty Ystrad Fawr, Ystrad Mynach
- Nevill Hall Hospital, Abergavenny

13 As part of our methodology, we carried out a postal survey of a sample of patients who had contacted the out-of-hours services across Wales. We did not receive enough responses to our patient survey to allow robust comparisons across health boards however the results of our survey at an All-Wales level are included in Appendix 2 of this report.

Key findings

14 Our overall conclusion is: **The Health Board is in the early stages of a long-term plan to improve the sustainability and leadership of GP out-of-hours services. Scope remains to improve performance against several targets and consistency of GP practice messages about the out-of-hours service.** In the paragraphs below we have set out the main reasons for coming to this conclusion.

Governance arrangements

15 The Health Board is robustly monitoring GP out-of-hours services and is in the early stages of a plan to modernise the service and strengthen its leadership. We reached this conclusion because:

- the Health Board is in the early stages of a long-term plan to modernise the out-of-hours service but more work is needed to involve operational staff in service development;
- the Health Board recently strengthened clinical and operational management arrangements but our survey results suggest staff have not yet felt the benefits; and
- there are comprehensive performance monitoring and scrutiny arrangements in place, and staff are confident that lessons are learnt from incidents and complaints.

Financial and clinical sustainability

16 The Health Board has reduced spending on out-of-hours in real terms and the planned remodelling of the service will take time to address the current overreliance on GPs. We reached this conclusion because:

- the Health Board is trying to increase the skill mix of out-of-hours staff but still relies heavily on GPs, has difficulty filling shifts and needs to improve morale and support training and development; and
- the Health Board plans to address weaknesses in its GP pay model and whilst its out-of-hours spending per contact is relatively high, total spending has fallen in real terms.

Performance and patient experience

17 There is scope to improve performance on call taking, call backs and urgent appointments, and further scope to improve signposting to out-of-hours from GP practices. We reached this conclusion because:

- there is good in-hours access to GPs and generally good public information about the out-of-hours service but there is scope to improve signposting on practice websites and answerphones;
- the Health Board's call taking performance is worse than the all-Wales average and is not meeting targets;
- the Health Board is not meeting call back targets, manages comparatively few patients through hear-and-treat, and needs to improve telephone triage training;
- compared to the rest of Wales, the Health Board is not providing timely appointments for 'very urgent' and 'urgent' patients; and

- Aneurin Bevan's out-of-hours service makes comparatively few referrals to other services.

Recommendations

18 As a result of our work, we make the following recommendations in relation to GP out-of-hours services.

Exhibit 2: recommendations

Recommendations	
R1	**Staff engagement:** Whilst the Health Board had an engagement plan, we found that only 16% of staff responding to our survey felt they were given enough of an opportunity to contribute to the development of the GP out-of-hours plan. In future service developments, the Health Board should: a. develop a consultation and communication plan including a variety of methods for operational staff to participate in discussions and decisions; and b. give regular updates to staff as plans develop and opportunities for further participation.
R2	**Clinical leadership and operational management:** We found that staff responding to our survey felt the service was not effectively managed by clinical leaders and management staff. We recognise that at the time of our review there had been some staff changes and team restructures. The Health Board's GP out-of-hours leaders should seek to repeat a staff survey to understand whether staff perceive any improvement in the management of the service since the restructure.
R3	**Staff support:** We found weaknesses in staff support arrangements, for example less than 50% of staff responding to our survey saying they get sufficient learning and training opportunities, and only 10% feeling morale is good. The Health Board should: a. as part of annual appraisals, make sure all staff have a personal development plan where training needs can be identified and progressed; and b. carry out work to understand the reasons for low morale amongst staff, perhaps by giving staff the opportunity to sit on or lead working groups to resolve the issues causing low morale.
R4	**Extended GP practice hours:** Aneurin Bevan is the only Health Board in Wales that has increased spend on extended GP practice hours between 2009-10 and 2015-16. However, the practice of extending hours has not been evaluated. The Health Board should undertake an evaluation of the benefits of extending GP practice hours.

Recommendations	
R5	**Public information:** We found that generally information about the out-of-hours service is readily available, but messages on GP practice websites and answerphones need to describe the GP out-of-hours service more consistently. The Health Board should: a. include GP out-of-hours opening times on the Health Board webpage; and b. develop standardised wording for GP practices answerphone messages and practice websites.
R6	**Telephone triage:** We were told that some GPs lack confidence with telephone triage, and that training, which is provided by an external contractor, is not as extensive as it could be. The Health Board should: a. revise the current training on telephone triage and offer GPs refresher courses; and b. include telephone triage training as part of GPs inductions.

Detailed report

The Health Board is robustly monitoring GP out-of-hours services and is in the early stages of a plan to modernise the service and strengthen its leadership

The Health Board is in the early stages of a long-term plan to modernise the out-of-hours service but more work is needed to involve operational staff in service development

19 GP out-of-hours services are an essential part of the unscheduled care system. The national review into these services in 2012, led by Dr Chris Jones, urged health boards to consider the development of GP out-of-hours services as a key component of their strategic vision for unscheduled care.

20 We assessed the Health Board's plans, looking for a documented plan for GP out-of-hours services that identified and addressed the key risks related to the service. We also reviewed the Health Board's wider plans for unscheduled care, to assess whether GP out-of-hours features prominently and coherently.

21 The Health Board has developed a business case which sets out proposals to revise the current GP out-of-hours service model over the next three to five years. The Health Board decided it needed such a business case because it identified a number of demand, capacity and workforce issues which meant the GP out-of-hours service was not running as efficiently as it could. The GP out-of-hours service receives approximately 2,000 calls per week, but does not meet national performance targets. The Health Board recognised that to overcome these issues and deliver a resilient service, the out-of-hours service had to be delivered in a different way. The costed business case was approved by the Health Board's Executive Team in October 2015 and it sets out a revised service model for GP out-of-hours services. Implementing the revised service model is one of the workstreams within the Health Board's three-year Integrated Medium Term Plan (IMTP) for 2016-19.

22 Specifically, the business case highlights the following key issues that impact on the efficiency of the GP out-of-hours service:

- insufficient clinical cover to meet current demand;
- skill mix levels, nursing capacity and their role;
- increasing demand and public expectations;
- prescription requests and dispensing demands out-of-hours;
- the availability and responsiveness of other services needed for onward referral;
- the sustainability of non-clinical support services and ICT; and
- the impact and alignment of 111 implementation.

23 In order to address these issues the business case sets out high-level priorities:

- short term – recruit additional nurses, increase pay rates for year one and alter demand flow;
- medium term – increase recruitment of a mixed skilled workforce, decrease non-urgent demand flow and faster onward flow; and
- long term – have a revised workforce that is more consistent with demand.

24 At the time of our review, the Health Board was a year into implementing the revised service model, and as such, a number of initiatives were in the early stages of development and trial. Some of the initiatives highlighted through both our interviews and review of service redesign progress reports (to the Urgent and Primary Care Leadership Group) include:

- reviewing the operating hours of the three primary care centres;
- increasing GPs' rates of pay to better fall in line with neighbouring health boards and locum GPs;
- introducing advanced paramedics to the GP out-of-hours service to conduct appropriate home visits;
- implementing a community pharmacy service to stream out-of-hours requests for repeat prescriptions;
- working to extend the role of community pharmacies in supporting minor illnesses; and
- recruiting a frequent callers co-ordinator (in conjunction with WAST).

25 We interviewed a selection of strategic leaders and operational staff, who were positive about the initiatives and the need for change. The revised service model and progress to date suggests the Health Board is committed to an improved and sustainable GP out-of-hours service.

26 The Health Board also has an integrated winter pressure plan which outlines how primary and community care, and WAST will work together to prevent unnecessary acute admissions. Specifically, by sending advanced paramedic and primary care practitioners to see patients in their homes, before being transferred to an acute hospital if needed.

27 The Health Board reports that GP out-of-hours service staff, the local medical committee (LMC) and the community health council (CHC) were engaged when developing the new service model. Furthermore, the Health Board is having ongoing discussions with the CHC about matters such as implementing the national 111 service. Encouragingly, the CHC representative reported that the Health Board involves them at an early stage when developing proposals and that communication was a strong point.

28 We reviewed presentation slides dated between October 2015 and April 2016, which show there were several engagement sessions with stakeholders through such mechanisms as the GP cluster leads, business forum, urgent care forum and the Health Board's Quality and Patient Safety Committee. The slides covered an outline of the new service model, discussions about widening engagement and progress updates against the revised service model.

29 Our survey of GP out-of-hours staff[7] asked whether the Health Board had consulted staff in relation to the planning of the service. In the survey, only 16% of the Health Board's respondents agreed or strongly agreed with the statement 'I was given ample opportunity to give my opinions to inform the development of the plan for GP out-of-hours services'. The equivalent figure in Wales as a whole was 24%. These findings suggest that whilst engagement was apparently wide ranging, it might not have succeeded in recruiting enough involvement from operational staff.

30 Health boards are required to implement the national GP out-of-hours standards by March 2018. In late 2015, the Delivery Unit (DU) asked health boards to self-assess their readiness to implement each of the standards. Appendix 3 shows that the Health Board compared favourably against other health boards in Wales. The Health Board's own assessment suggests that out of the 34 criteria set out within the nine standards, 31 were already in place (green) and the remaining three were underway (amber). We saw no evidence of an action plan to meet the national standards. However, in July 2016 the Health Board's executive team received a progress report.

31 Our previous work on unscheduled care across Wales found that health bodies were planning services without a comprehensive understanding of demand. This was contributing to problems in meeting demand, such as delays in patients receiving their care. The Health Board had undertaken some demand and capacity modelling for the GP out-of-hours service, which has led to service changes and pilot initiatives. For example, for high demand weekend shifts, the Health Board now incentivises GPs to sign up for shifts four weeks in advance. The Health Board also ran a six week pilot which saw the primary care centre at Nevill Hall Hospital closed overnight (12 am to 8 am), Monday to Thursday, as analysis showed that this centre was quiet during these shifts. This allowed the service to make better use of available resources. Since the pilot, the Health Board has been looking to make this a permanent service change and will be seeking Board approval in May 2017.

32 The Divisional Director of Primary Care and Networks reported that a further piece of work looking at demand on the GP out-of-hours service by sector (eg care home sector) is planned to take place. The information from this exercise will be used to target training and education on a sector-by-sector basis.

33 Planning work is ongoing at an all-Wales level to put in place a new care co-ordination service called 111. This service will be a single point of access for unscheduled care services including GP out-of-hours and will provide integrated call taking, clinical assessment, information provision, signposting and referral. The introduction of 111 is therefore both an opportunity and a complicating factor in the planning of GP out-of-hours services.

[7] We carried out an online survey of all staff that work in the GP out-of-hours service. We received 32 responses from across the Health Board. The Health Board indicated that it had a total workforce of 332 staff.

34 The Health Board reported that a programme board and work plans have been developed for implementing 111. Through the interviews it is apparent that whilst there is some apprehension based on the issues experienced in England, there is a strong appetite for rolling out the 111 service, so much so that the Health Board has agreed to aim to implement the 111 programme in autumn 2017. In preparation, the Head of Service for GP out-of-hours is the Health Board's lead for 111 implementation, and a programme manager and director of service has been appointed.

The Health Board recently strengthened clinical and operational management arrangements but our survey results suggest staff have not yet felt the benefits

35 Effective leadership and clear lines of accountability are vital components of any healthcare service. Our scoping work for our review on GP out-of-hours services suggested there was a risk that the leadership arrangements for GP out-of-hours services in health boards are unclear or distant from the actual delivery of services.

36 In common with all health boards, we found that the Health Board has a specific executive member directly responsible for GP out-of-hours. However, to maintain corporate and clinical oversight the responsibility is shared between the Chief Operating Officer and Medical Director. The next tier of management lies with the Divisional Director of Primary Care and Networks.

37 The self-assessments against implementation of the national standards submitted to the DU showed health boards across Wales had taken a variety of approaches to providing clinical leadership within GP out-of-hours services. At the Health Board the Assistant Medical Director for Primary Care has strategic and professional oversight for all services within the division, including GP out-of-hours. At the time of this review the out-of-hours service had recently appointed a clinical lead, who sits within the GP out-of-hours operational management team. The clinical lead is mainly responsible for managing GPs, for example, inductions, performance management, and training. She is also responsible for clinical governance and reviewing clinical pathways and ensuring non-clinical staff understand them.

38 In response to our staff survey, 28% of the Health Board's respondents agreed or strongly agreed that GP out-of-hours is 'effectively managed by the service's clinical leaders' (the figure across Wales was 48%). 44% of Aneurin Bevan staff disagreed or strongly disagreed (compared with 26% across Wales). Similarly, 72% of respondents felt that the service's management staff did not effectively manage the GP out-of-hours service. Up until recently the clinical lead post had been vacant and this may go some way to explaining the findings of the staff survey. Also, at the time of our work, the out-of-hours operational management team had recently been restructured and had recruited an operational manager to drive forward the GP out-of-hours service redesign.

39 The results of the staff survey are in contrast to feedback received from the Local Medical Committee (LMC) representative, who was generally impressed with the

way the service is run, despite the difficulties facing the service. In particular the LMC cited the following strengths:

- next day communication with in-hours GPs (about their patients);
- communication during the shift (using the ASOC[8] system),;
- working at the emergency department;
- access to emergency drugs; and
- the Health Board not abusing GPs' time so they are not over loaded.

40 The Chief Operating Officer was of the opinion that operationally the team manages the service well.

There are comprehensive performance monitoring and scrutiny arrangements in place, and staff are confident that lessons are learnt from incidents and complaints

41 A key part of the governance of GP out-of-hours services is the monitoring and review of performance. The national review into GP out-of-hours services in 2012 highlighted issues with monitoring performance, including a lack of consistent and comparable data across Wales.

42 The Health Board collates comprehensive data on the operational performance of the GP out-of-hours service through a weekly and monthly performance dashboard. The types of measures collated are set out in Exhibit 3.

Exhibit 3: examples of performance measures at Aneurin Bevan University Health Board

Performance measures
• Total cases per month by GP cluster, broken down by weekday, weekend and cancelled calls. • Time taken to call an ambulance for life threatening conditions. • Case type, for example: advice given, home visit, primary care centre visit. • Time taken to return calls and triage. • Length of time between initial call and consultation. • Demand for secondary emergency care, for example: referrals to 999, emergency departments and direct admission to hospital. • Demand for GP out-of-hours from secondary emergency care, for example: referrals from WAST and emergency departments. • Percentage of cases prioritised as urgent and routine. • Unfilled shift hours. • Supply of clinical details relating to patients seen out-of-hours to in-hours GPs by 9 am.

Source: Aneurin Bevan University Health Board performance dashboards

[8] ASOC is the communications system used by call handlers.

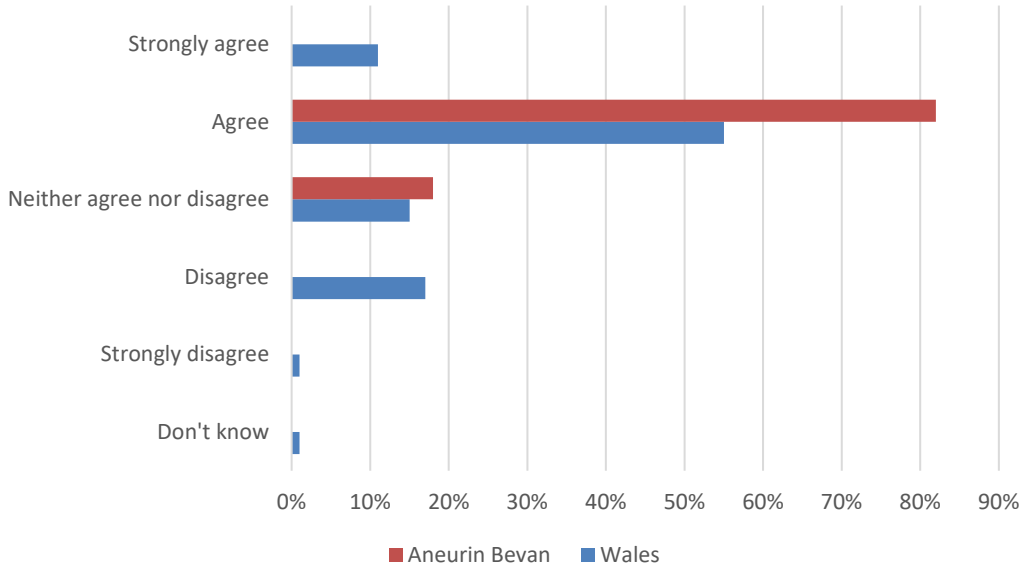
43 On a weekly basis, the executive team receives a performance summary and the performance dashboard. The Divisional Director of Primary Care and Networks and the Assistant Medical Director of Primary Care meet with the out-of-hours operational management team each week to discuss service risks, pressures and performance. On a monthly basis, GP out-of-hours performance is also reviewed as part of the Urgent Primary Care Leadership Group, and clinical governance meetings.

44 To safeguard patient safety it is important to test the quality of service delivered by clinicians. The clinical lead manages GP performance through a performance framework. Each quarter, GPs that regularly work out-of-hours shifts are sent a personal performance report via email. The clinical lead said that introducing a performance framework ensures performance discussions are consistent and backed by data. The service also undertakes a random spot check of patient notes (1% audit) to make sure records are correctly updated, collect significant incidents data, and nurses also undertake quality reviews.

45 To better understand patient experience the Health Board told us they occasionally conduct face-to-face patient surveys, targeting different primary care centres each time.

46 If governance of GP out-of-hours is to be effective, the Board and committees should routinely consider high-profile information on performance. At the Health Board, whilst the Board, and Quality and Safety Committee only consider the out-of-hours service on an annual basis, the service is considered monthly at their Primary Care Committee. Exhibit 4 shows that in response to our Structured Assessment survey, Board members in the Health Board are confident that there is regular scrutiny of the out-of-hours service, however only 18% said they were satisfied with the performance and quality of the service.

Exhibit 4: percentage of Board Members who agreed with the following statement 'The Board and its committees regularly scrutinise the performance and quality of GP out-of-hours services'.



Source: Wales Audit Office survey of Board Members.

47 Where health boards identify errors or incidents in relation to GP out-of-hours services, they should report the incidents to the National Reporting and Learning System (NRLS). Exhibit 5 highlights considerable variation between health boards in the number of incidents reported to the NRLS within GP out-of-hours services. Aneurin Bevan has the largest number of reported incidents compared to the other health boards and shows a year-on-year increase. However, this does not necessarily mean the Health Board has more incidents, but instead it could mean that staff at the Health Board are better at reporting incidents to the NRLS.

Exhibit 5: number of incidents reported to the NRLS between 2013 and 2015

	Number of incidents reported		
Health Board	**2013**	**2014**	**2015**
Aneurin Bevan	**83**	**92**	**136**
Betsi Cadwaladr	15	10	1
Cwm Taf	2	4	3
Cardiff and Vale	0	0	4
Abertawe Bro Morgannwg	0	0	2
Powys	0	1	0
Hywel Dda	0	0	0

Source: NRLS, NHS Commissioning Board Special Health Authority.

48 In our survey of GP out-of-hours staff, 71% of the Health Board's respondents agreed or strongly agreed with the statement 'information obtained through complaints, incidents and error reporting is used to make care safer'. 14% neither agreed nor disagreed, 7% said they disagreed, and 7% said they did not know. These are better results than the rest of Wales. This suggests that the Health Board has instilled a learning culture.

49 The operational management team raised that the service sees approximately 2,000 patients per week, but receives relatively few complaints. The CHC and LMC representatives said they had not received any patient complaints or concerns about the service.

50 Another key aspect of reviewing GP out-of-hours services is through health boards' monitoring and management of risks. The Health Board reported that key risks are discussed at weekly operational meetings and reported at the divisional and Board's Quality and Patient Safety committee.

The Health Board has reduced spending on out-of-hours in real terms and the planned remodelling of the service will take time to address the current overreliance on GPs

The Health Board is trying to increase the skill mix of out-of-hours staff but still relies heavily on GPs, has difficulty filling shifts and needs to improve morale and support training and development

51 Our scoping work across Wales highlighted considerable risks regarding the sustainability of GP out-of-hours services. The national review of GP out-of-hours services in 2012 stated that there was a manpower crisis in Wales and drew attention to some services struggling to ensure adequate staffing.

52 We requested from health boards, documentation setting out their workforce plan for GP out-of-hours services. We were looking for clear plans for the future, setting out required skills and resources, based on a good understanding of demand. At the Health Board, the overarching issue that prompted the need to redesign the GP out-of-hours service was that demand exceeds the available capacity for many shifts. Whilst we did not find a specific workforce plan for the out-of-hours service, the redesign business case sets out proposals to increase the skill mix within the service. These proposals range from making sure there is a mix of triage nurses and GPs in the call centres during peak times, introducing advanced paramedic practitioners, to investigating commissioning non-emergency ambulances to bring housebound (non-palliative) patients to primary care centres during peak times. Since our fieldwork, the Health Board has reported that a detailed workforce plan is now in place for GPs and nursing, the plan identifies the change in skill mix needed each year until 2018-19.

53 Another workforce proposal is to invest in educating community nurses, and as such the Heath Board has started to draft a ‘nursing staff education, development and workforce planning strategy’. At the time of this review the strategy was in the early stages of development, however we reviewed a very early draft. The strategy is aimed at all primary and community care nurses, so not just nurses working within the out-of-hours service. It aims to develop nurses’ skills so they can work across primary and community care services, which in turn will give the services some flexibility. Given the nursing recruitment challenges faced by the GP out-of-hours service, and other primary and community care services, this is a realistic approach.

54 When deciding their ideal mix of salaried and sessional staff, health bodies have to weigh up the pros and cons. For example, whilst salaried staff can provide more stability, sessional staff may provide greater flexibility. At the Health Board, there are 115 sessional GPs and 2.2 (whole time equivalent) salaried GPs. Between

2013 and 2015 the service gained an additional 40 sessional GPs (from approximately 79 to 115), however, the Health Board also reported that while there might be more GPs they are signing up for fewer shifts. The Health Board is looking to recruit more salaried out-of-hours GPs, and is planning on running a joint recruitment campaign with the in-hours service.

55 Traditionally, GPs provide the direct patient care in GP out-of-hours but staffing models are gradually changing. The national Primary Care Plan[9] states that 'No GP should routinely be undertaking any activity which could, just as appropriately be undertaken by an advanced practice nurse, a clinical pharmacist or an advanced practitioner paramedic'. As such, health bodies are gradually trying to move towards GP out-of-hours teams that supplement GPs with specialist nurses, paramedics and pharmacists.

56 The Health Board still has a largely GP-reliant out-of-hours service, however, has recently taken steps to increase the mix of skills within the team. For example, the Health Board is training nurses to confirm deaths, (traditionally done by GPs) and will be introducing advanced paramedic practitioners to the service. The Health Board has also established an overnight nursing team[10] (from 8 pm to 8 am), which saves approximately 50% of GPs' home visiting time. In addition, as part of a six month pilot, paediatric[11] nurses worked in the busiest primary care centres on weekends. The Health Board's executive team is reviewing the outcome of the pilot and considering a way forward.

57 Staffing and capacity within GP out-of-hours services should be flexible enough to be able to respond to seasonal spikes in activity, such as the pressures experienced in April and December each year because of respiratory viruses. The Health Board reported that during predictable peaks in demand, such as Christmas and Easter, they include additional shifts in the GP out-of-hours rota for all staff and flex staffing levels up and down depending on demand levels.

58 Even when health boards have a robust workforce plan, there can still be problems in ensuring appropriate staffing of GP out-of-hours services. For example, there may be difficulties in recruiting staff to posts, and difficulties in filling shifts. However, despite measures in place to cope with extra demand, staff we interviewed expressed concerns about recruiting both GPs and nurses for out-of-hours shifts because of staffing shortages within these professions. GP out-of-hours progress reports also highlight ongoing issues with recruiting nurses and salaried GPs. Having flexible capacity to meet peaks in demand is a requirement of the GP out-of-hours standard. The DU's review found no evidence to show the Health Board was meeting these criteria and also found a Board paper which indicated that the Gwent GP out-of-hours service generally struggles to meet

[9] Welsh Government, **Our plan for a primary care service for Wales up to March 2018**, February 2015.

[10] The overnight nursing team is funded through the Primary Care Fund.

[11] Children represent approximately half of weekend out-of-hours demand at the Health Board.

adequate staffing levels. However, as already stated the Health Board is in the process of introducing service changes to better manage demand within the current staffing capacity.

59 Exhibit 6 shows the staffing position in the Health Board compared with the rest of Wales. The data suggests that in 2015-16, the Health Board had the highest unfilled GP shift rate, however, the Health Board reported that the figure for 2016-17 was 15%, which is a 5% improvement on the previous year. Very few staff responding to our survey believe current staffing levels are enough to meet demand (9%).

60 The LMC representative that we interviewed explained some of the reasons GPs might be reluctant to work out-of-hours shifts. These included stresses of in-hours practice, and retired GPs wanting to work a few shifts being put off by annual revalidation and appraisal and the rising cost of medical indemnity cover.

Exhibit 6: measures comparing staffing resources across Wales

Aspects of staffing	Health Board	Across Wales
Size of list of GP pool to draw upon per 1,000 population	0.20	Ranging from 0.17 in Betsi Cadwaladr to 0.25 in Abertawe Bro Morgannwg.
GP shifts unfilled rate (2015-16)	20%	7% (average) Ranging from 0.5% in Powys to 20% in Aneurin Bevan.
Percentage of staff		
• agreeing or strongly agreeing that their workload was manageable; and	69%	66%
• agreeing or strongly agreeing that the current staffing levels in the GP out-of-hours service are sufficient to meet demand.	9%	21%

Source: Self-assessments submitted to the Delivery Unit, Wales Audit Office survey of GP out-of-hours staff, Wales Audit Office health board questionnaire.

61 The staff that work in GP out-of-hours services are essential to the success of patient care. Health boards, therefore, need to support these staff to engender positive morale and to ultimately ensure they are happy to continue to work within the service. Exhibit 7 suggests the Health Board's staff wellbeing and support arrangements are worse than the average position across Wales. Only 10% of Health Board staff responding to our survey agreed that morale in the out-of-hours service was good, this is compared to 31% across Wales. Less than half (47%) agreed that they get sufficient training, learning and development to carry out their role. This is despite our review finding a range of induction handbooks and training

documents including induction materials for GP registrars, induction booklets for staff operating the online support system (ASOC) and a triage nurse handbook. In addition, only 56% of staff agreed they would be working in the out-of-hours service in a year's time, this is compared to 73% across Wales. However, the Health Board reported that in 2015-16, 72% of out-of-hours staff had received an annual appraisal.

Exhibit 7: staff support arrangements and measures of staff wellbeing

Percentage of staff…	Health Board	Across Wales
agreeing or strongly agreeing that they received a comprehensive induction when they started work for the out-of-hours services	57%	64%
agreeing or strongly agreeing that they get sufficient training, learning and development within the out-of-hours service to carry out their role	47%	57%
agreeing or strongly agreeing that morale in the out-of-hours service is good	10%	31%
agreeing or strongly agreeing that they will still be working in the out-of-hours service in a year's time	56%	73%
who received a personal appraisal development review	72%	Insufficient data to calculate all-Wales position

Source: Wales Audit Office survey of GP out-of-hours staff.

The Health Board plans to address weaknesses in its GP pay model and whilst its out-of-hours spending per contact is relatively high, total spending has fallen in real terms

62 Exhibit 8 compares the amount of funding that the Welsh Government notionally allocates to GP out-of-hours services with the actual expenditure on GP out-of-hours services in each health board. Hywel Dda is the only geographical area in Wales that has had an increase in its notional GP out-of-hours funding from the Welsh Government since 2004-05[12]. In 2015-16, Aneurin Bevan subsidised its GP out-of-hours services to the sum of £1.342 million. Aneurin Bevan pays the second highest subsidy when compared to other Welsh health boards.

[12] The funding for the area covered by Hywel Dda increased in 2008-09 by £0.22 million, although we have been unable to ascertain the specific reasons for the increase.

Exhibit 8: health board actual spend on GP out-of-hours service compared with the notional allocation from Welsh Government

Health Board	Notional allocation from the Welsh Government 2015-16 (£000s)	Actual expenditure on GP out-of-hours services in 2015-16 (£000's)	Subsidy paid by health boards (£000's)	Subsidy paid by health boards as a percentage of notional allocation
Powys	1,980	2,543	563	28.4%
Aneurin Bevan	**4,736**	**6,078**	**1,342**	**28.3%**
Cwm Taf	2,447	3,064	617	25.2%
Hywel Dda	4,826	6,009	1,183	24.5%
Cardiff and Vale	3,048	3,768	720	23.6%
Abertawe Bro Morgannwg	4,533	4,905	372	8.2%
Betsi Cadwaladr	7,169	7,222	53	0.7%
WALES	28,739	33,589	4,850	16.9%

Source: Wales Audit Office analysis of Welsh Government data and health board local financial returns. Subsidy = Actual expenditure minus Notional allocation.

63 Exhibit 9 shows that whilst the total GP out-of-hours expenditure by health boards in Wales increased in cash terms by 6% between 2009-10 and 2015-16, when we took inflation into account, there was a real-terms reduction of 3%. Over the same period in the Health Board, expenditure increased by 1% in cash terms, but fell by 8% in real terms. Aneurin Bevan is one of four health boards where real-terms expenditure fell.

Exhibit 9: change in GP out-of-hours expenditure between 2009-10 and 2015-16

	Expenditure on GP out-of-hours services (£000)		Change in expenditure between 2009-10 and 2015-16	
Health Board	**2009-10**	**2015-16**	**Cash terms**	**Real terms**
Hywel Dda	4,738	6,009	27%	16%
Cwm Taf	2,657	3,064	15%	5%
Abertawe Bro Morgannwg	4,238	4,905	16%	6%
Powys	2,534	2,534	0%	-8%
Cardiff and Vale	3,847	3,768	-2%	-11%
Aneurin Bevan	**6,005**	**6,078**	**1%**	**-8%**
Betsi Cadwaladr	7,632	7,222	-5%	-14%
WALES	**31,651**	**33,581**	**6%**	**-3%**

Source: Wales Audit Office analysis of health board local financial returns. To calculate the real-terms changes we used the Gross Domestic Product deflators published by HM Treasury. GDP deflators measure inflation across the whole economy. We used the deflators issued in December 2016 to put all figures into 2015-16 prices.

64 If the Health Board's GP out-of-hours service is going to succeed in meeting demand and providing quality care to patients, it needs an appropriate budget and a robust approach to budget-setting. We found the Health Board executives agreed to fund the revised service model, which was approved in 2015. Any unspent budget for example through unfilled GP shifts is reinvested in other staffing or schemes to support the service such as advanced practitioners.

65 Generally, staff we interviewed as part of this review felt the out-of-hours service was sufficiently funded but this is mainly because shifts are not filled so the service does not fully spend its budget. As explained above, the service is now starting to invest the underspent budget on increasing the service skill mix through their revised service model. The out-of-hours service does not have savings targets.

66 Exhibit 10 shows how the Health Board's expenditure on GP out-of-hours services compares with other bodies across Wales when considering its catchment population. The Health Board expenditure per 1,000 population and expenditure as a percentage of total GMS is in line with the all Wales average. However, their cost per contact is over £15 higher than the average, and the third highest compared to other health boards in Wales.

Exhibit 10: GP out-of-hours expenditure across Wales

Health Board	Out-of-hours expenditure per 1000 population (£)	Cost per contact (£)	Out-of-hours expenditure as % of total GMS expenditure (2015-16)
Abertawe Bro Morgannwg	9.33	36.07	6.7%
Aneurin Bevan	**10.45**	**68.88**	**7.0%**
Betsi Cadwaladr	10.40	50.36	6.2%
Cardiff and Vale	7.77	34.63	5.5%
Cwm Taf	10.33	50.65	6.8%
Hywel Dda	15.68	93.32	9.8%
Powys	19.17	71.63	7.4%
WALES	**10.84**	**52.74**	**6.9%**

Sources: Local Health Boards' LFRs; Mid-Year Population Estimates, Office for National Statistics.

67 A key aspect of the financial sustainability, as well as the clinical sustainability, of GP out-of-hours services is the approach the Health Board takes to paying GPs. Whilst staffing models are gradually changing, GPs remain essential in leading GP out-of-hours services. Health boards need to strike a balance between paying enough to attract GPs to work in the service whilst also ensuring value for money.

68 Exhibit 11 shows how the Health Board's approach to GP sessional pay compares with other bodies across Wales. Since the Health Board completed our questionnaire they have stopped increasing pay rates at the last minute when shifts are difficult to fill. Instead, the service now incentivises GPs for booking four weeks in advance for high demand shifts on weekends.

69 The general sentiment amongst staff interviewed was that the approach to deciding pay rates for GPs was not sustainable. Staff felt that pay rates across health boards should be standardised because GPs can work across boundaries where there might be better rates of pay. Another issue raised was that the out-of-hours service is having to compete with the in-hours service for locum GPs, who are in short supply and offered better pay to work in-hours. This issue was highlighted in the GP out-of-hours service redesign business case. And as such, in December 2015, the Health Board increased GP pay rates to better align with neighbouring health boards and locums. Whilst there is an initial investment, the redesign plan aims to reduce overreliance on GPs, so in time, pay costs will decline. Staff we interviewed reported that the Health Board is working towards creating a sustainable pay structure. The Health Board's pay rates are comparable to the neighbouring health boards of Cardiff and Vale, and Cwm Taf.

Exhibit 11: approach to sessional pay across Wales

	This Health Board	All health boards	
		Yes	No
Increased rate of pay for filling shifts at late notice.	Yes	3	4
Increased rate of pay for filling shifts well in advance (thereby incentivising early sign up to shifts.	No	0	7
Increased rate of pay for committing to more than one shift (incentivised bundling model).	No	3	4
Increased rate of pay for completing shifts as intended (thereby incentivising staff to work the shifts they agreed to fill).	No	0	7
Standardised rates of pay agreed with neighbouring health boards.	No	2	5
Standardised rates of pay agreed with all health boards in Wales.	No	0	7
Sessional rates in the out-of-hours service are identical to in-hours locum rates for GPs.	No	1	6

Source: Health Board Questionnaire.

70 Between 2009-10 and 2015-16, all health boards other than Powys were at one point paying some of their GP surgeries to extend their normal opening hours. Aneurin Bevan is going against the trend when it comes to expenditure on extending opening hours. Unlike other health boards, Aneurin Bevan has increased spend on extended hours, this is in direct contrast to all other health boards where expenditure has either stopped or dramatically fallen. In 2009-10, the Health Board was spending £127,000 per year and by 2015-16 this had risen to £557,000. Despite increased spend, the benefits of extending practice hours have not been evaluated. The next section of this report explores further the data on extended opening hours.

There is scope to improve performance on call taking, call backs and urgent appointments, and further scope to improve signposting to out-of-hours services from GP practices

There is good in-hours access to GPs and generally good public information about the out-of-hours service but there is scope to improve signposting on practice websites and answerphones

71 Our previous work on unscheduled care showed that patients can find it difficult to decide how best to access unscheduled care services. If GP out-of-hours services are to succeed in managing demand appropriately, the public needs to be informed about the real purpose of GP out-of-hours and how to access the service appropriately.

72 Health boards have tried a range of actions to inform the public about GP out-of-hours services. The Health Board told us that they were using a variety of approaches to educate the public on when to use the GP out-of-hours services, these included:

- plans to work with public health and the Welsh Government on developing Wales-wide public messages;
- sign-posting the public to the NHS Choose Well Campaign and leaflets;
- the Health Board has developed an on-line self-assessment application (app) to help direct patients to the appropriate health care service;
- working with the Heath Board's communication team on campaigns targeting frequent service users;
- recruiting a 'Frequent Callers Coordinator' to case manage patients who regularly call the out-of-hours service; and
- Public Health short films (Dr Olivia).

73 The staff we interviewed thought the public understood when to access the out-of-hours service. However, reasons such as lack of time to attend in-hours GP service because of work pressures and public expectations mean the service is seen as an extension of the in-hours GP service. In addition, the alternative out-of-hours services, such as pharmacies, are not developed enough to reduce the demand on the GP out-of-hours services. This is something that the Health Board is working to improve.

74 We reviewed health board websites to assess the extent of information on GP out-of-hours services for the public. Exhibit 12 shows how the results for the Health Board compared with the rest of Wales. Overall, we found comprehensive information about the GP out-of-hours service on the Health Board's website. The only crucial piece of information missing was GP out-of-hours opening times.

Compared to other health boards, Aneurin Bevan provides one of the most complete sets of information about its service.

Exhibit 12: comparison of GP out-of-hours information available on Health Board websites

	This Health Board	All health boards	
		Yes	No
Is there any information on the landing page about GP out-of-hours services?	**Yes**	4	3
Is there any information on the landing page about the Choose Well campaign?	**Yes**	7	-
Does the website have a page on GP out-of-hours services?	**Yes**	7	-
Does the GP out-of-hours page provide a description of the GP out-of-hours service?	**Yes**	3	4
Does the GP out-of-hours page provide examples to illustrate conditions/circumstances where it is appropriate to access GP out-of-hours services?	**Yes**	1	6
Does the GP out-of-hours page provide the opening hours of the GP out-of-hours service?	**No**	2	5
Does the GP out-of-hours page provide the locations of the GP out-of-hours primary-care centres?	**Yes**	2	5

Source: Wales Audit Office review of health board websites.

75 We reviewed a sample of GP practice websites and carried out 'mystery shopping' calls to GP practice phone lines, outside normal working hours, to assess how well they signpost patients to GP out-of-hours services. Exhibit 13 shows how GP practices in the Health Board compared with those across Wales. In the Health Board, the GP practices we reviewed had better information about the GP out-of-hours service on their answerphone messages than on their websites.

Exhibit 13: comparison of GP out-of-hours information available on practice websites and automated messages

	This health board (10 practices)		Wales (70 practices)	
Practice websites	**Yes**	**No**	**Yes**	**No**
Does the practice have a website?	9	1	59	11
Does the landing page signpost patients to GP out-of-hours services?	5	4	31	29
Does the website give patients the telephone number for the GP out-of-hours service?	9	0	57	3
Does the website state that GP out-of-hours services are for 'urgent' cases only?	7	2	34	26
Does the website state that GP out-of-hours services are not for 'emergency' cases?	4	5	22	38
Does the website signpost patients to NHS Direct Wales (and other services)?	7	2	44	16
Practice phone lines	**Yes**	**No**	**Yes**	**No**
Was the call answered?	10	0	69	1
Was the call automatically diverted to the GP out-of-hours service?	1	9	16	53
Did the answerphone message give the phone number of the out-of-hours service?	9	1	49	18
Did the message say that out-of-hours services are not for 'emergency' cases, or explain what to do in an 'emergency'?	10	0	32	36
Did the message state that GP out-of-hours services are for 'urgent' cases only?	7	3	35	33
Did the message signpost patients to NHS Direct Wales (and other services)?	10	0	47	20

Source: Wales Audit Office review of GP practice websites and phone lines.

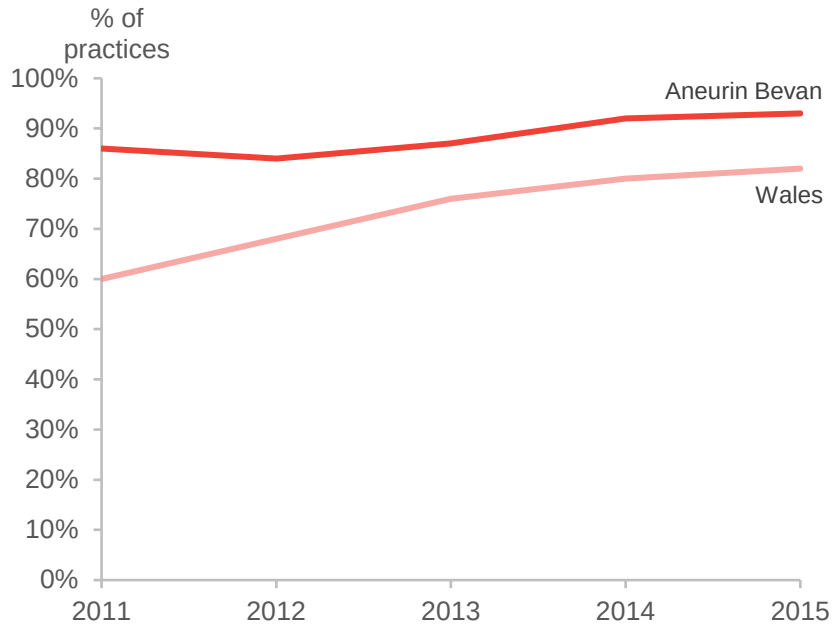
76 Our mystery shopping showed that the Health Board has a single number for its GP out-of-hours service, however the answerphone message at one of the GP practices gave a different phone number[13]. And whilst five of the answerphone messages were similar and gave a clear description of the out-of-hours service, for the rest we found some variation. In terms of GP practice websites our mystery shopping exercise found that in general there was little information on the websites

[13] The phone number given was 0845 6001231 instead of 01633 744285.

about the out-of-hours service. Most sites signposted patients to NHS Direct Wales and one site signposted patients to NHS 111, which is not yet available in Wales.

77 Our scoping suggested that problems in accessing in-hours primary care may be driving additional demand for GP out-of-hours services. Exhibit 14 shows an increase across Wales in the percentage of GP practices that are open for the entirety of their core hours[14]. The definition of 'open' in this instance is that the practice's doors are physically open and a patient can have face-to-face contact with a receptionist. The exhibit shows that over 90% of Aneurin Bevan GP practices are open for their entire core hours: this is better than the Wales average of 82%.

Exhibit 14: percentage of GP practices open for their entire core hours



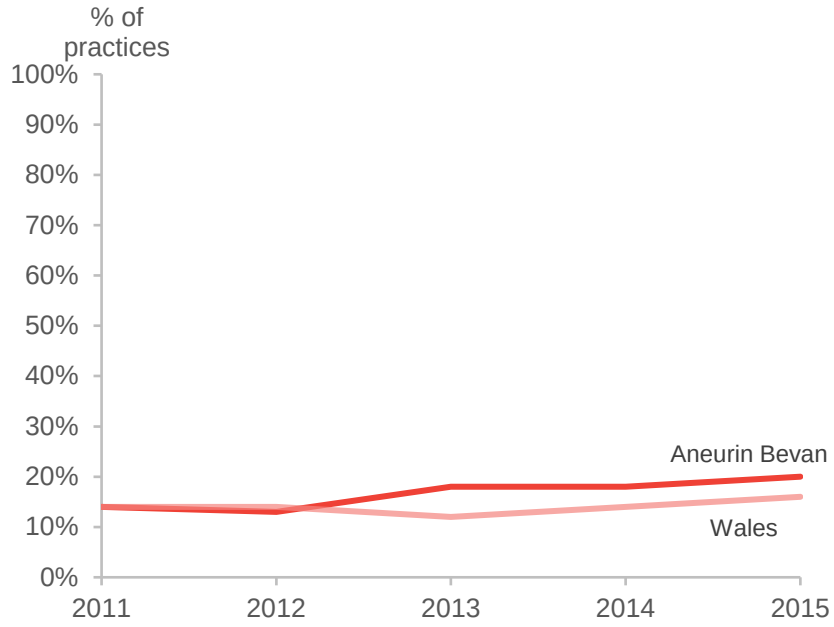
Source: Wales Audit Office analysis of data from My Local Health Service, NHS Wales.

78 There has been an increase across Wales in the percentage of practices that offer appointments between 5 pm and 6.30 pm, on at least two days per week. Aneurin Bevan is one of four health board areas where all GP practices offer such appointments.

[14] Under the General Medical Services (GMS) contract (the UK-wide contract between general practices and primary care organisations for delivering primary care services to local communities), GP practice core hours are Monday to Friday, between 8 am and 6.30 pm (except on Good Friday, Christmas Day and Bank Holidays).

79 Exhibit 15 shows less progress across Wales in ensuring practices offer appointments before 8.30 am on at least two days a week. Compared with other health boards, at 20%, Aneurin Bevan has the second highest number of GP practices offering early appointments. The average across Wales is 16%.

Exhibit 15: percentage of GP practices that regularly offer early appointments



Source: Wales Audit Office analysis of data from My Local Health Service.

80 The Health Board recognises that one of the keys to reducing demand on the GP out-of-hours service is to improve access to in-hours GP services. They identified there was variation in levels of access across different practices, for example some GP practices closed for half a day each week, or closed their doors over the lunch period. In an effort to standardise access, in 2012, the Gwent GP Access Group[15] developed a benchmarking and accreditation scheme called 'A is for Access', which is based on the following five standards:

- morning opening time of 8 am or earlier, and first doctor routine appointment time of 8.30 am or earlier;
- doors remain open during the lunchtime period;
- last doctor routine appointment 5.50 pm or later;

[15] The GP Access Group includes representatives from the Health Board, Community Health Council and Local Medical Committee.

- routine telephone access to ‘live person’ from 8 am to 6.30 pm; and
- ‘sort in one call’ or ‘My Health Online’ (patients can book an appointment in one telephone call or via the internet).

81 Only practices that meet all five standards are offered extended practice hours. Practices are awarded an accreditation poster to display in their public space. The scheme demonstrates the Health Board’s commitment to improving in-hours access, and providing a consistent service for all patients.

The Health Board’s call taking performance is worse than the all-Wales average and is not meeting targets

82 Most GP out-of-hours services use an automated system to answer calls, so that patients hear a pre-recorded message. If the message is too long or complicated, or if it takes too long for the message to begin, patients may decide to terminate the call. In the Health Board, 29% of calls to GP out-of-hours were terminated[16] in this way, which is higher than the all-Wales average (Exhibit 16).

83 After the answerphone/automated message, patients will typically speak to a call taker. If there are delays at this stage, patients may choose to abandon the call. In the Health Board, 22% of calls were abandoned[17] at this stage, which is higher than the all-Wales average. The data also shows that between April and September 2016, the Health Board’s GP out-of-hours service answered 56% of calls within 60 seconds of the end of the answerphone message. The national standards for GP out-of-hours services state that health boards should be achieving 95%. The Health Board has recently developed an action plan outlining barriers to achieving the national performance targets and steps to address them. The action plan includes all GP out-of-hours national performance targets that are not being met.

[16] Definition of terminated calls: Calls terminated by the caller before or during the pre-recorded message. If there is no pre-recorded message, a call is classed as terminated if the caller has hung up within 30 seconds of the call being recorded on the service's telephony system. The data cover April 2016 to September 2016.

[17] Definition of abandoned calls: Calls where the caller hung up before the call was answered by a call handler after the pre-recorded message (or after the initial 30 seconds, if there is no pre-recorded message). The data cover April 2016 to September 2016.

Exhibit 16: call handling performance

	Health Board %	Wales %
Percentage of calls terminated	28.8	14.6
Percentage of calls abandoned in 60 seconds or less	12.7	7.0
Percentage of calls abandoned after 60 seconds	9.1	5.3
Percentage of calls answered within 60 seconds (after the pre-recorded message)	55.5	74.3
Percentage of calls answered after 60 seconds (after the pre-recorded message)	44.5	25.7

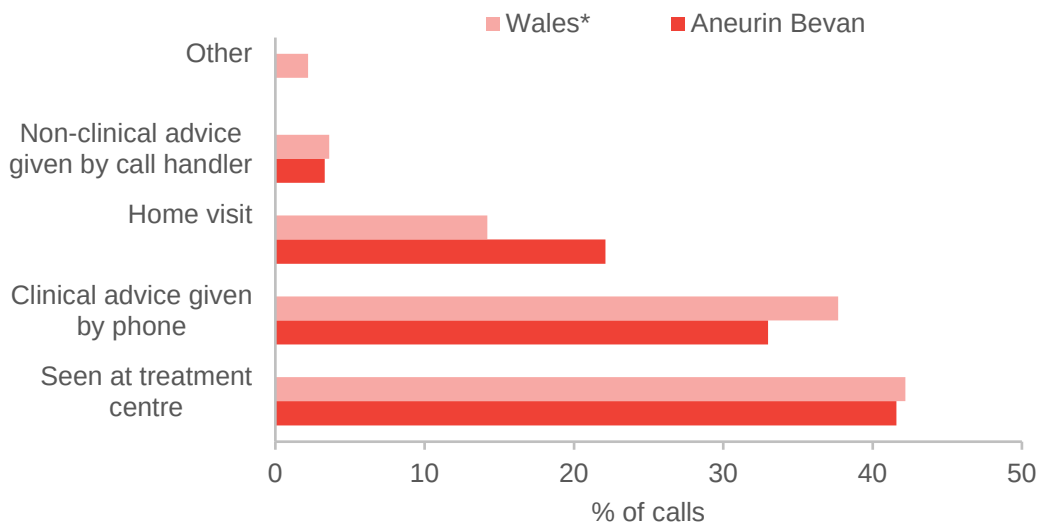
Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards, between April 2016 and September 2016.

The Health Board is not meeting call back targets, manages comparatively few patients through hear-and-treat, and needs to improve telephone triage training

84 Once the GP out-of-hours service has taken a call from a patient, the call taker may choose to manage the patient in one of several ways. Exhibit 17 shows how the Health Board handled calls[18] between April 2016 and September 2016. It shows that the Health Board's patients were more likely to receive a home visit and were less likely to have all of their needs met by phone than in Wales as a whole.

[18] We have excluded calls where the patient had a life-threatening emergency.

Exhibit 17: the way in which the GP out-of-hours service manages calls



Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards, between April 2016 and September 2016.

85 Telephone triage is the process that GP out-of-hours services use to assess the immediate needs of patients. If GP out-of-hours services are to provide effective hear-and-treat services, they need to ensure the staff carrying out telephone consultations have the requisite skills. The Health Board reported that nursing staff receive training on the telephone clinical triage support system, and through on the job training and mentoring. Telephone triage training for GPs is mainly through work shadowing, and training is also provided by an external training provider.

86 The Health Board and LMC representative told us that GPs do not feel as confident about telephone triage as seeing patients face-to-face. As a consequence, GPs are sometimes overcautious, meaning they spend an extended amount of time with patients on the phone, as well as sending them to a primary care centre or arranging a home visit. The Health Board feels the training provided by the external company is not as extensive as it could be, and recognises training on telephone triage needs to be improved. The LMC representative we spoke to had not received any training on telephone triage, but admitted that this was also because GPs are busy during practice hours so have little time for training.

87 After a patient has described their symptoms to the call taker, the GP out-of-hours service may decide that the patient needs a call back from a clinician. The national standards state that 98% of 'urgent' calls should receive a call back within 20 minutes. Between April and September 2016, 87% of urgent calls in the Health Board received a call back within 20 minutes (compared with 78% across Wales as a whole). The national standards also state that 98% of 'routine' calls should receive a call back within 60 minutes. Between April and September 2016, 74% of

routine calls to the Health Board received a call back within 60 minutes (compared with 82% across wales as a whole).

88 In our survey of GP out-of-hours staff in the Health Board, 14% of respondents said they were comfortable with the proportion of calls dealt with entirely on the telephone (sometimes referred to as 'hear and treat'). 54% were not comfortable. Across Wales, 54% were comfortable whilst 25% were not.

89 For hear-and-treat to be most effective, it helps if the clinician has access to a summary of the patient's medical history through a computer system called the GP Record. In the Health Board, 17% of the patients that contacted GP out-of-hours had their GP Record accessed by the service. This is higher than the Wales average which is 5.6%.

Compared to the rest of Wales, the Health Board is not providing timely appointments for 'very urgent' and 'urgent' patients

90 If the service deems a patient's condition serious enough, the telephone consultation may result in an appointment with a clinician in a GP out-of-hours treatment centre or a visit to the patient's home.

91 If the patient's condition is 'very urgent', the national standards state that 90% of patients should be seen at an appointment or through a home visit within an hour. 90% of 'urgent' patients should be seen within two hours and 90% of 'less urgent' patients should be seen within six hours. Exhibit 18 suggests that the Health Board's GP out-of-hours service is providing less timely treatment centre appointments for 'very urgent' and 'urgent' patients than in Wales as a whole.

Exhibit 18: percentage of patients seen within the relevant time targets

	Health Board %	Wales[1] %
Home visits		
Percentage of 'very urgents' seen within one hour	65.5	59.9
Percentage of 'urgents' seen within two hours	61.6	69.2
Percentage of 'less urgents' seen within six hours	91.3	92.7
Treatment centre		
Percentage of 'very urgents' seen within one hour	77.9	85.7
Percentage of 'urgents' seen within two hours	63.3	80.9
Percentage of 'less urgents' seen within six hours	93.7	97.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards, between April 2016 and September 2016.
[1] The figures for Wales exclude Abertawe Bro Morgannwg University Health Board and Cwm Taf University Health Board.

92 In the Health Board between April 2016 and September 2016, 1.1% of patients that had an appointment booked at the GP out-of-hours treatment centre did not attend their appointment. This equates to an approximate cost of £12,400 between April 2016 and September 2016[19].

Aneurin Bevan's out-of-hours service makes comparatively few referrals to other services

93 Our scoping work suggested that GP out-of-hours services may be experiencing demand from patients that were suitable for other services. Out-of-hours services are for urgent cases but not emergencies, therefore the life-threatening emergency cases seen in GP out-of-hours services represent misplaced demand. Across Wales, 3.5% (6,756 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 were life-threatening emergency cases. In the Health Board, the corresponding figure was 3.2% (1,328 cases).

94 If a patient contacts GP out-of-hours and is subsequently referred to their GP, it could be argued that the patient should have seen their own GP in the first instance. This is not true in all cases but we present the data here for discussion purposes. Across Wales, 17.6% (33,747 cases) of all calls to GP out-of-hours services between April 2016 and September 2016 resulted in referrals to the

[19] We calculated the cost per appointment by dividing the total cost of out-of-hours services by the number of appointments in 2015-16.

patient's own GP. In the Health Board, the corresponding figure was 11.8% (4,867 cases).

95 Across Wales, 40.8% of patients that contacted GP out-of-hours between April 2016 and September 2016 required a referral to a different service. In the Health Board, the corresponding figure was 28.9%. Exhibit 19 shows the pattern of referrals made by the service.

Exhibit 19: pattern of referrals made by GP out-of-hours services

	Health Board %	Wales %
Category: Hear-and-treat patients		
Received a telephone assessment only and the call was closed	60.8	54.7
Referred to emergency ambulance service	4.4	5.7
Referred to hospital emergency department or minor injury unit	9.8	10.6
Referred to hospital admission or assessment on a hospital ward	6	2.9
Referred to their own GP	17.7	14.4
Referred to district nursing	0.5	2.6
Referred to dentist	0.3	0.3
Other	0.5	8.9
Category: Patients seen at treatment centres		
Did not attend the appointment or left before the appointment took place	1.1	1.0
Treated and discharged	77.1	61.1
Referred to emergency ambulance service	0.1	0.1
Referred to hospital emergency department or minor injury unit	0.6	1.8
Referred to hospital admission or assessment on a hospital ward	11.7	9.1
Referred to their own GP	9	23.4
Other	0.5	3.6
Category: Patients seen at home		
Treated and discharged	72.9	60.4
Referred to emergency ambulance service	0.6	0.6
Referred to hospital emergency department or minor injury unit	0.4	2.1
Referred to hospital admission or assessment on a hospital ward	9	7.9
Referred to their own GP	11.2	17.0
Other	0.2	6.2

Source: Wales Audit Office analysis of monthly GP out-of-hours data submitted to the Welsh Government by the health boards, between April 2016 and September 2016.

96 Where GP out-of-hours refers emergency cases to the ambulance service, the national standards state that the service should transfer all such calls within three minutes. The Health Board's data for this measure was inconsistent, therefore we are unable to report performance against this measure.

97 A potential barrier to effective referrals is the availability of other services outside normal working hours. In our survey of GP out-of-hours staff we asked for views on the availability of services for a range of conditions. In the Health Board, the services that staff felt were least available related to:

- mental health crisis;
- frail patients with diarrhoea and vomiting who need hydration; and
- patients suffering with swollen leg/deep vein thrombosis

98 Even when alternative services are available to take referrals from GP out-of-hours services, there is a risk that GP out-of-hours staff will not make referrals because they do not know about these alternative services. The Health Board's GP out-of-hours services do not have access to an up-to-date directory of service, which is likely to limit their ability to make appropriate referrals.

99 A key relationship within the unscheduled care system is that between GP out-of-hours and the hospital emergency department. When patients access emergency departments and their needs can be appropriately met by GP out-of-hours, there needs to be robust processes for referring these patients to GP out-of-hours. The Health Board is one of six health boards across Wales that has a written protocol that covers all GP out-of-hours services, setting out how emergency departments should refer patients to GP out-of-hours services when clinically appropriate. The Health Board also has a protocol that applies in all of its emergency departments, setting out how the GP out-of-hours service should routinely in-reach to the emergency department, to identify patients suitable for GP out-of-hours.

100 Fieldwork undertaken as part of our review of emergency ambulance commissioning found that whilst the primary care centre at Nevill Hall Hospital is co-located with accident and emergency, it is the first place to be closed when there are capacity issues, and also the relationship between GP out-of-hours staff and emergency department staff can be strained at times. However, as stated earlier, the Health Board has found Nevill Hall Hospital to be one of the quieter primary care centres and therefore, following a pilot, is looking to permanently close the centre overnight, Monday to Thursday.

Appendix 1

Audit methodology

Our review of GP out-of-hours services took place across Wales between June and November 2016. Details of the audit approach are set out below.

Exhibit 20: audit methodology

Method	Detail
Health board questionnaire	The questionnaire was the main source of corporate-level data that we requested from the Health Board.
Document request	We reviewed documents from the Health Board which covered: • Service modernisation plan • Wider unscheduled care plans • Workforce plans • Performance reports • Minutes of operational meetings • Minutes of Board and committee meetings • Structure charts
Interviews	We interviewed a number of staff including: • Chief Operating Officer • Divisional Director of Primary Care and Networks • Clinical Lead for GP out-of-hours service • Operational Lead for GP out-of-hours service • GP out-of-hours management team • Local Medical Committee representative • Local Community Health Council representative
Surveys of GP out-of-hours staff	We carried out an online survey of all staff that work in the out-of-hours service. We had 32 responses at the Health Board.
Survey of patients	We carried out a postal survey of 1,990 randomly selected patients in Wales that had contacted the out-of-hours service on any of the following dates: 12, 13, 16, 17, 18 July 2016. We received responses from 330 patients, giving a response rate of 16.6%.
Survey of Board members	As part of our structured assessment work, we surveyed NHS Board members. We included a small number of questions relating to out-of-hours services. At Aneurin Bevan, we had responses from 11 members.
Review of health board websites	We reviewed the health board's website to assess the effectiveness of information provided on how and when to access out-of-hours services.

Method	Detail
Mystery shopping: GP practice phone lines and websites	We made telephone calls, after practice closing times, to a sample of 10 practices in each Health Board. We assessed the answerphone message for effectiveness in information provision to patients. We also assessed GP-practice websites to assess the signposting to the out-of-hours service.
Use of existing data	We used existing sources of data such as incident data from the National Reporting and Learning System, data from the Delivery Unit's 2015 work on out-of-hours, data from the My Local Health Service website and data submitted by health boards to the Welsh Government.

Appendix 2

All-Wales patient survey results

We did not receive enough responses to our patient survey to allow robust comparisons across health boards. The data we present from the patient survey are therefore a picture of opinions (from 330 respondents) from across Wales.

When asked about their overall level of satisfaction, 77% of respondents said they rated the GP out-of-hours service as 'excellent' or 'very good'. We also asked patients whether the advice or treatment provided by the GP out-of-hours service had had a positive impact on their symptoms. Exhibit 21 shows the results from across Wales.

Exhibit 21: percentage of patients who said the GP out-of-hours service had a positive impact on their symptoms

Please indicate how much impact the out-of-hours service had on your overall symptoms	Percentage of respondents
My symptoms improved a lot	43%
My symptoms improved a little	22%
My symptoms did not improve	13%
My symptoms got worse	9%
It is too soon to tell	2%
Don't know/Not applicable	11%

Source: Wales Audit Office survey of patients.

Our scoping work suggested that patients may be confused about how and when to access out-of-hours services. A proxy measure of whether patients are confused about how and when to access GP out-of-hours services is the percentage of patients that accessed a different service before accessing the GP out-of-hours service. Our patient survey showed that 66% of respondents across Wales had accessed one or more different services before accessing GP out-of-hours services. Exhibit 22 shows which services they accessed.

Exhibit 22: range of services accessed by patients before contacting GP out-of-hours services

Service	Percentage of respondents
GP surgery	32%
NHS Direct Wales	18%
Pharmacy/Chemist	6%
Accident and Emergency department or minor injuries unit	5%
District nurse/community nurse	4%
Ambulance service/999	4%
Other	8%

Source: Wales Audit Office patient survey. Note: the right hand column does not add up to 100% because some patients accessed more than one service, while some patients accessed none.

When we asked patients whether they were satisfied that GP out-of-hours services had been the right service for their needs, 87% of respondents said 'Yes', 8% said 'No' and 5% said 'Don't know'.

We also asked how patients found the telephone number for the GP out-of-hours service. Exhibit 23 shows the results from across Wales.

Exhibit 23: mechanism by which patients access the GP out-of-hours phone number

How did you find the number of the GP out-of-hours service?	Percentage of respondents
I got it from my GP surgery	45%
I already had the number	37%
I looked it up on the internet	7%
I asked a healthcare professional	4%
I asked a friend/relative/carer	3%
I looked it up in the telephone directory	1%
Other	4%

Source: Wales Audit Office survey of patients.

Once a patient has decided to contact the GP out-of-hours service, it is important that the service answers calls quickly. In our survey, 9% of respondents across Wales said it took 'longer than I expected' for their call to be answered, 56% said it took 'about what I expected' and 35% said it took 'less time than I expected'.

After a patient has their initial call answered, it is common for the GP out-of-hours service to arrange to call the patient back at a later time. In our survey, 288 respondents received a call back from the GP out-of-hours service. Of these respondents, 16% said it took 'longer than I expected' to get a call back, 50% said it took 'about what I expected' and 34% said it took 'less time than I expected'.

If a patient needs to be seen by a clinician face to face, the GP out-of-hours service may offer an appointment or a home visit. In our survey, 61 patients said the out-of-hours service did not offer them a face-to-face appointment or home visit. Of these respondents, around one-third would have preferred a face-to-face appointment or a home visit.

Exhibit 24 shows the survey results in relation to appointments and home visits. The findings suggest largely positive patient experience, particularly for face-to-face appointments.

Exhibit 24: measures of patient experience of GP out-of-hours appointments and home visits across Wales

Face-to-face appointments (180 respondents)

- 85% of patients who responded to our survey said that they waited as long as they had expected or less time than they had expected, whilst 15% of respondents waited longer than they had expected.
- 82% of respondents said that the location of their appointment was convenient, whilst 10% of respondents said it was inconvenient.
- 97% of respondents said the service treated them with respect during their appointment and 98% said that the healthcare professionals listened to them carefully.
- 91% of respondents said that their appointment with the healthcare professionals was at least as long as they had expected, whilst 9% of respondents said that their appointment had been shorter than expected.

Home visits (73 respondents)

- 62% of respondents said the service told them the time that they should expect their home visit, 22% said they were not told and 16% could not remember.
- 74% of respondents said that they waited as long as they had expected or less time than they had expected for their home visit, whilst 26% of respondents said that waited longer than they had expected.
- All respondents, except one, said that during the home visit, the healthcare professional listened carefully and treated them with respect.
- 96% of respondents said that their home visit was at least as long as they had expected.

Source: Wales Audit Office survey of GP out-of-hours patients.

78% of respondents to our survey said that after accessing GP out-of-hours they needed to access another service to have their needs met. This may suggest patients are not accessing the right service for their needs, or it may reflect that patients are contacting GP out-of-hours with complex problems that are not easy to solve in the out-of-hours environment.

Appendix 3

Health boards' self-assessment against the national standards

Exhibit 25: health board self-assessment against the national standards

Aim		Performance Standard	Health Boards						
		Achieved	CT	BCU	CV	AB	ABMU	HD	Powys
		Work Underway							
		Limited Development							
		No response							
To ensure that services respond in a timely manner	1.1	Introductory message should include signposting to emergency services for clearly identifiable life-threatening conditions.							
	1.2	All patients receive a prompt response to their initial contact.							
	1.3	Patients will receive a timely, co-ordinated clinically appropriate response to their needs.							
	1.4	Referrals to other services are appropriate.							
Accessible	2.1	A single point of access in place.							
	2.2	Services are planned across organisational boundaries							
	2.3	Language							
	2.4	Disability							
	2.5	Signposting							
Knowledgeable	3.1	The service will be staffed by appropriately skilled and trained clinical and non-clinical staff.							
	3.2	Relevant medical history is considered to support the consultation.							
Effective	4.1	Patients receive clinical assessment in line with current national standards and guidelines.							
	4.2	Quality improvement methodology used to continually develop local services and share good practice.							
	4.3	Significant event analysis is in place.							
	4.4	Serious incidents are reported through LHB processes to ensure reporting in line with Putting Things Right and Datix guidelines.							
	4.5	Clinician audit in place using a recognised and accredited template e.g. RCGP toolkit.							
Care is Safe	5.1	Risk Management in place and lines of accountability are clear.							
	5.2	Efficient transmission of OOH data to GP Practices.							
	5.3	Communicating effectively internally and externally with patients, service users, carers and staff							
	5.4	Clear governance and accountability frameworks in place							
	5.5	Prescribing formulary agreed, with particular attention to antibiotics							
	5.6	Controlled drugs policy and procedures in place & controlled drugs are available for OOH services to dispense							
	5.7	Effective complaints handling and compliments reporting processes in place							
	5.8	Effective Serious Incident reporting processes in place							
	5.9	Relevant safety alerts are highlighted							
Consistent	6.1	The service will be able to flexibly adjust to meet periods of high demand without detriment to service provision							
	6.2	Systems, capacity and workload planning takes into account variation in demand, to allow for 4 consultations per hour for face-to-face consultation within a Primary Care Centre setting							
	6.3	Common framework of standards and governance across urgent and unscheduled care provision							
Acceptable	7.1	Equality, Diversity and Human rights policies and procedures in place in line with Equality Act 2010 and local HB policies							
	7.2	Dignity and respect policies in place							
	7.3	Information and consent issues addressed							
Relevant	8.1	Development of clinical pathways							
	8.2	Working with other services to develop a Locality based approach to unscheduled care e.g. WAST, Care Homes, Prisons, Patient Groups							
Efficient	9.1	Financial probity assured							

Source: Delivery Unit, **Key findings from the Health Boards' baseline assessment of GP Out-of-Hours Services**, October 2015.

Appendix 4

Management response

Exhibit 26: Aneurin Bevan Health Board's management response

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1a	Develop a consultation and communication plan including a variety of methods for operational staff to participate in discussions and decisions.	Staff are engaged and have greater opportunities for participation.	Yes	Yes	Develop a consultation and communication plan including a variety of methods for operational staff to participate in discussions and decisions. This will be split into 2 sections: 1. Discussions on operational issues and team working on shift –	July 2017	Sam Crane

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					opportunity for ideas and development and joint leadership across teams. 2. Give regular updates and gain feedback to and from staff as plans develop for service redesign and 111 developments and opportunities for further participation. We have focus groups/workshops organised throughout July and August with representation from a range of nonclinical teams to better integrate working arrangements across nonclinical staff and processes.		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					4 workshops organised throughout February to May 17 to bring together Medical Leads, Clinical Coordinators and ASOCs**.** 2 sessions have also been planned in August with the overnight teams to discuss better working together and develop medical leads/clinical coordinator roles overnight in readiness for 111. From September we will have a joint CPD session in place for GPs and Nurses in OOHs. Whilst we have a range of monthly drop in sessions in all the		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					bases and at VPH arranged on an ongoing basis for all staff groups, the turnout of staff is very low at these sessions. We have introduced a newsletter and communication with all staff – clinical and non-clinical and have an ongoing process for information and updates through instant messaging, emails, rota master updates, SMS. We also have a monthly meeting in place open to all GPs (which is paid) again with low turnout but regular attendance. We have now extended another meeting on a different day for this. We are progressing our Facebook page		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					and SharePoint message board. As you are aware OOHs staff work in other roles potentially in the day or in other boards and so the capacity to attend staff meetings or time out is very limited. **Action: We will take forward the recommendation to develop a communication plan for staff to participate in a variety of ways.**		
R1b	Give regular updates to staff as plans develop and opportunities for further participation.	Staff are well informed and understand service development plans.	Yes	Yes	As Above	Ongoing	Sam Crane/ Senior OOHs Team

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2	The Health Board's GP out-of-hours leaders should seek to repeat a staff survey to understand whether staff perceive any improvement in the management of the service since the restructure.	To understand whether staff feel the management of the service has improved since the restructure.	Yes	Yes	The Health Board's GP out-of-hours leaders should seek to repeat a survey of staff to understand whether staff perceive any improvement in the management of the service since the restructure. We have made a number of changes since the review. We have a senior manager in post leading the service and ensuring the redesign and structured governance arrangements into the Divisional and organisational processes are in place amongst a range of other elements and there is	September 2017 Moved date from June 17	Sam Crane / OOHs Senior Team/HR Support.

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					now a Clinical Director in post. Action: We will undertake another baseline staff survey by September 17 with Survey Monkey asking staff for their views and ideas on better communications processes and build into the Communication plan.		
R3a	As part of annual appraisals, make sure all staff have a personal development plan where training needs can be identified and progressed.	Staff are encouraged to reach their full potential.	Yes	Yes	The Health Board should: a. Increase appraisal rates; b. Undertake more robust monitoring of appraisal completion rates, perhaps as part of operational managers meetings.	Ongoing	Senior Team

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					c. As part of annual appraisals, make sure all staff have a personal development plan where training needs can be identified and progressed. d. Carry out work to understand the reasons for low morale amongst staff, perhaps by giving staff the opportunity to sit on or lead working groups to resolve the issues causing low morale. We have seen an improvement in our staff PADR rates in OOHs from 72% in the report currently standing at 75% (June 17) and will increase in July to around 85%.		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					The elements of training and development need to be discussed in these PADR processes. A large number of nonclinical staff work small numbers of hours across our service as they have other jobs. GPs are appraised at a Deanery level – we only have 3 salaried GPs who have a job plan agreed with the Clinical Director. **Action: This will be an item on the Senior management team Operational meeting for monitoring of PADRS, sickness and mandatory training performance.**		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					However we realise we have more work to do with the nursing teams now they are expanding which the Senior Nurse will action. **We will give staff an opportunity to be involved in further areas of work through the communication plan.**		
R3b	Carry out work to understand the reasons for low morale amongst staff, perhaps by giving staff the opportunity to sit on or lead working groups to resolve the issues causing low morale.	To understand and tackle reasons for low staff morale.	Yes	Yes	As above	Ongoing	Senior Team
R4	The Health Board should undertake an evaluation of the benefits of extending GP practice hours.	To understand the benefits of investing in extending GP practice hours.	No	Yes	The Health Board offers extended hours to patients via their registered practices provided the practices meet a set of basic criteria in relation to	Some surgeries commenced. Uptake will be monitored.	Dr Liam Taylor

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					standard contracted hours. The extended hours are offered via a Directed Enhanced Service in line with Welsh Government policy, as an enhancement to access to regular GP services for patients who find it difficult to attend in normal hours and it is not designed as a supplement or substitute for emergency out of hours services. This is not designed to reduce OOH demand but to make routine appointments more convenient for working people. They are usually booked well in advance. The uptake of appointments is		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					monitored via the GP Access Group. The Health Board will be reviewing the ongoing value of the investment in extended hours in the coming year to determine whether the current investment should be increased, maintained or re-focussed. This will be in the context of a wider service improvement programme in relation to access to GP services. **Action: This will be kept under review and updates included following relevant evaluation as necessary.**		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5a	Include GP out-of-hours opening times on the Health Board webpage.	To improve public information about the service.	Yes	Yes	We agree the website needs updating and consistently updated as the service develops and we will agree this with the HB Communications Team. The Primary Care and Community Division is also updating a web page for the Division and the OOHs service will ensure it has up to date information within this also. **Action: We agree with this recommendation and we will work with the AMD and the NCN Leads to ensure there is a consistent message on the GP practices answering services and practice websites.**	August 2017	Sam Crane / Communications Team

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R5b	Develop standardised wording for GP practices answerphone messages and practice websites.	To ensure the public get consistent information about the service.	Yes	Yes	**Completed Action**	March 17	Sam Crane
R6a	Revise the current training on telephone triage and offer GPs refresher courses.	Improved training and GPs regularly update their skills to maintain their confidence and service quality.	Yes	Yes	We have in place GP Registrar and GP induction packs which have been improved and triage is part of this. Induction for registrars and GPs starting on shift with OOHs have supervised triage support. The M&K External course was very well attended by a range of professionals including nurses, paramedics and pharmacists and 1 GP attended. We have also run a national triage course on a weekend led by	Ongoing Review of uptake and outcomes September 17	Dr Aruna Sanikop/ Robyn Miller/ Sam Crane

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
					the previous CD funded across Wales by ABUHB. We have a range of CPD sessions throughout the year where triage takes priority. **Action: We continue to work on processes for improving triage and reduce risk aversion by support and guidelines currently being revised by the CD and Senior Nurse and AMD for rolling out across all OOHs practitioners.**		

Ref	Recommendation	Intended outcome/ benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R6b	Include telephone triage training as part of GPs inductions.	GPs are confident in performing telephone triage when joining the service.	Yes	Yes	As Above Will change as part of 111 introduction in September/October 17.	Sept/Oct 17	Aruna Sanikop

Wales Audit Office
24 Cathedral Road
Cardiff CF11 9LJ

Tel: 029 2032 0500
Fax: 029 2032 0600
Textphone : 029 2032 0660

E-mail: info@audit.wales
Website: www.audit.wales

Swyddfa Archwilio Cymru
24 Heol y Gadeirlan
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500
Ffacs: 029 2032 0600
Ffôn testun: 029 2032 0660

E-bost: post@archwilio.cymru
Gwefan: www.archwilio.cymru