

PulseNews

Out-of-hours investigation

Many trusts fail key Government quality targets and patients still face a lottery for out-of-hours care

Lottery in PCT out-of-hours care

PCT FOCUS

PCTs are still struggling to run effective out-of-hours services three years after taking over responsibility, Pulse's investigation has shown.

Figures obtained from 114 primary care organisations under the Freedom of Information Act show patients face a lottery over out-of-hours care, with many trusts failing

key Government quality targets.

Birmingham East and North – which uses a private provider – said it spent just £2.43 per patient per year, while at the other end of the scale, Pembrokeshire spent £17.62 per patient.

Trusts are increasingly turning to private providers in a bid to drive costs down. Some 35% of trusts now use private providers for out-of-hours services. The last published figures on

out-of-hours care, based on Department of Health estimates from April 2005, suggested commercial providers accounted for 25% of all provision.

GP co-operatives, once the mainstay of out-of-hours care, are firmly in decline and are now used by just one in five trusts.

Dr Krishna Korlipara, founder of the now-defunct National Association of GP Co-operatives and chief executive of not-for-

profit provider CMEDS, warned the number of co-operatives is 'rapidly dwindling'.

CMEDS – based in Bolton, and the successor of Britain's first-ever GP co-operative – is to stop offering out-of-hours care after 30 years. 'There were once 300 co-operatives – now there are fewer than 60,' said Dr Korlipara.

'I worry for patient safety – unless local GPs are engaged in-

dividually and collectively in delivering out-of-hours, there will be a loss of expertise.'

Dr Alice Hodgkinson, a GP in Cambridge, said out-of-hours providers were under constant pressure to cut costs: 'They are struggling to stay afloat when money is more important than quality of care.'

Dr Elizabeth Nyholm, a GP in Birmingham, added: 'PCTs have to accept out-of-hours costs

money – they are only interested in the cheapest care and not quality standards.'

Trust figures show patchy performance against the department's 13 National Quality Requirements. Just one in five trusts in England reported 100% compliance with all 13 criteria – although the department now defines 95% adherence to each standard as 'full compliance'. snowotny@cmpmedica.com

How I faced challenge of picking OOH service off floor

If anyone knows about the challenges of running an out-of-hours service, it's Dr Richard Clapp.

In December last year Dr Clapp, a sessional GP in Cornwall, was appointed medical director for Cornwall's out-of-hours provider Kernow Urgent Care Services, run by the multinational company Serco.

Ever since it took over out-of-hours cover from a local GP co-



Dr Richard Clapp: his company had been dogged by controversy

operative in April 2006, KUCS has been dogged by controversy, missing almost all of its quality targets and attracting dozens of patient complaints.

'I would get stopped in the village post office and asked about it,' admitted Dr Clapp, who said the service was 'sub-standard'.

In February, MPs held a special debate to discuss the service and Cornwall and Isles of Scilly

PCT issued the company a 20-day improvement notice.

Faced with losing its contract, Serco was forced to make wide-ranging changes. 'They ripped the call-centre apart, and put in some very up-to-date IT,' said Dr Clapp. Clinician hours were boosted by 10%, and the skill mix reviewed, with GPs taking on a greater role in triage.

Performance against key quality indicators improved

rapidly as a result, and Dr Clapp believes the service is now 'one of the best-performing services' in the country.

Improvement, though, came at a price. KUCS declines to say exactly how much was invested, but Dr Clapp conceded it was 'significant', and 'not the easiest thing to swallow'.

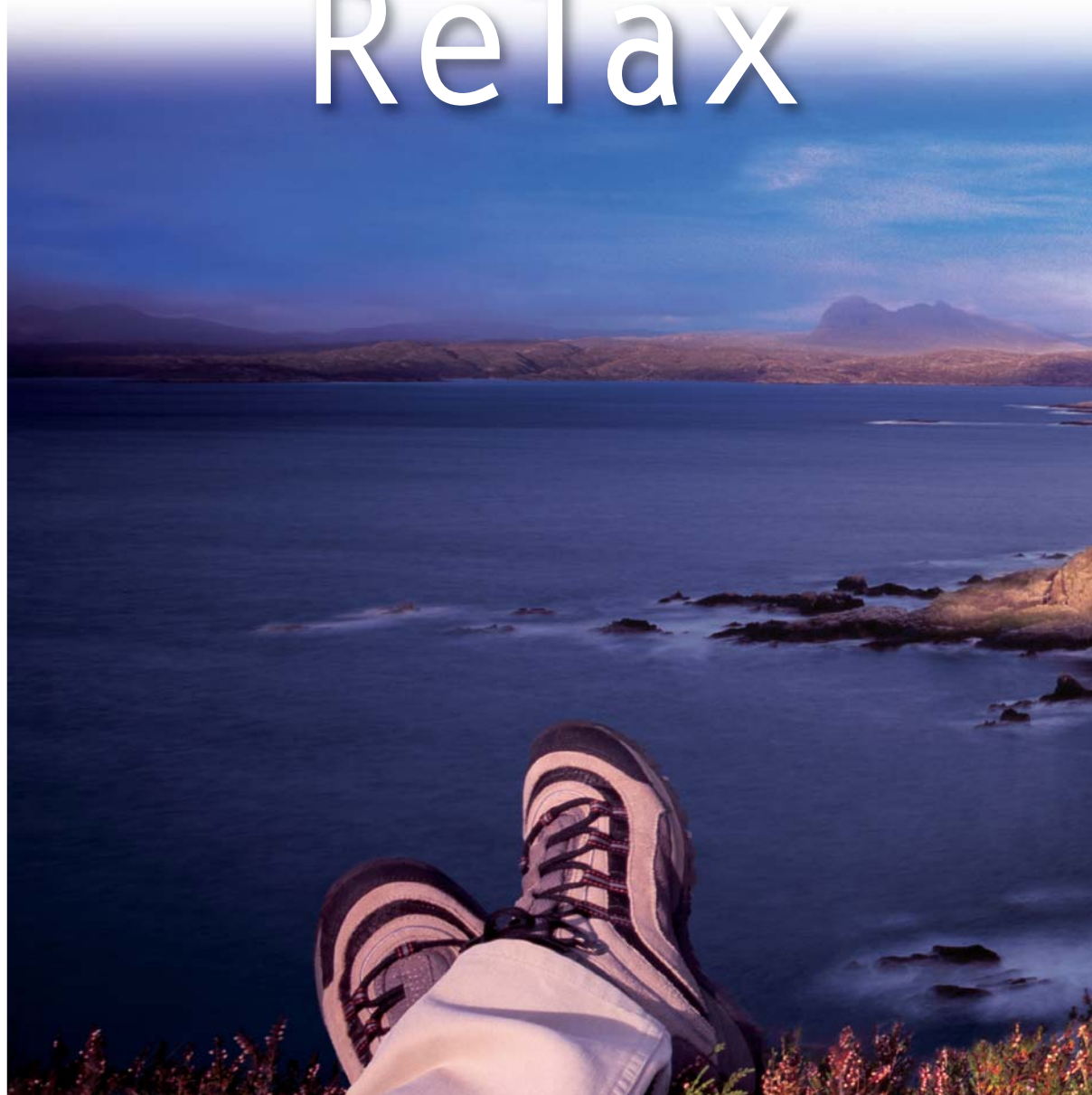
He added: 'If you get something wrong, you've got to get it right. We now have got it right.'

Abbreviated prescribing information: Lipitor® **Presentation:** Lipitor is supplied as film coated tablets containing 10mg, 20mg, 40mg or 80mg of atorvastatin. **Indications:** In patients unresponsive to diet and other non-pharmacological measures, Lipitor is indicated for the reduction of elevated total cholesterol, LDL-cholesterol, apolipoprotein B, and triglycerides in adults and children aged 10 years and older with primary hypercholesterolaemia, heterozygous familial hypercholesterolaemia or combined (mixed) hyperlipidaemia. Lipitor also raises HDL-cholesterol and lowers the LDL/HDL and total cholesterol/HDL ratios. Lipitor is also indicated for the reduction of elevated total cholesterol, LDL-cholesterol, and apolipoprotein B in patients with homozygous familial hypercholesterolaemia. Lipitor is indicated for reducing the risk of cardiovascular events in patients with Type II diabetes and one additional risk factor, without clinically evident coronary heart disease, irrespective of whether cholesterol is raised. **Dosage:** The usual starting dose is one Lipitor 10mg tablet daily. Doses should be individualised according to baseline LDL-C levels, the goal of therapy, and patient response. Doses may be given at any time of the day with or without food. The maximum daily dose is 80mg. Doses above 20mg/day have not been investigated in patients aged <18 years. In primary prevention trials, the dose was 10mg/day. **Contraindications:** Hypersensitivity to any of the ingredients, active liver disease, unexplained elevations in serum transaminases, pregnancy and breast-feeding and in women of child-bearing potential not using contraception. **Warning and precautions:** Liver function tests should be performed before initiation and periodically thereafter and in patients who show signs and symptoms of liver injury (monitor raised transaminases until they return to normal). Drug dosage should be reduced or therapy discontinued if persistent elevations occur above 3-times the upper limit of normal. Lipitor should be used with caution in patients with a history of liver disease and/or alcoholism. Patients with signs and symptoms of myopathy should have their creatine phosphokinase (CPK) levels monitored. Lipitor should be discontinued if CPK levels are markedly or persistently raised or myopathy is diagnosed or suspected. Lipitor should be prescribed with caution in patients with pre-disposing factors for rhabdomyolysis. Risk of myopathy may increase when administered with certain other drugs, such as fibrates. As with other statins, rhabdomyolysis with acute renal failure has been reported. **Pregnancy and lactation:** Lipitor is contraindicated in pregnancy and lactation. **Side effects:** Side effects most frequently reported in controlled clinical studies: constipation, flatulence, dyspepsia, abdominal pain, headache, nausea, myalgia, asthenia, diarrhoea, insomnia, elevations in ALT and CPK levels. Other side effects have been reported in clinical trials and post-marketing (See Summary of Product Characteristics). **Legal category:** POM. **Date of Revision:** March 2006. **Package quantities, marketing authorisation numbers and basic NHS price:** Lipitor 10mg (28 tablets), PL16051/0001 £18.03, Lipitor 20mg (28 tablets), PL16051/0002 £24.64, Lipitor 40mg (28 tablets) PL16051/0003 £28.21, Lipitor 80mg (28 tablets) PL16051/0005 £28.21. **References:** 1. Athyros VG et al. (2002) Curr Med Res Opin 18(8): 499-502. 2. Data on file – ATO 30, Lipitor Patient Years, Pfizer Limited. **Marketing Authorisation Holder:** Pfizer Ireland Pharmaceuticals, Pottery Road, Dun Laoghaire, Co. Dublin, Ireland. Lipitor is a registered trade mark. Further information is available on request from: Medical Information, Pfizer Limited, Walton Oaks, Dorking Road, Tadworth, Surrey KT20 7NS. **Date of preparation:** June 2006. **Item code:** LIP2492A.



Adverse events should be reported to Pfizer Medical Information on 01304 616 161. Information about adverse event reporting can also be found at www.yellowcard.gov.uk

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Patients now fear for safety

Findings pose Darzi challenge

How postcode matters on out-of-hours care

£8.51

Average annual expenditure per patient on out-of-hours care

£2.43

Expenditure in Birmingham East and North PCT

£17.62

Expenditure in Pembrokeshire local health board

20%

Trusts hitting 100% compliance on all 13 quality standards

42%

Trusts missing 100% compliance in three or more standards

35%

Trusts that have drafted in private firms to run out-of-hours services

Source: FOI results from 114 PCOS

PATIENT SURVEY

Patients are increasingly unhappy with the quality of out-of-hours care and many fear for their safety as a result, a large-scale survey has revealed.

The research, carried out among more than 3,000 patients on behalf of Pulse by the online market research company Opinion Health, found many patients were deeply concerned over the standard of their out-of-hours service.

One in five said they received 'poor' or 'very poor' care the last time they sought help out of hours. And patients were confused and bewildered by the re-configuration of out-of-hours care since 2004.

One in three said they did not know how to contact their out-of-hours service, while more than half believed their area had stopped running one.

Almost half reported feeling 'less safe' since PCTs took over responsibility for provision. Forty percent said the quality of care was worse, with just one in 20 saying it had improved.

Reacting to the survey, the Pa-

tients Association said standards were 'definitely worse' but this was not being reflected in official figures. 'If you compare this service with an airport, where safety and 100% service is what they aspire to, the health service should be the same.'

Dr Ronald Carter, a GP in Milton Keynes and director with clinical governance responsibility for Milton Keynes Doctors on Call, said: 'Maybe we as a profession should be complaining much more on patients' behalf at how limited a service we can provide them, in comparison

with how good a service we could provide.'

Dr Jamie Nicholls, a GP in Hockley, Essex, said: 'Communication is a problem. Patients seem confused by having a paramedic visit for over half an hour, filling in a very detailed form, for a simple matter a GP would have dealt with in a couple of minutes.'

The survey suggested GPs were being replaced by nurses and emergency care practitioners – with just 57% of patients seeing a doctor the last time they sought out-of-hours care.

In April, Pulse revealed over half of trusts had cut back on GP cover since 2004.

Dr Helen Joesbury, a GP in Sheffield, said: 'Now patients are triaged by NHS Direct and nurses first, so they can no longer be guaranteed a GP consultation – which increases referral back to practices the following day.'

OPINION HEALTH

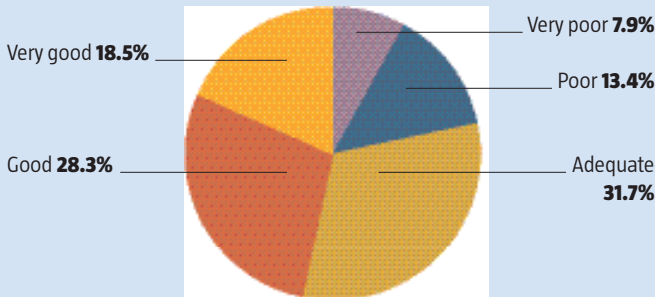
Survey of 3,007 patients carried out on behalf of Pulse by online consumer and professional healthcare research company Opinion Health.
www.opinionhealth.co.uk

Patient survey findings

- 51% of patients think GPs no longer work out-of-hours
- 48% feel 'less safe' since PCTs took over responsibility for out-of-hours provision
- 40% say the quality of care is worse
- 5% say provision has got better
- 57% saw a doctor the last time they sought out-of-hours care

Patient satisfaction

How would you rate the quality of care on the most recent occasion you sought help outside normal working hours?



Ever since PCTs took over responsibility in 2004, the issue of out-of-hours care has been a thorny one. GPs have been aware of far-reaching changes – a centralisation of services, the increasing role played by non-GPs and, in some areas, a rise in private provision.

But nationally, there has been no clear picture. The patchwork nature of out-of-hours cover, varying widely even in neighbouring PCTs, makes it difficult to come up with any kind of national analysis – or solution.

Patients, inevitably, are confused. One point agreed on by politicians of all parties is that having a single three-digit telephone number to access out-of-hours care would help.

There is general agreement, too, that the Summary Care Record, if brought in with proper patient confidentiality safeguards, could solve many of the communication problems.

Pulse's findings pose major questions for health minister Lord Ara Darzi in his NHS review.

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BECAUSE 96% OF PATIENTS CAN ACHIEVE GMS TARGET¹
BECAUSE THERE ARE OVER 100 MILLION PATIENT-YEARS OF EXPERIENCE²

