GP Out of Hours Services in NHS Scotland

1 April to 30 September 2015

Publication date – 15 December 2015
Introduction

This is the second publication by the Information Services Division on patients seen by GP Out of Hours (OOH) services in Scotland and provides data on contacts from 1 April to 30 September 2015.
Key points

- The number of patients contacting GP OOH Services in the 6 month period April-September (2014 and 2015) has remained level. During April to September 2015, 432,206 patients contacted the GP OOH service, a slight fall of 1% from the same period in 2014. This equates to eight out of every 100 individuals in Scotland contacting the service between April and September 2015.

- NHS Greater Glasgow and Clyde and NHS Tayside have the highest contacts with 102 and 92 per 1,000 population respectively, as reflected in the above map.

- More than half the contacts with GP OOH services (56%) involve patients attending Primary Care Emergency Centres; around 1 in 5 patients (21%) receive telephone advice from either an OOH GP or Nurse and a similar number (19%) are visited at home.

- The types of OOH contacts vary between NHS boards with the more rural areas having a higher proportion of home visits.

- The number of monthly OOH contacts ranged from 65,117 (in June 2015) to almost 83,000 (in May 2015), in part reflecting the differing number of weekend days and public holidays.

- The most common age groups of patients contacting GP OOH services are children under 5, women in their twenties and people aged 75 and over

- The 20% of the population who live in the most deprived areas account for 27% of all GP OOH contacts.

- Over a quarter of patients (28%), who contacted the GP OOH service did so more than once during the 6 month period.
Results and Commentary

Information on the number and rates of patients contacting GP OOH services in Scotland are presented below for the period 1 April to 30 September 2015. Information is provided on patient's age group, deprivation category and frequent attenders. Data is also presented on the type of consultation that took place (i.e. attendance at Primary Care Emergency Centre/Primary Care Centres (PCEC/PCC), Home Visit, GP OOH Doctor/Nurse Advice etc.). It is important to note that different service models have evolved to meet local need and therefore any variation in how local services are organised, including how data are recorded locally, may impact on any potential comparisons between NHS Boards.

The information includes data for patients where GP Out of Hours services have had contact with a patient. The following data is excluded:

- Patients with no consultation type recorded. This should mean that patients who did not attend are excluded as well as where the patient/NHS 24 has cancelled the call or where the patient is directly referred to another service.

- Data which relate to services that the NHS Board have advised ISD are not part of the GP OOH service.

In addition to the above, it should be noted that ISD do not receive information on any calls passed from NHS 24 to the GP OOH IT system (ADASTRA) ‘for information only’ i.e. patients who call NHS 24 and are advised to ‘self care’. These are excluded prior to the data being returned to ISD.

As the collection of this data is relatively new, the data are published as ‘Data under Development’. ISD are working with Health Boards and the local IT System supplier (AHC) to ensure data consistency/comparability continues to improve.

Data Estimation

Data for NHS Lanarkshire and NHS Grampian are not available for 12 August to 30 September 2015 and 5 to 11 August respectively. ISD have estimated this data by using comparable data from the same weeks in 2014. The missing data has been requested from ADASTRA and when available will be included in any future analysis.

Data Tables

The data analysis tables can be found at data tables.
The number of patients contacting GP OOH Services between 1 April to 30 September 2014 and 1 April to 30 September 2015 has remained fairly level. In 2015, 432,206 patients contacted the GP OOH service in the 6 month period, a rate of 80.8 patients per 1,000 population and an average of just over 72,000 patient's seen each month. This is very similar to the number of patients seen in 1 April to 30 September 2014 (436,891), a difference of -1%.

It should be noted that individual patients may have contacted GP OOH services more than once over the time period shown and therefore will be included more than once in the analysis.

The number of monthly OOH contacts ranged from 65,117 (in June 2015) to almost 83,000 (in May 2015), in part reflecting the differing number of weekend days, public holidays and protected learning time where the GP OOH service provides cover to GP surgeries.

There is also variability when comparing data for individual months between 2014 and 2015. For example comparing April 2014 with April 2015, there has been a rise of 4% patient contacts (76,271 patients to 79,677 patients). For some months it is not appropriate to compare the figures because of the variation in number of weekend days available e.g. in June 2014 there was 9 weekend days which compares to only 8 weekend days in June 2015. This means that the out of hours time period is reduced and consequently fewer patients can be seen.

Figure 1 presents a map showing information on numbers and rates of patients who were in contact with GP OOH services for each Health Board.

The diagram shows that NHS Greater Glasgow and Clyde and NHS Tayside have the highest contact rates at 102.4 and 91.9 per 1,000 population respectively.
Figure 1 GP OOH contact rates per 1,000 population, NHS Board of Treatment, April to September 2015

Notes

1. Variation in how NHS Board OOH services are configured will impact on comparability of results e.g. some Health Boards collect information on phone calls for district nurses or community psychiatric nurses. For further information please contact ISD.

2. The majority of patients are treated by the GP OOH service in their NHS Board of Residence, however a small number of those presented in Figure 1 will have been treated in other NHS Board areas.

The interactive chart provides access to an interactive map which presents patient numbers and rates for each NHS Board of Treatment and NHS Board of Residence. This shows the potential variability that happens when residents in an NHS Board area are treated elsewhere e.g. in NHS Lanarkshire, if NHS Board of treatment is selected it shows that 57.3 per 1,000 population were seen by GP OOH services in Lanarkshire during 1 April to 30 September 2015. However this increases to 68.5 per 1,000 population if NHS Board of Residence is selected as this also includes NHS Lanarkshire residents which are treated in other NHS Board areas.
Type of Consultations

Patients may have contacted GP OOH services more than once during the time period. It is also possible that a contact with the GP OOH service may result in the patient having more than one type of consultation recorded e.g. GP OOH Doctor/Nurse Advice followed by a Home Visit.

For the 432,206 patients seen in April to September 2015, there were 480,391 consultations, a rate of 1.1 consultations per patient contact. Figure 2 provides comparisons for each NHS Board looking at the number of patients compared to the number of consultations.

Figure 2 Number of Patients and consultations, NHS Board of Treatment, April to September 2015

The types of consultation include attendances at Primary Care Emergency Centres (56%), GP Out of Hours Doctor/Nurse Advice (21%), home visits (19%) and other (which includes District Nurses, Community Psychiatric Nurses, 4%). The types of GP OOH contact vary between NHS boards with the more rural areas having a higher proportion of home visits.

Interactive chart provides access to Figure 3 data for each NHS Board.

Figure 3 Type of Consultation at GP OOH Services, Scotland, April to September 2015

<table>
<thead>
<tr>
<th>NHS Health Board of Treatment</th>
<th>GP OOH Doctor/Nurse Advice</th>
<th>Home Visit</th>
<th>Other</th>
<th>Primary Care Emergency Centre/Primary Care Centre</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCOTLAND</td>
<td>21%</td>
<td>19%</td>
<td>4%</td>
<td>56%</td>
</tr>
</tbody>
</table>
Demographic information of patients contacting GP OOH Services

Age Group and Gender

Figure 4 presents rates per 1,000 population by age group and gender. The most common age groups of patients contacting GP OOH services are children under 5, women in their twenties and people aged 75 and over.

Figure 4 Rates per 1,000 population by age and gender of patients contacting GP OOH services, Scotland, April to September 2015

0 – 4 years
The information shows that for the under 5 age group, males are more likely to contact GP OOH services than females.
There were 29,249 (54%) males compared to 25,312 (46%) females. For males, 196 patients per 1,000 population contacted GP OOH services compared to 177 per 1,000 population for females.

20 to 29 years
In the 20 to 29 years age group, more females contact GP OOH services than males.
There were 40,478 (69%) females compared to 18,536 (31%) males. For females, 111 per 1,000 population contacted GP OOH services compared to only 52 per 1,000 population for males.
75 years and over

In the 75 years and over age group, comparing the numbers contacting GP OOH Services, there were 50,078 (61%) females compared to 32,026 (39%) males.

It is however, more appropriate to compare rates per 1,000 population as this will take account of the actual size of the population in the age group being considered. When looking at the rates per 1,000 population, it shows that in the 75 years and over age group, both males and females contact GP OOH services at a similar rate. For males, 185 per 1,000 population contacted GP OOH services compared to 93 per 1,000 population for females. If specific older age groups are considered, the data shows that the rate per 1,000 for males contacting GP OOH services is slightly higher.

Deprivation

The following shows the number of contacts by deprivation category (Scottish Index of Multiple Deprivation quintile).

Just over 1 in 4 (27%) of individuals contacting GP OOH services live in the most deprived area. This compares to 1 in 5 (20%) living in the most deprived area in the general population.

The difference in contacts could be for a number of reasons including areas of poorer health and potentially more complex social needs. The accompanying table provides this data broken down for each NHS Board area.

Figure 5 Number of people contacting GP OOH services by deprivation category, Scotland, April to September 2015
Multiple Attendances

The following presents information on the number of times individuals contacted GP OOH services within the 6 months period, April to September 2015.

Of those patients in contact with GP OOH services, over a quarter (28%) contacted the GP OOH service more than once during the 6 month period. Of this 7,859 patients (2.6%) contacted the service more than 5 times, accounting for 0.1% of the Scottish population.

Figure 6 Multiple attendances patient’s contacting GP OOH Services, Scotland, April to September 2015
<table>
<thead>
<tr>
<th>Acronym/Word</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adastra</td>
<td>The patient administration system for the primary care out of hours service.</td>
</tr>
<tr>
<td>AHC</td>
<td>Advanced Health and Care. The company responsible for development and maintenance of the Adastra system.</td>
</tr>
<tr>
<td>Case</td>
<td>A case is used to identify a patient’s single encounter (service contact) with the OoH service. Within a single case a patient may have multiple consultations with OoH health care professionals.</td>
</tr>
<tr>
<td>CDD</td>
<td>Common Dimensions Database – the database which holds all of the common dimension tables used by the data marts within the Corporate Data Warehouse.</td>
</tr>
<tr>
<td>CDW</td>
<td>The Corporate Data Warehouse is a central data store maintained by NSS IT. It is made up of a collection of independent data marts which share a common database for reference information.</td>
</tr>
<tr>
<td>CHI</td>
<td>Community Health Index number – a unique patient identifier which is issued to residents in Scotland when they register with NHS Scotland.</td>
</tr>
<tr>
<td>Consultation</td>
<td>A consultation is an interaction between the patient and a health care professional. A case may have multiple consultations e.g. Home Visits, Attendance at Primary Care Emergency Centre.</td>
</tr>
<tr>
<td>Data mart</td>
<td>A subset of a data warehouse which has been designed to satisfy a particular function or reporting area within an organisation. A data mart can be designed and developed independently of other data marts. A data warehouse will contain multiple data marts.</td>
</tr>
<tr>
<td>GUID</td>
<td>Unique identifier for a case in the Adastra system.</td>
</tr>
<tr>
<td>OOH</td>
<td>Out of Hours</td>
</tr>
<tr>
<td>Table No.</td>
<td>Name</td>
</tr>
<tr>
<td>----------</td>
<td>------------</td>
</tr>
<tr>
<td>1 to 5</td>
<td>data tables</td>
</tr>
</tbody>
</table>
Contact
Elaine Parry
Principal Information Analyst
elaine.parry@nhs.net
0131 275 6655

Fiona MacKenzie
Service Manager
f.mackenzie@nhs.net
0131 275 6515

Further Information
Further information can be found on the ISD website

Rate this publication
Please provide feedback on this publication to help us improve our services.
Appendix

A1 – Background Information

Across Scotland, NHS Boards provide Primary Care OOH services for patients when their registered GP Practice is closed. All NHS Boards use the Adastra GP OOH patient management system to collect information about this activity.

Scottish Government commissioned the Information Services Division to develop and introduce a dataset to collect information on GP Out of Hours patients across Scotland. National data collection began in April 2014.

From April 2014, data on patient contacts at GP Out of Hours (OOH) services across Scotland are collected and maintained by ISD in the national data warehouse known as the GP OOH datamart. Data is collected on local IT system (Adastra), then extracted and submitted to the datamart on a weekly basis. Data validation is then applied with any files that fail validation being returned to AHC for amendment and resubmission. Fully validated information is loaded on the datamart at ISD.

Deprivation Table
The section on Deprivation shows number of contacts by deprivation category (Scottish Index of Multiple Deprivation quintile). Each quintile contains a fifth of the Scottish population and ranks it from the most deprived (1) to the least deprived (5).
# A2 – Publication Metadata (including revisions details)

<table>
<thead>
<tr>
<th>Metadata Indicator</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Publication title</td>
<td>GP Out of Hours Services in Scotland</td>
</tr>
<tr>
<td>Description</td>
<td>This publication reports statistics on patient contacts at GP OOH Services across Scotland during 1 April to 30 September 2015. The information presented includes numbers of contacts at GP OOH Services, by age group and month at a Scotland level and numbers of patients and consultations for each Health Board.</td>
</tr>
<tr>
<td>Theme</td>
<td>Health and Social Care</td>
</tr>
<tr>
<td>Topic</td>
<td>Emergency Care</td>
</tr>
<tr>
<td>Format</td>
<td>Excel workbook, PDF and charts in Tableau Public</td>
</tr>
<tr>
<td>Data source(s)</td>
<td>GP OOH Data mart</td>
</tr>
<tr>
<td>Date that data are acquired</td>
<td>November 2015</td>
</tr>
<tr>
<td>Release date</td>
<td>15&lt;sup&gt;th&lt;/sup&gt; December 2015</td>
</tr>
<tr>
<td>Frequency</td>
<td>To be confirmed. Depending on publication feedback, also recommendations from national review of OOH services</td>
</tr>
<tr>
<td>Timeframe of data and timeliness</td>
<td>Data presented for 1 April 2015 to 30 September 2015</td>
</tr>
<tr>
<td>Continuity of data</td>
<td>National data collection began in April 2014. No continuity problems have been identified.</td>
</tr>
<tr>
<td>Revisions statement</td>
<td>Figures contained within each publication may also be subject to change in future publications. See <a href="#">ISD Statistical Revisions Policy</a>. If NHS boards discover that data submitted for publication is incorrect, or that data are missing, further re-submissions can be made up until the publication submission deadline date. Any revised figures will then be reflected within the current publication. Figures contained within each publication may also be subject to change in future releases as submissions may be updated to reflect a more accurate and complete set of data.</td>
</tr>
<tr>
<td>Revisions relevant to this publication</td>
<td>As data applies to a different time period, no revisions are required</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Concepts and definitions</td>
<td>Details of data items, codes and definitions along with background information and glossary are available on the ISD web page <a href="http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-of-Hours-Services/">http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-of-Hours-Services/</a></td>
</tr>
</tbody>
</table>
| Relevance and key uses of the statistics | The following uses of the data have been identified:  
  
  - Information available to OOH to support local delivery of their services  
  - Information to support monitoring of Health Improvement Scotland Quality Indicators for Primary Care Out of Hours Services. [http://www.healthcareimprovementscotland.org/our_work/primary_care/out-of-hours_services/ooh_quality_indicators.aspx](http://www.healthcareimprovementscotland.org/our_work/primary_care/out-of-hours_services/ooh_quality_indicators.aspx)  
  - Enhance information on patient journeys through unscheduled care services i.e. include data from GP OOH services.  
  - More comprehensive information on Patient outcomes following their unscheduled care journey and any subsequent planned procedures.  

Other uses of the data include information requests, freedom of information requests, information support to Boards; parliamentary questions. |
| Accuracy | For April 2014 to March 2015 data were initially submitted as ISD’s GP OOH Interim data files. The information was only validated to ensure correct coding had been used.  

With the introduction of the GP OOH Datamart in April 2015, the data now undergoes full validation which ensures that the data is in the correct format and only contains accepted codes; refer to OOH dataset document which provides a list of accepted format. [http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-of-Hours-Services/](http://www.isdscotland.org/Health-Topics/Emergency-Care/GP-Out-of-Hours-Services/) |
If the submission file does not meet all of the validation rules then the whole file is rejected. The resulting errors are reported back to AHC where they must be amended and the file resubmitted. Once the file passes validation it is loaded into the datamart where it is then available for analysis and reporting. ISD works closely with colleagues in the NHS boards to improve the validation and accuracy of the data and to ensure that the appropriate data standards are understood and applied by all Health Boards.

<table>
<thead>
<tr>
<th>Completeness</th>
<th>Ongoing monitoring of the quality of data covers the completeness, timeliness and accuracy of data recorded. ISD are not responsible for training issues affecting completion and understanding of ADASTRA. ISD do however monitor data quality, contacting HB’s as required.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comparability</td>
<td>The published statistics for the other parts of the UK are not comparable. Further investigation to clarify differences is ongoing.</td>
</tr>
</tbody>
</table>

**England**

Public Health England have a GP OOH Surveillance System which provides national weekly data on GP OOH contacts with specific conditions (started in August 2014).


**Northern Ireland**

Not published

**Wales**

Do not publish information on GP Out of Hours services in Wales directly. Prior to July 2011 some information was collected on GP Out of Hours services by NHS Direct Wales:


However after this date NHS Direct Wales was no longer responsible for any GP out-of-hours services in Wales and callers were directed to their Local Health Board. Therefore some current data may be available direct from HBs, eg see p6:


**Accessibility**

It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines.

**Coherence and clarity**

Statistics are presented within an excel spreadsheet with graphical display to aid interpretation.

**Value type and unit of measurement**

Count of numbers of patient contacts at GP OOH services with corresponding resulting consultations (attendance as primary care emergency centre, home visit, advice from OOH GP/Nurse etc.)
<table>
<thead>
<tr>
<th>Disclosure</th>
<th>The <a href="#">ISD protocol on Statistical Disclosure Protocol</a> is followed.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Official Statistics designation</td>
<td>Yes</td>
</tr>
<tr>
<td>UK Statistics Authority Assessment</td>
<td>No</td>
</tr>
<tr>
<td>Last published</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; August 2015</td>
</tr>
<tr>
<td>Next published</td>
<td>To be agreed</td>
</tr>
<tr>
<td>Date of first publication</td>
<td>4&lt;sup&gt;th&lt;/sup&gt; August 2015</td>
</tr>
<tr>
<td>Help email</td>
<td><a href="mailto:nss.isdunscheduledcare@nhs.net">nss.isdunscheduledcare@nhs.net</a></td>
</tr>
<tr>
<td>Date form completed</td>
<td>30 November 2015</td>
</tr>
</tbody>
</table>
A3 – Early Access details (including Pre-Release Access)

Pre-Release Access
Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:
- Scottish Government Health Department
- NHS Board Chief Executives
- NHS Board Communication leads

Early Access for Management Information
These statistics will also have been made available to those who needed access to ‘management information’, ie as part of the delivery of health and care:

Early Access for Quality Assurance
These statistics will also have been made available to those who needed access to help quality assure the publication:
A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the ISD website.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics. Designation can be broadly interpreted to mean that the statistics:

- meet identified user needs;
- are well explained and readily accessible;
- are produced according to sound methods, and
- are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.