Comments on OoH paper

James Davies wrote on 19/1/12

It seems to make sense but I think we should have the additional in hours provision in place, and the expected fall in demand for out of hours services should be observed before cutting the out of hours provision.

Allison Walker wrote on 23/1/12

Just had a read through the review of Out of hours services as a practice that provides on call. I agree that the on call needs addressing particularly the weekends as those that tend to do the on call on the weekends are very busy and those that do the weekday are quiet as they possibly use the access sessions that the LHB provides.

I would agree that the on call sessions on the weekend be in two places and would advise earlier start times due to opening/closing times of pharmacy on Sundays.

I would also agree that it is a good idea to get rid of the mobile phone as it is currently open to abuse by patients just keeping the number and phoning it without going through triage. The triage system appears to be a very good idea with patients having set time to attend.

Mike Spencer-Harty wrote on 23/1/12

"Decrease the weekday sessions", How?

The 3 hours weekday session is probably a bit long – perhaps a 1.5 hour weekday session 7.00 – 8.30 would be more appropriate and would then give a similar statistical cost to a weekend patient. I feel ending weekday sessions altogether will open the LHB up for some serious complaints from both patients and casualty departments

The weekend sessions often are quickly fully booked which is why there are complaints . Extend the session 3-7 pm ? or even have 2 x 2 hour sessions running. I do feel if dentists use the emergency rota on their answer phones they should contribute by doing a session. If we all did a few a year it would spread the load.

As I have said many times get rid of the mobile phone and the courier service. I can't be that hard to have our practice phone numbers listed together with who is on call to NHS direct. This could be confirmed at login in case of any problems and will stop patients who have made a note of the mobile number bypassing triage. It will also get rid of problems caused by the phone being turned off or when there is a poor signal. This would free up extra funds which can be directed where it is needed, to the clinical session.

Finally acknowledge many practices close for a much needed break between Xmas and New Year – so just run daytime sessions same time every day.

Richard Jones wrote on 25/1/12

As for the OOH no real issues from my perspective. Only comments are with access we have run sessions for 5 years now the central booking can sometimes be erratic so I think practices should be allowed to fill spaces along an agreed protocol directly where applicable. There were times we found that we were quiet if we relied solely on referrals especially earlier on. However it does seem to be better now.

The funding of access needs to take into account that the claims will be urgents almost exclusively hence the level needs to reflect this when standardising the values. The access patient can be very time consuming too!