Out-of-hours care

Twenty-four hour responsibility for a registered patient list was one of the cardinal features of NHS general practice for many years. In the almost unimaginable days before mobile telephones, a relatively untrained spouse often had the unenviable task of triaging phone calls from worried patients and trying to track down the GP who was out on calls, perhaps with a cumbersome radio-telephone with unreliable reception. These unsatisfactory and potentially unsafe arrangements were gradually superseded by a more structured approach to out-of-hours care, but for many years practices or groups of practices not only retained personal responsibility for their patients but were also personally involved in doing house calls at night. The Monday morning team meeting was a good opportunity to review the illest, most vulnerable, and most problematic patients on the list. Changes in the GP contract over more recent years have resulted in a retreat from these responsibilities and a growing division between those GPs doing in-hours care and those providing emergency care at night and weekends. The professional, clinical, educational, ethical, and political ramifications of these changes have been discussed endlessly, and there are real concerns about the erosion of continuity, the safety of handovers from sessional doctors about patients seen at weekends, the training opportunities that have been lost when trainees see so little emergency primary care medicine, and the impact on public trust and esteem of the apparent increasing unavailability of GPs. The topic has most recently reappeared in the spotlight because of a perception that accident and emergency departments are now reeling under a greatly-increased patient load which, it is claimed, is at least in part caused by poor provision of out-of-hours services in primary care.

How should urgent primary care be provided? Who are the key players and how should they form an effective out-of-hours team? Is it worth trying to re-connect with some of the values and commitments that set British general practice apart — the jewel in the crown of the NHS — or should we give up the idea of a lost, golden age and get real about the aspirations and working lives of medical professionals in the 21st century? We asked four well-placed colleagues for their views.

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THE ROLE OF PATIENTS

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Out-of-hours provision is absolutely crucial and patients should be at the centre of this debate, not at the periphery. It is not only about giving patients a say. They too have an active role to play and, given the right tools — support and information — they will do well at it, contributing to an NHS that is more sustainable and fit for purpose. The two key areas where patients can actively help in alleviating pressure on out-of-hours services are self-management and information.

Patients with long-term conditions represent 55% of GP appointments; 68% of outpatient, accident and emergency (A&E) attendances, and 77% of inpatient bed days. By giving these patients the tools and confidence to self-manage, demand on the health system would decrease significantly. Self-management programmes can save an average of £451.73 per patient per year by reducing healthcare professional visits, outpatient appointments, A&E attendances, and hospital bed days. Self-management helps patients to feel empowered, more confident and in control of their health. It also contributes to improved clinical outcomes and quality of life.

Patients who engage in self-management also have access to information and learn how to navigate the complex health system and to access the services they need. Many patients simply don't know where to go and use emergency services as a default option. More information is needed about what type of health care is available when GP surgeries are closed. GP surgeries can and should do better to provide more flexible and longer hours to suit patients' needs. We need to take the example of other sectors in which the level of services and staff is organised according to demand. For example, why not have GP surgeries open on Saturday and Sunday, offering consultations as well as minor procedures and tests? The increasing demand experienced by some private clinics is testimony to the fact that patients' needs are changing and solutions are needed to accommodate them. There is no reason why services such as specialist consultations, diagnostics, radiology, pharmacy, hospital transport, and social care could not be made available every day. This would give patients continuous access to health care; those in hospital could be discharged quickly over weekends, and non-emergency cases would have access to their usual GP or other out-of-hours provision. A healthcare system where people are more likely to die if they have elective surgery at the end of the week is clearly not fit for purpose.

We do not yet have a system where a patient's record is shared across services and/or held by the patient. At the very least, patients and their carers should have access to their medical records. A patient who has his or her records at hand is able to contribute to more efficient and effective care; sharing that information with clinicians and other healthcare

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