

Out of Hours Primary Care Use at the End of Life

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Critical Importance of OOH Primary Care

- Covers primary medical care for the whole population for 2/3 of the hours of the week
 - 18:30 – 08:00 weekdays, 24 hour weekends and BHs
 - 2013-14 = 5.8 million cases, 3.3 million face to face consultations and 800,000 home visits

Risk, infrastructure, and research in OOH care

- Clinical work is complex and risk is greater than in ‘normal general practice’
 - Patients are unwell enough to seek care from an unfamiliar doctor in an unfamiliar setting
 - Access to health records can be limited, access to diagnostics and wider multidisciplinary team limited.

OOH Clinical Research Team



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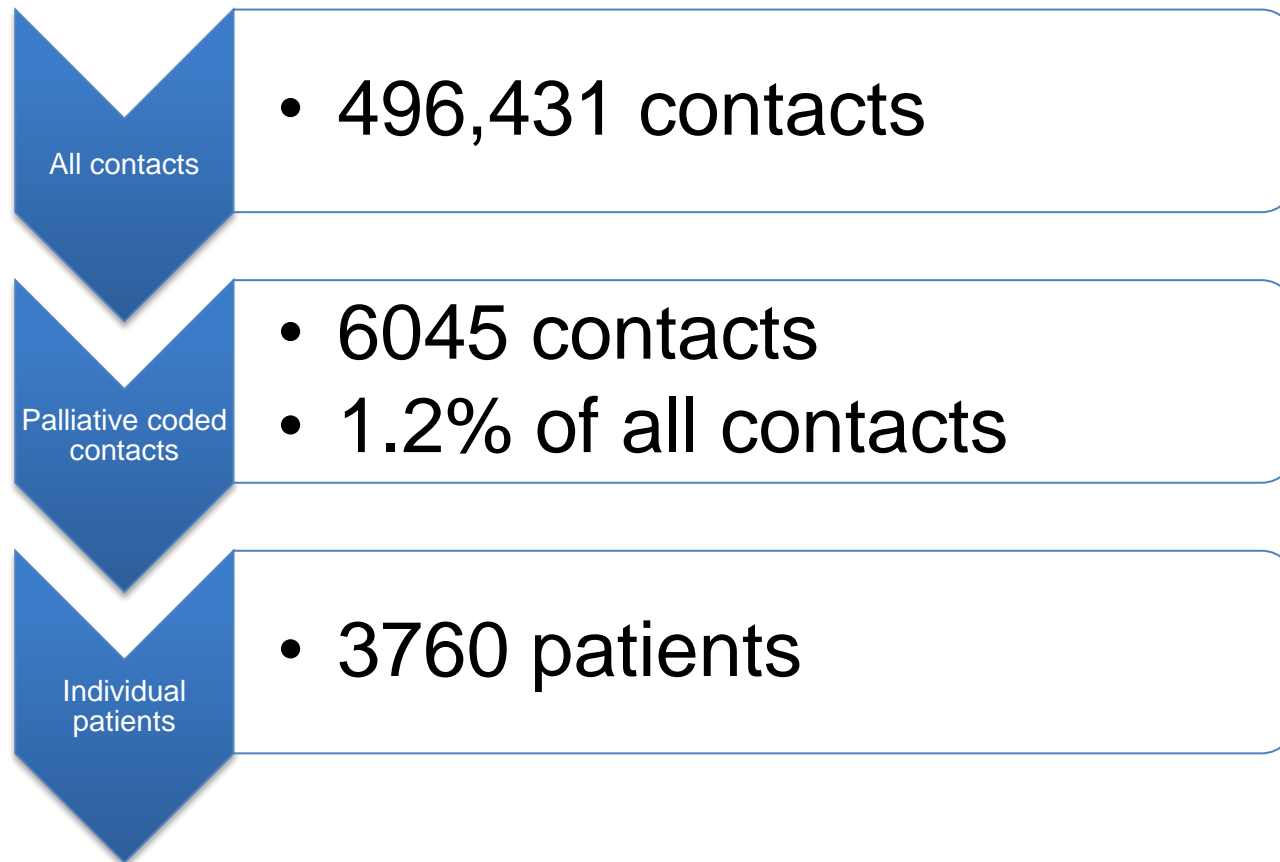
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Where do we start?

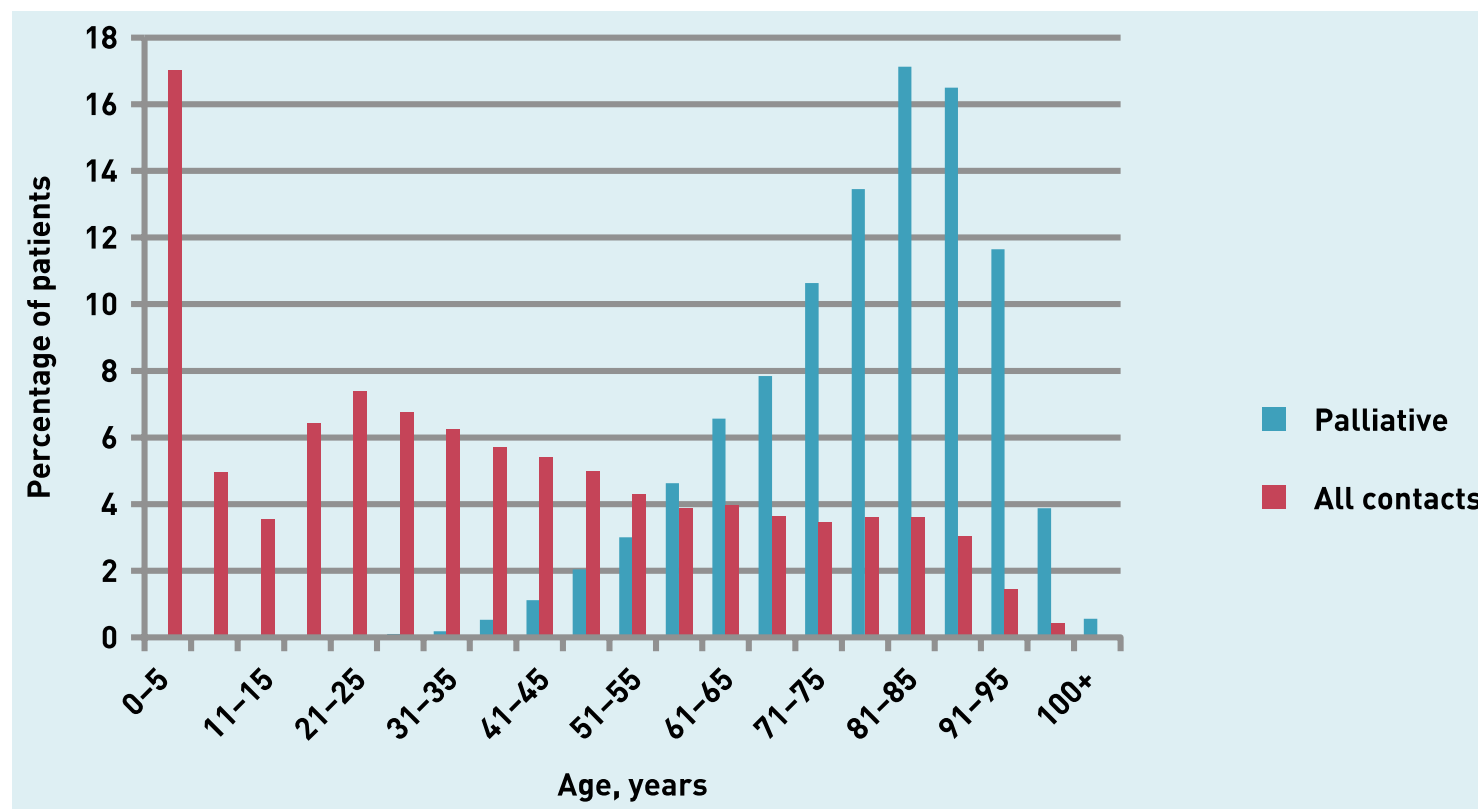
- Population based OOH primary care service
- 600,000 people
- Urban and rural settings
- **Who does the OOH service see with palliative care needs?**



Study conducted over 4 years 2010-2014



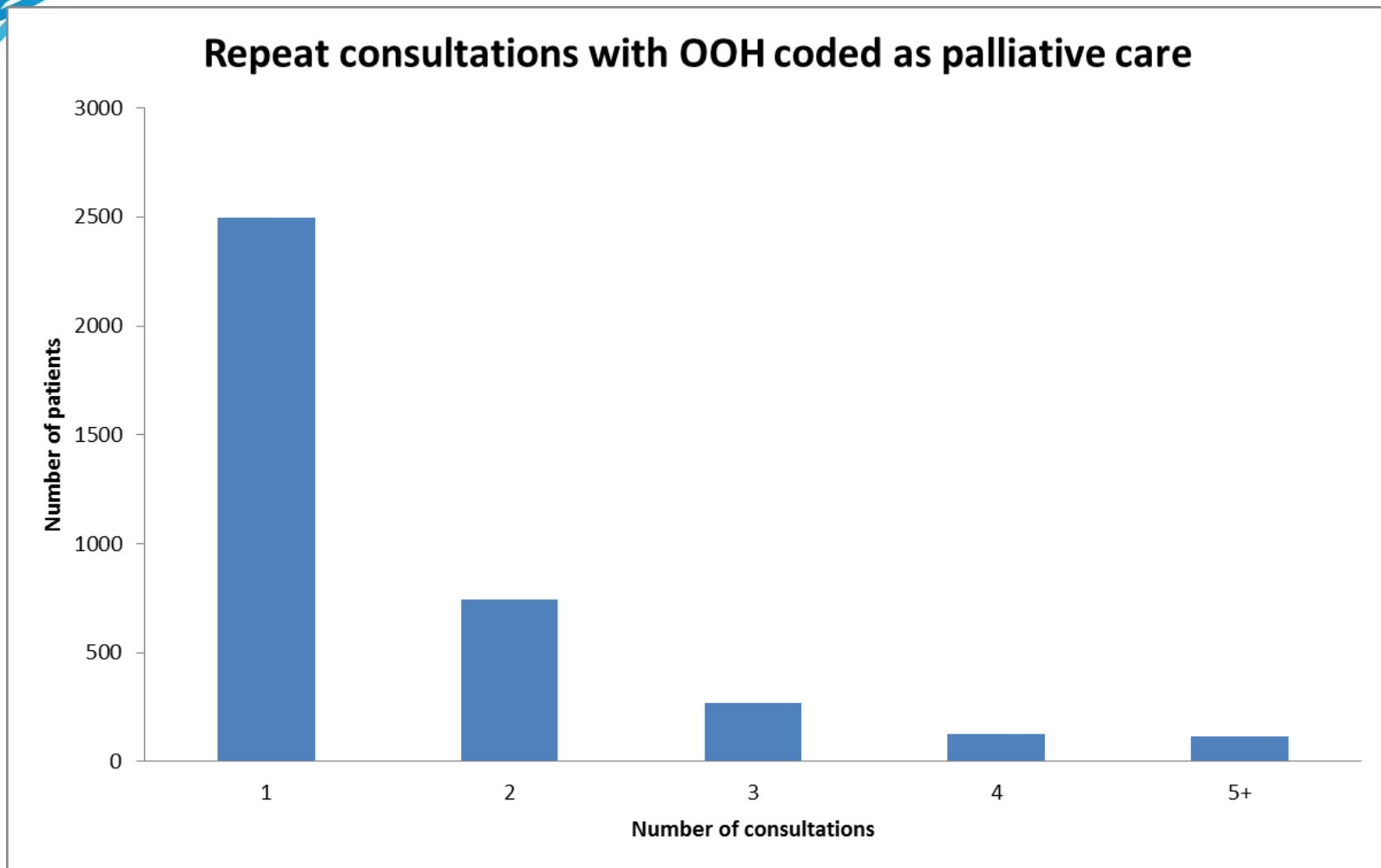
Palliative Care and Age in OOH



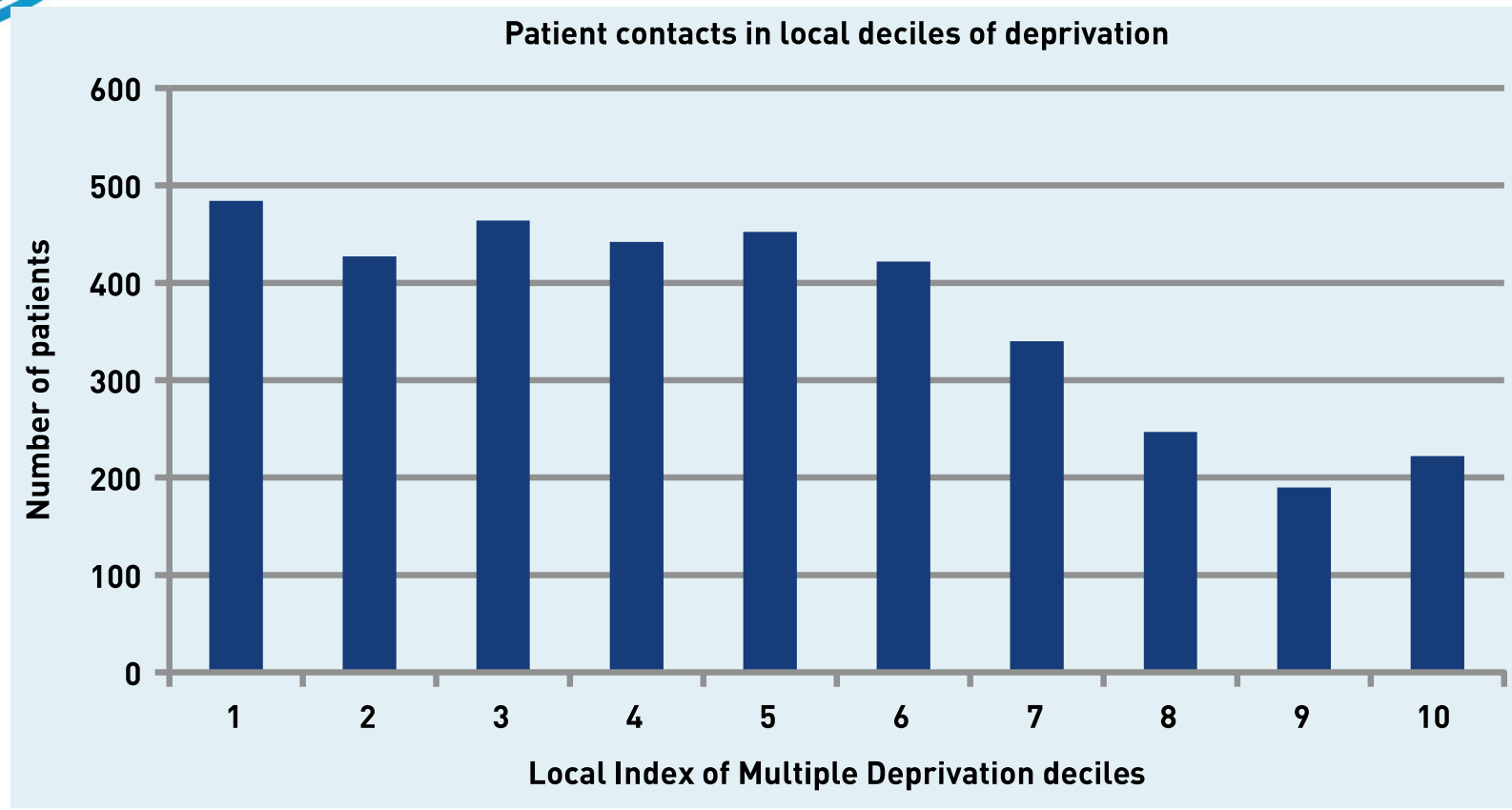
Br J Gen Pract 2016; DOI: 10.3399/bjgp16X686137

When do patients contact the service?

- 50.2% contact the service during the daytime on Saturday and Sunday
- 28.5% of contacts during the evenings
- 19.3% of contacts overnight



Is Access Universal?



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Outcomes after OOH assessment

- 5% admitted to hospital
- 35% – no specific further follow up
- 42% - asked to contact their own GP for further management of symptoms

We still don't know.....

- What happens at a 'palliative' OOH consultation?
- How many patients that die in a population access OOH care beforehand?
- Do we fail to recognise the palliative phase of illness?

End of life care and OOH care

- OOH is a significant provider of care in the last month of life in a population
- What is the optimal model of end of life care?
 - universal access
 - appropriate recognition
 - what is needed from the encounter
 - ongoing support and integration across OOH and In Hours primary care

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