NHS
Quality
Improvement
Scotland

The Provision of Safe and Effective Primary Medical Services Out-of-Hours

Summary of Follow-up Assessments

April 2008

NHS Quality Improvement Scotland (NHS QIS) is committed to equality and diversity. We have assessed the performance assessment function for likely impact on the six equality groups defined by age, disability, gender, race, religion/belief and sexual orientation. For this equality and diversity impact assessment, please see our website (www.nhshealthquality.org). The full report in electronic or paper form is available on request from the NHS QIS Equality and Diversity Officer.

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First published April 2008

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Contents

Executive Summary **2**

Setting the scene **5**

Follow-up process **5**

Conclusions **6**

NHS boards' registration status **8**

Summary of findings against the standards **9**
Standard 1: Accessibility and availability at first point of contact 9
Standard 2: Safe and effective care 11
Standard 3: Audit, monitoring and reporting 16

Appendix 1 – Review process **18**

Appendix 2 – Primary medical services out-of-hours reference group members **19**

Executive summary

1 The Learning Curve

In developing the NHS Quality Improvement Scotland (NHS QIS) standards and reviewing performance of General Medical Services (GMS) out-of-hours we moved away from secondary care and into a new and challenging environment. This project has marked a number of firsts for us:

- working with independent contractors - GPs
- setting standards and reviewing performance in the context of the implementation of a new and landmark UK negotiated contract
- a legislative requirement for NHS boards to comply with NHS QIS standards, and
- multi-agency context – NHS24, Scottish Ambulance Service, NHS boards.

It was also the fastest development of standards we have ever achieved: 24 weeks compared to an average timescale of 1 year. To achieve this, we had to adapt and enhance our processes and procedures, particularly on consultation.

Organising review visits also presented challenges:

- we introduced two different self assessments; one for NHS boards providing services and the other for GPs providing services
- we reviewed the way NHS boards assured out-of-hours services rather than reviewing services directly
- we introduced a new assessment scale that would support long-term continual improvement and included a 'registration' status, and
- during the review process, NHS boards were necessarily redesigning and implementing out-of-hours services. This made direct comparisons between NHS boards difficult as all were at a different stage when they were reviewed. The evidence of improvement in each NHS board's position was a more robust indicator of overall performance.

Finally, we developed a support and follow-up programme to make sure that all NHS boards achieved registration at Level 3 (Provider is largely compliant with the standards).

Our learning curve was steep - and we could not have achieved our goal without the support we had from those implementing the new contract. We have now transferred much of our learning and knowledge to other projects; notably this work has informed the development of the first NHS QIS Primary Care Strategic Work Programme: Shifting the Focus (http://www.nhshealthquality.org/nhsqis/files/Shifting%20the%20FocusFIN.pdf).

2 The Outcome

Every NHS board completed an action plan describing their plans to increase their assessment with the aim of achieving a Level 3 registration status within 12 months of the end, in July 2006, of the first round of peer reviews to assess performance against the standards (ie by July 2007). NHS boards provided quarterly exception reports against their plans, together with supporting evidence; and our expert analysis panel reviewed these and provided feedback on progress. It took some time for this process to be set up so we extended the registration deadline to September 2007 and **every NHSScotland board has now achieved the required registration status (see page 8 for details).**

Every NHS board has demonstrated improvement since the initial review. This is particularly so in three key areas:

- **patient experience:** identifying patient needs, providing written information and involving patients (and families and carers) in service developments and improvements
- **information sharing:** making sure that (with consent) information on care provided out-of-hours is shared with relevant healthcare professionals. This has informed the development of the NHSScotland Emergency Care Summary (ECS), an electronically shared record of care provided out-of-hours and on an emergency basis (http://www.scotland.gov.uk/Publications/2006/08/16152132/0)
- **clinical governance:** linking NHS board clinical governance and risk management support staff with the implementation of the new GMS contract. This has built in a supportive infrastructure and developed a shared understanding of how best to adapt clinical governance assurances to this context.

3 The Challenge

We also identified challenges and it is encouraging that these standards and reviews stretch the arrangements already in place and build on local and national work already underway. The **key challenge** across NHSScotland is to develop pragmatic clinical governance support arrangements within a primary care (and Community Healthcare Partnership (CHP)) setting and this applies beyond out-of-hours services. This is particularly important given the introduction of Single Outcome Agreements which require local authorities and NHS boards to work together more effectively.

4 Making a Difference

Has setting standards, reviewing performance and following up progress made a difference to the quality of out-of-hours services in NHSScotland?

Feedback from NHS boards confirms they:

- are more confident about who needs what during the out-of-hours period and can now plan to deliver this
- now share information in real-time so that patients can be followed up 'in hours’ and accurate information is available on the care they received out-of-hours (or in an emergency). The development of the ECS has facilitated this, and
- have developed and matured their relationship with NHS24 so that services are now more focused on local needs.

The NHS QIS standards focused on putting in place the infrastructure to assure patients, the public and those responsible and accountable for providing patient care that care out-of-hours is safe and effective. Looking ahead, we are now supporting NHSScotland in developing key performance indicators (KPIs) for unscheduled care that focus on the outcomes that should be achieved once this infrastructure is in place.

Scotland is the only UK country to have set standards for services out-of-hours; reviewed performance; followed this up and moved on to develop outcome-based KPIs. The model we have developed is inclusive and based on local and practical experience of implementation.

We now look forward to building on our experience across other primary care contracts and extending the knowledge and networks we have already developed.

Setting the scene

The new General Medical Services (nGMS) contract was introduced in 2004 and allowed most GPs to opt out of their responsibility for providing patient care in out-of-hours periods. Some GPs in remote and rural areas could not choose to opt out as sustainable arrangements could not be put in place to cover very small populations. In Scotland, around 95% of GP practices chose to opt out, resulting in a change to funding arrangements for out-of-hours services. In Scotland, implementation of the nGMS contract was facilitated by making changes to the legislation covering primary medical services and introducing the Primary Medical Services (Scotland) Act 2004. From 1 April 2004, this Act placed a duty on NHS boards to provide 'primary medical services' for everyone living in the NHS board area. GPs can continue to provide services during the out-of-hours period or can opt out of providing services during the out-of-hours period on condition that acceptable alternative services can be provided by the NHS board. 'Out-of-hours' is defined in legislation as 6.30pm to 8.00am weekdays, weekends and public holidays. Local arrangements may vary.

Between September 2005–March 2006, peer review visits took place in every NHS board area that has responsibility for ensuring the provision of primary medical services out-of-hours. Local reports on the findings of these visits and a subsequent national overview of service provision were published during 2006. These reports are available on request from NHS QIS or on our website: **www.nhshealthquality.org**

Our review teams assessed performance at NHS board level against the Standards for the Provision of Safe and Effective Primary Medical Services Out-of-Hours using a quality improvement tool, which comprised position statements for each criterion, standard statement and overall performance. This tool enabled NHS boards to be assessed on how they were achieving each standard through development, implementation and monitoring. These key stages represent the continuous improvement cycle through which each NHS board can ensure that all users of its out-of-hours services receive a high quality of care.

The review team used the most appropriate position statement to describe an NHS board's position against each criterion. This then allowed an overall position statement to be arrived at for each of the standards and, in turn, an overall registration status on completion of the review visit. This information can be found on our website.

Follow-up process

At the time of the peer review visits, out-of-hours services were in a state of change due in part to the infancy of the arrangements. In order to maintain the momentum gained and promote continuous quality improvement in the out-of-hours service, NHS QIS initiated a process of follow-up. The primary objective of the follow-up was to ensure that all NHS boards achieved an overall

registration status of Level 3 'Provider is largely compliant with the standards' by the end of the follow-up process in September 2007. Where this level had already been achieved, the objective was to encourage improvement in those individual criteria assessed as Level 1 or 2.

Each NHS board was required to develop an action plan for each appropriate criterion. This was submitted to NHS QIS quarterly, along with a progress report and supporting evidence of progress from receipt of the final local report. After 12 months, each NHS board was allowed the opportunity to exception report against outstanding non-compliant criteria by September 2007. The NHS QIS primary medical services out-of-hours reference group (see Appendix 2 for membership details) reviewed the resubmitted evidence and agreed any changes to the position statements. The NHS board was informed of these amendments to allow action plans to be revised as necessary. Where an NHS board had achieved a Level 3 or 4 at criterion level at the end of the peer review visits, no further review has been undertaken as part of the follow-up process. This means that, for the purposes of reporting, these criteria will retain the same position statement level, even though in many cases further improvements are likely to have been made in these areas.

At the end of the follow-up process, all amendments to the position statements were collated for each NHS board, and corresponding detailed findings of the local report updated to reflect the progress made since the review visit. It is the responsibility of each NHS board to continue to monitor its own progress on performance against the standards.

Conclusions

This approach marks the first time that NHS QIS has proactively followed-up performance assessment in this manner. Positive feedback has been received from the service, particularly in terms of retaining the focus on continuous improvement against the standards. It also demonstrates the significant support required for implementation and monitoring of standards in a new and developing service. The process has allowed a knowledge base to be built up around out-of-hours services and has promoted the sharing of good practice and approach to implementation of the standards between NHS boards. The information gathered has also been used by Audit Scotland for their review of out-of-hours services.

The follow-up process has shown that significant progress has been made against the standards since the first round of peer review visits. Of particular note is the progress made in the following areas:

- putting in place comprehensive arrangements to identify and meet the needs of those potentially using their services
- taking action to ensure that the requirements of the Disability Discrimination Act (2995) have been, or are proactively being, addressed
- extending partnership working to all relevant stakeholders
- providing written information to patients on care or treatment given,

where applicable
- integrating out-of-hours services into NHS boards' clinical governance and risk management structures
- ensuring that patients who attend out-of-hours services without an appointment are made aware of, and agree to, share information about them and their care with other healthcare professionals, and
- formalising processes to identify patient views and satisfaction levels.

However, challenges do remain, in particular:
- continuing to fully integrate out-of-hours services into NHS boards' clinical governance structures, particularly given the changing nature of the structure of these services
- implementing the NHS Knowledge and Skills Framework (NHS KSF) to ensure all clinical and non-clinical staff have annual appraisals and personal development plans
- developing and implementing a full set of provider-specific key performance indicators, and
- publishing a formal annual report on performance and services.

NHS boards' registration status

Registration status:
1 Provider has achieved limited compliance with the standards
2 Provider has achieved partial compliance with the standards
3 Provider is largely compliant with the standards
4 Provider has achieved full compliance with the standards

The primary objective of the follow-up process has been achieved, with all NHS boards achieving a minimum registration status of Level 3, 'Provider is largely compliant with the standards'.

Registration status allocated to each NHS board (September 2007)

Registration Status 3	Registration Status 4
NHS Ayrshire & Arran	NHS Borders
NHS Dumfries & Galloway	NHS Lothian
NHS Fife	NHS Tayside
NHS Forth Valley	
NHS Grampian	
NHS Greater Glasgow and Clyde	
NHS Highland	
NHS Lanarkshire	
NHS Orkney	
NHS Shetland	
NHS Western Isles	

Note on NHS board changes
At the time of the original peer review visits, there were 15 territorial NHS boards. Dissolution of NHS Argyll & Clyde (March 2006) took place between the peer review visits and the follow-up process. This meant that the 14 remaining territorial NHS boards were reviewed as part of the follow-up process.

The service formerly provided by NHS Argyll & Clyde was integrated into NHS Highland and NHS Greater Glasgow and Clyde respectively and was reviewed as part of the follow-up process. Progress made in these areas is reported in the respective NHS Highland and NHS Greater Glasgow and Clyde local follow-up reports.

Summary of findings against the standards

For details of the position statements corresponding to the numerical levels, please see our website: www.nhshealthquality.org

Standard 1: Accessibility and availability at first point of contact

Standard Statement 1(a)
Out-of-hours services* are available and accessible to patients and their representatives.

***'Out-of-hours' is defined in legislation as 6.30pm to 8.00am weekdays, weekends and public holidays. Local arrangements may vary.**

In 2006 80% of NHS boards were compliant with this standard. At the end of the follow-up process 100% compliance was achieved. This reflects significant improvements made at criteria level.

Overall position statement level	No. of NHS boards	
	2006	2007
Level 1	0	0
Level 2	3	0
Level 3	12	9
Level 4	0	5

1(a)1 Arrangements are in place to identify the needs of those potentially using these services.

Eight out-of-hours services required follow-up against this criterion, in addition to the services in the former NHS Argyll & Clyde area. By the end of the follow-up process, the vast majority of services had developed comprehensive arrangements to identify the needs of those potentially using out-of-hours services, and two were regularly reviewing these arrangements. In the three areas which did not achieve a minimum of Level 3 against this criterion (including Clyde, formerly part of NHS Argyll & Clyde and now part of NHS Greater Glasgow and Clyde), the reference group was satisfied that action is being taken to establish comprehensive arrangements to identify potential users of their services.

1(a)2 Arrangements are in place to meet the needs of those potentially using these services.

Nine out-of-hours services required follow-up against this criterion, in addition to the services in the former NHS Argyll & Clyde. By the end of the follow-up process, 12 services achieved compliance against the criterion, with nine of these demonstrating that they were reviewing the comprehensive arrangements that they had put in place to meet the needs of those potentially using their services. The three areas that did not achieve a minimum of Level 3 against this criterion (including Clyde, formerly part of NHS Argyll & Clyde

and now part of NHS Greater Glasgow and Clyde) were unable to do so as they had not fully identified those who may potentially use their services; therefore, the reference group could not be confident that all appropriate arrangements had been put in place to meet potential users' needs.

1(a)3 Arrangements are in place for patients or their representatives to access care by telephone (in the first instance).

No follow-up was required against this criterion.

1(a)4 Access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers.

In 2006 only two services achieved compliance against this criterion. By the end of the follow-up process, significant progress had been made and all but one out-of-hours service had put in place arrangements to ensure that access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers. The reference group was satisfied that where further work was still outstanding, for example full compliance with the Disability Discrimination Act (1995), action plans were in place for completion of this work. In the one area that had not achieved a Level 3 for this criterion, it was reported that this was due to action being required at NHS board level to carry out the necessary work required for all premises to comply with the Disability Discrimination Act (1995).

Standard 2: Safe and effective care

Standard Statement 2(a)
Healthcare Governance: The service provider has a comprehensive, patient-focused healthcare governance programme in place.

In 2006 only two thirds of NHS boards had achieved compliance with this overall standard. This had risen to 100% compliance by the end of the follow-up process.

Overall position statement level	No. of NHS boards	
	2006	2007
Level 1	0	0
Level 2	5	0
Level 3	10	12
Level 4	0	2

2(a)1 Patient Focus: Throughout the service, work is undertaken in partnership with individuals, communities and community planning partners in the design, development and review of services. The results of this work are acted upon and feedback is provided to all those involved.

In 2006, partnership working in seven out-of-hours services (including NHS Argyll & Clyde) was limited, with the primary challenge being to extend partnership working to all relevant stakeholders. By the end of the follow-up process, work on this had progressed in all services with relevant stakeholders being involved in the design, development and review of services where possible. Work was ongoing in a number of services to try to further extend partnership working, particularly in the area of securing appropriate public involvement.

2(a)2 Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.

There has been encouraging progress in the move towards provision of written information to patients regarding any care or treatment given. In 2006 information given was largely verbal. By the end of the follow-up process, most services had provided clinical staff with internet access, allowing access to a wide range of condition-specific patient information leaflets which can be downloaded and printed out for patients. Many services had also issued reminders to clinical staff to provide written information to patients where appropriate. Access to relevant information on home visits remained a challenge, but this was being addressed by providing hard copies of information on the most common ailments for use in this situation.

2(a)3 Clinical Governance: There are clear, cohesive plans across the service that direct and support policy development and service delivery both internally and through delivery partners.

Due in part to the infancy of out-of-hours services in 2006, only one service was able to demonstrate that it had clear and cohesive plans in place to direct and support policy development and service delivery both internally and through delivery partners by way of integration into the NHS board-wide clinical governance arrangements. Almost two-thirds of services were still working to establish robust clinical governance arrangements for the out-of-hours service which were integrated into the NHS board clinical governance structure. However, significant progress has been made in this area and, by the end of the follow-up process, 86% of services had integrated their clinical governance arrangements into those of their NHS board, with a third of these demonstrating regular review and monitoring of clinical governance plans. One of the remaining two services was working to develop appropriate clinical governance policies to further support the future direction of the service. In the other service, wider issues remained with regard to clinical governance which has impacted on the development of clear and cohesive clinical governance plans for the out-of-hours service.

2(a)4 Clinical Governance: Service providers operate a system of risk management to ensure that risks are identified, assessed, controlled and minimised.

In 2006 only five out-of-hours services were able to demonstrate that a system of risk management had been fully implemented across the service. By the end of the follow-up process, full compliance against this criterion had been achieved.

2(a)5 Clinical Governance: Providers of out-of-hours services have a system in place to report to NHS board clinical governance committees regularly.

In 2006, 40% of out-of-hours services did not have a system in place to report to NHS board clinical governance committees regularly. By the end of the follow-up process there had been significant progress against this criterion, with 10 services demonstrating that they reported on a regular basis to the NHS board clinical governance committee.

2(a)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.

Approximately 50% of out-of-hours services were unable to demonstrate the engagement of all key stakeholders, particularly voluntary agencies and, in some areas, local authorities. Further work within services to engage with relevant stakeholders and use community health partnerships (CHPs) to disseminate information to appropriate groups and agencies has seen an improvement in compliance against this criterion. In many services there was

evidence to demonstrate that work was ongoing to establish closer links with key stakeholders. However, for some services, formalising engagement with voluntary agencies remained a challenge.

2(a)7 Staff Governance: Staff involved in out-of-hours care meet employment requirements, including qualifications.

Only the former NHS Argyll & Clyde out-of-hours service required follow-up against this criterion. Both NHS Greater Glasgow and Clyde and NHS Highland demonstrated that the out-of-hours services operating in Clyde and Argyll & Bute respectively had put in place processes and procedures to ensure that all staff involved in out-of-hours care meet employment requirements. In addition, there is regular monitoring that employment requirements are up-to-date.

2(a)8 Staff Governance: Staff are competent to perform their duties.

Eighty percent of out-of-hours services required follow-up against this criterion. While progress has been made in many areas in rolling out the national NHS Knowledge and Skills Framework (KSF), developing personal development plans (PDPs) and undertaking annual appraisals, approximately one third of all services remain non-compliant with this criterion. The main issue was around the delays in rolling out the national NHS KSF which have impacted on the development of PDPs for nursing and non-clinical staff and a system of annual appraisals being implemented.

2(a)9 Corporate Governance: All out-of-hours providers have systems in place that ensure financial probity.

Only two out-of-hours services required follow-up against this criterion. Both services demonstrated that they had addressed outstanding issues relating to payment of either sessional or locum GPs.

Standard Statement 2(b)
Clinical Care: Clinical guidelines are readily available to support clinical decision-making and facilitate delivery of quality services to patients.

In 2006 two thirds of NHS boards had achieved compliance with this overall standard. This had risen to 100% compliance by the end of the follow-up process in 2007.

Overall position statement level	No. of NHS boards	
	2006	2007
Level 1	0	0
Level 2	4	0
Level 3	11	14
Level 4	0	0

2(b)1 Procedures are in place to ensure quick and easy access to evidence-based clinical guidelines to support clinical decision-making.

Eighty percent of services achieved this criterion in 2006. Three services submitted evidence as part of the follow-up process and all were able to demonstrate that procedures were now in place to ensure quick and easy access to evidence-based guidelines.

2(b)2 Patients are assessed and responded to based on clinical need and professional judgement.

Only three services did not achieve a minimum of Level 3 against this criterion in 2006, including the former NHS Argyll & Clyde. By the end of the follow-up process, all but one service had demonstrated that patients are assessed and responded to based on clinical need and professional judgement. The issue for the remaining service (formerly part of NHS Argyll & Clyde) was in relation to establishing local policies for child protection and vulnerable adults; however, it is anticipated that this issue will be resolved once the work carried out in NHS Highland relating to child protection issues has been fully implemented in Argyll & Bute.

2(b)3 The service has drugs which are in date and equipment which is regularly maintained.

In 2006, only around 50% of out-of-hours services achieved compliance against this criterion. By the end of the follow-up process, progress had been made in all the remaining services, although in two services, new systems for drugs management had yet to be formalised and implemented.

Standard Statement 2(c)
Information and communication: Information gathered during care out-of-hours is recorded (on paper or electronically) and communicated to those NHS professionals involved in the patient's ongoing care.

In 2006 overall compliance against this standard was good with only two NHS boards not compliant. By the end of the follow-up process, all NHS boards had achieved compliance.

Overall position statement level	No. of NHS boards	
	2006	2007
Level 1	0	0
Level 2	2	0
Level 3	13	11
Level 4	0	3

2(c)1 Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.

Only two out-of-hours services required to be followed up against this criterion. By the end of the follow-up process, neither service had been able to demonstrate compliance.

2(c)2 Systems are in place for receiving and communicating information to inform patients' ongoing care, by the next working day.

Only one out-of-hours service required follow-up against this criterion. By the end of the follow-up process this service was able to demonstrate that a system had been implemented to ensure that relevant healthcare professionals received information to inform their patients' ongoing care by the next working day, and this was being monitored.

2(c)3 Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.

Two-thirds of out-of-hours services required follow-up against this criterion. By the end of the follow-up process significant progress had been made and all but one service was able to provide evidence to demonstrate that a system had been fully implemented to ensure that all patients, including those who attend an out-of-hours centre without an appointment, are aware of, and agree to, the sharing of information about them and their care with other health professionals.

Standard 3: Audit, monitoring and reporting

Standard Statement 3(a)
A provider-specific quality assurance framework is in place to support routine audit, monitoring and reporting of performance.

In 2006 just under 50% of NHS boards were compliant with this overall standard. By the end of the follow-up process, all but one NHS board had achieved overall compliance.

Overall position statement level	No. of NHS boards	
	2006	2007
Level 1	0	0
Level 2	8	1
Level 3	7	10
Level 4	0	3

3(a)1 A set of provider-specific key performance indicators (KPIs) (patient-involvement, clinical and organisational) are in place.

In 2006 only four out-of-hours services had developed either a full or part set of provider-specific KPIs and had implemented them within the organisation. By the end of the follow-up process a further five services had developed and implemented provider-specific KPIs, many of whom had also started monitoring a part set of KPIs. However, it was noted that achievement of this criterion has remained a challenge, with many services requesting help and guidance in developing a full set of KPIs. To date, most services have only developed a basic part set of provider-specific KPIs. National KPIs for unscheduled care services are being developed and will be published in 2008.

3(a)2 Comments, complaints and compliments are recorded, regularly reviewed and action taken.

Only one service required follow-up against this criterion and was able to demonstrate full compliance with the criterion by the end of the follow-up process.

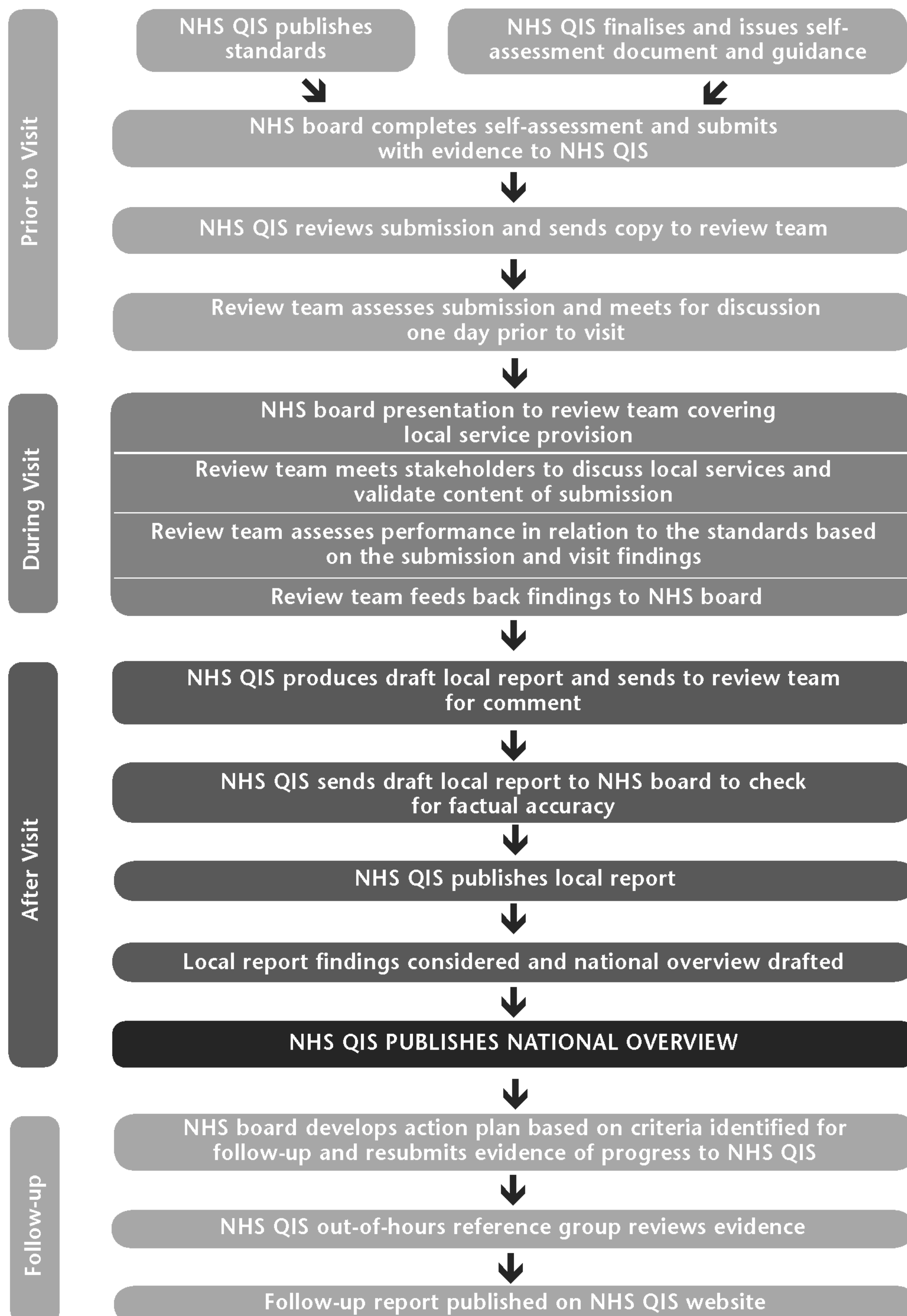
3(a)3 The service provider takes action to identify patient views and satisfaction levels.

By the end of the follow-up process, all but one out-of-hours service demonstrated that they had formalised processes to identify patient views and satisfaction levels. Plans were in place in the remaining service to undertake a formal patient satisfaction service in autumn 2007.

3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

Although significant progress has been made against this criterion, with a total of nine services having formally published an annual report on performance and services, not all reports were considered to be widely available to users and those contracting the service. Three services had still not produced an annual report on performance and services by the end of the follow-up process.

Appendix 1 – Review process



Appendix 2 – Primary medical services out-of-hours reference group members

Chair

Ms Jane Bryce
Public Partner, Highland

Reference group members

Dr Ross Cameron
Medical Director, NHS Borders

Dr Liz Duncan
Associate Medical Director, NHS 24 (until August 2006)
Clinical Director Out-of-Hours Services, NHS Lanarkshire (from August 2006)

Ms Jennifer Hogg
Nurse Practitioner – NHS Ayrshire Doctors on Call (ADOC)

Dr Shiona Mackie
Divisional Medical Director, Lanarkshire Primary Care Division

Mrs Linda McGregor
Service Manager, Argyll & Clyde Primary Care Emergency Service (until October 2007)
Out-of-Hours Service Manager, NHS Lanarkshire (from October 2007)

Mr Martin Moffat
Branch Head, Scottish Government Health Directorate

Dr Marion Storrie
Clinical Director, Lothian Unscheduled Care Service

Dr Susan Taylor
General Practitioner, NHS Highland

Support from NHS QIS was provided by **Mr Steven Wilson** (Performance Assessment Team Manager), **Mrs Fiona Russell** (Senior Project Officer) and **Miss Jan Nicolson** (Project Officer).

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