

NHS Forth Valley

Local Report ~ March 2006

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

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Out-of-hours services are intended to provide access to a healthcare professional in situations where the patient's clinical condition is such that it cannot wait until the next day. The NHS Quality Improvement Scotland (NHS QIS) Primary Medical Services Out-of-Hours Project Group concentrated on ensuring that out-of-hours services will be accessible, acceptable, available and responsive. The Project Group developed three standards covering: accessibility and availability at first point of contact; safe and effective care; and audit, monitoring and reporting. This report presents the findings from the peer review of performance against the standards.

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Contents

1	Setting the Scene	5
1.1	How the Standards were Developed	6
1.2	How the Review Process Works	7
1.3	Reports	10
2	Summary of Findings	12
2.1	Overview of Local Service Provision	12
2.2	Summary of Findings Against the Standards	13
3	Registration Status	16
4	Detailed Findings Against the Standards	17
	Appendix 1 – Criteria Identified for Follow-up	32
	Appendix 2 – Glossary of Abbreviations	33
	Appendix 3 – Details of Review Visit	34
	Appendix 4 – Primary Medical Services Out-of-Hours Project Group Members	35
	Appendix 5 – Primary Medical Services Out-of-Hours Reference Group Members	37
	Appendix 6 – Timetable of Review Visits	38

1 Setting the Scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. We do this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

About this Report

The *Standards for The Provision of Safe and Effective Primary Medical Services Out-of-Hours* were published in August 2004. These standards are being used to assess the quality of services provided by NHSScotland nationwide.

This report presents the findings from the peer review of **NHS Forth Valley**. This review visit took place on **20 October 2005**, and details of the visit, including membership of the review team, can be found in Appendix 3.

1.1 How the Standards were Developed

From 1 April 2004, the Primary Medical Services (Scotland) Act 2004 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.

In January 2004, a Primary Medical Services Out-of-Hours Project Group was established and chaired by The Very Reverend Graham Forbes CBE. Membership of the Project Group included both healthcare professionals and members of the public (see Appendix 4).

The Project Group oversaw the development of, and consultation on, the standards. In addition, it was responsible for recommending an external peer review process.

In July 2005, the Primary Medical Services Out-of-Hours Reference Group was established comprising healthcare professionals and members of the public (see Appendix 5). The Reference Group advises on the implementation and monitoring of the review process, and oversees:

- reviewing performance against the standards throughout Scotland, using self-assessment and external peer review, and
- reporting the findings from the review, and assigning registration status.

The draft primary medical services out-of-hours standards aimed to build on existing evidence and good practice. A Scotland-wide consultation process was then undertaken, during which the views of health service staff and the public were sought. The final standards were published in August 2004 and, subsequently, piloted at three NHS Boards: NHS Ayrshire & Arran, NHS Grampian and NHS Highland.

In September 2004, the Scottish Executive Health Department (SEHD) issued HDL(2004)41, NHS Quality Improvement Scotland: Standards for the Provision of Safe and Effective Primary Medical Services Out-of-Hours, outlining the action required by NHS Board chief executives on receipt of these standards and associated guidance from NHS Quality Improvement Scotland (NHS QIS). From 1 January 2005, all providers of primary medical services in the out-of-hours period must comply with standards developed by NHS QIS. This is a statutory requirement as set out in HDL(2004)41. All NHS Boards were asked to submit a completed registration application form to NHS QIS for each provider in their area. Each provider has received confirmation of their conditional registration with NHS QIS and their registration number.

1.2 How the Review Process Works

Types of Service Provision

There are two main types of out-of-hours service provision:

- 1 NHS Boards can provide out-of-hours services directly (sometimes referred to as direct provision). NHS QIS is responsible for reviewing performance against the standards for all NHS Boards directly providing primary medical services out-of-hours.
- 2 NHS Boards can also make arrangements (by contract or agreement) with a range of providers (sometimes referred to as level 1 provision) through:
 - a General Medical Services (GMS) contract – nationally negotiated with some local flexibility for GPs to opt out of certain services or opt in to the provision of other services
 - a Section 17C (formerly known as Personal Medical Services or PMS) agreement – locally negotiated agreements which are more flexible in accordance with local circumstances, and
 - a Health Board Medical Services contract – the NHS Board can, in certain circumstances, make arrangements with, for example, a non-NHS organisation for the provision of NHS services.

Review Process for Direct Providers

The review process has two key parts: local self-assessment followed by external peer review. First, each NHS Board assesses its own performance against the standards. An external peer review team then further assesses performance, both by considering the self-assessment data and visiting the NHS Board to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 11).

Review Process for Level 1 Providers

NHS Boards have a responsibility to review performance against the standards for any level 1 providers in their area, and report back to NHS QIS through the direct providers' review process. The review process mirrors that for direct providers. Each level 1 provider assesses its own performance against the standards using the self-assessment tool. The Board then further assesses performance, by considering the self-assessment data and visiting the provider to validate this information and discussing related issues. A summary of the Board's progress in reviewing any level 1 providers in its area can be found in Section 2.1.

Self-Assessment by NHS Boards

On receiving the standards, each NHS Board assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines, audit reports) required to allow a proper assessment of performance against the standards to be made.

The NHS Board submits the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

External Peer Review

An external peer review team then visits and speaks with local stakeholders (eg staff, patients, carers) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in its work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the NHS Board they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland, and ensure that each review team assesses performance against the standards rather than make comparisons between one NHS Board and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit.

The visit concludes with the team providing feedback on its findings to the NHS Board, and informing the NHS Board of its registration status. The feedback includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Position Statements

Each review team assesses performance using a quality improvement tool comprising position statements for each criterion, standard statement and overall performance. This quality improvement tool enables the review team to assess how an NHS Board is 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 NHS Board will also use the position statements to assess the performance of its level 1 providers.

The most appropriate position statement is agreed by the review team to describe an NHS Board's current position against each criterion. This then allows 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.

The quality improvement tool used to assess out-of-hours providers is available via the NHS QIS website – www.nhshealthquality.org

Follow-up Process

Where improvement in performance against particular criteria is required (as identified in Appendix 1), the NHS Board is required to develop an action plan detailing action to be taken against each criterion and timescales for completion. This action plan, along with an initial progress report is to be submitted to NHS QIS 3 months from receipt of the final local report. All action has to be taken by July 2007.

As the deadlines for action are reached, the NHS Board will resubmit the evidence to support its progress to NHS QIS, detailing what work has been undertaken to meet the identified criteria. This resubmitted evidence will then be analysed and reviewed by the NHS QIS Out-of-Hours Reference Group. Once all reviews of a Board's resubmitted evidence have been carried out, any necessary amendments to the status of the position statements will be made; the accompanying detailed findings in Section 4 of the local report will be updated and published on the NHS QIS website. In most instances, these reviews will not require a visit to the NHS Board to further assess performance; however, a review visit may be carried out if deemed necessary by the Reference Group.

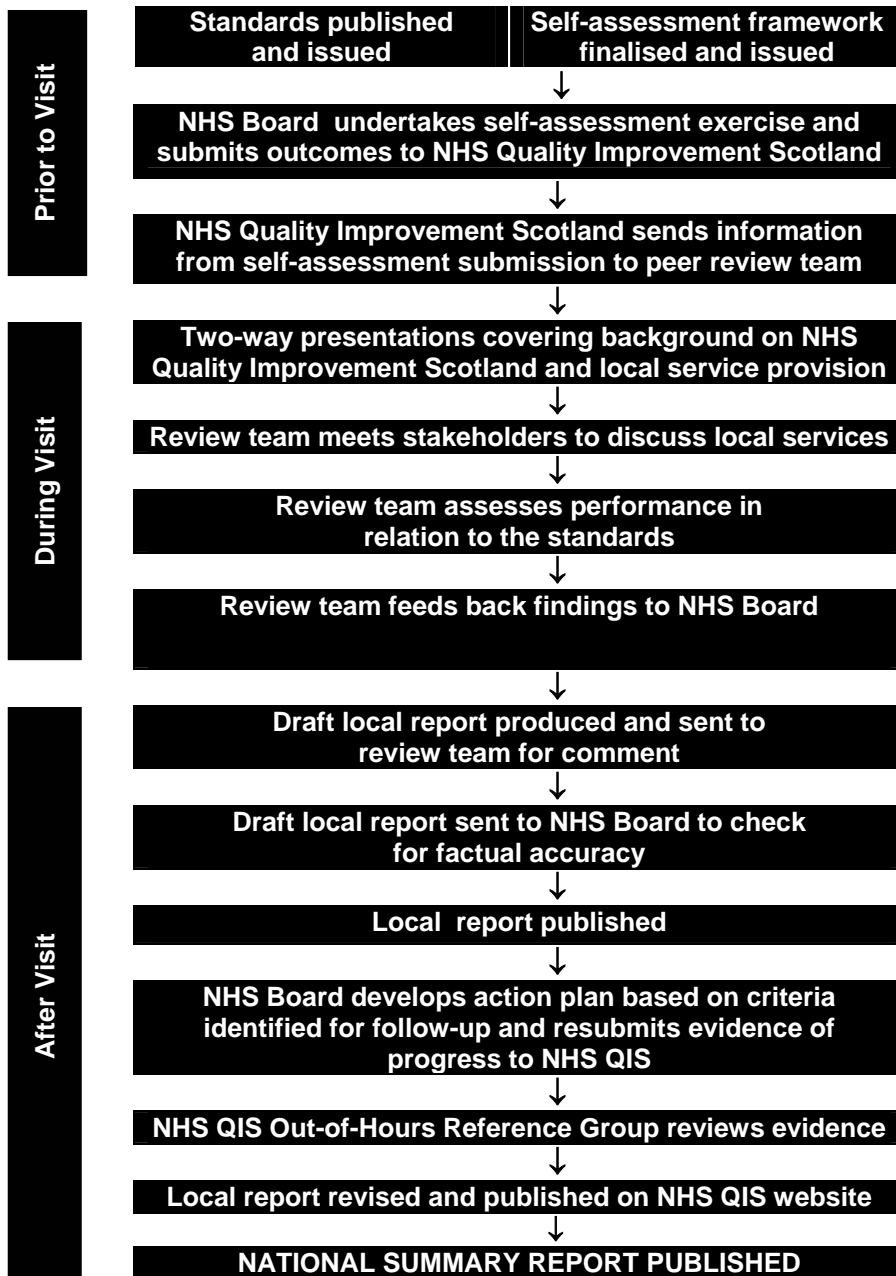
1.3 Reports

After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. The draft report will also include a detailed resubmission schedule for those criteria or standards that require action and follow-up. This draft report is sent to the review team for comment, and then to the NHS Board to check for factual accuracy. The local report will then be published and made available on the NHS QIS website. Any necessary addendums to the local report, as a result of any follow-up action, will also be published on the NHS QIS website.

Once the initial national review cycle is completed, a report summarising national performance will be prepared. This document includes both a summary of the findings (highlighting examples of local initiatives and challenges for the service) and recommendations for improvement.

Part of the remit of NHS QIS is to report whether the services provided by NHSScotland, both nationally and locally, meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

The Review Process



2 Summary of Findings

2.1 Overview of Local Service Provision

Local NHS System and Services

Forth Valley is situated in central Scotland and has a population of around 281,700. While Forth Valley comprises both urban and rural areas, the majority of the population live in urban areas, of which Falkirk and Stirling are the largest. The age structure of the population is similar to the national average, whereas levels of illness and deprivation are relatively low.

Forth Valley NHS Board is responsible for improving the health of the local population and for the delivery of the healthcare required. It provides strategic leadership and has responsibility for the efficient, effective and accountable performance of the NHS in Forth Valley.

At the time of the review visit, NHS Forth Valley contained two NHS operating divisions: Forth Valley Acute Hospitals Operating Division (acute care services); and Forth Valley Primary Care Operating Division (primary care services).

The NHS Board is accountable for both continuously improving the quality of health services, and safeguarding high standards of care, by creating an environment in which excellence in clinical care will flourish (framework of clinical governance).

Further information about the local NHS system can be accessed via the website of NHS Forth Valley (www.nhsforthvalley.com/index.html).

NHS Forth Valley took over responsibility for the provision of out-of-hours primary medical services in September 2004.

There are three main out-of-hours centres based in Alloa, Falkirk and Stirling. The activity for the centres is co-ordinated via a hub (dispatch centre), located in Falkirk.

The out-of-hours service has a contract with the Glasgow out-of-hours service (NHS GEMS) to allow West Stirlingshire residents to attend the Drumchapel out-of-hours centre.

2.2 Summary of Findings Against the Standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, is presented in this section. A detailed description of performance against the standards/criteria is included in Section 4.

Accessibility and availability at first point of contact

There are arrangements in place to identify the needs of those potentially using the out-of-hours service. Patient trends and service usage data from previous co-operatives and collaboratives were used by the service to develop potential service models for the out-of-hours service. Following consultation, the three centre and hub model was introduced. Specific consultation was undertaken with the Breadlabane area to develop service models suited to the needs of remote and rural communities. Data on patient usage of, and contact with, the service are identified by the Taycare computer system (an electronic specialist call management, data distribution and clinical recording system). This enables the service to plan staffing levels.

The service has contracted services from Glasgow Emergency Medical Service (NHS GEMS) to enable patients within the West Stirlingshire area to be seen at the Drumchapel out-of-hours centre.

NHS 24 is the initial point of contact for patients contacting the out-of-hours service in NHS Forth Valley, and is primarily responsible for identifying the needs of the patient over the telephone at the point of access. Procedures have been developed by the service for patients who present to the out-of-hours centres without an appointment. The service and the accident and emergency (A&E) department have an agreement whereby if a patient presents at A&E with particular clinical conditions, they are referred to the adjacent out-of-hours centre.

Healthcare governance

Work has been undertaken by the service in partnership with individuals, communities and community planning partners in the design, development and review of services. In particular, significant consultation and partnership working has been undertaken by the service with the community representatives from the Breadlabane area.

Information regarding any care or treatment given is available to patients and their representatives when required. Information is available verbally, through leaflets and on the NHS Forth Valley website. The service is working towards the implementation of a wireless computer system, which will enable GPs and paramedics to access the out-of-hours system remotely.

The service has developed a clinical forum, which meets on a regular basis to discuss clinical governance issues, and assists with the development of training and educational programmes. The out-of-hours service has systems in place, through the out-of-hours clinical governance group, to report to the NHS Board clinical governance committee. The clinical forum reports into the out-of-hours clinical governance group, which feeds into the divisional clinical governance subcommittee of the NHS Board.

Processes and procedures are in place to demonstrate that staff providing out-of-hours care meet employment requirements, including qualifications. The service follows NHS Forth Valley recruitment and induction policies and all new staff recruited to the service undertake Disclosure Scotland checks prior to their appointment. At the time of the visit, not all staff had completed the appraisal process. The service reported that plans are in place to put all staff through the appraisal process. Non-clinical and nursing staff appraisals will link into the NHS Knowledge and Skills Framework (KSF), under the national programme of Agenda for Change.

Clinical care

Procedures are in place to ensure quick and easy access to evidence-based clinical guidelines. Laminated guidelines, emergency protocols and a copy of the British National Formulary are available to support clinical decision making in all out-of-hours centres and vehicles. The service is working towards the introduction of a wireless remote access computer system for the out-of-hours vehicles which would allow easy access to relevant guidelines.

The review team considered that systems are in place to ensure that patients are assessed and responded to, based on clinical need and professional judgement. Appointments for patients requiring an appointment at an out-of-hours centre or a home visit, are made by NHS 24 in liaison with the Forth Valley out-of-hours hub. The service is monitored daily by the service manager, with exception report sheets being completed by each out-of-hours centre, and these are reviewed daily.

There are drug management and equipment maintenance systems in place to ensure that drugs are in date and equipment is regularly maintained. There are community pharmacists assigned to each out-of-hours centre, who are responsible for checking and restocking drugs.

Information and communication

The Taycare computer system is in operation across the out-of-hours service. Patient referrals are sent electronically from NHS 24 to the service and details of consultation, treatment and outcomes are forwarded electronically to patients' GPs. This information is downloaded by GP practices twice daily, and can be accessed at any time.

Special patient notes are used by the service and NHS 24 to identify patients who require special care, or where different processes should be adopted, for example patients receiving palliative care or patients with mental health issues. It is the responsibility of GP practices to input and update special patient notes.

At the first point of contact with NHS 24, patients are asked for their consent to the sharing of information with other healthcare professionals. Consent to share information is recorded by NHS 24. However, the review team considered that, although the service has procedures in place to make patients aware of, and agree to, the sharing of information about their care, these procedures are not fully implemented across the service.

Audit, monitoring and reporting

At the time of the visit, a set of provider-specific key performance indicators had not been established by the service. However, the service reported that work is ongoing with in-hours GP stakeholders to develop and pilot key performance indicators, and to report on a pilot sample of GPs' experiences of the out-of-hours service.

The review team was satisfied that comments, complaints and compliments are recorded, regularly reviewed and, where required, action is taken by the service. Service complaints are handled according to NHS Board policy, and are investigated by the appropriate manager within the service. Reports of complaints and compliments received are produced quarterly for the management team and the clinical governance committee of the primary care operating division. Patient satisfaction surveys have been undertaken to identify patient views and satisfaction levels. At the time of the review, survey findings were being collated and initial reports suggested positive feedback to the service.

At the time of the visit, an annual report on the service had been prepared but required ratification by the Forth Valley NHS Board prior to being published.

3 Registration Status

The NHS QIS primary medical services out-of-hours standards were published in August 2004. In September 2004, the Scottish Executive Health Department issued a health department letter, HDL(2004)41, which outlined the action required by NHS Board chief executives on receipt of these standards and associated guidance. From 1 January 2005, there is a statutory requirement for all providers of primary medical services in the out-of-hours period to comply with these standards. All NHS Boards were required to submit a completed registration application form, by November 2004, for all providers of primary medical services out-of-hours in their area. Each provider was then given conditional registration with NHS QIS along with their registration number. Following each NHS Board's review visit to assess performance against the standards, a registration status will be assigned. The registration status for NHS Forth Valley can be found below.

Registration status assigned to NHS Forth Valley:

Provider is largely compliant with the standards.

Please refer to the NHS QIS website for details of any follow-up outcomes and subsequent amendments to registration status, position statements and detailed findings.

4 Detailed Findings Against the Standards

Standard 1(a): Accessibility and Availability at First Point of Contact

Standard Statement

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.*

NHS Forth Valley

OVERALL POSITION STATEMENT: Processes for ensuring patient accessibility and availability at the first point of contact are being implemented but monitoring has not yet commenced in all parts of the organisation.

Essential Criteria

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

STATUS: Arrangements are in place to identify the needs of those potentially using the service, using a comprehensive system with a variety of information sources.

Prior to the new primary medical services out-of-hours being established in Forth Valley, the NHS Board set up a multidisciplinary group to develop potential models for the service. The group considered all available historical data from out-of-hours co-operatives and collaboratives, which detailed patient trends and usage of services. After analysis of the data, the multidisciplinary group developed two models for the service, which were put out for public consultation in the summer of 2004 as part of the wider Future Forth Valley - Forth Valley Healthcare Strategy. Following the consultation exercise, including public meetings and a leaflet drop to the NHS Forth Valley area, the current model of service provision, comprising a hub (dispatch centre) and three centres, went live in September 2004.

Due to the geographical nature of Killin, and specific concerns of residents, a public meeting was held to identify the needs of those potentially using the service in this part of NHS Forth Valley. Following this public meeting, a new service model specific to the needs of the local area started delivering service provision in March 2005. The service in this area continues to be monitored closely. Similarly, the service for the Breadalbane area has a specific monitoring group, which is provided with activity figures on a weekly basis.

The Taycare computer system (an electronic specialist call management, data distribution and clinical recording system) is in operation across the service. Taycare

was used in the development of the service and continues to be used as an analysis tool to examine the pattern of contacts with the service. However, at the time of the visit, Taycare was unable to produce diagnostic data.

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

STATUS: Arrangements are in place to meet the needs of those potentially using the service, and these are reviewed regularly.

Monitoring and review of the service occurs on a regular basis to ensure that arrangements are in place to meet the needs of those potentially using the service.

Ongoing analysis of the usage of the three out-of-hours centres identified that the Falkirk centre was busier overnight; therefore, the original model of 2 GPs being based overnight at the Stirling centre and 1 GP at the Falkirk centre was changed. The review team noted that the service is NHS Board-wide, and therefore GPs and drivers can be sent to any area of the NHS Board as required.

NHS Forth Valley has a contract with the Glasgow Emergency Medical Service (NHS GEMS) for patients living within the West Stirlingshire area. Due to the distance of these residents from the Stirling out-of-hours centre, the contract enables patients to be seen at the Drumchapel out-of-hours centre. However, all home visits within the NHS Forth Valley area are undertaken by the NHS Forth Valley out-of-hours service.

In response to the needs of rural areas, in particular Breadalbane, ambulance paramedics are receiving further training in minor injury, minor illness and prescribing to aid their role as first responders.

The Taycare system is used to plan for expected peak periods of contact with the service. An hour by hour analysis of contacts with the service during the 2004 festive period is helping the service to plan for staffing levels during the 2005 festive period.

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

STATUS: Arrangements are in place for patients or their representatives to access care by telephone (in the first instance), and contingency plans are in place if the usual method of access is unavailable.

NHS 24 is the initial point of contact for patients contacting the out-of-hours services in NHS Forth Valley, and is primarily responsible for identifying the needs of the patient over the telephone at the point of access.

Both NHS 24 and NHS Forth Valley have contingency plans in place, should the usual method of telephone access be unavailable. Should any of the NHS 24 contact centres become unable to operate, a system is in place to enable telephone calls to be

rerouted to other operational centres. Within NHS Forth Valley, the service operates from three centres and a main hub. Each centre is capable of replacing the hub, and if there was a major infrastructure failure, the service could operate from one or two centres with an increase in the number of home visits.

The out-of-hours service has a protocol in place at Stirling Royal Infirmary to deal with 'walk-in' patients from the accident and emergency (A&E) department (patients who present without an appointment). The service and the A&E department have an agreement whereby if a patient presents at A&E with particular clinical conditions, they are referred to the adjacent out-of-hours centre. Patients who self-present at the Falkirk out-of-hours centre are assessed and triaged by an out-of-hours nurse, then sent to the most appropriate centre.

The review team noted the delay in the NHS 24 call back facility, which was reported at the time of the visit.

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

STATUS: Arrangements are in place to ensure that access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers but are not fully implemented throughout the service.

At the time of the visit, the service reported that it had been asked to undertake an impact assessment on its compliance with relevant legislation and to report the findings back to the equality and diversity group within NHS Forth Valley, the fair for all group. The impact assessment has already identified the requirement for a chaperoning policy within the service.

Patients with a sensory impairment are able to access the service through language line or Typetalk via NHS 24. Locally the service has access to interpreting and translation services, and a policy is in place to inform staff how to access these services.

Patient information leaflets are available in GP practices and a circular was published detailing all the information available to patients.

An audit to establish compliance with the Disability Discrimination Act 1995 found all out-of-hours centres to be compliant with the Act.

The review team encouraged the service to continue the development of policies and procedures to ensure that access to, and delivery of the service, is not compromised by physical, language, cultural, social, economic or any other barriers.

Standard 2(a): Safe and Effective Care – Healthcare Governance

Standard Statement

Healthcare Governance: The service provider has a comprehensive, patient-focused healthcare governance programme in place.

NHS Forth Valley

OVERALL POSITION STATEMENT: A comprehensive, patient-focused healthcare governance programme has been developed and is fully implemented but monitoring has not yet commenced involving all parts of the organisation.

Essential Criteria

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.

STATUS: 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 not fully acted upon and/or feedback is not provided.

Development and design of the out-of-hours service took place in conjunction with a wider NHS Forth Valley healthcare strategy consultation. A public consultation exercise, on the design of the service, led to the development of the three centre model.

Extensive discussions with the community representatives of the Breadalbane area, NHS 24, Scottish Ambulance Service and local GPs, led to the development of a unique service for this area. The service in Killin is paramedic-led and the review team noted that four paramedics have recently completed a minor injuries training course.

The service reported its succession plans for continuing patient and public involvement in the service. The service links into the overall NHS Forth Valley strategy for patient and public involvement and there is public involvement in the out-of-hours clinical governance committee. Furthermore Community Health Partnerships (CHPs) link into the service through the committee structure of Forth Valley Primary Care Operating Division.

The Primary Care Operating Division of NHS Forth Valley monitors the provision of out-of-hours services.

The service reported that, at the time of visit, feedback on the service was limited to groups representing specific interests, although the service intimated the wish to develop and formalise regular feedback to individuals, communities and planning partners.

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

STATUS: Information regarding any care or treatment given is made available by the provider but it is not easily accessible by patients and their representatives.

Information regarding any treatment or care given is made available to patients and their representatives in a variety of formats, hard copy examples include back pain and migraine leaflets. Information is available verbally and through leaflets, which can also be downloaded for patients from the NHS Forth Valley internet site.

The service is working towards a wireless computer system, from which GPs and paramedics will be able to gain remote access to Taycare, General Practice Administration System Scotland (GPASS) and the supporting out-of-hours service network. The wireless connection will enable staff working remotely to upload patient information, including recent acute prescriptions and any patient allergies or adverse reactions, directly from the GP practice, to assist with patient treatment. Implementation of the wireless system is planned for December 2005.

Dispensable drug packs have been introduced. The service identified a limited number of drugs, which are frequently required by the service. These drugs are then provided to patients either through a prescription or by a prepared pack, which includes the drug name, preparation, strength, dosage, regime and the total amount of medication supplied. Medication is also available through community pharmacies, and the service continues to monitor this arrangement.

The review team commended the link between the service and local community pharmacies. An out-of-hours rota is in place for pharmacies who can provide oxygen cylinders, and oxygen is also available through the hospital pharmacy department.

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.

STATUS: There are clear, cohesive plans in place but they are not formalised and/or do not include internal and delivery partners.

The out-of-hours service recognised that the clinical governance arrangements for the service are in their infancy.

The services' clinical forum is an informal group, comprising GPs and nursing staff, that meets on a regular basis to discuss clinical governance issues and the development of educational and training programmes. The forum reports into the formalised out-of-hours clinical governance group that has representation from CHPs, GPs, the Scottish Ambulance Service, NHS 24 and patients and the public. The group's remit includes the review and development of practice and protocols. The review team commended the critical incident review undertaken by the group.

As a result of the review, one of the out-of-hours centres moved to more appropriate accommodation within the hospital site where it is based.

At the time of the visit the out-of-hours clinical governance group reported to the clinical governance subcommittee of the primary care operating division. Following service reorganisation, the reporting arrangements of the clinical governance group will change and the group will report to the clinical governance subcommittee of the acute operating divisions. Both of the operating division's subcommittees report to the NHS Board clinical governance committee.

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

STATUS: A system of risk management is in place but it is not formalised and/or is not formally implemented across the service.

There is a robust risk management system in place for the NHS Board, which is outlined in the NHS Forth Valley risk management strategy.

The out-of-hours service has systems and procedures to identify and control risks. Staff are encouraged to complete the incident reporting form (IR1). Training in the completion of IR1 form, and the development of an online IR1 form, is ongoing to ensure full implementation of the system, and therefore increase the reporting of risks.

The service acknowledged that at the time of the visit, the risk management system in place was at a strategic rather than operational level. However, the review team encouraged the service to continue working towards developing a risk assessment tool, and assessing, controlling and minimising risks. In addition, the review team commended the development of an out-of-hours risk register. The out-of-hours clinical governance group is responsible for reviewing the outputs from the risk assessment, risk register and incident reporting systems on a quarterly basis.

The service reported that the NHS Board's major incident service will be reviewed, following the centralisation of A&E services within the NHS Board, and the out-of-hours service will participate in this review.

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.

STATUS: There is a system in place to report to the NHS Board clinical governance committee regularly.

There are systems to ensure that the out-of-hours service reports regularly to the NHS Board clinical governance committee.

The out-of-hours service has developed a clinical governance group. This group feeds into the primary care operating division clinical governance subcommittee,

which in turn reports to the NHS Board clinical governance subcommittee.

Reporting arrangements for the service are due to transfer from the primary care operating division to the acute operating division of NHS Forth Valley. The acute operating division clinical governance subcommittee will report to the NHS Board clinical governance subcommittee.

Additionally, the service produces a monthly performance report for the primary care operating division committee.

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

STATUS: Arrangements are in place to communicate, inform and co-operate with some key professionals, external parties and voluntary agencies, but not all.

Identification of key professionals, external parties and voluntary agencies that the service communicates with, has been ongoing since the development of the service. A public consultation exercise undertaken by the service in conjunction with NHS 24 resulted in the development of a database of key local groups who should be involved in the communication process. At the development stage of the service a programme of rolling meetings was undertaken across the NHS Board area. During the development and planning stages, professional links were established with the area medical committee and GP subcommittee.

The service has established regular meetings with external parties, including NHS 24, the National Out-of-Hours Working Group and the Taycare Users' Group.

The service regularly communicates with staff via newsletters, emails and staff meetings. Additionally, the clinical forum meets on a monthly basis. Nursing representation in this forum also meet on a quarterly basis with the acting director of nursing.

The service reported that most communication with voluntary agencies was a result of requests for information from the service. Meetings have been held with local groups and community councils, and plans are in place for the service to present to CHPs.

The review team encouraged the service to continue to communicate, inform and co-operate with key professionals, external parties and voluntary agencies, and for these arrangements to be on a proactive basis.

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

STATUS: There are defined process and procedures in place to demonstrate that all staff groups involved in out-of-hours care meet employment requirements.

The review team was satisfied that there are defined processes and procedures in place to demonstrate that all staff groups involved in providing out-of-hours care meet employment requirements.

When recruiting staff to the service the NHS Forth Valley recruitment, selection and induction policies and processes are followed.

All new staff recruited to the service are subject to enhanced disclosure checks. The service reported that at the time of the visit, the average time for disclosure checks to be completed was around 4 weeks; however, when the service had first been implemented, these checks had been taking up to 12 weeks.

Staff registration is checked as part of the recruitment process, and continues thereafter on an annual basis.

The NHS Forth Valley primary care operating division corporate indemnity scheme covers all staff employed by the service.

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

STATUS: Some processes and procedures are in place to demonstrate that staff are competent, although there are no annual appraisal systems or personal development plans (PDPs) in place.

Procedures and processes are in place to demonstrate that staff are competent to perform their duties, although at the time of the visit, not all staff had been annually appraised or completed their personal development plans (PDPs).

New staff members joining the service undergo a generic induction to NHS Forth Valley and a specific induction to their post.

Non-clinical staff appraisals will be linked to the forthcoming NHS Knowledge and Skills Framework (KSF), under the national programme of Agenda for Change.

Nursing staff working within the service currently complete an out-of-hours appraisal form and are appraised by the lead nurse for the service on an annual basis. This appraisal links into their PDP.

Salaried GPs employed by the service annually undertake the general appraisal scheme for GP appraisals. Sessional GPs who work for the out-of-hours service and NHS Forth Valley also undertake the above appraisal scheme.

The service uses information gathered from staff PDPs to identify future staff training needs. Additionally the out-of-hours clinical forum identifies training and

development needs which feed into the training plan. The review team noted that a dedicated cardiopulmonary resuscitation (CPR) trainer has been appointed following the identification of this requirement by the clinical forum.

Systems are in place across the service for both patients and healthcare professionals to raise concerns about staff performance. The service follows NHS Forth Valley staff guidelines and procedures for raising concerns. When a patient raises a complaint this is dealt with through the complaints procedure. Compliments received by the service are put into the local newsletter and learning points from complaints are raised at the clinical governance subcommittee and disseminated throughout the service.

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

STATUS: A system to ensure financial probity is fully implemented and is monitored across the service.

The NHS Forth Valley out-of-hours service adheres to the primary care operating division's systems and processes, including standing financial instructions, standing orders and reservation of powers.

The review team noted that to ensure financial probity within the service, an internal audit has been carried out. Audit findings identified a number of potential weaknesses within the system, including the accurate checking of timesheets by the service. An action plan has been agreed with the management of the service to address the issues raised.

Monthly monitoring reports also provide detailed financial and budgetary information to the service.

Standard 2(b): Safe and Effective Care – Clinical Care

Standard Statement

Clinical Care: Clinical guidelines are readily available to support clinical decision-making and facilitate delivery of quality services to patients.

NHS Forth Valley

OVERALL POSITION STATEMENT: Processes and procedures to support clinical decision-making are fully implemented, but monitoring has not yet commenced involving all parts of the organisation.

Essential Criteria

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

STATUS: Procedures are in place for quick and easy access to evidence-based guidelines.

Laminated guidelines and emergency protocols are available in all emergency bags and vehicles to support clinical decision-making. In addition, copies of the British National Formulary are available in all out-of-hours centres and vehicles.

There is online access to a range of clinical resources at the out-of-hours centres. Resources include the intranet, Healthnet, NHSnet, SIGN Guidelines and the online British National Formulary.

The service is working towards a wireless computer system, from which GPs and paramedics will be able to gain remote access to Taycare, GPASS and the supporting out-of-hours service network. This will enable GPs and paramedics to have easy access to online evidence-based clinical guidelines whilst on home visits, to support clinical decision-making.

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

STATUS: There is a system in place to ensure that patients are assessed and responded to on the basis of clinical need and professional judgement, and this system is fully implemented across the service and monitored.

The review team considered that systems are in place to ensure that patients are assessed and responded to, based on clinical need and professional judgement.

Referrals from NHS 24 are delivered electronically to the service via Taycare. If a patient requires to be seen at an out-of-hours centre or home visit, an appointment will be made during the patient's consultation with NHS 24, by liaison between NHS 24 and the hub.

Walk-in patients at the Falkirk out-of-hours centre are triaged by nursing staff from the minor injuries department. However, walk-in patients to the out-of-hours centre at Stirling Royal Infirmary are not triaged, unless they are referred from the A&E department.

Monitoring of the service is undertaken daily, and is co-ordinated by the service manager. All centres complete an exceptional report sheet on a daily basis; the service manager reviews the reports daily and if required will forward the exceptional report to the relevant department for action.

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

STATUS: The service has drug and equipment maintenance procedures in place which are formal and are fully implemented across the service.

There are drug management and equipment maintenance systems in place, to ensure that drugs are in date and equipment is regularly maintained, and monitoring arrangements are structured and formalised. A community pharmacist is attached to each out-of-hours centre. The pharmacist visits the out-of-hours centre on a weekly basis to check, and where necessary, restock drugs, including controlled drugs.

Additionally, there is a procedure in place to organise the restock of the pharmacy cupboard should this be required between visits from the community pharmacist.

Management of out-of-hours equipment maintenance falls within the remit of the out-of-hours service manager. The daily reporting mechanism assists with the identification of maintenance requirements, and maintenance is undertaken by the clinical physics department.

Standard 2(c): Safe and Effective Care – Information and Communication

Standard Statement

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.

NHS Forth Valley

OVERALL POSITION STATEMENT: Processes and procedures for recording and communicating information gathered during care to relevant NHS professionals are fully implemented, but monitoring involving all parts of the organisation has not yet commenced.

Essential Criteria

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

STATUS: A system is in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998 and is fully implemented across the service.

The electronic record management system, Taycare, is used by the out-of-hours service. The service reported that Taycare is user friendly and the fields used to record contact timings help facilitate mapping and audit exercises.

Patient referrals are sent electronically from NHS 24 to the service and details of consultation, treatment and outcome are forwarded electronically from the service to the patient's GP. If the patient is from outwith NHS Forth Valley, a hard copy of the Taycare record is sent to the patient's GP.

The review team commended the GP stakeholder project which has been undertaken. The pilot was designed to obtain feedback on the consistency and quality of recorded clinical information. Preliminary findings indicate the need to consider whether continuous evaluation of the project is sustainable.

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

STATUS: A system is in place for receiving and communicating information to inform patients' ongoing care, by the next working day, which is fully implemented.

Information on patient contact with NHS 24 and/or the service is electronically downloaded by GP practices daily. The contact record contains space to communicate to the practice if the patient requires further follow-up.

Communication between clinicians within the service is recorded on Taycare. Referrals from the service to other health professionals are made either verbally or by letter. Discussion on the introduction of electronic referral letters is ongoing, via the Taycare user group.

Information from the patient's own GP can be transferred to the out-of-hours service for patients that require special care or the adoption of different processes, through the use of special patient notes, for example, patients receiving palliative care, patients with mental health issues and those with a history of violence. This information is entered onto the Taycare computer system and shared by NHS 24. This information is then displayed when the patient makes contact with NHS 24. The input and updating or removal of information in the special patient notes is the responsibility of individual GP practices.

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.

STATUS: A system is 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, but this is not fully implemented across the service.

The review team considered that, although procedures are in place to make patients aware of, and agree to, the sharing of information about their care, these procedures are not fully implemented across the service.

At the first point of contact with NHS 24, patients are asked for their consent to the sharing of information with other healthcare professionals, for example, the patient's own GP. Consent to share information is recorded as given or refused. If consent is not given, NHS 24 faxes the call information to the hub. The service highlighted that consent issues for emergency care still need to be clarified.

Standard 3(a): Audit, Monitoring and Reporting

Standard Statement

A provider-specific quality assurance framework is in place to support routine audit, monitoring and reporting of performance.

NHS Forth Valley

OVERALL POSITION STATEMENT: Processes for auditing, monitoring and reporting on the out-of-hours service are fully implemented, but monitoring has not commenced involving all parts of the organisation.

Essential Criteria

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

STATUS: No provider-specific key performance indicators have yet been developed.

At the time of the visit a set of provider-specific key performance indicators was not in place; however, the review team highlighted the ongoing work that the service has been undertaking in conjunction with in-hours GP stakeholders, to develop key performance indicators. The year-long pilot project aims to develop and pilot GP stakeholder key performance indicators; report on, and provide recommendations on the feasibility of continual monitoring of key performance indicators; and to provide a report on a pilot sample baseline of GPs experiences of the out-of-hours service. The review team encouraged the service to continue the completion of the pilot report and development of key performance indicators.

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

STATUS: There is a system in place for recording and reviewing comments, complaints and compliments, which is fully implemented across the service, and action is taken where appropriate.

Systems are in place for recording, reviewing and taking action on comments, complaints and compliments. An NHS Board-wide complaint policy is in place, which the out-of-hours service adheres to. All complaints are recorded and assigned an unique identifying number by the complaints manager. Complaints are then forwarded to the appropriate manager within the service, the manager investigates the complaint and reports back to the complaints manager.

Quarterly reports are produced for the primary care division management team, detailing a statistical breakdown of complaints and compliments received by the service. A complaint monitoring report is also produced for the primary care operating division clinical governance committee on a quarterly basis. The report

details all formal complaints received, anonymised details of the complaint, the response made to the complainant and any action taken to improve the service as a result of the complaint.

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

STATUS: The provider takes action to identify patient views and satisfaction levels through a formalised process.

The out-of-hours service has undertaken two patient satisfaction surveys: one postal survey and one telephone survey. The service reported that at the time of the visit, results from the survey were in the process of being analysed, although the service reported that initial findings had been positive. Following compilation of the report's findings, the report will be disseminated to the out-of-hours clinical governance group and the primary care operating division subcommittee.

Patients' views and satisfaction levels are also obtained through meetings with local communities and through the NHS Forth Valley patient panel which is used for patient focused public involvement within the NHS Board area.

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

STATUS: A report on performance and services is produced but not formally published.

At the time of the visit, the out-of-hours service reported that an annual report for the service had been prepared and was due to be presented at a forthcoming NHS Forth Valley board meeting for ratification by the board.

Consideration could be given to establishing a proactive approach to ensure that the annual report is available in the public domain.

Appendix 1 – Criteria Identified for Follow-up

The criteria detailed in the table below have been identified by the review team as areas for action by Forth Valley NHS Board. The NHS Board will develop an action plan which will be submitted to NHS QIS, along with an initial progress report, 3 months from receipt of the final local report. All action will require to be taken by July 2007. Resubmission of the self-assessment will be required for these criteria, along with any updated supporting evidence of progress, as deadlines detailed in the action plan are reached. The NHS QIS Out-of-Hours Reference Group will review this resubmitted evidence. Following review of the resubmitted evidence for all action points, any necessary amendments to the status of the position statements will be made, and the accompanying report narrative updated and published on the NHS QIS website. In most instances, these reviews will not require a visit to the NHS Board to further assess performance; however, a review visit may be carried out if deemed necessary by the Reference Group.

NHS Forth Valley
Criteria Identified for Follow-up
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
2(a)2 Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.
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.
2(a)4 Clinical Governance: Service providers operate a system of risk management to ensure that risks are identified, assessed, controlled and minimised.
2(a)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.
2(a)8 Staff Governance: Staff are competent to perform their duties.
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.
3(a)1 A set of provider-specific key performance indicators (patient-focused public involvement, clinical and organisational) are in place.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

Appendix 2 – Glossary of Abbreviations

Abbreviation

A&E	accident and emergency
CPR	cardiopulmonary resuscitation
CHP	community health partnership
GMS	General Medical Services
GP	general practitioner
GPASS	General Practice Administration System Scotland
HDL	health department letter
KSF	Knowledge and Skills Framework
LHCC	local health care co-operative
NHS QIS	NHS Quality Improvement Scotland
PMS	Personal Medical Services
SIGN	Scottish Intercollegiate Guidelines Network

Appendix 3 – Details of Review Visit

The review visit to NHS Forth Valley was conducted on 20 October 2005.

Review Team Members

Dr Sandy McKendrick (Team Leader)

General Practitioner, NHS Tayside

Mrs Linda McGregor

Service Manager, Argyll & Clyde Primary Care Emergency Service

Mrs Arlene Napier

Director, Tayside Audit Resource for Primary Care

Mr David Paul

Lay Representative, Greater Glasgow

NHS Quality Improvement Scotland Personnel

Miss Josephine O’Sullivan

Project Officer

Mrs Fiona Russell

Senior Project Officer

Ms Irene Thomson (Observer)

Head of Planning and Quality Management

During the visit, members of the review team met with executive staff, service managers, GPs, nursing representatives, NHS 24 representatives, clinical governance staff and human resources representatives.

Appendix 4 – Primary Medical Services Out-of-Hours Project Group Members

Chair

The Very Reverend Graham Forbes CBE
NHS Quality Improvement Scotland Board Member

Project Group Members

Mr Colin Brown
Branch Head, Primary Care Development and Performance Management Branch, Scottish Executive Health Department

Dr Andrew Buist
Scottish General Practitioners' Committee (SGPC) Representative

Ms Fiona Dalziel
Practice Manager, NHS Grampian

Dr Liz Duncan
Associate Medical Director, NHS 24

Dr Norrie Gaw
Divisional Medical Director, NHS Greater Glasgow – Primary Care Division

Mrs Muriel Holroyd
Lay Representative, Forth Valley

Ms Liz Macdonald
Policy Manager, Scottish Consumer Council

Mr Andrew Marsden
Medical Director, Scottish Ambulance Service

Ms Theresa McLean
Nurse Advisor, Royal College of Nursing

Dr Bruce McMaster
Scottish Association of Community Hospitals (SACH) Representative

Mr David Paul
Lay Representative, Greater Glasgow

Dr Ken Proctor
Medical Director, Highland Direct Health Services (Operations)

Mr Ian Reid
Chief Executive, NHS Greater Glasgow – Primary Care Division

Dr Brian Robson

Medical Director, NHS 24

Dr Mairi Scott

Chair, Royal College of General Practitioners Scotland (RGCP)

Ms Karen Spence

Business Manager, NHS Ayrshire Doctors on Call (ADOC)

Dr Marion Storrie

Clinical Director, Lothian Unscheduled Care Service

Dr Bill Taylor

General Practitioner, NHS Grampian

Ms Susan Watt

Education and Clinical Advisor, Royal College of Nursing

Ms Helen Whyte

Out-of-Hours Lead, Pay Modernisation, Scottish Executive Health Department (until March 2005)

Support from NHS QIS was provided by **Ms Jan Warner** (Director of Performance Assessment and Practice Development), **Mr Steven Wilson** (Team Manager), **Mrs Fiona Russell** (Senior Project Officer), **Miss Jan Nicolson** (Project Officer), **Miss Josephine O'Sullivan** (Project Officer) and **Mr Alan Ketchen** (Project Administrator).

Appendix 5 – Primary Medical Services Out-of-Hours Reference Group Members

Chair

Ms Jane Bryce

Lay Representative, Highland

Dr Ross Cameron

Medical Director, NHS Borders

Dr Liz Duncan

Associate Medical Director, NHS 24

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

Mr Martin Moffat

Branch Head, Scottish Executive Health Department

Dr Marion Storrie

Clinical Director, Lothian Unscheduled Care Service

Dr Susan Taylor

General Practitioner, NHS Highland

Support from NHS QIS was provided by **Ms Jan Warner** (Director of Performance Assessment and Practice Development), **Mr Steven Wilson** (Team Manager), **Mrs Fiona Russell** (Senior Project Officer), **Miss Jan Nicolson** (Project Officer), **Miss Josephine O’Sullivan** (Project Officer) and **Mr Alan Ketchen** (Project Administrator).

Appendix 6 – Timetable of Review Visits

Organisation Reviewed	Visit Date(s)
NHS Argyll & Clyde	22 September 2005
NHS Ayrshire & Arran	1 December 2005
NHS Borders	9 February 2006
NHS Dumfries & Galloway	26 January 2006
NHS Fife	5 October 2005
NHS Forth Valley	20 October 2005
NHS Grampian	22 February 2006
NHS Greater Glasgow	15 November 2005
NHS Highland	12 January 2006
NHS Lanarkshire	2 November 2005
NHS Lothian	15 December 2005
NHS Orkney	22 March 2006
NHS Shetland	5 April 2006
NHS Tayside	27 October 2005
NHS Western Isles	8 March 2006

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