

NHS Ayrshire & Arran

Follow-up Report ~ December 2007

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

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1 Setting the scene

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 were published during 2006, and a subsequent national overview of service provision published in November 2006. These reports are available on request from NHS Quality Improvement Scotland (NHS QIS) or on the website: www.nhshealthquality.org

Each review team assessed performance against the provision of safe and effective primary medical services out-of-hours standards 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.

Follow-up process

At the time of the peer review visits, out-of-hours services were in a state of dynamic 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 'Provider is largely compliant with the standards' by the end of the follow-up process. Where this level had already been achieved, the objective was to encourage improvement in the areas where the criteria assessments demonstrated non-compliance (detailed for this NHS board on page 6).

Each NHS board was required to develop an action plan for each appropriate criterion. This was submitted to NHS QIS, along with a progress report and supporting evidence of progress, 3 months from receipt of the final local report, and quarterly thereafter. 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 3 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.

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.

1.1 Criteria identified for follow-up

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Ayrshire & Arran, and this report outlines progress made between the review visit on 1 December 2005 and July 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

Criteria identified for follow-up (2006)
1(a)1 Arrangements are in place to identify the needs of those potentially using these services.
1(a)2 Arrangements are in place to meet the needs of those potentially using these services.
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
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.
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)8 Staff Governance: Staff are competent to perform their duties.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.
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.

In some cases, amendments to criterion position statements have resulted in amendments to overall standard position statements, and the NHS board's registration status. These amendments are shown where appropriate in Section 3.

Future monitoring

The criteria detailed in the table below are the areas where the service remains non-compliant at the end of the follow-up process. The NHS board is responsible for ensuring compliance against these criteria, and continuing to monitor its own progress on performance against the standards.

Criteria identified for follow-up (2007)
1(a)1 Arrangements are in place to identify the needs of those potentially using these services.
1(a)2 Arrangements are in place to meet the needs of those potentially using these services.

2 Registration status

In 2006, a registration status was assigned to each NHS board following the review visit. As a result of the follow-up process, the registration status assigned to NHS Ayrshire & Arran remains as:

Registration status (2007)

Provider is largely compliant with the standards.

Registration status (2006)

Provider is largely compliant with the standards.

3 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 Ayrshire & Arran

REVISED OVERALL POSITION STATEMENT (2007): **No change.**

OVERALL POSITION STATEMENT (2006): **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.

REVISED STATUS (2007): **No change.**

STATUS (2006): **There are some arrangements in place to identify the needs of those potentially using the service.**

The reference group noted the work that has been undertaken to establish a multi-agency group which will facilitate NHS Ayrshire Doctors on Call (ADOC) to identify and meet the ongoing needs of those potentially using the service. Membership of this group includes lay representation, representation from the community health partnerships (CHPs), local authorities, social work and voluntary organisations. The first meeting was scheduled to take place in September 2007. In addition, the service reported that it plans to develop a comprehensive needs assessment action plan by March 2008 to identify the needs of those potentially using the service. This action plan will become a standing agenda item on the NHS ADOC clinical governance group to ensure that the needs of the local population are reviewed and responded to on an ongoing basis.

The reference group was satisfied that these planned actions, once fully implemented, will enable the service to comprehensively identify the needs of those who may potentially use the service. The group also noted that the service intends to review these arrangements on an ongoing basis.

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

REVISED STATUS (2007): **No change.**

STATUS (2006): **Arrangements are in place to meet the needs of some, but not all, of those potentially using the service.**

The reference group noted the work that had been undertaken to establish a multi-agency group which will facilitate the service to identify and meet the ongoing needs of those potentially using the service. In addition, the reference group noted that the service is planning to develop a comprehensive needs assessment action plan by March 2008, which will also assist in identifying the needs of those potentially using the service.

The group was satisfied that, once fully implemented, these arrangements will enable NHS ADOC to put in place appropriate arrangements to meet the needs of all those who may use the service. It was also noted that there are plans to ensure the needs of the local population are reviewed and responded to on an ongoing basis through the NHS ADOC clinical governance group.

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

REVISED STATUS (2007): **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.**

STATUS (2006): **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 9-month follow-up review, the reference group noted that the NHS ADOC patient information leaflet had been ratified and widely distributed. This leaflet is also available in community languages and other formats, eg Braille.

In relation to ensuring arrangements are in place to remove language barriers, a book of common phrases in various languages is now available in all cars and primary care treatment centres to aid consultation.

The reference group noted the work that was being undertaken against an action plan to ensure compliance with the Disability Discrimination Act 1995. The action plan is reviewed by the NHS ADOC clinical governance group every 3 months. Hearing loops have now been installed in all three primary care treatment centres. In addition, a standing operating procedure has been drawn up to ensure the needs of patients with a sensory impairment are met when they attend a primary care treatment centre.

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 Ayrshire & Arran

REVISED OVERALL POSITION STATEMENT (2007): **No change.**

OVERALL POSITION STATEMENT (2006): **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.

REVISED STATUS (2007): **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.**

STATUS (2006): **There is limited partnership working in the design, development and review of services.**

At the time of the 9-month follow-up review, the reference group noted the progress that the out-of-hours service had made in working with individuals, communities and community planning partners.

Since September 2006, there has been lay representation on the NHS ADOC clinical governance group. In addition, links have been established with all three CHPs across NHS Ayrshire & Arran. In future, all patient information will be sent to the CHP patient and public forums for review and comment. NHS ADOC staff will also present any future proposed changes to the out-of-hours service to these forums.

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

REVISED STATUS (2007): Information regarding any care or treatment given is made available by the provider, and is easily accessible by patients and their representatives.

STATUS (2006): Information regarding any care or treatment given is made available by the provider, but it is not easily accessible by patients and their representatives.

At the time of the peer review visit, leaflets for common ailments and direct care were provided by nurse practitioners, and patient information leaflets could also be downloaded from the national Prodigy website. At the 3-month follow-up review, the reference group noted that this information is provided to support verbal information, or at the patient's request.

The service reported that all patient information leaflets are published by the communications department and are available in a variety of formats and languages. However, the reference group considered these leaflets to be more awareness-raising leaflets than treatment-specific information which could be used to support the patient's consultation with the GP.

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.

REVISED STATUS (2007): There are clear, cohesive plans in place across the service that direct and support policy development and service delivery both internally and through delivery partners.

STATUS (2006): There are no clear, cohesive plans across the service that direct and support policy development and service delivery both internally and through delivery partners.

At the time of the 9-month follow-up review, the reference group considered there to be evidence that NHS ADOC had become fully integrated into the NHS board's clinical governance structure. The NHS ADOC clinical governance group meets every 2 months and reports to the NHS Ayrshire & Arran clinical governance steering group. There was evidence of clinical governance issues being discussed at the NHS ADOC clinical governance group and action taken.

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

REVISED STATUS (2007): Processes and procedures are in place to demonstrate that staff are competent to perform their duties; staff are appraised annually and have personal development plans (PDPs) in place, and continuous education is promoted.

STATUS (2006): Some processes and procedures are in place to demonstrate that staff are competent, although there are no annual appraisal systems of PDPs in place.

At the time of the peer review visit, the NHS Knowledge and Skills Framework (KSF) was still to be rolled out across the service under the national programme of Agenda for Change. By the end of the follow-up process, KSF had been fully rolled out, and the service reported that nursing and non-clinical staff are reviewed on an annual basis and have PDPs in place. A staff appraisal/PDP spreadsheet is reviewed on a regular basis as a means of monitoring that all staff are reviewed on an annual basis.

The reference group considered that the service promotes continuous education for all staff. Training is monitored on an ongoing basis through the use of training activity reports. These reports verify which staff have attended which courses, in addition to cancellations and reasons for staff declining courses offered.

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 Ayrshire & Arran

REVISED OVERALL POSITION STATEMENT (2007): **No change.**

OVERALL POSITION STATEMENT (2006): **Processes and procedures to support clinical decision-making are fully implemented, but monitoring has not yet commenced involving all parts of the organisation.**

Essential Criterion

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

REVISED STATUS (2007): **The service has drug and equipment maintenance procedures in place which are formal and fully implemented across the service, and are monitored.**

STATUS (2006): **The service has drug and equipment maintenance procedures in place, but these are not formalised and/or not fully implemented across the service.**

At the 12-month follow-up review, the reference group noted the work undertaken by NHS Ayrshire & Arran to formalise the procedures for NHS ADOC's control of medicines. The procedures manual outlines procedures that must be followed in relation to controlled drugs, and includes a protocol for accessing and returning controlled drugs. These procedures are more secure than at the time of the peer review visit. All drugs within the primary care treatment centres are kept in designated locked cupboards which only a GP, pharmacist and 'G' grade nurse can access. Whenever the cupboard is accessed, a sequentially numbered seal must be broken to obtain the key. The seal numbers are noted in a key book. A drug stock controller has been appointed. Twice a week, the post holder checks the accuracy of controlled medicines received at NHS ADOC against the order book.

GPs still check the mobile drug bags at the end of each shift to replenish supplies, and sign controlled drugs in and out of the primary care treatment centres; the mobile bags containing controlled drugs are also stored in locked cupboards at the centres. Checks on mobile drug bags by the drug stock controller have increased to twice a week to ensure there is no discrepancy in the contents and controlled medicines register.

The reference group commended the proactive monitoring that is in place whereby the drug stock controller completes a report for each shift outlining discrepancies and faults relating to drugs and equipment.

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 Ayrshire & Arran

REVISED OVERALL POSITION STATEMENT (2007): **No change.**

OVERALL POSITION STATEMENT (2006): **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 Criterion

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.

REVISED STATUS (2007): **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, which is fully implemented across the service.**

STATUS (2006): **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.**

At the time of the 3-month follow-up review, NHS ADOC had developed a standard protocol for patients who attend a primary care treatment centre without an appointment. The receptionist is responsible for requesting consent to share information with other healthcare professionals from these 'walk-in' patients. Consent or refusal to give consent is recorded on the patient record.

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 Ayrshire & Arran

REVISED OVERALL POSITION STATEMENT (2007): **Processes for auditing, monitoring and reporting on the out-of-hours service are fully implemented and monitored.**

OVERALL POSITION STATEMENT (2006): **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.

REVISED STATUS (2007): **A full or part set of provider-specific key performance indicators has been developed and implemented within the organisation.**

STATUS (2006): **No provider-specific key performance indicators have yet been developed.**

A part set (organisational and patient-focused public involvement) of provider-specific key performance indicators has been developed. These were approved by the NHS ADOC clinical governance group in June 2006. Performance against these indicators will be monitored through the clinical governance group.

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

REVISED STATUS (2007): **A formal report on performance and services is published annually and is available widely to users and those contracting the service.**

STATUS (2006): **An annual report on performance and services is produced, but not formally published.**

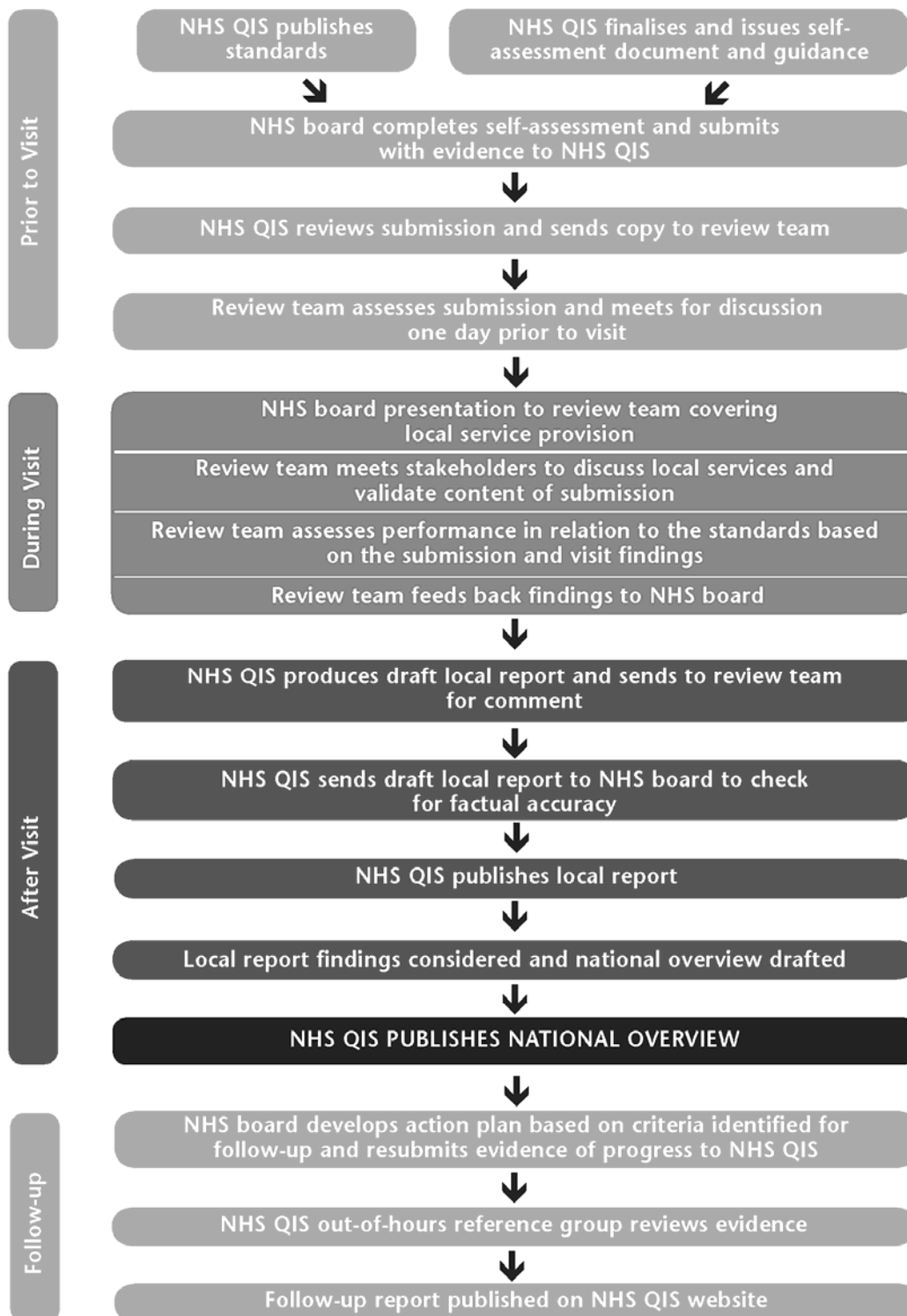
At the time of the 12-month follow-up review, the reference group noted that an annual report on performance and services had been published by NHS ADOC for the period April 2005–March 2006. This was disseminated to all GPs, public libraries, and local authorities in NHS Ayrshire & Arran, and is available on the NHS board's primary care website.

Appendix 1 – Glossary of abbreviations

Abbreviation

CHP	community health partnership
GP	general practitioner
KSF	Knowledge and Skills Framework
NHS ADOC	NHS Ayrshire Doctors on Call
NHS QIS	NHS Quality Improvement Scotland
PDP	personal development plan

Appendix 2 – Review process



Appendix 3 – 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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