

NHS Borders

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 Borders, and this report outlines progress made between the review visit on 9 February 2006 and June 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.
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(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)3 The service provider takes action to identify patient views and satisfaction levels.
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.

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 Borders has been amended to:

Registration status (2007)

Provider has achieved full compliance 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 Borders

REVISED OVERALL POSITION STATEMENT (2007): **Processes for ensuring patient accessibility and availability at the first point of contact are being implemented and monitored fully.**

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): **Arrangements are in place to identify the needs of those potentially using the service, using a comprehensive system with a variety of information sources, and these are reviewed regularly.**

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

At the time of the 3-month follow-up review, proactive work was being undertaken to enable Borders Emergency Care Service (BECS) to assess the needs of those potentially using the service. A calendar of events which attract large numbers of visitors to the area, for example agricultural shows, was available to allow the service to plan for anticipated fluctuations in the levels of activity. This calendar had been produced through links with the local authority, NHS Borders' planning department and community hospitals.

NHS Borders received funding from the Scottish Executive to pilot a 2-year project which aims to assess how minority ethnic groups, migrant workers, people who are homeless and travelling people access services during the out-of-hours period. This project began in August 2006 and will run until March 2008. The information gathered will help to inform BECS about the needs of those potentially using the service.

A comprehensive needs analysis of public health data has been undertaken which will also help to identify the needs of those potentially using the service.

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

REVISED STATUS (2007): **Arrangements are in place to meet the needs of those potentially using the service, and these are reviewed regularly.**

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

At the time of the 9-month follow-up review, the reference group noted a number of initiatives that the out-of-hours service had implemented in addition to those outlined at the review visit, to assist with ensuring that arrangements are in place to meet the needs of those potentially using the service. There was evidence that these arrangements are reviewed regularly.

At the time of the review visit, salaried GPs were meeting on a fortnightly basis, with meetings rotating around the peripheral primary care emergency centres on a quarterly basis. At the 9-month follow-up review, the reference group noted that there had been a review of these GP meetings, the outcome of which was to amend the fixed agenda items with a view to facilitating good communication and foster team working relating to the sharing of information on patient issues.

Links have now been established with the local authorities, NHS Borders' planning department and community hospitals to formally identify events, which allows BECS to plan resources around predicted levels of activity.

A local external review of the service was completed in March 2006. The aim was to identify whether the service was delivered in 'the right place, at the right time, by the right individual'. Several changes have been made as a result of this review. It also prompted a review of the multiple systems in use within the service for gathering information. Funding to support a project officer to undertake this work was identified. A further review of the GP shift structure has resulted in additional shifts at Borders General Hospital, where it was recognised that resource was stretched. A proposed medical workforce plan was also under way to consider shift patterns and work locations. In addition, a 6-month review of nursing activity has been undertaken, which identified that activity in central and southern Borders was higher than in other peripheral centres. This resulted in the nursing service being centralised at Borders General Hospital for a trial period of 6 months.

Also as part of the external review, a patient survey was completed which highlighted the issue of patient transportation. It was noted that patient transport is offered as part of the out-of-hours service. The transport policy has been revised to provide guidance for clinicians working in the service, which outlines that transport can be offered locally at the discretion of the clinician.

The reference group commended the work undertaken with nursing homes to raise awareness of out-of-hours services and identify areas of concern. This involved: providing additional information to care homes; conducting a questionnaire requesting questions, issues and concerns about a variety of topics, including the out-of-hours service; and a series of meetings with care homes.

It is planned to provide paediatric training during 2007 for all clinicians working in the out-of-hours service. It was also noted that BECS contributed to the development of the local action plan in response to the Emergency Care Framework for Children and Young People in Scotland, published by the Scottish Executive Health Department in October 2006.

The information gained from the 2-year pilot project, funded by the Scottish Executive, will also help to inform developments in the service to meet the needs of minority ethnic groups, migrant workers, people who are homeless and travelling people.

It was noted that BECS was nominated for a UK-wide Urgency Care Workforce study, the aim of which is to describe how changing workforce configurations in emergency and urgent out-of-hours care systems in the NHS are impacting on staff practice, patient experience and health system performance. This study may help to inform future service developments to meet patient needs. Research was to begin in early 2007.

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 Borders

REVISED OVERALL POSITION STATEMENT (2007): **A comprehensive, patient-focused healthcare governance programme is fully implemented and monitored.**

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)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 across the service that direct and support policy development and service delivery both internally and through delivery partners, and the plans are monitored and regularly reviewed.**

STATUS (2006): **There are clear, cohesive plans in place, but they are not formalised and/or do not include internal and delivery partners.**

The clinical governance planning cycle is guided by the NHS board-wide clinical governance strategy, which had been finalised at the time of the 9-month follow-up review.

BECS sits within the primary and community services clinical governance group. The unscheduled care network manager is a member of this group. Clinical governance issues relating to the out-of-hours service are reported to this group, including complaints and incidents.

BECS also has an operational group which discusses local clinical governance issues. This group has representation from both the out-of-hours service and key stakeholders, including NHS 24, patients, the Scottish Ambulance Service and accident and emergency (A&E). Clinical incidents, complaints and risk management are standing items on the agenda of this group.

The BECS operational group also has a link, through a nominated person, to the salaried GP meetings. Governance issues relating directly to salaried GPs are

discussed at this meeting and it is planned to have a clinical governance representative at the salaried GP meetings.

At the 12-month follow-up review, the reference group noted that clinical governance issues were now logged on an action plan, which details the actions to be taken. Evidence was provided of action that has been taken in response to these issues. This action plan is monitored and reviewed on a regular basis through the BECS operational group and salaried GP meeting, and also links into the NHS board clinical governance committee.

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 or PDPs in place.

At the 12-month follow-up review, it was noted that the clinical lead holds individual discussions with GPs during their induction and highlights their learning needs. This is followed up with a 3-month review. An annual appraisal system for GPs has been in place since 2005. GP appraisals are undertaken by the clinical lead. In addition to the local appraisal process, the GPs have the opportunity of an appraisal by the Royal College of GPs. The reference group also noted that core competencies have been developed for GPs and educational sessions for out-of-hours GPs established. Non-principal GPs are also invited to join these sessions. It was reported that sessional GPs are offered the same training as salaried GPs and sessional posts are backfilled to allow attendance at training.

A GP notes audit has been carried out and the service reported that it wished to repeat this in the near future. Following this, feedback will be given to individual GPs.

The reference group noted that new appraisal documentation and a programme of appraisal for nursing and administrative staff had been developed by the end of the follow-up process. PDPs for the nurse manager, administrative staff and personal assistant had also been developed. Dates were scheduled for all remaining staff to receive an appraisal and develop a PDP. A draft competency framework for out-of-hours nursing staff has been developed, as has a programme of training and development for nursing staff for 2007–2008.

All staff have been asked to complete a proforma outlining their training and development. This incorporates both mandatory training and that undertaken for personal development. The service uses the staff governance information system to

identify staff who require updates on mandatory training and timescales for the training.

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 Borders

REVISED OVERALL POSITION STATEMENT (2007): **Processes and procedures for recording and communicating information gathered during care to relevant NHS professionals are fully implemented and monitored.**

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 and monitored.**

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.**

The reference group noted that, by the end of the follow-up process, BECS had developed a standard protocol for patients who attend a primary care treatment centre without an appointment ('walk-in' patients), or attend A&E and are subsequently transferred to BECS. For those transferred from A&E, the A&E nurse seeks consent from the patient to share their information. For patients attending peripheral centres without an appointment, the nurse at each site is responsible for seeking consent. Consent or refusal to give consent is recorded on the Taycare system. This is monitored by way of a report from Taycare, which shows the number of walk-in patients, and highlights those who did or did not consent to share their information.

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 Borders

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 being developed, but implementation has either not yet commenced, or has commenced but does not involve 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.**

At the 12-month follow-up review, the reference group noted that a basic and part set of key performance indicators had been developed. Performance reports were also being produced to show activity in the out-of-hours service. The service reported that the current IT system is hindering its ability to accurately represent the service activity and, therefore, manage the performance of the service. An options appraisal for a review of IT within the service was presented to the BECS operational group in June 2007. Further work was to be undertaken on the preferred option and a project initiation document which will be discussed at a clinical executive meeting before the end of 2007.

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

REVISED STATUS (2007): The provider takes action to identify patient views and satisfaction levels through a formalised process, and examples of resultant change in practice are evident.

STATUS (2006): The provider takes action to identify patient views and satisfaction levels on an informal basis.

At the 9-month follow-up review, the reference group noted that a patient survey on the out-of-hours service had been completed as part of an external review of the service. The survey will now be conducted on an annual basis. Results from these patient surveys are shared with the BECS team and evidence was provided of action being taken in response to the results.

The service reported that it takes action against complaints. The reference group commended the complaint action template which is provided by the complaints office and completed by the named lead involved in the complaint. This details comments/feedback from the person/department identified in the complaint, and requires an action plan to be drawn up against the following issues, as appropriate: information, communication, training, local organisation/systems and wider issues.

BECS has public representation on its operational group. In addition, complaints are monitored by this group, as well as being discussed at team meetings and, at the time of receipt, with the individual(s) concerned.

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): No annual report on performance and services is produced.

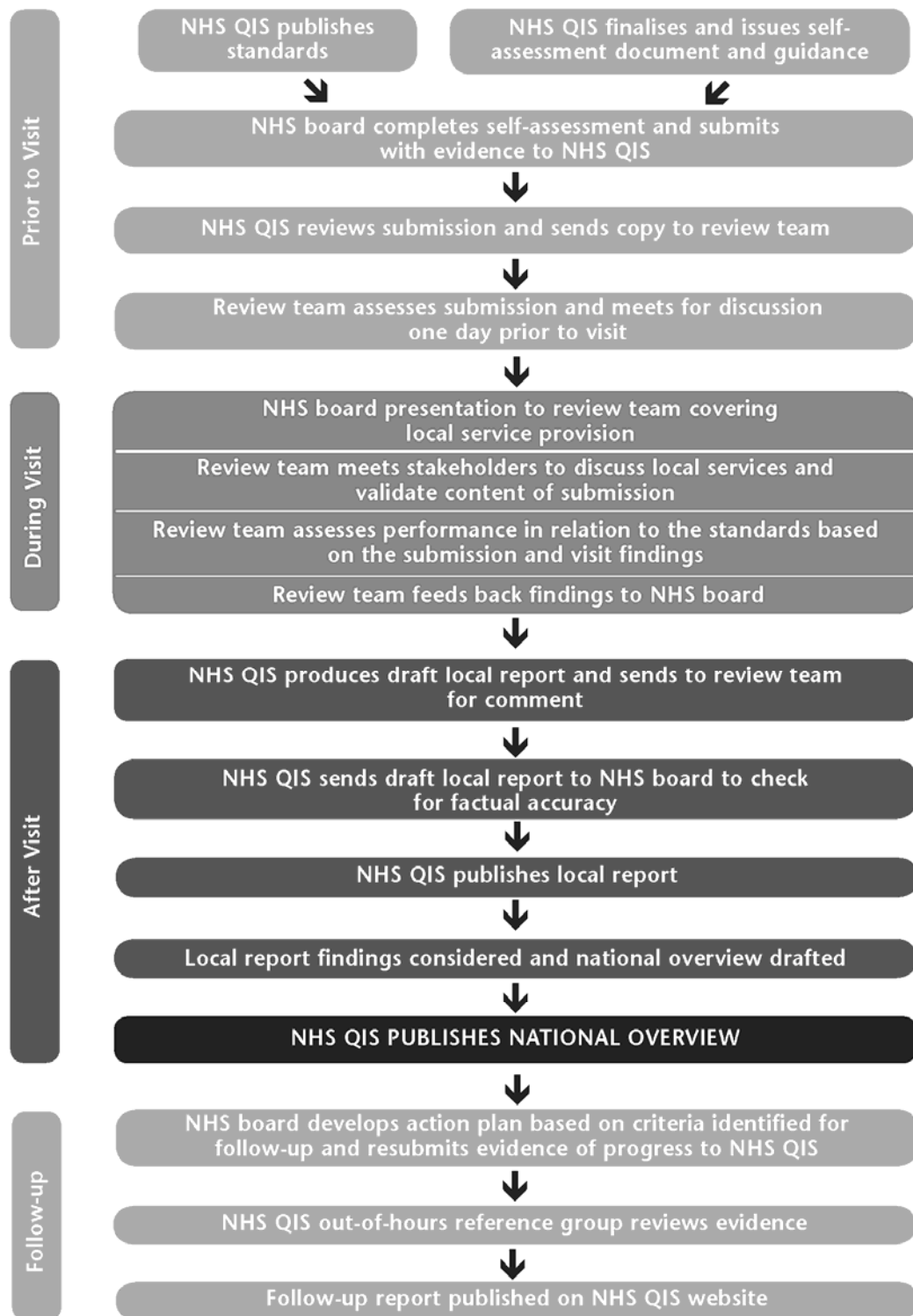
An annual report on performance and services for the period from November 2004–March 2005 was produced in August 2006. This was ratified by the primary and community services board in early September 2006, and disseminated electronically to the BECS operational group, which has representation from key stakeholders, including the local authority, public, secondary and primary care representation. In addition, the report has been disseminated to the out-of-hours GPs and nurses, and ward managers within the community hospitals. At the 9-month follow-up review, the reference group noted that the report was made available on the NHS Borders website and the staff intranet.

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
BECS	Borders Emergency Care Service
GP	general practitioner
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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