

NHS Dumfries & Galloway

Follow-up Report ~ December 2007

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

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

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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 Dumfries & Galloway, and this report outlines progress made between the review visit on 26 January 2006 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)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)2 Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.
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 organisations.
2(a)8 Staff Governance: Staff are competent to do their duties.
2(a)9 Corporate Governance: All out-of-hours providers have systems in place that ensure financial probity.
2(b)2 Patients are assessed and responded to, based on clinical need and professional judgement.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.
2(c)2 Systems are in place for receiving and communicating information to inform patients' ongoing care, by the next working day.
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)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)
2(a)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary organisations.
2(a)8 Staff Governance: Staff are competent to do their duties.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting 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 Dumfries & Galloway 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 8.00 am weekdays, weekends and public holidays. Local arrangements may vary.*

NHS Dumfries & Galloway

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)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.**

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

During the follow-up process, the reference group was satisfied that arrangements had been put in place to meet the needs of those potentially using the service, and particularly commended the level of work that has been done in relation to analysing the needs of the ethnic population in Dumfries & Galloway. In 2005, the NHS board commissioned a health needs assessment for ethnic minority groups in the region. This report was published in November 2005 and it was reported that 80% of the report recommendations have since been addressed.

Diversity awareness guidance has been produced which is being disseminated to all departments. This will assist in enhancing staff awareness in areas of sensitivity that exist among various communities and act as a quick reference guide of major cultural and ethnic features of more predominant beliefs. Additionally, the NHS board appointed a diversity project officer in October 2006 for a period of 18 months. The postholder is involved in further raising staff awareness regarding diversity, and identifying and developing training for staff in dealing with related issues.

At the time of the 3-month follow-up review, a public health nurse involved in a 'Home Support Project' for travelling people and ethnic minority groups had been employed. The public health nurse and the health visitor provide support for the two travellers sites in the region in order to discuss healthcare issues. Patient information leaflets which explain how to access the out-of-hours service have also been distributed to the travelling community. New families coming into the area will be advised of the service.

Homeless people in the region are also being advised on accessing the out-of-hours service through the work being done by health improvement officers. Work is under way with Christian Care, First Base, Nithsdale Council of Voluntary Service, the Salvation Army and local hostels. Patient information leaflets are also available through these organisations.

During the follow-up process, the reference group noted that a meeting had been held in January 2006 with the Chinese community to help identify their key local health needs. It was noted that a second meeting is to be held in the autumn. The public health practitioner will be addressing access to the out-of-hours service and discussing with the Chinese community the potential need for information to be made available in their native language.

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 3-month follow-up review, the reference group noted the recent implementation of loop systems in the primary care centres. GP practices have been encouraged to submit special patient notes advising of those patients who would benefit from the use of a loop system to assist duty doctors. Mobile systems are also now available for visiting GPs to use in patients' homes where the patient is either deaf or has a hearing difficulty.

Additionally, the reference group noted that discussions are under way in relation to the possibility of a fax messaging facility being implemented for hearing and/or speech impaired patients.

During the follow-up process, the reference group noted that an audit of NHS Dumfries & Galloway premises' compliance with the Disability Discrimination Act 1995 was undertaken in 2004. Following this report, the NHS board approved a

programme of improvements over a 5-year period. It is considered by the NHS board that premises are compliant for all practical purposes. Additionally, it was noted that Garrick Hospital, Stranraer, is relocating to purpose-built premises in November 2006 (Galloway Community Hospital, Stranraer). It was reported that these premises have been designed to comply with the latest guidelines.

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 Dumfries & Galloway

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)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 12-month follow-up review, the reference group was presented with local treatment-specific information leaflets which have been adopted into GP practices within the service. These leaflets are also available in the primary care centres and vehicles for doctors to issue to patients at the time of the consultation. A short patient survey is being undertaken to assist in the review and further development of these leaflets. It is also planned to further enhance the range of information leaflets available.

Additionally, it was reported that the patient information steering group was quality assuring clinical condition leaflets available from national sites and will be recommending which leaflets are suitable for downloading and using locally.

During the follow-up process, it was reported that a policy statement was being considered by the clinical lead to ensure uniformity in the use of worsening statements. Additionally, a call sample audit was undertaken in July 2006 to assess that the use of worsening statements had been recorded. Duty doctors have since been reminded of the need to record the use of worsening statements in the out-of-hours period. A regular monthly audit of compliance was subsequently introduced from September 2006.

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

REVISED STATUS (2007): **There is a system of risk management in place to ensure that risks are identified, assessed, controlled and minimised, which is fully implemented across the service.**

STATUS (2006): **A system of risk management is in place, but it is not formalised and/or is not formally implemented across the service.**

At the time of the 9-month follow-up review, the reference group noted a number of audits that have been undertaken to improve the provision of out-of-hours services. This includes a monthly audit of a random 10% of primary care centre calls and visits to determine the appropriateness of treatment/medication given, use of clinical coding by the GP and use of worsening statements. Further audits for specific doctors will be conducted to ensure learning points are being subsequently acted upon.

It was noted that the NHS board's major incident policy was to be reviewed in late 2006 and the out-of-hours service is to be included in this review. An updated major incident policy was to be published in early 2007.

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

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

STATUS (2006): **Arrangements are in place to communicate, inform and co-operate with some key professionals, external parties and voluntary agencies, but not all.**

During the follow-up process, the reference group noted that work continued in relation to improving communications and links with community groups and voluntary agencies. A newly appointed out-of-hours service manager took up post in June 2007 and has made contact with Dumfries & Galloway council's community planning department with regard to possible involvement in regional community planning matters. Proactive links are also being made with Dumfries & Galloway's multicultural community through the area's Multiculture Association and there is to be involvement in a series of events being provided for ethnic minority groups.

It was noted that arrangements were under way to recruit two members of the public to serve on the out-of-hours service management group.

Through a programme of consultation on a review of community services within the four Dumfries & Galloway local health partnership areas, local meetings of voluntary organisations and community groups were held in early 2007. While they were established to seek views and help understanding of community services in general, the subject of the out-of-hours service was reported to be a popular topic for

discussion. Information packages are being produced to provide feedback to these groups.

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

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

STATUS (2006): **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.**

During the follow-up process, the reference group noted that a new out-of-hours service manager had taken up post during June 2007 and, as a result, the staff appraisal process has been delayed. Following the service manager's national NHS Knowledge and Skill Framework (KSF) training, a planned programme of staff appraisals and PDPs will take place, commencing in the summer of 2007.

Additionally, by the end of the follow-up process, the reference group noted the implementation of a formalised induction process for doctors new to the service. Comments are actively being sought from new staff using the induction pack and feedback will be used to further improve and refine the content.

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

REVISED STATUS (2007): **A system to ensure financial probity is fully implemented and is monitored across the service.**

STATUS (2006): **A system to ensure financial probity is in place, but it is not formalised and/or not fully implemented across the service.**

An internal audit of the financial arrangements of the out-of-hours service had been undertaken in November 2005, and the review team was provided with a copy of the report on the day of the initial review visit. Audit findings identified a number of potential weaknesses within the system, including procedures for checking time sheets. At the time of the 3-month follow-up review, the reference group noted that an action plan had subsequently been developed and implemented to address the recommendations from the internal audit.

Additionally, the reference group noted that, since the initial review visit, formal protocols relating to sessional GP payments had been developed and approved by the finance department.

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 Dumfries & Galloway

REVISED OVERALL POSITION STATEMENT (2007): **Processes and procedures to support clinical decision-making are fully implemented, but monitoring has not yet commenced involving all parts of the organisation.**

OVERALL POSITION STATEMENT (2006): **Processes and procedures to support clinical decision-making are being developed, but implementation has either not yet commenced, or has commenced but does not involve all parts of the organisation.**

Essential Criteria

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

REVISED STATUS (2007): **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.**

STATUS (2006): **There is a system in place to ensure that patients are assessed and responded to on the basis of clinical need and professional judgement, but it has not been fully implemented.**

During the follow-up process, the reference group was satisfied that there are processes for clinical and NHS 24 assessments to take place, which appear to be safe and effective, and these have been fully implemented across the out-of-hours service.

The reference group noted the formal protocol to standardise the system for responding to 'walk-in' patients (patients who present without having contacted NHS 24) that was developed in consultation with accident and emergency (A&E) staff. This protocol has subsequently been implemented in Dumfries & Galloway Royal Infirmary and the new purpose built Galloway Community Hospital (following relocation of the Garrick Hospital).

At the time of the 9-month follow-up review, the reference group noted a quarterly audit of doctor advice calls that has been implemented to determine the appropriateness of advice given relative to the condition presented. As a result of this audit, call review mechanisms and learning points for both the out-of-hours service and NHS 24 are to be identified, discussed and actioned.

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

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

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.**

During the follow-up process, the reference group noted the formalisation of procedures for maintenance of equipment, and that a new system for drugs management and restocking of drugs was implemented in August 2006. Stock control of controlled drugs held within the A&E department is now undertaken with support from hospital-based pharmacists. Within the out-of-hours service, weekly drug stock checks for the primary care centres and vehicles are undertaken by hospital pharmacy staff. However, at the time of the 9-month follow-up review, a subsequent monthly audit of compliance and accessing controlled drugs indicated that the majority of doctors who carry controlled drugs in the out-of-hours period are not following the new systems and procedures.

By the end of the follow-up process, the reference group remained concerned that the outstanding issues identified from the accessing controlled drugs audit appear not to have been resolved. It was noted that the issue of audit and traceability of controlled drugs is being further reviewed by the NHS board in light of recent guidance from the Scottish Government on the safer management of controlled drugs and guidance on strengthened governance arrangements. The NHS board's chief pharmacist has been appointed as the accountable officer and will be responsible for ensuring safe systems are in use for controlled drugs and governance arrangements are in place.

As part of the implementation of the new system for drugs management, the reference group noted that the out-of-hours drugs formulary is now in place across the service following consultation with GPs. This is a subset of the NHS board's drug formulary.

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 Dumfries & Galloway

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 being developed, but implementation has either not yet commenced, or has commenced but does not involve all parts of the organisation.**

Essential Criteria

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

REVISED STATUS (2007): **A system is in place for receiving and communicating information to inform patients' ongoing care, by the next working day, which is fully implemented and monitored.**

STATUS (2006): **A system is in place for receiving and communicating information to inform patients' ongoing care, by the next working day, but it is not fully implemented across the service.**

During the follow-up process, the reference group noted the roll-out of 'generic mailboxing' in order to transmit call information via email directly from the Adastra computer system (an electronic specialist call management, data distribution and clinical recording system) to generic mailboxes within the GP practices. Generic mailboxes allow a number of users provided with passwords to access information and is a more secure method of transmitting and accessing information than by fax. This facility has been rolled out to the majority of GP practices across NHS Dumfries & Galloway. However, at the time of the 12-month follow-up review, five GP practices had experienced operational issues and have, as a temporary measure, returned to the receipt of information by fax. All GP practices, regardless of the method of transfer of information, receive call information to inform patients' ongoing care by the next working day. Arrangements remain in place to monitor that the Adastra computer system has generated and sent the necessary information.

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.

At the time of the initial review visit, it was standard practice for walk-in patients to A&E or one of the four minor injury units to be asked for their consent during the patient consultation. During the follow-up process, the reference group noted the procedure that has been implemented since the initial review visit to ensure that consent is obtained from walk-in patients, whether the patient is directly accessing the primary care centre or is referred via A&E. Additionally, at the time of the 9-month follow-up review, the reference group noted a monthly audit that had commenced on whether consent is being recorded on Adastral for patients who have accessed the out-of-hours service either through a referral from A&E or as a walk-in patient. Subsequent actions have been taken as a result of the audit to change practice and ensure compliance with the new procedure.

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 Dumfries & Galloway

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

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 Criterion

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): **No change.**

STATUS (2006): **No annual report on performance and services is produced.**

During the follow-up process, the reference group was presented with an annual report for the period April 2005–March 2006. This report was widely distributed to the out-of-hours centres, community hospitals, GP practices, community pharmacies, A&E departments, outpatient waiting areas and local libraries. Additionally, copies of the annual report were sent for wider circulation to the quality improvement working group and the Exchange Network. This has a membership of approximately 200 lay members and is an independent project run jointly by community planning partners in Dumfries & Galloway.

However, the reference group considered that the level of detail contained within the annual report was not adequate and recommended that additional information relating to performance, services and activity levels could be incorporated. It was felt that in its current format, the annual report was more an example of a summary review or executive extract.

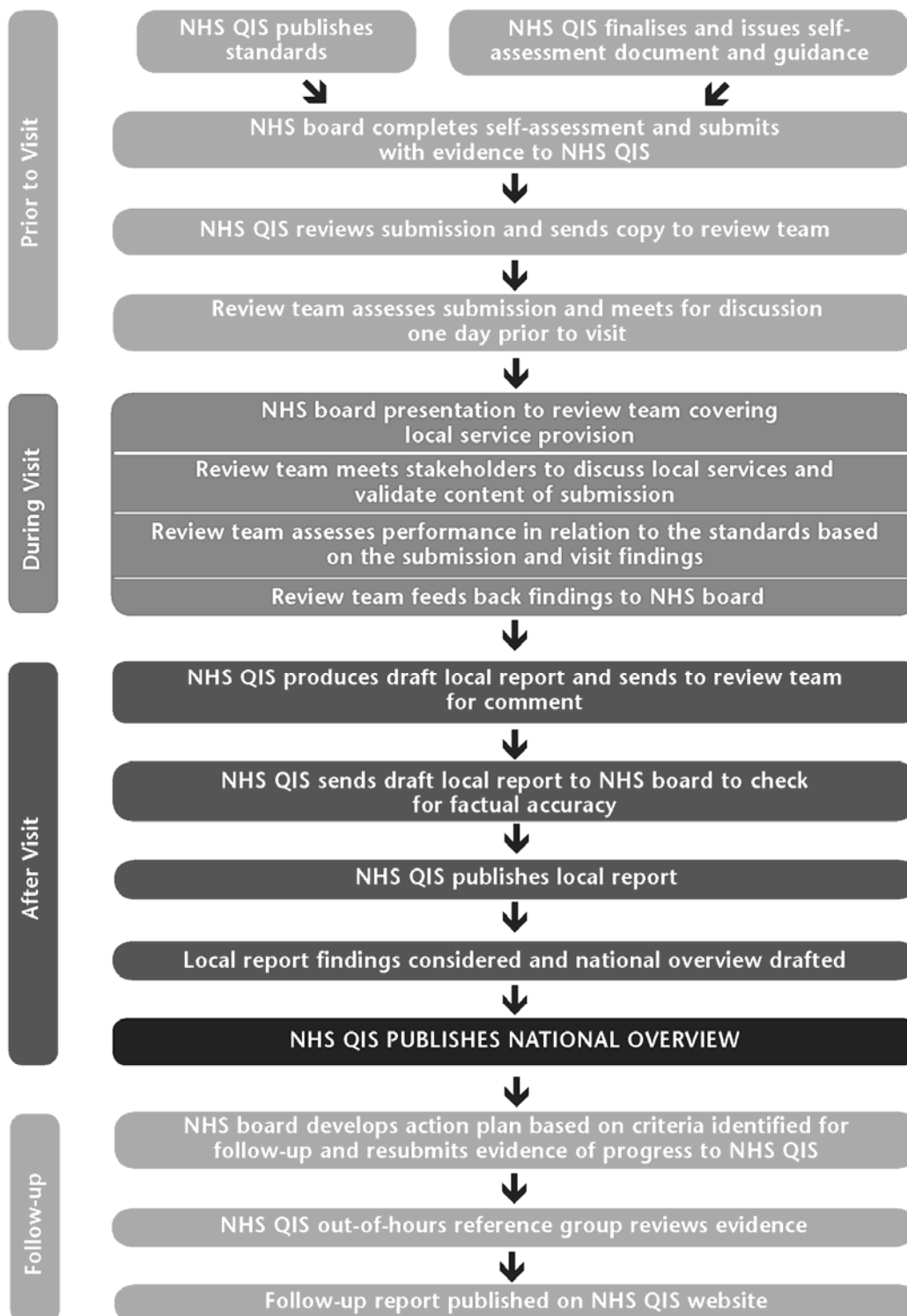
The out-of-hours service has acknowledged the feedback from the reference group and is reviewing the content and layout of the annual report in order to meet the requirements of the standard and include the necessary information in the next annual report for the period April 2006–March 2007.

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
GP	general practitioner
KSF	Knowledge and Skills Framework
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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