

NHS Fife

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 Fife, and this report outlines progress made between the review visit on 5 October 2005 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.
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)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.
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(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 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 Fife 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.*

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REVISED OVERALL POSITION STATEMENT (2007): **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.**

OVERALL POSITION STATEMENT (2006): **Processes for ensuring patient accessibility and availability at the first point of contact are being developed, but implementation has either not yet commenced, or has commenced, but does not involve 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 that NHS Fife's primary care emergency service is now managed by Dunfermline and West Fife Community Health Partnership (CHP). Meetings are being organised with the CHP public health practitioner to discuss ways of accessing appropriate data in relation to service users' needs. The reference group considered that, at the end of the follow-up process, NHS Fife's primary care emergency service was still in the planning stages of establishing comprehensive arrangements to identify the needs of all potential users of the service, and ensuring that appropriate strategies are in place to assist with service planning. In order to further identify potential users of the service, the reference group encouraged the service to link and work with the other CHPs throughout NHS Fife, and with the wider NHS board.

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 that the primary care emergency service is now managed by Dunfermline and West Fife CHP. As a result of this reorganisation, by the end of the follow-up process, the primary care emergency service was still in the planning stages of establishing comprehensive arrangements to identify all potential users of the service and their needs. As a result, the reference group could not be confident that arrangements are in place to meet the needs of all those potentially using the service.

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.**

During the follow-up process, the reference group was aware that the primary care emergency service was undergoing a period of change and reorganisation. From April 2007, the primary care emergency service became a service managed by Dunfermline and West Fife CHP. As a result, work has been ongoing in terms of developing a revised patient service information leaflet. The draft revised leaflet was discussed at the primary care emergency service steering group (formerly users' group) in March 2007 and was to be placed on the CHP website to invite comments from staff and patients. Additionally, the draft leaflet was issued to public partnership forums in each of the CHPs for comment.

At the time of the 6-month follow-up review, the reference group noted the chaperone policy which had been approved by the primary care emergency service steering group.

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.

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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.**

During the follow-up process, the reference group noted improvements to IT access. Staff are now able to access online databases, for example the Prodigy website for patient information leaflets. Additionally, it was reported that clinical staff are encouraged to provide patients and carers with written information.

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 but they are not formalised and/or do not include internal and 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.**

The reference group noted that the primary care emergency service is now managed by Dunfermline and West Fife CHP. During the follow-up process, evidence was provided of the primary care emergency service's clinical governance action plan, which details specific actions, timescales, responsible lead and progress/outcomes.

Additionally, an organisational chart was provided demonstrating that the management and steering groups within the primary care emergency service link into the CHP clinical governance group and subsequently the NHS board's clinical governance committee. It was reported that the service will link with the CHP's local strategy and risk register. Clinical governance and its component parts are standing items on the service's management, steering and operational group agendas. The primary care emergency service's lead nurse is a member of the CHP clinical governance group.

The reference group encouraged the development of clinical governance policies to further support the future direction of the service. In addition, the service should link and work with the other CHPs throughout NHS Fife, and with the wider NHS board.

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): Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.

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 the primary care emergency service steering group had established representation from primary care, the Scottish Ambulance Service, accident and emergency (A&E), social work and the public. The lead nurse, appointed in July 2006, attends the CHP clinical governance and health and safety committees, and links back to the management and steering groups within the primary care emergency service.

Additionally, the service reported that work is ongoing in relation to establishing links to public partnership forums, and health and wellbeing forums operated by the voluntary sector in all CHP areas.

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 the continuing work in progress in relation to the development of the national NHS Knowledge and Skills

Framework (KSF) staff outlines and PDPs. Although no evidence was provided to the reference group, it was reported that, as at July 2007, all staff either had a PDP review date or an indicative date within the following 3 months. By the end of the follow-up process, there was no established appraisal system as yet in place.

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.

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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): **A formal report on performance and services is published annually, but it is not widely available to both those contracting the service and users of the service.**

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

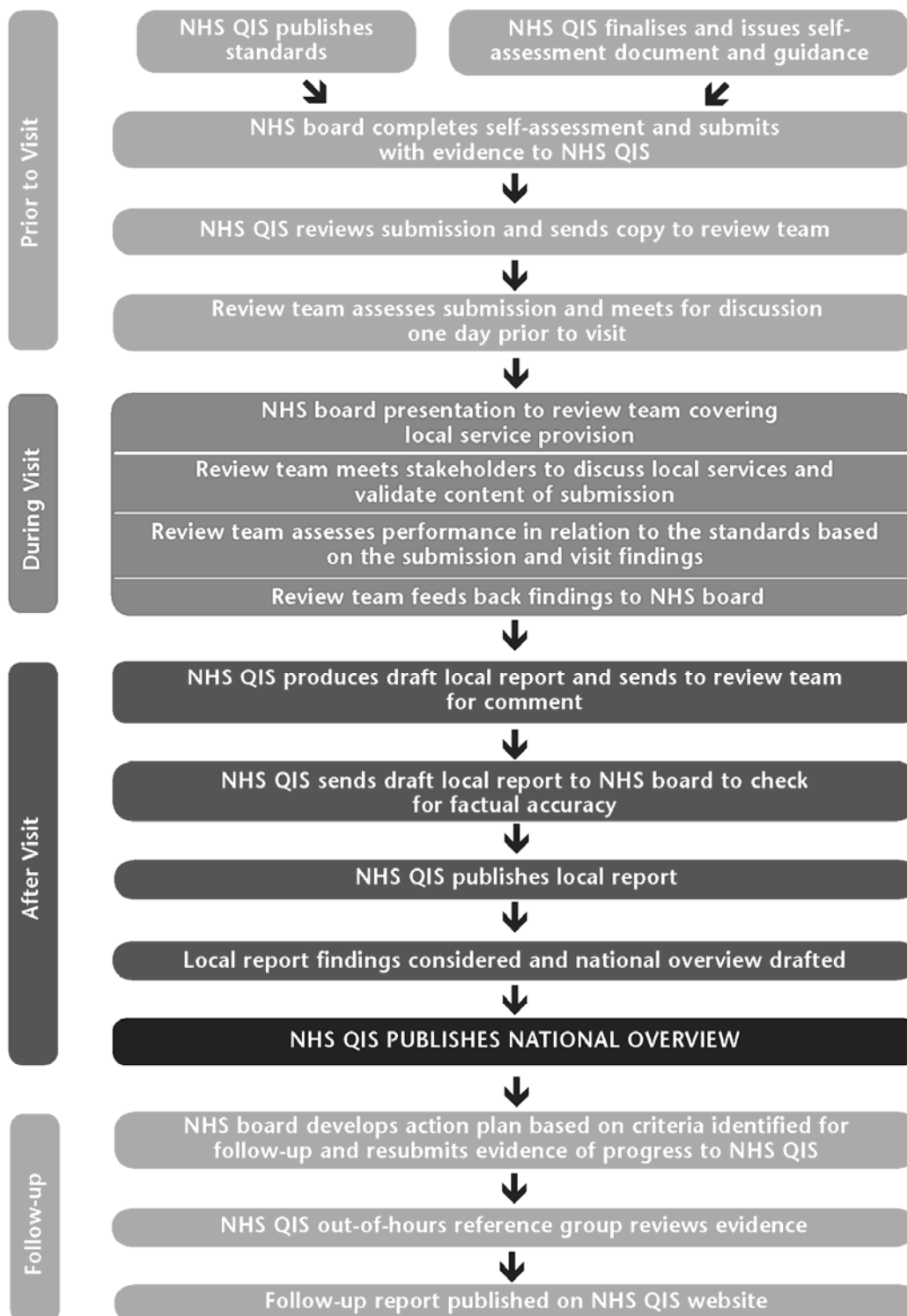
In November 2006, the reference group was presented with the NHS Fife primary care emergency service's revised annual report 2005–2006 on performance and service which contained details on call analysis and complaints. The report was submitted to the NHS Fife clinical governance committee. It was reported that the annual report is available to all parts of NHS Fife through representation on this group. Copies of the report have since been made available in each of the primary care emergency centres. A newsletter, which is circulated widely to GP practices, services and partners, notes that the annual report has been published and details how the report can be accessed.

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
CHP	community health partnership
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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NHS Quality Improvement Scotland

Edinburgh Office
Elliott House
8-10 Hillside Crescent
Edinburgh EH7 5EA

Phone: 0131 623 4300
Textphone: 0131 623 4383

Email: comments@nhshealthquality.org
Website: www.nhshealthquality.org

Glasgow Office
Delta House
50 West Nile Street
Glasgow G1 2NP

Phone: 0141 225 6999
Textphone: 0141 241 6316