

NHS Forth Valley

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 Forth Valley, and this report outlines progress made between the review visit on 20 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)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
2(a)2 Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.
2(a)3 Clinical Governance: There are clear, cohesive plans across the service that direct and support policy development and service delivery both internally and through delivery partners.
2(a)4 Clinical Governance: Service providers operate a system of risk management to ensure that risks are identified, assessed, controlled and minimised.
2(a)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary agencies.
2(a)8 Staff Governance: Staff are competent to perform their duties.
2(c)3 Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.
3(a)1 A set of provider-specific key performance indicators (patient-focused public involvement, clinical and organisational) are in place.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

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

Criteria identified for follow-up (2007)
3(a)1 A set of provider-specific key performance indicators (patient-focused public involvement, clinical and organisational) are in place.

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 Forth Valley 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 Forth Valley

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 Criterion

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 review visit, the out-of-hours service reported that it had been asked to undertake an impact assessment on its compliance with relevant legislation and to report the findings back to the equality and diversity group within NHS Forth Valley. The resulting impact assessment identified the requirement for a chaperone policy within the service. At the time of the 12-month follow-up review, the reference group noted that a chaperone policy had been developed and distributed across the service.

The impact assessment also identified a need to carry out patient surveys which included questions relating to equality and diversity issues. A patient satisfaction survey was undertaken in early 2007 and, at the time of the 12-month follow-up review, the outcomes and recommendations were being prepared for presentation at the out-of-hours clinical governance group.

In addition, the reference group noted that all GP practices had been reminded of the importance of completing special patient notes, where applicable, so that both NHS 24 and the out-of-hours service are informed of patients with special requirements, for example the need for an interpreter, patients with mobility problems, patients receiving palliative care. This enables the service to put the necessary arrangements into place for these patients when they require treatment out-of-hours.

At the time of the 12-month follow-up review, the reference group noted that the out-of-hours patient information leaflet was available in several community languages.

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.**

The reference group noted the work that had been undertaken by the service to ensure that information is available and easily accessible by patients and their representatives. The group acknowledged that the work that had previously been undertaken by the service to make information available in a variety of formats met the required level of compliance against this criterion.

In addition, at the time of the 3-month follow-up review, the service reported that it was continuing to work towards implementation of a wireless computer system from which GPs and paramedics will be able to gain remote access to Taycare and the supporting out-of-hours service network. The wireless connection will enable staff working remotely to upload patient information, including recent acute prescriptions and any patient allergies or adverse reactions, directly from the GP practice to assist with patient treatment. Due to initial technical difficulties, the wireless computer system was due to be re-piloted throughout NHS Forth Valley.

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

At the time of the 12-month follow-up review, the reference group noted that clinical governance arrangements for the out-of-hours service had been formalised.

The NHS Forth Valley clinical governance strategy is used as the approach to be taken towards the development of clinical governance across the NHS board area. The out-of-hours service has its own clinical governance group. The group's role, remit and membership have been reviewed and new terms of reference drawn up. The group reports to the NHS Forth Valley clinical governance committee.

The clinical forum has developed into the out-of-hours educational forum. A steering group meets to discuss the relevant clinical governance issues and the development of educational and training programmes. The lead GP for out-of-hours is a member of the clinical governance group as well as the core management group. It is planned that updates from the educational forum will be presented at future clinical governance group meetings. In addition, it was reported that specific educational requirements from the clinical governance group will be disseminated to the education forum to action.

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 review visit, the service had acknowledged that, while the NHS board had a robust risk management system in place, the out-of-hours service risk management system was at a strategic rather than operational level.

At the time of the 12-month follow-up review, the reference group noted that a revised NHS Forth Valley generic risk assessment tool and risk assessment policy had been implemented within the out-of-hours service for all new risk assessments. It was reported that both the policy and the revised incident reporting paperwork were working well within the service. NHS Forth Valley has purchased a web-based

system for incident reporting and risk assessment, which also includes a risk register. This was expected to be introduced by late 2007. Risk management remains a quarterly agenda item on the out-of-hours clinical governance group.

It was reported that the NHS board's major incident policy was being reviewed and the reference group was reassured that steps were being taken to ensure that the out-of-hours service is involved in this review.

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.

Evidence provided at the 6-month follow-up review demonstrated that work had been undertaken to continue to communicate, inform and co-operate with all relevant parties.

The service had been involved in multi-agency pandemic influenza planning, which included local authorities, the voluntary sector, utility services and the business community. There was also evidence of the service communicating, informing and co-operating with NHS Forth Valley acute division, the Scottish Ambulance Service and nursing homes.

The service was liaising as appropriate with voluntary agencies. A patient representative had also been recruited, who attends the out-of-hours clinical governance group.

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.

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.

In addition to the generic induction that is in place for new staff members joining the out-of-hours service, at the 12-month follow-up review, it was noted that induction checklists have been developed for drivers, receptionists and hub operators. A comprehensive local induction pack for new GPs was also under development.

The reference group noted that non-clinical staff appraisals have been linked to the NHS Knowledge and Skills Framework (KSF), under the national programme of Agenda for Change. PDPs for both nurses and non-clinical staff were formally introduced to the service during April 2007.

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.

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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 12-month follow-up review, procedures had been put in place to ensure that all patients are aware of, and agree to, sharing information about their care with other health professionals, and these had been fully implemented across the service.

The out-of-hours service had developed a protocol to request consent from patients who present without an appointment. All patient consultations are recorded on the electronic Taycare system. An option has been developed on this to record consent to share information with other health professionals as given or refused. The protocol states that patients must be asked whether they wish their information to be sent to their GP practice.

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 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, but not implemented within the organisation.**

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

At the end of the follow-up process, the reference group noted the work that had been undertaken to enhance the patient survey to incorporate more meaningful and measurable indicators of overall quality. In addition, the group noted the work that had been undertaken to develop a draft set of key performance indicators for approval at the August 2007 out-of-hours clinical governance group meeting. These were developed in collaboration with stakeholders, users of the service and other key individuals. Following approval by the out-of-hours clinical governance group, the outcomes are to be presented to the NHS Forth Valley clinical governance committee for ratification.

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

At the 3-month follow-up review, the reference group noted that the annual report for September 2004–September 2005 had been ratified by the NHS Forth Valley

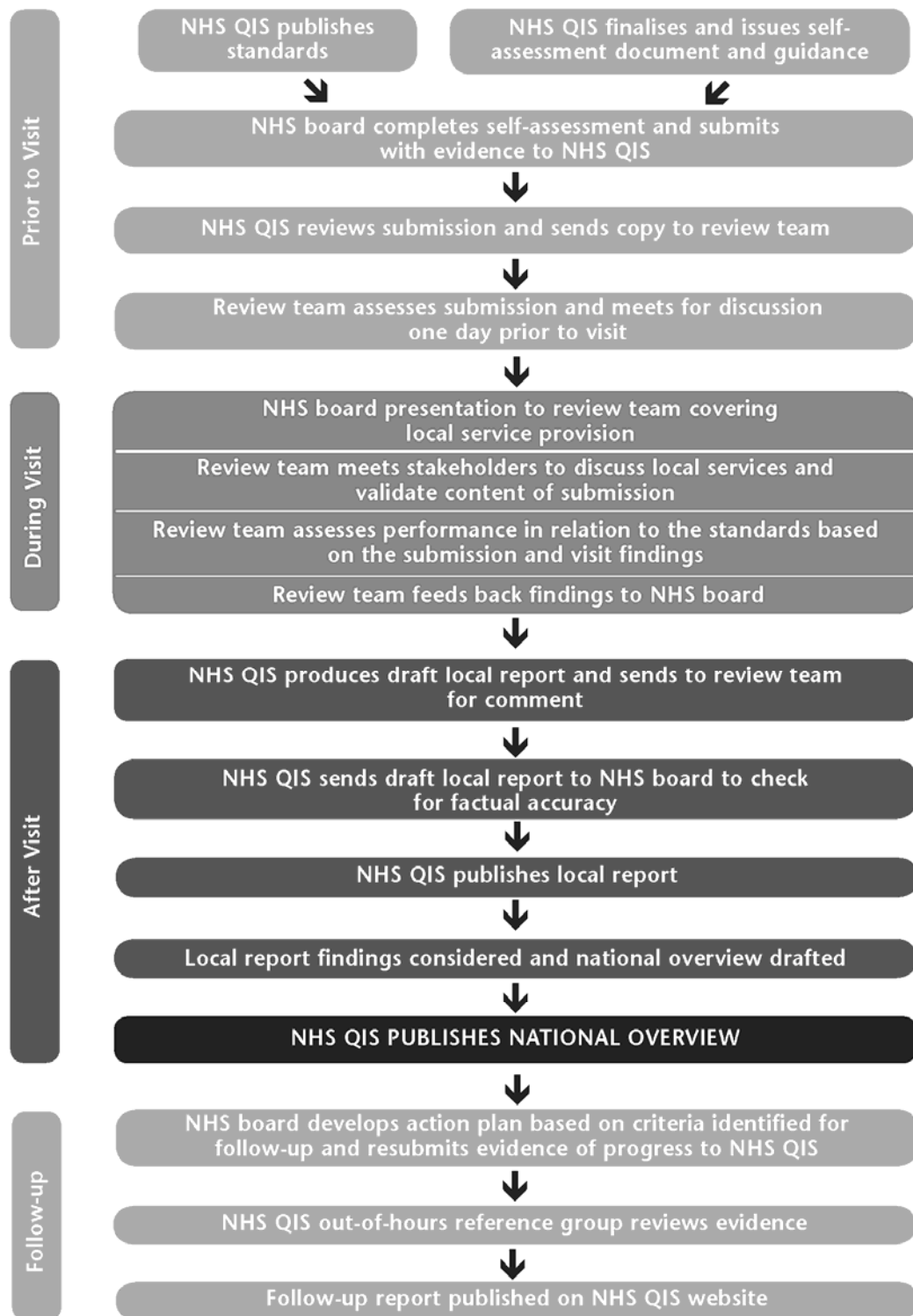
board and had been placed on the NHS board website. It is also available on request. However, the group considered that there was insufficient evidence to demonstrate that the report is more widely available to users and those contracting the service. It was noted that there are plans to develop a website specifically for the out-of-hours service, which it was hoped would go live before the end of 2007.

Appendix 1 – Glossary of abbreviations

Abbreviation

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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