NHS Quality Improvement Scotland

NHS Greater Glasgow and Clyde

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 primary medical services out-of-hours peer review of 2005–2006 addressed and reported on primary medical services out-of-hours provided by NHS Greater Glasgow (NHS Glasgow Emergency Medical Services [NHS GEMS]) and NHS Argyll & Clyde (Clyde Primary Care Emergency Service [PCES]).

Following the dissolution of NHS Argyll & Clyde on 31 March 2006, the administrative boundaries of NHS Greater Glasgow and NHS Highland altered to allow them to take over the responsibility for managing the delivery of health services in the former Argyll & Clyde area. NHS Greater Glasgow's extension covers the areas south and immediately north of the Clyde.

Therefore, for the purposes of follow-up, NHS GEMS and Clyde PCES (which now both come under NHS Greater Glasgow and Clyde), have been reviewed separately.

NHS GEMS

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Greater Glasgow and Clyde - NHS GEMS, and this report outlines progress made between the review visit on 15 November 2005 and July 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

Criteria identified for follow-up (2006)
1(a)1 Arrangements are in place to identify the needs of those potentially using these services.
1(a)2 Arrangements are in place to meet the needs of those potentially using these services.
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
2(a)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)8 Staff Governance: Staff are competent to perform their duties.
2(b)1 Procedures are in place to ensure quick and easy access to evidence-based clinical guidelines to support clinical decision-making.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

Clyde PCES

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Greater Glasgow and Clyde - Clyde PCES, and this report outlines progress made between the review visit on 22 September 2005 and July 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

Criteria identified for follow-up (2006)
1(a)1 Arrangements are in place to identify the needs of those potentially using these services.
1(a)2 Arrangements are in place to meet the needs of those potentially using these services.
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
2(a)1 Patient Focus: Throughout the service, work is undertaken in partnership with individuals, communities and community planning partners in the design, development and review of services. The results of this work are acted upon and feedback is provided to all those involved.
2(a)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)5 Clinical Governance: Providers of out-of-hours services have a system in place to report regularly to NHS board clinical governance committees.
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)7 Staff Governance: Staff involved in out-of-hours care meet employment requirements, including qualifications.
2(a)8 Staff Governance: Staff are competent to perform their duties.
2(b)2 Patients are assessed and responded to, based on clinical need and professional judgement.
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.

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)
Clyde PCES:
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.
NHS GEMS:
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 both primary care emergency services operating within NHS Greater Glasgow and Clyde remains as:

Registration status (2007)

Provider is largely compliant with the standards.

Registration status (2006)

Provider is largely compliant with the standards.

3a Detailed findings against the standards – NHS Greater Glasgow and Clyde – NHS Glasgow Emergency Medical Services (GEMS)

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.*

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

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

At the time of the initial review, consideration required to be given to developing a more proactive, predictive approach to identify the needs of the population, based on wider public health information, and patient profiles and needs. During the follow-up process, the reference group noted the comprehensive, collaborative work being undertaken through the NHS Greater Glasgow and Clyde Unscheduled Care Collaborative and, in particular, the work being undertaken in relation to out-of-hospital care. This can assist the out-of-hours service in terms of identifying potential users of the service from a variety of information sources. The out-of-hours flow group is led by a GP and co-ordinated through the unscheduled care collaborative programme manager. Detailed discussions are also taking place between GP services and the rehabilitation directorate.

Additionally, work was undertaken between NHS Glasgow Emergency Medical Services (GEMS) and the public health department which gave consideration to referral rates to NHS GEMS. This has identified issues with high referral rates in the west of the city. Work is under way between NHS GEMS and the West Community Health and Care Partnership (CHCP) to identify and address this.

During the initial review, it was reported that a stakeholder event had identified issues with patients with addiction problems presenting in the out-of-hours period, as there was no direct service available to which to refer patients. Community addiction teams had been established, but they were not accessible in the out-of-hours period or through the weekend. It had been reported that this issue would be taken forward by the out-of-hours city-wide steering group in consultation with the head of addictions. During the follow-up process, the reference group noted that patients with addiction problems who present out-of-hours are initially triaged by NHS 24 and can be referred to 'Breathing Space', a new NHS 24 service developed to offer support in such situations. Alternatively, they can be passed to a GP for advice or face-to-face consultation. The issue of a dedicated out-of-hours service for such patients in NHS Greater Glasgow and Clyde continues to be discussed in the relevant planning forums.

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.**

At the time of the initial review, the review team was satisfied that arrangements and infrastructures were in place to meet the service needs of those patient groups that had been identified. Examples given included direct access to the community psychiatric nurse (CPN) service, whereby patients requiring mental health input can be seen by the CPN service either in the primary care emergency centre or through a home visit. During the follow-up process, the reference group noted that a joint multidisciplinary meeting had been held to discuss psychiatric emergencies in the out-of-hours period, which had been attended by colleagues from NHS GEMS, NHS 24, out-of-hours community psychiatric nursing services, out-of-hours social work services and mental health services. This was reported to have been an extremely informative and educational multidisciplinary planning meeting which has contributed to the ongoing planning of out-of-hours services for patients with mental health problems.

There is a strong commitment to communicating with the large asylum seeker population across NHS Greater Glasgow and Clyde to ensure that ethnic minority groups are able to access the service, for example through the use of interpreters. At

the time of the initial review, a recent public health survey had identified that the Chinese population in some areas of Glasgow were low users of the out-of-hours service. During the follow-up process, it was reported that a series of forums were arranged in May 2006 at which out-of-hours arrangements were discussed. Clinical directors from the community health partnerships (CHPs) were in attendance and presentations were given on the out-of-hours service and the unscheduled care collaborative. A positive response was received and no perceived access problems reported. Leaflets in Chinese, Punjabi, Bengali and Hindi have subsequently been issued to GP practices with high ethnic populations and community centres.

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 initial review, NHS GEMS was aware of gaps in relation to ensuring information on access to and delivery of services was available for all patient groups, for example the Chinese population and patients with visual impairments. During the follow-up process, the reference group noted the work in progress in relation to producing the NHS GEMS service information leaflet in other languages. This includes leaflets in Chinese, which have since been distributed to GP practices with a high Chinese population. Leaflets have also been distributed to identified Chinese centres in Glasgow.

During the follow-up process, evidence was provided to the reference group of costings and plans for NHS GEMS premises to ensure compliance with the Disability Discrimination Act 1995.

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 Greater Glasgow and Clyde – NHS GEMS

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 that a wide range of condition-specific patient information leaflets have been downloaded from the internet and are now available in each of the primary care emergency centres. Additionally, specific information leaflets on medication, for example emergency contraception and the use of antibiotics when taking oral contraception, are also now available.

At the time of the initial review, there were no internet or intranet facilities at the primary care emergency centres. At the time of the 12-month follow-up review, the reference group noted that NHS GEMS staff have since been provided with internet access.

During the follow-up process, worsening statement leaflets were produced which are now available to GPs and patients at the time of the consultation. This instructs the patient to recontact NHS 24 if their condition deteriorates.

2(a)3: Clinical Governance: There are clear, cohesive plans across the service that direct and support policy development and service delivery both internally and through delivery partners.

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

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

From April 2006, NHS GEMS became a self-managed unit within the acute division (emergency care and medical specialties directorate). This had proved challenging as new relationships were formed and clinical governance arrangements, reporting structures, and roles and responsibilities were identified. The NHS GEMS clinical director is a member of the emergency care and medical specialties directorate management team and sits on the acute services clinical governance committee. This emergency care and medical services clinical governance committee has since held regular meetings under the new organisational structure. Minutes from NHS GEMS' quality assurance committee are sent to the acute services clinical governance committee. The reference group noted the addition of lay representation on the quality assurance committee since the initial review.

It has been proposed that NHS GEMS produces a quarterly report on performance against key performance indicators for the acute services clinical governance committee.

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.**

In November 2006, the reference group was presented with a service-specific risk register. This identifies the risk owner and includes an action plan. Risks associated with NHS GEMS are escalated into the acute division's strategic risk register for review if NHS GEMS does not have the capacity to resolve the issue, for example relating to IT hardware issues.

The reference group noted the finalised policy on the management of significant clinical incidents. Significant clinical incidents will be reported through this structure and actioned appropriately.

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 procedures and processes are in place to demonstrate that staff are competent and encouraged the continued progress towards the development of NHS Knowledge and Skills Framework (KSF) staff outlines under the national programme of Agenda for Change. It is anticipated that by December 2007 50 per cent of staff will have an agreed KSF outline and PDP in place and, by March 2008, 80 per cent of staff will have an agreed KSF outline and PDP in place. NHS GEMS has developed an action plan based on the emergency care and medical services directorate KSF plan which has been developed in accordance with these draft timescales. The NHS GEMS action plan covers over 270 staff.

In addition to the training needs analysis originally developed for nursing staff, NHS GEMS has developed an electronic training needs analysis database covering all staff. This database will contain information relating to individual and groups of staff current and future development needs. It is expected that this will be a useful tool in the formation of the PDP process.

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 Greater Glasgow and Clyde – NHS GEMS

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 Criterion

2(b)1: Procedures are in place to ensure quick and easy access to evidence-based clinical guidelines to support clinical decision-making.

REVISED STATUS (2007): **Procedures are in place for quick and easy access to evidence-based guidelines.**

STATUS (2006): **No procedures are in place for quick and easy access to evidence-based guidelines.**

During the follow-up process, the reference group noted that relevant national guidance, local patient group directives (PGDs) and equipment instructions have been made immediately accessible to staff in each of the primary care emergency centres.

At the time of the initial review, there was no internet or intranet access at the primary care emergency centres. Adastra (version 3) has since been fully implemented across NHS GEMS, with access in each of the primary care emergency centres and in the vehicles. Additionally, staff have access to emergency care summary information and the internet.

At the time of the initial review, an NHS GEMS information handbook was under development which would contain procedures and algorithms to assist with clinical decision-making. During the follow-up process, the reference group noted the completion and roll-out of a doctors and nurse practitioners information handbook, and induction guidance and protocols for nurses. Both handbooks have been published on the intranet and NHS GEMS website for ease of reference.

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 Greater Glasgow and Clyde – NHS GEMS

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.**

Due to organisational changes across NHS Greater Glasgow and Clyde, and the impact this would have on the out-of-hours service, no annual report had been produced for 2004–2005 during the time of the initial review.

From April 2006, NHS GEMS became a self-managed unit within the acute division (emergency care and medical specialties directorate). An annual report 2005–2006 has since been produced. The report has been formally approved by the NHS GEMS management team and the NHS board, and published on both the NHS GEMS website and the NHS board's website. As a result, the report is available to both staff and members of the public. However, consideration could be given to ensuring hard copies of the report are circulated to, for example, out-of-hours sites, local libraries and community councils.

3b Detailed findings against the standards – NHS Greater Glasgow and Clyde – Clyde Primary Care Emergency Service (PCES)

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.*

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

OVERALL POSITION STATEMENT (2006): **Processes for ensuring patient accessibility and availability at the first point of contact are being implemented, but monitoring has not yet commenced in all parts of the organisation.**

Essential Criteria

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

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

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

At the time of the initial review, it was noted that the former NHS Argyll and Clyde out-of-hours service, Clyde Primary Care Emergency Service (PCES), had some arrangements in place to identify the needs of those potentially using the service.

Throughout the follow-up period, work progressed against this criterion. The reference group noted an audit of existing data that had been undertaken to identify the conditions that could be treated by fully competent nurse practitioners. The findings of this audit were published in the Nursing Times. It concluded that, over time and with the appropriate staff resources, the needs of a number of patients in the out-of-hours period could be met through nurse practitioners, with the support of doctors where appropriate.

The reference group noted that a pharmaceutical palliative care health needs assessment was conducted within the Clyde area to address ongoing issues around access to palliative care medicines. This included a series of interviews and discussions with a small sample of existing patients, carers and healthcare staff to obtain anecdotal information of the difficulties in obtaining palliative care medication. The PCES took this work forward with the palliative care pharmacist

and local hospices. However, this work largely focused on the needs of those already using the PCES.

The service reported plans to conduct a health impact assessment. However, it was reported that work on this had been delayed due to the dissolution of NHS Argyll & Clyde and integration of the Clyde service with NHS Greater Glasgow and Clyde. It is planned that the health impact assessment will be carried out once both out-of-hours services have been fully integrated.

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.**

By the end of the follow-up process, progress had been made in putting arrangements in place to meet the needs of those potentially using the service.

In April 2007, the PCES introduced a specially adapted taxi service for patients with mental health issues who live in the Lomond area and who are referred to psychiatric services as an inpatient. It is anticipated that this will be rolled out to the rest of the Clyde acute directorate during 2007. In addition, if patients are admitted from a primary care emergency centre to hospital overnight, and subsequently discharged the same evening, transport arrangements are in place to ensure safe transport home.

There are ongoing discussions with the service lead clinician for vulnerable adults in order to plan service provision for this group of people. The PCES has also provided staff with the opportunity to undertake child protection awareness training.

A questionnaire was sent out to all doctors working in the service to establish views on approaches to patients who attend primary care emergency centres without an appointment. This resulted in the quality assurance committee introducing a policy of not turning away these 'walk-in' patients whilst educating them to contact NHS 24 in the first instance on future occasions.

The service conducts a patient survey analysis each year. It was reported that the 2007 survey has been expanded, based on previous years' responses, to allow a more thorough analysis of the results and issues from a patient perspective.

However, the reference group agreed that, until the needs of all those potentially using the service had been comprehensively identified (as required by Criterion 1(a)1), it could not assume that the arrangements in place meet the needs of all potential patients.

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 6-month follow-up review, the reference group noted that hearing loop systems had been installed in all localities. In addition, interpreter services can be accessed at all primary care emergency centres, and contact details have been circulated to each centre and included in a handbook for doctors. Leaflets containing key phrases to aid staff in taking the patient's medical history have been circulated to all centres.

GPs are able to inform the PCES of patients with special needs via the special patient notes system, to enable appropriate arrangements to be put in place for these patients. In April 2007, the PCES introduced a new procedure for updating and retention of special patient notes.

By the end of the follow-up process, all centres and cars had pictorial expressive board sheets available for use by patients with communication difficulties. In addition, mental health crisis teams were being phased in across the Clyde acute directorate. Once established, these teams will give primary care emergency centre doctors access to patient information and history (for those patients known to the crisis team).

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 Greater Glasgow and Clyde – Clyde PCES

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

Essential Criteria

2(a)1: Patient Focus: Throughout the service, work is undertaken in partnership with individuals, communities and community planning partners in the design, development and review of services. The results of this work are acted upon and feedback is provided to all those involved.

REVISED STATUS (2007): **Work is undertaken in partnership with individuals, communities and community planning partners in the design, development and review of services. The results of this work are not fully acted upon and/or feedback is not provided.**

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

At the end of the follow-up process, the reference group noted the progress that had been made in ensuring that work is undertaken with individuals, communities and community planning partners in the design, development and review of services.

Representatives from the CHP and social work in each locality meet with the PCES every 2 months to work on current issues, including winter planning and contingency plans should there be a major incident.

Patient surveys continue to be carried out on an annual basis. It was reported that the 2007 survey has been expanded, based on previous years' responses, to allow a more thorough analysis of the results and issues from a patient perspective.

The reference group was encouraged to see that the service has established a systematic approach to feedback and complaints/comments. Complaints are now a standard item on the PCES clinical governance committee agenda. Regular reports on incidents and complaints are also reviewed at the Clyde acute clinical governance subgroup and the directorate team meeting.

The reference group noted the ongoing difficulties the service has in securing patient involvement in the quality assurance group.

With the dissolution of NHS Argyll & Clyde, work is ongoing to integrate the work of Clyde PCES with NHS GEMS.

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 no clear, cohesive plans across the service that direct and support policy development and service delivery both internally and through delivery partners.**

At the end of the follow-up process, the reference group noted the significant progress that has been made in establishing clear clinical governance arrangements within the PCES. It was noted that these arrangements are monitored and regularly reviewed.

The service now forms part of the emergency care and medical specialties (Clyde) within the Clyde acute directorate of NHS Greater Glasgow and Clyde. Accountability for the provision of the out-of-hours service is to the general manager.

The PCES clinical governance committee meets quarterly and has a standard agenda. The committee has representation on the Clyde acute clinical governance subgroup and the Clyde acute clinical governance forum. The PCES will continue to report through the Clyde acute directorate until such time as the service is integrated with NHS GEMS.

The Clyde acute clinical governance forum has developed a clinical governance reporting template, which uses a traffic light system to highlight areas for action. The PCES is included in this.

The PCES management team and the clinical governance committee are drawing up a clinical effectiveness plan, which will be supported by the clinical effectiveness team and incorporated into their plan of work for the year. Four audits directly relating to the out-of-hours service are planned. In addition, a number of audits were under way at the time of completion of the follow-up process, and work was ongoing to strengthen and improve the drugs management systems. This work was being reported through the PCES clinical governance committee.

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 end of the follow-up process, the reference group noted that formal documentation underpinning the risk management system is now available. The service has moved towards a proactive approach to risk management and a risk register has now been established as a live document. This forms part of the directorate risk register. The PCES risk register is maintained by the PCES manager. Risk assessments are carried out as a result of an identified risk, incident report or significant adverse event.

All health and safety issues, including regular incident reports, are raised at the PCES clinical governance committee, the Clyde acute clinical governance subgroup and the Clyde acute clinical governance forum. In addition, incidents are reviewed at the acute operational team meetings.

Incidents are reported using the incident reporting form (IR1), and submitted to the PCES manager, who takes appropriate action. All incidents are now recorded in the DATIX system and reports are sent to the PCES manager on a monthly basis.

2(a)5: Clinical Governance: Providers of out-of-hours services have a system in place to report to NHS board clinical governance committees regularly.

REVISED STATUS (2007): **There is a system in place to report to the NHS board clinical governance committee regularly.**

STATUS (2006): **A system to report to the NHS board clinical governance committee regularly is under development.**

At the end of the follow-up process, the reference group noted that a formal system of reporting to the NHS board clinical governance committee has been established.

The PCES clinical governance committee meets quarterly and is chaired by the service's clinical director. The PCES manager sits on the Clyde acute clinical governance subgroup and the clinical director attends the Clyde acute clinical governance forum, which reports to the NHS board clinical governance committee. Significant clinical and non-clinical events are reported through this mechanism, and reports are presented to each group. The PCES will continue to report through the Clyde acute directorate until such time as the service is integrated with NHS GEMS.

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.**

At the end of the follow-up process, links had been established with the CHPs and social work. However, ongoing issues with securing patient involvement were highlighted despite attempts to raise this locally within each CHP. Interface meetings are held to discuss common issues, such as winter planning, community nursing and contingency arrangements.

Following issues in relation to vulnerable patients with mental health issues, meetings were arranged with psychiatric services to develop protocols for referral of these patients from out-of-hours doctors.

Work has been undertaken with various agencies to address issues around access to and administration of palliative care medication. This was a multidisciplinary approach involving the PCES, hospital and community pharmacists, and palliative care patients and their carers.

The PCES has also participated in the unscheduled care collaborative, involving numerous representatives from unscheduled care across the Clyde acute directorate.

2(a)7: Staff Governance: Staff involved in out-of-hours care meet employment requirements, including qualifications.

REVISED STATUS (2007): **There are defined processes and procedures in place to demonstrate that all staff involved in out-of-hours care meet employment requirements, and there is regular monitoring that employment requirements are up to date.**

STATUS (2006): **There are some defined processes and procedures in place to demonstrate that some staff groups involved in out-of-hours care meet employment requirements.**

At the 6-month follow-up review, the reference group was satisfied that procedures and processes had been put in place to demonstrate that staff involved in out-of-hours care meet employment requirements, including qualifications.

Job descriptions have been prepared for all staff working in the primary care emergency service and a competency training plan has been developed for clinicians. A training needs analysis has been undertaken and training needs identified. By the

end of the follow-up process, additional training on child protection, palliative care and Hospital at Night doctors had also been provided.

A database of appraisal dates is held by the practitioner services department. Practitioner services are provided with the appropriate paperwork when new doctors join the Performers' List, and alert the PCES should there be any notification of restrictions on the doctor to practice, as advised by the General Medical Council. Once accepted for employment, GPs are allocated an appraiser from the practice they join if they have not already been appraised.

A review process for Disclosure Scotland checks had been established. Disclosure Scotland is mandatory on employment.

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 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 end of the follow-up process, the reference group was satisfied that PDPs were in place for both non-clinical staff and salaried doctors. In addition, the NHS KSF staff outlines, as required by the national programme of Agenda for Change, have been completed.

Learning needs for salaried doctors are identified and addressed through PDPs and appraisals.

A summary training plan has been developed for non-clinical staff, together with training schedules for administrative staff and call handlers.

Mentoring for nursing staff is ongoing. The competency framework developed for use within Clyde has been based on the clinical competencies of the academic modules within the University of Paisley. It was noted that the nurses working within the PCES are student practitioners and work with decision-making support from medical staff. It was reported that they have completed their academic courses and that their development is progressing.

It was noted that a single system for induction was in the process of being established across NHS Greater Glasgow and Clyde. This induction will contain core and essential information being sent to the new employee on appointment. Once employment commences, there will be a corporate induction to the NHS board, and an individualised and directorate/departmental induction.

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 Greater Glasgow and Clyde – Clyde PCES

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

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

Essential Criterion

2(b)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.**

At the end of the follow-up process, the reference group was satisfied that arrangements had been put in place in relation to vulnerable adults and child protection. Child protection training had been rolled out to clinical and non-clinical staff. Work was continuing regarding palliative care. Liverpool Care Pathways had been introduced for patients requiring palliative care and were being rolled out across Clyde. The Gold Standards Framework had also been implemented throughout the service and was being monitored. This framework aims to develop a locally-based system to improve and optimise the care given to all people nearing the end of their lives. The use of special patient notes was also being monitored.

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 Greater Glasgow and Clyde – Clyde PCES

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

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 end of the follow-up process, the reference group noted that a part set of key performance indicators had been developed, which were being monitored on a daily basis. Each breach is investigated and actioned where appropriate. The database also collates doctor consultation time and provides information to the clinical director, should any concerns need to be addressed.

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.**

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

At the end of the follow-up process, the reference group was reassured that the PCES had established a formal system to identify patient views and satisfaction levels. Patient satisfaction surveys have been introduced and are now carried out on an annual basis. It was reported that the 2007 survey has been expanded, based on

previous years' responses, to allow a more thorough analysis of the results and issues from a patient perspective.

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.**

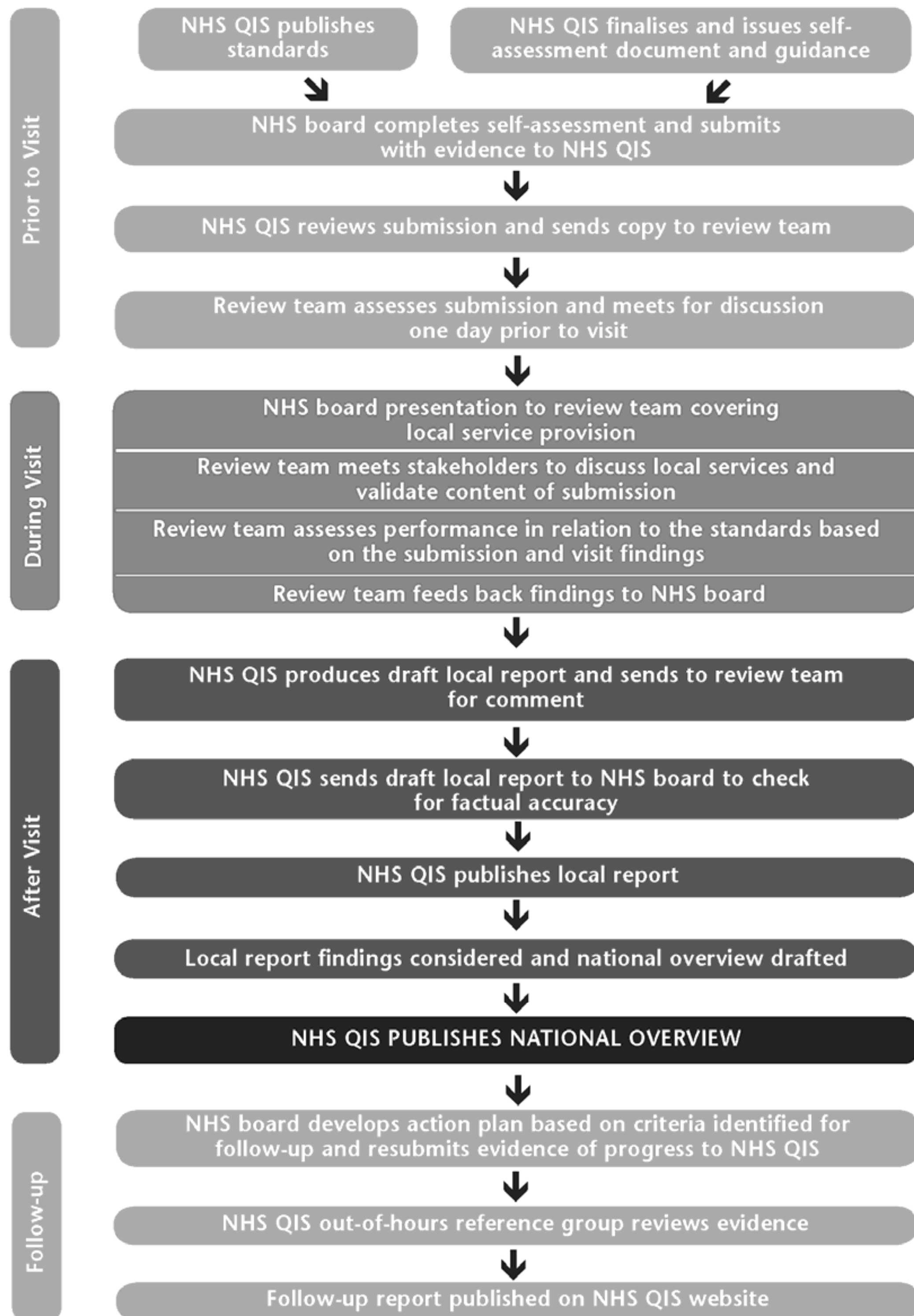
STATUS (2006): **No annual report on performance and services is produced.**

At the 3-month follow-up review, the reference group noted that a formal annual report had been produced and placed on the NHS Argyll & Clyde website in February 2006. However, the group was not provided with evidence to demonstrate wider dissemination of the report to those contracting the service or to users of the service.

Appendix 1 – Glossary of abbreviations

Abbreviation	
CHCP	community health and care partnership
CHP	community health partnership
CPN	community psychiatric nurse
GEMS	Glasgow Emergency Medical Services
GP	general practitioner
KSF	Knowledge and Skills Framework
NHS QIS	NHS Quality Improvement Scotland
PCES	Primary Care Emergency Service
PDP	personal development plan
PGD	patient group directive

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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