

NHS Highland

Follow-up Report ~ December 2007

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

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First published December 2007

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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 Highland and NHS Argyll & Clyde.

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

Therefore, for the purposes of follow-up, the NHS Highland out-of-hours service and the service provided to the area in Argyll & Bute (which now comes under NHS Highland), have been reviewed separately.

NHS Highland (excluding Argyll & Bute)

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Highland, and this report outlines progress made between the review visit on 12 January 2006 and July 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

Criteria identified for follow-up (2006)
1(a)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)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)5 Clinical Governance: Providers of out-of-hours services have a system in place to report to NHS board clinical governance committees regularly.
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.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.

2(c)1 Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.
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)2 Comments, complaints and compliments are recorded, regularly reviewed and action taken.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

NHS Highland (Argyll & Bute)

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Argyll & Clyde, and this report outlines progress made between the review visit on 22 September 2005 and November 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 (PFPI, 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 NHS boards' 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)
NHS Highland (excluding Argyll & Bute)
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
2(a)8 Staff Governance: Staff are competent to perform their duties.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.
2(c)1 Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.
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.
NHS Highland (Argyll & Bute)
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)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 (PFPI, clinical and organisational) are in place.
3(a)3 The service provider takes action to identify patient views and satisfaction levels.

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 Highland (excluding Argyll & Bute) has been amended to:

Registration status (2007)

Provider is largely compliant with the standards.

Registration status (2006)

Provider has achieved partial compliance with the standards.

The registration status assigned to NHS Highland (Argyll & Bute) 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 Highland (excluding Argyll & Bute)

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 12-month follow-up review, the reference group noted the work that was ongoing to analyse data with a view to identifying the needs of those who may potentially use the out-of-hours service. In March and April 2007, an exercise was undertaken to map demand and service activity across NHS Highland. Further demand analysis and clinical needs mapping will be carried out to determine the structure of the model for future service provision. An extended analysis of patient need was commissioned in May 2007. This will include data relating to the wider demand for unscheduled care, for example accident and emergency (A&E), ambulance service emergency activity and public health data.

Out-of-hours vision workshops have also been held across NHS Highland. This included a multidisciplinary expert panel which conducted a retrospective review of out-of-hours records. The programme for the workshops included a discussion of data analysis for the locality, discussion around whether the current service model in

the locality meets the perceived needs, and discussion of the proposed service model and how well this meets the needs of those living in the area.

The reference group encouraged the service to continue with the ongoing data analysis, in particular the use of public health data to identify any changes in demographics.

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 12-month follow-up review, the reference group was satisfied that arrangements are now in place for the service to identify the needs of all those potentially using the service, and that the arrangements currently in place meet the needs of these potential service users. The group recognised, however, the work that is ongoing to develop and improve the service.

Future service delivery was in the process of being redesigned to better meet the needs of those potentially using the service and ensure sustainability of the service.

At the initial review visit, the review team noted the pilot use of advanced nurse practitioners in Wester Ross. Paramedics in the Mallaig area were also developing skills to enable them to have an extended role in the out-of-hours period. It was hoped that offering these opportunities and developing a wider primary care team would encourage staff retention in the out-of-hours period, particularly in remote and rural areas. The service is now building on these opportunities in its vision for future delivery of out-of-hours services. It is envisioned that services will be delivered by multidisciplinary teams, including nurses, midwives, paramedics, GPs and allied health professionals (AHPs), who will work across organisational and geographical boundaries. Nurses, paramedics and AHPs will be developed to deliver extended roles (eg emergency nurse practitioner, paramedic practitioner) based on a set of clinical competencies with medical back-up. Care out-of-hours will be provided by the member of the multidisciplinary team who has the most appropriate skills to meet patient need. Work towards enhancing the skills of staff has begun, with 40 nurses from across NHS Highland being trained to become unscheduled care nurse practitioners.

In Inverness, A&E and the out-of-hours service became fully integrated in April 2007. This will be replicated in Caithness and Fort William.

There are plans to develop social services and mental health services support. Work on reviewing services for older adults in Lochaber has resulted in Crossroads Care, in collaboration with social work services, providing evening and weekend services,

which are accessible through GPs, nurses and hospital staff. In addition, integrated and augmented care services in Inverness, Ross, Cromarty and West Ness have been designed to support people at home rather than being admitted to hospital. These services are available out-of-hours and continue to be developed.

The plans for future service delivery have identified a variety of actions that require to be taken at community health partnership (CHP) level in order to fully implement the vision for future service delivery.

1(a)4: Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.

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

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 end of the follow-up process, the service reported that it was regularly reviewing the systems in place to support service users with sensory impairment or who have difficulties communicating in English. It was reported that the Language Line service, a telephone translation service, has been enhanced.

Evidence was also provided of work that was in progress to consider the further promotion of patient information literature to the Polish community. This work was being carried out with NHS 24.

A formal chaperoning policy is not in place, although the role has been incorporated into revised driver and support worker job descriptions in Skye, and Badenoch and Strathspey. The provision of chaperoning services in other areas is still under review; however, it was reported that a chaperone is always available if requested.

Work has still not commenced to ensure that all premises comply with the Disability Discrimination Act (1995). It was reported that action is required at NHS board level to address this issue.

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 Highland (excluding Argyll & Bute)

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

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 9-month follow-up review, the reference group concluded that work has progressed in relation to the service working in partnership with individuals, communities and community planning partners. Out-of-hours strategy and operational groups have replaced the out-of-hours network. The terms of reference for both groups have been revised and the membership has been extended to include all stakeholders and partner organisations, including NHS 24 and the Scottish Ambulance Service.

The reference group commended the significant work that has been undertaken with public representatives to progress service redesign issues through CHP meetings in Wester Ross. Feedback has been provided to all those involved. Public meetings have also been held in relation to the out-of-hours service in Skye.

An A&E and out-of-hours integration project is being taken forward in partnership with appropriate stakeholders, including A&E and CHP representatives, the Scottish Ambulance Service, GPs and nursing and management representatives.

2(a)2: Patient Focus: Information is made available by the provider for the patient and their representatives regarding any care or treatment given.

REVISED STATUS (2007): Information regarding any care or treatment given is made available by the provider, and is easily accessible by patients and their representatives.

STATUS (2006): Information regarding any care or treatment given is made available by the provider, but it is not easily accessible by patients and their representatives.

At the initial review visit, the service identified the provision of patient information leaflets to accompany drug packs as a challenge. During the follow-up process, the reference group noted that the service had now addressed this issue.

The reference group noted that a review of patient information provision was ongoing with the NHS Highland patient focus patient involvement (PFPI) team.

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 9-month follow-up review, the reference group noted that work has been undertaken to integrate the out-of-hours service into the NHS board's clinical governance structure. The out-of-hours clinical governance and risk management group has been implemented and lines of accountability have been clarified. It was noted that membership of this group includes all appropriate delivery partners.

Clinical governance and risk management issues relating to the out-of-hours service are discussed at the meetings of locality groups and the out-of-hours clinical governance group, and there was evidence of action being taken in response to issues raised. The latter group reports to the out-of-hours strategy group which has a clear remit for planning. This strategy group has approved a paper outlining the vision for the NHS Highland out-of-hours service. By the end of the follow-up process, this paper was being expanded to include a wider unscheduled care strategic context before being submitted to the NHS board for approval.

At the 12-month follow-up review, the reference group considered that evidence had been provided to demonstrate that clinical governance plans are now being monitored and regularly reviewed.

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): There is no system of risk management in place to ensure that risks are identified, assessed, controlled and minimised.

There is an NHS board-wide risk management process. At the 9-month follow-up review, the reference group noted that this system of risk management had been fully implemented within the out-of-hours service to ensure that risks are identified, assessed, controlled and minimised. Operational risk management systems have been strengthened with the establishment of the out-of-hours clinical governance and risk management group.

A risk register for the out-of-hours service was completed in November 2006. Risks are assessed by the out-of-hours operational group. The development of locality-based action plans against the risk register was in progress at the time of the follow-up review. This will be supported through the operational group, monitored by the out-of-hours clinical governance and risk management group, and reported to the host CHP clinical governance and risk management group and the NHS Highland board through clinical governance reporting structures.

An escalation policy for service continuity was finalised as part of the 2006–2007 winter planning process. A multi-agency contingency planning group, which involved the Scottish Ambulance Service, was also held in November 2006. Business continuity plans have now been agreed for the out-of-hours service. The plans specifically relating to the NHS Highland hub are no longer dependent on the plans and provision of the Scottish Ambulance Service.

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): A system is in place to report to the NHS board clinical governance committee, but it is on an ad hoc basis.

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

At the 3-month follow-up review, it was reported that a system for the out-of-hours service to report to the NHS board clinical governance committee had been implemented. It was noted that members of the out-of-hours strategy group are also members of the NHS Highland board and report directly to the board. Out-of-hours clinical governance issues are also reported to the NHS board's direct health services management team through the general manager with responsibility for out-of-hours.

However, the reference group was not clear as to whether reporting of clinical governance issues to the NHS board was on the basis of exception reporting or a standing item on the agenda. In addition, it was unclear whether issues are also reported to the NHS Highland clinical governance committee or whether reporting is direct to the NHS board.

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.

By the end of the follow-up process, the reference group noted that development of an improved specific induction to the out-of-hours service for new appointees was in progress.

In December 2006, an out-of-hours newsletter was introduced as a means of informing staff of service changes, new policies and other information relevant to the out-of-hours service.

At the initial review visit, all GPs had been appraised. By the end of the follow-up process, an NHS Highland-wide out-of-hours clinical lead had been appointed and was working with CHP clinical directors to support the performance management of sessional and salaried GPs in the out-of-hours service.

The service reported that appraisals, performance monitoring and PDPs were in place for all staff working in the out-of-hours service. However, no evidence was provided to the reference group to demonstrate that these were in place for all staff.

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 Highland (excluding Argyll & Bute)

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

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

Essential Criteria

2(b)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): **Procedures are being developed to enable quick and easy access to evidence-based guidelines.**

At the 3-month follow-up review, the reference group noted that staff have now been provided with access to the internet and intranet to allow quick and easy access to evidence-based guidelines.

During the follow-up process, the clinical governance team was working to streamline the guidelines dissemination process across NHS Highland.

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

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

STATUS (2006): **The service has drug and equipment maintenance procedures in place, but these are not formalised and/or not fully implemented across the service.**

During the follow-up process, it was reported that the out-of-hours pharmacy group was implementing a review of medicine management policies and procedures for the out-of-hours service. However, no evidence was provided to the reference group to demonstrate that drug procedures had yet been formalised and fully implemented across the service.

Standard 2(c): Safe and Effective Care – Information and Communication

Standard Statement

Information and Communication: Information gathered during care out-of-hours is recorded (on paper or electronically) and communicated to those NHS professionals involved in the patient's ongoing care.

NHS Highland (excluding Argyll & Bute)

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 Criteria

2(c)1: Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.

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

STATUS (2006): **A system is in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998, but it is not fully implemented across the service.**

The service reported that work was still ongoing to standardise local policies for records management. As part of this standardisation, the service reported that it was moving to a paperless operation from May 2007 based on an upgrade of the Adastra system (an electronic specialist call management, data distribution and clinical recording system) and increased use of on-line clinician (a software module within Adastra). However, by the end of the follow-up process, the reference group did not consider that evidence had been provided to demonstrate that on-line clinician had been fully implemented across the out-of-hours service.

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): **No change.**

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.**

During the follow-up process, it was noted that consent requirements for patients attending an out-of-hours centre without an appointment would be included in the new GP induction manual. It was reported that CHP managers had also been

requested to remind staff of the requirement to record whether these 'walk-in' patients had given or refused consent for their information to be shared with other health professionals. It was reported that this issue would be highlighted in the February 2007 out-of-hours newsletter. At the 12-month follow-up review, the service reported that the use of on-line clinician in the Aداstra system requires mandatory completion of the consent tick box. However, the reference group did not consider that evidence had been provided to demonstrate that on-line clinician was fully implemented across the service.

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 Highland (excluding Argyll & Bute)

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, but not implemented within the organisation.**

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

At the time of the initial review, no provider-specific key performance indicators had been developed. By the end of the follow-up process, the reference group considered that a part-set of key performance indicators had been developed, but not implemented within the out-of-hours service.

3(a)2: Comments, complaints and compliments are recorded, regularly reviewed and action taken.

REVISED STATUS (2007): **There is a system in place for recording and reviewing comments, complaints and compliments, which is fully implemented across the service, and action is taken where appropriate.**

STATUS (2006): **There is a system in place for recording comments, complaints and compliments, but it is not yet formalised, or fully implemented across the service.**

At the 9-month follow-up review, the reference group noted that all complaints received are handled in accordance with the revised NHS Highland complaints policy. This policy now includes a section specifically for dealing with complaints

against the out-of-hours service where other agencies, such as NHS 24, are involved. In these cases, the lead organisation is responsible for co-ordinating the complaints handling process and sending the final response to the complainant.

The reference group noted that the out-of-hours complaints process has been strengthened through closer links with the NHS Highland complaints team and full implementation of the new complaints policy in the out-of-hours service across the NHS board area. A review of complaints is formally conducted by the out-of-hours clinical governance and risk management group. This is reported through the NHS Highland clinical governance and risk management structure. Out-of-hours complaints are also identified on reports to CHPs for review at CHP clinical governance group meetings. Monthly reports detail complaints statistics, in addition to the nature of the complaint, action taken and any outstanding risks.

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

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

By the end of the follow-up process, a draft annual report for 2006–2007 had been produced, although this had not been ratified by the NHS board or formally published. It is planned to publish the report on the NHS Highland website and circulate to key stakeholders following submission to, and ratification by, the NHS board.

3b Detailed findings against the standards – NHS Highland (Argyll & Bute)

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): **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 end of the follow-up process, the reference group noted the work that was ongoing across NHS Highland to analyse data with a view to identifying the needs of those who may potentially use the out-of-hours service. The Argyll & Bute CHP has been included in the wider NHS Highland needs analysis approach. Evidence was also provided of workforce meetings in Dunoon and Strachur to discuss the possible options for the ongoing provision of out-of-hours services in these areas.

In addition, it was reported that a full review of the Argyll & Bute out-of-hours service provision will take place in line with the NHS Highland out-of-hours vision during 2007–2008 and 2008–2009 based on the needs analysis approach that has been adopted across the rest of NHS Highland.

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 end of the follow-up process, the reference group agreed that arrangements were in place to meet the needs of those potentially using the service.

The service reported that patient transportation is being reviewed on an ongoing basis. Taxi-based patient transportation is being reviewed in conjunction with exploring a joint approach to transport provision with the Scottish Ambulance Service.

NHS Highland winter plans have been fully incorporated across Argyll & Bute.

Out-of-hours staff have been provided with the opportunity to be trained in child protection awareness.

The community psychiatric nurse service for NHS Highland is available from Inverness; however, the needs analysis will identify further gaps in service provision, which the out-of-hours service can plan for.

There are ongoing meetings, led by Argyll & Bute CHP, regarding out-of-hours provision for island communities.

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 also been circulated to all centres.

GPs are able to inform the out-of-hours service of patients with special needs using the special patient notes system, to enable appropriate arrangements to be put in

place for these patients. In April 2007, the out-of-hours service in Argyll & Bute introduced a new procedure for updating and retaining 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.

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 Highland (Argyll & Bute)

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

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): **No change.**

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

NHS Highland reported that patient partnership participation in the out-of-hours clinical governance group and other out-of-hours groups was in place. It was also reported that all stakeholders are involved in ongoing service redesign, where applicable, in Argyll & Bute. However, there was limited evidence of work taking place in partnership with individuals, communities and community planning partners. By the end of the follow-up process, the reference group considered that the Argyll & Bute service was still in the process of being integrated into the host CHP meetings and did not yet appear to be fully contributing to locality meetings.

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.

By the end of the follow-up process, the reference group noted that the Argyll & Bute out-of-hours service had been integrated into the NHS Highland out-of-hours clinical governance structure. Evidence was provided of issues relating to Argyll & Bute being raised at the NHS Highland out-of-hours clinical governance meetings.

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.

Evidence was provided of the Argyll & Bute out-of-hours service being integrated with the NHS Highland out-of-hours clinical governance structure. An NHS Highland-wide clinical lead has been appointed for the out-of-hours service. In addition, the NHS board-wide risk management process has been fully implemented within the out-of-hours service, including Argyll & Bute. All staff have completed risk assessment, and health and safety training. Incident reporting forms (IR1) are reviewed by the appropriate senior manager and action taken as appropriate. An NHS board-wide review of incidents and actions taken is carried out by the out-of-hours clinical governance and risk management group.

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): A system is in place to report to the NHS board clinical governance committee, but it is on an ad hoc basis.

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

By the end of the follow-up process, the Argyll & Bute out-of-hours service had been integrated into the NHS Highland out-of-hours clinical governance structure and reporting to the NHS board clinical governance committee is now undertaken through this system. However, the reference group was not clear as to whether the NHS Highland out-of-hours service reported clinical governance issues to the NHS board on the basis of exception reporting or a standing item on the agenda. In addition, it was unclear whether issues are also reported to the NHS Highland clinical governance committee or whether reporting is direct to the 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 organisations.

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

By the end of the follow-up process, the reference group noted that there were arrangements in place to communicate, inform and co-operate with key professionals, external parties and voluntary organisations. Issues such as child protection, vulnerable adults and palliative care initiatives, as well as issues relating specifically to Argyll & Bute are progressed through the participation of relevant lead personnel in the out-of-hours clinical governance and risk management group, which has representation from key professionals and external parties. Information is further communicated at meetings such as the joint meetings with the satellite centre, NHS Highland hub and Scottish Ambulance Service. Work is ongoing to engage with local social services. In addition, meetings are taking place with the police regarding the review of protocols and various organisational procedures for Argyll & Bute.

The reference group encouraged representatives from Argyll & Bute to attend the out-of-hours operational group meetings more regularly in order to facilitate better communication with other key stakeholders.

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 out-of-hours and a competency training plan developed for clinicians. A training needs analysis has been undertaken and training needs identified.

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. Once accepted for employment, GPs are allocated an appraiser from the practice they join if they have not already been appraised.

Disclosure Scotland is mandatory on employment.

All NHS Highland human resources policies now apply to Argyll & Bute staff following their transfer to NHS Highland under the arrangements for the dissolution of NHS Argyll & Clyde. NHS Highland regularly monitors that employment requirements are up to date in line with human resources policies.

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 PDPs in place.

By the end of the follow-up process, the reference group noted that the NHS Highland doctors' manual is being revised to incorporate Argyll & Clyde-specific information. All Argyll & Bute staff have been transferred to NHS Highland under the arrangements for the dissolution of NHS Argyll & Clyde. These arrangements preserve their terms and conditions, including agreed training.

A competency training plan for clinicians has been established in Argyll & Bute and it is intended to extend this to NHS Highland. A training plan is to be drawn up to address the training requirements of non-clinical staff. It was reported that the

service is in the process of developing a local competency framework for nurse development. This will be based on the NHS Education for Scotland competency framework and will link to the NHS Knowledge and Skills Framework (KSF) staff outlines under the national programme of Agenda for Change.

However, there was no evidence to demonstrate that annual appraisals and PDPs for all staff were yet in place.

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 Highland (Argyll & Bute)

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

OVERALL POSITION 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): **No change.**

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 initial review visit, the review team was satisfied that there were robust systems in place for clinical assessments to take place, which appeared safe and effective. However, there were no established local policies with regard to the out-of-hours service's liaison with other professional groups, for example in relation to child protection and vulnerable adults. The service was aware that these gaps required to be addressed.

While the reference group acknowledged the work that was in progress across NHS Highland with regard to child protection issues, no evidence was provided to demonstrate that such policies had yet been implemented in Argyll & Bute.

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 Highland (Argyll & Bute)

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, 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 that a part-set of key performance indicators had been developed for the whole NHS Highland out-of-hours service, but not yet implemented.

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

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

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

It was reported that the NHS Highland patient survey that was undertaken over the winter of 2006–2007 will incorporate Argyll & Bute when it is repeated in 2008. It is intended that the out-of-hours clinical governance and risk management group will monitor progress against the survey action plan.

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.

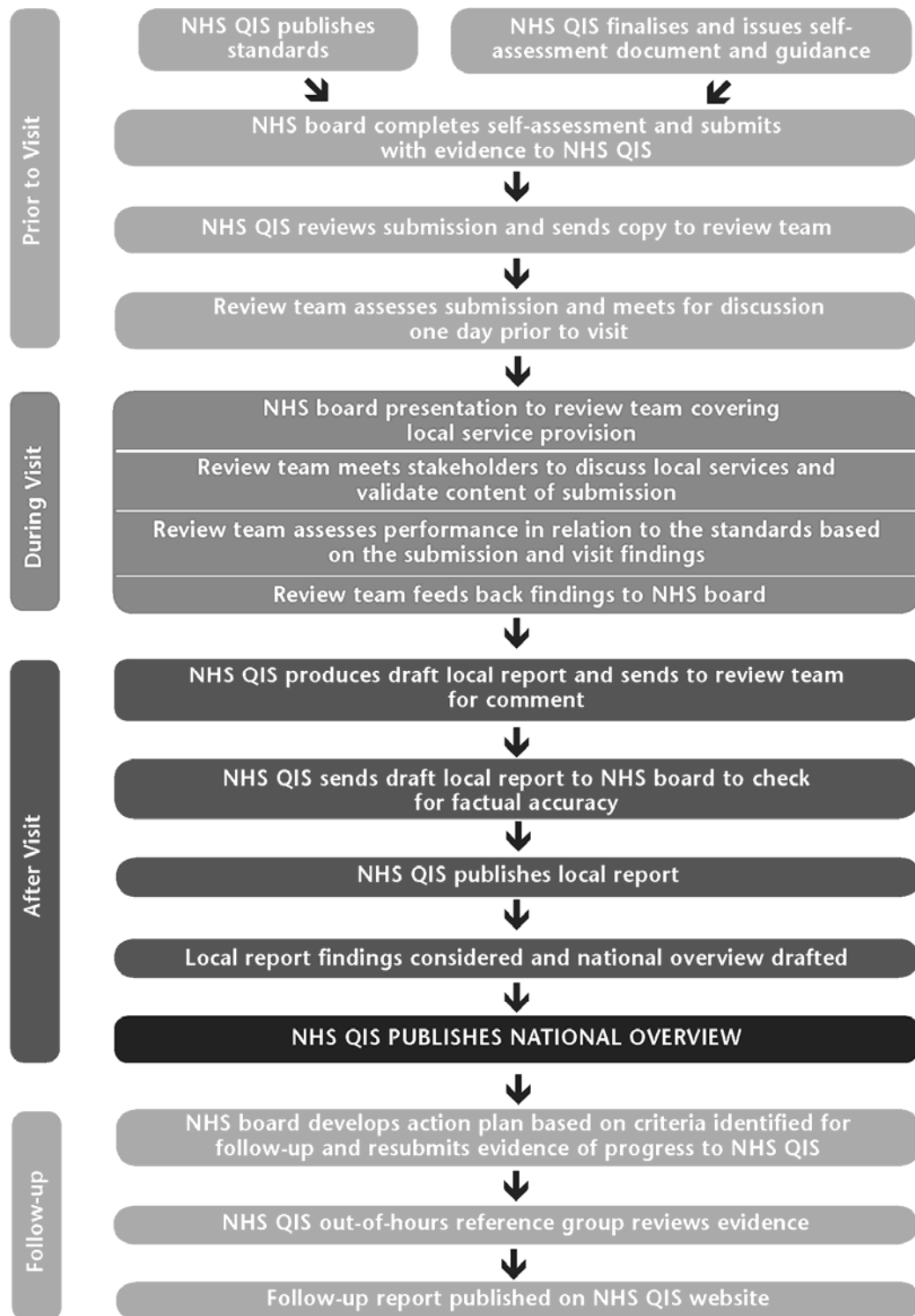
At the 3-month follow-up review, the reference group noted that a formal annual report had been produced and placed on the NHS Argyll & Clyde website in February 2006. However, the group was not provided with evidence to demonstrate wider dissemination of the report to those contracting the service or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

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
AHP	allied health professional
CHP	community health partnership
GP	general practitioner
KSF	Knowledge and Skills Framework
NHS QIS	NHS Quality Improvement Scotland
PDP	personal development plan
PFPI	patient focus public involvement

Appendix 2 – Review process



Appendix 3 – Primary medical services out-of-hours reference group members

Chair

Ms Jane Bryce

Lay Representative, 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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