

NHS Shetland

Follow-up Report ~ December 2007

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

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1 Setting the scene

Between September 2005–March 2006, peer review visits took place in every NHS board area that has responsibility for ensuring the provision of primary medical services out-of-hours. Local reports on the findings of these visits were published during 2006, and a subsequent national overview of service provision published in November 2006. These reports are available on request from NHS Quality Improvement Scotland (NHS QIS) or on the website: www.nhshealthquality.org

Each review team assessed performance against the provision of safe and effective primary medical services out-of-hours standards using a quality improvement tool, which comprised position statements for each criterion, standard statement and overall performance. This tool enabled NHS boards to be assessed on how they were achieving each standard through development, implementation and monitoring. These key stages represent the continuous improvement cycle through which each NHS board can ensure that all users of its out-of-hours services receive a high quality of care.

The review team used the most appropriate position statement to describe an NHS board's position against each criterion. This then allowed an overall position statement to be arrived at for each of the standards, and in turn, an overall registration status on completion of the review visit.

Follow-up process

At the time of the peer review visits, out-of-hours services were in a state of dynamic change due in part to the infancy of the arrangements. In order to maintain the momentum gained and promote continuous quality improvement in the out-of-hours service, NHS QIS initiated a process of follow-up. The primary objective of the follow-up was to ensure that all NHS boards achieved an overall registration status of 'Provider is largely compliant with the standards' by the end of the follow-up process. Where this level had already been achieved, the objective was to encourage improvement in the areas where the criteria assessments demonstrated non-compliance (detailed for this NHS board on page 6).

Each NHS board was required to develop an action plan for each appropriate criterion. This was submitted to NHS QIS, along with a progress report and supporting evidence of progress, 3 months from receipt of the final local report, and quarterly thereafter. After 12 months, each NHS board was allowed the opportunity to exception report against outstanding non-compliant criteria by September 2007. The NHS QIS primary medical services out-of-hours reference group (see Appendix 3 for membership details) reviewed the resubmitted evidence and agreed any changes to the position statements. The NHS board was informed of these amendments to allow action plans to be revised as necessary.

At the end of the follow-up process, all amendments to the position statements were collated for each NHS board, and corresponding detailed findings of the local report updated to reflect the progress made since the review visit. It is the responsibility of each NHS board to continue to monitor its own progress on performance against the standards.

1.1 Criteria identified for follow-up

The criteria detailed in the table below were identified during the initial review as areas for action by NHS Shetland, and this report outlines progress made between the review visit on 5 March 2006 and September 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

Criteria identified for follow-up (2006)
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(b)2 Patients are assessed and responded to, based on clinical need and professional judgement.
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)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)
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(c)1 Systems are in place for the completion, use, storage and retrieval of records including compliance with the Data Protection Act 1998.
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.

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 Shetland remains as:

Registration status (2007)

Provider is largely compliant with the standards.

Registration status (2006)

Provider is largely compliant with the standards.

3 Detailed findings against the standards

Standard 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 Shetland

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)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.**

By the end of the follow-up process, the reference group noted that work was ongoing to establish wider partnership working in the continued design, development and review of services.

The partner meetings with NHS 24 and NHS Highland that had been held regularly at the time of the initial review visit had become difficult to continue due to external pressures. This arrangement is now being reviewed, with monthly video-link meetings with the NHS Highland hub planned. In addition, regular meetings are held with the Scottish Ambulance Service regarding service provision and development across NHS Shetland, including the out-of-hours service.

It was reported that no further formal work had been undertaken with community groups or the public. Service developments relating to the out-of-hours service and the wider unscheduled care service are to be taken forward through the local service delivery groups (LSDGs). These groups will engage with all community planning partners, community groups and the local community. The majority of LSDGs are now in place across Shetland but, at the time of the follow-up process, engagement with the whole community was in the early stages of development.

It was reported that the director of clinical services, the lead GP for the community health partnership (CHP) and the acting CHP manager were planning to take forward initial discussions in early October 2007 about the future sustainability of the out-of-hours service. Following these discussions, it is intended to take forward plans for future out-of-hours service arrangements through the CHP management 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 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 NHS Shetland clinical governance strategy for 2007–2010 had been updated and implemented.

The CHP management team meets monthly and is responsible for overseeing operational management issues, including clinical governance, across the CHP. Clinical governance issues relating to the out-of-hours service are discussed at these meetings. A clinical lead for the CHP was appointed in January 2007. The postholder is the strategic and operational lead for clinical governance across the whole range of CHP services, including the out-of-hours service, and is taking forward a programme of work around emergency and out-of-hours care across the out-of-hours service.

The out-of-hours service reports quarterly to the NHS board clinical governance committee, which oversees and monitors clinical governance activity with the NHS board. The CHP management team also has representation on the NHS board's clinical governance co-ordinating group, which oversees and supports the implementation of clinical governance throughout the NHS board area. This group reports directly to the NHS board clinical governance committee.

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 Shetland

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): **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 time of the 6-month follow-up review, the reference group was satisfied that the system in place to ensure that patients are assessed and responded to on the basis of clinical need and professional judgement had been fully implemented.

The reference group noted that work is in progress to extend the role of the accident and emergency (A&E) nurse practitioners. Although these nurses have not undertaken minor illness training, the group noted that it is planned to offer formal minor illness training to nurse practitioners working in the out-of-hours environment. A training plan was under development which also includes extended nurse prescribing training. In addition, ongoing training is provided for A&E nursing staff. Agreement has also been reached on a wide range of patient group directives.

The reference group noted that a dedicated primary care walk-in GP clinic is held at the Gilbert Bain Hospital, Lerwick, every Saturday and over the weekends of public holidays.

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 Shetland

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

OVERALL POSITION STATEMENT (2006): **Processes and procedures for recording and communicating information gathered during care to relevant NHS professionals are being developed, but implementation has either not yet commenced, or has commenced but does not involve all parts of the organisation.**

Essential Criteria

2(c)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.**

By the end of the follow-up process, the reference group noted that when out-of-hours doctors undertake home visits, they are still required to dictate clinical information over the telephone to the NHS Highland hub for transcription and input into the Adastra computer system (an electronic specialist call management, data distribution and clinical recording system). However, discussions have been held with Adastra to find a reliable method of mobile communication to the service in an area where mobile network connections are often poor. Work is ongoing with NHS Highland to roll out a new version of Adastra by the end of 2007. It is anticipated that this will enable the out-of-hours doctors to input clinical information and outcomes directly into Adastra, thus removing the need for this information to be faxed or dictated to the NHS Highland hub for input into the system.

2(c)3: *Systems are in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals.*

REVISED STATUS (2007): A system is in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals, which is fully implemented across the service.

STATUS (2006): A system is in place to ensure that patients are aware of, and agree to, the sharing of information about them and their care with other health professionals, but this is not fully implemented across the service.

By the end of the follow-up process, a system had been put in place to ensure that patients who present at the out-of-hours service without an appointment are aware of, and agree to, share information about them and their care with other health professionals.

The service reported that information is available in A&E to inform patients that their information may be shared with other health professionals should the need arise. In addition, the primary care service in NHS Shetland uses the national emergency care summary, which holds patients' prescribing and allergy information. Patients are required to give consent for information to be held and shared on this system. During the follow-up process, the national emergency department information system (EDIS) system had also been implemented in the A&E department. This system has explicit fields for recording whether the patient consents to information being shared with the GP practice. The consent of patients who walk into the A&E department without an appointment is also recorded on this system.

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 Shetland

REVISED OVERALL POSITION STATEMENT (2007): **Processes for auditing, monitoring and reporting on the out-of-hours service are fully implemented, but monitoring has not yet 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): **No change.**

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

By the end of the follow-up process, the reference group did not consider that evidence had been provided to demonstrate that provider-specific key performance indicators have been developed. It was noted that recommendations for key performance indicators for unscheduled care services are being considered at a national level, and the service may wish to give consideration to this work prior to developing local key performance indicators.

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.**

During the follow-up process, the reference group noted that NHS Shetland had undertaken a joint patient satisfaction survey with NHS 24.

It was noted that individual GP practices undertake annual patient satisfaction surveys, although the reference group felt these to be generic and not exclusive to the out-of-hours service. These surveys are ongoing.

3(a)4: A report on performance and services is published annually and is available to users of the service and those contracting services.

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

STATUS (2006): **An annual report on performance and services is produced, but not formally published.**

The reference group noted that information on the out-of-hours service continues to be incorporated into the unscheduled care collaborative review report. This report and its accompanying action plan are disseminated to the NHS board's senior management team and the NHS board's service redesign committee. However, it is not formally published.

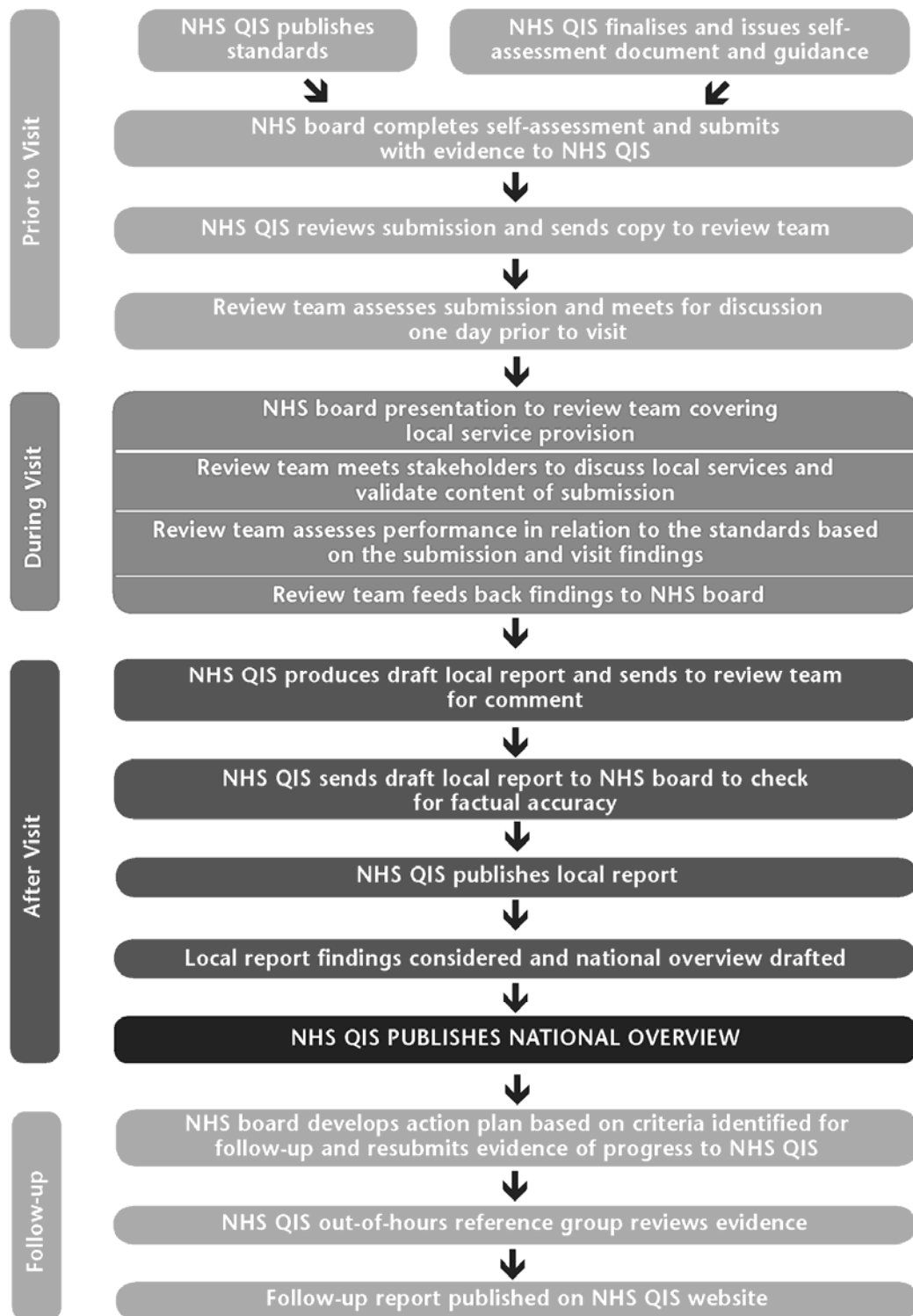
In addition, information relating to the out-of-hours service also continues to be included in the NHS board's annual report. However, the reference group noted that the information is of a general nature and not specifically on performance and services.

Appendix 1 – Glossary of abbreviations

Abbreviation

A&E	accident and emergency
CHP	community health partnership
EDIS	emergency department information system
GP	general practitioner
LSDG	local service delivery group
NHS QIS	NHS Quality Improvement Scotland

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

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