

NHS Tayside

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](http://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 Tayside, and this report outlines progress made between the review visit on 27 October 2005 and June 2007, as assessed by the NHS QIS primary medical services out-of-hours reference group.

<b>Criteria identified for follow-up (2006)</b>
1(a)4 Access to, and delivery of services, is not compromised by physical, language, cultural, social, economic and other barriers.
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(b)3 The service has drugs which are in date and equipment which is regularly maintained.
3(a)1 A set of provider-specific key performance indicators (patient-focused public involvement, clinical and organisational) are in place.
3(a)4 A report on performance and services is published annually and is available to users of the service and those contracting services.

In some cases, amendments to criterion position statements have resulted in amendments to overall standard position statements, and the NHS board's registration status. These amendments are shown where appropriate in Section 3.

## 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 Tayside has been amended to:

### Registration status (2007)

**Provider has achieved full compliance with the standards.**

### Registration status (2006)

**Provider is largely compliant with the standards.**

### 3 Detailed findings against the standards

#### Standard 1(a): Accessibility and Availability at First Point of Contact

##### Standard Statement

*Out-of-hours services\* are available and accessible to patients and their representatives.*

*\* 'Out-of-hours' is defined in legislation as 6.30pm to 8.00am weekdays, weekends and public holidays. Local arrangements may vary.*

##### NHS Tayside

REVISED OVERALL POSITION STATEMENT (2007): **Processes for ensuring patient accessibility and availability at the first point of contact are being implemented and monitored fully.**

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

##### Essential Criterion

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

REVISED STATUS (2007): **Arrangements are in place to ensure that access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers, and use is monitored.**

STATUS (2006): **Arrangements are in place to ensure that access to, and delivery of, services is not compromised by physical, language, cultural, social, economic and other barriers, but are not fully implemented throughout the service.**

During the follow-up process, NHS Tayside produced a revised patient information service leaflet on accessing the out-of-hours service. This was developed in conjunction with NHS 24, the Scottish Ambulance Service and patient representatives. The leaflet has since been distributed to each primary care emergency centre and minor injuries and illness unit within NHS Tayside, to each GP practice and to community pharmacists. The leaflet is available in a number of languages, in large print, Braille format and as an audio tape.

At the time of the 9-month follow-up review, it was reported that staff working in the out-of-hours service have been provided with a link through the NHS Tayside intranet to a multi-faith guide for healthcare staff. This is a resource developed by NHS Education for Scotland (NES) to provide a comprehensive guide on different cultures and different religious faith and belief groups.

It was also reported at the time of the 9-month follow-up review that a needs assessment has been completed in conjunction with the public health department and local councils to highlight potential service users. This has indicated an increase in the migrant worker population within NHS Tayside, in particular Eastern European communities. Additionally, there has been an overall increase predicted in the number of Bulgarians living within the NHS Tayside area. The out-of-hours service is developing a process to review the needs of potential service users regularly through needs assessment. This will be undertaken on a 5-yearly basis or sooner if a change to use of service is noted. This will be compared against service provision and the service will be altered appropriately. Additionally, it was reported that links have been made with the former Prevention 2010 project, which looks at reducing long-term illness, and the Scottish Executive Urban Rural Classification.

Language Line, a language translation service, is now available for use in each of the primary care emergency centres. The out-of-hours service also has links to the Tayside Association for the Deaf and DeafBlind Scotland to provide interpretation services for clients who are unable to use Language Line.

A formal chaperone policy was developed and implemented in May 2006.

Identified outstanding issues in relation to compliance with the Disability Discrimination Act 1995 have since been actioned, or will be addressed with a new-build hospital.

## 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 Tayside

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 has been developed and is fully implemented, but monitoring has not yet commenced involving all parts of the organisation.**

### Essential Criteria

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

At the time of the initial review, the significant event group had revised its role and remit as a result of a refocusing exercise, and had evolved into the out-of-hours clinical governance group.

During the follow-up process, the reference group noted that the first formal meeting of the out-of-hours clinical governance group took place in November 2005. This group now meets on a quarterly basis. The core membership of the group is under review but it is anticipated this will include members from each staff group within out-of-hours and agencies who work jointly with the out-of-hours service. There are specific standing agenda items, for example, review of complaints, significant events and key performance indicators. The group collates annual reviews of significant events to ensure learning points from these are disseminated.

The lead clinician has responsibility for clinical governance in the out-of-hours service. The director of primary care is the accountable officer for the out-of-hours service and sits on the NHS board's clinical governance committee. There is a two-way reporting mechanism in place. The director of primary care receives formal

reports from the out-of-hours service on a quarterly basis, and this is a standing item on the NHS Tayside quality and improvement subcommittee. The resulting discussion is fed back through the out-of-hours clinical governance and risk co-ordinator. The reference group noted evidence of monitoring and review of clinical governance plans. As well as linking in with the out-of-hours clinical governance group, the clinical governance and risk co-ordinator links in with the wider community health partnership (CHP) clinical governance groups.

At the time of the 9-month follow-up review, the reference group noted that the out-of-hours service was in the process of developing core standards which will highlight issues that need auditing or reporting over and above clinical indicators, complaints management and the reporting of significant events.

*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 and monitored across the service.**

**STATUS (2006): A system of risk management is in place, but it is not formalised and/or is not formally implemented across the service.**

At the time of the initial review, it was noted that there was an NHS board-wide incident reporting system (IR1 system) in operation. Risks will continue to be monitored through this incident reporting system. If there are repeated IR1s for a specific issue, this will be highlighted as a risk and will be required to be placed on the risk register. All staff are being trained to use the IR1 system; all reporting of incidents will be electronic and be monitored fully on this system.

The out-of-hours service has developed a risk register of all clinical and organisational risks through access to the System for Managing and Assessing Risks in Tayside (SMART) tool. Risks due for review or those that need revision are discussed and ratified at out-of-hours management meetings. The reference group noted evidence of review dates on all operational risks. The SMART system allows for progress to be recorded and contingency plans to be referenced. The status of the plans and ongoing work is discussed at out-of-hours management meetings. Action plans were in the process of being developed and implemented. The out-of-hours service is working with external business continuity specialists to develop a comprehensive business continuity plan. When complete, these specialists will deliver a series of business continuity awareness sessions and tabletop exercises with staff in the out-of-hours service. This work will assist in clarifying risks and action planning for these risks.

During the follow-up process, the reference group noted that a clinical governance and risk co-ordinator was appointed in September 2006; this role also has a health

and safety function. Responsibilities include identifying and monitoring health and safety issues and areas of potential risk for the out-of-hours 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): 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 time of the initial review, the significant event group had revised its role and remit as a result of a refocusing exercise and had evolved into the out-of-hours clinical governance group. This group meets every 2 months and reports to the director of primary care who is the accountable officer for the out-of-hours service. The director of primary care sits on the NHS board clinical governance committee and reports out-of-hours issues to this group.

During the follow-up process, the reference group noted that the director of primary care receives formal reports on the out-of-hours service on a quarterly basis, and this is a standing agenda item of the NHS Tayside improvement and quality subcommittee. The resulting discussion is fed back through the out-of-hours clinical governance and risk co-ordinator. Evidence was provided of the out-of-hours clinical governance group report being submitted to the improvement and quality subcommittee in November 2006. Evidence was also provided of the out-of-hours clinical governance structure to demonstrate the two-way process of system reporting.

## 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 Tayside

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

REVISED STATUS (2007): **The service has drug and equipment maintenance procedures in place which are formal and fully implemented across the service, and are monitored.**

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.**

At the time of the 3-month follow-up review, the reference group noted that a formal protocol was in place for the management of controlled drugs. In addition, a key pad had been purchased and fitted to the drug cupboard to ensure security of controlled drugs. Nursing and medical staff have access to the key pad code. The code is changed on a monthly basis, although the frequency of change remains under review for security.

Nursing staff are responsible for the daily checking of equipment in the primary care emergency centres, for example, oxygen cylinders, nebulisers, defibrillators, etc. During the follow-up process, the reference group also noted that back-up equipment is also available. In addition, established arrangements are in place with the medical physics department to ensure routine maintenance of equipment and to enable equipment to be serviced in-hours to ensure immediate turnaround of equipment, if required.

## 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 Tayside

REVISED OVERALL POSITION STATEMENT (2007): **Processes for auditing, monitoring and reporting on the out-of-hours service are fully implemented and monitored.**

OVERALL POSITION STATEMENT (2006): **Processes for auditing, monitoring and reporting on the out-of-hours service are fully implemented, but monitoring has not commenced involving all parts of the organisation.**

### Essential Criteria

*3(a)1: A set of provider-specific key performance indicators (patient-focused public involvement, clinical and organisational) are in place.*

REVISED STATUS (2007): **A full or part set of provider-specific key performance indicators has been developed and implemented within the organisation.**

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

At the time of the initial review, two organisational and one clinical key performance indicator had been identified, although implementation and monitoring of these key performance indicators had not yet commenced. It was also noted that no patient-focused public involvement key performance indicators had been developed. The key performance indicators were subsequently implemented in May 2006 and work is ongoing to further develop and report on these. Additionally, the out-of-hours service has further developed a patient satisfaction survey to include a measurable scale. This was distributed to the primary care emergency centres and minor injury and illness units. The survey was completed in December 2006 and results were being collated at the time of the 9-month follow-up review. These will be distributed to each primary care emergency centre and minor injury and illness unit and any resulting actions to be taken highlighted by the survey will be actioned timeously. This patient satisfaction survey will be developed into the patient-focused public involvement key performance indicator and will be undertaken on an annual basis.

During the follow-up process, the reference group noted that monitoring of key performance indicators takes place at the monthly out-of-hours management meetings. Outcomes are monitored and corrective actions taken as appropriate. The key performance indicators are also discussed at the quarterly out-of-hours clinical governance meeting. Further discussion is planned at NHS Tayside's quality and improvement subcommittee.

*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 and is available widely to users and those contracting the service.**

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

In November 2006, the reference group was presented with the NHS Tayside out-of-hours report on performance and services for the period October 2004–April 2006, covering the first 18 months of the service. The reference group noted the extensive report distribution list. Good practice was highlighted in relation to the ‘patient feedback on the report’ request section contained at the back of the report.

NHS Tayside reported that subsequent annual reports will be prepared and distributed in May of each year.

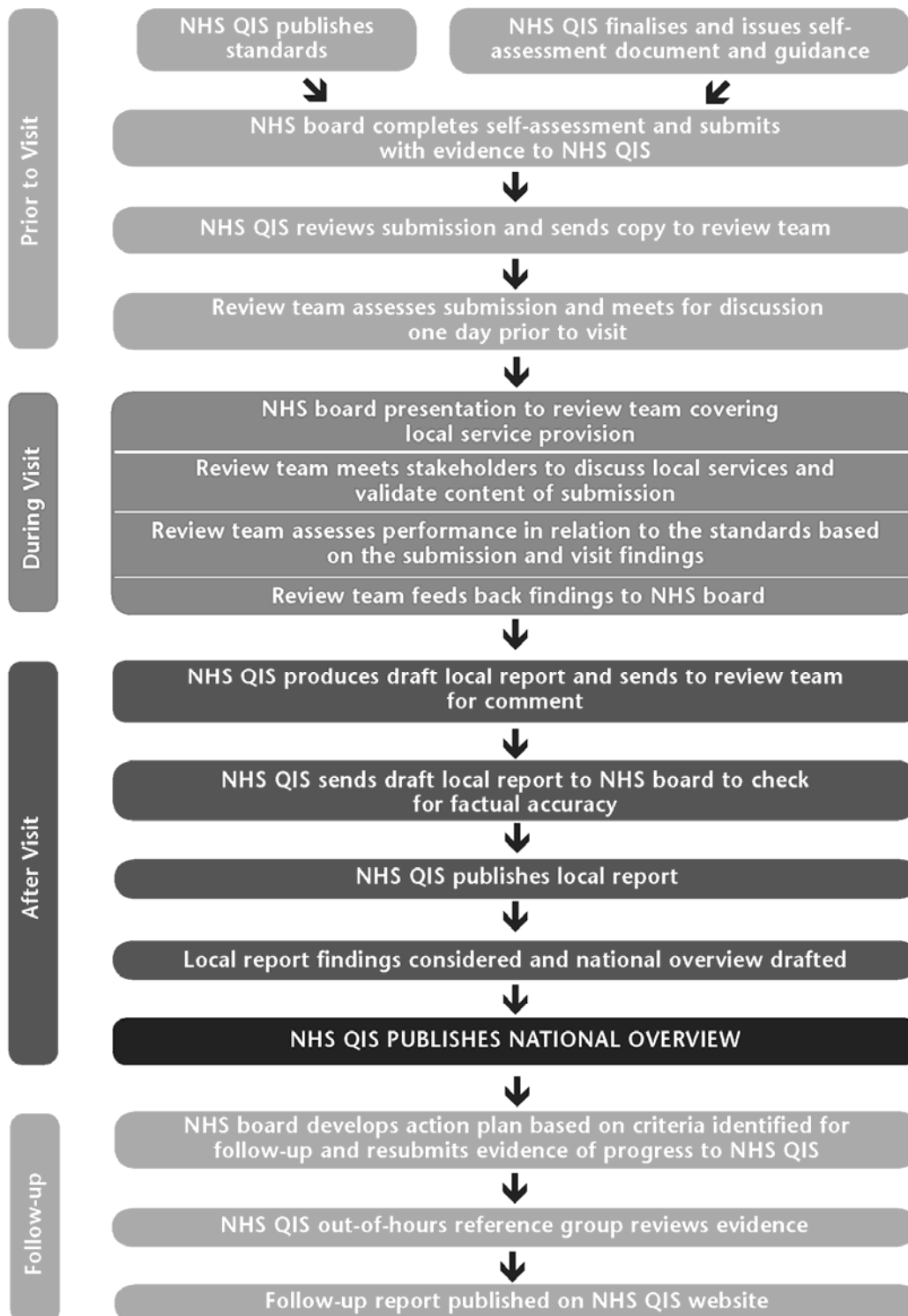
## Appendix 1 – Glossary of abbreviations

### Abbreviation

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<b>CHP</b>	community health partnership
<b>GP</b>	general practitioner
<b>NES</b>	NHS Education for Scotland
<b>NHS QIS</b>	NHS Quality Improvement Scotland
<b>SMART</b>	System for Managing and Assessing Risks in Tayside

## 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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