

NHS Western Isles

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 NHS boards 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 Western Isles, and this report outlines progress made between the review visit on 8 March 2006 and September 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)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)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary organisations.
2(b)3 The service has drugs which are in date and equipment which is regularly maintained.
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.

<b>Criteria identified for follow-up (2007)</b>
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)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)6 Clinical Governance: Arrangements are in place to communicate, inform and co-operate with key professionals, external parties and voluntary organisations.
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 Western Isles remains as:

### Registration status (2007)

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

### Registration status (2006)

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

### 3 Detailed findings against the standards

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

##### **Standard Statement**

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

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

##### **NHS Western Isles**

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.**

By the end of the follow-up process, the reference group noted that work has been undertaken to develop an ongoing review of a comprehensive public health needs assessment to ensure that the needs of all those potentially using the out-of-hours service are identified.

In summer 2007, the public health department published its annual report. It was reported that this would be used to assist with identifying the needs of those potentially using the service. In addition, the out-of-hours service has undertaken a needs assessment to evaluate the impact of the tourist population on the out-of-hours service. Data from the tourist board and historical data were used to determine the needs of those tourists potentially using the service.

The Western Isles has a minimal migrant population. Census data were used to gain an indication of the number of unregistered patients, which was determined to be extremely small.

*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 considered that arrangements are in place to meet the needs of all those potentially using the service.

In addition to the arrangements that were in place at the time of the initial review visit, details of how to access services are now available in numerous locations, including hotels and guest houses. The service also demonstrated that there are systems to deal with unscheduled events, such as providing required medication to cruise ship passengers who were unable to re-board the ship and gain access to their own prescribed medication as a result of adverse weather.

*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 the progress that had been made to put in place arrangements to ensure that access to, and delivery of, services is not compromised by any barriers.

Hearing loops are now provided in all locations. These can be used for patient consultations in the consulting room and can also be taken on home visits.

At the time of the initial review visit, a needs assessment of compliance with the Disability Discrimination Act 1995 had been carried out at the primary care emergency centre at Western Isles Hospital, Stornoway. By the end of the follow-up process, only minor work remained to be carried out to ensure full compliance with the Act. Needs assessments have also now been carried out at the GP surgery in Tarbert and at the Uist & Barra Hospital, Benbecula. It was noted that there are few issues related to disabled access: the out-of-hours service is staffed by local GPs who are well acquainted with the circumstances of the vast majority of their patients. As a low number of patients access the out-of-hours service, it would be normal for the GP to carry out a home visit for patients with a disability.

## 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 Western Isles

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 6-month follow-up review, the reference group considered that arrangements had been put in place to ensure partnership working in the design, development, and review of services.

The NHS board now has three active locality groups which cover North and West Lewis, South Lewis, and the Uists and Barra. The primary care manager has attended group meetings in all three areas. Due to the difficulties experienced in involving the public in the development of the out-of-hours service, the locality groups have been requested to include the service as an agenda item at their meetings. These meetings are open to all residents, and involve the public, local councillors and clinicians.

The NHS board has also carried out a service redesign process which involved the local council, Scottish Ambulance Service, staff and members of the public. Copies of the service redesign newsletters have been distributed to all staff and published in the local media.

*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 6-month follow-up review, the reference group noted that GPs are now able to access the website, Patient UK, from computers with internet access. Relevant patient information can be produced from this system in the patient's first language. Hard copies of the most common ailments are kept for distribution during home visits.

*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): **No change.**

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.**

The reference group was disappointed that, by the end of the follow-up process, no further evidence had been provided to demonstrate that clear, cohesive plans had been put in place across the service to 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.*

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.**

By the end of the follow-up process, a formal system of risk management had been put in place to ensure that risks are identified, assessed, controlled and minimised. This system has been fully implemented.

All documentation for risk management was updated in May 2007. Two-hour interactive training sessions on risk management are now mandatory for all staff across the NHS board.

All clinical incident reporting forms are followed up in writing to ensure appropriate action was taken and provide evidence of lessons learned. Quarterly reports will be provided to the safe and effective care committee and the clinical governance committee. This will include clinical incidents relating to the out-of-hours service.

A risk register has been drawn up for the out-of-hours service. This will be monitored by the community health and social care partnership (CHaSCP) risk management committee.

*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): **No change.**

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 reference group concluded that a system to report to the clinical governance committee regularly was still under development.

The service reported that quarterly statistics have been issued to the clinical governance committee. However, no evidence was provided of regular reporting on clinical governance issues relating to the out-of-hours service. It was also reported that the clinical governance committee had issued a template for reporting on complaints, critical incidents, risk assessments, clinical audits and NHS QIS standards, and Scottish Intercollegiate Guidelines Network (SIGN) guidance. However, for the quarter ending 30 June 2007, there was a 'nil' return. The reference group concluded that reporting still appears to be on an ad hoc basis.

*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): **No change.**

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

At the end of the follow-up process, the reference group noted the challenges faced by NHS Western Isles in formalising communication links with voluntary agencies. It was noted that a database, available to all staff, has been set up which holds information about all voluntary organisations and their contact details. However, no

additional evidence was submitted to demonstrate how the out-of-hours service communicates and co-operates with voluntary agencies.

## 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 Western Isles

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 are fully implemented across the service.**

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 6-month follow-up review, the reference group noted that the maintenance of equipment held at the primary care emergency centres at the two hospitals is undertaken by the works department. A list of the equipment shows when maintenance checks are due. The medical director (community) carries out regular system checks on the defibrillator at the Western Isles Hospital. The defibrillators at the Uist & Barra Hospital and the Tarbert GP practice are owned by the individual GP practices, and maintenance and checks are carried out as part of the new General Medical Services (GMS) contract.

## 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 Western Isles

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

OVERALL POSITION STATEMENT (2006): **Processes and procedures for recording and communicating information gathered during care to relevant NHS professionals are fully implemented, but monitoring involving all parts of the organisation has not yet commenced.**

### Essential Criterion

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

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

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

At the 6-month follow-up review, the reference group noted that arrangements had been put in place to ensure that patients who attend the service without an appointment are aware of, and agree to, sharing their information with other health professionals. A laminated sheet is now in use in each primary care emergency centre, which the GP reads to the patient. This lists the people with whom information may be shared and asks the patient for consent to share this information.

## 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 Western Isles

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

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.**

By the end of the follow-up process, draft clinical key performance indicators had been developed. The service reported that these will be submitted to the CHaSCP risk management committee and local medical committee for approval. Once approved by these committees, they will be sent to the safe and effective care committee for approval.

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

REVISED STATUS (2007): **The provider takes action to identify views and satisfaction levels through a formalised process.**

STATUS (2006): **The provider does not take action to identify patient views and satisfaction levels.**

At the 6-month follow-up review, the reference group noted the joint NHS 24/NHS Western Isles out-of-hours patient satisfaction survey that had been conducted. The group noted the positive feedback that had been received from this survey.

The reference group also noted that it was planned to introduce comments cards which would be available in waiting rooms and communal areas for patients to complete, providing feedback on the out-of-hours service.

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

By the end of the follow-up process, a report of the breakdown of calls received by NHS 24 and the out-of-hours drop-in surgeries had been produced and presented to the clinical governance committee. However, the reference group considered that this did not constitute an annual report on performance and services of the out-of-hours service.

## Appendix 1 – Glossary of abbreviations

### Abbreviation

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**CHaSCP** community health and social care partnership

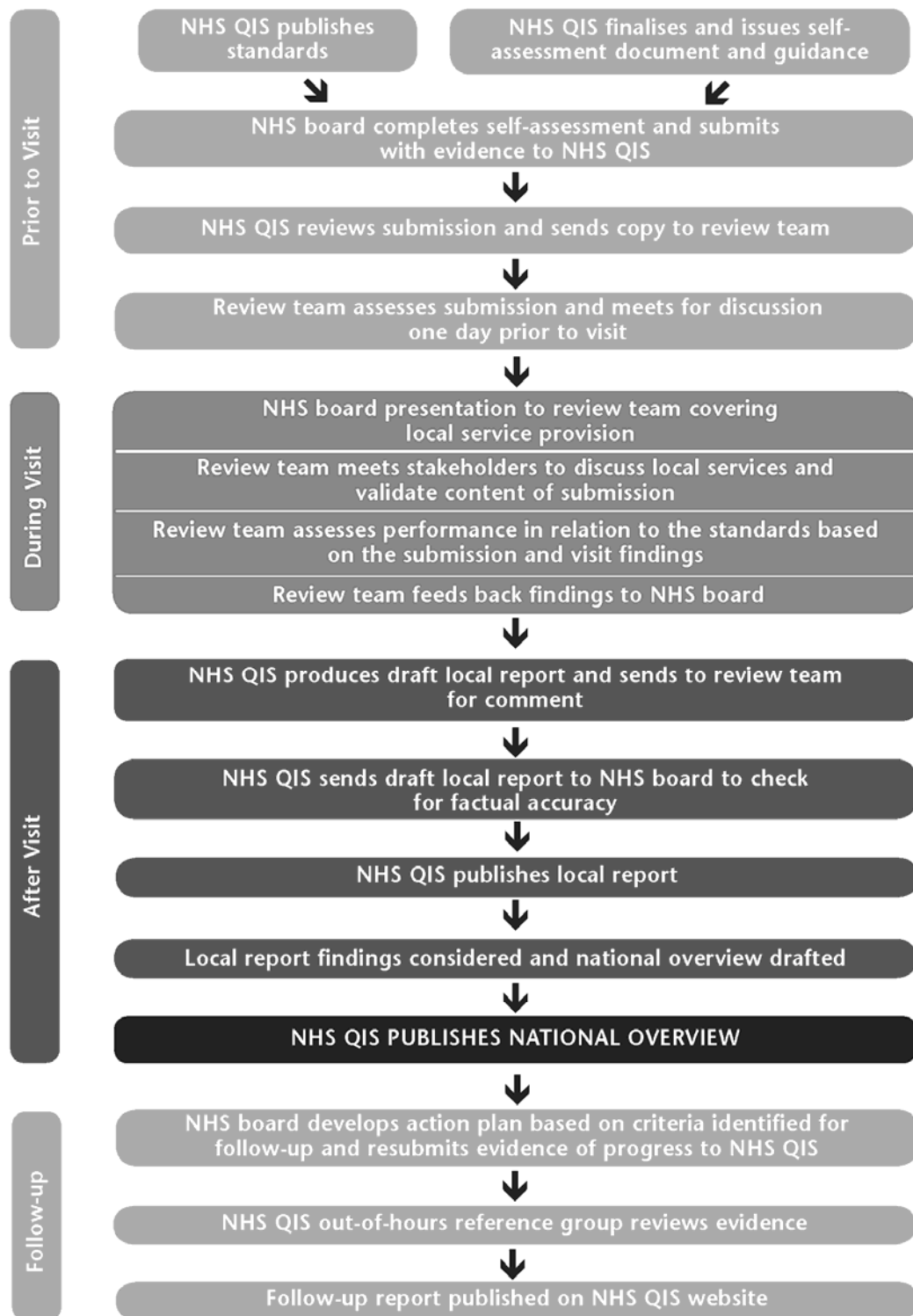
**GMS** General Medical Services

**GP** general practitioner

**NHS QIS** NHS Quality Improvement Scotland

**SIGN** Scottish Intercollegiate Guidelines Network

## 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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