

**HEALTH &
CLINICAL GOVERNANCE**

ANNUAL REPORT

2005 - 2006

CONTENTS

	PAGE
INTRODUCTION	3
FOREWORD	4
SECTION 1: HEALTH IMPROVEMENT INITIATIVES	5
SECTION 2: SUMMARY ANNUAL REPORTS FROM DEPARTMENTS SUPPORTING CLINICAL GOVERNANCE	18
APPENDICES	24
APPENDIX 1 Managed Clinical Network Annual Reports 2005 – 06	26
APPENDIX 2 Mental Health Clinical Governance Initiatives 2005 – 06	43
APPENDIX 3 Primary Care Clinical Governance Initiatives 2005 – 2006 Department of Clinical Effectiveness (AOD) Annual Report Incorporating Research & Development 2005 - 2006	49 77
APPENDIX 4 Annual Reports from Departments Supporting Clinical Governance 2005 - 06	105

INTRODUCTION

This report is in two sections:

SECTION 1

An account of Health Improvement initiatives started or ongoing in NHS Lanarkshire over the period 2005 - 2006. The account was largely compiled from NHS Lanarkshire's Register of Health Improvement Initiatives. It is an overview rather than a detailed or comprehensive account of activity.

SECTION 2

A brief summary of the annual reports from the Departments supporting Clinical Governance in NHS Lanarkshire, highlighting developments over the period 2005 - 2006. The reports are included as an Appendix.

FOREWORD

In Lanarkshire, as in all health systems in the United Kingdom, staff put a considerable amount of thought and effort into trying to improve the health of the population and the quality of the healthcare services provided. This 2005 – 2006 report on Health & Clinical Governance in NHS Lanarkshire attempts to illustrate some of these activities with particular emphasis on what has led to real improvements for patients.

There are many ways of achieving better quality of clinical services including:

- Improving communication with patients and between staff
- Providing better decision support to ensure the best choices are made for treatment
- Continuing education of patients and staff
- Ensuring we learn from experience, good and bad
- Refining our ability to measure what we do, how that compares with national standards and what needs to be improved
- Introducing improved services and ensuring they deliver improved care
- Evaluating the outcome of care and of improvements made, in terms not only of waiting times but of patient satisfaction.

There are examples of initiatives in each of these areas within this report and encouragingly more evidence of evaluation taking place to ensure that actual improvements have taken place. The aim for future years must be to focus and co-ordinate the undoubted enthusiasm of staff for improving services towards realisable goals, which will deliver the maximum benefits for patients.

John Browning
Medical Director
NHS Lanarkshire

1

HEALTH IMPROVEMENT INITIATIVES

MANAGED CLINICAL NETWORKS

Services for coronary heart disease, stroke, vascular disease, diabetes, cancer and palliative care are delivered by Managed Clinical Networks (MCNs). Improvements achieved by each MCN are described below.

Coronary Heart Disease MCN

◇ **Better care for patients with heart failure**

Management of heart failure is difficult and time consuming. Cardiologists and GPs rarely have the time needed to provide optimal care. This additional service addresses the problem.

The pan-Lanarkshire heart failure nursing service manages patients in hospital clinics and in the community. It aims to optimise heart failure medications and to provide education and advice to patients and their carers on self management strategies. Interventions are provided by the nurse team in collaboration with cardiology and general practice colleagues.

Over the year to December 2005, 249 new patients were treated. There were 123 clinic attendances, 226 home visits and 205 telephone contacts; on average patients had four contacts with the service. Mortality over the period was 10%.

◇ **Pre-hospital thrombolysis for appropriate patients with acute myocardial infarction**

Thrombolysis is an established part of the treatment of acute myocardial infarction. The sooner the thrombolytic is given, the more effective it is. Pre-hospital treatment cuts out delays and is now possible because the Scottish Ambulance Service has facilities for transmitting the patient's ECG and has trained its staff to administer the thrombolytic.

A pilot of pre-hospital thrombolysis was carried out in rural Clydesdale during 2005. A total of 18 patients with a diagnosis of acute myocardial infarction were fast-tracked to the CCU at Wishaw. Thirteen of them (72%) were thrombolysed by the Scottish Ambulance Service; the remaining five were thrombolysed in the CCU at Wishaw.

The pilot exceeded the requirements of national and local quality assurance standards. It has been extended across Lanarkshire; activity, clinical outcome indicators, clinical incidents and financial impact will remain under continuous review.

◇ The performance of hospital services for CHD is under constant scrutiny See Appendix 1: Annual Report.

The Coronary Heart Disease MCN Annual Report can be found in Appendix 1.

Stroke MCN

◇ **Stroke patients are treated by well-informed, trained staff.**

The Stroke Awareness Training project (Big Lottery funded) ended in April 2006. It provided training for more than 450 staff from NHS Lanarkshire and partner agencies. Stroke awareness sessions were delivered to approximately half of the care homes within Lanarkshire.

A multi-disciplinary Lanarkshire Stroke Competency Framework (based on NES Stroke Competencies) has been developed and is currently being piloted.

◇ **The performance of the stroke service is under constant scrutiny.**

Stroke Audit in Lanarkshire (SAIL); this web-based audit system was developed in-house. It satisfies the requirements of the national stroke audit but also generates comprehensive service reports. It has been in use since January 2005 and has demonstrated and driven service improvements. For example, comparison of audit findings in December 2005 with baseline figures shows that over the period, both the number of patients admitted to a stroke unit within 24 hours of diagnosis and the number getting an early swallowing assessment rose.

Hospital	HM	MK	WGH
Admitted to Stroke Unit <24 hours (%)			
2004 (baseline)	43	62	16
2005	71	72	65
Swallow Screen < 24 hours (%)			
2004	27	56	70
2005	61	60	80

◇ A printed discharge letter with reliable content is available when patients leave hospital. The SAIL system also generates a structured SIGN 65 compliant discharge summary. This provides fast reliable information for the GPs and the patients.

◇ Patients have rapid access to specialist neurovascular services. Dedicated CT slots for stroke patients have been established. A scheme for fast track referral of stroke and TIA patients to the neurovascular clinic at Coathill Hospital is in place. A referral form was developed to eliminate internal delays and to allow faxed referrals from GPs and from the A&E Department and the ERU at Monklands. The form was implemented in April 2006; over the five weeks following, the percentage of patients seen within seven days of referral rose from 30 to 70%.

The Stroke MCN Annual Report can be found in Appendix 1.

Vascular MCN

◇ **Patients presenting with intermittent claudication can now be treated in the community. Those who need hospital treatment have less time to wait.**

Community Claudication Clinics have been set up in Airdie, Coatbridge and Cumbernauld. A multi-professional clinic team (nursing, physiotherapy, podiatry, pharmacy) provides an initial consultation with reviews at three and six months. Patients are referred by GPs or are re-routed from the consultant vascular surgeons' lists. Evaluation has demonstrated high patient satisfaction with this new local service. Waiting

times for hospital appointments has dropped from 86 to 15 weeks since the clinics were established.

◇ **Ensuring that surgical treatment of carotid artery disease in Lanarkshire conforms to UK best practice.**

Participation in a national audit of carotid endarterectomy (CEA) has begun. The audit is designed to benchmark CEA practice around the UK with a view to recommending local and national changes. In Lanarkshire it will also assist in the evaluation of the agreed pan-Lanarkshire management pathway for patients with carotid disease.

The Vascular Services MCN Annual Report can be found in Appendix 1.

Diabetes MCN

◇ **Implementation of the national diabetic retinopathy screening programme.**

The progression of diabetic retinopathy can be prevented if it is detected early and treated appropriately. The national diabetic retinopathy screening programme aims to increase the capacity and quality of screening by offering annual screening using digital technology to all patients aged 12 or over. It also aims to improve access by providing the service in settings that are convenient to people with diabetes.

In line with the national plan, digital screening units have been established at Wishaw Health Centre and Brandon House in Hamilton with another at the Time Capsule, Coatbridge to follow. There will be an additional mobile unit for nursing home residents etc.

The national target that all NHS Boards are working towards is that 80 % of people with diabetes are offered screening by the end of March 2007.

3,403 people with diabetes are registered at Wishaw. The number of patients screened per year rose from 570 in 2002 to 2,158 (63%) in 2005.

◇ **Giving patients written information about their progress against treatment targets.**

Following the implementation of the Scottish Clinical Information - Diabetes Collaboration (SCI-DC), Community Diabetes Specialist Nurses can now access live diabetes records. This means that they can provide patients with a printed summary of their progress against a number of important health indicators. This summary, which includes information in graph form, is used to inform discussion of individual goals and to improve patients' understanding of the targets they should be aiming for in the management of their diabetes. There is the potential for the summary to be used in the same way in hospital clinics.

◇ **Improving the safety of the prescribing and administration of insulin to inpatients.**

As a result of a Fatal Accident Inquiry into the death of a patient in Monklands Hospital, NHS Lanarkshire issued a new Diabetes Chart and, in December 2005, Interim Guidance Notes for the prescribing, recording and administration of insulin to inpatients. Over a ten day period in February 2006, nurses on each site used a structured audit checklist to measure the degree of compliance with the Interim Guidance. The care of the 51 inpatients getting regular subcutaneous insulin over the period was audited. The findings demonstrated significant non-compliance with the guidance. As a result, the guidance notes and the diabetes chart were revised and plans were made to educate staff on the care of patients with

diabetes and for the ongoing monitoring of standards at ward and directorate level.

◇ **Educating patients to eat normally and to adjust their insulin dosage accordingly.**

The DAFNE (Dose Adjustment for Normal Eating) project is a structured education programme for patients with Type 1 diabetes. It aims to give patients the autonomy needed to manage their diabetes effectively. The DAFNE education programme is intensive; patients attend a week long group programme and, as they need to inject a minimum of 4 times daily and to test their blood glucose 4 times daily, they have to be highly motivated. DAFNE is not prescriptive in the diet patients should eat but, instead, it allows a free diet. Patients are educated on the carbohydrate content of food and on how to alter their mealtime doses of fast acting insulin to match the carbohydrate they have eaten. Information on a series of physical and psychological parameters is collected at baseline and at annual review; the programme is audited nationally.

Monklands Hospital is one of three pilot sites in Scotland (there are 30 established centres across the UK). The Scottish Executive is funding the pilot for two years and during this time 100 patients will complete the education programme at Monklands. The programme is delivered by a Specialist Nurse, Dietician and Diabetologist, all of whom have completed peer reviewed training.

The programme at Monklands started in June 2005. In the first year, 56 patients completed the training course and eight reached the stage of annual review.

The Diabetes MCN Annual Report can be found in Appendix 1.

Cancer MCN

◇ **Appointment of patient trackers has reduced waiting times:**

Patient trackers were appointed to the lung cancer and colorectal cancer services in late 2005. Their role is to identify urgent GP referrals and to ensure that these patients progress without delay to diagnosis and treatment. There is already evidence of a positive impact.

For colorectal cancer, in the 3 months to December 2005, 25% of urgent referrals met the time to treatment target. This rose to 55% in the 3 months to March 2006.

For lung cancer, patients treated within the 62 days target rose from 63% in December 2005 to 81% in March 2006.

◇ **Improved vetting of skin cancer referrals has led to shorter waiting times:**

A dedicated weekly skin cancer clinic was established in Lanarkshire in May 2005.

Referrals are electronic and incorporate a digital image of the lesion; they are vetted and graded before an appointment is made. A comparison of the vetting procedures for this clinic and for a general dermatology clinic (which does not receive digital images) showed that the images have a major impact on the accuracy of the vetting process and thus on waiting times. No patient referred to the skin cancer clinic waited more than 62 days for treatment. At the general clinic, 92% of melanomas but only 43% of squamous cell carcinomas were treated within 62 days of referral.

- ◇ **FNA biopsy reduces time to diagnosis at breast clinics:**
 Fine needle aspiration biopsy is now available at the One Stop Breast Clinics in all three hospitals. The service requires the presence of the pathologist on site and is thus labour-intensive. Results are available within a few hours and, in Hairmyres, can be discussed in the Multi-disciplinary Meeting later the same day. Clinicians are using the service but like the pathologists, are continuing to evaluate its effectiveness.
- ◇ **Better nursing care for chemotherapy patients including better management of side-effects:**
 Standardised chemotherapy nursing documentation for use across the Acute Division and between different cancer specialties was developed for the purpose of prospectively auditing patients' symptoms and the specialist nursing assessments performed at each cycle of chemotherapy. An accompanying cancer nursing database was developed by the Department of Clinical Effectiveness.

 Chemotherapy administered, the nature and timing of side effects and the need for admission, review or dose reduction due to side effects are being monitored. Information is also being collected on breaks in treatment and their causes, the incidence of Hickman/PICC line infections and the number of patients requiring nursing care at home. All of these are being continuously evaluated and practice is being changed where necessary.

Palliative Care MCN

- ◇ **Moving towards 'seamless' care**
 Over 40 of Lanarkshire's 99 GP practices have signed up to the Gold Standards Framework. The aims are better multi-disciplinary working within primary care and improved collaboration with Social Work.
- ◇ **A better, more consistent approach to pain relief**
 The pain evaluation tool is now supported by a web based audit system; it will be relaunched in July.
- ◇ **Improved awareness of best practice throughout Lanarkshire**
 The use of general palliative care guidelines was promoted in the three acute hospitals and in all Care Homes and GP practices.

CHILDREN'S SERVICES

Outlined below are some of the key benefits for patients resulting from the clinical governance agenda.

Benefits to Patients:

- ◇ Based on a review of clinical incident reports, a number of policies and guidelines have been developed. These include:
 - policy for transfer of medicines
 - procedure for supplying pre-packed medication
 - policy for administration of medicines
 - policy for medication issues on admission and discharge
 - policy for safe prescribing and administration of medicines
 - policy for providing nursing cover in the unit?
- ◇ Improvements to patient care have been achieved through the development of Integrated Care Pathways (ICPs) for pneumonia, acute breathing difficulties, bronchiolitis and croup.
- ◇ Further improvements have been made to the triage area within Ward 19, Wishaw General Hospital.
- ◇ Development of a Paediatric Ambulatory Care Team.
- ◇ The discharge satisfaction questionnaire used within inpatient services continues to address any shortfalls in the care provided.

DENTISTRY

Outlined below are some of the key benefits for patients resulting from the clinical governance agenda.

Benefits to Patients:

- ◇ Dental OOH Service at Wishaw General Hospital (2006 - 2007)
Started in March 2006. Patients now have access to:
 - Dental advice and 'Emergency Care' 24 hours a day - NHS 24 call handling
 - Emergency care by Oral Surgery via A&E
 - 'Urgent Care' within 24 hours - provided on fixed three-hourly weekend sessions and by GDPs during the day, Monday to Friday
 - Patients must be triaged - no walk in clinics
 - Open to all categories of patients (unregistered, registered, private)
- ◇ Decontamination PCAT Audit Tool (2005 - 2006)
This audit was completed for the directly managed dental service surgeries and a report was submitted in December 2005. A three year action plan has been produced and is being implemented. This plan is based on risk assessment and makes the best use of resources to ensure compliance with the Glennie Requirements by 2009.
- ◇ All P1 children in Lanarkshire have received a basic dental inspection during 2005 - 2006 and a sample of 600 have had a more detailed inspection. This information is used to monitor the dental health of Lanarkshire children and to ensure that resources can be targeted to the areas with the greatest need.

- ◇ Six dental surgeries were upgraded during 2005 - 2006.
- ◇ Funds were secured to construct a 20 surgery dental facility in the Coatbridge area. This development is due to be operational by 2008.
- ◇ Funds were secured for ten trainee dental nurses and training has now commenced.
- ◇ As part of the Dental Action Plan (2005 - 2008), the supervised tooth brushing programme is being extended to include P1 and P2 in 100 primary schools across Lanarkshire. An Oral Health Co-ordinator for Adults with Special Needs is being recruited. Dental Health Support Workers have been recruited. They will:
 - Work with Health Visitors and dental nurses in dental practices across Lanarkshire.
 - Help to support the most vulnerable children.
 - Secure their early registration with a dentist.
 - Establish a pattern of regular attendance.

EAR NOSE AND THROAT

Key advances during 2005 - 06:

Nurse-led service providing improved overnight care:

- ◇ Because ENT had difficulty in maintaining overnight cover, it provided advanced skills training for senior nurses. These trained nurses assess and treat inpatients and emergency referrals and provide telephone advice to patients, carers and healthcare professionals.
- ◇ A database was developed to evaluate this new service. Over the year to the end of December 2005, the service managed a total of 621 patients (79% emergencies, 12% in-patients). The service treated 62% of these referrals without involving medical staff. Patients were seen promptly and their treatment took, on average, around 50 minutes.
- ◇ The overall referral rate and the number of referrals for epistaxis (25% of total) were higher than expected. Staffing has since been revised and training has been focussed on the treatment of epistaxis. Problem areas, e.g. the need for treatment pathways for children admitted overnight have been addressed.
- ◇ The database produces an electronic clinical record for each patient assessed. The quality of nursing documentation has thus been improved.

HEALTHCARE ASSOCIATED INFECTION

Key advances during 2005 - 2006:

- ◇ The provision of Surgical Site Infection (SSI) Surveillance has recently been incorporated into the HAI Service under the management of the Nurse Consultant - HAI. The current provision is under review, an options appraisal having been carried out, to ensure that national directives are being met.
- ◇ At present SSI surveillance is being carried out at Wishaw General

Hospital only but this is to be recommenced at all acute sites in the near future. Data collected by the SSI Nurse focuses on breast, hip and knee surgery, and is sent to Health Protection Scotland for inclusion in the national statistics.

- ◇ Promoting the use of alcohol hand gel by visitors

Promoting the use of alcohol hand gel by visitors

The SEHD recommended that alcohol gel should be placed near the bedside and that healthcare workers and the visiting public should be encouraged to use it. Infection Control Nurses in the Acute and Primary Care Divisions of NHS Lanarkshire used a questionnaire to find out if the public were using the gel and if they had seen the posters on display about it.

The alcohol gel was used by 56% of visitors in the Acute Division and by 68% in the Primary Care Division, the figure varying from ward to ward.

The following recommendations have been made:

- ◇ Provide patient and visitor information leaflets on hand hygiene prior to admission.
- ◇ Review posters – where they are displayed and their content (ensure visitors realise that they are expected to use the gel).
- ◇ Encourage staff to educate patients and visitors.
- ◇ Re-audit in six months
- ◇ Review annually as part of Infection Control Awareness Week.

Assisting renal units to highlight potential deficiencies in arrangements for prevention and control of Blood Borne Viruses

The Department of Health Good Practice Guidelines for Renal Dialysis/Transplantation Units - Prevention and Control of Blood Borne Virus Infection were introduced in September 2002.

- ◇ In 2005 the Renal Unit in collaboration with the Departments of Public Health and Clinical Effectiveness designed a multidisciplinary audit tool to allow measurement of compliance with the guidelines.
- ◇ Clinical standards were derived from the guidelines and each standard was broken down into audit questions. A database, with Renal Unit, Infection Control and Occupational Health sections was developed. Users work through each standard and related question, giving responses and highlighting areas where action is required to meet a particular standard. The system has in-built reports which detail full reviews, and areas of practice where standards are not being met. (There is potential for it to be used as a generic "self-assessment" tool for any service where standards/guidelines exist.)
- ◇ The system allows for continual self-assessment of the service with regards to prevention and control of infections with Blood Borne Viruses. Two assessments were carried out in Monklands in the year to June 2006. In January 2006, seven of the 13 Scottish Renal Units used the system to self-assess their services against the DoH guidelines. The results were returned to Monklands Hospital for collation and for benchmarking of the services. The findings from this preliminary exercise

were presented at the Scottish Renal Registry meeting in March.

- ◇ The tool has now been made available for use in all Scottish Renal Units; the intention is that they will carry out an annual self-assessment, with returns being sent to Monklands for collation and reporting.

MENTAL HEALTH

Within Adult Mental Health Services, a number of health improvement initiatives have taken place during 2005 - 06.

Details of the activity as recorded on the Health Improvement website can be viewed in Appendix 2.

Old Age Psychiatry

A number of initiatives have been undertaken. The key benefits for patients are listed below.

- ◇ SIGN 74 (The management of harmful drinking and alcohol dependence in primary care) has been implemented. To determine the prevalence of problem drinking, and to ensure a proactive approach to its management, an alcohol assessment has been included in the initial assessment of all patients.
- ◇ A Memory Support Group has been established. It provides practical support in group settings or at home visits for patients with early stage dementia.
- ◇ Occupational therapy input has been provided for patients with early onset dementia. The impact of the service is being audited.
- ◇ An Early Onset Dementia Relatives' Support Group has been established in South Lanarkshire. It provides information, support and empowerment for carers. Meetings are held monthly and speakers over the last year have included a consultant psychiatrist, a lawyer, a social worker and Alzheimer's Scotland.
- ◇ SIGN Guideline 22 (Prescribing of psychotropic medication in older people). A multi-professional group has developed a local prescribing standard. Adherence to the standard is being audited annually.
- ◇ It is important that driving is discussed with patients attending a memory clinic and that the information they provide is documented. After an initial audit had found that information was documented in only 25% of casesheets, a prompt was included in the initial screening questionnaire. Re-audit found that the appropriate information was now recorded in all casesheets.
- ◇ Dementia care mapping has ensured that staff receive objective feedback on the quality of their interaction with patients who are unable to express their own views.
- ◇ A Memory Management Group has been established. It provides a supportive environment where people can adopt better strategies for coping with memory loss, and can, as a result, improve their self-esteem and reduce their stress levels.
- ◇ A Clinical Governance Pack has been rolled out to all 21 staff teams. The pack has been designed to provide a systematic process for reviewing

clinical and staff governance on a yearly basis.

- ◇ An Integrated Care Pathway is in place across all mental health admission areas in Lanarkshire. It captures information about the process of care from admission through to discharge. It is monitored every three months; an analysis of variance tool is used to audit practice against local and national standards.

PRIMARY CARE

Quality and Outcomes Framework

The QOF is a component of the new General Medical Services (nGMS) contract. It measures practice achievement against a number of evidence-based indicators. Points achieved attract a payment to the practice. Participation is voluntary.

Key advances during 2005 - 2006 include:

- ◇ 99 practices in Lanarkshire are participating (all of those with a nGMS contract and six others).
- ◇ Average QOF points achieved (1,019 against Scottish average of 1,015) represents an 8% increase over 2004 - 2005.
- ◇ Performance in key areas improved, with benefits for patients:
 - On average, blood pressure was satisfactorily controlled (150/90) in 89% of patients with CHD.
 - On average, a total cholesterol level of 5 mmol/l or less was recorded in 80% of patients with CHD (an increase of 10% over 2004 - 2005).
 - On average, glycaemic control in patients with diabetes was adequate (Hba1c < 10) in 93% and excellent (Hba1c <7.4) in 67%.

Out of Hours Service (OOH)

NHS Lanarkshire took over the responsibility for the provision of OOH primary medical services in October 2004. There are five main primary care emergency centres in NHS Lanarkshire. In November 2005, a NHS 24 triage centre was established and integrated with the NHS Lanarkshire OOH service. The service was reviewed by Quality Improvement Scotland (QIS) in November 2005 and received a level three status, i.e. 'Provider is largely compliant with the standards'.

Key advances during 2005 - 2006 include:

- ◇ In 2005 - 2006, data from numerous sources was analysed to contribute to continual service review, this included: NHS 24 data, Local Adastra System (clinical outcome codes), Partnership Working/Feedback, Public Consultation (Picture of Health), Patient Satisfaction Survey and the first annual service review day.
- ◇ Since the QIS review, clinical governance support has been identified and a clinical governance programme has been developed. Some of these initiatives include Patient Information Review (including leaflets and electronic records), Risk Monitoring, Complaints and Clinical Incident Reviews.
- ◇ Specific developments which have enhanced patient care in 2005 - 2006 include:
 - Ensuring all OOH PCEC nurses have undertaken minor illness

practitioner courses and ensuring all OOH PCEC nurses undertake nurse prescribing courses.

- Developing community nursing staff to enable extended range of treatments to be provided in the community.

Locality achievements

Within the CHPs, the localities have continued to undertake local projects and participate to in national projects to benefit the population of Lanarkshire. Details of all the activity undertaken during 2005 - 2006 as recorded on the Health Improvement website can be viewed in Appendix 3.

FAMILY PLANNING AND WELL WOMAN CLINICS

Activity in these services has increased year on year since 2002.

Key benefits to patients include:

- ◇ Compared with 2004 – 2005, there was a 19% increase in tests for Chlamydia (2,177) and a 17% increase in STI screens (1,994).
- ◇ NICE recommendations were followed, and uptake of long-term methods of contraception (1,299) increased by 18% over the 2004 – 2005 figure.
- ◇ Evening clinics were introduced. As a result, the number of women attending for cervical screening (4,044) increased by 17% over the 2004 – 2005 figure.

COMMUNITY PHARMACY SERVICE

Efforts in the past year have concentrated on providing support for the successful introduction of the new Pharmaceutical Care Services contract.

Benefits for patients from the introduction of the new contract include:

- ◇ Every pharmacy in Lanarkshire now has a functioning connection with the NHS net and is able to provide the Electronic Minor Ailments Service.
- ◇ Patient group directions for the supply of Patients Own Medicines (POM) packs of Chloramphenicol eye drops and Fluconazole capsules have been prepared and disseminated.
- ◇ To allow community pharmacists to demonstrate their abilities and interest in the Public Health Service, they have been given the opportunity to become involved with the Managed Clinical Network for coronary heart disease (49 pharmacies have signed up for this). They have also been given the opportunity for greater involvement in the care of patients with substance misuse problems; ten pharmacies are piloting the scheme, with ten patients each over summer 2006. These schemes in which pharmacists collaborate with the MCN and ADAT are examples of good multidisciplinary working; they demonstrate its importance and its further potential.
- ◇ Participation by 66% of Lanarkshire pharmacies in the pharmaceutical care model schemes for asthma and epilepsy.
- ◇ All pharmacists in Lanarkshire are now providing stoma care products.

SPEECH AND LANGUAGE THERAPY SERVICES

Key benefits for patients:

- ◇ **Improved recognition and management of swallowing disorders and under-nutrition in Care Homes**
 - Patients with dementia and stroke often have difficulties with eating and are thus at risk of becoming under-nourished.
 - In 2003, Lanarkshire's speech and language therapists and dietitians developed a community training package on the recognition and management of swallowing disorders and under-nutrition.
 - Staff from 70% of the Care Homes in Lanarkshire have now attended the half-day training session and Care Home Managers have been provided with post-training feedback. Follow-up questionnaires indicate that the knowledge gained has been retained one year post training.
- ◇ **Reduction in waiting times**
 - Validation of all waiting lists across the nine localities is in progress.
 - For community paediatrics, the exercise is complete in all but one locality. 85 families, who had been waiting for 26 weeks or more were contacted; it was discovered that 37 no longer required an appointment. The impact of this reduction in numbers on waiting times has yet to be determined.

PUBLIC HEALTH

Key advances during 2005 - 06 include:

- ◇ **Smoking cessation**

The Smoking, Health and Social Care (Scotland) Act came into force in March 2006. The number of people setting quit dates, using Lanarkshire's smoking cessation services, was 1,919 in the 3 months before and 1,193 in the 3 months after the introduction of the Act. Of all those setting quit dates in the year to June 2006, 23% were from Lanarkshire's most deprived areas (where smoking is most prevalent) and 2.5% were from its least deprived areas.
- ◇ **Promoting breastfeeding**

In 2005, the Scottish breastfeeding rate at 6 weeks was 38%, but the rate in Lanarkshire was only 27%. The difference reflects the strong association between deprivation category and breastfeeding rates. NHS Lanarkshire faces particular challenges in creating change from bottle to breastfeeding. It has implemented a number of breastfeeding initiatives and has focused these on deprived areas.

The initiatives include:

 - The Breastfeeding Friendly Award Campaign set up in partnership with the Lanarkshire Breastfeeding initiative. It acknowledges shops and businesses that welcome and support breastfeeding on their premises. It aims to improve breastfeeding rates by increasing public acceptability.
 - Community Mothers set up in partnership with North Lanarkshire Council to expand the existing network of breastfeeding support. The Community Mothers are volunteers (registered with NHS Lanarkshire)

who have breastfed and who have also completed a breastfeeding training programme. They provide advice and support to pregnant women and to breastfeeding mothers.

- These initiatives appear to be having a positive impact. Breastfeeding rates are improving in Lanarkshire. Between 2003 and 2005, 6 week rates increased from 9 to 17% in South Coatbridge, from 9 to 12% in Motherwell North and from 17 to 22% in Blantyre/Hamilton.

◇ **Promoting healthy eating in pre-school children**

In 2002, 40% of Lanarkshire nurseries offered children fruit/vegetables every day. The percentage had risen to 90% in 2005.

In 2002, 36% offered chocolate or sweet biscuits as a snack. The percentage had fallen to 4% by 2005. Nurseries providing diluting squash drinks fell from 50%. In 2002 to 11% in 2005.

◇ **Towards better dental health**

All nurseries have been offered the tooth brushing programme, 95% have joined and 14,000 children are in the programme. 31,000 toothbrush packs have been distributed to pre school children and those starting school. This is also supported through the Dental Action Plan.

◇ **Sexual health**

A major development during 2005 - 06 has been the strengthening of sexual and reproductive health services. A Consultant in Sexual and Reproductive Health has been appointed, the first such post established in NHS Lanarkshire, along with a (G grade) sexual health nurse adviser and a secretarial post. The first steps towards the provision of an integrated service have been taken.

The secondary care component of the termination of pregnancy service was centralised at Wishaw General in February 2005 and has become well established. A marked increase in the percentage of medical terminations is now taking place and work is ongoing to reduce the current waiting time.

2

SUMMARY ANNUAL REPORTS FROM DEPARTMENTS SUPPORTING CLINICAL GOVERNANCE

2.1 Medical Education (Full Report at Appendix 4)

The Department of Medical Education continues its work on appraisal, staff competencies, development of clinical effectiveness skills and the use of IT in support of clinical effectiveness.

Developments in the year to April 2006:

- ◇ As a result of the success of its web site, the Department now leads a NES project to provide online training for junior doctors across Scotland.
- ◇ The Medical Education IT Department has developed an electronic patient handover system, which is used to support clinical care at weekends and during public holidays.
- ◇ Consultants can access an online booking system for training courses.
- ◇ In association with the department of Clinical Effectiveness, an online audit project management system has been made available to junior doctors

2.2 Practice Development (Full Report at Appendix 4)

The Practice Development Centre continues its work on practice development, quality improvement, clinical effectiveness, research supervision and patient safety.

Developments in the year to April 2006:

- ◇ The remit of the Centre has been extended to address the needs of Allied Health Professionals.
- ◇ Education sessions for nurses, dieticians and care home staff on the care of PEG (percutaneous endoscopic gastrostomy) feeding tubes.
- ◇ Seminars on critical reflection and on writing for publication.
- ◇ Involvement in research forums (HQWEST and CIHR) with view to increasing research capacity and capability.

2.3 Occupational Health & Safety (Full Report at Appendix 4)

Salus operates a Clinical Governance system in line with Scottish Executive guidance. The system follows the headings and process recommended in a Practice Standard issued for Occupational Health Services in the NHS in Scotland. The Department's arrangements and activities under each of the recommended headings were set out in the Health and Clinical Governance Report, 2004 - 2005.

Developments in the year to April 2006:

- ◇ A new database for audit of the ISO 9001:2000 Quality Management System has been implemented.
- ◇ Clinical audit of hearing loss, rehabilitation needs, pre-employment health assessment, and referrals of medical staff.

2.4 Nursing, Midwifery and Health Visiting (Full Report at Appendix 4)

Developments in the year to April 2006:

- ◇ Senior Nurses developed a tool for the annual audit of the Effectiveness of Nursing & Midwifery Care at Ward/Department Level. The audit examines management, staff development, communication, the fundamentals of nursing care and nursing records. First audits were carried out in most wards, and where significant issues were identified, action plans were developed to address them.
- ◇ New indicators for Patient Information, Drug Administration and Midwifery were completed. NHS Lanarkshire participated in the national pilot project of five indicators designed to measure the impact of nursing on patients' clinical outcomes.
- ◇ Nursing documentation is under review. A new Activities of Daily Living Assessment Form and a new Nursing Care Record were piloted.
- ◇ The Drug Administration Steering Group that deals with the administration, prescribing, supply, and storage of medicines, met regularly in each of the three acute hospitals. The Acute Operating Division Medicines Code of Practice was updated.
- ◇ The Primary Care and Acute Hospitals Nutritional Groups met regularly to monitor implementation of the NHS QIS Clinical Standards for Food, Fluid and Nutritional Care in Hospitals. The Nutritional Assessment Tool, which identifies patients at risk, was implemented.

2.5 Child Protection (Full Report at Appendix 4)

Developments in the year to April 2006:

- ◇ NHS Lanarkshire reviewed membership of its Child Protection Committees and subgroups in line with the revised guidance.
- ◇ In total, 2146 staff members had some form of Child Protection Training.
- ◇ A universal assessment framework and child health record, developed by a West of Scotland group, was piloted in Airdrie.
- ◇ The guidance for Health Professionals working in hospitals was revised and was then redistributed to all clinical staff.
- ◇ A Child Assessment Form was developed and implemented in Lanarkshire's three A&E Departments. It is designed to ensure that all children under 16 who attend A&E are screened for Child Protection Concerns.
- ◇ Medical staff developed an Inpatient Child Protection Pathway to ensure a seamless service for children admitted to hospital following

identification of injuries.

- ◇ The West of Scotland MCN implemented Lanarkshire's Assessment Form and Inpatient Pathway (above) across the network.
- ◇ An audit of School Nurses' involvement in the Child Protection system was carried out throughout NHS Lanarkshire. A management information system is under development.

2.6 Podiatry

The Podiatry Clinical Governance Group continues to meet bi-monthly to consider Podiatry specific local and national clinical governance issues. This group comprises of a representative from each Primary Care Locality and a representative from the Podiatry Service within the Acute Division. The group is chaired by the Practice Development Co-ordinator for the Podiatry Service.

Regular appraisal and dissemination to the service of good practice on local or national initiatives continues to be a major function of this group. Clinical governance and effectiveness also forms a standing item on the monthly Team Leaders meetings with the Podiatry Head of Service.

NHS Lanarkshire Podiatry Service also provides representation to the Podiatry Clinical Effectiveness Forum for Scotland, which in turn reports the to NHS Quality Improvement Scotland, Allied Health Professions Clinical Effectiveness and Practice Development Forum.

The Podiatry Service undertook a number of audit projects during; particularly participation in the National PCAT Audit, as directed by Health Protection Scotland, this was a major undertaking which required significant contribution and co-ordination.

A selection of audits either completed, or initiated, during 2005 - 2006, is provided in the table below:

Podiatry Service Audit Activity			
	Audit Title	Year	Status
1	Participation in the National P-Cat Decontamination Audit of all Podiatry sites	2005 - 2006	Completed
2	Annual Record Card Audit	2005 - 2006	Completed
3	Foot Health Education in Primary Schools	2005 - 2006	Completed
4	Audit of New Patient Referrals received by Hamilton Locality	2005 - 2006	Completed

2.7 Area Drug and Therapeutics Committee (Full Report at Appendix 4)

Developments in the year to April 2006:

- ◇ Dynamic Joint Lanarkshire Formulary established.
- ◇ Information from Scottish Medicines Consortium cascaded to prescribers in regular Bulletin.
- ◇ Efforts continuing to improve reporting of medication incidents and adverse drug reactions.
- ◇ Planning support of education of supplementary prescribers.

2.8 Clinical Effectiveness

Developments in the year to April 2006:

- ◇ There were two NHS QIS reviews. A full review of Maternity Services and an interim review of Food, Fluid and Nutritional Care in Hospitals.
- ◇ The format for clinical indicator reports was standardised. Existing Microsoft Access reports were converted to Crystal reports.
- ◇ The Department continued to contribute to the national and local development of Stroke and CHD audit systems and, with clinicians, developed a suite of clinical indicator reports for both.
- ◇ Cancer audits continued in line with ISD and WoS MCN programmes. Audit of acute leukemia began in January 2005.
- ◇ A web-based system for registration and maintenance of clinical audit projects was developed.
- ◇ All locally generated audit projects (including educational audits) now submitted to the Department via the on-line project register. Advice and supervision are provided by the Department.
- ◇ All Clinical Governance Co-ordinators attended Microsoft Access training as part of the NHSQIS funding for Clinical Effectiveness training.
- ◇ The Department supported the development of QOF compliant practice leaflets during 2005 – 2006.

2.9 Risk Management (Full Report at Appendix 4)

Developments in the year to April 2006:

- ◇ NHS Lanarkshire purchased an integrated electronic web-based Risk Management System (DATIX) with a dedicated Incident Reporting Module. The system is being implemented across Lanarkshire and, in the Acute Division, is replacing the system used previously.
- ◇ Training on the Principles and Techniques of Root Cause Analysis continued; a further 72 Senior Staff members across NHS Lanarkshire attended this year.
- ◇ The following serious incidents were investigated and recommendations were made:
 - Suicide and attempted suicide in Old Age Psychiatry and an acute receiving area.
 - Death, within 24 hours of admission, of a patient for whom no CCU bed had been available.
 - Adverse reaction to blood transfusion due to misidentification of patient.
 - A Risk Assessment was undertaken within premises that provided care to high dependency 'Continuing Care' patients. As a result, the patients and staff were transferred to another care area within NHS Lanarkshire.

2.10 Allied Health Professions (Full Report at Appendix 4)

The Allied Health Professions (AHPs) are: Audiology, Dietetics, Occupational Therapy, Orthoptics, Physiotherapy, Podiatry, Radiography and Speech and Language Therapy.

Key advances during 2005 - 06 include:

- ◇ General Practices in the East Kilbride and Hamilton localities have participated in the orthopaedic outpatient project led by the Centre for Change and Innovation (CCI). AHPs have taken a leading role in the management of the project. Service redesign has featured extended roles for physiotherapists or podiatrists; the aims are to improve orthopaedic conversion rates, free up time of consultants and other medical staff, and at the same time to improve access and reduce drug costs.
- ◇ The SEHD commissioned a census to ascertain the magnitude, variety and diversity of AHP caseloads. On Wednesday 14 September 2005 all Allied Health Professionals (AHPs) in Scotland were asked to record the total number of patients seen on that day with anonymised details of up to ten of them. This information will form part of a consultation process validating AHP core data standards for the National Clinical Datasets Development Programme (ISD).
- ◇ A number of AH Professionals participated in Health Protection Scotland's National PCAT Audit.
- ◇ Senior AHP representatives met June Wylie, AHP Officer of Quality Improvement Scotland, to discuss the way forward for AHP clinical governance arrangements at national, regional, and local levels.
- ◇ All of the AH Professions are involved in National and Regional AHP Clinical Effectiveness Networks supported by QIS.
- ◇ There has been an AHP secondment to the Practice Development Centre. The main aims of the post are to scope out and refine training/development needs and to identify suitable Development Programmes for individual AHPs and for AHP staff groups.

Speech and Language Therapy Services (Full Report at Appendix 4)

Involved in a number of ongoing projects which were initiated to facilitate the implementation of the Education (Additional Support for Learning) (Scotland) Act. Some of their expected benefits are outlined below.

Benefits to patients and service providers:

- ◇ Simpler and faster access to services and professionals
- ◇ Improved communication between users and service.
- ◇ Achievement of tangible reductions in waiting times.
- ◇ Development of a Needs Assessment Tool.
- ◇ Provision of support for children with speech and language difficulties.
- ◇ Effective ways to strengthen communication links with North Lanarkshire and South Lanarkshire Councils highlighted and integrated working across Lanarkshire thus promoted.
- ◇ Child and parent involvement in the design and delivery of services resulting in an effective way of improving services.
- ◇ Early identification of visual problems in children to ensure adequate

support offered to maximise potential.

- ◇ AHP Training to ensure that knowledge, tools and leadership capabilities are in place to meet the impending changes to service delivery that the ASL Act will bring.
- ◇ Areas of good practice highlighted where service users and service providers work in partnership.
- ◇ Development of Lanarkshire Autism Diagnostic Service (LADS), as an extension of an Autism assessment clinic which was established in Cumbernauld in September 2000.
- ◇ Audit of a sample of Speech & Language Case Notes.
- ◇ Projects on the CLIP Web-site:
 - Nutrition and Swallowing Workshop
 - Voice Workshop for Teachers
 - You Make The Difference
 - Evaluation of Local Diagnostic Service for Children with Autistic Spectrum Disorder in South Lanarkshire.

APPENDICES: PAGES 25 – 139 SEE ATTACHED CD

**APPENDIX 1: Managed Clinical Networks
Annual Reports 2005 – 2006**

Coronary Heart Disease
Vascular Services
Diabetes
Stroke

**APPENDIX 2: Mental Health Clinical Governance Initiatives
2005 - 2006**

**APPENDIX 3: Primary Care Clinical Governance Initiatives
2005 – 2006**

Airdrie
Clydesdale
Coatbridge
Cumbernauld/Kilsyth
East Kilbride
Hamilton/Blantyre/Larkhall
Motherwell
Primary Care
Wishaw

**Department of Clinical Effectiveness (AOD)
Annual Report Incorporating Research &
Development 2005 - 2006**

**APPENDIX 4: Annual Reports from Departments Supporting
Clinical Governance 2005 – 2006**

Medical Education
Practice Development Centre
SALUS
Nursing/Midwifery and Health Visiting
Child Protection
Lanarkshire Area Drug & Therapeutics
Committee (AD&TC)
Risk Management
Allied Health Professionals
Speech & Language Therapy Services

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