

NHS Lanarkshire Board
Primary Care Out of Hours Services
Report for March 2007 & Easter 2007

1. Introduction

The purpose of this report is to provide the Board with information on both the levels and standards of service delivery for the month of March 2007 and also over the Easter period

2. Performance for March 2007

a. Activity Levels

All Lanarkshire patients contacting NHS 24 undergo triage either by NHS 24 or a locally based nurse in the Satellite centre. When there is no demand from Lanarkshire patients, satellite nurses provide triage for other health board areas. The satellite handled 26% of all calls from Lanarkshire patients.

Table 1. OOH Activity Figures

	March 2007
Local Satellite Calls relating to Lanarkshire patients	2787
Calls taken by other NHS24 Centre for Lanarkshire	7614
Total calls triaged for Lanarkshire patients	10401
Activity presenting outside of NHS 24	343
TOTAL ACTIVITY	10744
Calls from other Board areas dealt with by Satellite	1374

Targets for activity by outcome, which are in line with NHS 24 published targets, have been adopted by NHS Lanarkshire. Currently the service is meeting target performance as can be seen in Table 2. The target for advice during the Easter period was however only 34%

Table 2 Activity by Patient Outcome

	Mar 07	Target
PCEC attendance		35-45%
Home Visit		<15%
Self-care advice / refer outwith Primary Care		>40

See Appendix 1 for further details

Table 3 sets out performance on forwarding OOH data to GP practices; the target is being exceeded.

Table 3 NHS Lanarkshire OOH service Activity

	Mar 07	Target
Data returned to GP Practice by 0930 on next working day	99%	95%

b. Response Times

The response time is a measure of the time from handover of care by NHS 24 to completion of care by OOH services. In crude terms the target of dealing with 95% of activity within four hours was achieved.

However, there are a number of factors outwith the control of NHS Lanarkshire that influence the number of contacts that fall within each priority category that is within 1 , 2 and 4 hours. Work is underway to modify the data to more truly reflect NHS Lanarkshire performance. The hub has modified handover of home visits to cars to ensure all high priority calls are visited as a priority. An audit of the clinical appropriateness of urgent home visits is planned for April.

3. Service Delivery Issues for March 2007

a. Front-line staff

All doctor sessions were filled during March with no agency doctors employed.

b. Multi-disciplinary Service Delivery:

Paramedics are now undertaking Home Visits supported by doctors within the hub of local centre. There are protocols in place for the type of visits being undertaken and a regular audit is carried out by both the Out of Hours service and the Scottish Ambulance Service.

c. Complaints

There were 5 complaints received via patient services for the Out of Hours service during March 07. All have received a response.

4. Service Development issued addressed in March 2007

a. Education and Training

A package has been agreed with the West of Scotland postgraduate education department to offer CPD to all salaried doctors and all OOH salaried staff. All OOH doctors have now completed their appraisal. A pilot exercise with NES is underway to establish monitoring and sign off procedures for nurse competencies

b. QIS

A positive response has been received by NHSL regarding the recently submitted action plan. Our average score has increased by 0.2 to 2.8 indicating a positive trend. Work continues locally with a resubmission planned for January 2008, in line with all NHS Boards.

c Pharmacy:

A national labelling change to exclude ambiguity in dosage was implemented on the 16th of April as a result of an adverse incident reported by a patient in Lanarkshire. The patient has been thanked for reporting the incident and advised of actions.

5. Report for the Easter Period

a. An Overview

The service was in operation from Thursday 5th April 07 at 1800 until Tuesday 10th April 07 0800. The service provided cover for the population of Lanarkshire from the five centres across the county based at the acute sites in Hairmyres, Monklands and Wishaw as well as Cumbernauld and Lanark.

In total the service received 3,445 calls over the four day period and as a result undertook 1876 face to face contacts at the PCEC and 418 Home Visits.

The vast majority of the activity occurred at the three main sites amounting to 1685 spread relatively evenly across the sites. Cumbernauld dealt with 131 patients and Lanark 60

b. Delivery Issues

Following a review of the festive period a number of changes were made to service delivery prior to the Easter holiday

1. Relocation of Primary Care Centre at Monklands

The availability of space within the Accident and Emergency department at Monklands Hospital was identified as an area where both the acute and primary care services competed for space to see their relevant patients. This had the effect of patients being delayed in receiving their treatment and thus impacting on both services performance targets.

Following discussions between the Service Manager for Out of Hours and the Service Manager for Medicine at Monklands a decision was made for the Out of Service to relocate to the Orthopaedic outpatient department for the Easter period.

Arrangements were put in place for the Out of Hours IT software to be installed with the Orthopaedic department and all other equipment was relocated on the Thursday evening prior to the holiday period.

A total of 4 rooms were made available for use although the service only required 3 to be used during this period. These rooms were manned by 2 Doctors and 1 Nurse during peak activity times. As a result of the move patients were seen faster, appointment times were able to be maintained within acceptable levels and staff were happier due to less pressure.

Nursing staff were able to see their own patient groups thus assisting in a more integrated way than had previously been available. Subsequent feedback from staff following the holiday was very positive.

2. Directing Patient Demand

Previously patients had always been given an appointment at the centre closest to where they lived. This had the effect at times of causing uneven waiting times and longer than necessary waits as capacity was not being maximised.

For Easter, Out of Hours control centre staff were instructed to use all appointments available in each centre prior to double booking appointments. An example of this was a patient living nearer to Monklands could be made an appointment at Cumbernauld. An evaluation of this process will be undertaken shortly and any additional cost associated regarding transport will be identified.

At the time of writing this report no complaints have been received from patients unhappy with this arrangement.

3. Conclusion

The changes to service delivery had an impact over the Easter period and were well received by staff. An evaluation of the service will be carried out with particular reference to any complaint received over that period. The service will make a decision as to whether the change should be made permanent.

APPENDIX 1

Activity by Outcome & Location for March 2007

	W	H	M	L	C	Sat	Total	%
Advice NHS 24/ Doctor						4938	4938	46
Centre Visits	1279	953	1241	311	376		4160	39
Home Visits	315	330	338	251	199		1433	13
District Nursing						213	213	2
Total Activity							10744	

APPENDIX 2

Key Performance Indicator – Full Suite

Category	Performance Measurements	Comments
Call Handling	NHS24	Reported
Call triage	NHS24	Reported
Call passage to NHS L Hub	NHS24	Reported
Response times for PCEC & Home visits	95% target	Reported
Data returned to GP Practice by 0930 on next working day	95% target	Reported
Clinical Incidents	100% completion, where possible, within 20 working days	As per NHS Scotland Guidelines
Complaints	100% completion, where possible, within 20 working days	As per NHS Scotland Guidelines
Patient satisfaction surveys	Will be undertake annually with NHS 24	In conjunction with NHS 24
OOH Community Nursing	90% response time with 4 hours	Will be included in next report
NHS Satellite Performance		Completion of KPI by next OOH Exec meeting
Dental KPIs		Completion of KPI by next OOH Exec meeting
Clinical Records quality		Completion of KPI by next OOH Exec meeting