

Meeting of
Lanarkshire NHS Board

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SUBJECT: PRIMARY CARE OUT OF HOURS REPORT: November 2007

1. PURPOSE

The following report has been compiled to provide the Board with an up to date position on the performance of the Out of Hours Service.

2. SUMMARY OF KEY ISSUES

Activity levels are slightly higher than last month which is in line with the predicted rise during winter months.

Detailed performance figures on Home Visits cannot be generated this month due to ongoing IT issues at NHS 24. Remedial action has been taken by NHS 24 and the system has been stable for the second half of November.

An audit of home visit requests shows that a significant number are inappropriate in terms of urgency. These results are being shared with partner organisations for action.

Educational sessions covering Child Protection and Death Verification & Certification have been well attended by OOH clinical staff.

3. ACTIONS FOR THE SERVICE

Winter Planning is the main focus for the OOH service at present with accommodation arrangements, recruitment and communications all on schedule.

4. RECOMMENDATION

The Board is asked to note the performance of the Primary Care Out of Hours Service during November 2007.

5. FURTHER INFORMATION

For further information or clarification of any issues in this paper please contact.

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Summary Activity & Performance Report for November 2007

Descriptor	Oct 2007	Nov 2007	Narrative		
a. OOH ACTIVITY					
Number of patients calling NHS 24 in OOH period	9081	9374			
Number of NHS L patients triaged in local centre	2118	2430			
% NHS L triaged in local centre	23%	26%	% rising which is desired trend		
Total calls triaged in local centre	4479	4977			
Total number of patient contacts with OOH Services	9661	9970	Demand in line with predicted figures.		
b. OOH PERFORMANCE			Target		
Time for NHS 24 nurse to commence consultation				KPI monitored by NHS 24	
<ul style="list-style-type: none"> % urgent commenced within 20 minutes % non urgent commenced within 60 minutes 	94% 91%	94% 91%	95% 90%		
Response time for Home Visits				This figure cannot be generated this month due to IT issues at NHS 24 where a significant % of codes for Home Visit requests are inaccurate and require to be modified manually. As a result a valid report cannot be generated. No new performance issues to be reported. Home visit audit results attached, Appendix 2.	
<ul style="list-style-type: none"> 1 hour 2 hours 4 hours 	175 – 74% 379 – 89% 451 – 95%	Not available	95% 90% 90%		
Total home visits	1140				
Percentage of rostered doctor sessions filled	96%		100%		100%
Data to GP Practice by 0930 on next working day	99%		100%		99%
Dental performance					See Appendix 1 for more details 3 Patients were referred to A&E
<ul style="list-style-type: none"> Total No of contacts Advice 	465 179 (38.5%)	346 158 (45.7%)			
Face to Face Contacts	286 (61.5%)	188 (54.3%)			
Emergency Appt – Weekend Clinic	66.1%	62.8%			
Next Day Appt	30.1%	35.6%			
A&E	3.8%	1.6%	<3%		
Community Nurse Performance					
<ul style="list-style-type: none"> No of new referrals Total no of home visits 	287 2342	314 2388	Stable service. No new issues to report.		
c. CLINICAL GOVERNANCE					
Clinical Incidents					
Complaints			The one outstanding complaint is still within timeframe		
<ul style="list-style-type: none"> No. received No. responded within standard 	3 1	4 3			

**REPORT DENTAL TRIAGE – MONTH OF NOVEMBER 2007
PERIOD – 5/11/07 TO 2/12/07**

1. NUMBER OF CALLS HANDLED DURING THE MONTH

A total of **346** phone calls were handled by Dental Triage Nurses (DTN) at the Hub in Hairmyres Hospital.

On average 86.5 calls were handled on a weekly basis. This is a lower weekly call rate than last month where on average 93 calls were handled each week.

This period more phone calls were made at weekends than during the normal working week (Monday to Friday). **212 (61%)** phone calls were made at weekend and **134 (39%)** phone calls were made during the normal working week (Monday-Friday).

The percentage of calls made during the normal working week increased by 2%. For the last four months the majority of calls were made at weekends and this trend is worth keeping under review. It is important that we monitor these shifts in call patterns and have the flexibility to ensure that we have the resources in place to cope with the need.

2. EFFECTIVENESS OF TRIAGE

Of the **346** phone calls made **188 (54.3%)** were given an appointment and **158 (45.7%)** were not given an appointment. The **158** patients who were not given an appointment were given advice e.g. reassurance, pain relief, seek an appointment with on dentist own dentist etc.

The triage system continues to be effective with more than 4 out of 10 callers not requiring an appointment to see a dentist. This is similar to previous months.

3. APPOINTMENTS MADE

Of the **188** patients given an appointment **118 (62.8%)** were given an appointment for the weekend clinics in Wishaw General Hospital, **67 (35.6%)** were given an appointment for next day 'Monday-Friday' care and **3 (1.6%)** attended A&E.

Compared with last month the percentage of patients given an appointment for next day 'Monday-Friday' care increased by 5.5%.

3.1 A&E APPOINTMENTS

3 patients (**1.6 %**) were given an appointment with A&E.

Compared with last month a 2.2% decrease in appointments for A&E has been reported. The target is to keep referrals to A&E to fewer than 3%

4. FAILED TO ATTEND

Over the period **17** patients (**9%**) of those given an appointment failed to attend.

This is lower than last month. Although FTAs take pressure off the clinics it is disappointing that so many patients who have been triage fail to keep the appointment. Further work could be carried out to find out why these patients FTA.

5. GENERAL UPDATE

Overall over the period LEDS operated mostly as anticipated.

Appendix 2

**NHS L OOH Services Urgent Home Visit Audit
October & November 2007**

Urgent home visits (1 hour & 2 hour requests) performed by the OOH services during one Sunday in October 2007 (7th) & another in November (18th) have been audited to assess the appropriateness of the requests and also to establish any other trends. Home visit requests come mainly from NHS 24 with a small number directly from Care Homes and District Nurses within NHS Lanarkshire.

Summary Results:

	1 hour Home Visits	2 hour Home Visits
Demand – number of requests	40	48
Demand as % of total HV requests	26%	35%
No of appropriate requests	14	41
% appropriate requests	31%	85%
No patients > 65 years	26	33
% patients >65 years	65%	69%
No patients from Care Homes	10	15
% patients from Care Homes	25%	31%
No patients admitted	17	15
% patients admitted	42%	31%

Age Profile:

Age	<1	1-4	5-14	15-24	25-34	35-44	45-54	55-64	65-74	75-84	>85
No of 1 hour HV	1	1	0	1	0	3	5	3	8	11	7
No of 2 hour HV	0	0	0	1	2	1	4	7	5	19	9

Clinical trends:

- 17 (19%) requests from patients with cancer; 10 requests within 1 hour (25% of all 1 HV's) and 7 within 2 hours (20% of all 2 hour HV's). Only two patients was admitted to hospital.
- 13 (15%) requests related to COPD/chest infections
- 6 (7%) requests related to possible CVA
- 5 (6%) requests for death verification; 2 of which were from Care Homes

Key Findings:

- A high proportion, almost two thirds, of all requests for home visits were categorised by the requesting organisation as urgent
- Of these, more than two thirds of requests for 1 hour home were inappropriate; whereas most requests for 2 hour home visits were appropriate (85%)
- Just under one third of all requests came from patients in Care Homes
- Just over a third of all patients visited were admitted to hospital

Recommendations:

- Urgent HV requests place considerable demand on OOH services. It is recommended to referring staff that all home visits should be requested within a 4 hour timeframe and should only brought into a tighter timeframe where patient care may be adversely affected, e.g. terminally ill patient in severe pain. It is clear from this audit and a similar audit carried out earlier this year that further work needs to be done by referring organisations to reduce the number of urgent HV requests.
- Anecdotally the number of requests for home visits from Care Homes has been reported to be rising; the number and urgency of these requests will continue to be monitored. Further dialogue with Care Homes may be required.
- It is recommended that the use of the death verification policy by Care Home and other community staff is reviewed.

