Borders NHS Board

UPDATE ON OUT OF HOURS PRIMARY CARE – NOVEMBER 2014

Aim

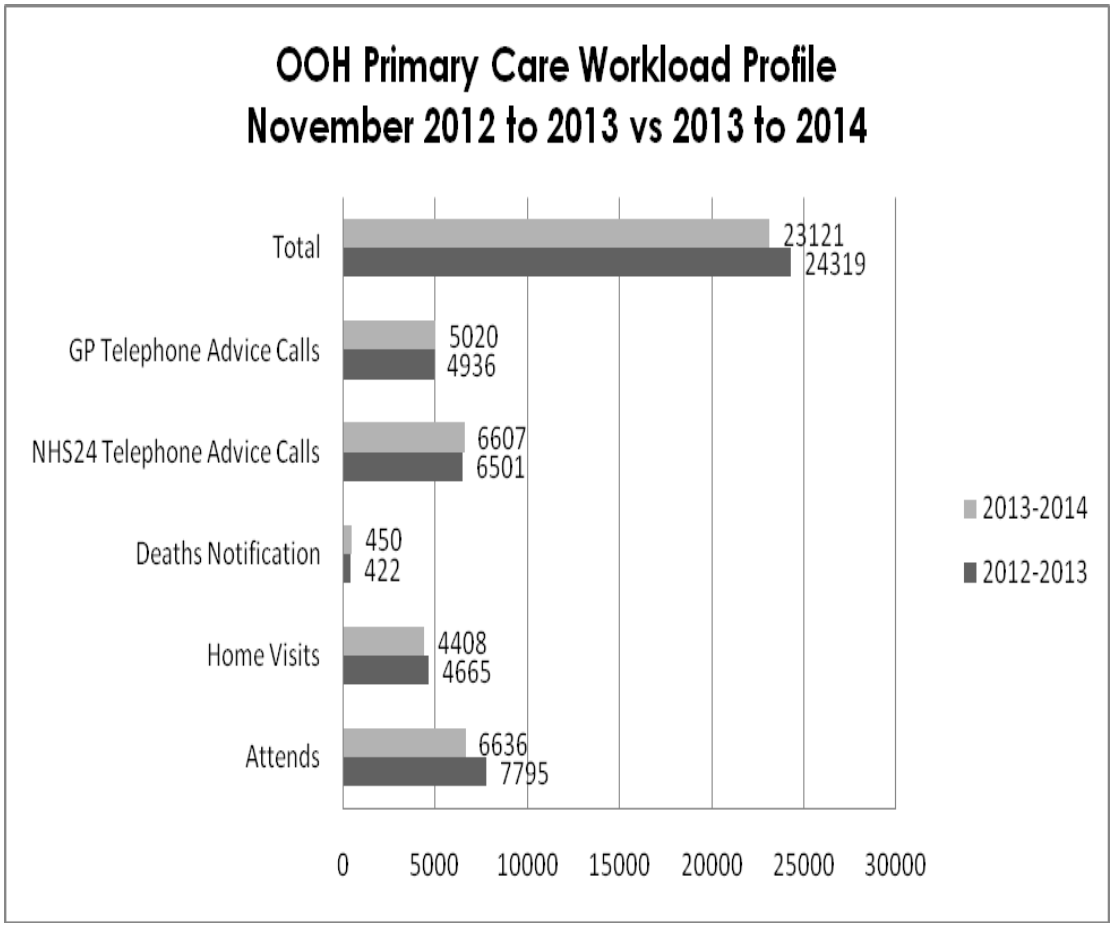
Borders Emergency Care Service provides Out-Of-Hours care to the 116,000 residents living within the NHS Borders area. In this update we wish to inform you of the ongoing challenges faced by the service, service developments to increase service sustainability and progress in achieving the HIS Quality Indicators for Out-of-Hours Primary Care.

Background

Workload

From November 2013 to November 2014 BECS and NHS24 dealt with 23121 care episodes for patients resident within the NHS Borders area. 60.52 % of the cases dealt with by the service were passed following triage by NHS24. The remainder of calls dealt with locally originated from patients who had accessed the service either via another healthcare professional such as a nurse, pharmacist or paramedic or due to their care needs (such as palliative care patients) had direct access to the service.

The workload undertaken by BECS over the last year was as follows:



Challenges:

Over the last 2 years as is common with all OOH services within Scotland, BECS has struggled to recruit enough Salaried GP staff to meet the needs of the service. There has been an ongoing and continuous recruitment exercise for both Salaried and Sessional staff however the service has been unable to recruit further permanent members of Salaried GP staff.

This lack of the ability to recruit GPs threatened the long term viability and sustainability of the service. There were inadequate numbers of staff available to provide cover to peripheral sites in Hawick, Kelso and Duns as well as the BGH.

The cover being provided peripherally was sporadic at times and there was the risk that were patients to present there that there may be no GP on duty or that the GP may be out for a protracted period of time on home visits.

Due to these risks and concerns the service required to be centralised to ensure safety and stability and this was undertaken initially in the evenings in Autumn 2013 and throughout the OOH period in January 2014.

There were concerns expressed over the last year by the Deanery regarding our ability to support the GP trainees due to the falling numbers of Salaried GPs working within the service. We have also experienced the challenges that have come from requiring to develop and support new nursing staff in their transition to become fully functioning OOH Nurse Practitioners.

Positive Service Developments:

Over the last year the remuneration provided to the GPs working under both Salaried and Sessional contracts has been reviewed and benchmarked against other OOH services. Although this has failed to result in any recruitment of Salaried GP staff, there have been a number of new Sessional GPs engaged. New GP staff members joining the service are committing only to ad-hoc and infrequent shifts which fit in with their other commitments however and this has not therefore allowed us to restore peripheral cover.

We have seen a decrease in the use of Locums engaged via Locum Agencies over the last few months due to the increased engagement of Sessional staff. This is reassuring in that service stability is assured when we have confidence in both our knowledge of the clinicians and their knowledge of our ways of working, protocols and expectations.

We have a stabile, high quality and very enthusiastic team of nurses which has increased in number during the year. The new nurses bring with them the skills and experience they have previously gained working in both secondary care and community hospitals.

Our performance has improved and now both meets and exceeds in some cases that provided by other OOH services in Scotland. Performance data is included later in this report.

What developments have occurred over the last 12 months to drive the positive change that we have seen?

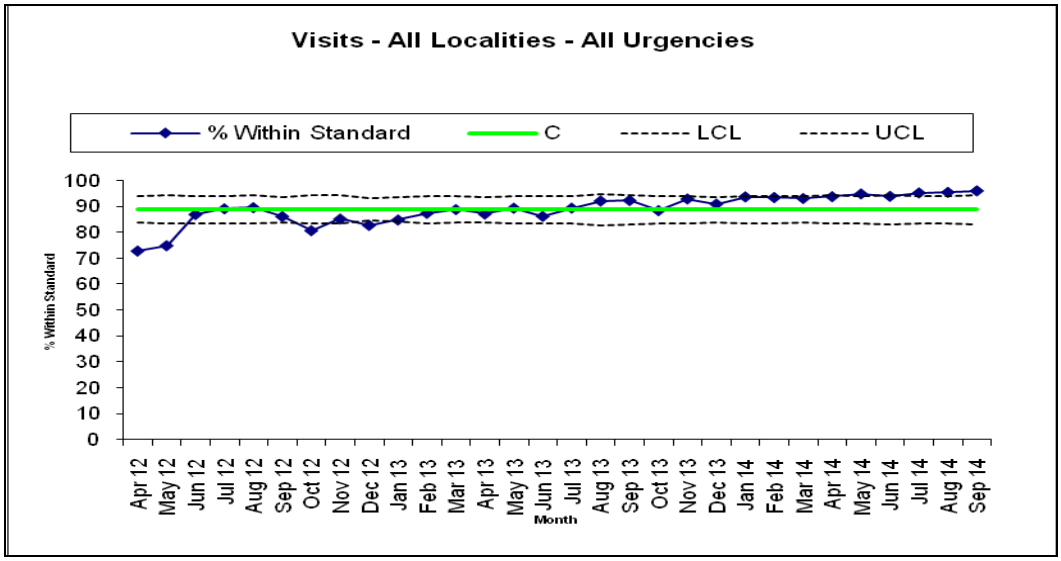
The changes which have occurred are:

1. In Autumn 2013 the decision was taken to centralise the evening provision of service to the Borders General Hospital from the previous service delivered from BGH, Hawick and Kelso/Duns.
2. In January 2014 the decision was taken to centralise all care to be co-ordinated and delivered from BGH.
3. In January 2014 3 new OOH nurses were engaged and began training to allow them to undertake the majority of the work previously undertaken by GPs. Other members of the team have undertaken further training in assessment and prescribing. A recent recruitment exercise had over 30 applicants for the nursing positions that were available.
4. A service evaluation exercise was undertaken to identify how much of the work previously undertaken by GPs could be delivered by nursing staff. It was identified that around 70% of the workload delivered by the service could be undertaken by nursing staff although at a slower pace and with supervision required initially. There is a hope with time that this will increase significantly as the skills and confidence in particular of the new nursing staff increase.
5. GP shift times were adjusted to ensure service stability and reliability as well as support for both trainees and the nurses. GPs are now working in a more efficient manner during shifts to increase patient contact time.
6. In April 2014 OOH Nurses began working during the daytime at weekends. This allowed opportunities for the nursing staff to receive educational support where necessary from the medical staff but also allowed for patient visits to be undertaken across geographical boundaries and across the traditional boundaries of care delivered by either doctors or nursing staff. This change has resulted in a sustained improvement to our visit performance and has helped us address previously identified concerns particularly during the gap period in change over between daytime and evening community nursing provision.

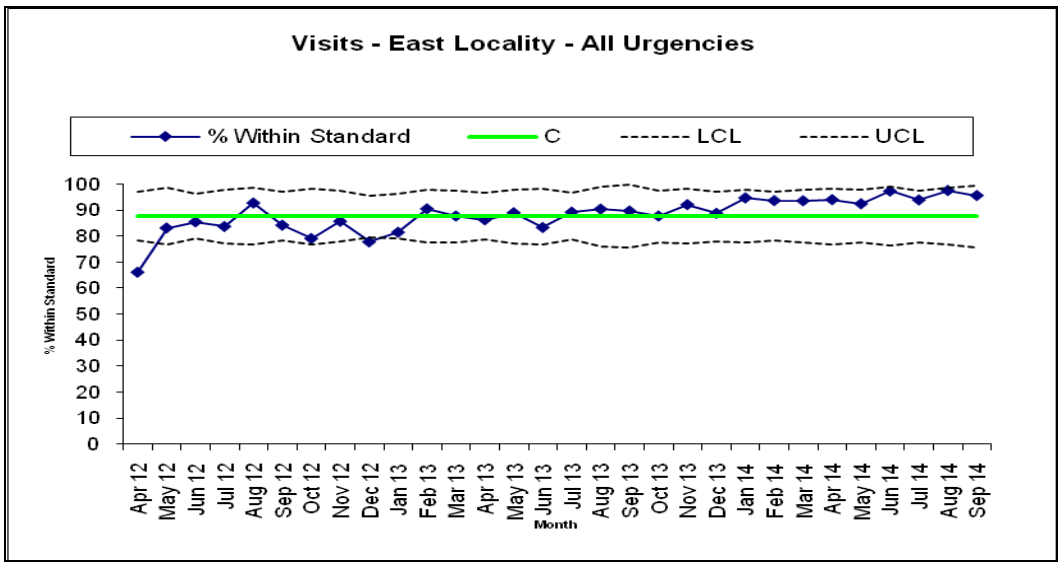
7. There has been engagement with the Advanced Paediatric Nurse Practitioners in BGH and at times such as Public Holidays when demand is high they have provided support to the service to ensure that children are seen in a timely and efficient manner.
8. A Quality Improvement Zone has been developed within BECS and the BECS management team have been working closely with the Clinical Governance Team.
9. Equipment and drug stocks have been rationalised to reduce waste and ensure continuity of supply.
10. The Deanery are now satisfied regarding the support provided to the trainees and a number of last years trainees have joined us as Sessional GPs.
11. There is now a flexible rota combining nursing and medical staff to ensure that cover is sustainable and robust with each clinician working as part of a whole team rather than as an individual with a 'badge'. Visits are now dealt with across the geographical boundaries which existed previously which ensures timely care for all.
12. Closer working relationships have been developed with both Scottish Ambulance Service and NHS Borders Mental Health team. Paramedics are currently undertaking placement within BECS to increase their exposure to minor illness and allow development of their confidence. Enhanced professional to professional dialogue now takes place in real time with SAS clinicians.

Performance Update

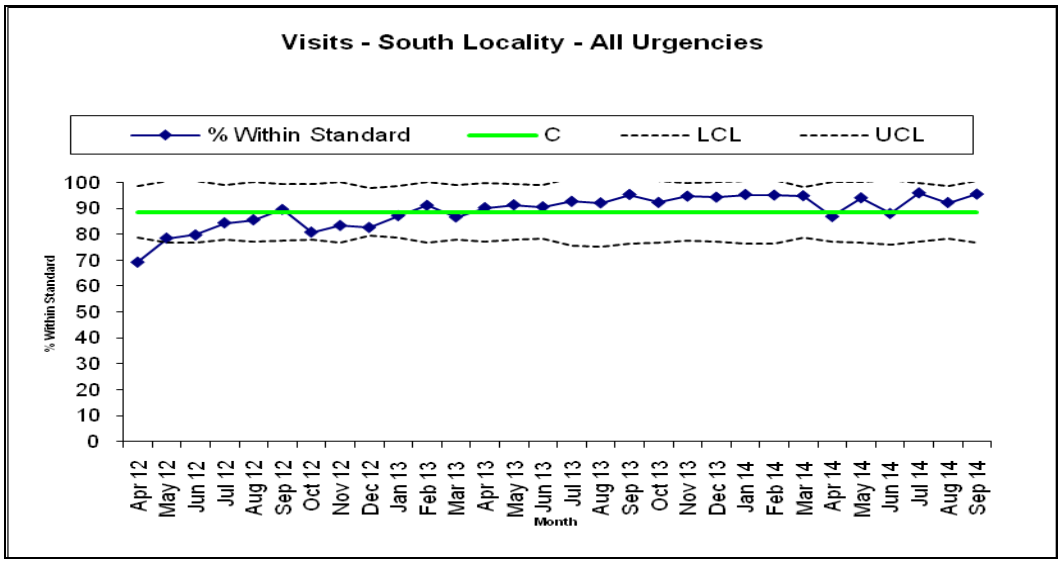
The data overall shows that our visit performance across all localities has improved as detailed in the chart below:



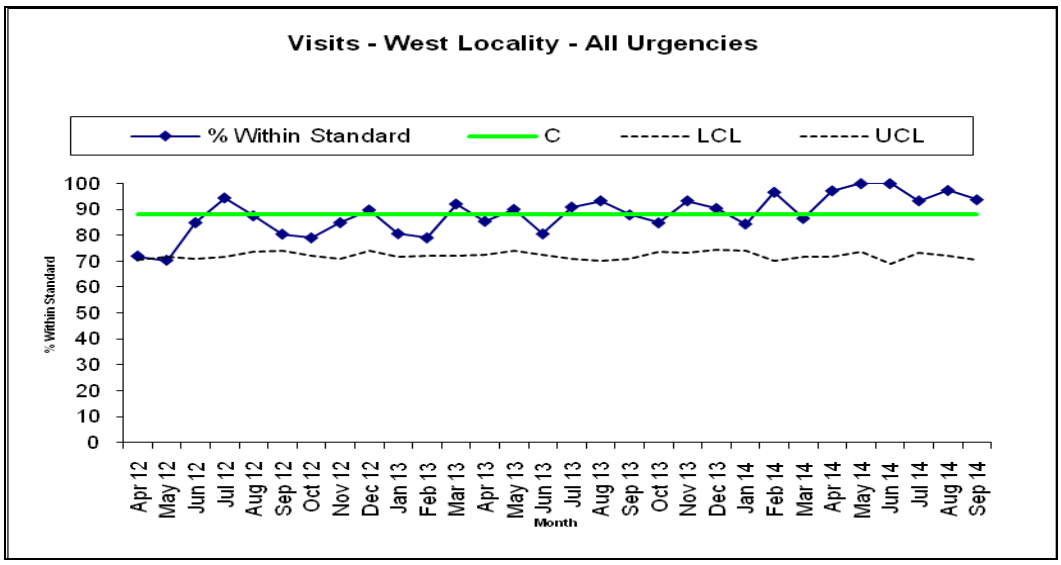
Data for individual localities has also been explored with regard to visit response times:



The East locality for BECS encompasses patients whose nearest Community Hospital would be Duns or Kelso.
Visit performance in the areas of Hawick & Newcastleton has also shown a degree of improvement too:

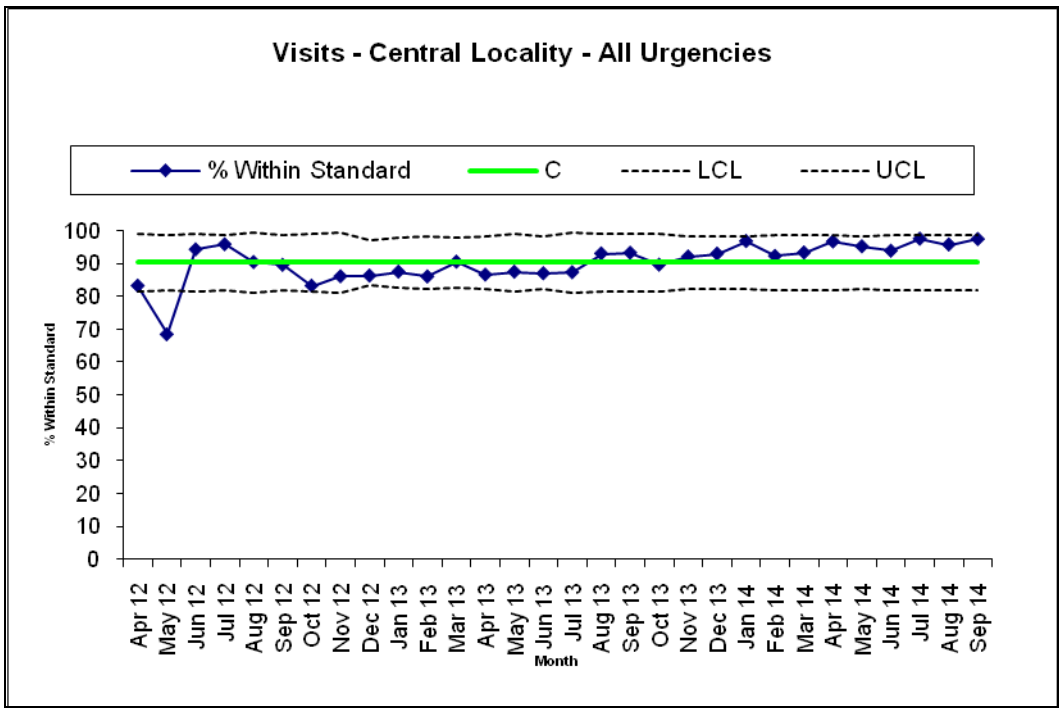


Visit performance is also reassuring for patients in the Peebles, Innerleithen and Walkerburn areas. Patients in this area have seen an upward shift in their performance particularly since the introduction of daytime nursing staff at weekends from April:



GP cover for patients registered with the practice in West Linton has been historically been provided by Lotian Unscheduled Care Service and continues to be at present.

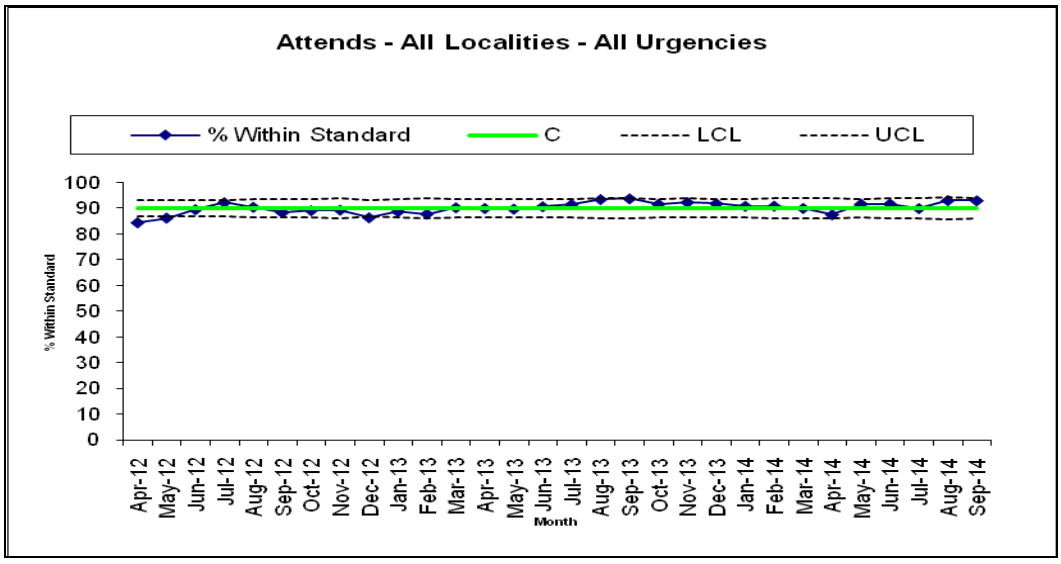
There has also been improvement in performance in the area which was historically served from the BGH too:



What does this mean in real terms?

ISD are currently undertaking a data quality assurance exercise around data extraction for the Health Improvement Scotland Quality Indicators for Out-Of Hours Primary Care. Provisional data from ISD has shown that NHS Borders had the best visit performance in Scotland from April to July 2014.

Attendances to Primary Care Emergency Centre:



This chart illustrates that service continues to see patients requiring a face to face consultation in our centre in a timely manner.

Patient Satisfaction

Looking at patients attending to be seen at BGH a Patient Satisfaction Survey asking one simple question "Were you completely satisfied with the care you received from the Out of Hours Service on this occasion?" was undertaken in June and July of 2014. Of the respondents 94.4% were completely satisfied.

Some of the positive comments made were:

"Very efficient, I was seen quickly and given all the information and help that I needed."
"Excellent. Speedy, helpful and efficient."
"Excellent service. Everything explained in detail, both nurse and GP thoroughly professional."
"Out of hours service was very quick and pleasant to me and I received the treatment I needed there and then."

Other indicator performance:

Indicator 3.1

Proportion of primary care out of hours consultations during which the patient's electronic care summary (ECS) is accessed.

Recent data shows 100% of patients consulting have had their ECS checked where this data has been available. Where there is an eKIS present this will also have been checked.

Indicator 3.2

Proportion of primary care out of hours consultations with patients registered with a GP within the same NHS board for which consultation information is provided to their GP by 8.30am the following working day.

Recent data shows 99.5% of patients GPs have their contact records as required by the standard each day. Where reports have not been emailed this is due to lag time of around

45 minutes from completing call to the email being generated or that call has been left open on public holiday to allow for follow up visit, attendance or phone call.

Indicator 5.1
Proportion of prescriptions of antimicrobial medications that are for high-risk antimicrobial medications (cephalosporins, quinolones, co-amoxiclav and clindamycin).

	Apr	May	Jun	Jul	Aug	Sep
Percentage High risk	7.6	8.1	7.4	9.0	8.5	10.1

This is within acceptable standards. A pilot audit undertaken in January showed our performance to be at 10.25% thus there has been some improvement.

Other ongoing quality improvement and public involvement work in progress includes:

1. Monthly return to NHS24 of our assessment of their triage of 12 random cases to ensure that triage times are appropriate and that clinical summary quality is acceptable.
2. Continuous notes audit of clinicians notes to ensure patient safety and appropriate documentation and clinical decision making.
3. Ongoing development of skills in patient assessment and treatment with nursing staff and GP trainees.
4. Work to deliver improved performance in the assessment of patients presenting with asthma.

We continue to work with the Scottish Health Council to ensure we are maintaining our communication and engagement with the public. Following a recent meeting with Scottish Health Council we agreed that we would:

1. Inform all Community Councils of the service developments and give them an option to provide feedback
2. Continue to engage with the Public Reference Group, who has a remit to provide comment and advice on Border-wide service developments
3. Continue to monitor impact on specific groups, including equality impact assessment
4. Continue to gather and review patient feedback through the revised “Two Minutes of Your Time” feedback form.

Summary

In summary we feel that we are making progress towards delivering a more sustainable and robust system to provide Primary Care in the Out-of-Hours period for all patients living within the NHS Borders Area. We feel reassured that the performance data and patient satisfaction results shows that that working form one site ensures patient safety and there has been no detriment to our visit performance in fact quite the opposite.

We propose that this business continuity model of working from a single site should now change to be accepted as the core model of service and following the measures outlined above with regard to public involvement we would hope to do so subject to the ratification by the NHS Borders Board.

Recommendation

The Board is asked to **approve** the paper.

Policy/Strategy Implications	As detailed within the paper.
Consultation	As detailed within the paper.
Consultation with Professional Committees	As detailed within the paper.
Risk Assessment	As detailed within the paper.
Compliance with Board Policy requirements on Equality and Diversity	As detailed within the paper.
Resource/Staffing Implications	As detailed within the paper.

Approved by

Name	Designation	Name	Designation
Dr Sheena MacDonald	Medical Director	Calum Campbell	Chief Executive

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