

## **NEMS CBS GP OUT OF HOURS SERVICE QUALITY ACCOUNT 2010**

### **BACKGROUND TO QUALITY ACCOUNTS**

The Health Act 2009 sets out the duty for all organisations providing NHS services in England to produce 'Quality Accounts'.

Quality Accounts are annual reports to the public. They are intended to show:

- how much importance an organisation places on quality
- who is involved in deciding 'what quality looks like' and how are they involved
- how quality is measured
- how well an organisation is doing in terms of quality
- where quality improvement is needed
- priorities for quality improvement

From April 2010, all organisations that provide acute, mental health, learning disability and ambulance services will be required to produce a Quality Account. Further work is underway to develop Quality Accounts for primary care and community services providers with the aim to bring these providers into the requirement by June 2011 subject to a testing and evaluation exercise.

### **TESTING THE QUALITY ACCOUNT IN PRIMARY CARE**

NEMS CBS has offered to be one of the first GP Out of Hours (GP OOH) services to test out Quality Account. We have taken this step because quality has always been of the greatest importance to us. In health care services, quality depends on good people following good processes.

Quality means different things to different people and one of the main reasons for establishing these Quality Accounts, is to ensure that patients and the public can get involved in deciding 'what quality looks like'.

When it comes to health care, there are some things that the public are entitled to expect as basic essentials and these are:

- knowing that the care given will be safe
- knowing that the care given will be clinically effective
- having a good, positive experience when using and receiving health care services

Like all GP OOH services, NEMS CBS is measured against a set of 13 National Quality Requirements. Each requirement is related to one or more of the basic essentials above - patient safety, clinical effectiveness and patient experience. Balancing these three essentials can be challenging, especially in an urgent primary care service like GP OOH.

We know from our own patient feedback that many people do not really understand what the GP OOH service is for or what they can expect from it. Some patients are pleasantly surprised at what we can do for them. Others are disappointed and expected more from us.

Appendix A gives some further information explaining what a GP OOH service is for and how it differs from the service you expect to get from your own GP practice. Appendix B shows the National Quality Requirements and explains how these relate to patient safety, clinical effectiveness and patient experience. NEMS has consistently achieved these requirements.

### **NEMS CBS DIRECTORS STATEMENT**

NEMS has always regarded itself as an essential part of the urgent care system in Nottingham and very much a team player. We work towards achieving the priorities and goals of the local health community, where ever these apply in an urgent care setting. As such, NEMS has always sought to work in partnership with other service providers and patients, to develop safe, clinically effective, short and sensible routes to meeting patient need. That is why NEMS shares space with the Evening and Night Community Nurse Service, Nottingham Emergency Home Care Service and Nottingham Emergency Dental Service. NEMS has a long history of accepting referrals from the local Walk-in-Centres and from East Midlands Ambulance Service (EMAS). In addition, NEMS have a nurse working on the Nottingham University Hospital NHS Trust Queen's Medical Centre (QMC) site, close to the Emergency Department.

In developing this first Quality Account, we have used feedback from:

- our patients, their families or carers
- our non - clinical staff ( managers, shift leaders, workload coordinators, call takers and drivers)
- our clinicians (health care assistants, nurses and GPs)
- other health care professionals ( for example patients own GPs, pharmacists, community nursing staff, ambulance service staff)
- residential and nursing home staff
- local authority social services
- mental health crisis teams

We have worked with:

- NHS Nottingham City - who commission the service
- NHS Direct - who deliver the service in partnership with us
- NEMS CBS directors and Clinical Governance sub-committee
- The companies that provide our computer systems and software programmes
- Specialist teams including End of Life and Safeguarding Children

We believe that the account is balanced and honest and we are committed to continuing to improve the quality of our service. However, the greatest test of the value of the Quality Account will be whether our patients and the public find it interesting, informative and reassuring.

We welcome your feedback and would be pleased to hear from you if you think we need to take a different approach or would like to get involved in producing future Quality Accounts.

The account starts by looking at what we learned in the last 12 months and goes on to explain how we plan to improve quality in the next 12 months.

**LOOKING BACK - APRIL 2009 TO APRIL 2010**

**Safeguarding Children - a Patient Safety Improvement**

NEMS works closely with all local agencies involved in Safeguarding Children. Following a significant case review last year, we recognised that we could do more to help identify children who may be at risk. With the help of our main computer software company Adastra, we added ‘flags’ to the computer records of children who may be at risk. Whenever we get a call about a child at risk, the nurse or doctor that is dealing with the case is automatically alerted to the fact that there have been previous concerns about the safety of the child.

**Infection Control - Patient Safety and Patient Experience Improvements**

The Swine Flu outbreak of summer 2009 had a major impact on demand for NEMS’ services and put Infection Control under the spotlight. We took a number of steps to ensure that our staff and patients were protected from the risk of cross-infection. These included:





- Offering swine flu vaccination to all our staff, so they would remain fit to work through the outbreak
- Promoting the national ‘Catch It, Kill It, Bin It’ campaign in our waiting room presentation
- Installing alcohol hand gel dispensers in the waiting room, all consulting rooms, all NEMS vehicles
- Issuing staff with individual alcohol hand gel dispensers
- Securing the use of a mobile surgery which we used to see patients with suspected or confirmed swine flu

Later in the year, following patient and staff feedback, we decided to replace the old fabric curtains in our consulting rooms with disposable paper curtains.

**NEMS Waiting Room - Patient Experience and Clinical Effectiveness**

We regularly review feedback from our patients and other partners in health services. This mainly comes in the form of written or telephoned suggestions, comments, compliments and complaints.

We found that patients completing suggestion forms whilst in the waiting area were unhappy with a number of things shown in the boxes below.

<p>Confusion over the appointment system and why some (but not all) patients are seen on arrival</p> 	<p>Lack of information on how long you may have to wait</p> 	<p>Lack of anything interesting to do or look at whilst in the waiting room ( for example, no television or music</p> 	<p>Nothing to keep small children occupied ( for example, no toys or play area)</p> 
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Using the feedback as a starting point, we asked our staff and managers to come up with suggestions on how best we could make things more informative and interesting for people in our waiting room.

We asked them to take into consideration the safety, general acceptability and cost of any suggestion, given that we have patients of all ages present at all hours of the day and night.

This meant that we quickly ruled out television, as there was no way to control what children might see or what might cause offence to adults.

We also struggled to think of suitable music that everyone would appreciate.

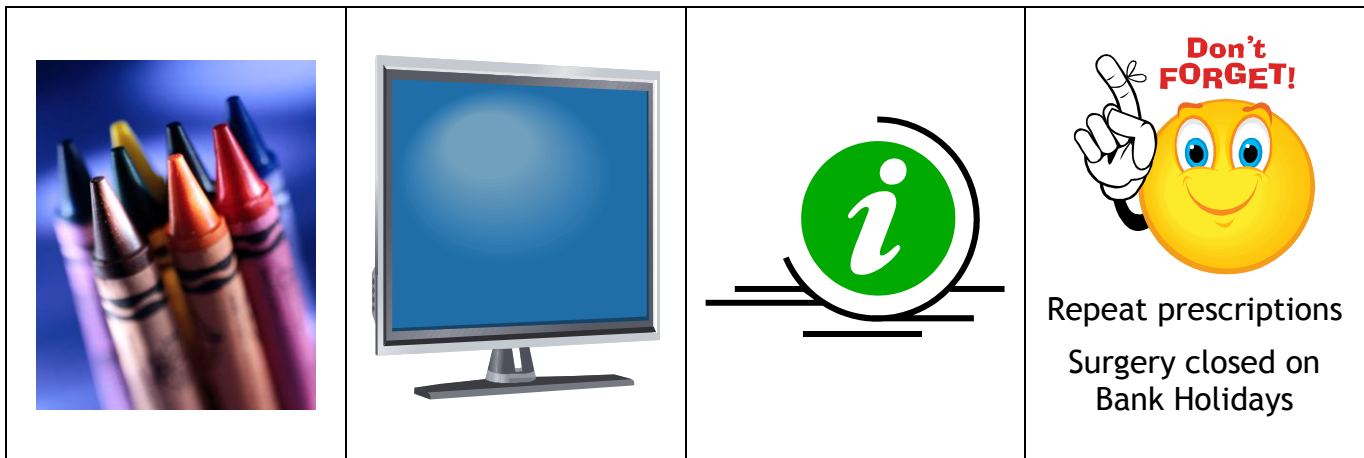
We took advice on the safety and infection control issues around children's toys and play areas and felt that the risks were too great.

So, we decided to install two large TV screens and show a 'rolling' presentation, which contains all the information that used to be scattered about the waiting area or on posters on the walls.

We can change the content whenever we need to and we can draw patient's attention to seasonal health messages, reminders about repeat prescriptions, local outbreaks of illness, infection control and the like.

As part of our commitment to help the local health community achieve its goals, we have also added some health promotion and health improvement messages to the presentation. Currently we are focusing on the Fit for Life and Chlamydia testing campaigns.

For younger children, we can supply crayons and colouring -in pads and these can be taken home.



### Right Care, Right Place - Clinical Effectiveness, Patient Safety

Early in 2009, we had two 'near miss' events which we investigated. Both involved patients that had been brought to NEMS by the ambulance service and left here to be seen by our doctor.

Unfortunately, both patients became very unwell soon after being seen here and required 999 ambulance transfer to the QMC Emergency Department. Neither EMAS nor NEMS expected that these patients would become so unwell so quickly.

Together, we reviewed these events and identified that these two patients would have had faster, more effective clinical care and used fewer health service resources, if they had been taken to QMC Emergency Department in the first place.

As a result, we introduced a ‘Medical Early Warning Score’ assessment. This means that all EMAS referrals are assessed before being accepted as suitable for NEMS care. The assessment can be done with ambulance crews over the telephone and on site at NEMS. If the warning score is too high, NEMS is not the right place to deal with the patient.



### What Patients Think of NEMS Services - Patient Experience

During a quality benchmarking exercise in 2009, NEMS was asked to have a re-think about the patient questionnaire that we had been using for many years. We send a postal questionnaire to a random sample of 2% of patients every week. We receive consistently high ratings, with the overwhelming majority of patients rating the service they received as excellent or good.

However, we were asked to make our questions more in-depth and to take a broader view on quality. So, we revised our questionnaire and since Jan 2010 a new version has been in use.

The questions below are taken from our ‘telephone advice’ questionnaire and explore communication skills in some depth.

<b>Please rate your satisfaction with:</b>
The time it took for our nurse to call you back
The nurse’s understanding of why you were seeking help
The nurse’s ability to listen to you
The opportunity the nurse gave you to ask questions and express any concerns
The way our nurse explained things to you
The way our nurse involved you in reaching the decision about what you needed to do
The advice and information you received from the nurse
The advice you were given by the nurse on seeking further help later if still concerned
Your confidence in the nurse’s ability to deal with your problem
The respect the nurse showed you
The extent to which you felt reassured by our nurse

We have additional questions to cover satisfaction with our premises, our transport service and our home visit service. All questionnaires end with a commentary box for patients to use if they have other things they wish to tell us. So far, the results have been positive and satisfaction continues to be very high.

#### **LOOKING FORWARD APRIL 2010 - MARCH 2011**

##### **Summary Care Records - Patient Safety, Clinical Effectiveness and Patient Experience**

We know that many of our patients think that we have access to their medical records, but this is not the case. However, we hope we will be able to take the first step on the road to improvement in this coming year.

We plan to prepare our computer system to enable us to see Summary Care Records, once these have been introduced in your own GP Practice. The summary care record can only be viewed with the permission of the patient

The summary care record will mean that key information such as allergies, current prescriptions and any previous bad reactions to medicines are available to NEMS nurses and GPs during their consultations with patients.

We believe this will be particularly useful where patients have a complicated medical history or take lots of medication. Summary care records will help us make quicker, safer telephone assessments and reach better decisions about how and where to treat patients.

##### **Better Pain Control for the Dying - Clinical Effectiveness, Patient Experience**

NEMS already does a lot of work with GP practices and community matrons to share care plans for patients that are dying. If NEMS has a copy of the care plan, our nurses and doctors can follow it and continue to do what the patient and family wish, especially in relation to staying at home and not going into hospital.

We do our best to respond as quickly as possible to calls about worsening pain. However, do not currently have a licence to hold supplies of the strongest types of pain killer, which are often needed.

We have been in the process of securing a licence and expect to be able to hold supplies of the relevant drugs from summer 2010.

This will enable us to respond more rapidly and reduce avoidable suffering through poorly controlled pain.

##### **Refreshing our premises and creating more space - patient experience**

We plan to replace our consulting room furniture and re-decorate over the coming year. We aim to replace the desks and chairs with easy-clean, durable surfaces and reduce the number of 'dust traps' by boxing in computer and telephone cables.

If funds permit, we will also look at the options to upgrade our toilet facilities.

In February 2010, we opened a new GP Practice - NEMS Platform One Practice. We plan to use this building to provide extra consulting room space at especially busy periods, like long bank holiday weekends.

If you are not registered with a GP and live within the Nottingham City Council boundary, you might like to think about registering at the Platform One Practice. You can find it on Station Street - not far from the end of the NET Tram terminus. If you think you might be interested, please ask at reception for more details or 'pop' in and talk to the Platform One Practice staff.

## APPENDIX A

### About the GP OOH service

A GP OOH service ensures that you can get medical advice or treatment for urgent primary care needs, when your own surgery is closed.

- A Primary care need is something that you would normally go to, or call your own GP surgery about.
- An urgent primary care need is one that cannot safely wait until your surgery is next open.

Unlike a GP practice, an Out of Hours service covers a wide geographical area. NEMS CBS covers 118 GP surgeries and around 750,000 patients. Current arrangements mean that it is not possible for NEMS CBS to have access to any information in GP surgery medical records.

So when we first speak to a patient, we have to ask a lot of questions in order to find out how urgent their need is. There are a small number of cases in which patients describe life-threatening needs, or needs best met in the hospital Emergency Department. These are rapidly identified and the patient is advised to call 999 or get themselves to the nearest hospital for treatment. In about 50% of the remaining cases, we can provide telephone advice that allows the patient to care for themselves, without the need to come in and see a nurse or a GP. The remaining patients do need to be seen and where possible, we make arrangements for patients to travel to our treatment centre. Where this is not possible, we visit patients in their homes.

When we make an appointment to see a patient at our centre or at home, we do our very best to be on time. However, unexpected complications do sometimes mean that there are delays. This is most often due to patients requiring admission to hospital or referral to a specialist service.

The feedback we get from patients in our postal survey is very positive. We believe we already provide a high quality service but we know that there is always room for improvement.

## National Quality Requirements for GP Out of Hours Services (GP OOH)

These requirements are designed to ensure that GP OOH services are safe and clinically effective and delivered in a way that gives the patient a positive experience.

1	<p>Report regularly to commissioners on how well we are performing against these requirements</p> <ul style="list-style-type: none"> <li>so that our commissioners know how well we are doing and if necessary and seek improvements from us, where needed</li> </ul>
2	<p>Send details of all OOH consultations to the practice where the patient is registered by 8.00 a.m. the next working day</p> <ul style="list-style-type: none"> <li>so that your own GP knows that happened during your OOH consultation</li> </ul>
3	<p>Have systems in place to support and encourage the regular exchange of up-to-date and comprehensive information including, where appropriate, a care plan for patients with predefined needs (for example, patients with terminal illness)</p> <ul style="list-style-type: none"> <li>so that we can follow a plan of care that has already been agreed with you, during the OOH period</li> </ul>
4	<p>Regularly audit the quality of the clinical care given by GPs and nurses delivering the service and report any action taken to improve quality to commissioners</p> <ul style="list-style-type: none"> <li>so that you can be confident in the clinical knowledge and skill of our GPs and nurses</li> </ul>
5	<p>Regularly seek feedback from patients that have used the service and report any action taken to improve quality to commissioners</p> <ul style="list-style-type: none"> <li>so that we can learn from your experiences of using the OOH service and make improvements</li> </ul>
6	<p>Operate a complaints procedure that is consistent with the principles of the NHS complaints procedure and report any action taken to improve quality to commissioners</p> <ul style="list-style-type: none"> <li>so that you are assured that your complaint will be looked into and you will hear from us with an apology, explaining what we learned and what recommendations for action and change we plan to take as a result of your complaint</li> </ul>
7	<p>Match staffing levels to predicted demand for the service</p> <ul style="list-style-type: none"> <li>so that we can respond to your needs in a timely way at all times</li> </ul>
8	<p><b>Initial Telephone Call</b></p> <p>Engaged calls: no more than 0.1% of calls engaged</p> <p>Abandoned calls: no more than 5% of calls abandoned</p> <p>Calls to be answered by a person within 60 seconds of the end of the introductory message which should normally be no more than 30 seconds long.</p> <ul style="list-style-type: none"> <li>so that you are not waiting long before speaking to someone that can help you</li> </ul>

9	<p><b>Telephone Clinical Assessment</b></p> <p>Identify immediately life threatening conditions and, once identified, passing them to the ambulance service within 3 minutes.</p> <p><b>Definitive Clinical Assessment</b></p> <p>Start definitive clinical assessment:</p> <p>for urgent calls within 20 minutes of the call being answered by a person for all other calls within 60 minutes of the call being answered by a person</p> <p><b>Outcome</b></p> <p>At the end of the assessment, the patient must be clear of the outcome, including (where appropriate) the timescale within which further action will be taken and the location of any face-to-face consultation.</p> <ul style="list-style-type: none"> <li>so that the advice and care we give is safe, effective, timely and in proportion to the urgency of your problem</li> </ul>
10	<p><b>Face to Face Clinical Assessment ( for 'walk-in' services only)</b></p> <p>NEMS does not provide a walk in service but we do make sure that anyone who does walk in without an appointment is assessed to ensure they are safe to wait or need to be seen elsewhere.</p> <ul style="list-style-type: none"> <li>so that the advice and care we give is safe, effective , timely and in proportion to the urgency of your problem</li> </ul>
11	<p>Provide care in the right place at the right time and by the right person; GP or nurse, telephone advice, treatment centre or home visit.</p>
12	<p><b>Face-to-face consultations (whether in a centre or in the patient's place of residence) must be started:</b></p> <p>emergency : within 1 hour urgent: within 2 hours less urgent: within 6 hours</p> <ul style="list-style-type: none"> <li>so that you are seen within a time that is safe, given the urgency of your problem</li> </ul>
13	<p>Patients unable to communicate effectively in English will be provided with an interpretation service within 15 minutes of initial contact. Providers must also make appropriate provision for patients with impaired hearing or impaired sight.</p> <ul style="list-style-type: none"> <li>so that you can be sure that we have understood your problem and we can be sure that you have understood our advice or treatment</li> </ul>