



The **Regulation** and
Quality Improvement
Authority

Review of GP Out-of-Hours Services

September 2010

CONTENTS

	Executive Summary	2-4
1	Context for the review	5
2	The review team	6
3	Background	7-10
4	Out-of-hours arrangements in Northern Ireland	11-13
5	The review methodology	14
6	Findings of the review	15-34
	Theme 1 - Corporate leadership and accountability	16-22
	Theme 2 - Safe and effective care	23-27
	Theme 3 - Accessible, flexible and responsive services	28-32
	Theme 4 - Promoting, protecting and improving health and social well-being	33-34
	Theme 5 - Effective communication and information	35-37
7	Medicines management	38-40
8	Public engagement	41-43
9	Conclusions	44-45
10	Summary of recommendations	46-48
	Appendix A Review team findings by individual service provider	49-92
	Appendix B Public engagement findings	93-103

Executive Summary

Context

Primary medical services are provided by General Practitioner (GP) practices to patients registered with them. Services can be provided by GPs or other members of the healthcare team such as practice nurses.

Most primary medical care takes place during the working day, but patients may need to access care at other times. Such care is known as out-of-hours care. In Northern Ireland the out-of-hours period is defined as being from 6.30pm until 8.00am on weekdays, and all day on weekends and public holidays.

In 2004, a new General Medical Services (GMS) contract for GPs was introduced across the United Kingdom which enabled GPs to opt out of providing out-of-hours services, with responsibility passing to the health and social services boards. Following the Review of Public Administration, commissioning of out-of-hours services in Northern Ireland is the responsibility of the Health and Social Care (HSC) Board.

Traditionally out-of-hours services have been provided by doctors but increasingly may be delivered by a range of healthcare professionals. The strategic direction of primary care out-of-hours emergency care is the development of a more responsive system, which is fully integrated and joined up with the wider health and social care network.

The RQIA review of GP out-of-hours services is designed to examine the governance arrangements in place in each out-of-hours provider in Northern Ireland that assure the quality and safety of the service provided.

Out-Of-Hours Arrangements in Northern Ireland

At present in Northern Ireland there are five GP out-of-hours providers. Three services are provided by trusts and two services are mutual organisations.

1. Belfast Health and Social Care Trust
2. South Eastern Health and Social Care Trust
3. Southern Health and Social Care Trust
4. Western Urgent Care
5. Dalriada Urgent Care

Terms of Reference

The specific terms of reference for the review were to:

- profile the availability and provision of out-of-hours services across Northern Ireland
- profile the service standards being used across the five HSC trust areas and the associated performance arrangements
- evaluate the performance of the service against the standards applied
- evaluate the availability of information for patients on the service and the patient interaction with the service
- evaluate the patient pathway through the out-of-hours service
- report on the findings and make recommendations as appropriate

Review Methodology

The review process had six phases:

1. completion of a self assessment questionnaire
2. meetings with representatives of each provider organisation
3. validation visits to out-of-hours centres
4. a public engagement process in partnership with the Patient and Client Council
5. provision of feedback to individual providers
6. preparation of a report.

Validation visits to out-of-hours call handling and patient contact centres took place over the period 26-29 November 2009.

Key Findings

The review team found that the five providers of GP out-of-hours services in Northern Ireland have demonstrated a strong commitment to deliver high quality, safe and effective patient care and to further develop their systems and processes to benefit patients and staff.

Patients and staff advised the review team that out-of-hours services across Northern Ireland are held in high regard and this was supported by the patient participation section of the review. Patients value the high quality of care and the responsiveness of their local services. Staff enjoy working as part of a close knit team and there is a very low turnover of staff across all out-of-hours organisations.

All out-of-hours providers have clearly defined organisational structures with transparent lines of accountability reflecting the particular nature of the service provided. Providers have put considerable effort into ensuring that there are robust systems of clinical governance within their organisations.

All services adhere to regional guidance and targets for the delivery of services. Providers advised the review team that they are contributing to the work of the Regional Out-of-Hours Project and are awaiting a decision on the long-term strategic direction for GP out-of-hours services. The review team recommends that regional work is progressed, which would include an agreed approach to quality monitoring.

Providers have established arrangements for reporting of incidents but the review team found that systematic arrangements for the sharing of learning between providers are not in place. Services described clinical audits which were taking place; however, the review team considers that it would be useful to establish a programme of regional clinical audits to enable services to compare their experiences.

Providers have built on their experience of managing peaks and troughs in workload and have developed systems to predict and respond to service pressures. During the period after midnight call numbers are low and the review team considers that it would be useful for providers to discuss further co-operation across boundaries during this period.

During the review, services described local arrangements to enhance effective working between out-of-hours services and other providers of unscheduled care including accident and emergency (A&E) services, ambulance services, mental health, community nursing and social services. The review team considers that it would be useful to review the links between systems to ensure that patients experience seamless pathways to care.

In discussion with service users, a recurrent issue identified was that individual services have different telephone numbers. The review team recognises that there are technical issues to be overcome to achieve the objective of a single out-of-hours access number for Northern Ireland, but recommends that an agreed timescale should be set to put this in place.

Effective communication between out-of-hours and in-hours services is critical to ensure that patients receive high quality continuing care. The review team found excellent examples of how this is being provided. These included: electronic transfer of information about patient contacts to GP practices and the piloting of an emergency care summary, which provides a summary of key information held by practices for the out-of-hours provider.

Having reviewed all evidence collected during the review process, RQIA has made 27 recommendations for improvement to the organisation and delivery of services.

RQIA and the review team wish to thank all providers and their staff for the cooperation and courtesy shown throughout the course of this review.

1. Context for the review

The Regulation and Quality Improvement Authority (RQIA) is the independent health and social care regulatory body for Northern Ireland and is an integral part of the new HSC structures. In its work RQIA encourages continuous improvement in the quality of services, through a programme of inspections and reviews.

RQIA was established in 2005 under the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003.

RQIA's vision is to be a driving force for positive change in health and social care in Northern Ireland through four core activities:

- **Improving Care:** we encourage and promote improvements in the safety and quality of services through the regulation and review of health and social care.
- **Informing the Population:** we publicly report on the safety, quality and availability of health and social care.
- **Safeguarding Rights:** we act to protect the rights of all people using health and social care services.
- **Influencing Policy:** we influence policy and standards in health and social care.

In order to fulfil its statutory responsibilities, RQIA carries out a planned programme of reviews of HSC services. As part of this programme RQIA decided to undertake a review of the GP out-of-hours services across Northern Ireland.

The terms of reference for the review:

1. Profile the availability and provision of out-of-hours services across Northern Ireland.
2. Profile the service standards being used across the five health and social care trust areas and the associated performance management arrangements.
3. Evaluate the performance of the service against the standards applied.
4. Evaluate the availability of information for patients on the service and the patient interaction with the service.
5. Evaluate the patient pathway through the out-of-hours service.
6. Report on the findings and make recommendations as appropriate.

The scope of the review was to examine provision of GP out-of-hours services for Northern Ireland. The review does not include other out-of-hours services such as general dental and community pharmacy services, community nursing, mental health and other social care services.

2. The review team

Members of review team

Dr George Crooks	Medical Director, NHS 24 (Scotland)
Ms Michele Jamieson	Assistant Director of Nursing, NHS 24 (Scotland)
Mr Sean Brown	Head of Development and Corporate Services, Patient and Client Council
Mrs Frances Gault	Senior Pharmacy Inspector, RQIA
Mr Hall Graham	Primary Care Lead, RQIA
Dr David Stewart	Medical Director, RQIA

Members of Review Reference Group

Dr Sloan Harper	Director of Integrated Care, HSC Board
Dr Colin Fitzpatrick	Medical Manager, South Eastern HSC Trust
Dr Brenda Bradley	Senior Prescribing Adviser, HSC Board
Ms Una McRory	Regional Out-of-Hours Project Manager
Mr Richard Dixon	Patient and Client Council
Mrs Angela Belshaw	Project Manager, RQIA

RQIA wishes to thank the members of the independent review team and the reference group for their expertise, time and professional advice, without which this review would not have been possible.

We also wish to thank the senior managers and frontline staff in each of the out-of-hours services who contributed to the review.

RQIA particularly thanks patients and members of the public who provided views of the services and shared their experiences.

3. Background

Primary medical care services are provided by general practitioner (GP) practices to patients registered with them. Services can be provided by GPs or by other members of the healthcare team such as practice nurses.

Most primary medical care takes place during the working day, but patients may need to access care at other times. Such care is known as out-of-hours care. The out-of-hours period is defined in the national GMS contract as being from 6.30pm until 8.00am on weekdays and all day on weekends and public holidays. In Northern Ireland there may be local arrangements in place for cover to be provided from 6.00pm.

The Carson Report, Raising Standards for Patients New Partnerships in Out-of Hours Care¹ (October 2000), an independent review of out-of-hours services, set out a basic principle that "the purpose of out-of-hours services in primary care should meet those urgent patient needs that cannot safely be deferred until the patient's own GP practice is next open. The out-of-hours service is not a holding bay until the GP practice opens. Out-of-hours care is an important part of the care available to people when they need it".

Until the mid 1990s out-of-hours services were usually provided by GP practices to the patients that were registered with them. GPs were then permitted to delegate out-of-hours services to a third party.

Until March 2004, during the out-of-hours period, GPs provided services for the patients registered in their practice in three main ways:

- GP co- operatives: groups of doctors, usually between 50 and 100 who worked together to provide out-of-hours care to their patients. Services were provided from a small number of out-of-hours centres.
- Private services: GPs arranged with a private company to provide out-of-hours care for patients.
- GP rotas: an arrangement whereby a small number of GP practices worked together to provide out-of-hours cover across practices.

In April 2004 a new GMS contract for GPs was introduced across the United Kingdom. This resulted in fundamental changes in the provision of out-of-hours services in Northern Ireland:

- GP practices were able to opt out of providing out-of-hours care. The responsibility for ensuring such services were provided was passed to the health and social services (HSS) boards from January 2005.
- HSS Boards were responsible for working with others in designing new arrangements and ensuring that they were put in place. Boards were

¹ www.publications.doh.gov.uk/pdfs/ooh/pdf

to work with hospitals, community trusts and GPs to ensure 24-hour care was available to all patients.

- Out-of-hours was defined as 6.30 pm to 8.00 am on weekdays and the whole of weekends, bank holidays and public holidays.
- People could continue to expect access to high quality services. Care was to be delivered to specific quality standards and in an integrated way with other services such as A&E units.

Traditionally, out-of-hours primary care services have been provided by doctors, but increasingly may be delivered by a range of healthcare professionals. Caring for People Beyond Tomorrow (2005)², the strategic framework for the development of primary health and social care for individuals, families and communities in Northern Ireland set the objective as being the development of a much more responsive system which is fully integrated and joined up with the wider HSC network.

Objective two within the strategic framework is:

"To provide a comprehensive primary care out-of-hours emergency care service providing access, as appropriate, not only to general medical, general dental and community pharmacy services, but also to community nursing, mental health and other social care services.

During the out-of-hours period, a number of agencies and healthcare professionals have to work together effectively to ensure that the services provided are integrated so that patients receive the care they need. It is also essential that there are agreed systems in place for continuity of care between out-of-hours services and patients' GP practices. Arrangements must be in place to support multiagency and multiprofessional working. All those involved in the care of a patient require access to the information they need to provide care; and in turn they must communicate with other healthcare professionals and agencies to manage each part of the patient's journey".

Two incidents involving out-of-hours services in England resulted in a series of recommendations regarding GP out-of-hours services which are relevant when carrying out a review of the out-of-hours services in Northern Ireland.

On 29 March 2005, Penny Campbell died from multi-organ failure due to septicaemia, six days after a routine surgical procedure. Over the four days of the Easter holiday, Penny Campbell made contact with the consultant surgeon who carried out the procedure, and subsequently with eight doctors working in an out-of-hours service in England.

A coroner's inquest in October 2006 concluded that Penny Campbell died as a result of an accidental adverse healthcare event to which non-recognition of the seriousness of her condition contributed. An investigation made the following recommendations:

² www.dhsspsni.gov.uk/publications

- An out-of-hours provider needs to decide whether it acts as an employer or whether it acts as an introduction agent for GPs to provide services to the commissioner.
- The out-of-hours provider should have a robust system of clinical governance.
- An out-of-hours provider should consider commissioning an independent clinical risk assessment of its policies and procedures to identify how it will manage the large areas of clinical risk.
- If an out-of-hours provider relies on the fact that GPs are on a medical performers list and because it does not recognise its responsibilities as an employer it may lack many of the systems and processes which would allow it to rely on third party information.
- An out-of-hours provider is often dominated by the operational need to do the next thing rather than vision and planned strategic development. A lack of overall vision can be demonstrated by the organisation's reliance on simply meeting the national quality standards rather than continuing to challenge itself, checking to see if it was fit for purpose.
- For the wider NHS, provision of out-of-hours care is now much broader and it may no longer be reasonable to assume that because a doctor is equipped to work in general practice, he or she is automatically able to undertake out-of-hours care.

A second incident occurred in February 2008 when a patient was treated by a locum doctor working in an out-of-hours service. The patient was given 100mg of Diamorphine, 10 times the normal recognised dose, and subsequently died. The doctor usually practised in Germany and was engaged through a locum agency to cover some out-of-hours shifts. He was registered on a performers list, but never worked in the area in which he was registered.

The Care Quality Commission (CQC) review of this incident raised several key issues which were identified in a joint statement from the NHS Alliance and the NHS Confederation:

- Out-of-hours providers should review their use of temporary GPs including locum clinical staff.
- All out-of-hours providers should have some system for being confident that clinicians are not overtired and are fit to work.
- All out-of-hours providers need to have a system that properly protects patients from the potential misuse of controlled drugs.
- Out-of-hours providers should have in place processes that ensure that clinical performance is reviewed, using comparison between clinicians as an important part of assuring the quality of the service.

The CQC inquiry examined:

- management of calls and the response by the out-of-hours provider
- staffing arrangements to include recruitment, induction, supervision, training and how poor performance is identified and addressed
- governance arrangements at the out-of-hours provider including the management and learning from audits, complaints, incidents, near misses and serious untoward incidents
- pharmacy arrangements in place at the out-of-hours provider, including therapeutic protocols, medicine storage and supply, arrangements for controlled drugs and pharmaceutical support and advice

RQIA's review of GP out-of-hours services is designed to examine the governance arrangements in place in each out-of-hours provider in Northern Ireland that assure the quality and safety of the service provided and also that the patient's journey throughout the service is managed effectively and efficiently.

4. Out-of-Hours Arrangements in Northern Ireland

On 1 April 2009 the responsibility for the commissioning of out-of-hours primary care services was passed to the newly established HSC Board from the four legacy health and social services boards.

At present in Northern Ireland there are five GP out-of-hours providers. Each serves the population of the area of a health and social care trust. Three services are provided by trusts and two services are mutual organisations:

1. Belfast Health and Social Care Trust
2. South Eastern Health and Social Care Trust
3. Southern Health and Social Care Trust
4. Western Urgent Care, which provides services for the population of the Western Health and Social Care Trust area
5. Dalriada Urgent Care, which provides services for the population of the Northern Health and Social Care Trust area

Out-of-hours services are provided in a number of treatment centres throughout Northern Ireland. Table 1 gives the locations of the GP out-of-hours centres for each provider. Table 2 sets out current staffing and call arrangements and Table 3 illustrates the annual workload of each service.

Regional Out-of Hours Project

Caring For People Beyond Tomorrow (2005), recommended two actions regarding out-of-hours services:

- Establish an immediate project to develop a regional out-of-hours service, which provides access to multi-disciplinary care and treatment.
- By April 2007, implement a programme to establish a regional out-of-hours service, as part of the reform and modernisation programme.

In 2007 the Regional Out-of-Hours Project was set up. The vision was "a targeted service which incorporates GMS out-of-hours services within a holistic system of urgent/emergency care". The aim was also to make the optimum use of all skills available including doctors, nurses and other health and social care staff. This would require a redesign and integration of a number of services, including the interfaces between A&E, GMS out-of-hours services, intermediate care, on-call social work rotas, mental health, twilight nursing, palliative care, pharmacists and ambulance service. It would necessitate a move away from a GMS out-of-hours service based mainly on GP input towards a model of care with wider skill mix involving doctors, nurses, social services, ambulance services, paramedical care and pharmacists.

The Regional Out-of-Hours Project is still ongoing and to date no final decisions have been taken regarding the future mode of the GP out-of-hours services.

Table 1 Location of Out-of-Hours Patient Contact Centres (PCC)

Organisation	GP out-of-hours centres
Belfast Health and Social Care Trust	Belfast (North and West) 64 Crumlin Road Belfast (opposite Mater A&E) Belfast (South Eastern) Knockbreda Centre, 110 Saintfield Road
South Eastern Health and Social Care Trust	Downpatrick - Downe Hospital Lisburn - Lagan Valley Hospital Newtownards - Ards Hospital
Southern Health and Social Care Trust	Armagh - Mullinure Hospital Craigavon - Craigavon Area Hospital Dungannon - South Tyrone Hospital Kilkeel - Kilkeel PCC Newry - Daisy Hill Hospital
Western Urgent Care	Enniskillen - Erne Hospital Limavady - Health Centre Londonderry - Altnagelvin Hospital Omagh - Tyrone County Hospital Strabane - Health Centre
Dalriada Urgent Care	Ballymena - 80 Larne Road Link Coleraine - A&E Dept Causeway Hospital Moneymore - Mid-Ulster PCC Whiteabbey - Whiteabbey PCC

Table 2 Outline Profile of Out-of-Hours Providers

Provider	Trust/ Mutual	No of treatment centres	Doctor /nurse triage	No of staff	No of doctors	Contact numbers
Belfast Trust	Trust	2	doctor	247	153	2
South Eastern Trust	Trust	3	doctor	265	175	2
Southern Trust	Trust	5	doctor	255	154	Single
Western Urgent Care	Mutual	5	nurse	318	140	Single
Dalriada Urgent Care	Mutual	4	nurse	235	180	Single

Table 3 Annual Workload 1 January-31 December 2008

Provider	Calls received	Phone advice	Visit to centre	Home visit
Belfast Trust	94,685	53,759 (56.8%)	32,078 (33.9%)	8,424 (8.9%)
South Eastern Trust	84,412	48,761 (57.8%)	28,028 (33.2%)	7,623 (9.0%)
Southern Trust	112,036	51,852 (46.3%)	52,721 (47.0%)	7,463 (6.7%)
Western Urgent Care	102,222	48,934 (47.9%)	47,027 (46.0%)	6,261 (6.1%)
Dalriada Urgent Care	130,710	67,187 (51.4%)	53,571 (40.9%)	9,952 (7.6%)

(Source: <http://www.gpoutofhours.hscni.net>)

5. The Review Methodology

The review process had six phases:

1. Completion and provision of relevant evidence by all providers of a self assessment questionnaire drawn up with the assistance of a reference group using the following documents:
 - The Quality Standards for Health and Social Care, supporting good governance and best practice in the HPSS, DHSSPS March 2006
 - Royal College of General Practitioners Out-of-Hours Service Providers Accreditation Programme
 - National Quality Requirements in the Delivery of Out-of-Hours Services, DOH 2006
 - The Provision of Safe and Effective Primary Medical Services Out-of-Hours, Quality Improvement Scotland, August 2008
 - Benchmarking Analysis of GP Out-of-Hours for Northern Ireland, Primary Care Foundation, March 2008

A section was also included investigating medicines management arrangements in the out-of-hours providers

2. Meetings with representatives from each provider organisation to discuss the responses to the self- assessment questionnaire.
3. Validation visits to out-of-hours call handling and patient contact centres which took place over the period 26-29 November.
4. A public engagement process in partnership with the Patient and Client Council which included focus groups in each area served.
5. Provision of feedback to individual providers.
6. Preparation of a report on the findings across Northern Ireland.

6. Findings of the Review Team

The findings in this chapter are based on:

- evidence submitted by the out-of-hours service providers and completed self-assessment questionnaires
- discussions with senior managers of each service
- observations made by the members of the review team during validation visits to each service provider

The findings are presented in relation to each of the five quality themes set out in The Quality Standards for Health and Social Care, DHSSPS March 2006. The five quality themes are:

1. Corporate leadership and accountability.
2. Safe and effective care.
3. Accessible, flexible and responsive services.
4. Promoting, protecting and improving health and social wellbeing.
5. Effective communication and information.

This chapter sets out an overview of the findings across Northern Ireland.

Findings for each service provider in relation to the criteria underpinning each quality theme are set out at Appendix A.

Theme 1 Corporate leadership and accountability

Standard statement

The HPSS is responsible and accountable for assuring the quality of services that it commissions and provides to both the public and its staff. Integral to this is effective leadership and clear lines of accountability and clear lines of professional and organisational accountability.

1.1 The organisation has a coherent and integrated organisational and governance strategy, appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability.

The five out-of-hours service providers in Northern Ireland have clearly defined organisational structures which reflect the specific nature of the organisations in which they are located. Trust providers have lines of accountability established in relation to the directorate structure of the trust. The mutual organisations have representative steering groups and reporting arrangements are documented.

The long term strategic direction for trust based providers is set within the overall strategies of the organisation. The mutual providers do not have documented longer term strategies but seek to ensure continuing development of the services they provide. All providers advised the review team that the lack of clarity surrounding the long-term regional direction for the service was a constraint on planning for future development of the service.

A particular challenge for trusts is to ensure that the process of standardising policies across large organisations, takes into account the need for appropriate procedures to be in place in local services such as out-of-hours.

The review team noted that there was still work in progress in the Belfast and South Eastern Trusts to harmonise arrangements from legacy providers. The lack of integrated IT systems reduces the potential for developing a trust wide approach to service provision.

1.2 The organisation has structures and processes to support, review and action its governance arrangements including, for example, corporate, financial, clinical and social care, information and research governance.

Out-of-hours services have been designed to meet regionally established service specifications. All providers have put considerable effort into ensuring that robust systems of clinical governance are in place and recognise that there is an ongoing need to develop these systems.

Services located within trusts operate within the clinical and financial governance arrangements of their host organisations.

Southern HSC Trust, Western Urgent Care and Dalriada Urgent Care have each commissioned external clinical risk assessments of their systems, policies and procedures and are working to implement the recommendations. Dalriada Urgent Care has achieved accreditation from The Royal College of General Practitioners and has a dedicated clinical governance lead and a clinical governance committee.

1.3 The organisation actively involves service users and carers, staff and the wider public in the planning and delivery, evaluation and review of the corporate aims and objectives, and governance arrangements.

All services have processes for the involvement of service users in the planning of services. Trusts have been taking forward initiatives in relation to patient and public involvement (PPI) and both mutual organisations have lay and staff involvement on their steering groups. Dalriada Urgent Care has user representation on its Clinical Governance Committee.

Services have engaged with the public in relation to specific service changes, for example in the development of a satellite centre in Kilkeel in the Southern Trust, in the opening of new out-of-hours premises at Knockbreda in the Belfast Trust and at the new Downe Hospital in the South Eastern Trust area.

The review team was advised that services have been waiting for a planned regional user survey to take place. This will enable comparisons to be made across services. In the interim, Dalriada Urgent Care has proceeded to carry out a user survey which reported high levels of satisfaction with the service. The Belfast Trust is planning a user survey for the directorate in which the out-of-hours service is located. The Southern Trust is planning to set up a user forum for unscheduled care. The South Eastern Trust and the Southern Trust have carried out patient satisfaction surveys.

1.4 The organisation has processes in place to develop, prioritise, deliver and review the organisation's aims and objectives.

Organisations have established aims and objectives which reflect the different nature of the organisations providing the service. In trusts there are arrangements for review of out-of-hours objectives at directorate or out-of-hours service level. In the mutual organisations policy issues are agreed at steering group level, with service level agreements established with the HSC Board.

There are arrangements for review of service delivery against targets. The South Eastern Trust is planning to prepare a specific annual report on the work of the out-of-hours service. Other organisations are not planning this at present.

1.5 The organisation has systems in place to ensure compliance with relevant legislative requirements.

The review team sought evidence of how organisations ensured adherence to statutory requirements of health and safety in relation to this criterion. All organisations demonstrated that they had systems in place. Trust health and safety policies and training arrangements include the out-of-hours services. The mutual organisations have contracted for specialist advice on health and safety issues.

Training is provided for staff on areas such as lifting and handling, fire safety, data protection and basic life support. Reviewers were informed that there were systems in place to ensure that staff who work at night could access training, although it is recognised that this can be difficult to arrange.

The review team was provided with evidence of relevant documented procedures. For example, Dalriada Urgent Care provides all staff with a health and safety handbook.

1.6 The organisation ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to delegated statutory functions and in relation to inter-agency working.

The out-of-hours organisations collect data in relation to their performance against regionally agreed performance quality standards, however, the review team did not find a consistent picture in relation to how this data was presented or reported. This may reflect the legacy position in relation to the HSS boards adopting different approaches to their reporting arrangements prior to their amalgamation into a single commissioning organisation in April 2009. The data is used to inform internal processes within each organisation.

The review team was advised that templates are being developed for standardised reporting for quality performance monitoring.

The mutual organisations normally have commissioner representation on their steering groups, but at the time of the review visit, following the Review of Public Administration, they were waiting for clarification about nominees.

1.7 The organisation undertakes systematic risk assessment and risk management of all areas of its work.

Each organisation has processes in place to carry out risk assessment and risk management. Trusts have overarching risk management strategies which define structures and procedures for reporting and assessing risks. Risks relating to out-of-hours services are held on directorate risk registers unless they meet the criteria for inclusion on corporate risk registers. The Southern Trust and Belfast Trust have specific out-of-hours risk registers.

Western Urgent Care and Dalriada Urgent Care each have commissioned external clinical risk assessments and are working to address the recommendations from these assessments.

The review team considers that it would be useful for all out-of-hours services to have specific risk registers, given the particular nature of the services provided.

1.8 The organisation has sound human resource policies and systems in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their job, including compliance with:

- **departmental policy and guidance**
- **professional and other codes of practice**
- **employment legislation**

The review team found that there have been no significant difficulties in the recruitment and retention of staff in out-of-hours services in Northern Ireland. Discussions with management and staff in out-of-hours services indicated a strong sense of ownership of their local out-of-hours services and the need to support and develop them.

Each organisation has human resource procedures in place in relation to recruitment, induction and training and systems to ensure compliance with employment legislation. Dalriada Urgent Care holds induction evenings for clinical and non clinical staff. The Southern Health and Social Care Trust undertakes a local induction programme specific to the out of hours service with all new staff recruited, including sessional GPs.

The services are all well established and have used their experiences over recent years to predict periods of increased demand and increase staffing levels to manage this. There are arrangements to call in additional staff when required.

Providers have robust systems to manage the number of shifts a doctor works within their own system but there is no agreed arrangement to ensure that a doctor does not work excessive hours by working for another provider. The review team recommends that providers consider methods of providing assurance that doctors are not working excessive hours by working shifts for different providers.

1.9 The organisation undertakes robust pre-employment checks including:

- **qualifications of staff to ensure they are suitably qualified and are registered with the appropriate professional or occupational body**
- **police and Protection of Children and Vulnerable Adults check, as necessary**
- **health assessment, as necessary**

– references

Each organisation has established arrangements for pre-employment checks of staff including registration with professional bodies and inclusion on the HSC Board Performers List. There is some variation in processes for annual checking of inclusion on lists.

The Belfast Trust carries out Access NI checks on clinical staff but other services are not carrying this out for GPs as this is assumed from their inclusion on the performers list. The review team recommends that the arrangements are reviewed across all services in the light of the changing systems following the establishment of the Independent Safeguarding Authority (ISA).

1.10 The organisation has in place appraisal and supervision systems for staff which support continuous professional development and lifelong learning, facilitate professional and regulatory requirements, and inform the organisation's training, education and workforce development.

All GPs working in the out-of-hours services in Northern Ireland are required to be on a performers list held by the HSC Board. To remain on the list they must take part in annual appraisal. The Northern Ireland Medical and Dental Training Agency (NIMDTA) manages the GP appraisal system for Northern Ireland. This includes appraisal arrangements for doctors working solely in out-of-hours and for locum doctors. The review team found that nearly all doctors working in the five out-of-hours services have appraisals arranged through the scheme. Services are planning to make information available to GPs to inform their appraisals, in preparation for revalidation.

Appraisal systems for other staff are in different stages of development. Trusts have introduced schemes for staff. Western Urgent Care has trained staff as appraisers prior to introduction of an appraisal scheme.

1.11 The organisation has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations.

All services arrange for induction of new staff. Specific training needs for clinical staff for out-of-hours include the use of information systems and triage software, where this is used. For example, Dalriada Urgent Care provides two days training for nurses joining the organisation to use an algorithm based triage tool and this is followed by six, six-hour mentoring sessions. Call handling training is provided for staff.

Services are considering increased use of e-learning for training as it can be difficult to arrange training at times to suit staff. There is potential for services to work across the region on these initiatives.

The review team considers that it would be useful for each service to have a documented training plan, where this has not yet been prepared, which is annually reviewed.

1.12 Arrangements for Training for GP Specialty Trainees

The review team found that the five out-of-hours services do provide training opportunities for doctors undergoing specialty training in general practice, but there are differences in the local arrangements.

Examples of good practice include the organisation of induction sessions for new trainees to the area served by the provider. Dalriada Urgent Care provides trainees with a list of educational supervisors and a six month roll forward rota so that trainees can book into the sessions they require. The South Eastern Trust can produce case reports for trainees to support audit.

There is no formal process across providers for the out-of-hours educational supervisor to feed back to the trainer on the trainee's performance. Dalriada Urgent Care arranges for the educational supervisor to complete a proforma at the end of each session, which is returned to NIMDTA. There are no standardised arrangements for trainees to provide feedback to providers on the quality of their training experiences.

The review team recommends that NIMDTA and providers should agree arrangements which should be in place for out-of-hours services to provide feedback on GP trainee performance and for out-of-hours services to receive feedback on trainee experience of these placements.

RECOMMENDATIONS

- 1.** The work of the Regional Out-of-Hours Project should be progressed to clarify the future strategic direction for the services and to take forward planned initiatives including a regional user survey and an agreed approach to quality performance monitoring.
- 2.** Out-of-hours providers should have specific risk registers which are kept under regular review.
- 3.** Out-of-hours providers should consider methods of providing assurance that doctors are not working excessive hours by working shifts for different providers.
- 4.** Out-of-hours providers should review their arrangements for carrying out checks in relation to the protection of children and vulnerable adults in view of the establishment of the Independent Safeguarding Authority.
- 5.** Each provider should consider developing a training plan, where this is not in place, which is reviewed on an annual basis.

6. The out-of-hours service should continue to work with Northern Ireland Medical and Dental Training Agency (NIMDTA) on the role of trainees in the out-of-hours service.
7. NIMDTA and providers should agree arrangements which should be in place for out-of-hours services to provide feedback on GP trainees performance and for out-of-hours services to receive feedback on trainee experience of these placements.

Theme 2 Safe and Effective Care

Standard statement

Safe and effective care is provided by the HPSS to those service users who require treatment and care. Treatment or services, which have been shown not to be of benefit, following evaluation, should not be provided or commissioned by the HPSS.

2.1 The organisation has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches.

The review team sought information from providers about their call handling arrangements for assessing patients in relation to this criterion. Although the call handling systems vary between providers, the review team considered that each provider had effective triage arrangements in place for managing calls.

The Belfast and Southern Trust arrangements are that doctors carry out all call triage and do not use algorithms during the triage process. The South Eastern Trust is carrying out a pilot of nurse triage at the Newtownards site and doctors use a triage algorithm to assist in the management of calls. Dalriada Urgent Care and Western Urgent Care both have nurses carrying out triage. Dalriada uses algorithm- based software and Western Urgent Care uses a decision support system during triage.

All providers use the ADAstra information system and all calls are recorded. Recorded calls are used to assist in the management of complaints by all providers. Dalriada Urgent Care has arrangements for a sample of triage calls to be monitored and South Eastern Trust encourages the use of calls in reflective practice.

2.2 The organisation has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general.

Child protection procedures are in place across all five services. Trust- based out-of-hours services operate within trust policies and staff can access trust-based training. The mutual providers have organised training for staff. Some providers have nominated leads for children and vulnerable adults for out-of-hours services, but not all.

Providers are at different stages in implementing arrangements in relation to having policies and procedures in place to identify and protect vulnerable adults.

2.3 The organisation promotes effective interagency working in relation to raising awareness of the risk factors associated with abuse, including domestic violence and in the promotion of effective interagency responses.

The review team found that all providers have arrangements in place to contact duty social workers out-of-hours.

Arrangements for the provision of mental health crisis services are different between different areas. The South Eastern Trust is reviewing its referral pathways for mental health services and the review team recommends that this is carried out in all trust areas.

2.4 The organisation has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment.

All providers have safety policies in place. The trusts have policies which cover all trust services. The mutual organisations have contracted for the provision of specialist advice on health and safety issues.

All out-of-hours organisations have a duty of care to safeguard the health and wellbeing of all staff. In the overnight period there is the possibility that individual call handlers may be left alone in an isolated centre when a doctor goes on a visit.

2.5 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review.

The review team found that all providers have suites of policies in place. The trust based providers generally have policies to cover all trust-based services and are developed and reviewed to specific standards. The mutual organisations have developed specific policies for out-of-hours services and for some specialist areas these have been developed using contracted expertise. Some policies examined did not have specific review dates stated on the policy.

All providers have adopted the regional operating protocols for out-of-hours services as the basis of their service provision. At the time of the review visits there was work in progress in the Belfast and South Eastern out-of-hours services to harmonise systems inherited from legacy providers.

- 2.6 The organisation has systems and processes in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided, and**
- 2.7 The organisation has reporting systems in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incidents or near misses**

All providers have incident reporting systems in place and there are arrangements for risk assessment and review of incidents.

During the year 2008-09 the out-of-hours services advised the review team that there were only three incidents in total which were considered to meet the definition of a serious adverse incident (SAI). These incidents had been reported to the Regional SAI System.

Services provided a number of examples of where learning from incidents has been shared within their service. The Southern Trust and Dalriada Urgent Care have each developed newsletters for out-of-hours staff which identify and report on lessons learned from assessment of incidents. Western Urgent Care has issued local alert notices following the analysis of incidents.

Following discussion with staff the review team considered that there is an ongoing need to ensure that all staff understand the importance of reporting incidents and near misses to maximise opportunities for learning and to reduce the risk of recurrence.

Systematic arrangements for the sharing of lessons from incidents across all providers were not found to be in place. The review team has been advised that this is being addressed by the HSC Board. The review team recommends that the reporting arrangements and needs of out-of-hours services are considered in the development of the new Regional Adverse Incident Learning System (RAIL) for health and social care in Northern Ireland.

- 2.8 The organisation promotes a culture of learning to enable staff to enhance and maintain their knowledge and skills.**

The review team was provided with information by services as to how they manage concerns about performance of clinical staff in relation to this criterion. All services have procedures in place in relation to tackling concerns about underperformance. These include referral to appropriate external bodies such as the National Clinical Assessment Service (NCAS) or professional regulatory bodies.

2.9 The organisation ensures that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems.

The review team sought information about call handling arrangements in relation to this criterion. The review team was advised that the operational arrangements for call handling procedures follow the Regional Out-Of-Hours Operating Manual. The criteria for undertaking a home visit are also set out in the Regional Operating Manual.

Call handlers are trained to answer, prioritise and handle calls. Dalriada Urgent Care has systems in place for nurses and call handlers to have samples of calls monitored and used for reflective practice. Southern Trust call handlers interact with service users as part of their induction process and are also presented with different scenarios such as dealing with a difficult caller.

There are systems in place to ensure that all clinical staff working in out-of-hours services have professional registration. There are arrangements in place for training nurses in call handling but there was limited evidence of call handling training for doctors.

The arrangements for using IT systems to support triage decisions differ between providers.

2.10 The organisation promotes the implementation of evidence based practice through use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA).

The review team found that there are systems in place for the dissemination of regional and national good practice guidelines through email, notice boards and intranets. Guidelines can be accessed through a folder on the ADASTA system.

There were some examples provided of proactive approaches to the implementation of evidence based practice but in general this was limited. The South Eastern Trust is planning to provide e-versions of best practice guidelines for its clinical staff. Dalriada Urgent Care put in place a programme of activities for the implementation of NICE guidance on children with pyrexia.

2.11 The organisation has systems in place to prioritise, conduct and act upon the findings of clinical and social care audit and to disseminate learning across the organisation and the HPSS, as appropriate, and

2.12 The organisation promotes the involvement of service users and carers in clinical and social care audit activity.

Services demonstrated different levels of activity in relation to carrying out clinical audits. The Southern Trust has carried out audits on issues such as referrals from nursing homes and children presenting at A&E to find out if they had previously contacted out-of-hours services. Western Urgent Care has introduced a programme of audit for clinicians using the Royal College of General Practitioners (RCGP) audit toolkit. Dalriada Urgent Care had planned to carry out an audit of the implementation of its programme on children with pyrexia but funding was not available.

Services indicated that there are difficulties in measuring the clinical outcomes of their work as ongoing treatment is usually provided by the patient's own GP or following admission to hospital.

The review team considered that it would be useful for a number of agreed regional clinical audits to be carried out across all providers to enable them to compare their findings. This could be considered as part of the regional programme supported by the Guidelines and Audit Implementation Network (GAIN).

All services continually audit the outcome of triage as to the proportion of callers provided with telephone advice, a base visit or a home visit.

RECOMMENDATIONS

- 8.** Regional guidelines for out-of-hours providers should be developed on referral pathways for mental health patients and services in each trust area should be reviewed in relation to this guidance.
- 9.** The development of a regional system for the collation of learning from incidents occurring in out-of- hours services should be considered during the development of the new Regional Adverse Incident Learning System (RAIL) for health and social care in Northern Ireland.
- 10.** All out-of-hours providers should review their arrangements to ensure that all staff understand the importance of reporting incidents and near misses to maximise opportunities for learning and to reduce the risk of recurrence.
- 11.** A programme of agreed regional clinical audits should be carried out across all out-of-hours providers to enable them to compare their clinical services. This could be considered as part of the regional programme supported by the Guidelines and Audit Implementation Network (GAIN).

Theme 3 Accessible, Flexible and Responsive Services

Standard Statement

Services are sustainable, and are flexibly designed to meet the needs of the local population. These services are delivered in a responsive way, which is sensitive to individual's needs and preferences and takes account of the availability of resources. Each organisation strives to continuously improve on the services it provides and/or commissions.

3.1 The organisation has service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives.

The review team found that all services have well established arrangements in place to ensure that additional resources are available at times of high demand such as weekends and holidays building on several years of experience of provision. Each service has systems in place for ongoing monitoring of daily workload and can call in back up staff if required.

Individual services are reviewing the level of appropriate staffing cover during shifts after midnight. The review team considered that it would be useful to explore opportunities to increase service resilience by arranging for further co-operation across boundaries during the red eye period (after midnight).

A number of good examples were provided of initiatives to address the needs of specific localities. The Southern Trust worked with the local community in Killeel to establish a local service and Dalriada Urgent Care has cooperated with local groups in isolated communities and the NI Ambulance Service to assist in the setting up of first responder schemes.

3.2 The organisation integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services.

A range of mechanisms are in place to engage service users and local communities in the planning and development of out-of-hours services. Dalriada Urgent Care and Western Urgent Care have lay representation on their steering groups. In addition, Dalriada Urgent Care has an active programme of engagement with local councils. The Southern Trust is establishing an unscheduled care managed clinical network and this will have a user forum to inform the development of more integrated patterns of service.

Surveys of patient experience have been carried out by the South Eastern Trust, Dalriada Urgent Care and the Southern Trust, and one is planned by the Belfast Trust.

The review team considers that it would be useful for all providers to establish agreed arrangements for collaboration with the Patient and Client Council as part of its approach to user engagement.

Processes for frontline staff engagement in service planning include staff representation on the steering groups of the mutual providers and involvement in planning groups. The model of provision where staff work shifts at night and weekends does not facilitate processes for effective staff engagement.

3.3 The organisation promotes service design and provision which incorporates and is informed by information about the health and social well-being status of the local population and an assessment of likely future needs.

The Regional Out-of-Hours Project has been reviewing the overall strategic development of services across Northern Ireland. Each service provider has been examining local provision of service. The Belfast Trust has established a modernisation group for its service. The South Eastern Trust has a process of ongoing service review. The Southern Trust is carrying out a service redesign exercise which will take into account the review carried out of its local population. Western Urgent Care has commissioned an external review of its services and has been reviewing its model of provision to introduce nurse practitioners. Dalriada Urgent Care has introduced a series of service initiatives such as a dental emergency service and training initiatives with nursing homes.

The review team considered that there is a need to ensure that the design and provision of primary care out-of-hours services is taken forward as part of an integrated approach with other related emergency services. These include A&E, ambulance services, community nursing, social care and mental health crisis services. There are good examples of joint working such as co-location of on-call rapid response nursing and out-of-hours in the South Eastern Trust and A&E and out-of-hours centres at several locations. The development of an unscheduled care managed clinical network in the Southern Trust is a welcome approach to seek to ensure that patients experience integrated patterns of care.

The review team also welcomes the development of the emergency care summary which was being piloted in the Southern Trust at the time of the review and gives emergency services such as A&E and out-of-hours access to a range of key information such as current medication and allergies from GP records.

3.4 The organisation has standards for the commissioning of services which are readily understood and are available to the public

In April 2009, arrangements for commissioning out-of-hours services moved to the newly established HSC Board. The board has established Local Commissioning Groups in each trust area.

Standards for the commissioning of out-of-hours services are set out on the regional out-of-hours website, which also provides annual breakdowns of performance by provider of outcomes of triage decisions.

3.5 The organisation ensures that service users have access to its services within locally and/or regionally agreed timescales

The standards set out on the regional out-of-hours website include timescales for response. All service providers have monitoring systems in place to measure their performance on a daily basis. The ADAstra system provides a traffic light flagging system for call handlers and clinical staff to be alerted to those calls which may breach the agreed time standards.

Providers advised the review team that the accessibility of the out-of-hours service has led to some patients seeking to use it as an alternative primary care provider and this was confirmed by views expressed during focus groups and by some patients spoken to during visits to patient contact centres.

3.6 The organisation ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.

All providers demonstrated a commitment to ensuring that service users are treated with dignity and respect. Trusts have instituted programmes to implement DHSSPS standards on patient and client experience.

All premises visited by the review team had individual consulting rooms for patients and had arrangements for disabled access.

3.7 The organisation has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision.

The regional out-of-hours website provides general information about all service providers in Northern Ireland, including contact numbers and locations of patient contact centres. All services have produced leaflets setting out details of their specific service arrangements which are distributed to local GP practices.

Providers have put in place arrangements to access interpreter services including the use of Language Line to facilitate three-way telephone conversations through an interpreter.

Discussions have taken place with regard to the provision of a single out-of-hours telephone number for Northern Ireland but the review team was advised by providers that there is no agreed timescale for this to happen.

3.8 The organisation incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others.

The review team asked all organisations to provide details of their arrangements to obtain consent from patients in relation to this criterion. The arrangements were found to vary between organisations.

The South Eastern Trust and Western Urgent Care have written policies on consent and the Southern Trust had a draft policy at the time of the review. Western Urgent Care also has a chaperone, intimate care and examination policy. The Belfast Trust advised that consent is obtained verbally and recorded in the patient notes, when appropriate. The Belfast Trust and Dalriada Urgent Care have chaperone policies.

The review team considers that all services should have written policies on consent and chaperoning of staff involved in intimate care and examination of patients, reflecting guidance contained in the regional manual and that staff are trained in their application.

3.9 The organisation ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially.

All services have procedures to ensure that patient data is held securely and that back-up data discs are held in appropriate fireproof storage. Data protection training is included at induction in some providers and there are data protection policies.

3.10 The organisation promotes multi-disciplinary team work and integrated assessment processes, which minimise the need for service users and carers to repeat basic information to a range of staff.

The review team found that there is a range of local initiatives where out-of-hours providers are working with other services to facilitate patient pathways.

The Belfast Trust has piloted a joint initiative between the North and West out-of-hours centre and the Mater A&E department. In the South Eastern Trust the Lagan Valley site is a point of contact for a range of community services including community nursing, mental health and social services. In the Southern Trust there were joint agreements between the out-of-hours service and district and twilight nursing for patient follow up during the flu pandemic. Western Urgent Care has guidelines in place for cross referral of patients at the three A&E departments where the out-of-hours service is co-located. Dalriada Urgent Care has arrangements for transfer of notes directly to A&E for patients who are referred there.

The review team considers that the integrated health and social care system in Northern Ireland offers significant opportunities to share and build on the local initiatives which have been put in place.

RECOMMENDATIONS

- 12.** All out-of-hours service providers should explore opportunities to increase service resilience by having joint arrangements for further co-operation across boundaries during the red eye period.
- 13.** All providers should establish agreed arrangements for collaboration with the Patient and Client Council as part of their approach to user engagement.
- 14.** The HSC Board, in its role as commissioner of unscheduled care, should review arrangements to ensure the effective integration of emergency services. These include primary care out-of-hours, A&E, ambulance services, community nursing, social care and mental health crisis services.
- 15.** The Regional Out-of-Hours Project should establish an agreed timescale for the introduction of a single telephone number for out-of-hours services in Northern Ireland.
- 16.** All out-of-hours providers should have written policies on patient consent and chaperoning of staff involved in intimate care and examination of patients.

Theme 4 Promoting, protecting and improving health and social well being

Standard Statement

The HPSS works in partnership with service users and carers, the wider public and with local and regional organisations to promote, protect and improve health and social well being and to tackle inequalities within and between geographic areas, socio-economic and minority groups, taking into account of equality and human rights legislation

4.1 The organisation actively pursues equality screening and, where appropriate, equality impact assessment in compliance with section 75 of the Northern Ireland Act 1998.

All providers advised the review team that they met the requirements of equality screening and equality impact assessment in compliance with section 75 of the Northern Ireland Act. Western Urgent Care was not carrying out policy screening but advised that this had been previously carried out by the Family Practitioner Unit at the Western HSS Board.

4.2 The organisation has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance.

Each provider has arrangements in place for business continuity in the event of major incidents affecting the provision of services. All providers were involved in planning for pandemic flu and this provided a focus for ensuring that they had effective contingency plans in place.

4.3 The organisation has evidence based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes which take account of local and regional priorities and objectives.

Services provided examples to the review team of initiatives through which they had responded to regional and local programmes. The South Eastern Trust out-of-hours service described processes to promote rational antibiotic prescribing. The Southern Trust has taken part in health fairs for ethnic minorities to explain how to use local services. Dalriada Urgent Care had contributed to the development of new services to enhance care in the community and prevent admission in palliative care.

The review team considered that the potential contribution of the out-of-hours services to programmes of health improvement and chronic disease management has not been fully explored. Potential areas for development include the provision of online health advice to reduce the need for users to

access services and initiatives on effective prescribing. Out-of-hours services should also be represented on regional service improvement initiatives such as the development of regional service frameworks.

RECOMMENDATIONS

- 17.** Out-of-hours providers in partnership with the HSC Board and the Public Health Agency (PHA) should explore the potential for maximising their contribution to health improvement and disease management programmes including the implementation of regional service frameworks.

Theme 5 Effective communication and information

Standard Statement

The HPSS communicates and manages information effectively to meet the needs of the public, service users and carers, the organisation and its staff, partner organisations and other agencies.

5.1 There is active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public.

Trust-based providers are taking forward strategies on personal and public involvement (PPI) in line with regional policy. Mutual organisations have lay representation on their steering groups.

5.2 The organisation has an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation.

All services have arrangements in place for dissemination of information about their services and information is available on the regional out-of-hours website. The Southern Trust is developing a communications strategy for the directorate in which the out-of-hours service is located but, in general, out-of-hours services do not have written communications strategies.

5.3 The organisation has effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services.

The review team found that a significant strength of the out-of-hours services in Northern Ireland is that they have adopted a single IT system to manage call handling and data recording. This provides information to clinicians on the previous call history of patients and flags up which calls are not being managed within target timescales.

Providers described systems for GPs in their area to advise the out-of-hours service of special notes about patients which are flagged up for the on-call doctor and enhance the safety and quality of care. The review team found that there are no standard arrangements in place for the updating and review of special notes and recommends that this should be agreed at regional level.

All providers sent information by 9.00am on the next working day to the individual GP practice of each caller, but the five services are at different stages in implementing the electronic transfer of this information.

The South Eastern Trust advised that the lack of harmonisation of its legacy trust IT systems was causing difficulties in fully integrating procedures.

Several providers indicated that there were technical difficulties in sending information electronically to the ambulance service.

5.4 The organisation has systems and processes in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness.

The review team found that all services have systems in place for the dissemination of urgent communications, safety alerts and good practice guidelines. This information can be held on the IT system used by all services, with alerts for staff when they log on to the system.

5.5 The organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media.

The review team found that training arrangements for staff on communication with service users were variable between providers. The Belfast and South Eastern Trusts provide customer care training for staff and they, together with the Southern Trust have provided training initiatives in managing violence and aggression.

All services have arrangements in place for handling media requests.

5.6 There are procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care.

All services record calls and callers are advised of this. Services provide information to the patient's own GP by 9.00am on the next working day and this is by secure e-mail or fax. In general, referrals to other services such as A&E or community services involve telephone calls between clinicians in the out-of-hours service and the other services.

The introduction of the emergency care summary which is being piloted in the Southern Trust offers the potential for enhancing patient safety and the review team recommends that this is rolled out across Northern Ireland.

The review team found that there were some differences in the times when out-of-hours services are operational and considers that all services should review their arrangements to ensure that there is no possibility for confusion as to responsibility for patients at handover times between out-of-hours services and GPs providing daytime care.

5.7 There is an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery.

The regional out-of-hours website contains information about the process for lodging a complaint to each out-of-hours service. Each service has a complaints procedure.

A significant advantage for out-of-hours services in investigation and responding to complaints is that telephone calls to the services are recorded and that the steps in managing a call are all documented on the information system. Each provider has arrangements for the review of relevant calls and the call handling process if a complaint relates to a call.

5.8 There is a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review.

There is information about each service on the regional out-of-hours website and all providers have leaflets about their services.

RECOMMENDATIONS

- 18.** The regional standards for out-of-hours services should include standards for the provision and updating of special notes on patients provided by their own GP to the out-of-hours services.
- 19.** The HSC Board and Business Services Organisation (BSO) should consider rolling out the emergency care summary throughout Northern Ireland.
- 20.** All out-of-hours providers should review their arrangements to ensure effective communication with primary care daytime services and transfer of responsibility during the evening and morning handover periods.

7. Medicines management

Standard statement

Safe practice in the selection, procurement, supply, dispensing, storage and administration of medicines which complies with current medicines legislation.

Regionally work has been ongoing to develop an agreed strategy for the management of medicines within the out-of-hours service. To date this has included:

- Guidance on medicines management which covers each of the activities associated with the management of medicines. The evidence indicates that this is at various stages of implementation across Northern Ireland.
- Publication of a regional drugs formulary which identifies a list of core drugs that should be available. The evidence indicates that this has been welcomed by the service and is largely adhered to. A regional medicines management task force reviews the formulary and the regional operating manual also contains mechanisms for requesting changes.

Patients contacting the out-of-hours service may have a telephone consultation, visit an out-of-hours centre or receive a home visit. Whenever possible, if treatment is required, a prescription is written for the patient to take to a community pharmacist. If a prescription is generated as a result of a telephone consultation, systems are in place for the details of the prescription to be forwarded to the community pharmacist.

The security of blank prescription forms is an ongoing challenge for all GPs. The evidence provided during the site visits indicated that all staff were aware of the importance of ensuring that blank prescription forms are held securely. Tracker systems are in place to ensure that each form can be accounted for.

All GPs spoken to during the review advised that the preferred option, even during out-of-hours, is that patients obtain their medicines from a community pharmacist. This minimised the need for them to dispense medicines.

Best dispensing practice dictates that medicines must be supplied in such a manner as to comply with relevant legislation on packaging, labelling and patient information leaflets. Medicines are usually dispensed using the original packs supplied by the pharmacy which are labelled for the patient by the doctor. Examples of labels seen did not always comply with requirements. Some did not specify the quantity supplied or have the wording kept out of the reach of children. If the GP dispenses less than the original pack a patient information leaflet must be included. Copies of these may be stored in the centre either as paper copies, or within the computer system. In one instance pharmacist involvement had initiated a change in practice whereby if doctors supplied a part pack, the original pack with appropriate labelling was supplied to the patient with the remaining tablets being disposed of. It had been decided that the benefit of ensuring that medicines were correctly supplied outweighed the small cost factor of unused tablets.

It was noted that the majority of the out-of-hours centres had no method of accurately measuring the quantity of water used to reconstitute antibiotic powder.

All GPs were clear that where a patient's clinical needs were such that treatment should start without delay, medicines were supplied by the out-of-hours service. This was evident during a visit to one centre where medicines were supplied for a sick child, despite community pharmacies still being open.

Patients receiving palliative care in the community have particular needs as their condition can change rapidly and may require out-of-hours intervention. The review team found that GPs generally informed their local out-of-hours service of any concerns that they had regarding individual patients, including adding a note to the system that they would prefer to be contacted. All centres have contact details of community pharmacists who keep an agreed stock of palliative care medicines. In addition, palliative care boxes are available in some areas where the community pharmacy service is not provided outside normal working hours.

Providers are aware that the service could be abused by patients with an addictive personality. Within each area there is a system whereby the local general practitioners can identify any patient who may seek to abuse the system. However, it is not possible at this stage for this information to be shared across Northern Ireland.

The management and governance arrangements for controlled drugs are under increased scrutiny as a result of the Shipman Inquiry. These drugs are not stocked in the out-of-hours centres. The only controlled drugs available for administration to patients are those which the doctors hold in their personal bags and for which they are accountable. A local procedure is in place in the Southern Trust for storing supplies of controlled drugs for GPs working for the service who do not reside within Northern Ireland. Storage is within the hospital pharmacy department.

Medicines are stored securely within out-of-hours centres. The quantity of stock varied from centre to centre and it was evident that the least stock was held in the centres where there was active pharmaceutical input into the ordering process. There is little evidence that stock levels are reviewed in light of usage. Streamlining the stock levels would be of financial benefit.

Currently supplies of medicines are obtained from community pharmacists. The evidence provided indicates that, in the main, this is purely a supply function with little professional input. During the review process the team met with one pharmacist who played an active role in the delivery of the out-of-hours service. It was evident that the professional insight provided had led to an improved standard of medicines handling.

Prescription prescribing patterns can be analysed through the COMPASS* reports provided by the BSO. However, the input of pharmacists with specialised knowledge into this analysis varies across Northern Ireland.

Recommendations

- 21.** All providers should ensure that medicines are labelled in accordance with the relevant legislation.
- 22.** All providers should have systems to ensure that dry antibiotic powder is reconstituted accurately prior to supply to the patient.
- 23.** The HSC Board should explore how information on patients with addictive personalities may be shared between out-of-hours centres.
- 24.** Each out-of-hours provider should review its governance arrangements for the supervision and use of controlled drugs. Within HSC trusts this should involve the accountable officer.
- 25.** All out-of-hours providers should review their stock levels of drugs annually in line with prescribing trends.
- 26.** Services should explore ways in which the expertise and knowledge of both trust and community pharmacists may be used to improve prescribing and the management of medicines within the out-of-hours service.

* COMPASS is a prescribing information system developed to provide GPs with feedback on their prescribing

8. Public engagement

As part of the Review of GP Out-of-Hours Services, RQIA wished to access the views of members of the public with regard to patient satisfaction with the service provided in their area.

These groups included:

- parents with young children
- older people
- people who have a long- term health condition

The focus groups were facilitated by the Patient and Client Council (PCC) and staff from both PCC and RQIA visited a variety of service user groups in areas covered by the five out-of-hours providers.

A semi-structured questionnaire was used as a means of capturing service user feedback on their experience when using the out-of-hours service.

Three specific areas were discussed:

- access to services
- experience while using services
- outcome of the service received

Within these overall headings several themes were highlighted:

- accessibility
- flexibility
- communication
- quality of the service
- complaints procedure

In total 12 groups were visited

Organisation	Number of groups	Number interviewed	Number used out-of-hours service
Belfast Trust	2	30	22
South Eastern Trust	1	12	9
Southern Trust	3	16	14
Western Urgent Care	3	52	32
Dalriada Urgent Care	3	80	34
Total	12	190	111

Conclusion

The public engagement exercise for the out-of-hours review surveyed twelve groups across Northern Ireland and provides useful information on public perceptions of the GP out-of-hours service.

Generally the groups reported very positive experiences when using the GP out-of-hours service, though there were isolated instances where people were not entirely satisfied with the service they had received.

When looking at the results in the three areas that were discussed some trends emerge:

- **Access to services:** generally the public were aware of where their nearest out-of-hours service was located. They were also aware that the contact number could be accessed either from the internet or by phoning their own GP practice. They were also aware that they needed to phone the service and not just turn up at the clinic. However it was also felt that consideration should be given to having a single number to ring or perhaps having automatic transfer of calls from GP practices to prevent patients having to make more than one call. Patients felt that calls were answered promptly but that waits were longer at weekends which was understandable as the service would be much busier.
- **Experience while using the service:** most patients interviewed had been dealt with either by telephone or by visiting the out-of-hours service. Two patients had received home visits and their experiences had been positive. Generally patients had been dealt with promptly and staff were courteous and polite. However in some instances people over 60 years old felt they had been less well treated and on a few occasions there were communication difficulties with a doctor for whom English was not their first language.
- **Outcome of the service received:** overall there were very few problems with the treatment that patients had received and on some occasions it was felt that the service was better than that provided in -hours. Most patients were aware that a report on treatment provided by the out-of-hours service would be sent to their GP the following day. Patients were asked if they were aware of how to make a complaint and in the majority of cases they were not aware of the complaints process.

Two recommendations result from the public engagement work.

Recommendations

The Regional Out-of-Hours Project should establish an agreed timescale for the introduction of a single telephone number for out-of-hours services in Northern Ireland (see recommendation 15).

- 27.** The out-of-hours service should ensure that patients are aware of the mechanism for making a complaint.

Full details of public engagement can be found in Appendix B.

9. Conclusions

The review team has concluded that the five providers of GP out-of-hours services in Northern Ireland have demonstrated a strong commitment to deliver high quality, safe and effective patient care and to further develop their systems and processes to benefit patients and staff.

Patients and staff advised the review team that out-of-hours services across the region are held in high regard. Patients value the high quality of care and the responsiveness of their local service. Staff enjoy working as part of a close-knit team and there is a very low turnover of staff across all out-of-hours organisations.

All out-of-hours providers have clearly defined organisational structures with transparent lines of accountability, reflecting the particular nature of the service provided. Providers have put considerable effort into ensuring that there are robust systems of clinical governance within their organisations.

All providers adhere to regional guidance and targets for the delivery of services. Providers advised the review team that they are contributing to the work of the Regional Out-of-Hours Project and are awaiting a decision regarding the long-term strategic direction for GP out-of-hours. The review team recommends that regional work is progressed which would include an agreed approach to quality monitoring.

Providers have established arrangements for reporting of incidents, but the review team found that systematic arrangements for the sharing of learning between providers are not in place. The HSC Board is addressing this issue.

Services described clinical audits which were taking place; However, the review team considers that it would be useful to establish a programme of regional clinical audits to enable services to compare their experiences.

Providers have built on their experience of managing peaks and troughs in workload and have developed systems to predict and respond to service pressures. During the period after midnight call numbers are low and the review team considers that it would be useful for providers to discuss approaches for further co-operation across boundaries.

During the review, services described local arrangements to enhance effective working between out-of-hours services and other providers of unscheduled care including A&E services, ambulance services, mental health, community nursing and social services. The review team considers that it would be useful to review the links between systems to ensure that patients experience seamless pathways to care.

In discussion with service users, a recurrent issue identified was that individual services have different telephone numbers. The review team recognises that there are technical issues to be overcome to achieve the

objective of a single out-of-hours access number for Northern Ireland, but recommends that an agreed timescale should be set to put this in place.

Effective communication between out-of-hours and in-hours services is critical to ensure that patients receive high quality continuing care. The review team found excellent examples of how this is being provided, which included electronic transfer of information about patient contacts to GP practices and the piloting of an emergency care summary which provides a summary of key information held by the practice for the out-of-hours provider. There are some differences between providers in the times when the out-of-hours services are operational and the review team has recommended that all out-of-hours providers should review their arrangements to ensure effective communication with primary care daytime services, and transfer of responsibility during the evening and morning handover periods.

The requirement for meaningful engagement with service users is essential for the ongoing governance and development of services. The public engagement section of the review revealed general satisfaction with regard to access to out-of-hours services, experience while using the service and also to the outcome of treatment received.

The vision for primary care out-of-hours emergency care is for a responsive system that is fully integrated and joined up with the wider health and social care network and the GP out-of-hours service should continue to work towards this goal.

10. Summary of recommendations

- 1.** The work of the Regional Out-of-Hours Project should be progressed to clarify the future strategic direction for the services and to take forward planned initiatives including a regional user survey and an agreed approach to quality performance monitoring.
- 2.** Out-of-hours providers should have specific risk registers which are kept under regular review.
- 3.** Out-of-hours providers should consider methods of providing assurance that doctors are not working excessive hours by working shifts for different providers.
- 4.** Out-of-hours providers should review their arrangements for carrying out checks in relation to the protection of children and vulnerable adults in view of the establishment of the Independent Safeguarding Authority.
- 5.** Each provider should consider developing a training plan where this is not in place and which is reviewed on an annual basis.
- 6.** The out-of-hours service should continue to work with Northern Ireland Medical and Dental Training Agency (NIMDTA) on the role of trainees in the out-of-hours service.
- 7.** NIMDTA and providers should agree arrangements which should be in place for out-of-hours services to provide feedback on GP trainees performance and for out-of-hours services to receive feedback on trainee experience of these placements.
- 8.** Regional guidelines for out-of-hours providers should be developed on referral pathways for mental health patients and services in each trust area should be reviewed in relation to this guidance.
- 9.** The development of a regional system for the collation of learning from incidents occurring in out-of-hours services should be considered during the development of the new Regional Adverse Incident Learning System (RAIL) for health and social care in Northern Ireland.
- 10.** All out-of-hours providers should review their arrangements to ensure that all staff understand the importance of reporting incidents and near misses to maximise opportunities for learning and to reduce the risk of recurrence.
- 11.** A programme of agreed regional clinical audits should be carried out across all out-of-hours providers to enable them to compare their clinical services. This could be considered as part of the regional programme supported by the Guidelines and Audit Implementation Network (GAIN).

- 12.** All out-of-hours service providers should explore opportunities to increase service resilience by having joint arrangements for further co-operation across boundaries during the red eye period.
- 13.** All providers should establish agreed arrangements for collaboration with the Patient and Client Council as part of their approach to user engagement.
- 14.** The HSC Board in its role as commissioner of unscheduled care should review arrangements to ensure the effective integration of emergency services. These include primary care out-of-hours, A&E, ambulance services, community nursing, social care and mental health crisis services.
- 15.** The Regional Out-of-Hours Project should establish an agreed timescale for the introduction of a single telephone number for out-of-hours services in Northern Ireland.
- 16.** All out-of-hours providers should have written policies on patient consent and chaperoning of staff involved in intimate care and examination of patients.
- 17.** Out-of-hours providers in partnership with the HSC Board and the Public Health Agency should explore the potential for maximising their contribution to health improvement and disease management programmes including the implementation of regional service frameworks.
- 18.** The regional standards for out-of-hours services should include standards for the provision and updating of special notes on patients provided by their own GP to the out-of-hours services.
- 19.** The HSC Board and Business Services Organisation should consider rolling out the emergency care summary throughout Northern Ireland.
- 20.** All out-of-hours providers should review their arrangements to ensure effective communication with primary care daytime services and transfer of responsibility during the evening and morning handover periods.
- 21.** All providers should ensure that medicines are labelled in accordance with the relevant legislation.
- 22.** All providers should have systems to ensure that dry antibiotic powder is reconstituted accurately prior to supply to the patient.
- 23.** The HSC Board should explore how information on patients with addictive personalities may be shared between out-of-hours centres.
- 24.** Each out-of-hours provider should review its governance arrangements for the supervision and use of controlled drugs. Within HSC trusts this should involve the accountable officer.

- 25.** All out-of-hours providers should review their stock levels of drugs annually in line with prescribing trends.
- 26.** Services should explore ways in which the expertise and knowledge of both trust and community pharmacists may be used to improve prescribing and the management of medicines within the out-of-hours service.
- 27.** The out-of-hours service should ensure that patients are aware of the mechanism for making a complaint.

Appendix A

Review Team Findings by Individual Service Provider

1. Corporate Leadership and Accountability

1.1 There is a coherent and integrated organisational and governance strategy, appropriate to the needs, size and complexity of the organisation with clear leadership, through lines of professional and corporate accountability.				
Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust strategic direction is set out in its corporate management plan.</p> <p>The out-of-hours service is part of Service Group of Older People, Medicine, Surgery, Trauma and Orthopaedics. The service group has a management plan with a clear management structure.</p> <p>The out-of-hours service continues to reflect the legacy pattern of two separate providers with limited integration of functions.</p>	<p>Trust priorities are set out in the 2009-2012 Corporate Plan.</p> <p>The out-of-hours service is part of the Unscheduled Care Directorate. There is a clear organisational structure with an Unscheduled Care Manager for Primary Care.</p> <p>There were three legacy out-of-hours providers and integration is ongoing. An obstacle to functional integration is the lack of a consolidated IT system.</p>	<p>The trust has a 5- year Strategic Plan setting out its vision and priorities for change.</p> <p>There is a Governance Strategy setting out accountability arrangements.</p> <p>The out-of-hours service is part of the Directorate of Older People and Primary Care with a clear organisational structure.</p> <p>The service operates as an integrated service across the trust area reflecting its legacy position.</p>	<p>The company operates within an annual budget agreed with the commissioner.</p> <p>The company has a Steering Group with representation from the public, HSC Board, HSC Trusts, employees, staff, GPs and Ambulance Service.</p> <p>There is a clear organisational structure but no long term development plan.</p> <p>The service provides an integrated service across its area.</p>	<p>The company takes forward a programme of innovation and development under the direction of the Steering Council although there is no documented development plan.</p> <p>The Steering Council has Lay, GP, trust and Commissioner representation. There is a Clinical Governance Sub-committee chaired by a lay member.</p> <p>The organisational structure is clear and the service is well integrated across its area.</p>

1.2 There are structures and processes in place to support, review and action governance arrangements including, for example, corporate, financial, clinical and social care information and research governance.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has a financial and governance plan in place.</p> <p>There is a defined authorisation framework.</p> <p>The service group of Older People, Medicine, Surgery, Trauma and Orthopaedics, in which out-of-hours is located, has an assurance committee which meets quarterly.</p> <p>Out-of-hours services use the regional standard operating procedures manual (April 2009).</p> <p>There are regionally agreed KPIs for the out-of-hours service.</p>	<p>The trust has an integrated governance strategy. There is a Trust Governance Committee with Risk Management and Safe & Effective Care Subcommittees</p> <p>The out-of-hours service links to the governance arrangements through directorate representation on relevant sub committees.</p> <p>GP out-of-hours is included within the unscheduled care governance plan.</p>	<p>The trust has a Risk Management Strategy which sets out defined governance roles and structures.</p> <p>The trust has controls assurance standards and monitoring arrangements in place across the organisation.</p> <p>A financial audit programme is in place with a follow up audit planned for 2009-10 for GP out-of-hours services.</p> <p>Out-of-hours services use the regional operating procedures manual and monitor agreed KPIs.</p>	<p>An external risk assessment has been carried out and its recommendations are being processed.</p> <p>The service has a regularly updated standard operating procedures manual.</p> <p>The service adheres to regional out-of-hours service specifications.</p> <p>Clinician performance is audited against RCGP criteria and an audit of call handling is being designed.</p>	<p>There is a dedicated lead for clinical governance and a clinical governance sub-committee of the Steering Council.</p> <p>There has been an external risk assessment carried out and its recommendations are being processed.</p> <p>Dalriada Urgent Care has achieved accreditation though the RCGP Out-of-Hours scheme.</p>

1.3 The service actively involves service users and carers, staff and the wider public in the planning and delivery, evaluation and review of the corporate aims and objectives and governance arrangements.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has a public participation strategy.</p> <p>The service group of Older People, Medicine, Surgery, Trauma and Orthopaedics is planning to carry out a user involvement survey.</p> <p>It has been some time since the last user survey of out-of-hours services.</p>	<p>There has been involvement of service users in the planning of service developments which have impacted on out-of-hours' services such as the relocation of services to the new Downe Hospital.</p> <p>The Trust Personal and Public Involvement (PPI) strategy is in place.</p> <p>The trust has carried out a patient satisfaction survey and plans to use "patient stories" of experience of use of out-of-hours services to inform service improvement.</p>	<p>The trust consults with service users on service changes such as a review of services in the Mournes which led to a satellite centre opening in Kilkeel.</p> <p>There has been feedback on out-of-hours services in a generic user survey.</p> <p>A service user forum is being established for unscheduled care including out-of-hours services.</p>	<p>The Steering Group has lay and staff representation.</p> <p>Any proposed changes to out-of-hours service involves consultation with community groups and local councils.</p> <p>The service has not undertaken a user survey as it has been anticipating a regional survey taking place.</p>	<p>The Steering Council has two lay members who are also members of the clinical governance sub-committee.</p> <p>The service seeks to actively engage with local councils and community groups.</p> <p>A user survey has been carried out.</p>

1.4 Processes are in place to develop, prioritise, deliver and review the organisation's aims and objectives.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The OPMST&O Service Group reviews its management plan on an annual basis.</p> <p>Monthly meetings are held for the out-of-hours service which consider aims and objectives. Particular areas of focus include the integration of the two legacy services and working more closely with A&E departments.</p> <p>The trust produces an overall annual report. A specific annual report on out-of-hours is not prepared.</p>	<p>The out-of-hours service has established aims and objectives.</p> <p>The service plans to produce out-of-hours specific annual reports which will describe its workload and performance.</p>	<p>The out-of-hours service has established aims and objectives.</p> <p>There is a trust annual report, and information on activity is included in relation to the GP out-of-hours service.</p> <p>A separate annual report specific to GP out-of-hours service is not in place at present.</p>	<p>The Steering Group reviews policy issues for the service.</p> <p>There is a service level agreement (SLA) with the HSC Board which is reviewed annually and sets out the services to be provided and targets to be achieved.</p> <p>The service provides reports on performance against targets set out in the SLA to the HSC Board.</p> <p>There is an annual service update given to the Steering Group.</p>	<p>The Steering Council reviews policy issues for the organisation and is provided with reports on workload and performance.</p> <p>There is a service level agreement (SLA) with the HSC Board. This is reviewed annually and sets out the targets to be achieved. The organisation reports on performance against the SLA.</p> <p>The Steering Council is constantly updated on any issues affecting the organisation.</p>

1.5 Systems are in place to ensure compliance with relevant legislative requirements.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has developed an organisation-wide health and safety policy to comply with statutory requirements.</p> <p>Linked policies are in place including zero tolerance and infection prevention and control.</p> <p>Training is provided for staff in aggression management.</p> <p>Out-of-hours staff are updated of training opportunities in areas such as infection control.</p>	<p>The trust has a risk management strategy which sets out the framework for governance and risk management across the trust.</p> <p>There is a health and safety sub-committee of the risk management committee.</p> <p>Control measures have been put in place to manage and reduce risk within GP out-of-hours service.</p> <p>There are operational system sessional checklists in each out-of-hours centre to improve compliance.</p>	<p>The trust has a health and safety department which coordinates the provision of mandatory health and safety training for trust staff.</p> <p>All GP out-of-hours staff are required to have training in moving and handling, fire, data protection and basic life support.</p> <p>GPs are required to show evidence of training in relation to child protection and anaphylaxis.</p>	<p>Statutory requirements for the service are set out in the SLA with the HSC Board. There is a general Health and Safety Policy.</p> <p>The organisation has contracted with a commercial business organisation to provide advice and guidance in relation to health and safety issues.</p> <p>Staff induction includes health and safety training. Health and safety procedures are included in the employee handbook.</p> <p>Training is provided on areas such as lifting and handling, infection control and CPR.</p>	<p>The organisation has a general Health and Safety Policy</p> <p>The organisation has contracted with a commercial business organisation to provide advice and guidance in relation to health and safety issues.</p> <p>Staff are provided with the Employee Safety Handbook and must confirm that they have received this.</p> <p>Two staff lead on implementation of Health and Safety procedures.</p> <p>Infection control training is provided by the nurse manager.</p>

Note Organisations were asked to describe their arrangements in relation to adherence with statutory requirements of Health and Safety in relation to this criterion.

1.6 The service ensures effective systems are in place to discharge, monitor and report on its responsibilities in relation to delegated statutory functions and in relation to interagency working.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Regular reports on performance are sent to the Regional Project Board.</p> <p>Weekly data is provided to the Public Health Agency in relation to surveillance systems.</p> <p>Complaints and incidents are monitored.</p> <p>The trust is waiting for a regional decision on the nature of performance reports.</p>	<p>Performance against quality standards is provided to the HSC Board on request.</p> <p>Performance indicators are reviewed at monthly management meetings with reports available to senior management.</p> <p>KPIs are derived from the national standards as adopted by the Regional Out-of-Hours Group.</p> <p>The GP out-of-hours service has commenced reporting to the Trust Governance Group.</p>	<p>Service performance is reported to the Management Board for the service, on which the Director of Primary Care of the Southern HSC Board was a member at the time of the review.</p> <p>Standard agenda items include governance update, complaints and incidents, SAI's, risk management, activity and performance reports, audits, feedback from service users, updates on service developments and financial control.</p>	<p>The service reports on quality standards to the Family Practitioner Services Unit (FPS) of the HSC Board.</p> <p>Regular reports are provided to the FPS unit in relation to complaints.</p> <p>The service monitors performance against key indicators and quality requirements along with call volume data.</p>	<p>The service operates to agreed quality standards for call handling and dealing with calls as part of the regional out-of-hours Network.</p> <p>Daily statistics are produced for these measures and reported to the management executive monthly and to the clinical governance committee bi-monthly</p> <p>Members of the HSC Board sit on the clinical governance group and the steering council.</p>

1.7 The organisation undertakes systematic risk assessment and risk management of all areas of its work.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has an agreed format to complete general risk assessments to enable the identification and prioritisation of risks.</p> <p>When a new risk issue is identified in the out-of-hours service it will be incorporated in the risk register for the Service Group of Older People, Medicine, Surgery, Trauma and Orthopaedics.</p>	<p>The trust risk management strategy sets out the framework, responsibilities and procedures for undertaking risk assessment and risk management.</p> <p>Annual risk assessments are carried out and are supplemented with joint risk assessments carried out with staff representatives and management.</p> <p>Risks related to the out-of-hours service would be incorporated in the Directorate register.</p>	<p>The trust has a risk management strategy which sets out the arrangements for risk assessment and risk management.</p> <p>Risks for the out-of-hours service have been reviewed. There is an out-of-hours risk register. The particular risks relating to the service are assessed and appear on the directorate risk register.</p> <p>No high risk areas relating to out-of-hours have been identified but such risks would appear on the trust's corporate risk register.</p>	<p>There is ongoing assessment and management of risks undertaken by the management team.</p> <p>An external clinical risk assessment was carried out in June 2008 and the organisation is taking forward the recommendations which included the need for regular review of the corporate risk register.</p>	<p>An external clinical risk assessment has been carried out and the organisation is taking forward the recommendations.</p> <p>Significant events are assessed using an agreed risk matrix and are used to identify and manage risks.</p> <p>Health and Safety risk assessments are carried out by a contracted organisation.</p> <p>Identified training needs are addressed through trainers.</p>

1.8 Sound human resource policies and systems are in place to ensure appropriate workforce planning, skill mix, recruitment, induction, training and development opportunities for staff to undertake the roles and responsibilities required by their job, including compliance with: a. Departmental policy and guidance and b. Professional and other codes of practice and employment legislation.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust Human Resources (HR) department advises, manages and oversees all employment issues.</p> <p>The service operates within the trust HR policies and procedures.</p> <p>All trust staff are invited to a trust induction day.</p> <p>A group of bank staff for reception and driving positions adds flexibility at peak times.</p> <p>There is a stable pool of doctors to which new doctors are added on a regular basis.</p> <p>All GPs are required to be on the performers list.</p>	<p>The out-of-hours service operates within trust HR policies and procedures.</p> <p>Clinical and non-clinical staff receive induction, a job description and training on joining the service.</p> <p>The out-of-hours service has had a stable clinical and non clinical workforce and until recently did not require the recruitment of new doctors. A need has been identified to open recruitment of doctors which is taking place. Standby doctors are available for busy times.</p> <p>All GPs who provide out-of-hours care must be on the performers list.</p>	<p>GP posts are advertised on HPSSjobs.com, and all posts are interviewed.</p> <p>All staff receive an induction, complete necessary training and receive a job description.</p> <p>Planned increases in workload such as Bank Holidays, extra shifts are built into the rota. For unplanned spikes, GPs are contacted via SMS.</p> <p>Staff working in the out-of-hours service are expected to comply with a set of rules to prevent care being compromised due to fatigue.</p> <p>All GPs are on the performers list.</p>	<p>All new staff receive induction, a job description and training.</p> <p>The organisation contracts with an external company to provide HR advice.</p> <p>There is a protocol for calling in extra staff to deal with spikes in workload.</p> <p>The service restricts the hours worked by clinical staff in a 24 hour period to avoid fatigue.</p> <p>All GPs are required to be on the performers list.</p> <p>At the time of the review all GPs providing the service also worked in local GP practices.</p>	<p>Dalriada Urgent Care has a dedicated internal HR department to manage recruitment and selection and to arrange induction and training for clinical and non clinical staff.</p> <p>New staff receive induction, a job description and training.</p> <p>All GPs are required to be on the performers list and are interviewed. 75% of GPs work in practice.</p> <p>Call volumes are assessed to ensure appropriate staffing levels.</p> <p>Additional staff can be called in by the supervisor on duty.</p>

1.9 The service undertakes robust pre-employment and thereafter annual checks including: qualifications of staff to ensure they are suitably qualified and are registered with the appropriate professional or occupational body; police and Protection of Children and Vulnerable Adults checks, as necessary; health assessment, and references.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All staff undergo pre - employment checks including references.</p> <p>All staff undergo Access NI checks, and pre-employment medicals.</p> <p>GMC registration and indemnity are checked on an annual basis.</p> <p>Child protection, CPR and appraisal details for doctors are checked yearly.</p> <p>New doctors are checked with the online performers list and the national list of doctors who have been removed.</p>	<p>HR verifies and reviews registration and indemnity provision of clinical staff including nurse triage staff at appointment. The service carries out an annual check.</p> <p>Access NI checks have been carried out by HSC Board for GPs on the performers list and are not repeated by the service.</p> <p>HR checks that locum or new doctors are on the board's performers list and checks their references.</p>	<p>Two references are sought for all staff in the service. A pre-employment occupational health check is undertaken.</p> <p>All GPs provide copies of their GMC registration and indemnity insurance. Expiry dates are recorded and checked.</p> <p>The service does not carry out Access NI checks for GPs as these are undertaken on all GPs performers list.</p> <p>New GPs must be on the performers list.</p>	<p>Referees are contacted for all appointments.</p> <p>GMC registration and indemnity is checked for new medical staff. New doctors and locums are verified as being on the performers list.</p> <p>Registration of nursing staff is checked online.</p> <p>New GPs are required to have. Access NI checks when they join the performers list so this is not checked.</p> <p>Annual checking of CPR,AED,ILS and appraisal certificates is planned.</p>	<p>Two references are obtained and checked for each employee.</p> <p>All staff, including GPs are interviewed. At interview clinical staff are asked to supply a GMC certificate, indemnity insurance certificate and proof of being on the HSC Board performers list.</p> <p>Access NI checks are not carried out at present.</p>

1.10. The organisation has in place appraisal and supervision systems for staff which support continuous professional development and lifelong learning, facilitate professional and regulatory requirements, and informs the organisation's training, education and workforce development.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All doctors have an annual appraisal to remain on the performers list to work for the service. This is arranged by NIMDTA.</p> <p>Out-of-hours service provides information to assist with appraisal.</p> <p>Other staff have annual appraisal using the Trust Personal Contribution framework.</p>	<p>Most GPs are appraised through NIMDTA scheme to remain on the performers list. A small number have appraisals arranged through the service.</p> <p>Trust requires all staff to have annual personal contribution and development review.</p> <p>Many training sessions are arranged in evening to suit working patterns.</p>	<p>GPs undertake mandatory annual appraisal via NIMDTA.</p> <p>The trust's education and learning department maintains a training database in relation to all mandatory training, and all in-house training provision.</p> <p>The trust has in place an interim appraisal policy for all staff which is being implemented.</p>	<p>GP appraisal is organised through NIMDTA.</p> <p>Developing clinician audit which will in future be part of appraisal evidence.</p> <p>Appraisal of other staff is planned and training for appraisers has been carried out.</p>	<p>All GP appraisals are carried out through NIMDTA scheme.</p> <p>If any GP fails to have an up to date appraisal, the HSC Board informs the out-of-hours immediately and they would be removed from the rota until it is completed. To date this has not happened.</p>

1.11 The organisation has a training plan and training programmes, appropriately funded, to meet identified training and development needs which enable the organisation to comply with its statutory obligations.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All staff receive a corporate induction.</p> <p>There is a range of trust training initiatives available which staff can access.</p> <p>The trust plans to develop its e-learning facility.</p> <p>GPs must provide evidence of CPR, child protection and acute anaphylaxis training to remain on the performers list.</p> <p>Training is provided for call handlers.</p>	<p>All staff receive corporate induction.</p> <p>Systems for e-learning are being developed.</p> <p>Training is arranged in evenings in cooperation with other trust services.</p> <p>Staff are trained in managing emergencies e.g. acute asthma, acute anaphylaxis, CPR, manual handling, aggression and the use of emergency equipment.</p> <p>Call handling training is available to staff on demand.</p>	<p>All staff receive induction training.</p> <p>Polices are accessible via the trust intranet.</p> <p>GPs can access training via the Southern Area Learning Together training sessions.</p> <p>The trust has an in-house training directory.</p> <p>Trust's training strategy is currently in draft.</p> <p>Call handlers are trained in different scenarios.</p>	<p>All staff receive an induction.</p> <p>Training in AED,CPR,ILS available to doctors in practices and attendance of other doctors can be arranged.</p> <p>Training in specific medical emergencies being considered.</p> <p>All call handlers receive training. Before introducing new procedures ACPP call handling training will be initiated.</p>	<p>All clinical staff receive Induction training includes emergency trolley, AED and drug cupboards.</p> <p>Nursing staff use software triage tool (Nightingale) and receive 2 days training and 6 by 6hr sessions of mentoring on its use.</p> <p>New procedures are introduced via e-mail, news- letter and tutorial sessions. Any required practical training is carried out on site.</p>

1.12 Training for GP specialty trainees.				
Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Training of GP Registrars is the responsibility of NIMDTA.</p> <p>There are restrictions on the number of registrars working under supervision at any time.</p>	<p>Annual induction arranged for trainees. Local training on IT system can be arranged. Trainees must provide GMC and indemnity details.</p> <p>Trainers must notify out-of-hours centre if trainee will attend a session. Number of trainees restricted by facilities available at bases.</p> <p>Computer system can provide case reports for audit. Call recordings can be reviewed on site. Trainees provide feedback on experience in out-of-hours through their trainers.</p> <p>Service is considering evaluation of training.</p>	<p>All trainees must be supervised so cannot work alone.</p> <p>Complaint about a GP speciality trainee would involve clinical supervisor.</p> <p>Complaint about supervisors working practice would involve the normal trust procedure. Educational process complaint would be dealt with by NIMDTA.</p> <p>Currently no formal feedback process.</p> <p>Training evaluation is undertaken by NIMDTA.</p>	<p>All GP registrars must be accompanied by their educational supervisor.</p> <p>Two trainees allowed on site at each shift or one trainee if a nurse advisor is being trained.</p> <p>GP trainer is responsible for ensuring trainee works a variety of shifts.</p> <p>Complaints regarding out-of-hours supervisor addressed to GP trainer in first instance.</p> <p>Service does not currently receive feedback on training.</p>	<p>Trainees book sessions with an educational supervisor.</p> <p>The trainees are under direct supervision at all times and contribute to managing the clinical workload in Dalriada.</p> <p>Numbers of trainees not restricted.</p> <p>Trainees invited to training induction session as part of day release.</p> <p>At the end of each session a proforma is completed and sent to NIMDTA. The document provides for feedback on performance and future development.</p>

2 Safe and Effective Care

2.1 The organisation has effective person-centred assessment, care planning and review systems in place, which include risk assessment and risk management processes and appropriate interagency approaches.

Note: The review team sought information about call handling in relation to this criterion

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All patients contacting the service receive a call back from a doctor. All calls are recorded.</p> <p>No specific algorithm is used as doctors triage all calls.</p> <p>Calls are triaged by the doctor and the information recorded on the ADASTRA system.</p> <p>Callers are either given advice, offered an appointment to visit the centre or a home visit.</p>	<p>There is a call prioritisation protocol for call handlers. All calls are recorded.</p> <p>Doctors use a triage algorithm to improve the management of telephone consultations.</p> <p>There is a nurse triage pilot in Newtownards.</p> <p>Call recording is used for audit, reflective practice and responding to complaints.</p> <p>Most clinical protocols are based on the regional out-of-hours manual.</p>	<p>All calls are triaged by doctors and so there is not an algorithm in place.</p> <p>All calls are recorded.</p> <p>Out-of-hours service promotes the use of clinical guidelines e.g. NICE. These are accessible via the GP out-of-hours guidelines folder.</p> <p>A managed clinical network for unscheduled care has been established and work streams are currently being identified.</p>	<p>Call handlers are trained at induction in call prioritisation.</p> <p>A computerised call handling triage protocol is being developed for all call handling (ACPP).</p> <p>Nurse advisors triage calls and use decision support software which supports decisions rather than following algorithms.</p> <p>All calls are recorded and calls are use in investigating complaints.</p>	<p>Calls are managed at a single centre in Ballymena. All calls are recorded.</p> <p>Nurses triage calls using algorithm based software. Calls are recorded and subject to monthly audit.</p> <p>Doctor use ADASTRA on-line clinician software to support decisions.</p> <p>Dentists use a manual system but it is planned to change to an ADASTRA triage system.</p>

2.2 The organisation has policies and procedures in place to identify and protect children, young people and vulnerable adults from harm and to promote and safeguard their rights in general.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Service adheres to child protection guidelines.</p> <p>Each doctor is required to have child protection training.</p> <p>Administration staff have awareness training in child protection.</p> <p>The trust has a nominated child protection lead and the service group has a nominated vulnerable adult lead.</p> <p>The trust is developing a vulnerable adults policy.</p> <p>There are clear processes for contacting social services.</p>	<p>Trust training framework in place for protection of children and vulnerable adults.</p> <p>Awareness training incorporated into Induction programme.</p> <p>Ongoing training programme for reception staff on child protection.</p> <p>GPs are expected to be aware of child protection through their daytime work. Those working only for out-of-hours can receive trust training.</p> <p>Medical managers are the identified leads for issues in relation to vulnerable adults.</p>	<p>The service works within the regional policies and procedures for the protection of children and vulnerable adults.</p> <p>There is a lead person for the trust for child and adult protection. GP out-of-hours does not have a lead for child protection or vulnerable adults.</p> <p>GPs can discuss concerns with their medical manager or the clinical lead for the service.</p> <p>GPs are required to have up to date training in child protection.</p>	<p>The Clinical Director is the lead for child protection and for vulnerable adults' issues.</p> <p>All new clinical staff receive child protection training.</p> <p>There is a specific procedure for dealing with children who are unaccompanied.</p> <p>A training programme is being developed for all stakeholders in Western Trust area including out-of-hours on issues relating to vulnerable adults.</p>	<p>Nursing staff and GPs have received an update on protection procedures in the last year.</p> <p>Copies of child protection procedures are available at all sites.</p> <p>All clinical information received in Dalriada is shared with the patient's own GP the next day.</p>

2.3 The organisation promotes effective interagency working in relation to raising awareness of the risk factors associated with abuse, including domestic violence and in the promotion of effective interagency responses.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>GPs have a close working relationship with 24-hour nursing team, social workers and community psychiatric nurses.</p> <p>List of relevant contacts is available in centres.</p> <p>Clear arrangements for contacting social services.</p> <p>Policies in place to manage patients with mental health problems.</p>	<p>Potential for admission to Ards and Bangor Community Hospitals.</p> <p>Urgent social care assessments arranged through the Emergency Duty Team.</p> <p>All centres integrated with 24 Hours Community Rapid Response Nursing Service.</p> <p>Referral pathways with mental health are being reviewed. Access to mental health crisis response until 8.00pm.</p> <p>Urgent community care is arranged by patient's GP. Out-of-hours has to refer patient to A&E to access service.</p>	<p>Out-of-hours clinical lead and out-of-hours social work coordinator have met in relation to referrals.</p> <p>GPs can contact the duty social worker during the out-of-hours period if required.</p> <p>Trust procedures for domestic violence, and self harm are currently under review, head of GP out-of-hours involved in this multi-disciplinary working group.</p> <p>The trust follows regional guidance set out for vulnerable adults and child protection.</p>	<p>Social work team on duty for advice/liaison/referral on a 24-hour basis.</p> <p>CPN service does not accept telephone referrals so patients are brought to the centre.</p> <p>Currently awaiting WHSCT training for dealing with vulnerable adults.</p>	<p>Social services are contactable 24 hours per day.</p> <p>The out-of-hours social services manager and trust nursing were invited to a nurse tutorial.</p> <p>All arrangements for social services intervention are through the duty social worker.</p>

2.4 The organisation has a safety policy in place which takes account of the needs of service users, carers and staff, the public and the environment.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Trust has policies in place to address violence to staff and lone working.</p> <p>The OPMST&O Service Group has a Health and Safety Committee.</p> <p>Risk assessment carried out on the Mater Hospital site on potential for verbal or physical abuse to staff.</p> <p>16 incident reports from out-of-hours were recorded from April 2007 to March 2008 of which 11 were safety concerns.</p>	<p>Trust policy on staff and public safety in place.</p> <p>GP out-of-hours service must comply with trust risk management strategy for key statutory requirements.</p> <p>Operational systems checklists used in each centre to reduce systems failure.</p> <p>Incident reports (IR1) are completed for all serious events.</p> <p>1 major safety concern incident was reported in the year April 2008 to March 2009.</p> <p>Training needs prioritised against potential risk to patients.</p>	<p>The trust has a Health & Safety Policy in place.</p> <p>Service operates within the trust incident reporting arrangements.</p> <p>There were 9 incidents reported in the year April 2008 - March 2009 in relation to out-of-hour services.</p>	<p>Health and Safety Policy in place.</p> <p>External risk assessment carried out in June 2008 and ongoing work since to implement recommendations.</p> <p>External organisation engaged to provide advice on health and safety issues.</p> <p>Incident reporting procedure and database established.</p> <p>14 "safety concerns" & accidents have been reported & recorded on database at time of review.</p>	<p>Health & General safety Policy is in place.</p> <p>Dalriada contracts with commercial supplier for health and safety training for key staff who cascade this to other staff.</p> <p>Staff are provided with the Employee Safety Handbook.</p> <p>DUC has adopted the "zero tolerance of violence" policy.</p> <p>Safety concerns are addressed through significant event procedure.</p> <p>No reported accidents during recent reporting period.</p>

2.5 The organisation has properly maintained systems, policies and procedures in place, which are subject to regular audit and review.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All policies are available on the trust intranet and are accessible to staff.</p> <p>Policies have a review date identified.</p> <p>The OPMST&O Service Group has a policy committee harmonising out-of-hours policies.</p> <p>A process is underway to harmonise policies across the trust from those in the legacy out-of-hours providers.</p>	<p>GP out-of-hours service operates to trust policies. All policies must adhere to standard process for development, ratification and review.</p> <p>Trust has a policy sub committee with representatives from all directorates.</p> <p>Operational protocols are based on Regional out-of-hours Operating Manual (Version 4).</p>	<p>Trust guidance on policy development recommends 2 yearly reviews.</p> <p>A trust records management and policy committee is in place.</p> <p>Approved policies are accessible by staff via the trust intranet. Staff are advised via the trust e-brief of updates.</p> <p>A performance management protocol has been developed for GPs.</p>	<p>Policies are reviewed on a yearly basis.</p> <p>Staff compliance ensured by re-issue of policies when required.</p> <p>Staff interviewed if there is serious non-compliance.</p> <p>Clinical audit and response to critical incidents can highlight issues of compliance with policies and any lessons learned are disseminated.</p> <p>Policies did not have review dates at the time of the review visit.</p>	<p>Policies are reviewed on a regular basis.</p> <p>There are systems in place for clinical and non clinical audit.</p> <p>All staff have regular meetings / training sessions and policy and procedures are discussed.</p> <p>There are regular call reflection sessions for nurses with the nurse manager and call handling processes are reviewed.</p> <p>All prescribing is monitored and reviewed.</p>

2.6 Systems and processes are in place to prevent, identify, assess and manage and review adverse incidents and near misses across the spectrum of care and support provided.

2.7 Reporting systems are in place to collate, analyse and learn from all adverse incidents, and near misses, share knowledge and prevent reoccurrence of adverse incident or near miss.

Belfast Trust	South Eastern trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Incidents are reported in line with trust critical incident guidelines.</p> <p>Incidents are monitored and reported to directorate assurance committee.</p> <p>No Serious Adverse Incidents were reported from out-of-hours service in 08/09.</p>	<p>Out-of-hours service operates within the incident reporting arrangements of the trust.</p> <p>No Serious Adverse Incidents were reported from out-of-hours service in 08/09.</p> <p>One incident described involved an external contractor and led to policy change on accompanying visitors.</p>	<p>Out-of-hours service follows trust policies and procedures relating to the reporting and management of adverse incidents. Guidance issued to staff.</p> <p>Incidents recorded on DATIX system and discussed at governance forums.</p> <p>One Serious Adverse Incident was reported in 08/09. A Root Cause Analysis was completed and lessons learned were disseminated.</p> <p>Electronic Governance Newsletter developed for out-of-hours service to share learning from complaints and incidents.</p>	<p>A new policy for the reporting of incidents has been introduced following the external risk assessment process.</p> <p>Guidance has been developed for staff and there is a process for providing feedback to staff on incidents.</p> <p>Examples provided to review team of dissemination of learning from incidents issued as local alert letters to staff.</p> <p>14 incidents reported in 08/09. None assessed as causing severe harm to patient.</p>	<p>Significant event policy in place with reporting forms and risk assessment grading.</p> <p>Incidents & complaints considered at weekly meeting. System for reporting incidents to HSC Board in place.</p> <p>Clinical Governance Subcommittee drill down into incidents and identify learning.</p> <p>Bi-monthly newsletter for staff sets out learning from incidents. Lessons disseminated by nurse/doctor tutorials.</p> <p>11 incidents reported in 08/09 including 2 SAIs.</p>

2.8 The organisation promotes a culture of learning to enable staff to enhance and maintain their knowledge and skills.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has a Learning and Development Strategy.</p> <p>Learning opportunities include a combination of educational meetings and e-mail correspondence.</p> <p>Underperformance of doctors is reported to the out-of-hours medical manager and followed through with an individual action plan.</p>	<p>The out-of-hours management team is responsible for managing identified underperformance issues of staff in line with trust HR policies and procedures.</p> <p>Incidents are investigated in strict confidence to inform decision on action such as referral to occupational health or GMC.</p> <p>The Directorate Governance Group facilitates dissemination of learning and best practice.</p>	<p>If a problem is identified with underperformance of a doctor, a meeting is arranged between GP and out-of-hours clinical lead. Areas for improvement are noted, with a timescale for implementation.</p> <p>Depending on level of concern, assistance may be sought from National Clinical Assessment Service (NCAS), Trust HR and Trust Medical Director.</p> <p>If necessary, process can be escalated through trust capability procedure.</p>	<p>Underperformance procedure involves:</p> <ol style="list-style-type: none"> 1. Issues Identified 2. De-brief with clinician 3. Agree action plan - lessons learned & retraining (clinical mentorship if required). 4. Meeting to review progress 5. Audit of telephone triage performance & analyse prescribing behaviour 6. Feedback learning outcomes to all GPs. <p>Regular audits are carried out with quarterly performance reports for clinicians in relation to peers. The service uses the RCGP Toolkit Audit.</p>	<p>Complaints procedure and significant incident/adverse incident policy in place. All complaints and significant incidents reviewed by the clinical directors.</p> <p>If performance issues are identified these are passed to NCAS/GMC and NMC as appropriate.</p> <p>Service organises a programme of nurse/doctor tutorials.</p>

2.9 The organisation ensures that clinical and social care interventions are carried out under appropriate supervision and leadership, and by appropriately qualified and trained staff, who have access to appropriate support systems.

Note: The review team sought information in relation to decision support systems for health professionals carrying out telephone triage under this criterion.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The service uses national and regional guidance on criteria for home visits.</p> <p>All triage is carried out by GPs. There are no nurses at present in the service.</p> <p>All call handlers are trained to use ADAstra computer system. Prioritisation is identified on the system.</p>	<p>Operational protocols are based on the Regional Operational Manual.</p> <p>The service uses the ADAstra system.</p> <p>Doctors use a triage algorithm to improve the management of telephone consultations.</p> <p>There is a nurse triage pilot in Newtownards.</p> <p>Call recording is used for audit, reflective practice and responding to complaints.</p>	<p>The criteria used to decide when to undertake a home visit are set out in the Regional GP Out-of-Hours Guidance.</p> <p>All triage is carried out by doctors. There are no nurses working within the service at present.</p> <p>The service uses the ADAstra system.</p> <p>The protocol for non clinical staff on call prioritisation is set out in the Regional Guidance for Out-of-Hours Services.</p>	<p>There is a home visiting policy for all clinicians.</p> <p>Telephone triage is carried out by nurse advisors using decision support software.</p> <p>All calls are recorded on the ADAstra system.</p> <p>GPs do not use computer based software to support decision making.</p> <p>All call handlers, drivers and reception staff have been trained to handle and prioritise patient calls.</p>	<p>There is a call prioritisation guideline.</p> <p>Most calls are triaged by nurses using an algorithm based triage system which grades calls for a home visit in a set number of hours.</p> <p>Call prioritisation is monitored on a daily basis.</p> <p>Non-clinical staff go through a training programme for answering, prioritising and handling calls.</p> <p>Call handlers and nurses are monitored through call reflection.</p>

2.10 The organisation promotes the implementation of evidence based practice through use of recognised standards and guidelines including guidance from the Department, NICE, SCIE and the National Patient Safety Agency (NPSA).

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Change in regional or national guidance is relayed to doctors by internal and external e-mail and placed on notice boards in out-of-hours centres.</p> <p>If specific training is required, where possible this is set up and provided on site.</p>	<p>Trust systems in place to ensure dissemination of national guidelines and learning circulars.</p> <p>It is planned to introduce e-versions of all key guidelines and to use digital images to improve the effectiveness of the materials.</p> <p>The trust wishes to promote e-learning through a comprehensive IT infrastructure.</p> <p>Trust intranet allows full access to other medical resources for doctors and staff.</p>	<p>Guidelines are accessible via an electronic guidelines folder.</p> <p>It is planned to audit guidelines compliance.</p> <p>No specific training given by out-of-hours service to GPs in the use of national guidelines.</p> <p>New guidance for example from NICE is e-mailed to all GPs in service.</p>	<p>Service operates to NI Quality Standards for out-of-hours care.</p> <p>Information in relation to operating procedures disseminated to staff via, staff meetings, email, supervision meetings and road shows.</p> <p>Relevant information can be found within the clinician and base reference manuals.</p>	<p>Staff have internet access to guidelines as necessary.</p> <p>In 2008/09 Service implemented NICE guidance on children with pyrexia with tutorials and production of leaflets and posters.</p>

2.11 Systems are in place to prioritise, conduct and act upon the findings of clinical and social care audit and to disseminate learning across the organisation and the HPSS, as appropriate.

2.12 The organisation promotes the involvement of service users and carers in clinical and social care audit activity.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Weekly audits are carried out on call volumes and response times.</p> <p>Regular clinical audits are carried out on disease management themes.</p> <p>All consultations are clinically coded on the ADASTRA system which can facilitate audit.</p> <p>A service user audit is planned to take place in 2009/10.</p>	<p>There is a Staff and GP forum to share best practice within the service at least annually.</p> <p>Directorate governance group provides forum for sharing of good practice.</p> <p>An audit is carried if there are any reported issues but there is not a programme of clinical audit at present.</p> <p>A staff call-handling audit has taken place.</p> <p>Plan to work on greater engagement and establish opportunities for audit with service users.</p>	<p>The trust has an agreed audit programme.</p> <p>An audit on referrals to GP out-of-hours from nursing homes has been undertaken.</p> <p>A GP forum has been re-established to share best practice.</p> <p>Local audits are undertaken by the GP out-of-hours lead. For example an audit on children presenting at A&E to find out if they had presented to out-of -hours prior to going to A&E.</p> <p>Unscheduled care managed clinical network is planning to consider involvement of service users in audit.</p>	<p>All GPs telephone triage audited on a regular basis highlighting those GPs who are outliers.</p> <p>Nurse manager carries out audits of nurse advisors.</p> <p>All clinicians involved in complaints or significant incidents will be audited.</p> <p>Clinical briefing, feedback sessions are held on a regular basis with GPs.</p> <p>Clinician auditing using RCGP toolkit taking place in 2009/10.</p> <p>Feedback from service users led to 6 key point guidance for use in telephone triage.</p>	<p>2 calls per month for nurses and call handlers are listened to and evaluated.</p> <p>Staff invited on a quarterly basis to listen to their calls. Nurses have regular call reflection sessions with the nurse manager.</p> <p>Nurses receive a quarterly set of statistics detailing outcomes and performance.</p> <p>Lay representatives on Steering Council and sub-committees receive full information on governance activity and influence direction of organisation.</p>

3. Accessible, flexible and responsive services

3.1 There are service planning processes which promote an equitable pattern of service provision or commissioning based on assessed need, having regard to the particular needs of different localities and people, the availability of resources, and local and regional priorities and objectives

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>GP out-of-hours is an emergency service provided outside normal surgery hours.</p> <p>Call volumes and response times are monitored and standby rota is activated as necessary.</p> <p>National trends are monitored and staff adjusted e.g. during flu pandemic.</p> <p>All calls handled irrespective of source and recorded.</p> <p>Regional targets set for call handling.</p>	<p>Main objective is to provide an out-of-hours primary care service until patients can see their registered GP.</p> <p>GP out-of-hours service reviews workload to ensure additional staff and doctors are on rota at times of demand surge such as holidays.</p> <p>Regional targets are monitored to measure performance. There are weekly reports for compliance on emergency calls and response times.</p>	<p>Patients advised this is a "phone first" service.</p> <p>Demand strategies include projection of activity and increase in GP hours per shift for example for holidays.</p> <p>Additional GP hours are sought through extending finish and start times of GP booked shifts. GPs off duty can be contacted via text.</p> <p>Target times for assessing the service are set regionally.</p> <p>Kilkeel local service set up in partnership with the local community.</p>	<p>Demand management arrangements set out in Workload Management Procedure and Workload Distribution Policy.</p> <p>A needs assessment has not been carried out.</p> <p>Quality standard performance monitored using the NI Quality Standards.</p> <p>Additional clinician time is arranged for public holidays. Service has on call back up doctors.</p> <p>During shifts, supervisor monitors workloads and distributes calls though area.</p>	<p>The service strives to ensure that it meets the needs of patients, building on 14 years experience of patterns.</p> <p>Hourly call rates are monitored and centre staffed to meet demand.</p> <p>2nd on call doctors can be used in the event of extra demand.</p> <p>Texting system for all staff in case of emergencies.</p> <p>Patients are aware of opening times via leaflets/posters and media coverage. All calls recorded.</p>

3.2 The organisation integrates views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>A Patient survey has not been carried out but is planned for 09/10 with a view to integrating views of local communities in 10/11 plan.</p> <p>Staff were involved in the commissioning process for the new building to which the service moved in 2009 in Knockbreda.</p>	<p>A patient satisfaction survey has been carried out to seek feedback on services and inform the development of services.</p>	<p>Partnership working has been undertaken between the local community in Kilkeel and representatives of the trust, commissioners and service user representatives to review service provision. A specific user survey in relation to Kilkeel out-of- hours was carried out.</p> <p>A service user forum will be established in unscheduled care and service user views on the service will be used to re-design services.</p> <p>A community panel meets with the trust.</p>	<p>A patient satisfaction survey not carried out as this was to be done regionally.</p> <p>Feedback from complaints used to improve service. For example a document of 6 points to be carried out by clinicians in all telephone conversations has been developed following an incident.</p>	<p>Patient/public feedback is gathered via complaints, significant events, patient questionnaires and lay representatives on committees.</p> <p>There is a Comment/suggestion box at each site.</p> <p>Engagement sessions are held with district councils to inform them about the service and planned changes.</p>

3.3 The organisation promotes service design and provision which incorporates and is informed by information about the health and social well-being status of the local population and an assessment of likely future needs.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>A regional review and options appraisal for out-of-hours services has been completed and forwarded to the DHSSPS.</p> <p>A modernisation group has been established for the service by the trust.</p>	<p>Ongoing internal reviews and planning occur to take account of changes identified at regional level or to comply with trust policies.</p> <p>Service re-design takes place through the management team working with key stakeholders.</p> <p>Service reorganisation includes links with support services e.g. 24/7 nursing, crisis response teams, emergency planning etc.</p>	<p>A service redesign is in progress which will take into consideration the needs of the local population.</p> <p>This work is being undertaken in conjunction with the planning and reform department in the trust.</p> <p>A project management approach will be followed which will include involvement of key stakeholders.</p>	<p>The service has been reviewed, by the Primary Care Foundation, the Out-of-Hours Regional Group and a risk consulting group.</p> <p>Service seeks to continually improve and has to respond to financial pressures.</p> <p>Service successfully introduced nurse advisor role and is currently embarking on a scheme to introduce nurse practitioners.</p> <p>Service is re-designed in consultation with the HSC Board.</p> <p>Service has worked as part of CAWT project to implement cross border initiatives.</p>	<p>The management executive meets weekly to review all aspects of the organisation with change initiated as necessary.</p> <p>Steering council meets bi-monthly and is responsible for policy change.</p> <p>Management executive provides direction on implementation of new projects.</p> <p>If there is a change in service which may effect the public the service will liaise with local councils.</p>

3.4 There are standards for the commissioning of services which are readily understood and are available to the public.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The out-of-hours service is commissioned by the HSC Board.</p> <p>There are standards for the service set out on the regional out-of-hours website.</p> <p>A breakdown of annual calls by category by category of response is available on the regional website (phone advice, base visit or home visit).</p>	<p>The out-of-hours service is commissioned by the HSC Board.</p> <p>There are standards for the service set out on the regional out-of-hours website.</p> <p>A breakdown of annual calls by category by category of response is available on the regional website (phone advice, base visit or home visit).</p>	<p>The out-of-hours service is commissioned by the HSC Board.</p> <p>There are standards for the service set out on the regional out-of-hours website.</p> <p>A breakdown of annual calls by category of response is available on the regional website (phone advice, base visit or home visit).</p>	<p>The out-of-hours service is commissioned by the HSC Board.</p> <p>There are standards for the service set out on the regional out-of-hours website.</p> <p>A breakdown of annual calls by category of response is available on the regional website. (phone advice, base visit or home visit).</p>	<p>The out-of-hours service is commissioned by the HSC Board.</p> <p>There are standards for the service set out on the regional out-of-hours website.</p> <p>A breakdown of annual calls by category of response is available on the regional website. (phone advice, base visit or home visit).</p>

3.5 The organisation ensures that service users have access to its services within locally and/or regionally agreed timescales				
Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Regional Standard Operating Procedures are in place and all calls are triaged.</p> <p>There are weekly searches and audits on call volumes and response times.</p> <p>Calls are continuously monitored and flagged automatically on the ADASTRA system if outside target for prioritisation.</p> <p>Frequent users of the service are identified on screen for GPs.</p> <p>Language line available and use of interpreters is monitored.</p>	<p>Regional standards for assessment and disposal are in place and performance is reviewed weekly.</p> <p>Doctor or triage nurse assesses patient against the receptionists assessed urgency.</p> <p>Time taken to complete assessments is measured for first contacts and final completion of contact.</p> <p>Action to inform patient's own GP of frequent users did not lead to any change in pattern of use.</p>	<p>Reports produced and presented to the out-of-hours Management Board including response times for accessing the service.</p> <p>Demand and capacity review underway at present - which will provide useful information in relation to access by service users and inform service provision in the future.</p> <p>Complaints acknowledged in two days and responded to in 20 days.</p>	<p>Service operates within NI quality standards agreed regionally among all out-of-hours providers.</p> <p>Those with special needs are identified in advance by practices, using 'Medical File Notification Form'.</p> <p>Speed of initial response is monitored by supervisor on duty and set out on key performance indicator report.</p>	<p>There are quality standards for NI GP out-of-hours times for response.</p> <p>Performance against quality standards are monitored and reviewed on a daily basis.</p> <p>Frequent users of the service are addressed through their own GPs.</p>

3.6 The organisation ensures that all service users, carers and relatives are treated with dignity and respect and that their privacy is protected and promoted, including, where appropriate, the use of advocates and facilitators.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Approach is to be in keeping with best practice and involving carers in all decisions.</p> <p>Patients are seen in individual consulting rooms.</p> <p>There is disabled parking at the Knockbreda site with level access to centre. There is a disabled ramp into the Mater Hospital Centre.</p> <p>Language line available as well as text phone.</p> <p>The Knockbreda site has Braille signage.</p>	<p>Service aims to treat all users with dignity and respect. Trust has adopted patient and client experience standards.</p> <p>Advocacy service can be arranged through trust patient liaison and complaints department.</p> <p>Service complies with Disability Discrimination Act. All surgeries are secure to provide privacy and dignity for patients and confidentiality of conversations.</p> <p>Access to call recording is strictly controlled to ensure confidentiality.</p>	<p>The trust has adopted the five Patient & Client Experience standards of respect, attitude, behaviour, privacy and dignity.</p> <p>There are divisional and directorate action plans to enhance personal and public involvement across the trust.</p> <p>There is a chaperone policy in place, and regional guidance.</p>	<p>Service operates from Western Trust premises which are DDA compliant.</p> <p>There are individual consulting rooms as well as a facility to provide chaperones if required.</p> <p>Facilities provide dignity and respect for patients as well as confidentiality.</p>	<p>Focus is on customer service. As part of induction and training emphasis is placed on the importance of treating callers with dignity and respect.</p> <p>Staff sign a confidentiality agreement when joining the organisation.</p> <p>Service uses both directly owned and trust owned premises.</p> <p>DDA requirements are assessed as part of Health and Safety risk assessments.</p>

3.7 The organisation has systems in place to ensure that service users, carers and relatives have the appropriate information to enable them to make informed decisions and choices about their treatment and care, or service provision.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>General information about service is available on the regional out-of-hours website.</p> <p>Patient requirements are assessed by discussion between the clinician, patient and carer where appropriate.</p> <p>Staff can access Language Line directly.</p>	<p>General information about the service is available on the regional out-of-hours website.</p> <p>There are systems available across the trust to enable patients from a range of diverse cultural backgrounds to access information and services.</p> <p>Staff have a protocol to access the interpreting service and this information is available in all centres.</p>	<p>General information about the service is available on the regional out-of-hours website.</p> <p>GPs discuss treatment with patients and representatives.</p> <p>Written account of contact with the GP out-of-hours service is provided to the patient's own GP the next morning.</p> <p>Patients and representatives can request access to information under trust procedures.</p>	<p>General information about the service is available on the regional out-of-hours website.</p> <p>Western Urgent Care can use the services of Language Line. Staff can contact the service and then a three way conversation takes place.</p> <p>There are posters and patient leaflets sent to all GP practices and available in out-of-hours bases.</p> <p>An information poster has been prepared in 6 different languages.</p>	<p>General information about the service is available on the regional out of-hours website.</p> <p>Dalriada Urgent Care maintains a website which provides details about the services it provides.</p> <p>Dalriada Urgent Care has provided training and a protocol for staff at all sites to access the interpreting service. This is used infrequently but has been excellent when required.</p>

3.8 The organisation incorporates the rights, views and choice of the individual service user into the assessment, planning, delivery and review of his or her treatment and care, and recognises the service user's right to take risks while ensuring that steps are taken to assist them to identify and manage potential risks to themselves and to others.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Consent is obtained verbally and recorded in patient notes if appropriate.</p> <p>The service rarely carries out invasive procedures.</p>	<p>GP out-of-hours service uses the trust policy on consent across all sites.</p> <p>Patients are offered an alternative if an individual practitioner is unable to provide any aspect of care at the time e.g. chaperone issue if all staff are of a single gender in a session.</p>	<p>There is a trust wide policy on consent which is currently in draft form. All staff have not been trained on this policy.</p> <p>The majority of clinical interactions with patients in the service would involve implied consent.</p> <p>There is informed consent for access to information as part of a pilot on emergency care summary.</p>	<p>There is a Chaperone, Intimate Care and Examination Policy as well as a Consent Policy.</p> <p>Staff are made aware of these policies at induction.</p>	<p>The service has a Chaperone Policy.</p> <p>The service usually operates with implied consent.</p>

3.9 The organisation ensures that individual service user information is used for the purpose for which it was collected, and that such information is treated confidentially.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The IT Server is positioned in Mater hospital site for both branches of out-of-hours and is backed up daily.</p> <p>The service complies with the Data Protection Act.</p> <p>There are trust data protection and ICT policies.</p>	<p>All staff are trained in data protection as part of induction and through operational training updates.</p> <p>Confidentiality is consistently promoted to all staff and doctors.</p> <p>All out-of-hours data is backed up daily and stored securely.</p> <p>There are control systems and remote monitoring on all sites to protect patients staff and doctors.</p>	<p>All staff have to attend CETIS - data protection training as part of their mandatory training.</p> <p>Data is backed up each night. Tapes are secured in a fire proof safe.</p> <p>Permission to re-use the information must be obtained in advance from the trust.</p>	<p>Data protection is covered at induction training.</p> <p>Service operates to Health and Social Care Code of practice on protecting confidentiality of user information.</p> <p>Service operates within the ICT security policy.</p> <p>All information is backed up daily, weekly & monthly with back ups stored by trust ICT staff.</p>	<p>Data is backed up daily via main computer system.</p> <p>The tapes are filed in fireproof storage.</p> <p>Service is registered with data protection.</p> <p>Data protection policies are available in staff handbook and contract of employment/service.</p> <p>All staff issued with passwords and computers have screen savers.</p>

3.10 The organisation promotes multi-disciplinary team work and integrated assessment processes, which minimises the need for service users and carers to repeat basic information to a range of staff.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Referral to and from A&E is based on clinical judgement.</p> <p>Pilot scheme took place in 2008 with Mater A&E and process still continues.</p> <p>Service works closely with 24-hour nursing team, mental health team and social services.</p> <p>There is a dental clinic available at BCH.</p> <p>A mental health crisis is dealt with by duty doctor who decides on referral to mental health team or local hospital.</p>	<p>Service has a procedure for inter-referral with A&E. Distance from Ards to Ulster Hospital sites is a constraint. Ards base is also site for out-of-hours nursing.</p> <p>The management team is working with A&E colleagues on a new service model within the co-located site at the Downe Hospital.</p> <p>Lagan Valley site is a 24/7 single point of contact for a range of support services including out-of-hours community nurses, mental health teams, and social work departments.</p> <p>Dental patients offered City Hospital number but no agreed guidelines.</p>	<p>Service works with a wide range of agencies and information is provided at out-of-hours induction.</p> <p>GPs contact A&E staff to discuss cases.</p> <p>There is an agreed protocol with district and twilight nursing for obtaining swabs during flu pandemic.</p> <p>Emergency dental out-of-hours service is provided at Craigavon Hospital.</p> <p>If a patient contacts out-of-hours with a mental health crisis the GP will triage the call and follow the Home Care Crisis Team referral protocol.</p>	<p>Service is currently co-located with A&E/ urgent care and treatment on three sites. There are joint guidelines for cross referral between services at each site.</p> <p>There are arrangements with Primary Care Liaison Services for mental health assessments to be carried out at out-of-hours bases after patient has been seen by a GP.</p> <p>Other social care functions and district/community nurses work closely with out-of-hours.</p> <p>Service holds details of on-call dentists.</p>	<p>Service has established links with a wide range of other services.</p> <p>Copy of notes can be transferred directly to A&E to avoid duplication.</p> <p>Can refer to out-of-hours nursing via manual system.</p> <p>Referrals to other services such as Crisis Response or Social Services - notes/forms are copied and faxed.</p> <p>All calls which are deemed to be mental health related are referred directly to a GP for triage.</p> <p>Dalriada manages out-of-hours dental service for its area.</p>

4. Promoting, protecting and improving health and social wellbeing

4.1 The organisation actively pursues equality screening and, where appropriate, equality impact assessment (EQIA) in compliance with section 75 of the Northern Ireland Act 1998

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has an equality lead.</p> <p>The trust screens all policies in line with Section 75 of the Northern Ireland Act.</p>	<p>Each policy author/group complete equality screening in line with the trust's equality requirements.</p> <p>Service policies also screened for compliance with Section 75 in line with the trust's equality requirements.</p> <p>All service policies must go through an EQIA process.</p>	<p>The trust has a head of equality.</p> <p>The trust has developed an equality screening template and accompanying guidelines to ensure that all policies are subjected to Section 75 scrutiny.</p> <p>Section 5 of the trust's equality scheme sets out the trust's commitment to undertake equality impact assessments.</p> <p>Trust offers training to policy authors on equality screening and EQIA.</p>	<p>The service has not carried out EQIA processes or Section 75 screening.</p> <p>In the past screening has been completed by the Family Practitioner Services Unit, Western HSS Board.</p>	<p>Recent changes in service delivery have been equality impact assessed.</p>

4.2 The organisation has effective and efficient emergency planning processes and co-ordinated response action plans in place, as appropriate, to deal with major incidents or emergency situations and their aftermath. The planning processes and action plans are compliant with Departmental guidance.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>There are protocols in place to deal with critical systems failures.</p> <p>There are regular fire alarm checks.</p> <p>Calls can be diverted from one site to another in event of systems failure. Mobile phones are available.</p> <p>The service has a contingency plan for pandemic flu and works closely with the trust and the regional plan.</p>	<p>GP out-of-hours is considered to be a mission critical service so there are contingency plans for business continuity.</p> <p>IT and communication systems have support contracts with enhanced cover and agreed response times.</p> <p>All sites have generators for power failure.</p> <p>Manual call handling can be used if the entire network fails.</p> <p>GP out-of-hours is incorporated into the trust emergency plan and has a major role in pandemic flu contingency plans.</p>	<p>A contingency protocol is in place for IT systems failure when out-of-hours service is operational.</p> <p>The GP out-of-hours service has developed a contingency plan for flu pandemic which has been agreed with the trust's director for older people and primary care.</p> <p>Staff have been issued with links to specific guidelines on clinical emergencies such as meningitis.</p>	<p>There is an agreed business continuity plan which sets out the agreed arrangements for managing a range of emergency situations and has lists of relevant contacts.</p> <p>All patient emergencies are dealt with by clinicians on duty, in line with the clinician policies manual.</p>	<p>Emergency protocols in place include:</p> <ul style="list-style-type: none"> - back - up telephone system - access to a 24hr IT helpline and engineer - back up automatic generator - procedure to evacuate - swine flu arrangements - executive on call in the event of a crisis - surge capacity <p>Procedures in place to deal with specific medical emergencies.</p>

4.3 The organisation has evidence based chronic disease management programmes and health promotion programmes and, as appropriate, community development programmes which take account of local and regional priorities and objectives.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Service priorities for action are set by the DHSSPS and the service responds to these, for example the need for pandemic flu contingency planning.</p>	<p>Out-of-hours service coordinates relevant programmes of action in response to local and regional priorities such as flu pandemic planning, rational prescribing of antibiotics, meningitis alerts and general community alerts as required.</p>	<p>GPs can access and print patient leaflets from recognised websites as required.</p> <p>Service has been involved in community development activities such as health fairs for ethnic minorities to provide information on how to access the service.</p>	<p>Service contributes to local planning arrangements for pandemic flu.</p> <p>Service responds to local and regional priorities in line with HSC Board guidance and directives.</p>	<p>Service works with trusts and voluntary sectors to improve quality of care for patients in local area.</p> <p>New services have been developed to enhance care in the community and prevent unnecessary admissions in palliative care and in elective patient review.</p> <p>Service is involved in supporting first responder schemes in community.</p>

5. Effective communication and information

5.1 There is active participation of service users and carers and the wider public. This includes feedback mechanisms appropriate to the needs of individual service users and the public

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The trust has a Personal and Public Involvement (PPI) Strategy.</p> <p>Active participation mostly involves patients and carers in decisions regarding treatment.</p>	<p>The Trust has established a PPI committee with representation from GPs and primary care.</p> <p>Trust PPI strategy launched in May 09.</p> <p>GP out-of-hours service has been involved in trust patient forums, Health and Social Care Councils and ongoing engagement with local councils.</p> <p>The out-of-hours service has presented to patient groups and attends local meetings where out-of-hours issues may arise.</p>	<p>A PPI baseline assessment has been completed and an action plan is in place.</p> <p>The Trust has developed a strategic action plan framework, identified a lead director and established a cross directorate PPI management group.</p> <p>Action plans will be developed for all services across the trust.</p>	<p>There is lay representation on the service steering group.</p> <p>The service does not have a PPI scheme or consultation scheme.</p> <p>Patients were involved at the time the service was established.</p> <p>Whenever there are any substantial changes in relation to the service, community groups, local councils and media are involved.</p>	<p>There are 3 lay members on the council of Dalriada Urgent Care.</p> <p>There is a well publicised complaints procedure with appropriate leafletting and posters.</p> <p>Previously had regular meetings with the Northern Health and Social Care Council.</p>

5.2 The organisation has an effective information strategy and communication strategy, appropriate to the needs of the public, service users and carers, staff and the size, functions and complexity of the organisation.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Doctors are communicated with using rota software as a vehicle.</p> <p>Telephone number on answer phone of all GP practices.</p> <p>Information on all services in Yellow Pages and on regional website.</p> <p>Leaflets are available in community pharmacies.</p> <p>Out-of-hours sits within the trust which has local arrangements for the dissemination of information.</p> <p>Trust has an annual report.</p>	<p>Maintain ongoing contact with out-of-hours GPs and staff through internal email and also external email to doctors through our rota management systems which includes SMS texts for short notice cover.</p> <p>Information on all services in Yellow Pages and on regional website.</p> <p>An annual report is planned specifically for GP out-of-hours service.</p>	<p>GP out-of-hours communication is included in directorate communications strategy which is in draft format.</p> <p>The strategy has communications objectives such as raising awareness and understanding of services such as out-of-hours.</p> <p>The trust produces an annual report which includes out-of-hours information.</p> <p>Press releases are issued as and when necessary.</p>	<p>Communicate access arrangements by leaflets and posters in out-of-hours centres/GP surgeries and by media (TV, radio, local press and internet) when required.</p> <p>Annual performance report available to the public on regional website.</p> <p>Represented on local groups such as hospital interface groups/flu planning/NIAS.</p>	<p>The steering council of Dalriada Urgent Care is made up of public representatives, board, trust officers' ambulance reps and GPs. Public representatives were appointed following an open advertisement and selection process.</p> <p>Annual performance report available to the public on regional website.</p> <p>Access arrangements are communicated by leaflet/posters in out-of hours centres/GP surgeries and by media.</p> <p>The organisation is represented on local Regional out-of-hours project.</p>

5.3 There is an effective and integrated information technology and information systems which support and enhance the quality and safety of care and provision of services.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All calls computerised and details of a previous call are flagged up.</p> <p>All completed assessments reach patient's own GP by next morning.</p> <p>No electronic transfer to GPs but it is planned to introduce this.</p> <p>There is no electronic transfer to the ambulance service.</p>	<p>All patients' previous assessments are included in the ADAstra System to both doctors and staff when dealing with repeat callers or patients with special notes.</p> <p>All completed assessments are notified to patients GP by 9.00am on the following working day, through email or fax as fallback.</p> <p>Not possible to transfer electronic data to the ambulance service at present.</p>	<p>An indicator panel shows how often the patient has been in contact with the service within the past week.</p> <p>All GP practices within operational area are notified the following day of contacts with the out-of-hours service.</p> <p>The service does not transfer data electronically to emergency ambulance service.</p> <p>Service is part of pilot to test emergency care summary.</p>	<p>Data relating to previous consultations history is readily available to all staff for all contacts.</p> <p>All patient contacts are electronically notified to the patient's GP the following day.</p> <p>At present, due to the fact that the NIAS operates on a different network, service is unable to transfer data electronically.</p> <p>Plans to share data with A&E.</p>	<p>All calls are passed to the patient's GP by 9.00am the following day.</p> <p>A patient's GP can place special notes on the system concerning a particular patient.</p> <p>The computer system will automatically fax referrals to casualty.</p> <p>No access to patient's own notes.</p>

5.4 There are system(s) and process (es) in place to ensure that urgent communications, safety alerts and notices, standards and good practice guidance are made available in a timely manner to relevant staff and partner organisations; these are monitored to ensure effectiveness.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All DHSSPS circulars and safety alerts passed on to staff electronically or by notices in surgeries.</p> <p>Circulars are monitored and updated as required.</p> <p>All relevant information passed over verbally at shift handover.</p> <p>Service is currently developing an emergency e-mail address for each site.</p>	<p>All patient safety alerts are circulated by e-mail.</p> <p>Specific patients can be tagged electronically with special notes.</p> <p>All relevant alerts go through managers for verification and released if appropriate.</p> <p>Information also on notice boards and used to update operational manuals.</p> <p>Handovers between shifts and checklists for drivers and receptionists.</p> <p>All clinical information is held on ADAstra system.</p>	<p>DHSSPSNI circulars are accessible to staff - clinical circulars are e-mailed to all GPs.</p> <p>Patient safety alerts attached as a special note.</p> <p>When staff log on they see the "message of the day" screen, then their e-mail inbox.</p> <p>Staff are informed about a new circular / alert at shift changeovers.</p> <p>Other alerts e.g. relating to medicines e-mailed to GPs and a message sent alerting them.</p> <p>Log sheet in out-of-hours centre to log all urgent communications.</p>	<p>All DHSSPSNI circulars are accessible to staff via desktop manuals.</p> <p>Handover procedure is in place for all clinicians.</p> <p>All relevant patient safety alerts, and urgent memos from DHSSPSNI/Trust/HSCB are e-mailed to clinical staff via internet booking system.</p>	<p>Circulars and safety alerts received are logged and faxed around the relevant sites.</p> <p>There is a system for email updates, which are handled in a similar manner.</p> <p>Planning to move to an intranet based update system once resources are identified.</p>

5.5 The organisation has effective training for staff on how to communicate with service users and carers and, where needed, the public and the media.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>All GPs are trained in breaking bad news.</p> <p>Staff are trained in dealing with challenging behaviour and the trust provides customer care training.</p> <p>Trust has a corporate communications department which deal with all media requests.</p> <p>There is not a defined media spokesperson but medical manager fills this role.</p>	<p>There is a trust policy on customer care.</p> <p>Staff are trained in customer care through corporate induction, which also provides awareness on dealing with challenging behaviour.</p> <p>There have been local initiatives such as self-defence and managing violence and aggression training.</p> <p>Trust has a media spokesperson who would be given information from the management team in relation to any out-of-hours issues.</p>	<p>There is a trust policy on communicating with the media.</p> <p>A communications officer is in place to the directorate which includes the out-of-hours service.</p> <p>Training needs analysis has been undertaken, to identify the level of training needed in management of violence and aggression.</p> <p>The service provided a Violent Patient Service in the Southern Area, and the staff involved have received training.</p>	<p>Language line engaged for patients who do not have English as first language.</p> <p>No training in relation to "breaking bad news" or in dealing with challenging patients.</p> <p>Media spokespersons are the General Manager and Clinical Director who have both undergone media training.</p>	<p>All media requests are passed to the clinical directors who fulfil the function of media spokesperson.</p> <p>No funding available to organise further training in breaking bad news.</p>

5.6 The organisation has procedures for protection of service user and carer information which include the timely sharing of information with other professionals, teams and partner organisations as appropriate, to ensure safe and effective provision of care, treatment and services, e.g. in relation to the protection of children or vulnerable adults, and the safe and efficient discharge of individuals from hospital care.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>Transfer of information is discussed with the patient and consent obtained.</p>	<p>Information can be shared with other health professionals to improve patient care such as palliative care handover sheets.</p> <p>Doctors will provide information to GP out-of-hours service for patients for lab tests if the results will arrive after their surgery has closed.</p> <p>Special Patient notes are shared if agreed with the GP Practice.</p>	<p>Referrals to District Nursing and Twilight Nursing are provided by telephone from the GP in the out-of-hours service.</p> <p>Referrals to A&E are verbal via telephone and / or referral letter from out-of-hours GP.</p> <p>Referrals to Community Psychiatric Nurse are by verbal handover via telephone call, as per the Home Treatment Crisis Team protocol.</p>	<p>Prior to interagency referral (e.g. CPN, SW, Hospital), patient's consent is treated as implied, before transfer of relevant information.</p> <p>Patients are informed that their telephone calls are recorded when contacting the service and this is set out on patient leaflets.</p>	<p>Doctors write a referral letter when admitting patients. This is either faxed or sent directly with the patient.</p> <p>Information leaflets specify to patients that all calls are recorded and this information is also made clear when patient contacts the service.</p>

5.7 There is an effective complaints and representation procedure and feedback arrangements, which is made available to service users, carers and staff and which is used to inform and improve care, treatment and service delivery.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>There is information on the regional out-of-hours website as to where to address complaints.</p> <p>The service complies with the trust complaints procedure and leaflets are available.</p> <p>All complaints are monitored and discussed with those involved.</p> <p>A complaints spreadsheet is maintained and trends identified.</p> <p>All calls are recorded which assists in dealing with complaints.</p> <p>HSC complaints process standardised across all HSC organisations.</p>	<p>There is information on the regional out-of-hours website as to where to address complaints.</p> <p>The unscheduled care manager and medical manager investigate all complaints.</p> <p>The trust has a complaint leaflet available for service users in all sites.</p> <p>All complaints and incidents are reviewed at monthly meetings.</p> <p>Robust systems and controls in place such as call recording, recording clinical assessments electronically, event logs and digital image recording.</p>	<p>There is information on the regional out-of-hours website as to where to address complaints.</p> <p>The trust has a Complaints Policy in place and a new complaints process has been implemented.</p> <p>The trust has devised a complaints leaflet which is available for service.</p> <p>Complaints are monitored and trends identified.</p> <p>A complaints report is collated by the OPPC governance team and this information is shared at the out-of-hours Operational and Governance Meetings.</p>	<p>There is information on the regional out-of-hours website as to where to address complaints.</p> <p>There is a complaints procedure which is in line with the HSC procedure.</p> <p>Patient leaflets available at all bases and issued to every patient who uses the service.</p> <p>Data is collected by the complaints officer and reported to the management team.</p> <p>A new complaints procedure has been implemented.</p>	<p>There is information on the regional out-of-hours website as to where to address complaints.</p> <p>The complaints procedure is fully publicised to all patients via posters and leaflets.</p> <p>The Dalriada website sets out arrangements to make a complaint.</p> <p>A dedicated member of staff deals with complaints.</p> <p>Complaints are reported to the steering council and clinical governance committee.</p> <p>Lessons learnt are passed to all staff. There is an annual report compiled.</p>

5.8 There is a range of published up-to-date information about services, conditions, treatment, care and support options available, and how to access them both in and out of service hours, which are subject to regular audit and review.

Belfast Trust	South Eastern Trust	Southern Trust	Western Urgent Care	Dalriada Urgent Care
<p>The service is well known in the community and leaflets are available in all GP practices and elsewhere in the community.</p> <p>Service details are on the regional out-of-hours website.</p>	<p>Information about the service is on the trust website and information available to services on the intranet.</p> <p>There are links in place from the regional GP out-of-hours service website.</p> <p>Trust publications include information for GP out-of-hours service.</p>	<p>There is a revised patient information leaflet, which is available in a range of languages.</p> <p>GP out-of-hours service advertised in regional yellow pages telephone directory.</p> <p>Trusts out-of-hours leaflets have been disseminated to all the libraries in the area, and via community networks to ethnic community leaders, including local factories.</p>	<p>The service has previously issued an information leaflet to each home.</p> <p>Posters and patient information leaflets are available in each base.</p> <p>Leaflets are issued to every GP practice and service users.</p> <p>Information has been disseminated via posters, leaflets, TV, radio and internet communications and through the regional website.</p>	<p>Service has met with district councils 3 times in the past 2 years.</p> <p>Leaflets and posters in are placed in all GP surgeries.</p> <p>Service details are listed in Yellow Pages and on the regional and service websites.</p> <p>The 2009 GP survey indicated that access to out-of-hours health care was not an issue.</p>

Appendix B

Public Engagement Findings

Belfast Trust

	Access to services	Experience while using the service	Outcome of the service received
Parents with young children	<p>All patients knew to ring before arriving. They accessed the number either from the internet or by contacting their GP practice.</p> <p>Calls were answered promptly and they were also called back quickly, although the point was made that it depends on when you ring as at weekends they were much busier and contact times became slightly longer.</p>	<p>Those patients that came to the centre were given a time to attend and there were no long waits when they got there.</p> <p>The doctors were very professional and at all times staff were helpful and pleasant.</p>	<p>No patients had received a home visit, some were given prescriptions to be collected at a pharmacy and some were asked to come to the out-of-hours centre.</p> <p>Overall there were perceived to be very few problems with the out-of-hours service. In fact the feeling was that it was better than was provided in -hours by their own practice.</p>
Older people	<p>The majority of the group knew to contact their own GP practice to get the number for the out-of-hours service. Most said that they usually had to phone twice as they found it difficult to write the number down first time.</p> <p>Those who had used the service knew that you had to ring first and couldn't just turn up. Two people had in the first instance turned up without phoning and had been given appointments to return at a later time.</p> <p>Telephone calls had all been answered promptly and ring back from the GP was also quick. However it was felt that weekends were busier and times for phone backs were longer.</p>	<p>The majority of the group had received a telephone consultation with medicines being prescribed.</p> <p>None had received a home visit and for those who had needed to attend an out-of-hours centre they were given a definite time and they rarely had to wait.</p>	<p>Most people thought that contact with the out-of-hours service had been a positive experience and would not hesitate to use the service again if necessary.</p> <p>However some members of the group commented that they were unsure as to why they had to use the out-of-hours service in preference to A&E.</p>

South Eastern Trust

	Access to services	Experience while using the service	Outcome of the service received
Parents with young children	<p>For the majority of service users the initial contact with the out-of-hours service was by telephone.</p> <p>All were aware that you should telephone the service.</p> <p>Initial telephone calls were generally answered promptly however there could be quite a wait for a return call especially at weekends.</p>	<p>Majority were positive about how they had been treated by staff.</p> <p>None had any communication difficulties with staff. They found the centre was clean and welcoming and had information displayed.</p> <p>The majority were not aware of how to make a complaint.</p>	<p>One lady related her experience of a home visit. They had not waited too long for the doctor to arrive and he had been very professional and helpful.</p> <p>Not all service users were happy with the service they had received.</p> <p>One service user stated that her child's particular needs had not been addressed and later that night they had ended up in the A&E department with the child.</p>

Southern Trust

	Access to services	Experience while using the service	Outcome of the service received
Parents with young children	<p>The group felt that information about the out-of-hours service was available in their own GP surgeries in various formats such as cards and leaflets.</p> <p>They felt that the GP had phoned back in a reasonable time. It was a very prompt service and was in fact quicker than when seeing their own GP.</p>	<p>The group reported that there had been very little delay when they arrived at the surgery.</p> <p>The out-of-hours service is based at Mullinure and the group felt that it was not well signposted. One person was not aware that they had to phone first and on turning up at the door were turned away.</p> <p>Generally though staff were felt to be polite and courteous.</p>	<p>The group felt that the outcomes were very positive. An example provided was an occasion when a mother had been agitated and worried about her child in a late night situation. Staff on the switchboard had been very understanding, giving good advice and helping her to calm down.</p> <p>There was only one negative experience reported when a patient had to wait three and a half hours for a call back at a Bank Holiday weekend.</p> <p>The group was also asked about knowledge of how to make a complaint and most were unclear about the process.</p>

	Access to services	Experience while using the service	Outcome of the service received
<p>Older people</p>	<p>This group reported a variety of ways in which they knew how to contact the out-of-hours service ranging from obtaining the number from their own GP's phone system to a laminated sheet with important details including the number of the out-of-hours service which had been provided by the local neighbourhood watch.</p> <p>The group was generally clear about how the system operated how to access it and where it was located.</p>	<p>The group had various experiences in using the service and attending the centre either for themselves or on behalf of relatives.</p> <p>Generally the feedback was less positive and there were comments about the abruptness of staff and the fact that anyone over 60 felt invisible.</p> <p>An example provided was a woman living alone who had a flu virus and contacted the out-of-hours service on a Sunday afternoon. After waiting for three hours she rang the service again and spoke to a doctor in Newry. Following triage the doctor offered to leave a prescription at the Newry base for collection. When the patient explained that she lived in Craigavon and was not well enough to drive to Newry, the GP did not seem to have anything more to suggest. The patient agreed to wait until the next day and visit her own GP.</p>	<p>Despite the instances above generally the experience of the service at the out-of-hours centre was felt to be good in terms of the medical care received. Participants were asked that in those instances when they were dissatisfied with the service, had they complained. No one had and when asked why they explained that they did not have confidence in the complaints procedure.</p>

Southern Trust

	Access to services	Experience while using the service	Outcome of the service received
<p>Children with long term conditions</p>	<p>The service is based at Kilkeel Primary Care Centre which the group thought was a lovely building, easy to find with good car parking facilities. They were aware that the telephone number is available from their own GP's answering machine but you have to write it down and the group felt that this was difficult if you are ill, worried and flustered. The group felt that older people could also be easily confused by the system.</p> <p>Having spoken to a receptionist the response time from the doctor was about 20 minutes which was seen as being acceptable. Concern was raised about the triage system in terms of people asking the right questions and also about the patient being able to give the necessary information.</p>	<p>There was only a doctor and a receptionist present and the group felt that it would be useful to have a nurse also present and a greater range of services could perhaps be provided.</p> <p>Patients had to press a buzzer to gain admittance and the group felt that it was rather confusing as information on how to gain access wasn't given.</p>	<p>Generally the group felt that the outcome of their visit to the out-of-hours service was positive and that staff had been very helpful and courteous.</p>

Western Urgent Care

	Access to services	Experience while using the service	Outcome of the service received
Parents with young children	<p>Posters regarding out-of-hours were present in GP surgeries and the group were comfortable with phoning the GP practice to get the number of the out-of-hours service.</p> <p>Calls were normally returned within 5-10 minutes. No long waiting times were reported at the out-of-hours centre.</p> <p>Patients reported that they were always asked to attend the out-of-hours centre - the doctor would never come out.</p>	<p>A few patients said they had experienced a language barrier. One patient was hard of hearing and found it difficult to communicate.</p>	<p>A lady waited for more than an hour when her child was very sick - the doctor was out on another call and when he returned the patient was admitted to hospital.</p> <p>No-one in the group knew the method for making a complaint.</p>

Western Urgent Care

	Access to services	Experience while using the service	Outcome of the service received
Older people	<p>Most people in the group had no problems accessing the service and were comfortable with phoning the GPs surgery to get the number if needed.</p>	<p>One lady reported 2 good experiences with the out-of-hours service;</p> <ul style="list-style-type: none"> • Her mother became ill at a weekend. The out-of-hours doctor was phoned and came out immediately. The doctor's bedside manner was described as the best the patient had ever seen. • A neighbour was in hospital and when she came home she was confused and needed supervision. Late at night she became unwell again and the out-of-hours service was contacted. They came out and wanted to admit her to hospital but she wouldn't go. They came out three times in total and at all times they were very pleasant and helpful. <p>Another lady whose husband had dementia had nothing but praise for the out-of-hours doctor who treated her husband with courtesy and understanding.</p> <p>Mostly people were asked to attend the out-of-hours centre if they were able to come in. No-one reported a situation where they felt they needed the doctor to come out and they didn't.</p>	<p>In general people were happy with the attitudes of the out-of-hours staff and were content with the outcome of their contact with the service.</p> <p>When people went back to their own GP, the GP knew they had been to the out-of-hours service as a report had gone to the practice.</p> <p>No-one in the group knew how to make a complaint about the out-of-hours service.</p> <p>There were no posters or leaflets on display explaining the process of making a complaint.</p>

Western Urgent Care

	Access to services	Experience while using the service	Outcome of the service received
People with long term conditions	<p>A number of people in the group did not know where the out-of-hours service was situated.</p> <p>There was some confusion between the out-of-hours service and A&E at Altnagelvin. Some of the group said they had used A&E for things that the out-of-hours service could have dealt with and in the process experienced very long waiting times.</p> <p>They felt that no information regarding the out-of-hours service was displayed clearly in local GP surgeries.</p> <p>The group felt that having to phone the GP surgery for the out-of-hours number created unnecessary difficulties.</p> <p>There were two examples when patients were not happy when they tried to access the out-of-hours service;</p> <ul style="list-style-type: none"> • After falling in the snow, a gentleman phoned the out-of-hours service and was told to make his way to them. He explained that he was in a lot of pain and could not stand or walk. He was told to either come over or go to A&E but the GP can't come out. The gentleman spent 5 hours in A&E and had broken 3 bones in his back. • One gentleman called the local police after the GP out-of-hours service refused to do a house call for his mother in law who was very breathless and could not have made it to the clinic. The GP was there in 20 minutes. <p>However in spite of the above there were many positives reported;</p> <ul style="list-style-type: none"> • very good access to the out-of hours service • the response time in answering phone calls is generally quick and once chest pain was mentioned the GP called back very quickly • no long waiting times for patients who attended the out-of-hours centre • all patients reported that the facilities were clean. 	<p>Generally the experience of using the service was good. The attitude of the staff was friendly and sympathetic even though they were exceptionally busy.</p> <p>Some patients reported language problems with foreign national GPs.</p>	<p>A patient reported being given tablets that were boxed and clearly labelled.</p> <p>Another patient reported being given tablets in foil with no label, box nor leaflet and wasn't informed what they were for.</p> <p>There was no complaints procedure displayed in the out-of-hours facility and no-one in the group knew how to make a complaint about the out-of-hours service.</p> <p>Patients also were worried that if the out-of-hours GP did not have access to their medical notes then they might give tablets or an injection not knowing the patient's history.</p>

Dalriada Urgent Care

	Access to services	Experience while using the service	Outcome of the service received
Parents with young children	<p>Most members of the group knew that they had to ring first and the obtained the number from various sources which included leaflets, GP answer phone and also from the phone book.</p> <p>The telephone was not always answered quickly and they just had to persevere and keep ringing.</p> <p>It was also felt that the service was at times slow to ring back and patients had re-contacted the service before they received a reply.</p>	<p>No one in the group had received a home visit.</p> <p>Most had been dealt with over the phone and a prescription sent to a pharmacy and this wasn't always easy to get as there isn't always a pharmacy open.</p> <p>Those that had to visit an out-of-hours centre were given a time but sometimes there was a wait to be seen.</p> <p>On one occasion a member of the group had difficulty with a "foreign" doctor who was difficult to understand and "very rude". The patient asked to see another doctor but this wasn't possible.</p>	<p>Generally the group were happy with the outcome of their contact with the out-of-hours service.</p> <p>Comments were made on the difficulties of getting a home visit "they will send an ambulance before sending a doctor. Why have doctor's cars when they don't come out".</p> <p>No-one in the group was aware of how to make a complaint and had never seen any leaflets explaining the process.</p> <p>Some had complained to their own GP but never heard anything back.</p>

Dalriada Urgent Care

	Access to services	Experience while using the service	Outcome of the service received
Older people	<p>Most members of the group were aware of the need to phone to access the service and that the number was obtained through their own GP practice though some were not aware of this.</p> <p>Leaflets in GP practices were also a source of information.</p> <p>When contacting their practice they had to phone several times because it was sometimes difficult to get the number first time.</p> <p>On occasions it took some time to answer the phone on initial contact with the service and sometimes it took as long as half an hour. Sometimes ring back from the GP could also take up to half an hour.</p> <p>Difficult to find the out-of-hours centre.</p>	<p>Mostly the experience of using the out-of-hours was positive and that staff had been very helpful and courteous.</p> <p>However one member of the group felt that the doctor's attitude was very poor and they would never use the service again.</p>	<p>Generally there were no concerns raised and most members of the group felt that they had been treated appropriately.</p> <p>One member of the group received a prescription and was able to get it dispensed locally as it was before 10.00pm. If it had been after this time she would have had to wait until the next day.</p> <p>Most members of the group were unsure of the mechanism of how to make a complaint.</p>
Patients with long term conditions	<p>Most of the group were aware of the need to contact their own GP practice to get the number of the out-of-hours service.</p> <p>On arrival there were limited spaces at the A&E entrance and sometimes the "doctor on call" car would be sitting in the disabled space.</p> <p>Patients had to follow a red/yellow arrow on the ground to find the entrance and it was quite a walk for those who are less mobile.</p> <p>On phoning the call was answered promptly and the average wait was about 15 minutes for someone to phone back which was felt to be acceptable.</p>	<p>Generally the experience was positive with the general attitude of staff being very helpful with the doctor being first class throughout.</p> <p>One member of the group arrived without an appointment and he felt that the staff had been "quite cheeky".</p>	<p>Most problems were dealt with by phone and most were given a prescription which was fine as long as there was a pharmacy open.</p> <p>One member of the group had a very positive experience when the GP phoned a pharmacist who opened their premises especially as the prescription was deemed to be urgent.</p> <p>Another member of the group had received a home visit and the doctor had been extremely nice and very helpful.</p>