Primary Care Division

NHS Greater Glasgow

Annual Report on Clinical Effectiveness Activity

April 2003 – March 2004

Introduction

Clinical effectiveness is an umbrella term used to refer to activities which have as their focus the measuring, monitoring and improving of clinical care. Clinical effectiveness is therefore a key component of Clinical Governance.

There are a number of documents which outlined the requirements for clinical effectiveness and audit activity including NHS QIS Generic Standards and CRAG Goals which had been previously incorporated into the Primary Care Division Clinical Audit Framework. To aid in reporting, these have been re-organised into the Standards for Clinical Effectiveness in the next section.

The breadth of project activity is outlined in Appendix 1 and progress on the implementation of published SIGN Guidelines can be found in Appendix 2.

Standards Framework for Clinical Effectiveness

1. The Division provides support for clinical effectiveness activity within its clinical governance framework:

1.1 The Division should ensure that clinical staff have sufficient clinical effectiveness knowledge and skills.

It is considered that the clinical effectiveness knowledge and skills of clinical staff is relatively high. This view is based on a number of factors including the range of professional groups that now have basic competencies explicitly stated in their job description requirements, the level of training provision to qualified staff over the last five years and the clinical effectiveness components of pre-registration training of clinical staff.

The main challenge remains how to create the right balance between the training commitments with other aspects of the support role of audit staff, to maximise benefits of the team to the Division. This year the provision of formal training was amended following a second major evaluation of the impact of audit training on the ensuing audit activity. The clinical audit team have stopped providing training routinely and now deliver training targeted to specific clinicians/teams undertaking agreed projects across the Division. It is intended that this more focussed and personalised delivery of training, accompanied by practical support, will realise an improvement in the quality and quantity of completed audit projects.

Further improvement this year has arisen from formal training delivered by the clinical audit team. A series of three formal training courses to 239 clinicians and support staff were provided. This covered An Introduction to Clinical Audit (141 staff), Questionnaire Design (57 staff) and Integrated Care Pathways (41 staff). G & H Grade nurses attending the Clinical Leadership Development Programme for Nurses received a dedicated session on Clinical Audit & Effectiveness. Audit sessions have also continued to be a popular subject for inclusion in LHCC Protected Learning Time events.

In addition to general training for clinicians specialised training for Clinical Effectiveness leaders and audit staff was commissioned from an external provider using Training monies made available by the Area Clinical Effectiveness Committee.

During 2003/04 the Clinical Effectiveness Handbook was published. The handbook provides comprehensive guidance on the methods and tools of clinical effectiveness including practical advice on such subjects as clinical guidelines, clinical audit, integrated care pathways and questionnaire design. In addition the Handbook provides clinicians with references which will enable them to embark upon further independent study.

Finally all of the formal training and awareness processes are supplemented where necessary by dedicated and personalised tuition to clinicians required for their own audit projects.

1.2 The Division will explicitly agree and make available the time necessary for clinical staff to participate and undertake clinical effectiveness activities.

Recognition of the need to provide protected time for clinicians and specify resources for clinical effectiveness activity is now broadly acknowledged across the Division. As a result the visibility of clinical and managerial support continues to improve each year.

The main challenge is the need to understand whether the time agreed is sufficient for clinicians and to appreciate more fully how time is being identified and allocated. Many staff will raise concerns about the time pressure but we need to be mindful of the greater priority of protecting clinician's time with patients. The ability of the Division to find a good balance between these competing pressures remains, and perhaps will always be a challenge.

An increasing number of clinicians including consultants and certain nursing staff now have explicit time in their job plans for clinical effectiveness activity. In other instances agreement is established for specific pieces of work between a manager or supervisor and the clinician involved. It is also becoming more apparent that key parts of the audit programme are being incorporated into the Key Result Ares of specific staff as part of their personal performance management arrangements.

1.3 The Division provides resource for clinical effectiveness activity including professional advice, funding and practical assistance.

This standard is met through the support and resource provided through the Clinical Governance Department and by general managers. Explicit funding for projects has been made available through a number of routes. Staff are supported locally by the operational managers and by funding from strategy implementation. Further funding was made available from the Clinical Governance budget.

The clinical audit team and others within the Clinical Governance Department (including Clinical Effectiveness Librarian, Public Involvement Researcher, Service Evaluation Analyst) are available to support clinicians with clinical effectiveness activity across the Division. This includes the provision of advice about the project and assistance with Literature Reviews, Questionnaire and Database Design, Data Extraction from Clinical Systems (PIMS and Gpass), Data Analysis and Presentation. It is important that this resource is targeted appropriately so the focus is on priority projects within the effectiveness programme that will realise improvements for patient care.

2. The Division ensures suitable quality and outcomes are achieved from its clinical effectiveness activity:

2.1 The selection of clinical effectiveness topic should reflect a combination of local and national priorities, the views of service users and the views of clinical staff.

There are many local activities focussed around the National and Divisional priorities. The selection and prioritising of topics includes a consideration of both and in general there is reasonable balance between locally identified issues from clinicians and issues raised in national initiatives. There are lay representatives on groups within, or that relate to, the Division's Clinical Governance Framework, however we need to confirm more explicitly their role in selecting topics.

The audit programme framework launched in the summer of 2002, has encouraged multidisciplinary teams to look at issues related to prioritising, planning and reviewing activity. Within the Mental Health Services, national priorities are constantly under review including ECT, Dementia, Perinatal Care and Schizophrenia. Within Primary Care Services the national priorities of Coronary Heart Disease, Stroke and Diabetes are addressed within the Chronic Disease Management Programme, and considerable time has been allocated to the development and support of an IT solution to monitor the 48hour access standards.

The audit team have developed a tool to assist clinicians with the prioritisation of topics for inclusion in local effectiveness programmes. The use of this thinking aid needs to be further encouraged to support a fuller demonstration of the balance of the local effectiveness needs against Divisional and National Priorities.

2.2 ***The design of clinical effectiveness projects should always address the need for collaboration across different disciplines, services and agencies.***

A number of projects identified by the LHCCs promote and support collaboration between the Primary Care Division and other agencies. The Division takes an active role in the NHS QIS Network for effectiveness staff and is engaged in the National Schizophrenia Outcomes Study involving NHS organisations and other groups from across Scotland.

The Clinical Communications Project to review the quality and timeliness of communications between primary and secondary care involved all Divisions across Greater Glasgow, and was led and supported by the Primary Care Division.

NHS Quality Improvement Scotland issued a number of Standards over the last year, which have been reviewed within the Health Board or Acute Trusts. This has required support and information to be provided from the Primary Care Division allowing the other areas to complete

the Self Assessment. Collaboration between the primary and secondary care within Glasgow has been established to support the NHS QIS standards visits process.

Specific projects demonstrate the involvement of different disciplines involved in the delivery of patient care in a specific area, and within Learning Disabilities there are particular examples of collaborative effectiveness projects involving health professionals and social work colleagues.

2.3 The planning of a clinical effectiveness project should be clinically led, be explicit about the numbers of staff whose practice is subject to the review and establish an appropriate scheme of confidentiality.

There is a very strong tradition of clinical leadership within the Division, which is often supported by general management and involves staff groups in the planning and execution of projects.

There is a project reporting scheme within the Division, but as it has not yet been universally implemented, it is difficult to quantify the number of clinicians whose practice is being reviewed. In reviewing project plans, staff locally are aware of who is involved but it can be the case this is not formally declared.

Similarly the scheme of confidentiality tends to be informally recognised but rarely formally declared. Training on the ethics of clinical effectiveness and some consideration as to how to apply such principles in practice has occurred. There is a pilot of an ethical framework for user focussed surveys being planned and it is intended that this should be considered for application to clinical effectiveness projects. In this way consideration and expression of the confidentiality scheme would become formally declared when each project is being designed.

2.4 *All clinical effectiveness projects should seek to involve patients and public in the design and implementation of the project.*

Service user involvement remains a priority for all clinical effectiveness activity. We have encouraged a small number of projects towards meeting this standard but it remains a significant challenge.

The most prominent success is a small scale audit of user involvement in decisions about their care undertaken by Allied Health Professions services in the Division. This project included users at all stages of the project and a user steering group assisted the design and evaluation of the audit results. The project, though it had significant support, demonstrated that it is possible to successfully involve users.

A new post of Public Involvement Researcher was appointed in February to undertake routine studies of the patients and carers perspective as part of our drive to improve the quality of service. This post along with the four existing LHCC based Public Involvement Workers provide

skills and support but most importantly a vital connection between exploring effectiveness of clinical practice and the patients or cares experience.

2.5 All clinical effectiveness projects must provide an explicit plan to improve practice that takes account of potential barriers and a variety of techniques available to support improvement.

During the course of the year we observed a significant range of examples ranging from no apparent consideration of the need for improvement to sophisticated, well supported change programmes. Overall we retain a concern that whilst there are a number of examples of improvements it is still the case that too high a proportion of projects either do not get beyond the first round of data collection or fail to conclude with a report that confirms the improvement secured.

An important aspect of the clinical audit team's work this year has been to distinguish between the different categories of activity. Through the process of classification it has become apparent that much of the activity undertaken, which is labelled as audit, is not actually clinical audit and falls into one of the other categories of quality improvement activity. 104 clinical effectiveness projects were registered with the audit office for the period April 2003 to March 2004. The majority of these projects fell into the category of Service Evaluation, followed by Partial Audit and Audit. We would hope to increase the focus on clinical practice and improve the proportion of full audits, but further exploration of the reasons for our concern is required.

2.6 A final report of all clinical effectiveness projects should be provided and shared across the organisation.

There are various means used to report and share clinical effectiveness activity across the Division. A number of projects are disseminated through local governance forums and sharing good practice events and conferences. Specific projects have been presented at National and International Conferences and published in peer-reviewed journals. Most projects receive some form of acknowledgement in the annual reports, either at Divisional level or locally. As a result of sharing in previous years we are beginning to see projects being planned on a larger scale as staff appreciate that interest in particular topics and use of tried and tested methods is more commonly appreciated.

2.7 All clinical effectiveness project reports should be shared with public and patients taking into account appropriate concerns of confidentiality in disclosure.

There are a number of examples of good practice, of project results being disseminated to patients through the use of newsletters and posters in public areas. However, the aspiration that we publish all reports on the Divisional web site within four weeks of completion, so they are publicly available, has yet to be fully established.

3. The Division should have a structured programme of clinical effectiveness activity:

3.1 There is a clear structure of leadership and accountability for the identified clinical effectiveness programme.

Within the Primary Care Division the accountability for the clinical effectiveness programme resides with the Clinical Governance Executive Committee, with programme leadership and management established within the remit of the Service Clinical Governance Committees. These committees have a role in reviewing the levels and types of activity being conducted by clinicians throughout the Division and that have been endorsed as part of local clinical effectiveness programmes. Whilst this structure has been in place for some time, creating better engagement with local groups to produce more fully declared programmes of clinical effectiveness activity, continues to be a challenge.

3.2 Each operational sub unit has an agreed programme of clinical effectiveness activity that is endorsed by the relevant clinical governance forum.

Operational sub-units across the Trust carry out a range of clinical effectiveness activity, as evidenced in the appendices to this report and many of these projects require the utilisation of local resource will have been approved and endorsed. There is a concern that these groups of projects too closely resemble a list rather than a clearly identified and prioritised set of projects within a managed programme of effectiveness activity.

3.3 The accountable leads should ensure regular evaluation of the quality and value of clinical effectiveness activity carried out within the Division.

Where reports of completed clinical effectiveness activity are produced these may be reviewed by the appropriate clinical governance groups. Evidence of such review is difficult to provide. There are a number of reflections on clinical effectiveness activity during each year at planning and reporting but a specific focus on review of individual projects is not as readily apparent. This is partly due to the capacity of groups within the clinical governance framework but there is a need to consider whether this standard can be more ably applied and demonstrated.

4. The Division should be assured that clinical effectiveness activity is leading to sustained improvement in patient care:

4.1 The Division should ensure that improving the users experience is the primary motivation in undertaking any clinical effectiveness activity.

The primary focus of many of the projects undertaken is the improvement of the service offered for the benefit of the users, through access, the journey of care or the improved outcome for individuals, examples of these projects can be found in the appendices. One example is the

Hypertension Project, where the number of patients receiving appropriate treatment to lower their Blood Pressure below the target level has increased with each successive cycle over a number of years. The implementation of the new GMS contract quality indicators also focus activity around measurable targets which will improve the experience and outcome for individual service users. Practices have been working on these quality indicators since January 2004, and benefits to service users will be demonstrable during 2004/5.

Over the last five years we have prompted a considerable increase in the level of clinical effectiveness activity in the Division. In the process, we have perhaps lost sight of the need to maintain a clear focus on the outcomes, to create improvements for service users. Ensuring the process of declaration and endorsement of clinical effectiveness programmes, along with a focus on reporting and publishing, should help ensure that the projects and programmes are appropriately focussed.

4.2 The Division should promote increasing involvement of patients and public at all stages in clinical effectiveness activities.

Again whilst there are individual examples of good practice of patient involvement in all stages of the clinical effectiveness process, the challenge of increasing participation remains. The principle has been clearly communicated and gradually the practice and the confidence of staff is beginning to improve.

4.3 The Division should promote increasing numbers of practitioners whose practice is subject to review.

As the project reporting system is not being fully utilised by clinicians across the Division, to capture all the clinical effectiveness activity, it is difficult to quantify the number of clinicians whose practice is being reviewed. We have examples where the scope includes all clinicians e.g. within Primary Care Services a number of projects review the practice of all General Practitioners within specific areas of care, e.g. Hypertension and GRASPP, whilst access to all General Practitioners and Practice Nurses is reviewed through the quarterly 48 hour access stocktake process.

As we improve the information from endorsed clinical effectiveness programmes it will allow such information to be collated routinely, and more specific action and encouragement can be offered to areas where participation levels should be improved.

4.4 The Division should promote the demonstration of quality and value through its agreed clinical effectiveness programme.

Whilst some projects demonstrate improvements in the quality of patient care and give information on the resources used to secure this improvement, many do not make such

consideration explicit. Where they are it is apparent that implications are shared with general managers to assess impact on budget and decide on the affordability of higher standards of practice or care. Greater evidence of such considerations and links will be required to more fully satisfy this standard. There is also a concern that the overall value of our investment of staff time and funding into clinical effectiveness activity should be more evident. The Clinical Governance Executive Group is encouraged to act as the assurance mechanism, using the scheme of periodic and annual reports to inquire as to whether we are fully demonstrating the quality and value of our programme.

Appendix 1: Clinical Effectiveness Project Activity

This appendix describes the effectiveness activities which have been made known to the Clinical Audit Team, through direct involvement in the activity or through those involved registering and reporting their activity.

The projects have been grouped by Priority topics being listed first and then all other activities which have been categorised using the recently developed Classification Tool into Clinical Audit, Partial Audit, Data Collection/Monitoring, Service Evaluation and Consumer Studies.

1. Priority Projects

1.1 Integrated Care Pathway for Schizophrenia

A significant and challenging project for Mental Health Services has been the ongoing development of the integrated care pathway for schizophrenia. The design phase of the project was completed in time for the Quality Improvement Scotland peer review visit in November and is a culmination of almost two years work. The ICP has the potential to deliver significant improvement in performance against national standards and will ensure equity and continuity of care across Glasgow. The Northeast sector has agreed to undertake the early implementation work, which will test both the documentation and method across community and in-patient services. The pilot and any resultant modification to the pathway is expected to take in the region of six to nine months to complete, at which time phased incremental roll-out will commence.

Glasgow continued to participate in the Scottish Schizophrenia Outcomes Study. The three-year national clinical effectiveness project funded by NHS Quality Improvement Scotland looks at mental health outcome data for people with schizophrenia living in Scotland. Benefits from participation include, training in HoNOS and AVON, awareness of mental health outcome measures and the utilisation of outcome measures in routine clinical practice.

1.2 Integrated Care Pathway for Perinatal Mental Illness

The Perinatal ICP is currently being rolled out across the service, the first phase being West Glasgow. The pathway ensures staff are meeting national guidance (SIGN 60 - Postnatal Depression and Puerperal Psychosis Guideline) in the primary care setting. Work is underway to expand the current ICP to include a clear pathway for secondary care services in line with guidelines and service development.

1.3 Prevention and Management of Falls

To address some of the recommendations in SIGN 56 - Prevention and Management of Hip Fracture in Older People, systems have been put in place to ensure that every patient over the age of 65 years, or anyone with neurological impairment affecting mobility or balance, has a completed CANNARD Risk Assessment for prevention and management of falls within 24 hours

being reviewed over first 5 days following admission. The audit will look at assessment process and the interventions arising from the use of the tool. It will also look at the prescribing and provision of hip protectors together with patient compliance.

1.4 Coronary Heart Disease & Stroke

There are a number of examples of practices across Glasgow reviewing this area as part of the Chronic Disease Management Programme and since January as part of the Quality and Outcomes Framework of the new GMS Contract, where specific standards have been set for Secondary Prevention in CHD, Stroke and Hypertension.

The GRASPP project provided a practice led system for patients with incident cases of CHD to be reviewed and have their care optimised in practice. The fourth year of data collection has just been completed and results fed-back to practices This project was presented at the European Society of Cardiology Congress in September 2003, demonstrating improvements across the range of factors including the management of BP, cholesterol and drug therapy.

The Hypertension project has now been completed following seven cycles of data collection and improvement. Improvements in the management and treatment of patients with hypertension were evident as well as a continued improvement in the levels of screening of the 40-84 age group population. The data collection continues to be facilitated using amendments to the custom Microsoft Access tool to extract data from New GPASS Reporting Database. The results of this project were also presented at the European Society of Cardiology Congress in September 2003.

The monitoring of stroke care is being addressed by the new GMS contract and a number of LHCCs have undertaken specific pieces of work, which demonstrate improvements in care.

1.5 Diabetes

The Glasgow Project has seen data collection across the city, which included the SIGN Minimum Data-set. Audit data is routinely collected and fed-back to the practices via the diabetes web site.

2. Clinical Audit Activity

A clinical audit compares actual practice/care (structure, process and/or outcome) against standards and acts to improve practice when standards are not being met. Teams will undertake a second data collection, and produce a report or results, which confirm practice has improved and patients have benefited from the audit. If practice had not improved further change would be initiated.

2.1 Wound Management Audit - Multi-Professional (Podiatry And Nursing)

A baseline wound management questionnaire sent out to a sample of nursing and podiatry staff in primary care. The questionnaire was used as part of a monitoring process of clinically effective wound management activity. This audit project was subsequently published in the Journal of Community Nursing (July 2004).

2.2 HoNOS Rating Scales - Shawpark Resource Centre

The aim of the audit was to ensure a Health of the Nation Outcome Scale (HoNOS) was completed for all relevant clients and that the score was recorded on both the nursing notes and on PIMS. The audit identified a 74% completion rate in nursing notes and 67% in PIMS. Results were discussed locally. The audit has also helped generate interest in using additional tools to guide and improve patient care.

2.3 Care Plan Audit

Audit ensures that appropriate and up-to-date information is contained within the careplans. A number of care plan audits have taken place at various mental health sites across the city. Results of audit are fed back to individual staff/teams and action plans developed.

2.4 Annual ECG for F2 Diagnosis

The aim of the study was to ensure an annual ECG for all clients with F2 diagnosis. Results of initial data collection were disseminated to medical staff and key workers. An ECG is now offered to all patients attending global health clinic.

2.5 Audit of Orientation Packs

The study examined orientation packs to ensure information provided was appropriate and up-to-date. The audit process ensures that staff placed at the centre are aware of the different services provided and are consistent in the information they give to clients.

2.6 Patient Activity

The initial work undertaken in July 2002, identified that while a few patients got quite a lot of planned activity, some patients appeared not to receive any. Changes to practice included a cinema rota, weekend trips were more fairly distributed with patients given more notice of events.

2.7 Immediate Discharge Document

The project looked at completeness of information 24 hours prior to discharge, together with whether documentation contained relevant and legible signatures. Results of the first data collection identified scope for improvement. Results were discussed by the team and the importance of accurate and timely completion reiterated. Second data analysis demonstrated dramatic improvement.

2.8 Clinical Observation Audit

The aim of the audit was to gauge compliance with the standards set down within the clinical observation guidelines and to provide an accurate citywide picture of the current situation to inform review of current guidelines. The results demonstrated that there was 85-90% compliance with most aspects of current guidelines. The study made a number of recommendations, which were considered by the group tasked with revising the guidance.

2.9 Community Pharmacy Dispensing Audit

78 community pharmacists shared their results from the "dispensing" self-audit and demonstrated improved overall compliance with criteria increasing from 78% (audit) to 88% (re-audit). Areas of greatest improvement included maintenance of appropriate records, availability of written protocols and aspects of extemporaneous dispensing.

2.10 SIGN Guidelines: Management of Sore Throat

55 pharmacists completed this project, resulting in improved implementation of the SIGN recommendations in response to a series of educational interventions. Encouraging audit activity to support implementation of SIGN Guidelines is an objective of the Glasgow Pharmacy Audit Programme and helps to highlight the relevant key messages to community pharmacists.

2.11 Head Lice

Re-audit of the use of products to treat head lice in Drumchapel LHCC indicated that requirement for the products had reduced since the introduction of an initiative that facilitated pharmacists as independent NHS prescribers. This reflects more effective initial treatment and improved patient education.

2.12 Physiotherapy Assessment and Treatment Documentation

Highlighting improvements identified within the 2003 second cycle audit and progressing the management of change.

2.13 Physiotherapy Assessment and Treatment Documentation in Mental Health

Peer review audit process of compliance to Chartered Society of Physiotherapy (CSP) standards of assessment and documentation.

3. Partial Audit Activity

A partial audit, collects data about structure, a particular process, and/or outcome to assess current performance. The work will identify areas for improvement and act to improve practice. No second data collection is undertaken therefore teams cannot demonstrate or quantify improvement. A partial audit can also compare actual clinical practice against agreed standards of practice only to find standards are being met and no second data collection is required.

A partial audit must identify areas for improvement and must include change management, without these elements the study could only be classified as data collection.

3.1 Clinical Communications Audit

This project was funded by ACEC to review the communications between primary and secondary care, particularly in line with the SIGN Guidelines on referral letters and the Immediate Discharge Document. The project measured compliance of the referral and discharge letters against these documents, and also the usefulness of the communication to the receiving clinician. The report has highlighted areas of good practice, which will be appropriately disseminated.

3.2 Breast Feeding

Within Anniesland, Bearsden, Milngavie LHCC, an audit of compliance with World Health Organisation Baby Friendly Policy was carried out, involving Health Visitors, Practice Staff, GPs and Mothers.

3.3 Immunisation Recording Practice

A partial audit of immunisation recording practice was carried out at Maryhill Woodside LHCC in November 2003. The results demonstrated that several areas of recording could be improved upon, including, expiry date recording, route/method recording, site of injection recording and signature recording.

3.4 Basic Audit of Eye Care Administered by District Nursing Staff in South Glasgow

A partial audit was carried out to evaluate basic knowledge around eye care. As a result of the audit a training programme was delivered to improve knowledge in the gaps identified.

3.5 Pharmacy

An audit of adherence to the instructions for the prescribing of medicines using the Greater Glasgow Prescription Sheet was undertaken in Gartnavel Royal Hospital. A second cycle of audit is planned for 2004.

3.6 Diabetes Foot Health Audit

The frequency of Daily Foot Examinations relates to the amount of knowledge patients have of Diabetic Foot Care and audit of this will show what changes need to take place.

3.7 Nail Surgery Wound Dressings

To develop criteria and standards for nail surgery dressings, consistent with updated evidence as per wound care guidelines.

3.8 Clinical Effectiveness of Podiatry Secondary Care Referrals

Criteria and standards developed to progress the clinical effectiveness of referrals from hospital wards.

3.9 Dietetics

A priority within 2004 is to audit the processes which inform the new systems of care aims and outcomes. This study of “clinic list forms” is part of a wider clinical effective process to audit the care aims in relation to patient involvement and the “opt in” systems of referral, waiting times and discharge outcomes. A second cycle, change management audit of care plans, is scheduled for the latter half of 2004.

3.10 Audit of Nutritional Screening Tool Primary Care

Evaluation of current compliance to standards of assessment supporting the nutritional screening tool for those older people at risk in primary care.

3.11 Development of an Occupational Therapy Component within the Single Shared Assessment

A small pilot audit project was completed in relation to establishing a joint occupational therapy assessment tool for older people to be used across agencies. The purpose of the tool was to aid communication, standardise paperwork and enable effective pathways from the hospital to the home.

3.12 Audit of OT Treatment Plans

Evaluation of the current compliance to the College of OT standards of clinical documentation.

3.13 Life Skills Audit

This audit of life skills assessments in the Community Mental Health Teams in the Northeast sector demonstrates that 97% of clients with a diagnosis of schizophrenia had their life skill needs considered.

3.14 Medication Management – Side Effect Monitoring

The audit aims to ensure side effects of medication are appropriately assessed using a validated tool. First data collection highlighted that 39% of community patient and 42% of ward patient had been assessed using validated tool. Results have been fed back to nursing staff and a second data collection planned.

4. Data Collection/Monitoring Activity

Data collection/monitoring activity, collects data about structure, a particular process and/or outcome to assess current performance. The individual or team review findings but no change is actioned as a result of the work.

4.1 Base 75

This activity measured the prevalence of Chlamydia and rates of colposcopy amongst the client group.

5. Service Evaluation Activity

A service evaluation collects data to evaluate new or existing services and improves services through planning how services need to change.

5.1 TIDAL Model Pilot Project

A new approach to delivering nursing care, the "TIDAL Model", is being piloted in a number of adult inpatient wards. An evaluation of the pilot will look at the view of service users, carers, nursing staff and multidisciplinary teams. The impact of the model on quality of care and on professional practice of staff will also be evaluated.

5.2 Health Promotion Benchmarking Exercise

The Public Health Implementation Group began work on a benchmarking exercise across the Division to ascertain what health promotion activity is being offered to service users. The benchmarking exercise will be used to highlight areas where health promotion activity can be developed.

5.3 Depot Clinic Chaperone Arrangements Survey

A survey was undertaken regarding the practice of nurses undertaking depot injections. The results of this survey are awaited but they will give guidance regarding whether a protocol for chaperone arrangements during depot injections is necessary in order to safeguard clients' dignity and well being and to provide a safe working environment for staff.

5.4 District Nursing Caseload Profile

The Clinical Audit Team provided support to the Profiling Exercise.

5.5 Treatment Room Documentation

As a result of this project in Eastern Glasgow, new documentation was introduced which allows all necessary data to be collected in keeping with NMC Guidelines. This has led to more accurate patient details being recorded in line with NMC Guidelines.

5.6 Clinical Supervision

Clinical Supervision was evaluated in the community nurse team. Nursing staff are taking time to reflect on their clinical practice, they are receiving support and have an opportunity to identify development needs.

5.7 Care Aims Model Evaluation

Implementation of the Care Aims Model commenced in the North West ALDT and the East ALDT in January 2004. The Clinical Governance Department supported this pilot in conjunction with Strathclyde University.

5.8 Physiotherapy Direct Access, Audit of Standards

To evaluate current compliance to standards for the redesigned direct access service to physiotherapy patients, under development.

5.10 Physiotherapy Direct Access Service Evaluation - GP Perspective

Evaluating the GP perspective of the direct access service, complementing patient focused evaluation.

5.12 Evaluation of the Physiotherapy Dept. GRH

The aim is to improve and develop the current service offered by the physiotherapy department and to establish staff and users views on the physiotherapy facilities and environment.

5.13 Podiatry Redesign

Redesign is still the driving priority within podiatry and will continue to be so for the foreseeable future. Patient involvement forms the fundamental component of the referral, assessment, intervention and outcome. Priority will also be applied to developing mechanisms to audit the changes in caseload profiles from one of low risk to a high podiatry and medical need. Similarly, priority will be given to the discharge policy which provides clinicians with a supportive platform to promote social care, shared care and an informed discharge.

5.14 Podiatry Call Centre Evaluation

Measuring the users satisfaction with access and self-referral to the podiatry service via a telephone call centre. The clinician's perspective will also be evaluated. Supporting the redesign of the foot-care services.

5.15 Audit of Nutritional Screening Mental Health

Evaluating current compliance to standards of assessment supporting the nutritional screening tool for "in patients" with mental illness.

5.16 Evaluation of Staff Education and Training for the Infant Feeding Policy

To evaluate staff education and training to accompany launch of NHS Glasgow Infant feeding policies and guidelines.

5.19 Occupational Therapy - Joint Future

The two main joint future recommendations in relation to occupational therapy are in relation to the provision of a joint equipment store and the integration of occupational therapy. The main project work focuses on the model which is looking to a re-alignment of occupational therapy services across care groups, shared OT assessment tools, and a shared CPD framework.

5.20 Evaluation of the Podiatry Professional Support Group

Focuses on the provision of a safe and supportive environment both for the induction of new members of staff and the further development of clinicians by encouraging reflective learning and the sharing of good practice.

5.21 Physiotherapy Injection Therapy

Investigation of patient satisfaction with Physiotherapists performing corticosteroid injections and effectiveness of corticosteroid injection and to analyse the effect of this new service provision.

5.22 Speech and Language Therapy

Dysphagia within Care Homes forms a priority within the SLT care homes team. Evaluation of waiting times for people with Learning Disabilites will inform the clinical effectiveness of the referral to assessment process.

6. Consumer Study Activity

A consumer study improves the service/care given through planning how the service has to change to be consistent with patient needs.

6.1 Depot Clinic Study (Medication)

The study was set up to look at both user and staff views of the current service provided with particular regard to medication. The information obtained from the study will inform the development of good practice guidelines.

6.2 Deliberate Self Harm Liaison Service

The project examined both user and referrer satisfaction of the service.

6.3 Clinical Psychology Services

Clients in two areas of the city have been asked for feedback on the psychology service.

6.4 Life and Community Skills Group

The homeless service obtained information from clients on the twelve-week life and community skills group. The team will use the collated data to improve services to this client group.

6.5 Depot Clinic Client satisfaction Survey

A survey was conducted to ascertain whether patients and carers were happy with the service they received at Shawpark Resource Centre Depot Clinic and whether the clinic could be improved. All deficits were identified and addressed at a local level.

6.6 Community Older Peoples Team

A client satisfaction study to evaluate service provided by team.

6.7 West Dunbartonshire Young Families Support Services

A client satisfaction study to ascertain level of satisfaction with service.

6.8 Physiotherapy Direct Access, User Satisfaction

Evaluation of patient satisfaction with the redesigned direct access to physiotherapy. User views essential to development of new methods of access to service.

Appendix 2: SIGN Guideline Implementation

The following pages list the Clinical Guidelines produced by SIGN, and the current status of implementation across the Primary Care Division.

The coding used for Stage of Local Implementation is as follows:

1	=	Fully implemented
2	=	Partially implemented
3	=	Not implemented
N/A	=	Not Applicable

No	SIGN Guideline Title	Stage of Local Implementation (*)	Clarification and Comments
76	Long Term Follow up of Survivors of Childhood Cancer	**3**	Guideline recently distributed
75	Epithelial Ovarian Cancer	**3**	Guideline recently distributed
74	The Management of Harmful Drinking and Alcohol Dependence in Primary Care	**3**	Guideline recently distributed
73	Management of Obstructive Sleep Apnoea Hypopnoea Syndrome in Adults	**3**	Guideline recently distributed
72	Cutaneous Melanoma	**3**	Guideline recently distributed
70	Diagnosis and Management of Epilepsy in Adults	**3**	CDM programme
69	Management of Obesity in Children and Young People	**3**	No specific work undertaken
68	Dyspepsia	**3**	No specific work undertaken
67	Management of Colorectal Cancer (Dataset Information)	**N/a**	Not relevant
66	Diagnosis and Management of Childhood Otitis Media in Primary Care	**3**	No specific work undertaken
65	The Immediate Discharge Document	***3***	Board wide communication project may lead to recommendations
64	Management of Patients with Stroke: Rehabilitation, Prevention, and Management of Complications and Discharge Planning	***3***	CDM programme

No	SIGN Guideline Title	Stage of Local Implementation (*)	Clarification and Comments
63	British Guideline on the Management of Asthma	***3***	No specific work undertaken
62	Prophylaxis of Venous Thromboembolism	***3***	Board Wide project on hold
61	Investigation of Post-Menopausal Bleeding	***3***	No specific work undertaken
60	Postnatal Depression and Puerperal Psychosis	**3**	No specific work undertaken
59	Community Management of Lower Respiratory Tract Infection in Adults	***3***	No specific work undertaken
58	Safe Sedation in Children undergoing Diagnostic and Therapeutic Procedures (under revision)	**3**	Guideline only recently distributed.
57	Cardiac Rehab	**2**	GP Exercise Referral Scheme provides exercise training, referrals encouraged through GRASPP programme and CDM project. Long term follow up through CDM project currently being rolled out.
56	Prevention Hip Fracture	**3**	A group has been established to look at implications related to prevention.
55	Management of Diabetes	**2**	Guideline recommendations being implemented through the Glasgow Diabetes Project.
54	Perioperactive blood transfusion	**N/A**	Not relevant to primary care
53	Day Care Cataract Surgery	**N/A**	Not relevant to primary care
52	Attention Deficit and Hyperkinetic Disorders in Children and Young People	**3**	Adolescent unit to look at implications.
51	Management of Stable Angina	***2***	Follow-up of incident angina cases included in the current GRASPP Programme
50	A Guideline Developer's Handbook	***N/A***	SIGN methodology only.

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48	Management of Early Rheumatoid Arthritis	***2***	Replaced by Guideline 70
47	Preventing Dental Caries in Children at High Caries Risk: Targeted Prevention of Dental Caries in the Permanent Teeth of 6-16 Year Olds presenting for Dental Care	***3***	Although dental audit is active, no implementation plan has yet been established for this guideline.
46	Early Management of Patients with a Head Injury	**N/A**	Not relevant to Primary Care.
45	Antibiotic Prophylaxis in Surgery	***N/A***	Not relevant to Primary Care.
44	Control of Pain in Patients with Cancer	***2***	Care Pathway in South Glasgow. Local guidelines distributed in South West L.H.C.C.
43	Management of Unerupted and Impacted Third Molar Teeth	***3***	Again, no implementation plan has yet been established for this guideline.
42	Management of Genital Chlamydia Trachomatis Infection	***3***	The Chlamydia SIGN Guideline is currently being implemented within Glasgow. To date the Health Board have invested in changing the type of laboratory test for Chlamydia which is in line with SIGN guideline 42 and some preliminary education before Primary Care.
41	Secondary Prevention of Coronary Heart Disease following Myocardial Infraction	***2***	Being addressed by LHCC's and also CDM programme
40	Lipids and the Primary Prevention of Coronary Heart Disease	***3***	Focus remains on secondary prevention, a number of specific projects have looked at primary prevention, particularly in the diabetic population.
38	Emergency Management of Acute Asthma (Correction to Printed Guideline)	***2***	Some recommendations covered along with Primary Care Asthma.
37	Hysteroscopic Surgery	***N/A***	Not relevant to Primary Care.

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35	Diagnosis and Treatment of Heart Failure due to Left Ventricular Systolic Dysfunction	***2***	Practices have reviewed pharmacological treatment. Heart Failure Liaison Nurses Service.
34	Management of Sore Throat and Indications for Tonsillectomy	***2***	Specific GPs and pharmacists have reviewed practice against recommendations in the guidelines.
33	Primary Care Management of Asthma	***2***	Replaced by Guideline 70
32	Coronary Revascularisation in the Management of Stable Angina Pectoris	***N/A***	Not relevant to Primary Care.
31	Report on a Recommended Referral Document	***2***	Rollout as part of GGNHSB Community Programme – Many practices using compliant letter
30	Psychosocial Interventions in Schizophrenia	***2***	Most of the implementation complete. Trust ICP for Schizophrenia will ensure full implementation.
29	Breast Cancer in Women	***3***	Not applicable to the Breast Screening Service
28	Management of Adult Testicular Germ Cell Tumours	***N/A***	Not relevant to Primary Care.
27	Drug Therapy for Peripheral Vascular Disease	***3***	No known examples of implementation.
26	The Care of Patients with Chronic Leg Ulcer	***1***	Clinical lead identified, high local priority for nursing, relatively low cost, fairly high level of evidence or recommendation, training and education carried out trust-wide. Implementation facilitated by local ICP. Trust Wide evaluation & implementation underway. The course offered at Caledonian University is now a degree module as primary care recognized that there was a need for this
25	Report on a Minimum Data Set for Collection in People with Diabetes	***1***	The minimum data set is included in the Glasgow Diabetes Project. This has been fully collected for all Glasgow Diabetic patients

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24	Management of Patients with Stroke Part IV: Rehabilitation, Prevention and Management of Complications and Discharge Planning	***3***	Not regarded as a priority, not agreed through the HIP, too complex/ involves other organisations.
23	Management of Lung Cancer	***3***	Implemented
22	Interventions in the Management of Behavioural and Psychological Aspects of Dementia	***2***	Partial implementation.
21	Diagnosis and Management of Epilepsy in Adults	***2***	Replaced by Guideline 70
20	Management of Patients with Stroke Part III: Identification and Management of Dysphagia	***3***	Speech and language therapists have evaluated performance against recommendation.
19	Management of Diabetic Cardiovascular Disease	***2***	Replaced by Guideline 55
18	Investigation of Asymptomatic Proteinuria in Adults	***3***	No central implementation.
17	Investigation of Asymptomatic Microscopic Haematuria in Adults	***3***	No central implementation.
16	Colorectal Cancer	***3***	Not relevant to Primary Care.
15	Management of Elderly Patients with Fractured Hip	***N/A***	Replaced by Guideline 56.
14	Management of Patients with Stroke Part II: Management of Carotid Stenosis and Carotid Endarterectomy	***N/A***	Not relevant to Primary Care.

No	SIGN Guideline Title	Stage of Local Implementation (*)	Clarification and Comments
13	Management of Patients with Stroke Part I: Assessment, Investigation, Immediate Management and Secondary Prevention	***2***	Practices have reviewed secondary prevention recommendation.
12	Management of Diabetic Foot Disease	***2***	Replaced by Guideline 55.
11	Management of Diabetic Renal Disease	***2***	Replaced by Guideline 55.
10	Report on Good Practice in the Management of Children and Young People with Diabetes	***3***	Replaced by Guideline 55.
9	Management of Diabetes in Pregnancy	***2***	Replaced by Guideline 55
8	Obesity in Scotland: Integrating Prevention with Weight Management	***2***	Nursing & dietetic carried out work in collaboration to implement Weight management recommendations.
7	Helicobacter Pylori: Eradication Therapy in Dyspeptic Disease	***2***	Many practices have reviewed care to comply with guideline recommendations.
6	Hospital Inpatient Management of Acute Asthma Attacks	***N/A***	Not relevant to Primary Care.
5	Interface between Hospital and the Community: the Immediate Discharge Document	***2***	Replaced by Guideline 65
4	Prevention of Visual Impairment in Diabetes	***2***	Replaced by Guideline 55.

**** 1= Fully implemented 2= Partially implemented 3= Not implemented N/A= Not Appl***