Out-of-Hours
Unscheduled Care Review
Report of review and Significant event analysis of project from April 2007 - August 2009

Introduction

The Out-of-Hours/Unscheduled Care project was initially commissioned to support NHS Boards to redesign services to better meet the needs of the Scottish people. There were three broad aims:

- rapid and responsive role development opportunities for practitioners;
- the creation of new team structures; and
- focused education and development activity supported by NES and delivered within NHS boards.

Whilst these aims have been met, and there is now a critical mass of practitioners around Scotland who have the competence and capability to deliver services, it is important for NES to examine the effectiveness, strengths and limitations of their part of the project, in order to inform future projects and also to consider on-going issues such as sustainability within the service. This is particularly significant if NES is to successfully hand on the project by March 2010. The focus of this review is on the last 3 years of the project, i.e. from April 2007 to March 2010.

The project Team commissioned a Professional Adviser from NMAHP to assist with a review using the following methodology:

- desktop review of the activity carried out from April 2007 to the present date using reports from events, minutes of meetings etc
- interrogation and description of three/four Case Studies demonstrating the professional development activities, role development work and support needs of Practitioners in different services
- a one day facilitated Significant Event Analysis (SEA) workshop, for the NES team, the case study participants, and two or three key colleagues from the steering group
- a final draft report to include background, context, project plan, stakeholder engagement and outputs. There should also be some recommendations arising from the SEA, in relation to lessons learned, ongoing sustainability within the service, and an exit strategy for NES.
Background

What is now the Out-of-Hours Unscheduled Care Project commenced initially in 2004, in the context of the introduction of a new General Medical Services contract for GPs in April 2004 as part of a UK-wide move to reform pay and conditions across the NHS, and the establishment and roll-out of NHS24. By 31 December 2004, 95 per cent of GP practices in Scotland had decided not to deliver out-of-hours services and responsibility for delivering these services transferred to NHS boards. (Audit Scotland 2007) This led to changes in the way out-of-hours care is planned and provided, and aimed to:

- improve access to and quality of out-of-hours care for patients, with patients receiving treatment from the most appropriate professional
- enable the NHS to better plan and manage out-of-hours services
- improve joint working and information sharing to deliver better patient care.

NES clearly had a role to work with NHS Boards, including NHS24 and the Scottish Ambulance Service, and education providers, to support the design and commission of appropriate high quality education and training. From 2004 to 2007 NES had a programme of activity following the recommendations from the Polmont Report in September 2004.

Whilst it was recognised that NES was already supporting Boards in some local regional and national activity around extended roles, workforce planning and development in NHS Boards was still relatively new. The Audit Scotland report made a number of recommendations in 2007 including:

- the need to improve local workforce planning and the development of extended roles
- for SGHD to provide clarity about the way forward for primary care out-of-hours services, for example by investing in the development of extended roles for NHS staff to build on work carried out by NES and the SEHD strategy group
- for NHS Boards to continue to integrate primary care out-of-hours services with unscheduled care services so that best use is made of available resources and patients can receive a more joined-up service and
- to monitor the implementation of extended roles for staff and GP reprovision rates to support accurate workforce planning for out-of-hours services and to inform service improvement.
Meanwhile, other developments in which NES plays a significant role were (and continue to be) linked to the broader role development agenda, specifically the Advanced Practice Portfolio, and the work, particularly though not exclusively with rural communities, around clinical skills training, and non-medical prescribing.

The elements examined both in the desktop review and the significant event analysis were as follows:

- reflection on the development of project objectives over time, and their achievement
- the project structures which enabled and supported the project to achieve its outcomes
- the processes, activities and methods utilised in achieving the outcomes

The analyses of these elements have informed the recommendations at the end of this report, and will also help inform the project team and steering group in respect of the final phase/exit strategy of the project.
Project Objectives

Within the context described above NES responded by appointing a dedicated project leader, and refocusing on out of hours and unscheduled care by appointing a new Steering Group with a revised role and remit.

Given that the Competency Framework for OOH/UC Practice had been published in 2005, and that work based assessment pilots were already in process, the objectives for 2007/08 and 2008/09 appear to have been:

- to continue to promote/support the competency framework more widely across Scotland
- to complete the work-based assessment implementing the findings from the evaluations
- to work with education providers to prioritise, develop and deliver appropriate programmes whose educational outcomes were clearly linked to the competencies
- to develop wider access routes to clinical skills training
- to provide pump priming funding to Boards
- to establish and support a network of OOH/UC Practitioners
- to disseminate good practice.

The overarching aim seems to have been to continue to create a critical mass of practitioners around Scotland who have the competence and the capability to deliver the services patients and communities need. (Sabin M. OOH/UC Education Conference 2009)

Appendix 2 provides a mapping of key project outcomes against these objectives.

The identification of these objectives has been carried out retrospectively, as the agenda clearly developed over time, and there is no original Project initiation documentation. The only firm objective that appears to have been given to NES was to support NHS Boards in developing extended roles. This left NES the flexibility to negotiate nationally, regionally and locally in relation to the needs of specific services.
However, it is clear that key priorities were developed and highlighted in the Polmont Report, in 2004, and these appear to have been achieved:

- identifying skills and competencies
- identifying key groups who provide these skills
- mapping existing skills and competencies against the framework
- identifying new educational requirements and available educational support
- determining appropriate academic levels for specific staff roles.

The last two priorities have also achieved significant progress, and remain part of the continuing work plan:

- establishing appropriate supervision arrangements
- accessing new and flexible learning opportunities.

The key action points arising from this conference provided some additional detail, in that the developments had to be co-ordinated, to recognise that OOH was part of the wider Unscheduled Care (UC) agenda, and that educational developments must be multi-professional.

The final requirement was to evaluate the impact of the developments on service delivery, ‘as they emerge’, although it is not clear who should carry this out or when.
Project structures

The key project structures were the Steering Group (SG), re-established in April 2008, and the team within NES:

- Programme Director
- Educational Project Manager (EPM)
- Project Management Team support.

The OOH/UC HEI Working Group was also supported to develop The Benchmarking Statements, and a sub group from the main steering group was established to take forward the development of the virtual practitioner network. A sub group was already in place and taking forward the work on the competency framework, and the core education developments.

It is also important to recognise the significant contribution of frontline staff who gave their time and expertise to this project.

The most significant factor contributing to the success of the project seems to be the appointment of a dedicated and expert clinician as the education project manager, who was able to work constructively with education colleagues and had credibility with lead nurses and practitioners from all professions. The case studies all reflect a strong sense of collaboration as well as leadership and mentorship from this role; the EPM is seen as accessible and credible, who kept the focus clearly on the needs of practitioners, and was the key link with all players in the project.

The steering group too, was acknowledged as fulfilling a key role; it met three times during 2008 and has met twice to date in 2009. The attendance was relatively consistent throughout. The provision of a project highlights paper from the EPM, prior to each meeting ensures that information from NES on the work and outputs is effectively and systematically disseminated to the SG. An action list from each meeting also clearly provides direction to the project team. However, although individual external members give occasional specific feedback on their activity, there seems no systematic input to the steering group of the progress being made in Boards, or feedback from those Boards not represented on the Group. It fell to the EPM to use her networks within Boards to collect information.

The minutes indicate that the Project team is able to broker links with other work streams, and promote this information to SG members. Overall this gives the impression that the SG gains a lot of information from the project team, which is essential for strategic decision-making, but this is not balanced with information from the external members of the group particularly about relevant wider Board/regional activities.

This has implications for NES planning. Audit Scotland recommended that Boards ‘...monitor the implementation of extended roles... To support accurate workforce planning’; this data would be of importance to NES, but it is not clear how NES might systematically access it.
The Lead Nurse

Linda Harper is the Lead Nurse for Out-of-Hours in NHS Grampian, and has responsibility for the services in Aberdeen and six satellite centres across the Grampian area. Linda has been involved in the development of these services since the beginning, but took up the post as lead in 2005. The work that she undertook in 2003/04 with colleagues locally in NES and with the Robert Gordon University, has been the foundation for the national programmes that have since evolved. She reflects that moving from services that were delivered wholly by doctors to multi-professional services has been both challenging and rewarding; Linda has supported the development of nurse-led services in Fraserburgh and Peterhead, as well as nurse and paramedic services delivered both in centres and in people’s homes, from Aberdeen to Elgin. She sees the establishment of a standard for the education of practitioners, both nurses and paramedics, as having been the key to the evolution of safe and effective services in Grampian. She says, “Having every practitioner trained and developed to a nationally agreed standard has also let us audit their practice using a slightly adapted version of the Royal College of GPs toolkit. And as each practitioner completes their period of supervised training, their training record is submitted to the local Clinical Governance group, so that they can be assured that everyone is meeting the national standard.”

The funding from NES clearly made a difference, paying for the practitioners to undertake the accredited modules, but it was matched with funding from NHS Grampian, who covered the not insignificant cost of mentoring and supervision. Linda firmly believes that the periods of shadowing and supervised practice, which take six months, and has a mix of working with GPs and in the OOH service itself, ensure the programme is credible and has the integrity of being grounded in practice. And the service pays for an experienced practitioner to be available solely to provide on-going supervision to all OOH staff at the busiest of times, for example at weekends. She agrees that having a national standard made it easier to lobby for funding from the Health Board. Being in a strategic post, she has the knowledge, skills and authority to lead and co-ordinate the education and training of staff to support service delivery, and still work as a clinician in the OOH service!

She sees the service and the education evolving; she now has experienced practitioners developing to Masters Level and has no trouble recruiting. “We are a lot clearer now about the skills and abilities we are looking for, and I think the staff who apply to work with us are clearer too. It isn’t a role for everyone, but the support and education is now focused on what is really needed.”

However the Steering Group did provide useful links and perspectives, particularly that of the public partner; it functioned well as a team, with evident open communication and individual commitment. The sub groups operated constructively and individuals were identified and empowered directly to take on tasks. It was felt that everyone contributed. One of the issues which NES may wish to consider though, is that of practitioners who help with the work of NES. Some of these practitioners find themselves in the position of providing (unpaid) support and input to education programmes being developed with HEIs, or other providers, yet gain no credit for this, and then find themselves paying to access the programme as part of their CPD.

Only one issue arose that appears not to have been followed up, and that is the inclusion of social work/social care representatives. There is no evidence that these services were involved or attended any of the events. This despite the establishment of the Single Outcome Agreement during 2008. (see NHS QIS Follow up report 2008,) and the emphasis on the need for cross sectoral delivery of services highlighted in the Polmont Report.
Project Processes

It is clear from the analysis, that the project team enjoyed a great deal of freedom act, given the broad overarching objective of supporting Boards, allowing for the objectives to come directly from Boards and practitioners, via NES/SGHD sponsored events. Adequate funding was available from NES/NMAHP, and there was flexibility for the project team in how the funding was spent. However, there is a balance between flexibility and project drift, and there continues to be significant pressure from Boards to do more. Being able to respond directly and positively to the needs of Boards inevitably leads to raised expectations of what NES should/should not do. However the team and SG remained aware of the need for the project to have an end point. Good project support, in relation to financial tracking, events support, timely feedback to SG, all contributed to the achievement of a range of significant outcomes. The EPM, seconded into this role, relied heavily on colleagues, and received great personal and operational support and mentorship from within the project team and from other NES colleagues. She reflected that there are many ‘open doors’ the challenge is to find out where they are!

Again a significant finding of the analysis was the strength in taking the project forward with a strong service and education collaboration at its core. Establishing the HEI working group was seen as a significant step in getting the HEIs to work together and was crucial in establishing national standards for the portfolio content and assessments.
A review of the events organised and supported by NES, would indicate that considerable efforts and resources went into brokering relationships, particularly between practitioners and educators, disseminating information and emerging good practice in workforce development/education and training activity, as well as in giving practitioners, managers and education providers a number of platforms/arenas to explore and share their ideas. The conferences were well evaluated, and many of the ideas for subsequent events were followed through, in steering group meetings and event planning. A wide range of participants accessed the events, which were used to make links between a number of related work streams at very early stages of their development, e.g. Advanced Practice. They also targeted a multi-professional audience, and helped to broker relationships between the different professional education providers.

The Senior Lecturer

Caitrian Guthrie is the Senior Lecturer for Professional Development at Robert Gordon University. In this role she attended NHS Grampian's Nursing and Midwifery Strategy meetings, and it was here that discussions first took place about the development of a new OOH service. Caitrian was working closely with Linda Harper, The Lead Nurse for NHS Grampian's OOH/UC services, to look at what these new practitioners would need in the way of education and training, when NES advertised for an OOH project leader to build on this and other work being taken forward by Skills for Health. Caitrian applied, was appointed and led the development of a national framework of competencies for OOH practitioners. That was in 2004, since then services have developed considerably, and she is currently putting the finishing touches to the Advanced Practice Clinical Portfolio for OOH practitioners, which more appropriately reflects the level at which practitioners are now working, and which also reflects the wider work on Advanced Practice being taken forward for NHSScotland as a whole.

In 2006, all of the Universities were independently developing programmes to meet the demands of their local health boards, which invariably meant they were all doing similar work but in different ways and to different educational levels. Working with NES, Caitrian and key individuals from other Universities, established the HEI (Higher Education Institutions) Working Group.

“A key achievement,” she says “has been enabling the Universities to work together, in partnership, to develop a common credible work based assessment portfolio.” This enables employers to be sure that regardless of where the education takes place, practitioners have been assessed against the same competencies and to the same standard.

The working group has gone on to develop with service colleagues a national Benchmarking Statement, a document which provides guidance to universities on the education standards required for programmes, in this instance for any programme being developed for Unscheduled Care practice.

Caitrian firmly believes that this project has clearly demonstrated education needs being driven by service needs, and has seen the benefits of taking this forward by building a national consensus, harnessing the knowledge, skills and experiences of clinicians, service planners and managers and educationalists across Scotland. She thinks that this kind of collaboration is necessary at all levels, both locally and nationally. It has been great advantage to have the Practitioner Forum discussing and debating what education was needed and in what form, and feeding this back through NES, to inform the developments along the way, and really keep it all grounded in practice.

“NES, Health Boards and HEIs working together has to be the way forward” she says. “There are a lot of things which could be learned from this project about how to support service and staff development, particularly in new or extended roles, in any of NHSScotland’s services.”
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Accident and Emergency Team Leader

Barry Nelson has been a paramedic team leader in the Scottish Ambulance Service since 1992, but it was in 2004, when he was asked to write a report for the Scottish Ambulance Service (SAS) on the impact of the new GMS contract, that he highlighted how paramedics might help provide solutions when GPs no longer would have to provide 24 hour cover. He also identified that there would be significant training needs, in terms of knowledge and skills around assessment, diagnosis and the treatment of people at home. The SAS acted on this by recruiting six OOH paramedics who undertook some initial training on minor illness at Bell College (now University of the West Of Scotland) but then, with funding from NHS Lanarkshire, completed the B.Sc in Advancing Practice in Primary Care at Glasgow Caledonian University. This programme, which provided mentorship and supervision from GPs, expanded their knowledge and skills and gradually built both their competence and confidence to undertake a very new role. Barry says the support of the GPs was crucial in giving them self confidence and in building good inter-professional relationships which were very different to what had been before. He also really enjoyed the challenge of learning and being assessed and mentored by the doctors, and felt his competence and confidence improved gradually, as a result of the confidence they then had in him. “The learning process wasn’t rushed, there were lots of opportunities for observation as well as supervised practice”, he says.

As the service has progressed and changed in subsequent years, he sees one of the key achievements being the partnership and team working among the doctors paramedics and nurses, which took time to build up, but is based on clinical credibility and mutual trust and respect. Barry says “Learning together, and having to be mutually dependent and reliant, certainly helped us all to look at each other differently, and to realise and recognise each others’ professional skills and abilities. Knowing that the medical community will accept your referrals is a significant achievement”.

Initially the service developed within clinics at the local general hospitals, and fully equipped response units, but over time this has changed with the main focus being a clinic at Wishaw General and an Emergency Response Centre based at Hairmyers, which provides a one-stop advice centre for GPs. Barry acknowledges that it can be hard to work and consolidate learning in services that are constantly evolving, but he feels that the education for OOH still helps practitioners to contribute to new models of service delivery, as it has ‘massively improved’ the knowledge and skills of practitioners, especially around chronic illness and care of children.

Another key achievement for Barry has been the opportunity to work with Laurie Pearson on the development of the OOH website, which provides information and a forum for practitioners and managers. He believes that getting information directly and quickly to practitioners is hugely important, given the sometimes isolated nature of the work, and to this end he has been able to present and demonstrate the benefits of the web-forum at national conferences and workshops.

It would seem that the events performed the crucial function of providing the arena for the engagement of all partners. Many of the ideas of what became priority areas, the kind and content of education and the support needs, can all be directly linked to discussions, presentations and debates at the events. It is important that the role of events in this context is not seen merely as networking or one-way dissemination of information, but as a major contributing factor in utilising the knowledge and experience of practitioners and managers to inform education development and commissioning.

They delivered sessions which spanned most services, across the age range and including remote and rural service needs. The only significant element which appears to be missing, given the equalities agenda, was the needs of those with learning disabilities.
Limiting/Constraining Factors

As with all projects there were some initial constraints which disappeared over time and there are some ongoing challenges. Strategically, there were issues in some Boards and with some clinicians around the concept of an OOH practitioner; as can be seen from the case studies, this has in the main been resolved, through the high quality of practitioner who has emerged, in small part due to the quality of the education and the input from credible clinicians, particularly GPs who have provided such good quality mentorship.

Nurse Practitioner/Charge Nurse

Laurie Pearson trained as an OOH practitioner while working with NHS Lanarkshire and is now a Charge Nurse in NHS Greater Glasgow and Clyde. He works in both Accident and Emergency and in a Minor Injuries Walk-In clinic. He also has experience of working for NHS24 for two years.

His experience, like Barry’s is of undertaking firstly the Bell College programme and then going on to the BSc at Glasgow Caledonian University. He has seen both NHS Lanarkshire and now NHS Greater Glasgow and Clyde develop from a primarily medical-led service to one which is complimented by the knowledge and skills of nurse practitioners and other health care professionals. He sees the education programmes as fundamental in ensuring that nurse practitioners aren’t just competent but are confident autonomous practitioners, who can help drive service development.

“When I started in Lanarkshire care was mostly provided by GP co-operatives” he says. “Nurses carried out a bit of telephone triage, but no direct care. That has all changed.” Looking back he thought that many staff were initially wary of the changes, and worried that they might find themselves being asked to extend their roles with the minimum of training, while they still felt under equipped for the job. Nothing could have been further from the truth.

He is full of praise for the GCU programme. “It wasn’t just the core content; the lecturers were credible clinicians, and they provided excellent mentorship, and clinical support”. The cohort of Nurse Practitioners in Lanarkshire grew to 20, and Laurie describes them as a ‘strong group of practitioners’ The tangible benefit as he sees it was the development of the minor illness service, where patients could go after 6pm instead of going to A&E at Wishaw General Hospital.

Having access to a range of good quality, credible education and training, has clearly been instrumental in the development of the practitioners, It has also provided them with the opportunity to develop a Nursing Forum and it was from this and with the support of Margaret Brown, that he and Barry took on the development of the OOH/UC website. Through discussions with colleagues, they are able to share problems and find solutions across traditional professional boundaries; they are able to access colleagues for information, or to arrange visits to other services, or shadowing - for example Laurie used his study time to shadow an asthma specialist, look at her management plans and develop his OOH treatment plans to dovetail seamlessly with the care she provided during the day. Being able to access training which previously was only seen as suitable for GPs, such as the BASICS courses has also been an advantage, and is something he believes should be extended.

He feels that there has never been so many educational opportunities for practitioners, as has been generated in the last three years; indeed he feels that there is a danger of practitioners not getting enough time to really consolidate, there is so much to learn and so much change to deal with. “This role is one of the most difficult I have ever done” he admits, but the encouragement and support of his colleagues and the evident satisfaction of the members of the public who use the services keeps him going.

Although Laurie had no previous experience of teaching he feels the support he has had from NES, being on the National Steering Group and being able to take full advantage of the opportunities to work with colleagues from other disciplines has helped him develop more confidence in choosing the education and training both for himself and for his colleagues to meet the needs of their services locally. He feels strongly that developing a portfolio of self-directed learning tailored to the needs of the individual practitioner and the service he/she provides is the best option, and that the OOH nurse practitioners have been able to access the kind of educational opportunities that empower them to ask for what they need.
In addition practitioners have had to deal with the varying perceptions of the public about this role, though again the case studies indicate that the public are happy with the services they are receiving from practitioners.

There remains variability in working with Boards, which seems dependent on their vision for these services (and the priority it has amongst competing priorities) and the availability of a key strategic manager to support and steer the developments at Board Level. This invariably has a knock on effect for some practitioners, and the opportunities to access funding and/or release for training. This varying Board commitment, and the fact that it can change over a relatively short period of time, makes it difficult for NES to take forward a national initiative at local level.

This project has developed since 2004, and this relatively long period has meant that there has been significant staff turnover at Manager and practitioner level, making consistent progress challenging at times. Given that all of this work has taken place in the context of other changes for staff, e.g. Agenda for Change, this can pose a serious constraint for NES, given that its role is primarily in influencing, facilitating and brokering change.

From an internal perspective, the development of the website proved challenging, as the IT support from NES, though enthusiastic and constructive, was not accurately estimated or costed, meaning that it was ad hoc and at times difficult to secure. It may be that some clarity around their role to support projects like this needs to be examined, and some guidance given to Teams as to how it may be costed.

Whilst the EPM received a great deal of support from within NES, there remains a significant challenge in finding out who might be doing similar work in different directorates, and in different sites across the organisation, and in accessing their networks to Boards.

**Operational challenges within the service**

Over and above the constraints for the project team, practitioners and managers had their own challenges which impacted on the project, and in particular on the EPM.

Practitioners undertaking the training found themselves with a menu of training available at the same time as they were trying to develop new services. Learning programmes overlapped with each other and they often felt that there was very limited time to consolidate new skills and knowledge before embarking on more training.

Accessing sufficient and on-going supervision remains a significant challenge, and was highlighted in the case studies as the most significant factor in sustaining both new and experienced practitioners in these very new, difficult and often isolated roles. Peer mentorship remains an issue, though may improve as the critical mass of practitioners grows, if structures are put in place to enable it. In addition there were different perceptions of role and concepts of advanced practice generally.
The project team, working with key steering group members, has taken steps to address these difficulties, by:

- increased levels of engagement, particularly between education and service colleagues, trying to be more flexible and adaptable in terms of educational accessibility
- linking with Dr Maggie Grundy and accessing an agreed definition of advanced practice/advanced practitioner
- developing the practitioner forum, both via events and the shared space on the web, to give meaningful, timely information, targeted to support practitioners
- trying to ensure a fair representation of staff at all levels at events, improving the dissemination of information and enabling practitioners to access people of influence from SGHD, NES HEIs public partners, and to improve their networks and influencing skills
- looking at education opportunities to learn from services in hours - sharing protocols/good practice, shadowing
- linking with SGHD work to map role to KSF for role clarity
- brokering links where possible to other educational initiatives in the mainstream and link to unscheduled care.

The Lead Nurse

Karen Brown is the Lead Nurse in Unscheduled Care for NHS Lothian; this means she has a senior management responsibility in the development of the Unscheduled Care services, which includes the OOH service. Nurses in these services work on five sites across west, east and Midlothian, including the city of Edinburgh.

By taking a strategic approach and ensuring support from the Board of NHS Lothian, Karen has been able to ensure that all of the nurses working in these services have been able to access an agreed core educational programme, which means they are all trained to the same standard, within a specific time frame. This core programme consists of knowledge and skills in:

- acute illness
- nurse (non-medical) prescribing
- paediatrics
- mental health first aid.

All of these trained Practitioners work autonomously, have access to supervision and can work flexibly across all of the OOH services in Lothian. Karen sees an increase in the knowledge, skills and confidence of the staff as a direct result of this core training and ongoing supervision and support which they receive. She says, "It is important to ensure ongoing support and supervision for staff, not just from within the service but through links to the OOH services in other Health Boards. I see an inextricable link between staff development and service development". Karen’s job is to work with her Clinical Director to keep track of service needs and then ensure that the supply of appropriate high quality staff development activity is planned from a strategic level, approved, funded and then carried out. This ensures that staff are in a position to move the service forward confidently, competently and safely. She sees it as a ‘continually evolving’ service, which needs this foundation of a learning culture to sustain it and meet the expectations of both patients and staff. “Being approved to provide a clinical placement for undergraduate nursing students in Year 2 has been a big achievement, and also helps to raise the visibility of the service for new nurses” she says.

Karen has clinical meetings on each site every eight weeks, where staff can discuss any issues, and get information on any up-coming conferences or study days that can meet their continuing professional development (CPD) needs.

She has seen the numbers of trained practitioners in her service rise by 35% since February 2008, and the close working relationship with the Scottish Ambulance Service means that the seven paramedics seconded into the UC service for a percentage of their hours are committed to the same development programme. Funding has also been secured from NES for five Nurse Practitioners to take the Advanced Practice Programme.
Initial recommendations re NES exit strategy

It would appear that the remaining priorities for this project are around governance, and ensuring consistency and transferability of programmes. The infrastructure laid down via the educational programmes, the pump priming and the work place trainers (e.g. Mental Health) and assessors, will be the key elements in supporting Boards to sustain their investment in role development activities for staff in these services. However, it is the responsibility of NHS Boards to prioritise that investment. As NES moves towards the exit strategy phase of this project, it is envisaged that sustainability and any future development will be the responsibility of Boards, and should not rely on additional future funding from NES.

It does seem important given the significant investment which NES, SGHD and the Boards themselves have already made, that a national impact evaluation of the developing nursing and paramedic practitioner roles within Out-of-Hours Unscheduled Care is undertaken as a priority to inform future workforce planning.

It might be prudent for NES to absorb the OOH/UC agenda within the wider work streams of Advanced Practice and Clinical Skills training, (or indeed, patient safety) ensuring that OOH/UC is represented in those workstreams rather than continuing as a separate project. This might enable NES to influence these wider agendas with an OOH/UC perspective, and provide a more integrated picture to NES, of the priority within Boards for sustaining workforce development in these services in the longer term.

There may also be opportunities to link this work with the broader support for Boards in their efforts to implement The KSF and PDPs.

A number of issues will remain, however, for example:

- sustainability and maintenance of the website
- supervision and governance - perhaps with QI.
- ongoing CPD, acknowledging the very different role that this is for nurses, paramedics and other non-doctors.
- support to maintain the Practitioner Forum, given its role in peer support and sharing good practice - this may evolve into a MCN\MEN.

It does seem important given the significant investment which NES, SGHD and the Boards themselves have already made, that some transitional arrangements might be explored, given the relative newness of the role, and the potential isolation in which practitioners may find themselves as they develop these services. With few exceptions, support and supervision arrangements are not embedded, and though this will be the responsibility of Boards, it would seem NES, and perhaps QIS may have some continuing, though much reduced, role in protecting these practitioners and its investment to date.
Other recommendations which arose from the Significant Event Analysis, and which NES may wish to consider were:

- longer term partnership arrangements with other training providers, such as Royal College of GPs, and the social care sector to fund multi-professional/multi-agency training events
- using the learning from this and other new roles projects, to inform the needs of e.g. other Advanced Practitioners
- establishing better links to other trainers, e.g. GP trainers and their networks
- more use made of ‘Training the Trainers’ methodology for experienced Nurse Practitioners
- how can projects like this be more effectively ‘equalities proofed’.
Appendix 1

Papers included in desktop analysis

**Background: 2004-06**

*Out-of-Hours - Mapping and Supporting New Roles for Practitioners in Unscheduled Care*

June 2004

*Out-of-Hours - Mapping and Supporting New Roles for Practitioners in Unscheduled Care*

August 2004

*Facilitating Education to Support New Roles (Pilmont Report)* Sept 2004

*OOH Competency Framework in Primary Care Out-of-Hours & Unscheduled Care: Competencies for Practice Project Report* October 2005

*Work Based Assessment Pilot September 06 Cohort*

2007

*Report of Work based Assessment Pilot for OOH Practitioners August 07*

*Third Annual Education Conference Programme (no report available)* February 07

*Audit Scotland Primary care out-of-hours services: Key messages* August 07

*Evaluation of the Work based Assessment Pilot* October 07

*e-Newsbrief NES Newsletter- project update* October 07
2008
Summary Report of Work Based Assessment Pilot Event for OOH Practitioners February 08

Fourth Annual Education Conference for OOH/UC Practitioners Report March 08

Summary Report of Final National Networking Forum Event for OOH/Unscheduled Care Practitioners October 08

Role and Remit for OOH/Unscheduled Care Steering Group April 08

Project Highlight Reports 1-3, April, August and November 08

OOH/Unscheduled Care Steering Group Minutes , April, August and November 08

NHS Quality Improvement Scotland The Provision of Safe and Effective Primary Medical Services Out-of-Hours Summary of Follow-up Assessments April 2008

2009
Fifth Annual Education Conference for OOH/UC Practitioners Report March 09

Unscheduled Care/Out of Hours Action Plan 09/10 May 09

Project Highlight Reports 4 & 5, February and August 09

OOH/Unscheduled Care Steering Group Minutes , February and May 09

Out-of-hours Unscheduled Care Risk Analysis and Management Plan May 09

CPD Survey Results- work in progress

Additional Resources scrutinised

NES – Out-of-Hours/Unscheduled Care Website

University websites offering programmes in support of OOH/UC Practitioners - Abertay, Glasgow Caledonian, Stirling, and QMU/ Western General Hospital Edinburgh

NES Website - Publications/news briefs
## Appendix 2

### Significant Achievements and Outputs since 2007

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<th>Outputs during 2007 and 2008</th>
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| Developing Outcomes from portfolio pilots | - To complete the work-based assessment implementing the findings from the evaluations  
- To work with education providers to prioritise, develop and deliver appropriate programmes whose educational outcomes were clearly linked to the competencies  
- Supporting Learning and Supervision  
- To disseminate good practice |
| Framework of Competencies for Practice |  
| National Education Conferences |  
| Establish HEI working group for Benchmarking statements | - Establish national consistency of education, assessment and supervision |
| Engage with OOH Lead Nurses Group to support HBs to develop support and supervision infrastructure |  
| The Practitioner Forum | - To establish and support a network of OOH /UC Practitioners  
- Developing Infrastructure to support practitioners |
| Working group established to develop |  
| The Website/e-forum |  
| Shared Space |  
| Establish links with Advanced Practice Portfolio workstream | - Developing Infrastructure to support practitioners |
| UC Working Group- sponsored by SGHD-Clinical Directors | - Ensure OOH work was incorporated into wider UC agenda |
| BASICS- Developing CPD materials to support clinical practice | - To work with education providers to prioritise, develop and deliver appropriate programmes whose educational outcomes were clearly linked to the competencies  
- To develop wider access routes to clinical skills training  
- Supporting Learning and Supervision |
| The CPD SURVEY | - Identify skills and competencies required by practitioners |
| Identified priorities e.g. MHFA, Paediatrics, |  
| Identified the need for a portfolio approach |  

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Appendix 3

Questions for the significant event analysis

1. Looking back at the Polmont report and the early work was there anything that was done that could have been done differently or not at all? Was there anything that wasn’t done that would have subsequently been helpful?
2. Were the initial objectives clear, and how were subsequent objectives developed and agreed?
3. Did the developments from 2004-07 come in the right order? What were the enablers and constraints as materials and infrastructure developed?
4. Was April 08 the right time to redefine the project? What were the drivers for that?
5. In relation to the Steering Group
   - Were the right people selected to attend?
   - Did it fulfill it’s role and remit?
   - Was the role/remit adequate?
   - Would you change anything in relation to the steering group?
   - What were the strengths and limitations in the SG’s contribution to the project?
6. In relation to the Project Team and its working processes:
   - What have been the strengths and limitations of the team in progressing the project?
   - What have been the enablers and constraints within NES processes in progressing the project?
7. What were the 3 or 4 key issues that arose during the last 3 years of the project?
   - What happened?
   - Why did it happen?
   - Why was it an issue?
   - Was it resolved? How? If not, why not?
   - What changes to our systems/processes are needed
8. What have we learned from this project? How can this learning be shared?

Looking back on last 3 years

What aspects/achievements are we congratulating ourselves for?

What changes do we need to make in how we work, immediately and in the medium term; who is responsible for taking that forward?

What do we just have to learn to live with?