Scottish Parliament Region: South of Scotland

Cases 200603457 & 200700450: Borders NHS Board and NHS 24

Summary of Investigation

Category

Health: NHS Boards (including Special Health Boards and NHS 24): Communication, staff attitude, dignity, confidentiality

Health: Out-of-hours services; Policy/Administration

Overview

Ms C[1] called NHS 24 when her mother (Mrs A)'s condition deteriorated. She was concerned that she did not receive accurate information on the night of the call about the time it might take for a GP to attend. She was also unhappy that she had been informed only one GP was on duty overnight to cover the large, rural area where Mrs A lived.

Specific complaints and conclusions

The complaints which have been investigated are that:

(a) the communication about GP attendance time was inadequate (*upheld*); and

(b) GP out-of-hours cover for the Borders NHS Board (the Board) area was inadequate (*not upheld*).

Redress and recommendations

The Ombudsman recommends that:

(i) the Board review their procedures for keeping patients who are referred from NHS 24 informed about likely GP attendance, when the GP is not in the hub when the referral is received;

(ii) NHS 24 and the Board both apologise to Mrs A's family for not appropriately communicating to Ms C the difficulties in arranging GP attendance and the likely time this would take; and

(iii) NHS 24 share with her the results of their audit of home visits that are made within one hour.

---

[1] Ms C's complaint was fully supported by her sister and they brought the complaint to the Ombudsman's office together. For clarity, I refer only to Ms C in this report.

The Board and NHS 24 have accepted the recommendations and will act on them accordingly.

Main Investigation Report

Introduction

1. Mrs A was at home following a recent stay in hospital. At 00:07 on 16 January 2006 her daughter, Ms C, called NHS 24. She was concerned that her mother's condition was deteriorating. She reported that Mrs A had a cough, was having difficulty breathing and that her inhaler did not help. It was agreed that a GP would be sent. A referral was made to Borders Emergency Care Service (BECS) at 00:29. Ms C called NHS 24 again at 01:19 to say her mother was continuing to worsen. She was informed that it had been noted that a GP should attend within four hours. Ms C called her own GP who she said attended within 20 minutes and helped to make Mrs A comfortable. Sadly, Mrs A died at 05.00.

2. Ms C complained that she had not been informed of the response time of four hours when she first called NHS 24. She was also concerned that only one GP was available to cover the large, rural area where Mrs A lived.

3. The complaints which have been investigated are that:

(a) the communication about GP attendance time was inadequate; and

(b) GP out-of-hours cover for Borders NHS Board (the Board) area was inadequate.

Investigation

4. In investigating this complaint I obtained all the background documentation relating to the complaint and medical records relating to the telephone calls to NHS 24. I had access to the notes of the telephone calls and also listened to a recording of most of the calls made not only between Ms C and NHS 24 but between NHS 24 and BECS.[2] Advice was also obtained from a medical adviser to the Ombudsman (the Adviser). As a result of the advice, further enquiries were made. The abbreviations used in the report are explained in Annex 1 and the medical terms used in the report are explained in Annex 2.

[2] A section of one of the telephone calls was missing. NHS 24 said once they became aware this was missing they investigated their systems further and were discussing the problem with an external supplier.

5. I have not included in this report every detail investigated but I am satisfied that no matter of significance has been overlooked. Ms C, NHS 24 and the Board were given an opportunity to comment on a draft of this report.

Background

6. The Board provides out-of-hours medical services to the whole Board area. They do so through a single body, BECS, which took over responsibility in November 2004. NHS 24 is the initial point of contact for patients and is responsible for identifying the needs of the patient. They then refer the call to BECS with a request for contact or to inform them that the patient has been advised to attend a centre.

(a) The communication about GP attendance time was inadequate; and (b) GP out-of-hours cover for the Board area was inadequate

7. Ms C first called NHS 24 at 00.07. The notes of the call showed that Mrs A was having breathing problems and the nurse (Nurse 1) who received the call followed the algorithm for this. NHS 24 nurses use a number of algorithms to assess patients. These consist of a sequence of questions, the response to each of which leads the nurse to ask further questions and, ultimately, the system recommends an outcome. According to the call report, the algorithm used by Nurse 1 recommended contact with the GP practice within four hours (as soon as possible). NHS 24 confirmed that, within this broad category, the system then gives each nurse a series of options and they select one based on their view of the particular clinical presentation. The Clinical Referral notes indicated that, when Nurse 1 contacted BECS, she requested a GP visit within one hour from the options available.

8. During the call Ms C asked, if at all possible, that a hospital admission be avoided. Mrs A had Alzheimer's disease and had suffered significant deterioration during her recent stay in hospital. She also described in detail the location of Mrs A's home, which was rural and in an area with little or no mobile reception. Ms C said that if the GP was coming from the local community hospital this was 30 minutes away and she discussed options to help ease Mrs A's distress.

9. Ms C called again at 01:19. A GP had not arrived. Ms C was told by the call handler that, according to the system, a GP had been asked to visit within four hours. When Ms C asked when a GP would arrive, she was told NHS 24

did not control the GPs and they would not be able to answer this question. Ms C was then put through to Nurse 1 again.

10. Nurse 1 contacted BECS. She was informed that the GP had been attending a call in town Y when the referral had been received. Town Y was some distance from the BECS hub point at Borders General Hospital and the GP was on her way back to the hub. A patient was also waiting to be seen at the hub. It would, therefore, still be some time before the GP could reach Mrs A's home. The problem with mobile reception near Mrs A's home was noted but it was said that the land line could be used to contact Ms C when the GP returned. Nurse 1 then spoke to Ms C to assess the extent of Mrs A's deterioration.[3] It is recorded in NHS 24 notes that Nurse 1 made a request for immediate ambulance attendance at 01:37. Nurse 1 then spoke again to BECS. She said an ambulance was being sent and the crew would be able to provide oxygen and a nebuliser but that Ms C was very keen to avoid a hospital admission. She asked if the doctor would be able to attend if the ambulance crew felt that this would prevent such an admission. BECS said dual response[4] was not provided as standard but this did occur occasionally in practice. While Nurse 1 was talking to BECS the GP returned to the hub. She spoke to Nurse 1 and said she would start driving straight away. She asked if the ambulance crew could be informed of this. She said that the crew would arrive first and would be responsible for deciding whether Mrs A required hospital admission and, if they did so, they should contact BECS. If they felt Mrs A only needed GP assistance, they should know this was on its way. Nurse 1 then called the Ambulance Service. She was informed the nearest crew had been dispatched. They were some 12-13 miles away. Nurse 1 passed on the details from the GP.

11. Ms C also called her own GP, who attended. This information was passed to BECS and their GP recalled. Mrs A was helped to be more comfortable but sadly died later that morning.[5]

12. NHS 24 and the Board both responded to concerns raised by Ms C. NHS 24 said that the call handler who informed Ms C that the GP had been scheduled to attend within four hours had been wrong. They offered a full

[3] This section of the telephone call was missing.

[4] Dual response is where a GP and an ambulance respond together.

[5] It should be clear that there has been no suggestion that any delay affected this outcome.

apology for this. The Board said that, between 23:00 and 08:00, one GP covered the area. The GP was based at Borders General Hospital. Two nurses were also available and based at Kelso and Duns. Additional cover was available during peak periods (ie, over public holidays). The Board said that when they received the call the GP had already been on her way to town Y and, therefore, no clinical judgement had been made between the patient in town Y and Mrs A. The Board accepted that the geography of the area made the management of this service more complex and said BECS had recently undergone an external review and that this had confirmed that the service was safe and staffing levels appropriate.

13. In response to my enquiries, I received a copy of the guidance given to NHS 24 staff about informing callers of time frames. This states that the caller 'will be informed by the Nurse that the doctor will attend within the recommended time stratification'. As stated in paragraph 7, they also explained that, although the system had recommended a GP visit within four hours, each nurse had discretion within the system to make referrals based on the specific clinical presentation. In this case, Nurse 1 had requested a visit within one hour.

14. The Adviser reviewed the clinical records and also had sight of the external review (see paragraph 12) and the most recent NHS Quality Improvement Scotland (QIS) report on out-of-hours service provision in the Borders. The Adviser said the decisions made by Nurse 1 and the system, as to the urgency of the referral, were appropriate. He also said that, according to their own records, BECS received about seven or eight calls per night. One GP could likely provide sufficient cover for this level of calls, depending on the type of call. The Adviser added that there would always be the occasional occurrence when urgent calls were at different ends of the region. He said that this would usually be resolved by calling the ambulance service. The Adviser also noted that in their own annual report BECS had said that the area where Mrs A lived was on the boundary between four different health authorities. This led to patients in some areas being given a choice of services. In the area where Mrs A lived, BECS responded to all contacts.

15. In response to further enquiries, the Board confirmed that the seven or eight calls (see paragraph 14) were the total number of referrals received by BECS and that this included calls where it was decided a nurse could attend. They also said that patients who were registered with the practice in town Z and

lived in England would be given the choice of a response from BECS or the neighbouring doctors' on-call service (CueDoc). Mrs A lived within Scotland, some seven miles outside of town Z.

16. The external review of BECS had been completed in May 2006. This review included a number of recommendations to improve service provision including restructuring staffing, basing all staff at the hub and improving IT systems. The QIS review was also published in May 2006. This noted that the Board were planning to improve monitoring. I asked the Board to confirm if any changes had occurred since the time of this complaint. They said that a GP co-ordinator was now based at the hub during peak periods (weekends and public holidays) and could co-ordinate clinical activities. GPs now made telephone contact with all patients prior to their departure to make a home visit to inform patients of a realistic time scale. The IT system was under review to improve their monitoring and feedback systems and they were developing Key Performance Indicators. They added that NHS 24 were conducting a review of all home visits made within one hour, starting in June 2007. This would be particularly useful from the Board's perspective, given their rural location.

(a) Conclusion

17. The advice I have been given is that the clinical judgements made were appropriate. Having listened to their discussions, I was also impressed by the efforts made by NHS staff in response to Ms C's second telephone call to provide as appropriate a response as possible, given Ms C's concerns about a hospital admission, Mrs A's deteriorating condition and the available resources. I would commend the staff involved for this. NHS 24 have also apologised for the inaccurate information given by the call handler about the time the GP would attend and accepted this would have caused distress.

18. However, there were two other points when more accurate information could have been provided to Ms C. In the first call, Ms C was not given any likely time scale other than 'as soon as possible'. This did reflect the fact that Nurse 1 had asked for a call within one hour. It would have been helpful if Nurse 1 had been able to give some specific advice about this being passed to BECS and that BECS would prioritise attendance. On this point, I have noted Ms C herself raised the question of distance and the rural location. Additionally, on receipt of the referral, BECS were aware that the GP was some distance away. However, no attempt was made to contact Ms C to inform her of this. BECS do now ensure all patients are called by the GP when they leave the hub.

It is not clear whether this would include calls to patients when the GP is away and may be some time returning to the hub. The Ombudsman, therefore, recommends that this be reviewed.

19. In conclusion, while the priority given to the call by staff was appropriate and did take into account Ms C's wishes that a hospital admission be avoided if at all possible, Ms C was not informed of the likely time of arrival in line with NHS 24's own guidance or that there would be a delay when BECS received the referral. Although NHS 24 have apologised for the error in information given, neither NHS 24 nor BECS have apologised for the omission to provide Ms C with this significant information and it is not clear whether a patient in similar circumstances (GP some distance from the hub) would be informed of a likely delay. In the circumstances, I uphold this complaint.

(a) Recommendation

20. The Ombudsman recommends that:

(i) the Board review their procedures for keeping patients who are referred from NHS 24 informed about likely GP attendance, when the GP is not in the hub when the referral is received; and

(ii) NHS 24 and the Board both apologise to Mrs A's family for not appropriately communicating to Ms C the difficulties in arranging GP attendance and the likely time this would take.

(b) Conclusion

21. This complaint raises issues about the provision of services in remote, rural areas. QIS, the external review and the Adviser have all said that, given the number of contacts, the provision provided is safe. The review did provide recommendations for improvement and, as a result of these, actions have been taken (see paragraph 16). I have also dealt with issues around communication problems under heading (a). In all the circumstances, I do not uphold this complaint.

22. Although the system has been described as safe, the specific combination of circumstances experienced by BECS on 16 January 2006 meant that they were unable to provide the response which clinical staff had identified as most appropriate (GP attendance within one hour). Ms C's concerns about this are understandable. However, when she called to say there had been a further deterioration, Nurse 1 ensured that an ambulance was sent as a matter of urgency. She also arranged for them to be aware that a GP was also on her

way. This was an appropriate response to the specific circumstances. Given Scotland's particular geography and an aging population, the question of the appropriate level of staffing for rural areas will remain an ongoing issue of concern for the NHS. The audit currently being undertaken by NHS 24 on responses within one hour will provide more information on these issues. As the Board have already noted, this will be of particular interest to boards covering rural areas. Given the audit is ongoing, the Ombudsman has no recommendations to make, other than that the report is shared with this office.

(b) Recommendation

23. The Ombudsman recommends that NHS 24 share with her the results of their audit of home visits that are made within one hour.

24. The Board and NHS 24 have accepted the recommendations and will act on them accordingly. The Ombudsman asks that the Board and NHS 24 notify her when the recommendations have been implemented.

19 December 2007

Annex 1

Explanation of abbreviations used

Mrs A	Ms C's late mother
Ms C	The complainant. Ms C made a joint complaint with her sister.
BECS	Borders Emergency Care Service
The Board	Borders NHS Board
The Adviser	Medical adviser to the Ombudsman
Nurse 1	The NHS 24 Nurse who spoke to Ms C on 16 January 2006
QIS	NHS Quality Improvement Scotland

Annex 2

Glossary of terms

Alzheimer's disease	A progressive disease of the brain that leads to impairment of the memory and other cognitive functions
Nebuliser	A device used to reduce liquid to an extremely fine cloud, especially for delivering medication to the deep part of the respiratory tract