

TrueNTH Supported Self Management and Follow Up Care

A guide to monitoring activity, quality and safety. Chapter 4.

4. Monitoring quality and safety

4.1 Service standards: The suggested service standards, outlined in table 4, aim to support the delivery of a high quality service. Poor performance against these standards may provide an early indication to managers that action is required to maintain the delivery of a safe and effective service. These service standards are based on a Monday to Friday 5 day working week.

Table 4: Service standards
Standard 1: Timely review of blood test/PSA test results
<ul style="list-style-type: none"> 75% of PSA/blood results should be checked by a member of the clinical team within 5 working days of the result appearing on the PSA tracker. 95% of PSA/blood results should be checked by a member of the clinical team within 10 working days of the result appearing on the PSA tracker. 100% of PSA/blood results should be checked by a member of the clinical team within 20 working days of the result appearing on the PSA tracker.
Standard 2: Timely follow up of Health MOT reported “red flag” symptoms
<ul style="list-style-type: none"> 75% of Red Flags identified by the Health MOT should be followed up by a phone call to the patient within 5 working days of the flag appearing on the IT portal. 95% of Red Flags identified by the Health MOT should be followed up by a phone call to the patient within 10 working days of the flag appearing on the IT portal. 100% of Red Flags identified by the Health MOT should be followed up by a phone call to the patient within 20 working days of the flag appearing on the IT portal.
Standard 3: Timely recall to clinic
<ul style="list-style-type: none"> 90% of patients recalled to clinic should be offered a clinic appointment within 2 weeks. 100% of patients recalled to clinic should be offered a clinic appointment within 4 weeks.
Standard 4: Timely follow up of Health MOT reported “discuss with clinical team” requests
<ul style="list-style-type: none"> 75% of "discuss with clinical team" requests identified by the HNA should be followed up by a discussion with patient within 5 working days of the flag appearing on the IT portal. 95% of "discuss with clinical team" requests identified by the HNA should be followed up by a discussion with the patient within 10 working days of the flag appearing on the IT portal.
Standard 5: Timely response to patient communications
<ul style="list-style-type: none"> 75% of telephone / email queries should be responded to by the clinical team within 2 working days 95% of telephone / email queries should be responded to by the clinical team within 5 working days
Standard 6: Workshop appointments and attendance
<ul style="list-style-type: none"> 100% of men should be offered a first workshop appointment to take place within 10 weeks of discharge onto remote monitoring. 90% of men should attend a workshop appointment within 6 months of discharge onto remote monitoring.
Standard 7: Post workshop follow up calls

- The clinical team should attempt to contact 75% of men via telephone within 5 working days of the workshop. (an attempt is contact made or three missed calls)
- The clinical team should attempt to contact 100% of men via telephone within 10 working days of the workshop. (an attempt is contact made or three missed calls)

Standard 8: GP communication

- Treatment summaries for 75% of men will be sent to the GP within 10 working days of discharge onto remote monitoring.
- Treatment summaries for 90% of men will be sent to the GP within 20 working days of discharge onto remote monitoring.

4.2 Quality indicators: In addition to the delivery against agreed service standards, the following will give an indication of the quality of the service being provided:

- Patient satisfaction levels
- Compliments & complaints
- Incident reporting system info - near misses, incidents and SUIs
- 1 year and 5 year loss to follow up rates
- PSA/ blood test non-adherence rates
- Workshop non-attendance rates
- Health MOT completion rates

4.3 General service activity: The following indicators should provide a comprehensive view of activity. Some may be used to support the contractual process. This information should ideally be produced on a quarterly basis.

- Total number of patients on remote monitoring / support worker caseload
- Number of new patients enrolled on remote monitoring
- Number of PSA tracking clinic “consultations”
- Number of men recalled to clinic (including reason: PSA, symptom identified by Health MOT, symptom reported by patient telephone/email)
- Number of telephone “consultations”.
- Number of email “consultations”
- Number of workshops & number of patients per workshop

4.4 Remote monitoring implementation:

- Department clinic activity: RATIO of new patients to follow up patients
- Departmental caseload - RATIO of standard follow up to remote monitoring
- Ratio of patients on remote follow up to “exception reported” patients. “Exception reporting” in this instance is where a patient meets the basic parameters of the eligibility criteria (PSA level and time since treatment) however a decision is taken that this patient is not suitable for remote follow up. The reason for this decision should be documented.
- Individual clinician - discharge (to remote monitoring): exception reporting RATIO
- Audit reasons for exception reporting