

# TAM SURVEY RESULTS

The TAM Team carried out a survey in December 2021. This was to give us an understanding of who was using TAM and how we can improve the service. We are very happy to say that we had a good response from current and potential future users. All comments and suggestions have been taken on board for consideration and an action plan developed. Some actions have already been carried out and some are still in progress.

Here are some of the results:



We are aware that a number of TAM guidelines are out of date. This is monitored by the TAM team and reported to the TAM Subgroup of NHS Highland's ADTC. TAM has since set up a risk register and this is an identified risk that is being actively addressed and escalation plans have been put in place. The percentage of out of date guidance has reduced in the last 6 months and this is an ongoing trend. We are working with departments; TAM now sends an annual overview to support departments to plan guideline reviews for the year and perform gap analysis of their departmental guidance. We are also encouraging the use of national guidelines or other existing information, where relevant, to improving the quality and relevance of the information held on TAM. However, in some cases there is a lack of capacity within the departments to be able to review and update guidelines, and, up to now, we have worked on the basis that some information is better than none. This decision is currently under review.



More applications and calculators:

TAM already links to recommended calculators such as those on MDCalc (including HAS-BLED) in the relevant guidelines and to national guidelines such as BNF, SIGN, NICE, UptoDate and the NHS Scotland Polypharmacy app. We will work to make these more visible and consider adding other applications and calculators, such as Well score (clinical prediction score), CKS summaries, Medicines Complete, Specialist Pharmaceutical Services and AZCERT.



### Broken Links:

Broken links have been an ongoing issue and we understand the frustration that this causes. We run a broken link checker each month that identifies any external broken links, which are then fixed. However internal links within TAM can only be identified by scrolling through the content, which is done on a rolling basis. You can help us in this task by alerting us of any broken links that you come across. Copy and paste the URL of the page that you are on with the broken link to the feedback page. Added to this we intend to also conduct a random PDSA data analysis of broken links per month.

### **STANDARDIZE**



---

### Standardised documents and flowcharts:

TAM has developed a standardised guideline template, which has now been updated along with its clinical governance checklist to improve standardisation not only of content but format as well. This includes the request for a quick reference guide for longer pieces of guidance and we are working on standardised referral criteria layout and flowcharts.



### Better navigation:

The TAM Team are working with the platform support team to find ways to improve navigation and search on the TAM portal, including prioritisation of guidance. The index has been revised to be laid out similar to medical text books to help navigation. And we are aware of the need to reduce the number of clicks it takes to get to relevant information and minimise these at all times.



### Training and user guide:

The TAM Team is in the process of developing a video explaining how to access TAM and its component parts. They are also happy to provide training if requested.

### Specific questions asked:

1. Is similar spelling possible on searches? – the Team have contacted the support platform who advise that, unfortunately, this is not possible as an automatic function. Keywords as search terms are inputted by the TAM team and therefore, if we are aware of commonly misspelled terms, we can add these in ourselves.
2. Can links be made to the Rheumatology page? – this is in progress
3. Why do rural hospitals need different pain management guidance? This will be passed on to the Pain Team to review.
4. Request patient information re X-rays, PEG Tubes – TAM will concentrate on being a clinician resource rather than patient and discussions have taken place to develop patient information via a different department. This request will be passed to them.
5. ITR and blood tube information – a link to the relevant Lab page has now been added.
6. Requests for specific pathway information and guideline requests have been sent to the relevant departments.

The TAM Team would like to thank you for engagement with our survey and the TAM app.

Please continue to provide feedback and keep in touch with our team on:

[nhsh.tam@nhs.scot](mailto:nhsh.tam@nhs.scot)