Healthcare Improvement Scotland's Improvement Hub

SPSP Primary Care

End of phase report
August 2016

Healthcare Improvement Scotland

EVERY PERSON EVERY TIME 24/7 SCOTTISH PATIENT SAFETY PROGRAMME

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www.scottishpatientsafetyprogramme.scot.nhs.uk

Contents

Introduction

The Scottish Patient Safety Programme (SPSP) is now part of Healthcare Improvement Scotland's Improvement Hub supporting improvement across health and social care. This is a unique national programme that aims to improve the safety of healthcare and reduce the level of harm experienced by people using healthcare services. SPSP aims to support National Health and Wellbeing Outcome 7: *People using health and social care services are safe from harm.*

> **SPSP Primary Care aim**
> Its overall ambition is to reduce the number of events which cause avoidable harm to people from healthcare delivered in any primary care setting in Scotland.

SPSP in Primary Care was launched in March 2013. Primary care is healthcare provided in the community. It is estimated that 90% of all healthcare is provided in the community by a wide range of professionals, such as general practitioners (GPs), pharmacists, dentists and nurses, with medicines the most common healthcare intervention.

The aim of the SPSP in Primary Care programme is for all NHS boards and 95% of primary care clinical teams to be developing their safety culture and achieving reliability in three high risk areas by 2016. SPSP in Primary Care supports the implementation of a range of interventions to improve the safety of healthcare delivered in primary care and has an initial three-year implementation plan (2013–2016).

The programme is being delivered through a staged approach. With the initial focus on general medical services, the programme has now spread into pharmacy in primary care, dentistry in primary care and, more recently, community and district nursing, with a focus on reducing pressure ulcers in care homes.

Evolution of SPSP in Primary Care

Stage 1	General medical services	Programme launch 2013
Stage 2	Community pharmacy	Prototyping and testing from 2014
		Scale-up and spread from late 2016
Stage 3	Dentistry	Scoping, prototyping and testing from 2015
Stage 4	Community and district nursing (care homes)	Scoping, prototyping and testing from 2016
Stage 5	Optometry	Exploratory work from 2017

General Medical Services

What are we aiming for?

SPSP in Primary Care comprises three workstreams and NHS boards select their areas of focus from the options shown below.

1. **Safety culture and leadership:** creating a culture of reflective learning and improvement by:
    - completing a safety climate survey annually: the survey report provides an opportunity for the whole practice team to meet and discuss openly how they can improve their safety culture, and allows issues to be raised and prioritised for action.
    - carrying out structured case reviews: Practice teams carry out two structured case-note reviews each year, to detect patient safety incidents and 'near-misses', with the aim of sharing learning and identifying areas for improvement.

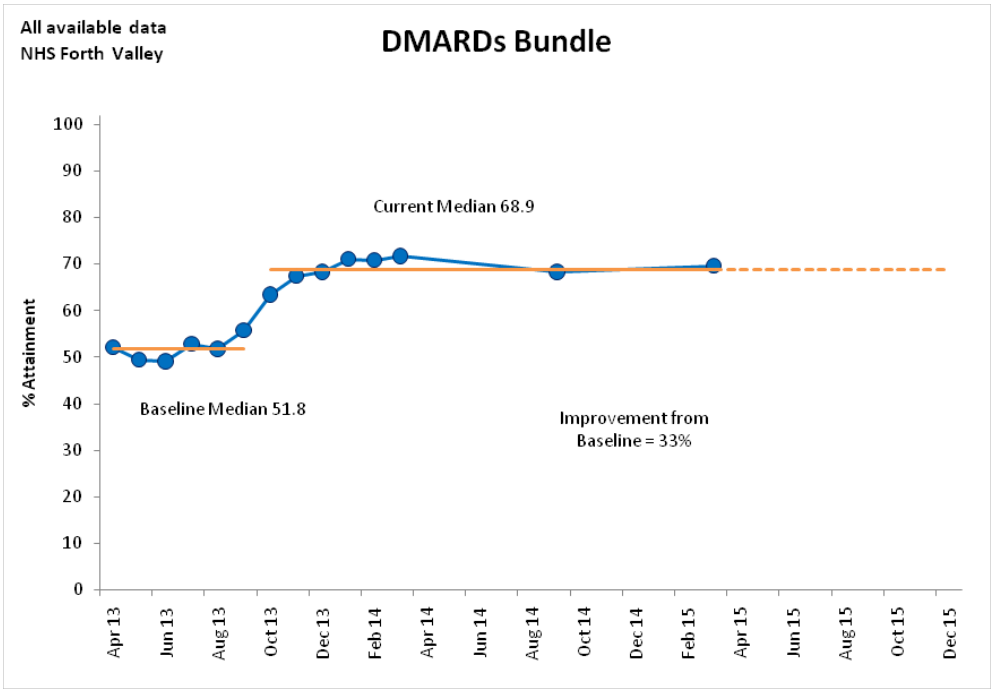
2. **Safer medicines:** developing safe and reliable systems for effective medicines management. The focus has been on:
    - the prescription and monitoring of high risk medications, such as warfarin and disease-modifying antirheumatic drugs (DMARDs), and
    - medicines reconciliation when a patient is discharged from hospital. This is to ensure an accurate record of the medicines that the patient is taking is maintained at all times and that the patient understands any changes made.

NHS boards are using care bundles for these activities, as they provide a structured way of improving processes of care to ensure that patients receive the best care at all times.

3. **Safety across the interface:** developing safe and reliable systems for communication across the interface, for example between GP practices and hospitals. The focus has been on developing reliable systems for results handling and written and electronic communication and last year we introduced a new care bundle for safer, more reliable results handling.

What progress have we made?

1. **Safety culture and leadership**
    - ◇ 93% of all GP practices across Scotland are participating in our safety climate survey, an increase of 3% since the launch of the programme in 2013.
    - ◇ 74% of GP practices are carrying out structured case-note reviews and NHS boards reported that patient safety changes had been made at practice and at organisational level.
2. **Safer medicines**
    - ◇ 83% of all GP practices across Scotland have introduced the care bundles the programme developed, to improve reliability in at least one high risk area. The following run charts show compliance with the DMARDs, warfarin and medicines reconciliation care bundles in GP practices in specific NHS boards.


All available data
NHS Forth Valley
DMARDs Bundle
% Attainment
Current Median 68.9
Baseline Median 51.8
Improvement from
Baseline = 33%
100
90
80
70
60
50
40
30
20
10
0
Apr 13
Jun 13
Aug 13
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Apr 14
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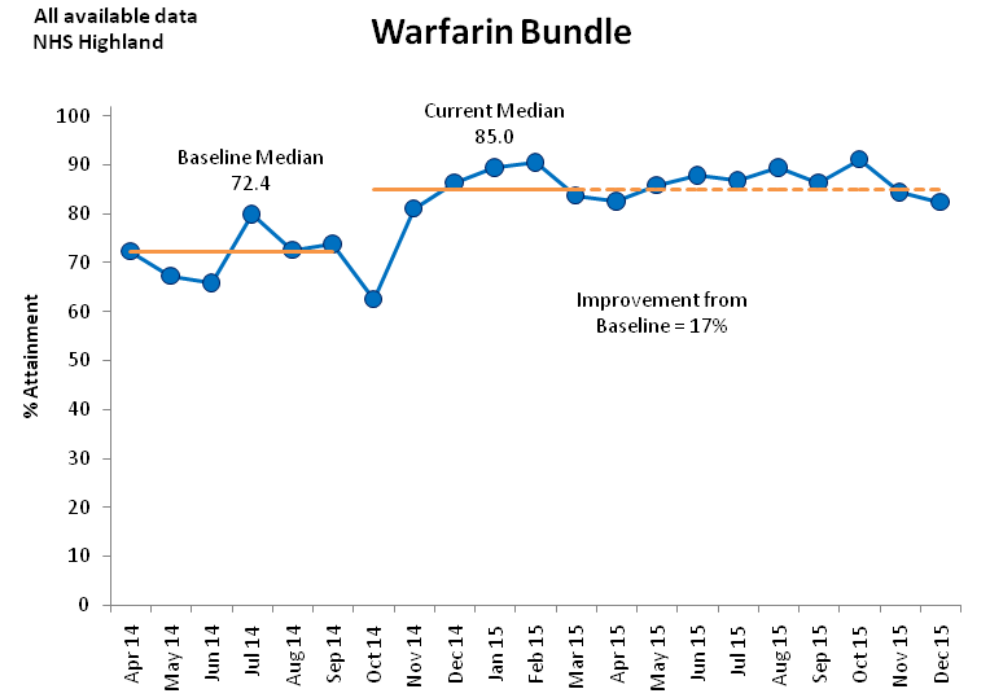
All available data
NHS Highland
Warfarin Bundle
% Attainment
Current Median
85.0
Baseline Median
72.4
Improvement from
Baseline = 17%
100
90
80
70
60
50
40
30
20
10
0
Apr 14
May 14
Jun 14
Jul 14
Aug 14
Sep 14
Oct 14
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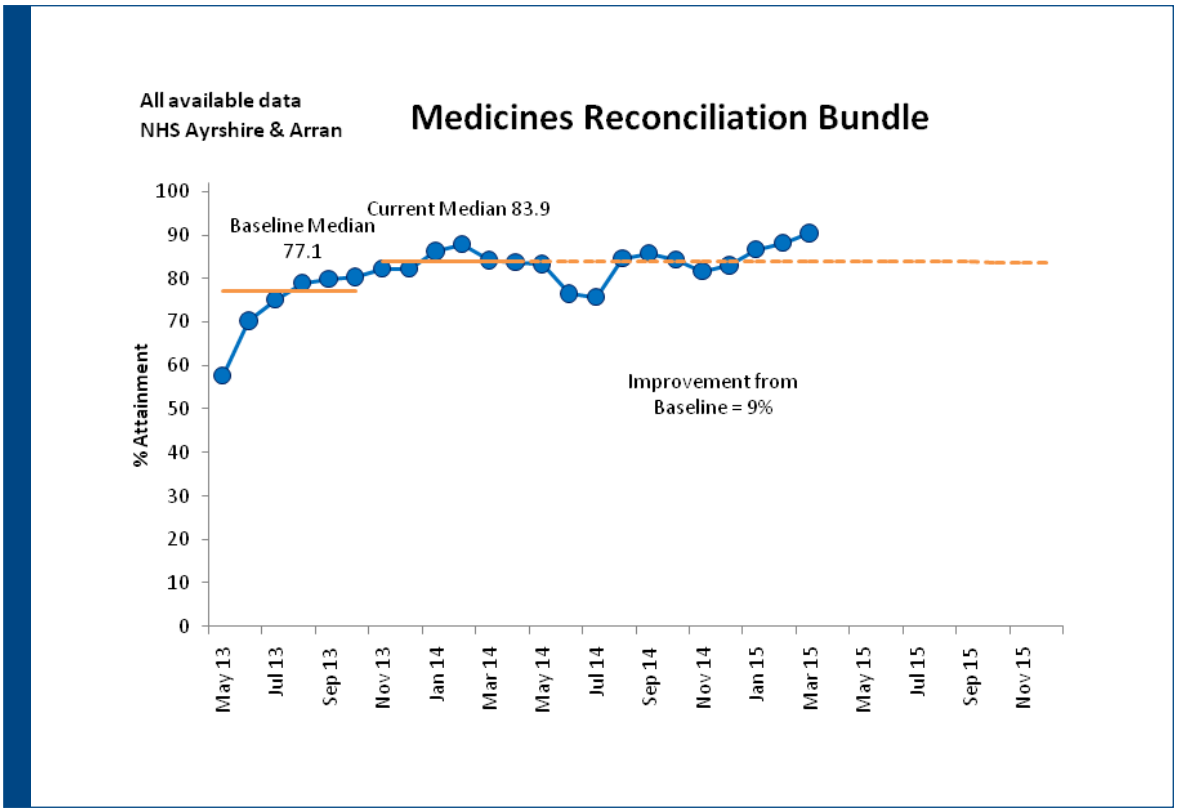


'The medicines reconciliation we have continued with since last year and the results handling we intend to do the same. They have made a difference and have not been like any other ideas people sit in a room and think up that are unhelpful to practices. We are contacting patients more reliably and discussing medication changes'

Practice Manager, NHS Tayside

3. Safety across the interface

Improvements as a result of care bundle implementation

NHS boards reported examples of patient safety improvements as a result of implementing the care bundles and results handling change package.

These include changes to:

- communication
- systems and processes
- interface working, and
- patient involvement.

The following example highlights how this is being achieved in practice:

> 'We discussed the process map with GPs and senior reception staff. During the review of out-patient department letters [OPDL], it was noted that a "script done" stamp was being used. It was unclear whether the patient had been informed about the change – one of the main areas where communication to the patient had been missed. We now include a step for reception to forward the OPDL to the doctor for discussion with the patient if applicable. This change was highlighted to staff at the weekly business meetings.'
>
> **Practice Manager, NHS Lothian**

In one NHS board, 62 practices sent 1,997 questionnaires to patients, asking 'What matters to you most about your warfarin care?' There were 1,652 responses and patients said that 'regular, timely checks with same day results, and correct information about the correct dose' mattered most to them.

> 'The results handling and medicines reconciliation work have been the best work I have been involved in during my 30 years of general practice.'
>
> **Practice Manager, NHS Tayside**

Key learning

As the initial phases of both Acute Adult and Primary Care programmes are coming to an end in 2016, a 90-day process was undertaken to inform recommendations on the content and delivery of the next stage of these programmes. The key questions the process aimed to answer were:

- What are the key safety issues that should be addressed within and across the Acute Adult and Primary Care safety programmes?
- What are the optimal method(s) of programme delivery?

The 90-day process design phase identified that the focus of the Acute Adult and Primary Care programmes can be categorised under three overarching themes:

- prevention, recognition and response to deterioration
- medicines
- system enablers for safety.

The SPSP in Primary Care programme supports a collaborative approach and this has been key in supporting discussions at a local level. The programme will continue to provide national networking events and support NHS boards with local learning sessions. The benefit of local learning sessions to practice staff is highlighted in the following feedback from an NHS board about a local learning session for GP practices:

> 'Practices benefited from the networking opportunity between practices and the chance to speak with the Patient Safety Team face to face – this led to a practice visit being organised during the learning session.'
>
> **Participant in an NHS board local learning session**

We will continue to support NHS board teams with the implementation of the programme's existing workstreams in achieving reliability and 'scaling up', for example sharing learning and involving members of both primary care and acute care in making improvements. For example:

> 'There was lots of discussion about the problems associated with the current method of hand written Immediate Discharge Letters [IDLs]. This has led to the setting up of a primary and secondary care Medicines Reconciliation group and the introduction of an electronic IDL which has been trialled and is now being rolled out.'
>
> **Feedback from an NHS board local learning session for GP practices**

Implementation through local enhanced services has given NHS boards flexibility and choice in:

- content of local enhanced services
- local learning sessions, and
- how they develop expertise, infrastructure and processes to support improvement.

Pharmacy in primary care

What are we aiming for?

This work is funded by The Health Foundation and was launched in November 2014. The ambition of the programme is to involve pharmacists working in primary care in driving improvements in communication and closer working between pharmacy teams and GP practices.

Four NHS boards (NHS Fife, NHS Grampian, NHS Highland and NHS Greater Glasgow and Clyde) and 27 pharmacy teams are taking part, with representation from dispensing practices, independent pharmacies and multiple pharmacies in urban and rural locations. Through their involvement in the collaborative, pharmacy teams are:

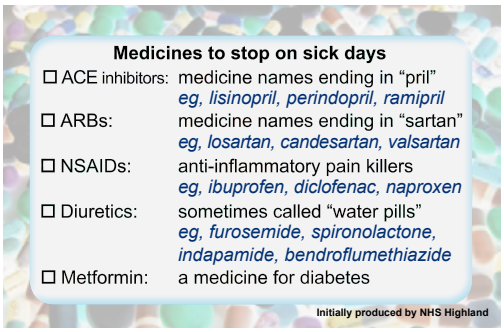
- improving reliability for the safer prescribing, monitoring and dispensing of high risk medicines
- developing their 'safety culture' through the use of a pharmacy safety climate survey
- developing tools and resources for medicines reconciliation, and
- driving improvements in communication and promoting closer working with GP practices.

What progress have we made?

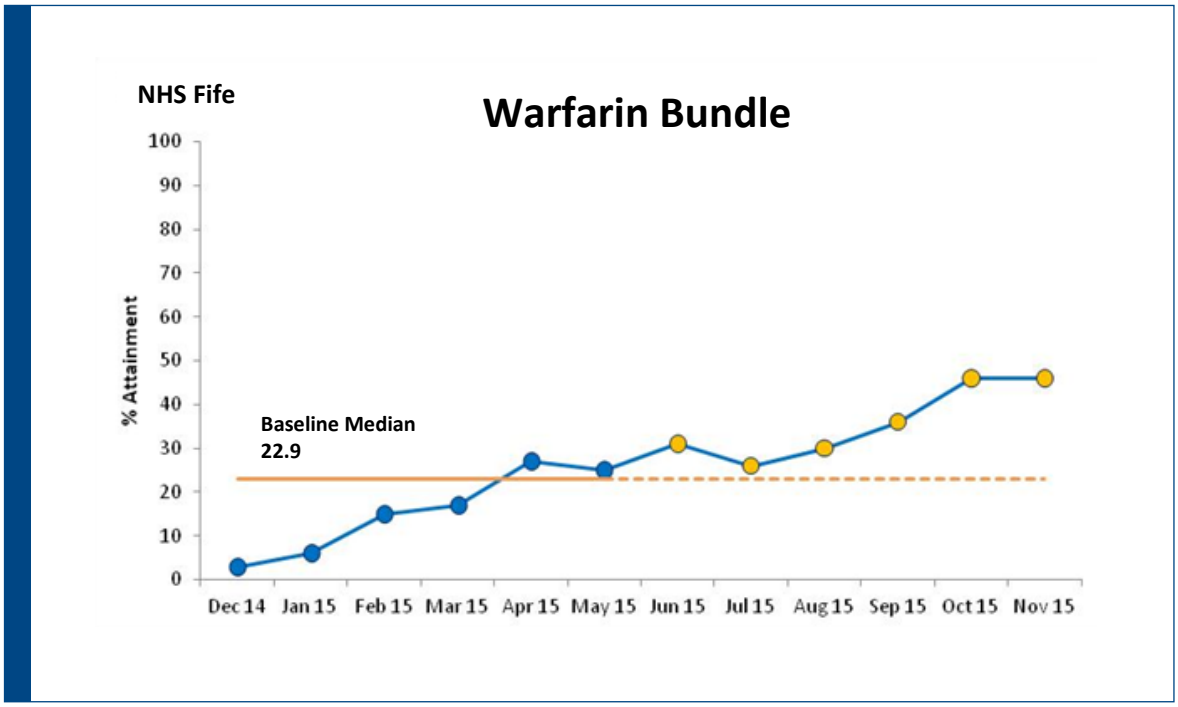
All significant milestones set out have been met to date. These include:

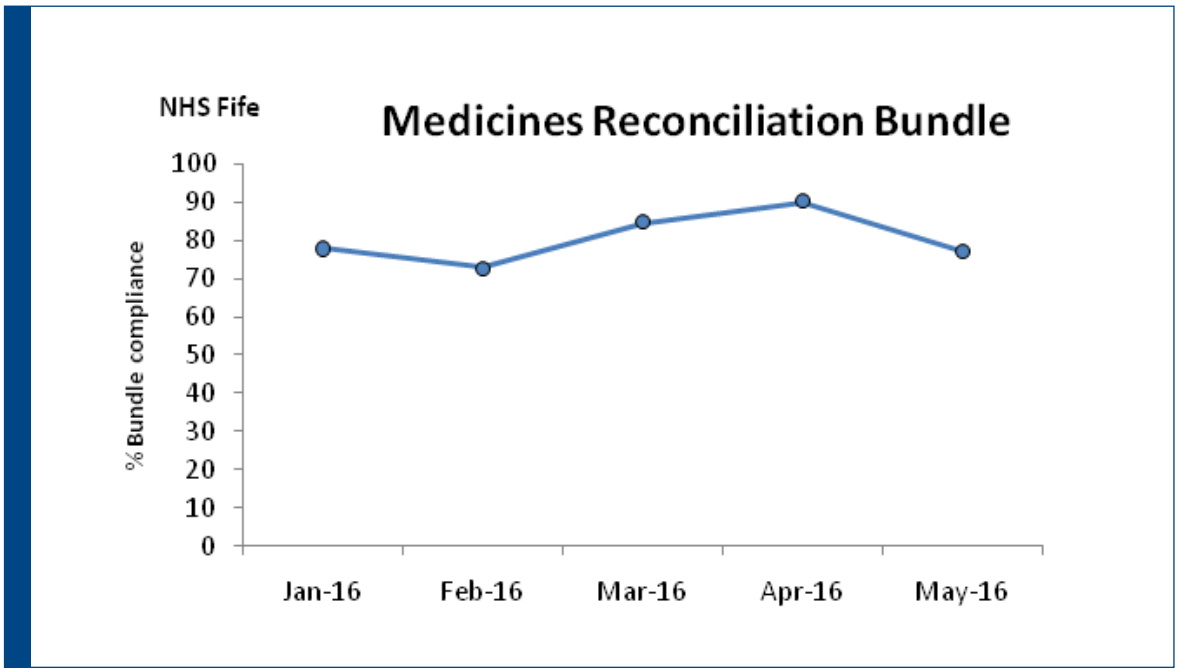
- 89% of pharmacy teams have completed their safety climate survey
- pharmacy and NHS boards teams are actively engaged in the programme
- local learning sessions in each NHS board area, with 'all share, all learn' being applied with proactive coaching and sharing the learning amongst the pharmacy teams, and
- monthly collection of data for the high risk medicines bundle.

The Medicine Sick Day Rules card was launched nationally at the NHSScotland event in 2015 and was developed and tested by NHS Highland with input from patients, carers, pharmacists and doctors. The card is a useful resource for patients, carers and health professionals. It promotes better management of long-term conditions through the safer, more effective and person-centred use of medicines. It helps to raise awareness of potential harms if patients continue to take certain widely prescribed medicines whilst suffering from a dehydrating illness.



The following run charts show compliance with our warfarin and medicines reconciliation care bundles in community pharmacies in a specific NHS board.





Key learning

Learning from the evaluation activities to date will inform future developments along the collaborative's 2-year journey. This includes scaling-up and spreading to other NHS boards and pharmacy teams.

The team continues to support NHS boards and pharmacy teams as they are now beginning to implement their care bundle for medicines reconciliation which is this year's area of focus.

The local and national learning sessions supported shared learning, with pharmacy teams remarking:

> 'I found it very useful not only to get information but just to hear what everyone else is doing and it keeps us motivated just checking in with everyone.'
>
> **NHS Highland participant in local learning session**

> 'All pharmacies valued the ability to present and learn from each other as the most rewarding part of the day.'
>
> **NHS Fife participant in local learning session**

Dentistry in primary care

What are we aiming for?

The aim of this project is to improve quality and safety in general dental practice through a collaborative approach. The programme is supporting the pilot project to test the concept of an improvement collaborative in NHS general dental practices. Working with key stakeholders, we are keen to explore how we influence processes to ensure reliability and increase patient safety knowledge, skills, attitudes and behaviours to support improvement interventions in dentistry.

In autumn 2015, three NHS boards (NHS Ayrshire & Arran, NHS Dumfries & Galloway and NHS Fife) were recruited to take part in the collaborative, which will run initially until December 2016. Each NHS board has recruited five dental practices to work with them on developing and testing their care bundles. Following our first dentistry learning session in March this year, dental practice teams are:

- improving reliability for the safer care and treatment of patients on high risk medicines who require invasive dental treatment
- reducing inappropriate prescribing of antibiotics, and
- developing their 'safety culture' through the use of a dentistry safety climate survey.

Key learning

Focusing this collaboration on medical history, medicines and prescribing will promote improved communication with other primary care providers, particularly pharmacists and GPs, resulting in safer and more reliable integrated care for patients.

We will use the evidence and testing from the dentistry improvement collaborative to aid and support an application for funding for a broader collaborative from 2017 onwards.

Next steps

General Medical Services

Continue to support NHS board teams with the implementation of the programme's existing workstreams in achieving reliability and scaling up, for example sharing the learning and broadening the work to other areas within their NHS boards.

Continue to provide national networking events and supporting NHS boards with local learning sessions.

Support the development of cluster working for GP practices, to enable them to improve safety and quality in primary care.

Improving the detection and management of sepsis in primary care

In July 2016, three NHS boards (NHS Highland, NHS Lothian and NHS Greater Glasgow & Clyde in partnership with the Scottish Ambulance Service) were recruited to take part in an 18-month pilot project to improve the detection and management of sepsis in primary care. The aim is to improve quality and safety in out-of-hours services and primary care through a collaborative approach.

Through participation in this collaborative, we aim to ensure that patients with sepsis receive optimal care by:

- improving early recognition and timely delivery of evidence-based tools and interventions, including use of the National Early Warning Score (NEWS), and
- improving communication and collaboration across NHS teams when managing patients with sepsis.

The successful NHS boards will participate in national learning events, receive support to improve local quality improvement capacity and be given the opportunity to work together on testing the tools and interventions.

Pharmacy in Primary Care

The team continues to support and progress the following activities for 2016–2017:

- In Year 2 of the collaborative, participating pharmacies and dispensing practices have begun to test a medicines reconciliation bundle. Pharmacy teams are collecting data from a small sample of patients to ensure that, following discharge from an acute hospital, the patient's list of medicines is up to date and the patient or their carer is aware of any changes to their medicines and has had these changes explained to them. The duration of the pharmacy collaborative has been extended by 3 months, to the end of September 2016, to ensure testing of the medicines reconciliation bundle can be completed.
- Pharmacy and dispensing practice teams will complete a further safety climate survey.
- Learning gathered over the last 2 years from prototyping and testing will be shared at a national event in October 2016.

Dentistry in Primary Care

Local learning sessions are planned for early summer 2016 and learning gathered over the last 18 months from prototyping and testing will be shared at a national event in November 2016.

Community and District Nursing

Following the scoping report in autumn 2014, local information relating to three key areas of harm identified in community and district nursing was gathered from across Scotland. The three areas of harm are:

- pressure ulcers
- harm from falls
- catheter-associated urinary tract infection (CAUTI).

NHS boards have progressed in all three areas of harm and requested a national CAUTI networking event as an opportunity to share and learn from experience. This was hosted in August 2015, where the Scottish UTI Network was introduced and they shared a variety of tools and resources which is available through their knowledge hub.

From May 2016 the team will work with key stakeholders to support the delivery of the aim: 50% reduction in pressure ulcers by December 2017 in acute and care home settings. Working with Scottish Care and the Care Inspecorate, we have recruited four locality teams to work with over an 18-month period to develop and test different approaches to reduce pressure ulcers in care homes. These are:

- Argyll and Bute and Highland (joint)
- Dumfries & Galloway
- East Dunbartonshire, and
- Perth and Kinross.

SPSP in Optometry

In 2017 and beyond, the team will work collaboratively with key stakeholders to explore the evidence base to support improvement activity in optometry.

Conclusions

Our improvement work continues and the national team continues to support activity in all phases of the programme, developing new resources whilst continuing to scale up and spread to other community settings. We will support the development of appropriate infrastructures to maximise and share the learning from the quality improvement activity led by clusters within a new General Medical Services contract. We will continue to support safety and quality improvement activity with multi-agency and multidisciplinary teams working in primary care.

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