

## Greater Glasgow and Clyde NHS Board

### Board Meeting

April 2014

Board Paper No. 14/08

Board Medical Director

### Scottish Patient Safety Programme Update

#### 1. Summary of Actions for Board Members

This paper provides an update on the Scottish Patient Safety Programme (SPSP) for Primary Care and the work being progressed in NHS Greater Glasgow and Clyde.

The Board is asked to:-

- Review and comment on the ongoing progress achieved by NHS GG&C in implementing the Scottish Patient Safety Programme

#### 2. Background

The Scottish Government formally launched the SPSP Primary Care Programme in April 2013 with the overall aim "To reduce the number of patient safety incidents to people from healthcare delivered in any primary care setting". "All NHS territorial boards and 95% of primary care clinical teams will be developing their safety culture and achieving reliability in 3 high-risk areas by 2016".

NHS GG&C commenced in 2011 with locally established programme involving 11 general practices and 6 district nursing teams testing on the following clinical processes:

- Medicines Reconciliation
- DMARDs (disease modifying anti rheumatic drugs)
- Prevention of Pressure Ulcers in the Community (District Nurses)

The local initiative has now evolved into the national programme and been extended to include 21 practices and 8 district nursing teams. An additional district nurse team has been identified to take forward improvement aims relating to nutritional screening and falls prevention.

In addition an NHS GG&C Polypharmacy Local Enhanced Service (2013/14) has been developed in response to CEL 36 (2012) regarding polypharmacy and quality, safe and effective use of long term medication. A medicines reconciliation component has been built into this Local Enhanced Service (LES) using the bundle approach and measurement by reporting monthly compliance. 252 practices participate in the LES in NHS GG&C.

### 3. Programme update

#### 3a General Practice

As part of negotiations for GP Contract 2013/14 it was agreed that all practices in Scotland would be invited to take part in SPSP activity. This took the form of 11 QOF points to look specifically at:

- Safety climate survey within clinical teams
- Using the trigger tool to identify previously undetected evidence of patient safety incidents and identify learning from them

#### Safety Climate Survey

The safety climate survey is a tool used within the SPSP programme to assess staff perceptions of safety within practices and involves all members of the practice team. Within NHS Greater Glasgow and Clyde 155 practices have completed the survey so far. Of those practices, 71% (2126 of the 2984 invited staff) completed the survey. After completion of the survey, practices are required to submit a reflective summary of their action plan to improve the team safety culture based on practice discussion of the results of the survey. It is planned to have this evaluated and discussion is progressing with NHS Education Scotland on appropriate methods.

#### Trigger Tool

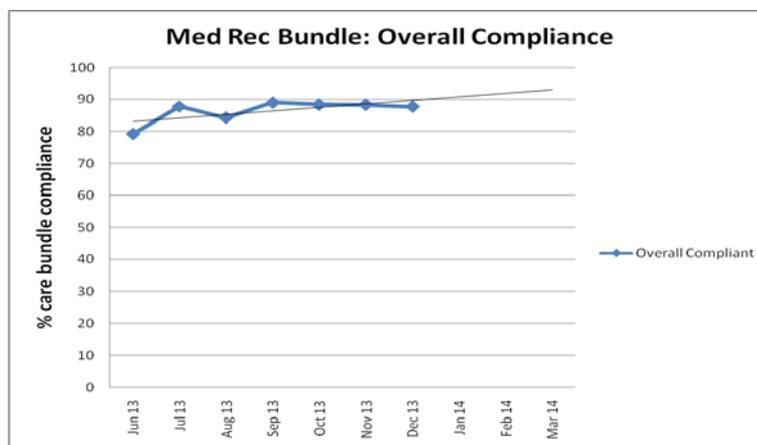
A trigger tool is a simple checklist for a number of selected 'triggers'. A reviewer looks for these triggers when screening medical records for patients who may have been unintentionally harmed. The trigger tool facilitates the structured, focused review of a sample of medical records by primary care clinicians. The trigger tool highlights areas for improvement – which should always improve patient safety.

It should be done twice a year by practices. It is planned to have this evaluated and discussion is progressing with NHS Education Scotland on support and methods.

#### Polypharmacy LES 2013/14

252 practices participated in the Polypharmacy LES of which the national SPSP-PC medicines reconciliation formed part of the LES.

Chart 1



## Core Programme (Small Scale Testing)

In addition to the above, testing has continued during 2013/14 in the following areas:-

### DMARDs (Disease modifying anti-rheumatic drugs)

Increasingly we are relying on cytotoxic drugs (DMARDs such as methotrexate and azathioprine) and whilst clinically effective, such treatments require regular blood monitoring. As a consequence, they have been the subject of regular National Patient Safety Agency (NPSA) alerts. Practices need to ensure that these drugs are prescribed reliably, are appropriate and are carefully monitored to minimise Risk. Five practices are taking part and compliance has doubled since the start of the project. Included in the bundle is a question on whether the practice has communicated with the patient.

### Outpatient Communication,

A systematic process for managing written communication and handling results will deliver safe and reliable care. This work is in the early stages and is being taken forward in four practices.

### Results Handling

Across NHS Greater Glasgow and Clyde 8 practices agreed to pilot the results handling bundle. For every full blood count (FBC), urea and electrolytes (U&Es) and liver function tests (LFTs) laboratory blood test set ordered, compliance with the agreed bundle was measured. 7 of the 8 practices have been submitting data on a monthly basis and the compliance rate has improved from 56% to 88%.

### Medication Reconciliation –

The medication reconciliation testing this year has an expanded focus with 3 key areas of work. This involves working jointly with the Rehabilitation and Assessment Directorate/Care of Elderly wards at Glasgow Royal Infirmary to:

1. Measure practice processes using the standard national care bundle for high risk elderly patients discharged from Rehabilitation and Assessment Directorate/ Care of Elderly wards. Measure secondary care compliance with meds rec on discharge as specified in the CMO letter (2013) 18
2. Patient experience – patient questionnaire sent to appropriate discharged patients from the RAD/CoE wards on their experience on how they were informed about their medications in secondary and primary care.

Chart 2

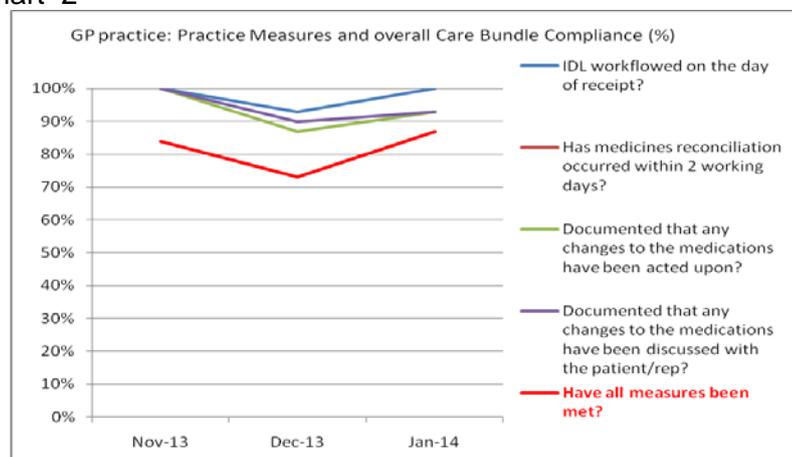
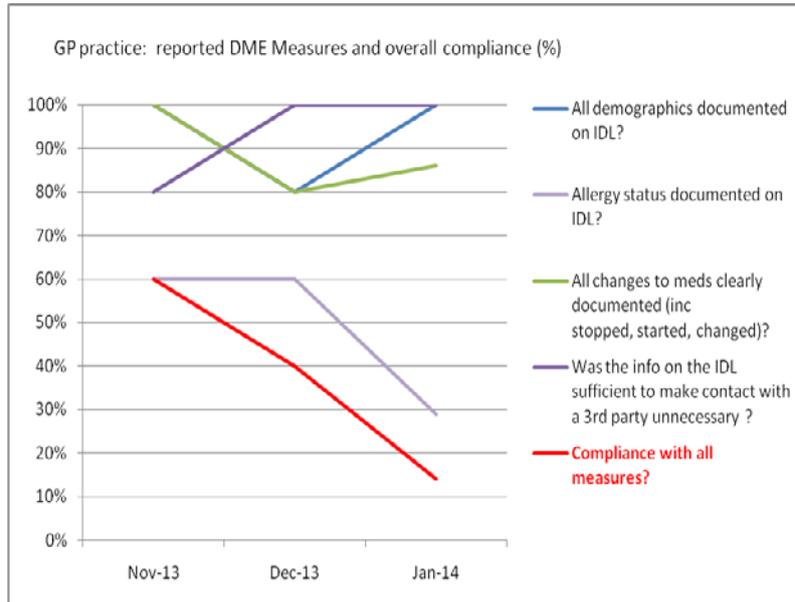


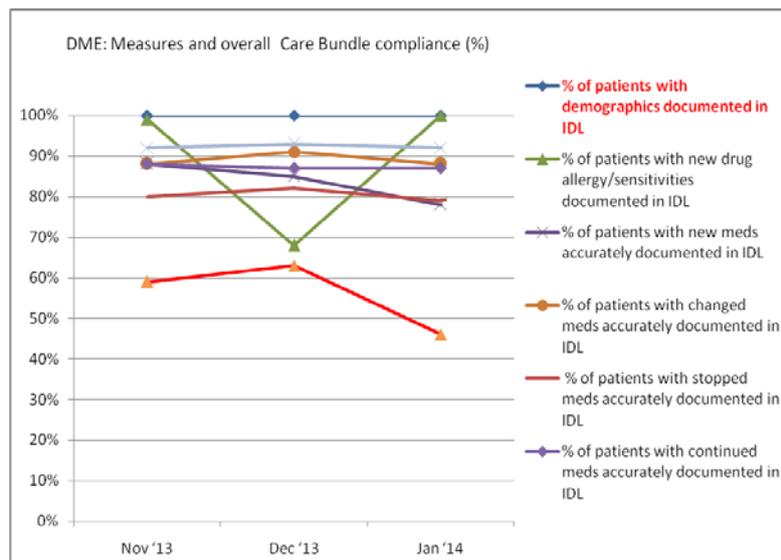
Chart 3



It is important to acknowledge this work is still at an early stage of piloting and numbers are low.

GP practices: overall compliance with process is around 80% with individual elements between 85 and 100%. DME ward measurement shows an overall compliance average of 40% however this is mostly due to incomplete recording of allergies **not** the IDL medicines accuracy. Pilot practices have reported that the IDLs have greatly improved

Chart 4



DME wards: results mirror those measured in primary care with individual elements of the bundle at 80% or higher but overall compliance between 40-60% of patients having complete and accurate IDLs.

Patient questionnaire returns are currently too low to yield meaningful results.

In addition participating practices have been asked to identify one local safety concern of choice and must involve patients in the work to ensure that the person centeredness aspect is incorporated into the work of the programme. This further testing phase will support the development of the care bundles for inclusion in the wider programme going forward in 2014-16.

### **3b Community Nursing**

Further work is being undertaken in the wider implementation and spread of the bundle approach in Community Nursing with areas identified for improvement to Patient Safety which include Falls, CAUTI (Catheter acquired urinary tract infections), MUST (Malnutrition Universal Screening Tool) and the continuation of the prevention of Pressure Ulcer work. Work has commenced with district nurses to develop each of the work streams and test the prototypes with the teams to develop reliable models of care that can be spread across the system. To date work the work has focussed on Pressure Ulcers and MUST as follows:

#### **Pressure Ulcer Prevention**

District Nursing team in NHS GGC have been participating in the SPSP Pressure Ulcer workstream for approximately 18 months. To date this has involved 51 district nurses across 6 sites throughout Partnerships. Most teams are now achieving 100% compliance with the identified bundle. The work has recently been spread to a further two teams. To date district nurses have been required to collect data for this work manually and input to spreadsheets. Work has now been progressed, working with Information Services, to adapt the Clinical Nursing Information System (CNIS) to allow outcome data to be extracted from the CNIS, reducing time spent on input for district nurses and enabling management reporting. This will also enable district nurses to use the data more effectively to identify areas for improvement in their own caseloads.

#### **MUST**

NICE predicts that effectively addressing malnutrition will be the fourth largest cost saving area for the NHS in the United Kingdom. The research evidence demonstrates that groups of patients at risk of malnutrition may have chronic disease such as COPD or diabetes, chronic progressive diseases e.g. Parkinson's disease, motor neurone disease (MND), debility e.g. frail, depression, elderly, or acute illness e.g. nausea, infections, social issues e.g. housebound, poor support (Elia and Russell in BAPEN 2009).

MUST is a 5 step screening tool that can be used across care settings to identify adults who are malnourished or at risk of malnutrition. MUST includes management guidelines and alternative measures when BMI cannot be obtained by measuring height and weight (BAPEN 2003).

- Measure height and weight to calculate the person's Body Mass Index (BMI)
- Establish whether the person has lost any weight unintentionally
- Establish the effect of the person's illness on their ability to eat and drink

- Add up the scores to assess if the person is malnourished
- Agree the person's care plan and monitor regularly.

Testing of MUST within Community Nursing is commencing within one District Nurse team in the first instance.

### **3c Building Capability and Capacity**

#### **Polypharmacy LES**

Training has been delivered to G.Ps incorporating programme outline, model for improvement and medication reconciliation care bundle and data collection. 7 evening events were run over a period from March to May 2013 with 800 Practice staff attending.

#### **Trigger Tool/Safety Climate Survey Training**

Training on Trigger Tool, Staff Cultural Survey and the Model for Improvement ran from May to September 2013. The training delivered by NES was undertaken at Protected Team Learning Events and other forums. At the last count 404 G.Ps and Practice Managers attended training with two sessions still to run.

#### **National Learning Session**

The third learning session for the Scottish Patient Safety Programme in Primary Care will be held on Friday 9 May 2014. The theme for this event is 'Reflection and Moving Forward'. NHS GG&C will prepare a storyboard for the event.

#### **Local Learning Session**

The second local learning session will take place on 12th June 2014. This session is currently being planned and will bring together NHS GG&C staff involved in the programme to share learning.

#### **Sharing Information**

Work continues to populate our knowledge net pages with the local improvement learning being shared with other Boards. In addition an SPSP Team site has been set up to aid communication and act as a data repository.

#### **Investment**

Funding (QUEST fund) has been secured to progress the work within the programme. This has been used to appoint a G.P Clinical Lead (2 sessions per week) and Practice Development Post to support the Community Nursing Programme for a one year period.

## **4. Next Steps**

Work is progressing in all of the above workstreams. The lack of an SPSP Data system means a great deal of effort goes into manual data collection and collating data from different systems. This continues to prove challenging and limits further expansion of the programme. The challenge has been repeatedly highlighted to the national support team in Healthcare Improvement Scotland.

The Polypharmacy LES has been extended to 2014/15, with 254 practices opted in. This involves sampling 10 patients per month using the national medicines reconciliation care bundle.

Each of the Core Programme involves patient involvement and there is patient Representation on the steering Group

In addition Healthcare Improvement Scotland have called for applications to a new improvement collaborative being developed - **Pharmacy in Primary Care Collaborative**. This collaborative will run 2 years from July 2014. Three boards will participate in the collaborative. Funding will be made available. NHS Greater Glasgow and Clyde is currently preparing an application for this new development within the SPSP Primary Care Programme.

In future years the aim would be to involve more practices in one high risk area, based on the results of the core Group testing. This would however need resolution of national data collection issues

Infrastructure to support needs built up and the current funding of Clinical Posts is from national QUEST monies. It is hoped to extend the clinical support posts and funding for the core practices ends in the summer through to March 2015.

## Appendix One

### Scottish Patient Safety Programme: Glossary of Terms

<b>SPSP</b>	Scottish Patient Safety Programme
<b>SPSP-MH</b>	Scottish Patient Safety Programme – Mental Health
<b>SPSP – PC</b>	Scottish Patient Safety Programme – Primary Care
<b>SPSPP</b>	Scottish Patient Safety Paediatric Programme
<b>CVC</b>	Central Venous Catheter
<b>CAUTI</b>	Catheter Associated Urinary Tract Infection
<b>DMARDs</b>	Disease Modifying Anti Rheumatic Drugs
<b>EWS</b>	Early Warning Scoring
<b>HAI</b>	Healthcare Associated Infection
<b>HDU</b>	High Dependency Unit
<b>HIS</b>	Healthcare Improvement Scotland
<b>HSMR</b>	Hospital Standardised Mortality Ratio
<b>IHI</b>	Institute for Healthcare Improvement
<b>ITU</b>	Intensive Care Unit
<b>ISD</b>	Information Services Division
<b>LES</b>	Local Enhanced Service
<b>LVSD</b>	Left Ventricular Systolic Dysfunction (heart failure)
<b>MCQIC</b>	Maternal Quality Care Improvement Collaborative
<b>MDT</b>	Multi Disciplinary Team
<b>NEWS</b>	National Early Warning Scoring
<b>PDSA</b>	Plan, Do, Study, Act (small scale, rapid, reflective tests used to try out ideas for improvement)
<b>PVC</b>	Peripheral Venous Cannula

<b>QOF</b>	Quality Outcomes Framework
<b>SBAR</b>	Situation, Background, Assessment, Recommendation (a structured method for communicating critical information that requires immediate attention and action; can also be used effectively to enhance handovers between shifts or between staff in the same or different clinical areas.
<b>SMR</b>	Standardised Mortality Ratio
<b>SSI</b>	Surgical Site Infection
<b>SUM</b>	Safer Use of Medicines
<b>Surgical Briefing</b>	A pre-operative list briefing designed to ensure entire team understand expectations for the list and each procedure.
<b>Surgical Pause</b>	A pre-operative pause as an opportunity to cover surgical checklist and act as final reminder of items that must be completed prior to commencement of the operation.
<b>Trigger Tool</b>	A case note audit process designed to find examples where the care plan has not progressed as expected
<b>VAP</b>	Ventilator Associated Pneumonia
<b>VTE</b>	Venous Thromboembolism