



# Welcome & Introductions

## The Core Programme Overview

Dr Paul Ryan Clinical Director, North East Sector,  
Glasgow City CHP



## House Keeping

No Fire Alarm scheduled

Toilets are located round to the right, past the café and right again.

Breakout rooms are located round to the left and through the swing doors – name of breakout room is on your welcome pack.

## Learning Session 1 Programme

8:30-9:00	<b>Registration &amp; Coffee</b>
9:00-9:15	<b>Welcome &amp; Introductions</b> <b>The Core Programme Overview</b> <i>Dr Paul Ryan, Clinical Director, North East Sector, Glasgow City CHP</i>
9:15-9:30	<b>Introduction to Harm in Primary Care</b> <i>Dr Jennifer Armstrong, Medical Director, NHSGG&amp;C</i>
9:30-10:30	<b>Science for Improvement : Measuring and Improving Care</b> <i>Andy Crawford, Head of Clinical Governance</i>
10:30-11:00	<b>Coffee &amp; Networking</b>
11:00: 12:00	<b>Parallel Workshops</b> <b>Work Streams</b> <ul style="list-style-type: none"> <li>•<b>DMARDS</b> <i>Kathy Kenmuir, Primary Care Support Nurse</i></li> <li>•<b>Medication Reconciliation</b> <i>Rachel Bruce, Lead Clinical Pharmacist</i></li> <li>•<b>Results Handling</b> <i>Dr Neil Houston, National Clinical Lead SPSP, Lynnette Cameron, Clinical Risk Co-ordinator, CGSU</i></li> <li>•<b>Outpatient Communication</b> <i>Dr Paul Ryan, Clinical Director, North East Sector, Glasgow City CHP</i></li> <li>•<b>Prevention of Pressure Ulcers</b> <i>Linda Davidson, Head of Department, CGSU (Partnerships)</i></li> </ul>
12:00-12:15	<b>Questions &amp; Reflections</b> <i>Dr Paul Ryan, Clinical Director, North East Sector, Glasgow City CHP</i>
12:15	<b>Close</b>



## Aims & objectives of SPSP-PC National Programme

- To reduce the number of events which cause avoidable harm 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.

# SPSP-PC

## National Programme Workstreams

Work streams	Interventions relating to
<b>1.Safer Medicines</b>	<ul style="list-style-type: none"> <li>•Safe and reliable prescribing, monitoring and administration of high alert medications (e.g. DMARDs, warfarin, insulin, lithium)</li> <li>•Reducing high risk prescribing – data / alerts</li> <li>•Medication reconciliation</li> </ul>
<b>2.Safe and reliable patient care across the interface and at home.</b>	<ul style="list-style-type: none"> <li>•Management of test results</li> <li>•Communication at point of referral</li> <li>•Handling written communication</li> </ul>
<b>3.Leadership and Safety Culture</b>	<ul style="list-style-type: none"> <li>•Promoting a culture of safety and learning using Trigger Tool, Safety Climate Survey, safety walk rounds</li> <li>•Promoting organisational learning from Significant Event Analysis (SEA)</li> <li>•Building capacity and capability to support the programme</li> <li>•Ensuring patients become partners in making care safer.</li> </ul>

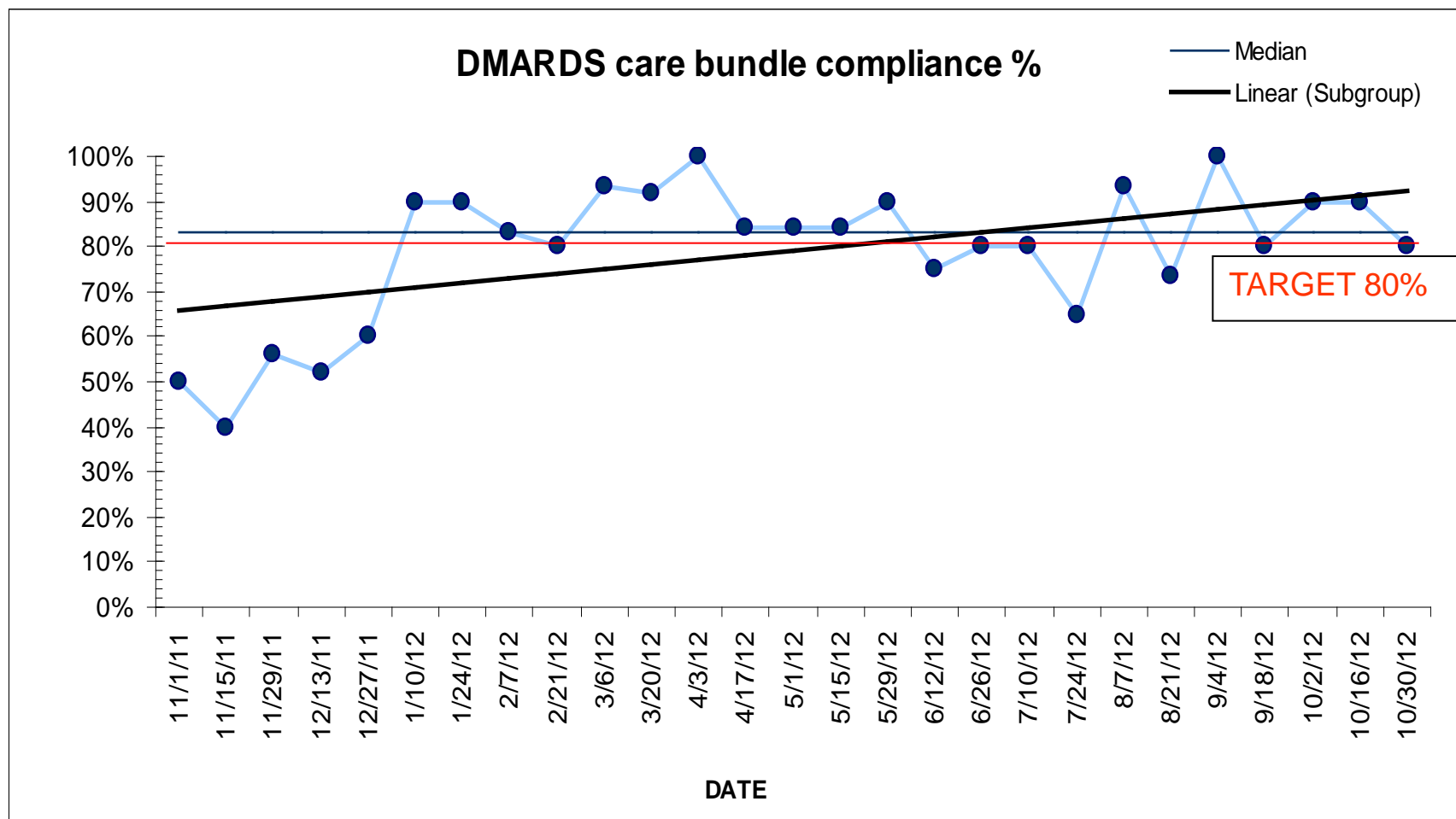
# NHSGG&C Programme Themes 2011-2013

**NHS GG&C have been testing various aspects of the SIPC 1 and 2 programmes locally since Nov 2011, with a selected number of practices and district nursing teams testing care bundles on the following:-**

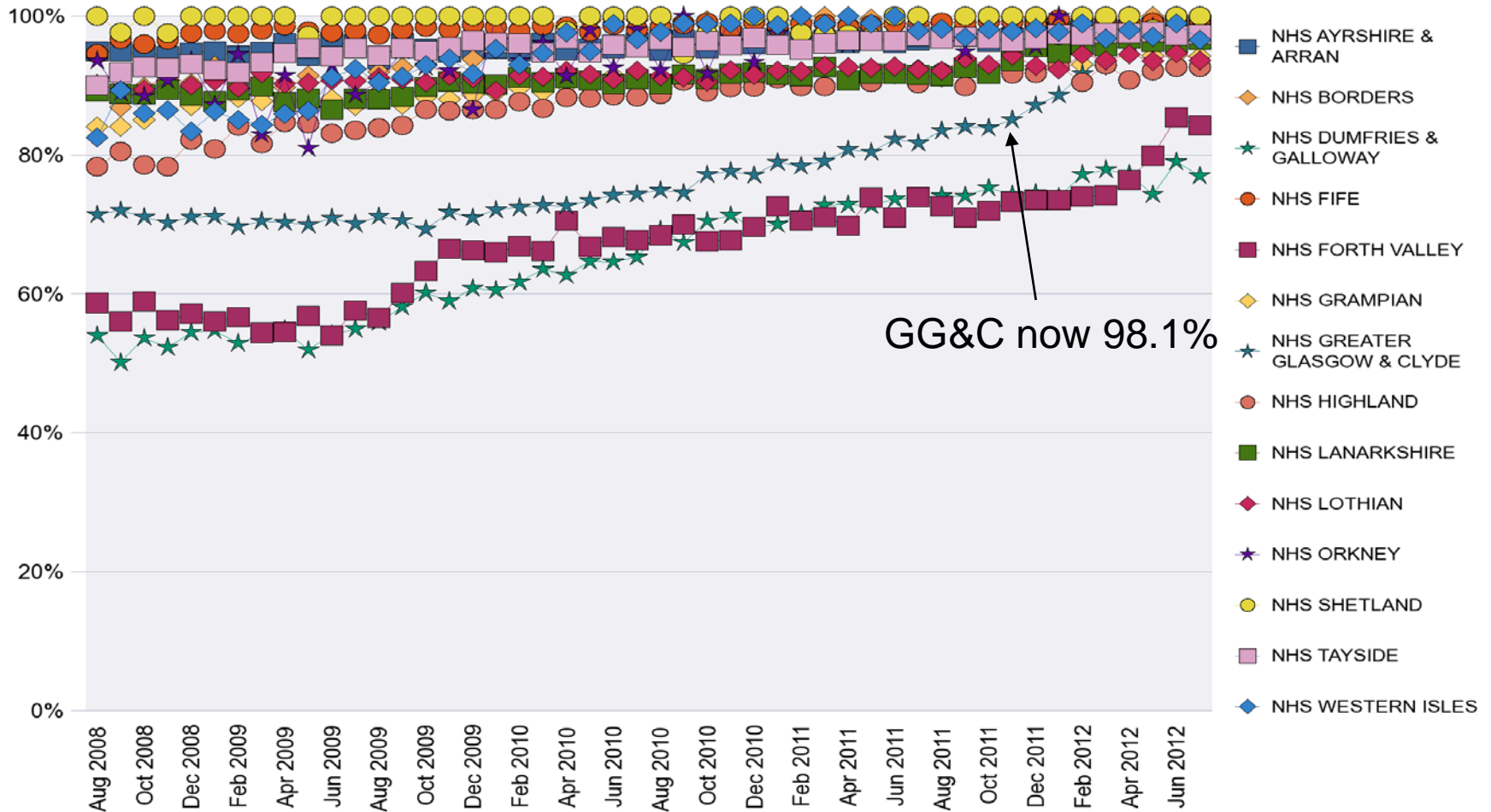
- Medicines Reconciliation
- DMARDs ( disease modifying anti rheumatic drugs)
- LVSD ( heart failure)
- Prevention of Pressure Ulcers in the Community (District Nurses)
- Insulin Administration in the Community (District Nursing)

11 practices and 11 District Nursing Teams were involved in the programme

# DMARD Care Bundle Compliance – collated practices

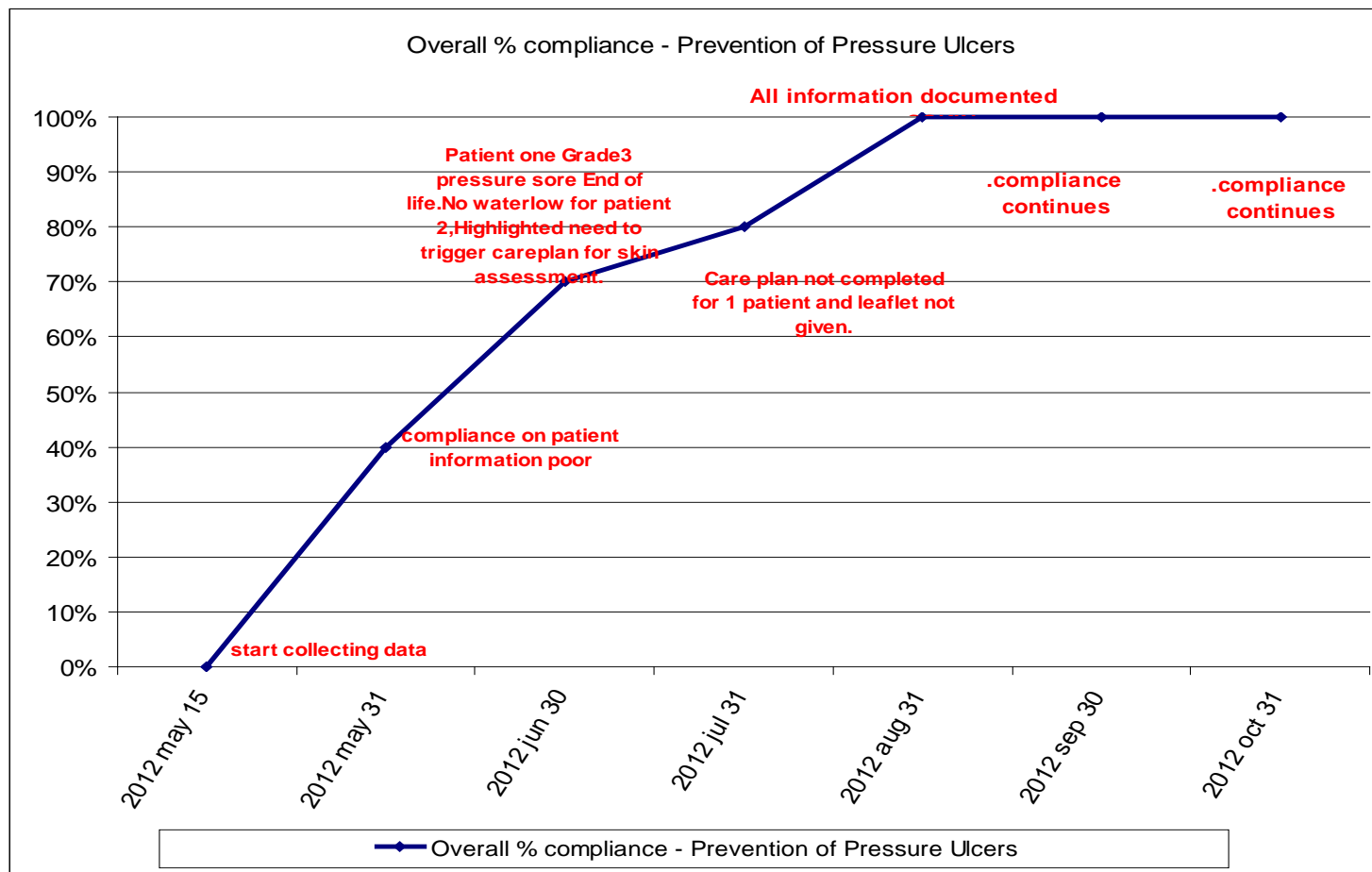


## Methotrexate 2.5mg tab scripts as a % of all MTX tab: scripts by HB Sep 06 to Jul 2012





# Annotated run chart for the Prevention of Pressure Ulcers for one of the District Nursing Teams



## Implementation of SPSP-PC in 2013/16 within NHS GG&C

### GP Practices

#### QOF

Safety Climate Survey within clinical teams

Using the trigger tool to identify previously undetected evidence of patient safety incidents and identify learning from them

### Local Enhanced Services

### Medicines Reconciliation as part of Polypharmacy LES

#### Core Programme

Pilot Programme with 20 GP Practices, in preparation for 2014/15, 2015/16 Workstreams. GP Practices to choose from:-

- Meds Rec
- DMARDS / Near Patient Testing
- Management of test results
- Communication at point of referral

in addition

- Choose one project that is locally identified as high risk/patient harm

#### District Nursing

Prevention of Pressure Ulcers Care Bundle

Further key areas for improvement have been identified to include catheter associated infections and falls

Preparatory work will need to commence for implementation of SPSP into the other primary care contractor groups - Pharmacy, Dentistry and Optometry.

## GP Core Programme Outline for 2013/14

### Small Scale Testing

- DMARD
- Outpatient Communication
- Results Handling
- Medication Reconciliation

### In addition:-

- one local safety concern of choice
- must involve patients

**This further testing phase will support the development of the care bundles for inclusion in the wider programme going forward in 2014-16.**

## Community Nursing Core Programme Outline for 2013/14

### Small Scale Testing

- Pressure ulcer prevention – increase size of teams

### Develop and test:

- Catheter Associated Urinary Tract Infection (CAUTI)
- Falls
- MUST

**Working with small teams to develop the prototype for spread in 2014/15.**

# National Collaborative

- ✓ NHS Board Staff
- ✓ Train the trainers
- ✓ Share resources/ experience
- ✓ Learning across NHS Scotland
- ✓ Identify successes and challenges
- ✓ Build network

# Local Collaborative

- ✓ Practice staff attend (3 members)
- ✓ Learn about tools
- ✓ Share resources
- ✓ Share successes and challenges
- ✓ Support practices



## **Collaborative within a Collaborative Approach – NHS GG&C's Commitment**

- Dedicated programme management
- Clinical leadership and Quality Improvement support to:
  - ✓ Attend national events
  - ✓ Run local collaborative
  - ✓ Build knowledge and skills
  - ✓ Support GP practices
  - ✓ Support District Nurses

## Infrastructure to Support Programme

- **Board Medical Director**
- **Clinical Director (Clinical Lead)**
- **Clinical Lead (currently recruiting to post)**
- **Project Manager**
- **SPSP Fellow**
- **Clinical Governance staff with quality improvement expertise**
- **Currently recruiting PDN post for 12 months**
- **Patient Safety Steering Group - includes public representatives**





# **Patient Safety 'It's no Trouble at All'**

**Reminder as to why we are all here today  
and why the Patient Safety Programme  
is so important**

## **Patient Safety – Margaret Murphy**