

CEL 03 (2013)

31st January 2013

Dear Colleague

1. Patient Safety in Primary Care

You will recall the Chief Executives' meeting in January where you were given details of the progress of the Scottish Patient Safety in Primary Care Programme (SPSP-PC), the plans to officially launch its wider implementation on the 14th and 15th March 2013 and the actions required at Board level to participate fully in the programme. I would like to take this opportunity to reiterate those key messages and expectations.

2. Background

The pilot work undertaken by the two Health Foundation funded projects Safety Improvements in Primary Care (SIPCs 1 and 2) has tested an approach to improving safety that we know works in primary care. This approach uses a combination of a breakthrough collaborative, implementation of care bundles in high risk processes, carrying out trigger tool case note reviews, safety climate surveys and patient involvement. The use of this combination of tools leads to improvements in the safety knowledge and skills of staff, improved processes, with more efficient systems, better team working, less stress amongst staff and greater patient involvement. Practices need the collaborative to learn new skills, to be supported, encouraged and to learn from one another.

3. QOF

The GP contract for next year sees the use of 11 QOF points for 1 year to fund practice engagement in some of the key features (climate survey and trigger tool case note review) of the SPSP-PC. This pump priming will embed and spread throughout general practice some important elements and lessons learnt from the pilot work of SIPCs 1 and 2 of Scotland's Patient Safety Programme. However, we need to build on this further.

Addresses

For action:

Chief Executives, NHS Boards

For information

Directors of Finance, NHS
Boards
Primary Care Leads, NHS
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4. Healthcare Improvement Scotland Support to Boards

The implementation of the SPSP-PC will officially launch on 14th and 15th March 2013 using IHI's Breakthrough Series Collaborative methodology within each of the 14 territorial NHS Boards. The programme will be introduced with a phased approach with the initial focus on implementation within General Medical Services. However, the programme will evolve into other areas of Primary Care and across the interface. The SPSP-PC programme differs from other SPSP programmes in that it is based upon a 'collaborative within a collaborative' model. **Each NHS Board is expected to deliver local collaborative learning events** and board staff with responsibility for supporting the programme will participate in a national collaborative (delivered by Healthcare Improvement Scotland) and attend national learning events. It is imperative that Boards actively support these events.

Healthcare Improvement Scotland will continue to provide ongoing support to Boards including quality improvement faculty, national facilitation, teaching of quality improvement methodology, data & measurement expertise and tools/resources to assist Boards in implementing the SPSP-PC programme.

5. Enhanced Services

A number of Boards have been involved in the pilot programme for the SPSP-PC over the past two years and have seen the benefits of this work. This now needs to spread to all Boards.

Locally developed and negotiated enhanced services gives Boards the flexibility to take forward components of the programme - participation in national and local collaborative, and work other areas of the programme, including implementing a care bundle for one high risk area. To assist Boards in developing their enhanced service for SPSP-PC, a National Improvement Enhanced Service Specification has been developed which Boards can draw on to support the implementation of their programme. Boards will find this a useful reference in the development of a local enhanced service for patient safety which they can tailor to meet local needs and requirements.

The Improvement Enhanced Service specification is intended to build capacity and capability by developing the improvement skills of practice staff, ensuring high risk processes are carried out reliably, identifying and reducing patient safety incidents within practices and supporting practices to develop their safety culture. This improvement learning will pave the way for this kind of approach to be used in other priority areas that are identified in the future. A copy of this specification is at **Annex A**.

6. Quality Improvement Support and Safety Leadership within Boards

Boards have been developing capacity, capability and leadership for primary care quality improvement. Quality and Efficiency Support Team (QuEST) funding allocations have supported NHS Territorial Boards to build and deploy whole system improvement capability and capacity to deliver the Quality Strategy and the Efficiency and Productivity Framework.

QuEST and the Primary Care Division have also supported design and spread of the use of Productive General Practice in Scotland. This approach and package of improvement tools supports practices to release time to learn and in some NHS Boards has been integrated with improving patient safety in Primary Care.

Boards will want to extend the use of these resources to further develop primary care quality improvement and, where necessary, align leadership, clinical and management capacity in supporting the delivery of Primary Care Patient Safety local collaboratives - an essential part of the SPSP-PC. This includes the **key support roles** necessary for rollout as follows:

- An executive safety sponsor, e.g. a primary care clinical champion such as Associate Medical Director for Primary Care
- A GP to provide clinical leadership
- A local programme manager within each NHS board
- NHS board staff with quality improvement or measurement for improvement expertise
- Patient and public involvement – to involve patients and carers throughout the implementation of SPSP-PC

7. Summary

We envisage that SPSP - PC will roll out to all NHS Territorial Boards and be supported as follows:

- Healthcare Improvement Scotland will support Boards in the implementation and delivery of the national programme including the delivery of national collaborative events;
- Health Boards will develop quality improvement capacity and capability within primary care, participate in the national collaborative events delivered by Healthcare Improvement Scotland and run local collaborative learning events; and
- Health Boards will develop local enhanced services to support members of each practice to participate in local collaborative learning events and to take forward implementation of the bundle element.

8. Next Steps

Chief Executives are asked to ensure that:

- Arrangements are in place to ensure appropriate staff resource is identified to participate in the National Collaborative launch event on 14th and 15th March 2013;
- Provision is being made at Board level to resource and deliver the local collaborative events following the programme's launch on 14th and 15th March 2013;and
- Adequate preparations are underway to develop the necessary and appropriate local enhanced services that will ensure general practice participation in the local collaborative events and implementation of the care bundle element.

Much work has taken place to engage clinicians and the SGPC with the work of the SPSP-PC thus far. Boards are asked now to support the above arrangements and spread the success of the pilot work of the SPSP-PC to all practices in Scotland. Primary Care Division will engage with Primary Care leads in each Board and provide Chief Executives with an overview of progress at their meeting in April.

Yours sincerely



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1. National Enhanced Service Specification
2. Improvement Enhanced Service focusing on the Implementation of the Scottish Patient Safety Programme in Primary Care (SPSP-PC)

Purpose

This National Enhanced Service Specification sets out a framework to support improvement activities in Primary Care Teams. The purpose of this Enhanced Service is to develop the quality improvement and patient safety skills of practice teams through facilitated improvement in their quality of care. The initial focus of the improvements will be on the implementation of the Scottish Patient Safety Programme in Primary Care (SPSP-PC) and will therefore be on areas causing harm to patients. Over time the focus of the improvement enhanced service can change to address new priorities.

Context

In June 2009 the Cabinet Secretary for Health and Wellbeing announced a commitment to extend the Scottish Patient Safety Programme into paediatrics, mental health and primary care.

In May 2010, the Scottish Government launched the Healthcare Quality Strategy for NHSScotland, declaring its intention to put quality at the heart of all that the NHS does for the people of Scotland. The Delivering Quality in Primary Care National Action Plan (August 2010) set out the proposals for implementing the Quality Strategy in primary and community care and included a key commitment to develop and implement a Scottish Patient Safety Programme in Primary Care.

The Scottish Patient Safety Programme (SPSP) in acute care in NHSScotland is internationally recognised as the first national programme to systematically improve the safety and reliability of hospital care. While the starting point has been acute care, the Scottish Government has always been committed to extending this approach to primary care and, through the development of the Scottish Patient Safety Programme in Primary Care, seeks to improve care and make its delivery safer throughout the patient's journey. A programme of this nature has not been delivered in primary care before and it should be recognised that the work is significantly different in that there are very few 'off the shelf' safety products suitable for implementation in primary care. New care bundles with aims and measures have been developed and tested in practice before national spread.

The plan is to align and integrate learning from existing improvement programmes and engage primary care professionals and all stakeholders in the development, application and roll out of the programme. Work is ongoing to ensure that the programme is aligned to other relevant national initiatives, for example Productive General Practice and Releasing Time to Care in the community.

Introduction

The Scottish Patient Safety Programme in Primary Care will provide a targeted, world leading, evidence based range of effective tools, techniques and learning that will improve patient safety. The objective is to deliver a SPSP-PC which will reduce the number of events which could cause avoidable harm to people from healthcare delivered in any primary care setting.

All practices are expected to provide essential and those additional services they are contracted to provide to all their patients. This National Enhanced Service specification is to support the development of the quality improvement and patient safety skills of practice teams through facilitated improvement in their quality of care, in areas causing harm to patients. No part of the specification by commission, omission or implication defines or redefines essential or additional services. The aim of this enhanced service is to:

- develop the patient safety and improvement skills of staff
- ensure key high risk processes are carried out reliably
- identify and reduce patient safety incidents within practices
- support practices to develop their practice safety culture

Service outline

Under the terms of this enhanced service, GP practices will be contracted to:

- 1. Develop the patient safety and improvement skills of staff and be part of an improvement collaborative**

Key Action:

- a) The practice will nominate a named GP, Senior Administrator and Practice Nurse to lead on this project and attend a one day learning set in spring and additional half day learning set to ensure training and understanding of these tools and share good practice.

- 2. Ensure key high risk processes are carried out reliably using quality improvement methodology:**

Key Action:

- a) Each practice will collect regular data (fortnightly or monthly) on the safety and reliability of one high risk process on a rolling programme with the focus changing every 12 months. The area of focus will be agreed with their Health Board annually and will be one of the following:

- Safe and Reliable systems for prescribing and monitoring of Warfarin
- Safe Reliable systems for prescribing and monitoring of Methotrexate and Azathioprine
- Safe and Reliable Medication Reconciliation following discharge
- Safe and Reliable results handling systems
- Safe and reliable systems for Handling Communication received from external sources

- b) Practices will reflect on this data and complete and record small tests of change using Plan Do Study Act (PDSA) cycles to improve care and reliability.

3. Involve Patients in the delivery of safe and reliable care

Key Action:

- a) Carry out some form of patient involvement, for example educational event, patient questionnaire and/or focus group.

Monitoring arrangements

Each participating GP practice is to provide evidence to their board of:

- Data collected on monthly or two weekly basis submitted via the web based collection tool (frequency determined by the area of focus)
- On an annual basis a summary of practices reflections of the data they have collected and actions taken to make their systems safer and more reliable.