The Scottish Government has set ambitious Health Service targets including the elimination of avoidable harm to patients. Education has an essential role to play which should not be overlooked just because it is difficult to quantify the impact of staff education on patient outcomes. Patient Safety education scenarios build on the established success of patient stories in using narrative and qualitative data as powerful levers for improvement. The scenarios in our portfolio demonstrate the impact of educational interventions on healthcare staff whilst caring for their patients.

Professor Phillip Cachia  
Chair, NES Patient Safety Multi-disciplinary Group, Postgraduate Medical Dean

This scenario introduces the Scottish Patient Safety Programme (SPSP) Fellowship, where around 50 Fellows have now completed the leadership programme; this scenario is one example from primary care demonstrating the impact of the fellowship.
The specific aims and objectives of the Fellowship are:
- to develop and strengthen clinical leadership capability to support the SPSP
- to contribute to the development of a long term quality improvement and patient safety culture within NHSScotland
- to establish a learning support network for transformational leadership
- to strengthen existing collaborations within NHSScotland

The Fellowship is aimed at all clinicians (with members of multidisciplinary teams working in the same area particularly encouraged to apply) and is built around principles of adult and action learning, with the philosophy ‘all teach, all learn’. It is delivered over a period of ten months, using a combination of self-directed distance learning, supported by web-based communication, and structured coaching by the SPSP educators. Formal education is delivered through focused residential seminars during clinical release time.

Residential seminars, or ‘learning sets’, are hosted over two to three days, and offer master classes in specific aspects of patient safety and quality improvement, delivered by internationally recognised ‘experts’. Informal learning and networking are strongly encouraged; fellows are expected to make links with colleagues undertaking similar activities in the UK and abroad. Fellows also have the chance to organise a study trip to an international organisation with a strong track record of improvement in quality and safety.

The main expectation of fellows, and outcome measure of the fellowship, is that they design and complete a quality improvement project in support of the SPSP within their own organisation. They are also encouraged to submit their projects for presentation at national and international conferences and to consider submitting their work for publication.

* The inclusiveness of the programme is reflected in the range of professions of the Fellows and includes: Clinical Managers, Doctor and Nurse Consultants, GPs, Pharmacists, Registrars and Senior Charge Nurses.
Neil Houston’s Fellowship Project: To improve the quality of care of patients with congestive cardiac failure

All fellows are expected to design and complete a quality improvement project within their own organisation. The key objectives of Neil’s project were:

- to develop a model of shared care between primary and secondary care with enhanced communication and complete transfer of information (‘handover’) between heart failure clinics and GP practices
- secondary care discharge and out-patient clinic letters will have > 80% compliance, i.e. structured recording of the nine key components that form the standardised, evidence-based ‘care bundle’ for cardiac failure
- practices will consistently follow all received, secondary care recommendations, where possible
- to improve patient understanding of their condition, its monitoring and management and to enhance their participation in their own care.

The Impact of the Fellowship:

Neil Houston, a General Practitioner and Clinical Effectiveness Lead from NHS Forth Valley and GP Associate Adviser with NES, was one of the first cohort of SPSP Fellows in 2008-2009.

Why did Neil apply for the Fellowship?

“...I wanted to become more effective and more focused in my non-GP clinical time and so I thought the only way of doing that was to get further training. I thought it was a good opportunity to get more skills, and to network, with the potential of becoming a recognised person with expertise in that field. I’ve also been campaigning that the national Patient Safety Programme should involve primary care.”

What did Neil hope to gain from the Fellowship?

“I’ve done quite a lot of quality improvement work but I haven’t used particular quality improvement methods and I am not naturally good at measuring – so one of the main things for me is learning the discipline of quality improvement and the importance of monitoring and feedback and data. So for me it’s just learning right back to basics; it’s very much the basics of quality improvement plus learning other leadership skills such as influencing that we’ve been hearing about in the last few days and to me that’s just a fantastic mixture and I really like it.”

“...Ideally, by the end, I will know how to ‘do’ quality improvement and will be able to coach people in it. It would be useful to be aware of the benefits of it but also the risks and the barriers and obstacles that people meet who are trying to do it – so I’m aware of it if I’m coaching them. I’d also like more confidence about working at a strategic level and influencing people – and to have an expanded network of people involved in patient safety that I can work with and learn from. And also I think it’s important to be known by people that are making decisions – and that are developing an agenda – that would think that I have the experience and capability to take on a particular role.”

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2 See 2009 evaluation link; with subsequent quotes from Neil, 2012

3 Safety Improvement in Primary Care (SIPC 1 and 2) Pilot Programmes
Project outcomes:

- Standardised letters have been developed and approved by all relevant stakeholders and are now being used routinely at discharge and for written communication between out patient clinics and primary care.

- Secondary care adherence to the nine quality indicators in their correspondence improved with each PDSA cycle. At the end of the SPSF the sample of letters showed 100% compliance with documenting of all the care components!

- Practices increased their implementation of secondary care recommendations from 66% to 90%. Practices reported that their ability to communicate changes in patients’ conditions to secondary care clinics had improved.

- Informal feedback from patients suggests that their understanding of cardiac failure, its monitoring and management have improved through the process of ‘talk back’.

The aim and objectives of the project were met and the project succeeded in improving a specific area of interaction between primary and secondary care. This has significant potential to improve quality of care and patient safety if similar improvements can be shown in other areas and settings. The project enhanced quality of care with little or no additional cost to the stakeholder organisations.

Learning and benefits from participation in the Fellowship:

“\textit{I think my influencing skills have developed a bit, in the sense that I’ve actually influenced a national agenda in the way that I wanted it to be and probably people say that we’ve come a long way in a year, in that primary care is now on the map, patient safety in primary care is endorsed by the Minister of Health. There’s been a big shift and I don’t know how much I’ve had to do with it, how much of it was happening anyway, but I think it’s probably a combination. It’s certainly put me into a network of people that I’m going to continue with and I’m hoping that it will allow me focus my energies in one particular area. So for me it’s been what I hoped it would be - it’s a step up to a different level and to something on a national scale, rather than a local scale.}”

“\textit{It encouraged me to look for a particular focus and it’s encouraged me to look at the interface between Secondary and Primary Care. So that for me it was looking at the interface and working with people in Secondary Care who are recommending changes, and GP Practices who in this situation are more the recipients of advice rather than the drivers for change. But having said that, the project is extending into Primary Care through some other work, so like everything, it grows arms and legs. But the different focus of it has been interesting for me.}”
One of the main ambitions of the SPSP Fellowship is to train and motivate a wide network of clinicians, who are expert in patient safety and quality improvement methodologies, and who are thus able to support the development of safety programmes and to spread improvements, both within their own organisations and nationally.

There is every indication that the SPSP Fellowship has significant benefits to fellows, their sponsoring organisations and that it has the potential for cost-effective and sustainable improvement that may spread across the service. The fellowship is one of the essential solutions for the future of a safer Scotland.


Life after the Fellowship: including impacts

Neil Houston has used the knowledge, skills, contacts and momentum he gained through his participation in the Fellowship, along with his contribution as Clinical Lead to the Health Foundation-funded programmes, carried out in conjunction with Healthcare Improvement Scotland (HIS), The University of Dundee, NES and a small number of NHS Boards. These programmes have enabled the NHSS boards involved to begin to examine safety in primary care, and at the interface with secondary care, by developing and testing approaches such as clinical care bundles and rapid PDSA (Plan Do Study Act) change cycles.

The NES-designed interventions for measuring team-based perceptions of safety culture, and reviewing electronic patient records for ‘triggers’ which may indicate the presence of undetected patient safety incidents, were also further tested as part of this initiative.

Neil is now the national Clinical Lead for Safety Improvement in Primary Care with Healthcare Improvement Scotland, and is leading on developing and implementing a Primary Care Patient Safety Programme which will be rolled out nationally from March 2013.

The learning from the SIPC projects is being captured as part of a NES evaluation study and is informing the development of the National Patient Safety Programme and wider quality and safety initiatives in Primary Care.

Safety and Improvement in Primary Care (SIPC) 1:
May 2010 – May 2012 (project phase extract)

Safety Improvement in Primary Care 1 involves around 40 general practices across four NHS boards: NHS Tayside, NHS Forth Valley, NHS Lothian and NHS Highland. The aims of the programme are to develop the safety and improvement skills, knowledge and expertise of primary care teams and other participants across a number of health boards; and to identify and reduce avoidable harm and improve the quality of care for patients with heart failure and those taking high medications, through the implementation of a range of improvement methods. Participating practices will develop quality improvement and patient safety skills by taking part in national learning sets. Using small tests of change to improve their own systems and processes, participating practices are identifying and reducing harm using a trigger tool, delivering safer more reliable care for patients using care bundles, and involving patients in improvement processes. Practices will also measure their safety climate to identify changes over the life of this project. Practices are focussing on patients with heart failure; or who are on high risk drugs, such as warfarin and methotrexate.

Safety and Improvement in Primary Care (SIPC) 2:
January 2011 - June 2012 (project phase extract)

The aims of SIPC2 are to reduce risks to patients as they move across the healthcare system. The areas of focus are: improving the handling of tests ordered and results returned: improving communications and shared care for patients attending outpatient clinics: improving medicines reconciliation after a patient is discharged from hospital. Working with five general practices and a segment of secondary care in each NHS board, participants will identify key areas of risk as patients interact across the interface between primary and secondary with healthcare services. The objective will be then to develop and test changes to processes to improve safety and reliability.
Improvements in patient safety, care and systems: some changes in practice

Early evaluation work which shows the impact these initiatives are having on making care safer.

For example:

- Programme participants have reported various improvements in care systems and a degree of changed behaviour in practice. Registers have been cleansed and practices have been ‘tightening up on follow-up procedures’. Participants have commented “our safety has improved with regards to the DMARDS [disease-modifying anti-rheumatic drugs]”, and “in terms of improving the management of LVSD [Left Ventricular Systolic Dysfunction – a type of heart failure] certainly has helped.”

- One practice staff member declared that their involvement in the programme has “probably changed (their) practice” in that they are “more conscious about drugs that (they are) less familiar with and making sure that (they are) absolutely 100% sure of any monitoring.”

Safety Improvement in Primary Care Collaborative: Interim Summary Evaluation Report, Lyn Halley, NES, July 2011

Also see the Patient Safety Primary Care website below for evaluations and ongoing spread nationally of pilot work, with the launch of the national SPSP in Primary Care.

Useful links

Scottish Patient Safety Programme Fellowship:
www.patientsafetyalliance.scot.nhs.uk/programme/fellowship-programme

Report of the Evaluation of the Scottish Patient Safety Fellowship:
www.nes.scot.nhs.uk/media/6462/Evaluation%20of%20SPSFP.pdf

Patient Safety Primary Care - Healthcare Improvement Website

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NES Patient Safety Multi-disciplinary Group - see link below

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