

Outcome 7: People using health and social care services are safe from harm



The aim of the Scottish Patient Safety Programme in Primary Care is to **reduce the number of events which could cause harm** from healthcare delivered in any primary care setting.

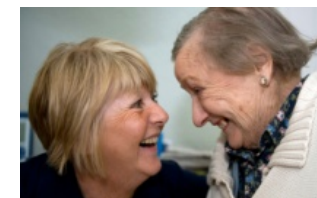
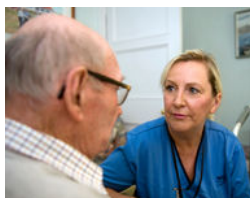
Phases / Primary care settings

1. General medical services (GMS)

2. Community Pharmacy

3. Dentistry

4. Community and district nursing care homes



SPSP – Primary Care Team



General Medical Services

Community Pharmacy

Dentistry

Pressure Ulcers in Care Homes

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Key: Leading ●
Supporting ●

1. General medical services

Progress:

➤ 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

Currently we are developing and testing a **safety checklist** for use in primary care settings, in collaboration with NHS Education for Scotland, NHS Ayrshire & Arran, Forth Valley and Tayside.

➤ 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.

Currently we are creating a change package for reducing high risk prescribing of non-steroidal anti-inflammatory drugs (NSAIDs) and antiplatelets in Primary Care, using a search facility and reports developed by the Scottish Therapeutics Utility (STU) on the national Prescribing Information System.

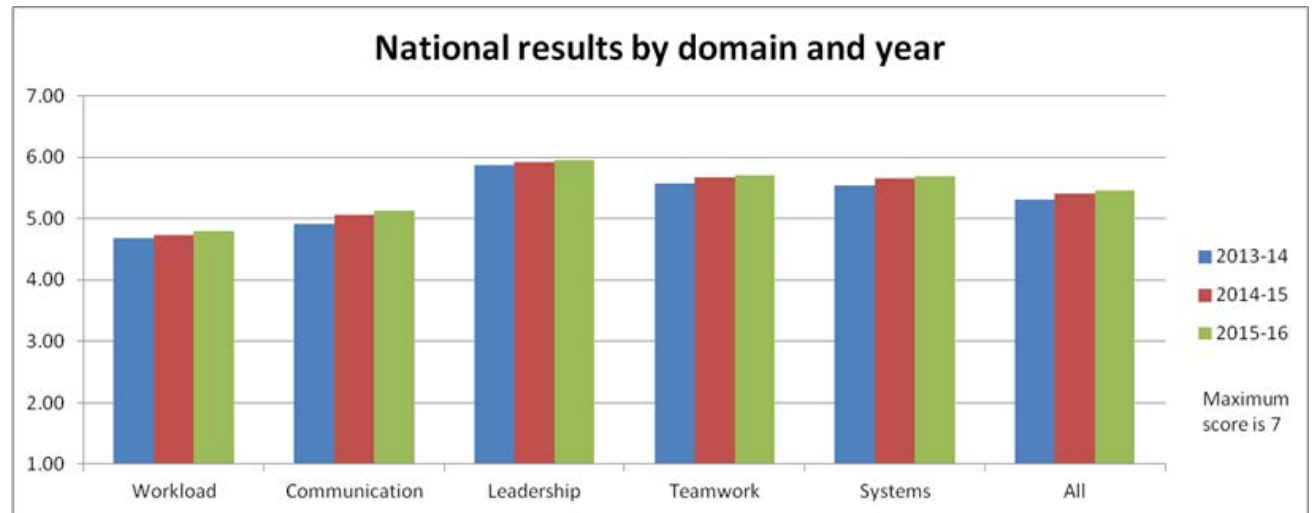
➤ Safety across the interface:

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 results handling and medicines reconciliation work have been the best work I have been involved in during my 30 years of general practice.'

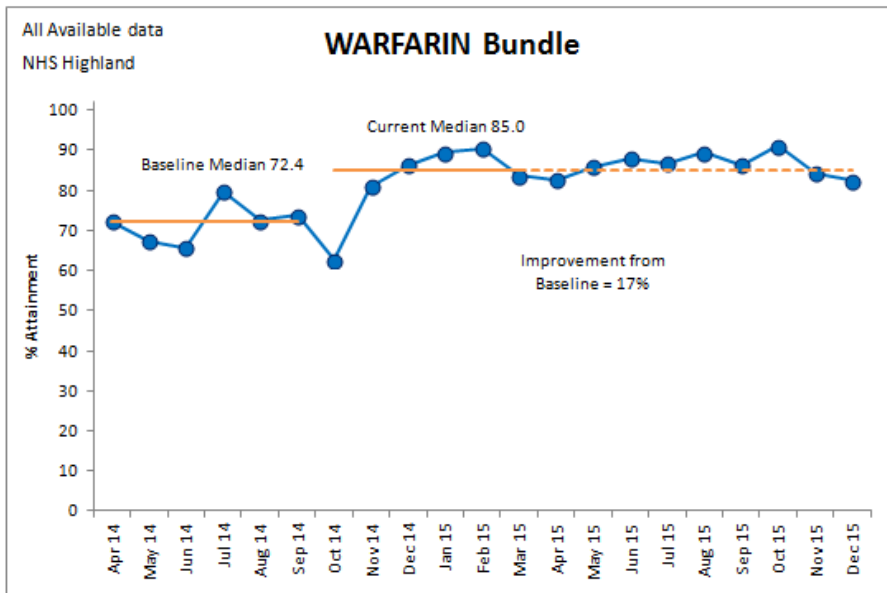
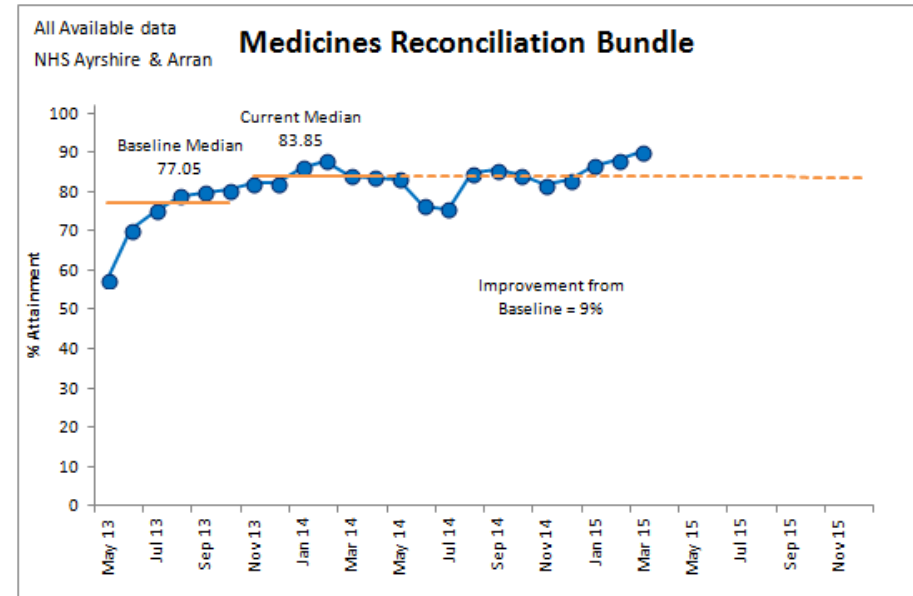
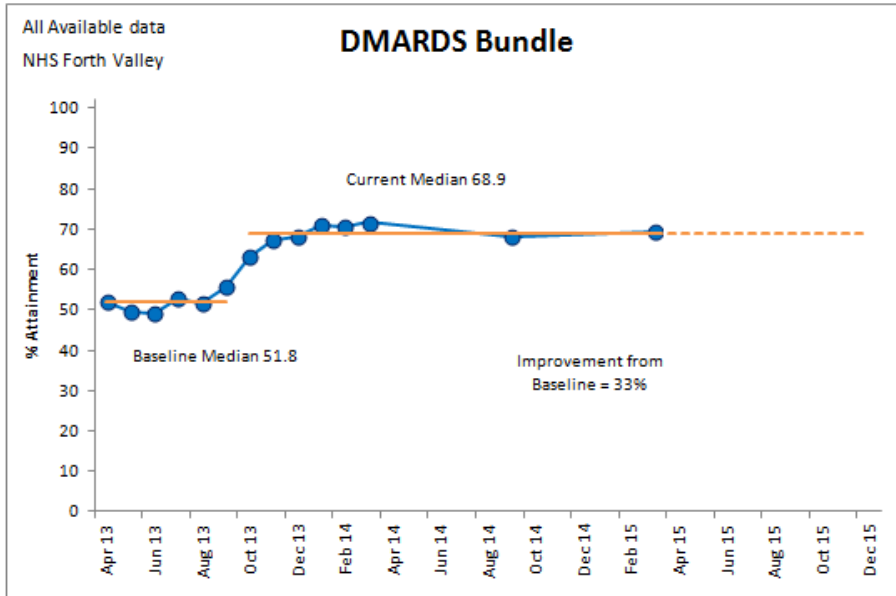
Sepsis in Primary Care

- A national recruitment process took place in July 2016 to recruit to the sepsis in primary care collaborative which will run from September 2016 to December 2017. The boards recruited are:
 - ✓ NHS Highland
 - ✓ NHS Lothian
 - ✓ Scottish Ambulance Service and NHS Greater Glasgow and Clyde (joint)



Practice Manager, NHS Tayside

The run charts below show compliance with the DMARDs, warfarin and medicines reconciliation care bundles in GP practices in specific NHS boards.



2. Community pharmacy (funded by The Health Foundation)

Progress:

➤ Safer prescribing, monitoring and dispensing of high risk medicines

- Participating pharmacies and dispensing pharmacies are **testing bundles for two high risk medicines**: warfarin and non-steroidal anti-inflammatory drugs (NSAIDs)
- **Second learning session** took place in November 2015. We were overwhelmed by the level of enthusiasm and commitment at the event

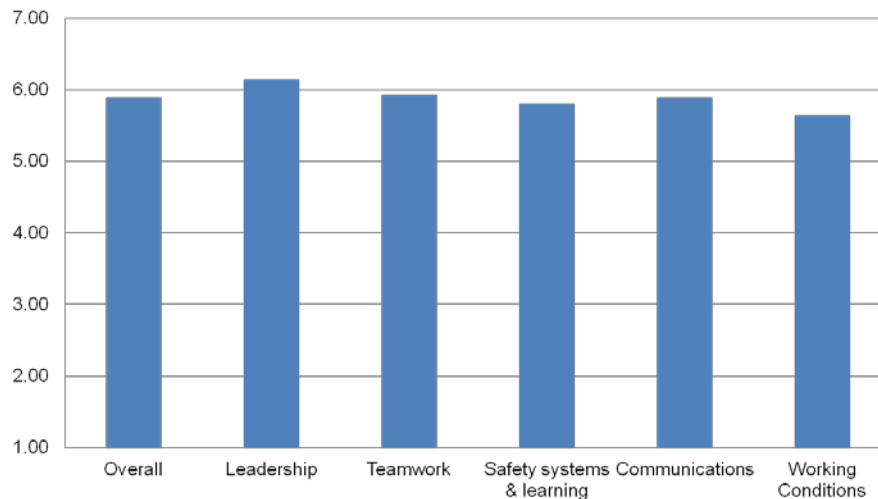
"Today I spotted a "triple whammy" interaction. A month ago I wouldn't have!!"

"It is great patients are asking me about their warfarin. This is a great step forward for patient safety"

➤ Safety culture and leadership

- 89% of pharmacy teams have completed their **safety climate survey** A second safety climate survey will be undertaken to compare their results to Year 1.

Pharmacy Safety Climate Survey



➤ Safety across the interface:

- **Testing of a medicines reconciliation bundle** has begun. The Health Foundation has agreed to **extend** the pharmacy collaborative **by 3 months** to the end of September 2016 to allow further testing of this bundle.

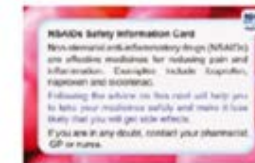
Reminder stickers on medicine bags



Prompts on shelves and points of sale



NSAID safety information cards



Staff training and awareness raising



NHS SCOTLAND

Medicine Sick Day Rules

When you are unwell with any of the following:

- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking

Then STOP taking the medicines listed overleaf

Restart when you are well (after 24-48 hours of eating and drinking normally)

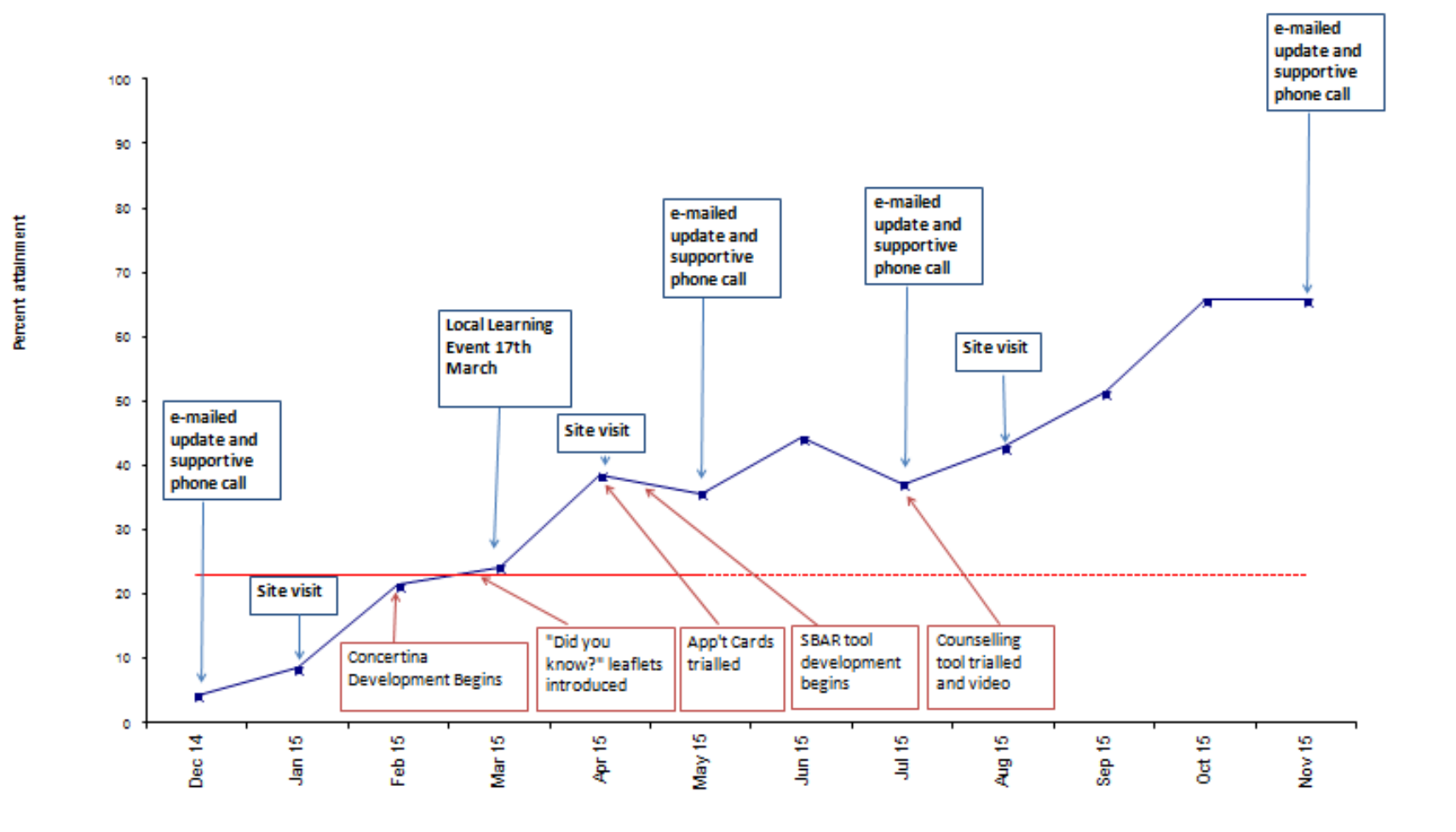
If you are in any doubt, contact your pharmacist, GP or nurse

Medicines to stop on sick days

- ACE inhibitors: medicine names ending in "pril"
eg, lisinopril, perindopril, ramipril
- ARBs: medicine names ending in "sartan"
eg, losartan, candesartan, valsartan
- NSAIDs: anti-inflammatory pain killers
eg, ibuprofen, diclofenac, naproxen
- Diuretics: sometimes called "water pills"
eg, furosemide, spironolactone, indapamide, bendroflumethiazide
- Metformin: a medicine for diabetes

Initially produced by: NHS Highland

Collated Warfarin Bundle Compliance



3. Dentistry

Aim:

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.

Progress:

- In autumn 2015, three NHS boards were **recruited** to take part in the collaborative, which will run initially until December 2016:
 - ✓ NHS Ayrshire & Arran
 - ✓ NHS Dumfries & Galloway
 - ✓ NHS Fife
- **Each NHS board** has recruited **five dental practices** to work with them on developing and testing their care bundles.
- The **first learning session** was held in March this year. In the learning session it was agreed that the dental practice teams will **focus** on:
 1. improving reliability for the safer care and treatment of patients on high risk medicines who require invasive dental treatment, and
 2. developing their 'safety culture' through the use of a dentistry safety climate survey.
- The **safety climate survey** for dentistry teams opened on the 1 August and will close on 16 September 2016. Our aim is that team meetings will be held to discuss safety climate survey results and action plans developed during October, before the second learning session on 9 November.
- The **NHS Fife** teams have reported great success with their **text message intervention**. Patients are now bringing up-to-date lists of medicines to their appointments.

4. Community and district nursing care homes

Aim:

The SPSP Reducing Pressure Ulcers in Care Homes Improvement Programme, with the support of Scottish Care and the Care Inspectorate, aims to reduce pressure ulcers in care homes. This work contributes to the ambition of reducing pressure ulcers by 50% both in hospital and care home settings.

Progress:

- A **national recruitment** process was carried out in May 2016 and the four Health and Social Care Partnerships (H&SCPs) recruited are:
 - ✓ Argyll and Bute and Highland (joint)
 - ✓ Dumfries & Galloway
 - ✓ East Dunbartonshire
 - ✓ Perth and Kinross.

We were delighted with the number and the very high standard of applications received.

- **Each H&SCP** is recruiting **up to five care homes** which will allow testing to take place in all types of care homes (private, local authority, third sector/not-for-profit, or NHS care homes) from a wide range of urban and rural locations, reflecting the care home sector.
- A two-day **induction event** for the local lead teams was held in June 2016 to build QI capacity, network and agree the plan forward. The event was very well received.
- The first **steering group meeting** took place in August 2016 to discuss progress so far and the coming learning sessions.
- A number of **local learning sessions** are being planned for September and October to support QI skills in care homes.

Next Steps

1. General medical services

- Two day **SPSP Sepsis in Primary Care induction event** on 22-23 September 2016.
- Continue to support NHS board teams with the implementation of the programme's **existing workstreams** in achieving **reliability** and **'scaling up'**
- Continue to support NHS board teams with **informal site visits** to discuss the next steps for SPSP in Primary Care.

2. Community pharmacy

- Continue **testing the medicines reconciliation bundle**.
- Complete the **second safety climate survey** and discuss their reports and agree action plans by the end of August.
- A **national event** on 6 October 2016 to share the learning, celebrate successes and share how we intend to spread this work.

3. Dentistry

- The SPSP Dentistry in Primary Care **Reference Group meeting** in October 2016 to discuss future funding options and collaborative progress to date.
- **Steering group meeting** on 12 October.
- Complete the dental **safety climate survey** which is open from 01 August 2016 and is due to close 16 September. An individual practice report will be produced following submission of the survey to allow staff to discuss at team meetings.
- **Learning session 2** on 9 November.

4. Community and district nursing care homes

- **Local learning sessions 1 (x4-5)** with care homes in September and October.
- First **steering group meeting** on 18 August.
- **Testing of safety culture cards** in a small number of care homes.
- **Recruitment** of clinical/professional lead.