

NHS Ayrshire & Arran



Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Monday 30 November 2020
Title:	Scottish Patient Safety Programme (SPSP) Highlight Report – Primary Care
Responsible Director:	Eddie Fraser, Director East Health and Social Care Partnership Professor Hazel Borland, Nurse Director
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1. Purpose

This is presented to the Board for:

- Awareness

This paper relates to:

- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHS Scotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper provides an overview of progress in relation to Scottish Patient Safety Programme (SPSP) activity within Primary Care.

Due to reprioritisation of resources in the context of the Covid-19 pandemic, much of this work has required to be paused. This paper provides members with a summary of progress to date and seeks to provide assurance that actions are underway to assess the state of readiness and restart activity if and when it is possible to do so.

2.2 Background

NHS Boards report regularly on SPSP performance measures to Healthcare Improvement Scotland (HIS) in order to enable Boards and the national programme team to understand overall progress in relation to the aims of SPSP.

General practitioners are responsible for their own internal governance, quality improvement, processes around drug monitoring, and follow-up of patients akin to the SPSP specification. The same is true for complaints and significant events. Many of these processes and ideas identified will continue without official monitoring of the SPSP data flow. General Medical Council (GMC) guidance is clear about roles and responsibilities of practices and practitioners in this regard. Although at present the SPSP programme is on hold due to COVID19, the aims of the programme are still being met through internal governance within each GP practice.

2.3 Assessment

The Scottish Patient Safety Programme (SPSP) in Primary Care is an enhanced service which is designed to support GP practices to reflect on and improve the safety of practice systems. It demonstrates compliance with the sections in the GMC document "Duties of a Doctor" and the work undertaken can be included in the GP appraisal process. The Patient Safety Local Enhanced Service operates on two year cycles, with the previous cycle operating from August 2018 until July 2020. However, due to impact of COVID-19 the reflective analysis has been put on pause until there is approval to proceed.

The objective of the enhanced service is to reduce the number of adverse events which could cause avoidable harm to people from healthcare delivered in any primary care setting.

All practices are expected to provide core/essential services and those additional services they are contracted to provide to all their patients. The SPSP 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

Practices will be expected to undertake both components of the enhanced service:

- Undertake a three monthly audit of high-risk medication prescribing and monitoring and complete a practice safety checklist

Although the patient safety programme has paused due to Covid-19 the following trends for each of the following indicators can be found in the attached Appendix 1:

- Patients on Lithium who have had Urea and Electrolytes (Us&Es) Thyroid Function Test (TFT) recorded in last 6 months and have a Lithium level within therapeutic range within the last 3 months.

- Prescribed daily Nitrofurantoin who have Lifer Function Tests (LFTs) recorded within the last 12 months.
- Prescribed Mesalazine who have Urea and Electrolytes (Us&Es) and Full Blood Count (FBC) recorded within the last 12 months
- Prescribed unopposed oestrogen HRT with no hysterectomy code (ever) and not receiving an alternative form of Progesterone (Levonorgestrol intra-uterine system inserted within previous five years or prescribed Progesterone).
- Prescribed ACE inhibitor (or angiotensin 2 receptor blocker), diuretic and nonsteroidal anti-inflammatory drug.
- Patients commenced on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required before commencing.
- Patients on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required annually.
- Complete a Practice Safety Checklist

As per above detail, due to COVID-19 it has not been possible to gather the most recent reflective information however data has been gathered from March 2019 – February 2020.

At the outset of 2020 a total of 6 GP practices had responded and completed the checklist. Set questions were asked with a focus on learning for example:

Q1 - Was the search tool useful and useable? - All practices found the tool useful and easy to use

Q2 - How have you shared your learning and changes, if so with whom? SPSP has been discussed at a range of meetings, from in-practice to clusters meetings.

It would be beneficial to proceed with gathering the learning from this programme in order to gain further and valuable insight into the positives and negatives of this programme to date.

Next Steps

It is recommended that the SPSP programme continues to be on-hold until such time that the pressure of COVID19 begins to subside. It is fair to reflect that the programme has been somewhat successful but could benefit from a review. This information along with current data will be discussed upon the resumption of the Quality and Safety Assurance group. Further considerations regarding the future plans for the programme will be discussed at the Quality and Safety Assurance Group and presented to the East Ayrshire Health and Governance Committee.

2.3.1 Quality/patient care

SPSP data is collected for improvement purposes, primarily to support local teams/NHS boards in making improvements to patient safety and the quality of patient care

2.3.2 Workforce

Opportunities for learning and improvement will require ongoing engagement from staff across the organisation; e.g. QI Team, Leadership Teams and clinical staff.

2.3.3 Financial

No implications identified

2.3. Risk assessment/management

No implications identified

2.3.5 Equality and diversity, including health inequalities

No adverse impact identified

2.3.6 Other impacts

- Best value
 - Vision and Leadership
 - Governance and accountability
- Compliance with Corporate Objectives
 - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.
 - Protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

2.3.7 Communication, involvement, engagement and consultation

This is an internal document presented for awareness to the Board, and there is no requirement for formal engagement or consultation.

2.3.8 Route to the meeting

A version of this paper was presented to Healthcare Governance Committee on 2nd November for members' awareness.

2.4 Recommendation

This paper is being presented to Board Members for Awareness. Board Members are asked to note the position in terms of recent Primary Care SPSP activity.

Board Members are asked to note the reduced activity in the context of Covid-19 and recommendation to continue to keep the programme on hold until such times as teams are in a state of readiness to re-start activity, at which point there will be a review of the programme and future plans presented to the East Ayrshire Health and Governance Committee.

3. List of appendices

- Appendix No 1, SPSP Primary Care – Report 2018 – 2020

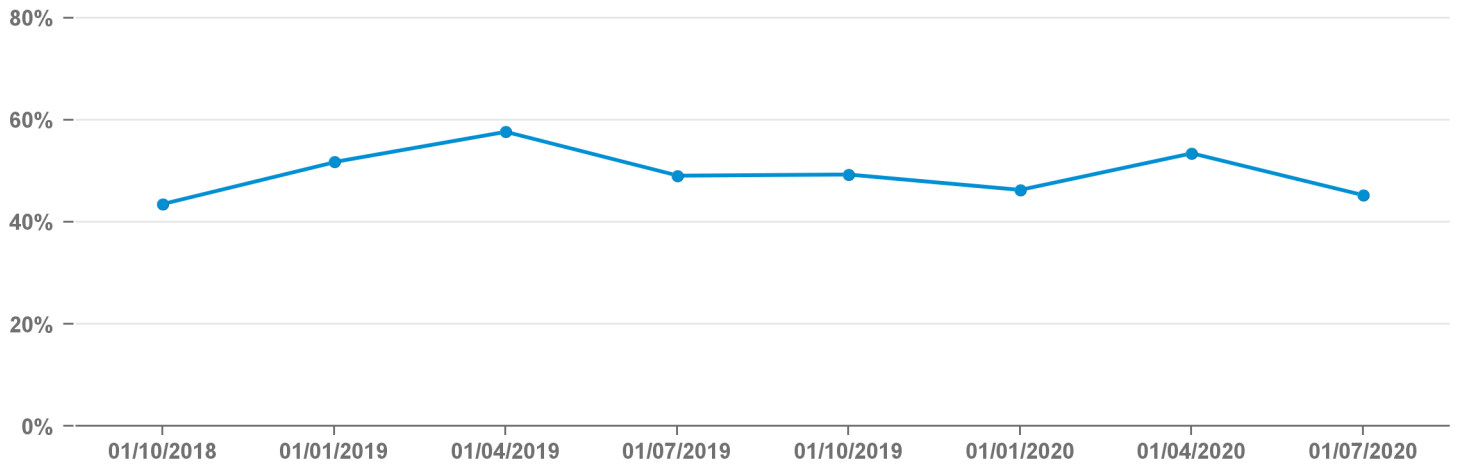
Report Name -	SPSP 2018 to 2020
Description -	<p>This report shows A&A trends for each of the following indicators:</p> <ol style="list-style-type: none">1. Patients on Lithium who have had U&E and TFT recorded in last 6 months and have a Lithium level within therapeutic range within the last 3 months.2. Prescribed daily Nitrofurantoin who have LFTs recorded within the last 12 months.3. Prescribed Mesalazine who have U&E and FBC recorded within the last 12 months.4. Prescribed unopposed oestrogen HRT with no hysterectomy code (ever) and not receiving an alternative form of Progesterone (Levonorgestrol intra-uterine system inserted within previous five years or prescribed Progesterone).5. Prescribed ACE inhibitor (or angiotensin 2 receptor blocker), diuretic and non-steroidal anti-inflammatory drug.6a. Patients commenced on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required before commencing.6b. Patients on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required annually.
Data Source -	EMIS Web & Vision
Data Available -	From 01/10/2018 to 01/07/2020
Report Prompts -	Reference Date
Version -	1.0.1
Created By -	Graeme Longair / Lyall Cameron

Scottish Patient Safety Programme (SPSP)

1. Patients on Lithium who have had U&E and TFT recorded in last 6 months and have a Lithium level within therapeutic range within the last 3 months.

	Denominator	Numerator	Percentage
01/10/2018	416	181	44%
01/01/2019	429	222	52%
01/04/2019	435	251	58%
01/07/2019	436	214	49%
01/10/2019	436	215	49%
01/01/2020	430	199	46%
01/04/2020	415	222	53%
01/07/2020	398	180	45%

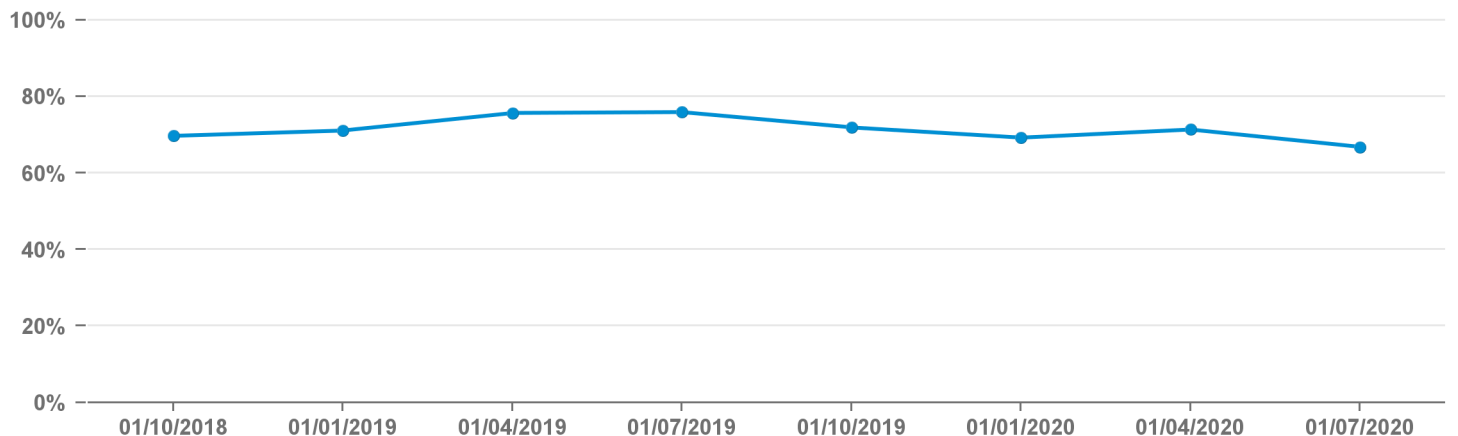
A&A Percent



2. Prescribed daily Nitrofurantoin who have LFTs recorded within the last 12 months.

	Denominator	Numerator	Percentage
01/10/2018	630	439	70%
01/01/2019	574	408	71%
01/04/2019	551	417	76%
01/07/2019	527	400	76%
01/10/2019	555	399	72%
01/01/2020	575	398	69%
01/04/2020	562	401	71%
01/07/2020	527	352	67%

A&A Percent

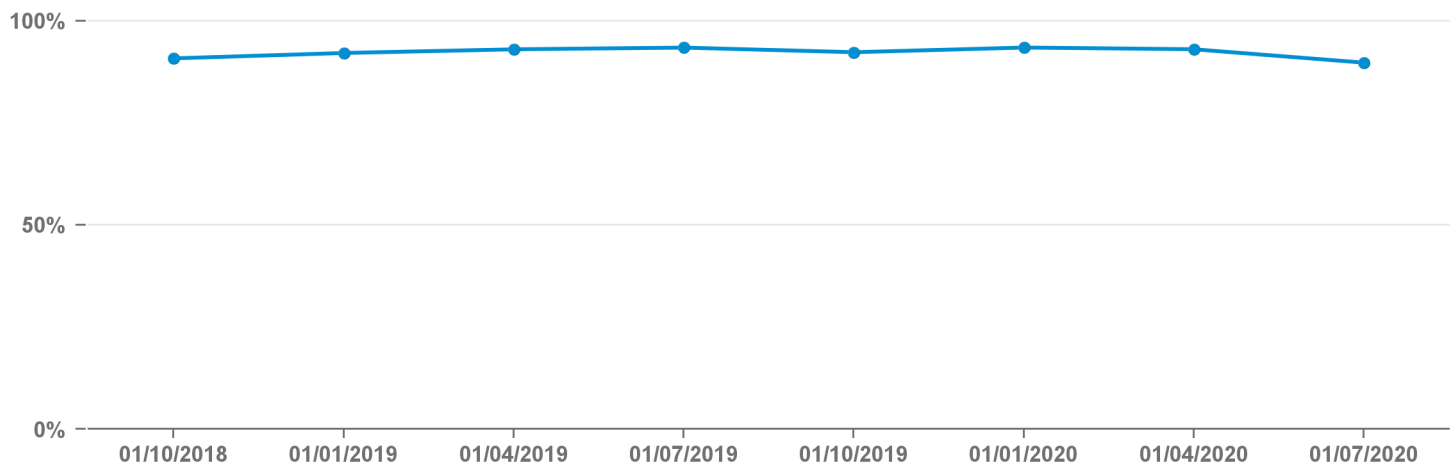


Scottish Patient Safety Programme (SPSP)

3. Prescribed Mesalazine who have U&E and FBC recorded within the last 12 months.

	Denominator	Numerator	Percentage
01/10/2018	1,546	1,404	91%
01/01/2019	1,551	1,429	92%
01/04/2019	1,579	1,469	93%
01/07/2019	1,557	1,455	93%
01/10/2019	1,562	1,442	92%
01/01/2020	1,561	1,459	93%
01/04/2020	1,567	1,458	93%
01/07/2020	1,561	1,401	90%

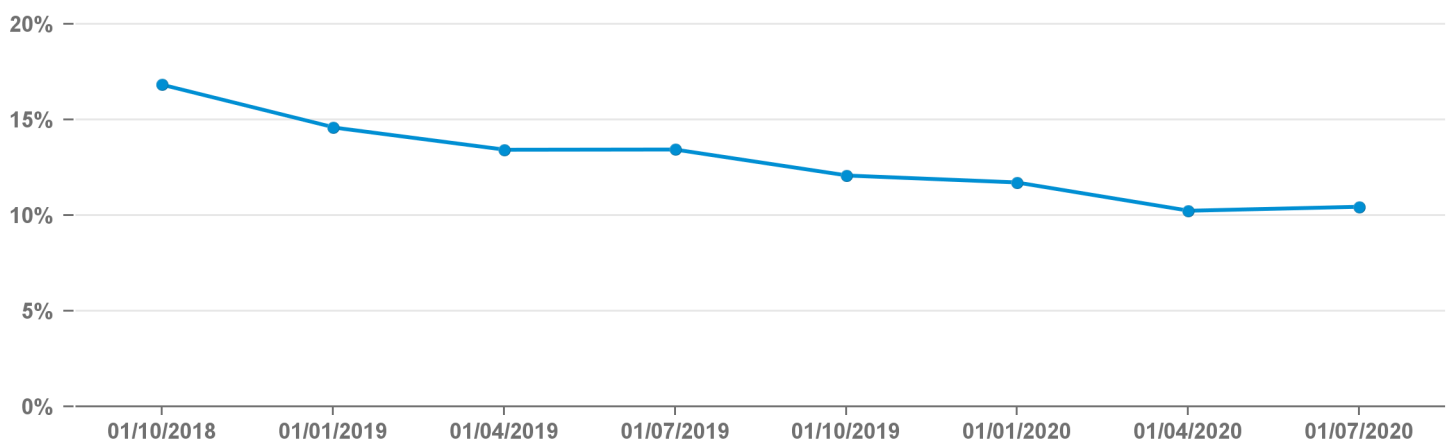
A&A Percent



4. Prescribed unopposed oestrogen HRT with no hysterectomy code (ever) and not receiving an alternative form of Progesterone (Levonorgestrol intra-uterine system inserted within previous five years or prescribed Progesterone).

	Denominator	Numerator	Percentage
01/10/2018	1,700	286	17%
01/01/2019	1,755	256	15%
01/04/2019	1,833	246	13%
01/07/2019	1,891	254	13%
01/10/2019	2,029	245	12%
01/01/2020	2,101	246	12%
01/04/2020	2,258	231	10%
01/07/2020	2,251	235	10%

A&A Percent

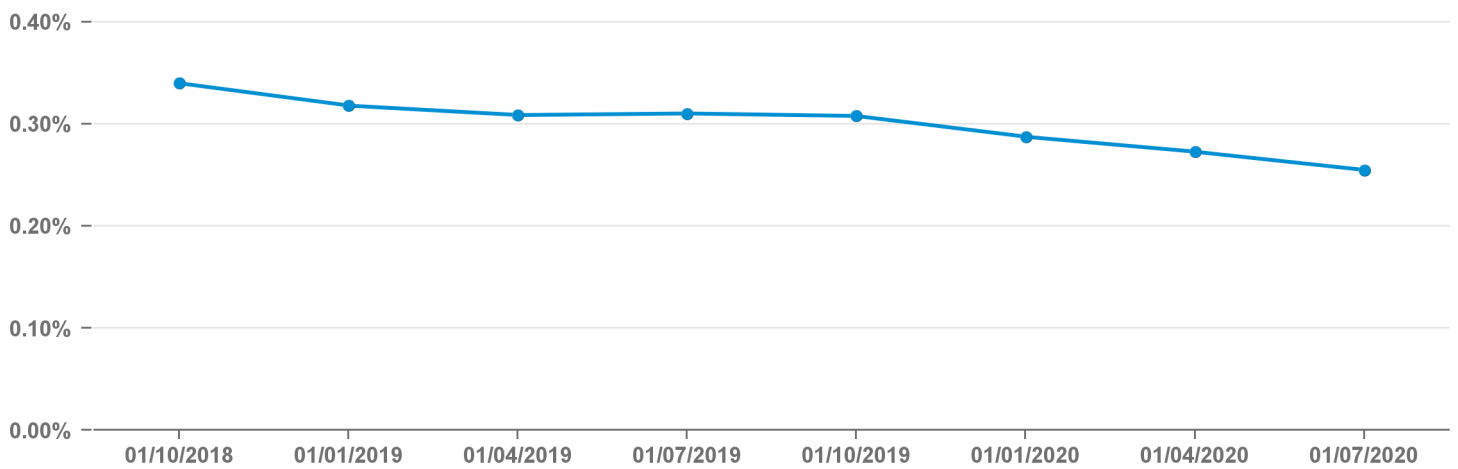


Scottish Patient Safety Programme (SPSP)

5. Prescribed ACE inhibitor (or angiotensin 2 receptor blocker), diuretic and non-steroidal anti-inflammatory drug.

	Denominator	Numerator	Percentage
01/10/2018	343,309	1,167	0.34%
01/01/2019	343,453	1,092	0.32%
01/04/2019	343,354	1,060	0.31%
01/07/2019	343,258	1,065	0.31%
01/10/2019	343,386	1,057	0.31%
01/01/2020	343,725	988	0.29%
01/04/2020	343,494	937	0.27%
01/07/2020	341,344	870	0.25%

A&A Percent

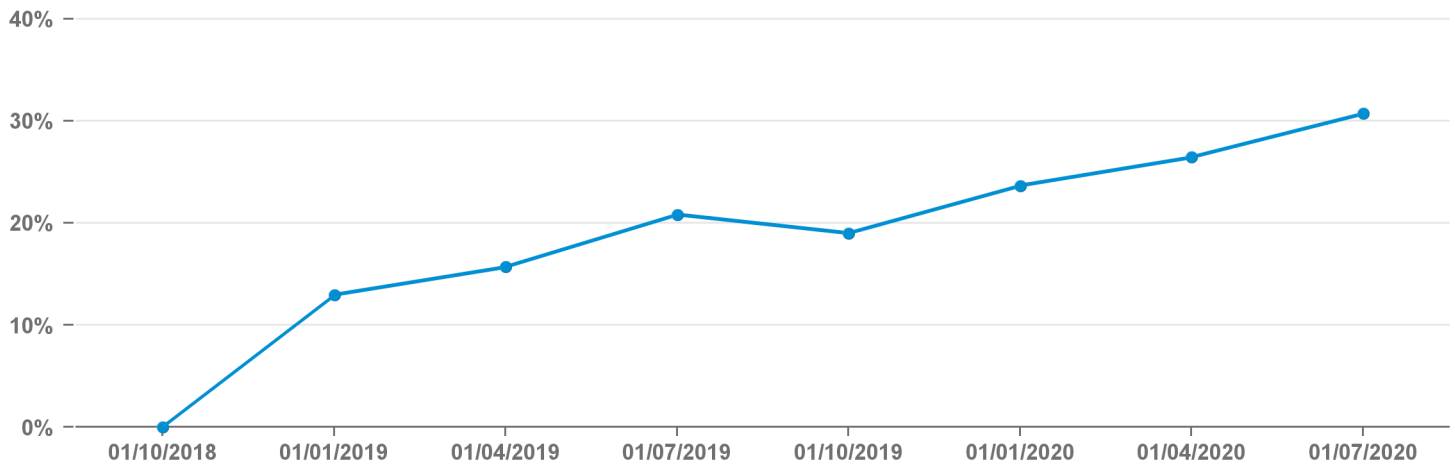


Scottish Patient Safety Programme (SPSP)

6a. Patients commenced on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required before commencing.

	Denominator	Numerator	Percentage
01/10/2018	0	0	0%
01/01/2019	239	31	13%
01/04/2019	414	65	16%
01/07/2019	643	134	21%
01/10/2019	863	164	19%
01/01/2020	1,052	249	24%
01/04/2020	1,259	333	26%
01/07/2020	1,331	409	31%

A&A Percent



6b. Patients on oral bisphosphonates where it is coded that patients received written advice from the practice that a dental check is required annually.

	Denominator	Numerator	Percentage
01/10/2018	6,158	373	6%
01/01/2019	6,045	2,323	38%
01/04/2019	5,780	3,781	65%
01/07/2019	5,681	3,825	67%
01/10/2019	5,551	3,400	61%
01/01/2020	5,441	2,487	46%
01/04/2020	5,346	2,623	49%
01/07/2020	5,197	2,477	48%

A&A Percent

