



**Making Healthy Change Happen.**

**2018 – 2021**

**3 Year Plan for Primary Care Quality Improvement Programme**



**April 2018**

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## Introduction

The NHS Lothian Steering Group for Quality Improvement (QI) in Primary Care is proud to present this Primary Care Quality Improvement Plan for the next 3 years (2018-2021). This plan underscores our commitment to the sustainable development of a strong culture of continuous and measurable quality improvement across all Primary Care services in Lothian.

We have been really encouraged by the level of programme engagement of colleagues in all disciplines and services. Our colleagues' enthusiasm and hard work has effected improvements in quality of care as well as enhancing staff and service user experience.

The Primary Care Quality Improvement Programme has evolved from 2012, when NHS Lothian was a pilot area for the launch of the Scottish Patient Safety Programme in Primary Care. Using QI methodologies to deliver improvement started off with warfarin management (2012) and medicines reconciliation (2013), outpatient communication (2014) and results handling (2015). In 2016 we piloted practice-based QI projects focussing on improvement opportunities identified by individual practices. This was then launched in 2017 as the QI Workbook programme. Each step of the Primary Care QI journey has been about upskilling colleagues in QI methodologies and delivering useful change in important areas. With the launch of the 2018/19 Scottish Enhanced Services programme (SESP), we have invited colleagues in Primary Care to submit their own QI projects, which fit the needs of their own practice and practice population. The network will be available to share learning across practices, encourage spread of successful projects and build on the firm foundations established in 2012.

We encourage our colleagues to continue to participate in this innovative QI programme and use the training and support on offer to deliver and develop their own improvement projects. We invite both clusters and individual practices to use the template below as a starting point for their improvement work.

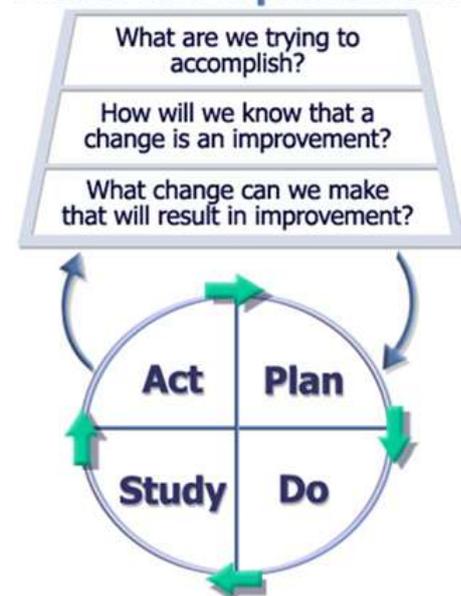
Thank you for all your hard work so far and we look forward to continuing to collaborate with you in this important work.

**Dr Lisa Carter**

QI Clinical Lead for QI Programme in Primary Care

May 2018

### Model for Improvement



## Overview

### National Context

For more than a decade, quality in General Practice was driven and measured by the Quality & Outcomes Framework (QOF), introduced as part of the 2004 GMS contract. During the negotiations to create a new GMS contract, it was decided that as of April 2016, QOF would cease to exist as a mechanism for practices to achieve payment, although practices would continue to receive QOF data for their own purposes. The new GMS contract has been agreed, and practices are currently being funded under 'Transitional Quality Arrangements' (TQA). Phase two of the new contract is currently under development and will be subject to a further poll.

Agreement was reached between Scottish Government and the Scottish GP Committee (SGPC) for 2016/17, that new roles with responsibility for quality would be created. Each GP practice has a Practice Quality Lead (PQL) who engages in a local GP Quality Cluster. Each GP Quality Cluster identifies a Cluster Quality Lead (CQL).

The Scottish Government document "Improving Together: A National Framework for Quality and GP Clusters in Scotland" sets out the ambition for Quality Clusters as well as providing clarity regarding governance requirements. The definitions provided are:-

- GP Cluster: a professional grouping of general practices, represented at periodic meetings by PQLs
- CQL: role is to facilitate and guide the members and liaise with locality and professional structures.

The framework recognises that there is a requirement for 'adequate infrastructure': resource for protected time, support for leadership, assistance with data provision and analysis, facilitation and improvement activity and appropriate local governance structures.

Factors that will determine the success of GP cluster working include provision of designated time for cluster working, the development of constructive conversations around local priorities and improvement aims, intelligence and data from a range of sources, supporting CQLs to run productive meetings, ensuring access to leadership training and appropriate administrative support.

### What have we achieved so far?

We continue to develop a Quality Improvement Network across Primary Care which supports teams to continuously improve outcomes and experience for patients and staff, harnessing existing expertise and knowledge, set within NHS Lothian's values and mission:-

1. Improve the health of the population
2. Improve the quality\* of healthcare
3. Achieve value and financial sustainability
4. Improve staff experience

\*safe, effective, efficient, patient centred, timely, equitable

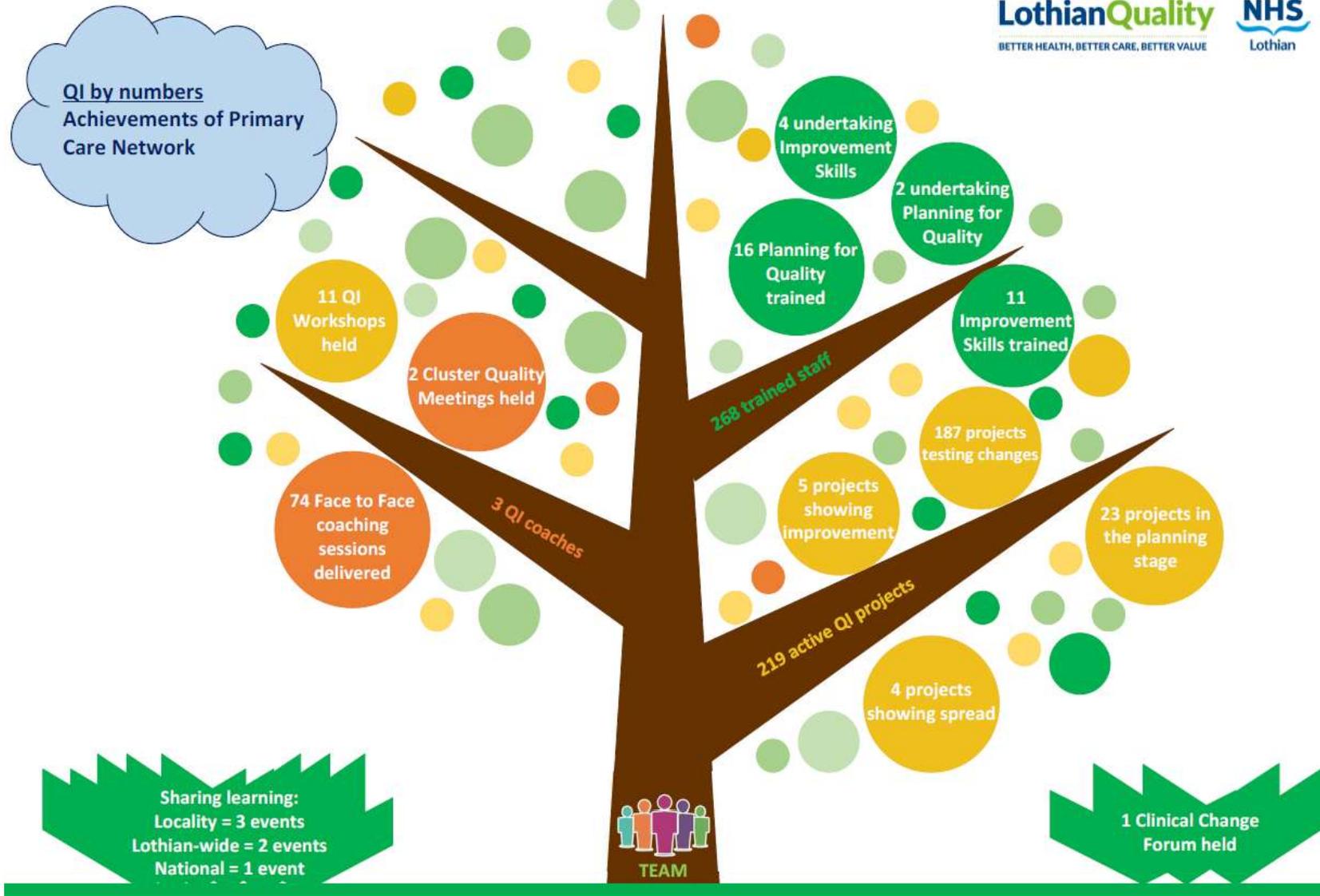
The Primary Care Quality Improvement Programme was initiated in Spring 2017, set within the national context highlighted above, following a scoping exercise which mapped current activity and identified areas for development - <https://qilothian.scot.nhs.uk/primary-care-network-1/>.

The following priorities were identified in April 2017 at an initial CQL network meeting, with the aims to improve patient/staff experience and outcomes of care in General Practice with an initial focus on:-

- Safe Care
- Practice Resilience
- Mental Health
- Medicines Management, including prescribing.

To support this work, an improvement infrastructure has been put in place, informed by the Health Foundation, 'Leading Networks in Healthcare 2013' which includes:-

- A core team with improvement expertise (clinical lead, improvement advisors, patient representation)
- An overall plan and driver diagram (see Appendix 1)
- Extensive capacity and capability building for improvement through the Quality Academy, network events and coaching sessions
- Development of platforms for sharing learning and spreading improvement
- Non-recurrent investment locally (SESP) and nationally (through Healthcare Improvement Scotland) secured to release practices to participate in improvement work and attend training
- A measurement framework to evaluate the network (summarised in the diagram below):.

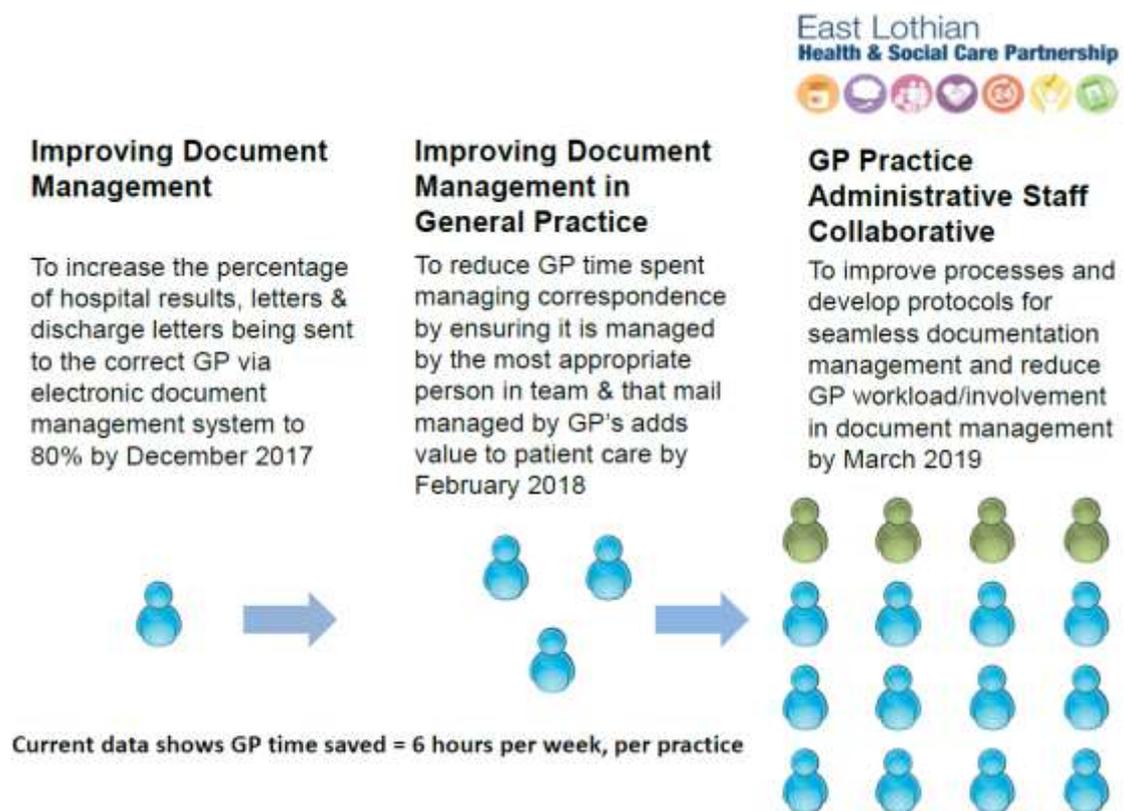


Network Members Experience

An evaluation during the first year of the network illustrated readiness for change, effective and efficient deployment of resources, along with proactive and visible executive sponsorship. We seek to harness this optimism for quality improvement in Primary Care in the coming years.

Improvement Projects

A range of improvement projects are supported by the network, against the agreed priorities set out on Page 4 above. The figure below illustrates an example of spread of improvement work across the network from individual practice to HSCP level, to improve practice resilience via improving document management in general practice. The initial test informed a successful proposal to HIS for non-recurrent funds to spread the document management work across East Lothian H&SCP.



## Next Steps – 3 Year Plan

### In 2018/19

Over the coming years the Primary Care Network will provide an improvement framework via the QI Workbook for General Practice, supported by the improvement infrastructure described above on page 4. We seek to enable individual practices to carry out Quality Improvement which focuses on agreed priorities and is supported by the GP Enhanced Service Programme. The agreed priorities are:-

- Improving Practice resilience
- Improving Medicines Management including realistic prescribing
- Mental Health care
- Care of frail older people and signposting

This plan is aligned with the three-year phased national implementation of the new GMS contract.

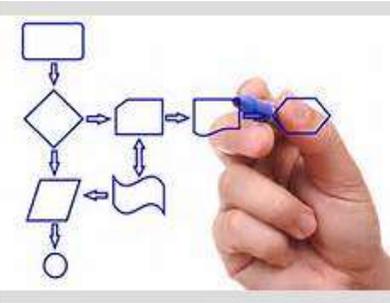
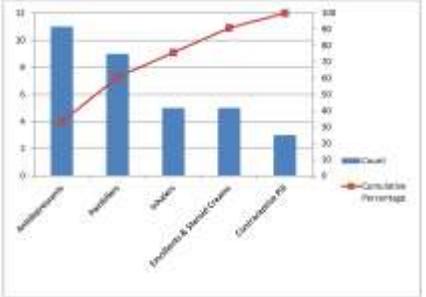
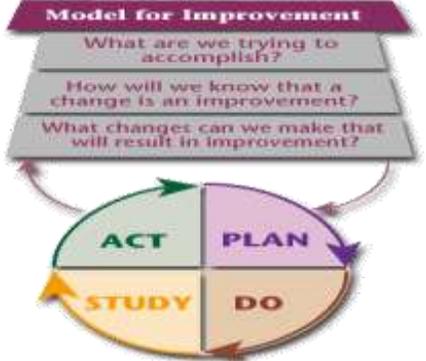
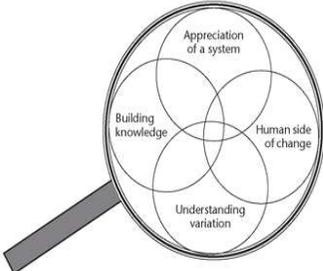
### Training & Improvement Coaching

Using a range of opportunities, both locally and nationally, the Primary Care Network will build improvement capability via:-

- Improvement training for colleagues through the Lothian Quality Academy
  - Local workshops to support the QI Workbooks through existing HSCP improvement activities, and national training opportunities via Healthcare Improvement Scotland (see below Events Calendar 2018)
  - Building on the coaching clinics and support developed during 2017. Coaching has already taken place through face-to-face sessions, workshops, phone calls, webexes and during Quality Academy training days. These clinics/sessions will be expanded to meet the growing demand for improvement experience, with additional coaching time required.
- QI Coaching Clinic provision will be tested in localities on its ability to provide improvement advice. The discipline of coaching focuses on how to help others develop insights, skills and capabilities to assess and improve current health care provision.
  - Coaching is provided to all GP teams completing a QI Workbook project, and to all delegates attending a Quality Academy course. This has already included several CQLs, Clinical Directors and members of the multidisciplinary GP team. Coaching sessions are offered as one-to-one, as teams, and as specific support for individual projects.

For more information on QI coaching see website: <https://gilothian.scot.nhs.uk/qi-coaching/>

- Quality Planning and Quality Improvement training is available via the NHS Lothian Clinical Quality Academy to CQL, PQL and practice staff. See website: <https://gilothian.scot.nhs.uk/training/>
- Please See Events Calendar below:

<p><b>APRIL</b>  <b>CLINICAL CHANGE FORUM</b>  26<sup>th</sup> April 2018 5-7pm  REH Kennedy Tower</p> <p>Presentations of improvement projects taking place in General Practice from across NHS Lothian</p>	<p><b>MAY</b>  <b>QI in General Practice</b>  Workbook Launch  East Lothian &amp; Midlothian</p>  <p>PASC Collaborative National Meeting</p>	<p><b>JUNE</b></p>  <p><b>QI in General Practice</b>  Workbook Launch  Edinburgh &amp; West Lothian</p>	<p><b>JULY</b></p> 
<p><b>AUGUST</b>  <b>Life QI Training Webex</b>  For all NHS Lothian GP teams</p> 	<p><b>SEPTEMBER</b>  <b>CLINICAL CHANGE FORUM</b>  26<sup>th</sup> April 2018 5-7pm  REH Kennedy Tower</p> <p>Presentations of improvement projects taking place in General Practice from across NHS Lothian</p>	<p><b>OCTOBER</b></p>  <p><b>Pan-Lothian CQL Meeting</b>  Report on progress, share learning, re-visit local priorities</p>	<p><b>NOVEMBER</b>  <b>QI in General Practice</b>  “Why QI” Workshop for Midlothian Cluster</p>  <p>PASC Collaborative National Learning Event</p>
<p><b>DECEMBER</b></p> 	<p><b>JANUARY</b></p> 	<p><b>FEBRUARY</b></p>  <p><b>Pan-Lothian CQL Meeting</b>  Report on progress, share learning, re-visit local priorities</p>	<p><b>MARCH</b></p> 

## Communicating Ideas and Sharing Progress

A range of mediums has been used to share ideas, spread learning and build a collective agreement to improve quality and safety in General Practice locally, nationally and internationally. The mediums used are:-

- Information is being shared across the network by group email and hosted on the NHS Lothian Quality website (<https://qilothian.scot.nhs.uk/>). This is an outward-facing internet site that has a section dedicated to the QI Network. Monthly flash reports will be sent to the CQLs to highlight any new resources that have added to the website.  
The website provides contact details for the team, examples of QI posters, a database of completed QI projects and a list of QI resources. We have recently added a Members Section for CQLs to share updates and discuss ongoing projects. This section is password-protected so that information can be shared on a confidential basis between CQLs.
- Further meetings and local workshops will be planned in response to feedback from CQLs and PQLs, to ensure that we continue to provide **tailored assistance** to the clinical teams. (Minutes / action notes / plans from these events are shared with the network via the Lothian Quality website.)  
The most recent of these cluster-level events was held on 26<sup>th</sup> October 2017, hosted by the East Lothian clusters, where staff participated in an interactive workshop to learn about some of the QI planning and prioritisation tools available to them.  
We also held a “Why QI” bespoke workshop for Practice Managers in March 2018. It was very well-attended and highlighted the various tools & resources available to support their QI activity.
- Resources will be built and we will make connections to the wider NHS Lothian infrastructure (e.g. data analytics, pharmacy) to help teams identify QI needs, develop skills, and engage in improvement activities. A draft diagram illustrating data requirements and opportunities has been created (see Appendix E). This has been circulated for discussion and feedback. The diagram will be used to inform the identification of specialist areas of knowledge/support available to support QI projects.
- Life QI is being tested to support project development and provide an oversight of QI activity across the network.

## Return on Investment/Benefits

We anticipate 1 in 6 projects will deliver benefits across one or more of the six dimensions of quality, through improved outcomes, productivity gains, *reduction in waste and/or efficiencies at a health and social care partnership level. We will work with finance colleagues to identify potential and actual returns on investments for new and existing projects.*

## PRIMARY CARE NETWORK

Examples of outcomes of QI projects focussed from the Primary Care Network.



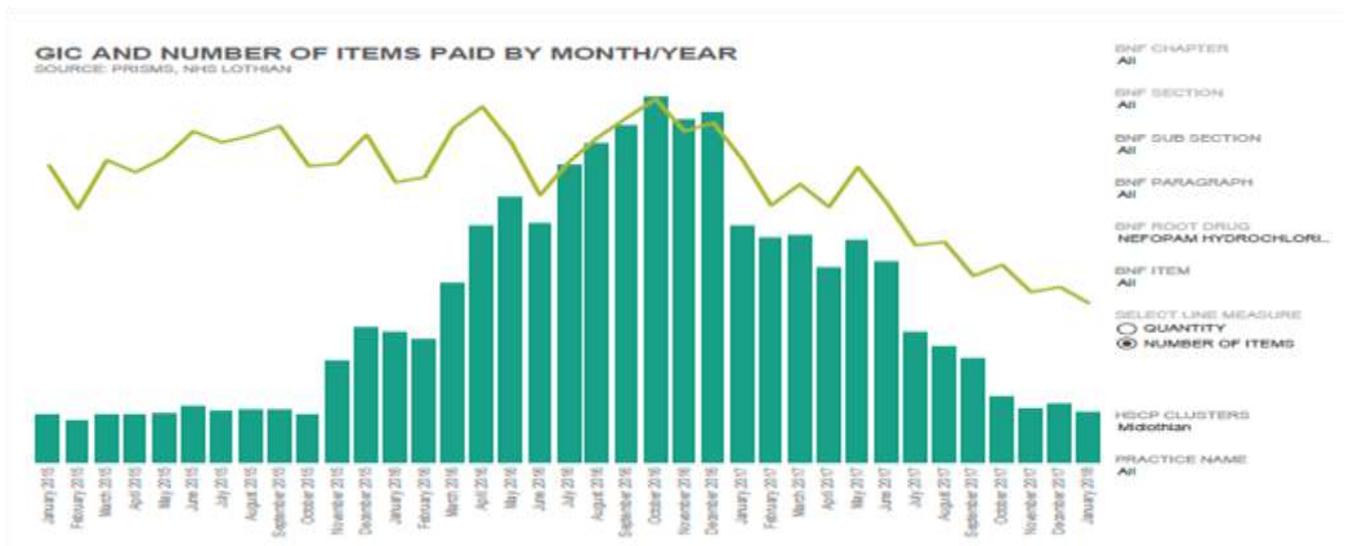
<b>ROI Domain</b>	<b>Examples of Improvement projects &amp; impact</b>
<b>Cost Reduction</b>	<ul style="list-style-type: none"> <li>• Better management of regular attendees in Primary Care</li> <li>• Chronic pain management with GPs, physiotherapy and pharmacists</li> <li>• A range of prescribing projects – Brown Bag, medication review, etc</li> <li>• Reduction in anxiolytics and hypnotic prescribing</li> </ul>
<b>Cost Avoidance</b>	<ul style="list-style-type: none"> <li>• Reduced DNA by using Royal Voluntary Service transport</li> <li>• Social prescribing – timely access to non-medical support in their communities, chronic health, bereavement, crises support, financial support</li> <li>• Care home reviews, including prescribing and anticipatory care planning</li> <li>• Chronic Disease Management Redesign</li> </ul>
<b>Productivity &amp; Efficiency</b>	<ul style="list-style-type: none"> <li>• GPs using safe &amp; efficient electronic systems rather than outdated manual processes</li> <li>• Amount of time for GPs spent on:-               <ul style="list-style-type: none"> <li>○ Documentation management – GP time saved 6 hours per week per practice. Initially one practice now all East Lothian practices</li> <li>○ Issuing special medication – introducing new systems to manage repeat prescriptions</li> </ul> </li> </ul>
<b>Staff Experience</b>	<ul style="list-style-type: none"> <li>• “As a practice, seen a difference for GPs no longer working later to clear prescription requests.”</li> <li>• “We have made changes which are already saving us time and developed practice ongoing work with community pharmacy.”</li> </ul>
<b>Patient, carer &amp; family experience and outcomes</b>	<ul style="list-style-type: none"> <li>• Improving transition from child to adult Mental Health services</li> <li>• Patient information on other ways to access medication at reception and on the website</li> <li>• Mental Health resource pack</li> <li>• Post diagnostic support using link workers</li> <li>• Social prescribing and living well projects</li> </ul>

## Key Achievements

### NEFOPAM PRESCRIBING

The use of Nefopam in chronic pain management is not routinely recommended. For every 3 or 4 patients who take this medication, 1 will experience side-effects. Cluster prescribing of Nefopam was identified as an issue in Midlothian and measures were taken to improve prescribing as early as Jan 2017. The issue was tackled more intensively and directly through the mechanism of a cluster wide project. The intervention (a letter to the patient offering guidance on gradual reduction) is simple and designed to have minimal impact on GP workload.

The saving achieved April 17 – Jan 2018 (i.e. 10 months) was **£23455.36**. Assuming the same savings are maintained over the next 12 months then Midlothian would see a further **£28,146 saving in 2018/19**.

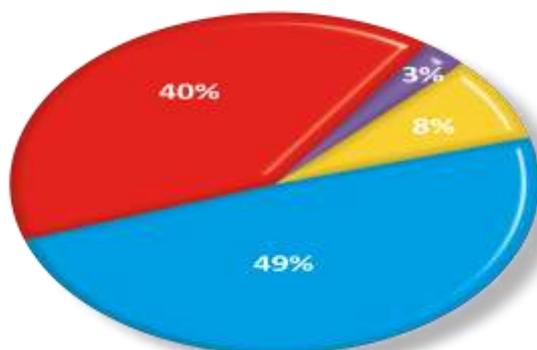


### ANXIOLYTICS & HYPNOTICS PRESCRIBING

The project sought to reliably identify all patients on regular long-term anxiolytic and hypnotics, and review those patients with the aim of reducing overall prescriptions.

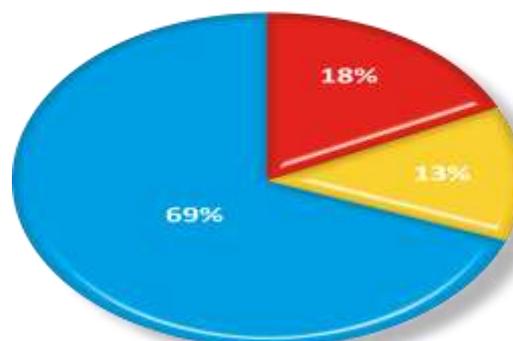
#### Hypnotic Medications

- patients who had a reduction in dosage of medication
- patients who had no change in their medication
- patients who stopped their medication
- patients moved away



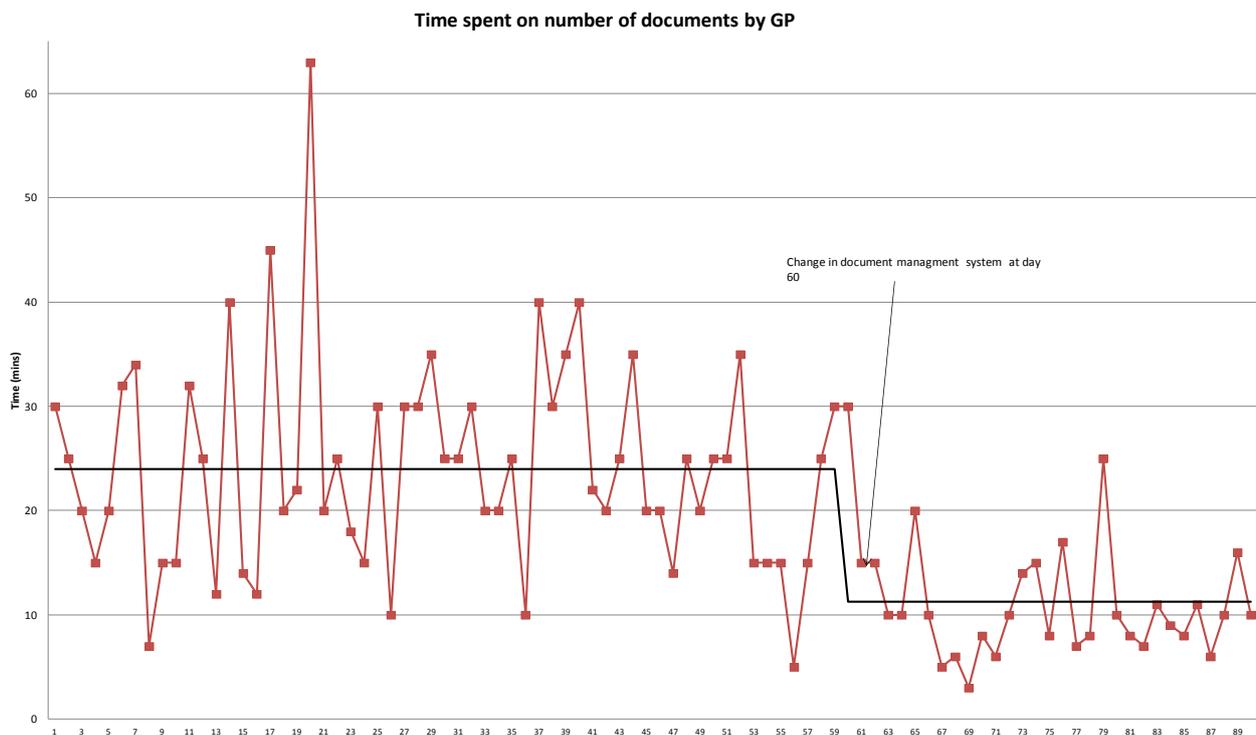
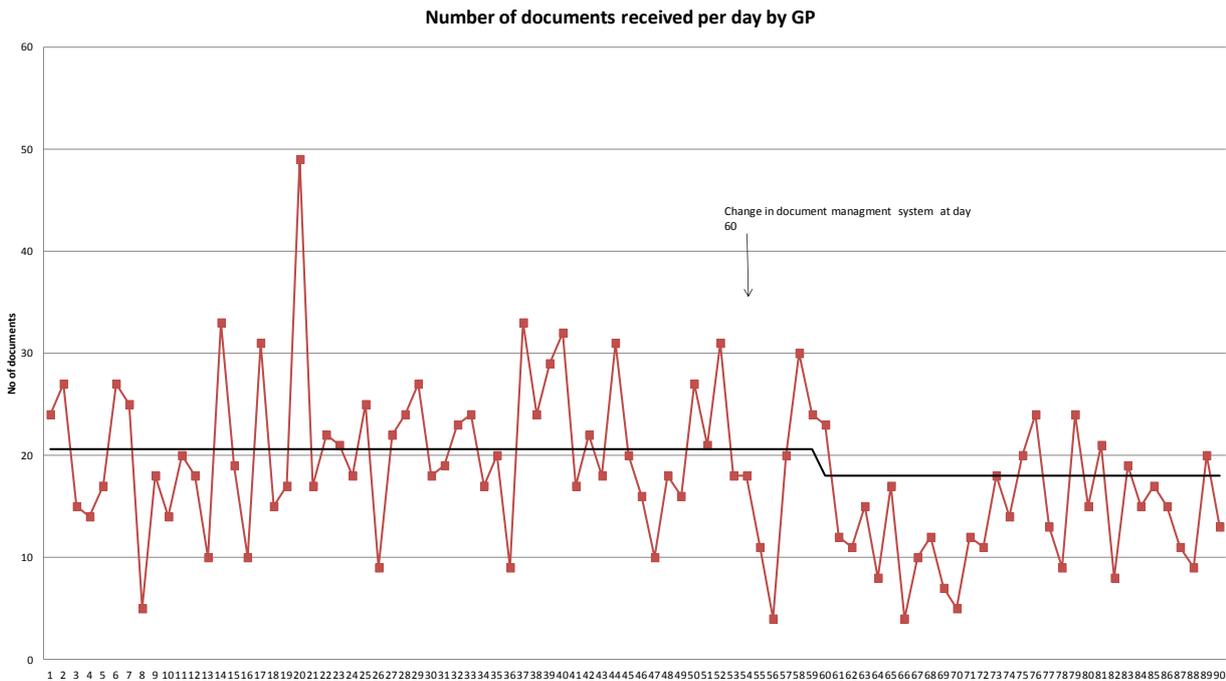
#### Anxiolytic Medications

- patients who had a reduction in dosage of medication
- patients who had no change in their medication
- patients who stopped their medication



## DOCUMENTATION MANAGEMENT

This project sought to develop new processes and protocols to enable other members of the multidisciplinary GP team to safely manage documentation that comes in to the practice. GPs experience a huge burden of administrative workload so the aim was to reduce GP time spent on documentation that did not add clinical value. This began in 3 practices and is now being spread across all practices within East Lothian HSCP. A time saving of approx. 6 GP hours per week has been achieved.



## POLYPHARMACY REVIEW OF HOUSEBOUND PATIENTS

This project addressed the need for polypharmacy reviews based on the understanding that patients who are housebound may have a disadvantage compared to non-housebound patients when it comes to chronic disease reviews due to patient access issues. Of the patients identified as being appropriate for the reviews:

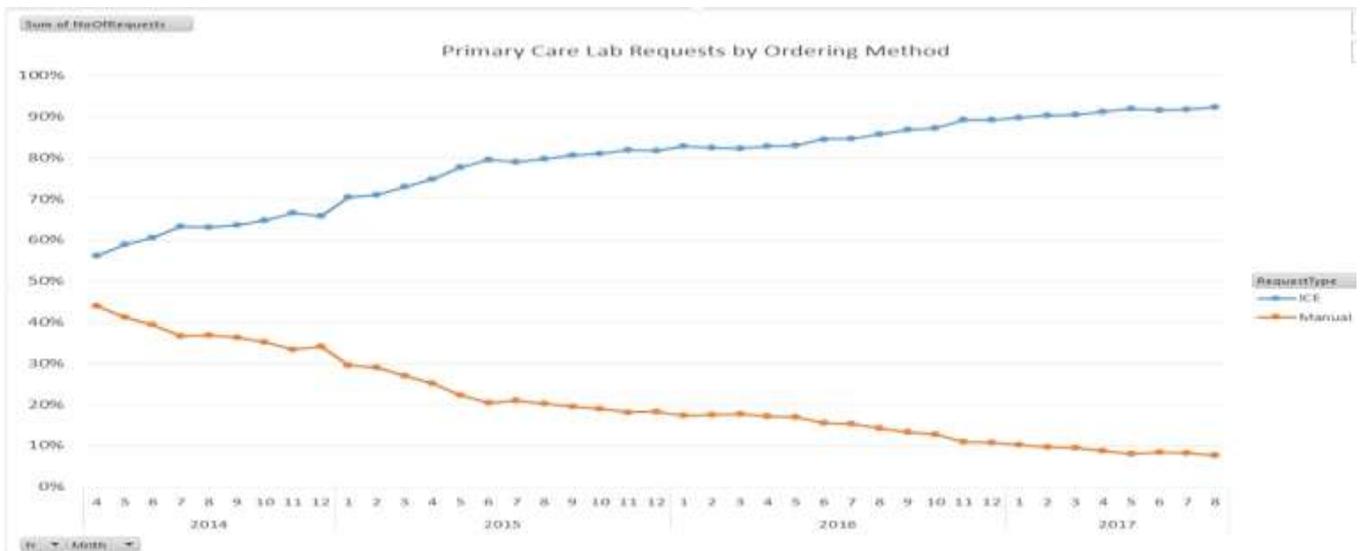
22 medications were stopped.

3 medication dosages were changed.

2 medications were switched.

## EFFICIENT USE OF IT SYSTEMS

In the past, GP practices ordered blood tests using a manual, paper-based system. This led to errors, lost paperwork and delays and frustration for patients and staff. As part of the Lothian-wide QI work to improve results handling within GP practices, clinicians were encouraged to move to using the bespoke electronic ordering system (ICE). During the 2-year project there was a significant increase in the percentage of tests ordered electronically, with fewer than 10% of blood tests now being requested using the manual system.



## Resourcing the Programme

To build and sustain a culture for improvement, the network needs to match its infrastructure with the increasing demand for improvement expertise, learning forums/opportunities and analytical support.

The level of positive engagement with the programme, as demonstrated by quantity and quality of improvement activity, positive programme evaluation and the securing of funding for one year through SESP and HIS to release GP staff to undertake QI work in 2018/19, has been considerable. However, in addition to non-recurrent funds, the programme requires recurrent enhanced funding to meet the demand from practice teams, localities and HSCPs to maximise improvement momentum and engagement in the network across both Health AND Social Care. This will include providing increased numbers of improvement advisers and analysts, and more opportunities to learn, share and spread improvement work across NHS Lothian.

The Improvement Team, who are supporting the work, are part of the central team connecting with Primary Care to ensure success of the programme and to provide strategic oversight and alignment. The team will continue to work with national programmes such as HIS and Royal Colleges, to develop relations across Scotland and beyond, and complement the NES leadership programme (under development at time of writing).

## Summary

### **Improvement Workstreams**

There are a range of improvement projects currently taking place across the network. Below are some examples of projects aligned with the prioritised workstreams.

### **Safe Care**

In addition to the priorities above, NHS Lothian has prioritised a range of safety work as part of the national SPSP programme.

These work streams include:-

- Making results handling safer
- Warfarin management
- Medicines reconciliation management
- Pilot SEPSIS Collaborative (Out of Hours)

### **Results Handling – Safer and Workforce Management**

This work involved practices attending an initial workshop which included improvement training, use of improvement tools such as process mapping, patient involvement, data collection and improvement objectives. 105 Practices are signed up for this work in 2017/18.

### **The SEPSIS Collaborative**

Lothian Unscheduled Care Service (LUCS), from their Midlothian base, are working, via a HIS collaboration with NHS Highland, NHS Greater Glasgow and Clyde and the Scottish Ambulance Service on using the NEWS (National Early Warning Score) as a communication tool at care transition

points for the septic patient. This small-scale pilot also includes one District Nursing team and the Midlothian Hospital at Home service.

### Care Transition (Safe Care)

- Develop a robust and safe system whereby items prescribed outwith the practice, (e.g. hospital outpatient care) are recorded in the patient electronic clinical record (Vision) and ultimately into ECS, where they can be viewed by LUCS and secondary care. In the first instance the focus will be on careful recording of all prescriptions for DMARDs and biological agents which are often prescribed only by hospital clinics. We would then expand it to cover all medications issued outwith the practice
- The process of managing 28-day and acute prescriptions from care home to the pharmacy, medication/polypharmacy reviews and improving clarity of directions for medication for PRN (as required) medication.
- Take home naloxone for drug users – education and supply
- Reduction in Anxiolytics and Hypnotic prescribing

### Practice Resilience

- The Leith quality cluster, Prestonpans surgery and Tyne surgery in Haddington are working on streamlining workflow management, with a view to reducing wastage in unnecessary document review.
- St Triduana's are working to develop a new model for management of chronic disease clinics, with each member of the primary care team working to the top of their licence, and with inter professional collaboration.
- Improving document Management: produce guidance for the management of electronic mail in practices, and develop workflow optimisation tool across Lothian that could be shared at significantly lower cost across Scotland
- To reduce the amount of time the top 100 GP high resource patients (frequent attenders) in our practice spend in face to face consultations with a GP by 20% by the end of 2017.

### Medicines Management

The network, in partnership with pharmacy colleagues, is providing dedicated support around prescribing projects generated from the QI Workbook and improvement training (Academy). In addition, the core team provides improvement support and advice to Cluster Leads and the HSCPs with respect to main prescribing plans around Chronic Pain Management and Realistic Use of Medicines.

### Mental Health

- Improving the transition from child to adult services for adolescents with chronic diseases including mental health problems. Recording unidentified health needs in this population and percentage of adolescents with long-term conditions who successfully completed a transition from child to adult services to ensure that this transition is smooth and none fall through the net.

### Effective Care

- To develop and standardise a generic care planning pathway for patients cared for under the multi-disciplinary case management system.
- Chronic Pain Redesign - The redesign of recalls and reviews for patients with long-term conditions with the aim of working towards single annual patient centred review which is proactive, holistic, preventative and patient-centred.

## **Message from Tracey Gillies – sponsor of Primary Care Quality Improvement Programme**

I am very privileged to have been the executive sponsor for the Lothian Primary Care Network since January 2017. I am delighted at the innovation and enthusiasm which has been shown by our primary care teams, and the hard work that has gone into building new systems and new ways of working, to improve patient care, and staff and patient experience. The contribution of the Cluster Quality Leads to a new approach in primary care has been significant. The lynch pins of this network have been the Quality Improvement Support team. Thank you for all that you do, to all who work in primary care, for your energy and commitment.

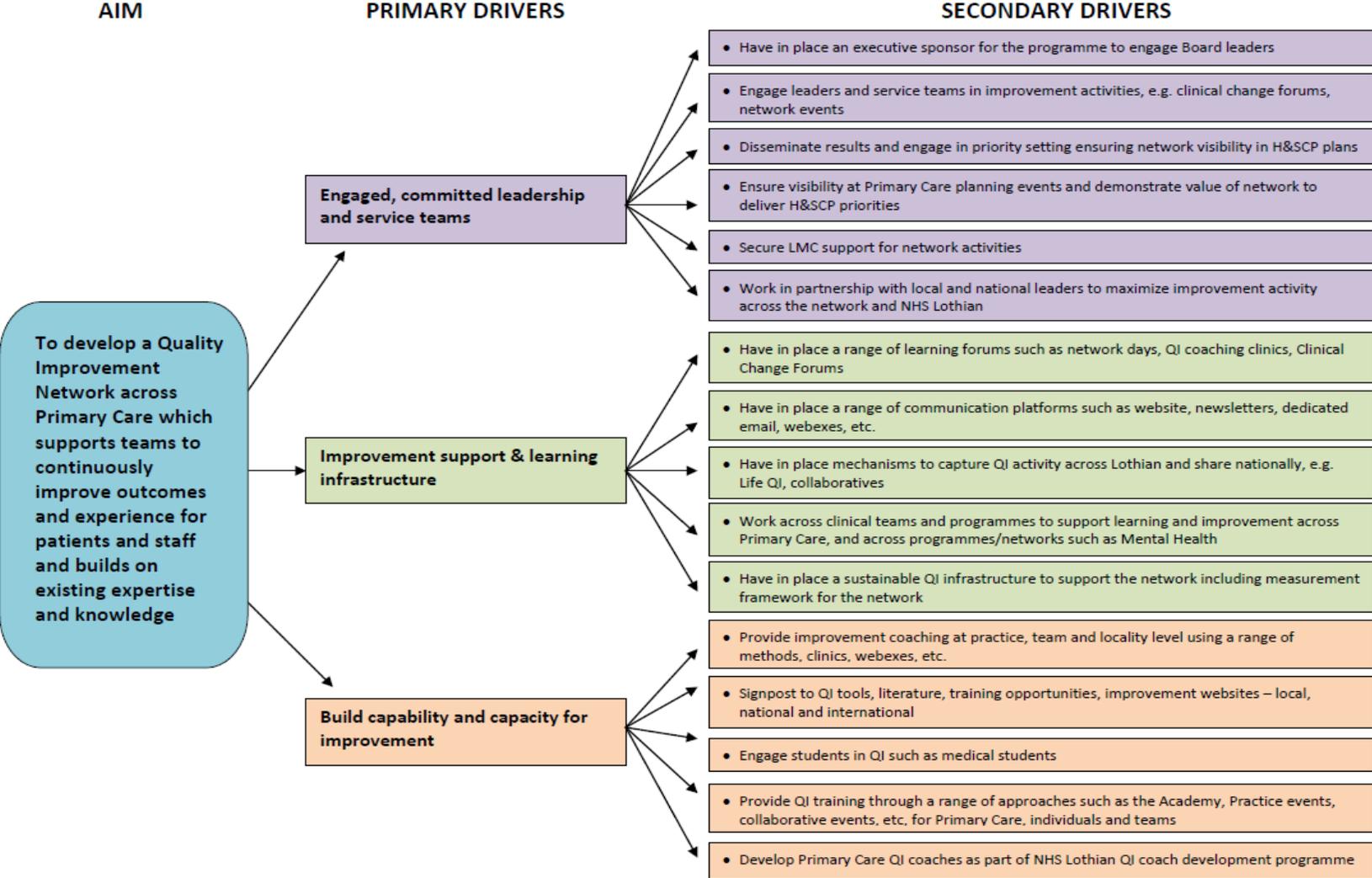
Our direction within NHS Lothian is towards 'distributed leadership', looking to multidisciplinary teams to identify where improvements can be made, and enabling staff to experiment and test which systems and processes work, and which don't. Improvement work 'bubbles up' from grass roots, rather than being mandated as a 'top down' management directive. In General Practice across NHS Lothian this is exactly what is happening, with 45 individual practices and 3 clusters (27 practices) submitting innovative and high quality work book project proposals for the coming year.

I look forward to seeing the work in the 3 year plan progress, and the Primary Care Network going from strength to strength, to improve the experience of staff and patient alike, within Primary Care in NHS Lothian.



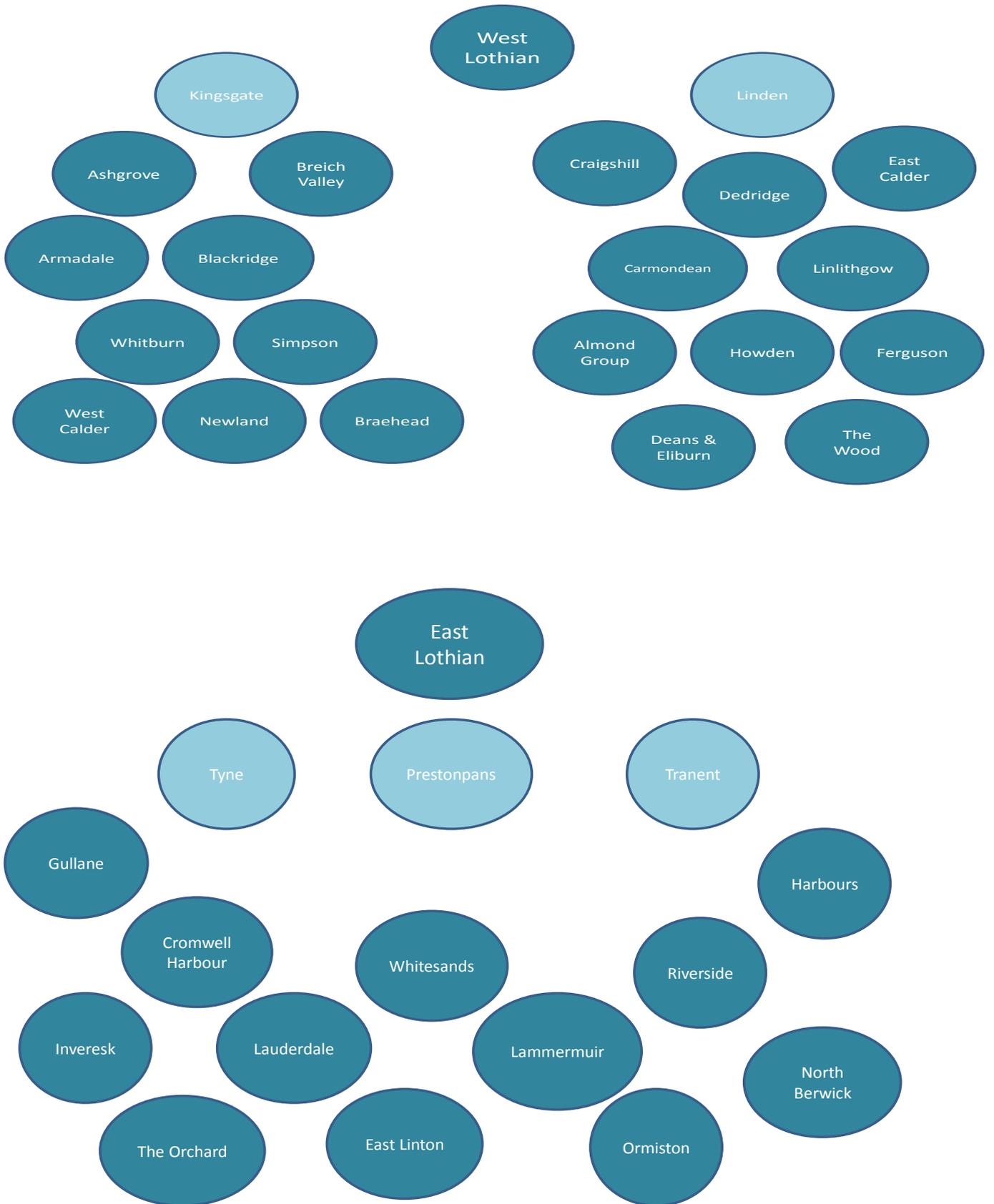
**Tracey Gillies**  
**Medical Director**

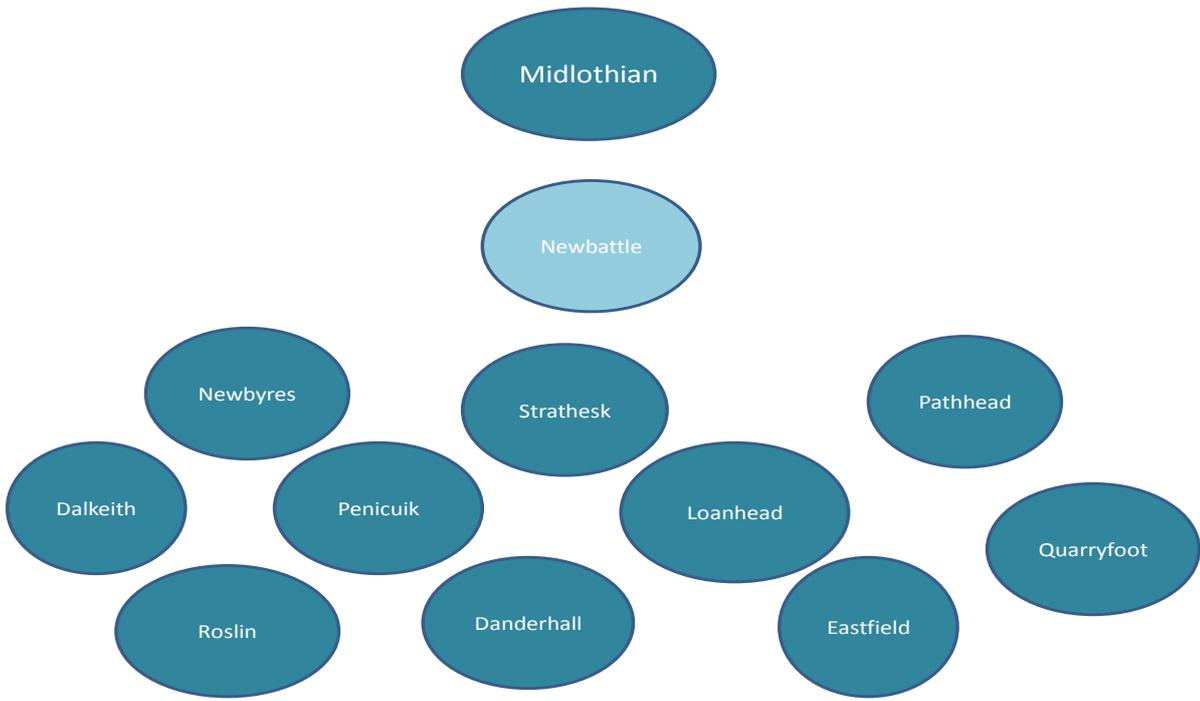
### Primary Care Programme Driver Diagram

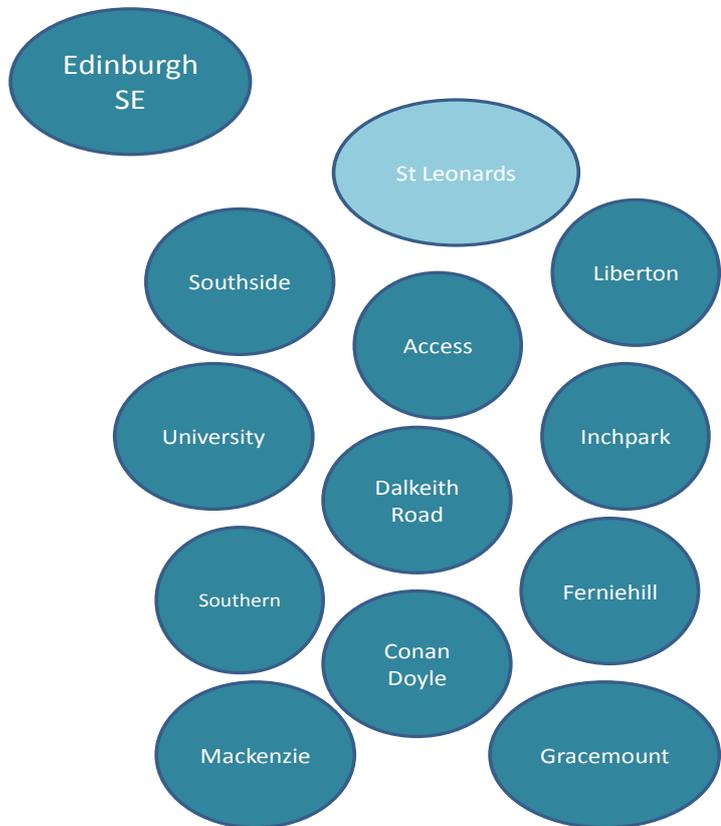
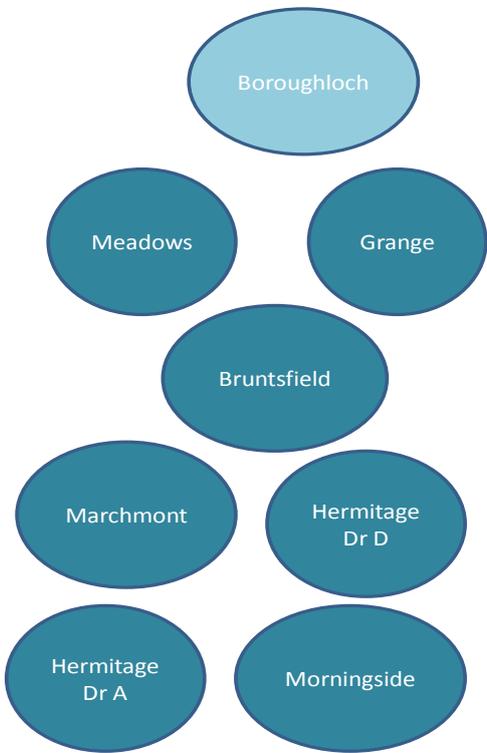
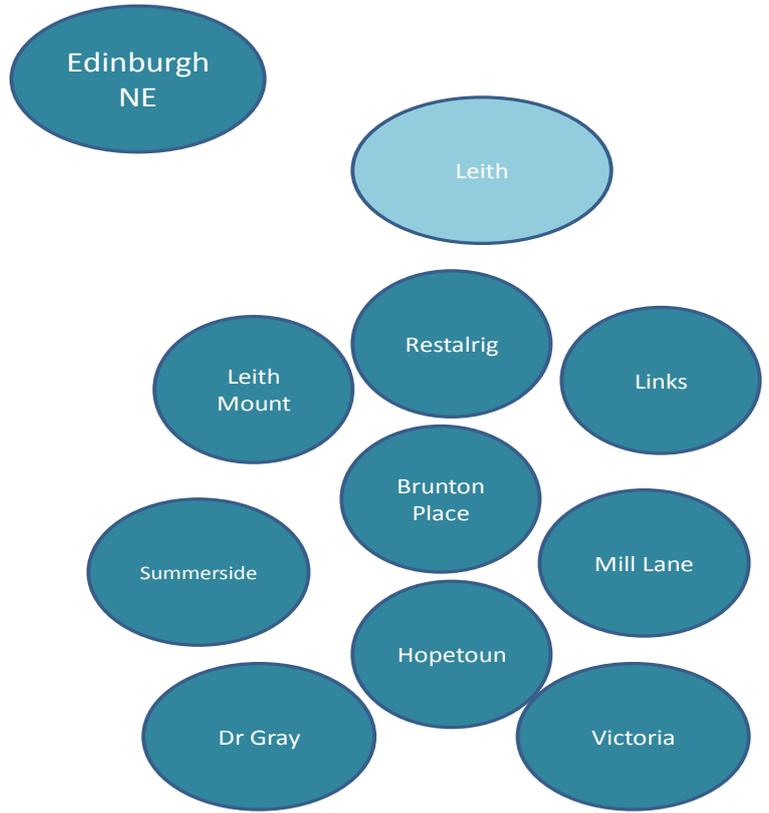
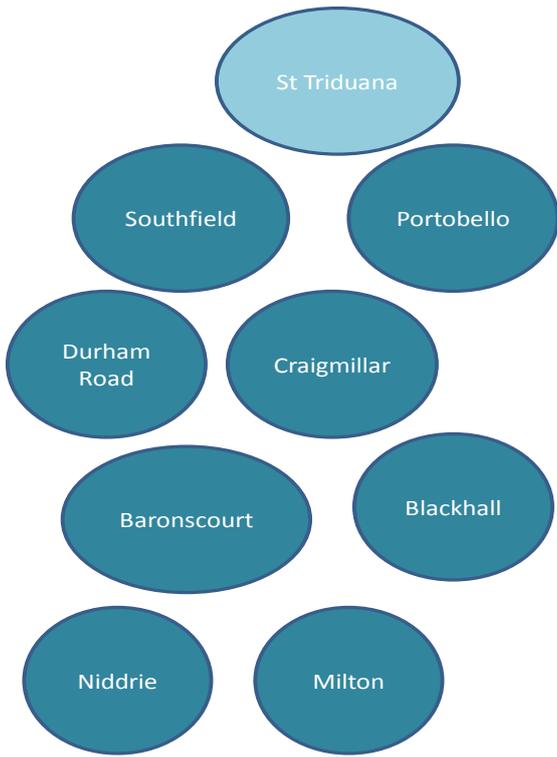


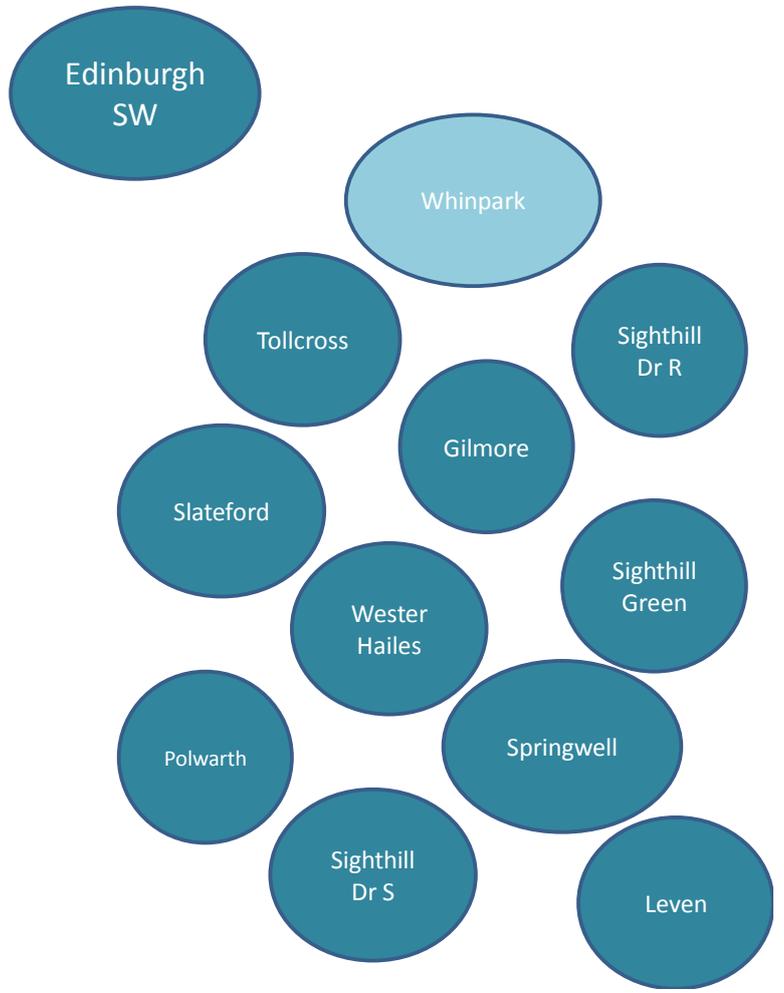
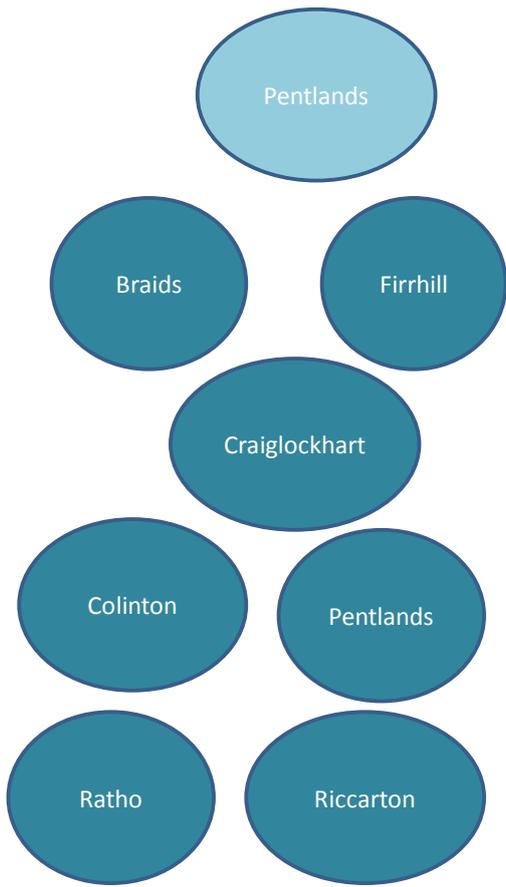


### Appendix B - Cluster diagram

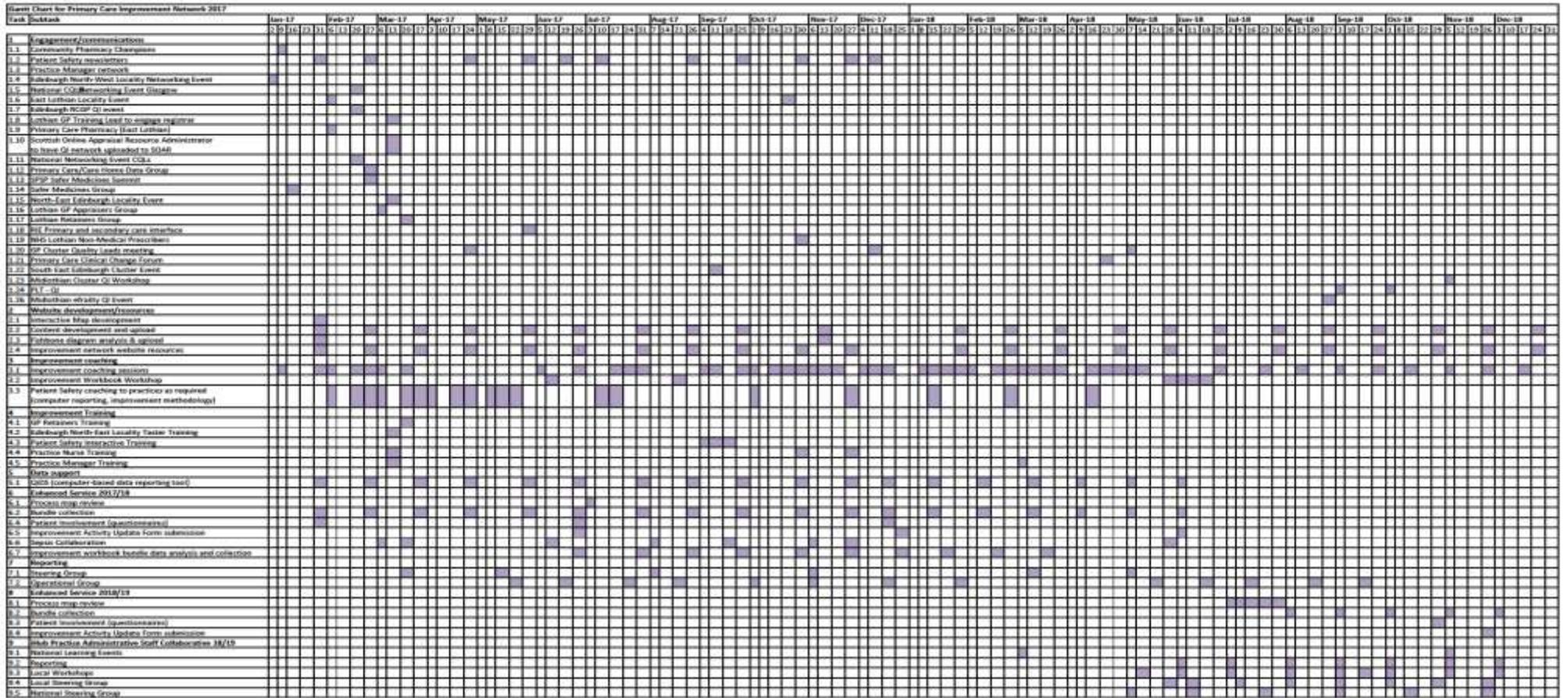




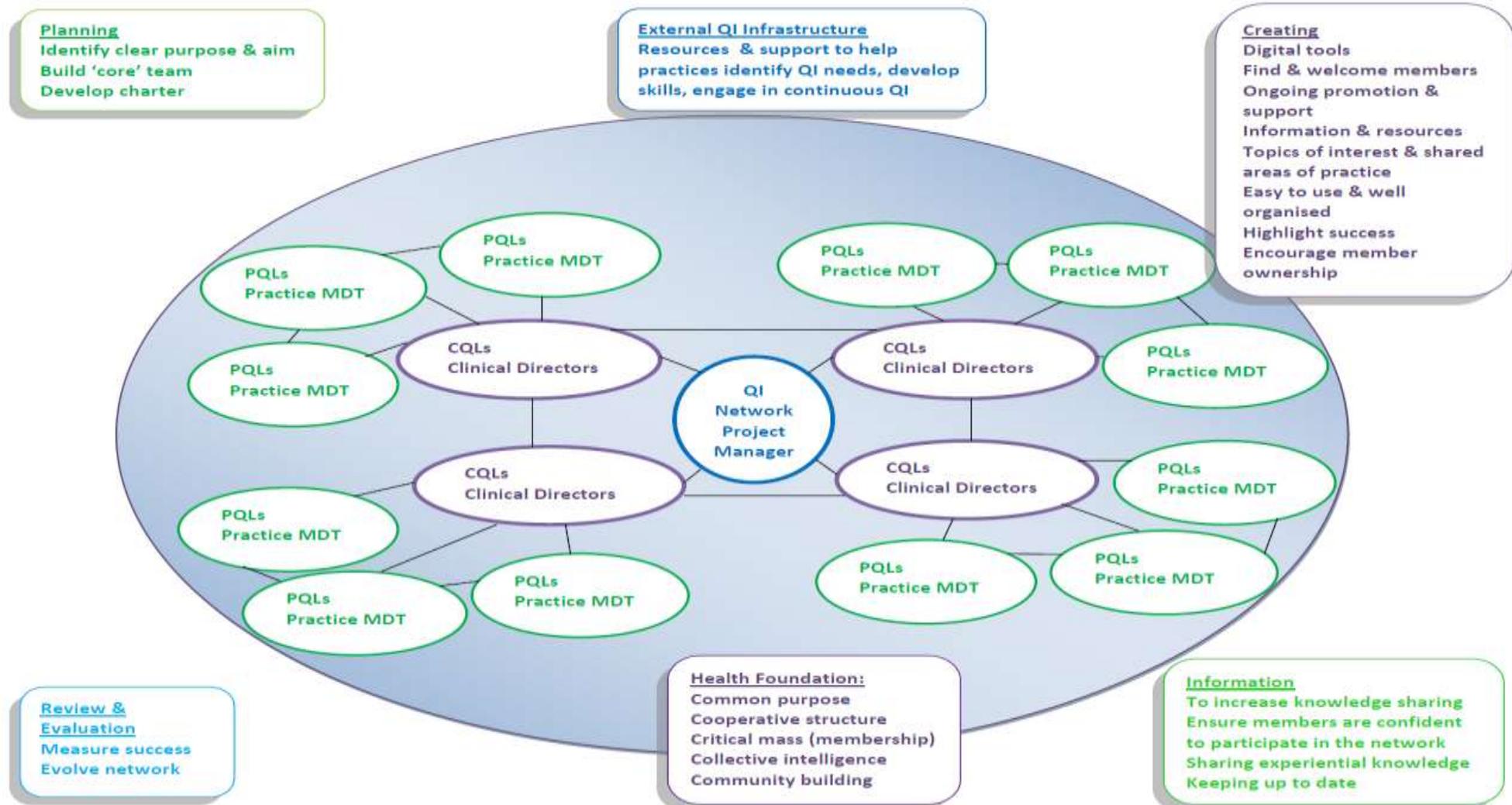




# Appendix C – Gantt Chart



## Appendix D - Network diagram



## Appendix E – Data requirements and opportunity diagram

