The AHSN Network

NHS Improvement

Safety in numbers

A collaborative approach to improving safety culture in primary care

Aim

To develop a safety culture that engages with patients and staff to support the delivery of safe and reliable care in primary care teams.

A GP working six sessions a week with 25 interactions per session could be involved in seven to eight severe harm incidents a year. However, despite primary care accounting for around 90% of patient interactions <1% of incidents reported to the NRLS in 2015/16 came from primary care.

Approach

Our hypothesis was that there was under-reporting of incidents occurring in primary care, which meant that opportunities to identify learning were being missed. Incident reporting is a barometer of safety culture, along with the other aspects highlighted by the five Sign up to Safety pledges. Through our baseline scoping with practices, we identified that wider cultural themes of workload, engagement and communication and some systems and processes were important factors that needed to be considered.

Each practice generally has a core team of four members: a GP lead, a nursing lead, a patient representative and a management lead. These members were invited to attend the collaborative sessions and feedback to the wider practice team including the practice leadership team.

The anticipated benefit of the collaborative was initially to increase rates of incident reporting to NRLS from practices involved in the collaborative, to support the delivery of safe and reliable care. However, as described above, the focus of the collaborative changed from incident reporting to safety culture.

Key activities in the intervention

1. **Recruit and select practices from across the West of England AHSN region to take part in a primary care collaborative.**
2. **Individual practices supported to carry out a culture survey, receive a facilitated debrief and identify actions for the practice from the results, with a follow up survey after 12 months.**
3. **Capacity building of knowledge and skills through practice visits with support as appropriate from the Patient Safety Team.**
4. **Four collaborative events for practice representatives to learn and share knowledge and spread good practice, with expert speakers, seminars on identified topics, resources to share and peer learning activities.**
5. **Provide access to an online platform for tracking improvement activities, discussions, and sharing resources.**

Evaluation

Practices stated their key learning was around the importance of culture, and language. The importance of involving the wider team, understanding human factors, and learning from near-misses were also highlighted by participants. CCG participants valued the networking and learning from the collaborative. Some practices were able to identify practical changes they had made as a result of being involved in the collaborative, using techniques and approaches discussed in the learning and sharing events. Other practices found reassurance that their culture and ways of working were already effective.

Overall 11/14 participants rated the collaborative as good or very good, with 11/13 for organisation and 10/13 for being kept informed. 549 staff were surveyed across 12/14 practices through the collaborative. Target response rate = 60%. The median response rate was 52%-87%. In total there were 333 respondents. 110 staff received facilitated debrief (5/12 practices who completed survey).

Many practices identified they had made changes to communication and team involvement as a result of the survey and debrief process. When interviewed, participants stated they had made several small changes and involved all members of staff. Some participants felt they wanted to do more, but were currently restricted by time and work load/pressures.

NRLS data on numbers of incidents reported by GP practices in the region show that incident reporting has nearly doubled (93% increase) between 2015/16 and 2016/17. This is compared with the national increase of 73%. The West of England AHSN region was one of the lower reporting areas of the country to start with, but is progressing faster, albeit against a low baseline. This does not include incidents where no CCG was included in the report.

Participants in Cohort 1 and Cohort 2

Conclusion

Our project has identified that a collaborative model can work in the primary care setting, and the successful elements of this are well-organised events with expert speakers, use of a safety culture assessment process, and opportunity for peer-to-peer learning and sharing. Given the wider context and issues with workload and time for practice leadership teams, we suggest the timescales of primary care collaboratives should be considered as the start of an ongoing process of improvement, rather than a nine-month project.

Although an online platform and online resources were provided, these were the least well used and least valued elements of the intervention. Barriers included awareness, time to access, and usability. As a result, prior to Cohort 2 the online resources were completely redesigned, to separate resources by time as well as making stronger links to the domains in the culture survey, and make the design of the page more visually engaging.

The strengths of the project were the one-to-one relationships built between the project leads and practices. However the project lead identified that this individualisation took time and therefore this may affect capacity for spread and increasing scale. Having a strong clinical lead, engaged with the programme and in contact with participants both face-to-face and phone was also a contributory factor in success, along with the advice and involvement of members of the steering group. The project lead found the input and advice from steering group members valuable, and practice participants also valued having commissioner representatives at the events.

Presented at Patient First
21-22 November 2017

References

Frankel A, Haraden C, Federico F, Lenoci-Edwards J. (2017) A Framework for Safe, Reliable, and Effective Care. White Paper. Cambridge, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; Available via http://www.ihi.org/resources/Pages/IHIWhitePapers/Framework-Safe-Reliable-Effective-Care.aspx

Health Foundation. Does improving safety culture affect patient outcomes? 2011. Available at http://www.health.org.uk/sites/health/files/DoesImprovingSafetyCultureAffectPatientOutcomes.pdf

West of England

Patient Safety Collaborative

All resources shared through the Collaborative are available to download for free at www.weahsn.net/wepcc1