

Practice based Commissioning: Commissioning for Patient Safety

Introduction

The National Patient Safety Agency (NPSA) has developed a patient safety risk assessment process to support general practices, clinicians and local (integrated) commissioning groups when undertaking Practice based Commissioning.

Practice based Commissioning provides the opportunity for commissioners to transfer or redesign a service or patient pathway to improve their practice populations and patients' experiences and enhance health outcomes. The Department of Health has provided useful information to support practice-based commissioning. This is available at: www.dh.gov.uk.

Risks to Patient Safety should be identified and assessed when proposing a new or different service or patient pathway. Appropriate control measures should be implemented and maintained, and there should be assurance that the risk management controls are effective.

Commissioning for patient safety

Practice based Commissioning will change the way care is commissioned and provided. Consequently, it is important to demonstrate, as far as is reasonably practical, that the new way of working provides safe care.

Commissioning for patient safety is when risk assessment methodologies are used to focus on patient safety during the process of service planning, design and implementation.

Risk assessments carefully examine systems to identify factors that could potentially cause or contribute to patient harm. They highlight whether adequate precautions are being taken to ensure timely and safer provision of care, or if further measures are needed to prevent harm.

The process of risk assessment seeks to answer four simple, related questions:

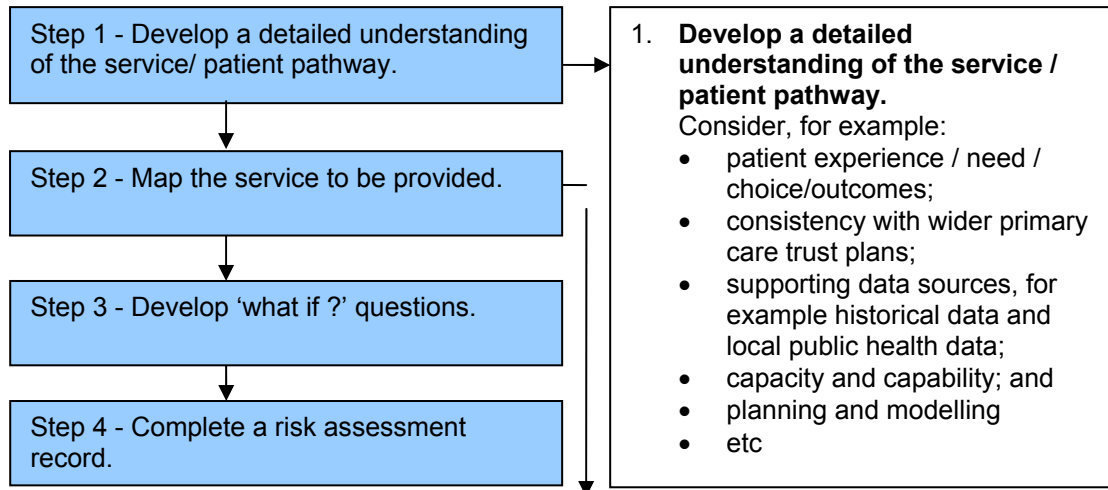


Practice based Commissioners should ensure that patient safety has been considered throughout the development and implementation of the patient pathway with risk assessment conducted at the following stages:

- **Initial stages / development** – to identify if the basic design provides appropriately safe care;

- **During detailed design** – to identify if the service or patient pathway provides safe care;
- **Service / patient pathway modifications** – after the service or patient pathway has been implemented and when any modifications are made. This will help ensure that new risks are not unintentionally introduced.

Four steps for Risk Assessment.



Step 1 - Develop a detailed understanding of the service to be commissioned

Summary study: Provision of Dermatology Services within Primary Care

Background

Waiting times to see a dermatologist in secondary care have often been long. However, many patients have conditions that can be diagnosed, treated and managed in primary care.

Introducing a new service

A service that utilises a general practitioner with special interest (GPwSI), supported by a specialist nurse, is introduced. Hospital consultants select routine referrals from an agreed list of conditions that can be seen by the GPwSI. The GPwSI also undertakes one general clinic per week in the hospital outpatient department, a minor surgery session, and attends departmental training and clinical governance sessions.

This service helps to reduce patient waiting times, improves the patient experience and can be more cost effective for the practice(s).

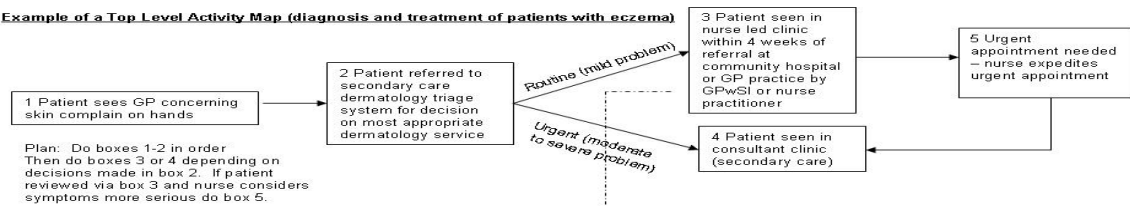
The British Association of Dermatologists has outlined core activities and issues to consider when delivering a GPwSI service. These are available at:

www.bad.org.uk/healthcare/service

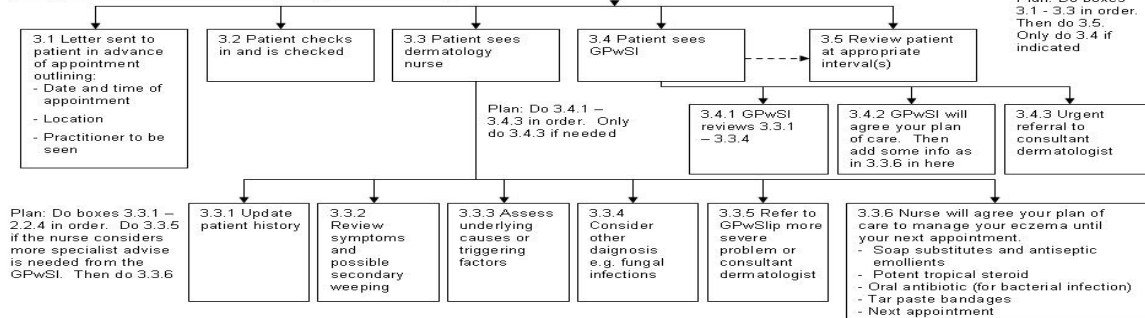
Step 2 - Map the service to be provided

Break the task down into its component parts.

Example of a Top Level Activity Map (diagnosis and treatment of patients with eczema)



Example of a Second Level Activity Map (Annual Review)



3. Develop 'what if?' questions.

'What if?' questions help identify things that could go wrong.

- What if the initial diagnosis is incorrect?
- What if GPwSI and specialist nurse competences are not maintained? For example, an additional diagnosis arises that is not recognised.
- What if proposed actions do not take place? For example, the referral goes missing.
- What if only part of an activity takes place? For example, the patient is seen in a GPwSI clinic, but not in the consultant's clinic.
- What if an action takes place too early? For example, the patient is referred as urgent before treatment in the practice has had time to work.
- What if an action is delayed? For example, a nurse clinic is cancelled.
- What if an activity takes too long? For example, there are delays in referral or review times.
- What if the activity is too short? For example, there is insufficient time allocated for appointments.
- What if the activity is repeated? For example, the case is re-booked for the nurse instead of GPwSI.
- What if the wrong information is obtained / transmitted? For example, the wrong image is attached to the referral letter.
- What if activities happen in the wrong sequence? For example, the review process is not followed.

4 Complete a risk assessment record

Below is an extract from a completed risk assessment record.

Service Mapping Box Number	What could go wrong?	Causes	Consequences	Current controls	Risk ranking			Recommendations	Risk ranking		
					C*	L*	R*		C	L	R
2	The GP does not provide full / complete details of a patient's symptoms in the electronic referral letter.	<ul style="list-style-type: none"> The GP has not realised the significance of the symptoms. The patient has not informed GP of the magnitude / extent of the problem. The GP cannot use the imaging technology to attach record to the electronic referral letter. 	<ul style="list-style-type: none"> The patient may be inappropriately triaged. A delay in patient treatment. 	<ul style="list-style-type: none"> All GPs receive dermatology training and information on the new dermatology referral system. GPs provided with cameras to record skin complaint, which can be attached to an electronic referral letter. 	H	M	M	<ul style="list-style-type: none"> A standardised outline referral letter (with associated complaint significance) to be provided electronically. Training on camera use to be updated. Cameras to be available in every consulting room, rather than one per practice. 	M	L	L
3.4.3	The GPwSI fails to refer a patient with more severe symptoms onto a consultant dermatologist.	<ul style="list-style-type: none"> The GPwSI has a lack of understanding and training. There is a lack of 360° evaluation within the system. 	<ul style="list-style-type: none"> Extension of the patient's symptoms and suffering. Complaint by the patient. Inappropriate management of a patient with severe symptoms. 	<ul style="list-style-type: none"> GPwSIs attend clinics at the hospital once a week to ensure s/he is regularly updated and aware of issues. The nurse sees the patient first and they are empowered to refer them to a consultant directly. 	H	M	H	<ul style="list-style-type: none"> GPwSIs to regularly attend primary care dermatology clinic. Service Audit. Utilise patient satisfaction questionnaires. 	M	L	L

* Risk ranking using a risk matrix (available from primary care trust): C = Consequence, L = Likelihood, R = Risk; H = High, M = Medium, L = Low

Resources

- *Seven steps to patient safety for primary care. The full reference guide.* National Patient Safety Agency. 2005. Available at:
www.npsa.nhs.uk/sevenstepsforprimarycare
- *Health reform in England: update and next steps.* Department of Health. 2005

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Support

If you are a commissioning practice or locality group and would like further assistance with Practice based Commissioning, contact your primary care trust's commissioning lead.

If you would like further assistance with risk assessing a service or patient pathway, contact your local NPSA patient safety manager (see www.npsa.nhs.uk/static/contacts).

Further information on how to undertake a risk assessment will be available on the NPSA website from May 2006 at www.npsa.nhs.uk

Feedback

We would appreciate your feedback on this document and/or the proposed approach. Please send your comments to:

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Or email enquiries@npsa.nhs.uk, marked for the attention of the Head of Safer Practice (primary care).