Improving the Safety Culture in Primary Care

Rolling out the Quasar Surveillance Tool

1. What needed fixing?
Quality Surveillance is an essential component of effective provision of healthcare services. Error, violation, near miss and hindsight bias, all provide opportunities for learning. Regardless of their experience, intelligence, motivation or vigilance, people make mistakes.

2. Find the right solution - What is Quasar?
- An electronic data capture system
- Collecting quality measure & intelligence
- Enable early learning of service failure
- Data for improvement not judgement
- Identify areas for improvement
- Help focus efforts on the right things
- Effective use of NHS resources

3. Applying Quasar
- This shows an improved culture of safety reporting by primary care practices from 2016-2018.
- Increased reporting means increased safety awareness.

4. How Quasar supports primary care:

5. Example of how primary care use Quasar:
Reporting: A practice reported through Quasar that a redundant email address was being used by a local acute provider to send key information.

Identification: Quasar helped the CCG easily identify this as a serious incident and was managed as an SI accordingly.

Investigation: Improvements were identified in managing IT sub-contractors for GP’s email.

Improvement: Created a shared Standard Operating Procedure for IT updates and managing email accounts within the practice.

Sharing: The learning was then shared across all other practices across the CCG.

6. Making a difference system wide
A selection of ways Quasar has helped across the system:

- Blood Service: Blood courier schedule changed, reducing rejected potassium samples from 1,700 to 363.
- Hearing Aid Service: Hearing aid service reversed a change in hearing aid battery provision that was leading to poor patient experience.
- Phlebotomy Service: Phlebotomy service hours extended, voluntary sector support added to meet patient needs.

7. How we did it
The Team consists of system administrator, project manager, system architect, clinical quality lead and strategic direction from the CCG Chief Nurse. The chief nurses’ vision was to roll out to 40 practices in 2 CCGs by end of April 2017.

Training & Education
- The system administrator physically contacted each practice and planned attendance at practice meetings face to face visits. We tested one drop-in session but this was not the most time effective.
- We created a training resource pack, with slides and screen shots and reference documents.
- Training sessions included examples of incidents that practices would find familiar. The team mix provided clinical primary care experience and technical support. Logins and were sent prior to visits. This enabled practical set up during training.

8. The challenges
- Some practices gave us 20 minutes only—we had to adapt to “key messages” and follow up with detail. Key personnel were absent—we adopted some type of train the trainer, with follow-up.
- Some cultural views were aired about the reluctance of reflecting and the possibility of being punished for learning from mistakes.
- This was overcome with the use of professional discussion, appreciative enquiry, rationale for reflecting and the concept of “a just culture”. This poster was included in the resource pack.

9. Outcomes
All practices are using Quasar Primary
- We have ongoing support available at CCG practice manager forum, training days and offer new primary care starter and practice meetings training, based on ongoing need.
- It is like “painting the forth road bridge”
- As a supportive resource—the Chief Nurse led the Wessex Quality hub to develop “managing incidents in primary care”.
- This has now been adopted Wessex-wide and may be supported to go national via NHS England. This is given to every practice as a reference guide.

The Journey

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