

Quality Improvement – Case study

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Introduction

Quality improvement (QI) is the use of methods and tools to continuously improve quality of care and outcomes for patients. Studies have shown that board commitment to quality improvement is linked to higher-quality care, underlining the leadership role of boards in this area. Quality improvement is about making healthcare safer, effective, efficient and patient centred. It provides a framework for solving problems e.g. prioritising your problems, setting SMART objectives, testing, measurement and evaluation through the PDSA cycle.

Dr Nazmul Hussain has effectively led in identifying and tackling a number of barriers to delivering high quality care at Wordsworth Health Centre. One year after the practice was deemed to 'require improvement' by the CQC, a further inspection has rated the surgery as 'Good' and described it's leadership as 'Outstanding'.

What happened?

In 2016, Wordsworth Health Centre were deemed to 'require improvement' by the Care Quality Commission for an ineffective appointments system, delays in responding to patient complaints, and inadequate protocols for the management and storage of vaccines. Our patient feedback and staff satisfaction surveys suggested we needed improvement. We used QI methodology to implement changes quickly in a safe and effective manner.

What QI methods did you use and why did you use them?

The QI methods we used were SMART objectives, prioritisation matrix, process mapping, driver diagrams, PDSA cycle and run charts.

For example, we used the prioritisation matrix to help us decide which project to start with (improve patient satisfaction and workflow). The SMART objectives allowed us to develop specific and realistic targets. Process mapping allowed us to view what the current pathways looked like, as well as problems and solutions. We used the PDSA cycle to implement change, monitor data and feedback. The run charts allowed us to view data and understand variation in data.

Subsequently our patient feedback has significantly improved; we have reduced paper documents sent to GP's by 50% on average, and seen improvements in immunisation and cervical smear uptake. We looked at our Did Not Attend rates; we have managed to significantly reduce this with quick interventions.

We have also used QI methodology to improve safety in prescribing by creating templates and protocols for medicines such as Methotrexate and Warfarin. We've also created trigger tools to prescribe Vitamin D in children and adults.

Tell us about your engagement with key stakeholders, and your evaluation process?

Stakeholder	How were they involved?	How did we engage with them?	How easy was it getting them involved?
Newham CCG and UCL Partners	They funded the QI and leadership course for two years, and we learnt from experts about QI, leadership and implementing change at a micro and macro level.	Through weekly tutorials with expert mentors. We had a small group consisting of GPs and practice managers.	It was easy as we were being taught by QI experts such as Professor Martin Marshal.
Time for care General Practice Development Programme – Wordsworth Health Centre staff	Clinical and non-clinical staff were invited to learn about QI and work on a yearlong project. We learnt about QI and tools to implement change.	GPs and practice managers attended the workshops and we also learnt from other practices. The knowledge and skills acquired in the workshops were conveyed to colleagues in practice.	It was fun and relaxing to have some time away from the busy work. We were allowed space to reflect, plan and learn.
NHS England Sustainable improvement team	Through recognition of QI work at a practice level, I was invited to attend the course and complete the three modules on QI.	People from all over the country were selected to complete the course. We learnt from each other. There were small group based exercises which was really useful.	It was good to get together with like-minded colleagues with a special interest in QI.

Part of our evaluation process was on the workflow QI work where we set a target to reduce it by 30%. At the end of the project we achieved a 50% reduction in workflow.

What have the results been so far?

Our overall CQC report was good and we got an 'Outstanding' for well led. We have made the workflow more efficient and so allowing time to be freed up on patient care. For example, we have reduced paper based letters sent to GP's by 50%. Our patient satisfaction survey results significantly improved; we have a four star rating on the NHS website, before we were half a star. We have also actively engaged with patients and involved them in problem solving. We recently got four awards in the Newham Primary Care Oscars in recognition of our QI work. These trophies were

awarded during a celebratory event organised by the federation in recognition of excellent work by colleagues (see the attached our PPG newsletter).



PPG Newsletter - Sep
2018 FINAL.doc



What were the benefits to practice and patients?

QI methodology has allowed us to solve problems in a quick, safe and efficient way. We have developed systems and process to ensure patients receive high quality care.

- Clinician time has been freed up to focus on complex patient cases.
- We have reduced wastage and saved money.
- Patient and staff satisfaction has improved.

'The surgery has improved drastically and I've had no problems booking appointments or seeing a doctor who I find are very accommodating given the time allocation that we have'

'Good service. Always happy with the staff and doctors. Always willing to help.'

What were the challenges you faced when implementing QI? And how did you overcome them?

Any change in patient care can lead to uncertainty in patients and staff. Understanding QI alleviated those fears. We understood that QI was about making

small changes to improve patient safety and satisfaction. We were initially guided by QI experts.

Colleagues were generally busy with day to day activity. Protected time was allocated to attend QI workshops and work on projects. We also learnt from other practices where they demonstrated benefits in QI work e.g. Woodgrange Road Medical Centre got overall 'Outstanding' in the last CQC inspection.

What lessons did you learn through implementing QI?

Lessons learnt from QI work were:

1. Staff involvement from all areas is crucial in QI work. You learn so much from others and share great ideas.
2. It's okay if a project doesn't go well. The PDSA cycle guides you to evaluate and reflect on why something has not gone to plan and what to do next.
3. Get stuck in with your projects as soon as possible. Don't waste time in lengthy planning.
4. Ensure you have baseline data and continuously monitor so you can demonstrate that your intervention has worked.

What next (any future plans)?

Currently I am working on a QI project with Newham CCG to increase the number of advanced care plans for patients in Newham. Through this project we are looking to reduce hospital deaths and increase the number of patients with preferred place of death.



