UCLPARTNERS QUALITY FORUM
Hosted by Newham Clinical Commissioning Group

“Embedding quality across a whole system”

Friday 26th September 2014
2-5pm

@UCLPartners
#UCLPQF
This is Newham!

Dr Zuhair Zarifa
Chairman

Extraordinary levels of community cohesion, buy-in and commitment
• Culturally diverse: 140 languages spoken
• Significant health inequalities
• Male life expectancy: 76.2 compared to 78.2 nationally
• Life expectancy gap is: 4.5 years in males and 4.7 in females (lowest in London)
• High emergency admission rate and lowest elective rate in London
• Growing population: expected to increase by over 30,000
• High population churn: 20 – 40%
• 70% are from BAME
• 13% working age unemployed: 9% London
What is the Newham UCLP programme?

• **A Collaboration** between Newham CCG, primary care in Newham, Newham Council, voluntary sector organisations, ELFT, Barts Health, local schools, UEL, QMUL, UCL and UCLP.

• The aim of our work together is to **improve health outcomes through education and research** for the population in Newham and more broadly in East London. And to diffuse the best practice developed across London and the UK. We are led by local GPs and other healthcare professionals elected by all Newham GPs.

• **Preventative agenda**
  – Primary care
  – Diabetes and pre-diabetes care
  – CVD health checks
  – Low birth weight
Perspectives on Quality and Safety in the Post-Francis Era

Prof Sir Bruce Keogh
National Medical Director – NHS England
UCLPartners Patient Safety Programme – Building on Deteriorating Patient

Margaret Mary Devaney
Improvement Advisor – UCLPartners

Chris Laing
Consultant Physician & Assistant
MD for Safety – Royal Free London
Linking measurement to systematic improvement – unexpectedly powerful results are possible

VAP Bundle Reliability (process)  
Feb 2012

Source: NHS Scotland.
Sign up to SAFETY
LISTEN LEARN ACT
### NHS England’s priority safety areas

<table>
<thead>
<tr>
<th>Topic area</th>
<th>Patient Safety Topic</th>
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<tbody>
<tr>
<td>The ‘essentials’</td>
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<tr>
<td>NHS Outcomes Framework improvement areas</td>
<td>Leadership</td>
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<td>Venous Thromboembolism</td>
<td>Healthcare Associated Infections</td>
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<td>Venous Thromboembolism</td>
<td>Pressure Ulcers</td>
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<td>NHS Outcomes Framework improvement areas</td>
<td>Maternity</td>
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<td>Venous Thromboembolism</td>
<td>Medication Errors</td>
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<td>Venous Thromboembolism</td>
<td>Deterioration in children</td>
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<td>Other major sources of death and severe harm</td>
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<td>Falls</td>
<td>Handover and Discharge</td>
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<td>Falls</td>
<td>Nutrition and hydration</td>
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<td>Falls</td>
<td>Acute Kidney Injury</td>
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<td>Falls</td>
<td>Missed and delayed diagnosis</td>
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<td>Falls</td>
<td>Deterioration of patients</td>
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<td>Falls</td>
<td>Medical Device Errors</td>
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<td>Falls</td>
<td>Sepsis</td>
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<td>Other major sources of death and severe harm</td>
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<tr>
<td>Vulnerable groups for whom improving safety is a priority</td>
<td>People with Mental Health needs</td>
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<td>Vulnerable groups for whom improving safety is a priority</td>
<td>People with Learning Disabilities</td>
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<td>Vulnerable groups for whom improving safety is a priority</td>
<td>Children</td>
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<td>Vulnerable groups for whom improving safety is a priority</td>
<td>Offenders</td>
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<td>Vulnerable groups for whom improving safety is a priority</td>
<td>Acutely ill older people</td>
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<td>Vulnerable groups for whom improving safety is a priority</td>
<td>Transition between paediatric and adult care</td>
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</table>
The team: what drives Deteriorating Patient

Total number of cardiac arrests. Area: Trust: Basildon and Thurrock University Hospitals NHS Foundation Trust

![Graph showing the total number of cardiac arrests from August 2012 to November 2013.]
Together, Sepsis & AKI account for two thirds of potential mortality avoided from the top 8 interventions nationally

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Potential Benefit – Lives saved (per 100,000)</th>
<th>PYLL (per 100,000) &lt;75</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of NICE guideline on Acute Kidney Injury</td>
<td>19</td>
<td>(PYLL reduction all ages estimated at 161)</td>
</tr>
<tr>
<td>Implementation of the Sepsis Six Care Bundle</td>
<td>18</td>
<td>-</td>
</tr>
<tr>
<td>Implementation of British Thoracic Society Care Bundle for community acquired pneumonia</td>
<td>6</td>
<td>83</td>
</tr>
<tr>
<td>Increased prescription of anti-thrombotics (warfarin) for patients with atrial fibrillation</td>
<td>4</td>
<td>28</td>
</tr>
<tr>
<td>Earlier stage of diagnosis of cancer</td>
<td>3</td>
<td>29</td>
</tr>
<tr>
<td>Intermittent Pneumatic Compression to prevent post stroke Deep Vein Thrombosis</td>
<td>2</td>
<td>14</td>
</tr>
<tr>
<td>Prevention of Venous Thromboembolism</td>
<td>2</td>
<td>-</td>
</tr>
<tr>
<td>Increased update of cardiac rehabilitation</td>
<td>1</td>
<td>10</td>
</tr>
</tbody>
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Source: NHS England
Patient Safety Alert

Stage Two: Resources

Resources to support the prompt recognition of sepsis and the rapid initiation of treatment

2 September 2014

Actions

Who: Chief Executives of NHS Trusts, Foundation Trusts, Ambulance Trusts & General Practitioners

When: To commence immediately and by no later than 31 October 2014 have a robust action plan developed to achieve compliance

- Timely recognition and diagnosis of sepsis
- Fast administration of intravenous antibiotics
- Quick involvement of experts including intensive care specialists

It is estimated that the reliable delivery of basic elements of sepsis care could save 11,000 lives a year and £150 million annually\(^6\). This equates to 100 lives and £1.25 million in bed days for an average district general hospital each year.
Measuring Severe Sepsis: Improvement Drivers

**Aim**
Reduce Sepsis related mortality 50% within 1 year
(outcome measure)

- Severe sepsis **triggers recognised every time**
  (process measure)
- When triggers identified **pathway started every time**
  (process measure)
- When pathway started **all 6 aspects of bundle delivered within 1 hour**
  (process measure)
1\textsuperscript{st} process: recognition

Sepsis pathways started

Manual pen & paper

Symphony
Weekly measurement: % achieved sepsis 6 bundle

- **Blood Cultures**
- **Lactate**
- **Abs**
- **O2**
- **Monitor Fluid Balance**
- **Fluid Challenge**
Changes Implemented

Sepsis Board meeting
Nursing Grand round
Medical Grand round
Trust Sepsis day
Trust Quality Agenda
Local simulations
Grab bags
Safety Cross

Weekly feedback: in AE, MDT, live patient scenarios/variances discussed

Severe Sepsis pathway mortality

- Deaths

<table>
<thead>
<tr>
<th>Year</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>22%</td>
<td>20%</td>
<td>14%</td>
<td>12%</td>
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</tbody>
</table>

SUI

Original Aim
- 50% reduction
- Achieved

Acute Kidney Injury

- AKI2
- AKI3

<table>
<thead>
<tr>
<th>Year</th>
<th>0-5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaths</td>
<td>50</td>
<td>10</td>
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</table>
Four crucial questions for us all

1. Do you know how good you are?
2. Do you know where you stand relative to the best?
3. Do you know where the variation exists?
4. Do you know your rate of improvement over time?

Source: IHI
Patient Centred Care - Challenges and Progress So Far

Dr Shanti Vijayaraghavan
Consultant Physician, Diabetes & Endocrinology, Newham University Hospital, Barts Health, London
Newham – a place of contrasts
Newham introduction

Borough of Newham (GLA projections)
- 302,500 (2012)
- Approx. 70% from BME groups, 2008 (South Asian ethnic groups being 33%)
- 6th most deprived borough in England
- Approx. 40% aged 25 and under (compared to 30% for London)
- Alarming rise in diabetes in the young, mainly associated with obesity
- Diabetes prevalence 9.4%
The problem

Newham Diabetes service exemplifies challenges within NHS:

- Rising demand on services: estimated rise 13.5% in 2030
- Pressure to cut costs/ improve efficiency
- Inflexible and inaccessible services
  - High non attendance rates: e.g. approx 50% in the young adult consultant clinic
  - Poor patient self-management, related to poor engagement with service and lack of flexibility of services (Local MORI survey ‘09)
- Poor health outcomes e.g.
  - Repeat admissions via the emergency department, particularly for young adults
  - Late antenatal bookings
  - Increased referral to renal, cardiac, foot care services
So, what are we doing about this?

1. Improved access to care:
   - DAWN: Diabetes Appointments via Webcam in Newham; Health Foundation SHINE 2011 - *Examining the scope and feasibility of web-based care*

   - DREAMS: Diabetes Review, Engagement And Management via Skype, The Health Foundation 2013 - *Changing the nature of a follow up appointment*

   - VOCAL: Virtual Online Consultations-Advantages and Limitations, NIHR 2014 – *Examining the dynamics of the clinician patient interaction with online care*
Outcome data: early results

Two years on: 331 appointments; from 87 patients
Age of those who agreed to participate (excluding those considered clinically unsuitable)

<table>
<thead>
<tr>
<th>Patient ages</th>
<th>% agreed</th>
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<tbody>
<tr>
<td>Under 50</td>
<td>82%</td>
</tr>
<tr>
<td>50 - 59</td>
<td>64%</td>
</tr>
<tr>
<td>60 - 69</td>
<td>29%</td>
</tr>
<tr>
<td>70 – 79</td>
<td>11%</td>
</tr>
<tr>
<td>Total</td>
<td>62%</td>
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Main reasons for NOT participating were: no access to the internet at home (52%), ‘prefer face to face’ (18.5%), not confident with the internet/computer (9%)
Other outcome measures

• **DNA data:**
  Overall DNA rate 13% for scheduled appointments
  (*baseline DNA rates, same patients, 25%*)

• **Emergency Department (ED) attendance, initial promising results**
  Baseline data: 12 diabetes related A&E attends, by 7 patients, in year prior to commencing online appointments

  Follow up data: 0 attends so far since starting webcam appointments (average of 6 months of follow up data per patient). More data required.

• **Clinical outcomes measures, initial promising results**
  Of the patients who had >2 webcam appointments, the average Hba1c reduction was 1.65% (*DCCT Values*) suggesting greater compliance with medication and self-management
DREAMS: Patient Feedback

ACCESS

“Skype is ‘great for diabetes’. Previously it meant taking a day off university to come to clinic.”

POSITIVE SHIFT IN DYNAMICS

“I don’t think the consultant or the nurses actually realise, their whole attitude changes when they are in the consultation clinic, they have got the papers in front of them, they are fiddling with that, they are reading through it, but when they are on Skype they just look straight at you and they talk at you”

OWNERSHIP

“Skype has helped to change my mind set in terms of management. There’s no excuse for missing appointments now”

LESS ANXIETY

“I feel better controlled since using Skype and less anxious”
Peer support for young people with diabetes: Guttman Academic Partnership (UCLP)

The Problem:
• The age-specific prevalence of T2DM in young adults (16-25 years) within Newham is the highest in the UK at 0.57/1000
• Poor engagement/self-management - 50% DNA
• Social determinants of health remain unidentified or unaddressed
• Limited collaboration between specialist diabetes services and community providers
Aim

• To explore the scope & feasibility of creating a peer-support model for young people with diabetes
• Work with a range of partners across health and social care, including local schools and employers
• Enable young people to discuss varied concerns, not traditionally addressed in specialist clinics
• Identify challenges and incentives
• Deliver a community based model of care best suited to patient need
GET HEALTHY
GET FIT
GET ACTIVE

FREE Lifestyle and Fitness Day at East Ham Leisure Centre on Wednesday 13th August 2014

Are you a young adult living with diabetes?
Want to improve your fitness and not sure how?

Come along and get some personalised lifestyle & fitness advice.
• Take part in free swimming, circuit training and virtual cycling
• Get some nutritional advice from Jamie’s Ministry of Food
• Receive 3 month’s FREE off peak membership

8.00am – 7.00pm
No need to book – just turn up.
For more information please call 0844 414 2728
East Ham Leisure Centre, 324 Barking Road, East Ham, E6 2RT

Local charges apply from a BT landline but charges from other networks may vary.

Barts Health
NHS

Employment Masterclass

STRATFORD CIRCUS
FRIDAY 27TH JUNE
6.30PM

Discuss work related issues or successes with your peers and get useful tips from employment experts (Ixon – www.ixionholdings.com)

RSVP by June 20th (places limited)

Contact: Desirée or Rita
Phone: 0207 363 8566
E-mail: dcampbel@nhs.net

GOT A CV? — BRING IT!
Challenges

• Relationships – partners and patients
• IT and Data
• Tariff/funding/commissioning
• Patient Champions
• Organisational impact
What is the Newham UCLP Programme?

- A collaboration between Newham CCG, primary care in Newham, London Borough of Newham, voluntary sector organisations, ELFT, Barts Health, local schools, UEL, QMUL, UCL and UCLP.

- The aim of our work together is to **improve health outcomes through education and research** for the population in Newham and more broadly in East London. And to diffuse the best practice developed across London and the UK.

- In practice this takes two forms:
  - **Encouraging adoption of evidence** in service design and delivery
  - **Generating new evidence** through service innovation, evaluation and new ways of looking at information
Newham UCLP Steering Group

Leaders from Newham CCG, UCLP, LBN, ELFT and Barts Health

Primary care

Low birth weight

Pre-diabetes and diabetes

Cardiovascular disease
Many thanks for attending today’s
UCLPARTNERS QUALITY FORUM
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The next Quality Forum will be on Friday 21st November

@UCLPartners
#UCLPQF