



International Forum on Quality & Safety in Healthcare Experience Visit to NHS Lothian – 27 March 2019

Experience Day 5: Innovative approaches to anticipatory patient care and mental health

09.00am:

- **Group 1** (50 delegates) departure by coach for Astley Ainslie Hospital

09.30am

- **Group 2** (25 delegates) departure by coach for Newbattle High School

Group 1 programme

10.30am: Arrival at Astley Ainslie Hospital. Refreshments, Welcome & Introduction – Simon Watson, Chief Quality Officer, NHS Lothian

11.00am: Departure for experience sessions. 25 delegates per group.

Astley Ainslie Hospital (on site)

Royal Edinburgh Hospital (approx. 10 mins transport)

Session 1: Flow Centre, Astley Ainslie Hospital

The Flow Centre supports the flow of patients across all adult acute sites in Lothian, managing all referrals for urgent acute care, either in the community or in a hospital setting. The Flow Centre manages and co-ordinates all transport for transfers and discharges across Lothian, including repatriations to other Boards out with Lothian.

Delegates will be able hear from sites, staff in the community and see the Flow Centre in action, hear about how it was created with opportunity to view transport options.

This award winning team has implemented a robust safety and clinical governance framework to ensure the safety of patients at the interface between primary and secondary care. From initial contact to the patient being admitted or arriving home, the Flow Centre ensures that the patient is seen in the right place at the right time by the right person and transported in the safest way.

11:15am: Flow Centre Presentations



- Joan Donnelly, Service Director - the Flow Centre Past and Present
- Nurse Director for Unscheduled Care, NHS Lothian, Simon Dunn
- Scottish Ambulance Service senior manager
- General Practitioner Lothian

12.15pm: Lunch (rolling)

Breakout Session 1: Flow Centre Operational visit

Breakout Session 2: Flow Centre transport options visit

Breakout session 3: Poster and data presentations

2.00-2.30pm: Discussion – the future and questions – Joan Donnelly

2.30-3.30pm: Discussion Forum: An opportunity to reflect and share feedback (chaired by Tim Davidson, Chief Executive)

3.30pm: Close and return to SEC by coach

Session 2: Royal Edinburgh Hospital

11.00am: Departure for Royal Edinburgh Hospital from Astley Ainsley

11.15am: Arrival at Royal Edinburgh Hospital

11.15am-12.15pm: Welcome and Presentations, Annie Altshul Room

Welcome: Dr Jane Cheeseman, Consultant Psychiatrist & Paul Smith, Improvement Advisor

Introduction to the Quality Improvement Programme in Mental Health.

Delegates will develop an understanding of the approach to improving quality in Lothian in mental health settings

Presentation: Dr Mark O'Connor and Tracey Johnstone, Community Psychiatric Nurse

People who are prescribed antipsychotic medication for a long term mental health condition are at a higher risk of developing serious physical health complications such as stroke, cardiac problems and sudden death. Mental health patients die 20 years earlier than the general population with antipsychotic medication being a contributing factor. Delegates will hear about a project aimed at improving the rate of physical health



screening for people living with schizophrenia who are prescribed the anti-psychotic medication Clozapine.

Presentation: James Boyle, Positive Behavioural Support coach and Samantha Fortheringham, Staff Nurse

(PBS) provides the right support for a person, their family and friends to help people lead a meaningful life and learn new skills without unnecessary restrictions. Delegates will learn about the impact of PBS on quality of life from a service user's perspective.

12.45 – 1.15pm: Lunch

1.15-2.15pm - Experience breakout sessions (6 delegates per session approx)

The 'Safewards' model: Eileen Clark, Quality Improvement Nurse

The introduction of 'Safewards' in an acute mental health setting – 'Safewards' is an evidence based model of nursing developed in South London's Maudsley Hospital. After its implementation it demonstrated a 15% drop in episodes of conflict and 24% decrease in containment. The Royal Edinburgh Hospital is now currently implementing this across all adult inpatient units. The delegates will have an opportunity to hear from staff their experience of applying the interventions in practice.

Stress and distress in relation to people living with dementia: Charlotte Monk, Senior Charge Nurse

Delegates will learn what is meant by stress and distress in relation to people living with dementia. They will have an opportunity to visit a clinical area where a model for supporting stress and distress has been introduced and hear from the team the positive impact this has had on patients, carers and staff. Following the successful introduction, The Royal Edinburgh Hospital is planning to implement this person centred approach across all older peoples' inpatient services.

Timely access to high quality adult clinical psychology services: Dr Emma Williams, Clinical Psychologist & Dr Lindsay Brassington, Clinical Psychologist

Timely access to high quality adult clinical psychology services is essential for improving the experience and outcomes of service users. Delegates will learn about a range of



improvement projects including improving access to psychological interventions for complex neurological conditions, pain management and neuropsychology.

Child & Adolescent Mental Health Services in Lothian: Dr Gill Kidd, Consultant Clinical Psychologist & Dr Fiona Duffy, Consultant Clinical Psychologist Professor Cathy Richards, Head of Psychology (CAMHS)

Child & Adolescent Mental Health Services in Lothian: offer a wide range of specialist interventions. Timely access is essential to improve outcomes. Delegates will learn about the local approach to improving access to therapies for eating disorders, Autistic Spectrum Disorders and Learning disabilities.

2.15pm Return travel to Astley Ainslie Hospital

2.30pm Discussion Forum: An opportunity to reflect and share feedback (chaired by Tim Davidson, Chief Executive)

3.30pm Close and return to SEC by coach

Group 2 programme

11.15am: Arrival at Newbattle Community Campus

11.30am - 12.30pm:

Presentations on the Edinburgh and South East Scotland City Deal and Digital Centre of Excellence. Prof Nick Mills, Consultant Cardiologist, NHS Lothian and Professor of Cardiology at the University of Edinburgh and Tom Lawson, Schools Technology Advisor, Midlothian Council and the University of Edinburgh

A partnership between the University of Edinburgh and Midlothian Council and based at the recently opened Newbattle Community High School, the ambitious Digital Centre of Excellence is dedicated to improving opportunities for all, giving children, families and the local community access to modern education and leisure facilities, with a particular emphasis on interrupting the cycle of poverty. It supports improving outcomes for pupils and the wider community, tackling social and economic inequalities and developing skills, knowledge and ambition, thereby improving outcomes and positive destinations for young people. Wider aspirations include reducing the poverty based attainment gap.

12.30- 1pm: Lunch



1.00 – 1.20pm: Welcome and Setting the Scene

Jamie Megaw, Strategic Programme Manager, Midlothian Health & Social Care Partnership
Iain Morrison, GP, Newbattle Medical Practice & Quality Cluster Lead

1.20-1.40pm: Taking a Quality Improvement Approach

Elouise Johnstone, Lothian Quality & Safety Improvement Manager - Primary Care
Rebecca Green, GP QI Support Lothian Primary Care Quality & Safety

1.40-2.40pm: The Frailty Programme in Midlothian:

Presentations from four projects 'World Café' style

- **Red Cross Mild Frailty Project**

Lorraine Dilworth & Sandie Wood (British Red Cross) and two service users (tbc)
Sandra Bagnall, Assistant Strategic Programme Manager, Midlothian Health & Social Care Partnership

This project uses the electronic Frailty Index (eFI) to pro-actively identify people living with mild frailty from three GP Practices in Midlothian and encourage them to access Red Cross' Neighbourhood Links service. The service assesses clients' ability to self-care, social isolation levels, if they claim benefits they are due, and how they manage around the house, then supports them to access appropriate service. The service's strengths are due to:

- Using an innovative assessment tool
- Multidisciplinary working
- Holistic review of client needs
- Staff's ability to link people to appropriate statutory support and to other Red Cross services as necessary.

The aim is to support a system shift from crisis response, or for individuals discovering helpful services by chance, to a pro-active systematic approach that makes it easy for primary care to link people to an existing service.

This fits with the Health & Social Care Partnership's ethos of prevention and commitment to the 'House of Care' method of responding to what individuals say 'what matters' to them, whether that be practical, social or emotional needs

Key Outcomes to date:



- Carer support required in 35% of contacts
- Increase in benefits claimed
- Increase in blue badge applications
- Basic home adaptations required for 70% contacts
- New relationship with practices and Red Cross
- Reduced social isolation

- **Penicuik Medical Practice- Multi Disciplinary Meetings for Older People Pilot**

Julia Lutte, GP Penicuik Medical Practice and MDM members

This monthly meeting brings together front line staff from health (GP, ANP, Physio), social care (OT, Duty Social Work), MERRIT- Midlothian Emergency and Rapid Response Team, local day centre and Red Cross. Anyone from the group can bring a case. This is about discussing difficult issues using a multi-disciplinary approach and share real time information across different agencies to improve care for older people and foster closer working relationships within the locality of Penicuik.

- **Primary Care Collaborative- Primary Care QI Projects**

Leona Carroll, GP Dalhousie Medical Practice

Gosia Wardrop, GP Strathesk Medical Practice (tbc)

The Electronic Frailty Index (eFI) uses General Practice read codes to identify frailty in the practice population. It has the potential to allow practices and the Health and Social Care Partnership (HSCP) to improve the frailty system of care.

Using data analysis and quality improvement methodology the objective is to use the eFI and link this with data from primary care, community health and care, prescribing and hospital services to understand how people with frailty are using services. This information is then used to test and implement new ideas which combine to help develop the Midlothian frailty system of care to improve patient outcomes, improve staff and patient experience and reduce per capita cost.

The HSCP employed a senior analyst for the project and formed a Learning Collaborative with GPs with funded time to use the data and test quality improvement ideas, including: prescribing reviews, admission avoidance, anticipatory care planning and hypoglycaemia avoidance. Analysis is aiding understanding of how services are accessed and improving coordination of care between practice and locality teams.

- **Newbattle Medical Centre – CHEN MED**



Iain Morrison, GP Newbattle Medical Practice

This project is yet to start, but will focus on changing the service delivery model within one GP practice for people with moderate/severe frailty. This will involve smaller GP list sizes of 350–450 patients that allow for intensive health and preventive care.

2.40pm Discussion Forum: An opportunity to reflect and share feedback (Chair TBC)

3.30pm Close and return to SEC by coach