

## APPG on Patient Safety: Primary Care

Tuesday 8<sup>th</sup> December 2009

The APPG meeting focused on how patient safety is managed outside of the acute care setting. The speakers included:

**Dr David Lloyd**, Practising GP from Alexandra Avenue Polyclinic

**Professor Aneez Esmail**, Professor of General Practice, University of Manchester

**Bruce Warner**, Head of Primary Care, Ambulance and Specialist Programmes, National Patient Safety Agency

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Opening the meeting, Chair of the All-Party Group Dr Howard Stoaite MP introduced the members of the panel and welcomed the other attendees. Howard Stoaite asked each speaker to briefly present their thoughts on how patient safety is managed in primary care, following which he asked them individual questions.

Dr Lloyd opened the discussion by stating that the increase in demand on services has a direct impact on patient safety. Polyclinics such as the one he works in, in Harrow, is in great demand, having gone from treating 3,000 patients to 11,000. Therefore it is harder than in a smaller GP practice to manage high standards of patient safety. Dr Lloyd used the language barrier that he experiences in Harrow as an example - a large population of Sri Lankans who do not speak much English makes treating them accurately and safely extremely difficult. Nonetheless Dr Lloyd asserted that polyclinics offer a safer environment than traditional GP practices because the latter tends to be difficult to access, especially for migrants because of its rigid structure. Polyclinics offer the 'best of both worlds' as they provide new services at a local level as well as traditional primary care.

To ensure the safety of the patient Dr Lloyd called for universal systems and protocol in place and made a plea to Bruce Warner for the NPSA to address this as a matter of urgency.

Picking up on Dr Lloyd's point about language barriers, Howard Stoaite asked how you could practice safe medicine when you don't know the medical history of the patient because, for example, they are not originally from the UK. Dr Lloyd admitted that it is extremely difficult to diagnose a patient when you aren't aware of their medical history. All a GP can do is be extremely careful and methodical in their practice and engage with the patient as much as possible.

Professor Aneez Esmail agreed that the potential for something to go wrong when treating a patient in primary care is huge, and therefore there needs to be greater emphasis on reporting mistakes, in order for the industry to know what not to do. Professor Esmail argued that encouraging reporting is not only

about numbers, but about learning how and why systems can improve to ensure the safety of patients. However it is also important to have a system in place that doesn't discourage professionals from reporting mistakes. There are currently a lot of risks for GPs if they admit mistakes.

Misdiagnoses was another area that Professor Esmail claimed needs more attention. Particularly as there is a gap in education and teaching on diagnosis - techniques that are currently used are dated. Howard Stoute reiterated this point, by explaining that, as a practicing GP, he was only aware of new, innovative medicines because he took an active interest in finding out. There is no system in place to ensure GPs that have been practicing for a long period of time know about new techniques and treatments.

Bruce Warner from the NPSA highlighted that although GPs are a vital part of primary care, it encompasses more than GP practices and polyclinics; it includes pharmacy, community care, dentistry etc. Mr Warner argued that there are best practices across these disciplines that can be applied elsewhere to improve patient safety. However he was keen to highlight that this doesn't mean there is a one size fits all method.

Jeremy Taylor from National Voices asked the panel what role patients can play in ensuring patient safety. Dr Lloyd and Mr Warner agreed that their role was extremely important. Dr Lloyd has regular meetings with patient groups to receive feedback in order to improve the services that the polyclinic offers. Similarly he regularly checks the NHS Choices website, which allows patients to post comments on GPs and practices, to ensure he is doing his utmost to ensure patient safety and satisfaction. Mr Warner highlighted the importance of patients in reporting medical errors. For example a pilot in Derbyshire has shown that there is a 30% reporting rate for medication errors, the majority of which comes from patients. This type of reporting is vital in improving safety.

Professor Aneez picked up on Mr Warner's point, claiming that there was a reluctance to complain about individuals, particularly if a GP for example has been the family doctor for years, as there is a sense of loyalty to the practitioner. This ultimately damages reporting, particularly in the case of misdiagnoses. However Professor Aneez was keen to highlight that regulation to ensure compliance of safety measures will fail because healthcare professionals will soon learn how to comply, which doesn't necessarily equate to complying to be safe. There is a role for regulation, particularly in areas such as sterilisation of medical instruments, but it won't solve everything.

Steven Thornton from the Health Foundation asked 3 questions of the speakers; (i) whether they thought opening primary care up to the market, would improve safety, (ii) whether incentives to improve reporting would help improve safety and (iii) what the implications there are for patient safety given the expected budget cuts. All three panellists agreed that market forces and private providers can bring improvement to safety. The NPSA for example, recognised the positive impact of ISTCs, but Mr Warner asserted that more work needed to be done to ensure private providers are utilised to improve safety. Professor Aneez agreed but called for the NPSA to ensure that market forces do not fragment care.

Similarly all three speakers were certain budget cuts wouldn't have a significant impact on primary care. Bruce Warner said that as long as healthcare professionals become cleverer about processes and methods of practice, and how to deliver the quality and productivity agenda, cuts shouldn't cause a problem. Professor Aneez agreed that it would be too simple to say cuts will mean safety of patients will suffer. He hoped that the professional ethos of doctors would go above how much they are paid.

The meeting concluded with a question from Vicky Aldred from NHS London on payment by results, and whether it is a hindrance to performance. All three speakers and Dr Stoate concurred that PbR was a perverse, skewed system, and not something that directly improves patient safety.