



Quasar Healthcare Professionals Feedback Monthly Update

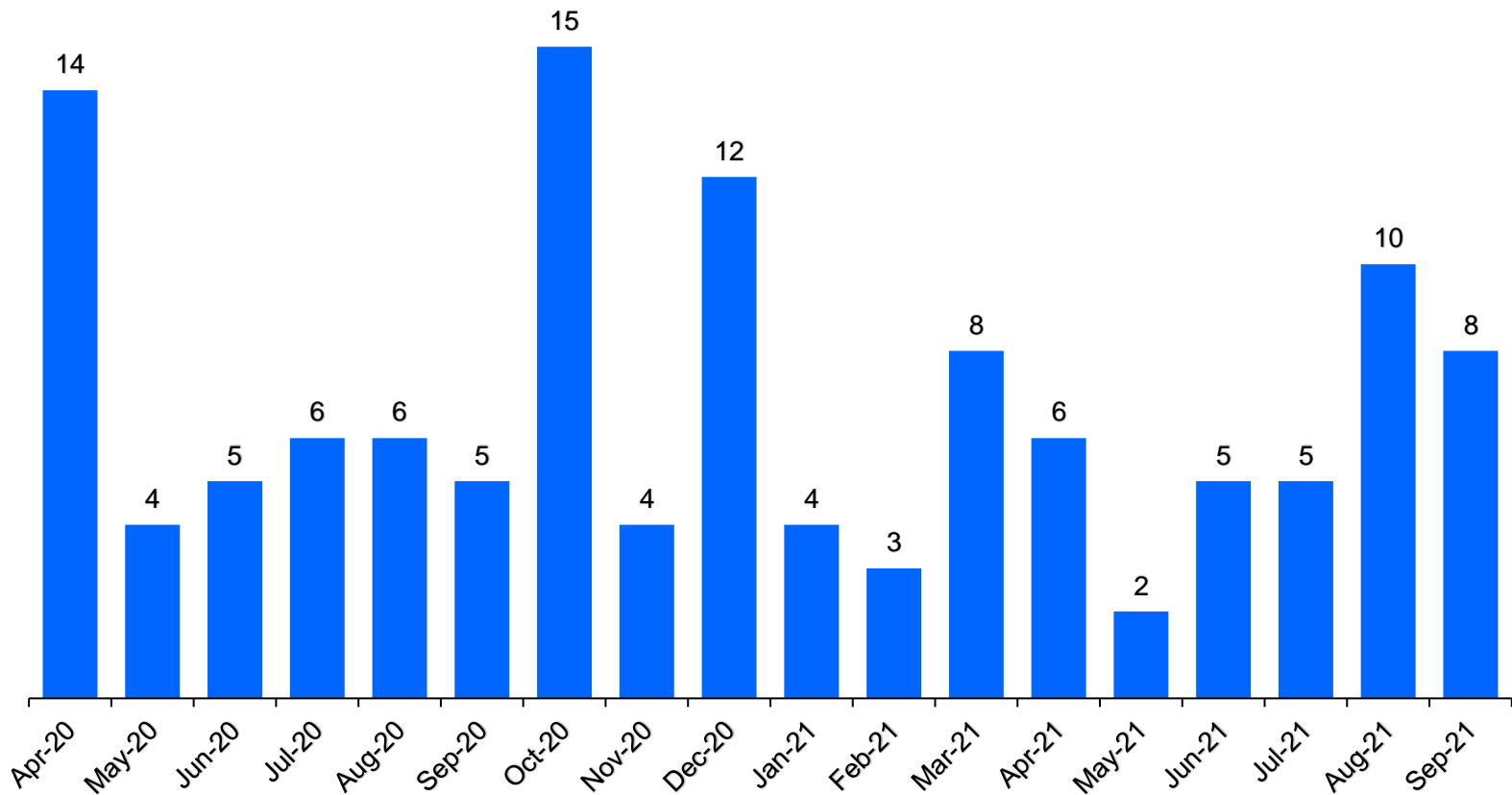
October 2021

Portsmouth CCG

Data correct as of 31st September 2021

Total quality alerts recorded

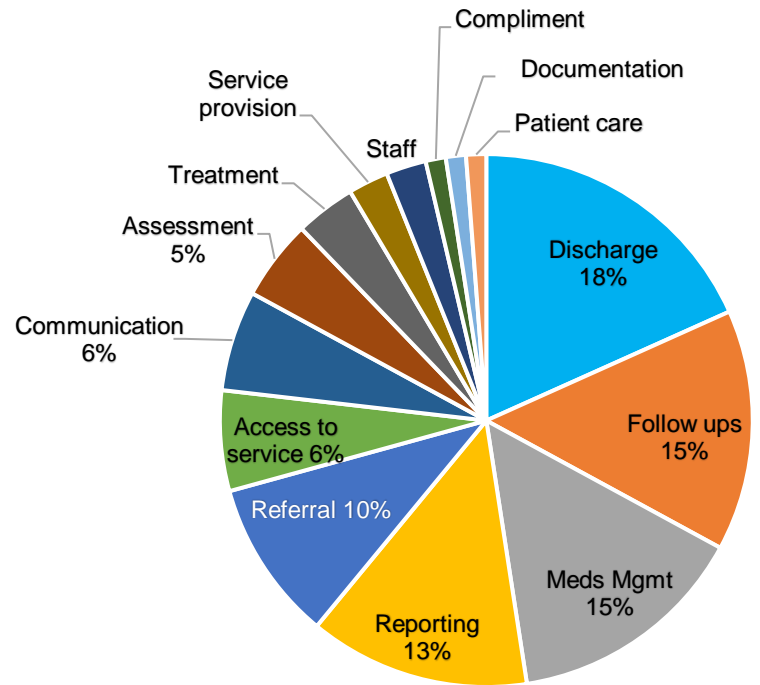
Healthcare Professional Feedback



Reporters

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
GP Practice	14	4	11	4	2	7	5	2	4	5	9	4	71
The Lighthouse Group		2	3			2	1	2	1	1	6	1	19
Derby Road Practice	2	1	3	1		1	1		2				11
East Shore Partnership	6	1	1	1			1						10
Trafalgar Medical Group	2					1	1			3		1	8
Lake Road Practice			3	1		1					1		6
Guildhall Walk Health Centre				1	1		1			1	1		5
North Harbour Medical Group	3				1	1							5
Craneswater Group			1						1				2
The Drayton Surgery	1											1	2
Kirklands Surgery											1		1
Portsdown Group Practice						1							1
Sunnyside Medical Centre												1	1
PHU					1	1	1				1	3	7
Bluebell Care Home	1												1
Ports City Council									1				1
Portsmouth CCG			1										1
SHFT												1	1
Total	15	4	12	4	3	8	6	2	5	5	10	8	82

Concerns raised



	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	
Discharge	1		1	1		2	2			2	4	2	15	18%
Follow ups	1		4	1		1	3		1			1	12	15%
Meds Mgmt	2	1	4		1			2			1	1	12	15%
Reporting	4	1	2	1		1			1			1	11	13%
Referral	3	1	1	1		1				1			8	10%
Access to service					1	1			2			1	5	6%
Communication	1	1			1						2		5	6%
Assessment						1	1			1		1	4	5%
Treatment	2					1							3	4%
Service provision									1	1			2	2%
Staff	1										1		2	2%
Compliment											1		1	1%
Documentation											1		1	1%
Patient care												1	1	1%
Total	15	4	12	4	3	8	6	2	5	5	10	8	82	

Concerns raised

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
Discharge	1		1	1		2	2			2	4	2	15
Communication			1	1								1	3
No summary received											2		2
Medication supply												1	1
No PoC arranged											1		1
Reporting						1							1
Perceived DNA							1						1
No care plan in place											1		1
Fit note										1			1
Follow ups							1						1
Planning	1												1
Treatment										1			1
COVID positive						1							1
Follow ups	1		4	1		1	3		1			1	12
Onward referral	1		3	1		1							6
Test result not acted on												1	1
Treatment							1						1
A&G			1										1
Communication							1						1
Tests & results									1				1
Treatment required							1						1
Meds Mgmt	2	1	4		1			2			1	1	12
Prescribing	2		3		1			1					7
Prescription		1	1					1					3
Dispensing Error												1	1
RED drug											1		1
Reporting	4	1	2	1		1			1			1	11
Delay	1			1		1			1				4
Content	2												2
Misinformation												1	1
Meds Mgmt	1												1
Tests & results			1										1
Discharge			1										1
Failed to report		1											1
Referral	3	1	1	1		1				1			8
Triage	2												2
Wound mgmt										1			1
Rejected				1									1
Onward referral		1											1
Cancelled	1												1
2ww						1							1
Crisis			1										1

Providers in Question

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	
PHU	12	2	8	3	2	6	4	1	2	1	5	3	49	60%
Solent		1	2				2		1	1			7	9%
GP Practice					1	1					1	2	5	6%
Practice Plus			1						2	2		1	6	7%
UHS	1									1	3		5	6%
Community Pharmacy		1						1					2	2%
SCAS	2												2	2%
Hampshire Ambulance												1	1	1%
National						1							1	1%
Optegra Eye			1										1	1%
Portsmouth City Council												1	1	1%
Prison				1									1	1%
St Richards											1		1	1%
Grand Total	15	4	12	4	3	8	6	2	5	5	10	8	82	

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
Solent		1	2				2		1	1			7
District Nurses			1				1		1	1			4
Community Phlebotomy Service							1						1
Mental Health Crisis			1										1
Solent East Mental Health Service		1											1

Providers in Question

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total
PHU	12	2	8	3	2	6	4	1	2	1	5	3	49
A&E	1				1	2					1	1	6
Gastroenterology	2	1	1			1						1	6
Rheumatology	1							1			1	1	4
Dermatology		1		1							1		3
Urology				1	1	1							3
Cardiology						1			1				2
Not indicated / Unknown	1		1										2
Paediatrics			1						1				2
AMU						1							1
Biochemistry	1												1
ENT				1									1
General Surgery	1												1
Geriatric Medicine							1						1
gynaecology			1										1
IT			1										1
Medicine											1		1
Midwives / Maternity							1						1
Ophthalmology	1												1
Orthopaedics							1						1
Pathology			1										1
Renal	1												1
Respiratory			1										1
Surgical										1			1
Ward A6	1												1
Ward D3	1												1
Ward E8											1		1
Ward F2			1										1
Warfarin Clinic							1						1
Wessex Kidney Centre	1												1

PSEH – Most reported Concerns

(combined)

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	
Reporting	25	30	27	23	13	26	25	9	59	39	24	48	348	27.3%
Content	9	6	3	5	1	6	12	5	3	2	1	3	56	4.4%
Mode										9	11	30	50	3.9%
Duplication		2	4	6	3		6	1	18	1		2	43	3.4%
Tests & results	1	2	3	4	1	5	2	1			1		20	1.6%
Delay	5		1	1		4	1		1		2	2	17	1.3%
Discharge	18	17	18	26	8	17	14	16	16	18	18	8	194	15.2%
Reporting	1	1	2	9	2	7	4	2	2	1		1	32	2.5%
Onward referral	7	5	6		3	2			3		1	1	28	2.2%
Communication		3	3	9	1		1	4			1	1	23	1.8%
Summary							2		6	7	4		19	1.5%
Fit note		2					1	4		3			10	0.8%
Meds Mgmt	7	24	16	8	9	14	15	9	4	5	11	27	149	11.7%
Prescribing	5	11	7	5	4	8	3	4	1	3	7	4	62	4.9%
Prescription		1	2	1	1		3	2				13	23	1.8%
Medication supply		4	2		1		4		1			3	15	1.2%
Treatment	2		1		1	1	1					1	7	0.5%
Dispensing		1	2										3	0.2%
Follow ups	15	15	11	11	8	13	9	7	7	10	4	8	118	9.3%
Onward referral	7	7	7	4	2	9	1	5	2	2	1	5	52	4.1%
Tests & results	6	5		1	1	3	1		1				18	1.4%
Treatment					1		1			3			5	0.4%
Monitoring	1			1	1								3	0.2%
Ongoing care									1				1	0.1%
Referral	11	11	5	6	1	8	8	3	9	3	4	3	72	5.6%
Rejected	3	3		1	1			1	1	1		1	12	0.9%
2ww				2		3	3				2	1	11	0.9%
Pathway	2	1						2	1		1		7	0.5%
Process						1	1		1		1		4	0.3%
Triage	2	1		1									4	0.3%

Total of **all** feedback from Oct 2020 to Sep 2021 = 1275

PSEH – 20 most reported Providers

(combined)

	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Total	
1 PHU	63	63	54	55	28	51	51	26	47	48	33	35	554	46.8%
2 SCAS	7	13	5	2	9	8	4	8	12	2	2	3	75	6.3%
3 GP Practice	5	3		3	5	7	2	6	3	6	9	9	58	4.9%
4 Home	3	8	3	1	1		1	9	3	12	5		46	3.9%
5 SHFT	1	7	3	6	1	6	3	3	5	3	5		43	3.6%
6 SHPCA		5	3	1	2	2	1	2		4	12	9	41	3.5%
7 Pharmacy		3	4		3	1	10	3		2	5	6	37	3.1%
8 UHS	3	1	3	7	4	5		1	3	4	3	3	37	3.1%
9 PCSE			1	2		2	1		12	12		2	32	2.7%
10 Practice Plus	1	8	1	1	2		3	1	5	4	2		28	2.4%
11 Solent		2	2		1	1	2		8	3	4		23	1.9%
12 2 hr Disposition Surveillance												17	17	1.4%
13 Sussex Partnership				4		3	1		2	1	2	3	16	1.4%
14 Optician	4	3		4		1	2		1				15	1.3%
15 RSCH	1	1		1				4			1	1	9	0.8%
16 Spire		1							2	5			8	0.7%
17 COVID-19		1				5				1			7	0.6%
18 PHL	1	1				1	1	1	1		1		7	0.6%
19 HHFT		1	1			1			3				6	0.5%
20 UCLH										2		4	6	0.5%

Total of all feedback from Oct 2020 to Sep 2021 = 1183

Concerns raised in Sep 2021

1. Reporting

- There were 30 feedback logged by 1 practice regarding document shared via DOCMAN which was a platform they no longer use. The practice has been informed to contact the individual senders to advise the change from DOCMAN to email system.
- Incorrect recording of COVID vaccination included incorrect patient identified, 2nd dose recorded as 1st dose vice versa, or not recorded at all.

2. Medicines management

- This mainly involved prescription issues (n = 13) where scripts were either not issued, or not issued in a timely manner.
- There were also medication error, dispensing error, AMBER drug request with no shared care in place, and GP was asked to issue RED drug.

3. Follow ups

- GPs were asked to facilitate onward referrals (n = 5) which resulted in further delay in patients being seen.

4. Discharge

- Types of concerns raised on discharge include failure to notify patient's GP when patients were discharged, no package of care was arranged, and onward referral was not raised for further investigation/treatment.

5. Referral

- 2ww referrals were returned for GP to refer on to another department causing further delay in investigation / treatment.

Examples of learning

Medicine, Cardiology Outpatients:

- Community Heart Failure service for preserved LV function has not been commissioned by the CCG's therefore any referral to the team will be declined. Whilst this remains the case this situation is likely to occur again.
- Cardiology IP services will endeavour to ensure this information is shared with the general medicine team within the hospital.
- Effective communication amongst the Trust's staff and GP's to prevent future errors or miscommunication.
- That this is not a problem with heart failure referrals. There is one referral system which GPs can access. The system is not new but is due to be updated and the communication will be done via the heart failure board.
- HF pathway are repeatedly seeing incorrect information being given to patients in primary care. A reminder was recently sent to GPs about this, it is hoped the update to the referral system will help.
- This is an evolving system which is frequently discussed at consultant meetings. The heart failure board (primary and secondary care) meet monthly and referral process has been on the agenda.
- This event to be shared with wider Heart Failure Team and the Cardiology Consultants for enhanced review and learning.
- The importance of surgeries referring on the correct up to date hospital referral pro forma, to promote the best governance practice and to prevent an unnecessary delay in the patient pathway. The correct templates have been shared again for dissemination. Referrals to FACPC are received via a referral.
- Highlight the on-going need to communicate via the CCG to GP Surgeries. The Advanced Clinical Practitioner has been in collaboration with the CCG Transformational Manager for the Hampshire, Southampton and IOW CCG. The Transformational Manager has been liaising with her colleagues to ensure that the correct referral proforma's are disseminated to primary care.
- In addition, local GP and Deputy Clinical Commissioner and local GP and Clinical Director are aware of this incident and have been engaging with local GP surgeries to ensure the correct referral pathway is followed.
- The importance of storing correct, up to date referrals forms, relevant to their referral catchment area to avoid delays in review and care.
- Good practice highlighted by the team receiving the referral as the referral was triaged by a Clinician and returned to the referrer on the same day, requesting confirmation from the referring Clinician they wished the patient to be seen at PHU and a blank template was shared to ensure accurate completion of the referral form.

Examples of learning

Medicine and Urgent Care Division - Urgent Care, Ward D7:

- The Medical Team should have requested the patient's imaging
 - Going forward all junior doctors need to be made aware of what can and cannot be requested in primary care
 - A robust system needs to be established for following up outpatient investigations from Ward D7
 - Shared with the appropriate people for learning
-
- Patients to have appropriate review to enable adequate clinical decisions and treatment plans
 - To remind staff of the correct processes and clinical decision making
 - Staff to complete re-assessments when clinical condition changes
 - Clear documentation for repositioning and if unable justification
 - Daily skin checked for patients who are at risk
 - More effective communication of findings to reduce the level of harm
 - Ward senior nurses to spot check patients at higher risk
 - Training to ward staff around pressure ulcer management and differences in pressure categories
 - Discuss at safety huddles and handovers high risk patients
 - Ensure electronic systems reflect patient reality and are updated with any changes to allow better communication better teams
 - Complete Datix for all staffing deficit
-
- (DPP4 inhibitor) Linagliptin was initiated on admission as other groups of Type 2 diabetes treatment were contra indicated due to renal impairment. Linagliptin was not started in combination with GLP-1(Dulaglutide) whilst patient was on D7 as his regular diabetes medications were stopped in view of acute kidney injury.
 - DPP4 Inhibitor (Linagliptin) can be combined with GLP-1 analogue, however concomitant use is unlikely to provide synergistic effect. It may not lead to significant improvement in glycaemic control and side effects may not favour combination. Patients on Exogenous GLP-1 analogue (Dulaglutide) treatment are already using supraphysiological doses compared to intrinsic GLP-1 and hence DPP4 may not provide any added benefit in combination.
 - Patient with co morbidities (Learning disabilities in this case specifically), Diabetes treatment on discharge should be discussed with Diabetes team if there are any concerns. Patient was discharged on combined Linagliptin and Dulaglutide which should be avoided in view of side effects as individualised treatment for above patient.
 - The patient was discharged from D2 Medical Ward.

Examples of learning

Medicine, Hepatology Clinic C5:

- Discussed at Hepatology nurses team briefing
- We do not always have full access to GP medications list to review latest medications
- In future we will only document about the medications being prescribed or adjusted by the hepatology department to avoid confusion for the patient
- Ensure documentation is correct and accurate

Surgery, Surgical Assessment Unit (SAU):

- Consider ways to improve communication with our primary care providers to ensure the information received is accurate and thus the patient can be directed to the most appropriate team for review and treatment
- The importance of good communication between different specialities within the Trust to ensure that the patient sees the most appropriate clinician for completion of care

Medicine and Urgent Care Division - Older Persons Medicine, Ward G3:

- Importance of ensuring all PRNS are added to TTOs as patients suffering with cognitive impairment or delirium are more likely to escalate on a change of location or transfer.

Discharge Unit:

- Ensure that staff gets all the proper information from the ward during handover.
- To make sure that staff checked and provides night bags for patient that is being discharge especially those going home.

MSK / Head & Neck, Eye Day Case:

- Patients to have appropriate review to enable adequate clinical decisions and treatment plans
- To remind staff of the correct processes and clinical decision making.

MSK / Head & Neck, Ward D8:

- Ensure good communication across speciality teams when treating and discharging patients
- Ensure timely reviews of outlied patients to facilitate discharge.

Medicine, Ward E8:

- To ensure if a member of staff is unable to answer a question, they seek support or refer the caller onto the correct person to deal with the query.