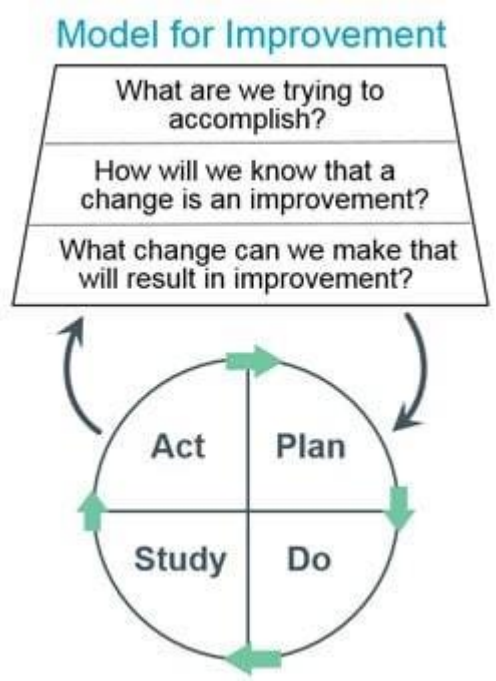
Are you interested in using a Quality Improvement (QI) approach? Follow our worked example in primary care

To set up a similar pilot, you can follow the following steps set out by the IHI Model for Improvement using our Hammersmith and Fulham Opioid Harm Reduction Model as a worked example.



The model for improvement is one of the most popular Quality Improvement (QI) models in use in healthcare settings today. Described by the Institute for Healthcare Improvement (IHI) as a 'simple but powerful tool for improvement,' it is a scientific method which was originally developed for the manufacturing industry.

Part 1

In the first part, you will need to first evaluate the problem you are looking at by asking three key questions:

What do you want to achieve?
When defining what it is exactly that you want to achieve within your QI project, it is helpful to construct an Aim Statement.

Worked example:

The pilot has two main focuses for achievement, the individual and the system. The pilot aims to ensure:

- each patient's pain is validated, they have a care plan based on what matters to them and the risk of harm from their medicines is reduced.
- health professionals have a shared understanding of what needs to be in place for a person to contemplate reducing medication that may not be helpful for them and aims to informs primary and community model of care for people with chronic musculoskeletal pain in NWL

How do we know if a change is an improvement?
By setting appropriate quantitative and qualitative measures you can find out whether things have improved within your project and whether a specific change has led to an improvement. There are three different types of measurement, which are: Outcome, Process and Balancing.

There are three common types of measures used in the MFI:

- Outcome Measures - Linking back to the numeric goal within the aim statement, they indicate how the system is working, specifically the impact on the patients.
- Process Measures - Are the parts/steps in the system performing as planned? Are we on track in our efforts to improve the system?
- Balancing measures - Are changes designed to improve one part of the system causing new problems in other parts of the system?

Worked example:

Measure	Collection method	Type of measure
Improved experience of managing chronic pain in primary care, and deprescribing where appropriate	Patient feedback via patient survey	Outcome measure
Improved pathway of care for chronic pain management including access to alternative support services and reduced reliance on medical management	Production of patient case studies on patient journey	Outcome measure
Less patients prescribed high dose opioids (>120mg OME) known to cause harm by 50%	Via ePact2 dataset and local PCNs	Outcome measure
Less patients prescribed opioids for long term (>6 months) known to cause harm	Via ePact2 dataset and local PCNs	Outcome measure
Less patients prescribed opioids in combination with other medicines known to cause harm – particularly gabapentinoids	Via ePact2 dataset and local PCNs	Outcome measure
To improve access to chronic non cancer pain management support for H&F patients within Core20+5 cohort.	Via ePact2 dataset and local PCNs	Outcome measure
Increased level of clinical competence of practice based pharmacists in managing patients with chronic non cancer pain	Qualitative feedback via clinicians	Outcome measure
Reducing reliance on external expertise and support for routine management of chronic non cancer pain	Number of referrals for advice and guidance via Connect over length of pilot	Process measure
Engagement of practice based pharmacists with introduction of MDT for non-routine, complex patient cases	Number of cases bought to MDT	Process measure
Usefulness of advice and guidance and MDTs provided by Connect Health	Clinician feedback via survey	Outcome measure
Increased access for patients to personalised care services to manage their chronic pain	Number of referrals to personalised care workforce made following advice and guidance/MDTs	Outcome measure
Increased access for patients to alternative clinical services to manage their chronic pain	Number of referrals to alternative clinical services (e.g. Physiotherapy) made	Outcome measure

	following advice and guidance/MDTs	
Engagement of practice based pharmacists with introduction of MDT	Number of cases bought to MDT Number and profession of attendees at MDT	Process measure
Clinical time spent on pilots required by practice based teams	Record of time spent on case finding, reviewing patients, attending MDTs etc.	Balancing measure

What changes can we make that will result in improvement?
As there are likely to be many changes that could be made to improve a process or system, this is a really good question to ask your team, and will help identify specific, practical changes that could be readily tested – i.e. Change Ideas (or sometimes known as Interventions).

Worked example:

The pilot has some core components to result in the desired improvements:

1. **Patient and Public Involvement and Engagement:** we held a focus group with persons with lived experience to gain insight into their perspective of chronic pain management, this helped us set up a pilot that took into account patient needs. Quote: “"You can feel like you’re out in the ocean, and the pharmacist contacting me felt like being thrown a life-belt."
2. **Pharmacist led Reviews:** pharmacists identified their cohort by requesting a patient list from NHS Business Service Authority (NHSBSA), invited patients in for a dedicated pain review using a shared decision making tool to support their conversation
3. **MDT Meetings:** MDT meetings were held by the local MSk Pain Service to support clinical decision making and upskilling of primary care staff
4. **Advice and Guidance Process:** an advice and guidance process was offered by the local MSk Pain Service to support clinical decision making
5. **Education:** training sessions on chronic pain management were offered by the programme team as well as offering project resources and encouraging attendance at health coaching training programmes

These change ideas are being tested in the next phase of the model for improvement method, using the Plan, Do, Study, Act (PDSA) cycle approach.

Part 2
The second part of the model for improvement process involves testing, implementing and spreading changes using the PDSA cycle.

The PDSA is a four-step model for improvement, which can be used to provide a framework for quality improvement changes. It is commonly used to test if a change is an improvement – and encourages you to learn from each small test and refine to work out how to implement on a broader scale.

Worked example:

- **Plan**: set out the process for reviewing patients on opioid medicines, incorporating a personalised care and MDT approach working across primary and community care services

- **Do**: initiate patient reviews, discuss complex patients with the community MSk service and ensure patients are referred to the personalised care workforce for holistic support
- **Study**: review impact on patient's opioid doses as well as feedback from patients on their experiences of the process
- **Act**: make changes to the process based on patient feedback, for example, this could be change from in person to virtual appointments, changing appointment length, or giving written information about chronic pain in advance of an appointment

PDSA cycles are designed to repeat until the improvement programme is achieving its desired impact.

For more information please contact lucie.wellington@imperialcollegehealthpartners.com
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