



## West Dunbartonshire Health & Social Care Partnership

## Clinical and Care Governance Forum 12<sup>th</sup> August 2016



**Jackie Irvine** 

Working in Partnership with General Practice: Child Protection and Wellbeing, Good Practice Example

## **Quality Assurance**

- From CP Audits we knew attendance and report provision was good
- Reflected genuine committment and collective responsibility
- Foundations were good for further collegiate work and information sharing to improve outcomes for children

### **Risk Management**

- Findings from National Significant Case Reviews (SCRs)
- Declan Hainey SCR & Fatal Accident Inquiry Identified:
- Greater early information sharing
- No one person held <u>all</u> the key information (Named Person service)
- Need for GPs to undertake child protection training

#### **Staff Governance**

- It's Everybody's Job to Make Sure I am Alright
- Social workers and health visitors were often the focus of SCRs (e.g. Declan Hainey)
- Acknowledgement of the important role that GPs play
- Need for clear information sharing pathways
- Contribution to assessments of vulnerable children and families

## **Continuous Improvement from 2013**

- Explored learning from national SCR research
- Oakview practice extension of vulnerable children management & overview process evaluated
- Provided Child Protection Level 3 Training
- Child Protection training for admin staff
- Royal College of General Practice (RCGP)
   Safeguarding self-assessment toolkit 2015 & 2016

## Continuous Improvement from 2013 Cont'd

- Provided details to all practices of children on the CPR & HPI of Additional High and Low – to improve planning to support children
- 2015 Clydebank practices took part in a GIRFEC Information sharing pilot with Education – evaluated very positively and will inform future practice
- Feb 2016 child protection workshop held in Clydebank Locality

## Continuous Improvement from 2013 Cont'd

- Feb 2016 training on the key principles of GIRFEC and wellbeing indicators;
- > safe
- > healthy
- > achieving
- > nurtured
- > active
- > respected
- > responsible
- > included

## Continuous Improvement from 2013 Cont'd

## **Ongoing Developments:**

- EMIS electronic record information sharing pilot – Oakview
- Child Protection training
- Information sharing with Named Person services (HV and Education)
- RCGP self assessments

### **Impact**

- Improved understanding
- Recognition of the role that GPs can play
- Relevance of wellbeing indicators
- Clarified pathways for communication case examples
- Increased confidence in communication

## **Impact Cont'd**

- Earlier intervention
- Increased trust across all professionals
- Education now making CAMHS referrals
- Positive impact on assessments of risks and needs
- All factors contribute to reduction of risk and harm, through early and effective information sharing and intervention to support vulnerable children and families.

## Questions





#### West Dunbartonshire Health & Social Care Partnership

An integrated approach to supporting people in the community to enable them to better manage their chronic pain

Heather Harrison
Chronic Pain Primary Care Service
Development Project Manager

# Plan: Why do anything about chronic pain?





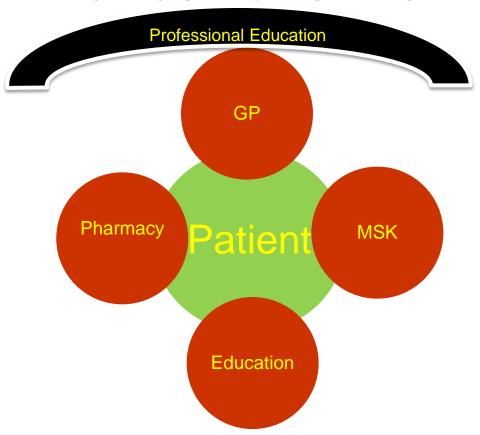








# Do: What did we do in West Dunbartonshire?

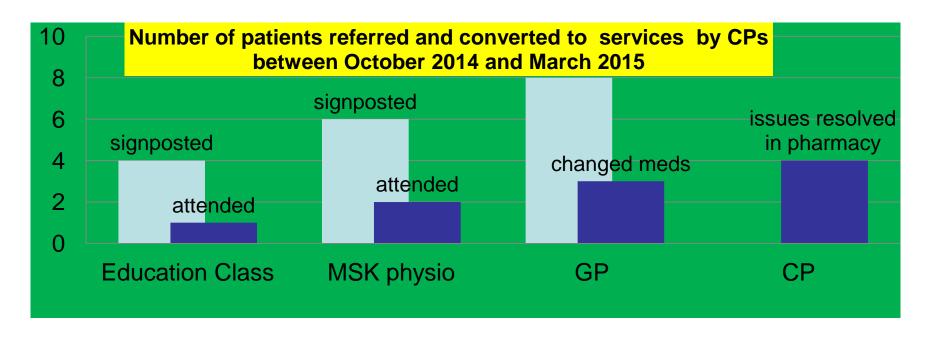




## Study

Between 30/10/2014 and 30/3/2015

•20 patients reviewed by the Community Pharmacists





#### From 30/10/2014 until 30/6/2015

Pain education classes- 57 patients

- •93% of patients said they would recommend it to others.
- •95% rated the presentations on understanding pain and managing activity as good, very good or excellent.
- Patients told us they better managed and understood their pain

It gave an insight into pain and...ideas for coping strategies

Feel I can come to terms with it

Practice pharmacist- 50 patients r/viewed and followed up

- 1.GP pain consultations halved subsequent to pharmacist reviews, as did the number of secondary pain clinics appointments
- 2. Analgesic drug costs were modestly reduced (£18/patient per annum) despite this not being the main focus for the reviews
- 3. Pain severity score reduced. Functional scores remained the same

## Reflecting on the pilot overall, one GP involved in the pilot said ...

"The West Dunbartonshire pilot had made the practice all much more aware of pain as an issue and made us aware of their deficiencies in how we assess and prescribe for patients and making it a significant agenda item over a long period of time has made us better educated and given us better prescribing habits and given us the resilience to resist to some of the pressures to prescribe and have more evidenced based coherent ways of managing people."

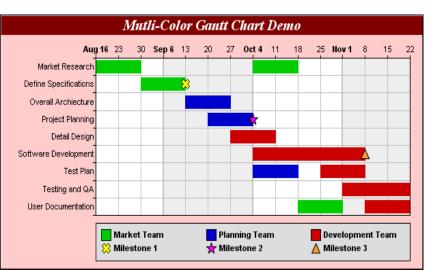
"the practice have rationalised their prescribing and it was now more appropriate" and that they were "spoiled by having a pharmacist as part team who could spend time listening to the patient and do an in depth review" and that "the patient education classes comes into its own because when patients come in to ask what we can do for them we can direct patients to the classes so that patients can find out what they can do for themselves"

## Key learning- success













# Key learning- challenges/do differently

- Challenges in maintaining the pilot on all the healthcare professionals agenda's – different priorities, staffing problems, new ways of working and changing behaviours
- Identifying/ developing tools and collecting data-try to automate
- Time required to analyse the data and write a report- build this in at the start
- Spreading the improvement whilst maintaining the fidelity of the project

## Next Steps

- Pain Concern deliver education sessions and roll out across areas of NHS GGC
- Community Pharmacy Augmented Pharmaceutical Care Scheme
- Chronic Pain Teach and Treat for Practice Pharmacists
- Ongoing professional education......