



UNIVERSITY OF
LINCOLN

Community Health
Research Unit

College of Social Science

Briefing Note

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Engaging healthcare organisations to implement evidence based large-scale quality improvement initiatives



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Large scale quality improvement collaboratives - key points

- We have successfully used this approach, initially developed in the US, to engage with and involve health service users and staff to:
- improve our understanding of how to manage sleep problems in primary care using knowledge derived from a general practice collaborative in Lincolnshire to spread learning to the rest of the UK and over 160 countries worldwide
- develop and improve care for heart attack and stroke nationally for all ambulance services in England and to spread the learning to the US and Middle East.
- improve prescribing safety in general practices across the East Midlands

Over the past 15 years members of the Community and Health Research Unit have been developing our understanding of how to translate research evidence into practice across the NHS, using the concept of large scale quality improvement collaboratives.

In doing this work we have begun to understand the practical difficulties of translating evidence at scale and the potential solutions to do this more effectively.

Improving primary care for insomnia

Our research has led to greater understanding of the importance of working directly with service users and front line staff to co-produce solutions to improve care. The Resources for Effective Sleep Treatment (REST) project, funded by the Health Foundation (£400,000). We adapted a form of cognitive behavioural therapy for insomnia, using a quality improvement (QI) collaborative suitable for a series of two to three 10 minute GP consultations.

We used this to pilot an intervention, learn about its effects on patients, GPs and sleeping tablet prescribing, eventually translating this into an e-learning programme used by almost 13000 users in the UK and in 164 other countries worldwide

The Community and Health Research Unit is the research centre for the School of Health and Social Care.

-The centre includes 15 staff, 8 doctoral students and a number of visiting and attached staff with expertise in quality improvement, implementation science, statistical and econometric modelling, health economics, qualitative and mixed methods.

-CaHRU continues to work extensively with healthcare organisations in the county, the region and nationally to research and implement improvements in care which has led to effects in the UK and internationally.



New indicators being developed by the team in collaboration with others are being developed to measure services in ways that will more clearly be linked to better outcomes for patients.

Making safe GP prescribing even safer

Our latest QI collaborative has involved over 380 practices in 12 Clinical Commissioning Groups (CCGs) in the East Midlands region, working together to improve prescribing safety. Funded by the Health Foundation and the East Midlands Academic Health Science Network (£620,000).

We implemented a pharmacist-led information technology intervention for medication errors ('PINCER') in which pharmacy teams in the region were trained to deliver a proven intervention shown previously to be effective in a randomised controlled trial.

GP prescribing systems were interrogated to search for potential prescribing errors and pharmacists used an educational technique known as academic detailing to provide feedback, discussing with practices how to address these potential errors and prevent them occurring in future. Over 25,000 potential errors have been identified in almost a million prescriptions in these 380 practices totaling almost 3 million patients.

These findings are being spread more widely through CCGs and national and international networks.

In Conclusion

The research CaHRU is conducting is helping to increase our understanding of how to make large-scale, significant and enduring improvements in healthcare delivery.

Leading to improvements in primary care management of insomnia and sleep problems, better ambulance care for heart attack and stroke nationally, and safer general practice prescribing throughout the East Midlands.

The learning continues to be spread nationally and internationally through face-to-face, e-learning and networks of interest and expertise.

You can learn more about the work of CaHRU at our web pages (<http://cahru.org.uk/>) or via twitter @CaHRU_UoL

Improving ambulance service care for heart attack and stroke

The Ambulance Services Cardiovascular Quality Initiative (ASCQI) funded by the Health Foundation (£500,000.) Working with ambulance services to redesign care for heart attack and stroke and to improve care for cardiovascular emergencies. This involved working with teams of staff to share learning as teams progressed, using techniques such as funnel plots to compare services, process maps, to understand how care was being delivered and how it might be improved, and control charts to show whether this was making a difference.

The result was that performance in the quality indicator for heart attack rose from around 40% to almost 80% and for stroke from around 80% to 95% during the two years of the collaborative. Survey and qualitative methods were used to explore how this came about.

The indicators of good care for heart attack and stroke developed through ASCQI were incorporated into the national Ambulance Clinical Quality Indicators used by the Care Quality Commission to measure the quality of ambulance services. The methods used in this study have been used in ambulance services in the United States and Oman.