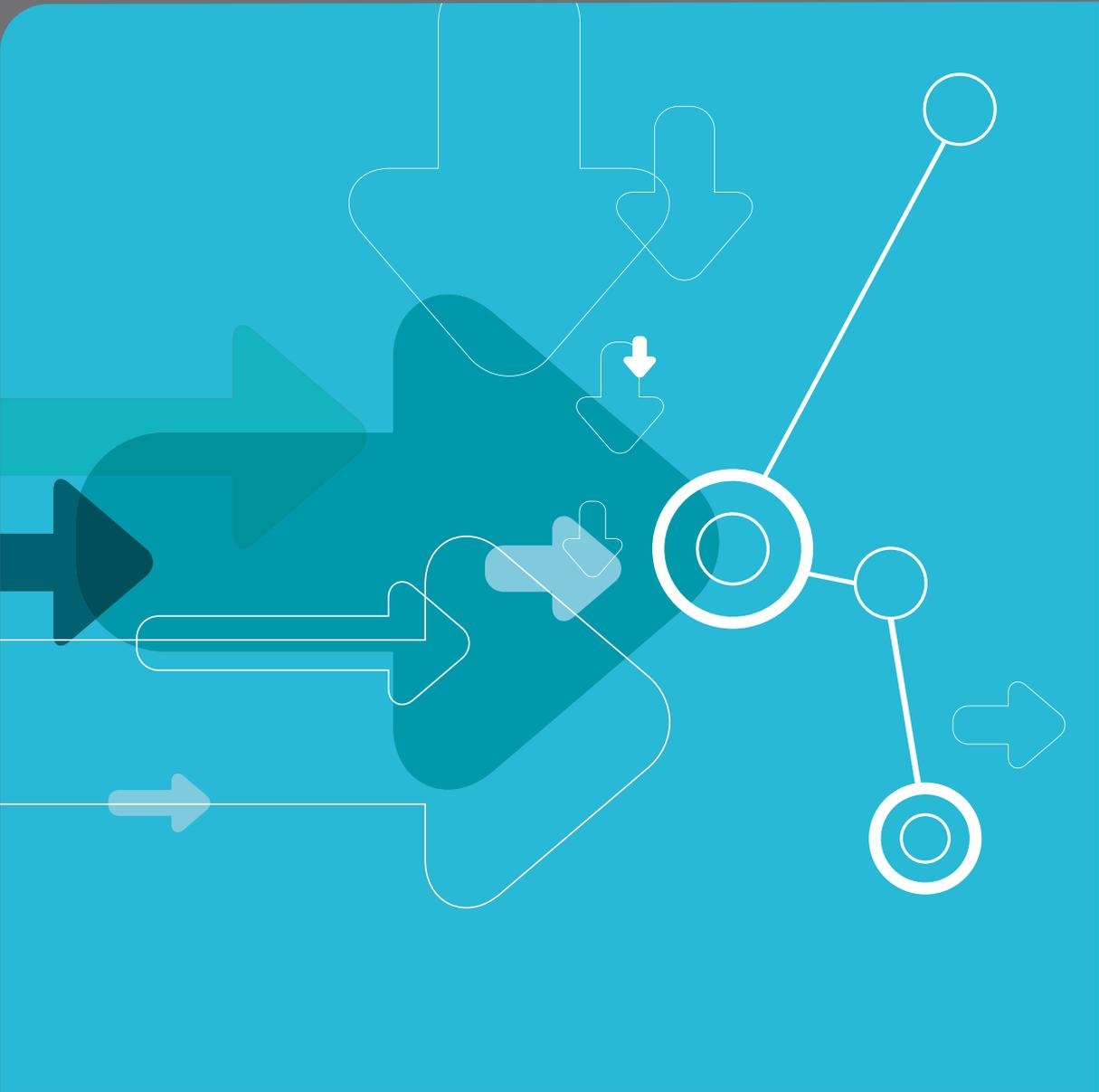


# Risk assessment programme

## Practice-based commissioning: commissioning for patient safety

November 2006





## Introduction

The National Patient Safety Agency (NPSA) has developed a patient safety risk assessment process to support general practices, clinicians and local (integrated) commissioning groups when undertaking practice-based commissioning.

Practice-based commissioning allows commissioners to transfer or redesign a service or patient pathway and improve their practice populations, patients' experiences and enhance health outcomes. The Department of Health has provided useful information to support practice-based commissioning. This is available at: [www.dh.gov.uk](http://www.dh.gov.uk).

Risks to patient safety should be identified and assessed when proposing a new or different service or patient pathway. Appropriate control measures should be implemented and maintained, and there should be an assurance that risk management controls are effective.

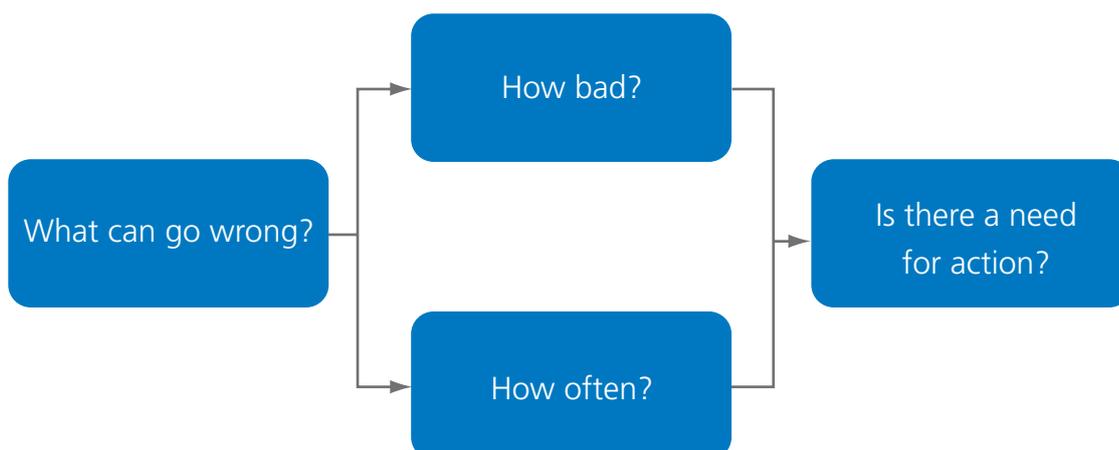
## Commissioning for patient safety

Practice-based commissioning will change the way care is commissioned and provided. Consequently, it is important to demonstrate, as far as is reasonably practical, that the new way of working provides safe care.

Commissioning for patient safety uses risk assessment methodologies to focus on patient safety during the process of service planning, design and implementation.

Risk assessments carefully examine systems to identify factors that could potentially cause or contribute to patient harm. They highlight whether adequate precautions are being taken to ensure timely and safer provision of care, or if further measures are needed to prevent harm.

A risk assessment seeks to answer four simple, related questions:

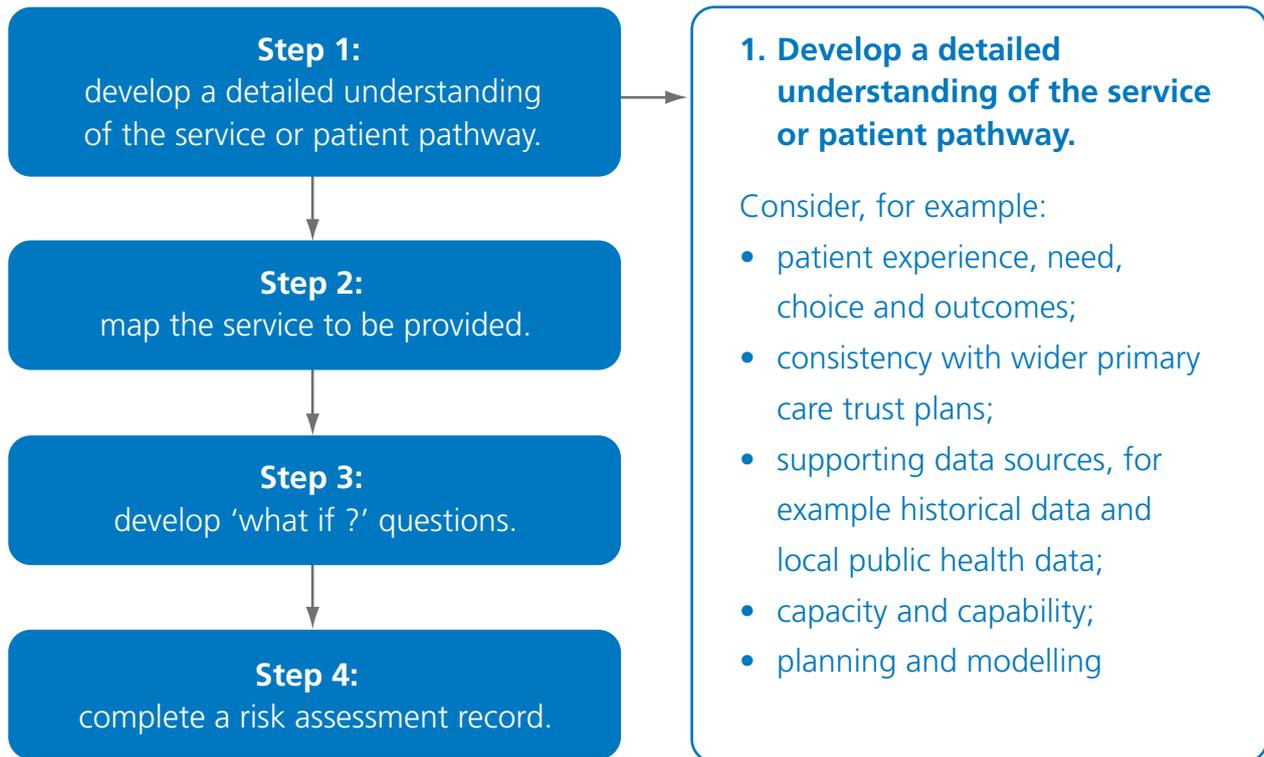


Practice-based commissioners should ensure that patient safety has been considered throughout the development and implementation of a patient pathway. Risk assessments should be conducted at the following stages:

- **initial stages or development** – to identify if the basic design provides appropriately safe care;
- **during detailed design** – to identify if the service or patient pathway provides safe care;

- **during service or patient pathway modifications** – after the service or patient pathway has been implemented and when any modifications are made. This will help ensure that new risks are not unintentionally introduced.

#### Four steps for risk assessment



### Step 1: develop a detailed understanding of the service or patient pathway to be commissioned

#### Example study: providing dermatology services in primary care

##### Background

Waiting times to see a dermatologist in secondary care have often been long. However, many patients have conditions that can be diagnosed, treated and managed in primary care.

##### Introducing a new service

A service that uses a general practitioner with special interest (GPwSI), supported by a specialist nurse, is introduced. Hospital consultants select routine referrals from an agreed list of conditions that can be seen by the GPwSI. The GPwSI also undertakes one general clinic per week in the hospital outpatient department, a minor surgery session, and attends departmental training and clinical governance sessions.

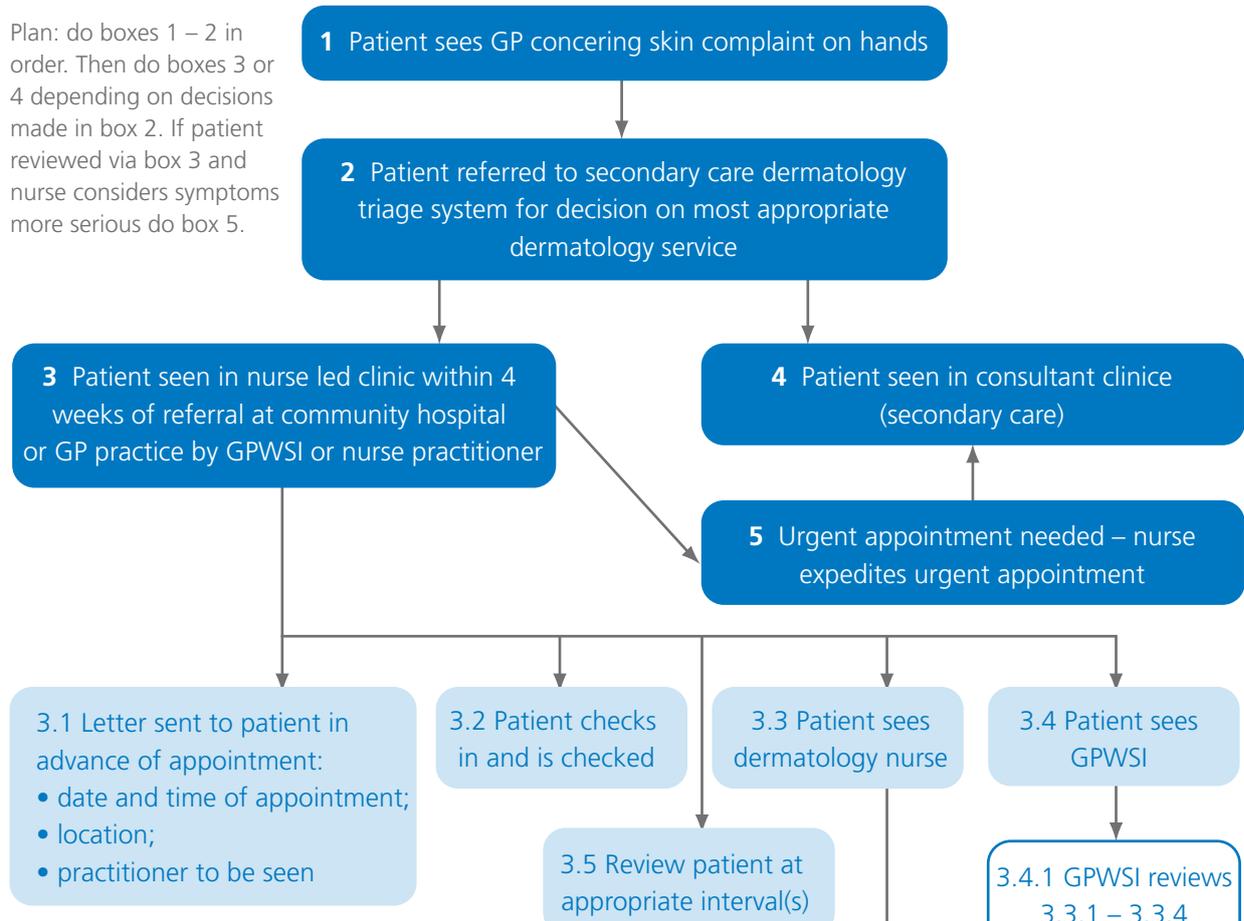
This service helps to reduce patient waiting times, improves the patient experience and can be more cost effective for the practice(s).

The British Association of Dermatologists has outlined core activities and issues to consider when delivering a GPwSI service. These are available at: [www.bad.org.uk/healthcare/service](http://www.bad.org.uk/healthcare/service)

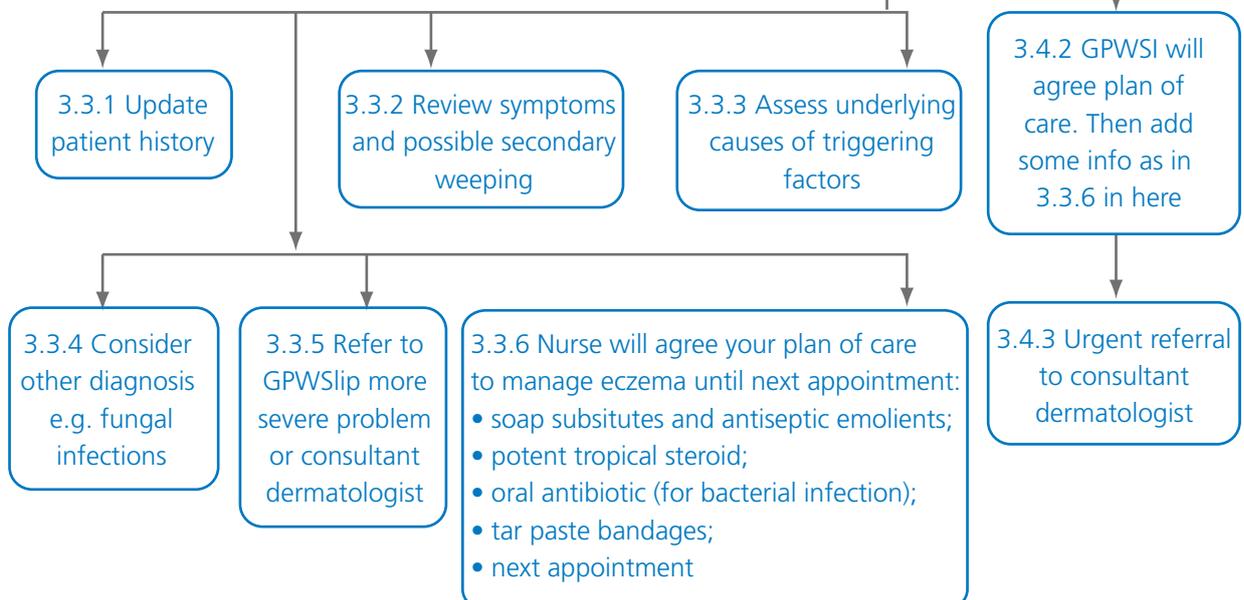
## Step 2: map the service to be provided

### Break the task down into its component parts.

Plan: do boxes 1 – 2 in order. Then do boxes 3 or 4 depending on decisions made in box 2. If patient reviewed via box 3 and nurse considers symptoms more serious do box 5.



Plan: do boxes 3.3.1 – 2.24 in order. Do 3.3.5 if the nurse considers more specialist advice is needed from GPWSI. Then do 3.3.6.



### Step 3: develop 'what if' questions

'What if' questions help identify things that could go wrong, for example:

- What if the initial diagnosis is incorrect?
- What if the GPwSI and specialist nurse's competences are not maintained? For example, an additional diagnosis arises that is not recognised.
- What if proposed actions do not take place? For example, the referral goes missing.
- What if only part of an activity takes place? For example, the patient is seen in a GPwSI clinic, but not in the consultant's clinic.
- What if an action takes place too early? For example, the patient is referred as urgent before treatment in the practice has had time to work.
- What if an action is delayed? For example, a nurse's clinic is cancelled.
- What if an activity takes too long? For example, there are delays in referral or review times.
- What if the activity is too short? For example, there is insufficient time allocated for appointments.
- What if the activity is repeated? For example, the case is re-booked for the nurse instead of the GPwSI.
- What if the wrong information is obtained or transmitted? For example, the wrong image is attached to the referral letter.
- What if activities happen in the wrong sequence? For example, the review process is not followed.

## Step 4: complete a risk assessment record

Below is an extract from a completed risk assessment record.

Service Mapping Box Number	What could go wrong?	Causes	Consequences	Current controls	Risk ranking			Recommendations			Risk ranking		
					C *	L *	R *	C	L	M	C	L	M
2	The GP does not provide full or complete details of a patient's symptoms in the electronic referral letter.	<ul style="list-style-type: none"> <li>The GP has not realised the significance of the symptoms.</li> <li>The patient has not informed GP of the magnitude or extent of the problem.</li> <li>The GP cannot use the imaging technology to attach record to the electronic referral letter.</li> </ul>	<ul style="list-style-type: none"> <li>The patient may be inappropriately triaged.</li> <li>A delay in patient treatment.</li> </ul>	<ul style="list-style-type: none"> <li>All GPs receive dermatology training and information on the new dermatology referral system.</li> <li>GPs provided with cameras to record skin complaint, which can be attached to an electronic referral letter.</li> </ul>	H	M	M	M	M	L	L	L	
3.4.3	The GPwSI fails to refer a patient with more severe symptoms onto a consultant dermatologist.	<ul style="list-style-type: none"> <li>The GPwSI has a lack of understanding and training.</li> <li>There is a lack of 360° evaluation within the system.</li> </ul>	<ul style="list-style-type: none"> <li>Extension of the patient's symptoms and suffering.</li> <li>Complaint by the patient.</li> <li>Inappropriate management of a patient with severe symptoms.</li> </ul>	<ul style="list-style-type: none"> <li>GPwSIs attend clinics at the hospital once a week to ensure they are regularly updated and aware of issues.</li> <li>The nurse sees the patient first and they are empowered to refer them to a consultant directly.</li> </ul>	H	M	H	M	L	L	L	L	

\* Risk ranking using a risk matrix (available from primary care trust): C = consequence, L = likelihood, R = risk; H = high, M = medium, L = low

## Resources

- National Patient Safety Agency. *Seven steps to patient safety for primary care. The full reference guide (2005)*. Available at:  
[www.npsa.nhs.uk/sevenstepsforprimarycare](http://www.npsa.nhs.uk/sevenstepsforprimarycare)
- *Health reform in England: update and next steps*. Department of Health. 2005

## Acknowledgements

This document has been prepared by the NPSA. The following NHS organisations have been consulted and/or have assisted in defining and testing the risk assessment approach:

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South West Peninsula Strategic Health Authority  
Trent Strategic Health Authority

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## Support

If you are a commissioning practice or locality group and would like further assistance with practice-based commissioning, contact your primary care trust's commissioning lead.

If you would like further assistance with risk assessing a service or patient pathway, contact your local NPSA patient safety manager. You can get their contact details at:

[www.npsa.nhs.uk/static/contacts](http://www.npsa.nhs.uk/static/contacts).

## Feedback

We would appreciate your feedback on this document and/or the proposed approach.

Please send your comments to:

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