General Medical Council

Developing a Harms Reduction Programme

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Working with doctors Working for patients

Context: Our Strategy

Supporting doctors in maintaining good practice

Strengthening collaboration with our regulatory partners across the health services

Strengthening our relationship with the public and the profession

Meeting the changing needs of the health services across the four countries of the UK.

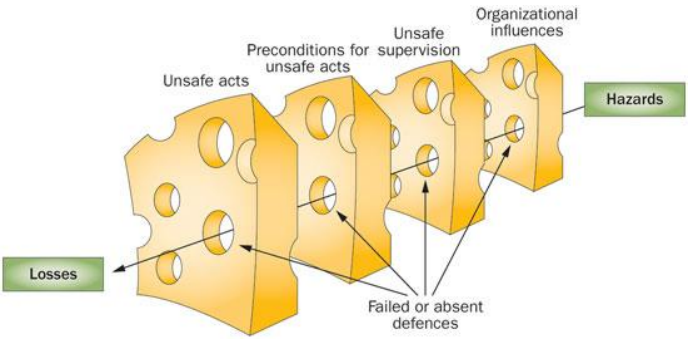
Identifying and understanding risk to support doctors practice: reducing harms

Identifying, understanding and where feasible, acting upon critical problems which present harm to patients and doctors.

Harm may stem from multiple problems at three different levels.

Individual	Unsafe and / or unethical medical practice
System	Insufficient support for safe and ethical practice
Regulator	Insufficient facilitation , collaboration and guidance for safe and ethical practice

Reducing harms programme – key aims



To **learn** how such harms occur

To **share** our insights

To **collaborate** on, and set goals, for harm reduction

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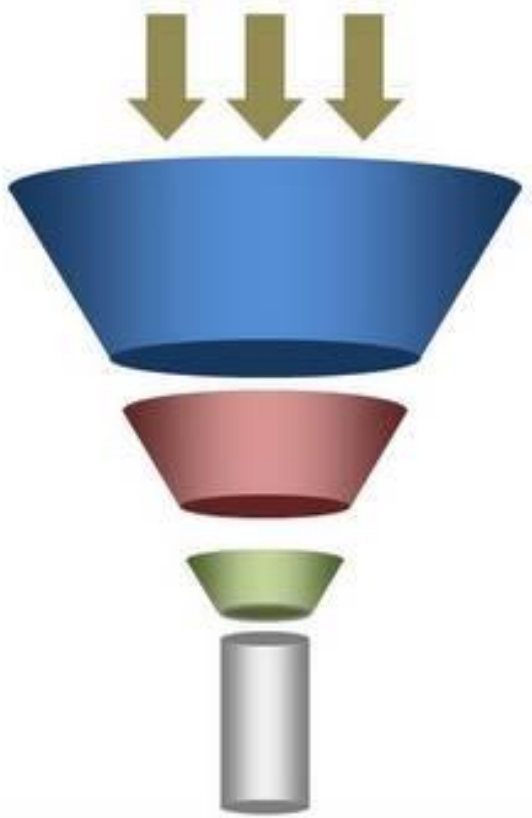
Using this approach to target communication failings - a collaborative 'harms project'

The Scottish Government

1. Develop taxonomy of communication failings

2. In-depth analysis of 2 - 3 'types' using existing complaint data

3. Consideration of outcomes, co-production where possible.

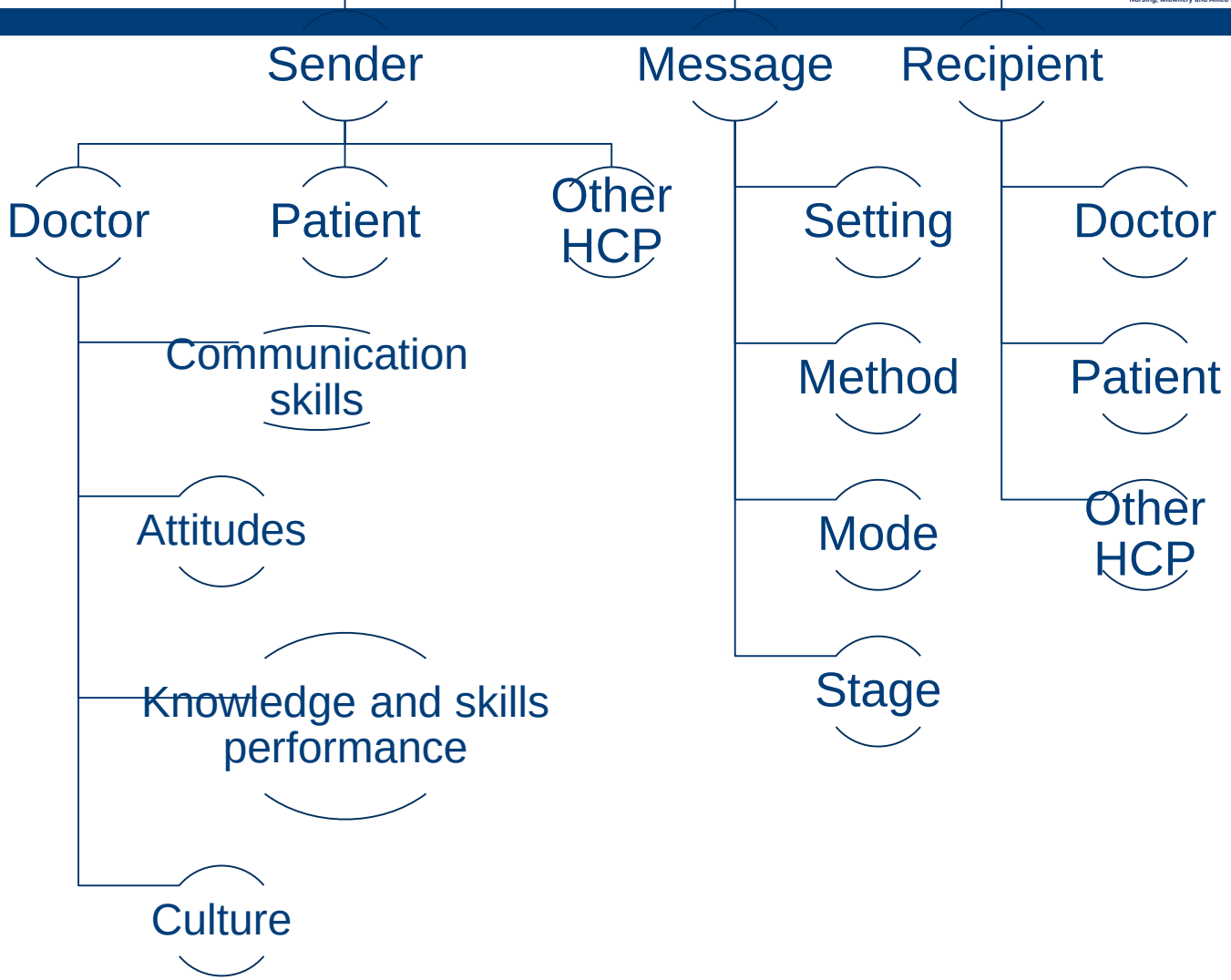


(Project due to complete late 2018)

Methods & Results

- Rapid systematic review using a hierarchical 'stepwise' search strategy **(i.e. SRs -> Primary studies -> Grey literature)**
- Selection criteria and analysis specified in advanced and documented in a protocol
- Published in English from Jan 2010 – November 2017
- 2 independent reviewers independently coding data extraction
- 181933 records of which **861 studies** met the selection criteria

Communication error

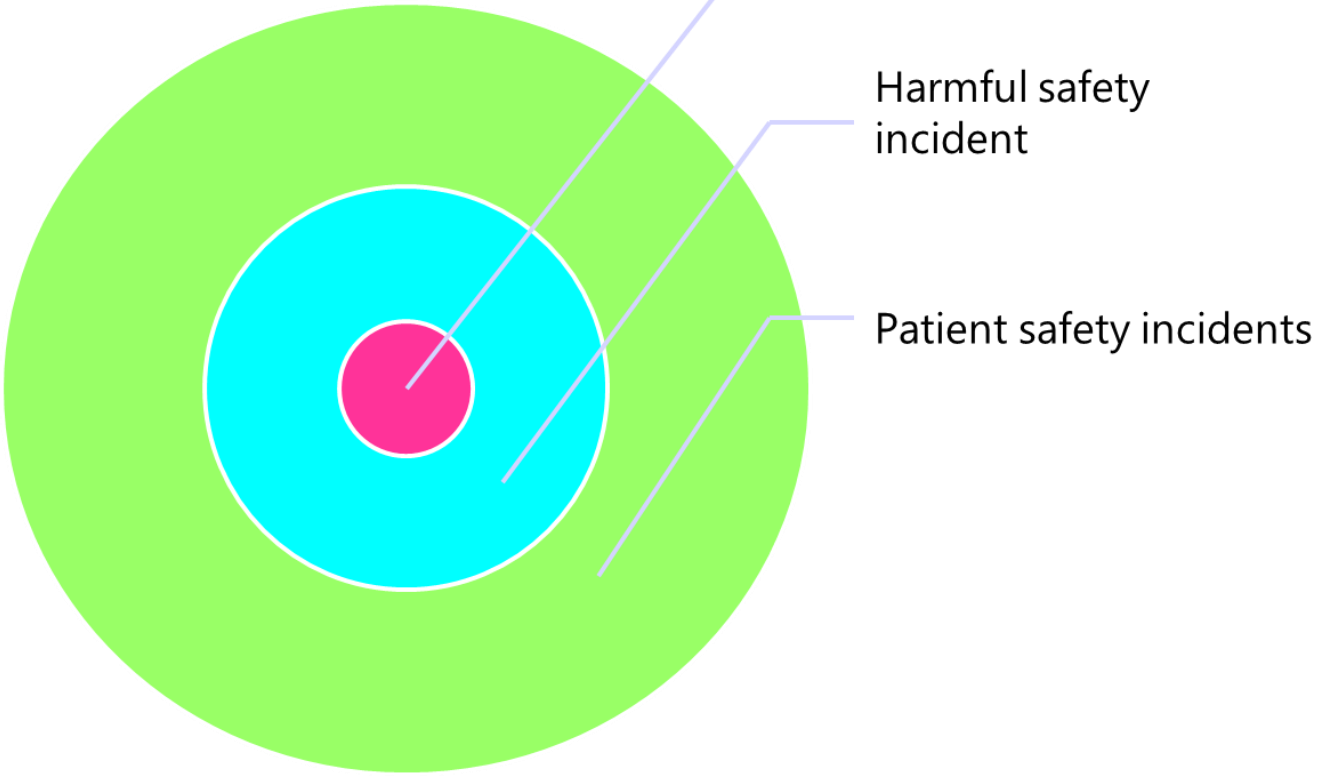


Preliminary findings

- Types of communication errors commonly reported:
  - failure to keep colleagues informed
  - failure to share or provide appropriate information to patients and colleagues
- Key contributory factors:
  - Individual factors
  - Patient factors
  - Staff workload


what's
next
?

Research to explore the prevalence of preventable patient harm



Ref: Panagioti et al 2017. Preventable Patient Harm across Health Care Services: A Systematic Review and Meta-analysis. A report for the General Medical Council. https://www.gmc-uk.org/static/documents/content/Preventable_patient_harm_across_health_care_services.pdf

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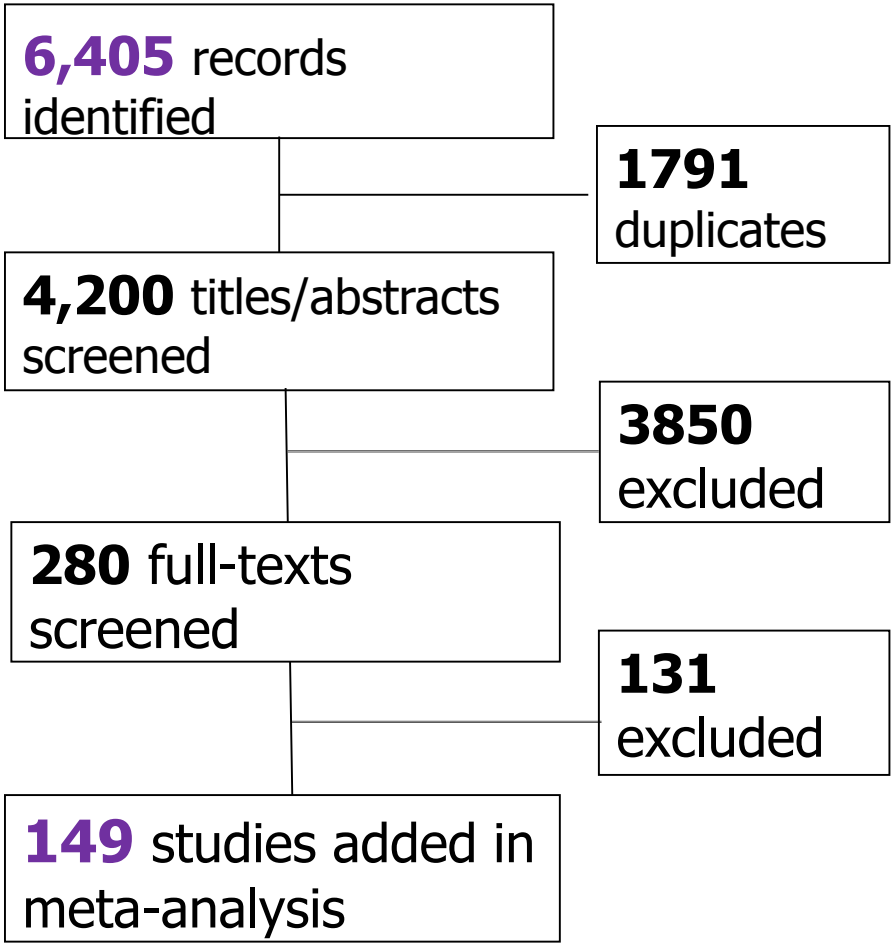
Method

- **Key characteristics**
  - Patients: approx. 300,000
  - Country: USA (n=60)
    UK (n=16)
  - Design: Retrospective (n=80)
    Prospective (n=30)
- **Major harm categories**
  - General harm (n=71)
  - Medication-related harm (n=78)
- **Healthcare setting**
  - 118 studies in hospitals



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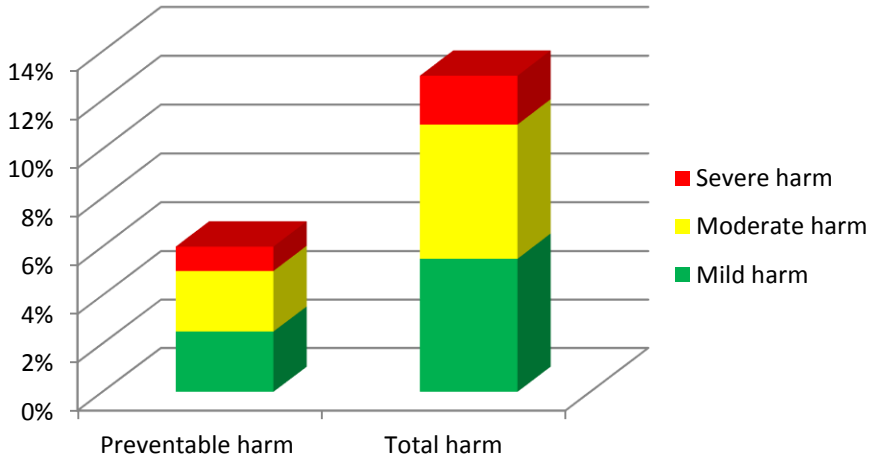
Key findings – preventable harm

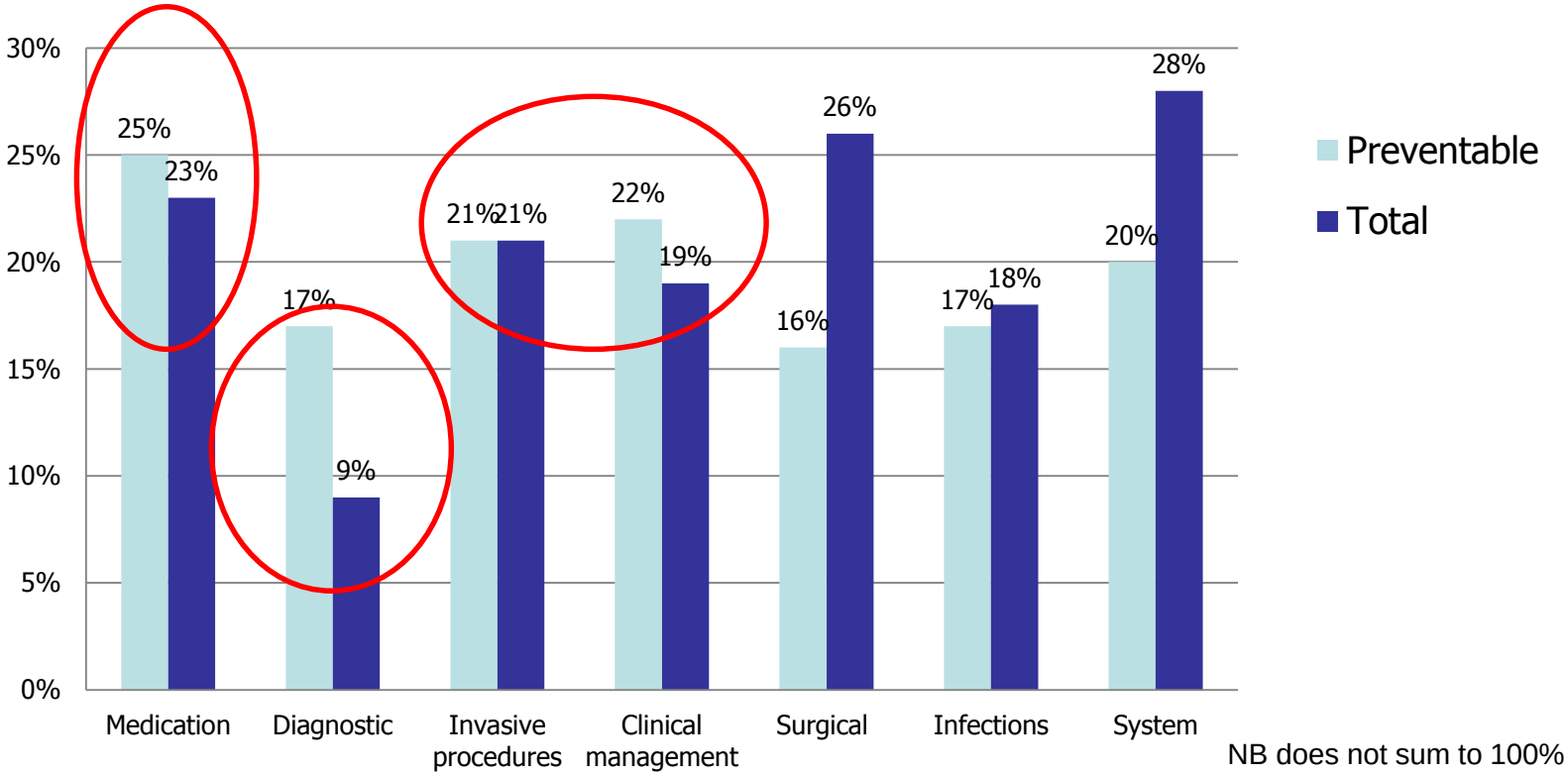
- 6% of patients experienced preventable harm
- 13% of patients experienced any form of harm
- So approximately half of patient harm is preventable
- Lots of variation across studies. Most evidence in general hospital.

Severity of preventable harm:

- 42% mild harm
- 39% moderate harm
- 13% severe harm



Key findings – types of preventable harm



NB does not sum to 100% because each figure is the pooled proportion which has been calculated by combining proportions extracted from several independent studies using meta-analysis. And not all studies reported all types of harm.

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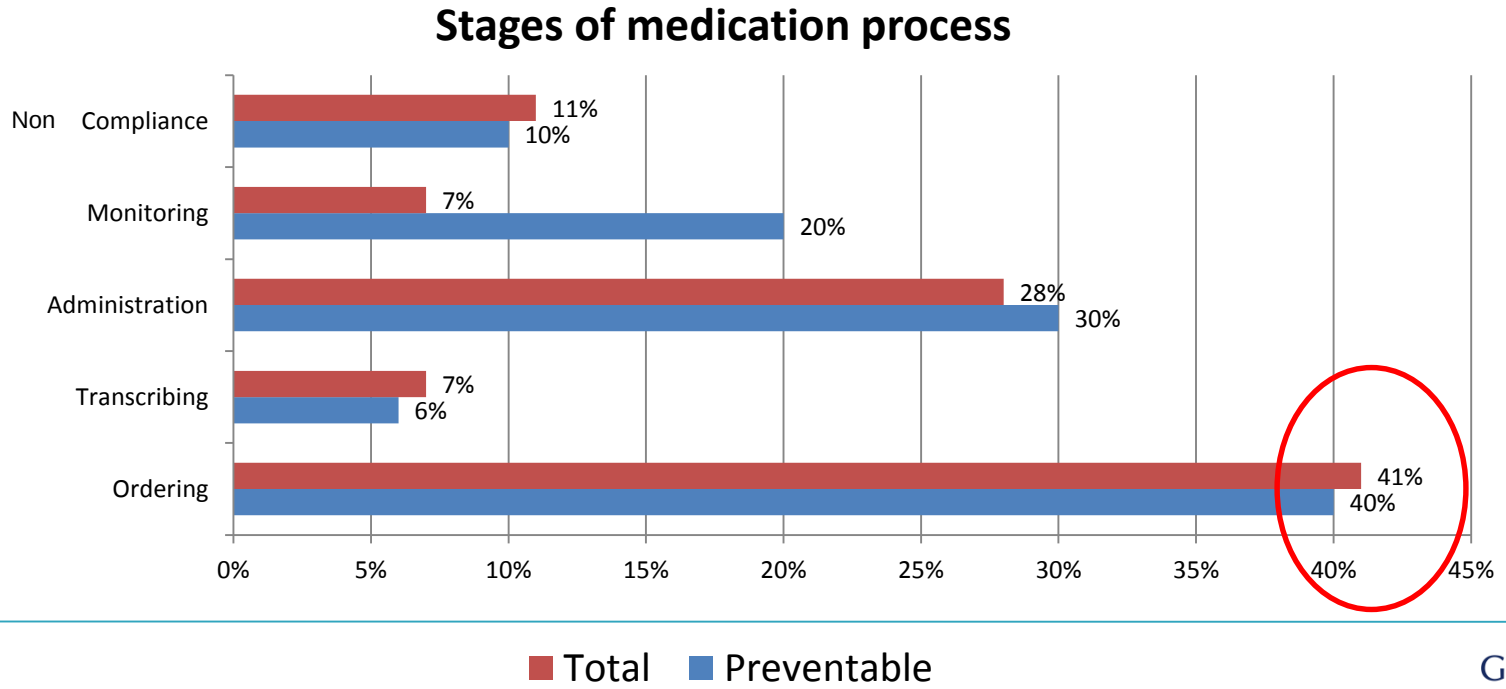
Focus on Medication-related harm

- 4% of patients experience preventable medication-related harm
- 9% experience any medication-related harm
- Harm most likely to occur at prescription/ ordering of medication stage and at administration



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So other harms could include…..

Medication errors – inappropriate / inaccurate prescribing

Teamwork: co-ordination across a care interface or within a certain setting eg. Maternity care.

Delayed or inappropriate diagnostic processes

Reporting culture – reporting, raising and investigating concerns

Clinical management – failure to respond or act

System related harm - Impact of leadership and management on local medical culture

Disproportionate complaint numbers for particular GMC standards

Specific health concerns for doctors and determinants of these

Understanding which types of education provider are likely to end up in difficulty and why…

Finally