



## **Improving Quality Bridging the health sector divide**

Professor Mike Pringle  
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## **Outline**

1. Background
2. Primary Care Informatics in the UK
3. Use of primary care data – quality assurance and research
4. Lessons learnt
5. Joining up health informatics



## **Background**

- Health care is delivered in many settings
- Many health professionals make decisions about individual patients
- Care is constantly being transferred to and fro



## **Background**

- Health care is delivered in many settings
- Many health professionals make decisions about individual patients
- Care is constantly being transferred to and fro
- **BUT FOR AN INDIVIDUAL PATIENT THERE IS ONLY ONE HISTORY AND ONE SET OF OUTCOMES**



## **Background**

**Quality of care is a shared  
issue**



## **Primary Care Informatics in the United Kingdom: Development**

- Paper records
- Computerisation of call/recall and repeat prescribing
- Computerisation of disease registers
- Computerisation of appointments
- Computerisation of reasons for encounters
- **The full Electronic Patient Record (EPR)**

## Primary Care Informatics in the United Kingdom: Development

- 98% of practices computerised
- 85% of all prescriptions are computer generated
- 30% of all practices are “paper light”

## Primary Care Informatics in the United Kingdom: Problems

- Data quality : PRIMIS
- Coding
- GP-GP transfer
- Communication with hospitals and social care

## Primary Care Informatics in the United Kingdom: Example of My Practice

- 6,200 patients
- 3.5 Family Doctors + 1 registrar
- 3 practice nurses
- 5 community nurses
- 1 pharmacist
- 0.2 physiotherapist
- 0.2 Counsellor
- Visiting dentist, optician, chiropodist, osteopath



## Primary Care Informatics in the United Kingdom: Example of My Practice

- No paper records of any consultation
- All encounters (Surgery, Telephone, home) are coded and entered
- Process of care data (BP, HbA1C, Creatinine) all entered into structured screens
- All letters are scanned
- Appointments are electronic

## Use of primary care data for Quality Assurance



### SIGNIFICANT EVENT AUDITING:

- A range of key conditions listed
  - New MI, Stroke, Cancer, parasuicide
  - Acute admissions for diabetes, asthma, epilepsy
- Plus all complaints and adverse events
- Plus any cases that might offer a learning opportunity

## Use of primary care data for Quality Assurance



### SIGNIFICANT EVENT AUDITING:

- Minutes of last meeting
- Case based discussion led by health professional most involved
- Good care recognised and congratulated
- Opportunities for personal learning and systems change identified

## Example of a significant event audit



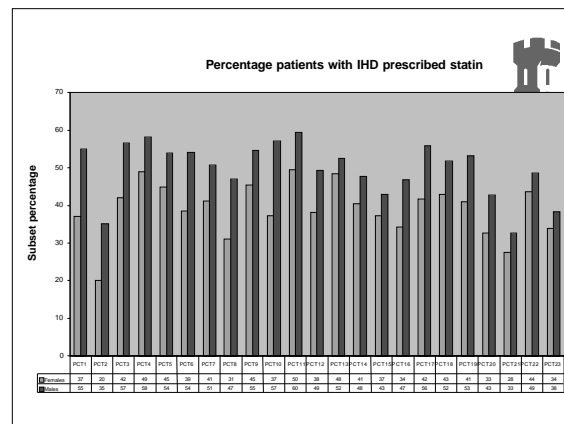
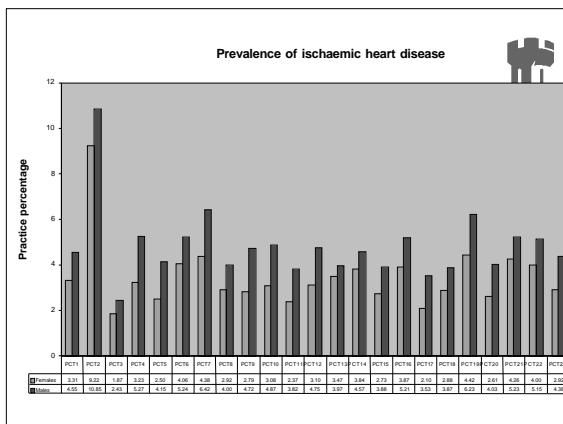
Preventing ischaemic heart disease in one general practice; from one patient through clinical audit, needs assessment, and commissioning into quality improvement.

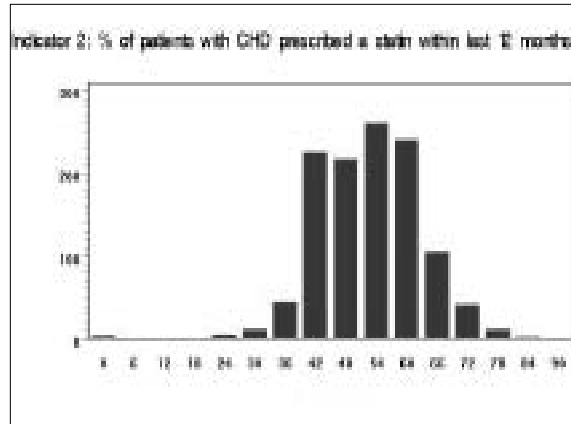
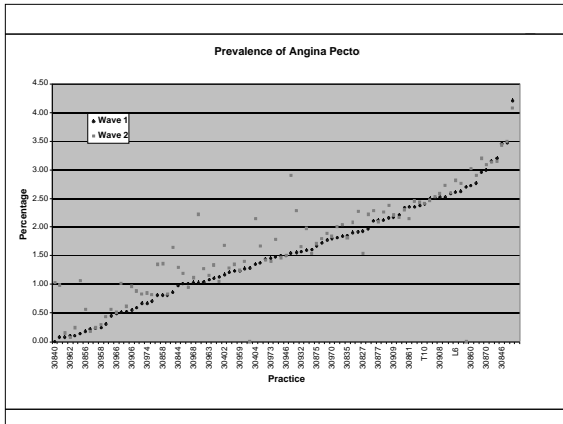
Pringle M.  
British Medical Journal, 1998; 317: 1120-1123

## Use of primary care data for Quality Assurance



- In my practice 60 audit criteria are tracked quarterly
- PRIMIS and other systems can track primary care indicators





### Use of primary care data for Research: Example

**Sex inequalities and heart disease**

Sex inequalities in ischaemic heart disease in general practice: cross sectional survey.

Hippisley-Cox J, Pringle M, Crown N, Meal A, Wynn A.

British Medical Journal, 2001; 322: 832-834

### Use of primary care data for Research: Example

**Sex inequalities and heart disease**

Women with IHD are less likely to be on aspirin or b-blocker; have higher blood lipids but less likely to be on a statin; and much less likely to receive surgery

### Lessons Learnt

- Physician ownership of data is essential
- Single site databases inhibit whole patient care
- Confidentiality and access are becoming prominent issues
- Care in interpreting data – use for right purposes

### Waiting Times for Cancer (days)

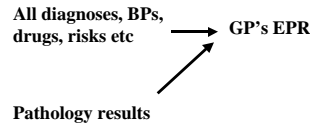
	Before 2/52 guidelines (n=16)	After 2/52 guidelines (n=20)
Presentation to referral	12	20
Referral to 1 <sup>st</sup> OPD	17	7
Referral to treatment or palliation	45	65

## Joining up Health Informatics

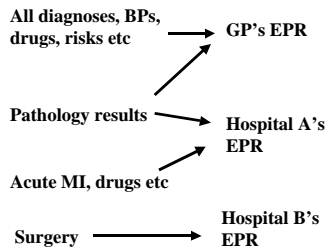
### CASE STUDY: Mr Smith

- For years he attends his family doctor with hypertension and hyperlipidaemia
- He is admitted to Hospital A with an acute myocardial infarction
- He returns to the care of his family doctor while being investigated
- He is admitted to Hospital B for angioplasty
- After he continues to be cared for by his family doctor

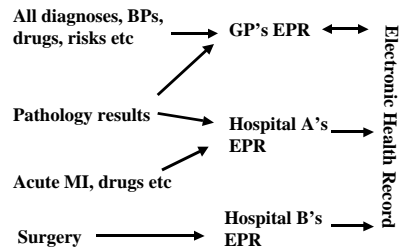
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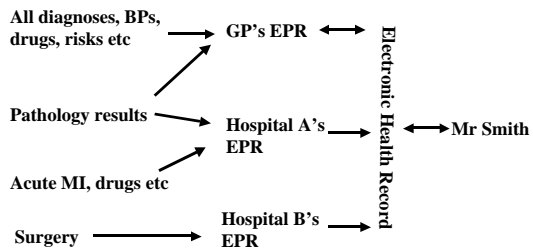
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