

# The Case For Patient Safety in Primary Care

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Why is patient safety important in primary care?



## 1. It's where most episodes of care take place

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- 95% of all NHS contacts take place in primary care
- 300 million general practice appointments per year
- 750,000 people consulting GPs every day



## 2. Mistakes happen....

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- 5-80 safety incidents per 100 000 consultations
- Between 37 – 600 incidents per day
- 4 main categories
  - Diagnosis
  - Prescribing
  - Communication
  - Organisational

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*Sandars and Esmail, 2001*



## Why is primary care different?

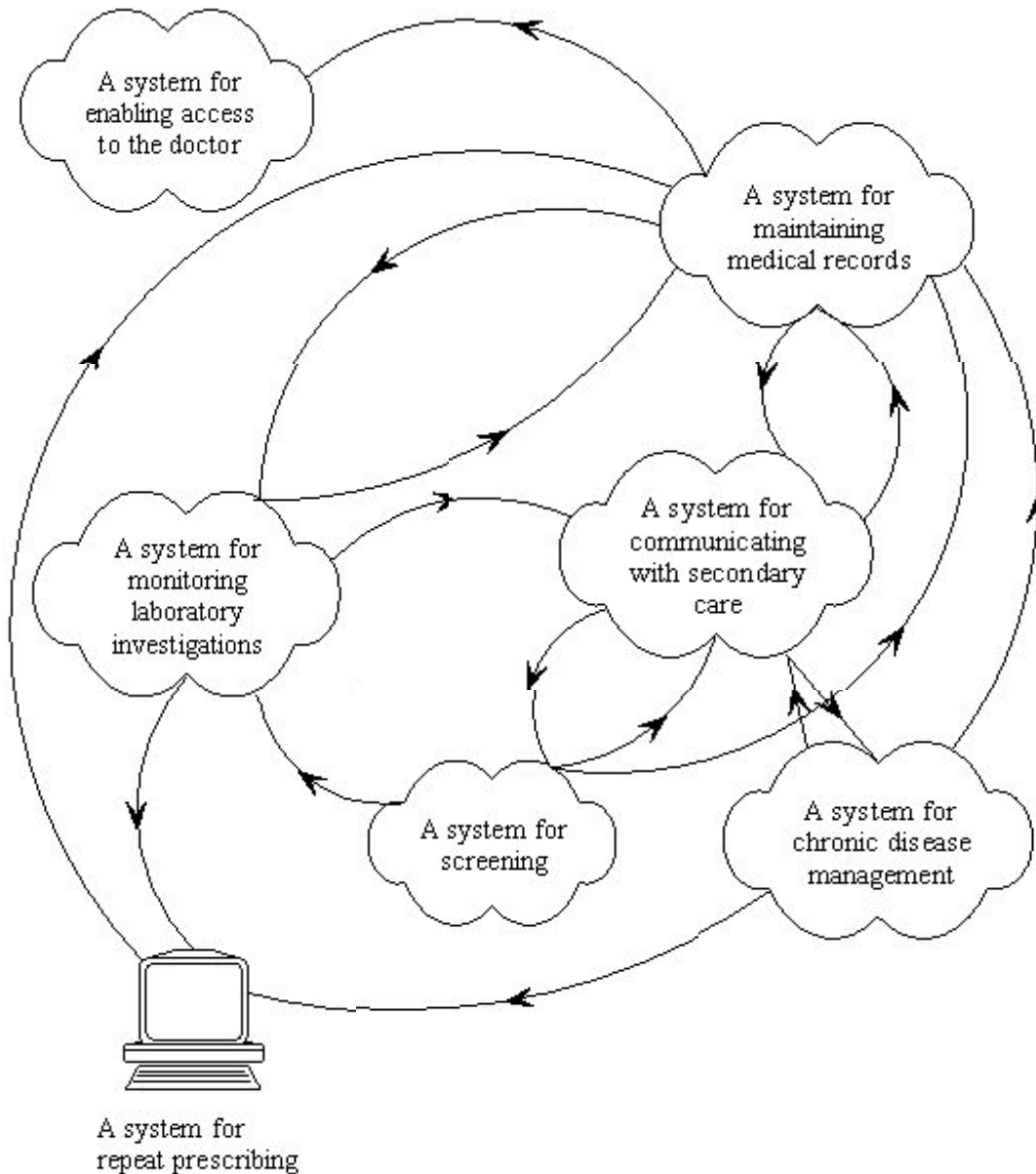
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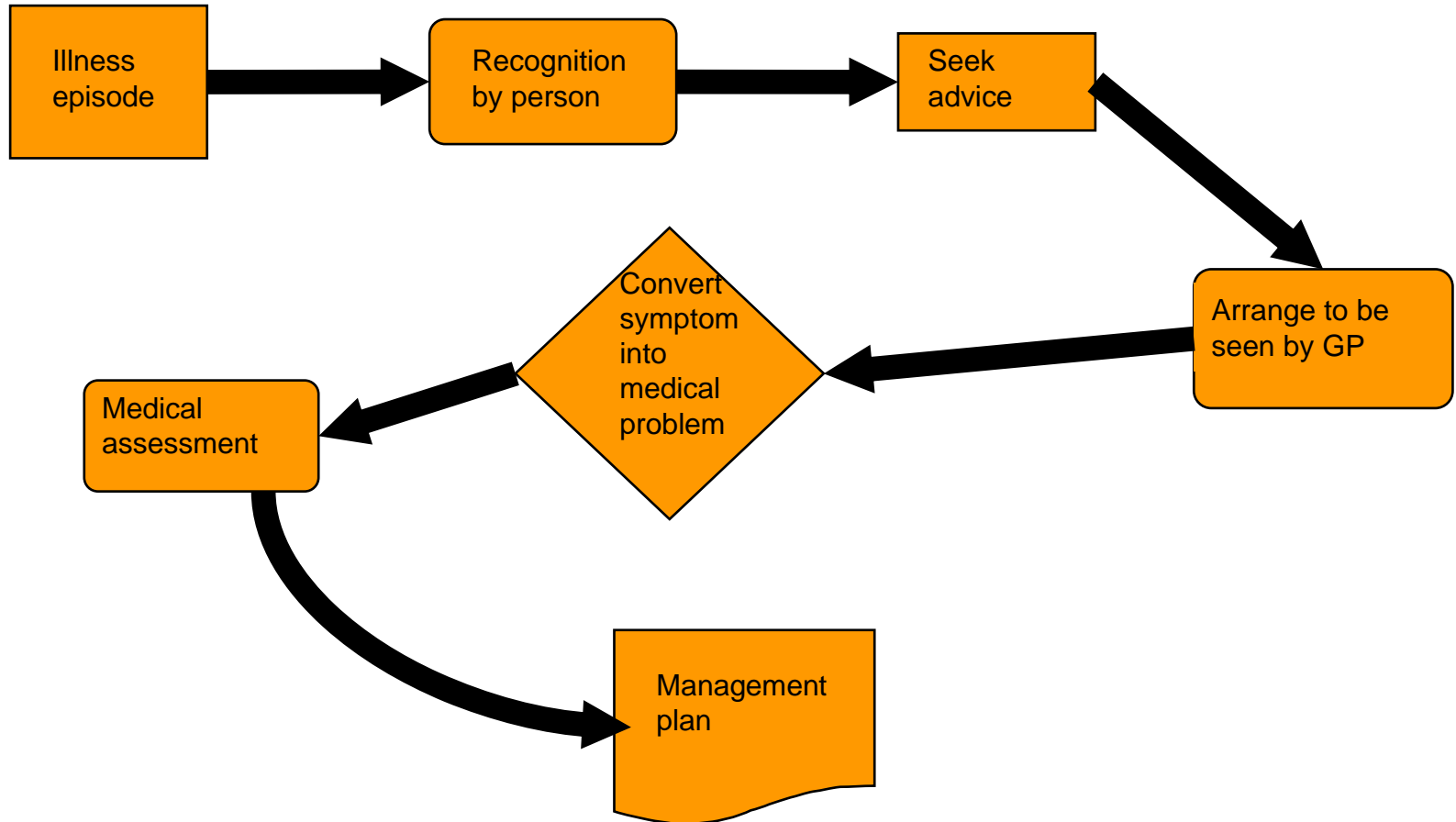
### 1. The environment

- Lower profile than acute sector
- Low technology environment
- Different organisational structures
  - Relationship to PCTs
  - Mode and site of care delivery – telephone, home visits
  - Interfaces important
- Consultation skills and interpersonal skills critical



# Practice Organization and its relationships





A model of symptom flow in primary care



## Why is primary care different?

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### 2. The processes

- Less obvious implications
  - 50% no consequences
  - 20% non-clinically important delay in diagnosis
  - 10% upset patients
  - Up to 20% could have serious implications
- Less litigious
- Different professional dynamics





## Frequency of errors (Primary Care)

Code	Error description	Frequency	%
14	Failure/delay in diagnosis	494	50%
48	Medication inappropriately prescribed	56	5.6%
23	Failure/refusal/delay in referral	51	5.17%
46	Failure to warn/recognise side effects of drugs	50	5.07%
22	Failure to monitor condition	46	4.66%
41	Unsatisfactory performance of procedure	42	4.26%
50	Failure to diagnose complications in pregnancy	24	2.43%



## Frequency of outcomes (Primary Care)

Code	Outcome	Frequency	Percent
33	Death	178	20.7%
35	Deterioration in clinical condition	50	5.81%
86	Unnecessary pain	34	3.95%
3	Amputation of limb	31	3.60%
88	Appendicectomy	23	2.67%
10	Brain damage	20	2.33%



## Why is primary care different?

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### 3. The underlying philosophy

- Variation more acceptable
- Different approach to risk and uncertainty



## The role of General Practice....

Accept uncertainty

Explore probability

Marginalise danger

Marshall Marinker



*Imagine that it is always a busy day and the whole of Primary Care has been shrunk to one room with one entrance. Patients come every ten minutes wanting to be seen without having to wait too long. The waiting room is full and stuffy and children are crying and you know that if you run late tempers will fray. Any kind of illness may present in a person of any age, physical as well as mental conditions; many patients do not speak the language of the doctors and reception staff. Some are drug addicts, some are alcoholics, and some are severely mentally disturbed posing a real danger to the staff. Then impose severe constraints on the time available for diagnosis and investigation.....*



*.....The access to diagnostic aids is limited; everything you find out has to be on a basis of careful history taking and on the clinical examination, which frequently cannot tell you much because invariably patients present quite early in their illness. Now add a few cases of severe illness, people with multiple chronic problems and give me ten minutes to decide what is wrong. Make sure that I have no time to find out or to ask anyone any questions, ensure that I get interrupted periodically with phone calls and requests for home visits and make sure that any time that I have to find out about things after the consultation is finished, is tied up with administration.....*

*Oh and by the way make sure that I am always right, always courteous and always safe.*



## Methodological problems in measuring safety

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- No agreement about definitions
- No common taxonomy
- Only from perspective of health professionals
- Mostly uses self reports
- Non-systematic approaches
- Non-random sampling
- Different data sources



## Why so little progress

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- Lack of corporate identity
  - Herding cats
  - Individuality of general practitioners
    - Strengths and weakness
- Fear of centralisation
- Genuine concerns about confidentiality and anonymity





## The way forward

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- Overcome the methodological problems
  - Measuring rates
  - Researching diagnostic delays
  - Understand safety from the perspective of patients
- Development of a toolkit
  - Seven Steps for Primary Care
- Local action but encourage dissemination of learning
  - Local reporting systems for local action
  - Significant event audit
  - Use local information to encourage reflective learning

