

NHS Salford CCG Sick Day Guidance Executive Summary

February 2017

Executive Summary

This report has been prepared by the project team from the National Institute of Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Greater Manchester. The NIHR CLAHRC GM project team included facilitation, project management and research staff. The project's Steering Group consisted of clinicians, pharmacists and managers based at NHS Salford CCG and Salford Royal NHS Foundation Trust and the NIHR CLAHRC GM project team, to support the delivery of, and to evaluate, an Acute Kidney Injury (AKI) medicines sick day guidance intervention.

Background

AKI is a current health priority, and resources aimed at reducing the harm associated with AKI are being developed nationally and regionally. A new group called SPARC (Salford Partnership for Advancing Renal Care) was created in December 2014. It aims to bring together all primary and secondary care initiatives to ensure a shared strategy and optimise kidney care across the City of Salford. This report focuses on the implementation and evaluation of one such primary care intervention – sick day guidance.

The Intervention

The original concept was conceived by Salford CCG, and the design of the intervention was further developed along with Salford Partnership for Advancing Renal Care (SPARC), in collaboration with NIHR CLAHRC GM. Sick day guidance was designed to raise awareness of kidney health and to reduce the risk of AKI occurring. The intervention was based in primary care and rolled out across the Salford Clinical Commissioning Group (CCG) area in general practices and community pharmacies. The ambition of sick day guidance is to reduce the risk of avoidable harm to patients taking certain medications. The materials for the Salford intervention consisted of a 'medicine sick day guidance' card, provided to patients who were taking the listed drugs, giving them advice about managing their medicines during episodes of acute illness. An information leaflet was provided to healthcare practitioners and administrators suggesting how to use and give the cards. An overly prescriptive approach was avoided to allow health professionals to develop processes that worked best for individual patients.

To support implementation, the Steering Group worked together, to design and facilitate educational events for general practice and community pharmacy staff. The sessions included education about AKI and information about the sick day guidance intervention.

Implementation of the sick day guidance intervention took place through two phases. During Phase One of the project, sick day guidance cards were provided to all general practices (n=48) and community pharmacies (n=60) in the Salford CCG footprint, with the aim that all patients who were prescribed the listed drugs were offered the cards. It was stated that the Read code '*Provision of written information about acute kidney injury: 80AG.*' should be used to record administration of sick day guidance cards on general practice clinical systems. Community pharmacists were not asked to code provision of the card as they do not have access to general practice clinical systems or to patient records and were not being remunerated for the work.

Phase two entailed practice pharmacists supporting the implementation of the sick day guidance intervention (along with several other projects) employed to work in general practices across three of eight neighbourhoods in Salford CCG. Salford CCG had employed the pharmacists through their innovation fund scheme to work within practices in these three neighbourhoods, to enhance medicines optimisation. Their sick day guidance work entailed identifying patients at risk of AKI using data from Salford Royal NHS Foundation Trust, and contacting those patients to discuss sick day guidance.

The Quantitative Evaluation

The aim of the quantitative evaluation was to ascertain the number and characteristics of patients who received the sick day guidance cards through general practices, by analysing the relevant Read code on the general practice information systems. Health practitioners had been asked to record every time a patient had received a card. However, evidence emerged that not every event was being recorded and there was also evidence that an inaccurate non-specific code was being used. In view of these methodological concerns surrounding both potential under-reporting and also potential incorrect reporting; a decision was made to limit analysis to 5 general practices where there was evidence of consistent coding of administration of sick day guidance cards. Within these 5 practices, virtually all 1,452 eligible patients (with the exception of two) were coded as receiving a card. In terms of comorbidities, 83.8% these of patients were hypertensive, 35.2% had Type 2 Diabetes and around 20% were Read coded with a CKD stage between three and five. Based on application of NHS England's national AKI algorithm, data suggested one quarter of patients may have had a past episode of AKI.

The Qualitative Evaluation

Through qualitative research methods, the evaluation explored the administration and use of the sick day guidance to understand processes that enable or constrain implementation. Data were generated through 29 interviews (7 GPs, 5 practice nurses, 5 community pharmacists, 4 practice pharmacists, 2 administrators, 1 health care assistant, and 5 patients). A key strength of the qualitative evaluation was to conduct an in-depth exploration of a systematic sick day guidance intervention roll out across a single healthcare setting with a variety of stakeholders including health care professionals and patients. Patient recruitment was discussed with clinical staff at general practices and community pharmacies, many of whom assisted by distributing patient recruitment literature. However, despite these efforts, patient recruitment proved challenging; in total, five patients took part in interviews. Therefore, the views and actions of patients, as interpreted and expressed by the other interviewees were also taken into account. Interview transcripts were subjected to analysis by the research team to organise content and identify themes.

Implementation of sick day guidance cards to prevent AKI entailed a new set of working practises across primary care. The temporary cessation of medicines during episodes of acute illness was not necessarily a straightforward concept to understand or communicate. Health professionals struggled to resolve a tension of aiming to provide high quality interpersonal care in terms of effective risk communication with patients and, at the same time, ensuring reach to all patients being prescribed the relevant medicines specified on the sick day guidance card. There was evidence that this tension drove the implementation of sick day guidance, with participants describing a range of approaches. In the main, participants tended to prioritise the need for face-to-face communication, though across accounts there was evidence of roll out through other strategies.

The interviews included many descriptions of how the guidance was implemented and through analysis of the data, five main approaches were discerned:

- administration of sick day guidance cards in conjunction with face-to-face communication;
- administration of sick day guidance cards to patients in conjunction with telephone consultations;
- postal administration of sick day guidance cards in conjunction with an explanatory patient leaflet;
- sick day guidance cards administered without verbal or written communication; and
- communication of AKI risk, but with limited use of a sick day guidance card.

Discussion

The quantitative evaluation was limited due to methodological concerns surrounding both potential under-reporting and potential inaccurate reporting in the coding of administration of sick day guidance cards. There was evidence that it was not always recorded. Also, there was evidence that non-specific codes were being used to record administration of sick day guidance cards. In addition, community pharmacists were not asked to record dispersal. General practices were being remunerated for their involvement as part of Salford CCG's Long Term Conditions strategy. These methodological issues need to be considered and addressed in future projects examining their implementation and effectiveness.

There was qualitative evidence to suggest that sick day guidance cards were more readily integrated into existing long-term condition review appointments with practice nurses, as well as both 'over the counter' and medicine use reviews (MURs) carried out in community pharmacy. Practice-based pharmacists valued and engaged with the sick day project. However, they outlined numerous difficulties implementing the intervention including: being able to access patient data; more potentially relevant patients than anticipated; and fitting the work in with their pre-existing schedule. Qualitative data also indicated that health professionals struggled to ensure sick day guidance reach to all patient groups being prescribed the relevant medicines, particularly more vulnerable people e.g. those with reduced cognitive capacity. Risk communication to prevent AKI may help to address evidence of a gap in patient and public understanding of the importance in the maintenance of kidney health. However, communicating the concept of temporary cessation of medicines is a particular challenge to patient populations at higher risk of AKI. The qualitative analysis suggests that sick day guidance cards that focus solely on medicines management may be of limited benefit without either adequate resourcing, or if delivered as a standalone intervention.