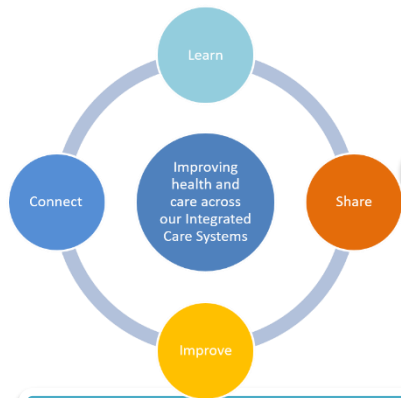


## Continuous Quality Improvement Case Study

### Improving Essential Shared Care Agreements (ESCA's) for anti-psychotic drugs

(MPFT's South Staffordshire Community Learning Disabilities Team and South West Staffordshire and Seisdon General Practice)



## BACKGROUND..... WHO, WHAT, WHY?

**Project led by:** Gail Thomas & John Costello **Service/Team:** MPFT CLDT, CCG (now ICB), Practices from SW Staffs and Seisdon  
Upon undertaking a medication audit it was identified that across the practices in scope of the 19 people on the LD register 0 had an ESCA in place. This was recognised as an improvement opportunity & partners in the process wanted to work together to use QI to work through the problem.

### AIM

The primary aims of this work were to:

- Improve understanding of ESCAs by all involved
- Ensure that an ESCA is in place for all people (where appropriate)
- Improve information on ESCAs for service users and carers (SU&C)
- Review and update the ESCA process and template.

### APPROACH

- Using clear baseline metrics, a group of stakeholders were brought together to understand the problem, identify waste and generate ideas for testing.
- The group developed a standard process and collectively revised the roles and responsibilities within the ESCA template.
- A period of testing these changes was then carried out with clear follow ups planned.

### MEASURED OUTCOMES

- From the original audit 100% of patient on the LD registers did not have an ESCA in place (at baseline), now all patients that are appropriate for an ESCA have one in place, or work is underway to introduce one; a 100% improvement.
- Stakeholder survey (Pre and Post Test of change) demonstrated improvements in: understanding of ESCAs; confidence in use of ESCAs; role clarity; and quality of communication.
- ESCA template has been updated and is reflective of the changes developed by the group; awaiting ICS sign off.
- Easy read patient information leaflet co-produced with service users on ESCAs

### NEXT STEPS

1. Roll out the Easy Read leaflet and assess its impact on supporting SU&C understanding
2. Complete identified remaining actions and explore further roll out across the PCN
3. Build routine monitoring into practice and project group revisit work annually to review changes

### CHALLENGES

On occasion capacity due to competing pressures led to some workshops needing to be re-arranged.

## OPPORTUNITY FOR SHARED LEARNING

There are many opportunities to share learning from this project which include: the benefits of investing time to build professional relationships, managing transitions of care, using QI and Audit, carrying out System QI projects, System / partnership working, strengthening ESCA's and co-production.

Get in touch with your system QI ideas, to share your QI story, general QI queries or to join us at our quarterly system Quality Improvement Network events

Email us: [systemCQI@mpft.nhs.uk](mailto:systemCQI@mpft.nhs.uk)