Recommendations

1. **SEA templates should include supplementary guidance notes for each of the four standard questions.**

   Approaches to consider: The SEA templates in use in the sector should be designed to provoke a depth of reflection that results in real change for the better. They should provide GPs and practices with a structured framework and guidance to follow when undertaking an SEA. All SEA templates should therefore adopt the four essential reflective questions and supplementary guidance notes of the pilot's templates (appendix 3), i.e.

   What happened?; *Why did it happen?*; *What has been learned?*; *What has been changed?*

   Asking why an event has taken place is a crucial step to establish the systems and human factors issues that need to be reflected upon. We commend the learning from the NHS Education for Scotland pilot (2014)[2], funded by the Health Foundation Shine programme. Their enhanced SEA framework should be incorporated as a further step to help individuals and practices explore and answer 'Why did it happen?' in an objective and constructive way.

2. **When undertaking an SEA the impact on those involved should be considered.**

   Approaches to consider: The RCGP and other organisations should consider adding to their template for SEA a fifth question regarding impact on those involved.

   What was the impact/potential impact on those involved (patient, carer, family, GP, practice)?

3. **SEA in primary care should be of sufficient quality.**

   Approaches to consider: To improve the quality of SEA and reduce variation in quality in general practice:

   • GPs responsible for training, appraisal and revalidation should be trained in the assessment of SEA.

   • GPs should receive formal training in undertaking SEA.

   • Educational packages relevant to SEA in practice should be developed for this purpose.

   Any future programme should consider how to include all primary care staff and patients in the process; and have a system for handling SEA reports that do not meet a predefined standard of acceptable quality.

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2   NHS Education for Scotland (NES). *Shine 2012 final report: addressing the psychological and emotional barriers hindering the disclosure and constructive analysis of patient safety incidents in the primary care professions*. Edinburgh: NES, Mar 2014. www.nes.scot.nhs.uk/media/2580001/shine_2012_final_report.pdf [accessed 11 Aug 2014].

4. **The relevant bodies should consider how peer review of SEA could be implemented across the broader range of general practice.**

   Approaches to consider: The pilot's peer review model should be implemented:

   - With the support of the NHS and local health organisations/CCGs.

   - Retaining the model's elements of peer review learning and calibration (two reviewers, one of whom is local to the submitter; sharing feedback reports; discussion opportunities; quality assurance).

   - Retaining the emphasis on quality improvement – the capacity to reflect on events and learn from them – and not on performance management.

   - With the following variations:

     – a broader remit across any clinical area and domain

     – annual random selection of one SEA from each practice or individual GP for peer review.

   - Supported by a common automated peer review management system for processing the SEAs which would make the model efficient and affordable at full scale.

5. **The potential benefit of peer-reviewed SEA for shared learning should be utilised.**

   Approaches to consider: Peer review of SEAs provides the reviewers involved with an insight into how other practices operate, transforming such a model into a vehicle for cascading good practice and innovation across the sector. Implementing the recommendation above would harness that potential.

   In the event of peer-reviewed SEA being widely implemented, consideration should be given to how a library of suitably anonymised SEA reports could be created and held by a trusted party, to enable shared learning from the events reported. An online, searchable library to house the anonymised SEA reports would make the learning they contain available for individual, local and national benefit.