Quality Impact Assessment :
QIPP Project (Quality, Innovation, Productivity and Prevention) 2018/19

Section A

Project Name	Primary Care Counselling Service
UI Number	83
Project Lead	Jo Reynolds
Quality Lead	Sukhdip Parvez
Programme Board	Primary Care Commissioning/ Milestone Review Board
Verifying Clinician	Dr Pickavance
Project Overview	The aim of this service is to provide solution focused and supportive counselling to patients with very low level anxiety and depression related to life events within a primary care setting as an alternative referral source for people who do not meet the criteria for Wolverhampton Healthy Minds. The model enables counsellors to gain experience within a supportive, well supervised, setting. The intended outcome is to improve well-being, and speed the recovery of patients, which will also release general practitioner consultations for other patients. The Primary Care Counselling Service currently will provide a number of solution- focused quality counselling interventions to patients.
Quality Indicators	Improved mental health, as measured by recognised outcome measures used by the service Positive recovery outcomes for individuals include: • Increased ability to manage mental health • Encourage social networks, including an increase in the ability to find work, training and access education • Improvement in the ability to develop and maintain personal and family relationships • Increase in self-esteem, trust and hope.
KPI Assurance (sources & reporting)	Provider will submit monitoring and payment claims on a quarterly basis.

Section B

ASSESSMENT

	Positive Impact of the Project on:	Negative Impact of the Project on:
Patient Safety	Patients have increased access to provision to support their mental health, and will prevent further more intensive interventions being required	Patients may be inappropriately referred; their needs may not be met by the service
Patient Experience	Patients have increased access to provision to support their mental health, and will prevent further more intensive interventions being required	Patients may be inappropriately referred; their needs may not be met by the service
Clinical Effectiveness	Patients have increased access to provision to support their mental health, and will prevent further more intensive interventions being required	Patients may be inappropriately referred; their needs may not be met by the service
Mitigation	inappropriate referrals will be diverted back to the referring GP	

Section C

Risk Grading (What is the Risk of the Negative Impact occurring)

	Likelihood Score	Consequence Score	Overall Risk Score	
	1 Rare; 2 Unlikely; 3 Possible; 4 Likely; 5 Almost Certain	1 Negligible; 2 Minor; 3 Moderate; 4 Major; 5 Catastrophic	Likelihood x Consequence (L x C) = R (Risk score)	Drop Down Selection
Patient Safety	2	2	4	4 to 6: Moderate Risk
Patient Experience	2	2	4	4 to 6: Moderate Risk
Clinical Effectiveness	2	2	4	4 to 6: Moderate Risk

Risk Scoring Guide:

Instructions for use

1 Define the risk(s) explicitly in terms of the adverse consequence(s) that might arise from the risk.

2 Use table 1 to determine the likelihood score (L) for those adverse outcomes. If possible, score the likelihood by assigning a predicted frequency of occurrence of the adverse outcome. If this is not possible, assign a probability to the adverse outcome occurring within a given time frame, such as the lifetime of a project or a patient care episode.

If it is not possible to determine a numerical probability then use the probability descriptions to determine the most appropriate score

3 Determine the consequence score (C) for the potential adverse outcome(s) relevant to the risk being evaluated.

4 Calculate the risk score the risk by multiplying the likelihood by the consequence: L (likelihood) x C (consequence) = R (risk score)

5 Identify the level at which the risk will be managed in the organisation, assign priorities for remedial action, and determine whether risks are to be accepted on the basis of the colour bandings and risk ratings, and the organisation's risk management system. Include the risk in the organisation risk register at the appropriate level

Likelihood score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur,possibly frequently

	Likelihood				
Likelihood score	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

Note: the above table can to be adapted to meet the needs of the individual trust.

For grading risk, the scores obtained from the risk matrix are assigned grades as follows

1 - 3	Low risk
4 - 6	Moderate risk
8 - 12	High risk
15 - 25	Extreme risk

Section D

GP / Clinical Review (Required)

GP / Clinical Name	Dr Pickavance
Date	Oct-17
Comments	*review of pilot took place with Dr Pickavance October 2017, amendments changed to service spec based on this.* *Discussion held at CRG (10/01/2018) and commissioning committee (25/01/2018), for amendments and approval*

Section E

Quality Leads Comments (Required)

Quality Lead Name	Sukhdip Parvez
Date	11.06.2018
Comments	*agree with the risk grading and fully support this project.*

Section F

APPROVAL - Business Case QIA

Reviewer	Signature	Date
Project Lead	Jo Reynolds	05/05/18
Patient Rep	Commissioning Committee	25/01/18
Quality Lead	Sukhdip Parvez	11.06.2018
Programme Board Review	CRG	10/01/18
Approval Board Approval	Commissioning Committee	25/01/18

Section G

Post Implementation Review
Benefits Realisation & Close Review

Date of Project Implementation	
Date of Project Review	
Findings From Benefits Realisation Review	*include here feedback from patients, performance & activity information +/- and quality monitoring arrangements for the future.*
Concerns identified as a result of this scheme	
What change has occurred as a result of the project implementation	
Date of Closure	*insert date*
Summary of Achievements & Monitoring Arrangements	*insert bullet points providing a summary of achievements and how the project/ service will be monitored hereafter.*
Reason for Closure	*i.e. project achieved, abandoned, delivered or suspend.*
Final Risk Score	

APPROVAL

Reviewer	Signature	Date	Agreed Yes/No Including Comments
Project Lead			

Patient Rep			
Quality Lead			
Head of Quality			
Programme Board Review			