MIDLANDS AND LANCASHIRE COMMISSIONING SUPPORT UNIT
Strategy Unit

NHS
West Midlands Strategic Clinical Network and Senate

Towards excellence in general practice:

a resource to support local primary care development

Prepared for the West Midlands Clinical Senate
February 2015

Foreword

The West Midlands Clinical Senate is pleased to present this new resource to support local health economies progress current strategies for primary care development. The resource comprises an evidence review which highlights some key areas for consideration as well as discussion aids to support co-production.

Primary care development is a priority area for local health economies, driven by the shift towards co-commissioning and the new care models proposed in the Five Year Forward View. However, the evidence base on quality in primary care is variable. Even where evidence is available, the application of learning from research and evaluation needs a deep understanding of local context. Local strategy and planning will therefore need to be driven by consensus built through engagement with stakeholders and informed by evidence where available. This resource is intended to provide a framework for commissioners and providers to instigate conversations locally.

The evidence review was commissioned by the Senate with the aim of understanding the content and quality of the evidence base in relation to primary care. The review has been prepared by the Strategy Unit at the Midlands and Lancashire Commissioning Support Unit following an established process, sourcing evidence from bibliographic databases and relevant key organisations. The review is pragmatic rather than systematic and there are inevitably some limitations: a focus on healthcare literature (which excludes learning from other sectors and industries) and search limits to manage the volume of search results (focusing on recent UK literature). It does not aim to duplicate the work of national and professional bodies instead aiming to provide a summary of evidence.

The resource is organised from three perspectives: patient, clinical and practice, reflecting themes which emerged from the evidence review. The key messages have been summarised in the form of graphics for each of the three perspectives, to provide visual aids for commissioners and providers to instigate local conversations. The graphics are provided in powerpoint format to enable local health communities to create a version which reflects their local context. A set of questions has also been included in the appendix which may help to frame local discussions. For example, a local CCG plans to use this resource to prompt conversations with patients regarding what excellence in primary care looks like for them. The CCG is planning to use the patient feedback to co-produce Key Performance Indicators in the GP contract.

Quality is not a destination but a journey and whilst we hope that this resource helps to support local discussions, we acknowledge that the environment is constantly changing and uncertainty is the norm. This resource is designed to support development based on current models of care and inevitably, will have a limited life span. We would be interested to hear your feedback on the resource and ideas you have for how the Senate might support your strategy and planning in future.

Dr David Hegarty, Chair, West Midlands Clinical Senate and Chair, Dudley CCG
Dr Bill Gowans, Deputy Chair, West Midlands Clinical Senate and Vice-Chair and Director of Transformational Change, Shropshire CCG
Dr Nick Harding, Chair, Sandwell and West Birmingham CCG
Dr Michael Innes, Chair, Telford and Wrekin CCG
Dr Anthony Kelly, Chair, South Worcestershire CCG

Summary graphics

The following graphics summarise key aspects of quality in general practice which emerged from our review of the evidence base – there may be other aspects of quality which you wish to discuss and develop locally. The graphics are presented from three perspectives: the patient perspective; the clinical perspective; and the practice perspective. These graphics are intended to support local discussions with stakeholders to discuss what quality might look like locally and to agree local priorities – these Powerpoint versions are provided to enable you to create your own local bespoke versions to reflect your specific context.

The patient perspective

Developing a patient-centred culture

- Patients routinely asked for feedback
- Training for staff in communication to support self management and shared decision making
- Work with patient participation groups to review feedback and discuss service improvement
- Patient feedback incorporated into revalidation and staff appraisals
- Clear complaints procedure
- Training for staff in managing complaints

Community engagement

- Patients and public involved in decisions about service design and delivery
- Signposting of local community services
- A co-production approach with the local community
- Alignment with wider community health promotion and public health initiatives
- Social prescribing

Access for patients

- Capacity to book appointments in advance or on the same day
- Provision for multiple comorbidities e.g. multiple appointments, single clinics
- Help for patients who may have access difficulties e.g. language, disability, social isolation
- Phone consultations available for follow up appointments

Information and technology

- Patients have access to evidence-based information
- Patients involved in decisions about their own care
- Written information to supplement consultation
- Clear and accurate information exchange with other providers
- Shared decisions documented in medical records

Continuity of care

- Continuity of care and clinician-patient relationship
- Usual GP available for medication reviews, discussion of test results
- Information about clinicians, with availability for face to face, email and phone consultations
- Proactive follow up of patient

Empowering patients

- Patients supported to understand and review treatment options including risks and benefits
- Self management programme s in place
- Advice/training on pain, equipment, nutrition, physical activity, medicines, minor ailments
- Written care plans for patients with long term conditions
- Use of decision aids in consultations
- Peer support for patients and professionals

The clinical perspective

Ways of working

- Protected time for learning and reflection on clinical quality
- Collaborative intelligence reporting to agreed outcome measures/standards
- Quality payments to incentivise exemplary practice
- Coaching, peer support, clinical supervision, buddying mentoring particularly for locums/registrars
- Peer support focused on development not performance management
- Secondary care consultant master classes
- Practices empowered to explore unwarranted variation

End of life care

- System to identify EOL patients
- Patient held care record
- Preferred place of care/death recorded
- Support for GPs to instigate advanced care planning discussions
- Use of EPaCCS
- Pooled budgets to coordinate care across services

Diagnosis and Referrals

- Routine audit and benchmarking to assess quality of diagnosis and referrals
- Patient involvement in decisions on referrals including discussion of possible harms/benefits
- Clear purpose and expectations of referral
- Systems/processes for patient follow up
- Quick access to diagnostics for urgent cases
- Availability of informal advice
- Commissioners monitor local diagnostics demand/ capacity
- Peer review and feedback (GPs, secondary care)

Population management

- Patients at high risk of emergency admission identified
- Coproduction and alignment of local incentives and outcome measures
- Practice registries for long term conditions and proactive case finding
- Reviews of housebound patients
- Support for carers
- One stop multidisciplinary clinics for patients with multimorbidities
- Networks/ collaborations to develop population management vision and plans
- Integrated care plans developed by multidisciplinary teams
- Routine benchmarking of ACS conditions
- Monitor patient satisfaction - particularly for patients with LTCs

Prescribing

- Identification of high risk polypharmacy
- Adherence to agreed formularies
- Systems in place to reduce potential errors and respond to alerts
- Working more closely with community pharmacies
- Information on medicines provided to patients
- Monitoring national safety indicators
- Regular medication review
- Audit of repeat prescribing systems and protocols

Urgent Care

- Good relations and information sharing between all providers involved in patient's care
- Availability of same day/ usual GP or nurse appointments
- Targeting awareness of OOH in local communities
- Monitor patient satisfaction with access
- Regular clinical audits of OOH
- Benchmark ratio of patients: practitioners
- Outcome based contracts for OOH

The practice perspective

Workforce

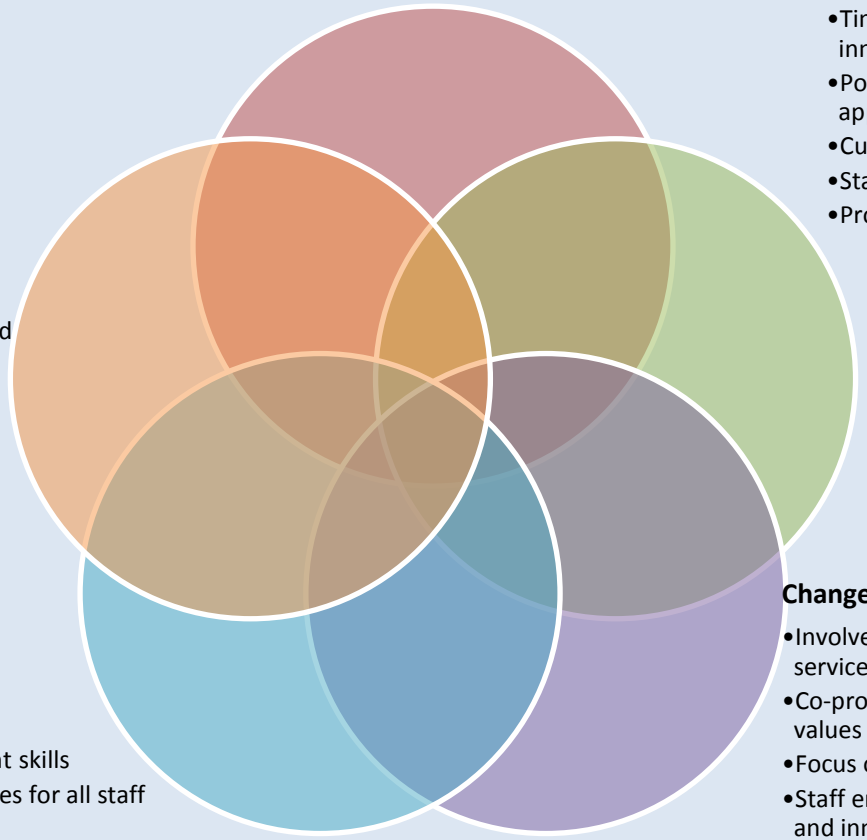
- Liaison roles e.g. mental health, patient peer support, signposting
- Workforce strategies for larger practices/partnerships
- Expanded clinical role of nurses to help manage demand and encourage retention
- Use of GPwSI to target specific patient groups
- Continuous development for all practice staff
- HCAs working in dedicated roles

Leadership

- Staff mentoring
- Constructive feedback to staff
- Monitoring staff satisfaction
- Time and space for reflection, learning and innovation
- Positive culture where staff feel valued and have appropriate autonomy
- Culture of innovation
- Staff involvement and empowerment
- Progress towards vision monitored and acted on

Collaboration and Partnership

- Shared organisational learning
- Business economies of scale
- Strategic business planning
- Shared vision, values and objectives
- Co-developed services in the community
- Enhanced access to wider range of professional/services
- Strong relationships between practices and other organisations



Change and Transformation

- Involvement patients and communities in co-design of services
- Co-production of vision and purpose based on shared values
- Focus on long term relationship building
- Staff empowerment to engage, collaborate, improve and innovate
- Alignment of systems, processes and incentives to enable change
- Use of evidence-based methodologies
- Insight to spot opportunities

Continuous Improvement

- System-wide perspective of quality
- Training and development in improvement skills
- Clear, challenging and measurable priorities for all staff
- Learning from errors
- Transparent performance reporting
- Team , inter-team and inter-organisational working
- Rewards and incentives for excellence

Discussion aids: some questions for reflection

This resource is designed to support local health economies to instigate conversations about primary care development to inform local strategies. The following questions may help to frame local conversations.


Patient perspective
What mechanisms are in place to involve patients (and carers) in decisions about their own care?
What mechanisms are in place to involve patients and the public in decisions about health services?
What community groups may help to support policies and interventions to empower patients?
What interventions are in place and what opportunities are there to support patients with long term conditions to manage aspects of their own care?
How can practices manage the balance between continuity of care and access to care?
How are practices measuring patient experience and how is this data used to improve services?
How are local health economies supporting practice staff (e.g. training and development) to develop new ways of working to promote a patient-centred approach to care?
Clinical perspective
What outcomes are important to patients, carers, clinicians and other stakeholders?
How are practices and commissioners monitoring the quality of referrals?
How are clinicians supported to identify and address unwarranted variations?
How are incentives aligned to manage disincentives, conflicts and unintended consequences?
How are practices and commissioners monitoring the quality of prescribing, particularly in high risk population groups such as frail elderly patients?
What challenges and barriers exist in primary care which may influence the demand for emergency admissions and A&E attendances?
What are the opportunities for improving care for patients with long term conditions and multimorbidities?
What opportunities are there for addressing fragmentation of services for patients with long term conditions and multimorbidities?
How can services be better coordinated to support patients nearing the end of life?
How are staff supported to learn and develop e.g. coaching, mentoring, peer support, supervision?
Practice perspective
What barriers and enablers to collaborative working and new organisational models exist locally?
What are the workforce challenges locally?
How do you expect workload and workforce needs to change?
How are practices supported to monitor and improve quality?
How are leaders developed across the health economy at all levels and across professional groups?
How could information be used to drive improvements?
How is staff satisfaction currently monitored?
What disincentives may exist locally which impinge on change and improvement programmes?