

Unit Six

Quality improvement and evaluating practice from a general practice employer's perspective

Key messages

This unit will:

- examine the quality of services that general practice nurses (GPNs) provide for patients
- look at how quality can be measured and monitored
- discover the importance of team appraisals – as advocated by the quality team development approach of the Royal College of General Practitioners (RCGP)
- explain how to evaluate GPN intervention in relation to the Quality and Outcomes Framework (QoF).

The clinical governance agenda remains firmly at the forefront of NHS policies and the quality of care has received due emphasis within the *new General Medical Services (nGMS)* contract.¹ Financial rewards for the practice depend on the good functioning of the team in meeting evidence-based quality indicators in four key areas in the clinical and organisational domains. General practices have achieved high quality scores since these were introduced as the QoF within the nGMS contract, responding to the financial incentives for high-quality care.

QoF 19 separate clinical indicators, 825 points

Many of the improvements made by meeting the QoF targets have come from structured care provided by GPNs around long-term conditions. It is therefore important to consider how quality of care that may be delegated to GPNs and others within the practice team can be assured within the practice. One way of ensuring consistently high standards is to consider the practice work under the seven pillars of clinical governance² that underpin the Healthcare Commission's *Standards for Better Health*.³

GMS Requirement 21

The seven pillars of clinical governance

1. Risk management

In order to minimise risks to patients and raise awareness of unsafe practice, you could conduct the following:

- complete a skills-based assessment tool to ensure your employee's competences are recorded
- consider whether or not induction programmes for new or locum GPNs are adequate – for example, do they include everything that is needed?
- set up a system to ensure that 'near miss' incidents are reported and acted on – this would eliminate a blame culture and encourage a healthier attitude to learning from experience
- actively encourage clinical supervision for GPNs to promote analysis of significant events.

Tool – Sample induction programme – use this tool to ensure all appropriate components are included within induction programmes. If a competence file is commenced alongside this, GPNs can continue to add to it, providing you with a safe record as to what a particular GPN can and cannot do.

Tool – Reporting on 'near miss' incidents – use this tool to develop a more open attitude to risk so that everyone can learn from difficult experiences.

2. Clinical effectiveness

To consider clinical effectiveness, first set up a meeting with GPNs and GPs from the practice to look at the guidelines and protocols specific to clinical care that have been created within the practice. The latest versions of these should be gathered together. At the meeting, go through as many of the protocols as you can and make sure that they are all within their review date. Check that they are linked to national guidelines or based on robust evidence. Protocols should be kept together in a central folder so that any new staff or locum GPNs will have easy access to them. If any protocols or policies still need to be created, check with the primary care trust (PCT) to see whether there are already established local protocols in use for PCT-employed staff that you could use or adapt.

See *Tool – Using protocols, standards, policies and guidelines to enhance confidence and career development*

See www.equip.ac.uk/practiceManagement/docs/protocols/protocols.htm for examples of over 100 protocols for use in general practice.

Example from Thistlemoor medical practice (Peterborough) – effective use of protocols in practice, report from a general practice employer

'Four years ago, we employed four nurses, all with more than 15–20 years of experience. We developed protocols and clinical templates based on best practice and risk management to help nurses to see patients with certain conditions. These, together with our promise of constant supervision and support, gave the nurses confidence to work within the system. We started with nurses seeing patients with minor ailments and later changed the system so that they saw all patients as first point of contact in an open surgery.

Developing a suitable infrastructure was very important. We were aware that this was a bold step and we would be under close scrutiny from governing bodies to make sure that what we were about to embark on was safe for the staff and our patients. Up to this point, I had provided a one-to-one service to all my patients – they were used to seeing me and I knew their medical histories. If I was to delegate this task to another professional, the first pre-requisite was that they had all the relevant information available to them when they saw the patient. Most of our records were summarised, however we chose to re-check records and transfer summaries onto the computer system.

As we were planning to re-allocate tasks, we knew it was important to provide clear guidelines and make protocols about what they could do, who could be seen without a doctor's input, when a doctor needed to be involved, set up simple decision-support systems, make reference to more complex ones, and how to deal with them. We also needed to make sure that they would have access to a clinician at all times and they operated within their competence. We therefore developed clinical templates attached to Read codes to guide the nurses in history taking and data collection. We thought of all conditions for which a patient might present to the surgery and then created templates using appropriate questions that would be required to deal with these conditions appropriately.

Risk-management angles were also built in as prompts within the template as well as clinically relevant history and examination components. These made the process safe and effective. Clinical guidelines were attached to these templates so that anyone using them had access if needed at the time of consultation. We have also developed an information technology (IT) network system so that this information is available to all staff at any time.

The way this works in practice is that when a patient presents with headache, the entry 'headache' as a clinical problem brings up a prompt that informs the user that there is a template attached, and asks whether they would like to use it. The clinician has to answer 'yes' to access the template.

Prompts include such questions as when the headache came on, type of onset, duration of onset, associated symptoms, visual acuity, presence of vomiting, rash and temperature and whether the patient has seen an optician, referral to optician if not, whether they have tried any over-the-counter medication and if so, was it effective. There is a write-up about causes of headaches, types of headaches and recommended treatment for each type. The clinician can use this to discuss management with the patient.

We have added clinical presentations for most conditions onto the system and continue to add them as we realise the need for them. All national service frameworks (NSFs) are converted into templates so that they are incorporated into our everyday clinical routines. On this basis, we have developed templates for most of the presentations in general practice. Where the presentation is not well defined, they can use a general examination template to collect relevant information.'

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Consider availability of evidence-based information for staff. You may wish to start a small 'library' of journal articles categorised by clinical topics, for example articles relating to diabetes, coronary heart disease, and so on. Ask everyone in the practice to make a note of the websites they have found to be particularly useful and ensure a laminated copy of these is kept by every computer with internet access.

Consider introducing peer review for partners and staff to critique clinical performance. This can be a powerful and effective way of improving performance. **Tool – Using peer review to improve practice**

3. Education, training and continuing professional development

QoF Education 8
3 points

Appropriate training is essential for the delivery of quality, evidence-based care. The practice can sign up to provide opportunities for staff development as part of the QoF.¹ It is also your responsibility to ensure that any staff to whom you delegate clinical tasks are competent to undertake these activities. Although a GPN's basic nursing registration provides evidence of a certain level of skill, it is important to have evidence of the various tasks and activities that individual GPNs may undertake as these will be highly variable. See **Unit: Competences of general practice nurses** for ways of linking GPN competence to the *Knowledge and Skills Framework*.

Use **Tool – Training of GPNs – evaluation by practice employer** to review whether the training provided by the practice or elsewhere has equipped the GPN with the requisite skills to perform their role.

Providing study leave for GPNs is one way of demonstrating support for education. Study leave can then be linked to the overall practice objectives. Some practices also provide protected learning time for GPNs. This may comprise seminars, journal article reviews or clinical discussions, and is another way of ensuring staff remain up-to-date and well informed. See **Tool – Policy on study leave**.

Facilitating clinical supervision is a further way of helping GPNs to develop and this is specifically referred to within the *nGMS contract* (section 4.20),¹ which states that 'all practice-employed nurses should be supported to participate in clinical supervision and appraisal.'

Clinical supervision is a supportive, developmental and educational process that helps practitioners to explore their own practice alongside their peers in order to determine how quality of service can be further improved. It is a formal process of professional support and learning that enables individual practitioners to develop knowledge and competence, assume responsibility for their own practice, and enhance consumer protection and safety of care in complex clinical situations. It is therefore an integral component of clinical governance and PCTs may provide or facilitate opportunities for this. General practice employers should provide protected time for GPN teams to attend clinical supervision.

Clinical supervision should therefore be viewed as an integral component of clinical governance.

Example from Horden Group Practice (Durham) – clinical supervision in practice

'Monthly practice nurse meetings and clinical supervision sessions are sponsored by the PCT. Payment is made for time spent attending these meetings.'

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However, under clinical governance, the GPs should be investing in this for their staff.

Appraisal is a vital part of continuing professional development (CPD) because it will help to identify the strengths and weaknesses of GPNs. Although this should be conducted annually, nurses may find it useful to have additional less-formal reviews more frequently.

Tool – Clinical supervision: how and why?

QoF Education 8
3 points

When arranging an appraisal, it is essential to provide the GPN with adequate time to prepare so that they have had an opportunity to think about their performance over the past year and how they want to move forwards over the forthcoming year. The appraisal should identify the strengths and weaknesses of performance from both the appraiser and appraisee's perspectives. It is the role of the appraiser to link individual's needs to the objectives of the practice. A personal development plan (PDP) should be developed in response to the appraisal, and a good appraiser should check that this is being put into action following the appraisal. See *Tool – How to give constructive feedback: being an effective appraiser*,

Tool – Documentation for appraisals – using an action plan

and *Tool – Creating a personal development plan*

for more information.

Induction programmes

Staff who are new to the practice (including locum staff) must have a comprehensive induction programme that also assesses their competence in order to minimise risk to patients. It is also important to remember that it is your responsibility to ensure that all nurses to whom you delegate tasks (including health care assistants and locum GPNs) are competent to undertake the activity. Rather than relying on the fact that there may be an induction programme in place, you must evaluate how effective it is.

QoF Education 4
3 points

Tool – Sample induction programme will help you to see whether the induction programme provided by the practice is as comprehensive as it should be. This tool will also help ensure all appropriate components are included within the GPN induction programme. If a competence file is commenced alongside this, GPNs can continue to add to it, which will provide you with a safe record as to what a particular GPN can and cannot do.

Tool – Modified induction for locum GPNs

4. Use of information

The information highway means that it is easy for practice staff to keep up-to-date. Connecting for Health promises some fantastic opportunities for the future with the advent of electronic patient records.⁴ Over the next 10 years, the national programme for IT in the NHS will connect more than 30,000 GPs in England to almost 300 hospitals. General practices have introduced computerisation at a varied pace, but it is now viewed as an essential tool to improve efficiency of care.

As an employer, you need to ensure that all staff entering information about patients are using defined Read codes. They must also have been adequately trained in the correct categorisation for various clinical conditions. This makes categorising and auditing information much easier and is therefore essential for assessing whether the practice has met *QoF* targets.

Decision-making support software such as PRODIGY⁵ can be valuable in ensuring consistency of care by GPNs and GPs. Consideration should be given as to whether GPNs are enabled to use this within consultations or as a learning tool. In addition, it is important to ensure that GPNs can use (and have access to) IT to access evidence-based information for patient management.

If using electronic patient records, it is essential to ensure that all care plans have been individualised and that alert systems have been put in place to identify particular areas or needs. It may be useful to nominate a member of the practice team to act as a watchdog for electronic records. They could conduct randomised spot checks to check for consistency of approach.

5. Staffing and staff management

The *nGMS contract*¹ refers to improved human resources (HR) services for staff, including entitlement to all NHS conditions and initiatives to improve working lives. See **Unit: Employment of general practice nurses** for further information on HR services.

Even in small practices, it is still important to have clearly identifiable lines of managerial responsibility of GPNs. This will ensure staff feel clear about their position and will facilitate performance management. Senior-level GPNs may also act as line managers for junior staff or health care assistants (HCAs), if the practice feels this is appropriate and if staff are willing to take on the required extra time and preparation.

You will need to consider who the most appropriate line manager will be for more-senior GPNs – practice managers may play a role (eg with regard to administrative management duties), but their lack of clinical involvement may preclude them from adopting a full managerial role. Evaluate your performance as an employer of GPNs to see if you are doing all you can to be a good employer.

Use **Tool – Employment – evaluation by a practice employer** to consider whether or not the GPN job description provides an accurate reflection of the role and if terms and conditions are fair or attractive.

General practice is all about teamwork, and the practice will be unable to provide optimal quality services for patients if it does not function well as a team.

Example from Thistlemoor medical practice (Peterborough) – emphasis on team working in practice

'We believe that role redesign and delegation cannot be successful if the whole team is not working as one. We recognise the importance of communicating with staff as a means of empowering them and engaging them in change. Therefore, for the past 4 years, we have met twice a week with staff – one of these is a clinical meeting, where we discuss clinical protocols, make practice formulary changes, discuss interesting or significant events, and discuss risk management issues, which we use for in-house training, presentations, etc. The other is a staff meeting, where we decide on practice policies, training issues, significant events, issues to do with running of the practice, and so on. Everyone is encouraged to participate and once decisions are made, they are operational with immediate effect. Attendance at these meetings is compulsory and overtime is paid to those who come in outside their normal working hours to attend. Contributions from staff members are recognised and good ideas are rewarded. It encourages systems thinking, teaching people to reintegrate activities to see how what they do is interconnected with what others do.'

For more information contact Nalini Modha at: nalini.modha@gp-d81625.nhs.uk.

Tool – Teamwork – how well is your team functioning?

QoF Education 7
4 points

Tool – Skill-mix and integration of the team – evaluation by a practice employer

QoF Education 10
6 points

Tool – Is your practice a good place to work?

QoF Cytology CS6
2 points

Quality as a team

The key to delivering quality health care in general practice is to make effective use of each team member's skills. This will make a significant difference to the smooth running of the practice, and the appropriateness and level of care provided to patients. The quality team development award⁶ enables practice teams to identify areas of good practice, as well as areas for improvement and development priorities. The process is cyclical, with the practice self-assessment, patient questionnaire, visit and development plan stages being repeated every 2–3 years. Use the following tool to determine how well your team functions together.

Tool – Quality team development for practice teams

Quality practice award

In order to demonstrate the high standards of quality that your practice is achieving, you could consider seeking accreditation by the quality practice award (QPA). This is one of two quality-assurance systems devised for practice teams by the RCGP,⁶ which is supported by many nursing and midwifery organisations.^{7,8} It is a quality-accreditation process that uses a system of external peer review, with written standards, designed to assess the quality of an activity, service or organisation. It is considered a higher-level, quality-assurance scheme for practice teams that also promotes the clinical and educational development of team members.

Seeking accreditation by the QPA has benefits for all members of the practice team who participate in the process. As a result of going through the process as a team, staff report:

- *better team working*
- *improved communication*
- *reduced duplication of effort*
- *increased understanding of each others' roles.*

Tool – How to gain quality practice award accreditation

In order to demonstrate that your practice is working towards quality enhancement, you could consider one of the many quality tools used within business management. The following tools are well accepted as good standards of quality management.

Tool – Quality tools from business: total quality management

Tool – Quality tools from business: investors in people

Encouraging the practice team to highlight their strengths and weaknesses together can be very effective, as in the example below.

Example from Horden group practice (Durham) – emphasis on practice development

'The practice annually carries out a multidisciplinary SCOT (Strengths, Challenges, Opportunities, Threats) analysis, from which the practice development plan evolves. This in turn highlights PDPs, which are further explored during annual appraisal meetings. By involving the whole practice team (including staff connected to the practice) in how the practice should develop, you will attain a greater diversity of insight into the services that can and need to be developed for both patient and staff satisfaction.

The areas highlighted for the next 3 years include development of a weight-management service, which will be run jointly by a practice nurse and HCA. There will also be further skill development for HCAs to undertake spirometry and ear syringing, as well as additional training in chronic disease management for new staff members, to support the existing service.'

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If the practice is striving hard to achieve quality health care and to develop staff, it is anticipated that the retention of staff will not be problematic. However, there may be times when staff decide to leave. The reasons for staff departure should always be ascertained and this can be most accurately determined by introducing exit questionnaires (or interviews) as standard practice. This provides an excellent opportunity for staff to 'tell it how it is' and provide the partnership with real insight into what it is like to work in the practice, see *Tool – Using exit questionnaires: how and why?*

6. Clinical audit

Audit is a reliable way of determining whether or not the services you deliver are effective, and audit information forms the basis of the QoF. Audit can therefore be considered as an integral part of the GPN role. Some GPNs may be fearful of audit and will therefore need to be reassured that it need not be either complex or time-consuming. The use of audit is simply to determine whether a service is as good as it should be by measuring performance against a standard defined by the practice. *Tool – How to undertake an audit*

Tool – Judge how well you have performed an audit allows you to check whether or not your audit has been as thorough as possible. Another way of ensuring that best practice is measured is to use the benchmarking process outlined in *Essence of Care*.⁹ *Tool – Essence of Care benchmarking*

You might assess any or every aspect of your strategy and plans for establishing or developing a GPN post in your general practice. Here are some ideas that you could focus the evaluation on – most of them are challenging:

- whether everyone supported and adhered to the action plan to establish or develop GPN posts
- whether the way that GPN posts were established and developed justified the effort and cost
- if there is an emphasis on team working and support for GPNs across the team
- whether the practice culture allows GPNs to fulfil their potential
- if the quality of patient care has improved in key ways.

Evaluating practice in relation to general practice nursing roles

Sometimes it is not possible to undertake an evaluation that conforms to best practice. However, the information gathered to review the quality of a service or workforce activity is still worth capturing to give evidence for the need to change and make improvements to the practice's way of working. The example below describes one practice's endeavours to review GPN activity by a direct comparison of nursing activity

Example: A review of general practice nursing activity in one practice¹⁰

Practice nursing activity in one practice was assessed in 2005 and compared with that in 2002. Telephone consultations were excluded in 2005 in line with their similar exclusion in 2002. Staffing levels had changed in the intervening period, with the addition of paid administrative time to support the nurses and a HCA, as a result of the 2002 review that had identified the potential release of highly skilled nurse time through such delegation. The review made some conclusions about the impact of having employed a HCA in terms of the redistribution of nursing tasks between nursing team members. A more-formal evaluation approach, where the objectives and expected outcomes of the exercise were explicit, would have generated even more useful information for business planning.

in a 3-year period.

Such reviews give some information about what has happened, but little information about how or the outcomes or benefits to the practice team and patients. For that you need to revert to best practice in evaluation and set out objectives. Gather information that will address your objectives from all perspectives – probably qualitative and quantitative, and make conclusions about the outcomes upon which you can act using the information gathered earlier.

Evaluating systems is also important to ensure that you have a smooth running practice that incorporates all the requisite quality checks. Recording of information is also essential to demonstrate that procedures have been performed. **Tool – Monitoring service provision**

the necessary
QoF PE2, PE5, PE6
75 points

QoF Education 6
3 points

7. Patient/service user and public involvement

The role of patient and public involvement is clearly indicated within *The NHS Plan*¹¹ and re-emphasised in recent strategic direction for community services.¹² The intention is to involve and consult patients and the general public about key issues within the NHS. These include planning health care services, identifying local needs and priorities, and evaluating the quality of services from a patient-satisfaction perspective.

Patients often have a less-formal relationship with GPNs and they can therefore be very helpful in providing feedback about patient satisfaction. You could also encourage them to do this more formally by conducting a patient-satisfaction survey such as the *General Practice Assessment Survey*¹³, which comprises a validated tool that has been proved to yield meaningful results. Some validated tools may incur costs, but you should consider whether the benefits to the practice (and the avoidance of having to spend time and effort in drafting your own survey) are worthwhile.

If you want to know more about the things that matter to patients in general practice, read the Department of Health's *National Survey of NHS Patients: General Practice*¹⁴ or articles based around this.¹⁵ This survey covers a wide range of issues, including access, waiting times, views of GPs and GPNs, and the quality and range of services in general practice.

Tool – Patient experience of care provided by a GPN – evaluation by a patient provides verification of how patients feel about care delivered by a GPN.

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