Commissioning and quality in general practice

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Ideas that change health care

Key findings from the GP Inquiry

- Historical weaknesses in commissioning in using levers to promote QI in general practice
- Need to harness professionalism, entrepreneurship and competitive nature of general practice

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Conclusions from paper:

- Alignment of clinical and resource decisions to manage care quality *and* expenditure
  - Ability to ‘make or buy’
- Contract reform (local contract?)
  - Complex performance system
- Support clinical commissioners with:
  - Capacity, skills, leadership, information
- Improved accountability
  - Mutuality of membership
  - Strong links to community/public

Findings from the GP Inquiry

- QI not embedded as a cultural way of working in general practice
- Fundamental requirement to sustain and promote quality improvement in general practice
- Training, incentives, support and mandate

Commissioning role:

- Contract management
- Contract levers
- Peer review of performance
- Transparent reporting of outcomes
- Incentives
- Pro-active commissioning support and drive to achieve QI
- Tackling poor performance

GP commissioning – new opportunity?

- Closer link between commissioning and providing – both become a core responsibility
- GPs more power in evaluating and shaping health services may help predispose them to QI
- GPs to lead in 'reinforcing' QI amongst member practices of consortium
  - Peer review culture
  - Accountability and support for quality improvement
- Rewards and penalties required – clear consequences for poor performance
- Sort out COIs – formal contractual status

Not just commissioning in isolation

- Government
  - Support leaders, invest in QI
- Regulators can shape environment to support QI
  - Revalidation and accreditation
  - Governance and quality assurance
- Information strategy
  - information a pre-requisite for QI
- Professions
  - encourage excellence, QI and leadership
  - mandate QI as important

What do GPs think?

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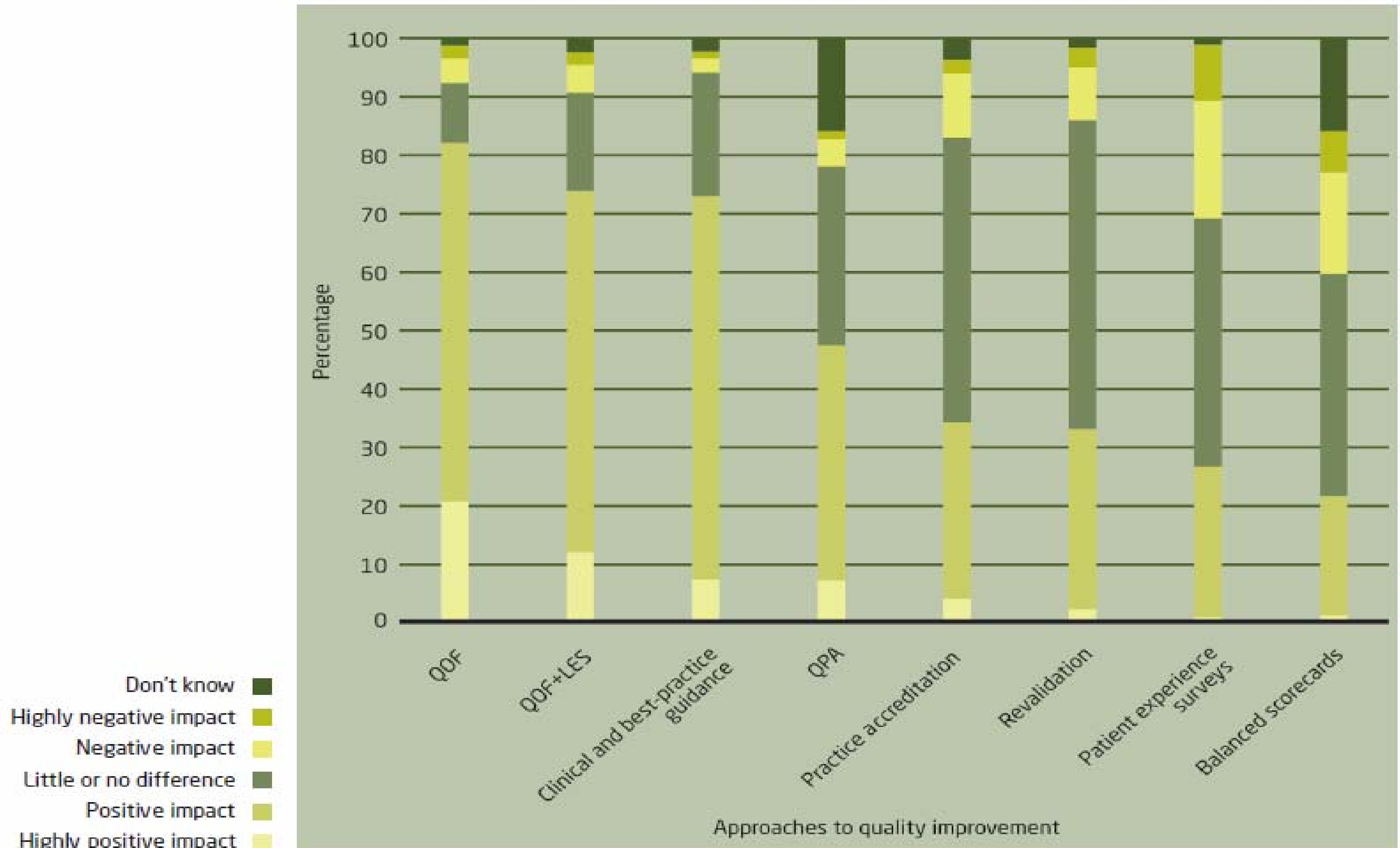
The quality of care in general practice

Capturing opinions from the front line

Perception of different QI methods



Conclusions

- Increasing complexity in role of general practice
- Dual role as commissioner-provider
  - relationships with patients
  - relationships with GP team
  - relationships with other practices
  - new stakeholder partnerships with service providers and independent sector
  - new accountabilities for population health

QI would look like:

- Decision-aids and best practice guidelines to prompt general practice professionals in real time;
- Transparent sharing of information amongst professionals and public
- Peer-review of performance
- Financial incentives to encourage QI
- Support structures to promote innovation and sharing of experiences between practices
- Remedial action against poor performers

Final thoughts

- No 'magic bullet'
- Multi-faceted interventions required
- Greatest challenge is the equilibrium between trust and control
  - in promoting QI the wrong way (i.e. top down) you can erode the professionalism and drive that enable it to happen
  - how to develop 'trust-based' approaches?