

# PRACTICE REVIEWS

## NHS Alliance Conference

**Professor Mike Pringle**

**CHEC Education Director**

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**CHEC Chief Executive**



# Introducing CHEC



- **Not For Profit**
- **Social Enterprise**
- **Part of the NHS Family**

The NHS logo consists of the letters 'NHS' in a bold, white, sans-serif font, centered within a solid blue rectangular box. The background of the slide features a decorative pattern of overlapping circles and arcs in shades of light blue and light green.

# This Presentation

- **What do we do and why?**

**Mike Pringle**

- **What can we do for you?**

**Jacqui Smith**



# What do we do and why?

- **CHEC reviews individual practices or groups of practices – up to whole PCT**
- **Over 100 practices reviewed to date**
- **We assess against criteria derived from:**
  - The GMS contract
  - Appraisal and Revalidation
  - RCGP Practice accreditation
  - CQC Standards
  - Local priorities



# What do we do and why?

- **Our assessment covers four set Domains:**
  - Clinical Effectiveness and Outcomes
  - Patient experience
  - Organisational Effectiveness
  - Patient Safety
- **In each Domain we have Criteria and Standards which may differ project to project**



# What do we do and why?

- **We gain evidence from the PCT, a practice questionnaire and a practice visit**
- **We compare each practice to their peers**
- **We write an individual practice development plan**
- **This is not about CLINICAL standards but ORGANISATIONAL standards and their effect on clinical care**



# What do we do and why?

- **The process is formative and developmental, but also can be standards based if required**
- **The PCT/Consortium identify their risks and needed investments**
- **The practice sees a pathway to improvement**



# What can we do for you?

- **We agree the model and the standards**

	<b>Criteria</b>	<b>Standards</b>
General Quality Assurance	<b>36</b>	<b>100</b>
Professional Development	<b>19</b>	<b>53</b>
Practice management	<b>33</b>	<b>103</b>
Practice accreditation	<b>41</b>	<b>119</b>

# What can we do for you?

- **CHEC gets data from the PCT**
- **The practice completes a questionnaire**
- **We visit the practice**
  - Budget visit has one senior visitor (PM or GP) and an administrator (half day)
  - Standard visit has both PM and GP visitors and an administrator (half day)
  - Intensive visits include in depth interviews (whole day)



# What can we do for you?

- **Structure of half day visit**
  - Team in the practice for three hours
  - Review of premises and facilities
  - Interviews with PM, one GP, one Nurse and reception team
  - Interviews focussed on evidence that the standards are being met
- **Visitors do not access confidential information**



# What can we do for you?

- **Each practice gets a data report**



**PRACTICE POPULATION**

	Practice	Group means	1/4 below	1/4 above	Max	Min
Total registered list	2518	6358	3113	8733	34799	1512
Population aged 75 and over	19	495	218	701	2773	29
%Population aged 75 and over	0.8%	7.6%	6.4%	8.8%	13.5%	1.2%
Population aged 65-74	17	566	260	812	3209	71
%Population aged 65-74	0.7%	8.6%	7.4%	10.0%	12.7%	2.9%
Patients in nursing home	0	13			220	0
Patients in residential care	0	27			237	0
Nursing homes covered	0	2			23	0
Residential homes covered	0	3			14	0

**WORKFORCE AND WORKLOAD**

	Practice	Group means	1/4 below	1/4 above	Max	Min
WTE GPs	1.00	3.2	1.5	4.8	17.0	1.0
WTE practice nurses	0.33	1.8	0.9	2.0	19.0	0.0
WTE HCA	0.10	0.6	0.0	1.0	3.1	0.0
WTE Support staff	1.32	7.6	4.0	9.9	38.5	2.0
Patient/WTE GP	2518	2041	1808	2209	3250	1270
Patient/WTE PN	7630	4067	3077	4590	10879	1349
Patient/ WTE HCA	25180	10498	7072	11600	41760	2925
Patient/WTE support staff	1908	866	725	1002	1495	372
Appoints GP Oct 09	433	1593	659	2076	10278	55
Appoints GP/1000 pats	172	241	195	271	668	21
Appoints Nurse Oct 09	191	963	339	1201	11860	0
Appoints nurse/1000 pats	76	132	91	165	379	0
GP visits Oct 09	0					
GP visits/1000 pats	0					
%Happy with Appoints 48hrs	70.0					

QoF Scores	Practice	Group				
		means	1/4 below	1/4 above	Max	Min
Overall clinical	667	643	641	652	697	465
Organisational QoF score	165	168	166	176	181	99
Additional Services QoF score	39	37	36	36	44	25
Patient experience QoF score	120	105	108	108	147	38
Overall QoF score	978	964	959	990	1000	720

QoF Clinical Scores	Practice	Group				
		means	1/4 below	1/4 above	Max	Min
CHD	86.12	87.26	86.27	89.00	89.00	81.23
Heart failure	29.00	23.21	20.00	29.00	29.00	12.49
Stroke/TIA	24.00	23.80	23.97	24.00	25.00	21.80
Hypertension	81.00	75.92	75.77	83.00	83.00	42.81
Diabetes	98.33	92.25	90.27	95.00	101.46	74.30
COPD	30.00	29.01	26.50	33.00	33.00	12.11
Epilepsy	15.00	12.47	10.51	15.00	15.00	1.00
Hypothyroid	7.00	6.98	7.00	7.00	7.00	6.39
Cancer	11.00	10.11	9.75	11.00	11.00	5.00
Palliative care	0.00	4.88	3.00	6.00	6.00	0.00
Mental health	39.00	32.52	29.09	39.00	39.00	11.04
Asthma	45.00	41.58	39.85	45.00	45.00	17.60
Dementia	20.00	18.23	20.00	20.00	20.00	5.00
Depression	31.55	31.10	27.09	33.00	53.00	4.38
CKD	37.76	29.55	27.00	33.92	38.00	18.93
Atrial fibrillation	27.00	28.10	27.00	30.00	30.00	15.05
Obesity	8.00	8.00	8.00	8.00	8.00	8.00
Learning disabilities	4.00	4.00	4.00	4.00	4.00	4.00
Smoking	60.00	62.39	58.34	68.00	68.00	41.91

Disease Prevalence	Practice	Nat Av	Group		
			means	1/4 below	1/4 above
CHD	1.55	3.47	3.76%	3.31%	4.20%
Heart failure	0.37	0.72	0.83%	0.61%	1.03%
Stroke/TIA	0.65	9.30	1.69%	1.43%	1.96%
Hypertension	9.30	13.38	14.84%	13.16%	16.41%
Diabetes	4.20	4.27	4.28%	3.75%	4.68%
COPD	0.82	1.58	1.55%	1.18%	1.79%
Epilepsy	0.73	0.61	0.67%	0.52%	0.80%
Hypothyroid	0.41	2.93	2.62%	2.20%	3.13%
Cancer	0.82	1.41	1.16%	0.88%	1.45%
Palliative care	0.01	0.14	0.12%	0.07%	0.14%
Mental health	0.90	0.77	0.63%	0.43%	0.76%
Asthma	3.75	5.93	6.07%	5.32%	6.79%
Dementia	0.12	0.46	0.38%	0.23%	0.45%
Depression	11.38	8.41	10.69%	7.37%	13.12%
CKD	2.65	3.32	3.46%	2.61%	4.41%
Atrial fibrillation	0.25	1.39	1.38%	1.14%	1.62%
Obesity	4.73	8.44	8.93%	7.15%	10.44%
Learning disabilities	0.20	0.33	0.37%	0.20%	0.46%
Smoking	14.93	22.81	23.34%	21.97%	24.99%

A&E, WIC, MUI	Practice
Attendance at A&E	1060.0
Atten A&E/1000 patients	421.0
Walk-in C, MIU	189.0
Walk-in C, MIU/1000 patients	75.1
Non-elect admis/1000 patients	40.1

# What can we do for you?

- **Each practice gets a data report**
- **If you wish, each practice gets a Practice Development Plan**



#	Standards	Practice Data	Data from Visit/ PCT	Comments	Action
19.	The practice has a policy for searching for and responding to patients who are not within QoF scores, including those who are habitual non-compliers	Partially met	Partially met	Good consistent policy described at visit by several members of staff, but no written evidence available	Write and implement a policy, based on that described, for searching for and responding to patients who are not within QoF scores
20.	The practice has a policy for identifying which patients need follow up after hospital discharge; and it follows this policy	Partially met	Partially met	Good consistent policy described at visit by both doctors, but no written evidence available	Write and implement a policy, based on that described, for follow up after hospital discharge
21.	The practice has a policy for monitoring non-collection of prescriptions; and it follows this policy	Partially met	Partially met	Good policy described, but no written evidence available at visit	Write and implement policy based on that described and disseminate to all staff
22.	The practice has a policy for the regular review of patients on long-term medication; and it undertakes those reviews	Fully met	Partially met	Verbal policy to undertake regular reviews described at visit, but lack of time hampers the implementation	Write and implement a policy for regular reviews Consider employing more staff to assist with implementation
23.	The practice undertakes significant event auditing with regular (at least quarterly) timed meetings; at least 3 professionals/staff present	Partially met	Not met	GPs discuss significant events if/when they occur, but there was no written evidence at visit of written notes/templates or the involvement of other practice staff	Consider holding SEA meetings at least quarterly, and keeping a written record of points made, actions agreed to and their implementation
24.	Patient safety notices, alerts and other communications concerning patient safety are acted on in a timely fashion	Partially met	Partially met	Processed described, but no written policy available at visit	Produce, disseminate and implement process to ensure all relevant staff have read these communications
25.	Adverse events in the practice result in action plans which are monitored to demonstrate lessons learnt and changes made to minimise opportunity of recurrence	Partially met	Not met	No evidence available at visit	keep a written record of discussion of all adverse events, the actions agreed and their implementation
26.	The practice's premises meet the minimum contractual requirement:	Not on questionnaire	Fully met	Premises are very cramped and there is insufficient	New premises are needed

# What can we do for you?

- **Each practice gets a data report**
- **If you wish, each practice gets a Practice Development Plan**
- **An overall report to the PCT/Consortium including, if requested, RAG status**



# What can we do for you?

## For Practices

- More than just QoF
- Preparation for RCGP Practice Accreditation
- Preparation for CQC
- Formative PPDP

## For Consortia

- Global view of local practices
- Assurance re CQC
- Understand risks
- Know where to invest
- Comparison to other areas



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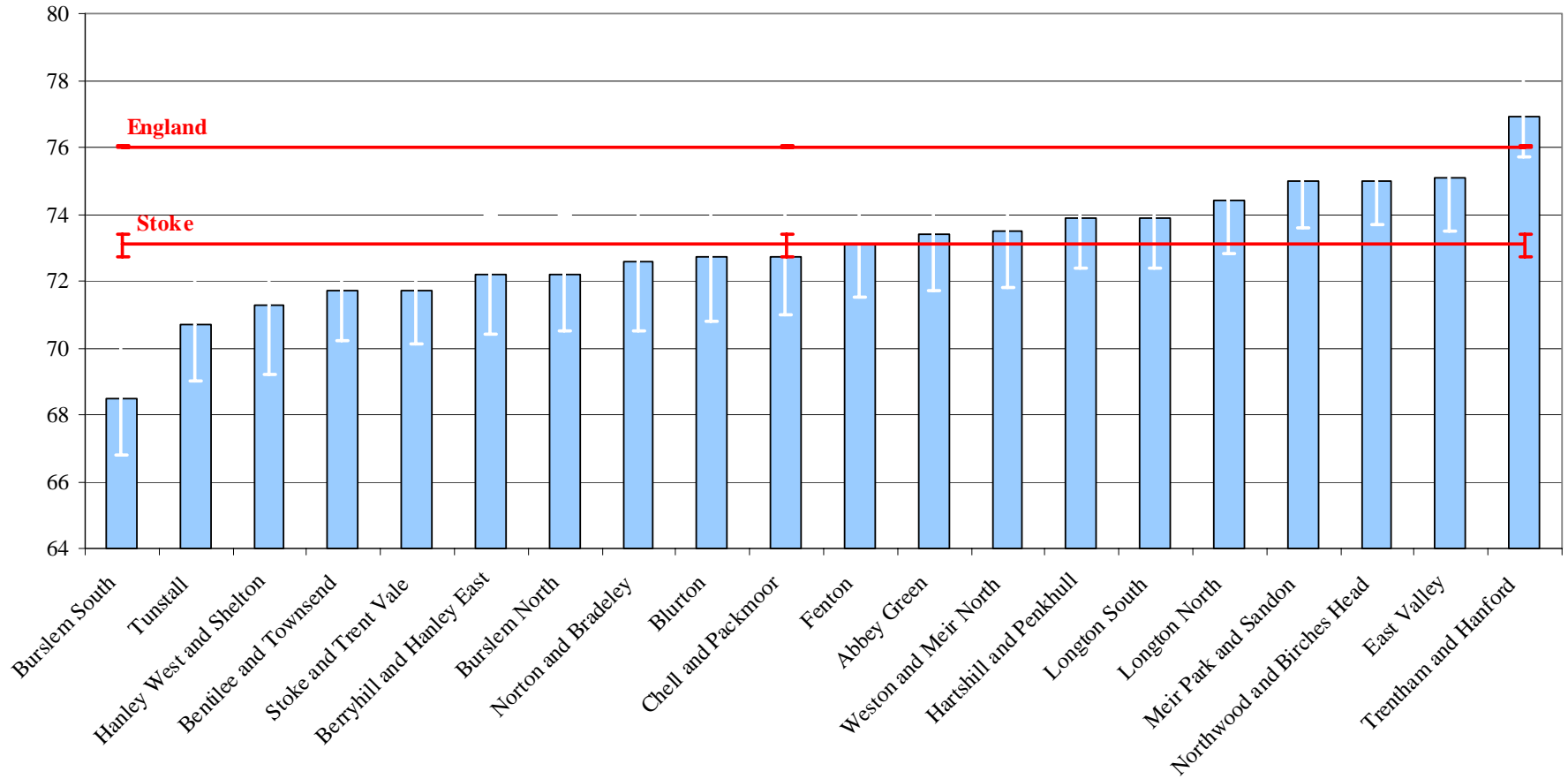
**CHEC Chief Executive**



- Why set up the Quality Improvement Framework (April 2009 .....)?
- Change management
- Pre requisites, Outcomes (clinical targets) , Exemplary Standards , Assessment, PDPs, Support
- Integration with commissioning etc



# Male Life Expectancy By Wards: (1999 to 2003)



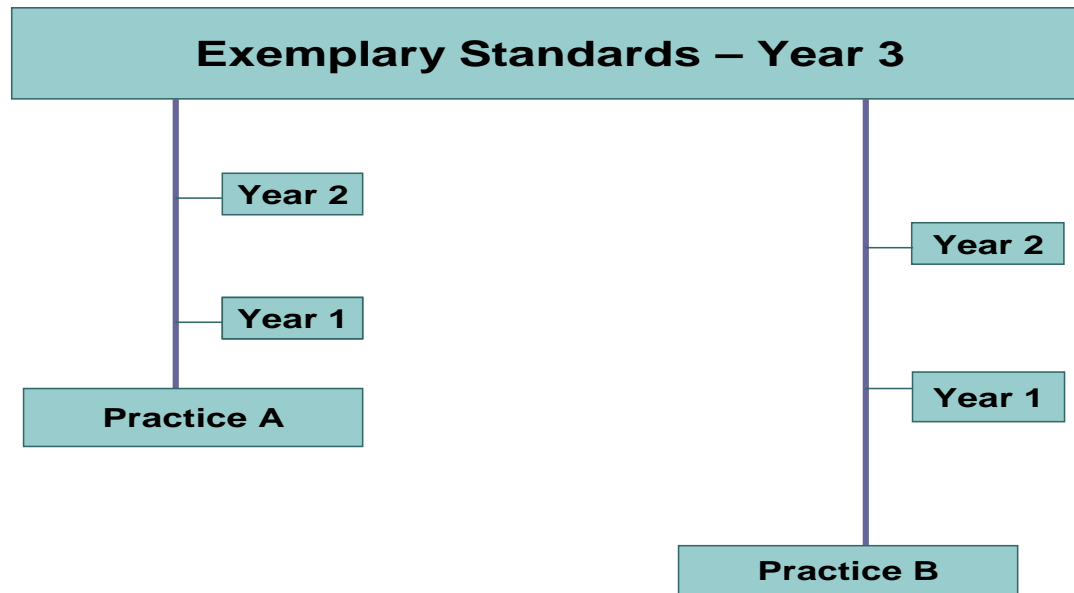
# Primary Care Development Unit (2008 on)

- Identify general practices that do not fulfil their core contract & support such practices
- Provide general and specific individualised support to practices
- Incentivise quality improvement- focused on clinical targets (beyond QoF) and minimising health inequalities
- Recommend evidence based practice protocols for clinical management
- Commission training and resources to support practices
- Evaluate that the investment in the PCDU and QIF has reduced inequalities and improved health

# Practice Development Plan

• Workforce and workload	24
• Access and availability	6
• Premises, equipment, medical records, health and safety	9
• Clinical Care	33
• Patients information and involvement	11
<b>Total</b>	<b>85</b>

# Exemplary Standards



# QIF clinical targets

- Diabetes
- CHD
- AF
- Hypertension
- CKD
- Heart Failure
- CVD Primary Prevention
- PAD
- TIA
- Falls
- COPD
- Asthma
- Smoking
- Obesity
- Alcohol

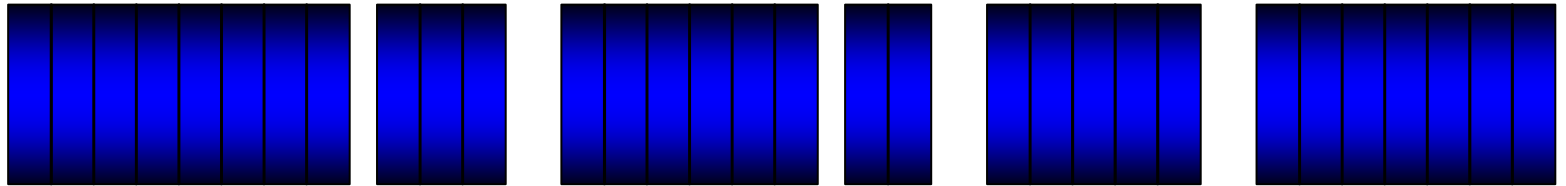
<b>Practice develop plan classification</b>	<b>Dates</b>	<b>Achieved</b>	<b>Partially achieved</b>	<b>Not achieved</b>	<b>Not applicable</b>
<b>A – Core Contract</b>	<b>April 2009</b>	<b>13</b>	<b>18</b>	<b>16</b>	<b>0</b>
	<b>April 2010</b>	<b>36</b>	<b>10</b>	<b>1</b>	<b>0</b>
<b>B – Best practice</b>	<b>April 2009</b>	<b>2</b>	<b>13</b>	<b>7</b>	<b>2</b>
	<b>April 2010</b>	<b>9</b>	<b>9</b>	<b>2</b>	<b>2</b>
<b>C – Exemplary practice</b>	<b>April 2009</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>
	<b>April 2010</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>

# Lessons Learnt

- Attainment clinical targets 50% and rising
- Support of PEC & LMC
- One of many improvement projects
- Great take up of training & support
- External facilitation – CHEC – key
- Constructive dialogue practices / PCT
- Public Health and Primary Care partnership

**QUALITY  
ASPIRATION  
SCHEME**

**Better Care For All**



# Why?

- **Support**

- general practices to provide quality services over and above QOF (Quality and Outcomes Framework)

- **Engage**

- with individual practices

- **Learn**

- how to enable practices to develop a culture of continuous improvement

- **Welcome**

- PCT benchmarking standards

# Who was involved?

- **27 volunteer practices**
  - mix of group and single handed across all localities
- **LMC / PEC support**
- **CHEC**
  - Collingham Healthcare Education Centre

# How?



# Clinical outcomes

- Most practices had **commendable clinical protocols** for:
  - COPD
  - asthma
  - diabetes
- It was less common to see protocols for
  - atrial fibrillation
  - heart failure

## PCT prevalence rates compared to national average

Up for



- CHD (chronic heart disease)
- heart failure
- stroke
- hypertension
- asthma
- depression
- atrial fibrillation

Down for



# Other outcomes

- **no breaches of contractual obligations**
- **very few practices had Practice Professional Development Plans**
- **opportunity to share best practice**
- **standardisation of protocols, policies and templates**
- **targeted PCT priorities**

# Evaluation

## **It provided**

- **the motivation for continuing quality improvement and peer comparison**
- **a basis for enhanced productivity achievement through Practice Professional Development Plans**
- **an opportunity to share organisational resources**