



Royal College of
General Practitioners

Annual National
Primary Care Conference

2-4 October 2008

Bournemouth International Centre

Dynamic
practice
Creating Solutions
for the Future





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General Practitioners



Quality in Primary Care

RCGP Provider Accreditation

Professor Nigel Sparrow, Dr Stephen Campbell and
Professor Helen Lester

RCGP Primary Care Conference Bournemouth
2nd October 2008

What we will talk about this session:

- Background to Provider Accreditation
- Development of PMCPA
- Piloting clinical indicators

Why we need Provider Accreditation

- Improve quality and safety of care for all
- Reduce variability of care and health inequalities
- Support the changing environment in which Primary Care is delivered

Key Objectives of the Scheme (1)

- Support quality patient care
- Support continuous quality improvement
- Enhance patient choice and improve information to patients
- Provide a vehicle for team development
- Applicable to all primary care providers

Key Objectives of the Scheme (2)

- Support needs of Healthcare Commission (Care Quality Commission) and statutory requirements
- Support recertification and revalidation through an accredited environment
- Integrate existing provider visits into one assessment visit
- Potential to support training practices

Why an RCGP Scheme?

- Established reputation in general practice quality initiatives
- Successful Quality Programmes – *Quality Team Development (QTD)* and *Quality Practice Award (QPA)*
- Ensures it is professionally-led
- Facilitates engagement of all stakeholders

Scope of the PMCPA Scheme

- Led by RCGP
- Partnership working with National Primary Care Research Development Centre, Manchester
- Supported by Department of Health (England)
- England only pilot - but involvement of UK stakeholders for future possible development
- Next stage to be informed by 2008 pilot evaluation report – due April 2009

Quality Assurance

- RCGP
 - Leads the Programme
 - RCGP Certified Assessor Training and Support Package
 - Trains Assessors
 - Quality Assures the Process
- Stakeholder Committee including patients, GPC, HCC, IHM, PCTs and DH oversees the scheme
- NPCRDC
 - Develops and reviews criteria and evidence
 - Advises on pilot selection
 - Trains practices, evaluates the scheme

PMCPA Pilot

What is the Pilot PMCPA scheme?

Aim: to enable provider teams to improve their organisational quality of care

- Within a continuous quality cycle
- Voluntary
- Supportive
- Developmental
- Mix of summative and formative criteria

What does it consist of (1)?

- Criteria and evidence based scheme
- Based on RCGP Quality Team Development award (QTD): 24 domains and ~240 original criteria
- Also developed from:
 - Other international Accreditation schemes such as EPA (European Practice Assessment)
 - Review of Standards for Better Health
 - RCGP Roadmap
 - Training criteria

How was it developed?

- Indicator development group
- Succession of meetings to discuss and refine criteria

Stephen Campbell, Umesh Chauhan,
Janet Hall, Helen Lester, Bill Taylor

What does it consist of (2)?

6 domains	Number of criteria	
	Core	Dev
1. Health Inequalities	2	11
2. Provider Management	6	13
3. Premises, Equipment, Records, Medicines Management	5	13
4. Provider Teams	7	15
5. Learning Organisation	6	17
6. Patient Experience / Involvement	4	13
	30	82

Where is it taking place?

4 PCTs

- Oldham
- Haringey
- Warwickshire
- Nottinghamshire

Aim: 40 randomly selected Practices (10 per PCT)

Response – actual sample

4 PCTs	Recruited	Invited	Resp Rate
- Oldham	9	19	47.4%
- Haringey	10	21	47.6%
- Warwickshire	9	22	40.1%
- Nottinghamshire	8	18	50%
OVERALL	36	80	45%

When does it start/end?

Timeline

- Pilot started: 16th June 2008
- Pilot finished: 30th September 2008
- Assessment: October-November 2008

Core/Summative v Developmental/Formative

External assessment – broadly two types

- 1) **CORE:** judgmental test of whether minimal standards are achieved on a given day. Pass or fail a standard
- 2) **DEVELOPMENTAL:** non-judgmental educational systems using optimum standards that foster quality improvement by focusing upon education, self-development, improved performance etc, not just pass or fail but also ‘working towards...’

Definition

Summative assessment: assessment of learning

contrasted with

Formative assessment: assessment for learning.

Core Criteria

N=30

Yes or no - summative

Provider must address all 30 during the Pilot

Assessed on the component 'items' of evidence for each criterion described in the Pilot documentation

G Good

S Satisfactory

U Borderline Fail

N Unsatisfactory

Example of Core Criterion

Number	Criteria	Evidence	Guidance on meeting criterion	Assessor notes
CC14	All first contact team members have been trained to recognise and respond appropriately to urgent medical matters.	Written evidence that all first contact team members have received training in last 12 months or at induction. Review of training materials	The training should include medical emergencies that could be presented over the phone or in person. They would include chest pain, unconsciousness, breathlessness, haematemesis It needs to be part of induction training and all staff who are likely to be the first point of contact to patients with urgent medical problems require yearly training which can be in house or external. The training should cover the assessment of severity and the correct disposal e.g. contacts duty doctor immediately. The training materials need to be in written form and kept as they have to be supplied as evidence	Programme of staff training Guidance staff can refer to Guidance covers main emergencies. Guidance covers action to taken. Yearly training

Developmental Criteria

Each provider - one developmental domain, randomly allocated

- Provider expected to think about their domain as a whole including all criteria

But...

- Provider expected to select some (at least 2-3) criteria to address fully: which ones and how many
- Can attempt all if they want, but this is not compulsory

Developmental Criteria

Assessment

1. Criterion achieved (based on evidence supplied; paying attention to guidance given)
2. Criterion not achieved but being actively worked towards (based on evidence supplied showing that progress is being made and what else is intended)
3. Not being considered (brief comment on why)

Example of Developmental...

Number	Criterion	Evidence	Guidance on meeting criterion
DHIHP10	The team has systems in place to assist patients with long term mental health impairment.	Written description of systems.	<p>This needs to go beyond simply reviewing these patients annually.</p> <p>Often a patient of the provider with a long standing mental health problem can give a good advice as to what needs to be provided. This might include a focus on the lay out of the waiting room, access issues specific to people with deteriorating mental health and/or ways in which the provider constructs their systems to maximise service utilisation and equity. Useful documents can be found at http://kc.csip.org.uk/viewdocument.php?action=viewdox&pid=0&doc=35059&grp=1</p>

How will it be Assessed (1)?

Any assessment is not a neutral activity. It requires a judgment of performance – which requires quality control of assessors

- Assessment visit: October-November 2008
- Assessors RCGP trained and supported
- All practices will receive Pilot Accreditation Certificate for taking part

How will it be Assessed (2)?

- Self assessment includes full submission of evidence
- Half-day assessment visit by RCGP trained assessors – clinician/manager/lay person
- Quality Improvement Report is an output of the visit
- Assessors report contributes to Accreditation Award

RCGP Pilot Accreditation Award

- To gain a Pilot Certificate of Accreditation
 - Statement of compliance with all contractual and legal requirements as an entry condition
 - All Core Criteria must be answered
 - Developmental module worked through
 - Quality Improvement report

Internal Evaluation

- All practices upload time stamped evidence on extranet
- Every practice manager and involved GP interviewed about their views on the scheme by NPCRDC in Winter 08/09
- Focus groups with assessors
- Findings available by April 09

Clinical Indicators Pilot

Clinical Indicators

- To pilot indicators in 2 potential future QOF areas
 - Peripheral Artery Disease (2)
 - Learning Disability (3)

Peripheral Arterial Disease

- Often seen as the 'missing' element of cardiovascular QOF
- Issues of co-morbidity
- Issues of access to investigations

Peripheral Arterial Disease Indicators

The practice can produce a register of people with peripheral artery disease.

The percentage of patients with newly diagnosed peripheral artery disease (diagnosed after 16th of June 2008) who have a resting ankle brachial pressure index (ABPI) measurement recorded and/or who are referred for specialist assessment.

- 6% of the population over the age of 60

Learning Disability

- 8 people per GP
- Health inequalities agenda++
- People with learning disabilities are 58 times more likely to die before the age of 50 when compared to the general population
- Variable success as an enhanced service in Wales...

Learning Disability Indicators

- The practice can produce a register of **all** people with learning disability

Percentage of patients 18 years and over on the LD register who have a record of annual health check in the last 12 (6) months

Percentage of patients on the LD register with Downs Syndrome over the age of 18 who have a record of TSH in the past 12 (6) months.

Added Value on a Larger Scale?

- Expert Panel has been arguing for years for the need for piloting QOF indicators
- If this pilot is successful, it strengthens our argument for the inclusion of piloting for all new clinical indicators
- NICE is likely to be the new lead organisation but the RCGP and academic primary care still need to play a central role in the development of QOF

**Thank you for
listening**



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