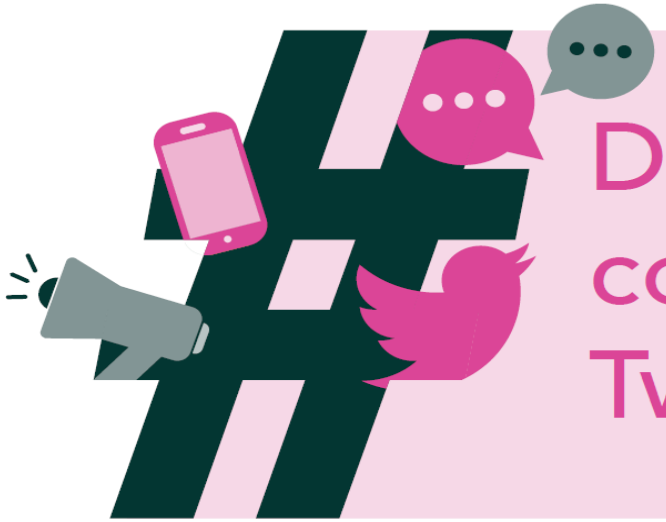


Don't forget to join in the conversations on twitter
Tweet us at #quality2019

B1 #qfb1

Institute for Healthcare Improvement

BMJ

Productive General Practice Quick Start

EMPOWERING PRIMARY CARE TO LEAD QUALITY IMPROVEMENT

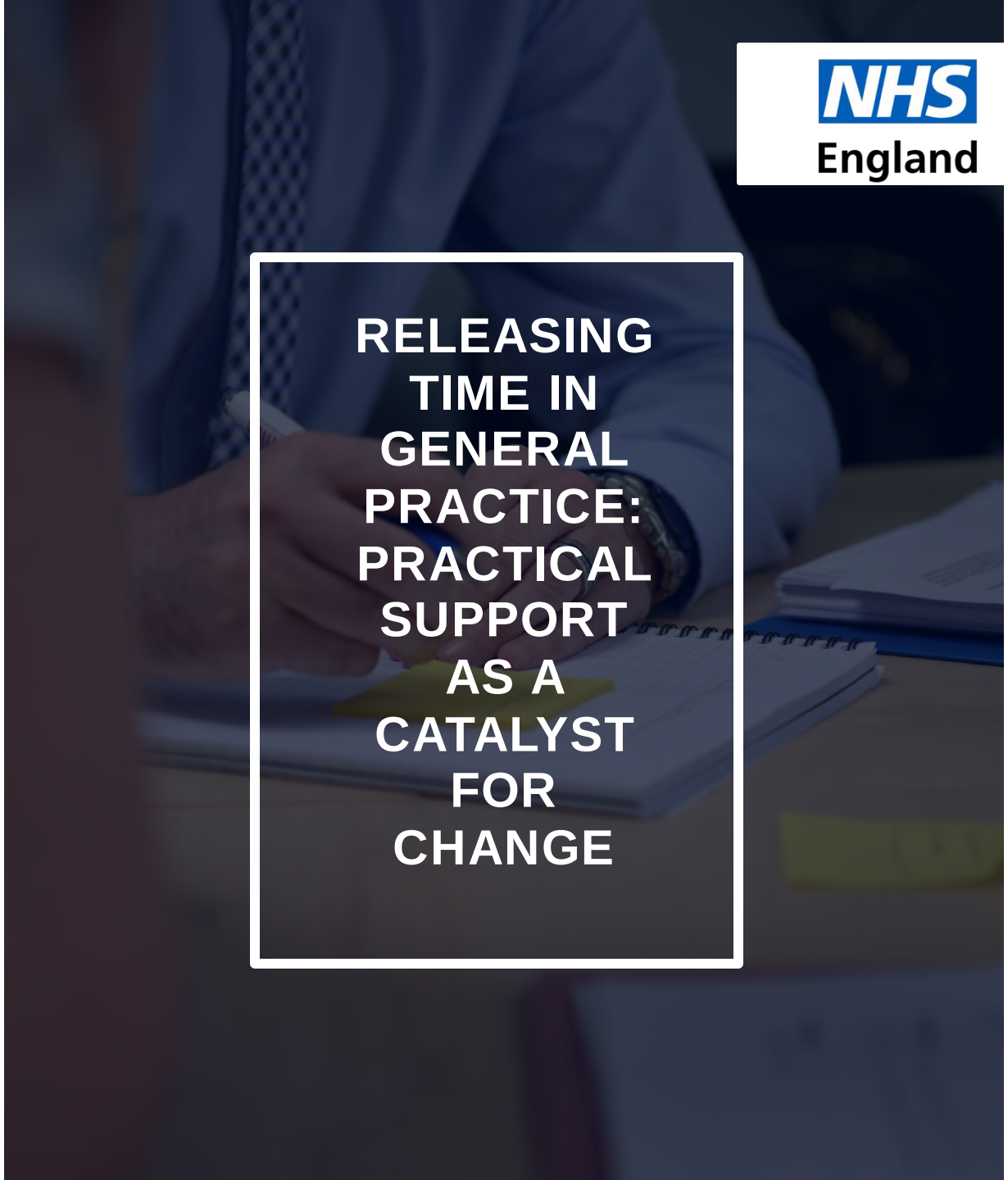
Thursday 28th March
13.15 – 14.30

Sean Manning & Simon Bricknell

Productive General Practice Quick Start / Time for Care

Sustainable Improvement Team

NHS England



NHS England

RELEASING TIME IN GENERAL PRACTICE: PRACTICAL SUPPORT AS A CATALYST FOR CHANGE

Productive General Practice Quick Start

NHS England

‘This has given us hope. We were stuck before. Felt overwhelmed. Now we can see that we can make a difference.’

PRACTICE MANAGER

What Works?

1 *Structured engagement assessing will and ability.*

2 *A structured systematic time bound approach.*

3 *Hands-on help – simple tools.*

4 *Focus on their pressing issues.*

5 *Local strategic ownership.*

6 *Power of sharing*

Productive General Practice Quick Start

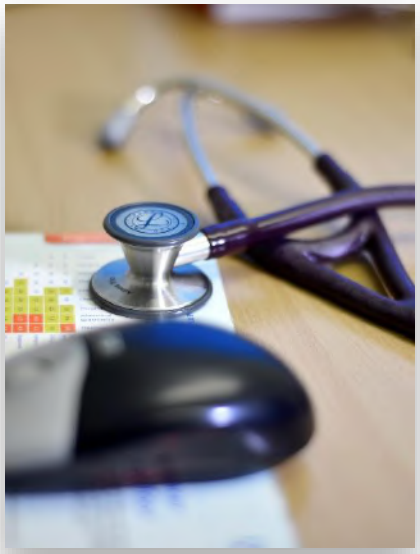
Context = Pressure

NHS England

www.england.nhs.uk/gpfv

#GPforwardview

Time for Care



Our aim is to support primary care to:

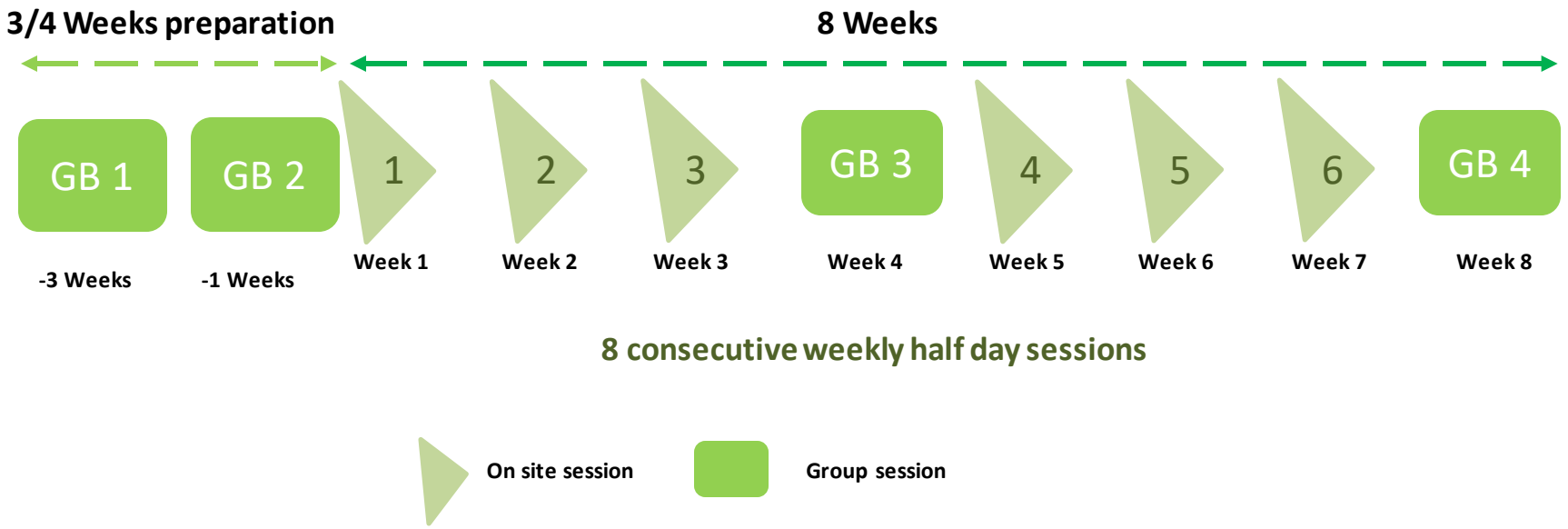
- implement a change
- save time
- develop QI skills and confidence
- improve collaboration

More information: https://bit.ly/2u1KhG7

The Delivery Model

Hands-on, practical, facilitation support in practice. Building capability and confidence, driving out waste and releasing time.

Supporting inter-practice learning, sharing and collaboration.



Engagement

- Will and ability
- Peer examples
- Face to face
- Choice
- Over 90% completion rate

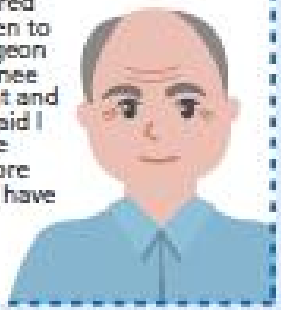
What we focus on

1 24 year old home care assistant

Sore throat since previous evening. I had tonsillitis six months ago. I was really poorly and needed antibiotics and I don't want to end up like that.

2 62 year old lorry driver

Frustrated disempowered patient. Been to see the surgeon about my knee replacement and they have said I need to lose weight before they let me have the op.



3 28 year old nurse

Failure to conceive for eight months. Come to get blood results.

4 53 year old male with high blood pressure

Going on holiday to Tenerife tomorrow and needs a repeat prescription for Ramipril.

5 37 year old teacher

Has seen your GP partner two weeks ago and has not heard anything from the hospital yet.

6 84 year old lady

Two weeks after hip operation a district nurse was supposed to remove sutures. No one turned up.

7 18 year old female

First presentation with dry skin on her elbows.

8 84 year old lady

Caught her arm on a door handle yesterday. Small cut.

9 69 year old male taxi driver

Has had severe chest pain – on and off with exertion for the last two days.

24 year old home care assistant

1

Sore throat since previous evening. I had tonsillitis six months ago. I was really poorly and needed antibiotics and I don't want to end up like that.

53 year old male with high blood pressure

4

Going on holiday to Tenerife tomorrow and needs a repeat prescription for Ramipril.

NHS England

Eight categories

1. Appropriate – patient should **see a GP**.
2. Inappropriate – patient could have had a **telephone consultation.**
3. Inappropriate – patient should see **another clinician in the practice**.
4. Inappropriate – patient should see **another service** or organisation external to the practice, for example pharmacy, counselling.
5. Inappropriate – patient should be dealt with by **non-clinical staff**, for example reception/admin.
6. Inappropriate – patient should have managed condition themselves **(self care).**
7. Inappropriate – consultation is a result of a **missed opportunity** in the system previously.
8. Inappropriate – patient **did not need to be seen at all.**

Impact

PGP Quick Start gave us the tools and support to design a simpler and streamlined process that is fit for purpose and allows us to work more efficiently as a team.

GP

Adaptability

An excellent programme, expertly delivered, practices have loved the individual bespoke support provided by the coaches

BUSINESS MANAGER - FEDERATION

Collaboration

“The programme has built relationships with staff across practices. Staff have been able to share best practice with each other and have had an open and trusting environment where frustrations and concerns can be voiced”

The Challenges

- Time
- Practice dynamics
- Sustainability
- Measurement

Bury film PGP QS: https://youtu.be/JxFbaQ3qRxg

Joy

"It has begun to move the surgery along, things had become slightly stagnant and this has begun a movement for change" GP

"PGPQS has helped us identify the stars in our team we never knew we had"

Practice Manager

"It's made our lives better and happier"

Admin team member

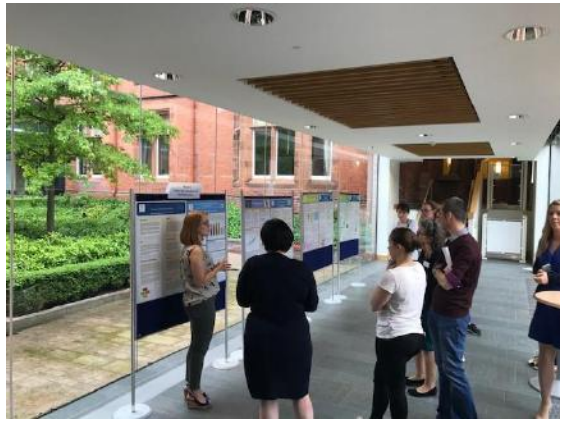
B1: Empowering primary care to lead Quality Improvement

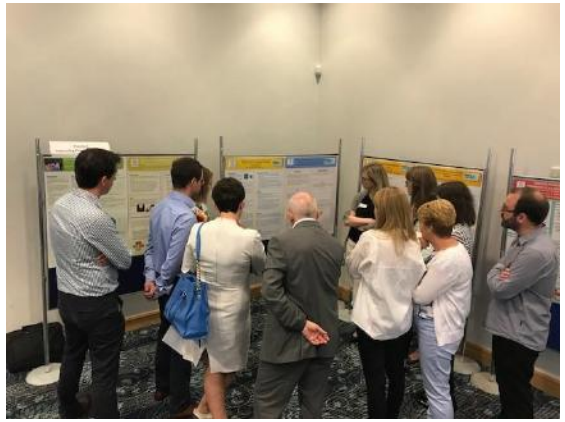
EQUIPping GPs to be leaders in improvement

Dr Nigel Hart

Queen's University Belfast &
Northern Ireland Medical and Dental Training Agency

EQUIP Day of Celebration – 1st June 2017



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My own back story…before medicine

..where the culture & ethos was all about:
"Continuous Improvement"

A promise to learn - a commitment to act

Don Berwick - August 2013

"The NHS should become a learning organisation"

Batalden and Davidoff's tell us….that…..

"everyone in healthcare really has two jobs….: to do their work and to improve it"

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UK Primary Care – Well placed for QI….

- **Reputation for committed patient-focus**
- **Strong learning ethos in GP community**
- **GP Practices: Small enough to be agile**
- **Excellent appraisal process: focuses on Appraisee's insights for improvement**
- **Freedom to innovate:**
  - General Practice – Contracted Service
  - Few admin barriers to service improvement & service re-design
- **Existing Quality ethos:**
  - QOF
  - Significant Event Analyses
  - Audit

What about the next generation….?

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QUALITY IMPROVEMENT SCOPING EXERCISE

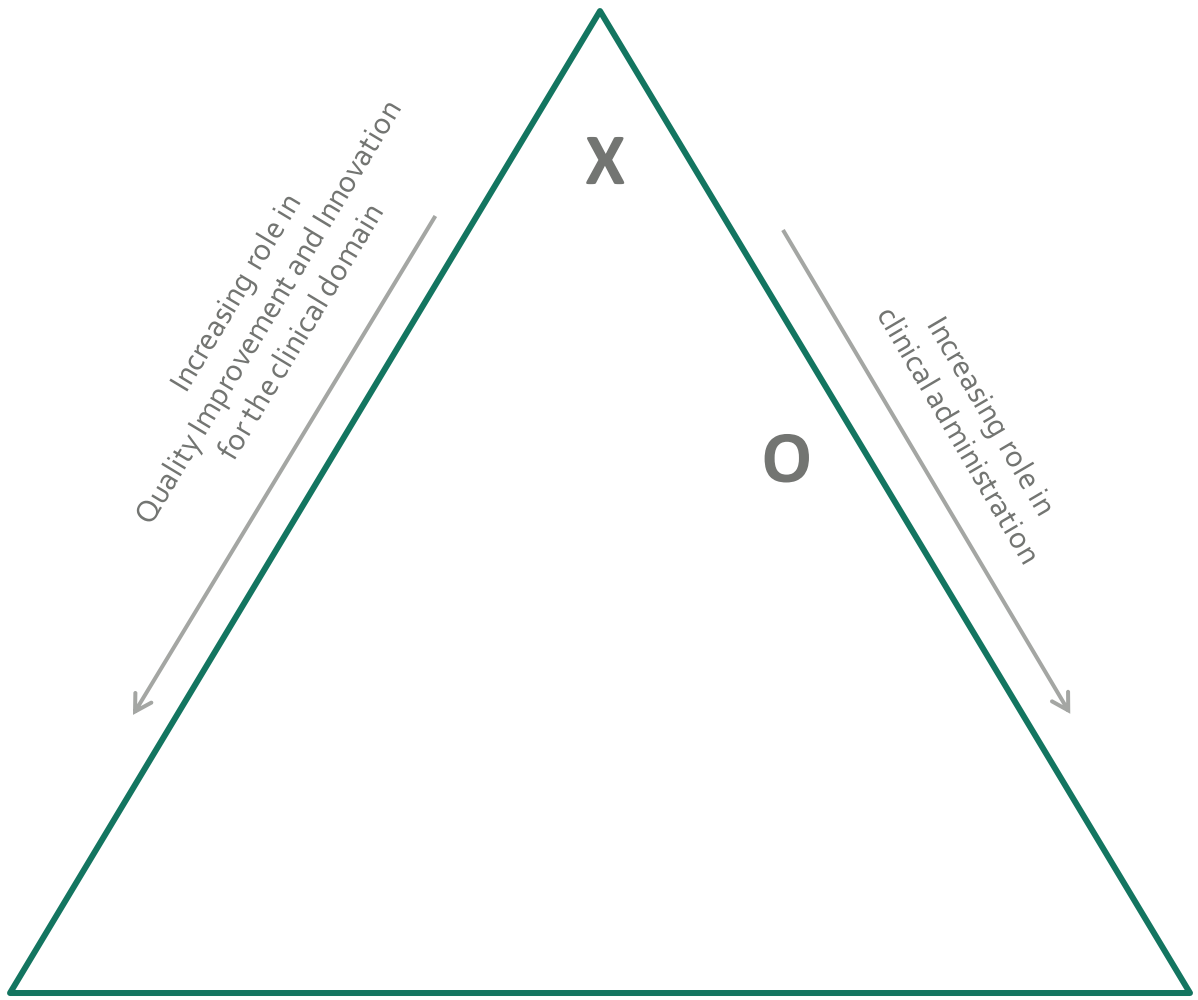
This is a short exercise to consider your current role and future aspirations within healthcare.

The triangle to the right maps out the main roles of 'Clinical Duties', 'Administrative Duties' and 'Quality Improvement & Innovation'.

INSTRUCTIONS

Within the triangle

- Locate an 'x' where you think you currently are
- Locate an 'O' where you would like to be in 2 years from now



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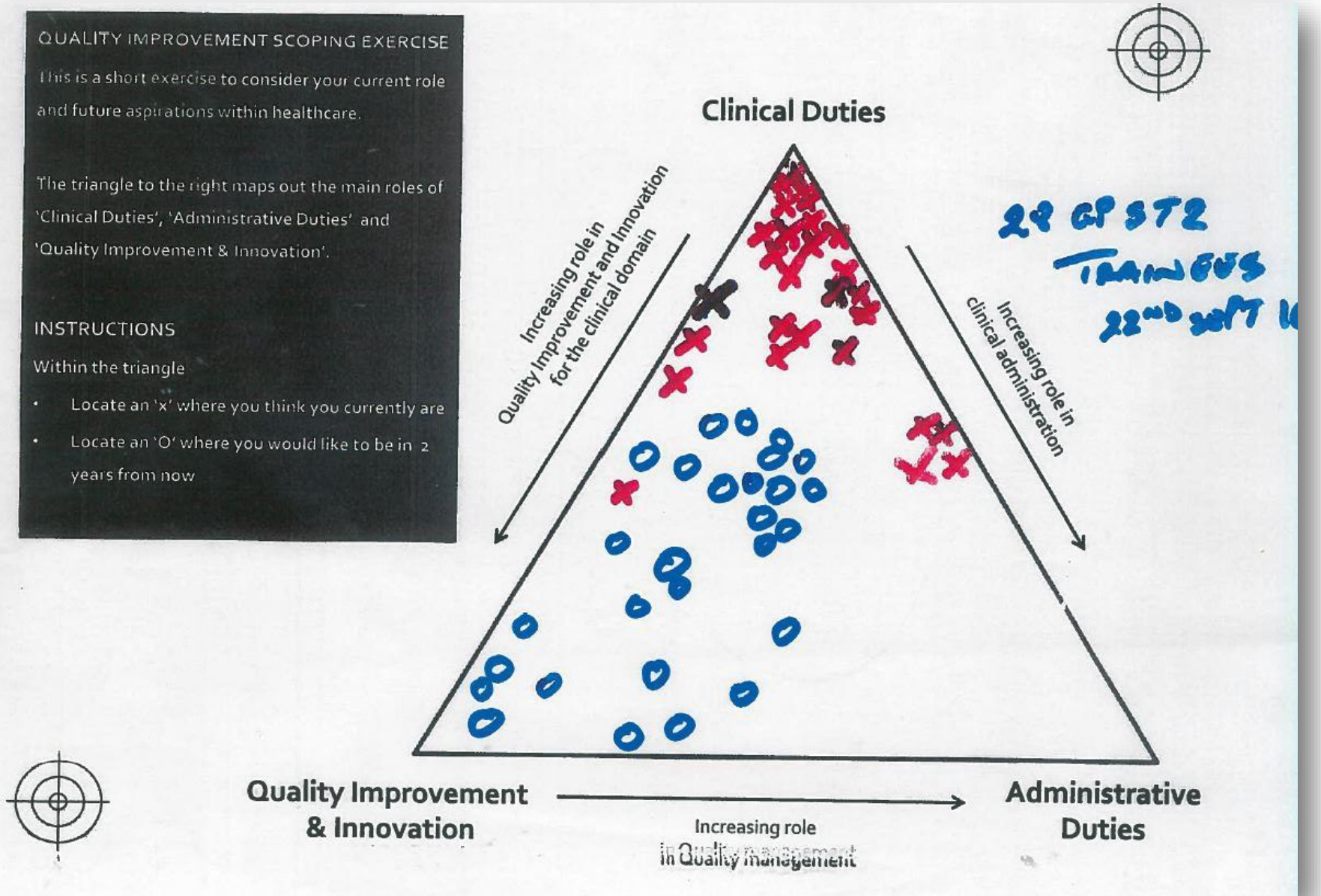

24 GP ST2 TRAINEES 22ND SEPT

ST2 → 2ND MARCH 2017

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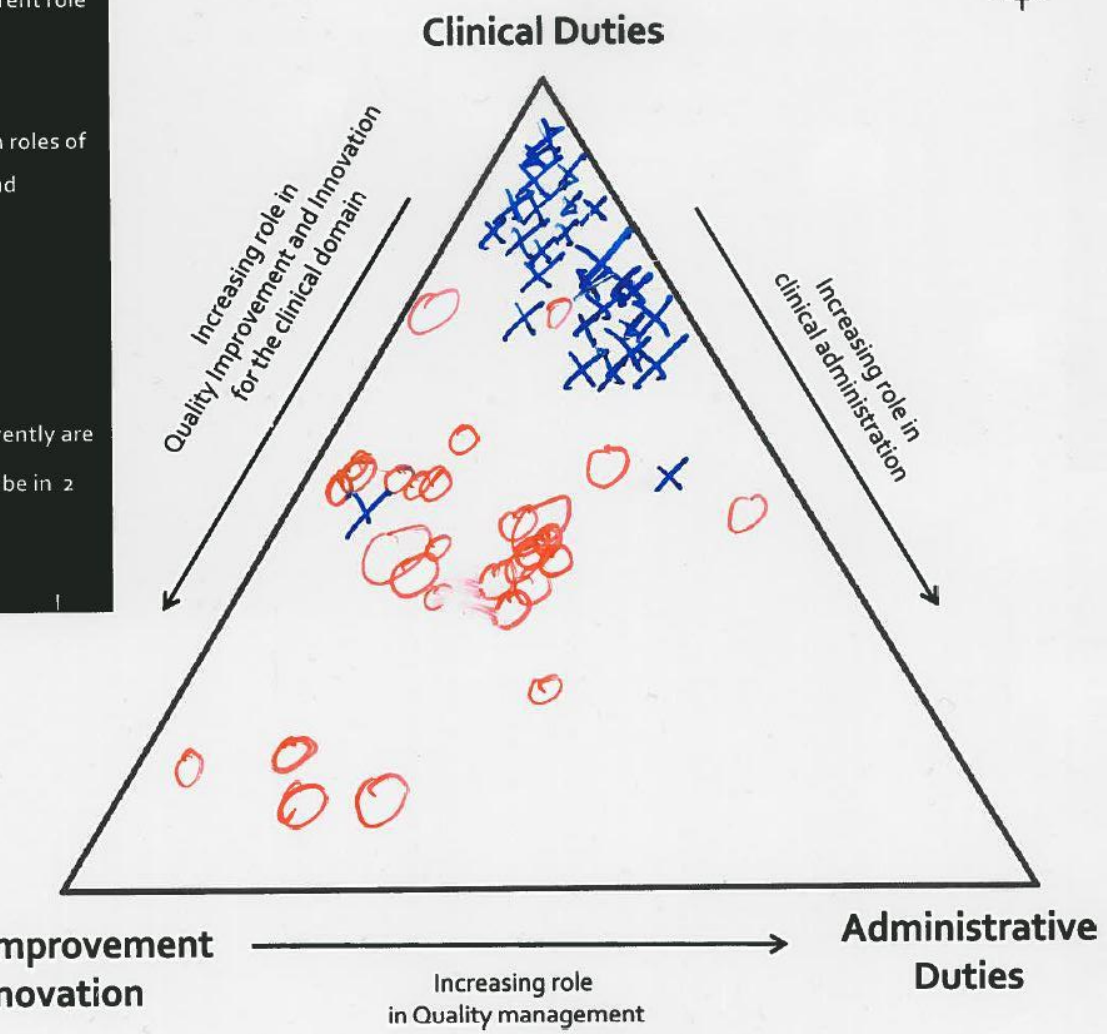

Challenges to building capacity…

- Short GP Training Programme – competing demands e.g. Prof. exams
  - AKT – written exam
  - CSA – clinical exam
  - ePortfolio

- Trainers / Training Practices
  - Limited expertise available / trainees feeling lost
  - Displeasing the Trainers (taking trainees away from ‘real’ work)
  - Cynicism in the training system about QI
  - Trainer limited insight to concepts of QI and confusing trainees (conflicting advice)

- “Audit”, “Audit”, “Audit”

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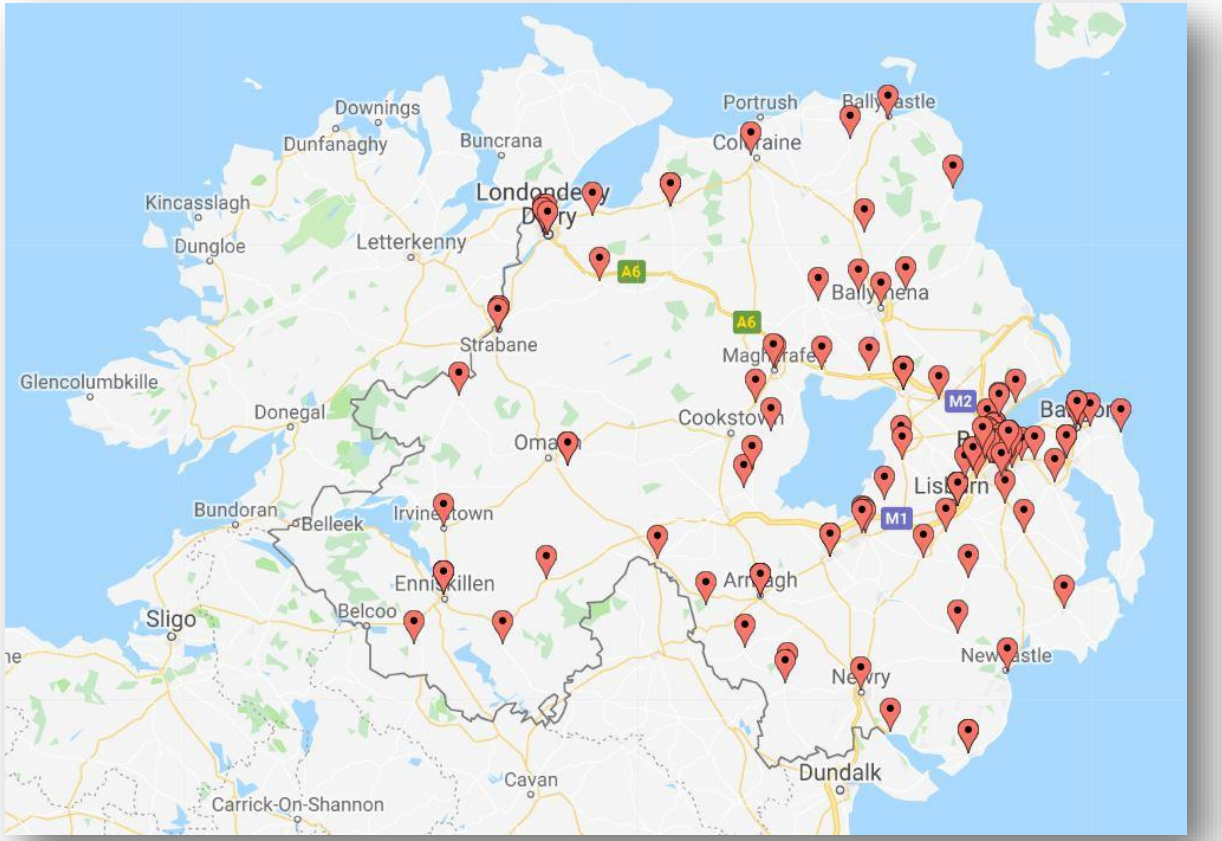
Audit & Re-audit

EQUIP AIM:

By the end of GP Training to give all our GP Trainees some of the Language, the Tools & some Experience in Quality Improvement

EQUIP



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Project ECHO®

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1. Why ECHO?....Case-based Learning…

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2. Why ECHO?...Wisdom of crowds & Vicarious Learning

3. Why ECHO?.....Supporting one another…

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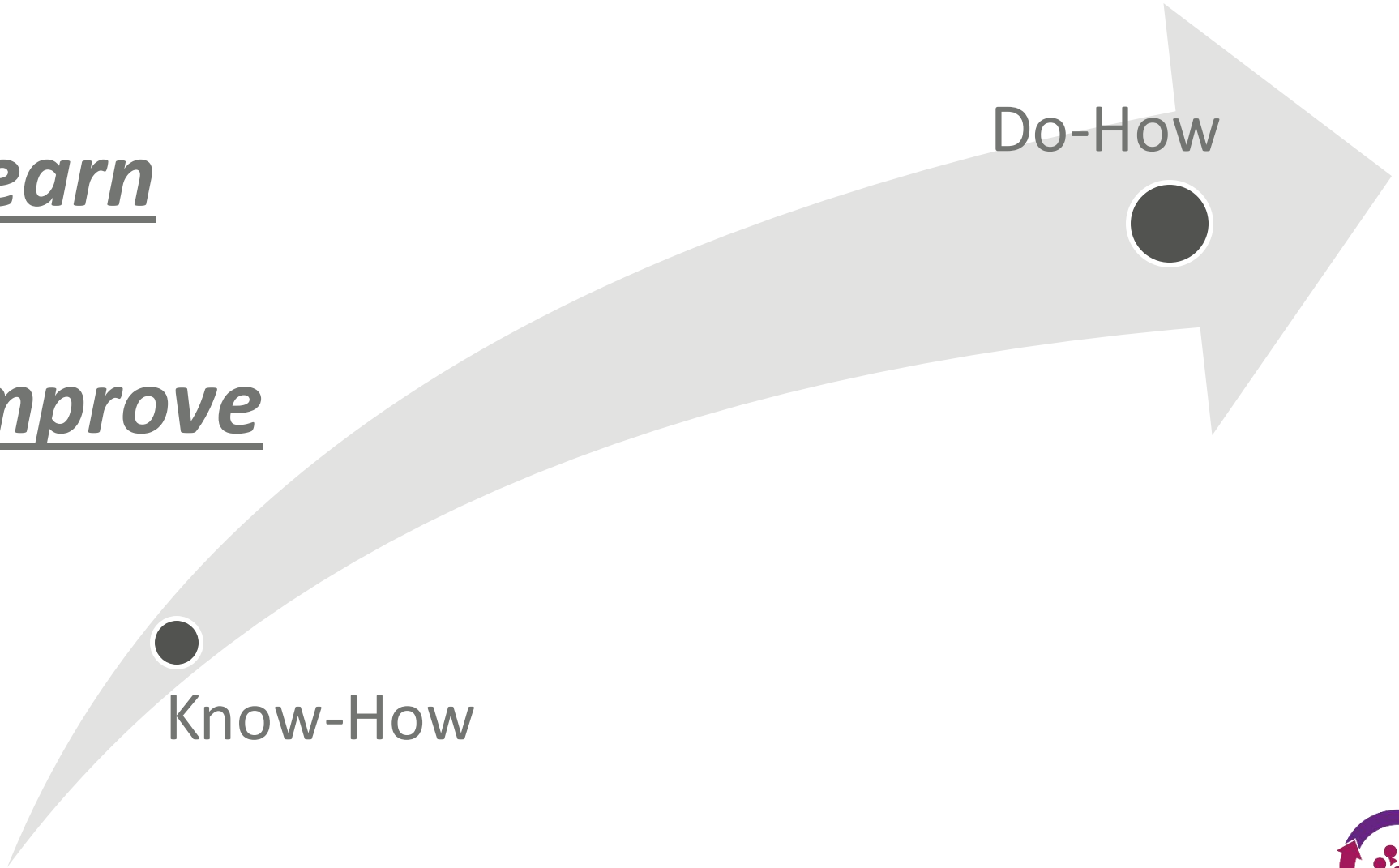
All *Teach*

All *Learn*

All *Improve*



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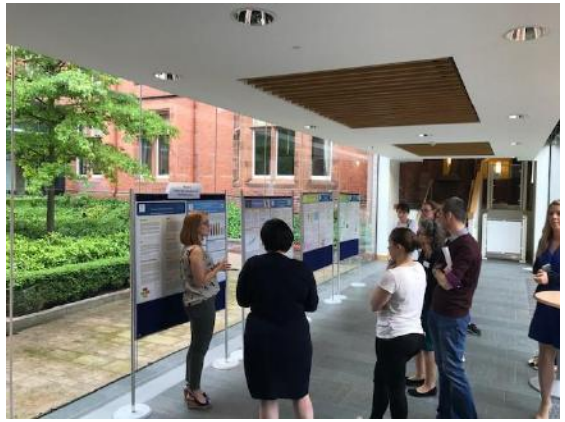
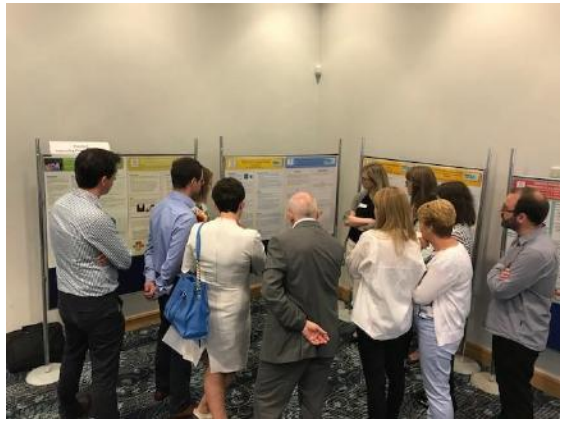
EQUIP Elements:

1. Each trainee chooses an improvement project
2. Undertake in ST3 in their Practice
3. Supported through 6 ECHOs:
   - Short didactic teaching
   - Use RCGP QI Guide
   - Everyone gets to share their project & discuss
   - Vicarious Learning
4. ‘EQUIP+’ session for 1-to-1 support
5. Group of QI Mentors for advice and support
6. Resources available on Moodle Platform

EQUIP Day of Celebration – 1st June 2017



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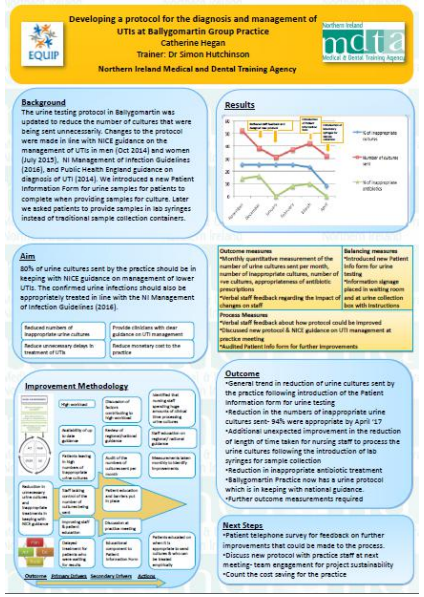

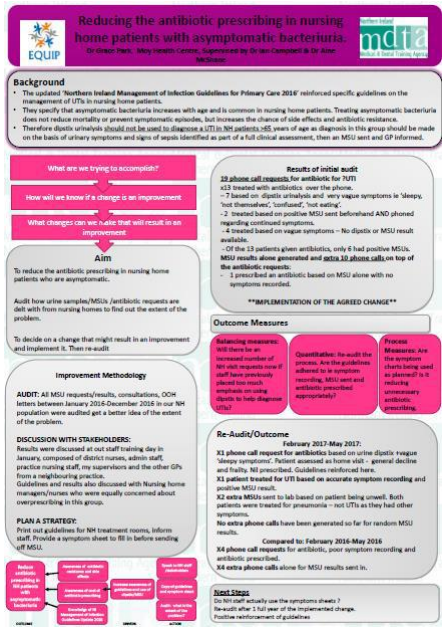

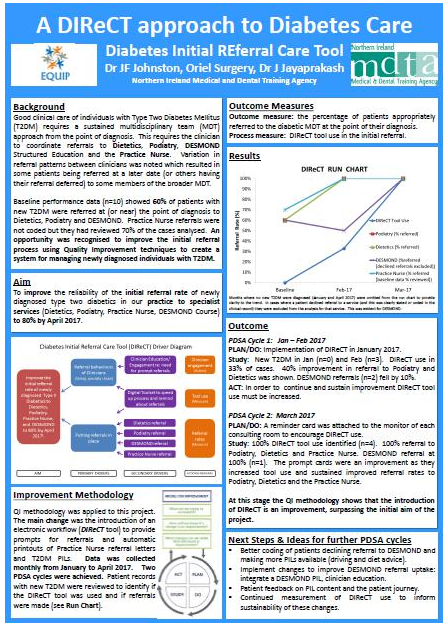

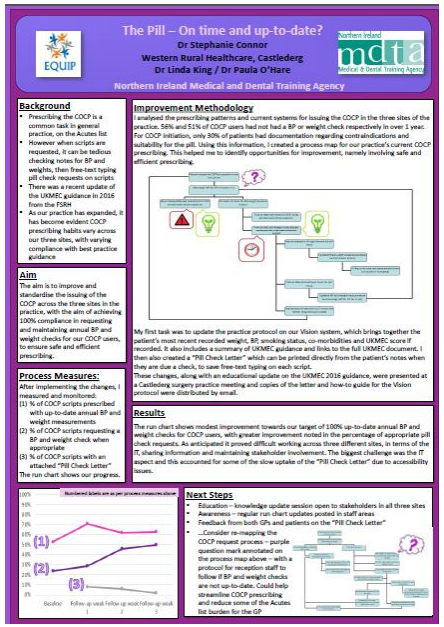

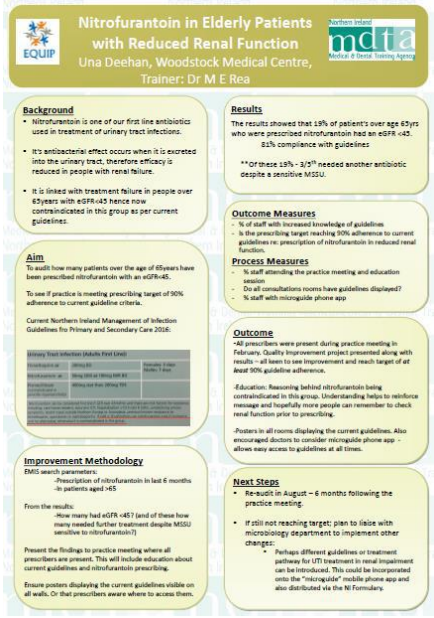

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Improving gout monitoring - the forgotten and neglected arthropathy

Dr Simon Baxter ST3, Victoria Surgery, Larne

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Thanks for listening…….

e: n.hart@qub.ac.uk

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