



# CLAHRCBITE



May 2019

Brokering Innovation Through Evidence

## The evaluation of the impact of a quality contract, developed to offer consistency of service provision to an agreed quality standard for those registered with a general practice in Liverpool

### Background

The Liverpool General Practice Specification (GP Specification) was conceived against a background of significant variation within general practice in the city. The Liverpool General Practice Specification was developed as a single quality contract which included a standardised range of services to be offered by general practices in Liverpool. The aim of developing a single specification was to offer consistency of service provision to an agreed quality standard for all patients in the city. Given the level of investment associated with the Liverpool General Practice Specification and the achievements reported through the annual assessment of Key Performance Indicators, it was agreed that a more formal evaluation should be undertaken.



*Members of the team*

### How did we involve people?

- Patient focus group
- Public advisor on the evaluation team
- Stakeholder interviews
- Group work and co-learning through Collaborative Implementation Groups
- Review of feedback from general patient engagement activity

### What was the aim of the project?

To determine the impact that the implementation of the GP Specification (a quality contract) has made upon healthcare activity, quality of general practice and patient experience over a 5-year period.

Assessed against 4 key areas, which are:

- Changes in the management of Long Term Conditions
- Changes in the use of secondary care resources
- Changes in health inequalities
- Changes in the behaviour/system changes in General Practice

### What did we do?

- Held regular CIGs with evaluation team members
- Interviewed 12 practice teams (identified using purposive sampling) including GPs, nurses, practice managers and admin staff.
- Held patient focus group
- Interviewed stakeholders involved in the development of the spec
- Quantitative data analysis
- Results combined to provide insight for evaluation



## What we found and what does this mean?

### • Changes in the Use of Secondary Care Resources

- Peer reviews of referrals (prospective & retrospective) taking place more systematically and routinely
- Difficult for general practice to have an impact on Ambulatory Care Sensitive (ACS) admissions in areas with high levels of deprivation

### • Changes in Health Inequalities

- Little focus on these during implementation
- Difficult for general practice to influence due to wider socio-economic factors
- No change in health inequalities

### • Changes in Behaviour and Systems in General Practice

- Strong clinical and managerial leadership required
- More staff recruited and up-skilling of existing staff
- More audit and self-learning
- Differences in approach to the implementation of the specification between practices

### • Changes in Long Term Conditions Management

- More systematic management of long term conditions
- Greater consistency of management across different practice

### Key recommendations & commissioner considerations

- Evaluation must be incorporated
- Emphasis to be placed on health inequalities so that they are a key driver in commissioning schemes for population health outcomes
- Robust quality improvement and assurance process in place for implementation and to measure impact of schemes
- KPIs should be aligned to population need not a one size fits all approach.

## Recommendations cont/d...



- Frequent changes to schemes cause instability and prevent embedding of new working practices.
- Lack of patient engagement presents a significant risk to the success of any commissioning scheme.
- Care needs to be taken with the way in which data is presented in order to drive conversations of learning rather than judgemental
- Ambitious targets will require a level of resource proportionate to population need.
- Care should be taken not to assume that there is a correlation between achievement against performance measures and the quality of care delivered by the practice.
- Care should be taken that where an organisation originates a scheme, it does not become complacent regarding its effectiveness
- Frequent changes to schemes cause instability and prevent embedding of new working practices.
- Lack of patient engagement presents a significant risk to the success of any commissioning scheme.
- Care needs to be taken with the way in which data is presented in order to drive conversations of learning rather than judgemental
- Ambitious targets will require a level of resource proportionate to population need.
- Care should be taken not to assume that there is a correlation between achievement against performance measures and the quality of care delivered by the practice.
- Care should be taken that where an organisation originates a scheme, it does not become complacent regarding its effectiveness

### What is NIHR CLAHRC / ARC North West Coast?

The Applied Research Collaboration North West Coast (ARC NWC) superceded CLAHRC NWC in September 2019. It is a partnership between universities, NHS, public, etc. Its mission is to undertake applied research to improve public health, wellbeing, quality of care & reduce health inequalities across the North West Coast region.

<https://arc-nwc.nihr.ac.uk/>