

CLAHRCBITE

Brokering Innovation Through Evidence

TITLE: A Qualitative Evaluation of the Process for the Development of QOEST (Quality & Outcomes Enhanced Services Transformation)

Background

In 2015 Blackburn with Darwen Clinical Commissioning Group (CCG) were grappling with several problems:

- Unwarranted variation in quality and access between GP practices
- Clinical workload in Primary Care increasing alongside patient expectations
- Non clinical work increasing – e.g. Care Quality Commission (CQC)
- Increasing demand for secondary care – e.g. Emergency Department attendances, referrals
- Large numbers of GPs retiring early with practices unable to recruit replacements
- An aspiration to increase % spend on Primary Care, whilst acknowledging the need for stringent financial control
- A GP federation struggling to move forward with purpose

The CCG felt that development of QOEST would address all the above issues, but wanted to utilise a different process than traditionally used for implementation. GP enhanced services (ES) have historically been ‘imposed’ on practices. The success of these ES varies, but many practices do not participate, or do engage but with poor outcomes. The development of QOEST has taken a different approach – involving all practices and the local GP federation in an attempt to create a bottom-up scheme, with the aim of improving ownership and involvement. The long term expectation is that this approach will result in greater impact and the success of the intended outcomes.

What was the aim of the project?

The overall aim of the QOEST project was to evaluate whether participation by practices is greater and whether practices feel more engaged as a result of a different approach to developing enhanced services – ultimately reducing unwarranted variation in access and quality and ensuring a sustainable Primary Care.

What did we do?

A process evaluation determined whether QOEST was implemented as intended and resulted in expected goals.

An indirect outcome of QOEST, especially connected to public involvement, has been the capacity building of Patient and Public Groups (PPGs) that has enabled the PPGs to understand QOEST and its importance. There is now a common understanding and buy-in that will be crucial for future phases, which are expected to be more challenging.

What we found and what does this mean?

It would appear that the approach taken in developing QOEST is showing some benefits, with reports of greater engagement and ownership and a feeling of optimism.

Practices are working together to develop and own plans to make primary care sustainable.

It remains to be seen whether utilising a novel approach to enhanced service development can ultimately improve access and quality in Primary Care and result in more patients being treated out of hospital.



pic credit: Jonathan Szymanski

What next?

Full analysis and evaluation of results is being completed. The next stage will be to share findings with partners and use the learning to develop further stages of QOEST.

Partners / Stakeholders

Blackburn with Darwen (BwD) CCG managers
 All GP practices across BwD
 Local Primary Care GP federation
 Practice nurses across BwD
 Public Advisor

What is NIHR CLAHRC NWC?

The mission of the NIHR CLAHRC NWC is to work collaboratively with Partner organisations and other stakeholders including members of the public to co-produce and conduct high-quality, leadership enhancing, applied research designed to decrease health inequalities and improve the health of the population of the North West Coast.

Find out more

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