

# Evaluation of the impact of the GP Specification upon health care activity, quality of general practice and patient experience

Colette Morris, Laura Buckels, Sharon Poll, Kirsty Pine, Katie Bristow, Mark Goodall, Dorcas Akeju OBE, Shamin Khan

## INTRODUCTION

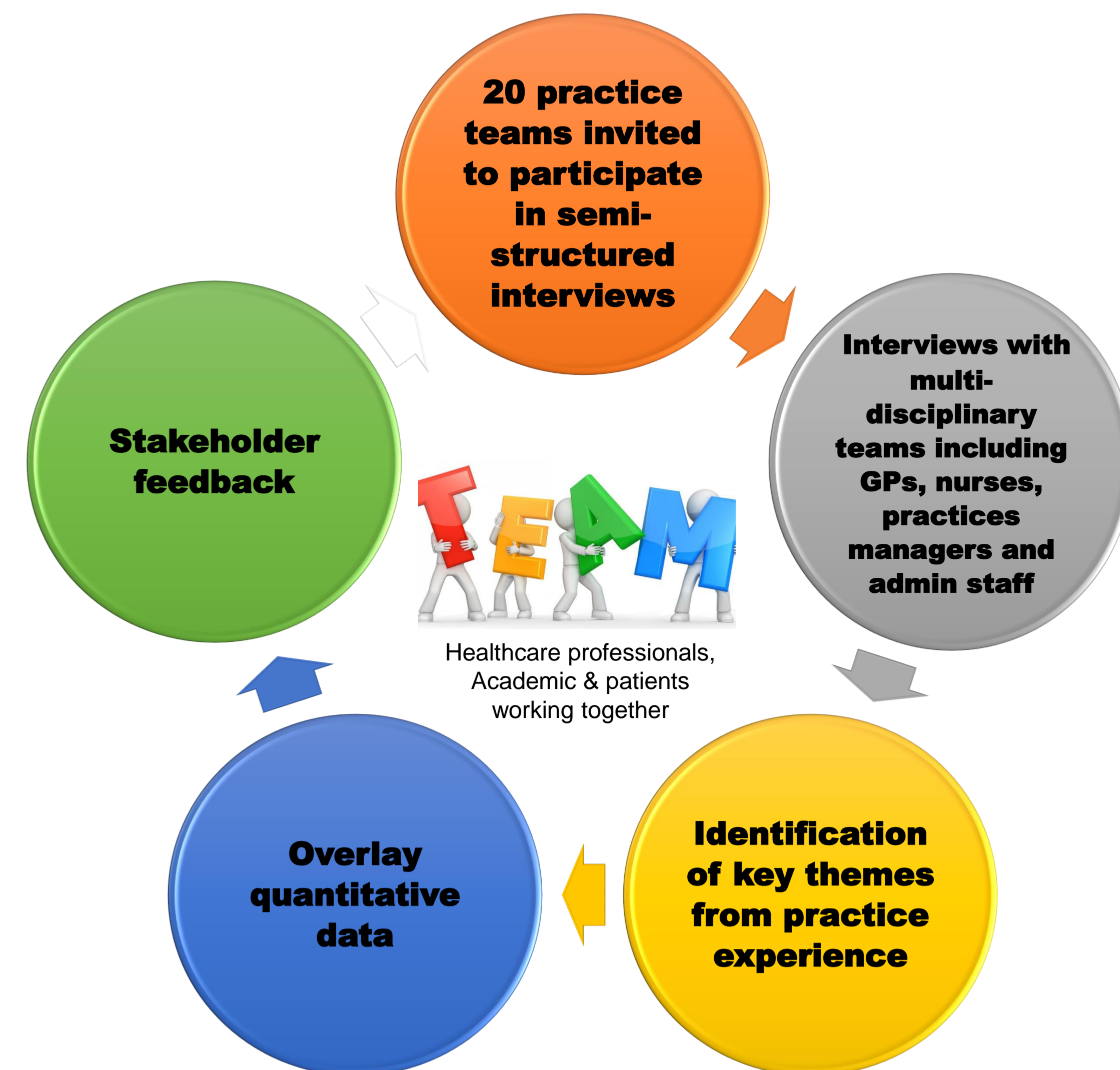
Liverpool as a city has long struggled with health inequalities between the most affluent and most deprived areas. The Liverpool General Practice Specification (GP Specification) was conceived against a background of significant variation within general practice in the city. The Liverpool General Practice Specification was developed as a single 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.

## AIM

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

## METHOD



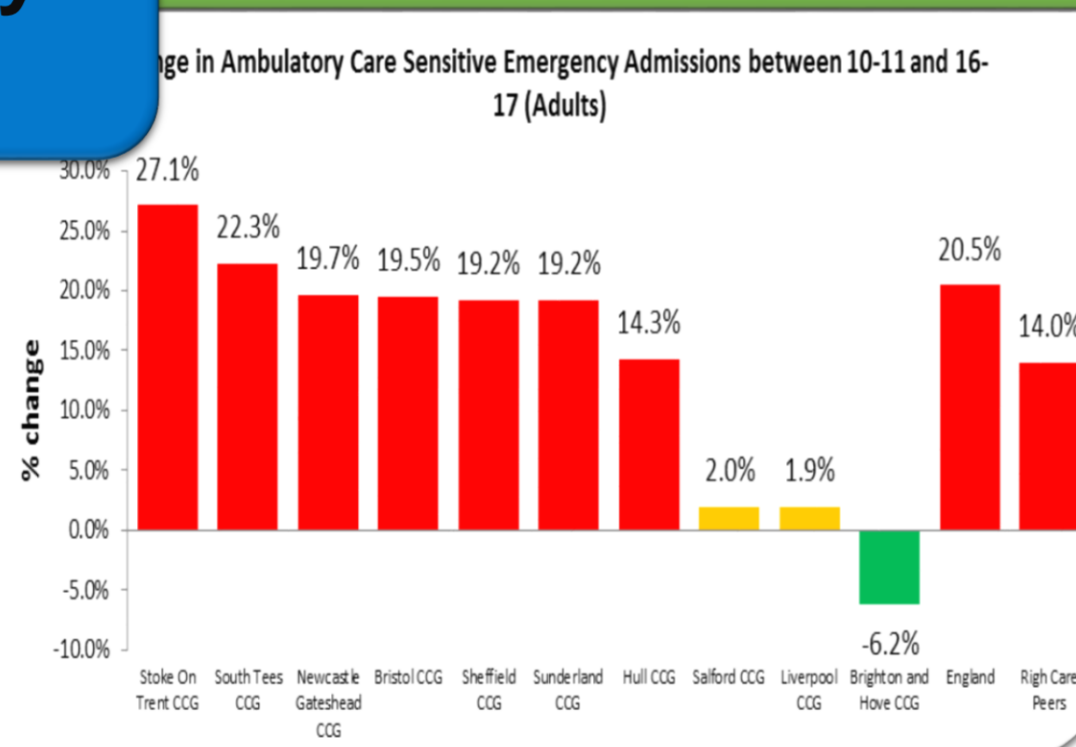
## INTERIM FINDINGS

Peer review of referrals (prospective & retrospective) taking place more systematically and routinely

Difficult for General Practice to have an impact on ACS admission in areas of high deprivation

### Use of Secondary Care

Adult ACS admissions have grown by smaller % than peers



### SOCIAL DETERMINANTS OF HEALTH



Little focus during implementation

### Health Inequalities

Difficult for general practice to influence due to wider socio economic factors



Strong leadership required – clinical & managerial



### Behaviour & Systems

More audit & self learning

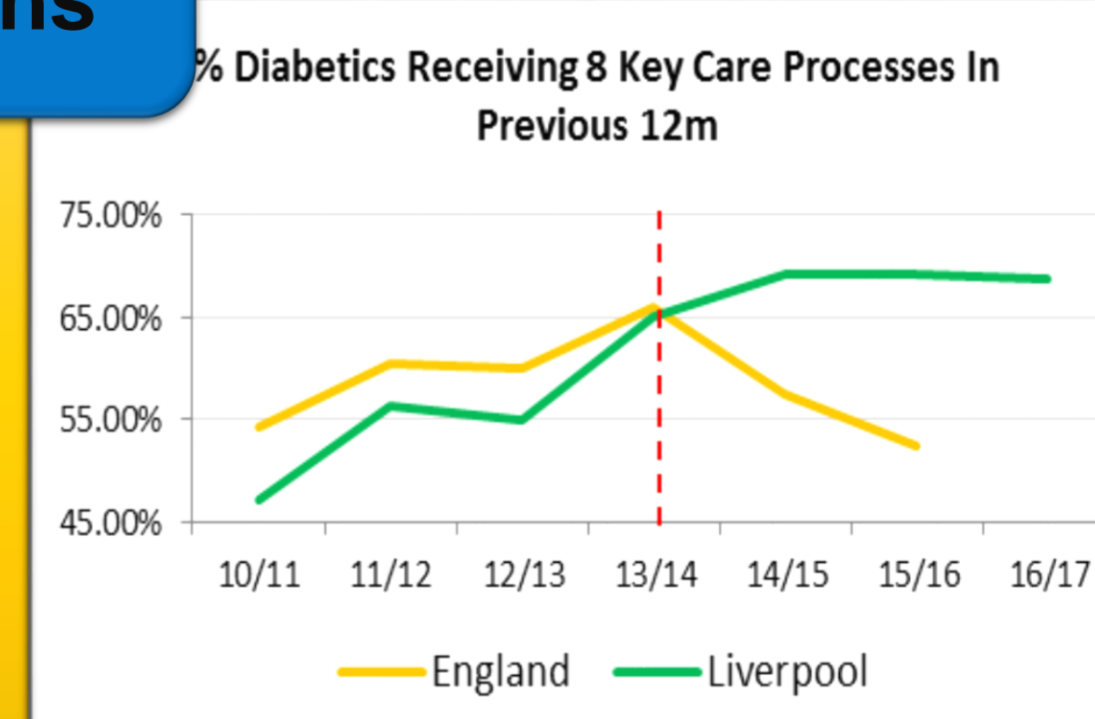
More staff recruited and up-skilling of existing staff

More systematic management

Greater consistency of management across different practices

### Long Term Conditions

Diabetes 8 Care Processes- closed gap with England



## IMPACT

- Improved collaborative working with partners
- Enhanced involvement of patients as equal partners
- Improved frontline engagement through qualitative feedback
- Embedding evaluation in commissioning processes

## NEXT STEPS

- Continue with practice interviews
- Patient focus group to review interim findings
- Develop final evaluation report
- Dissemination findings

For more information contact NHS Liverpool CCG [primarycare@liverpoolccg.nhs.uk](mailto:primarycare@liverpoolccg.nhs.uk)