

# Developing QOEST

## (Quality & Outcomes Enhanced Service Transformation) - A Qualitative Evaluation of Process

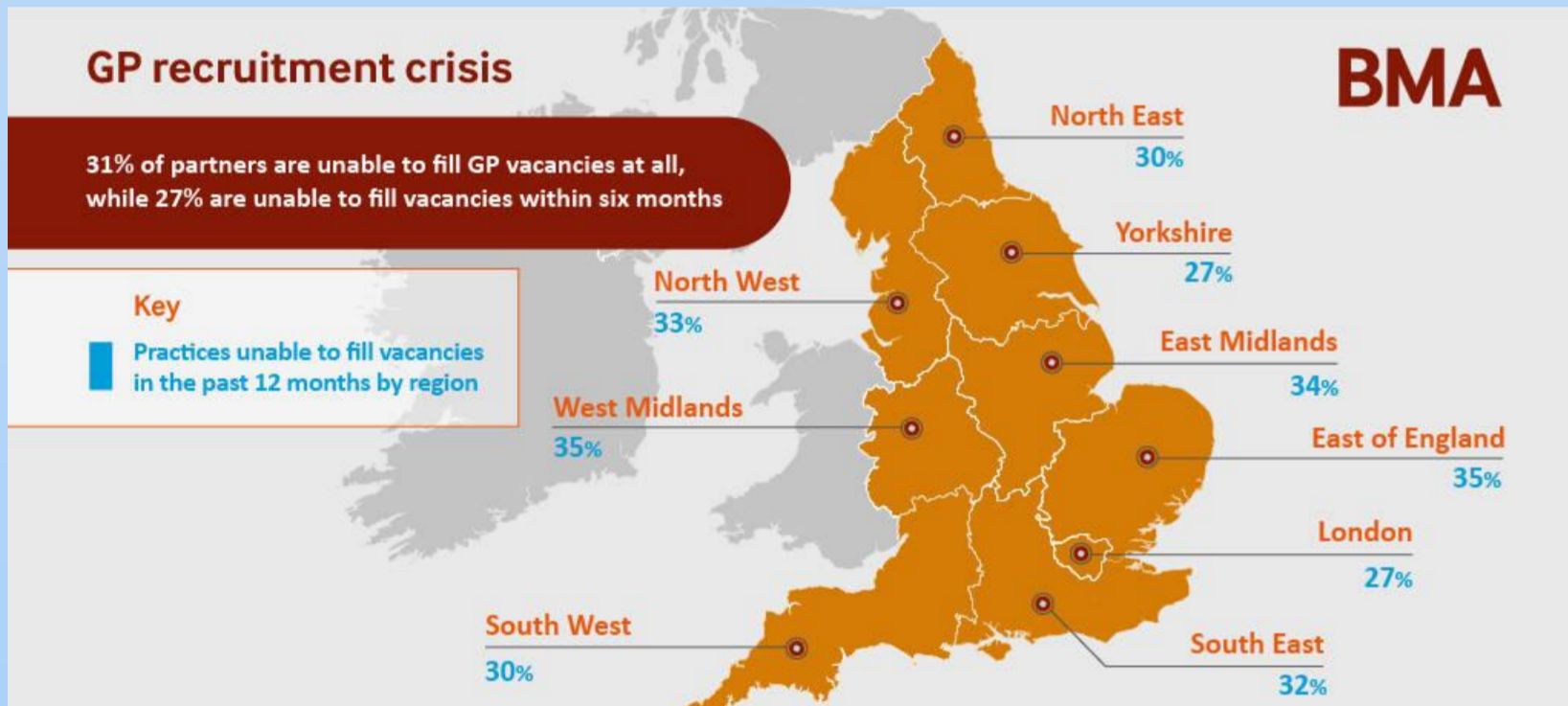
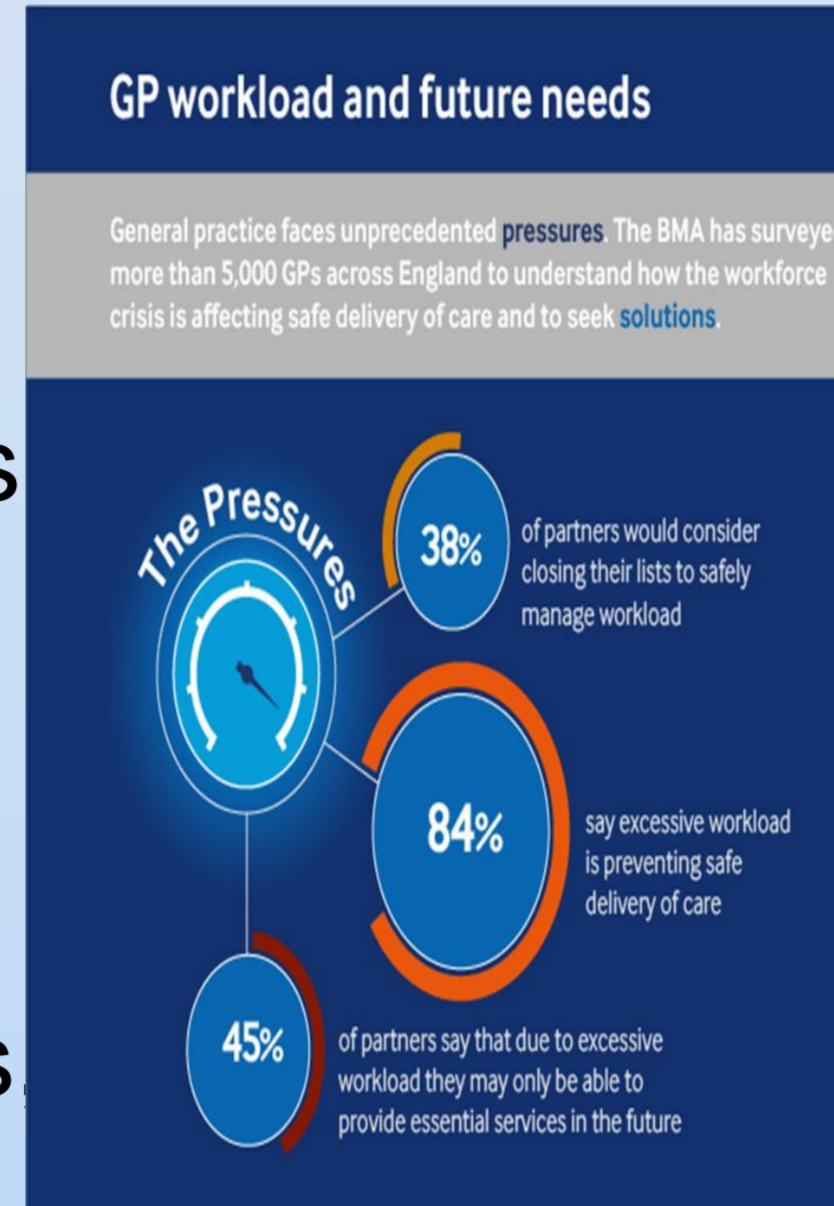
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### Introduction

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



- A aspiration to increase % spend on Primary Care from around 8% to 11% whilst acknowledging the need for stringent financial control

- Practices struggling with the bureaucracy involved in multiple Local Improvement Schemes (LIS)
- 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 – whether by the DH, PCTs, CCGs etc. 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.



QOEST is a five year contract with three components - Access, Quality and Sustainability. Plans for each component have been approved by the Primary Care Co-Commissioning Committee – the committee overseeing and ensuring governance of the scheme. Throughout the process, this committee (which has lay members) has been involved and ensured patient and public participation has been central to the evolution of QOEST.

### Conclusions

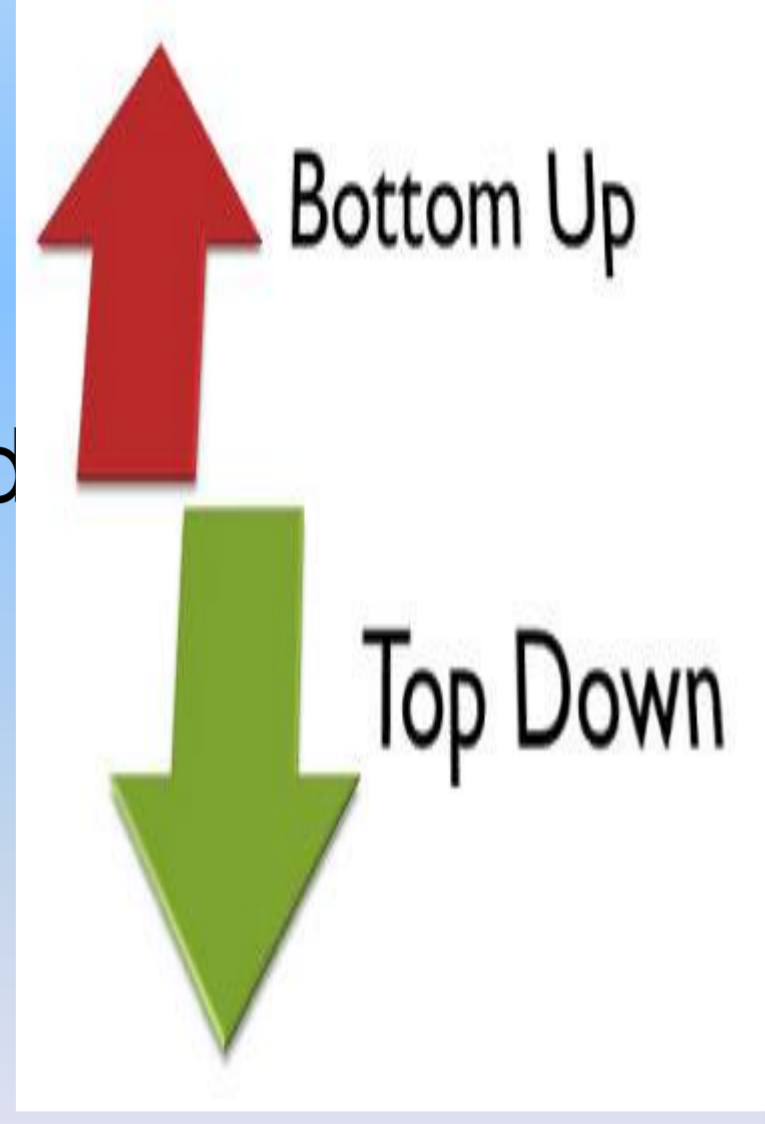
Early indications are that the approach taken in developing QOEST is showing some benefits, with reports of greater engagement and ownership and a feeling of optimism. However, further analysis of responses is required before a true conclusion can be drawn. It remains to be seen whether utilising a novel approach to enhanced service development can ultimately improve access and quality in Primary Care and result in more patients being treated out of hospital.

### Aim & Objectives

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.

The main objectives are to evaluate whether:

- a CCG conceived bottom-up approach to developing enhanced services is considered as such by GP practices, the GP federation And the CCG.
- the QOEST process improves ownership & motivation to implement by GP practices
- the approach taken in QOEST is replicable & can be used for future organisation change initiatives across BwD CCG



### Methods

A qualitative approach was taken using focus groups and questionnaires.

**Focus groups:** Two focus groups were conducted:

- with Practice managers representing the range of Practices within the Blackburn with Darwen CCG area
- with directors of the GP federation

### Questionnaire

A survey monkey questionnaire was sent to every GP and practice nurse working across BwD.

Opinions were sought on the following areas:

- Do the changes made in implementing QOEST feel like a different approach from before?
- What is perceived as the Primary driver for QOEST?
- Level of involvement in QOEST?
- Level of influence over final plans?
- Changes in level of engagement of practices compared to previous ES?
- Should the CCG use this approach for future commissioning?

An iterative thematic framework approach is being utilised.

### Results

At the time of printing, analysis of responses is ongoing; however the word clouds below indicate emerging common themes.



Positive responses



Negative responses