

CLINICAL GOVERNANCE IN PRIMARY CARE

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WOULD YOU LIKE TO CONTRIBUTE TO THE NEXT ISSUE?

We welcome contributions to the newsletter from all members of staff working in primary care. Please forward any articles in Word format (on disk or by email) to:

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Award winners (L-R) Norma King, Helen Quinn, Lynn Spencer, Diane Blockley and Prafula Vaghela.

Audit Oscars Winners Announced

See page 2 for details.



Sharing Information with Primary Care Trusts

Dr Azhar Farooqi, (PCAG Clinical Director)

Since the advent of Primary Care Trusts, the role of PCAG has been changing. The historical 'light touch' management role previously held by the health authority has been replaced by a more robust relationship between the collective Leicestershire PCTs and PCAG. This is largely expressed via a service level agreement and a PCT Steering Group which meets regularly.

The relationship with independent contractors such as GPs and health service management has also changed with the arrival of PCTs and clinical governance and the guidance framework within GMSII exemplify how PCTs now have extensive intelligence on practice performance and activities.

In this environment it is inevitable that at some stage PCTs would expect PCAG to provide practice level data on audit activity. Previously PCAG has refused to do this unless practices gave express consent to do so. This was necessary in order to protect practice confidentiality and also to ensure the maximum number of practices participated in clinical audit.

With the changing environment within the NHS this approach is now largely redundant. PCTs have clinical governance responsibility and monitoring duties under the new GP contract which mean that they are largely in a position to ask for any data they feel they need.

PCAG therefore propose that, in future, they will make practice data available to PCTs although this will not have any patient identification information. If practices wish to opt out of this or have any concerns, PCAG will address this on a case by case basis. All GP practices will soon have personal correspondence on what this will mean for their audit data. We are happy to receive feedback from practices on this proposal at e-mail: pcag@pcag.nhs.uk

Second CHD Study Day – 15th January 2004

Following the success of the first CHD Study Day at the end of 2002, PCAG are organising a follow up event with Paula Clapham. Speakers and workshop leaders have been identified and information has been circulated to primary care staff. Full details and booking form are on the PCAG website.

The Audit Oscars



CASC Tutors with CHI Clinical Audit Commissioning Manager (L-R) Tracy Johnson, Stephen Ashmore, Helen Laing (CHI) Roz Sorrie and Becky Gradden

The standard of work completed on the Clinical Audit Skills Course is consistently high and reflects the effort and time dedicated by learners to the audits they undertake. This year, we decided that we should organise a special event as a celebration and showcase.

The PCAG Audit Oscars was held on Friday 28 November 2003 at the Midlands Conference Centre, Leicester City Football Club. Contributors to the Primary Care Audit Resource Book, launched at The Audit Oscars, were invited along with representatives from PCTs, the Clinical Audit Commissioning Manager from CHI (Commission for Health Improvement) and the Chief Executive of the Open College Network South East Midlands.

A drinks reception provided the opportunity for introductions prior to dinner where guests enjoyed a three-course meal and coffee in a relaxed atmosphere. Tracy Johnson, PCAG Deputy Manager, gave a brief history of the course prior to the launch of the Primary Care Resource Book and updated everyone on PCAG's plans for a distance learning course in response to nation-wide interest. The Awards were presented by Tracy Johnson, Tony Woods (Pfizer Limited), Mary Riddiford (OCN) and Helen Laing (CHI).



Back row (L-R) Sue Chance, Lynda Middleton, Jane Calow, Jackie Highton-Lewin, Helen Quinn, Lynn Spencer, Diane Blockley, Kay Axon. Front row (L-R) Collette Palmer, Norma King, Simone Linnett and Prafula Vaghela

Best Primary Care Learners

Doris Falconer (Audit of Asthma Management)
Norma King (Audit of Childhood Immunisations)

Best Community-Based Learners

Chris Morgan (Audit of Effectiveness of Physiotherapy Treatment for Clients with Learning Disabilities using the Teler System)
Ruth Rojahn (Audit of Ear Syringing Documentation within Blaby and Lutterworth)

Most Improved Primary Care Learners

Helen Quinn (Audit of the Introduction of Effective CHD Monitoring in the Practice)
Prafula Vaghela (Audit of New Patient Registration Examination)

Most Improved Community-Based Learners

Diane Blockley & Lynn Spencer (Audit of Referral Forms Received at the North West Leicestershire Leg Ulcer Clinic)

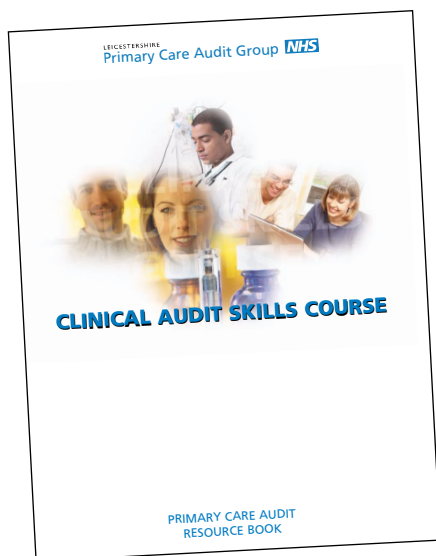
Stephen Ashmore, PCAG Manager, thanked everyone for their hard work on the course and for making The Audit Oscars such an enjoyable event. Our special thanks to: Pfizer Limited, Roche Limited and Shering-Plough for their generous support of the event.

Tony Woods sent the following message to PCAG:
"My role as Healthcare Consultant for Pfizer is about helping local NHS organisations deliver improved services. However, I can't help feeling that much of the help I give increases the workload of some already busy people. It made such a refreshing change to attend an event that was devoted to giving credit where it's due. Congratulations to all the winners and congratulations to everyone else too for their hard work. Well done!"

Certificate in Clinical Audit Skills Course Distance Learning

PCAG are in the process of making the course available via distance learning. There would be several benefits especially as PCAG are now covering an increasingly large geographical area. 10 PCTs outside Leicestershire have also expressed an interest in sending learners onto the course. Tracy is hoping to pilot the course early in the New Year.

Clinical Audit Skills Course - Primary Care Audit Resource Book



The Primary Care Audit Resource Book was launched at the Audit Oscars on 28 November 2003 at the Midlands Conference Centre, Leicester City Football Club.

This is the second of our resource books, the first being the Community and Mental Health Audit Resource Book which has been widely circulated.

Content of the Primary Care Resource Book has been drawn from the work of Clinical Audit Skills Course learners to provide guidance and practical examples of the selection and undertaking of audits and the benefits of implementing recommendations.

Our thanks to all of the contributors:

Anne Toone, formerly of Oakmeadow Surgery, Glenfield (Audit of Patients on ACE Inhibitors)

Carol Fossard, De Montfort Surgery, Student Health Practice (Audit of Unsuitable Cervical Smears)

Sally-Ann Lamb, Highgate Surgery (Audit of Secondary prevention of Coronary Heart Disease in General Practice)

Diane Faux, Empingham Medical Centre (Audit of Secondary prevention of Ischaemic Heart Disease)

Jane Dale, Di Brown and Alison Hipkin, Latham House Medical Practice (Audit of the Uptake Patient Registration Medicals)

Sarah Carrington (Audit of Non Attenders for Booked Appointments)

Liz Wells, Forest Edge Medical Centre (Audit of BP in Hypertensive Patients)

Elaine Peeks, Park View Surgery (Audit Appropriate Use of Proton Pump Inhibitors)

Joan Flynn, Beaumont Lodge Surgery (Audit of Registration Medicals)

Wendy Kesby, Westcotes Health Centre (Audit of Repeat Prescribing)

Shenna Charlton and Sister Gail Wright, Heatherbrook Surgery (Audit to Determine the Adequacy of Smears Including Transformation Zone Sampling)

Sheila Ward, Ashby Health Centre (Audit of Cervical Cytology)

Rosemary Goddard and Janet Wood, Heath Lane Surgery (Audit of 'Flu Vaccination Cover for Elderly Patients with Asthma - over 70s Age Group)

Lynda Middleton, Latham House Medical practice (Audit of Lithium Monitoring)

Gez Stokes, Westcotes Health Centre (Audit of Patients Who Fail to Attend for Pre-Booked Appointments)

Helen Quinn, formerly of the Belton Practice (Audit of the Introduction of Effective Coronary Heart Disease Monitoring in the Belton Practice)

Helen Bell, Oakham Medical Practice (Audit of Diabetic Care)

Gill Gray, Broom Leys Surgery, Coalville (Audit of Diabetic Care)

Prafula Vaghela, formerly of Coleman Road Surgery (Audit of New Patient Registration Examination)

Sandra Ellison and Pam Wright, Heatherbrook Surgery (Audit of Practice Nurse Waiting Times)

Doris Falconer, Latham House Medical Practice (Audit of Asthma Management)

Lisa Boyles, Groby Medical Practice (Audit of Intrauterine Devices)

Pat Upsall, Markfield Medical Centre (Audit of New Registered Patient Health Checks)

Julie Buccheri and Kate Walker, Alpine House Surgery (Audit of the Take Up of Influenza & Pneumococcal Immunisation)

Collette Palmer, formerly of Oakmeadow Surgery (Audit of Patients with Hypertension)

Lorraine Baker, Quorn Medical Centre (Audit of Cervical Cytology Screening)

Claire Albrighton, Measham Medical Unit (Audit of Lithium Patients at Measham Medical Unit)

Alison McEvoy, Measham Medical Unit (Audit of Patients Offered a Patient Held Record)

Kaye Axon, Dr D S Shah's Surgery, Leicester (Audit of Hypertension)

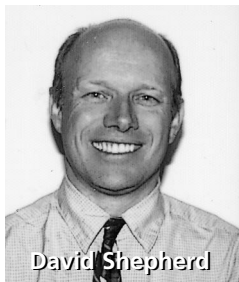
Rachel Lenton, Markfield Medical Centre (Audit of Pneumonia Vaccination of Patients Diagnosed with Chronic Obstructive Pulmonary Disease)

Simone Linnett, Forest House Medical Centre (Audit of Smear Tests)

Sarah Truman, formerly of Empingham Medical Centre (Audit of Waiting Times for Patients to see Doctors)

Mukta Modi, Canon Street Surgery (Audit Monitoring the Use of Statins)

Norma King, Loughborough University Medical Centre (Audit of Childhood Immunisations)



David Shepherd

Dear David

Welcome to our new column that allows readers to put questions to our own resident Electronic Audit Genius, Dr David Shepherd. The queries below have all been sent to PCAG in the last 3 months.

Q How do I handle differing degrees of LV function when recording echocardiogram results?

A It commonly happens that an echo or angiogram shows a mild degree of LV abnormality (with an ejection fraction of over 50%). According to an article in BMJ 2003: 327; 78-79 (July 12th), "Most studies confirm that patients with an ejection fraction $\geq 50\%$ can be considered to have preserved left ventricular systolic dysfunction." Such patients should not therefore be coded as impaired LV function (33BA), instead code as normal LV function (33B3) and free text in the echo details. If these patients do have heart failure then they should be coded as "Other" or "Valvular disease" along with G58 Heart Failure, as appropriate and not LV failure/dysfunction.

The significance of this is that patients with the 33BA code will be picked up as suffering from LVSD in the New Contract and should be on an ACE inhibitor. Reports showing 'significant LV dysfunction', 'ejection fraction less than 50%', or 'LV function impaired' should be coded as 33BA. Of course, all this is a bit arbitrary but until we get codes that record varying degrees of LV problems....

Q Do PCAG have an Asthma template for EMIS LV?

A I am pleased to inform you that PCAG have created such a template in line with the new GMS contract. We have amalgamated the two respiratory diseases from the contract (Asthma & COPD) together in one "Respiratory Monitoring Disease" template. The EMIS LV template can be downloaded from the PCAG website (<http://www.leicester-pcag.org.uk/Electronic/InDownloads.htm#Respiratory>).

Please note that several PCAG templates have been created for EMIS LV, in line with the new GMS contract and can be downloaded from the PCAG website.

If you have a query you would like to put to Dr David Shepherd, our resident Computer Whizz, then e-mail: pcag@pcag.nhs.uk

Developments in Electronic Software

David has been working hard on helping practices with the new GP Contract. He has developed software that will enable practices to work out the points that they will score for the new Q&O Framework. EMIS and other computer providers are developing their own software, but David's is at a more advanced stage and his software includes – exception reporting, a mechanism for prioritising patients (based on points), recall system for maximising points. The software is on the website and we have received excellent feedback from across the country – following an article in Pulse magazine which publicised the software.

PCAG Website

The PCAG website continues to prove ever popular, with over 1000 visitors in November. If you would like to join the other 140 local NHS staff who have registered onto our mailing service (which provides automatic updates whenever new items are added to the website) please contact Becky Gradden. For information, new additions to the website since the last newsletter include – Q&O Estimator, additional electronic audit software, call for patient involvement in audits.

GP's views on Child Protection

PCAG have recently completed the data capture and analysis for a Child Protection Questionnaire, sent out by the Local Medical Committee (LMC) to all General Practitioners in Leicestershire. Feedback was very positive, with just under half the GPs in Leicestershire (n=228) returning the questionnaire.

The questionnaire focused on a number of different aspects of child protection, and GPs were asked for their views on – their role in child protection, the number of child protection cases GPs see, concerns about carrying out medical assessments, views on who should carry out medical assessments, training undertaken, future training needs, views on the ACPC procedures and protocol, etc.

The overwhelming view of GPs who completed the questionnaire is that GPs role in child protection should be “general awareness and alerting the member of the PHCT/Social Services”. Only 3.5% of GPs who returned the questionnaire stated that they felt they should possess “specialist knowledge in providing medical assessments”. The main reasons for this viewpoint seem to be that GPs consider child protection cases as specialist care and very few GPs feel that they see enough cases or have adequate training in order to carry out this specialist work.

In terms of the number of child protection cases that GPs see each year, 77.6% of GPs have not dealt with a child protection case over the course of the last 12 months. 15.4% have dealt with one case in the past year, with only 7% seeing two cases or more. Indeed, the questionnaire revealed that 12% of GPs have never dealt with a child protection case during their career in primary care.

When asked “do you think GPs should carry out medical assessments in relation to Child Protection, particularly in cases pertaining to child physical abuse?” only 9.2% of GPs answered “Yes”. Furthermore, when asked to identify concerns with regard to carrying out medical assessments, many issues were raised.

When asked who should carry out medical assessments, 94.3% replied that this should be the remit of Community Paediatricians.

In terms of personal training and education in Child Protection, a third of GPs noted that they have received training in the last 3 years. The majority have received training via local PCT Protected Learning Time events.

However, when asked about further training in Child Protection, the majority of GPs noted that their current workload made it very difficult for them to attend accredited child protection training courses. In addition, GPs noted that they struggled to obtain funding, cover, access to childcare, etc, and these factors further prohibited them from attending training sessions.

The questionnaire included a series of questions relating to the current ACPC Procedures and Protocol Manual. 73% of GPs noted that they had received a copy of the current ACPC manual. However, of those that had received a copy, reaction to the usefulness of the manual was varied, with a number of GPs commenting that it was not very practical.

Finally, GPs were asked for their comments relating to their involvement in and views of Child Protection. The following quotes give an overview of the comments made by the 228 GPs who completed the questionnaire –

“I don’t think GPs should do this work! Even in relation to so called “minor problems” this is specialist work”

“GPs are inexperienced in this field and do not see enough cases to become experts”

“This work should be done by Community Paediatricians”

“We need protected time to attend further training events”

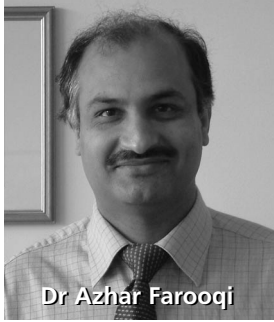
“The ACPC Manual is not very accessible or practical”

“GPs need access to 24 hour phone advice to discuss cases and gain advice for the appropriate course of action”

“Social services need to understand this is not our area of expertise!”

The report for the Child Protection questionnaire is now available. Please contact the PCAG Team if you would like more information.

PCAG Steering Group Away Day



Dr Azhar Farooqi



Martin Ferris

The 2nd PCAG Steering Group Away Day took place at Leicester Racecourse on 8th October 2003. The event proved to be a great success, with representatives from all seven commissioning PCTs, in attendance.

The morning session began with a look at how PCTs need to prepare themselves for forthcoming CHI Clinical Governance Reviews. With this in mind, Martin Ferris, Clinical Effectiveness Co-ordinator at Sheffield South West PCT, gave a presentation on his experience of the CHI Review process. This was followed by a presentation from Stephen Ashmore examining common themes from the first 44 PCT CHI Reviews. To conclude the

morning session, the team presented details of PCAG's work programme and progress to date regarding the current Service Level Agreement.

The afternoon session focused on four main areas – PCAG's working relationships with outside agencies, Clinical Audit Skills Distance Learning Course, working with Pharmacists, Optometrists and Dentists and plans to revise the current Service Level Agreement. There was considerable discussion relating to these matters and it was agreed that - a formal policy for working with outside agencies would be written, the CASC course would be made available to learners via distance learning, an evening meeting would be held for Pharmacists, Optometrists and Dentists to decide what audits they would like to carry out and a formal process will be put in place for reviewing the current Service Level Agreement.



Preparing for Clinical Governance Reviews

PCAG recently published a report aimed at helping local Primary Care Trusts to prepare for the audit component of forthcoming Commission for Health Improvement Clinical Governance Reviews. The report analyses the findings of the first 44 PCT Clinical Governance Reviews undertaken by CHI and identifies 11 key areas that PCTs need to address. The report also gives details of clinical audit initiatives that they have commended and there is also an audit checklist that PCTs can adopt to gauge their performance in clinical audit prior to a CHI review.

The report includes a section with useful contact details and a critical analysis of CHI's review process for audit.

It was envisaged that the report would be adopted by local PCTs to help them prepare for forthcoming CHI reviews. However, since the report was published considerable national interest has been raised, with the National Primary and Care Trust Development Programme (Natpact) and the Controls Assurance Support Unit (CASU) promoting the document. This has led to over 150 requests for the document from NHS staff across the country. The report has also been featured in Primary Care Report and PCAG are currently in the process of revising the original document.

If you would like a copy of the report, please email the PCAG team.

PCAG in Print!

Since the publication of the last edition of Clinical Governance in Primary Care Leicestershire Primary Care Audit Group have been hitting the headlines in the national medical press! Pulse magazine have featured the Quality and Outcomes Points Estimator that Dr David Shepherd has developed on several occasions in recent weeks. In addition, the report that PCAG produced on the Commission for Health Improvement's clinical governance reviews was featured on the front page of Primary Care Report in October. Full details appear below –

CHI needs to improve clinical audit reviews – Primary Care Report, 29th October 2003

Clinical governance reviews pay little attention to the quality of clinical audit carried out by PCTs, according to an independent report.

Leicestershire Primary Care Audit Group (PCAG) assessed 44 PCT clinical governance reviews carried out by the Commission for Health Improvement (CHI) between July 2002 and September 2003 to develop guidance for local trusts preparing for the process. But the findings of the report make uneasy reading for CHI. The report says "At no point in any of the 44 PCT reviews to date are questions raised over audit methodology."

Stephen Ashmore, manager of Leicestershire PCAG, which works on behalf of seven local PCTs, told Primary Care Report a failure to mention flawed methodology may indicate reviewers failed to consider it. "There is a considerable amount of clinical audit work that is undertaken across the NHS that is of questionable quality.

However, CHI's emphasis appears to focus on the throughput of audit work, and not the quality of audit process." He said he was concerned about the audit methodology being employed in some PCTs, with inaccurate disease registers, questionable criteria, inaccurate data analysis or inappropriate sample sizes. In some cases, he said, work presented as clinical audit amounted to no more than basic research. None of CHI's reports focused on these deficiencies.

A spokesperson for CHI said review teams check a clinical audit strategy is in place as a starting point. But he said: "I don't accept that we fail to take into account the quality of the audit, although I can see from reading our reports that it may be difficult to ascertain what exactly our approach is."

The report, Learning from clinical governance reviews carried out by the Commission for Health Improvement – guidance for primary care trusts, also echoes concerns about consistency that were expressed after PCT pilot clinical governance reviews in Summer 2002. It says "there is considerable evidence to illustrate that CHI's clinical governance review process is inconsistent," and found that different reviewers interpret the same information differently.

PCTs surveyed by PCAG also criticised reviewers' levels of audit knowledge, and felt CHI was more interested in reporting weaknesses and problems rather than successes.

Maximising CHD quality point score – Pulse magazine, 20th October 2003

GPs in Leicestershire are being given new software that helps them to maximise their points score for CHD in the quality and outcomes framework. The program flags up which patients should be targeted to best increase points scores and generates recall letters.

The Quality and Outcomes Points Estimator was developed by Leicester GP Dr David Shepherd for the Leicestershire Primary Care Audit Group. Stephen Ashmore, audit group manager, said practices may be able to use the system to check what score they had got on the PCT's system. "GPs will want to know which patients are worth most points to them" he said. "It will tell you which patients are missing indicators and a score, allowing you to prioritise your patients and bring in those who will increase points."



Marie's Travels

Since commencing in post in September, I've been on a steep learning curve with regard to both my geographical and social dimensions!

Finding out who's who in the 6 PCTs, identifying the key people I need to interact with, in addition to developing an understanding of the audit needs of the community, provided a challenging landscape!

Not only have I surprised myself by finding small country lanes linking Oakham and Market Harborough (that I never knew existed), but more impressively have found enthusiasm and inspiration from community based staff to learn about audit and design projects to evaluate the quality of the service they provide.

How reassuring, when a new leg ulcer clinic has positioned an audit as a priority activity – if only all services were as forward thinking? Similarly, the TB Service acknowledged the requirement to meet a pending "referral to review" timeline, and as a result an audit is underway to identify the bottlenecks and barriers delaying the patient journey through the system. There are many more examples of excellent audit initiatives, which we'll hear about in future newsletter issues.

The scope of my role has flung open the doors to so many community professionals, and currently finds me working alongside District Nurses, Health Visitors, School Nurses, Physiotherapists, Occupational Therapists, Speech and Language Therapists, Podiatrists, Modern Matrons, Nursery Nurses and Community District Hospital nursing staff. The range of the support provided includes localised audit training sessions, audit facilitation – design, analysis, reports etc., patient satisfaction survey facilitation – design, analysis, reports etc., and Audit and Research Report reviews.

I'm always keen to hear from anyone who may benefit from the support of my role – don't feel that you have to tread the audit path alone – give me a call!

Do you need help with the GP Contract Patient Questionnaire?

I am sure that you are aware that as part of the new GP Contract, all practices are expected to undertake a patient survey. Two questionnaires have been approved – IPQ and GPAQ. More information can be obtained about these questionnaires by visiting the following websites – **www.cfep.net** for IPQ and **www.gpaq.info** for GPAQ.

The patient surveys need to be undertaken by both GMS and PMS practices, and there are a considerable amount of Quality and Outcomes Points available for practices that undertake the survey. Details are as follows - 40 points for completing either the IPQ or GPAQ survey, 15 points for reflecting on the results and producing an action plan/written report and 15 points for

discussing the results with a patient group or non-executive PCT director.

It has been estimated that for an "average" practice of 5,500 patients and 3 GPs, 70 points would equate to £5,250 in Year 1, increasing to as much as £8,400 in subsequent years.

PCAG have approached PCTs with a suggestion that the PCAG team employ a facilitator to co-ordinate this work centrally. There are a number of advantages with this approach – e.g. better co-ordination, cheaper delivery of service, opportunity for practices to compare results and share approaches to action planning. **If you would like more information, please contact the PCAG team by 19th January 2004.**

audithelp@pcag.nhs.uk

Do you need help devising audits? Are you unsure which clinical audits your practice should be undertaking? Do you struggle to distinguish the difference between audit and research? Are you a GP Registrar who needs help with your audit project? Would you like to know more about electronic audit? Are you a community-based professional who needs advice on audit? Are you interested in accessing audit training, but don't know what courses are available? Do you need advice on the correct sample size for your audit? Would you like to know how to submit a bid for audit funding to the Interface Audit Group? Would you

like advice on how to maximise your Quality and Outcomes Points? Do you need advice on preparing for a visit from the Commission for Health Improvement?

If the answer to any of the above questions is "Yes", or if you have another question that relates to clinical audit, you will be delighted to learn that from 1st December 2003, Leicestershire PCAG will be launching its new audit advice email service. Simply email your questions to PCAG via audithelp@pcag.nhs.uk and we promise to reply within 10 working days.

Involving Patients in Clinical Audit

The Commission for Health Improvement (CHI) expect all organisations to involve patients in the clinical audit process. Indeed, in recent months, CHI's clinical governance reviews have noted that very few PCTs have a system in place that enables patients to participate in audit.

In many respects, involving patients in audit is extremely difficult to do well. Infact, only a handful of PCTs and Acute Trusts across the country effectively engage patients in determining what services will be audited and how improvements can be implemented.

Leicestershire PCAG are keen to try and involve patients in all aspects of our work. With this in mind, we have added information onto the PCAG website detailing how patients can get involved. Further, we plan to devote part of a forthcoming edition of Clinical Governance in Primary Care to this issue.

Calling all Primary Care Nurses!

The 7th Primary Care Nursing Conference is scheduled to take place at Leicester City Football Club on Thursday 25th March 2004. As always, this event is free to all nurses working in Primary Care. The organising team are in the process of confirming speakers and workshop leaders and a full programme will be posted on the PCAG Website in the near future.

There are a limited number of places and these will be offered on a "first-come, first-served" basis. If you would like to provisionally reserve a place, please contact the PCAG team.

DIARY DATES

Interface Audit Group - 13 January and 9 March 2004

CHD Study Day - 15 January 2004

National Audit & Governance Conference - 16/17 January 2004

CASC Help Days - 20 January, 19 February and 24 March 2004

Lithium Audit Group - 2 February 2004

Primary Care Nurse Conference - 25 March 2004

**HAPPY CHRISTMAS
FROM THE PCAG TEAM**