

An Introduction to Quality Improvement in General Practice

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AN INTRODUCTION TO QUALITY IMPROVEMENT IN GENERAL PRACTICE

The changes to the GP contract in England from April 2019 introduce a new domain focusing on quality improvement (QI) into the Quality and Outcomes Framework (QOF). This pack developed by the Royal College of General Practitioners (RCGP), Health Foundation and National Institute for Health and Care Excellence (NICE), on behalf of NHS England provides a brief introduction to help practices improve their quality of care and deliver the new QI domain as well as supporting and encouraging wider QI activity.

The pack is designed to:

- provide a simple, practical framework to follow for practice-based QI
- suggest improvement activities for practices to try out
- provide additional support to those practices who have little experience of undertaking QI activity.

It is NOT designed to:

- provide a tick box list of “must do” actions that practices must carry out
- create a national training programme in quality improvement
- replace any good work already being undertaken by practices to improve care quality.

By following the suggested actions and using the resources signposted in this pack, you and your practice team will further develop the values and methods of quality improvement while simultaneously improving care.

Why quality improvement?

In 2016, the RCGP defined quality improvement as:

“a commitment to continually improving the quality of healthcare focusing on the preferences and needs of the people who use services. It encompasses a set of values (including self-reflection, shared learning, partnership, leadership, the use of theory, and understanding of context) and a set of methods (including measurement, understanding variation, cyclical change, benchmarking and a set of tools and techniques).”

(Quality Improvement for General Practice: A guide for GPs and the whole practice team, RCGP, 2016. (1))

As members of general practice teams, we don't have the time or resources to spend on things that don't work, don't serve our patients, and that could be done either more efficiently or effectively. However, we need ways of identifying whether things work, how well they work, and the reasons why this is. What's more, these ways need to be simple, straightforward and effective. The tools and techniques of quality improvement provide us with these skills and insights.

The QOF QI domain is designed to support all practices, regardless of their previous experience, to improve skills, techniques and experience of QI. Many elements of QI will already be part of the practice's culture. This includes a priority on safety, quality, and staff who demonstrate reflective practice, learning and improvement. The new QOF QI domain offers all team members the chance to try something different and get better at doing it.

This pack does not seek to provide a training course in QI. Many courses are available, often through e-learning, and some are listed in the resources section below. They are often suitable for beginners and practice staff of all professional backgrounds. There are significant benefits of practices giving members of the wider team an opportunity to lead QI projects; it does not always have to be the practice manager or a GP. It is also possible for patients to become QI champions in the practice and support the team in undertaking QI activity. Make sure that any training that individuals undertake leads directly to the opportunity to identify, plan and implement improvement projects.

What is quality improvement?

The RCGP has created a simple visual representation of quality improvement for primary care to give you an overview of your quality improvement journey. It illustrates the main elements for you to consider in the design, delivery and evaluation of a QI project and acts as a guide to the stages you will work through during implementation.

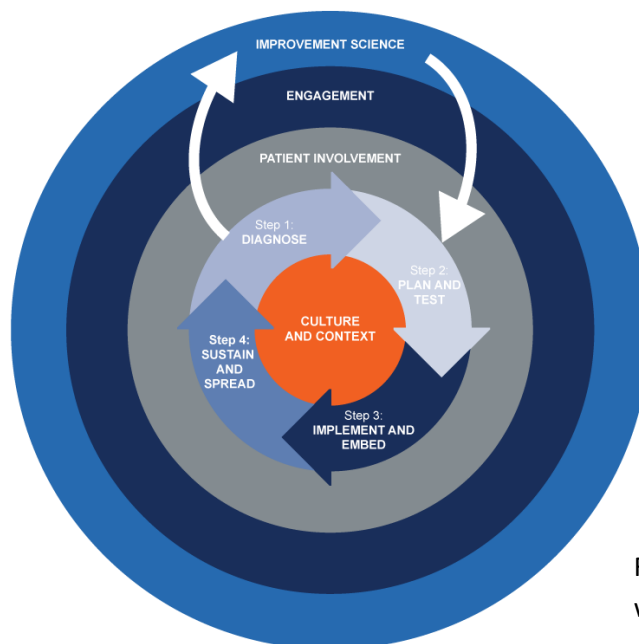


Figure 1 – Quality improvement wheel for primary care

Explaining the QI wheel for primary care

The QI wheel is made up of five rings:

1. **Culture and context.** Helps you to create the right conditions for a successful project.
2. **QI cycle.** Guides you through project implementation
3. **Patient involvement.** It provides ideas on harnessing vital patient input for successful improvements
4. **Engagement.** It provides ideas on which stakeholders to engage and how to involve them.
5. **Improvement science.** Provides you with the big picture context that your QI work fits into.

The hub of the wheel: culture and context

What is it? You can consider your culture and context to be the soil in which the intervention will germinate. The soil needs to be as favourable as possible to allow the intervention to be successful. Context is the local and national environment in which you operate such as the new contract and primary care networks. Culture covers your practice values, attitudes and ways of working. It includes your practice team, patients and stakeholders: how you involve them and interact together on a daily basis. Your patients and stakeholders are therefore included as a supporting rim of the wheel.

Why is it there? We have placed 'Context and culture' at the centre of the wheel as without a culture and context that is keen to experiment, and supportive of trying something new, it will be hard for change to occur, or be sustained, regardless of what tools or methods you use.

How do you use it? Using tools, such as a SWOT (strengths, weaknesses, opportunities, threats) analysis or a staff survey to analyse your own context and culture you can find the best way to create a context that is supportive of the change(s) you wish to make.

The inner rim of the wheel: the QI cycle itself

What is it? These are the implementation steps for a cycle of quality improvement. We have broken it down into four steps.

Why is it there? These are the stages you will work through in any QI project.



Figure 2 - QI cycle diagram

How do you use it?

- **Step 1: Diagnose** - assess the area of your practice or organisation that requires improvement, and generate some baseline data.
- **Step 2: Plan and test** – decide the aims, methods and monitoring of your change. You can also test your intervention in a graded fashion.
- **Step 3: Implement and embed** - make any successes part of your systems or processes.
- **Step 4: Sustain and spread** - consider how your aims or intervention can continue to be implemented on a larger scale, if appropriate, and how the conclusions can be made more

widely available, for example through your local GP practice network.

PDSA Cycles

At the heart of this continuous cycle is the model for improvement, often referred to as **the PDSA cycle – Plan, Do, Study, Act**. It is based in scientific method and moderates the impulse to take immediate action with the wisdom of careful study.

Using these cycles enables you to test out changes on a small scale, building on the learning from these test cycles in a structured way before wholesale implementation. This gives stakeholders the opportunity to see if the proposed change will succeed and is a powerful tool for learning from ideas that do and don't work. This way, the process of change is safer and less disruptive for patients and staff.

When to use it?

When planning any improvement or change to current work processes, it is essential to know what you want to achieve, how you will measure improvement and to be explicit about the idea to be tested. You may not get the results you expect so it is safer and more effective to test out improvements on a small scale before implementing them across the board.

How to use it:

The framework includes three key questions to answer before testing an improvement concept and a process for testing change ideas.

Key questions:

1. What are we trying to accomplish? (The aims statement).
2. How will we know if the change is an improvement? (The measures of success)
3. What changes can we make that will result in improvement? (The change to be tested).

The commonest mistake in QI is to spend too little time and effort on getting these three answers clear and agreed by the people involved. Once you have agreed a clear aim, how you will measure success or not, and decided what change you want to make then you can start the QI cycle.

- **Plan** what you're going to do.
- **Do** it.
- **Study** it - by collecting the data on what you decided to measure – remember you will need to do this before and after (and sometimes it is useful to do it during as well, depending on the project). Then when you have got your results you need to reflect on them and agree what you've learned.
- **Act** on it – based on what you have learned you decide what to do next. Do you continue with the change you have made, or stop and try something different, or make the change in a different way?

Whichever way, you **start the cycle again**. Another way to think of this second part of the cycle is:

- **What** did we learn?
- **So what** does it mean for how we do things?
- **Now what** are we going to do about it?

The essential supporting rims

Patient involvement

Involving patients and carers in our QI work means we see our work through the eyes of the people who need our care and support. This can help us to design, implement and evaluate each individual quality improvement project.

You may wish to invite your Patient Group to suggest ideas for improvement, or seek volunteers to join a QI team. You could ask a patient to help create a survey for other patients. Patients can help you see your practice from a different angle, such as when mapping out a process such as ordering a prescription or booking an appointment that might seem very different from a patient perspective.

Engagement

Engagement represents all stakeholders relevant to your project. You will have internal stakeholders in your own practice and external stakeholders such as community nurses, pharmacists and other health professionals, social care services, or local voluntary organisations. Working out how to involve them in improving quality together will bring significant benefits to the people you jointly look after.

Improvement science

Improvement science is a rigorous and systematic way of identifying and demonstrating the best and most appropriate methods for improvement in the quality and safety of health services. It forms part of the wider movement for evidence-based practice in healthcare.

Top tips for starting QI

Finally, before you get started, here are **the 'Five T' Top Tips for starting QI:**

1. **Topic.** Choose a topic that is important and relevant – use data about how well you do now or how others rate what you do to guide you.
2. **Team.** Find a team to work with you. Spreading the load makes things easier, brings in more energy and ideas, and helps spread the learning.
3. **Training.** Undertake some basic training if you need to, there are a number of free resources available, so you feel more confident and can improve your own learning along with improving patient care. Don't forget you can include your learning and QI in your own personal development plans and appraisals. Put your learning into practice as soon as possible and continue to learn, and share your new knowledge and skills with others, while undertaking QI projects.
4. **Tools.** Start using simple QI tools you are familiar with, such as Significant Event Analysis, Clinical Audit, or reviewing feedback or complaints, and then combine them into small QI / PDSA cycles, continually testing out new ideas or changes. Remember to agree a clear aim and what measurement is needed to show success or not, before diving in to planning the change itself. More sophisticated tools can be learned and developed over time with experience and training.
5. **Trouble.** Change can be troubling for many people and continuous change even more so, especially when it feels imposed upon you. Developing a culture in the practice of learning, reflecting and improving in which everyone can participate and take turns in leading means change can feel less threatening and disruptive. Testing out small changes can also inspire confidence that big changes are evidence-based and changes that don't work out well will be identified and improved.

Useful resources

The free resources and online training listed below will enable you and your team to find out more about QI:

NHS England Sustainable Improvement Team

(<https://www.england.nhs.uk/sustainableimprovement/>) - this is a national resource to support quality improvement activity in primary care and includes training, practical advice and support from quality improvement specialists.

NHS Improvement (<https://improvement.nhs.uk/improvement-hub>) - resources including improvement tools and case studies.

RCGP QI resources (www.rcgp.org.uk/qi) - resources including the RCGP QI Guide for General Practice and other quick guides to the use of quality improvement tools and techniques. These are available to both members and non-members.

Health Foundation (<https://www.health.org.uk/improvement-in-general-practice>) - an easy to read and practical guide to undertaking QI.

HQUIP Guide to quality improvement methods (<https://www.hqip.org.uk/resource/guide-to-quality-improvement-methods/>) – a guide to quality improvement methods which provides an overview of each method and practical advice on how and when to implement them.

NICE Practical Steps [<https://intopractice.nice.org.uk/practical-steps-improving-quality-of-care-services-using-nice-guidance/index.html>] – online guide to putting NICE guidance into practice and tools to support this.

Institute for Health Improvement [<http://www.ihl.org/>] – a US site with a range of resources to support QI activity.