

# London Primary Care Quality Academy

Working together to improve quality in primary care locally



**London  
South Bank**  
University

EST 1892



## Introduction

The Future of the NHS is dependent on effective and efficient primary care, working in collaboration with local citizens to secure community-based solutions to complex needs. General practice is experiencing significant demand, with little headroom to find adaptive solutions. Changing demographics, the impact of austerity and increasing scrutiny are generating complex multiple demands. However, we have found that it is possible both to meet this demand and to reduce it.

**In this context there are practices and primary care teams/ health and wellbeing centers that are securing more effective approaches. These:**

- a) Use data to review their activity and improve flow within their practices and across the system
- b) Look for examples and ideas to manage demand from outside their practice
- c) Work collaboratively with local citizens in an asset based approach

**Overall this means that these practices:**

- a) Use their skill sets more effectively to meet need (diversifying their skills and offers, targeting these effectively)
- b) Use their contact time with patients more effectively
- c) Improve their back-office functions to be more efficient
- d) Partner effectively with care homes/ other practices to manage the health of frail elderly in care and reduce hospital admissions
- e) Co-produce new services with communities lead by communities

# London Primary Care Quality Academy

## Local federations/CCGs have variable expertise to draw on locally in relation to:

- Quality Improvement
- Innovation
- Data for change
- Coproduction
- Systems Leadership

The Primary Care Quality Academy works as a development agency alongside the commissioning, performance management and governance frameworks.

## The Academy works to:

- Enable primary care teams to develop shared expertise in innovation and improvement.
- Develop a rigorous approach to professional accountability using data to review variation and decision-making.
- Create a culture of best quality care across the primary care system in relation to focused area of need, at the best value, and with patient's/service users as partners in decision-making.

The dominant model of change in the NHS tends to revert the mechanistic, Taylorist approaches of top-down, craft approach. The vast majority of improvement efforts, even at STP / ICS level revolve around improvement of the current system without challenging the fundamental assumptions that form it. It can be said that a lot of the time, the NHS continues to try and do the wrong thing, righter. In our experience, and based on the evidence, change efforts in primary care require more than QI.

Across the world high performing health systems are taking a different approach. One that takes a networked, collaborative approach to change through evidence-based professional peer review and learning.

## The London Primary Care Quality Academy is working with Primary Care Systems to:

- Develop capacity/ training/ skills, in leading quality, data for improvement and innovation, QI methods, co-production and innovation.
- Facilitate strategic development in these areas.
- Host Pan-London communities of practice to secure learning between primary care systems.
- Catalyse the development of data scientists, and data literacy for improvement and innovation in professionals and citizens.
- Advocate for improvement and innovation in Primary Care across London.

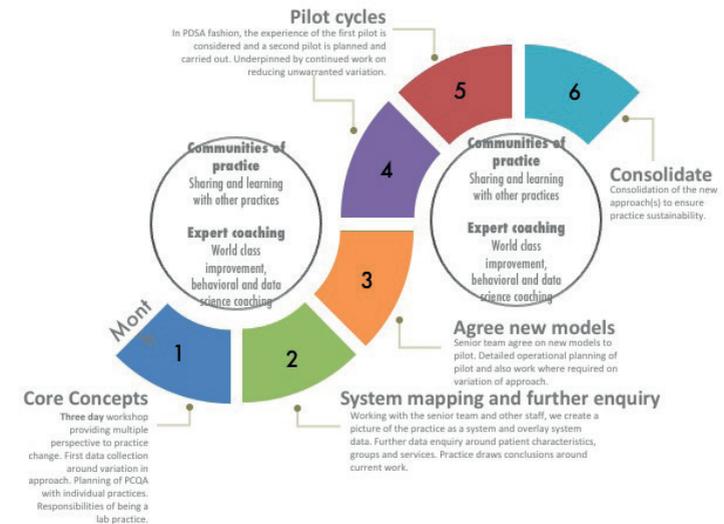


# Outline of Primary Care Quality Academy:

## This partnership in the PCQA Provides:

1. **A Lab of practices accessing:**
  - a. Data support to bring to light the key issues that could generate better quality care and capacity.
  - b. A Core Concepts of Quality 3-day Programme which covers the following:
    - Improve quality through reducing unwarranted variation, generating higher quality and reducing waste (using Juran's trilogy model for improvement – Quality Planning, Quality Control, Quality Improvement).
    - Innovating through new collaborations across integrated systems – Coproduction and Systems Leadership
  - c. On-site change management support, using QI, systems change or collaborative change with communities.
2. **Programmes to spread learning across practices in borough which can access:**
  - a. A Core Concepts of Quality Programme for a wider group of practices, buddying with the Lab practices
  - b. Communities of practice (half day workshops across all participating practices) that support cross fertilization of ideas, changes and learning across all practices.
  - c. Coaching for local quality champions who can support spread from the Lab to the wider practices.
3. **Clinical Leadership Programme**
4. **Systems Leadership Facilitation**

# The PCQA Approach in Detail



## Part 1 – Readiness for Change

We find that practices need initial support in order to understand what's really going on so that they can choose the starting point for their local change work based on evidence.

We start the inquiry with some basic data work in practices on access. We find the immediate pressure on appointments and concern about demand means practices feel overwhelmed. However, they have little intelligence about the level of demand or how they are managing it. This first piece of data work generates the possibility of managing demand, and secures practice ownership of the change process. Our data team will be working inside each of the Lab practices to surface the key issues for that practice.

## Part 2 – Core Concepts of Quality: 3 days for System Leaders and the Practices

The Core Concepts of Quality Programme brings together an understanding of, and ability to undertake change within the primary care team; coproduction and shared decision making with people and communities; and quality improvement theory, tools and techniques. The programme combines the Intermountain approach to professional practice and quality improvement with LSBU's strength in working with service users at the heart of decisions, and expertise in working across organisations within systems. This programme gives everyone a shared language, the basis of data analytics, improvement tools and processes.

### This programme will:

- Develop your ability to understand and select from the range of improvement / transformation approaches available to secure best quality and value.
- Develop skills in application of those approaches to quality and productivity projects.
- Secure better quality and value.

We have built Intermountain's 5 axioms of healthcare in the design of this programme translating this to the UK context we include people as partners in their healthcare rather than customers.

The workshop is delivered 1 day per week preferably over 3 consecutive weeks. It requires data preparation within each system to provide the baseline data for the work.



## Part 3 – On-site support for practices

Practices determine where they are going to start in terms of changing the way they operate during the Core Concepts of Quality Workshop. We then work on-site with the practices internally and across collaborations, with a compact failure demand assessment.

We offer up to 10 days' on-site facilitation including data support, working with professionals to develop sustainable solutions, and with local citizens to develop self-management and asset based approaches.

This work includes ongoing data support to practice's inquiry about flow, patient needs and impact of prototypes.

## Part 4: Community of Practice and Coaching QI leaders

The programme is supported by five Communities of Practice where participants come together to share how they have applied their work into action. Practices from across the borough / primary care network are invited to come and find out what the Lab practices have been testing and how they can adopt ideas that work.

We can also provide coaching for a core group of Quality Coaches for Primary Care, who then work alongside us in the delivery of the on-site facilitation. This could be across sectors, and comprises of five course days. This develops local capacity to lead this work beyond the lifetime of our work.

### Data Community of Practice

We start the inquiry with some basic data work in practices on access and appropriateness of appointments. We find the immediate pressure on appointments and concern about demand means practices feel overwhelmed. However, they have little intelligence on the level of demand or how they are managing it.

This first piece of data work fill in gaps and dispels current data myths at the practice. It opens the possibility of managing demand and secures practice ownership of the change process. Our data team will be working inside each of the Lab practices to surface the key issues for that practice this often includes work with people who attend frequently. In addition we are able to coach local data scientists.

### Clinical Leadership Programme

We are providing details of the Clinical Leadership Programme, in case there hasn't been development of the clinical leaders across the system to date.

Clinical Leadership is needed to secure the contextual conditions across the system for new models of primary care to develop. This is likely to require changes in the way clinicians operate and the relationship between primary and secondary care, practices and clinicians within practices. We suggest this programme is provided for senior clinical leaders across the system over 9 months initially.

This programme is provided for clinical leaders across the system who have a passion for and commitment to borough wide changes. Over the year, this will include the local Trusts.

#### Who should come?

Anyone who has undertaken some Quality training over the last few years and is interested in learning how to apply this productively in their own practice and across the borough.

- We aim to work with clinical leaders from across localities who are:
- Passionate about health and social care, and the future of primary care  
Committed to tackling the system-wide issues we are facing
- Have a wider perspective on local issues (understand the context and want to shape it)

#### Systems Leadership and the Academy

We suggest five additional days for the leadership group (Federation/ CCG/ Quality team) for this work to support the systems leadership changes required as the programme develops in order to provide the scale, innovation and leadership to evolve your services so that General Practice is invigorated and thrives into the future.

## Federation Leaders Programme

This programme is offered to enable Federation leaders to develop the skills to secure effective governance and strategy within their Federation. With many initiatives already taking place in terms of Federation forms and functions, there is no shortage of ideas so this programme further enables the development of capability, and capacity in and amongst Federations using a range of theoretical models, practical tools, data and techniques.

### **The programme will develop participants:**

1. Capability in the core responsibilities of Directors in Federations in terms of governance, ethical decision-making and collaborative leadership
2. Skills in engagement of members as stakeholders and owners
3. Understand of the importance of patient/ citizen engagement in service development locally
4. Understand and work with networks to consider and develop New Models of Care
5. Develop capacity and confidence to gather and use appropriate data and evidence for systems change and for using developing technology in that process
6. Developing capacity for Influence/innovation

In addition the programme will build a network/community of thought leaders in Federations and Primary Care services in relation to whole system re-design and delivery.

The programme is provided at LSBU in a safe learning environment where participants can explore, discuss, share and decide on good practice.

The programme comprises five 1-day modules.

## PCQA Impact

The participating practices have been able to provide access to manage their demand within existing (and sometimes less) resources, are able to reduce failure demand, and the more advanced practices have also been able to reduce the rate of people who attend frequently. They are working collaboratively with their local population to address the social determinant of health. They are working better as a team, managing their back office work more effectively. These practices now have the headroom to work on meeting their demand, focusing on people with complex needs.

Within 4 months of working on-site after the Core Concepts programme:

1. On the day demand management. This stems the flow of the 8am phone calls spreading demand over the day, and securing appointments or appropriate treatment/ resolution for every call every day.
2. Freeing up appointments to enable better workload for all clinical team members.
3. Increased staff satisfaction
4. Increased patient satisfaction
5. A shift in culture to more collaborative and innovative working

This means that practices that are turning patients away and feel swamped and overloaded can ensure they at least meet the daily demand and secure a better working environment. At 6-9 months if the practice works with the community, we can secure an increased scope of support, particularly in prevention and management of ongoing conditions, providing more capacity across the primary care system. This leads to a further development if the practices are interested to re-shaping the primary care practice team. In some instances, this leads to the same capacity being able to work with a larger list size. A significant number of participants are now benefiting from working together in peer groups which is generating spread of these new approaches from the Lab practices to other practices in the Federation/ Borough.

# About London South Bank University

London South Bank University has been transforming lives, businesses and communities for more than 120 years. Our goal is to deliver:

- Student success
- Real world impact
- Access to opportunity

We are one of the top three modern universities in London for research. Over 70% of our research is considered world leading and internationally excellent. Our research is relevant and actively used in industry with 73% of our work having global impact.

150 British SMEs and major companies have commercial partnerships with LSBU. Nearly 1,000 employers use LSBU to train their staff. We are challenge-focused and solution-driven, using cross-disciplinary teams to deliver maximum impact for our partners through consultancy, research, training and education. We work with private and public providers, drawing on our expertise in the following areas in Health and Social Care Delivery:

- Workforce innovation, education and development
- Innovation in health and social care delivery
- Service user engagement and experience



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