

Improving the Quality of General Practice Services in the UK: Surveying the activities of GPs and Practice Managers (abstract)

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Background and objectives:

Improving the quality of general practice services has risen in priority as primary care has taken on an increasingly important role in NHS policy. In 2015 the RCGP issued a guide to quality improvement¹ and a new on-line resource in early 2017 called Quality Now (<http://www.rcgp.org.uk/clinical-and-research/our-programmes/quality-improvement.aspx>). However, there has been little research on the levers for improvement and a recent King's Fund report (2011)² was unable to establish the nature and quantity of quality improvement work happening in practices. This is the first study of both GPs and practice managers, across the UK, which looks at the range of improvement work going on, what motivates it, who is involved in this work and the barriers and facilitators practices face. It is important to understand these issues in order to focus training and better disseminate good practice and innovation across different countries.

The aims of the study were to explore whether the existing infrastructure and management of general practice is able to bear responsibility for service quality improvement; to establish what quality improvement work is currently being undertaken and by whom; to identify the barriers or facilitators to improvement work reported by GPs and practice managers and the improvement tools most often used.

Methods

The study comprised an online survey of all members of the RCGP and a separate survey of all UK practice managers, preceded by an in-practice focus group and a series of semi-structured interviews with national policy actors, local GPs and practice managers to inform the development of the survey.

Results

There is a wide range of improvement work happening in practices, a willingness to undertake improvement work and an appetite to learn about the tools and concepts of quality improvement. The motivation comes mostly from within the practice, rather than being externally driven. Important barriers reported are a lack of skills and knowledge of improvement tools, but even more important are high levels of patient demand and a lack of protected time for clinical and non-clinical staff and managers to undertake quality improvement activities.

Implications

However, for improvement work to take place consistently, practice teams need protected time to work together to identify, plan and implement improvement projects effectively. Other resources would be welcomed, as long as they do not come attached to targets or require what is perceived as excessive reporting. The results of the surveys will be disseminated

widely to national organisations and professional bodies, such as the Health Foundation, RCGP and Practice Management Network, and directly to practitioner groups via articles in trade press and practitioner meetings or conferences. This will allow them to better lead effective change in their organisations and improve the delivery of services to patients.

References

1. RCGP (2015) "Quality Improvement for General Practice: a guide for GPs and the whole practice team"
2. The King's Fund (2011) "Improving the Quality of Care in General Practice" London: The King's Fund