



Royal College of
General Practitioners

Practice Resilience Programme with Clinical Perspective

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Special Measures Programme

- Commissioned by DoH and NHSE in October 2014
- Initially pilot, then expanded in 2016
- Peer support to practices entering SM after CQC
- MOU between practice, RCGP and contract holder
- Funded up to £10K – initially practice paid half now fully funded by NHSE

Methodology

- Initial conversations, various sources
- Pre-scoping clinical lead/deputy
- Scoping – CQC report, stakeholders, Primary Care Web Tool, NHS choices practice visit
- Scoping –Improvement plan—practice with support
- Turnaround plan costed—RCGP team
- Ongoing support to practice

Examples of Support

- Acting as 'Critical Friends'
- Prioritising
- Help with basic documents
 - Protocols & policies
 - SEA and complaints
- Forward planning
- Help with staffing issues
- Liaising with key stakeholders

More examples

- Looking at practice viability
- Acting as a stabilising influence
- Raising clinical governance issues
- Liaising with other sources of support
- Assurance
- Facilitating meetings e.g. strategy, audit,
- CQC preparation

Scoping visit

- Practice demoralised
 - Need to point out positives
 - Find quick wins
 - Encourage self belief
- Do they have insight into shortcomings that caused rating
 - Do they understand their magnitude
 - Do they understand the work to rectify

Causes for concern

- Lack of insight or outright denial
 - Without insight, change will not be made
 - Any change will not be embedded
- Failure to engage
 - Failing to complete agreed tasks
 - Not replying to emails

Root causes - GP

Lack of effective Clinical Leadership

- Partnership dysfunctional or inexperienced
- Single handed
 - Over 50
 - Illness
 - Longstanding capability issues
- Workload – rapid increase in list size
- Resistance to change

Root Causes – Practice management

Both GP and PM need to understand the issues and solutions

- No PM in post
- Inappropriate appointment
- PM not allowed to manage or fails to challenge clinicians
- Inability to delegate or performance manage

SM Programme Activity 2015/7

• Total number of enquiries ever 163

Since July 2016 we have mail-shotted all practices placed in SM about half take up the offer.

• Total number of practices supported 108

• Current Live Practices 48

• Practices where the service has ended 60

• Early withdrawal 3

• GP retired/resigned 2

• Other 2

• Carried forward for re-inspection 53

Outcomes for practices supported

Total Number Completed	53	
● Re-inspected Good	28	53%
● Re-inspected RI	11	21%
● Total	39	74%
● Re-inspected RI but stays in SM	5	9%
● Inadequate – stays in SM	7	13%
● Total	12	22%
● Inadequate – emergency closure	1	2%
● Inadequate – closed with notice	1	2%
● Total	2	4%

Vulnerable Practice Pilot

- Commissioned by Birmingham CCG cluster to provide support to 5 practices starting November 2016
- Two 2 person adviser teams
- Service comprises: Practice visit to do root cause analysis
 - Produce a Diagnostic report
 - Develop a Forward Plan
 - Feed back to practice to get them to identify local resources

Lessons learned

- These practices did not have the same level of anxiety – less urgency to move forward
- It felt uncomfortable handing support over to others after the intensity of scoping
- The more detailed diagnostic report was useful to clarify our thoughts and was universally welcomed

Predictors of Success

- Early RCGP intervention
 - Possible marker of good engagement
- Stakeholder support good
 - Positive monitoring against clear actions
 - Good communication
- Local resources and peer to peer support
- Insight and engagement
- Giving/getting the whole picture

RCGP Resilience Offers

- SM programme
- Diagnostic report and action plan
- Ongoing tailored/targeted support
- Facilitation of away day (well led)
- CQC visit preparation

