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Commission for Health Improvement

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CHI's experience of clinical governance reviews

- The nature of CHI.
- The structure of a clinical governance review.
- Brief outline of Primary Care Trusts
- Assessment framework.
- Main findings from the first series of primary care reviews.

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CHI's aim

To bring about demonstrable improvement in the quality of NHS patient care throughout England and Wales

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Why was CHI created?

- Focus on quality of patient care, not just the cost
- Public's confidence rocked by major service failures
- Considerable performance variation across the NHS

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CHI work programme

- Clinical governance reviews
- Investigations
- National studies of National Service Frameworks
- Development of Inspections

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CHI's principles

- Patient-centred
- Independent and fair
- Developmental
- Evidence-based
- Open and accessible
- Apply the same expectations to ourselves

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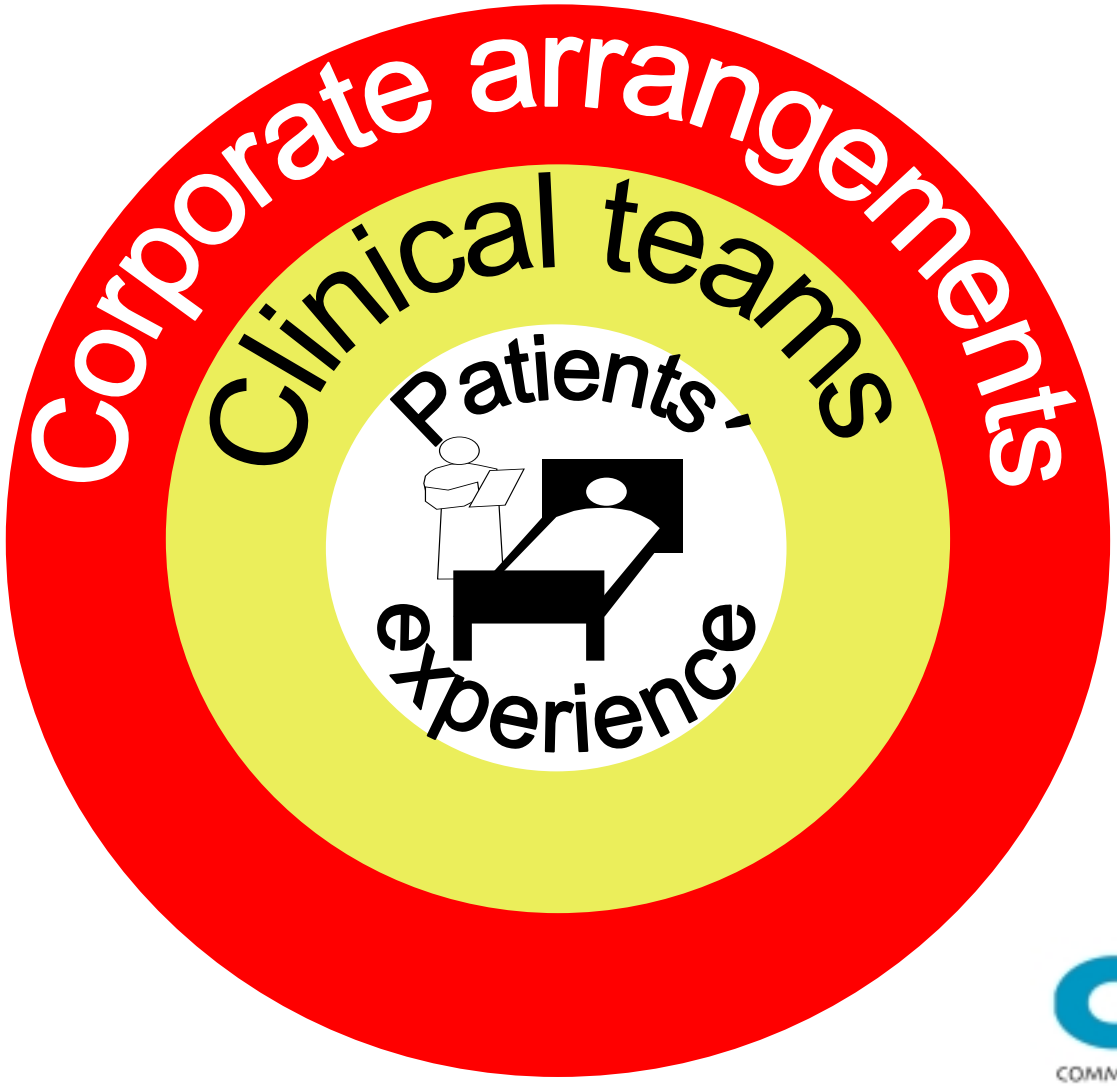
Clinical governance methodology



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Capturing the patient experience

This is a real challenge for CHI and under development. Current position:

Phase one

- National patient survey data (when published)

Phase two

- Stakeholder meetings – patients, public and patient organisations

Review week

- Observation (not treatment/consultation)

Clinical governance review framework

- Clinical effectiveness
- Clinical audit
- Risk management
- Training and education
- Staffing
- Use of information
- Patient experience

Assessed on i-iv scale

- Strategic capacity

Assessment framework under development

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A CHI clinical governance review

Will:

- identify strengths and areas for improvement
- provide an independent assessment of systems to assure quality of patient care
- touch different levels & parts of the organisation

Will not:

- assess individual performance or practices
- examine every service area

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Primary Care Trusts

- Free standing, legally established statutory NHS bodies.
- Three main functions:
- *Improve the health of the community*
- *Develop primary and community services*
- *Commission secondary services*

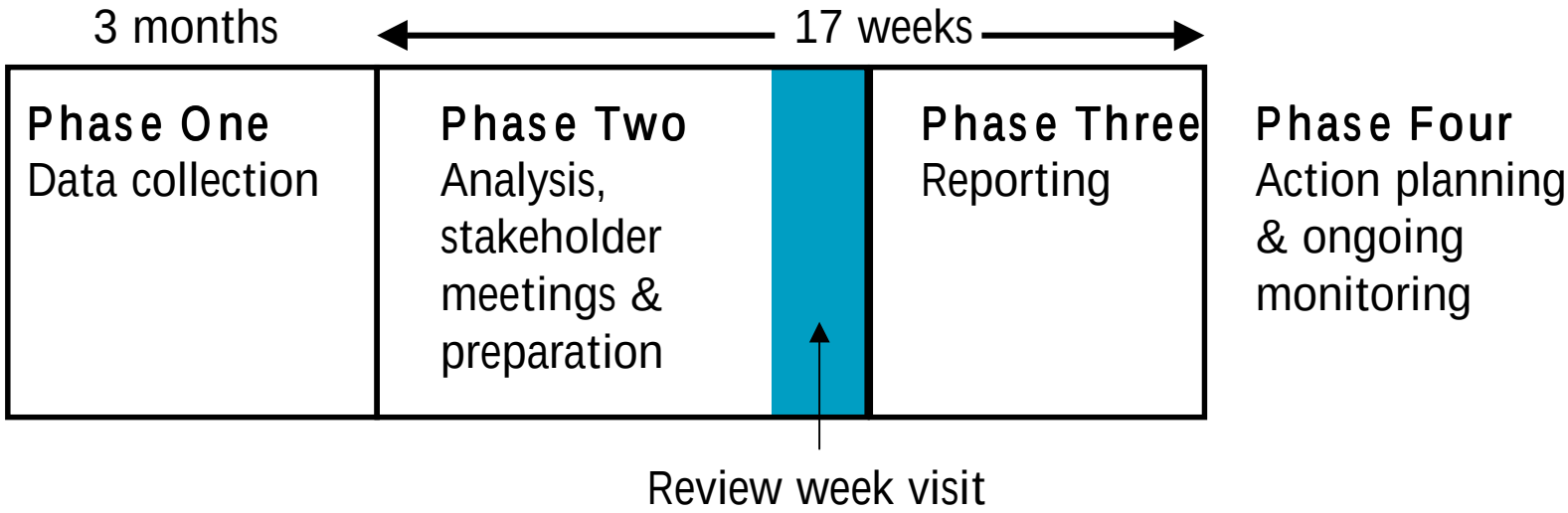
Primary Care Trusts

- They have responsibility for the management, development and integration of all primary care services, including dental, pharmaceutical and optical
- By 2004, PCTs will have responsibility for 75% NHS budget
- Operate at two levels:
- Level 3: commission services as described, but not directly provide them
- Level 4: commission, develop and provide a range of community health services

Primary Care Trusts

- Their organisational structure is based around:
- A PCT board, typically 11 individuals including 5 lay persons
- A Professional Executive Committee, typically up to 7 general practitioners, 2 nurses, public health specialist, social services offices

The Clinical Governance Review process



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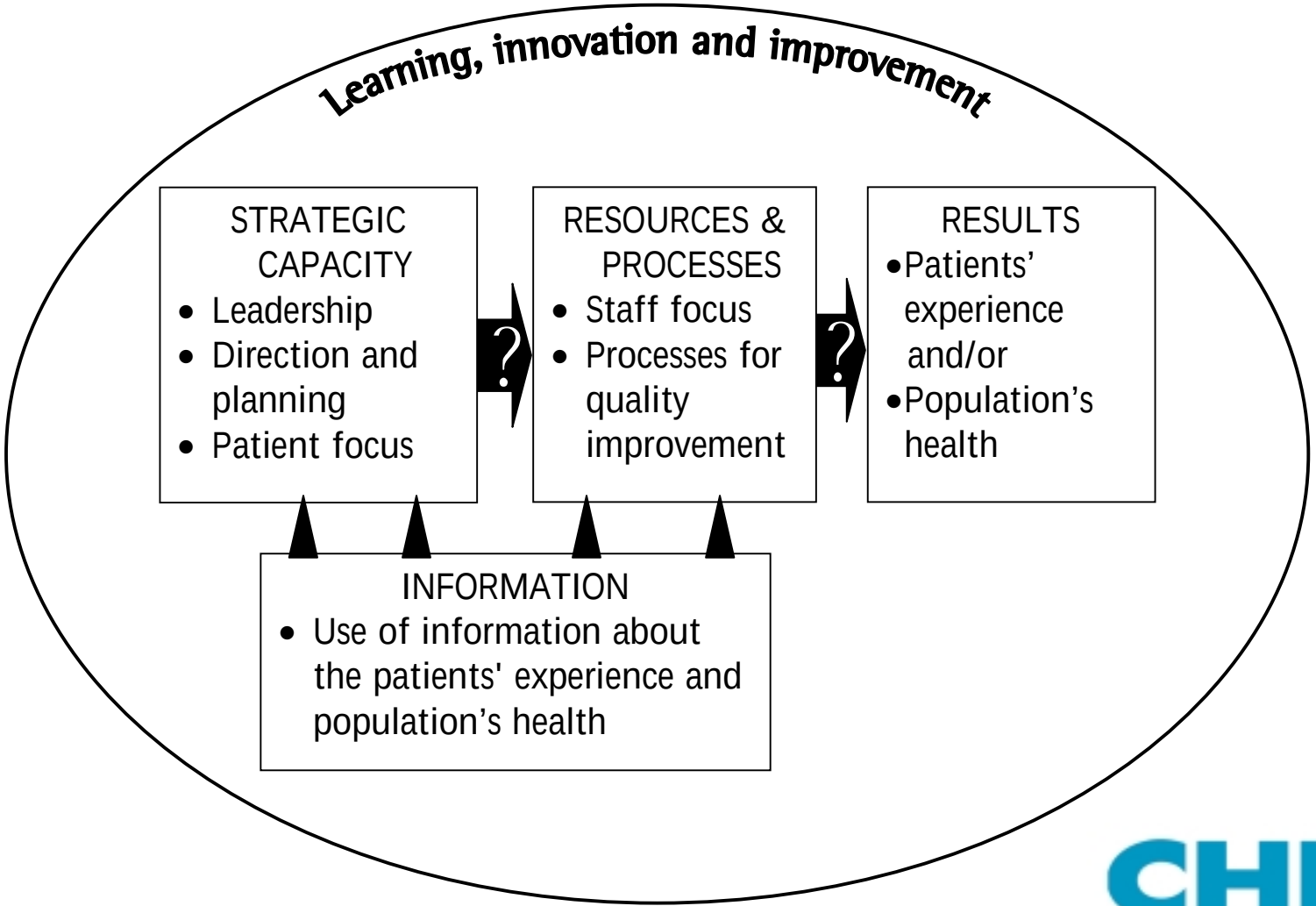
Reporting & action planning

- high level feedback at end of review week (CEO)
- published report: 5 days for comments
- PCT provided with detailed evidence tables (unpublished)
- press release to inform the public
- PCT publishes action plan once agreed with StHA and CHI

CHI model



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How are health professionals and staff involved?

Phase one

- Practice questionnaire survey
- Staff survey (sample of directly employed staff)

Phase two

- Stakeholder meetings

Review week

- Interviews in selected clinical areas/practices

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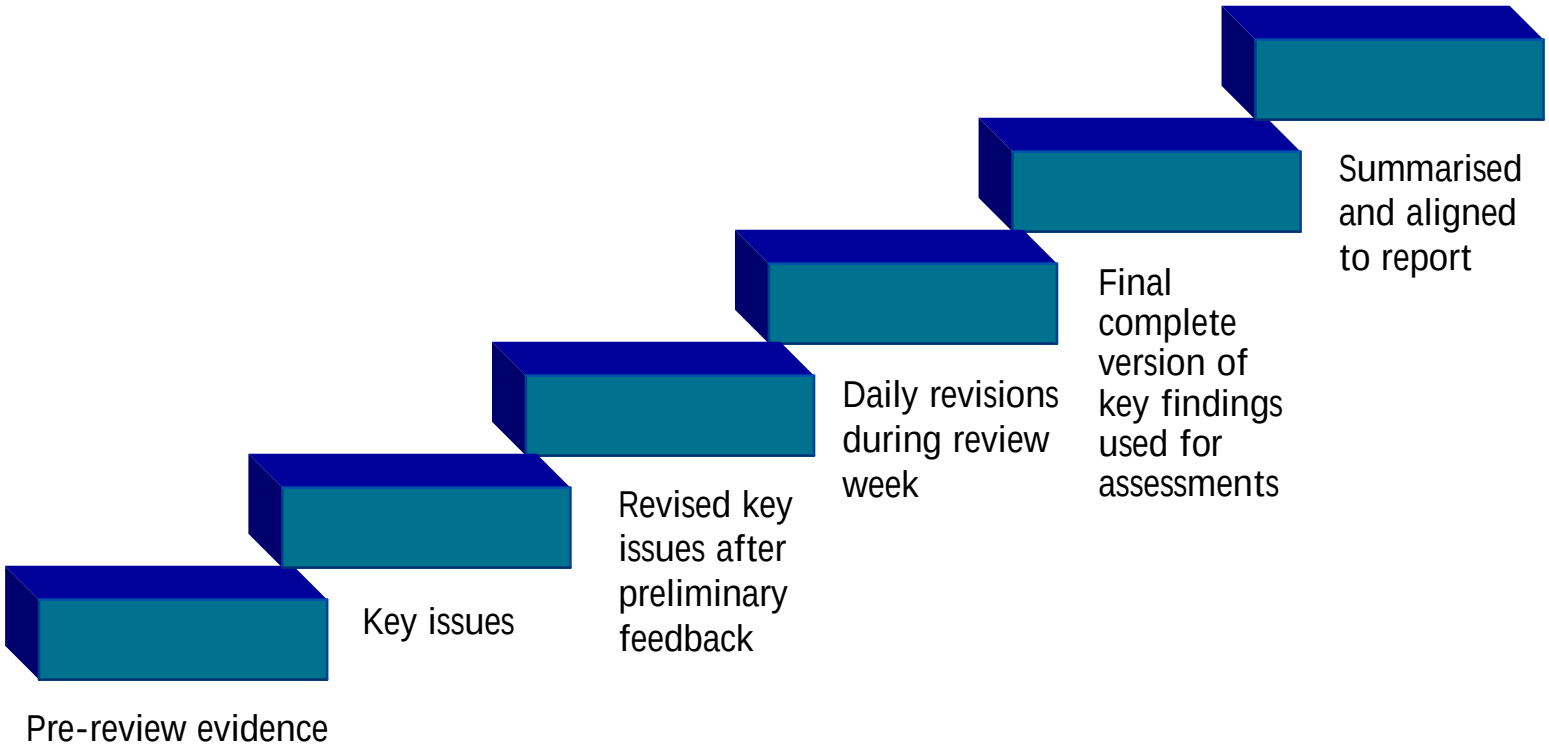
The assessment framework

How the evidence base develops



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Assessing the Evidence

- Assessment at strategic (planning) and operational (delivery) level
- Assess each component separately
- Importance of degree of confidence in the judgements

Assessment scale

- Little or no development at strategic or operational level.
- Worthwhile development at one of strategic or operational levels, but not at both.
- Good strategic grasp and substantial implementation. Alignment across the the organisation.
- Excellence – coordinated development across the organisation and with partner organisations that is demonstrably leading to improvement. Clarity about the next stage of clinical governance development.

Confidence table

Degree of confidence	Amount of evidence and sources	Reporting
Very confident	A number of sources: data; documents; interviews; observation	✓ Report ✓ Verbal feedback
Confident	Several items of information from the same source type (e.g. interviews) from different areas or organisations One interview or observation confirmed by an independent source	✓ Report ✓ Verbal feedback
Some confidence	Several items of information from the same source type (e.g. interviews) from the same area or organisation	? Report ✓ Verbal feedback
Little confidence	One interview or observation only	× Report ? Verbal feedback

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Main findings from the pilot reviews

CHI primary care trust reviews

Early trends in evidence arising from the reviews

Rhiannon Walters, Tracking Report,
September, 2002

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The components of clinical governance on which CHI is most likely to ask PCTs to act

- Risk management
- Clinical audit
- Training
- Information
- Staff management

The components of clinical governance on which CHI is most likely to ask PCTs to act

RISK MANAGEMENT

The concern is about maintaining a systematic and proactive approach to risk management.

The request is to provide training across the PCT across the spectrum of risk management.

The components of clinical governance on which CHI is most likely to ask PCTs to act

CLINICAL AUDIT

The concern is coherent policies not being formed.

The request is to provide more training across the PCT in audit skills (particularly non doctors).

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The components of clinical governance on which CHI is most likely to ask PCTs to act

TRAINING

The concern is inequity in access to training across staff groups, and lack of strategy and related policies.

The request is to encourage this systematic approach across all components of clinical governance.

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The components of clinical governance on which CHI is most likely to ask PCTs to act

USE OF INFORMATION

The **concern** *in general* is about monitoring systems to support clinical governance and *in particular* about Caldicott requirements.

The **request** is to agree a plan for and evidence of stronger systems of support.

CHI primary care trust reviews

STAFF MANAGEMENT

The concerns are:

That management of directly employed and practice based clinical staff be better integrated.

That there is consistency in appraisal.

About management capacity and clarity of roles in this context.

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The pilot review programme for PCTs

issues, challenges and responses

- PCTs are complex, heterogeneous, dispersed and developing organisations
- PCTs can exercise different levels of responsibility: they can commission and provide quite markedly different ranges of services
- what CHI sees in these reviews is more a legacy of the PCT's past than a testament to their progress

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- CHI has scored various components of clinical governance on a I-IV scale, reflecting the degree of strategic and operational implementation

- it is not clear how this assessment framework and scoring system applies when an organisation provides a significant proportion of its agenda via independent contractors

- PCT Boards find themselves with responsibility for, but no direct control over, a significant proportion of the services they provide, or the staff they employ

- in these reviews, CHI has noted that the public has a relatively low level of background knowledge of primary care trusts. "What does PCT stand for?" we have been asked on more than one occasion

- the Improving Practice Questionnaire, which was initially sent only to patients in general practice, has been modified for dentists, pharmacists and opticians

- in these reviews we piloted general practice visits conducted jointly by the host organisation and the CHI review team

- CHI's framework for clinical governance may influence the development of PCTs

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