Clinical Governance has been gaining momentum in practice thinking over the last 18 months or so. With it being a requirement of the NHS contract, and the upcoming strategies that the Care Quality Commission will be putting in place, the time really is now for practices and PCTs to ensure their CG procedures are in order.

One of the PCTs who have been more forward thinking about how they ensure compliance with CG is Bromley. Starting in 2005, the PCT had been running a Clinical Governance CD. Raj Rattan commented to me that Bromley dental practices two years ago the PCT decided that what they then needed was a programme whereby they could measure consistently practices' performance in the different areas of CG and identify the gaps.

Ambitious project
This is where Raj came in. Raj Rattan is a practitioner based in West Wickham and a dental advisor at Smile-on. Raj was asked by the PCT to devise a local Clinical Governance assessment programme, ensuring that the PCT could have some way of objectively measuring where practices were in terms of CG, what the ideal benchmark was, identifying the gap and helping practices bridge that gap. This was an ambitious project to undertake as Bromley’s patch contains roughly 60 practices.

Raj recalled: “Once the PCT had asked me to come up with a local Clinical Governance programme, I devised a concept that was essentially based on the seven domains which the Health and Safety Executive had set. Each practice would have a scheme in place that measured the involvement of dental staff and patients in the development of the Clinical Governance Programme.”

CGPM was then developed as a partnership between Raj and the team at Bromley PCT (Harry Goldingay - Associate Director Risk, Jill Webb - Assistant Director Primary Care Commissioning & Performance, Emma Wallis - Dental & Ophthalmic Commissioning & Performance Manager and Carol Adeyole - Dental Practice Advisor) and the local practice Smile-on.

“CGPM went live last year. Because they were run as part of the primary care training programme, the PCT has had to work out a strategy to make the process easy and supportive way because we also wanted it to be practical. The PCT then had to ensure that the PCT was doing their bit.”

Of course change is always hard and something on this scale has not come easily. Bromley PCT has had to work out a strategy to make the process easy and attractive for practices including an incentive scheme which offers a payment when practitioners achieve the required level.

“Most of the programmes have now got all of these things lined up and it is beginning to provide the results we wanted.”

With CGPM, Primary Care Trust can dial in and monitor progress, dental professionals can upload the necessary evidence, which the PCT can read before visiting the practice. This then lead to a meeting between the PCT and the company and I was asked to present my Excel ‘product’.”

“What we now have is CGPM, which allows dentists to log on and self assess their CG procedures; PCTs can dial in and monitor progress, dentists can upload their evidence which the PCT can read, which is fantastic.

“The system allows for Bromley dental practices to do. This has been terrific for me as item x was a minor protocol but we also had to develop a clinical policy that we also consulted with the LDC. We also consulted with the LGCD. The PCT told the practices ‘this is what we want you to do’. There was resistance, there’s bound to be, but the majority said ‘ok if this is what we need to do, let’s fund the niche way in which it get done and have a supportive way to do it’.

“The workshops ran over a period of six months at the end of last year. Because they were run in small groups, we used to get the first cohort up to speed then the second group to be visited and so on. So the whole programme was done in a very structured way because we were doing the visit unless they had to be postponed and all at times they had email access to people such as Harry and me to get help.

“This has meant the practice visits can now take no more than an hour for the majority of them; they have all of their paperwork organised, probably less than that. The shorter visits can take around 45 minutes, the longer ones can take up to 2.5 hours.”

It has been a two-year journey for Raj Rattan and Smile-on to get to where they are today. For the PCT, Jill Webb and Harry Goldingay said: “It is delighted that all practices agreed to adopt the CGPM, which enabled all parties to build upon previous efforts and build upon that.”

“We are now working with Smile-on to ensure that every aspect of the system is working smoothly. We shall then move into the next development phases of the system which will be to review the current standards and adapt them, as necessary, in order to support Bromley providers to meet their CQC (Care Quality Commission) Registration requirements in April 2011.”

Raj is deservedly proud of what has been achieved. "This has been terrific: for me personally - I love working on new projects and I always felt where the hard bit of governance was actually doing the gap analysis; also measuring the improvement of practices. How I feel about it as an individual is the picture then finds it hanging on someone’s wall. I think actually seeing it, live and functional, having started to sketch it out literally on the back of an envelope - it’s fantastic.

Personal thanks
“A personal huge thanks to the PCT who gave me the freedom to develop my idea and allowed me the time to develop it properly. This has been a great example of teamwork between practitioners, a PCT and an IT company. Also, I would like to thank the LDC for their support during the rollout and a big thank you to all the practices who worked on clinical governance for their engagement.”