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 CG seminars, and amalgamating 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 in Bromley and a dental advisor to the PCT. He was asked by the PCT to devise a local Clinical Governance assessment programme. He explained 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 Healthcare Commission of the time had identified in the Standards for Better Health document. Following on from that came a list of criteria and a scoring system, which allowed people to self-assess and as well as allowing the PCT to analyse what was going on. It was built all in Excel; the outcome was that it would generate a series of graphs which would show practices where they were in each of the domains and how much each practice still needed to do.”

It was the chance that Raj had finalised his ideas and was looking to roll out the CGP as Bromley’s lead on CG. Harry Goldingay, had spoken to Smile-on, a provider of online Clinical Governance programmes, about a new online CG programme. Raj said: “I gave my presentation on the Excel-based programme I had been working on and Harry commented to me that this is really interesting as what you’ve shown us I think would fit nicely with a call I had this afternoon from both practices and the PCT and programme. This then lead to a meeting between the PCT and the company and I was asked to present my Excel product.”

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 & Orthopaedic Commissioning & Performance Manager and Carol Adelouy - Dental Practice Advisor) and the development team at Smile-on.

The development costs were shared between Smile-on and the PCT and the PCT then bought licences for all Bromley practices. The aim was to make the programme easy to use for both practices and the PCT, and make the requirements for each domain clear so that practices were informed about what they needed to comply with. Raj said: “There were two things I think that made our programme different at that time. One is that all the scoring rules against our pre-defined criteria but we also weighted the criteria. For example, if a practice hadn’t scored against item x, then we could say that we weren’t as bothered as item x was a minor protocol (eg the placing of a Health & Safety poster) that the practice could easily sort themselves. It’s important, but not as important as say not taking a medical history for a patient. So by having the criteria and weighing them we were able to get a score. Following feedback we then did some joint work on what is now called CGPM. The static product in the Clinical Governance CD was already in existence, so my work with the PCT on my spreadsheet was the bridge between what Smile-on had and what Bromley PCT wanted to do.”

What we now have is CGPM, which allows dentists to log on and see the practice against the CGP, and make the processes that dentists can upload their evidence which the PCT can read, which is fantastic.

“Then when happens, and again I think this is quite unique, is the practice uploads all the relevant evidence to the online system, the PCT looks at it and then when the PCT comes round to do your CG practice visit they’ve already seen your evidence. So, a dental advisor will do the visit and say ‘I see you’ve already uploaded your infection control policy and I think it’s really interesting, can you show us in the surgery how that works?’”

Getting the picture
Raj added: “From the touch of a few buttons the PCT can get an overview of what is happening in an individual practice in Bromley, they can also aggregate. Where we are now is every practice in Bromley has completed the online assessment, and all will have been visited by the end of March 2010 – that’s approximately 60 practices.”

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 practices achieve the required level. Raj commented that there had been some resistance to CGPM, but that it was a common occurrence when change of this scale happened. “What was very interesting was there was a number of people who originally said this is more paperwork - this is more admin.”

“The workshops ran over a period of six months at the end of last year. Because they were run in small groups, what we did was get the first cohort up to speed then they were the first group to be visited, then the second were the second to be visited and so on. So the whole programme was done in a very structured and supportive way because there wasn’t manageability. This then is the visit unless they had been to the workshop. And also at all 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. Now when the visit is complete we then 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 and Smile-on to get to where they are today. For the PCT, Jill Webb and Harry Goldingay said: “The PCT is delighted that all practices agreed to adopt the CGP, which enabled all partners to build on previous work. We shall then move into the next development phase of the system which will be reviewed the current standards and adapt them, as necessary, in order to support Bromley providers to meet their QCC (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 probably is the same as a practice. Is it what we planned? It’s our picture then finds it hanging on someone’s wall. I think actually seeing it, live and functionally, 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, the pilot sites in the Bromley area were working remotely which saved time - we had no more than five face-to-face meetings.

“Finally, I’d like to acknowledge the pilot practices - their input was invaluable in the development of CGPM. I’d also like to acknowledge The LDC for their support during the rollout and a big thank you to all the practices who have supported Bromley for their engagement.”