And all from the back of an envelope!

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 an Excel-based programme, about a new online Clinical Governance (CG) system, that allowed people to self-assess. It was all built in Excel; the output was a spreadsheet which allowed people to self-assess as well as allowing the PCT to analyse what was going on. It was all built in Excel; the output was a spreadsheet which allowed people to self-assess as well as allowing the PCT to analyse what was going on. It was all built in Excel; the output was a spreadsheet which allowed people to self-assess as well as allowing the PCT to analyse what was going on. It was all built in Excel; the output was a spreadsheet which allowed people to self-assess as well as allowing the PCT to analyse what was going on.

Ambitious project

This is where Raj came in. Raj Rattan is a practitioner based in West Wickham and a good friend of mine. He had asked me to devise a local Clinical Governance assessment programme whereby people could upload their evidence which 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 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 as well as allowing the PCT to analyse what was going on. It was all built 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 scheduled to present them to 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.

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 Adeloye - 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 we aged scored our practices against well-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 score (eg the placing of a Health & Safety poster) that the practice could easily sort itself. It’s important, but not as important as say not taking a medical history for a patient. So by having the criteria and weighting them we were able to get a score. Following feedback we then did some joint work on what is now called CGPM. The State Practices were in the Clinical Governance CD was already in use, 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 assess their CG procedures; PCTs can log in and monitor, dentists can upload their evidence which the PCT can read, which is fantastic.”

“Then what 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 a picture 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 had to have the first cohort up to speed then they were the first group to be visited, then the second group and so on. So the whole programme was done in a very structured and supportive way because there was a lot of change being done, 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.

“My idea was that this is the nicest way in which to get it all 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, what we did was get the first cohort up to speed then they were the first group to be visited, then the second group and so on. So the whole programme was done in a very structured and supportive way because there was a lot of change being done, 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.

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“Ok if this is what we need to do, let’s find the nicest way in which to get it done’

“Before the programme was rolled out it was piloted on four pilot sites in the Bromley area. This allowed the development team to assess the usability of the system and gather feedback from real users who made themselves available as ‘guinea pigs’ to see if it worked. After these pilots, changes were made to refine procedures and make the system more user friendly for both practices and the PCT.

Hands-on workshops

In an effort to make it easier for practices, the PCT organised a series of workshops with groups of 12-15 attending; booking a local college to enable everybody to access a computer workstation so they could log on to the system and try it out. Raj said: “We had originally arranged a series of workshops discussing the Clinical Governance CD. When CGPM went live, we ran another series of workshops. Before we introduced CGPM we went to a lot of trouble to engage with dentists throughout the programme; we also consulted with the LDC. The PCT told the practices ‘this is what we want to do’. There was resistance, there’s bound to be, 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 CGPM, which enabled all parties to build upon previous efforts to improve primary dental clinical governance. Whilst the development of the system was very time intensive, it is beginning to provide the PCT with an important platform for assuring its Board about the quality of primary care services in Bromley. 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 phase of the project 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 when 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 the same as a patient, when you upload your evidence which the PCT can read, which is fantastic. 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 when 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 the same as a patient, when you upload your evidence which the PCT can read, which is fantastic.

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