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 as say not taking a medi- cation. He was approached by the PCT on my spreadsheet was nicely with a call I had this after- noon from the PCT with their programme. This then lead to a meeting between the PCT and the company and I was asked to present my Excel ‘product’.

Raj recalled: “Once the PCT had asked me to come up with a local Clinical Governance pro- gramme, I devised a concept that was essentially based on the seven domains which the Health- care Commission of the time had identified in the Standards for Better Health document. Follow- ing on from that came a list of criteria and a scoring system, which allowed people to self-as- sess as well as allowing the PCT to analyse what was going on. It was all built in Excel; the out- come 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 by chance that Raj had finalised his ideas and was scheduled to present them to the PCT as Bromley’s lead on CG, Harry Goldingay, had spoken to Smile-on, a provider of on- line training and distance learning pro- grammes, 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 ‘this is really interesting as what you’ve shown us I think I would fit nicely with a call I had this after- noon from the PCT with their 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 Di- rector Risk, Jill Webb - Assistant Director Primary Care Commis- sioning & Performance, Emma Wallis - Dental & Ophthalmic 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 the PCT and the practice, 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 gave scores to the practices against well-defined criteria but we also weighted the criteria. For exam- ple, 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 critical (eg the placing of a Health & Safety poster) that the practice could easily sort themselves. It’s important, but not as impor- tant as say not taking a medi- cal history for a patient. So by having the criteria and weigh- ing 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.

“Then what we now have is CGPM, which allows dentists to log on and see their CG score. PCTs can log in and monitor progress, 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 programme uploads all the rel- evant evidence to the online sys- tem, 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 vis- it and say ‘I see you’ve already uploaded your infection control policy and I think it’s really interest- ing, 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 hap- pening in an individual practice in Bromley, they can also aggreg- ate. Where we are now is every practice in Bromley has complet- ed the online assessment, and all will have been visited by the end of March 2010 – that’s approxi- mately 60 practices.”

Of course change is always hard and something on this scale has not come easily. Bromley PCT had to work out a strat- egy 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 hap- pened. “What was very interesting were the same number of people who originally said ‘this is more paperwork - this is more admin’.

“The interesting thing was af- ter having completed the process these same people were saying ‘you know what, now that I’ve done it I’m really glad I did as I am now more comfortable that I have now got all of these things in place’. It allows practices to comply with the contract and meets the PCT’s agenda.”

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 even more user-friendly for both prac- tices 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 lo- cal college to enable everybody to access a computer worksta- tion so they could log on to the system and try it out. Raj said: “We had originally put a se- ries 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 den- tists 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, but the majority said ‘ok if this is what we’re doing, let’s find the nice way in which to get it 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 running 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 to be visited and so on. So the whole programme was done in a very structured and supportive way because there was an incentive to do 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. Wherever we have all of their paperwork organised, probably less than that. The shorter visits can take around 45 minutes, the longest ones can take up to 2.5 hours.”

With CGPM, Primary Care Teams can upload and monitor progress, dental professionals can upload the necessary evidence, which the PCT can read before visiting the practice.

It has been a two-year jour- ney 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 practices to build upon previous work in clinical dental governance. Whilst the development of the system was very time intensive, it is beginning to provide the PCT with an important plat- form for assuring its Board about the quality of primary dental care in Bromley. We are now working with Smile-on to ensure that every aspect of the system is working smooth- ly. 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 Qual- ity Commission) Registration re- quirements 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 govern- ance was actually doing the gap analysis; also measuring the improvement of practices. How I feel about it is as an individu- al is probably the same as a patient, however, once we have a really nice picture then it hangs on someone’s wall. I think actually seeing it, live and func- tional, 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 pro- perly. This has been a great ex- ample of teamwork between practitioners, a PCT and an IT company. Also the programme was done remotely which saved time - we had no more than five face- to-face meetings.

“Finally, I’d like to ack- nowledge 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 everyone at Bromley for their engagement!”