

Leading effective and
sustainable Quality
Improvement within a
Primary Care Network:
A How To Guide



Royal College of
General Practitioners

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Peer review meetings checklist

It is important to take some time ahead of a peer review meeting to plan how to deliver the meeting and what you want to achieve from it. This checklist of key steps is designed to help you do this.

Choose the right format and set clear rules.

- When meeting online select a platform familiar to participants and make it clear how you want them to participate (e.g. all cameras on, mute when not speaking, requesting to speak via raise hand function).
- Identify key meeting roles (e.g. chair, recorder, timekeeper, facilitator) and ensure they are allocated to participants.

Ensure that everyone has a voice.

- Have you included key stakeholders? Think about why you are inviting each participant, and make sure they have the knowledge and support to participate in a meaningful way. This is particularly important for patient and public participants.
- Send meeting agenda and papers to participants in advance so that they can prepare properly for the meeting.
- Consider using small break out groups to build relationships and confidence.

Set clear and realistic goals.

Focus on what it is possible to achieve during the meeting and beyond it. It is good to be ambitious, but be conscious of the other calls on participants' time. If the goals are too demanding, enthusiasm and commitment will soon ebb away.

Think about how:

- your goals will be delivered, and:
- progress will be measured.

Make sure the right data is available.

To fully understand a problem, you need to look at it through the widest possible lens, before trying to tackle it.

- Have you used a mix of qualitative as well as quantitative data, to bring in perspectives from a diverse range of people and settings?

- Think about how best to share and present these data with participants so that it can be used to inform your discussions e.g. who will be involved or effected by any changes (stakeholder analyses), how the work usually gets done (process diagrams), baseline data and the impact of any previous/future change interventions (audit data and annotated run charts) and questionnaire results (staff satisfaction, patient satisfaction etc).

Focus on creating trust and respect.

To get the most from meetings, participants need to listen carefully and respectfully to the views of others and value their respective experiences and expertise.

- Ask questions and seek reflections from others in order to involve everyone and create an effective dialogue.
- Provide measured feedback that builds on the points on which you agree, to create trust and a positive meeting environment.

Encourage learning from experience.

Participants should be encouraged to share their experiences. Identify and discuss:

- what has not worked as planned
- examples of success.

Barriers to and facilitators of success.

Take the time to identify and reflect on the learning from these experiences, and think about how this learning can be shared more widely to inform future improvement interventions.

Identify priorities for action and next steps.

End each meeting having:

- set clear action plans that identify the next easiest steps
- ensured that participants know who is responsible for delivering them
- prioritised feasible completion dates
- taken a few minutes at the end to ask participants what they think worked well in the meeting, and what they'd like to see done differently.

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Introduction

About this guide

This guide describes how to plan, deliver and sustain Quality Improvement (QI) across Primary Care Networks (PCNs). Drawing on learning from across primary care and the wider NHS, it sets out the skills, behaviours and actions that underpin successful QI interventions. It also offers practical tips on how to lead and manage improvement, as well as links to supportive resources.

Who is this guide for?

This guide is primarily aimed at those involved in leading PCNs. However, the description of the skills, behaviours and actions needed to deliver QI interventions will be of interest to anyone connected to PCNs who wants to get involved in QI. QI is a team activity and works best when people from a range of professional backgrounds, and, of course, patients, collaborate to tackle the quality challenges that matter most to them.. Furthermore, anyone can lead a QI activity: enthusiasm, commitment, and relevant expertise are what count, not their level of seniority.

What does this guide add?

There are lots of training resources to develop an individual's QI skills. How these skills can be effectively and efficiently used within Primary Care is less clear. PCNs offer an opportunity to work collaboratively, share knowledge, skills and passion to change how care is organised and experienced by staff and patients. This guide outlines how you can maximise efficient QI collaboration within your network.

Where you are at on your PCN improvement journey?

In planning an improvement activity, it is important to take stock of what skills, expertise and support you will need at each step of the journey. It is also useful to think about the challenges you might encounter, and what opportunities you could utilise. Figure 1 below, which summarises the steps involved in an improvement journey, can be used to help you plan and refine your approach to improvement. These steps are explored in greater detail in sections 3-7 of this guide.



Figure 1: The steps of the PCN improvement journey

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How can your network get the most impact from collaborative quality improvement?

You have specialist knowledge of local needs, strategic priorities, and network members' expertise. This puts you in a unique position to bring these people together to improve care efficiently. Wherever possible

- 1) Look for opportunities to coordinate QI initiatives.
- 2) Capitalise on clinical knowledge and QI skills.
- 3) Learn from those doing well.

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Leading collaborative Quality Improvement activities

You have a vital role to galvanise, support and align effective improvement activity within your network. Make the most of team members from different practices (including clinical, administrative, and additional workforce members) to undertake QI. Collaborative working across practices will support everyone to meet the contractual arrangements outlined in the Primary Care Network directed enhanced service (DES) and the QOF QI domains. Here are five things to consider when thinking about how to effectively lead PCN QI:

3.1. Create a shared improvement ambition:

Fostering a sense of shared QI purpose across your network can help to encourage collaborative improvement activities that span the system and promote the sharing of learning from improvement. To feel authentic to people in all parts and at all levels of the system, you need to be aware of the improvement culture and history of each practice in the network. Working together take the time to listen to the aspirations of staff and patients; this will help to build your understanding and add to improvement efforts' value and authenticity.

3.2. Instil a culture of learning:

An improvement culture that enables people to give their best because they feel listened to, valued and supported, is vital. We know that teams are more likely to think creatively and try new things when they feel a sense of psychological safety. This comes when there is a culture of learning in place, rather than one of blame, and when the responsibility for initiating and leading improvement is distributed across the organisation, and not vested in the hands of a few senior leaders. A positive attitude to diversity and inclusion, so that improvement is shaped by a representative range of voices and perspectives from within the community, is equally important.

3.3. Protect time for improvement:

It is important to consider the extent and pace of improvement that can be delivered. Time is needed to

identify, prioritise, plan and deliver improvement(s). In time-pressured clinical environments, it can be hard for practice staff to switch gear and realise the importance of planning (prior to thinking about implementing solutions). Remove the pressure to get started and demonstrate impact. Taking time to identify the smallest change most likely to have impact, will be more efficient. Regularly reinforce the importance of effective preparation and engagement to understand why current processes are not optimal; and what the easiest and most impactful next step to be tested should be. Identify opportunities to carve out time away from clinical, administrative and management duties so that improvers can meet at relevant points on their improvement journey to plan and reflect.

3.4. Developing capability:

While awareness of QI methods and tools is growing in primary care and the wider NHS, it's still the case that a majority of practice staff have little or no experience in using common improvement methods, such as Plan Do Study Act (PDSA) cycles. As well as signposting them to external resources and training, identify existing improvement expertise within the system and finding ways to share it with practices with limited improvement experience. There may also be an opportunity to strengthen improvement capability by organising shared training.

3.5. Connecting and aligning improvement interventions:

Spotting connections between different improvement interventions, both within and beyond their local system, and the opportunities they present for collaboration and joint learning is important. Equally necessary is the ability to address interventions that may be out of step with local strategies or lead to variations in care that may have safety or equity implications.

The core dimensions of leadership behaviour are described in detail in the Healthcare Leadership Model developed by the NHS Leadership Academy considering each of these aspects can help with the planning and delivery of collaborative improvement activities.

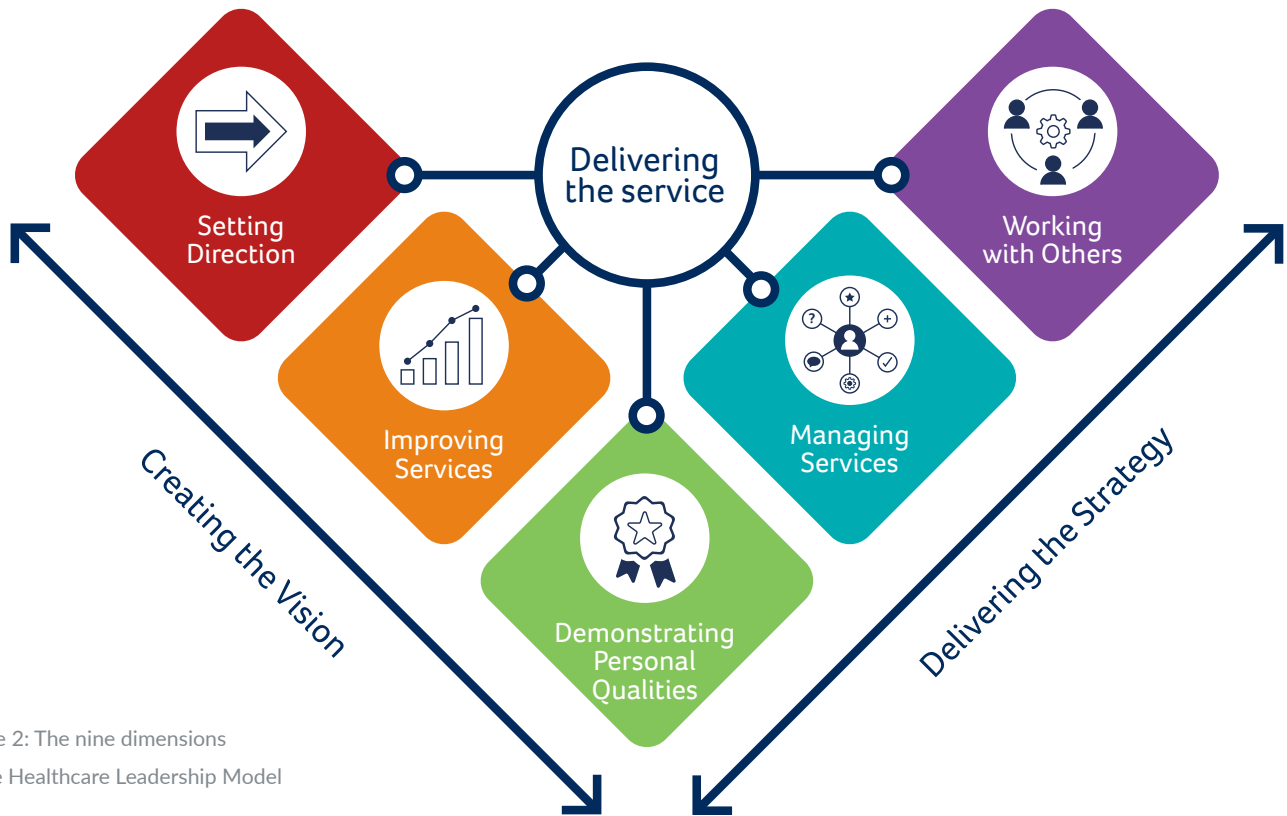


Figure 2: The nine dimensions of the Healthcare Leadership Model

4 Harness the expertise across the network

To effectively and efficiently lead population health improvement in your network you need to assemble a core team to share this responsibility and deliver improvements. Identify what you ‘know’ and what you ‘don’t know’, but others in different roles do know. To accelerate progress identify:

- Who fully understands the networks current performance data to identify priorities for improvement across the PCN or within individual practices?
- Who has the specialist clinical knowledge of the areas outlined in DES and QOF QI domains to inform improvements?
- Who has previously undertaken improvement projects or training in QI methods?
- Who can effectively facilitate practice peer review meetings to initiate and sustain improvement?
- Who has the service delivery expertise to identify, adapt or design change interventions such as EHR searches, computerised templates and prompts?
- Those with relevant skills needed for effective improvement (Figure 2)



Figure 3: Adapted improvement skills pyramid (visit the [website](#) for a full version) Adapted from an image in *Skilled for Improvement?* published by the Health Foundation

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Identifying where there is room for collaborative improvement

5.1. Convey why everyone should act now:

As well as being clear about why you're trying to improve something, you also have to think about why it matters now. At any one time there are lots of priorities for improvement in primary care. So what is it about this problem that means you need to act now? What evidence do you have to show that it's urgent and important? If you can convince people of the necessity for action, they are more likely to 'buy into it' and find the time to get involved and go the extra mile to make it work.

5.2. Use data to identify higher and lower achievers.

Capitalise on what is working well that may be possible to scale efficiently across the network. Identify practices who need specific support to do things differently.

- Where possible review existing population data (e.g. [Atlas of Variation](#)) or use local public health profiles (ask your CCG / local public health team to provide them if they don't already)
- Next, identify where there is a need to collect or share 'current' or 'practice-specific' data?
- Where can you source ready-made computerised searches to collect patient-specific data?
- Who has the skills to adapt or develop patient-identifiable searches?

5.3. Engaging the right skills and expertise in improvement prior to meeting enable practices to explore the area for improvement:

Use practice achievement data to inform which practice(s) are doing well, and which practices should be supported to improve. Ask each practice to:

- Create a brief flowchart showing how this work is undertaken by each staff member.
- Can those doing well identify resources (e.g. patient searches, computerised prompts, templates or patient resources) that could be implemented across the network?
- Can those who need support identify areas of frustration or duplication?

5.4. Build a coalition of support:

Who is best placed to influence each of the professional groups and patients whose support you need to get the idea off the ground? And remember it isn't always the most senior person who's best equipped to help. Having

the support of senior, experienced staff is vital, not least in terms of unlocking access to any resources needed or resolving any teething issues. But as well as people with the right seniority to support improvement work and change, you want people with the right 'influencing skills', such as the ability to 'read others' and work out what will - and what won't - convince them to back the idea. And these skills exist at every level of primary care system. It's important not to rush this engagement work. Time spent at the start in building a coalition of supporters, will almost certainly save you lots more time further down the line.

5.5. Use existing meetings:

Such as PCN board meetings or locality based CPD events. You need to balance the pressures on staff's time with providing sufficient headspace to reflect, get to know each other, create ideas and make plans.

Some may use phone or e-mail to get things started and maintain momentum. If appropriate and following all relevant (Covid-19) guidelines consider whether meeting face-to-face or online would work best once you have considered the people who need to come together to improve, what will work best for individuals in your team and how well they know each other.

5.6. Consider who should attend each session to ensure the right mix of skills and expertise:

- Specialist clinical knowledge
- Systems and service delivery experience
- Improvement methodology expertise
- Patient experience
- Knowledge of effective interventions to change practice

Regularly review who else could support the improvement work: focus on who you could ask to support the team, who is already working to address this topic or a related type of behaviour. Consider the different skills and expertise the team needs, and how to get these people to share the work. Think about the relevance of different types of professional, administrative and management role and the patients likely to be affected by the intervention. Engage with those in leadership positions when official approvals to change are required. A useful model to help you think about the behaviours and skills needed within the team to sustain an improvement intervention is Bill Lucas's Habits of Improvers model.

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Facilitating improvement sessions

In the context of COVID-19 there are many more options for how, when and how often to meet (e.g. Microsoft Teams, Zoom, Google Meet).

6.1. When meeting online:

- Identify what platform(s) are available, what are your members most familiar with (e.g. Microsoft Teams, Zoom, Google Meet or others)?
- Make it clear how you would like everyone to show up (e.g. all cameras on)
- Provide guidance on how you wish everyone to participate (e.g. mute whilst others are talking, raise hands on the task bar to ask questions or respond, use the conversation box to provide content on a one-to-one or group basis).
- Indicate likes/dislikes or pace too fast/too slow using taskbar icons
- Consider break-out rooms if technology allows (e.g. MS Teams or Zoom)

6.2. Ensure improvement teams are built on trust and mutual respect:

The way in which improvement team members relate to each other and work together has a vital bearing on the success of the intervention. Treating each other with respect, listening carefully to views of others, trusting each other, and valuing everyone's ideas, regardless of their position or level of experience, are all behaviours that can help the team to gel and get the best out of people. Equally important is a willingness to learn in partnership with others and a sense of humility, founded on an awareness that no single person has the skills and experience to solve a problem on their own. Other vital attributes are the ability to ask questions clearly and frequently, and to share your own knowledge and thoughts in a focused and timely fashion: these 'teaming' skills will help to ensure that the team is able to interact effectively from the off and make the most efficient use of what time it is able to spend together.

6.3. Set realistic goals:

Think about what realistic improvement targets would be in the time available for each practice. It's important to stretch practices, but the team's energy and motivation will soon melt away if the targets are too demanding in terms of time and resources, or require changes that lie outside the control of those involved. Identifying some 'early wins' to build confidence within the team and with other stakeholders can be very useful and build motivation to progress.

6.4. Sequence and prioritise agenda items during peer review meetings

- Use [assertive inquiry](#) to both give advice (advocate) and actively listen (enquire) to all attending.
- Focus on developing a culture of problem solving. It's important to look at a problem through the widest possible lens. As well as analysing data that's most directly relevant to the problem, look at other related data sets that could give you a different perspective and provide you with a more nuanced understanding of the problem. Exploring these 'neighbouring possibilities' is, as [Stuart Kauffman](#) described, key to the successful development of new ideas. Generate a rapid but long list by asking everyone to generate ideas in the form of 'we could do this, and this...'. Take time to identify the single easiest action that could make a difference and start there.
- Share experiences of what has worked and what hasn't worked.
- Set clear priorities for action.
- When agreeing actions – record What, By When, By Whom?
- Sequence and prioritise agenda items during peer review meetings

6.5. Consider what needs to be done next?

- Did it work? If so, Adopt.
- Did you have problems? If so, Adapt.
- Did it go wrong? If so, Abandon and learn from the setback and decide how to act going forward.



Figure 4: The Habits of Improvers
Image from the [Habits of an Improver](#),
published by the Health Foundation

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Celebrate the progress that you are making together.

7.1. Celebrate success:

As well as taking time to learn from setbacks, it's important that the team pauses to acknowledge and celebrate progress and moments of success. Marking success is not just about building confidence and morale. It's also about highlighting the expertise and experience that team members gain from taking part in improvement, such as leadership, problem solving and relational skills, all of which will stand them in good stead in other aspects of their job and their career development.

7.2. Collate examples of the important work:

Continually remind everyone of the progress being made e.g. PCN QI newsletter or WhatsApp group. Use this ['Done' wall](#) (or newsletter or presentation) suggested by Scott Belsky to showcase what has been achieved and motivate others to make similar progress.

7.3. Maintain a culture of improvement:

Initiating improvements can require time, patience, persistence and skill. Finding those who are passionate (or frustrated) and harnessing their energy to improve can allow simple changes to have great effect. Keeping momentum going in the following weeks and months,

while maintaining your own enthusiasm and commitment, may be demanding given competing pressures.

7.4. Expect uncertainty and risk:

The path of every improvement intervention is littered with obstacles, some of which are predictable, others less so. Sometimes the full complexity of the solution required only becomes clear when a project is well underway. This means that an ability to tolerate uncertainty and ambiguity is a key skill for any improver. Another is a willingness to take reasonable risks as new possibilities emerge, and the best one to pursue is hard to identify. It's important to weigh any such risks against their potential impact on safety, but it's also worth remembering that avoiding or delaying a decision can pose the greatest risk of all to patients.

7.5. Resilience is crucial:

The uncertainty and unpredictability of improvement means that not everything you do will go as planned. On occasion it might feel that you are going backwards rather than forwards. It's important to respond in the right way to setbacks. Seeing them as an inevitable part of the improvement process and factoring in enough time to learn from them and to use that knowledge to strengthen the intervention is critical. Remaining optimistic about what you can still achieve, particularly if you are an improvement leader, will also help the team to stay positive and resilient in the face of temporary adversity.

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Supportive resources

- [NHS Leadership framework](#)
- [Skilled for improvement](#)
- [The habits of an improver](#)
- [Caring to change: How compassionate leadership can stimulate innovation in healthcare](#)
- [Quality improvement in general practice: What do GPs and Practice Managers think?](#)
- [The three pillars of a teaming culture](#)
- [NICE Into Practice Guide](#)

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