Evaluation of RCGP Peer Support Programme for Practices in Special Measures
2014-2017

Executive Summary

- The RCGP Peer Support Programme has been a highly successful collaborative project with NHS England.
- 138 practices that entered special measures from October 2014 to October 2017 received RCGP support.
- 87% of supported and re-inspected RCGP practices improved their CQC rating and 80% exited special measures. These results compare very favourably with the CQC’s own data on outcomes for practices in special measures.
- Significantly fewer practices supported by the RCGP were closed following re-inspection (0%), compared to practices that did not receive RCGP support (15%).
- Practice satisfaction with the RCGP service was very high. 100% of practices who responded to the end of service questionnaire had their expectations fully or partially met.
- An average expenditure of £4,854.47 per re-inspected practice represents excellent value for money.
- The most common root causes for a practice entering special measures identified in the interim evaluation of the RCGP Peer Support Programme were: inadequate clinical leadership, inadequate practice management and professional isolation.
- Practice insight and engagement with the root causes of their difficulties were key to a successful RCGP outcome.

Introduction

CQC inspection regime

The Care Quality Commission (CQC) commenced a comprehensive programme of inspection of GP practices in England in October 2014. Their inspection methodology results in the rating of individual practices as outstanding, good, requires improvement or inadequate in five key question areas (safe, effective, caring, responsive, well-led), across six population groups (older people, people with long term conditions, families, children and young people, working age people, people whose circumstances may make them vulnerable, people experiencing poor mental health) and overall.

Practices rated as inadequate overall following inspection are automatically put into special measures, as are practices who are rated as inadequate in one or more key questions or population groups in two successive inspections. Practices placed in special measures are usually re-inspected within six months with the expectation that they will improve. To exit special measures practices must achieve an overall rating of requires improvement or better. If a practice remains rated as inadequate the CQC can take action under their enforcement policy that may result in the cancellation of their registration.
The RCGP Peer Support Programme

The Department of Health and NHS England commissioned the RCGP to provide a programme offering expert peer advice and support to GP practices that entered special measures between October 2014 and October 2017. The CQC published the outcomes for all GP practices which were placed in special measures during this period and re-inspected by the end of May 2017 in “The State of care in General Practice 2014-2017”. During this period a total of 329 GP practices in England entered special measures. This paper evaluates the impact of the RCGP Peer Support Programme on the outcomes for practices that were placed in special measures between October 2014 and October 2017 and re-inspected by 12 March 2018, and compares the outcomes for RCGP supported and non-RCGP supported practices using available CQC re-inspection data to May 2017.

All practices placed in special measures from October 2014 to October 2017 were eligible for the RCGP Peer Support Programme. Practices were able to self-refer or approach their CCG to commission the service on their behalf. As the programme embedded, the RCGP developed a process for proactively contacting practices who were placed in special measures following the publication of their CQC report.

Each practice who took up the offer of RCGP support was allocated a turnaround budget of £10,000. Initially this was “matched funding”, up to £5,000 funded by the practice and up to £5,000 from NHS England (distributed via Clinical Commissioning Groups [CCGs]). This changed to full funding from NHS England in April 2016, in line with the financial arrangements underpinning practice resilience. All practices who undertook the programme entered Phase One which lasted from enrolment to publication of their re-inspection report. Practices who remained rated as inadequate on re-inspection and had funding still available in their turnaround budget were eligible for Phase Two support up to a second re-inspection.

The RCGP Peer Support Programme is delivered by a multidisciplinary panel of approximately 80 highly trained advisers including GPs, practice nurses / nurse practitioners, practice managers and pharmacists, who can offer support to GP practices across England. The programme provides each practice with a small team of advisers who provide a tailored package of expert professional advice, support and peer mentoring. The advisers act as advocates for the practice with local commissioners (CCGs and NHS England regional teams) and work closely with other providers of primary care support such as Local Medical Committees.

The programme is subject to rigorous quality assurance including: quality assurance of reports and action plans by the programme’s Lead adviser team, annual appraisal of advisers and Lead advisers, and compulsory quality assurance days for the whole panel.

The RCGP observed that practices placed in special measures may be facing several pressing issues, some of which may be unintended consequences of being placed in special measures.

These issues included:

- **Difficulty with staff recruitment and retention**
  Staff morale may be severely impacted by the practice being placed in special measures. In the context of a national primary care workforce crisis, practices placed in special measures may have significant difficulty recruiting and retaining clinical and non-clinical staff.
• **Undue strain on management systems**
  As discussed below, weak clinical leadership and weak practice management are common root causes for a practice being placed in special measures. Being placed in special measures in and of itself generates a significant workload for the practice. This may be caused by responding to CQC warning and compliance notices, NHS England breach notices or requests for information and meetings, in addition to delivering the practice turnaround plan. Small practices may find this to be a particular issue where there are generally less personnel available to deliver the changes required. There is a correlation between practice size and the likelihood of being placed in special measures.²

• **Loss of patient confidence in the service**
  Although individual patients may offer sympathy and support to the practice team, being placed in special measures generally results in a loss of confidence in the service.

• **Increased financial costs**
  The practice may already be struggling financially as there is a correlation between low practice income and the likelihood of being placed in special measures.³ The practice may need to pay a premium to attract suitable staff as well as meeting the costs of an increased workload.

Practices placed in special measures are generally feeling overwhelmed and demoralised when they make initial contact with the RCGP Peer Support Programme. The aim of the programme is to stabilise practices as quickly as possible, build capacity and embed change. Although the duration and type of support provided for each practice is tailored to their individual circumstances, the process usually entails:

• **A scoping visit**
  The RCGP advisers interview as many members of the practice team as possible to identify the root cause of the practice difficulties. The advisers always interview non-clinical members of the team wherever possible, no matter how junior they are, as they often have key intelligence about how the practice operates and suggestions for improvement that they may not have had the opportunity or courage to share before. Talking to the practice team also allows the identification of key personnel to lead on improvements and potential barriers to change.

• **A turnaround plan**
  The RCGP advisers support the practice to develop an action plan to address the CQC concerns ('musts' and 'shoulds'), any additional breach notices issued by NHS England as a result of their inspection, and any other concerns identified by the advisors during their scoping visit.

• **Hands on support**
  The RCGP advisers provide expert professional advice, support and peer mentoring for the practice team as they work on improvements. For example, advice on quality improvement methodology, such as audit, or significant event analysis.
Case Study

A practice of approximately 4000 patients was placed in special measures in 2016, following a CQC inspection which found the practice inadequate overall with:

- ‘Inadequate’ for safe and well led
- ‘Requires Improvement’ for effective and responsive
- Good for caring

and

- Necessitated 7 “must” and 4 “should” improvements

A team of three advisers comprising a Lead Practice Manager, GP and Practice Nurse carried out an initial scoping visit and interviewed all the staff present. The advisor team broadly agreed with the CQC rating. The following key issues were identified:

- Two longstanding partners were approaching retirement, and one admitted having ‘let things slip.’
- Two new partners had been appointed following the CQC visit together with a new and inexperienced Practice Manager.
- The newly appointed Lead Partner had a clear vision for the practice but had limited time and resource to deliver the changes required to get the practice out of special measures and felt overwhelmed.
- The practice did not have clearly defined and effective systems and processes in place. For example, for recalling and reviewing patients with long term conditions.
- Team communication was an issue. Practice staff were loyal but were demoralised by the CQC rating.

The turnaround plan addressed the specific concerns identified by the CQC and focused on:

- Developing the leadership team, particularly through support and mentoring of the practice manager.
- Upskilling staff. For example, ensuring all staff had training in safeguarding adults and children.
- Improving team communication. Regular staff meetings and appraisals were introduced.
- Introducing and embedding a wide range of clearly defined systems, processes and practices.

The advisers also supported preparation for CQC re-inspection including an interactive training session for the practice team.

The CQC re-inspection went well and the immediate feedback was very positive. The practice exited special measures and was rated as good in safe, effective, caring, responsive and overall and requires improvement in well-led.
RCGP Peer Support Programme Outcomes

1) Quantitative outcomes (as of 12 March 2018)

a) Table 1- Scale of the Programme

| Total number of practice enquiries received | 175 |
| Total number of practices supported by the programme | 138 |
| Total number of supported practices where the service has ended | 126 |

*Current live practices 12

*Practices remain live until the publication of their re-inspection report unless they disengage for another reason before this.

b) Table 2- Practices which did not proceed beyond the enquiry stage

<table>
<thead>
<tr>
<th></th>
<th>Matched Funded</th>
<th>Fully Funded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total no of enquiries</td>
<td>127</td>
<td>48</td>
</tr>
<tr>
<td>Total no of practices that did not proceed beyond the enquiry stage</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td>% of practices that did not proceed beyond the enquiry stage</td>
<td>20%</td>
<td>25%</td>
</tr>
</tbody>
</table>

37/175 practices did not proceed beyond the enquiry stage

25/37 were match funded practices

12/37 were fully funded practices

The move from matched funding to full funding does not appear to have improved uptake up of the programme by practices. There is no further information available regarding the characteristics or outcomes for practices who did not proceed beyond the enquiry stage.
c) Practice engagement

10 out of 138 practices have disengaged with the Programme to date before re-inspection, giving a disengagement rate of 7%

Table 3- Reasons given for the ending of the Programme in the 10 practices that were not re-inspected

<table>
<thead>
<tr>
<th>Outcome</th>
<th>No of practices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Early withdrawal by practice</td>
<td>7</td>
</tr>
<tr>
<td>GP retired/resigned</td>
<td>1</td>
</tr>
<tr>
<td>Practice merger</td>
<td>1</td>
</tr>
<tr>
<td>RCGP withdrawal</td>
<td>1</td>
</tr>
</tbody>
</table>

d) Table 4- Outcomes for 116 practices supported by the RCGP Peer Support programme where the service ended with re-inspection by 12 March 2018

<table>
<thead>
<tr>
<th>Rating on re-inspection</th>
<th>Phase 1* Outcomes Nos</th>
<th>Phase 2* Outcomes Nos</th>
<th>Combined Phase 1 &amp; 2 Outcomes Nos***</th>
<th>Combined Phase 1 &amp; 2 Outcomes %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>59</td>
<td>1</td>
<td>60</td>
<td>52.%</td>
</tr>
<tr>
<td>Requires improvement but out of SM</td>
<td>32</td>
<td>1</td>
<td>33</td>
<td>28.%</td>
</tr>
<tr>
<td>Requires improvement but stays in SM</td>
<td>10</td>
<td>0</td>
<td>8</td>
<td>7%</td>
</tr>
<tr>
<td>Inadequate</td>
<td>15</td>
<td>0</td>
<td>14</td>
<td>12%</td>
</tr>
<tr>
<td>Emergency closure</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1%</td>
</tr>
<tr>
<td>Notice of closure</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0%</td>
</tr>
</tbody>
</table>

*Phase 1 support from enrolment to first re-inspection
**Phase 2 support from first re-inspection to second re-inspection
*** 4/116 practices had a second re-inspection

In summary 87% of re-inspected practices improved their rating overall and 80% of practices exited special measures
Table 5- Comparison with CQC Special Measures data (194 practices re-inspected by the end of May 17)

<table>
<thead>
<tr>
<th>Non-RCGP (129 practices re-inspected and not in RCGP scheme by end May 2017)</th>
<th>RCGP (65 practices re-inspected by end May 2017)</th>
<th>Fisher’s Exact Test: P =</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of practices which improved their rating overall</td>
<td>97  75%</td>
<td>58  89%</td>
</tr>
<tr>
<td>% of practices which exited SM</td>
<td>88  68%</td>
<td>50  77%</td>
</tr>
<tr>
<td>% of practices that remained in SM</td>
<td>22  17%</td>
<td>15  23%</td>
</tr>
<tr>
<td>% of practices closed</td>
<td>19  15%</td>
<td>0  0%</td>
</tr>
</tbody>
</table>

This data was subjected to statistical analysis using Fisher’s Exact Test (2 tailed) with review by an independent psychometrician.

The RCGP supported practices demonstrated a statistically significant improvement in their overall CQC rating compared to non-RCGP supported practices. There was no significant difference between RCGP supported and non-RCGP supported practices in terms of exiting special measures, however there was a highly significant difference in terms of practice closures, with less closures in the RCGP supported practices.

2) Qualitative outcomes

a) Interim Evaluation of RCGP Peer Support Pilot

An interim evaluation of the RCGP Peer Support Pilot was conducted in October 2015, one year into the programme. The evaluation was based on semi-structured interviews with the adviser teams working with the first 13 practices to receive RCGP support. Practices and commissioners were not interviewed as part of the evaluation. A summary of the evaluation is available in Appendix 1.
The three most common root causes of practices going into special measures in this evaluation were identified as:

i) **Inadequate clinical leadership**
   This could reflect a dysfunctional partnership, or the lack of a GP willing, able or present to take on a significant leadership role.

ii) **Inadequate practice management**
   In some cases, there was no practice manager in post, while in others there were issues with capability, supervision and performance management. Practice systems including basic policies and processes such as recruitment and human resources processes, suffer when practice management is inadequate.

iii) **Professional isolation**
   Either internally within the practice, due to limited opportunity for individuals to network with colleagues resulting in silo working, or externally where the practice failed to engage with patients, other practices, commissioners or key stakeholders.

Interpersonal problems or poor communication often contributed to all three areas of difficulty, which were often interrelated. For example, inadequate clinical leadership could result in poor supervision of the practice manager and therefore inadequate practice management.

Other issues that may have compounded practice difficulties included: financial pressures, premises problems (including the burden of managing a branch surgery) and workforce/skills mix issues.

Insight into the root causes of the practices’ difficulties and engagement with remediation were felt to be essential to ensure successful RCGP support. A longer period of RCGP support before re-inspection due to early engagement and support from key stakeholders, particularly from commissioners and the LMC were also felt to be very helpful.

b) **Practice feedback**
   All practices that took up RCGP support were asked to complete an evaluation of the service, following re-inspection via SurveyMonkey. A copy of the survey questions is included in Appendix 2.

The response rate was low. 30 practices out of 116 (26%) re-inspected practices responded. There are a number of potential explanations for this low response rate including:

- Practices who did not exit special measures being less willing to respond
- No consistent process for following up with non-respondents
i) Demographics of respondents

28/30 practices (93%) who responded provided details of their re-inspection rating.

21/28 practices (75%) were rated as good
7/28 practices (25%) were rated as requires improvement
28/28 practices (100%) exited special measures.

![Re-inspection ratings](chart)

ii) Practice satisfaction with RCGP Peer Support Pilot

25/30 practices (83%) had their expectations fully met
5/30 practices (17%) had their expectations partially met
Table 6-Most and least helpful aspects of the programme reported by practices

<table>
<thead>
<tr>
<th>Most helpful aspect of the programme</th>
<th>Least helpful</th>
</tr>
</thead>
</table>
| • Level of expertise/ quality of advice and support  
• Accessibility of support/being hands on  
• Emotional support/advisers were non-judgemental  
• Being positive/offering reassurance  
• Offering an independent viewpoint/critical friend  
• Support of the whole practice team/helping to get the whole team on board  
• Quality of turnaround plans | • Period of support too short  
• Less advice more practical support  
• Practice not able to update the RCGP turnaround plan |

Free text comments were overwhelmingly positive

Example quotes:

“I could not have done it without them”

“Brilliant team of advisers. Very supportive and helpful”

“I would recommend your team to any practice who is unfortunate enough to be put into special measures”

“We were greatly impressed with the calm approach and clear guidance and support from the RCGP advisors to help with the remedial process”
c) Patient perspective

Benefits to patients should ultimately be at the centre of any improvements that practices make to exit special measures. The RCGP Special Measures team conducted a focus group discussion in September 2016 to look at the role of Patient Participation Groups (PPGs) when a practice is placed in special measures. A number of RCGP advisers (primarily practice managers), programme Leads and an independent practice manager consultant were recruited to the focus group, which was facilitated by a GP with experience of supporting practices in special measures and a PPG representative.

Where a PPG already existed, it appeared that the CQC report could act as a catalyst for improvements in its role and functionality by enhancing the practice’s focus on the patient perspective. This could trigger specific PPG actions to support the practice. For example, surveys of the patient viewpoint around areas of concern identified by the CQC.

d) Financial outcomes

The average spend/practice for the 116 practices that were re-inspected was £4,854.47 with a range of £172.34 to £14,510.99

This has been further broken down by re-inspection outcome

<table>
<thead>
<tr>
<th></th>
<th>Good</th>
<th>Inadequate</th>
<th>RI-out of SM</th>
<th>RI-stays in SM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average</td>
<td>£4,753.85</td>
<td>£3,838.44</td>
<td>£5,734.23</td>
<td>£5,043.63</td>
</tr>
<tr>
<td>Highest</td>
<td>£12,265.45</td>
<td>£11,921.41</td>
<td>£13,945.51</td>
<td>£14,510.99</td>
</tr>
<tr>
<td>Lowest</td>
<td>£172.34</td>
<td>£1,427.27</td>
<td>£218.25</td>
<td>£1,589.08</td>
</tr>
</tbody>
</table>

There does not appear to be a correlation between average spend and practice outcome.

An average spend/practice of £4,854.47 is substantially lower than the £10,000 budget allocated/practice. There are a number of potential explanations for this and the wide range of spend/practice including:

- a short period of engagement before CQC re-inspection
- poor engagement of some practices with the turnaround plan preventing significant work from taking place
- advisers under claiming for time spent supporting practices, particularly when documenting the time taken for the associated paperwork and emails

An average spend/practice of £4,854.47 appears to represent excellent value for money.

Discussion

The RCGP Peer Support Programme has supported 138 practices which entered special measures from October 2014-October 17, with a low disengagement rate of 7%. The Programme has successfully enabled 87% of the 116 supported and re-inspected practices to improve their rating and 80% to exit special measures. The RCGP results compare very favourably with the CQC’s own data on outcomes for practices in special measures. The published CQC data for practices re-inspected by May 2017 does not distinguish between
practices that received support from the RCGP programme and those that did not \(^2\), but in our analysis, we have separated the cohorts (Table 5).

Significantly fewer RCGP supported special measures practices were closed following re-inspection compared to the non-RCGP supported practices (Table 5). However, it is difficult to say whether the differential rates of closure are a direct benefit of the RCGP Peer Support Programme or may simply reflect the fact that practices at the more severe end of the special measures spectrum have more difficulty engaging with support of any kind.

The RCGP sets the standards for general practice in the UK and is highly trusted by practices in special measures. This trust and the credibility of RCGP advisers allows them to have difficult conversations with a practice and continue to support them even when it becomes apparent that the ultimate outcome is likely to be a practice closure, change of provider or merger. In a number of cases this has allowed a GP Principal to make a dignified exit from the practice, which in itself may be considered as a successful outcome.

The single most common reason for failure to complete the RCGP Peer Support Programme is lack of engagement or a decision by the practice to withdraw from support. Findings from the interim evaluation suggest that insight, and active engagement by the practice with the Peer Support Programme to address the root causes for their rating is essential for a successful outcome.

There was no increase in practice uptake of the RCGP Peer Support Programme following the introduction of full funding in 2016 which is surprising but suggests that practice finance was not the only consideration for practices in deciding whether or not to engage.

The most prevalent root causes for a practice entering special measures identified in the interim RCGP evaluation were: inadequate clinical leadership, inadequate practice management and professional isolation. These problems may contribute to the development of an unhelpful practice culture, whereby it becomes difficult either for the team to recognise that appropriate standards of care are not being met or to challenge the status quo and successfully deliver the changes necessary to comply with current regulatory standards.

The root causes for practices entering special measures identified in the RCGP Peer Support Programme resonate with the CQC’s findings in the ‘The State of care in General Practice 2014-2017.’ Practices at the other end of the spectrum who deliver outstanding care are identified as:

- Proactively identifying and effectively responding to local needs
- Being innovative
- Sharing learning internally and externally
- Multidisciplinary working
- System-wide engagement
- Thinking strategically and planning ahead

An increased focus on developing clinical leadership in general practice, enhanced training and support for practice managers and support for collaborative working are all areas that the College and NHS England can directly influence.

The practice PPG was identified as a potential source of support for practices in special measures and a potential catalyst for change. Setting up a PPG may not feel like an
immediate priority for practices in special measures but getting patient input into improvement plans is clearly vital.

Practice satisfaction following completion of the Peer Support Programme was high, but the overall survey response rate was low and biased towards practices that had successfully exited special measures. The high quality of the advice and support offered by advisors and their ability to act as a ‘critical friend’ were particularly valued.

An average spend of £4,854.47 per re-inspected practice represents excellent value for money. This lower than expected average spend per practice has allowed the RCGP to work with more practices in special measures than originally planned. For example, the RCGP was able to support 35 practices in special measures between April and October 2017 rather than the 25 originally commissioned.

**Conclusion**

To date, the RCGP Peer Support Programme has been a highly successful collaborative project with NHS England. Not just in terms of supporting practices to improve their CQC rating and exit special measures, but also by providing practices with a degree of stability during a difficult transition period should the outcome be less favourable. This project has enhanced the reputation of the RCGP and NHS England.

**Next Steps**

Following the success of the Peer Support Programme, the RCGP has developed the Practice Support Service to offer bespoke support to any practice that feels it is struggling with the current pressures that general practice is under. The aim is to provide diagnostic assessments and targeted support to practices before they get into serious difficulty. The services provided reflect the findings of the Peer Support Programme evaluation and focus on organisation and leadership, enhancing practice communication internally and externally, workforce and capacity issues, finances, premises and supporting collaborative working. Details of the service are available at [http://www.rcgp.org.uk/policy/rcgp-policy-areas/primary-care-development/practice-support-services.aspx](http://www.rcgp.org.uk/policy/rcgp-policy-areas/primary-care-development/practice-support-services.aspx)

Practices who go into special measures can still receive advice and support through the Practice Support Service. However, practices no longer receive guaranteed funding from NHS England and will need to make a case for funding to local commissioners or self-fund.

Whilst continuing to support individual practices in difficulty the Practice Support team is increasingly being asked to work with groups of practices to help develop clinical networks and resilience within a locality. The RCGP is exploring the possibility of another pilot with NHS England to look at further identifying aspects of practice culture that enhance vulnerability, and the potential for Primary Care Networks to identify and support practices within their locality.
Appendix 1
Interim Evaluation of RCGP Peer Support Pilot Programme for Practices in Special Measures

Appendix 2
RCGP Peer Support End of Service Survey

References

Dr Pauline Foreman
Medical Director: RCGP Practice Support Programme