



Clinical Governance Practice Self Assessment Tool (CGPSAT) 2015/17

Hints and Tips

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Version: Version 3

Status: Final

Intended Audience: General Medical Practices completing the CGPSAT in 2015/17

Purpose and Summary of document:

This short document is for use with the on-line Clinical Governance Practice Self Assessment Tool (CGPSAT) and should be read in conjunction with the Tutorial and the other background information available on the PCOne clinical governance web page.

This document provides hints and tips for

- How to make completion of the CGPSAT a useful experience for your practice team
- How to assess your practice level
- How you might demonstrate the maturity level at which you have assessed your practice (evidence)

and

- An explanation of what a policy should be, in the context of the CGPSAT

Hints and tips for completing the All Wales Clinical Governance Practice Self Assessment Tool (CGPSAT)

The CGPSAT is primarily designed to help practices assess their own systems to ensure safe practice and improve quality of care provision. It also aids practices to run a successful business.

How to make completion of the CGPSAT a useful experience for your practice team

- **Completion as a whole team** will encourage fuller discussion, review and understanding of processes in the practice, encourage wider involvement (and ownership) in development and improve generation of ideas. It does not take away the responsibility of the partners and /or senior staff to give direction and set strategy but it will enable staff to contribute more to the practice and comply with practice policies. Some practices arrange for a Partner and the Practice Manager to complete the tool. This will get the job done quicker but there is unlikely to be so much learning or change arising from that unless there is subsequent full discussion with the rest of the practice team. You may also wish to involve attached staff such as community nurses, social workers. Some practices may consider involving patients.
- **Take your time and reflect.** Do not attempt to complete the tool all in one sitting. You will get better value if you give yourselves time to reflect on the issues. You do not have to complete the matrices in the order in which they appear. You may log in and out as many times as you like as long as you save your work. The CGPSAT will not be counted as completed until you are happy with what you have entered and have pressed 'submit'. Completing the tool should be a practice development activity in itself. Practice Managers have reported that they learnt a lot about practice management and the practice they were working in during completion. There are lots of links to sites to support personal continuing professional development and practice development.
- **Be honest.** It is preferable to assess your practice at a lower level and plan how to improve than to overestimate your level of maturity and have difficulty proving it. Different practices across Wales will be at different levels of development. You will have areas of strength and weakness. You may even find you progress within the year and can mark a different level at the end of the year. Equally, don't be modest. If you have an area of excellence, shout about it and we would hope you may be prepared to share your expertise to help other practices.
- **Make use of the supporting information provided on the PCOne website.** Background documents including a Word version of the full content, a tutorial and checklist which will help you to keep track of the matrices you have completed are provided to help you on the PCQ Clinical governance website.

How to assess your practice level:

The tool is based on a series of maturity matrices. There are 5 progressive levels of activity. We have included a level 0 to ensure all practices respond to every question rather than leaving any blank.

The questions and matrices have been produced by an iterative process involving representatives from primary care, Health Boards, Welsh Government and other interested organisations. Some are based on evidence but most have been produced by

consensus. The pilot versions were consulted on throughout Wales and we welcome further comments to ensure continuing relevance and face validity.

Broadly speaking the levels represent the following hierarchy of delivery, however it should be noted that not all level descriptions will exactly fit in this format:

Level 0	We have not achieved level 1
Level 1	We do some of it (a partial system, reactive, opportunistic)
Level 2	We do it well (ie in a structured way, based on best practice) (a complete system, proactive, planned)
Level 3	We ensure we continue to do it well (ie monitoring, safety netting, review. Plan Do Study Act cycles. audit)
Level 4	We do it consistently and sustainably (we have a formal policy, the whole team takes ownership). We engage with and contribute to our local cluster
Level 5	We strive to do it even better and we share it (Best practice. Working in GP clusters. Local planning). We adopt a leadership role outside our practice and we bring what we learn from our cluster work back into our practice

Progress up the levels is cumulative ie you can only achieve level 2 if you have achieved level 1; you can only achieve level 3 if you have also achieved level 1 and 2. If you think you do 4 but not 3 then you must assess yourself at level 2.

When completing the tool, use the additional information boxes to get clarification or elaboration on the questions.

It is your own assessment of where you feel you are that the tool is looking for. We do not recommend standards where there are no agreed standards. It will be true that different teams will have different views on what constitutes a given level. Health Boards may set standards – you will need to decide if they are acceptable or reasonable.

How might you demonstrate the maturity level at which you have assessed your practice? (evidence)

In the new version of the CGPSAT for 2015 to 2017 you are not required to upload any documentation. However you should consider how you would demonstrate to your Health Board or others, the level at which you have assessed your practice.

The CGPSAT provides suggestions for evidence you might be able to produce to demonstrate how you have achieved the level assessed. Please note that these are examples only and won't be applicable to all practices. It is not expected that you will produce all the examples listed. You may need to negotiate with your Health Board what they wish to see.

We recommend that you should consider at least two pieces of supporting information for each matrix if practicable; so if you feel you achieve Level 3, then two pieces from the ones we have suggested at Level 3 would be ideal. If you are not able to provide two pieces for Level 3 then you could provide one piece from the list at Level 3 and another from those suggested at Levels 1 or 2. The lists we have given are only suggestions and you might feel you have other evidence you could give to show that you are at a particular level, and that would be perfectly acceptable.

The pieces of supporting information suggested may not all be in a form that can be submitted to a third party. Some may only be confirmed by inspection of your premises or

may sit in minutes that are confidential to the practice. Remember at all times not to use patient identifiable information.

Policies

Policies are designed to give consistency. They are valuable even to small practices if designed and used effectively. They state agreed ways of doing things that everyone who works in or is connected to the practice needs to know. You do not need to completely design your own policy. Model policies are often available on primary care websites or from your Health Board. All will need adapting to your particular circumstances.

Policies should be based on best practice. They should be realistic, understandable and monitorable, and kept up to date. They should be readily available to all staff. They can be paper or electronic (there will not be consistency if they remain only in the heads of one or two staff members). There should be regular review – perhaps every three years – occasionally more frequently. When changes are made, it is important to notify all staff involved. Ideally involve as many staff as you can in deciding on changes. It is good practice to get staff to sign and date they have read the policy. Policies should be readable and concise.

A policy should only count for level 4 if it is up to date, relevant to your practice, known by and accessible to all appropriate staff and regularly reviewed.