



Clinical Governance Practice Self Assessment Tool (CGPSAT) 2014/15

Using the CGPSAT for Practice Development, Action Planning and GP Cluster Network Development

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Intended Audience: General Medical Practices completing the CGPSAT in 2014/15

Purpose and Summary of document:

This document is for use with the on-line Clinical Governance Practice Self Assessment Tool (CGPSAT) and should be read in conjunction with GMS contract information, the CGPSAT Tutorial and the other background information available on the PCOne website.

This document provides

- An explanation of the way in which the CGPSAT can be used to help contribute to your Practice Development Plan (PDP) and action plan
- An explanation of the way in which you can use your PDP and action plan to help to inform your local GP Cluster Action Plan as part of the QOF GP Cluster Network Development Domain

1. Introduction

For 2014/15 the GMS contract QOF QP domain has been redesigned into a GP Cluster Network Development domain intended as the first of a three year programme to strengthen the delivery of local health care by encouraging practices to work collaboratively in their local GP clusters.

Collation of information entered in the Clinical Governance Practice Self Assessment Tool (CGPSAT) and included in the Practice Development Plan (PDP) will help inform needs assessment and priorities for development in the GP Cluster Action Plan.

2. Practice Development Planning - Using the CGPSAT to add to your practice development plan

When you have assessed your practice against the matrix levels for any topic in the CGPSAT, you will often identify a need to progress or modify what your practice does. Those needs and any constraints can be specified in the PDP sections of the toolkit.

A PDP area is provided with each matrix. You can enter your practice's key strengths, areas for development and any constraints in each section and these can be amalgamated at the end to produce a single document which can be saved and/or printed for addition to your practice plan.

Please refer to the CGPSAT tutorial for how this can be done. Generating a PDP and looking at themes will help you to gain an overview and understand some of the needs of your practice and your population.

Matrix 2.6 Planning Future Services helps you to take an overall look at your practice maturity in practice development planning.

A checklist of possible optional supporting information that you could provide for validation of your answers is provided in each PDP section as an aide memoire.

3. Action Planning - using your PDP to produce a practice action plan

Action plans help you to prioritise what you need to do to make improvements. They help to ensure that agreed changes are carried out and the outcomes monitored. Improvements are more likely to occur if it is agreed by the practice management team what actions are required and who is responsible for seeing them completed. Your action plans should derive from your PDP and change your PDP into more specific actions to achieve change. Some actions may be identified from other practice activity or from new external requirements, for example contract changes or staff changes. Action plans should prioritise what you need to achieve in the next year- you are unlikely to be able to complete all the development activity you propose in one year.

A good plan will specify your broad aims, for example as identified in the PDP. It will then specify the individual actions intended to meet those aims. These are ideally expressed in SMART terms:

- Specific – a clear statement of what will be done
- Measurable – you will be able to assess the progress you make
- Achievable – you know you will manage to complete the task successfully

- Realistic/Relevant – It is worthwhile, useful
- Timely – you will be able to achieve it in a reasonable timescale.

The plan will show who is responsible for seeing that it is done, when it must be achieved by, the desired outcome so you will know how to recognise it is done and the resources needed (eg money, equipment, and staff)

Aim	Actions	Responsible person	Timescale	Resources	Outcome	Completion date

Also consider how often you will monitor the progress and how you will disseminate the outcome to staff and patients. Sometimes you will need to amend your action plan in the light of changing priorities. Remember to "sign off" an action once completed.

4. CGPSAT and the GMS contract GP Cluster Network Development domain 2014/14

30 points of the new 3 year GP Cluster Network Development domain support practice internal review, reflection and needs assessment by completion of the CGPSAT. Completion of the CGPSAT allows your practice to demonstrate the processes ensuring quality and safety of your patient care and enables you to have a clear PDP on which to build.

If you take part in the QOF domain for 2014/15, it is expected that you complete the CGPSAT and reflect on your PDP, identifying priorities for action. Your PDP, together with information from other sources such as Community Health Council visit reports can then be used to complete the QOF Annex 2 Practice Profile and Development Plan template.

5. GP Cluster Action Plans

Within your GP cluster, as part of the GP Cluster Network Domain of the GMS contract, information from individual PDPs/profiles can be used to help complete a GP Cluster Action plan. A GP Cluster Profile and Action Plan template is provided in Annex 3 of the QOF documentation.

Individual practice PDPs/profiles will form the basis of a discussion at cluster level, together with a review of other data such as Public Health Wales Observatory data on the individual cluster, National Audit findings and discussion of other relevant data in order to form a dynamic action plan. Such discussions should reveal common themes round practice strengths, weaknesses and development needs and will suggest or prompt areas for the cluster to work on both to help constituent practices and the cluster as a whole.

The GP Cluster Action Plan will enable clusters to build on the previous QOF QP work by looking at service delivery provided, areas for cluster practice development and also strategic priorities.

The overall aim is to enthuse, enable, resource and support GP clusters and in so doing improve collaborative working and reduce inequalities in health. However you will not be

forced to merge with others in the cluster, this is something that needs to be a practice decision.

The QOF guidance advises that the following issues be considered:

- Access arrangements - comparison of core access arrangements (including capacity, profiling the normal working week and usage analysis); exploration of aids to access (including telephone arrangements); user experience; the impact of *My Health On-Line* where it is available to practices. The analysis should also consider how practices respond to urgent requests and same day requests from care homes, Welsh Ambulance Services and Hospital emergency departments.
- Actions to foster greater integration of health and social care.
- Consideration of how community resources can be maximised to meet local needs through the more effective use of local resources.
- Consideration of how Third Sector support may be maximised
- Mapping of local GP services to highlight where services are delivered across practices (for example, contraceptive services, minor surgery)
- Consideration of how new approaches to the delivery of primary care might aid service delivery and ensure sustainability of local services. Developments might include new technologies, development of clinical roles, further development of cross referral and increased skill mix
- Consideration of the impact of local care pathway work relating to previous QOF work.

Practices will be required to participate in at least 4 cluster network meetings during the year to review progress of the GP Cluster Action Plan. Discussions should explore common issues and identify priorities for action where this is most effectively delivered at cluster level. The cluster will also wish to identify issues for discussion with the Health Board where action is required at that level. Cluster practices will also be required to develop and agree a GP Cluster Annual Report.

If you have applied for a QOF payment for completion of the CGPSAT in 2014/15 and have completed the CGPSAT in previous years, you should be able to bring some ideas of what you have already done in your practice to your local cluster meetings. This will help both your practice and any practices in your cluster that are new to the process. Even if you have already completed the full CGPSAT in the past you are expected to review your answers and adjust your level if appropriate this year to obtain entitlement for the QOF payment. You are not at this stage expected to demonstrate achievement of any set (matrix) level or show improvement year or year. However it is to be hoped that practice will nevertheless aim to improve. Some improvement is likely to be required in future years. Emerging GMS contract guidance and forthcoming GPC Wales/CPD Road shows will provide more information.