Good Practice Guide Appendices Appendix 21

Primary Care Cluster Quality Assurance Mechanisms

Cluster mechanisms for quality assurance may include a combination of internal and external mechanisms to ensure that primary care clusters, Health Boards, health and social care partnerships are able to understand and review the quality of care, driving quality within primary care clusters. Clusters are therefore a means of establishing peer-led, values driven quality improvement activity with a focus on both practice-based (internal) quality and contribution to system-based (external) quality.

It is important for quality assurance systems to allow for local flexibility, using evidence to identify local clinical and social priorities, and to promote proper engagement with local communities about their priorities and experiences in relation to cluster working. A more equal partnership with service users in decisions relating to their care is essential for cluster teams, with a stronger emphasis on shared decision-making and on conversations that establish what is important to individuals, their families and carers. There should be recognition that developing the generalist approach is essential for the future of high quality care in primary care clusters.

Assurance mechanisms must be designed to strengthen health and social care partnerships and facilitate key leadership roles within cluster teams, shaping and monitoring the quality of services provided by those partnerships.

Quality Framework

A quality framework for clusters should provide assurance on the standards for patient care provision and incorporate systems and processes for quality planning, improvement and control. The guidance *Safe Care, Compassionate Care* is a National Governance Framework published by Welsh Government that sets out the vision and quality assurance system for high quality care in NHS Wales to ensure our systems:

• Provide the highest possible quality and excellent patient experience
• Improve health outcomes and helping reduce inequalities
• Achieve high value from all services

The Quality Assurance System is represented diagrammatically below.

Quality Planning

Quality Planning is a structured process for designing and organising services that meet new goals and ensure that patient needs are met. There are various steps for cluster teams to follow in planning service improvements:
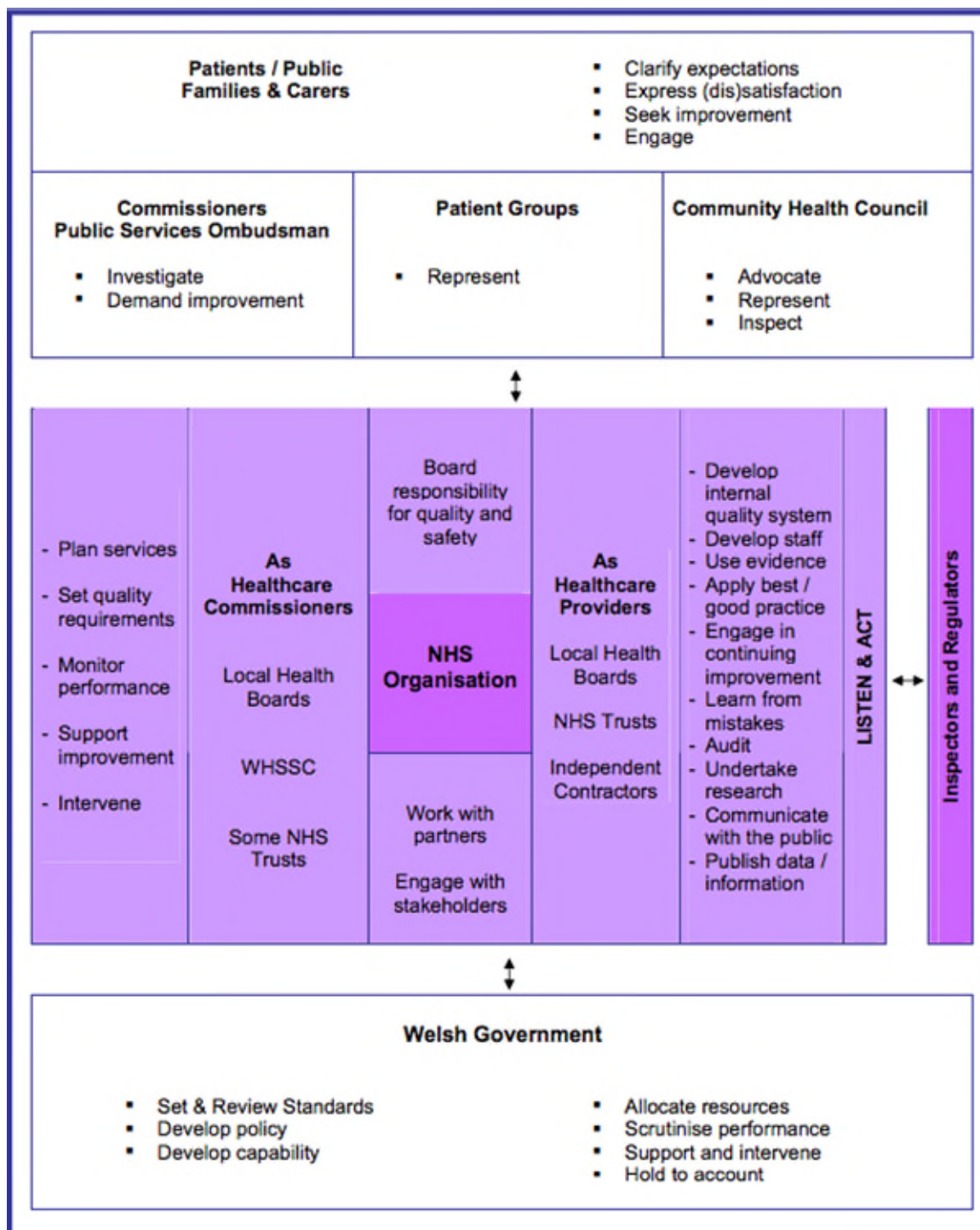
- Identify service user and carer needs
- Define the population
- Agree the aim of the project / programme
- Develop a process to meet the identified needs
- Implement the plans
- Undertake checks to ensure that the aim is met

The following are essential for quality planning within clusters:

- Population needs assessment
- Patient and public involvement / engagement
- Integration across stakeholders, agreeing joint planning priorities
- Robust data
- Access to data analysis skills
- Project / programme plans
- Robust financial planning, ensuring value for money
- Sharing and utilising experiences

Cluster plans are fundamental elements within the annual review of the IMTP process. The evaluation and outcomes of cluster based projects are therefore critical, with transparent decisions made on which projects warrant consideration of sustainable funding and inclusion as 'core business' within the Health Board. Projects and business cases approved will be considered for inclusion in the funding priorities for the subsequent IMTP.

The Quality Assurance System for NHS Wales

Patients / Public Families & Carers

- Clarify expectations
- Express (dis)satisfaction
- Seek improvement
- Engage

Commissioners Public Services Ombudsman	Patient Groups	Community Health Council
- Investigate - Demand improvement	- Represent	- Advocate - Represent - Inspect

NHS Organisation

- Plan services
- Set quality requirements
- Monitor performance
- Support improvement
- Intervene

As Healthcare Commissioners

Local Health Boards

WHSSC

Some NHS Trusts

Board responsibility for quality and safety

Work with partners

Engage with stakeholders

As Healthcare Providers

Local Health Boards

NHS Trusts

Independent Contractors

- Develop internal quality system
- Develop staff
- Use evidence
- Apply best / good practice
- Engage in continuing improvement
- Learn from mistakes
- Audit
- Undertake research
- Communicate with the public
- Publish data / information

LISTEN & ACT

Inspectors and Regulators

Welsh Government

- Set & Review Standards
- Develop policy
- Develop capability

- Allocate resources
- Scrutinise performance
- Support and intervene
- Hold to account

Quality Improvement

Quality improvement is the responsibility of all staff working for a primary care cluster, sharing good practice and learning from the experiences of cluster success and 'failure'.

Quality improvement can be defined as a set of processes to ensure that providers care:

- Have the necessary skills in improvement techniques
- Adopt various approaches to understand and address the reasons for variations in quality
- Involve service users in understanding and prioritising areas for quality improvement
- Identify areas where acceptable quality can be improved further
- Agree a set of clearly defined, evidence based measures
- Implement corrective measures and devise new approaches to improve quality of care
- Share their learning more widely

Training, tool and techniques in quality improvement include:

- Data feedback and interpretation
- Training in specific improvement methods and approaches
- Improvement teams
- Tailored facilitation and support
- Self-reflection and benchmarking, with the use of quality indicators
- PDSA cycle worksheets, driver diagrams and other QI tools

Quality Control

Quality Control is a process for meeting quality aims by measuring actual performance and planned performance and taking action on the difference. Quality control encompasses a range of activities across a number of levels, from national oversight and inspection through to local practice evaluation, practitioner appraisal and peer group review.

There should be a proportionate and appropriate use of data and/or indicators used for monitoring progress and outcomes, with a greater focus on system-wide care and outcomes where this is possible. This level of local data collection and monitoring instils a strong degree of ownership and helps promote a culture of continuous quality improvement within practices and clusters.

Box 17 sets out the principles for quality control that cluster teams should adhere to. The cluster team must ensure that the *Standards for Health Services* are at the heart of their activities and identified within cluster plans and actions being taken forward. A revised framework for standards was developed in 2015 to support the delivery of high quality services in the NHS in Wales.

The *NHS Outcomes and Delivery Framework* is one of three frameworks to help drive the continual improvement in the health and wellbeing of the people of Wales, the others relating to social services and public health. It identifies key population outcomes and indicators grouped under seven themes. All three frameworks has its own separate function, but all recognise their interconnections. Shared measures are used to support partnership working and to deliver improvements in both health and wellbeing.

Principles for Cluster Quality Control

- Use of evidence based, clearly defined quality indicators for monitoring change
- Transparent arrangements for recording minutes, action list, decision logs and risk registers
- Declaration of interest register
- Robust financial planning and monitoring, representing value for money
- Regular reports to , partner organisations, service users and stakeholders
- Respect for the professionalism and clinical ambition of cluster staff in their pursuit of continuously improving the quality care that they provide