

Primary care quality digest

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> J A Muir Gray (Director of the NHS National Knowledge Service)[1]

The aim of the primary care quality digest is to bring to your attention to a selection of recently published research papers and projects related to issues of quality in primary care.

Resource

National Quality Measures Clearing House

The Agency for Healthcare Research and Quality, part of the United States Department of Health and Human Services, maintains the National Quality Measures Clearing House, an online library of evidence-based quality measures which is freely accessible. The mission of the National Quality Measures Clearing House is 'to provide practitioners, health care providers, health plans, integrated delivery systems, purchasers and others an accessible mechanism for obtaining detailed information on quality measures, and to further their dissemination, implementation, and use in order to inform health care decisions'.

The resource includes:

- structured abstracts with links to full text where available
- a measure comparison tool to generate side-by-side comparisons for two or more measures
- an expert commentary feature written and reviewed by an editorial board
- an update service – a weekly electronic mailing of new and updated measures.

The resource can be browsed by condition, intervention, domain, or measure-issuing organisation. To explore the resource go to: www.qualitymeasures.ahrq.gov/

Research papers

The previous Quality Digest listed a series of papers published in the *British Journal of Healthcare Management* which focused upon various aspects of quality in health care. Two further papers in this series are now available:

Effective quality improvement

This paper examines the differences between quality improvement approaches used over the last 20 years, ranging from 'Total quality management' to 'Six sigma'. The authors ask whether the choice of tool used matters.

Powell A, Rushmer R and Davies H. Effective quality improvement: conclusions. *British Journal of Healthcare Management* 2009;15:374–9.

Implementing lean thinking in primary care

Reports on the implementation of lean thinking have largely focused upon acute care. This paper follows its implementation in the primary care sector.

Roberts S and Singh S. Implementing lean thinking in primary care. *British Journal of Healthcare Management*, 2009;15:380–6.

Does improving quality of care save money?

Set against the background of the need to save money in the Public Sector, this publication from the Health

Foundation is a comprehensive review of the evidence relating to whether quality improvement initiatives can also save costs.
Øvretveit J. Does improving quality save money? *Health Foundation,* 2009.
www.health.org.uk/publications/research_reports/does_quality_save.html

General practice 'team climate'

This paper reports on a survey of 14 general practices in north-east England which examined whether quality of care within a general practice can be affected by the 'team climate' and the effectiveness of team working. Questionnaires and interviews were used to gauge the perception of the team climate from a sample of staff and the results were assessed against Quality and Outcomes Framework (QOF) scores for quality. The authors found no relationship between team climate and quality using this method and suggest further research is required to explore the relationship between team working and quality of care.
Goth TT, Eccles MP and Steen N. Factors predicting team climate, and its relationship with quality of care in general practice. *BMC Health Services Research* 2009;9:138.

Improving primary palliative care

The Gold Standards Framework for Palliative Care 'aims to strengthen primary palliative care through facilitating implementation of systematic clinical and organisational processes'. This study describes the impact which involvement in the programme had on improving the quality of palliative care across a range of dimensions in over 1300 participating practices. The authors report evidence of 'substantial improvements' in quality and note that further research is necessary to gauge how this improvement has enhanced the experience for patients and carers.
Dale J, Petrova M, Munday D, Koistinen-Harris J, Lall R and Thomas K. A national facilitation project to improve primary palliative care: impact of the Gold Standards Framework on process and self-ratings of quality. *Quality and Safety in Health Care* 2009;18:174–80.

Information technology and perceptions of care quality

This study looked at the relationship between the quality of primary care and the capacity of practice-based information technology systems in seven countries, including the UK. Using care co-ordination and safety, patient satisfaction and the care for long-term conditions as measures, the authors report significant differences in care quality associated with low and high technical capacity, with high capacity linked to better outcomes in the selected measures.
Davis K, Doty MM, Shea K and Stremikis K. Health information technology and physician perceptions of quality of care and satisfaction. *Health Policy* 2009;90:239–46.

Organisational models for out-of-hours care

This study set out to identify the strengths and weaknesses of the varying organisational models for the delivery of out-of-hours care in 25 western countries. The authors found different models existing alongside each other in several countries, which they suggest may be a less efficient system, while the general practice co-operative, a feature of the majority of the 25 countries, was found to provide strong primary care in terms of accessibility, co-ordination and continuity.
Huibers L, Giesen P, Wensing M and Grol R. Out-of-hours care in western countries: assessment of different organizational models. *BMC Health Services Research* 2009;9:105.

The Quality and Outcomes Framework and improved access

Is there a link between high QOF patient experience points and good patient access? This study investigated by looking at QOF data for 2005/2006 and 2006/2007 for over 200 general practices in the East Midlands. The authors found no association between patient experience points and access, beyond a link with patient satisfaction with opening hours, and they suggest a survey method which may be more effective in rewarding those practices offering better access.
Baker R, Bankart MJ and Murtagh GM. Do the Quality and Outcomes Framework patient experience indicators reward practices that offer improved access? *British Journal of General Practice* 2009;59:e267–e272.

Quality improvement approaches to health care

This editorial examines the approach of the manufacturing sector to quality improvement and argues that although health care is manifestly different from industry there are challenges common to both sectors and that 'transferable solutions' should not be ignored by the health sector.
Marshall M. Applying quality improvement approaches to health care. *British Medical Journal* 2009;339:b3411.

Quality improvement for depression care (i)

This paper reports on the effectiveness of a collaborative improvement project for depression care in encouraging primary care practices to make the changes to their processes and systems which would enable them to implement improvements in clinical care. The authors report that their findings, from 16 practices, suggest that effective quality improvement programmes should target change processes as well as clinical factors.

Main DS, Graham D, Nutting PA, Nease DE, Dickinson WP and Gallagher K. Integrating practices' change processes into improving quality of depression care. *Joint Commission Journal on Quality and Patient Safety* 2009;35:351–7.

Quality improvement for depression care (ii)

Although primary care quality improvement programmes for depression in young people can show improved outcomes after six months, little is known about the impact of improvements on long-term outcomes. This randomised trial examined the effects of an early intervention in depression (including cognitive behavioural therapy) at six-month intervals up to 18 months. The improvements seen at six months were found to relate to improvements at one year and 18 months.

Asarnow JR, Jaycox LH, Tang L *et al.* Long-term benefits of short-term quality improvement interventions for depressed youths in primary care. *American Journal of Psychiatry* 2009; 166:1002–10.

Quality improvement for type 2 diabetes (i)

This systematic review of the effectiveness of the use of evidence-based tools to improve the quality of type 2 diabetes primary care reports concludes that the existing tools are more likely to lead to improvements in care processes rather than outcomes.

de Belvis AG, Pelone F, Biasco A, Ricciardi W and Volpe M. Can primary care professionals' adherence to evidence based medicine tools improve quality of care in type 2 diabetes mellitus? A systematic review. *Diabetes Research and Clinical Practice* 2009;85:119–31.

Quality improvement for type 2 diabetes (ii)

This paper reports on an 18-month quality improvement programme which aimed to promote guideline compliance for type 2 diabetes amongst general practitioners. A sample of the GPs who took part were interviewed to ascertain the changes they implemented, what induced the changes and what difficulties they faced, leading the authors to identify a range of barriers (including time constraints and a reluctance to collaborate with other professionals) and facilitators (improvements in knowledge, motivation and communication) to implementing evidence-based practice in primary care.

Goderis G, Borgermans L, Mathieu C *et al.* Barriers and facilitators to evidence based care of type 2 diabetes patients: experiences of general practitioners participating to a quality improvement program. *Implementation Science* 2009;4:41.

Quality improvement in small practices

This American qualitative study examined the characteristics of smaller primary care practices which were associated with engagement in quality improvement activities. Using interviews, the authors identified facilitating factors such as having a practice champion, involving practice managers and co-operating with fellow professionals while barriers included lack of time, inadequate IT systems, cost issues and too few staff.

Wolfson D, Bernabeo E, Leas B, Sofaer S, Pawlson G and Pillittere D. Quality improvement in small office settings: an examination of successful practices. *BMC Family Practice* 2009;10:14.

Quality of care and preference for place of death

This study examined the role of general practitioners in achieving a patient's choice in their place of death, one of the end of life care quality indicators in Belgium. The results from records of anticipated deaths showed GPs were given information on a patient's preference in less than half of the cases, but that where GPs were aware of a patient's wishes, this was associated with decreased hospitalisation, more informal care and greater palliative care team use in the last three months of life.

Meeussen K, van den Block L, Bossuyt N *et al.* GPs' awareness of patients' preference for place of death. *British Journal of General Practice* 2009;566:665–70.

Quality of telephone consulting in primary care

This study aimed to examine the quality of telephone consulting from the perspective of both patients and health professionals, and then to assess whether telephone consultations could safely become part of

routine health care. Set across both rural and urban settings in Scottish primary care, focus groups and a questionnaire were used in the study. The authors found that although improved access was perceived to be an advantage of telephone consulting, concerns over safety because of a lack of examination were expressed by clinicians, particularly for acute triage. The authors suggest the role of telephone consulting should focus on follow-up rather than triage.
McKinstry B, Watson P, Pinnock H, Heaney D and Sheikh A. Telephone consulting in primary care: a triangulated qualitative study of patients and providers. *British Journal of General Practice* 2009;59:433–40.

Relation of workload to practice performance

This study investigated whether high workload and stress within general practices in the Netherlands were associated with lower quality care. Data from over 200 practices was analysed against a range of performance measures. The authors report that better practice performance and patient satisfaction were associated with GPs having more time for each patient and less job-related stress.
van den Hombergh P, Künzi B, Elwyn G *et al.* High workload and job stress are associated with lower practice performance in general practice: an observational study in 239 general practices in the Netherlands. *BMC Health Services Research* 2009;9:118.

Significant events in general practice

The authors of this paper review the content of nearly 200 general practice significant event audits submitted over 18 months, identifying the safety issues reported by the audits and analysing the various learning needs and required actions raised by the events.
McKay J, Bradley N, Lough M and Bowie P. A review of significant events analysed in general practice: implications for the quality and safety of patient care. *BMC Family Practice* 2009;10:61.

REFERENCE

1 Muir Gray JA. Where's the chief knowledge officer? *British Medical Journal* 1998;317:832–40.

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