

Conference report

NPCAG Conference: audit and governance

17–18 January 2003

This educational event was supported by the National Primary Care Audit Group (NPCAG) and various pharmaceutical companies. The conference was aimed at primary care staff across the UK and attracted over 80 delegates. The majority of the delegates came from a clinical audit or clinical governance background from primary care trusts (PCTs) and NHS organisations. Delegates included medical audit advisory group (MAAG)/primary care advisory group (PCAG) managers, clinical audit and governance managers, clinical audit officers and directors of clinical governance. The conference was a combination of workshops and speakers. The main keynote speaker was Dr Liam Fox.

The workshops facilitated on the first day included clinical governance, general practitioner (GP) appraisals, COPD (chronic obstructive pulmonary disease) Audit, MAAGs and PCAGs, ups and downs of electronic audit, diabetes audit and an introduction to electronic practice development plans.

The second day's workshops focused on significant event auditing, continuity in primary care, measuring aspects of performance in general practice, whether audit could change anything, measuring resistant attitudes to clinical governance in primary care teams, dealing with difficult people and audit, education and modernisation.

Delegates were also able to attend a selection of skills workshops looking at: performance under pressure, interpersonal effectiveness and presenting with confidence.

The conference was opened by Dr Azhar Farooqi who welcomed the delegates from all parts of the UK to the East Midlands Airport Thistle Hotel and invited Dr Liam Fox (shadow minister for health) to give the keynote speech. Suitably encouraged, the delegates were then able to attend a variety of presentations provided by experts in the area of audit and clinical governance. A flavour of the presentations is outlined below.

First day workshops

Anne O'Brien, standing in for Professor Aiden Halligan, described the value of clinical governance

as a quality improvement mechanism and the success of the clinical governance training unit.

Roz Sorrie explained how GP appraisals were introduced during 2002/2003 by the Department of Health and how GP principals will have to undertake an appraisal by the end of March 2003. However, as appraisals do not form part of the terms of service for GPs, this poses a challenge for PCTs. It is also proposed that PCT performance relating to GP appraisals should be included as part of the forthcoming PCT star ratings that PCTs will be assessed against in 2003/2004.

The aims of this workshop were to:

- present one PCT model in relation to implementing GP appraisals
- in relation to this model, highlight what has gone well and the lessons that have been learnt so far
- enable sharing of good practice between PCTs, who will all be at different stages in the process.

During the workshop, participants were encouraged to discuss the difficulties and successes they have encountered in setting up GP appraisals in order to facilitate the exchange of solutions and ideas.

Karen Young talked about her participation in the National Primary Care Collaborative which afforded her PCT the opportunity to enhance services for patients with COPD, previously only seen and treated as a 'Cinderella disease' – she explained how, due to the project, a partnership developed with professionals from primary care, secondary care, social services the pharmaceutical companies and academic institutions all working together to make a difference.

Stephen Ashmore and Tracy Johnson reviewed the work that MAAGs and PCAGs had undertaken since they were established at the start of the 1990s. In particular, the session focused on the period from 1999 to 2003, during which the majority of MAAGs/PCAGs in Britain had either disappeared or been consumed by PCTs. The presentation considered what impact the dozen or so MAAGs/PCAGs that continue to exist, have had at supporting clinical audit and clinical governance.

David Shepherd invited his audience to consider the ups and downs of electronic audit and specifically the development of an electronic audit system for coronary heart disease (CHD) in Leicestershire. The workshop outlined the development of electronic

audit in Leicester. Some barriers to effective electronic audit were described along with some possible solutions. Theoretical difficulties such as choice of criteria, disease register construction, sources of error and the problems of measuring 'real' quality were covered. The technical hurdles including coding, data input, extraction and analysis were described. Participants went on to consider IT training issues for practice and PCT staff and the organisational issues for practices, secondary care and PCTs in trying to bring audit and care delivery together.

Azhar Farooqi and Kamlesh Khunti described a project that was attempting to promote high quality diabetes care in a PCT. The aim of the workshop was to consider how to develop a coherent and integrated plan to improve diabetes services and on implementation of the *National Service Framework (NSF)*. Azhar gave an overview of the *NSF* and challenges that he could see for PCTs who wanted to set up such a scheme.

Karen Trzinska-Bell gave delegates an overview of the recently developed electronic tool that supports and drives practice professional development plans. Delegates were given an understanding of what it can offer practices and healthcare professionals, as well as some tips for its implementation at practice level.

Second day workshops

Richard Baker described an academic research project that has been looking at patients' and doctors' views of the nature and perceived importance of continuity in primary care. The workshop was shown some of the findings that indicated that patients do value continuity of care for ongoing and personal illness and these issues should be borne in mind when considering patient waiting times.

Tara Lamont described a project that attempted to measure aspects of general practice performance. The workshop session discussed three to four variables relating to activity in general practice. Unpacking these indicators and discussing the problems of collecting and interpreting the information helped those present get a better understanding of the kind of data which will be most helpful in assessing improvement in practice performance.

Dr Leslie Braidwood focused on the audit work that Doncaster MAAG has undertaken and the session examined areas of work where audit had actually led to positive change.

Keith Stevenson gave a presentation describing his work on measuring primary care practice team members' attitudes to clinical governance. The presentation outlined how measurement of resistant

attitudes to clinical governance was developed and how the process can be used to help identify discordant practices as well as help identify and consider what support they need.

Louise Berwick ran a highly entertaining workshop that was designed to enable participants to use the skills they already have to deal with 'difficult people' more effectively. The session gave participants a chance to consider a model of typical difficult people and participants reflected on how they normally reacted in particular situations, and how changing their reaction could positively improve their health.

Louise Hazlewood ran a session that demonstrated how the Lincolnshire countywide primary care audit programme feeds into the learning cycle, enhancing the programme of education offered by TARGET (Lincolnshire protected learning time initiative). The session also illustrated how audit results have been used to inform and influence the modernisation agenda in order to promote better and more consistent delivery of patient care. The session focused on how an educational audit programme can be developed and delivered in a way in which ownership is promoted to encourage participation and commitment to change. Examples were given of different audits that followed this approach, illustrating how the results and findings were used to inform decisions about modernisation of healthcare.

Skills workshops

Mike Edwards gave a workshop that attempted to explore those techniques that might lead towards 'life toughness' from each of the following 'zones':

- mental
- emotional
- spiritual
- physical.

The session was described in the programme as 'a feel-good session, designed to encourage delegates to handle stress in a positive way. From developing good eating patterns to writing "life badges" . . .' It promised to be 'fun, thought provoking and beneficial for all' . . . and so it was.

Natasha Underhill-Day works for a commercial management company that deals with effective communication. Her session was planned to give delegates a unique insight into their personal style of communicating, how they might begin to recognise different types of people and how they could become more effective in communication with them.

Steve Johnson from Pfizer gave a workshop designed to give basic grounding in the fundamentals

of writing, delivering and evaluating presentations. It covered many of the challenges that many people face, from handling nerves and effective preparation to getting buy-in from the audience and positive evaluation.

The conference completed with a plenary session chaired by Dr Farooqi and concluded the event by thanking Vicky Heaton (PCAG project officer) and Tony Woods (Pfizer) for their efforts in organising the conference and making it an event to remember.

Feedback from delegates was most encouraging with 98% having a positive opinion of the event. The workshop sessions evaluated very highly with 83% of the delegates rating the first day workshops as average or above and 96% of the delegates judging the second day workshops sessions as average or above. The three skills workshop sessions were presented twice

across both days. They received very good reviews by way of 94% of ratings being average or above.

The feedback received from the delegates indicated that there is great demand for the NPCAG conference to be run again next year. Plans are already in place for 2004 and meetings have been set up with Doncaster MAAG who will be organising the event. Details of this event will be made available on Leicester PCAG's website.

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