MEDIX

Intelligent Information

Market Research Report

Clinical Governance In Primary Care

Among General Practitioners in England

Prepared for the National Audit Office

December 2005

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History

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Duration:	11 days
Responded:	503
Deferred:	37
Refused:	17
Offered to:	557
Refusal Rate:	3%
Acceptance Rate:	90%

Respondent demographics

Specialty	N	%
General Practice	503	100%

Grade	N	%
GP Assistant	21	4%
GP Partner	431	86%
GP Registrar	21	4%
Locum	13	3%
Other	9	2%
Salaried GP	8	2%

Commitment	N	%
Full time	426	85%
Part time	77	15%

Region	N	%
Eastern	72	14%
London	54	11%
North West	71	14%
Northern & Yorkshire	55	11%
South East	91	18%
South West	61	12%
Trent	47	9%
West Midlands	52	10%

Sex	N	%
m	398	79%
w	105	21%

Decade Qualified	N	%
1960s	18	4%
1970s	149	30%
1980s	215	43%
1990s	90	18%
2000s	31	6%

Results

A. ABOUT YOU AND YOUR PRACTICE

Q1 Are you a:

	All	
	N	%
GP Partner	417	83%
Salaried doctor	34	7%
GP registrar	18	4%
Sessional doctor	4	1%
Locum GP	25	5%
Other, please specify	5	1%
Base		503

Figure 1: Position
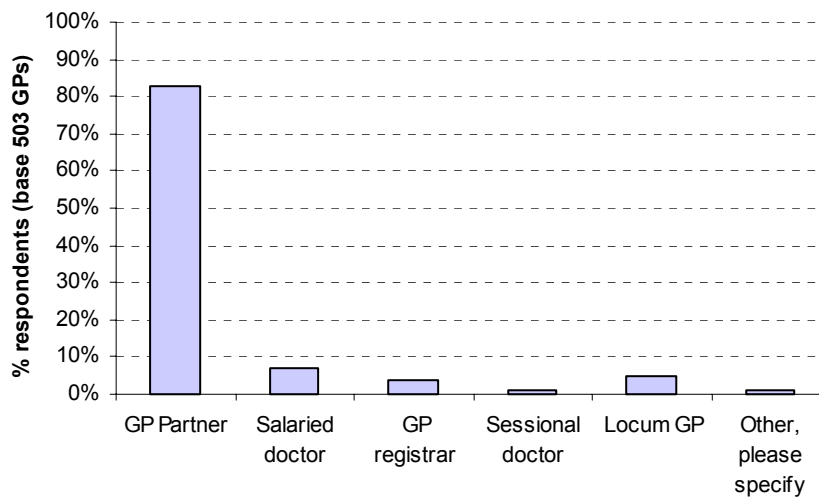
Q1 Other, please specify

Free-text response
Forensic medical examiner
GP Assistant & Academic GP
GP ON RETAINER SCHEME
RAF Medical Officer
Single handed GP

Q2 Do you work:

	All	
	N	**%**
Full time	390	78%
¾ time	57	11%
½ time	36	7%
Less than ½ time	17	3%
Other, please specify	3	1%
Base		503

Figure 2: Commitment
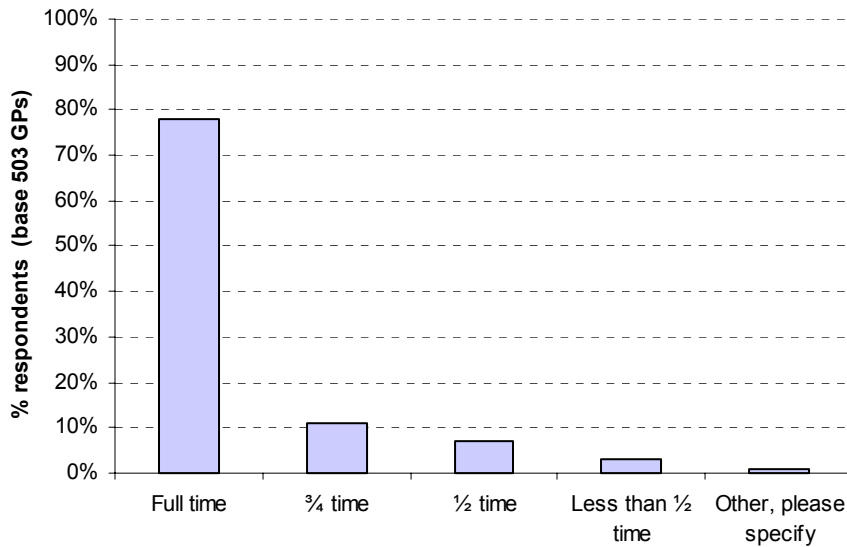
Q2 Other, please specify

Free-text response
Variable
Variable
Variable -- 2-5 sessions a week

Q3 In which part of England is your organisation/ practice?

	All	
	N	**%**
North	137	27%
Midlands and Eastern	154	31%
South	157	31%
London	55	11%
Base		503

Figure 3: Location of organisation / practice
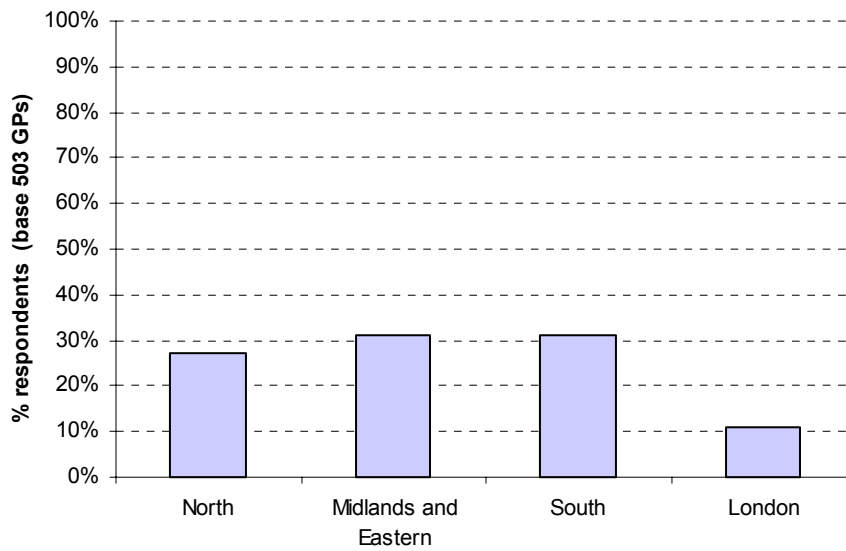
Q4 In which Primary Care Trust are you based?

(see Appendix)

Q5 At which of the following sites do you primarily work?

	All	
	N	**%**
GP Practice	491	98%
PCT walk-in centre	0	0%
PCT	2	0%
Community Hospital	3	1%
Other, please specify	7	1%
Base		503

Figure 4: Primary Work Location
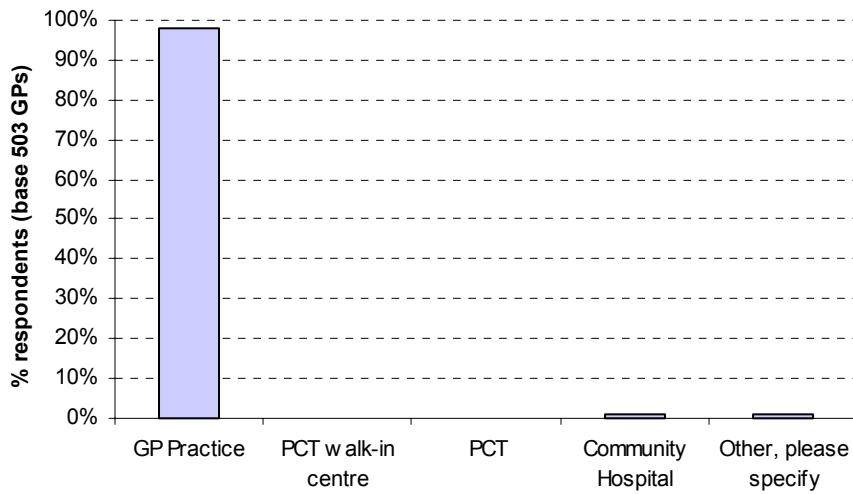
Q5 Other, please specify

Free-text response
Academic Unit
Children\'s and young adult hospice + GP practice
Health Centre
In 4 different GP Practices in 2 PCTs
Military
Neuro Rehab
Police Station

Q6 Please answer the following questions

	N	0-5 years ago	6-10 years ago	11-20 years ago	more than 20 years
When did you first qualify as a doctor?	503	29 6%	38 8%	138 27%	298 59%
When were you first accredited to work as a GP?	502	71 14%	54 11%	215 43%	162 32%
How long have you worked in your current practice/ organisation?	501	126 25%	71 14%	173 35%	131 26%

Figure 5: Lengthe of time qualified
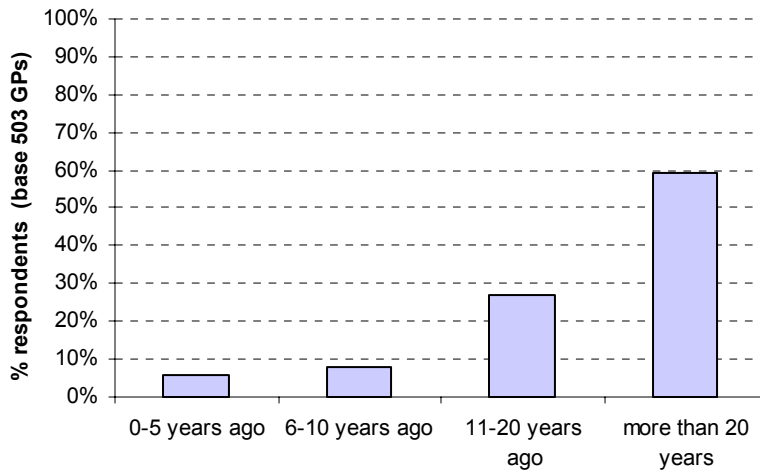
Figure 6: Lengthe of time accredited to work as a GP
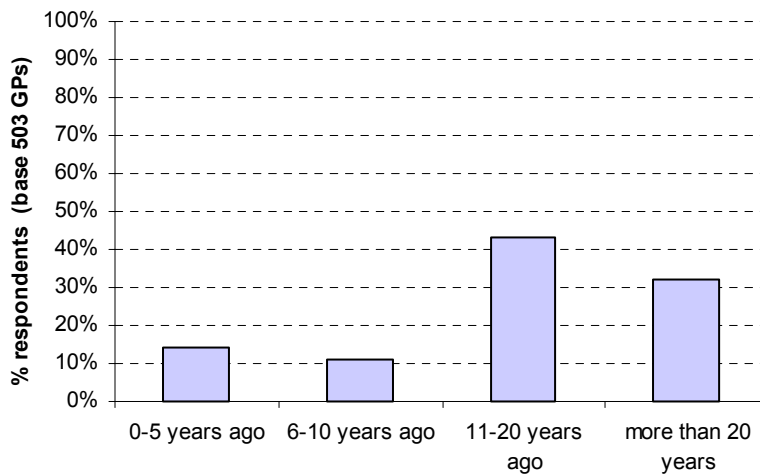
Figure 7:Time spent in current practice/organisation
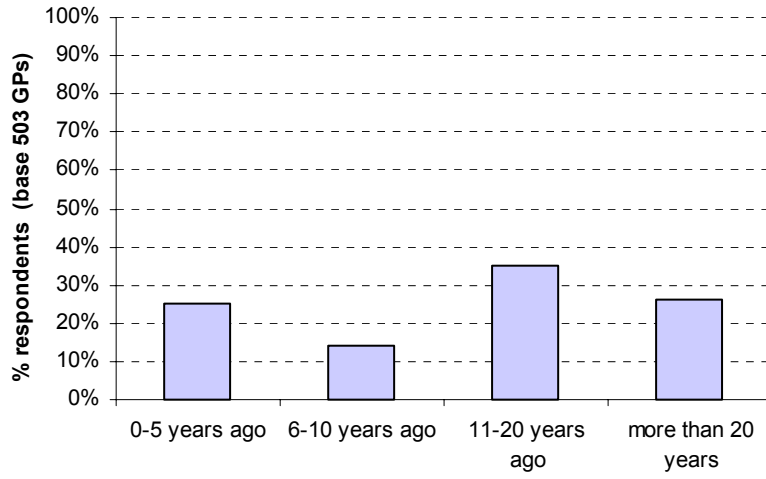
Q7 How long do you imagine it will be before you retire?

	All	
	N	**%**
0-5 years	80	16%
6-10 years	97	19%
11-20 years	205	41%
more than 20 years	121	24%
Base		503

Figure 8: How long be before retirement
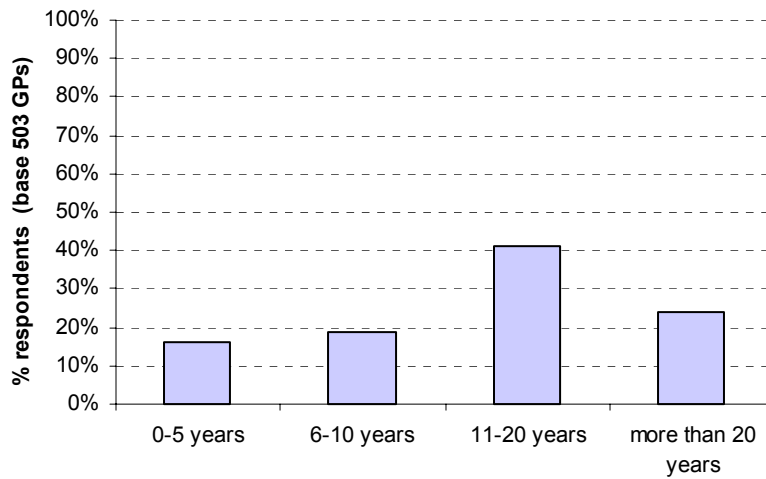
Q8 How much does your practice spend annually in providing clinical governance processes and arrangements?

Analysed responses:

Code frame	N	%
0	95	19%
1	3	1%
2	1	0%
5	3	1%
6	1	0%
10	2	0%
15	1	0%
20	1	0%
40	1	0%
50	2	0%
52	1	0%
100	17	3%
120	1	0%
150	1	0%
200	14	3%
250	2	0%
300	7	1%
400	2	0%
450	1	0%
500	46	9%
650	1	0%
700	1	0%
800	1	0%
1000	78	16%
1100	1	0%
1200	1	0%
1500	2	0%
2000	30	6%
2500	4	1%
3000	10	2%
3500	1	0%
4000	3	1%
4444	1	0%

Code frame	N	%
5000	43	9%
6000	1	0%
8000	1	0%
9000	1	0%
10000	11	2%
10800	1	0%
11000	1	0%
12000	3	1%
15000	4	1%
20000	5	1%
22000	1	0%
25000	1	0%
30000	2	0%
Don't know	92	18%
Base		503
Mean*		2214

*Mean calculated without 'Don't know' responses

Q9a Has your practice done any cost benefit analysis of the impact of clinical governance?

	All	
	N	**%**
Yes	8	2%
No	398	79%
Unsure	97	19%
Base		503

Figure 9: Cost benefit analysis of the impact of clinical governance
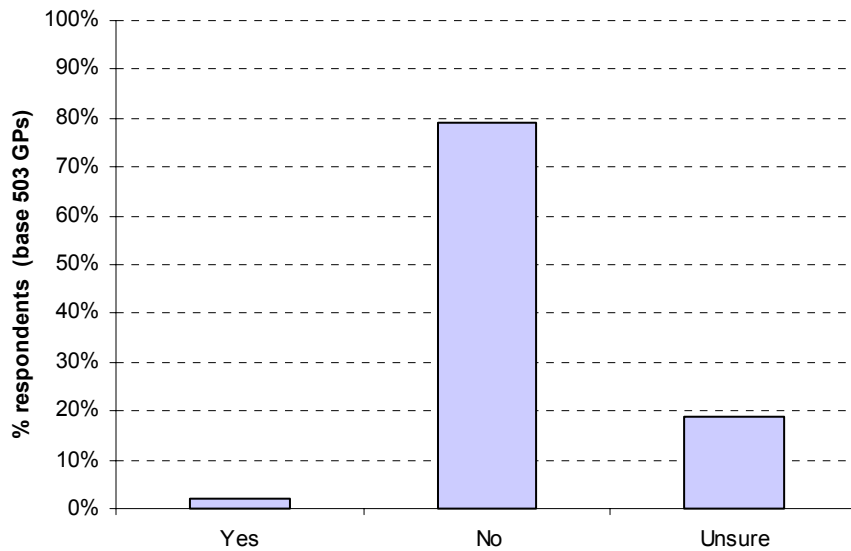
Q9b What were the results of the cost benefit analysis?

Yes to Q9a

Q9b What were the results of the cost benefit analysis?
Better practice
E.g. wound dressing protocol
Worthwhile
The money is spent on essentials; the governance issues we are told (sic) by the PCT to address are rarely, if ever, funded.
Insignificant benefit
Despite the relatively high costs - and they total lack of support, understanding and meaningful input from our PCT, it offers benefits for patients
Generally was improved by changes implemented. Some however [e.g. statin prescribing] difficult to assess long term cost benefits at a practice level.
Improved

B. ENSURING THE QUALITY AND SAFETY OF YOUR CARE TO PATIENTS

Q10 Please answer the following questions

	N	Yes	No	Don't know or N/A
On joining your practice did you receive appropriate induction training?	501	177 35%	266 53%	58 12%
Have your Continuing Professional Development (CPD) requirements been identified?	502	452 90%	43 9%	7 1%
Are arrangements in place to meet your CPD requirements?	502	399 79%	88 18%	15 3%
Do you receive an annual (NHS) peer appraisal?	502	480 96%	16 3%	6 1%
Has your practice/organisation had a visit by your local Patient and Public Involvement Forum?	502	141 28%	239 48%	122 24%

Q11 How effective is your practice's/organisation's performance appraisal process for staff?

	All	
	N	%
1 = Not at all effective	8	2%
2	24	5%
3	98	20%
4	219	44%
5 = Extremely effective	116	23%
Not in place	5	1%
Don't know	32	6%
Base		502

Figure 10: Effectiveness of practice's/organisation's performance appraisal process for staff
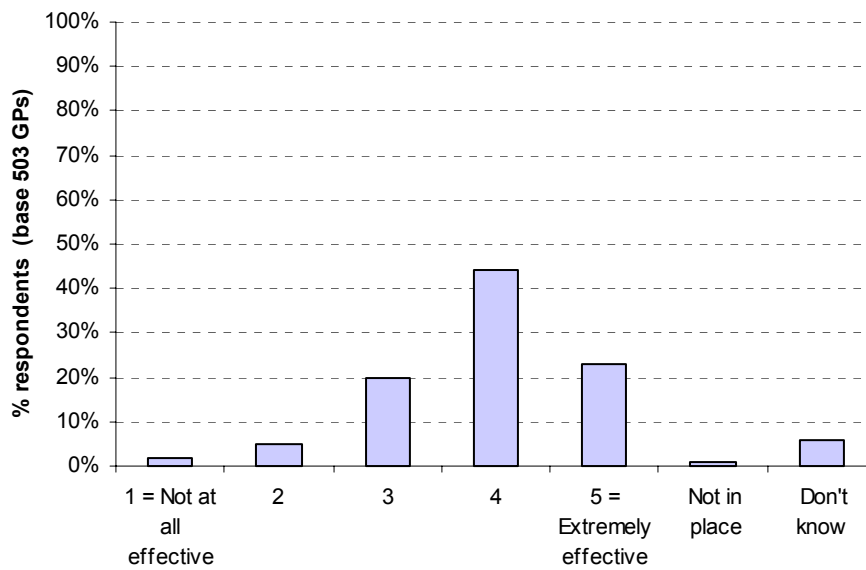
C. ENSURING THE QUALITY AND SAFETY OF YOUR PRACTICE

Q12 Please answer the following questions

	N	Yes	No	Don't know or N/A
Does your practice/organisation have a complaints process in place?	502	499 99%	0 0%	3 1%
Does your practice/organisation investigate its complaints to help identify safety and quality issues?	502	487 97%	3 1%	12 2%
Are you routinely informed of the outcome of complaints that are received by the PCT?	502	265 53%	123 25%	114 23%
Does your practice/organisation have a risk management policy?	502	402 80%	43 9%	57 11%
Do you have an incident reporting system in place?	501	470 94%	13 3%	18 4%

Q13a Have you ever reported an incident?

	All	
	N	**%**
Yes	318	63%
No	171	34%
Don't know or N/A	12	2%
Base		501

Figure 10: Ever reported an incident
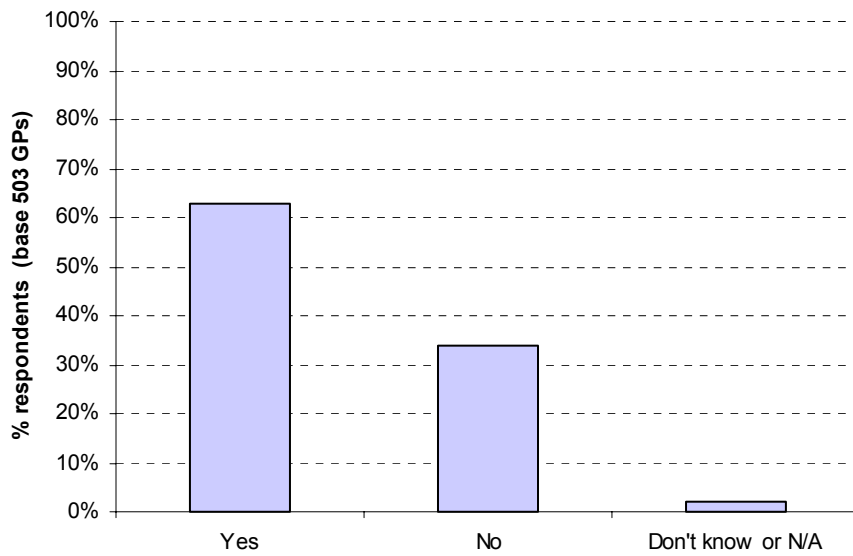
Q13b How many incidents have you personally reported in the last 12 months?

Analysed responses:

Code frame	N	%
0	31	10%
1	86	27%
2	83	26%
3	48	15%
4	19	6%
5	18	6%
6	16	5%
8	2	1%
9	1	0%
10	5	2%
11	1	0%
12	4	1%
15	2	1%
25	1	0%
30	1	0%
Base		318
Mean		2.8

Q13c Has anything changed in your clinical practice as a result of reporting incidents?

Analysed responses:

Code frame	All	
	N	**%**
No	53	11%
Yes	254	50%
No response	196	39%
Base		503

Analysed 'Yes' responses

Code frame	All	
	N	**%**
Changes in or New protocols / procedures / processes / (not specific)	39	15%
Review / discussion / audits of Critical incident / SEAs and then action	13	5%
Internal reports / audits / review	10	4%
Improvements in clinical practice	10	4%
Changes / improvement in organisation / management	6	2%
Increased awareness	6	2%
Better record keeping / more notes	4	2%
Improvements / Changes in handling test results	4	2%
Monitoring prescriptions / repeat prescriptions	4	2%
Avoiding preventable mistakes	3	1%
Internal meetings	3	1%
Training staff	3	1%
Closer monitoring of referrals	3	1%
Changes in admin procedures	2	1%
External reports / audits / review	2	1%
Positioning of sharps boxes	2	1%
Other	16	6%
Base		254

Q14 Do you routinely report adverse incidents to your Primary Care Trust?

	All	
	N	**%**
Yes	163	32%
No	260	52%
Don't know or N/A	79	16%
Base		502

Q15 Do you routinely report adverse incidents to the National Patient Safety Agency?

	All	
	N	**%**
Yes	20	4%
No	388	77%
Don't know or N/A	94	19%
Base		502

Q16 Do you have a clinical audit programme in place?

	All	
	N	**%**
Yes	424	84%
No	53	11%
Don't know or N/A	25	5%
Base		502

Q17 Does the programme include one multidisciplinary audit agreed by the PCT?

	All	
	N	**%**
Yes	214	50%
No	99	23%
Don't know or N/A	111	26%
Base		424

Q18 Have you participated in any clinical audit activity to benchmark performance?

	All	
	N	**%**
Yes	255	60%
No	107	25%
Don't know or N/A	62	15%
Base		424

Q19 Does your practice encourage patient involvement through a patient panel?

	All	
	N	**%**
Yes	159	32%
No	298	60%
Don't know or N/A	43	9%
Base		500

Q20a Has clinical governance helped you to deliver any efficiency benefits?

	All	
	N	**%**
Yes	76	15%
No	241	48%
Don't know or N/A	185	37%
Base		502

Q20b What benefits?

Q20b What benefits?
Acute admissions
Assessing unmet needs, changes have been made to meet them.
Audit has improved our management of various clinical conditions
Avoided costly time spent in future complaints I hope
Better approach to complaints
Better diabetic care
Better diabetic, secondary prevention of CHD
Better performance and care
Better quality of care
Better use of staff to do the most appropriate work
But certainly not GC as implemented by the PCT
Carer support
Changes that have helped Drs keep closer to time
Closed loopholes in systems failures eg where pathology resulted overlooked
Cost savings in drugs and better qof outcomes and reduced hospital admissions
Difficult to be specific but regular audit of working practices and setting up of protocols helps improve efficiency
Drug savings
E.g. Daily [x2] use of nurse triage for 'urgent' patient contacts has led to freeing time for doctor patient contacts -so more CDM and opportunistic health promotion.
E.g. diabetes and asthma care
E.g. improved appointment booking system
General improvements in many areas
Greater openness and discussion
I won the clinical governance award from [my] PCT this year for an audit that I did on

Q20b What benefits?
clopidogrel prescribing. The number of patients prescribed clopidogrel was halved with considerable cost savings on the prescriptions
Improve reception organisation and treatment room facilities
Improved access and patient information
Improved anticoagulation clinic, improved appointment system, generally get up to date with things
Improved appointments system
Improved clinical care and complaints procedure becoming more robust and as tool to change practice
Improved efficiency in prescribing, appointments
Improved patient care
Improved safely net for abnormal test results
Improvements in prescribing, cholesterol management, COPD,
Inr clinic
It is self evident that examining the causes of clinical problems will improve clinical care and communication within the practice
Learning from mistakes/near misses
Mainly cost savings
More nurse involvement in patient care
Mostly in prescribing efficiency in chronic disease management
New equipment and policy
Notably around managing high risk drugs
Offer longer appt time to patients-regular practice newsletters for patients benefit.
Prescribing audits leading to cost savings
Prescribing budget, utilizing of nurse time/dr time
Prescribing, significant incident reporting
Private drug costs
Rationing of services
Rational prescribing, best practice prescribing, improving cervical cytology rates
Rationalised use of INRs in warfarin testing by computer model
Re drug prescribing - QoF
Reducing inadequate smear rates
Reviewing work done and assessing if appropriate
Safe prescribing
Significant event analysis has reduced risk to staff and patients. Revising clinical guidelines to improve patient well being responding to evidence
Smoother running of practice and improved completion of QOF
Streamlining of processes
The opposite in fact- the 48 hr appointment booking system has been very

Q20b What benefits?
detrimental to patient care I believe. The cornerstone of UK general practice is continuity of care which has suffered major disruption as a result of these recent changes.
The qqf has definitely improved care in asthma, chd and diabetes
There are named staff members with special responsibility for certain important tasks e.g. identifying pts with no spleen and ensuring they receive advice and appropriate immunisations and medications etc
Through clinical governance performed in house we identified gaps in service provision which we plugged
Various

Q21 Please answer the following questions

	N	1 = Not at all effective	2	3	4	5 = Extremely effective	Not in place	Don't know	Mean score
How effective is the support provided by PCTs to help you implement clinical governance in your practice?	502	83 17%	138 27%	127 25%	71 14%	15 3%	7 1%	61 12%	3.1
How effective is your practice/organisation in evaluating complaints to improve the safety and quality of care?	502	2 0%	15 3%	86 17%	234 47%	144 29%	2 0%	19 4%	4.2
How effective are your practice's/organisation's arrangements for taking action to address serious clinical risks?	502	3 1%	13 3%	55 11%	210 42%	198 39%	4 1%	19 4%	4.3
How effective is your practice/organisation at learning lessons from patient safety incidents?	501	2 0%	16 3%	43 9%	232 46%	188 38%	4 1%	16 3%	4.3
How effective are the systems and processes for engaging with patients and public at your practice/organisation?	501	23 5%	92 18%	164 33%	133 27%	46 9%	17 3%	26 5%	3.5

D. YOUR COMMENTS

Q22 What have been the three main elements of clinical governance in your practice/organisation that have improved the quality and safety of care?

Analysed responses:

Code frame	All	
	N	**%**
None / don't know	184	37%
Improved reporting / procedure of incidents / critical incident / SEA	178	35%
Improved communication / sharing information feedback / teamwork	101	20%
Improved guidelines / QOF/ policies / protocols	83	17%
Internal / Multidisciplinary / clinical / significant event meetings	81	16%
Audit (non specific)	80	16%
Improved disease / medicines management	50	10%
Training / Courses / CME / CPD / Protected learning time	40	8%
Improved complaints procedure	38	8%
Appraisals / staff appraisals	35	7%
Clinical audit	34	7%
Prescribing audit / review / management	22	4%
Patient questionnaire	16	3%
Risk assessment / management	16	3%
Repeat prescribing	14	3%
IT / computers	10	2%
Patient communication / involvement	9	2%
Longer consultation / appointments	7	1%
Assessing / analysis post-death	5	1%
Sterilisation / storage / handwashing	5	1%
Nurse input / initiatives	4	1%
Other	29	6%
Base		503

Q23 What are the main barriers to implementing clinical governance in your practice/organisation?

Analysed responses:

Code frame	All N	All %
Time	318	63%
None / no response	156	31%
Lack of finances / costs	111	22%
Lack of resources / implementation difficulties	67	13%
Lack of staff	58	12%
Lack of interest / support (non-specific)	55	11%
Changing demands, targets, contract, system, guidance from The government / DoH	42	8%
Lack of interest / support external e.g. PCT	40	8%
Workload / other priorities	27	5%
Lack of interest / support internal	23	5%
Patient involvement / demand	22	4%
Inadequate premises	21	4%
Bureaucracy	21	4%
Communication	15	3%
Lack of expertise	13	3%
Actual necessity / Perceived benefit?	11	2%
Responding to change	8	2%
Lack of training	6	1%
IT system	4	1%
Lack of interest / support from secondary care	4	1%
Complaints culture	3	1%
Other	5	1%
Base		503

Q24 What help do you require in developing clinical governance in your practice/organisation?

Analysed responses:

Code frame	All	
	N	**%**
Time / Protected time	219	44%
None / no response	192	38%
Finances / funding / budget	115	23%
PCT support / lead / guidance	65	13%
More staff resources / locums	63	13%
Resources	45	9%
Guidance / advice / support (non specific)	42	8%
Training / Education	39	8%
Less bureaucracy / interference from Government	31	6%
Leadership	16	3%
IT	15	3%
Improved communication	15	3%
Improved management support	13	3%
Better premises / space	12	2%
Interest / enthusiasm	11	2%
Better understanding of CG	9	2%
Patient education / interest	8	2%
Improved relationship with secondary care	4	1%
Smaller patient list	3	1%
Blame free culture	2	0%
Other	14	3%
Base		503