

Improving the identification and reporting of Outstanding Practice: Guidance for Quality Panels and Inspectors

Introduction

Members of the Continuous Improvement & Quality Group have been working with our Specialist Advisors to identify examples of 'Outstanding' practice from GP reports. The purpose of this work is to:

1. Develop a bank of examples of outstanding practice to share externally and internally. This will help us fulfil our corporate objective of 'celebrating outstanding'
2. Provide some real-world examples to supplement the 'Characteristics of Outstanding' in the Provider Handbook Appendices.
3. Evaluate how effectively we are articulating what Outstanding practice looks like and to check that this is done in a consistent way.

What is our definition of 'Outstanding' practice?

The GP Provider Handbook Appendices defines the characteristics of 'Outstanding' by domain:

- Safe: People are protected by a strong comprehensive safety system, and a focus on openness, transparency and learning when things go wrong.
- Effective: Outcomes for people who use services are consistently better than expected when compared with other similar services.
- Caring: People are truly respected and valued as individuals and are empowered as partners in their care
- Responsive: Services are tailored to meet the needs of individual people and are delivered in a way to ensure flexibility, choice and continuity of care.
- Well-Led: The leadership, governance and culture are used to drive and improve the delivery of high-quality person-centred care.

Based on the findings of our work we have agreed 'Outstanding' practice is - significantly better than good general practice in terms of using a different or innovative structure, approach or process for improving care for patients. There should be a demonstrable impact on either the patients, community or practice organisation and SHOULD be supported by evidence which is quantifiable (if appropriate).

Common problems

The panel often found that deciding whether an example was outstanding or not was hindered by the following common problems:

1. A lack of **specific details** (e.g. the comment was too general). For example: "Significant time and effort had been taken to engage with young people. Services were specifically designed to meet local young people's needs." This example ideally would describe how these services were designed and what unique features had been implemented to meet patient needs.

2. There was a lack of **quantifiable evidence** to support the claim (e.g. there was no data offered to substantiate the claim). For example: “The practice had implemented extended opening hours which they felt had improved the service for working aged people”. In order to be ‘Outstanding’, this example should have included evidence of an evaluation of the new appointments to show that more people of working age were getting appointments.
3. There was a lack of **enough** robust evidence (e.g. the care would be outstanding but was only delivered for a single individual). For example: “One patient suffering from a long term condition does not like waiting in waiting rooms. The duty Patient Care Advisor (PCA) will call the person at home to let them know the waiting time for their appointment; the person can then plan their arrival to minimise any waiting time in the surgery.”
4. The example given was just **routine general practice care**. For example: “The effective care of patients diagnosed with hypertension. This entailed monitoring their blood pressure for a full twenty four hour period with a view to confirming or refuting their diagnosis of hypertension so their treatment could be improved.” This is normal NICE guideline recommended practice.

Specific cases for clarification

Contractual obligation

The fact that a practice is contracted to deliver an enhanced service (e.g. longer opening hours) does not prevent this from being Outstanding. If the practice is able to **demonstrate how they are improving outcomes for its patients** by offering the service, then this would be outstanding – regardless of the fact that it is in their contract. Conversely, just because a practice delivers an enhanced service wouldn’t automatically make them outstanding – they must still demonstrate improved care for patients. For example, a practice could be open from 8am – 8pm (as part of an enhanced service contract) but still not have increased the number of appointments available to patients – they may have just changed when certain appointments are available without improving access overall.

Awards from other bodies

Practices may have won excellence awards from credible external bodies, e.g. the Royal College of GPs. Whilst this is likely to be indicative of ‘Outstanding’ practice, the award alone would not be enough. The inspection team must see the evidence of excellent practice and how it improved care for patients before labelling this as ‘Outstanding’. The inspection team needs to see evidence that the good practise which led to the award is still occurring and that this is still leading to benefits for patients, staff or the local health economy.

COMMON THEMES/REASONS FOR EXAMPLES IDENTIFIED AS OUTSTANDING SO FAR

SAFE	<p>Because the practice has demonstrated:</p> <ul style="list-style-type: none"> • how it shared learning from significant events with other providers in the area. • how it shared learning with the entire multidisciplinary team and other external agencies, and took a proactive approach to preventing incidents from happening again.
EFFECTIVE	<p>Because the practice has:</p> <ul style="list-style-type: none"> • delivered a high quality, effective additional service which has benefitted patients. • developed an innovative service which promotes patient self-management. is popular with patients and demonstrates improved outcomes. • proactively reached out to the community and working constructively with other organisations to improve patient outcomes.
CARING	<p>Because the practice</p> <ul style="list-style-type: none"> • is offering a range of compassionate services to address social isolation amongst its patient population. • shows a commitment to being compassionate in the care for vulnerable people • offers an additional service to help support the emotional needs of its patient population.
RESPONSIVE	<p>Because the practice has:</p> <ul style="list-style-type: none"> • demonstrated as example of creative/innovative PPG working • enabled good and improved access to sexual health services for the whole community. • shown innovative practice to respond flexibly to the needs of the younger population • responded to the specific needs of its community by offering extra support to patients. • improved access and been proactive in the care of vulnerable people. • because the practice is offering an extra service which provides care closer to patients' homes and reduces burden on hospital services.
WELL-LED	<p>Because the practice has demonstrated it:</p> <ul style="list-style-type: none"> • has worked hard to engage its Patient Participation Group, and as a result, provide an innovative range of services • has strong leadership by championing the care of people with learning disabilities in their area • an innovative approach to the development of staff • has a very supportive approach to staff development