

**CONSULTATION PAPER
WEST MIDLANDS RLMC and NHS EXECUTIVE**

POORLY PERFORMING GPs - PRACTICE BASED SCREENING INDICATORS
--

1.1 Introduction:

This paper describes a screening and diagnostic system which it is proposed to pilot in the West Midlands. Our intention is to produce a screening tool which will use indicators readily available to Health Authorities to find practices which may contain one or more poorly performing GPs (PPGs). A more detailed enquiry at this level will point to the very small number of GPs who need a detailed needs assessment to ascertain whether they are performing poorly.

2.1 Method:

We requested information from all health authorities in the West Midlands and from other regional offices about screening tools used in attempting to measure GP performance. We also examined other published work. We included in our list of indicators those which were used by a majority of the respondents.

A consultation workshop was held on 13 November, attended by Medical Advisers to Health Authorities, LMC Chairmen and Secretaries and some Health Authority managers. The proposal was modified taking suggestions from the workshop into account. It was circulated to Medical Advisers and Local Medical Committees in the Region for comment. Comments were also received from the National Secretary of the Small Practices' Association. The final document was agreed by the Regional LMC as a framework for local use.

3 The model:

3.1 Level 1 screening

We propose a system of practice based screening using as indicators information already held by HAs. All practices are screened and practices are compared with others of similar size (1 - 2 partners, 3 - 6, over 6) The lowest scoring 10% in each group are subject to the next level of enquiry. We consider there may be some merit in also subjecting a random selection (up to 10%), or the top scoring 10% of other practices to level 2 in order to verify the level 1 indicators as a predictor of practices requiring closer scrutiny.

It is recommended that all practices are screened annually. In addition, concerns arising between annual reviews should trigger the screening process.

3.2 Level 2 screening

The lowest scoring 10% of practices are subject to a more detailed level of enquiry in a number of areas which are less accessible to the HA and are likely to require information from the practice. Doctors in practices failing to respond would automatically attract a detailed assessment.

Before proceeding to Level 2 screening the Health Authority should perform a health needs analysis for the practice population and also analyse the previous five years' resource investment in the practices concerned and compare them with at least two local group practices.

Level 2 screening starts at practice level: if the practice assessment at level 2 confirms the impression at level 1, each doctor in the practice should complete an individual level 2 screening. In some circumstances following practice level 2 screening individual screening may not be necessary.

3.3 Level 3 detailed assessment

Those doctors at level 2 giving cause for concern should have a detailed assessment by a visiting team of professionals. We suggest the HA medical adviser, a nominee of the LMC and a third general practitioner, possibly nominated by the GP.

4 Indicators

4.1 Level 1 indicators: Any 12 indicators from

- Cytology screening target met
- Immunisation targets met
- CHS provision
- Health Promotion provision
- Asthma CDM provision
- Diabetes CDM provision
- Maternity medical services
- Contraceptive services; IUCDs
- Opening hours of surgery
- Clear system for out of hours access
- Average list size per partner
- Premises Classification
- Computerisation
- PGEA claims
- Staff contracts complying with legislation
- Partnership agreement complying with GMSC recommendations
- Staff training uptake
- Prescribing indicators

4.2 Indicators for Level 2

4.2.1 Practice level

- Patients' charter available
- System for seeking patients' views in place
- Practice leaflet available & meets requirements
- System for urgent cases access/ appointments system enables urgent access
- Team / partners/ practice meetings held
- Staff turnover

- Referral patterns
 - total rate per 1000 patients
 - elective rate
 - emergency rate: emergencies as % of total
 - variation from local mean
- Patients changing GP without changing address
- Range of contraceptive services provided (Religious objectors may score low)

4.2.2 Practitioner level

- Complaints coming to independent review / adverse findings
- Workload
 - activity + consultation time per week
 - consultation length
 - additional commitments (including OOH)
- PGEA claim / content / pattern (timing)
- Audit
 - personal involvement in the last year
- Fill in personal development plan
- Send in copies of 3 referral letters (anonymised)

10 - 20% of doctors screened at level 2, whose performance gives cause for concern will proceed to level 3 - a detailed individual assessment

4.3 Level 3 detailed assessment

- Visit by professionals (HA Med Adviser + LMC nominee + nominee of GP)
- Case review of referred patient / diabetic / asthmatic / antenatal patient
- Record keeping
- Consultation assessment by video

Outcome: Satisfactory explanation or poorly performing GP

5 **Diagnosis:**

- 1 Incompetence (skills, attitudes, application of knowledge)
- 2 Behaviour (breach of ethical code, communication, empathy)
- 3 Impaired doctor (drugs, alcohol, sickness, stress)
- 4 Inappropriate use of resources
- 5 Organizational / partnership problems
- 6 Financial problems

6 **Recommendations for action:**

- HA - support for self management by GP
- organisational / financial support
- Regulation 25 procedure

Referral to other agencies

- Health - local schemes for sick / stressed doctors
 - LMC
 - GMC

- Education
 - Postgraduate GP tutor
 - Regional Adviser

Conduct LMC secretary
 Reference committee
 GMC (professional conduct / performance committee)

7 Conclusion:

This framework can be used or adapted by Health Authorities and LMCs to identify poorly performing GPs (PPGs). Early local detection could then enable supportive intervention to prevent deterioration which might lead to referral to the GMC performance procedure. The management of PPGs is not part of the remit of this framework, but will include educational, professional and infrastructure support, health, conduct and disciplinary interventions. This is the subject of separate discussions.

It is important that the framework, particularly the indicators, is reviewed regularly to ensure its continuing appropriateness in the light of changes in clinical practice and the NHS.

F Wilson WM RLMC

November 1998