

Primary Care A New Direction

A Framework for Quality Assurance in Primary Care

National Primary Care Steering Group - Quality Sub-Group

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1. Introduction and Definitions

Quality is one of the core principles of the National Health Strategy, Quality and Fairness A Health System for You and the Primary Care Strategy, Primary Care A New Direction. The Primary Care Strategy states:- A framework for quality and quality assurance in primary care will be developed (Action No. 17). The Health Service in Ireland is therefore at a very important stage as it faces the challenge of introducing a systematic approach to quality in the health services, based on the proposals in the strategies.

The National Primary Care Steering Group at the inaugural meeting in June 2002 established the Quality Sub-Group. At its first meeting in September the sub-group agreed its terms of reference. The role of the group is to identify principles and criteria which will guide quality assurance in primary care. Reporting to the Steering Group, it will provide leadership and make prioritised recommendations for quality, quality assurance and integration (Terms of Reference, Appendix 1).

The membership of the sub-group was established on the basis of providing multidisciplinary representation which included service providers, consumer and community interests. This was significant and beneficial in the development and method to the work required. At the outset the group noted that its work would also be informed by the National Health Information Strategy following its publication, and the Health Information and Quality Authority and the National Hospitals Office following their establishment.

The workplan adopted by the group included examining what we mean by quality and quality assurance in primary care. International examples of Quality Systems in healthcare services were studied in relation to the primary care model in Ireland. The Irish Health Services Accreditation Scheme was also considered. Different countries have organised different strategies in relation to organising and integrating quality. The opinion was that while we are behind other countries in addressing these issues we can learn from their experiences and avoid the pitfalls to make the most of the opportunities that are open to us.

Definitions

Primary care is an approach to care that includes a range of services designed to keep people well, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services. These services are fully accessible by self referral and have a strong emphasis on working with communities and individuals to improve their health and social well-being (Primary Care-A New Direction, 2001).

At the outset it was necessary to establish a definition for quality in relation to primary care. Quality is a word which evokes different concepts for different people. The first step in assessing the quality of care provided is to define what is meant by quality. As the debate on quality has developed, thinking has changed about the definition of quality, the measurement of quality and the measures required to improve it. Health professionals are largely concerned with the safety and technical aspects of health care delivery. Patients and consumers, while obviously also concerned about these aspects of care, value other aspects of care such as the information provided to them, the communication between them and health care staff, ease of access to services and the surroundings in which care is delivered. Policy makers and service providers have an interest in more population-based measures of health care such as equity of provision, accessibility and cost-effectiveness of care provided.

It has been said that quality in health is too complex and difficult to define let alone measure. While it may be multifaceted there are seven dimensions of health care which can be examined either singly or in combination to provide an overview of the quality of care or service provided and these are outlined in Table 1.1 (Maxwell RJ. Dimensions of quality revisited: from thought to action. Quality in Health Care 1992; 1:171-7).

Table 1.1 Dimensions of Quality in Health Care

Dimension	Meaning
Efficacy	The diagnostic or treatment processes must have been shown to be able to produce the desired result under trial conditions (research)
Effectiveness	The right diagnostic and treatment processes must be undertaken correctly for the right results to be achieved
Acceptability	Health services can only be acceptable when the needs and preference of the client and family are understood by the provider and the client understands the options and shares in decision making
Efficiency	Health services must not only achieve the desired outcomes, they must do so within funding and resource constraints
Access	Before services can achieve their objectives they must be accessible. Distance, cost, waiting times or other factors can be a barrier.
Equity	Individuals with similar need must receive the same standard of care
Relevance	Services should be designed around the needs of their target groups and communities

There is an additional dimension that should be considered in the context of primary care services, that of **continuity** or **integration**. Superb hospital or GP care followed by poor home support for example does not constitute quality service for the client. Each provider in the health service, be it hospital consultant, general practitioner, nurse, physiotherapist, occupational therapist, social worker, receptionist etc. is part of a system of care and must ensure that there is effective coordination and seamless integration between services.

Table 2 summarises what quality is and what activities it entails.

Table 1.2 Quality Components

Quality is.....	Quality activities.....
Understanding what your clients require	Client surveys or needs assessment
Specifying a quality philosophy	Setting service standards
Doing the right things	Clinical protocols/Utilisation review
Doing the right things the right way	Peer review
Doing the right things the right way first time every time	Policies and procedures
Doing the right things using the right people	Accountability and responsibility
Doing the right things with the right outcome	Outcome/performance indicators
Doing the right things with minimum adverse outcomes	Risk management
Doing the right things even better next time	Quality Improvement

Source: Adapted from Quality Health New Zealand 2002

There are some complicating factors that must be acknowledged when it comes to assessing quality in any service. Firstly some quality dimensions may be more relevant to an individual client or patient, effectiveness and acceptability for example, whereas others such as equity and relevance are more relevant at the population health level. Secondly quality in one dimension does not necessarily imply high quality in another and so inevitably there will be tradeoffs between them.

In describing the principle of Quality, the National Health Strategy, Quality and Fairness stated: *“The development of a quality culture throughout the health system can ensure the provision of homogenous, high-quality, integrated health care at local, regional and national level”*. It is now proposed to embed quality more deliberately into the health system through comprehensive and co-ordinated national and local programmes.

2. Quality & Accreditation-International Examples

In many countries primary health care organisations and health professionals have expressed a commitment to quality in the services they provide. This is pursued either in the form of government rules and regulations, professional standards, contractual obligations or a combination thereof. They include continuing medical education (CME), planning/evaluation, development of information systems, extra training/specialisation in primary health care, recertification, incentives for achieving preventive care (e.g. cervical smears, immunisation uptake targets) and the use of disease management and protocols. One method that is increasingly being used is the process of accreditation.

Health care stakeholders, governments, health boards, the general public demand accountability. Continuous quality improvement is the pivotal reason for participating in accreditation.

What is Accreditation?

Accreditation is the longest established and most widely known form of external assessment of healthcare services. The accreditation process is a developmental one using self assessment, the skills of peers trained and appointed as a team of surveyors and is always based on a well-tested framework of healthcare standards. The objectives of the scheme are:-

- To provide for the objective and systematic evaluation of healthcare entities against a set of pre-defined quality standards
- To introduce consistency and equity of quality across the healthcare system for patients/clients
- To provide assurances with regard to the quality status of healthcare entities
- To provide a basis for assuring International Peer Status of healthcare entities
- To provide a basis for validating that public, consumer and purchaser expectations and needs with respect to quality of healthcare entities are being generally met

- To provide impetus for change in healthcare entities
- To act as agency for and inducer of quality improvement in healthcare entities
- To reduce litigiousness in the healthcare system
- To develop a focus on quality and excellence in the healthcare system

Accreditation guides healthcare organisations in identifying their strengths and also their opportunities for improvement and to better understand the objectives and complexities of their operations.

The purpose is to provide an environment which assures safety for patients/clients, staff and the public, within a framework of continuously improving quality of care. Accreditation schemes promote a quality culture in participating entities and place quality at the core of service delivery. It encourages attainment of best practice and promotes a patient/client-centred organisation and delivery of services. The accreditation process evaluates participating organisations patient/client care, support services, leadership and partnership initiatives against national standards that focus on processes and outcomes (The Irish Health Services Accreditation Board).

The Irish Health Services Accreditation Board was established on a statutory footing on the 1st May 2002. Currently the Accreditation Scheme is specifically developed for the acute sector. It is a model for assuring quality, by means of a process of accreditation, in Ireland's health service. Experience to date has been that various health service organisations across Ireland are keen to subject themselves to an in-depth evaluation of the care and quality of services they provide to their patients/clients by reference to a set of standards validated internationally by the International Society for Quality in Healthcare.

Accreditation and Primary Care Services

The Accreditation Process is a continuous learning and improvement cycle. Some of the benefits and attributes of an Accreditation Scheme for primary care services can be described as follows:-

- Demonstrates a commitment to improving standards and service and a willingness to “raise the bar” in pursuit of excellence
- Demonstrates to a Primary Care Team’s service users and partners (Board members, health care providers, staff, clients) that the team has achieved certain high standards
- Evaluates the Primary Care team according to national standards of excellence
- Allows individuals in communities served by a Primary Care Team to take comfort in knowing the standards and quality of care offered are as good as those offered elsewhere in the country
- Requires that Primary Care Teams complete a process of self assessment which provides valuable responses to all aspects of the service.
- Allows the development of a framework outlining current challenges and setting future targets that will continually improve the quality and efficiency of their care and service.

2.1 United Kingdom

The Health Quality Service (HQS) is the longest established health accreditation service in Europe. They work with UK and international healthcare organisations to improve the quality of patient care through consultancy services and the development of standards and assessment processes. All accreditation programmes comprises a set of standards covering all aspects of health care provision, together with an organisational development and assessment process leading to external peer review and an award of accreditation.

Since 1994, over 500 primary health care teams have worked with the HQS standards framework. A 'locally-managed' approach is followed, where the

project is led by locally-nominated primary care professionals, who are trained by HQS to provide support to their primary health care teams throughout implementation. The primary care quality programme comprises standards in ten areas:

1. Management arrangements
2. Finance, Information Management & Technology
3. Human resources
4. Clinical Governance
5. Risk Management
6. Buildings, facilities & equipment
7. Management of medicines
8. Providing patient care
9. Health records
10. Collaboration with other agencies.

It takes on average 12 months from the start of the project to the external peer review. Implementing the programme is a staged process which begins with the primary care team conducting a base-line assessment. The information from this exercise determines the areas which require attention. Thereafter one or two more self assessments are carried out to gauge progress in implementing the standards.

The external peer review survey teams comprise senior health care professionals who work in a voluntary capacity and are chosen for their experience, knowledge and credibility.

During the survey evidence is gathered from documentation, interviews with staff and patients and observations of work in a representative sample of service areas. Within 20-30 working days of the survey a draft comprehensive report of the surveyors' findings is sent to the primary care team and provides the organisation with an action plan and :

- A detailed assessment of its performance against HQS standards
- Identification of areas where performance is satisfactory or where further improvement is required
- Commendations for areas of best practice

- Suggestions and recommendations for improvement

HQS is recognised by the United Kingdom Accreditation Service (UKAS) and organisations that successfully achieve HQS standards are awarded accreditation for a period of three years from the date of the peer review survey. A certificate and plaque of accreditation, and/or ISO certification as appropriate, is provided to accredited organisations.

2.2 Australia

The Australian General Practice Accreditation Limited (AGPAL) was founded in 1997 and is a national non-profit company which is governed by a board representative of the GP profession, Consumers and Government. Assessing the standards is by means of a 3 yearly peer review practice visit. There is a minimum of two surveyors, either 2 GPs or 1 GP and 1 non-GP. The non GP is someone who is currently working in general practice with considerable experience in the area, usually a practice manager.

There are 14 standards grouped into five main areas that describe the qualities of practice activities and facilities required for accreditation

Practice Services

1. All patients are able to obtain timely care and advice appropriate to their needs.
2. The practice provides the opportunity for patients to communicate their health problems and concerns and to receive sufficient information to enable them to make informed decisions regarding their care.
3. In order to promote high standards of care the practice reaches broad agreement on approaches to diagnosis, management and outcomes which are consistent with relevant clinical practice guidelines, based on the best available evidence.
4. Patient medical records contain sufficient information to identify the patient and to document assessment, management, progress and outcomes.
5. The practice works with a range of other health and community services in its area to improve individual patient care.

6. The practice provides health promotion and disease prevention services.
These are based on scientifically validated guidelines.

Rights and Needs of Patients

7. The practice ensures that the doctor(s) and staff respect the rights and needs of patients.

Quality Assurance and Education

8. The practice is committed to quality assurance and continuing education.

Practice Administration

9. Practice staff deal with patients in a helpful and competent way, and can identify emergencies and deal with complaints.
10. Patient medical records are readily accessible for individual patient care, health promotion, audit and research, with due regard to confidentiality and patient rights.
11. The practice ensures that all general practitioners in the practice, either individually or collectively, can exercise full autonomy in decisions that affect clinical care.

Physical factors

12. The practice has facilities that are appropriate for General Practice and which promote the health, safety and comfort of staff and people who use the practice.
13. Medical equipment and resources are appropriate and adequate to ensure comprehensive primary care and resuscitation.
14. The practice services are physically accessible.

The external peer review practice visit generally takes the form of interviewing the principal doctor, interviewing other medical staff, interviewing non-medical staff, directly observing the practice operations and facilities, reviewing medical records, reviewing results of patient feedback and reviewing practice held data and documents such as appointment schedules and policy and procedures manuals.

The guiding principles in the Australian model governing how standards are applied to the accreditation process state that accreditation should:

- Aim to attain the highest quality of general practice in an achievable and gradual manner
- Provide a publicly recognisable measure of quality in general practice
- Be voluntary but should have tangible benefits
- Be for a defined period
- Be an educational and developmental process and not a punitive one
- Be in the hands of the profession

2.3 Canada

The Canadian Council on Health Services Accreditation (CCHSA) is a national, non-profit, independent organisation whose role is to help health services organisations across Canada examine and improve the quality of care and service they provide to their clients.

The first part of the assessment process involves self-assessment whereby the organisation seeking accreditation measures its own compliance against national standards. The key areas that are examined include client/patient care and the delivery of service, information management practices, human resources development and management, the organisations governance and the management of the environment.

The second part of the process is an external peer review using the same national standards to independently measure the organisation through an on-site survey. The findings from the on-site survey are summarised in a written report and recommendations are made to help the organisation develop plans to improve areas which are weak and maintain areas which are strong.

The CCHSA currently has an accreditation program that covers amongst others, community health, acute care, cancer care, home care and long term care.

2.4 New Zealand

Quality Health New Zealand is the accreditation body for health services in New Zealand and is an independent non profit organisation. Membership consists of professional associations and colleges, health provider organisations and health consumer organisations. Quality Health New Zealand promotes measures and recognises quality in the health sector. Accreditation is a peer review process. The accreditation surveyors are health professionals and managers working in hospitals and other health and disability support services. They recognise achievement through awarding accreditation status and other certificates of endorsement and achievement.

2.5 The European Foundation for Quality Management Organisational Excellence Model

The European Foundation for Quality Management (EFQM) Organisational Excellence Model is a non-prescriptive framework based on nine criteria



Figure 1 EFQM Organisational Excellence Model

The model's components shown in figure 1 represent the criteria against which to assess an organisation's e.g. a Primary Care Team's progress towards excellence. Five of the criteria are 'Enablers' and four are 'Results'. The 'Enabler' criteria cover what a Primary Care Service does. The 'Results' criteria cover what a Primary Care Service achieves. There is an audit like

cycle between these two groups of criteria in that 'Results are caused by 'Enablers' and feedback from 'Results' can be used to improve 'Enablers'.

Leaders develop the mission, vision and values and are personally involved in ensuring that the Primary Care Team's management system is developed, implemented and continuously improved. Leaders are involved with clients, partners and representatives of society. They also motivate, support and recognise the organisations people.

Policy and Strategy should clearly outline how the Primary Care Team implements its mission and vision via a clear stakeholder focused strategy supported by relevant policies, plans, objectives, targets and processes.

People criterion is how the Primary Care Team manages, develops and releases the knowledge and full potential of its people at an individual and team based level and plans these activities in order to support its policy and strategy and effective operation of its services.

Partnerships and Resources should define how the Primary Care Team plans and manages its external partnerships and internal resources (finances, buildings, equipment, technology etc.) in order to support its policy and strategy and the effective operation of its processes.

Processes define how the Primary Care Team designs, manages and improves its processes (e.g. evidence based, continuously assessed) in order to support its policy and strategy and fully satisfy and generate increasing value for its service users and other stakeholders

Customer Results are what the Primary Care Team is achieving in relation to its service users and are a combination of perception measures and performance indicators e.g. patient satisfaction surveys, referral patterns, improved practice in response to consumer feedback.

People Results are what the Primary Care Team is achieving in relation to its own people and are a combination of perception measures and performance indicators.

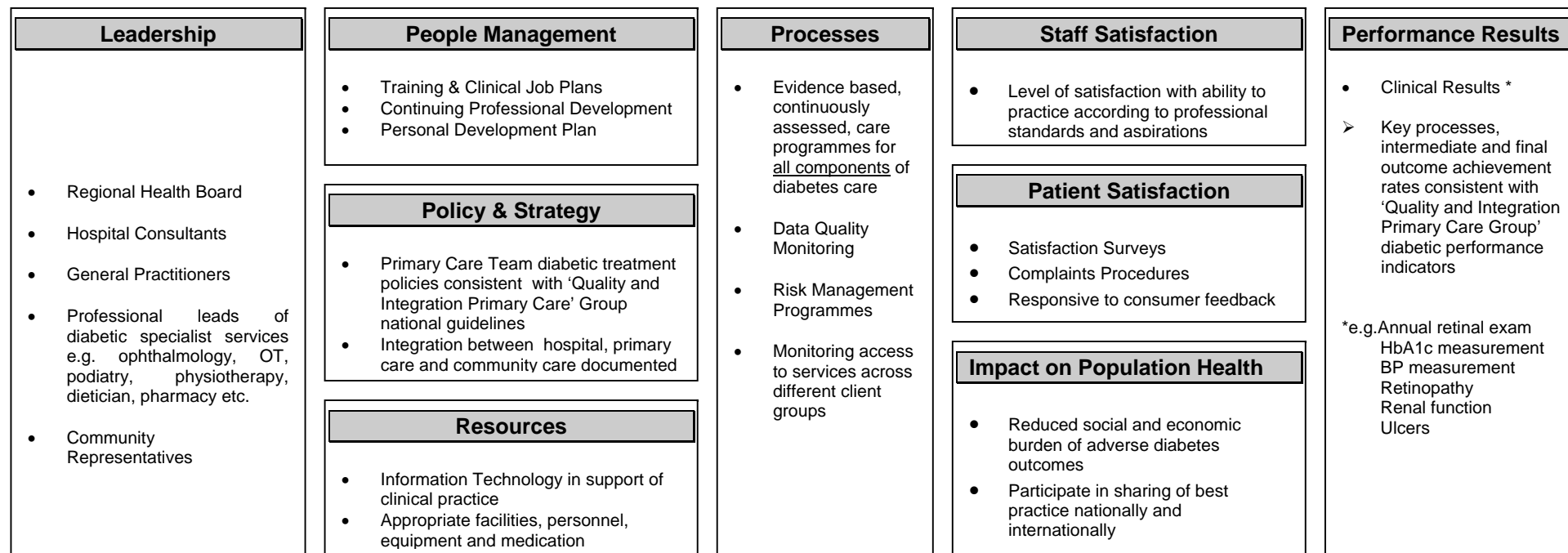
Society Results define what the Primary Care Team is achieving in relation to local, national and population health and are a combination of perception measures and performance indicators e.g. reduced social and economic burden of adverse CHD outcomes, sharing of best practice models.

Key Performance Results are what the Primary Care Team is achieving in relation to its planned performance and include key performance outcomes and indicators benchmarked against those set for example, by the 'Primary Care Quality Group'.

Figure 2 gives an example of how the EFQM Organisational Excellence Model could be used to structure a quality integrated primary care service at the Primary Care Team level. The example shown is for a chronic disease i.e. diabetes but equally the nine EFQM criteria could be used to structure a quality service involving any aspect of primary care be it integration of services between primary and secondary care, referral practices, health improvement/ protection programs, addressing inequalities or prescribing patterns.

Figure 2

An EFQM Structural Model for an Integrated Primary Care Team Diabetes Services



Diabetes is a chronic illness which cannot be cured. In that context diabetes could be used as a model to devise the best method to provide equitable, efficient, cost effective services to the client group in the most appropriate setting. Diabetic services encompass surveillance, prevention, education and disease management programmes across both the hospital and community care setting. This would entail service providers and the client group representatives getting together to work out a strategic plan for services to suit the client without the influence of hidden agendas and self interest. Improved provision of services will lead to reduction in complications, longer life, better quality of life and in the long term reduced cost to the health services.

2.6 Summary

The UK and Australian models of accreditation would appear to provide a systematic and comprehensive approach to tackling the accreditation aspect of the quality agenda for primary care services. In particular the approaches taken reflect the core concepts and values of primary care, they reflect a process of continuous quality improvement, and they address service delivery and coordination, planning, policy, management and the relationship with the community it serves.

The environment in which general practitioners and other members of the Primary Care Team work is also of great importance (Rolan, Holden and Campell, 1998). It is impossible to say what can reasonably be expected of practices working in very different circumstances or with different levels of resource. In other words, approaches to quality improvement suitable for one area may be unsuitable for another. The UK and Australian accreditation models acknowledge this “one size does not fit all” concept by recognising that primary care services encompass a variety of forms of practice in terms of size, service, patient mix and management structure. The UK and Australian accreditation programmes begin with a baseline assessment which identifies the areas which require attention and over a subsequent period of time additional assessments are carried out to gauge progress with implementing national standards prior to the formal external peer review process.

3. A Framework for Quality Assurance in Primary Care in Ireland

3.1.1 National Level

Countries with well established quality programmes tend to support policy, executive and information functions at national level. The policy function consists of a formal mechanism by which relevant parties and government contribute to developing and sustaining a comprehensive, integrated and long term policy on quality. The executive function consists of a unit for the development of national standards and guidance, measurement and training. The information function consists of the collection and dissemination of national and international experience, techniques, data and references, including outcomes following policy changes.

The Health Service Reform Programme sets the agenda for improvement in the Irish Health Service. It presents a unique opportunity for the public, staff and the health system to embed the principles of quality within the health sector to deliver a high quality of service on a consistent national basis. Elements of the programme include:-

1. the reorganisation of the Department of Health and Children, to ensure improved policy development and oversight
2. the establishment of the Health Service Executive, charged with managing the health service as a single national entity
3. the establishment of a Health Information and Quality Authority to ensure that quality of care is promoted throughout the health system

The Health Information and Quality Authority will be established. Its responsibilities will be built around three related functions: (i) developing health information; (ii) promoting and implementing quality assurance programmes nationally; and (iii) overseeing health technology assessments.

It is envisaged that the Health Information and Quality Authority will introduce and oversee accreditation processes across the health system. The overarching aim of the Health Service Executive, (Primary, Community and Continuing Care Directorate), Regional Health Offices, Local Health Offices, Primary Care Teams and Networks will be to ensure that an individual who

needs to avail of primary care services will receive the same high quality of service irrespective of where, when and to whom they happen to initially present.

Proposal

It is proposed that at national level the Health Information and Quality Authority (HIQA) will develop and establish a Primary Care Quality Group. The role of this group should be to advise and provide expert reference for HIQA concerning Quality and Quality Assurance in the delivery of Primary Care Services. The group should also oversee the development of an Accreditation Scheme for quality assurance in Primary Care. This group should be multidisciplinary, geographically and professionally representative and should provide representation for consumers and the community and voluntary sector.

The challenge is to introduce a system that is not overly dependent on measurement and inspection but rather one that is in the interest of Primary Care Teams, and Networks, and its service users. This challenge includes encouraging Primary Care Teams and Networks to continually look for opportunities to improve their services and be willing to 'raise the bar' in pursuit of excellence. Continuous quality improvement should be the pivotal reason for participating in accreditation, rather than something that has to be done. At present there are few incentives on offer to help Primary Care Teams and Networks in this task.

The process could begin by concentrating initially on small areas of activity e.g. Diabetes, Depression etc., to enable the system to develop and to enable the cultural change which must happen in support of it to emerge. Getting Primary Care Teams and Networks involved is probably more important than trying to be too ambitious in the early stages. A broad but basic approach would help to address concerns which are more about eliminating poor quality practice than improving standards in practices which are already providing a high standard of care.

In the development of an Accreditation Scheme, HIQA should include the following:

Guidance which includes standards for clinical and professional practice in primary care based on current best available evidence and international best practice.

Development of Standards and Criteria which relate to the Quality Improvement Process and Performance Indicators related to these Standards.

An implementation plan which sets out requirements at national, regional and local level to enable the standards and performance indicators to be achieved.

a) Guidance

The overall size and composition of the HIQA/Primary Care Quality Group should be such as to enable it to work effectively and efficiently. Development of guidance should reflect the interdisciplinary nature of an optimal primary care service and should be based on international evidence of best practice, clinical effectiveness, cost effectiveness, the experience of health service professionals and managers, consumer values/expectations and legislative requirements. HIQA may wish to develop more specific and detailed guidance for particular elements of primary care services. In the UK; for example, the Department of Health has produced National Service Frameworks on the following areas:

Addressing Inequalities – reaching the hard-to-reach groups

Best Practice

Chronic disease management and self care

Developing the information systems

Funding streams

Health improvement and prevention

Partnership working

Screening/case finding

Referrals

b) Standards

The creation of a comprehensive set of primary care standards for the Irish Health System is a central element to the development of an Accreditation scheme. The Standards and Criteria should reflect the Quality Improvement Process of Plan, Do, Check, Act. HIQA should identify an agreed set of standards for primary care which will also relate to the criteria set out in specific guidance documents e.g. chronic disease management etc. The Standards and Criteria form the scheme and provide a framework within which identification and progression of quality improvement initiatives can be effected. This will require an agreed minimum dataset of information to be collected that would enable performance indicators etc to be generated in achieving the Standards established etc. HIQA should also address the necessary information requirements. The use of a standard dataset means that not only can anonymised data be aggregated within Local Health Offices and comparative reports produced but also it can be aggregated between Regions such that benchmarking the performance of primary care services becomes feasible.

c) Implementation Plan

HIQA should develop an implementation plan incorporating the following components: Communications Plan, Standards Development, Accrediting Body and its Provisions, Surveyors Component, Non-Standards Components and Rollout of the Scheme. It should also set out how the various elements of the scheme will be implemented at national, regional, and local level. The implementation of the Plan would then be addressed through the service planning process by the Health Service Executive (Primary, Community and Continuing Care Directorate), the Regional Health Offices, Local Health Offices and their Primary Care Teams and Networks. This would then constitute the plan for quality development and assurance in primary care services. It could be monitored based on the model of service planning and performance-monitoring which is currently in operation and which continues to be developed in line with the National Health Strategy and the Health Service Reform Programme.

3.1.2 Regional Health Offices and Local Health Offices

Regional Health Offices, Local Health Offices and their Primary Care Teams and Networks should include the achievement of national standards of quality- as determined by HIQA - as a strategic objective, as part of their mission statement. Without this objective the 'culture of quality' does not permeate the entire organisation and it is often left to the enthusiasm and commitment usually of a professional, an individual or small group to promote and nurture quality as it relates to their particular profession.

The implementation of best practice guidelines, the achievement of agreed national standards and the measurement of performance should be an explicit and integral part of the annual service planning process for which Regional Health Offices are held accountable by the Health Service Executive and ultimately the Department of Health and Children.

The Regional Health Offices through the Local Health Offices should establish Primary Care Quality Assurance Committees. Their role will be to put in place plans and procedures to implement the framework of Quality Assurance for Primary Care at each level. Specifically these arrangements should describe the specific functions and responsibilities allocated to organizations, primary care teams and individuals, and identify the leadership and accountability elements therein. The committee should be multidisciplinary, geographically and professionally representative and provide representation for consumers and the community and voluntary sector.

3.2 A Quality Model Process for the Primary Care Team

This model is proposed for the primary care teams established. With an emphasis on measurement and outcomes, a two-part accreditation process consisting of self assessment and peer review answers the need for ensuring quality and accountability by enabling a Primary Care Team to demonstrate the quality of the services they provide.

Self-assessment

The Primary Care team would measure its own compliance against national standards. Applying this self-assessment model to the key processes in delivering health care requires that each of the associated 'enablers' and 'results' criteria (Figure 1) is assessed using the 'plan it, do it, study it, revise it' cycle. See Figure 2.

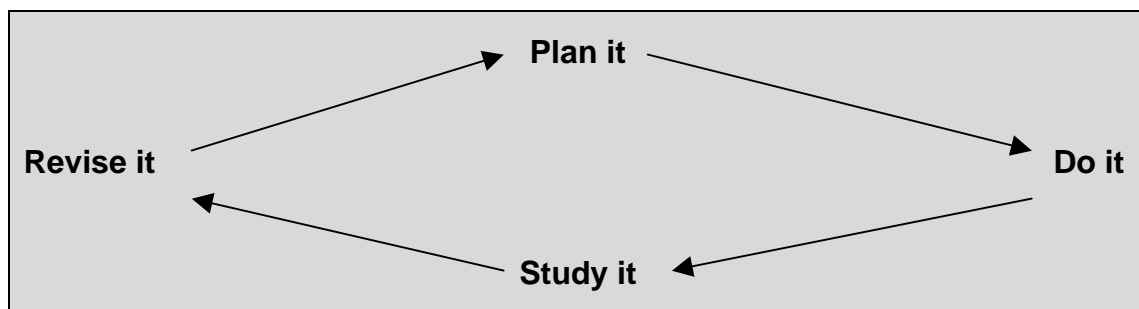


Figure 2 The Annual Quality Cycle driven by Self-Assessment

This means (a) clarifying the leadership and accountability structure, (b) defining the people who contribute to the service, their training and continuing professional development (CPD), (c) reviewing the policies and guidelines that underpin the way that the service is delivered, (d) determining whether the physical infrastructure and information systems are appropriate and (e) reviewing a set of quality indicators that properly reflect the processes, the intermediate and final outcomes of care from the standpoint of evidence based medicine, patients' experience of care, staff morale and its overall impact on population health.

The self-assessment process can be used to ensure that programmes of continuing professional and personal development can be made readily available to all members of the Primary Care team.

External Assessment – Peer Review

External assessment should assure the effectiveness of local self-assessment and ensures external accountability. Reviewers/surveyors from outside the Primary Care Team (e.g. a HIQA "Accreditation Body") should undertake an accreditation survey and use the same national standards to independently measure the organisation through an on-site survey. A small expert peer

review team (trained by the “accreditation body”) should carry out the external assessment on a three yearly cycle. During the on-site visit the reviewers should meet with a broad spectrum of individuals including health professionals, administrative staff, patients/clients to discuss their experiences, perceptions and expectations. The reviewers should also directly observe the practice operations and facilities, reviewing practice-held data and documents such as appointments schedules, complaints procedures, hospital referral protocols, risk management programmes etc. The findings from the survey should be summarised in a written report and should focus on the organisation’s strengths and weaknesses. Recommendations should be made to help the organisation develop a Quality Improvement Plan to improve areas which are weak and maintain areas which are strong. A full survey report and confirmation of accreditation status should formally be furnished to the organisation within a specified time period.

Post-survey, the organisation should submit a report to HIQA detailing progress with the implementation of the quality improvement programme agreed with the review team during their survey visit. This should be followed up by a quality improvement programme progress review visit at a specified period post-survey to assess progress in implementing a Quality Improvement Plan and address the recommendations made in the Accreditation Report. Organisations undertaking Accreditation should have the possibility of a number of different award categories. The Accreditation status awarded should be for a specific period.

Subject to review and the establishment of the appropriate structures, this model can be used with regard to the network and the other community and continuing care services.

4 Recommendations

Framework

The early establishment of the Health Information and Quality Authority (HIQA) is recommended. This is regarded as essential due to the leadership role it will provide with regard to the development of national frameworks for quality assurance/accreditation. In addition a significant amount of preparatory work will be required so that the programme can be rolled out and established at an early date.

An appropriate framework for quality assurance systems for primary care, based on accreditation, should be developed. National standards and protocols for quality care, patient safety and risk management are to be drawn up. The quality assurance framework shall be centred upon the experience of the service user. It should recognise that 'one size does not fit all' and should be based on needs assessment and allow for variations in primary care teams and networks with differing resources.

A Primary Care Quality Group should be established by HIQA to oversee the development of an Accreditation Scheme for quality assurance in Primary Care. This expert reference group should be multidisciplinary, geographically and professionally representative and provide representation for consumers and the community and voluntary sector.

The establishment of the appropriate structures to develop and support the Quality Assurance framework at Health Service Executive, Primary, Community and Continuing Care Directorate, Regional Health Office, Local Health Office and Primary Care Team and Network levels are to be established.

The Health Service Executive through the Regional Health Offices and Local Health Offices should establish Primary Care Quality Assurance Committees. The committee should be multidisciplinary, geographically and professionally representative and provide representation for consumers and the community and voluntary sector.

Regional Health Offices, Local Health Offices and Primary Care Teams and Networks shall implement a structured set of programmes on national initiatives to improve performance and promote quality assurance. To enable the system to develop, small areas of activity such as Diabetes Care could initially be addressed.

Process of Accreditation

A Quality Assurance framework should be based on a model of a two part accreditation scheme consisting of a process of self-assessment and external peer review.

Agreed Standards and Criteria to meet the standards shall be established by HIQA. These should reflect the primary care model as set out in the strategy, *Primary Care: A New Direction*.

Development of Standards

The involvement of service providers/members of the primary care team, primary care network, consumers, the community and other key stakeholders is essential in the development of standards and frameworks.

Impact on equity: meeting the needs of disadvantaged groups, reducing inequalities in health and ensuring equality of outcomes should be addressed in the establishment of relevant Standards and the development of appropriate criteria to achieve the Standards.

The Standards and Criteria established should include:-

- integration within primary care services and between the primary and secondary care sectors
- community participation

Standards and Criteria could initially be piloted in selected Implementation Project Areas.

Implementation

An implementation plan which sets out the requirements at national, regional and local level shall be drawn up. The plan will promote and implement structured programmes of quality assurance.

It is appropriate that a Quality Assurance framework is established in the first phase of the approved implementation projects. The primary care teams are appropriate locations to develop and implement the Quality Assurance Framework.

The development of a communication plan is an essential element in the development and rollout of the framework.

Enablers

The framework developed should not be over bureaucratic or punitive. There is difficulty in promoting and establishing a Quality Assurance framework if heavily reliant on measurement techniques. It is essential to get the right balance between qualitative and quantitative data.

The provision of incentives to promote the Quality Agenda is to be explored. It must be in the interest of primary care teams and networks and could incorporate access to additional resources for development of services.

Organisations undertaking Accreditation should have the possibility of five distinct outcomes, such as those currently awarded by the Irish Health Services Accreditation Board.

- Accreditation
- Accreditation with Report
- Accreditation with Focused Visit
- Pre-Accreditation Status Recognition – Advanced
- Pre-Accreditation Status Recognition - Early

Appendix 1 Terms of reference and membership of Quality Sub-Group

Having regard to the principles, objectives and actions as set out in the National Health Strategy 'Quality & Fairness, A Health System for You', the National Primary Care Strategy 'Primary Care – A New Direction' and the National Health Information Strategy and to the new national structures proposed thereunder, including the Health Information & Quality Authority, the National Hospitals Agency and the Primary Care Task Force

- To examine models for quality and quality assurance in other health care systems, both within and between professional groups
- To examine models for integration within the primary care sector and between the primary and secondary care sectors
- To examine the strengths, weakness, opportunities and threats for quality, quality assurance and integration in Ireland
- To provide leadership and be advocates for quality and integration initiatives within primary care
- To liaise as appropriate with multidisciplinary stakeholders in the development of frameworks for quality and integration to be developed by the Primary Care Task force, the Health Information and Quality Authority and health boards
- To make prioritised recommendations for quality, quality assurance and integration planning for the coming seven to ten years.
- To liaise appropriately with the other sub-groups of the Primary Care Steering Group and with the Primary Care Task Force

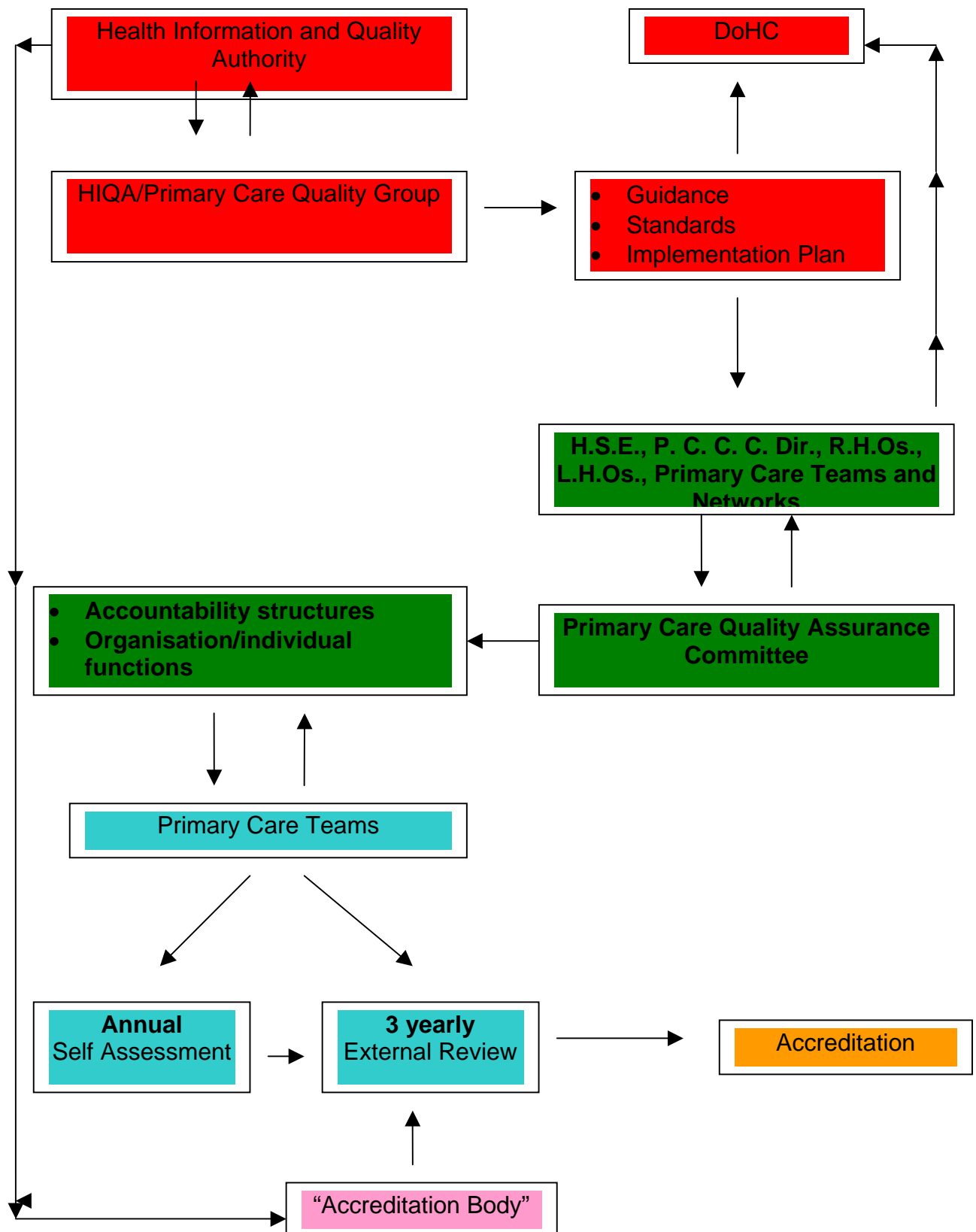
To provide progress reports at each Steering Group meeting

Membership

Dr Jim Kiely (Chair)	Dept of Health and Children
Theresa Carroll	SIPTU
Dr Colm Costigan	Irish Hospitals Consultants Association
Marie Culliton	Academy of Medical Laboratory Science
Angela Daly ^{Note 1}	Combat Poverty Agency
Monica Egan	Irish Association of Social Workers
John Hayes	Primary Care Task Force
Dr Tony Holohan	Dept. of Health and Children
Dr Siobhan Jennings	Health Board CEO's
Dr Cormac Macnamara	Irish Medical Organisation
Ann McGee	Pharmaceutical Society of Ireland
Paddy McGowan	Irish Advocacy Network
Eileen O'Farrell ^{Note 2}	Nursing Alliance (INO)
Brigid Quirke	Pavée Point

1. Clare Farrell was the nominated representative to September 2002
2. Maria Molloy was the nominated representative to March 2003
Dr Alan Smith Dept. of Health and Children, January to June 2003

Appendix 2 A Proposed Framework for Quality Assurance in Primary Care



Appendix 3 Patient/Client Involvement

Community participation is an essential component of a more responsive and appropriate system of care which is truly people centred. Action 52 of the Health Strategy *Quality and Fairness: A Health System for You*, provides for the participation of the community in decisions about the delivery of health and social services. Actions include:

- Initiatives to be taken to inform and educate the public about the health system including greater communication about the choices and competing priorities in the decision making process
- Randomly selected consumer panels to be convened at regular intervals in each regional health board to allow the public to have their say in health matters that concern them locally

In December 2002 the Health Board Executives (HEBE) published the Community Participation Guidelines Health Strategy Implementation Project in response to Action 52 of the Health Strategy (Available at www.hebe.ie). This document provides a framework and various models of community participation that could ensure patient and client involvement in the planning and delivery of quality primary care services at National, Regional and local Primary Care Team level.

Glossary of terms

Best practice guidelines	Generally accepted principles for patient management. A practice accepted by more than 95% of providers.
Continuous Quality Improvement	A strategic approach that establishes an integrated approach through which an organisation can achieve continuous incremental improvements in its chosen key performance measures by focusing on better leadership of people and the improved management of business processes.
Community Involvement	The active involvement of local communities and voluntary groups in the planning and delivery of primary care services.
Criteria	Specific steps, activities or decisions that must occur to achieve the standard, Numbered: 1.1, 1.2...Specific criteria guide the Quality Improvement process and help establish priorities.
Equity	Everyone should have a fair opportunity to attain full health potential and, more pragmatically no-one should be disadvantaged from achieving this potential, if it can be avoided (Health 21, WHO). Equity means that: health inequalities are targeted and people are treated fairly according to need. The system must respond to people's needs rather than have access dependent on geographic location or ability to pay.
Multidisciplinary/interdisciplinary	The term used to describe professionals from more than one discipline working together in a co-ordinated way.
Performance Indicators	<p>A measurement tool which is used as a guide to monitor, assess and improve the quality and effectiveness of patient/client care, support services and organisational functions.</p> <p>Types of Indicators:-</p>

Structure – May assess whether the organisation has the resources to provide quality care.

Process – May incorporate standards of practice or care.

Outcome – May demonstrate the frequency of desired or undesired outcomes.

Primary Care Network

A wider network of health and social care professionals who will work with a number of primary care teams. The primary care network will involve the following professions, chiropodist, community pharmacist, community welfare officer, dentist, dietician, psychologist, speech and language therapist.

Primary Care Team

A group of primary care providers who come together to form a multi-disciplinary primary care team. The team members include general practitioner, nurse/midwife, health care assistant, home help, occupational therapist, physiotherapist, social worker, manager, receptionist/clerical officer.

Quality Assurance Programmes

Standardised quality systems to support best patient care and safety.

Quality in healthcare

Quality in healthcare means doing the right things consistently to ensure:

- Clinical effectiveness
- Consumer satisfaction
- Staff retention
- Sound financial performance

Service and care based on best-practice evidence and meets approved and certified standards.

Standard

Desired care, service or outcome, goals to be achieved.

A statement of a measurable level of performance which can be achieved.

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Department of Health U.K., National Service Frameworks which included resource packs under the following themes:-

Addressing inequalities – reaching the hard-to-reach groups, Best practice, Chronic disease management and self care, Developing the information systems, Funding streams, Health improvement and prevention, Partnership working, Screening/case finding, Referrals.

Information on the Q-Tracks and Q-Probes system, College of American Pathologists, Quality Performance Measurement Programme

Information on the Personal Outcome Quality System.

Pavée Point Travellers' Centre, Traveller Proofing – Within an Equality Framework, March 2002.

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The Equality Authority, An Equality Proofing Template For the City and County Development Boards.

The following reports which had been prepared for the National Health Strategy Steering Group:-

1. Quality in Healthcare.
2. National Consultative Forum Quality in Health Care Sub-Group Report to the Steering Group.

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