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Exploring the implications of health system reorganisation for quality improvement in primary care

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Introduction

In England, **General Practice (GP) is facing difficulties** – declines in patient & staff satisfaction, challenges with access, increased GP practice closures/mergers

National strategies for **Quality Improvement (QI) at scale** –

- National contracts – specifying service delivery requirements
- Policy initiatives – digital and workforce innovations often central
- QI programmes – offering financial, educational, hands-on support for practice-level QI initiatives in line with national priorities
- **Reorganisation** – organisational restructuring to enable QI

How can reorganisations of **GP practices, GP practice networks and commissioning** support local QI efforts, and what challenges do they bring?

Methods

Qualitative interview study

Methods…cont'd

Study setting: part of a wider evaluation study of QI in GP

Data collection: 13 national stakeholder interviews (Oct-Dec 2024)

- Professional, commissioning & government bodies, charity sector, research

Data analysis: thematic analysis (Braun & Clarke, 2006)

- Familiarisation based on the 'organising for quality' framework (Bate et al, 2008)
- Subsequent inductive coding and theme generation
- Identifying organisational affordances and contextual enablers/constraints

Member validation:

- 3 workshops with case study sites; 1 workshop with advisory group

Findings

- Larger GP practices
- GP practice networks
- Commissioning by integrated care boards (ICBs)

Large GP practices: affordances

GP mergers forming **large practices** (approx. 15-50.000 population) or **super-partnerships** (approx. 50-400.000 population)

- the scale to manage and exploit workforce and digital innovations
- the skill-mix and capacity to lead and deliver QI
- the capacity to engage with external QI opportunities
- more likely involved in evaluations that shape policy

Large GP practices: challenges

- Unintended consequences of scaled innovations

  "the introduction of skill mix rapidly, […] sometimes [patients] just don't feel known by someone who they have never met before, so that interferes with continuity […] [and] they're going to be less well able to cover all aspects for the patient's care, the holism aspect of it. […] So, we have to try and deliver what we know is important […] in new ways" (Academic GP)

- Creating the right environments for larger teams

  "I think interestingly people are working more and more in silos rather than together, because they are bigger teams and it's more difficult to bring them together." (GP commissioner)

  "developing the leadership skills, getting the processes right, enabling practices to build a team ethos […] [for] the large numbers of new staff coming into general practice. […] it will help with retention if there's an organisation that they want to work with." (Policy researcher)

- Reinforcement of larger GP practices

  "the frontrunners tend to be the bigger practices […]. They benefit from any resources that might be available to test and pioneer [new] initiatives. But also, there's a bias in the evaluation in the sense that you're only looking at [those practices]" (National policymaker)

GP practice networks: affordances

Primary Care Networks (i.e. group of practices collaborating to support a 30-50.000 population & deliver a network contract)

GP federations (i.e. single at-scale organisation consisting of member practices serving an approx. 100.000 population)

- Delivery of services at scale – *e.g. extended GP hours, immunisations*
- Can support delivery of integrated care in the community
- Pooled resources to relieve GP pressures – *e.g. staff, funding*
- Collective GP voice
- Peer support and collaborative improvement

GP practice networks: challenges

- Running of a network

  "practices within PCNs view that money as basically their money as opposed to money they can't access. And so, [they] are much less inclined to agree leadership development, quality improvement development, because that funding isn't fenced specifically for that purpose." (QI consultant)

- Conditions for quality improvement work

  "go beyond […] incentivisation of specific tasks [and services] – recognising that they could support improvement projects in their networks. But that it needed sustained data support, organisational development, and […] change agents to work with practices." (GP policy researcher)

- Establishing relationships and collaboration

  "something around primary care networks as a national policy […] is the idea that PCNs will do some of this work […] organically, and it does in some places […] but it's not universal." (Policy researcher)

  "we had very good relationships with commissioners and providers, good clinical leadership […] and very good relationships with local academics […] In other areas, they haven't had the established networks that we have." (GP commissioner)

Integrated care boards: affordances

Integrated care boards (i.e. responsible for planning, commissioning, and improving the delivery of integrated services for 500.000-3 million population)

- Discretionary funding for locally-driven QI
- Make national QI opportunities accessible to GP practices
- Support the scaling-up of local QI initiatives
- QI capabilities to support GP practices

Integrated care boards: challenges

- Contradictory roles

  “why would I share everything I do with the ICB, because they’ll just manage a contract for it. […] there needs to be a provider of that improvement programme that feels separate from the contract management […]. That could be ICB teams separating themselves out, or […] using a third party” (QI consultant)

- Expertise to address local GP priorities and QI needs

  [ICBs] can tailor the [QI] offer more. […] [But] if you don’t have specialist capacity to do that locally, knowledge of what good QI looks like, or how to contract manage people effectively who are providing that on your behalf, [then] it might not be as effective, […] funding might drift away from it. (Policy researcher)

  “Do they have the understanding and relationships with practices locally, to be able to […] offer the tailored support that’s needed?” (National policymaker)

- Capacity needed to offer QI support

  “ICBs […] have faced cuts in recent years. They are much larger than [previous commissioning bodies] were, […] [they] deal with financial and quality performance in the secondary care sector. Do they have capacity [for] […] supporting the out-of-hospital sector and general practice. (National policymaker)

Discussion

- Opportunities of scale in large GP practices can add complexity that drives a need for QI work
- Larger GP practices and GP practice networks can offer capacity for QI – but only if QI work is supported and resourced
- ICBs play an important intermediary role – leveraging national resources for local QI – based on local GP relationships, QI expertise, and sufficient capacity
- Wider reorganisation of the NHS can threaten the development of local QI capability if not managed carefully

Thank you

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