BRACE
Rapid Evaluation Centre

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A rapid evaluation of the commissioning and delivery of quality improvement programmes across general practice in England

Case study site workshops
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28 July 2025

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Objectives for this workshop

- Share and discuss overall evaluation findings
- Share and discuss NHS Surrey Heartlands ICB findings
- Dissemination

Background

- **Patient access:** challenges due to increasing healthcare demands, alongside organisational and politically driven pressures

- **Quality improvement (QI)**
  - **National:** e.g. the General Practice Improvement Programme to implement the Modern General Practice access framework
  - **System:** Integrated Care Boards (ICBs) responsible for planning, commissioning, and supporting local services
  - **Local:** general practices & Primary Care Networks (PCNs) responding to the needs of patients, practice staff, system change and incentives for business sustainability

- Growing interest in understanding '**how QI is navigated at the system-level?**'

Evaluation aim and questions

To develop insights about the organisation, commissioning and delivery of quality improvement programmes targeted at improving access in general practice

1. What are the drivers, rationale, key characteristics of such programmes?
2. How do ICBs support the commissioning and delivery of the programmes?
3. How do ICBs work with primary care networks and practices, as well as national bodies, to support QI in general practice?
4. What lessons can be synthesised to support commissioning, development and delivery of QI in general practice?
5. How can findings inform future decision-making and research on general practice quality improvement programmes for commissioners and providers of general practice?

Rapid evaluation design

WP1. Mapping relevant literature	**WP2.** national stakeholder experiences	**WP3.** qualitative case studies		**WP4.** sharing learning
Two key reviews (Grey) lit review to find improvement initiatives	12 interviews with national stakeholders in commissioning, developing, and delivering improvement in general practice	ICB 1 ICB 2 ICB 3	32 interviews across ICB, PCN, GP practice stakeholders Online survey for a wider reach across stakeholder groups (n=37) 2 focus groups with Patient Participation Groups	Workshops at each case study site (n=3) to discuss findings & inform further analysis

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Limitations and caveats

- In 2 of 3 ICB sites, there was good engagement and access to participants; however, data gathered during time of collective action
- More interviews completed with staff at ICBs compared to those working in general practice
- Poor engagement across sites with our survey despite being relatively short (in length and duration) to complete
- Significant missing data from several questions in the survey

Findings from national stakeholder experiences

Improving access to general practice - in practice

Public – access is a main concern, but not a new issue

National initiatives – focus on appointments, workforce and digital innovation, transformation, and efficiency

General Practice implications –

- financial incentives are important in pressured climate
- where the work of whole practice implementation sits
- finding ways to maintain continuity and holistic care
- supporting patients to navigate changes and manage expectations

Supporting quality improvement – the role of ICBs

Cultural –
Collective sense-making between ICB and GP

- Multiple roles of the ICB, i.e. managing contracts, and supporting improvement
- Understanding local history, and having shared goals

Structural –
ICB organisational functions and abilities

- Providing resource and support for improvement
- Sharing learning locally and nationally
- Managing system relationships for collaboration

"Do ICBs, to practices, feel like a supportive team or do they feel like they're contract managers? That's the difficulty."

Improvement consultant

"commissioner – that term covers a multitude of responsibilities. Not only sort of overseeing the delivery of the services that practices are responsible for through their contract, but also shaping the market, setting direction, providing support, sharing best practice. And lots of those things contribute to quality improvement."

National policymaker

Supporting quality improvement – the role of ICBs..cont'd

Political –
Understanding and including the GP voice

- Advocating for GP in wider system planning
- Ongoing dialogue to align opportunities to local need

"Do they have the understanding and relationships with practices locally, to be able to […] offer the tailored support that's needed."

National policymaker

Emotional –
Supporting and motivating general practice

- Facilitating: highlighting, streamlining, adapting external opportunities
- Enabling: providing the support and resource to improve
- Empowering: sharing accountability for design & delivery

"a facilitator rather than imposing quality improvement on the ground, on the frontline. So, providing the tools would be very helpful, providing the time and resources to engage with quality improvement, but it has to – quality improvement needs to engage and be led by clinical professionals on the front line"

GP at Professional body

Supporting quality improvement – the role of ICBs...cont'd

Educational –
Development needs beyond GP training

- ICB capabilities (i.e. analytics, QI, PPIE) and capacity to support GP
- Local leadership development, i.e. practice managers, leadership for improvement and partnership working

"that overlap of building up the leadership alongside improvement […] identifying those real champions in your patch and giving them the tools to grow and become the leaders in their space, is, I think, really powerful."

Manager at Charitable organisation

Physical/technological –
Focused on analytics and implementation

- System-level intelligence, i.e. population health management, benchmarking
- How to use national frameworks, tools, indicators for local improvement

"a national offer isn't one thing for everyone, it's almost a national framework that needs contextualising"

Improvement consultant

Key lessons on the role of ICBs for quality improvement in general practice

- **Learning about local needs in general practice** – through analytics, engagement with patients and the public, and GP relationships
- **Simplifying and adapting national contracting and opportunities** – making sense of national offers; contextualising to local needs; communicating core tenets
- **Harnessing system relationships** – to support the delivery of integrated services for patients; facilitating collaborations for improvement; to advocate for GP priorities
- **Offering improvement support** – through training and development, hands-on support, improvement expertise, resource (time and financial)

Findings from case studies - The role of Integrated Care Boards

Description of case studies

Riverdale: formed from three former CCGs with many of the same staff, covers four local areas with 100+ GP practices, has a strong primary care legacy

Midvale: Over 1 million residents across four areas, has 150+ GP practices, a high proportion of ethnic minority communities.

Northbridge: Oversees the commissioning and contracting of primary medical care services for over 250 GP practices. These practices are spread across five localities.

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Breakdown of data collected

- Data collection between Oct 2024 and May 2025

	Riverdale ICB	Midvale ICB	Northbridge ICB	Total completed
Staff interviews	13	12 (1 joint interview)	7	32
PPG focus groups	1	1	-	2
Online survey responses	27 completed	10 completed	-	37

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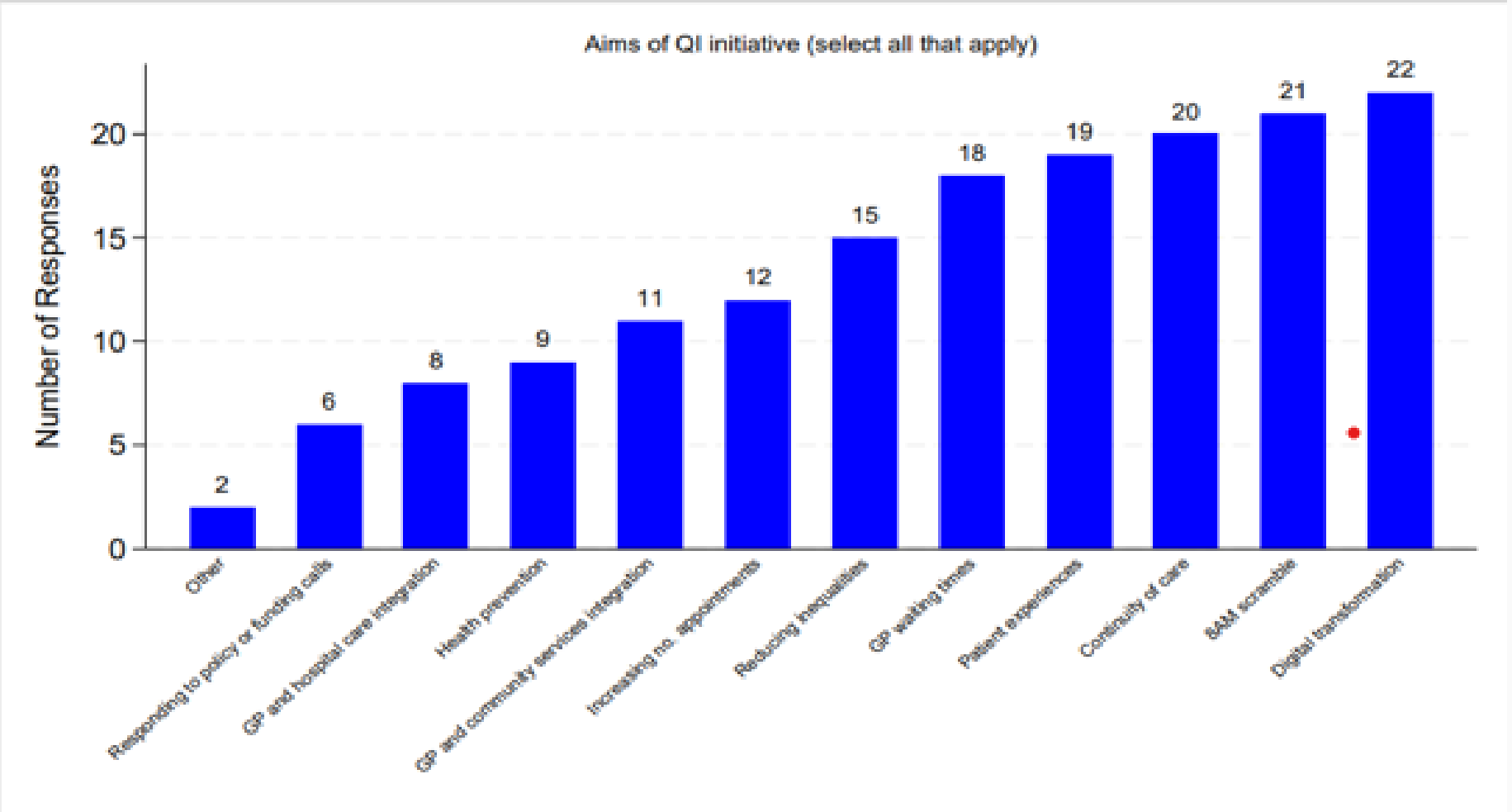
Survey Results

Of 37 completed responses:

- 25 work in general practice
- 6 work in the ICB
- 2 work in a primary care network
- 1 work as a patient participation group member
- 3 other

Aims of QI initiatives



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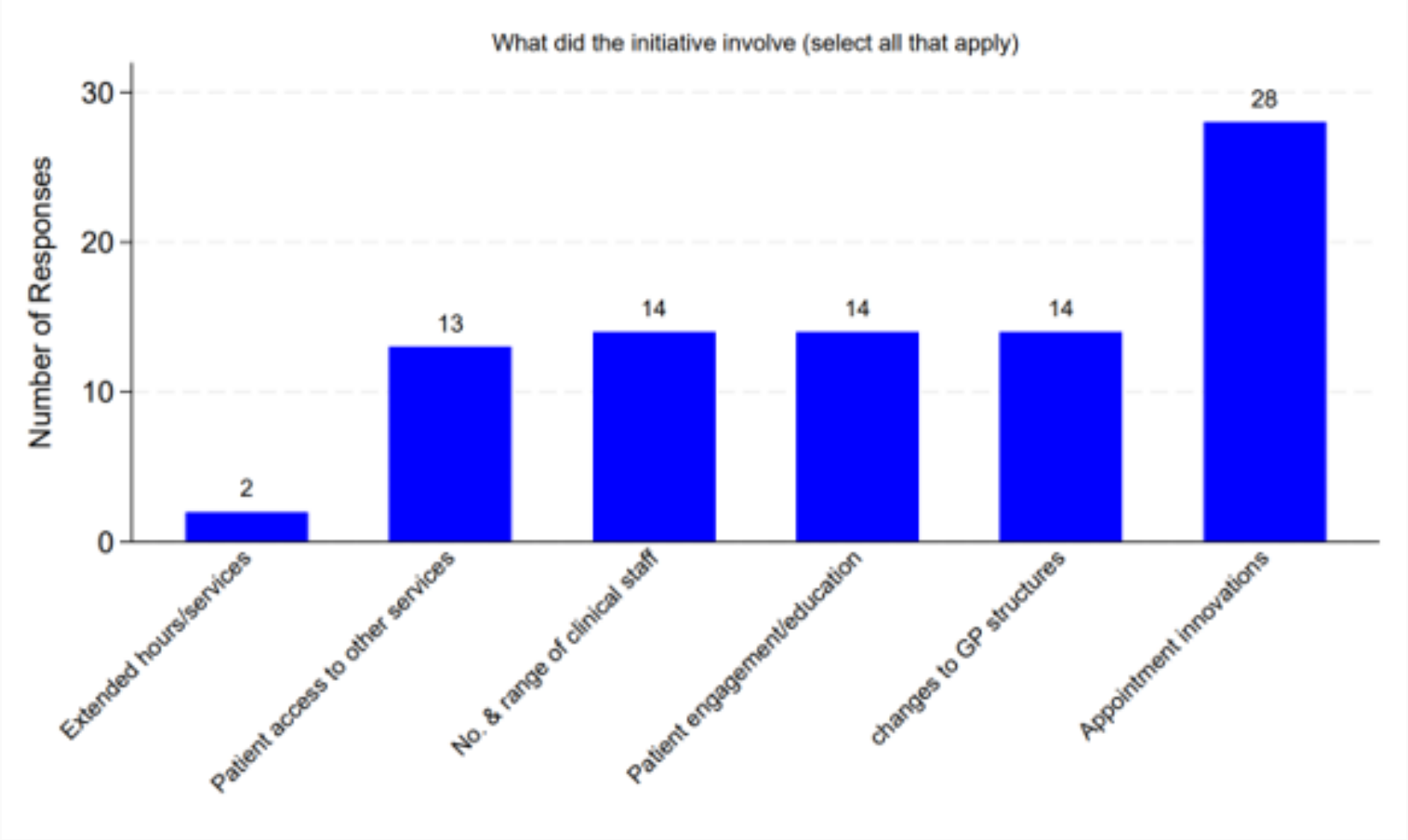
Activities involved in QI initiatives



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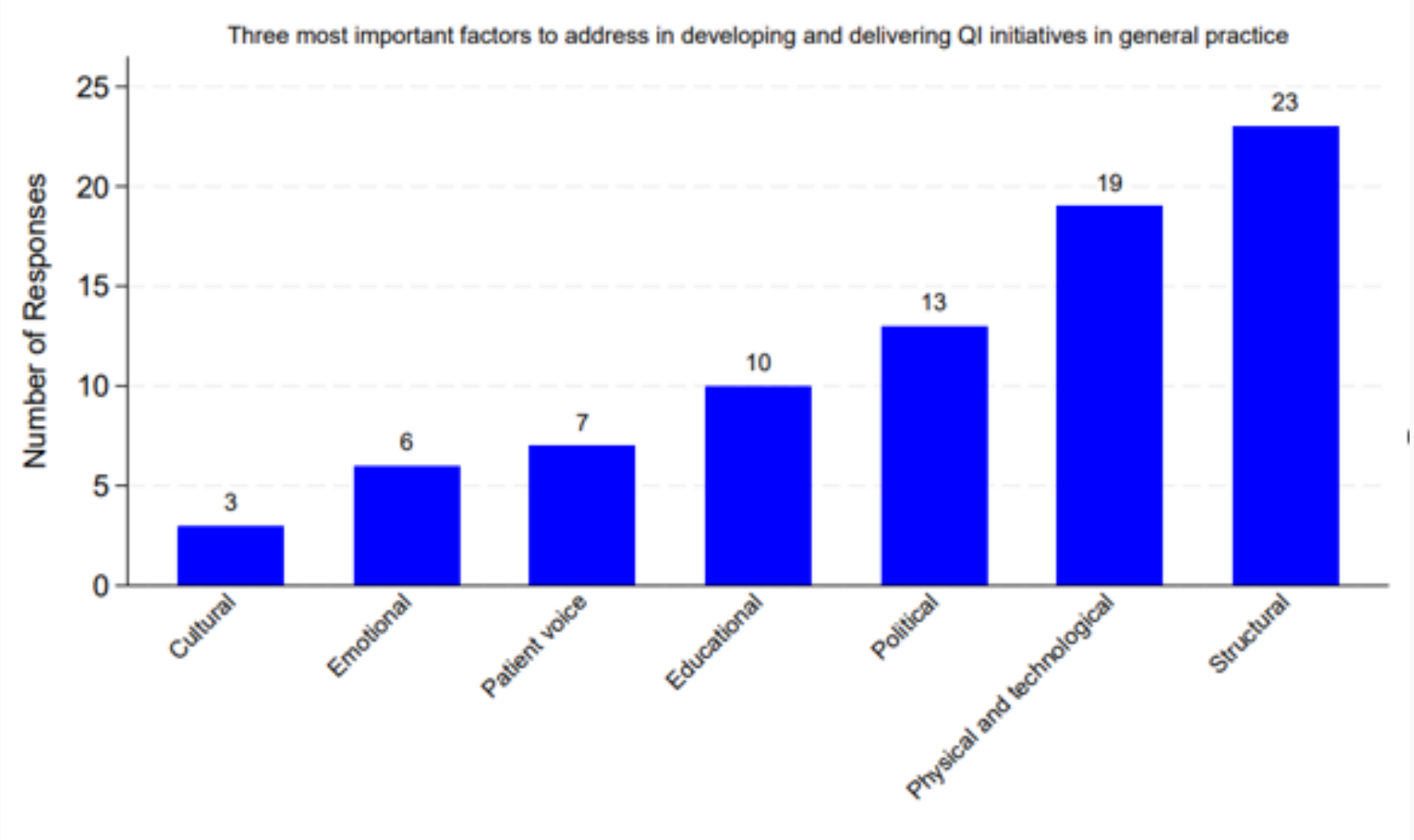
Top important factors to address related to QI development/delivery



- ‘Increasing political uncertainty about how primary care operates, e.g. use of hubs; whether primary care is more about diagnosis than treatment; recruitment of both professional and ancillary staff; increasing bureaucratic workload.’
- ‘There is insufficient statistically relevant meaningful feedback from patients.’
- ‘Senior teams working at a strategic level need to understand the practical challenges on the frontline. Often, frontline staff are unable to identify themselves with the expectations of strategy.’
- ‘Without a proper structure/management support and adequate funding it is very difficult to deliver quality improvement and evaluate them’

The role of Integrated Care Boards

- Population health management within budget constraints
  - Planning services and managing contracts
  - Addressing health and care inequalities
  - Improving service efficiencies and integration
  - Reducing unwarranted variation in GP performance indicators

- System-wide partnership working
  - Include patient and general practice voice in system planning
  - Coordinating national priorities
  - Co-design local QI programmes with general practice

Examples of quality improvement initiatives at multiple levels

- ICB/place
  - Often data-driven – collated data may trigger ICB/place to reach out to practices to problem solve, prioritise, guide improvements
  - In-person workshops for peer networking and learning
  - Buddy system programme to enable peer-learning from high to lower performing practices
- Primary care network/super practice
  - Community hubs
  - At-scale triage hub, using care navigators and advanced clinical practitioners
- Practice
  - Changing appointment times via the BMA safe working guidance
  - Improvements to registration for asylum seekers

Findings from case studies – Riverdale

Relational

‘Now some of that is about how we advocate, some of that is about how we enable, some of that is about how we pull the threads on the challenges that lots of different people are having so that we can hear that there’s a theme there and it might be something that we address together. And sometimes it’s a little bit about being a mediator because it’s really easy for one part of the system to blame the other part of the system for what’s not going well .’

- Facilitation role of the ICB, and one of collaborator/supporter as compared to more traditional commissioner role
- Connected practices from across the system footprint (through ICB programme)
- Participants recognised the need to align patients’ expectations

Transactional

‘So now it’s time for us, having dealt with those [issues], to really try and make things different and use our money in a better way to, on a long term basis, to improve healthcare rather than sticking plasters and fire fight.’

‘For me, having funded time out to think about how you can make things more efficient, it’s slightly more painful in the short term, but seems to work very effectively in the long term. You don’t have to do that very much before you start getting big improvements as a result, and you end up earning back the time that you spent thinking about it.’

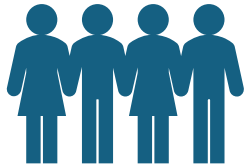
- Riverdale uniquely invested significantly in primary care, i.e. through their ICB programme
- Though a few practices engaged with the national GPIP offer, Riverdale saw greater value in their in-house offer
- Many people acknowledged how funded time was critical to giving people headspace for change

Developmental

'That's investing in the data and that's really bearing fruit. And I know the GPs who piloted that over the last year, they were astonished that that was the case, they had no idea in their practices and actually being able to develop systems to deal with that has really enabled them to both give space and time for other patients but actually focus on the quality outcomes for those particular patients as well. '

'…there was lots of discussion around access and models of how you could triage… using cases of how people have innovated and discussion between the people that were there to try and look at what are the pros and cons of each of the models and how you would functionally do that within practice, what IT solutions you need to be able to do that…'

- A few participants spoke to collating general practice data, while acknowledging challenges to data access
- Initiative using data and external analytics capability to improve care for 'frequent attenders'
- Riverdale utilised peer networking as an approach to knowledge sharing and learning at scale



Findings from case studies – Midvale

Relational (2)

'When we had CCGs, GPs were much more involved… So our GPs on all our management committees. When we changed to ICBs we lost a lot of that, and I think GPs were a bit put out by it. I guess change is disruptive, so it was quite disruptive. But now we're getting to a place where we're starting to build much better relationships.'

'You have to have a constant presence. There's the phrase that our engagement team call 'Trusted Voices'. You have to develop that relationship so that those groups recognise and trust some of the messages that their ['Trusted Voices'] are supporting in their communities.'

- ICBs needed to be seen as valuing and understanding general practice, including involving and engaging GPs
- General practice leadership varied due to the complex landscape; in some areas local medical councils were seen as resistors to change
- Midvale was considered by some in general practice as more of an ICB that prioritised monitoring performance against national and local outcomes

Transactional (2)

'The [modern general practice] pot of funding, really helps. So that's attached to certain key areas around access for example, like much more online access. So what we've done is, we go out to visit practices, we talk them through what they need to do, done some training sessions, workshops. That's really helpful, but that was external funding that came through. So those sort of initiatives are really, really helpful, because they give us an excuse to go and see practices.'

'it's quite a commitment for practices, especially small practices that there's only two GPs and a manager, taking them out…Sharper change management implementation is helpful rather than it being such a lengthy programme…'

- ICBs engaged in a sense-making process with the national level but also with practices themselves, to encourage and incentivise them to participate in national offers and coordinate activities across practices
- Though practices engaged with the national GPIP offer, comments suggest that more could be done to meet local practice needs and also given the diversity of communities
- In some cases, ICBs promoted spread of local best practices; however measuring impact has proved difficult to ascertain

Developmental (2)

'…there's nothing like hearing from your peers about what's difficult.'

'…So in every place, anybody that has anything to do with practices come together and they share soft intelligence about who's doing well, who's not doing well, who we're worried about, who's got a new practice manager…And they just share their access to that CQC dashboard and the local intelligence.

'That's why that element of the improvement [unit] is really important to me, it's how you create the organisations that continuous improvement and quality matter and how do you build that culture within your own smaller organisation.'

- Midvale utilised peer learning as an approach to knowledge sharing
- A few participants spoke to using general practice data to support quality improvement, though also acknowledging challenges to data access
- The ICB is committed to quality improvement and building capability to support service development/quality improvement but is still early on in implementation

Questions and reflections

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Key learning

- Quality improvement is complex, time-consuming and resource intensive-working in small and disparate organisations such as general practices and PCNs requires place-based nuanced thinking and solutions
- ICB role in population health management, including reducing unwarranted variation is critical
- ICBs have a key role in funding and providing support, guiding priorities, establishing and sustaining peer-learning networks at the local level
- Wider re-organisation of the NHS can threaten ongoing regional/local work on GP quality improvement

Plan for outputs and dissemination

- Two academic peer-reviewed publications, end of August 2025
- Three case study workshops to share findings with sites, June and July 2025
- Workshop, led by National Voices, to gain views of patient groups (August 2025)
- Infographic, August 2025
- Health Services Research UK conference (delivered), July 2025
- European Forum for Primary Care Conference, September 2025

Thank you

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More information about BRACE can be found at: https://www.birmingham.ac.uk/research/centres-institutes/brace-rapid-evaluation-centre

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