



RNZCGP Annual Quality Symposium 2010

Date: 12/13 February 2010

Venue: Te Papa, Wellington

Topic: Voyage to Quality – the continuing journey

Theme: Primary Care working to improve clinical outcomes

The Royal New Zealand College of General Practitioners Annual Quality Symposium has been endorsed by the Royal New Zealand College of General Practitioners (RNZCGP) and has been approved for up to 15 hours CME for the General Practice Education Programme Stage 2 (formerly AVE) and Maintenance of Professional Standards (MOPS) purposes.

The College of Practice Nurses have approved 15 hours of CNE points.

DAY 1 – Frontline primary care clinicians taking the lead to progress quality, safety and clinical improvement for the benefit of patients

8.45 – 9.00		Mihi	Amster Reedy, RNZCGP Kaumatua
Primary Care leadership in Quality – Chair Dr Harry Pert President (RNZCGP)			
9.00 – 9.15	1	Introduction –	Dr Harry Pert (RNZCGP)
9.15 – 9.35	2	NZ Health System Quality Direction	Hon Tony Ryall
9.35 – 9.55	3	Better Sooner More Convenient, and the implementation process	Ashley Bloomfield (Acting DDG, Sector Capability & Innovation)
9.55 – 10.15	4	Breakout • Introductions and expectations of participants • Comment on quality direction	
10.15 – 10.35		Morning tea	
How well is primary care doing in New Zealand – the evidence for where we are now – Chair Dr Jim Vause			
10.35 – 10.55	5	NZ Primary Care – A success story OECD & Commonwealth fund results for NZ primary care – where are the gaps?	Prof Peter Crampton (Otago)
10.55 – 11.20	6	The Quality Landscape in NZ (2009) Findings from the Voyage to Quality survey of general practices, primary health organizations, IPAs, SMOs, Sector organisations	Dr Roshan Perera (WSM) Dr Caroline Morris (WSM)
Quality exploration and frameworks: NZ, Australia & UK – Chair Prof Tony Dowell			

11.20 – 11.50	7	<i>New Zealand</i> Voyage to Quality – A Quality Framework for primary care	Dr Roshan Perera (WSM)
11.50 – 12.10	8	<i>Australia</i> A Quality Framework for Australian General Practice A discussion of work being done by the Royal Australian College of General Practitioners has done in the area of general practice quality improvement	Dr Chris Mitchell (President RACGP)
12.10 – 12.30	9	<i>United Kingdom</i> The Quality Agenda in English General Practice <ul style="list-style-type: none"> • The quality agenda in the English National Health System and how this relates to general practice • Current initiatives for quality assurance and quality improvement – a ‘crowded field’ • Paying GPs for performance – the ‘Quality and Outcomes Framework’ and its impact • The King’s Fund Inquiry into the Quality of General Practice in England • Where is the quality agenda going? 	Dr Nick Goodwin (Kings Fund, UK)
12.30 – 12.45	10	Facilitated discussion – questions/ideas from participants Roshan Perera, Chris Mitchell, Nick Goodwin, Candace Imison, David Galler	
12.45 – 1.30		Lunch	
Primary Care Quality & Information leadership to improve structures for clinical effectiveness through integrated care – Chair Nick Goodwin (Chair of the International Network for Integrated Care)			
1.30 – 2.15	11	‘Under one roof’ – UK Polyclinics delivering integrated care & shifting care from hospital to community-based settings Lessons from the UK experience of shifting services to the front line to deliver integrated and more personalized care in an area of technological change and increased costs. The polyclinic model integrates clinical and managerial leadership across primary care settings to enable care to be provided closer to patients. There are benefits for people with long-term conditions as care is integrated through rapid referral and sharing of expertise between teams.	Dr Candace Imison (Kings Fund, UK)
2.15 – 2.30	12	Facilitated discussion – questions/ideas from participants Candace Imison, Kathy James, Vicky Noble, Chris Mitchell, Harry Pert	
Quality & Information to support clinical effectiveness in NZ – Chair Dr Harry Pert			
2.30 – 2.40	13	Enabling Quality – quality and information update	Dr Bev O’Keefe (GPLF)
2.40 – 3.55	14	RNZCGP – Quality Agenda – update	Dr Roshan Perera (WSM) Dr Caroline Morris (WSM)
3.55 – 3.10	15	IPAC Information Agenda – update	Fiona Thomson (IPAC)

3.10 – 3.25	16	Comment – Practice based clinical governance, and the future of primary care information systems <ul style="list-style-type: none"> • How do we use next generation IT systems to improve quality outcomes? • Managing the risks of implementing major IT change • Some thoughts on the long term for primary care information systems 	Dr Karl Cole (GP)
		Comments & questions/ideas from participants	
3.30 – 3.45	Afternoon tea		
Children are the future – The role of primary care in improving child health – Chairs Dr Jo Scott-Jones & Vicky Noble			
3.45 – 4.30	17	Child health – Children are the future and outcomes for NZ children are among the worst in the OECD	Prof Innes Asher, Department of Paediatrics: Child & Youth Health
4.30 – 5.10	18	Integrated care and child health: lessons from the international experience <ul style="list-style-type: none"> • The International Network of Integrated Care • Understanding the nature of integrated care • Models and approaches to the organisation of integrated care • Examples of two approaches for child health and their problems: the medical home (USA) and SureStart (UK) • The role of the general practice in care integration • Common challenges to successful care integration and implications for child health 	Dr Nick Goodwin – Chair, International Network for Integrated Care
5.10 – 5.20	19	Child health – a quality issue Example of a practical activity that organizations in primary care can do to progress child health at a local or national level e.g. immunization, rheumatic fever	Fiona Thomson – operational & Dr Ros Gellatly – clinical governance
5.25 – 6.00		Facilitated discussion & questions/ideas from participants Harry Pert, Tane Taylor, Tony Dowell, Innes Asher, Nick Goodwin, Chris Mitchell, Candace Imison, Jim Primrose, Laurence Malcom, Api Talemaitoga, Jim Vause	
Close	Summing up – Day 1		Dr Harry Pert

DAY 2 – Primary Care adapting to meet new challenges in health & methods of working across primary care teams & Interactive workshops

8.30	Day 2		
Introduction to Day 2 & New approaches – Chair Dr Tane Taylor – Te Akoranga a mauī			
8.35 – 9.00	1	Improving patient outcomes through Better @ Work	Dr Kevin Morris (ACC)
9.00 – 9.20	2	<p>Evaluative quality assurance – a participative approach focusing on outcomes of value.</p> <p>This session introduces the concept and practice of evaluative quality assurance.</p> <p>Evaluative quality assurance begins by asking – what would quality look like if practice performance was defined by the extent to which the patient outcomes achieved by a practice represent quality and value for patients and their wider whānau and community?</p> <p>Evaluative quality assurance requires a focus on the quality of practice care, safety, responsiveness and commitment, as well as the outcomes of value to patients, their whānau and the wider community.</p> <p>Evaluative quality assurance:</p> <ul style="list-style-type: none"> • Answers questions about the value that patients and their whānau gain from their experience of practice care, the usefulness and the contribution of this care to longer term outcomes such as improved quality of life etc. • Explores qualitative and quantitative evidence about outcomes and the key processes which contribute to them. • Enables a participatory approach, using systematic enquiry to reach robust judgments about quality and outcomes of value. 	Kate McKegg
9.20 – 10.15	3	<p>Towards Integrated Primary Care Organisations in England</p> <ul style="list-style-type: none"> • The challenge to health systems: why integrated primary care is needed • Trends in general practice and primary care • The current 'core activities' performed in English 	Dr Nick Goodwin (Kings Fund UK)

		<p>general practice – extending its role</p> <ul style="list-style-type: none"> Emerging models of care: polyclinics, GP-led health centres, and federated practices The Integrated (Primary) Care Organisation The key challenges for the future: extending access; ensuring quality; meeting patient demands; supporting continuity; improving community health; managing demand and resources 	
		<p>Facilitated discussion & questions/ideas from participants Nick Goodwin, Candace Imison, Nicola Young</p>	
10.15 – 10.35 Morning tea			
Relationships in primary care and quality processes – Chair – Dr Chris Fawcett			
10.35 – 11.00	4	<p>Health Promoting Practices</p> <p>The Health Promoting Practices Framework builds on the Cornerstone quality accreditation to expand primary health care to include a health promotion and a population health perspective. It is based upon the Health Promoting Settings Approach, an approach to health promotion that has been extensively and successfully used internationally in a wide range of settings.</p> <ul style="list-style-type: none"> Health promotion practitioners work with practice teams to decide on health priorities and work on these across the continuum from individual/family/whanau through to the promotion of public policy. The Health Promoting Practices framework has already applied this approach in pilot practices to smoke cessation, lifestyle elements of CV risk reduction, and Well Child. A key component is increasing the general practice team’s knowledge on how they can better manage social determinants of health for their patients, and in turn contribute to reducing inequalities in health outcomes. The practice is mentored to examine their enrolled population and to target those with highest health and social need. 	Nicola Young
Lessons from CORNERSTONE			
11.00 – 1.00	5	<p><i>Interactive workshop</i> Sharing the learning – CORNERSTONE assessors identify solutions to establish practice based clinical governance systems</p> <ul style="list-style-type: none"> Visions of integrated care Examples from CORNERSTONE assessment visits 	Dr Jim Vause (CORNERSTONE Assessor, QAC, Te Akoranga a Maui) Turuki

		<ul style="list-style-type: none"> • Primary care integration and community engagement: the kaupapa Maori approach • Organised general practices: the well oiled business • Practice based clinical governance: a bottom up method <p>Presentations followed by a workshop focused on what is needed to improve the quality of mainstream general practice in NZ.</p> <ul style="list-style-type: none"> • <i>690 general practices are now registered in the CORNERSTONE programme</i> • <i>500 practices have been assessed by CORNERSTONE assessors</i> 	
1.00 – 1.15	6	An update on H1N1 in 2010 – assistance for the health workforce	Steve Brazier, National Director Emergency Management (MOH)
1.15 – 2.00 Lunch			
KEEPING YOUR PRACTICE SAFE – CORNERSTONE – Chair Dr Jane Burrell			
2.00 – 2.15	7	<p>Significant Events Reporting – Reporting incidents to inform improvements and close the loop</p> <p>A report on progress to develop a system for managing events and risk in primary care. ProCare, East Tamaki HealthCare and Pinnacle have been part of the development team to ensure the approach supports existing general practice and PHO systems that have been developed to meet requirements for CORNERSTONE.</p> <p>A taxonomy used to identify each incident will enable unidentifiable information to be shared with the MOH Incident Management System (NZIMS) to support national learning and feedback within primary care.</p> <p><i>(BACKGROUND – Pat Snedden, Chair QIC (Feb 2009), invited the College to take the lead and work with primary care organizations to develop a primary care approach to sharing outcomes with the NZIMS reporting system.)</i></p> <p><i>Concept Development Team:</i> Associate Prof Susan Dovey, Maureen Gillon, Dr Chris Fawcett, Waveney Grennell, Richard Okeby, Vanita Hira (ProCare), Dr Richard Hulme (East Tamaki HealthCare), Hayley Lord (Pinnacle)</p>	Dr Chris Fawcett
Risk Management Systems in general practices			

2.15 – 5.45	8	<ul style="list-style-type: none"> • Launch of a new training module for risk management in general practice • How is your practice prepared for major risk or emergency? <p><i>Interactive workshop – be prepared for fun and learning!</i></p> <p>Support for general practices: What is out there and how can you use it?</p> <p><i>Case studies will include:</i></p> <p>Data disaster, practice relocation, emergency and business continuity planning, IT management, fire preparedness, pandemic update, local coordination, linkages with CORNERSTONE and <i>Aiming for Excellence</i></p> <p><i>Regional primary care emergency planners</i></p> <p><i>Afternoon tea break at 3.15 – 3.30</i></p>	<p>Barry Simpson Simon Barton Chris Webber Andy Wisheart John Coleman Karen Stephens Phil Schroeder (GP – Canterbury Pandemic Planning Group)</p>
5.45		Closing comments	Dr Tane Taylor