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Dear Dr Morris

Feedback on the National Screening Unit Quality Framework 2014

Thank you for the opportunity to comment on the draft *National Screening Unit Quality Framework 2014* (the Quality Framework). The Royal Zealand College of General Practitioners (the College) commends the National Screening Unit (NSU) on its work in updating the quality framework for screening programmes in New Zealand, and refreshing and refocusing the way quality assurance and quality improvement occurs.

The College is the professional body and post-graduate educational institution that sets the standards for general practice, providing research, assessment, post-graduate training, and on-going education and support for general practitioners and general practice. College Fellows provide advice and expertise to government and within the wider health sector. The College aims to improve the health of all New Zealanders by supporting and strengthening high quality care and standards in general practice.

The College has a focus on ensuring high quality patient centred clinical care is delivered in CORNERSTONE[®] accredited general practices by vocationally registered general practitioners.

The Quality Framework

We understand the Quality Framework aims to define a set of key quality principles and essential quality requirements to ensure the best possible outcomes from screening programmes. The College notes that the framework is designed for all people working in screening programmes including the NSU and providers of services. The framework identifies the following five components as essential to the safe and effective practice of organised screening programmes:

- a central agency to lead and coordinate the screening pathway;
- clinical governance;
- infrastructure and systems to manage a screening programme;
- monitoring and evaluation; and
- quality cycle.

The Quality Framework describes quality requirements under each component. The requirements are intended to "help to ensure screening programmes are doing the right thing, at the right time, in the right way, for the right person – and having the best possible results". You have asked for feedback on the Quality Framework and, in particular, on what has been included (or may have been omitted) within each component.

Screening is an important aspect of the care of patients in general practice. *The Royal Zealand College of General Practitioners' Foundation Standard*, which is the minimum national standard for general practice, acknowledges that the NSU is responsible for the safety, effectiveness, and quality of health and disability screening programmes in New Zealand.

The College's response

The College commends the NSU on the new trajectory of the Quality Framework which is intended to lead to a faster, greater impact for screening programmes and activities, and supports an organisational culture that generates and maintains the momentum for continuous quality improvement. The College supports the overall content of the Quality Framework, which is thoughtful and comprehensive. Set out below are the College's more specific comments.

Roles and responsibilities

The document states that the Quality Framework will apply to both staff in management and/or governance roles as well as to individuals who work in the NSU or in provider organisations. The Quality Framework also acknowledges that the NSU has both governance and operational roles, stating that the NSU "has responsibility for the national operational function and strategic management" (page 16).

It is the view of the College that it would be useful for the NSU to clarify at a broader level how the Quality Framework applies to governance of the delivery of screening programmes and how it applies to the corresponding management and operation of these programmes. We note from a general practice perspective, the various groups involved in screening include the NSU, its operational unit, primary care organisations, and general practitioners. Governance and operational functions take place at various levels. We are of the view that although the current arrangements for screening are well developed, the roles and responsibilities at each level are not well reflected in the Quality Framework.

Furthermore, some of the requirements of the Quality Framework relate to the governance of the delivery of screening programmes whereas other requirements relate to the operational function of delivering programmes. We consider that it would be helpful to clarify which requirements pertain to governance of the delivery of screening programmes (eg, leadership on equity) and which requirements relate to the operational function (eg, provider relationships and contract monitoring). This would assist services and individuals to better understand the roles and responsibilities relating to governance and those that relate to the operation of the screening programmes.

Essential component: Clinical governance

The Quality Framework establishes clinical governance as an essential component, and the section on clinical governance outlines structures and relationships rather than any activities of clinical governance. We note the recent study by Robin Gauld and Simon Horsburgh¹ on the implementation of clinical governance in New Zealand, which is of some relevance to this section. The authors identified key dimensions in the context of New Zealand's clinical governance policy for the public healthcare system which included:

- management-clinical partnership structures;
- sharing of decision-making power;
- devolution of responsibility to clinical units;
- active support for clinical leaders.

Interestingly, the study found two areas demanding attention in order to build clinical governance at the local level:

- building systems for organisational governance and leadership; and
- building professional governance arrangements.

¹ Gauld R, Horsburgh S. Healthcare professionals' perceptions of clinical governance implementation: a qualitative New Zealand study of 3205 open-ended survey comments. *BMJ Open* 2015;5:e006157. doi:10.1136/bmjopen-2014-006157

The literature often identifies the elements of clinical governance to include:

- risk management;
- clinical audit;
- education, training and continuing professional development;
- evidence-based care and effectiveness;
- patient and carer experience and involvement; and
- staffing and staff management.

The College notes that the Quality Framework intertwines clinical governance with other components of the framework, and that the above elements are discussed in other sections. However, the College's view is that this approach somewhat downplays the importance of clinical governance in the Quality Framework. We suggest stressing that clinical governance is an essential component of the Quality Framework and clarifying that the specific elements that comprise good clinical governance are addressed elsewhere in the framework (eg, risk management and audit are included in the section on quality cycle). We also acknowledge that many of the elements of clinical governance could fall under more than one component. For example, agreeing on standards and measuring performance against those standards (under "Central agency to lead and coordinate the screening pathway") could also be included in the audit section.

Implementation

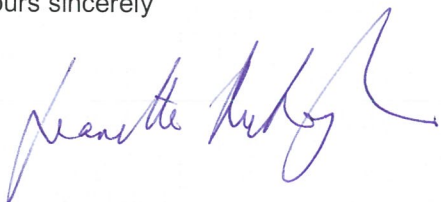
We understand that the Quality Framework is aimed at both individuals involved in the screening programmes (who need to be aware of the Quality Framework) and those in management or governance roles (who must ensure that staff are meeting the requirements). The Quality Framework states that the framework is intended to "be used by those who plan, provide, and evaluate the quality of screening services funded by the NSU" and "be a working tool that can be applied to all programmes currently managed by the NSU" (page 7).

The College is of the view that the framework takes a good look at the key principles underlying quality improvement in the delivery of screening programmes. However, we question how these will be implemented in practice. The Quality Framework briefly discusses implementation and sets out a variety of ways staff can contribute to the requirements of the Quality Framework (page 10), but does not expand further on this aspect. Consequently, the expectations of each element of the framework are unclear.

The College also considers that it would be helpful to explain how the Quality Framework will be rolled out and communicated to relevant stakeholders, and how it will sit with the current screening programmes (and their current standards and arrangements). It would also be helpful to discuss how the Quality Framework will be monitored and reviewed.

We hope you find our comments helpful. If you would like any further information or clarification please do not hesitate to contact the College's policy team (policy@rnzcgcp.org.nz).

Yours sincerely



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