

Tell your story

NICE Shared Learning Awards 2008



Linking the commissioning role of the PCT to the GP education and training strategy

Aim

The aims are to support GPs to implement NICE guidelines in a way that focuses on the key issues that will reinforce or change current clinical behaviour, and to identify where there may be misalignment between guidelines and existing clinical practice or commissioning plans.

Objectives

The objective is to support GP implementation of NICE guidelines, with each team having their own responsibilities:

Trust NICE Implementation Steering Group

- Issuing guideline summaries, highlighting local commissioning and prescribing issues;
- Facilitating 'NICE Bites' GP workshops;
- 'Exception reporting' to address areas of conflict or need for development;
- Funding protected learning time to develop implementation processes.

General practice teams:

- Clinical lead reviews existing care pathways;
- Discussion and agreement about changes/barriers at clinical team meeting;
- Adopt and amend 'WRIGGLER' pathway.

Context

In 2007 the PCT set up the NICE Implementation Steering Group. The Group considered the definition of 'reasonable steps' and agreed that, while immediate implementation of every guideline in every practice was unrealistic, robust, multi-faceted support for dissemination, education and audit, backed by robust commissioning arrangements, would be achievable.

Results

GPs have been able to develop NICE implementation processes, and the Trust is assured that patients receive evidence-based care.

Examples include:

- GPs receive summaries = timely review / change of practice (WRIGGLER);
- NICE Bites = network discussion / learning / dissemination;
- Commissioning and Prescribing involved = proactive service development and management of non-compliance;

- Protected learning time = process mapping and quality improvement skills (WRIGGLER);
- Whole primary healthcare team approach = improved patient awareness and care.

Monitoring and evaluation

This system is relatively new to the Trust and had monitoring and evaluation built in from the start. Evaluation and feedback from NICE Bites workshops and practice protected learning time have proved invaluable, such that there is full support for both initiatives to continue into the future. Commissioning managers have sought advice from the Steering Group and have devised audits for those guidelines that help avoid unnecessary hospital admissions.

Key learning points

- Have a strategy to support general practice teams;
- Change and complexity needs buy-in from all parties from the start;
- Maximise the modes of dissemination to appeal to all styles of adult learning;
- Have local ownership of the issues;
- Communication both within the PCT and with 'providers' is essential;
- Protected learning time is a cost-effective use of resources.



Bournemouth and Poole

SHARED LEARNING AWARD ENTRY SUBMITTED BY

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