

Top ten tips: Managing poor performance in general practices

This document offers practical advice to commissioners responsible for dealing with cases of poor performance in general medical practices.

- 1. Have an agreed process before you start.** That means agreement at board level. The process should try to encompass all eventualities, including policy on remediation and sanctions.
- 2. Assess the risk to patients and act quickly if necessary.** That will depend on
 - The seriousness of the problem
 - How long the problem has existed
 - Whether the practice has insight
 - Whether the practice will engage in putting it right.

Immediate action might be suspension of the contract, or an individual and referral to the [GMC](#) and perhaps [NCAS](#).

- 3. Find out the cause, as well as the nature of the problem.** Failure at practice level may be rooted in a number of causes:
 - **Problems with organisational performance, such as:**
 - Very high demand for services
 - Unrealistic expectations
 - Lack of investment
 - Ineffective teams
 - Inadequate infrastructure
 - Poor systems and processes
 - Dysfunctional culture
 - **Poor individual performance caused by:**
 - Health problems
 - Behaviour
 - Lack of clinical capability
 - Dysfunctional organisations

4. Keep a journal. Record

- Decisions made with reasons
- Who is responsible for actions
- By when
- When they are actually carried out.

You need the journal so that everyone who needs to be informed has the same understanding, to provide continuity and to be accountable. A record shows that you have followed the rules and made sensible decisions. And if it ever comes to court, a contemporaneous account will be invaluable.

5. Use valid information. You need well documented qualitative and quantitative information, such as

- Clinical governance visits (where these have been for development)
- Prescribing visits
- The annual contract visit, including premises
- QOF assessment, PPV, 5% random checks
- Validated patient opinion and access surveys
- The results of infection control compliance visits
- Secondary care referral rates
- Use of out of hours/A&E services by patients
- Health outcomes mapped by the PCT public health team
- Locally agreed, systematic, data based monitoring such as dashboards and scorecards.

6. Know the rules. It is very important to go by the book, or you will trip up later. Use the [GMS and PMS regulations](#) – they are more helpful than you think!

7. Involve directors, clinicians and your expert networks. Performance issues should be handled at a senior level. Clinicians will know the rights and wrongs of practice and be credible to the practice in question. And the experience of others can be the most helpful of all. The LMC should have an important and helpful role, but the decisions remain with the PCT.

8. Aim for improvement before sanctions. Always be prepared to think the best of people. But bear in mind the risk to patients.

9. Be proportionate. Minor risk means minor action, sanction or support.

10. Follow up and sustain and, finally, share. In the end, others need to learn from you.

- Is improvement real?
- Is there an agreed progress plan, backed up by indicators?
- Learn the lessons
 - Prevention is better
 - What went right
 - What went wrong may be as important