



Joint statement on improving GP performance management processes

There is a strong desire within the BMA's general practitioners committee (GPC England) and NHS England and Improvement (NHSEI) to ensure that GP performance management systems are timely, fair, proportionate, supportive and transparent.

Following constructive discussions between GPC England and NHSEI, the following NHSEI commitments have been agreed which, when fully implemented, will improve the current performance management process and support just decision making by all those involved in the handling of performance concerns.

NHS England and Improvement commitments:

The [Framework for Managing Performance Concerns in Primary Care](#) outlines the management of performance concerns for performers included on one of NHS England's Performer Lists directed by its governing principles. The delivery of these principles is captured within [A practical guide for responding to concerns about medical practice](#) and the achievement of the trinity of opportunities as captured in its opening section, Purpose of this guide;

'When a concern arises about a doctor's practice it presents a three-fold opportunity to protect patients, support professional behaviours by the doctor and improve quality in the organisation. These are achieved through reflection and learning by all involved in an open, fair and effective manner. To realise all three is a challenge requiring skill, wisdom and leadership on the part of the responsible officer. The circumstances in which potential concerns come to light commonly increase this challenge.'

The actions of NHSEI professional standards teams will also be directed by consideration of the recently revised GMC guidance; [Effective clinical governance for the medical profession](#) and its four principles.

1. Encouraging early resolution

- We will ensure that GPs are informed of performance management investigations at an early stage, and by a senior member of NHSE regionally who has awareness and understanding of the impact of such investigations and who can provide/signpost to appropriate support.
- Increase awareness and understanding of the PAG and PDL processes (and their overarching aims) by GPs and those involved with the handling of concerns through the production of a dedicated GP-focused primary care guide informed by the Framework and its governing principles and utilising the generic practical guide. Discussions have been initiated with the GPC to develop this guide which will continue. Benefits of utilising a common guide as appropriate across the three performer groups has been recognised, this will require discussions with the other relevant stakeholders. However, the guide for GPs will be a logical blueprint to inform such discussions.
- Discussions to date with the GPC have highlighted the importance of early engagement with the performer to enhance their professionalism and inform the appropriate actions to achieve the trinity of opportunities outlined above.

2. *Improving our consistency of approach*

- The establishment of NHS England in 2013 provided an opportunity to converge the delivery of responding to professional concerns about GPs by 150+ PCTs into initially 27 Area Teams, subsequently 15 local offices and now 7 regional teams. Incremental convergence has enabled the opportunities of 'at scale' for professional standards teams to provide skill mix, peer review and support and resilience. This is been complemented by the regular calibration of case managers and investigators within teams.
- Whilst recognising the above, there is recognition of some variation. To address this, we will introduce a regional peer-review process to prompt discussion and learning between NHS regional offices, and improve teamworking, consistency, and quality of our performance management activities.
- We will engage constructively with relevant stakeholders including Local Medical Committees, medical defence organisations, and CQC seeking their input as part of the peer review process.
- Local Medical Committee members should routinely be included in the PAG membership to provide their valued contribution and support the transparency of the delivery of the Framework, and where appropriate act as the discipline specific clinician of a PLDP.
- We will encourage and facilitate the merging or regionalisation of PLDPs, while retaining local PAGs to build on the benefits of 'at scale' to support consistency, resilience and skill mix
- We will ensure that, to continue in their role, all PLDP chairs have appropriate experiential learning and engagement in their peer network.
- Members of PAG and PLDP following their initial training benefit from variable ongoing support. There are examples of good practice with the provision of a programme of networks, which by the discussion of relevant topics enables the opportunity to deliver the three components of the 'network blueprint': to provide relevant updates, calibration and sharing of insights and good practice.

3. *Improving performance management data capture and analysis*

- We will ensure the consistent use of the national 'Lightning Arc' case management system in all regions to enable the collection of data and the production of robust and comparable data sets.
- In the short term the collection of data will have a focus of the process elements to demonstrate consistency, but we anticipate once achieved the inclusion of quality and outcome measures agreed with relevant stakeholders.
- We will publish a summary report of performance management activity and outcomes (including regional summaries) on an annual basis, and report it at NHS England Board level

4. *Ensuring equal treatment of GPs with protected characteristics*

- To help tackle bias, we will introduce anonymisation into the performance management process where appropriate. Understanding the context of the GPs professional circumstances is important to inform the supportive and constructive actions, however there are opportunities to anonymise some elements of the assessment which will not add inappropriate burden to the team. Appropriate opportunities will be clarified by further discussions with the GPC. Several professional standards teams utilise anonymised case scenarios to support calibration and therefore consistency of actions. The peer review process will be utilised to

identify such examples of good practice. In addition, anonymised case scenarios may be utilised within the peer review process to facilitate calibration.

- Expand annual mandatory training for professional standards colleagues involved in responding to concerns to include bias / human factors to complement established equality and diversity training.
- Facilitate the collection and recording of data on all protected characteristics (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) by working in collaboration with relevant stakeholders including the GPC, RCGP and GMC – and to work with relevant stakeholders to ensure appropriate data is collated once to avoid duplication of requests to GPs.
- Update the PCSE online portal to allow the provision of protected characteristic information
- Along with GPC, actively promote and encourage GPs to provide protective characteristic data to PCSE online, and when providing data to regional performance management teams.

GPC England and NHSEI will continue to work together during 2020 and beyond to fully implement the commitments set out above, with the shared aim of promoting patient safety, practitioner development and organisational improvement.



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