



## **QI Boxset**

### **Webinar/podcast transcript: Anne Lawson on Clinical Governance and Quality Improvement**

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#### **RCVS Knowledge**

Welcome to the Quality Improvement Boxset by RCVS Knowledge. A series of webinars, podcasts, and video interviews for practices and practitioners.

#### **Pam Mosedale:**

Hi everyone. Today, I'm going to talk to Anne Lawson, who's one of the Practice Standards Scheme Assessors, and talk to her about how clinical governance and quality improvement fit into the RCVS Practice Standards Scheme. Hi Anne.

#### **Anne Lawson:**

Good morning.

#### **Pam Mosedale:**

How are you?

#### **Anne Lawson:**

I'm well, thank you.

#### **Pam Mosedale:**

Good. I wanted to start off by asking you, do you think clinical governance is an important part of the PSS assessment process?

#### **Anne Lawson:**

Very much so Pam. Practice standards is all about and setting, maintaining and improving standards and clinical governance provides a framework for how to do this. So, the two things go hand in hand.

#### **Pam Mosedale:**

Lovely. And when you go to a practice, how do you check what they're doing with clinical governance.

#### **Anne Lawson:**

For something like a GP practice, we're looking at communication between the team and for example, do they hold practice meetings or do they have other ways of communicating in-between the various and teams and the practice. Also, do they have things like guidelines

for referring cases and how do they discuss clinical cases so that they can improve continually?

**Pam Mosedale:**

That's great. And in these practice meetings that they have, what are you looking for? How do they, presumably they show you the minutes of the meetings do they? Is that how they prove that they're having the meetings? What are you looking for in those minutes when you see them?

**Anne Lawson:**

We would look for some form of recording the meeting and practice meetings and do look different to maybe a few years ago and I think there'll probably be more on zoom now than we used to see as well. We do want something recorded and particularly so that, the content would reflect clinical input. We do sometimes see lots of practice admin meetings that perhaps have what we call housekeeping issues. That generally means who washes the cups and who doesn't wash the cups. But what we're really looking for from a practice standards point of view is that clinical cases are discussed and that areas are identified that have been done well and things that perhaps haven't gone so well are identified and then that there is a follow-up. So, by keeping minutes or a record of the meeting, we can look to see what's been decided, and then what's been followed up the next time.

**Pam Mosedale:**

That's really interesting. And do most practices know what they should be doing or understand what they should be doing for clinical governance? Do you think?

**Anne Lawson:**

I think it's, it's becoming more common for practices to understand it. I do notice that quite a lot of people know about RCVS Knowledge in the past couple of years where perhaps we didn't know so much about what was provided on there. And so the practices I go to the are quite confident with clinical governance will have been on the RCVS Knowledge site and used it. And some of them will have done further CPD as well. So they tend to be the practices that will be up and running with it quite confident and really quite enjoying the process. There are still quite a few practices that are a little bit scared by the subject, and I would always tend to send them to the RCVS Knowledge site to make a start because there is so much information on there and it's so easy to make a start with it.

**Pam Mosedale:**

Yes. The quality improvement resources on there are really good, aren't they?

**Anne Lawson:**

Yes. Very easy to navigate. Yeah.

**Pam Mosedale:**

Nice small bite-size too. That's the thing, practice members don't need to have loads of time to look at them. Do they?

**Anne Lawson:**

Not at all. And I think even practices who are using RCVS Knowledge have commented that the resources are being added all the time. So it is something that's there developing and it's there free and easy to use.

**Pam Mosedale:**

And some of them have mentioned to you about the case examples on there?

**Anne Lawson:**

Absolutely. Yeah, I think it's always nice. I mean, the other big benefit of RCVS Knowledge is that it's veterinary specific, because of course there's lots of quality sites for other industries, but it's very hard to apply them, even medical sites to veterinary - RCVS Knowledge is all about veterinary practice. And I think it's always so much easier to relate to something that, you know, another practice has done. You can think, oh yeah, we could do that. That would help us. So it's yeah, the case examples are great.

**Pam Mosedale:**

I know that the veterinary hospitals have to do clinical audit, and I hear that from next year general practices, when we have their standards are edited, will have to participate in clinical audit to. What sorts of ideas might you give to help practices get started with clinical audit?

**Anne Lawson:**

And I think it's important that people note that that is going into GP level. So that is going to apply to lots more practices than it does now. Making a start now is important and start looking for some, gather a small team together, people who had interested, don't just make it one person's job, have a look for some ideas on RCVS Knowledge and start with some very small simple audits to start and to get a feel for what you're doing. Use the resources that are there, there's templates available, and ask some small questions on audits that aren't going to take too long to do in order to just to get started with the process. Because as with everything, once you make a start to have a try, it will become easier.

**Pam Mosedale:**

Yeah, that's great. That's great advice for practices. It doesn't always have to be about outcomes. Does it? It doesn't always have to be the outcome of surgical procedures? They can audit processes in the practice can't they too?

**Anne Lawson:**

Absolutely. Absolutely. It's whatever's of interest and significance to that practice as well. That's what will keep it interesting and keep it relevant for that practice.

**Pam Mosedale:**

And they can audit how they were complying with guidelines and protocols in the practice. How would you recommend practices draw up guidelines and protocols and get them established?

**Anne Lawson:**

Certainly again, it's a little bit like the audit, it's not making it one person's job, get a small team together. If you can, if you've got enough people, and start off with something like for protocols, things that you have to have a protocol, for example, for practice standards, controlled drugs and prescriptions are two things we would ask for a protocol for, so start off with them. For guidelines, the best place to start is to look at the evidence base that's available and then take that and see how that fits into your own individual practice and work from there. So it's, again, that's why a team approach is useful because lots of people will have different ideas and on how to implement them in the practice.

**Pam Mosedale:**

That's great. Thank you. As well as the accreditation, the GP and veterinary hospital, some practices go for the optional awards, don't they? I think there is an awards module for clinical governance, in the team and professional responsibility award. Those practices applying for those extra awards, what else above what we have discussed, would you expect to see in those practices?

**Anne Lawson:**

Well, the award as I mentioned in the presentation are quite a rigorous assessment and the points are awarded on the day. We're really looking for a very high level of excellence really with the awards. Certainly we would be looking for a real culture of learning and improvement and the audits aren't just done as a standalone, as a one-off for the visit - that they're embedded into the culture and of the practice. And that once something is measured, the outcome is assessed and changes made that we would go back and see if these changes have actually been effective or not, and does further change need to be made? So it's revisiting, closing the loop and making sure we're asking the questions again, to make sure that we're reassessing things in audit as well. So it's very much looking for a high standard of, culture, improvement and continually assessing and improving the systems that are already in place.

**Pam Mosedale:**

So that sounds like there should be some real advantages for the teams in those practices, to evolve to that level. What would you say those were?

**Anne Lawson:**

I think there's definitely an improvement in team morale, and to be part of that learning culture, because I think people do want to improve. In practices we go to people very much want to be part of providing the very best service for their patients and clients alike. So these benefits, you do find that there's an improvement in team morale and in these practices that embrace the subject.

**Pam Mosedale:**

And when it comes to any errors that might be happening in the practice, does that have an impact to what they're doing for clinical governance? Does that have an impact there?

**Anne Lawson:**

It usually works quite well, that practices who have a process in place, will use something called a Significant Event Audit, so they can use this. There's a fair and just investigation of what's happened and a system to look for what's gone well, what hasn't gone so well, and what changes can be made to look at the multiple causes of things, the outcomes that aren't quite so good. It's never just one cause there's usually a series of events and looking to see if any of these can be changed so that things can be improved in the future.

**Pam Mosedale:**

Great. I think that would really improve team morale too, to know that they are learning, having that learning culture, learning from errors. Great. So it sounds like it's all really positive for practices if they get engaged with this. So as we said at the beginning, some practices really are engaged, but those who are not engaged yet, where would you recommend they go to find some help?

**Anne Lawson:**

Make a start, have a look on the RCVS Knowledge website, look under quality improvement tools, have a look, do some of the CPD to give you some background information, that's really helpful and then gather a team or a few like-minded individuals in the practice. And see if you can start planning to put some of these things into practice. The main thing is make a start somewhere and then build on it rather than let it be something that you never quite get round to doing.

**Pam Mosedale:**

Thank you Anne that's great. It sounds like clinical governance really isn't anything get worried about, but something that can really fit into a normal practice day.

**Anne Lawson:**

Definitely.

**Pam Mosedale:**

Thank you very much.

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