



April 2011 – SUPPORT Summary of a systematic review

Can clinical governance improve the quality of general practice and primary care?

Clinical governance is a systematic and integrated approach to ensuring that service providers are accountable for delivering quality healthcare.

Key messages

- The current evidence base for clinical governance is limited, and focuses mainly on process rather than outcomes
- Most of the evidence originates from high-income countries and support governance models that use targeted, peer-led feedback on clinician practice
- There is limited information on the impact of clinical governance on chronic disease management, care of the elderly, and mental healthcare



Who is this summary for?

People making decisions about improving quality of care in general practice and primary care.



This summary includes:

- **Key findings** from research based on a systematic review
- **Considerations about the relevance of this research** for low- and middle-income countries



Not included:

- Recommendations
- Additional evidence not included in the systematic review
- Detailed descriptions of interventions or their implementation

This summary is based on the following systematic review:

Phillips CB, Pearce CM, Hall S, Travaglia J, de Lusignan S, Love T, Kljakovic M. Can clinical governance deliver quality improvement in Australian general practice and primary care? A systematic review of the evidence. *Med J Aust.* 2010 Nov 15;193(10):602-7.

What is a systematic review?

A summary of studies addressing a clearly formulated question that uses systematic and explicit methods to identify, select, and critically appraise the relevant research, and to collect and analyse data from the included studies.

SUPPORT – an international collaboration funded by the EU 6th Framework Programme to support the use of policy relevant reviews and trials to inform decisions about maternal and child health in low- and middle-income countries.

www.support-collaboration.org

Glossary of terms used in this report:
www.supportsummaries.org/glossary

Background references on this topic:
See back page

Background

Clinical governance is seen as a systematic, integrated approach to ensuring safe, good quality healthcare. It is a systematic and multi-faceted approach to quality improvement using a range of locally implemented strategies, instead of single strategies. Clinical governance is delivered through a combination of strategies. These include: ensuring clinical competence, clinical audits, patient involvement, education and training, risk management, the [better?] use of information, and [improved?] staff management. A wide range of resources and guidelines are used for clinical governance in primary care. Therefore, there is a need to clarify models of clinical governance and to evaluate evidence relating to their impact on quality improvement. Clinical governance models operate on a number of different levels, including the national level, regional level, service level or multiple combinations of these.

How this summary was prepared

After searching widely for systematic reviews that can help inform decisions about health systems, we have selected ones that provide information that is relevant to low- and middle-income countries. The methods used to assess the quality of the review and to make judgements about its relevance are described here:

www.supportsummaries.org/methods

Knowing what's not known is important

A good quality review might not find any studies from low- and middle-income countries or might not find any well-designed studies. Although that is disappointing, it is important to know what is not known as well as what is known.

About the systematic review underlying this summary

Review objective: To explore the relevance of different models of clinical governance to Australian primary healthcare, and their potential contributions on quality and safety

	What the review authors searched for	What the review authors found
Interventions	Clinical governance operating at any level	19 studies exploring the outcomes of clinical governance were included
Participants	Not specified	
Settings	General practice and primary care	The studies were conducted in the UK (6), USA (2), Australia (4), New Zealand (2), Spain (1), Philippines (1), Belgium (1) and Germany (1). One study was conducted in two countries (USA and Holland)
Outcomes	Capability, safety, continuity, appropriateness of care, responsiveness, accessibility, safety, efficiency and effectiveness	The included studies addressed capability (16 studies); safety (4 studies); responsiveness (6); accessibility (5); efficiency (4); effectiveness (8); and sustainability (1 study)

Date of most recent search: Not mentioned

Limitations: This is a good quality systematic review with only minor limitations

Phillips CB, Pearce CM, Hall S, Travaglia J, de Lusignan S, Love T, Kljakovic M. Can clinical governance deliver quality improvement in Australian general practice and primary care? A systematic review of the evidence. Med J Aust. 2010 Nov

Summary of findings

The review summarised 19 studies: 7 randomised controlled studies, 11 longitudinal observational studies, and 1 case study. Most of the studies were conducted in high-income countries, including the United Kingdom (UK), the United States of America (USA), Australia, New Zealand, Spain, Belgium, Holland and Germany. One study was conducted in the Philippines. The included studies addressed capability (16 studies); safety (4 studies); responsiveness (6); accessibility (5); efficiency (4); effectiveness (8); and sustainability (1 study).

About quality of evidence (GRADE)



High: It is very likely that the effect will be close to what was found in the research.



Moderate: It is likely that the effect will be close to what was found in the research, but there is a possibility that it will be substantially different.



Low: It is likely that the effect will be substantially different from what was found in the research, but the research provides an indication of what might be expected.



Very low: The anticipated effect is very uncertain and the research does not provide a reliable indication of what might be expected.

For more information, see last page.

	Type of model	May improve	Conflicting evidence on impact	May worsen
National level	National benchmarking with regional level development support	Accessibility, capability	Responsiveness	
	National external benchmarking with no regional support		Sustainability, responsiveness, capability	Accessibility
Regional level	Collaboration with other GPs <i>with</i> targeted feedback to improve practice	Capability, safety	Effectiveness, capability, accessibility	
	Collaboration with other GPs <i>without</i> targeted feedback to improve practice	Efficiency	Capability, accessibility, effectiveness	
	Collaboration with community to set clinical priorities and/or monitor services	Accessibility		
Service level	Practice-determined organisation of quality management, using targeted feedback to healthcare workers with supported reflection	Effectiveness, safety, responsiveness, efficiency, capability	Capability, effectiveness, responsiveness	
Multilevel	National level benchmarking and incentive-setting, regional network support, and support for practice-level organisation using targeted feedback	Efficiency, capability	Effectiveness, safety	

Relevance of the review for low- and middle-income countries

→ Findings	▷ Interpretation*
APPLICABILITY	
→ Only 1 out of the 19 studies included was conducted in a low-income setting. The rest were conducted in high-income countries using different strategies and models of clinical governance	▷ There is limited evidence on the impact of clinical governance from low- and middle-income countries. The findings of the review may not be applicable in such settings
EQUITY	
→ There was no information in the included studies on the differential effects of the interventions in resource-limited settings	▷ The degree to which clinical governance strategies are effective will determine the extent to which they are able to improve the quality of care in general practice and primary healthcare settings and reduce inequities in access to quality care, especially in resource-constrained settings
ECONOMIC CONSIDERATIONS	
→ The review provided insufficient data to determine the cost of the different models and strategies of clinical governance	▷ There is a need for research to identify the most cost-effective strategies used in models of clinical governance
MONITORING & EVALUATION	
→ There is little or no evidence on the impact of clinical governance on quality of care in low- and middle-income countries	▷ There is a need for studies of strategies and models of clinical governance in low- and middle-income settings. There is also a need for the careful monitoring of strategies of clinical governance on quality of care in such settings

*Judgements made by the authors of this summary, not necessarily those of the review authors, based on the findings of the review and consultation with researchers and policymakers in low- and middle-income countries. For additional details about how these judgements were made see: www.supportsummaries.org/methods

Additional information

Related literature

Tait AR. Clinical governance in primary care: a literature review. *Journal of Clinical Nursing* 2004; 13:723–30.

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Conflict of interest

None. For details, see: www.supportsummaries.org/coi

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This review should be cited as

Phillips CB, Pearce CM, Hall S, Travaglia J, de Lusignan S, Love T, Kljakovic M. Can clinical governance deliver quality improvement in Australian general practice and primary care? A systematic review of the evidence. *Med J Aust*. 2010 Nov

The summary should be cited as

Okwundu CI. Can clinical governance improve the quality of general practice and primary care? A SUPPORT Summary of a systematic review. April 2011. www.supportsummaries.org

Keywords

evidence-informed health policy, evidence-based, systematic review, health systems research, health care, low and middle-income countries, developing countries, primary health care, clinical governance, quality of care, primary care, general practice

About quality of evidence (GRADE)

The quality of the evidence is a judgement about the extent to which we can be confident that the estimates of effect are correct. These judgements are made using the GRADE system, and are provided for each outcome. The judgements are based on the type of study design (randomised trials versus observational studies), five factors that can lower confidence in an estimate of effect (risk of bias, inconsistency of the results across studies, indirectness, imprecision of the overall estimate across studies, and publication bias), and three factors that can increase confidence (a large effect, a dose response relationship, and plausible confounding that would increase confidence in an estimate). For each outcome, the quality of the evidence is rated as high, moderate, low or very low using the definitions on page 3.

For more information about GRADE: www.supportsummaries.org/grade

SUPPORT collaborators:

The Cochrane Effective Practice and Organisation of Care Group (EPOC) is a Collaborative Review Group of the Cochrane Collaboration: an international organisation that aims to help people make well informed decisions about health care by preparing, maintaining and ensuring the accessibility of systematic reviews of the effects of health care interventions. www.epocoslo.cochrane.org

The Evidence-Informed Policy Network (EVIPNet) is an initiative to promote the use of health research in policymaking. Focusing on low- and middle-income countries, EVIPNet promotes partnerships at the country level between policy-makers, researchers and civil society in order to facilitate both policy development and policy implementation through the use of the best scientific evidence available. www.evipnet.org

The Alliance for Health Policy and Systems Research (HPSR) is an international collaboration aiming to promote the generation and use of health policy and systems research as a means to improve the health systems of developing countries. www.who.int/alliance-hpsr

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