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Can Clusters be a Vehicle to Deliver Quality Improvement in the GP Out of Hours Setting?

Cluster Development

- Since 2012 gradual divergence from UK GMS contract
- Scottish Government and BMA agreed to develop a contract in line with 2020 Vision of Health and Social Care
  - QOF 204- 2016 narrow in remit & missed much everyday experience of delivering quality in GP
- Clusters first introduced in TQA 2016/17 GMS contract
  - "Peer based values driven"

Cluster Development

- 2017 Improving together

  A National Framework for Quality and GP Clusters in Scotland

- 2018 GMS contract

  "Health and Social Care Partnerships will support and facilitate GP Clusters to ensure their involvement in quality improvement planning and quality improvement activity as part of whole system improvement."

- 2019 National Guidance for Clusters. A Resource to support *Implementing Improving Together*

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In Hours Cluster Structure

- There are now approximately 147 GP Clusters around Scotland. A typical Cluster might include 4 to 8 practices covering 20,000 to 40,000 patients, although this will depending on the practice sizes and the geography of the local area.
- Practice quality lead –(PQL) from each practice
- Cluster quality lead – nominated by the cluster has co-ordinating role
- Still variation in funding , support and functioning across Scotland. National guidance issued.

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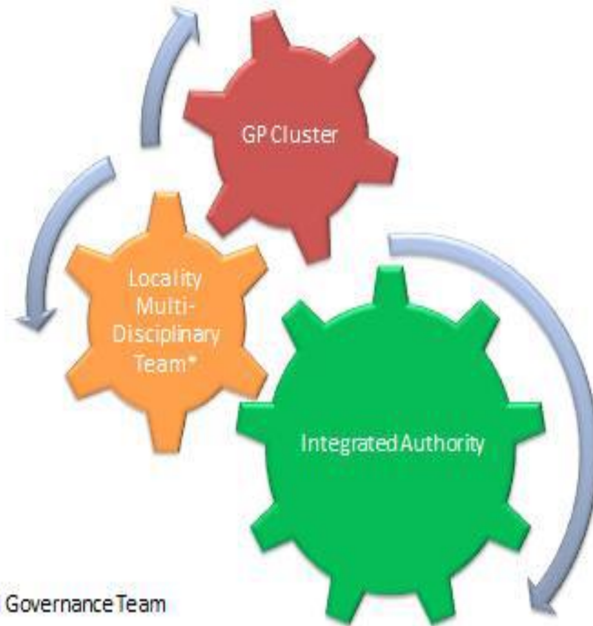
Functions

Intrinsic	Extrinsic
Learning network, local solutions, peer support Consider clinical priorities for collective population Transparent use of data, techniques and tools to drive quality improvement - will, ideas, execution Improve wellbeing, health and reduce health inequalities	Collaboration and practice systems working with Community MDT and third sector partners Participate in and influence priorities and strategic plans of Integrated Authorities Provide critical opinion to aid transparency and oversight of managed services Ensure relentless focus on improving clinical outcomes and addressing health inequalities

Functions



GP Clusters Require

- Data
- Health intelligence analysis
- Facilitation
- Improvement advice
- Leadership

Quality planning
Quality improvement
Quality assurance

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Out of Hours

- OOH separated from in hours in 2018 GMS contract
- GPs working in OOH require parity with in hours colleagues. Parity of opportunity and experience to participate in quality development work in their field.
- Pulling together: transforming urgent care for the people of Scotland noted a lack of structure for QI in OOH
  - Recommendation 20 Quality and safety
  - 9 suggestions including

  "Quality and safety are central for the future development of OOH and urgent care services. All care sectors should place sufficient priority on the delivery, improvement support and monitoring of quality and safety for these services"

Out of Hours

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From the Frontline: *The changing landscape of Scottish general practice*

“The Cluster model should be widened to include Out of Hours GP Clusters”

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Questions to Consider

- If clusters are to be a mechanisms to provide peer led quality improvement activity across OOHs – should these be formed of GPs or include the wider MDT?
- What will the levers be to support clusters to engage in Quality Improvement activity? Appraisal, time and resource, governance.
- What are the intrinsic functions of OOH Clusters QI (learning network, local solutions, priorities based on population health needs, use of data for improvement)
- What are the extrinsic functions of OOH Clusters in relation to QI (collaboration across agencies SAS, NHS 24, A & E. Influence strategic priorities within HSCPs)