NHS Lothian GP Subcommittee

REVIEW OF GP CLUSTER WORKING IN NHS LOTHIAN

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December 2019

Executive Summary

As part of the *2018 Scottish General Medical Services (GMS) Contract* responsibility was placed with the GP Subcommittee to ensure effective collaboration between the GP Subcommittee, NHS Board and CQLs. (GP Tripartite Group) This report was commissioned by NHS Lothian GP Subcommittee to review the current arrangements of CQL and GP Cluster working across Lothian.

Using an innovative 90 day process a series of interviews were completed. The feedback from the interviews formed questions specifically around issues of –

- Knowledge
- Support
- Influence
- Governance

These 'domains' enabled the construction of a detailed questionnaire to be sent to all CQLs. The response rate for the questionnaire was 85% with a significant amount of free text feedback. The results of the interviews and questionnaires are described in detail but the main findings showed reasonable levels of knowledge of QI skills amongst the CQLs (with specific positive feedback for the QI Academy approach) but less formal leadership training. The feedback of support around admin / project management / QI project support and LIST analyst suggested significant improvements could be made to support Cluster effectiveness. There is a mixed picture around the opportunities the CQLs have to influence the system and there was difficulty clarifying the current arrangements for any governance issues for CQLs.

Comparing the current arrangements with the recently published national guidance - *National Guidance for Clusters. A resource to support GP Clusters & Support Improving Together (NHS Circular: PCA(M)(2019)08)* revealed that many of the recommendations are NOT being currently met.

The initial strategy document - *Improving Together: A National Framework for Quality and GP Clusters in Scotland* introduced the concept of GP Clusters but was specifically lacking in detail allowing for local interpretation. This has led to significant differences in the development of CQLs and GP Clusters across Scotland. This review and recommendations are specific to the situation in Lothian but may be applicable at a National level.

It is now imperative that CQLs and GP Clusters receive more support to enable them to become truly effective change agents and fulfil their potential to both drive quality initiatives,

and influence both internally across the Clusters and externally within the Health and Social Care Partnerships (HSCPs) and NHS Health Boards. We have identified a series of recommendations to enable this change to take place. **An absolute key element of implementing the recommendations is the formalisation of the Quality subgroup of the Lothian Local GMS Oversight Group. This should enable effective tripartite collaborative working between the CQLs, GP Subcommittee and the HSCPs/Board.**

Recommendations

Structural support changes:
- Contractual alignment: all CQLs should have the same standard terms and conditions of work
- All CQLs should have a formal induction with an assessment of learning needs
- All CQLs should have access to appropriate QI and leadership programmes
- There should be greater HSCP engagement with the CQLs for mentoring / supportive appraisal
- There should be regular monitoring of CQL training / education

Ensure current support structures are present and effective:
- All Clusters should have administrative and project management support
- There should be consideration of involving Practice Management support
- There should be improved QI support for project development
- Clusters should have Increased availability and advice from LIST analysts

Improve effective Cluster working:
- All Clusters should develop Clusters Quality Improvement plans (QIPs)
- CQLs should be empowered and supported to ensure all practices (PQLs) are actively involved with Cluster working
- CQLs should meet locally and regionally to consider Lothian wide Cluster quality initiatives.

Develop capable Cluster influencing:
- CQLs should be enabled to contribute more to the development of the PCIPS and influence the delivery of the PCIPs
- CQLs should attend forums and have an active role to ensure influence in Partnership priorities and decision making.

- Lothian GP Sub / LMC should co-opt 2 CQLs to sit on the regular committee
- CQLs could consider nomination to Lothian LMC / GP Sub as a locality representative

Implementation of recommendations

- **To deliver these recommendations there is a pressing need to formalise the GP Tripartite Group. We would recommend this group is embedded within the Quality sub-group which sits in the current local GMS Oversight Structure (see appendix 2). This group should consist of all CQLs and representatives from the GP-Subcommittee, HSCPs and NHS Lothian.**

Contents

Introduction

During negotiations for the *2018 Scottish General Medical Services (GMS) Contract,* interim transitional arrangements (TQA) created the opportunity for an alternative approach to quality improvement. *Improving Together: A National Framework for Quality and GP Clusters in Scotland* described enhancing the quality of care for patients by facilitating strong, collaborative relationships across GP Clusters and localities. The new contract states that:

'The GP Subcommittee of the Area Medical Committee should be responsible and funded for local arrangements to ensure effective collaboration between the GP Subcommittee, NHS Board medical directors, and CQLs. The GP Subcommittee will be responsible for co-ordinating the agenda for this tri-partite collaboration and facilitating combined professional advice to the commissioning and planning processes of the HSCPs and NHS Boards.'

On May 13th 2019, at a meeting of the Lothian GP Subcommittee, representatives agreed that there was a need for scrutiny of the extent to which the aspirations of the Scottish GMS Contract, with regard to CQL/GP Subcommittee/Board tripartite working as stated above, were currently being met. Exploration of the need for a formalised GP Tripartite Quality Oversight Group was to be part of this process, and emphasis was also placed on interrogating the support given by the GP Subcommittee to CQLs.

The process required engagement with **all stakeholders** and this report describes the methods of the exploratory process, presents the results, and draws recommendations from the findings.

Methodology

In order to explore the concept of a GP Tripartite Quality Oversight Group in NHS Lothian we conducted a 90-day process. This innovative methodology combines evidence and expert views for understanding and developing new concepts and exploring ideas, assessing their potential, and bringing them to action if appropriate.

By reviewing the current framework in which CQLs operate, considering the available evidence on best practice and talking to stakeholders, we hoped to glean a better understanding of the available support for CQLs, and how this support was promoting the development of GP Clusters across NHS Lothian.
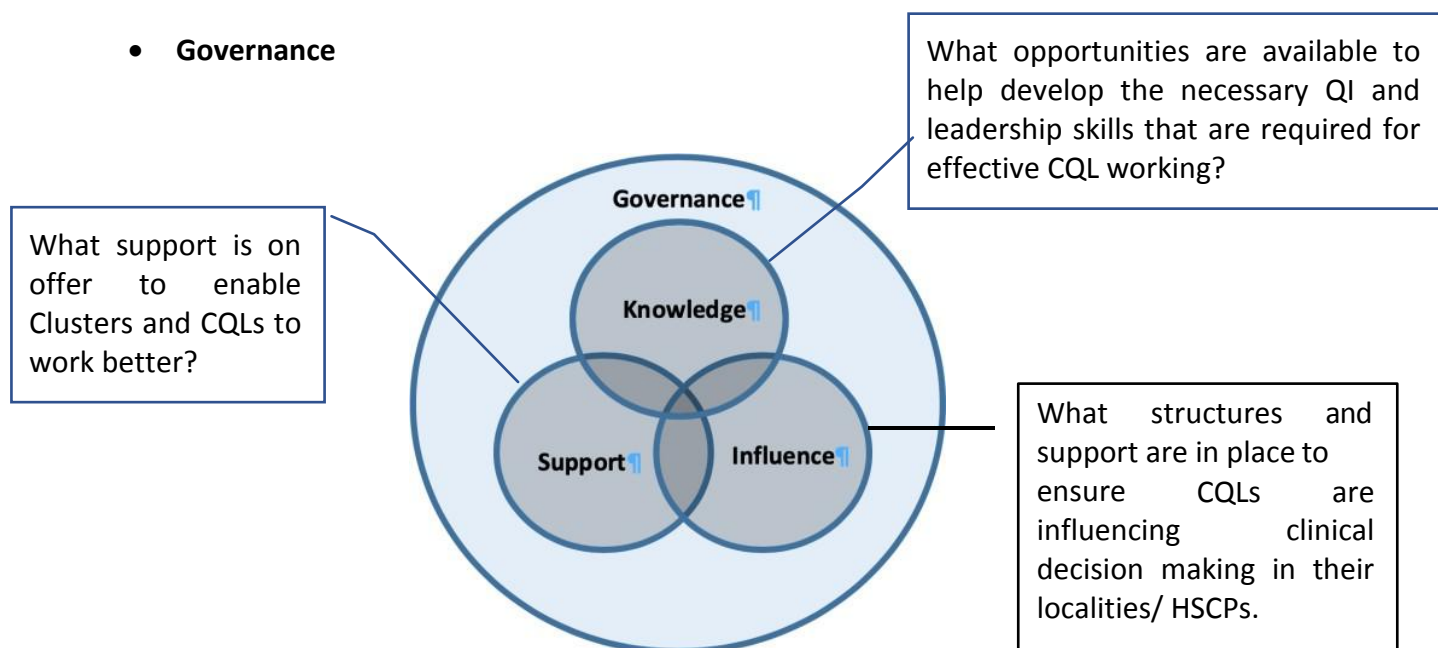
There are some documented founding principles which clearly guide the development of GP Clusters and CQLs (*Improving Together: A National Framework for Quality and GP Clusters in Scotland).* There is also guidance about how to create the environment for clusters to be successful and flourish. (*SSPC Briefing Paper 12: Collaborative Quality Improvement in GP Clusters*): These principles formed the focus of the 90-day process.

In particular we focussed on 3 key areas

- **Knowledge Development**
- **Support**
- **Influencing Role**

Following early discussion we realised the need to focus on a 4th area

- **Governance**

What support is on offer to enable Clusters and CQLs to work better?

What opportunities are available to help develop the necessary QI and leadership skills that are required for effective CQL working?

What structures and support are in place to ensure CQLs are influencing clinical decision making in their localities/ HSCPs.

Governance¶

Knowledge¶

Support¶   Influence¶

In July 2019 the latest joint Scottish Government and BMA guidance to support Cluster working was published (*National Guidance for Clusters. A resource to support GP Clusters and support Improving Together* (NHS Circular: PCA(M)(2019)08). This document provided more clarity about the role of GP Clusters. It also presented clear definitions of the core role and functions of CQLs and PQLs, set out recommended minimum expectations for Clusters, described the key relationships needed and highlighted the support Clusters needed to best enable their growth. The timing of this publication, during the planning phase of this piece of work, meant we were able to utilise this guidance to help structure interviews with key stakeholders and also in the development of the CQL questionnaire.

Timescales

June	July	August	September	October	November
Planning		**90 Day Process**			**Final Report**
Initial engagement with key stakeholders. Development of CQL Questionnaire.		Scan Phase	Focus Phase	Summarise phase	
		Ongoing engagement with key stakeholders. CQL Questionnaire submitted.			

During the 90 day process:

- A range of the key stakeholders were interviewed, mainly face to face – 15 interviews carried out. (See appendix 1)
- Questionnaires were submitted to all available CQLs.
  11 of 13 CQLs responded (85% response rate).
  Of note there is currently a CQL vacancy in one of the Edinburgh Clusters.

Results

The main areas of focus for the interviews and questionnaire were:

- Knowledge
- Support
- Influence
- Governance

Knowledge

CQL Questionnaire results and comments.

KNOWLEDGE An effective CQL should ideally have sufficient knowledge of Quality Improvement, understand the use of data to drive improvement and have the expertise to influence and drive the Cluster in both the Intrinsic and Extrinsic functions			
	Strong Disagree	**Neither**	**Strongly Agree**
As a CQL, I feel I have sufficient knowledge of **Quality Improvement methodologies**	0%	45%	55%
As a CQL, I know how to access and **use data** to drive improvement in the Cluster	18%	55%	27%
I feel I have the necessary **leadership skills** – engaging, influencing and strategic – for the Cluster to be successful	18%	27%	55%

Almost all the CQLs have had the opportunity to go on quality improvement courses, most have chosen to attend the Lothian Quality Academy training.

The support we have received from the NHS Lothian Quality team has been excellent. It is great that CQL training via the Quality Academy has been prioritised.

Lothian QI Academy and the NES SIFS course both been useful

Although there has been support with the use of and access to data the comments suggested it could have been better –

Accessing is not always easy. There are different portals and SPIRE is only just starting to be of any use.

The Lothian Primary Care Dashboard is excellent. We have signed up to the frequent attender's dashboard which is amazing. The main issue is having time to use this data as effectively as we could. It would be great to have a project manager or more local data analyst support to work on this.

Good support from Lothian Data Analysts. LIST support been good when available but patchy and under resourced.

Several of the CQLs stated they had been on leadership courses which they found beneficial, but it did not appear that all CQLs have had this opportunity.

> *The attendance of 'Leadership for Integration' workshops followed by mentoring sessions and the initial CQL conference in Glasgow were very helpful at the beginning of my CQL work*
>
> *I have attended the Advanced Leadership course through the BMA but had no formal training as part of my role as CQL..*
>
> *I went on the You as a Collaborative Leader course which was really helpful. The School for Change Agents programme was inspirational!*

– whether the Quality Academy or NES run course. Only recently in some HSCPs has there been any more engagement with CQLs around mentoring / leadership experience.

Board view: the NHS Lothian Quality team expressed that their role was one of an 'enabler' providing QI methodology training and ongoing support.

Support

CQL Questionnaire results and comments.

SUPPORT To operate effectively, GP Clusters require the appropriate infrastructure to support leadership, facilitation and improvement activity			
	Strong Disagree	**Neither**	**Strongly Agree**
There is adequate **administrative** support in place to assist with the effective operation of the GP Cluster	55%	18%	27%
There is adequate **project management** support in place to assist with the effective operation of the cluster	73%	27%	0%
The cluster has access to the local **Quality Improvement Team** to help identify and support QI projects	0%	64%	36%
The cluster has effective support from a Local **Intelligence Support Team Analyst** to help source, link and interpret data for Quality Improvement; and wider service planning across your local health and social care system	27%	36%	36%
As a CQL, I feel that I have necessary support from the HSCP to **facilitate and guide** the Cluster members, and liaise with locality and professional structures	46%	18%	36%

The majority of CQL's responses indicated **inadequate support in all areas**:

The feedback around admin support was mainly negative –

We have had two different people providing some admin support. Neither was that great and they both left after a short period of time.

I have administrative support in booking a room and taking minutes. However, the minutes need rewritten.

There is some administrative support. She is very supportive where she can be but she has other responsibilities beyond primary care and her time is stretched.

At the moment we have no admin support.

The CQLs clearly state the importance for project management support

> *… it would be really helpful to have additional Quality Improvement Support that includes project management support, integrated into Cluster working ….*
>
> *I have found the projects I have been involved with that had external project management support were much more effective than anything I tried to do that didn't.*
>
> *I have been very fortunate with strong project management support in the work we have been doing.*
>
> *There is no project management support for Clusters provided centrally*
>
> *I feel this is vital …….*

The CQLS were all very supportive of the Quality Academy training but state a desire for ongoing QI support on the ground -

> *I am aware that there is a very helpful Quality Improvement team in Edinburgh and made good use of it while attending the Quality Academy but had only little contact otherwise.*
>
> *The QI team are excellent, but they are under resourced at present to support all Cluster work.*
>
> *Access to Lothian Wide QI Team for advice, but not resourced to provide local identification/support for projects*

There was appreciation of the help the LIST team could offer but the presence and availability of the LIST team was also felt to be lacking –

> *We had a long time ago an introduction/presentation of the local team but only very recently established regular attendance of a dedicated team member and this 'full integration approach' appears to work, although these are only early experiences.*
>
> *They are too thinly stretched to provide much support for us.*
>
> *Our local LIST team are very supportive, but they have also recently been understaffed*
>
> *Under-resourced*
>
> *Support is available, but not easily available. This should be embedded*
>
> *We have had useful input from LIST.*

The CQLs express that they now seem to be getting more support from the Partnerships although this has not always been the case.

> *Although the direct managerial support is excellent at present, we have only very recently started to have regular meetings with our clinical director e.g. every 6-8 weeks.*
>
> *I have a high degree of professional autonomy from HSCP management which is most appreciated.*
>
> *To date there has not been very effective working between the HSCP and Clusters. I am hopeful this might improve in light of this national guidance.*
>
> *Excellent support from our colleagues at HSCP*

HSCP view – the feedback suggested that the support offered to the CQLs had not been as much as was suggested for effective Cluster working. There has been a change in the past year with increasing admin and project management support and also some mentoring from clinical leads. This new, increased level of support is by no means across all HSCPs.

Influence

CQL Questionnaire results and comments.

INFLUENCE Effective Clusters will understand their own local population health needs and develop Quality Improvement plans which will influence both 'intrinsically' with other practices in the Cluster and also 'extrinsically' with the wider Health & Social Care Partnership. Including the influence of the development of the Primary Care Improvement Plan (PCIP)			
	Strong Disagree	**Neither**	**Strongly Agree**
As CQL I feel able to lead the cluster and develop our own Quality Improvement plan (ie the *intrinsic function*').	0%	19%	81%
As CQL I feel that I have the opportunity to attend forums and can contribute to the HSCP strategic plans and the PCIP (ie the *extrinsic function*').	27%	45%	27%
As CQL I have a good relationship with my local LMC reps and feel that any issues identified in the Cluster will be represented at the LMC and GP Subcommittee.	9%	27%	63%

The feedback from the CQLs suggested they felt comfortable identifying Quality initiatives but perhaps need more support turning ideas into Cluster projects

> *The PQLs in our cluster appear motivated and engaged and we are able to identify local health needs and are currently working on a great project relating to pain management.*
>
> *We have not had a problem identifying priorities for QI work so far but we would really appreciate the right amount of administrative and project management support now to allow us to achieve more.*

The general feedback suggested that they do not feel that they are being listened to by Partnership and therefore have less influence than they would wish. There was also a feeling that they did not have the time to contribute as they would have liked.

> *…. we have Locality Representatives (not CQLs) attending strategic planning meetings. CQLs are not part of any regular smaller working group meetings relating to planning, fact finding or exchange of views that would facilitate receiving and giving feedback from the Clusters to HSCP and vice versa.*
>
> *The main issue we have is that it feels difficult to influence change as it feels as if there is a set agenda and wider opinion is not actively sought or listened to. In my opinion not enough has been done to build a shared vision of what we are all trying to achieve through the PCIP work.*
>
> *As CQLs we collected information on practice priorities for the PCIP at the launch of the new GMS contract but we felt this information was brushed aside by the HSCP.*

~~There seems to be a lack of awareness of who the LMC reps are and what this relationship~~ should like look.

HSCP view – the HSCPs describe different forums to which the CQLs are invited to attend and into which they can contribute. What is not clear is to how influential the CQLs are in these settings. Some CQLs even struggle to attend these meetings. The attendance and roles in these forums also vary widely across Lothian.

Governance

CQL Questionnaire results and comments.

GOVERNANCE The CQL role is evolving and there have been some questions raised around governance issues.			
	Strong Disagree	**Neither**	**Strongly Agree**
As CQL I report the QI activities of the Cluster to the HSCP	18%	9%	73%
As CQL if I became aware of any practice within the Cluster raising concern I would know where to discuss / report any issues	27%	36%	36%
As CQL if I felt there were any difficulties fulfilling the role as described in Improving Together, due to external influences, I would know where to raise the issue	36%	18%	45%

The CQLs have started to send some form of reports / minutes to the Partnerships but this does not seem to be an expectation, there is no formal reporting template and it is unclear who looks at this reporting.

The Cluster minutes are forwarded to the HSCP and we have a standing item relating to 'Feedback/Info' from the HSCP'.

We have created a 'summary sheet' with an overview of current/past projects and important documents e.g. relating to best practice, imbedded in the document aimed at PQLs and Practice Managers.

All minutes are sent to the manager.

We share all our meeting information and activity with the HSCP but the HSCP do not actively seek this information.

We do not have a set reporting structure. We have no regular appraisal in our CQL role.

We set up our own Cluster Leads meetings and invite all members of the HSCP primary care team to attend but their attendance is patchy and often they are not able to attend.

On our own we have written progress reports and circulated them

There was huge variation in the CQLs written response regarding whom to raise issues with.

Depending on the issues/concern raised might discuss with other PQLs, GP colleagues, LMC rep or d/w our Primary Care development manager.

There is no clear guidance on what to do as CQL with practices that choose not to engage in agreed activities without a reasonable excuse.

I would take this to the HSCP primary care team.

I think I would speak to LMC rep.

> *I would see my role as simply to flag up concerns to the Lead GP.*

If the CQLs felt they were being influenced externally, there was no obvious formalised point of contact / forum to raise these issues:

> *It would be good to have a clear contact person to raise any issues with and it would be good if there were regular once or twice yearly meetings face to face (or on the phone) to discuss positive developments and any issues of concern.*
>
> *If I felt pressured to alter services or terms & conditions, I would request the advice of the LMC.*
>
> *Probably the clinical leads.*
>
> *No idea – most support has come from the QI team.*
>
> *I have monthly management meetings.*
>
> *Clinical Director or Lead GP.*

HSCP view: several HSCP Clinical leads felt that the CQLs would be able to discuss any issues with them but as might be expected there were no formal arrangements for this reporting. For some HSCPs there was an element of surprise that this would be an issue for CQLs to deal with.

Number of sessions worked by CQLs
(Average = 3.5 sessions / month)

No. of CQLs

No. of Sessions per month
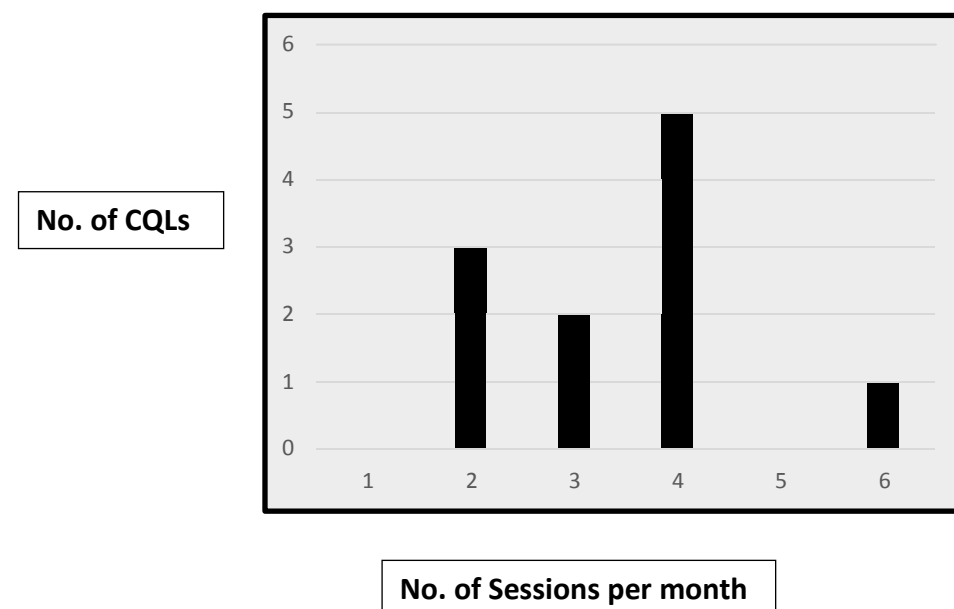
Mapping exercise with recent National Guidance

During this process Scottish Government and BMA guidance was published to support the development of GP Clusters – *National Guidance for Clusters. A resource to support GP Clusters & Support Improving Together (NHS Circular: PCA(M)(2019)08)*. Having completed the review, we have tried to map our findings with the current recommendations for the role of the CQL and the support each CQL should have -

THE ROLE OF THE CLUSTER QUALITY LEAD (CQL)

	Evidence found
39.The CQL's core role and function is to:	
Support the work of the GP Cluster, linking closely with Practice Quality Leads.	Met
Co-ordinate and provide professional clinical leadership for, and on behalf of, their GP Cluster in regard to quality improvement, quality planning and quality assurance.	Met
Actively engage with other CQLs, the Board / Integration Authority leads and GP Subcommittee as appropriate to help ensure good processes are in place in their Cluster to enable quality planning, quality improvement and quality assurance. The structure of this relationship will depend on local landscapes, but all CQLs should feel they have adequate fora with which they can engage with these stakeholders.	Partially met
Contribute to the combined professional advice provided to commissioning and planning processes of the HSCPs and NHS Boards through participation in the GP tripartite group.	Not met
The CQLs should be aware of, and may already be part of, other local groups, or existing networks and the GP tripartite structure should be seen as a means of enabling collaboration and joined up discussions within the local system.	Not met

	Evidence found
40.Each CQL should have:	
A role descriptor outlining their continuous quality improvement role, including time commitment and funding arrangements.	Not met
In order to fulfil the expectations of this role, a time commitment of an average of 4 sessions per month is recommended. This recommendation is based on feedback from CQLs currently undertaking the role and a Board survey which showed a sessional range of 2-4 sessions, with a variation in payment mechanisms and rates. Board/IAs should work with their Local Medical Committee to mutually agree arrangements that reflect local circumstances.	Not met
Payment to support this leadership role should be commensurate with the requirements of the role.	Not evaluated
The CQLs role description should clearly set out their role and function within the wider system. The CQL role is funded by the Board/IA and should include participation in the GP tripartite group, coordinated by the GP Subcommittee through agreed local arrangements as set out in the 2018 GMS contract.	Not met
In order to support their quality leadership role, support for and access to improvement methodology should be available through Integration Authority or Health Board Quality Improvement resources. This should be in addition to relevant data provision and data intelligence support.	Partially met
It is expected that each CQL will have accessed quality improvement training (or equivalent) within 18 months of their appointment. Each Board / IA will be expected to facilitate this.	Met
A clear statement (or terms of reference) setting out how this arrangement will work for each IA.	Not met

Overview of Results:

Knowledge
- There is no specific training needs assessment of the CQLs.
- Most of the CQLs have accessed formal QI training through the Quality Academy. It was unclear why this training had not been accessed by all CQLs.
- The Quality Academy training was highly thought of by the CQLs who had attended.
- Knowledge of how to access available Data is patchy.
- Few CQLs had had formal training in leadership. Despite this most CQLs self-reported leadership skills but had acquired this from previous experiences.

Support
- Overall the CQLs express the need for more support in **ALL** areas of suggested support – admin / project management / QI / LIST & Facilitation
- Very few Clusters had any admin / project management support – although there has been some recent progress
- The QI support to develop and progress QI ideas could be improved and expanded.
- Additional direct support for the CQLs from Clinical leads, particularly in the form of mentoring could be considered – the work being tested in one of the Edinburgh clusters looks like an interesting development.

Influence
- The CQLs seem to lack the time and project management skills to develop ideas
- CQLs did not feel they had sufficient influence in the development of the PCIPs and other HSCP led Quality projects.
- Not all HSCPs have a forum for CQLs to attend
- There is a lack of connection / awareness of the LMC from the CQLs
- Initially there was less support, importance and time devoted to the extrinsic function of Clusters - this appears to be beginning to change.
- Lack of perceived influence may be related to leadership skills, an area of ongoing development.

Governance
- There is no clear guidance on governance for CQLs / HSCPs
- Almost all CQLs do not report back minutes or quality initiatives to the HSCP and almost none consider whom to report governance issues.
- There are very few formal reporting procedures in place.
- The CQLs are unsure where to report issues – some do not know who their LMC reps are.
- It is unclear if all CQLs have the same SLA / Contract – there was wide variation in the number of sessions worked

Progress in relation to latest published guidelines
- Many of the recommendations were not met from the latest guidelines and reflect the progress in the development of fully functioning GP Clusters

Discussion

The remit of this review was to explore the current developments in GP Clusters and CQL working across NHS Lothian. *Improving Together* (2017) described a new framework for delivering quality of care for patients. The potential of this new approach was described by Don Berwick

'……. I cannot recall seeing a more sophisticated approach to overall improvement, contemplating authentic leadership from the profession….this provides hope for the kind of 'learning nation' that can make real progress.'

The framework, supported by the GMS contract, enabled the development of Cluster working but with an intended lack of detail to foster the evolving and maturing new roles and structures.

Over the past 2 years there has been varied progress with the implementation of the framework. The Lothian GP subcommittee took the initiative to review the current working arrangements prior to the further national guidance subsequently published in June 2019.

The review has spent several months listening to a range of contributors to capture the current situation in Lothian. Overall there has been huge progress in developing these new structures in the past 2 years. There is good evidence of the excellent work from the Quality team within NHS Lothian in training QI methodology with CQLs and wider members of Clusters. There is also evidence of the development of relationships between practices and the CQLs and with Partnerships. However, despite this good progress it seems to have developed in an ad hoc fashion and very much determined by the enthusiasm and motivation of individual CQLs and the leadership within the Partnerships. This was not surprising given that the initial guidance was deliberately vague to enable the Clusters to develop based on local context rather than Nationally dictated.

All of the HSCPs were supportive of the concept of GP Clusters but did not express any direct responsibility for ensuring success in the early development of Cluster working. Recently this has changed with a realisation of the need for greater HSCP involvement, with support, mentoring and greater funding.

The CQLs have fed back that there is a significant lack of support and inadequate time for their role, that they have difficulty influencing the external system (the 'extrinsic' role) and that there are few governance arrangements in place. Comparing the current situation with the expected CQL role and support outlined in the latest guidance, many of the recommendations are not being met.

Reflecting on this review we are at a crucial stage in the potential of GP Clusters. By embracing the level of ambition in *Improving Together* there is a great opportunity to improve the support for CQLs to engage more with the HSCPs and influence the development of Primary Care services based on an understanding of their own population health needs underpinned with a clear quality agenda. This report suggests that work is needed to enable the GP Clusters to fulfil their potential. We have made recommendations, based on the report findings, that if implemented could allow this potential to be realised.

To ensure the recommendations can be discussed further and implemented an overarching group would need to be established. The latest national guidance reiterates the important role of a GP Tripartite Group consisting of the GP Subcommittee, GP Clusters and Partnerships / NHS Board.
In Lothian, a Local GMS Oversight Group was established following the adoption of the new Scottish GP Contract. This separate tripartite group consists of representatives from the GP Sub-Committee, NHS Lothian and the HSCPs. There are 9 sub-groups which feed in to the Local GMS Oversight Group. These groups have their own terms of reference and have different memberships. Rather than create a new structure, we would recommend that the Quality subgroup of the Local GMS Oversight Group could be convened with the specific intention of delivering these recommendations. (see attached structure – Appendix 2).

Recommendations

Structural support changes:
- Contractual alignment: all CQLs should have the same standard terms and conditions of work
- All CQLs should have a formal induction with an assessment of learning needs
- All CQLs should have access to appropriate QI and leadership programmes
- There should be greater HSCP engagement with CQLs for mentoring / supportive appraisal
- There should be regular monitoring of CQL training / education

Ensure current support structures are present and effective –
- All Clusters should have administrative and project management support
- There should be consideration of involving Practice Management support
- There should be improved QI support for project development
- Clusters should have Increased availability and advice from LIST analysts

Improve effective Cluster working –
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- CQLs should be empowered and supported to ensure all practices (PQLs) are actively involved with Cluster working
- CQLs should meet locally and regionally to consider Lothian wide Cluster quality initiatives.

Develop capable Cluster influencing
- CQLs should be enabled to contribute more to the development of the PCIPs and influence the delivery of the PCIPs
- CQLs should attend forums and have an active role to ensure influence in HSCP priorities and decision making.
- Lothian GP Sub / LMC should co-opt 2 CQLs to sit on the regular committee
- CQLs could consider nomination to Lothian LMC / GP Sub as a locality representative
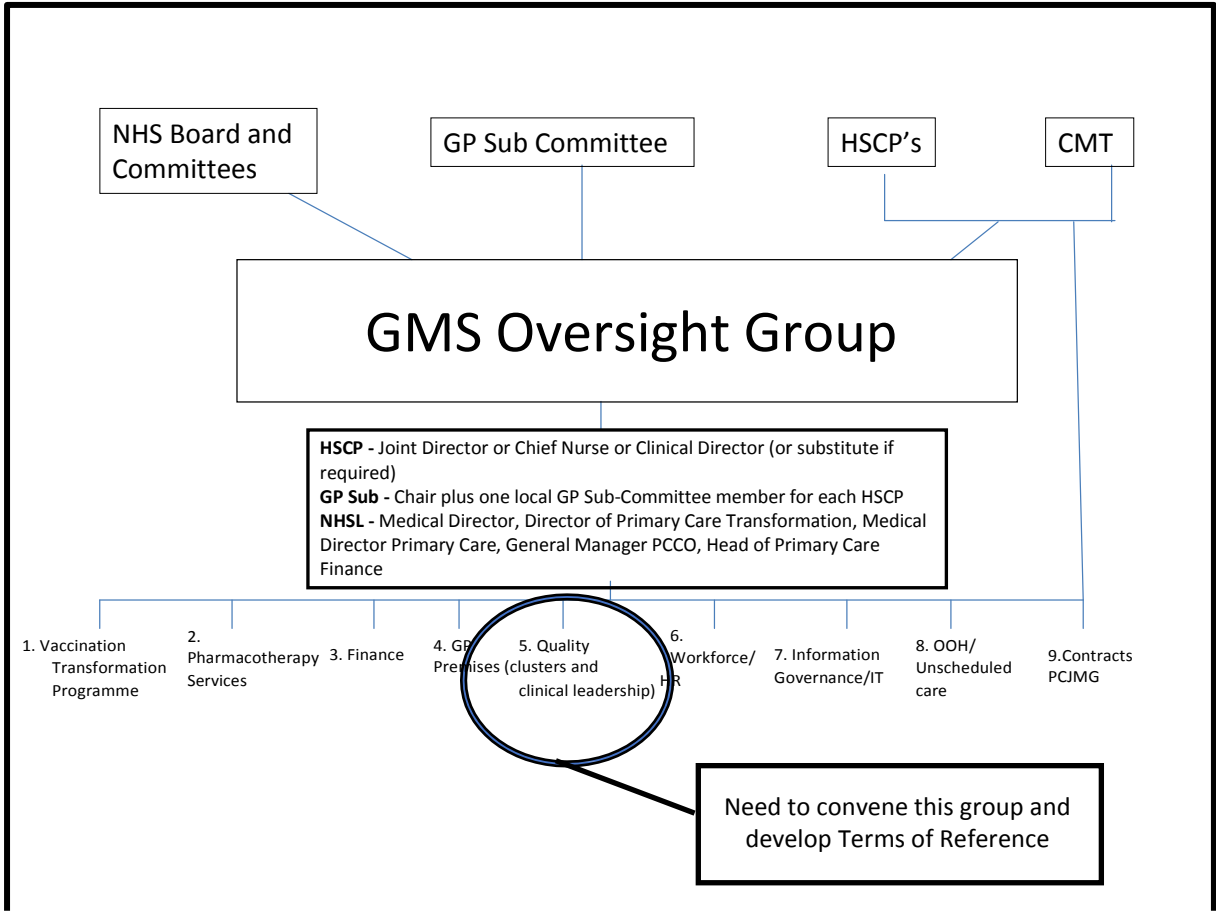
Implementation of recommendations

- To deliver these recommendations there is a pressing need to formalise the GP Tripartite Group. **We would recommend this group is embedded within the Quality sub-group which sits in the current local GMS Oversight Structure (see appendix 2). This group should consist of all CQLs and representatives from the GP-Subcommittee, HSCPs and NHS Lothian.**

Appendix 1 – List of Interviewees

Name	Organisation	Face to Face / Telephone
Simon Watson	NHS Lothian	Face to face
Jo Bennett	NHS Lothian	Face to face
Lisa Carter	NHS Lothian	Telephone
David Small	NHS Lothian	Face to face
Tricia Donald	NHS Lothian (Non exec)	Face to face
Jon Turvill	East Lothian HSCP – Clinical Lead	Face to face
Carl Bickler	Edinburgh HSCP – Clinical lead	Face to face
David White	Edinburgh HSCP - Manager	Face to face
Hamish Reid	Midlothian HSCP – Clinical lead	Face to face
Elaine Duncan	West Lothian – Clinical lead	Face to face
Shelagh Stewart	East Lothian CQL	Face to face
Lynda Wilson	East Lothian CQL	Face to face
Adreas Kelch	West Lothian CQL	Telephone
Iain Morrison	Midlothian CQL	Face to Face
Drummond Begg	GP Sub / LMC Chair	Face to face

Appendix 2 – GMS Oversight Group Structure

NHS Board and Committees

GP Sub Committee

HSCP's

CMT

GMS Oversight Group

HSCP - Joint Director or Chief Nurse or Clinical Director (or substitute if required)
GP Sub - Chair plus one local GP Sub-Committee member for each HSCP
NHSL - Medical Director, Director of Primary Care Transformation, Medical Director Primary Care, General Manager PCCO, Head of Primary Care Finance

1. Vaccination Transformation Programme

2. Pharmacotherapy Services

3. Finance

4. GP Premises

5. Quality (clusters and clinical leadership)

6. Workforce/ HR

7. Information Governance/IT

8. OOH/ Unscheduled care

9.Contracts PCJMG

Need to convene this group and develop Terms of Reference

References

- 2018 Scottish General Medical Services (GMS) Contract

- Scottish Government (2017) *Improving together: a national framework for quality and GP clusters in Scotland*

- *Scottish School of Primary Care GP Clusters Collaborative Quality Improvement in General Practice Clusters. Scottish School of Primary Care: Briefing Paper 12. Scottish School of Primary Care. 1-7.* Rohrbasser, Adrian & Switzerland, In & Guthrie, Bruce & Gillies, John & Mercer, Stewart. (2017).

- *National Guidance for Clusters. A resource to support GP Clusters and support Improving Together* (NHS Circular: PCA(M)(2019)08).