

GP clusters – Scotland – A One Page Guide for GP Practices for 2016/17

GP clusters were introduced in Scotland with the 2016/17 GMS agreement between the Scottish GP Committee and the Scottish Government. The agreement specifies that each GP practice will have a Practice Quality Lead¹ that will engage in a local GP cluster. Each GP cluster will have a GP designated as a Cluster Quality Lead who will have a coordinating role within the cluster².

It is expected that GP clusters will have direct involvement and influence in improving the quality of all health and social care services provided to patients registered within their locality. This will include services that are not provided by GP practices in the community including those provided by secondary care.

Definition

A cluster is a professional grouping of Practice Quality Leads (one per practice) who meet face-to-face or by videoconference on a regular basis to discuss the quality of care provided to patients in the locality.

Timescales

GP clusters must be operating by 1 April 2017 although there is an expectation that most areas will be active before this date. A four-stage phased approach in 2016/17 has been agreed by the Scottish GP Committee and the Scottish Government:

- Stage 1 - (1.4.16 - 30.06.16) PQLs appointed; clusters agreed; start to consider quality issues
- Stage 2 – (1.7.16 - 30.09.16) CQLs agreed; continue to consider quality issues
- Stage 3 – (1.10.16 - 31.12.16) PQLs and CQLs build relationships within cluster and between cluster and local system; Agree which issues to take action on in stage 4
- Stage 4 – (1.1.17 – 31.3.17) Practices and system take action on priorities agreed in stage 3.

Size

It is expected that a 'typical cluster' might include 4 to 8 practices covering 20,000 to 40,000 patients, although clearly this will depend on the practice sizes and the geography of the local area. The Local Medical Committee and HSCP/Board must be closely involved by practices in the local process of defining GP cluster groups.

Meetings

Scottish Government has made additional funding available to ensure every Practice Quality Lead has dedicated protected time to participate in cluster working. Funding is intended to enable PQLs to spend approximately one session per month on their quality role in 2016 (rising to approximately two sessions per month in 2017). As the clusters develop through the above four-stage phased approach, we expect the frequency of meetings to be every 4-6 weeks. The board/partnership will be expected to fund secretariat support to the cluster and can fund additional cluster meetings as required.

Function

The role of clusters is expected to develop and gain influence with time. Clusters will review practice-level quality in a peer-based manner. Initially clusters will review comparative data between cluster practices on areas such as referral, prescribing, coding, access and use of unscheduled care to identify variation, learning and areas for improvement. Data will be provided to the cluster from several sources including the practices themselves and from the CQL.

¹ **Practice Quality Lead** - One GP from each practice (not necessarily always the same GP) will have the responsibility and protected time to link with the Cluster Quality Lead.

² **Cluster Quality Lead** - A GP nominated by the cluster with responsibility and protected time to provide a Continuous Quality Improvement leadership role in the GP cluster. The CQL will liaise between practices and the NHS board/Health and Social Care Partnership on quality improvement issues.