“Improving Together”
GP Clusters in Scotland

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GP Clusters in Scotland

- Introduction
- National context
- Clusters as part of a paradigm shift in care
- Role of clusters and supporting resources
- NHS Highland experience
- Discussion
Introduction

• How do Clusters compare with PCNs?

• What can we learn from each other?

• What would we like to do more of?

• Lessons learned so far
Context - People

Census Output Areas, 2011 showing population density* (2011)

This work was funded by the Rural & Environment Science & Analytical Services Division of the Scottish Government.

*Number of people per square km, calculated for each output area

- < 1
- 1.0 - 5
- 5.0 - 10
- 10.0 - 100
- 100.0 - 1,000
- 1,000.0 - 10,000
- 10,000.0 - 100,000
Context - Challenges

- 7.1% increase in drug costs between 2014/15 and 2015/16
- £445 million savings planned by health boards in 2017/18
- £10.8 billion estimated annual value of 788,000 unpaid carers' contribution
- Estimated 18-29% increase in need for health and social care services by 2030
- 1.5 million hospital procedures performed in 2016/17
- 21,700 people receiving homecare per week in 2014
- 10+ hours per week
Context – GP Workforce

24% of practices responding to the survey reported that they had vacant GP sessions at 31 August 2017.

- 6% had between 1 and 4 vacant sessions per week, 6% between 5 and 6 vacant sessions, 5% between 7 and 8 vacant sessions and 8% had 9 or more vacant sessions (Table 1.21).

- The headcount of current GP vacancies reported by responding practices as at 31st August 2017 was 240, equating to WTE vacancies of 184. (Table 1.22 and Table 1.23).

- The vacancy rate (vacant sessions as a percentage of total sessions) was 5.6% (Table 1.22).

Figure 14: Practices reporting vacant GP sessions, Scotland; 2013 - 2017
Context – Strategic Vision
The need for a paradigm shift in care

Silos with Gaps and Lots of Hand-Offs
- Transactional
- Passive
- Facility Centric
- Reactive
- Doctor

Seamless and Integrated
- Relationship
- Activated, Engaged and Empowered
- Patient Centric (Community)
- Preventive and Plan
- Team
Paradigm shift – Outcomes replace process

<table>
<thead>
<tr>
<th>NATIONAL OUTCOMES</th>
<th>PRIMARY CARE VISION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Our children have the best start in life and are ready to succeed</td>
<td>Our vision is of general practice and primary care at the heart of the healthcare system. People who need care will be more informed and empowered, will access the right professional at the right time and will remain at or near home wherever possible. Multidisciplinary teams will deliver care in communities and be involved in the strategic planning of our services.</td>
</tr>
<tr>
<td>We live longer, healthier lives</td>
<td></td>
</tr>
<tr>
<td>Our people are able to maintain their independence as they get older</td>
<td></td>
</tr>
<tr>
<td>Our public services are high quality, continually improving, efficient and responsive</td>
<td></td>
</tr>
<tr>
<td>We start well</td>
<td>We live well</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>PRIMARY CARE OUTCOMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>We are more informed and empowered when using primary care</td>
</tr>
<tr>
<td>Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care</td>
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<thead>
<tr>
<th>HSCP OUTCOMES</th>
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<tbody>
<tr>
<td>People can look after own health</td>
</tr>
<tr>
<td>Services mitigate inequalities</td>
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</table>
Paradigm shift – Sharing responsibility to manage workload

THE 2018 GENERAL MEDICAL SERVICES CONTRACT IN SCOTLAND

- A CLEAR ROLE FOR SCOTLAND’S GPs
- INVESTING TO MAKE IT HAPPEN
- MANAGEABLE WORKLOAD
- BETTER CARE FOR PATIENTS
- BETTER HEALTH IN COMMUNITIES

BMA
Healthier Scotland Scottish Government

NHS SCOTLAND
Highland Quality Approach
Paradigm shift – Quality at the centre

Era I  
Noble, self-regulating  
(past)

Era II  
Accountability,  
Measurement,  
Incentives  
(present)

Era III  
Quality will be at the  
centre  
(future)

Era 3 for medicine and health care, Berwick, JAMA, 2016
Paradigm shift – GP Clusters
GP Clusters – Whole system connection
GP Clusters – intrinsic & extrinsic role

- encourage GPs to take part in quality improvement activity with their peers, and
- contribute to the oversight and development of their local healthcare system.

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

System support
- Secretariat support
- Learning and development opportunities
- Public health intelligence
- Primary/secondary care interface
- National- Healthcare Improvement Scotland, RCGP Scotland
- Access to data and intelligence- analysts, datazone
Improving Together Interactive (ITi) is the live toolkit which hosts and signposts to resources which have been collated with key stakeholders and our national partners. ITi is a dynamic and virtual resource and will be updated regularly to reflect best practice and current needs as they emerge.
Resources – Data from ISD

GP Consultations
General Practice

GP Consultations / Practice Team Information (PTI) Statistics

ISD collects information about GP consultations from a sample of 6% of practices through the Practice Team Information (PTI) programme. Practices submit monthly data about face-to-face consultations between patients and a GP or practice-employed nurse. This data is used to compile estimates for Scotland.

Currently there are around 60 practices participating in PTI in Scotland and these are broadly representative of the Scottish population in terms of age, gender, deprivation and
Resources – Local Intelligence Support

Local Intelligence Support Team (LIST) - GP Cluster Working Themes

This display shows the themes of LIST GP cluster projects between April and June 2018.

Health and Social Care Partnership

Theme (click to select)

- Allied Health Professionals
- Anticipatory Care
- Cancer
- Care Homes
- COPD
- Demand Capacity Activity and Qu...
- Deprivation
- Diabetes
- Disease / health conditions classif...
- Frailty
- Frequent attenders
- GP management
- HHGs / HRI
- Home visits
- Housing Developments
- Local profiles
- Mental Health
- MSK
- Other
- Practice Activity
- Prescribing
- Referrals
- Secondary care
- Stroke
- Unplanned admissions
## Resources – NES on line training

<table>
<thead>
<tr>
<th>LEADERSHIP SKILLS</th>
<th>QUALITY IMPROVEMENT SKILLS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establishing the case for change</td>
<td>System and stakeholder mapping</td>
</tr>
<tr>
<td>Involving others in change</td>
<td>Developing project aims and plans</td>
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<tr>
<td>Developing effective teams</td>
<td>Understanding data variation</td>
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<tr>
<td>Keeping teams engaged</td>
<td>Using rapid cycles of change and learning</td>
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<tr>
<td>Understanding communication styles</td>
<td>Implementing change for improvement</td>
</tr>
<tr>
<td>Negotiating between disparate groups</td>
<td>Spreading and sustaining change</td>
</tr>
<tr>
<td>Running effective meetings</td>
<td>Identifying the needs of your local patient and public population</td>
</tr>
<tr>
<td>Facilitating small group work</td>
<td>Capturing and actioning patient views</td>
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NHS Highland Experience
NHSH Experience - Connection
NHSH Experience - Communication
NHSH Experience - Collaboration

NHS Highland Primary Care Clusters

Cluster 1: NHSH (North Badenoch & Nairn)
  Aviemore Medical Practice
  Gargask Medical Practice (Laggan)
  Grantown Medical Practice
  Kingussie Medical Practice
  Nairn Healthcare Group

Cluster 2: NHSH (North Inverness A)
  Bught Medical Practice
  Crown Medical Practice
  Culloden Medical Practice
  Dunedin Medical Practice
  Kininyes Medical Practice

Cluster 3: NHSH (North Inverness B)
  Kingsmills Medical Practice
  Riverse Medical Practice
  Southside Road Surgery

Cluster 4: NHSH (North Inverness C)
  Caiin Medical Practice
  Culloden Medical Practice
  Fairfield Medical Practice
  Foyers Medical Centre

Cluster 5: NHSH (North Ross)
  Achnahaird Medical Group
  Dingwall Medical Group
  Tain & District Medical Practice
  Tain & Fearn Area Medical Practice

Cluster 6: NHSH (North Black Isle Corridor)
  Aird Medical Practice

Cluster 7: NHSH (North) East Sutherland
  Brora/Holmsdale Medical Practice
  Creich Surgery (Bonar Bridge)
  Dornoch Medical Practice
  Golspie Medical Practice

Cluster 8: NHSH (North) West Sutherland
  Armadale Medical Practice
  Assyt Medical Practice (Lochlevin)
  Dunketh Medical Practice
  Lairg Health Centre
  Tongue Medical Practice
  Soudie/Kinlochbervie/Durness Medical Practice

Cluster 9: NHSH (North) Caithness
  Canisbay and Caithness Group Practice
  Lybster Medical Centre
  Pearson Practice (Wick)
  Riverbank Practice (Thurso)
  Riverbank Practice (Wick)
  Thurso & Halkirk Medical Practice

Cluster 10: NHSH (North) Wester Ross
  Applecross
  Gairloch
  Lochcarron
  Torridon
  Ullapool

Cluster 11: NHSH (North) Skye & Lochalsh
  Carbost Medical Practice
  Dunvegan Medical Practice
  Glencoe Health Centre
  Kyle Medical Practice
  Portree Medical Centre
  South Skye Medical Practice
  Small Isles Medical Practice (Elgol)

Cluster 12: NHSH (North) Lochaber
  Achuracle Medical Practice
“We can’t solve problems by using the same kind of thinking we used when we created them”.
(attributed to Albert Einstein)

“The key to doing well lies not in overcoming others, but in eliciting their co-operation.”
(Robert Axelrod)

“We have far more in common than that which divides us”
(Jo Cox MP)

“There is no us and them, only us.”
(Ken Cloke)

“When in doubt, do the kindest thing”
(unattributed)

“We are mirrored not by concepts, but by faces delighting in us—giving us the face we can’t give to ourselves. It is “the face of the other” that finally creates us and, I am sorry to say, also destroys us. It is the gaze that does us in.....”
(Richard Rohr)

“I’ve learned that people will forget what you said, people will forget what you did, but people will never forget how you made them feel.”
(Maya Angelou)
NHSH Experience - Challenges
Points for discussion

• How do GP Clusters compare with PCNs?

• What can we learn from each other?

• What would we like to do more of?

• Lessons learned so far?
Useful Links

• **Improving Together interactive:** ihub.scot/improving-together
• **QI Zone:** learn.nes.nhs.scot/741/quality-improvement-zone
• **LIST:** www.isdscotland.org/Health-Topics/Health-and-Social-Community-Care/Local-Intelligence-Support-Team
• **PASC WebEx:** ihub.scot/improvement-programmes/primary-care/gp-practice-administrative-staff-collaborative/events