


Event Summary

GP Cluster Improvement Network Session 4

21 September 2023

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 @SPSP_PC

Aims

1. **Network** and connect CQLs, PQLs and those supporting clusters across Scotland.
2. Share experiences and work from **cluster working in NHS Ayrshire and Arran**.
3. Provide an opportunity for all participants to **share their experience** in small discussion groups.
4. One year **review** and **co-designing** the way forward

Presentations

A year of the network and its future

Nico Grunenberg – Chair (GP/CQL, Primary Care QI Faculty, HIS) and
Rebecca Green (GP, Clinical Lead Primary Care QI & Patient Safety, NHS Lothian, and Primary Care QI Faculty, HIS)

One year on from the network's inception, we took some time to reflect on the work that has been done so far, and the impact and value this has brought to cluster working. Rebecca shared the story of the Lothian Primary Care QI Network, which has developed over 10 years, and we used this example and the framework of a 'network maturity matrix' to consider what the future of our network might look like.

We reflected on the feedback provided by those who registered for the session, considering what we should continue doing, what we should stop doing and what we should start doing. *Please continue the conversations around the improving the network's effectiveness in the MS Teams channel.*

Resources

- [Effective networks for improvement – The Health Foundation](#)
- [Organisational Strategy for Improvement Matrix \(OSIM\)](#)
- [Slides](#)

Cluster working in NHS Ayrshire and Arran

Alexia Pellowe (Clinical Director, East Ayrshire HSCP, former CQL)
Manreek Basi (Stakeholder GP, East Ayrshire) & Simon Farrell (Stakeholder GP, South Ayrshire)

Alexia outlined the organisational structure of cluster working in NHS Ayrshire & Arran, including:

- a GP forum in each HSCP to create consensus around provision of GP and related services
- the GP stakeholder role – an elected GP who shares intelligence and learning between clusters and acts as an advocate for GP interests.

We heard excerpts from a conversation with two GP stakeholders about their perspective on the role, and Alexia also explained how A&A have used a learning needs analysis and facilitated discussions to identify CQL needs and how they acted to address these needs (eg in-house QI training and implementing infrastructure to facilitate sharing of learning across clusters).

Resources

- Network members can [view the full recording of the GP Stakeholder conversation](#) on the network MS Teams channel.
- [Slides](#)

Presentations continued

Cluster Project: Rapid Respiratory Response Service

Sanjeev Dhillon (CQL)

Sanjeev talked through the Rapid Respiratory Response Service which was piloted in the Kilmarnock cluster. The service aims to provide specialist support to people with a known COPD diagnosis presenting with an acute exacerbation, so as to avoid the need for hospital admissions and support early discharge.

Results

Since implementation of the RRR, average A&E attendances due to COPD exacerbations in COPD patients fell from **3.7 to 2.1/month** and GPs reported a **reduction in workload** associated with managing care of long-term COPD patients.

The service has been expanded to cover 17 practices and over 50% of COPD patients in NHS Ayrshire & Arran. The service now involves administrators and members of the wider MDT.

[Slides and case studies](#)

Cluster Project: The Wellness Model for Children & Young People

Louise Wilson (Stakeholder GP, former CQL)

Louise described the situation in Kilwinning where she works as a GP. GP CAMHS referral rates were high and although local schools had a variety of mental health resources available, GP access to these for patients with 'low-level' mental health issues was not in existence.

CAMHS chaired discussions between secondary schools and GPs, which led to the development of a pathway to allow direct referral to a 'named person' in patients' schools (eg Primary Head, Pastoral Team or Health Visitor) via SCI gateway.

Results

- Average days waited for a routine assessment at CAMHS was halved from 70 to 35 days.
- Only 9.4% of patients referred to a 'named person' service required onward referral to CAMHS.
- CAMHS is now part of a suite of options available to GPs, not the only option.

Other clusters in NHS Ayrshire & Arran have been identified for the rollout of the Wellness Model. The local authority has agreed to develop an "authority wide referral process mirroring that in Kilwinning".

[Slides](#)

Breakout Rooms



Topics and feedback

Small-group breakout discussions focused on the following topics:

- HSCP/board engagement
- Cluster engagement
- Data
- Practice sustainability
- Clinical priorities

Afterwards, participants were asked for one thing they would take away from their discussions. You can read all responses [here](#).

Engagement

68 people registered for the event. This included CQLs and non-CQLs (such as HSCP/health board members and special boards).

27 CQLs from across **11 NHS boards** registered for the event.

Next steps

- **Continue the conversations** in the GP Cluster Improvement Network MS Teams channel.
- **Planning future network activities** based on feedback from network members. Dates of future network sessions to be announced soon.

Thank you to all participants and speakers!