



*Q1 – What type of support can I expect from the faculty?*

*Q2 – How do I request support from the faculty?*

*Q3 – Who can request support from the faculty?*

*Q4 – Who forms the faculty?*

*Q5 – Why does the faculty exist?*

*Q6 – What is the purpose of the faculty? Building local QI capacity or to provide responsive QI support?*

*Q7 – Why is the faculty taking a coaching, mentoring and facilitation approach?*

*Q8 – What is the relationship between our local QI support and the faculty?*

*Q9 – Isn't capacity and headspace the problem within primary care services, rather than a lack of quality improvement ability?*

*Q10 – Is this resource targeted at enabling Practice/Cluster Quality Leads to undertake quality improvement or to support GPs to fulfil their expert medical generalist role?*

*Q11 – What's the connection between the faculty and funded Quality Improvement Leadership programmes, such as Scottish Improvement Leadership Programme and Scottish Coaching, Leadership and Improvement Programme?*

*Q12 – Is the faculty the solution to help with the implementation of the contract?*

## ***Q1 – What type of support can I expect from the faculty?***

The faculty's purpose is to sustain the development of quality improvement (QI) capacity and capability across primary care services, through access to practical improvement support.

To achieve this, the faculty will provide on the ground, practical support for quality improvement to primary care services via coaching, facilitation and mentoring.

Examples of support include:

- Supporting the development of Cluster Quality Leads or those leading on local improvement projects (e.g. developmental sessions for CQLs, 1:1 coaching sessions, QI clinics)
- Providing advice and coaching support on specific needs you may have when trying to improve services (e.g. selecting and using quality improvement tools)

If you are part of one of our current collaboratives (the Practice Administrative Staff Collaborative and/or the Pharmacotherapy Level 1 Services Collaborative) you may also have received/receive support from the faculty, such as:

- Attending workshops and training sessions delivered by faculty members

You can also request specific support from these faculty members to support your participation in the collaboratives.

[add quotes when available]

[RETURN TO FAQ HOMEPAGE](#)

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## ***Q2 – How do I request support from the faculty?***

➔ To request support from the faculty email [hcis.pcpteam@nhs.net](mailto:hcis.pcpteam@nhs.net).



A member of the team will discuss your requirements and work with you to complete the Support Request Form. If the faculty are able to meet your request, then arrangements will be made.

**It is important that once the timings of the support are agreed, you maintain these,** as faculty members will already have made their own arrangements (for example, locum cover, travel, accommodation) to ensure they can support you.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q3 – Who can request support from the faculty?***

Anyone working on improving primary care services and outcomes. You may have local support available. We would encourage to explore this support in the first instance. If you decide that it would be beneficial to have support from the Primary Care Quality Improvement Faculty, please request support from the faculty email [hcis.pcpteam@nhs.net](mailto:hcis.pcpteam@nhs.net). 

A member of the team will discuss your requirements and work with you to complete the Support Request Form. If the faculty are able to meet your request, then arrangements will be made.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q4 – Who forms the faculty?***

The initial cohort of faculty members is formed by GPs, practice managers, nursing staff, pharmacists and a consultant with medicines expertise. The faculty is multidisciplinary in nature in recognition of the transformed landscape of health and social care through integration and implementation the GMS contract. It is intended to provide credible, experienced quality improvement and leadership support to primary care services.

We will continue growing the faculty in size and clinical subject expertise. In the future there will be ongoing recruitment to the faculty through formal quality improvement courses (such as individuals taking up Healthcare Improvement Scotland sponsored CQL places of the Scottish Quality and Safety Fellowship being recruited into the faculty upon fellowship completion).

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q5 – Why does the faculty exist?***

NHS Education for Scotland (NES) research in 2018 on CQL' learning needs identified the most preferred modes of learning across clusters included peer-supported facilitation, coaching and mentoring with a focus on quality planning, improvement and leadership skills.

Evaluation of the Scottish Improvement Foundation Skills programme that the Primary Care Improvement Portfolio commissioned NES to deliver to 35 Cluster Quality Leads found that there was a requirement for supplementary development opportunities. During this time, the Primary Care Improvement Portfolio also began to receive more requests for responsive and hands-on quality improvement support.

In 2019, Healthcare Improvement Scotland decided to develop a multidisciplinary Primary Care Quality Improvement Faculty (PCQIF) to provide quality improvement (QI) and leadership support to those working in primary care services. We are developing the PCQIF in agreement with key stakeholders including NHS Education for Scotland (NES), NHS National Services Scotland (NSS), the Faculty of Medical Leadership and Management (FMLM) and Scottish Government.

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### ***Q6 – What is the purpose of the faculty? Building local QI capacity or to provide responsive QI support?***

Ultimately, the faculty’s purpose is to sustain the development of QI capacity and capability across primary care services, through access to practical improvement support.

Often those that are trained in QI experience face challenges when continue applying to apply their skills in the workplace once the training courses are completed. The faculty can support individuals to apply their QI expertise routinely in the workplace environment through supportive coaching and advice.

Therefore, the faculty will:

- Adopt a capacity building ethos when delivering quality improvement support
- Contribute to the learning system and share emergent practice
- Act as national champions for quality improvement in primary care, and
- Provide advice to inform the content and aims of the work of the Primary Care Improvement Portfolio

### ***Q7 – Why is the faculty taking a coaching, mentoring and facilitation approach?***

The Scottish School of Primary Care identified the importance of facilitation for quality improvement, based on evidence they reviewed from Quality Circles where the facilitator was typically a GP with skills in this area<sup>1</sup>.

Furthermore, other evidence suggests that practical advice and coaching from trained improvement leaders can effectively help staff apply quality improvement techniques<sup>23</sup>.

The King’s Fund has suggested that quality improvement coaching can support compassionate leadership and have a positive influence on self-efficacy, self-worth, and innovation<sup>4</sup>.

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<sup>1</sup> [http://www.sspc.ac.uk/media/media\\_543940\\_en.pdf](http://www.sspc.ac.uk/media/media_543940_en.pdf)

<sup>2</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1055399/>

<sup>3</sup> <https://www.ncbi.nlm.nih.gov/pubmed/10339022>

<sup>4</sup>

[https://www.kingsfund.org.uk/sites/default/files/field/field\\_publication\\_file/Caring\\_to\\_change\\_Kings\\_Fund\\_May\\_2017.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Caring_to_change_Kings_Fund_May_2017.pdf)

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### ***Q8 – What’s the relationship between our local QI support and the faculty?***

It is anticipated that local areas will continue to develop their own quality improvement (QI) expertise and support mechanisms, and prioritise quality improvement activity in primary care. The faculty provides additional practical support to existing local support. Across the country there is a variation in the level of local QI support that is available, with some areas having very limited local resource. The faculty aims to complement what is already out there.

The faculty could support you by providing external facilitation and bringing experiences from other areas to the discussion. The faculty members have a range of quality improvement experiences on different topics that might be helpful to complement your local QI expertise.

The faculty could act as connectors: it will enable connecting into relevant and appropriate networks, emergent practice elsewhere and ongoing and future national changes. The faculty will also inform national improvement activity based on their interactions with local activity. Better knowledge sharing and information sharing would enable best use of resources.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q9 – Isn’t capacity and headspace the problem within primary care services, rather than a lack of quality improvement ability?***

The faculty can help to focus attention on improvement through the delivery of sessions. It is recommended that local areas plan how the faculty could support them and communicate this in advance to the Primary Care Improvement Portfolio to ensure the faculty have capacity to provide support.

The faculty could support you by providing external facilitation and bringing experiences from other areas to the discussion. The faculty members have a range of quality improvement experiences on different topics that might be helpful to complement your local QI expertise.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q10 – Is this resource targeted at enabling Practice/Cluster Quality Leads to undertake quality improvement or to support GPs to fulfil their expert medical generalist role?***

Both, directly and indirectly.

The faculty will support those working within primary care services to improve primary care services and outcomes. This might involve implementing specific areas of the contract, redesigning services, and supporting health and wellbeing outcomes.

Supporting Practice Quality Leads and Cluster Quality Leads in their roles will be a key element of the work of the faculty, for example, supporting their development.

By engaging in quality improvement internal processes will be more efficient and effective, using the multidisciplinary team, and therefore release time for GPs to fulfil their expert medical generalist role.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q11 – What’s the connection between the faculty and funded Quality Improvement Leadership programmes, such as Scottish Improvement Leadership Programme and Scottish Coaching, Leadership and Improvement Programme?***

It is recognised that there are formal quality improvement and leadership qualifications that have been running for a number of years. The majority of the faculty have one of these recognised qualifications or are currently undertaking relevant personal development.

The King’s Fund have also argued that training alone will not be enough to ensure rapid adoption of new ways of working<sup>10</sup>, and therefore there is a necessity to establish a quality improvement support team to help practices implement quality improvement techniques they learn during training.

The faculty will support those who have developed quality improvement skills to apply them and embed them in everyday work. They will also provide ad-hoc support to individuals and services where additional QI support would help them.

[RETURN TO FAQ HOMEPAGE](#)

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### ***Q12 – Is the faculty the solution to help with the implementation of the contract?***

The faculty will be providing on the ground practical support for ad-hoc requests received. All ad-hoc requests will be reviewed to ensure they are appropriate for the faculty to respond to (e.g. the request should support cluster working and/or implementation of the contract). It is clear that whilst the faculty has a significant contribution to make, it will not be a silver bullet.

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<sup>10</sup> [https://www.kingsfund.org.uk/sites/default/files/field/field\\_document/quality-improvement-gp-inquiry-discussion-paper-mar11.pdf](https://www.kingsfund.org.uk/sites/default/files/field/field_document/quality-improvement-gp-inquiry-discussion-paper-mar11.pdf)

There are other mechanisms to support the implementation of the contract, such as through participation in collaboratives. For example, the Primary Care Improvement Portfolio is now working with over a quarter of all GP practices in Scotland through two currently running collaboratives:

- Practice Administrative Staff Collaborative (Phase 2)
- Pharmacotherapy Level 1 Collaborative

The faculty are contributing to this work by supporting Regional Learning Sessions, steering group meetings, webinars and project surgeries.

[RETURN TO FAQ HOMEPAGE](#)