



Item No: 10

Meeting Date: Wednesday 29th November 2017

Glasgow City Integration Joint Board Public Engagement Committee

Report By: Dr. Richard Groden, Clinical Director

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GP CLUSTERS AND GP ENGAGEMENT

Purpose of Report:	To update the IJB Public Engagement Committee on the GP Cluster arrangements and GP engagement within the HSCP.
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Background/Engagement:	The first part of the evolving new GP contract was the formation of GP Clusters from April 2016.
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Recommendations:	The IJB Public Engagement Committee is asked to: a) note the development of GP Clusters and the wider GP engagement and support being delivered within the HSCP.
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Relevance to Integration Joint Board Strategic Plan:

The development and sustainability of Primary Care are integral to the Strategic Plan. GP Clusters are a recent development and a core building block re the delivery of general practice.
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Implications for Health and Social Care Partnership:

Reference to National Health & Wellbeing Outcome:	Health and Social care services contribute to reducing Health Inequalities. People who work in Health and Social Care services feel engaged with the work they do and are supported to continuously improve the information, support care and treatment they provide.
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Personnel:	Clinical Directors and Primary Care Development Officers
Carers:	None
Provider Organisations:	General Medical Practices
Equalities:	None
Financial:	None
Legal:	None
Economic Impact:	None
Sustainability:	None
Sustainable Procurement and Article 19:	None
Risk Implications:	None
Implications for Glasgow City Council:	None
Implications for NHS Greater Glasgow & Clyde:	None

1. Purpose

- 1.1 To update the IJB Public Engagement Committee on the GP Cluster arrangements and wider GP engagement within the HSCP.

2. Background

- 2.1 In 2015 an announcement was made jointly by the Scottish Government Health Department and the General Practitioners Committee of the British Medical Association in Scotland that they would be negotiating a new GP contract to replace the existing contract introduced in April 2003.

- 2.2 The first component of this new contract to be announced was the formation of GP Clusters during the financial year 2016/17. A timetable for the roll out and development of clusters was laid out within the guidance. Clusters are to be quality improvement vehicles with the members of each cluster agreeing the priorities for the cluster.
- 2.3 Within Glasgow City there are 20 clusters made up of 6 in the North East, and 7 in each of the South and North West localities. These range in size from a population of 24000 in Easterhouse to 68000 in Maryhill/Woodside.
- 2.4 Every GP Practice has identified a Practice Quality Lead (PQL) who represents the practice at the cluster and acts as the link back into the practice. In addition each cluster has a Cluster Quality Lead (CQL) who leads the cluster and represents the cluster within other GP engagement fora within the HSCP.
- 2.5 The clusters have been involved in a range of quality improvement work including management of chronic obstructive pulmonary disease, cervical screening rates, diabetic patient education programme, prescribing, patient access, frailty and flu immunisation uptake. Each of the clusters agrees a programme of work relevant to the local population needs and local priorities leading to a diverse range of initiatives.
- 2.6 Within each locality the Clinical Director, Primary Care Development Officer and Lead pharmacist are connected in to the clusters and provide support to and maintain an overview of the activity of the clusters.
- 2.7 Each of the localities has a Primary Care Framework group where CQL's meet with the locality senior management team and other independent contractor group representatives including dentistry, community pharmacy and optometry. At these meetings clusters are able to share their quality activity across the locality.
- 2.8 In addition to the GP Cluster programme there has been additional GP engagement looking at sustainability and resilience of single handed and 2 doctor practices. Events have been held in the North West and South localities where all small practices were invited to attend. These are the more vulnerable practices within the city and building resilience, awareness of support and business continuity planning have been areas focussed on during these meetings which have been welcomed by the practices.
- 2.9 Glasgow City HSCP has 78 of the 100 most deprived practices in Scotland within the city and 99 of the 200 most deprived practices measured by the percentage of their population living in the 15% most deprived data zones in the country. The 100 most deprived practices in association with the department of General Practice at Glasgow University have for a number of years been involved in a group known as the Deep End and have delivered a number of initiatives and research studies which the HSCP have supported.
- 2.10 The HSCP Primary Care Steering group maintains an overview of all the activity and engagement with GP practices and has representatives from general practice amongst its membership.

3. Recommendations

3.1 The IJB Public Engagement Committee is asked to:

- a) note the development of GP Clusters and the wider GP engagement and support being delivered within the HSCP.