Supplementary File

Information on GP Clusters

Information on GP Clusters quoted below is taken directly from Chapter 7 of the 2018 General Medical Services Contract in Scotland published by the Scottish Government, November 2017 ISBN: 978-1-78851-347-0. https://www.gov.scot/publications/gms-contract-scotland/pages/9/

"Improving Together describes the agreed 'intrinsic' and 'extrinsic' functions of GP clusters in Scotland. The intrinsic function refers to the role of GP clusters in improving the quality of care in their cluster through peer-led review. The extrinsic function refers to the critical role GP clusters have in improving the quality of care in general practice and influencing HSCPs* regarding both how services work and the quality of services.

As clinical leaders in the primary healthcare team, GPs will actively contribute to the clinical governance and oversight of service design and delivery across health and social care as part of the extrinsic GP cluster role. CQLs will work in close collaboration with the already established medical advisory structure including: Medical Directors (Primary Care) (usually AMDs); Clinical Directors; Locality Strategic Planning Groups; and GP Sub Committees in NHS Boards.

The GP Subcommittee of the Area Medical Committee should be responsible and funded for local arrangements to ensure effective collaboration between the GP Subcommittee, NHS Board medical directors, and CQLs. The GP Subcommittee will be responsible for co-ordinating the agenda for this tri-partite collaboration and facilitating combined professional advice to the commissioning and planning processes of the HSCPs and NHS Boards.

GP Cluster Working And Local Population Health

GP practices participate in cluster working through their PQL. The PQL engages with the CQL, the rest of the GP cluster and attends GP cluster meetings. The practice will provide agreed local and national data extractions to enable intelligence led quality planning, quality improvement and quality assurance.

Cluster working will contribute to the development of local population health needs assessments undertaken by public health and local information analysts. They will also provide professional clinical leadership on how those needs are best addressed.

The NHS National Services Scotland Local Intelligence Support Team (LIST) service has been supporting GP cluster working in Scotland since April 2017. This analytical support to clusters will continue and expand under the new contract.

Case Study – List analytical support for clusters
LIST analysts have already been working with clusters and practices across Scotland to help analyse data and introduce improved ways of working. These have included:
- safely reducing the number of home visits through the use of telephone triage
- analysis of appointment demand to inform staff scheduling
- analysis of data to create a health needs assessment for homeless patients
- gathering evidence to assist plans for GP services in relation to new housing development
- using data to help identify High Health Gain patients, to facilitate anticipatory care planning and additional preventative support measures

These initiatives help to both reduce GP workload and improve patient care…."

"…Thus GP clusters must decide the majority of their own clinical priorities in their own locale using both information gathered by analytical support and their own deep knowledge and understanding of the communities they serve….GP practices will participate in cluster working and through cluster working will contribute to the development of cluster quality improvement plans.

Cluster quality improvement planning will be supported by training in quality improvement if required. This activity will be better enabled, as more analytic and public health support goes on line. Clusters will initially review comparative data between cluster practices on areas such as disease registers, referral, prescribing, access and use of unscheduled care to identify variation, peer-based learning, and areas for improvement supported by external resources. Maintaining comprehensive disease registers will remain critical to underpin activity in quality planning, quality improvement and quality assurance.

Quality Assurance

GP practices will participate in a cluster quality peer review process, whereby their quality improvement activity and quality data will be reviewed by their local GP cluster. Support will be offered as appropriate."

*HSCPs – Health and Social Care Partnerships are the organisations formed as part of the integration of services provided by Health Boards and Councils in Scotland. Each partnership is jointly run by the NHS and local authority. There are 32 HSCPs across Scotland. HSCPs have the lead responsibility for the strategic planning, commissioning and management of integrated health and social care services at a local level.

The Public Bodies (Joint Working)(Scotland) Act 2014 came into force in April 2016. This legislation brings together health and social care into a single, integrated system. Its aim is to ensure that health and social care provision across Scotland is joined up and seamless, especially for people with longer term and / or complex needs, many of whom are older or disabled. New Integration Authorities – in all but one area, Integration Joint Boards (IJBs) – were established, with responsibility for managing £8.5 billion of funding for local services which had previously been managed separately by NHS boards and local authorities. Each IJB oversees the work of a HSCP.

For further information see:

https://en.wikipedia.org/wiki/Health_and_Social_Care_Partnership

https://www.alliance-scotland.org.uk/wp-content/uploads/2019/05/Health-and-Social-Care-Integration-How-is-it-for-you-Views-from-the-Public-Sector.pdf

https://hscscotland.scot/hscps/

Table S1. Characteristics of survey respondents compared with all GPs in Scotland

Variables	Survey GPs (n=2465) %	All GPs (Sep 2018) (n=4366) %
Female	58%	58%
GP Partner	84%	78%
Age category:		
<35 years	10%	13%
35-44 years	34%	34%
45-54 years	36%	33%
55-64 years	19%	18%
65+ years	1%	1%
Proportion of patients in an urban area	65%	66%
Proportion of patients in most deprived quintile	20%	19%

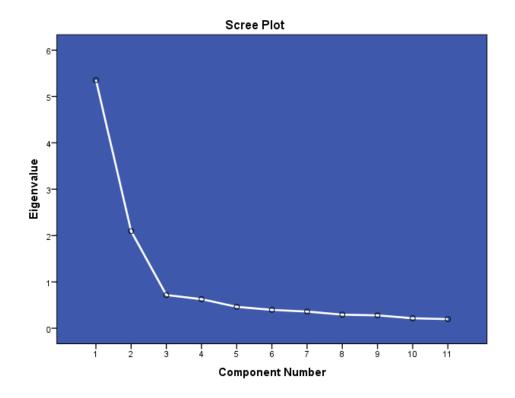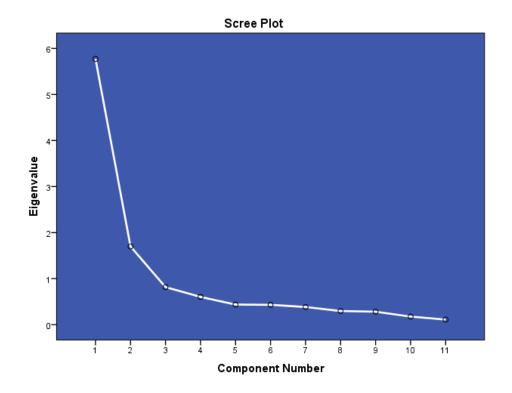**Figure S1 Scree Plot of GP Quality Leads items**

Figure S2 Scree Plot of all GP Cluster items

Cluster questions for Quality Leads

Questions for Quality Leads - Cluster Meetings (CM Factor)

Please ✓the box on the scale below to rate the extent to which you think your Cluster meetings are...	Always	Nearly Always	Only Sometimes	Hardly Ever	Never
a Well Organised					
b Friendly					
c Well facilitated					
d Productive					

Questions for Quality Leads - Cluster Support (CS Factor)

Please ✓ the relevant box on the scale below to rate the extent to which you feel supported in relation to…..	Fully Supported	Almost Fully Supported	Somewhat Supported	Not at All Supported
a Data				
b Health Intelligence				
c Analysis				
d Quality Improvement methods				
e Advice				
f Leadership				
g Evaluation and research				

Cluster Questions for All GPs

1 = Cluster Communication and Engagement (CKE) Factor

2 = Cluster Quality Improvement (CQI) Factor

1. **Please ✓ the relevant box on the scale below to rate the extent to which you <u>agree or disagree</u> with these statements about your knowledge and engagement with your GP Cluster**

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree
a	I feel informed about what my GP Cluster is trying to achieve	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
b	Decisions made by my GP Cluster reflects my views	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
c	When I make contact, my Practice Quality Lead is responsive to my queries and concerns	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
d	My GP Cluster is 'owned' by its members and feels like 'our organisation'	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
f	I can influence the work of my GP Cluster if I choose to	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

2. **Please ✓ the relevant box on the scale below to indicate your opinions on how GP Clusters have affected …**

	Decreased a Lot	Decreased a Little	Not Changed	Increased a Little	Increased a Lot
Your understanding of quality planning (how to set quality improvement goals)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Your understanding of quality improvement (methods and approaches)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Your understanding of quality control (measuring improvement, ensuring safety)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
Your understanding of the characteristics of the local population of patients(such as age, deprivation, multimorbidity levels)	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
The quality of care that you provide	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
The extent to which you involve patients in decisions about their care, based on what is important to them	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5