Healthcare Improvement Scotland | ihub

Event Summary

GP Cluster Improvement Network Session 2

21 February 2023

his.pcpteam@nhs.scot

@SPSP_PC

Aims

1. **Network** and connect CQLs, PQLs and those supporting clusters across Scotland.
2. **Share work** related to cluster working.
3. **Learn** about using data for improvement.

Agenda

Time	Item	Who	Slides/Links to resources
13:00	Welcome and introduction	Nico Grunenberg Primary Care Quality Improvement Faculty, HIS; GP & CQL, NHS Tayside	Slides
13:05	Update on next cluster framework	Claire McManus, GP Contract Implementation Team Leader, Scottish Government	Slides
13:13	Speed networking	All	
13:20	Cluster working in NHS Forth Valley	Kathleen Brennan, CQL NW Stirling; Stirling GP Clinical Lead, Clackmannanshire & Stirling	Slides
13:35	Learning about data - Introduction - LIST - Primary Care Access tools - Questions and discussion	 Nico Grunenberg Philip Johnston and Julie Kidd, Service Managers, LIST Fiona McGirr, Improvement Advisor, ihub	 Slides Slides – note slide 8 contains the list of LIST analysts Slides and PCAP data tools
13:08	*Break*		
14:10	Breakout room discussion	All	See collation of notes from the breakout room discussions on the following pages
14:45	Next steps	Nico Grunenberg	Slides

Engagement

Thank you to all participants and speakers!

50 CQLs from across **13 NHS boards** registered for the event. **34%** of **CQLs** in post in Scotland.

There were also **54** non-CQLs (including clinical leads, primary care leads, practice managers and special boards) that registered.

CQL/PQL support and induction – breakout room discussion

How are new CQLs/PQLs supported in your area?

- **QI Training** (eg Scottish Improvement Foundation Skills (SIFS) helpful).

The following would help:

- **induction pack**
- **buddy system**
- **bank of resource**s around what is available
- **advice** on scope and size of projects
- **IT training** (eg sharing files from Sharepoint into email or MS Teams)
- **QI training shorter** than Scottish Quality and Safety (SQS) Fellowship Programme
- **information** on what is working elsewhere
- **awareness** of IT/data issues, and
- **understanding** that relationship building is critical.

What support from HSCP/board has helped you/your cluster?

- **Quality group established in Lothian** - to identify what support is needed for CQL and PQLs.
  - Developed training and induction resources.
  - Three coaching sessions over six months for new CQLs.
- **Project management support** helped.

The following would help:

- clear **outline of expectations and resources available**
- **managers** should know what's going on
- **somebody to talk to** in primary care services or health board, and
- **project support manager** for clusters.

Other questions raised

- How do you know what is available and what is working elsewhere?
- Let's not reinvent the wheel - can we share and use or adapt other people's resources?

Sharing QI projects– breakout room discussion

What method(s) to share QI projects have you tried locally?

- Lanarkshire - **6 monthly meetings** with view to sharing. Also, using **online platform** to share.
- Protected Learning Time (**PLT**) to share QI work.
- Practice nurse **projects shared with NES.**
- **MS Teams** being used by HIS to allow CQLs to share QI work they are doing so that people can see what's happening across Scotland.

QI projects done/being done by clusters?

- Workflow optimisation.
- Example of quick win project - session on emergency bags following drug deaths report. 70% had injectables. Training - shift to 100% spray or other delivery.
- Proud of project on long term conditions. Standardising approach and bloods etc.
- Two year project on frailty.
- Mental health steering group.
- Diabetes.
- 4-5 of floating menu: 4C prescribing (C diff); lab requests coming - both topics data driven and easy to compare rates/1000; practice culture driven by cluster working; LGBT agenda.
- What info to provide to more patients.
- Grampian sustainability - wider PCIP discussions and how to better help GPs.
- Excess opiates.
- Looking at green inhalers.
- PPI HPI screening.
- Acute prescribing access.
- Nursing home realignment.
- Audits on medications - sodium valproate. Difference day to day.
- Making duty doctor sessions more manageable using one channel of communication (PCAP).
- Looking at skill mix - adapted week of care to look at practice nurses.
- Practice nurses worked on improving asthma self-management, COPD anticipatory meds and cervical screening uptake.

Note – rich discussion. Only comments related to the questions included in this summary.

Increasing motivation and engagement in cluster working – breakout room discussion

What has helped you to increase motivation and engagement?

Topic
- SAE incidents: triggers clinicians to focus more on the topic - high risk medicine.
- Simple, clear QI project, quick and easy wins, such as activating eKIS.

Cluster characteristics
- Stability in the cluster group (same people from the beginning).
- Small cluster so everyone devotes time.

Frequency
- 6-weekly meetings at same day and time, time protected.
- Forth Valley meeting every 4 weeks, now every 6 weeks and more practices are attending.

Protected learning time – helps engagement.

How meetings are run
- Rotating host practice decides on project (so not always the same person or practice deciding).
- Stick to time and moderated.
- Every practice that attends feeds back.

MS Teams – makes remote working (eg in the islands) more positive.

Annual appraisal – QI component.

Communication post-meetings
- Share minutes of CQL meetings and ask PQLs to share with others in practice. Raise in a number of venues. Newsletter is a good way or just minutes.
- Every three meetings, report on progress (as no time to follow up post-meetings).

Building relationships
- Meeting people eg when working on child and adolescent mental health, met with head teachers to build relationships. Now have links and emails to go to if support needed.

Other avenues to discuss frustrations and others
- Annual 'moan session'.
- Light agendas to talk about frustrations, good news. Practices just turn up so it's not a chore.

The following would help:
- HSCP to provide protected learning to build cluster working. This indicates that it's not optional?
- Money
- Someone to shout about clusters.

How do/would you support and manage non-participation of PQLs/practices?

- Providing **QI training for PQLs.**
- Thinking of creating a **PQL handbook/role description.**
- **National guidance** focused on number of sessions but should be **more detailed on expectations.**
- **One-to-one discussion** - CQL called practice and asked them what they wanted to work on.

Other questions raised

- How many sessions do CQLs have in other areas?
- How do we make QI easy when clinical pressures arise?

Note – rich discussion. Only comments related to the questions included in this summary.

Obtaining and using data for cluster working – breakout room discussion

How do/did you use data for cluster work?

- **Polypharmacy tool –** to identify high risk prescribing (anti-platelets) – using data to do QI projects.
- **Prescribing data –** pharmacy database – chronic pain prescribing data
- **Audits –** SMS uptake of chronic disease management.
- **Frailty template** (ihub), **efrailty index** (EFI) tool.
- NSS collecting good examples of **local data collection tools.**
- **STU data** - children on high dose steroids reviewed in primary care and secondary care, acute prescribing, repeatable prescribing tab.
- **Prism search.**
- **Vision search –** HRT prescribing project – patients received appropriate medication.

The following would be helpful:

- LIST telling clusters what's available to help them decide what to look at (eg catalogue of data sets available, 'menu' or ideas list. Framed in a way that resonates with CQLs).
- LIST to share annual report with projects across Scotland. Also, LIST used to have a map on website and filter by topic.
- Need an IT person to discuss what would be useful in the area.
- Pharmacy teams to help.

How do/did you overcome barriers around data?

- IT developing a template using Rockwood score to measure frailty.
- Started developing Vision template to capture data on e-Frailty index accurately (Aberdeenshire).
- Adapting tools to make data capturing easier and faster.
- Finding right resource and personnel to help with extracting data.
- Standardising how clinicians code in Vision or EMIS.
- Working with LIST (although not always time).
- Knowing where to start.

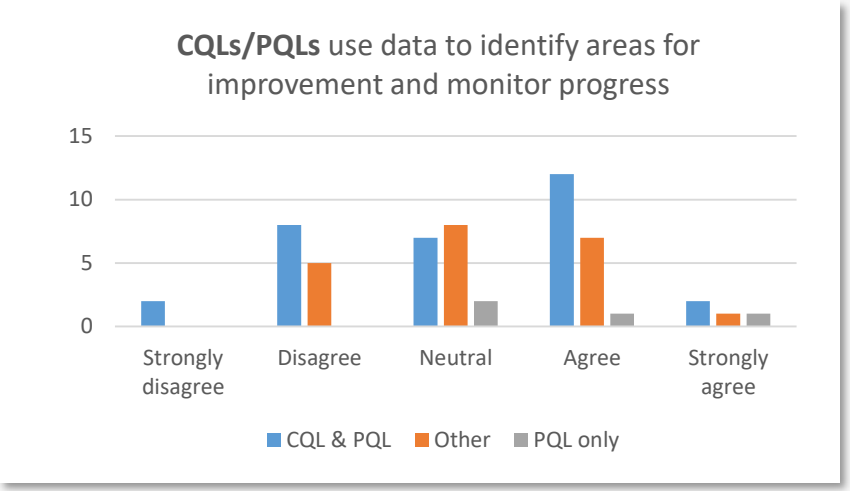
What has worked for you?

- Involving the wider team (eg worked closely with pharmacist on STU data).
- Being realistic - practices start from different QI priorities.
- Negotiating (eg managed to reduce manual data collection from 1 hour to 14 minutes).
- Have fostered an openness and shared learning.
- Tip - try to agree a shared priority.

Other questions raised

- What data is available in relation to practice sustainability or 'greenness'?
- How to know what you don't know?
- How can data be more meaningful?
- What happened to the data from QOF?

Responses to the poll during the data session



Note – rich discussion. Only comments related to the questions included in this summary.

Next steps

1. **Continue conversations** using MS Teams.
2. **Follow up email** with event summary.
3. Meet at **next session** on 17 May 2023.