

Please see below my feedback:

Q2 Local determination has to be the way forward but the Govt must facilitate involvement across the groups.

Q3 The framework of the duty will have to be rigorous and how 'buy in' from GPs is sought will be important. Practices should have some idea of the needs of their patients already.

Q4 GPs workload does not go away so funding locum cover will be crucial if GPs are to get involved. Use could be made of protected learning time which is now widespread in Scotland.

Q5 Clusters of GPs in natural geographical areas would be a way forward. Zoning of care will need to be looked at in Dundee for instance as patients are spread out throughout the city and this will not work. Leadership cannot be assumed from all GPs and training therefore is a must.

Q6 Without the ability to make decision the Group will just end up being a talking shop. Budgets need to be transferred out to allow clinicians freedom to be innovative working with social care partners.

Q7 Between 15-25,000 seems a good idea but please do not fall into the trap of creating more management structures that are so rigorous that nothing changes quickly. If the organisations are too big they become impersonal.

Mr Sam Riddell