



ReGROUP

GP workforce project

The changing general practitioner workforce: the development of policies and strategies aimed at retaining the experienced GP workforce in direct patient care

SUMMARY OF FINDINGS



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www.medicine.exeter.ac.uk/research/healthresearch/regroup/



National Institute for
Health Research

Summary

The UK faces a serious shortage of GPs. The general population is ageing, and has more and more complex health needs. GP shortages are likely to put patients at risk and the NHS urgently needs to understand why GPs leave patient care. Plans to maintain the GP workforce are underway, but lack strong research evidence. As training a new GP from undergraduate level takes at least 10 years, recruiting more GPs is not enough; retaining existing GPs is essential.

The ReGROUP project was commissioned by the National Institute for Health Research (Health Services & Delivery Research programme, project 14/196/02) to explore why GPs leave general practice, and to develop policies and strategies to maintain the workforce. It was led by the University of Exeter Medical School in collaboration with the University of Bristol and the University of Exeter Business School.

Stakeholder consultation

Six work streams culminated in the presentation of draft policies and strategies to regional and national primary healthcare organisations with an interest in GP workforce planning. Through round-table discussion, stakeholders explored the practicalities of implementing change, focussing on barriers and facilitators, feasibility and acceptability, and key actions which might be undertaken by policy makers.

Emergent policies and strategies were grouped into 3 broad categories for discussion:

- Protecting GPs and managing patients' expectations
- Incentives and support mechanisms for GPs
- Portfolio and wider working arrangements

Stakeholders' suggested policy actions

Protecting GPs & managing patients' expectations

set a maximum number of consultations

manage patients' expectations

make consultations longer

NHS England

- co-ordinate a national media strategy to support local GP delivery, targeting high-user patient groups and accounting for feedback from Patient Participant Groups
- use a national brand to enable sign-posting and delivery of information to targeted patients groups (where/how to access services)

Practice teams

- audit practice workload regarding nature/source/patients' needs
- make appointment systems flexible, categorise appointments based on complexity
- improve in-practice communication on consultation planning

Health Education England

- amend CSA to reflect GPs consulting in a longer consultation time

Academic partners

- UK study on effectiveness of longer consultations/choice of consultation length

NICE

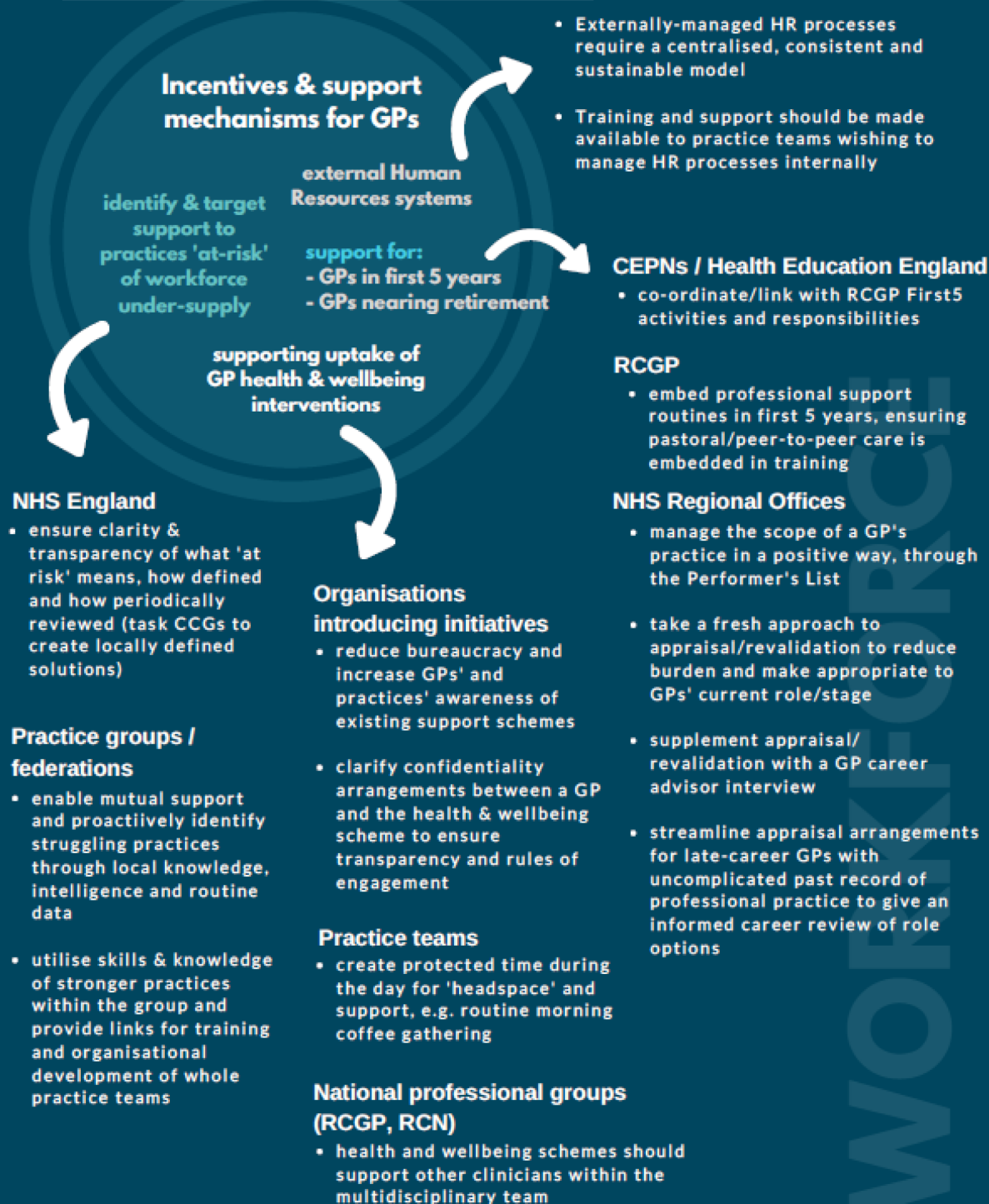
- use of NICE guidelines to implement change

NHS England, CQC, RCGP, CCGs

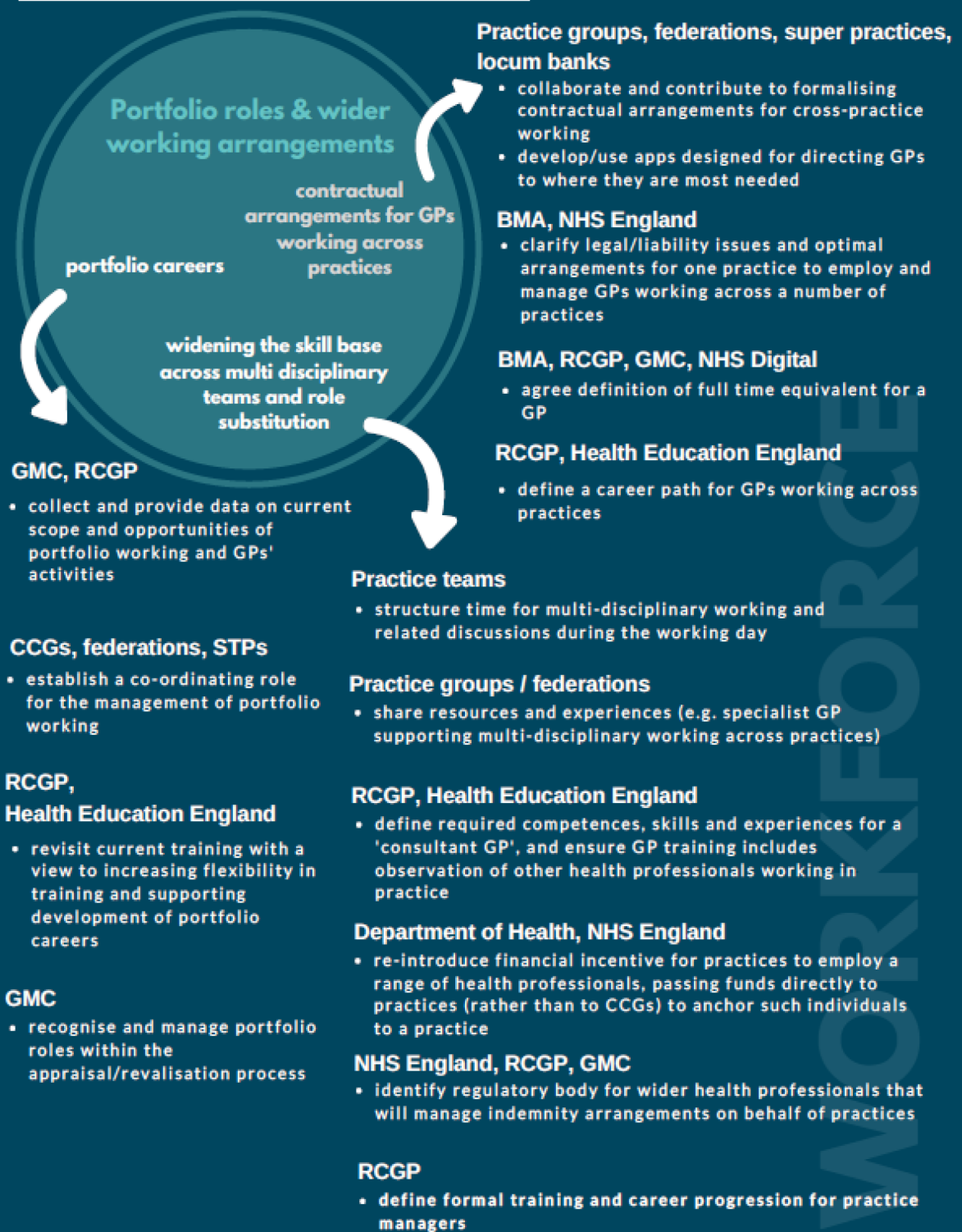
- manage practice staffing and service delivery in light of workload
- consider a limit set at practice-level (based on list size) rather than at GP-level
- use NICE guidelines as a mechanism for setting safe staffing quotients as with nursing
- consult with GPs to explore level of support for this policy
- consider a state-run health insurance system where patients seek reimbursement for their consultations

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Stakeholders' suggested policy actions



Stakeholders' suggested policy actions



Conclusions

This research has identified some of the basis for the substantial concern about GP workforce capacity in the UK and documented the extent of the problems in South West England. The problems are urgent and compelling.

A model developed in this research may have utility in identifying practices that are at risk of GP workforce supply-demand imbalance and may be of value to healthcare planners.

Emerging from the research findings, we have identified policies and strategies which may be of relevance in addressing concerns regarding GP recruitment and retention.

These emergent policies and strategies have been considered by expert stakeholders, who identified some ways in which relevant action might follow.

This document aims to disseminate our findings widely to those organisations who are in a position to give them urgent consideration and initiate relevant action.

The material presented here derived from consultations between the research team and representatives from a variety of stakeholder groups and organisations meeting at events held in June 2017.



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