Shropshire CCG Local GP Retention Fund – Analysis of Survey Responses

Numbers/characteristics of respondents

- The total number of responses was 71
- Most of the responses (59%) came from Partners
- 23% of the responses came from Locums
- The remaining responses came from salaried GPs, Trainees and "other" (e.g. Portfolio GPs)
- 65% of the respondents identified as being "late-career"
- 25% of the respondents identified as being "mid-career"
- 10% of the respondents identified as being "early-career"
- 65% of respondents said they would be interested/very interested in attending events
- The most popular timeslot for the events is weekday evenings, with weekday afternoons also being popular

Key Messages

1. Patient issues

- The highest scoring area was "Impatience on the part of Patients" (51%). Additional issues in this area included:
  - Unrealistic expectations of the system by patients
  - Impatience caused/exacerbated by multiple problems presented by patients
  - The need to manage patient expectations, particularly where the problems are social, not medical – often patients' problems/queries would be better addressed by other professionals/organisations
  - The need to encourage self-care and self-management by patients
  - GPs identifying frustration, by GPs and patients, at the difficultly in maintaining personal service/continuity of care
  - The need to better support reception staff whose role includes signposting away from GPs, where appropriate

- The second highest scoring area was "Complexity of Problems" (49%). Additional issues in this area included:
  - High number of older patients with multiple issues – linked to this is a complaint that payment does not reflect the burden of treating elderly and chronically ill patients
  - An increase in the complexity of cases being referred back to GPs from secondary care – this causes stress as GPs are not specialists

- The third highest scoring area was "Difficult/Challenging Patients" (34%). Additional issues in this area included a desire by some GPs to be able to remove patients from lists more easily

- Finally, "Home visits" was identified by "28%" of respondents. Additional issues in this area included:
  - Too many home visits, taking relatively too much time, particularly in rural areas
  - Poor/inadequate processes to ensure that full records are completed for home visits
  - The need for better-equipped, bespoke home visiting teams

2. Practice/Process issues

- The highest scoring area was "Workload" (76%). Most of the additional information provided under this area concerned the cumulative effect of both the need to see more patients and the increased management/bureaucracy is having on levels of stress and on work/life balance.
- The second highest scoring area was "Time to Talk, Plan and Implement Change" (62%). Additional issues in this area included:
  - The high clinical workload means that there is no time for innovation
  - The importance of finding time for networking and developing mutual respect and support
- "The number of Patients seen Daily" (55%), "Consultation Lengths" (49%) and Working Hours" (45%) were all areas that respondents identified as having a negative impact on them
- The whole area of complaints was identified by many respondents "Complaints Process" (42%). Additional comments in this area included:
  - A consistent, and strongly held view that many GPs work in fear of complaints and litigation – this was often linked to other issues above including high workload and the lack of time to spend with patients
  - The need for a speedier process for dealing with trivial complaints
  - The need to develop a more system-wide approach to dealing with complaints when the issue being complained about was not specific to general practice
- Other issues raised under this section were:
  - Concerns that the appraisal and revalidation scheme is too bureaucratic, frequent and onerous
  - The amount of time spent on supervising other clinicians, and the levels of skills required to ensure that this is done to a high level
  - Some concerns around the pressures on partners in addressing premises issues
  - The particular fragility of those practices which are either single-handed practices or where there is a small number of partners

3. System/Strategic issues

- The highest scoring areas were "Media Attacks" (54%), "Level of Support from NHS England" (53%) and "Pension Arrangements" (53%). There were very few additional comments on the first of these two, but there were many issues raised under Pensions, including:
  - The excessively high costs of contributions
  - The poor quality of how the scheme is managed
  - The lack of consultation over national changes to the scheme
  - The specific problems faced by Locums
- Problems with "Recruitment" (51%) were also raised, although there were a few positive comments about improvements in work/life balance where successful recruitment had taken place. The recruitment of partners was specifically raised by some respondents with a fear that the partnership model is becoming increasingly difficult to sustain.
- The "Level of Support from the CCG" (44%) was also clearly an issue for many respondents.
- Other issues raised under this section were:

- Problems with the liaison between Primary and Secondary Care – this included fears of a growing amount of work being transferred from secondary care to GPs, the need to improve the referral mechanisms and paperwork and the desire from GPs to have more control over the process
- Some concerns over the move towards a more integrated health system, under the STP, and the impact this might have on general practice – this includes concerns over an increase in unfunded work as a result of Care Closer to Home
- Concerns that the move towards Primary Care Networks, although bringing efficiencies, might be detrimental for some patients who value continuity of care

4. Positive Feedback

Despite the fact that the vast majority of respondents' comments were negative, there were a number of positive responses:

- Some GPs saying that their decision to continue working, often after retirement age, was based on their enjoyment of their role and positive relationships they had with patients
- Despite the negative views (above) about the appraisal system, some GPs saw it as positively influencing their decision to stay
- The development of portfolio careers was cited by some GPs as a positive factor
- The importance of professional networking was identified as a positive factor
- The diversification of roles within practices and working with neighbouring practices, were seen as helping to tackle high workloads
- Finally, there was some recognition that there has been some small, but discernible, signs of improvement in recruitment and morale.