

Beds & Herts LMC Ltd

# Managing Expectations

What the data can tell us about what is really happening in General Practice

**Thursday 23<sup>rd</sup> May 2024**

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# How We Use Data

1

## Supporting individual GPs

Are increasing numbers of GPs suffering from imposter syndrome?

2

## Supporting practices

Can you ever offer enough appointments to make patients happy?

3

## Gaining a better understanding of the risk to Practices at a National Level

Can we use national datasets to help identify practices at risk of closure?

# Example 1:

1

## Supporting individual GPs

Are increasing numbers of GPs suffering from imposter syndrome?

**The common narrative:**

**Evidence suggests that there is a significant need for the modern doctor to demonstrate and develop their ‘resilience’.<sup>1</sup>**

**PULSE**

**Are you suffering from GP  
imposter syndrome?**

# Choice – The New Reality

## Historic

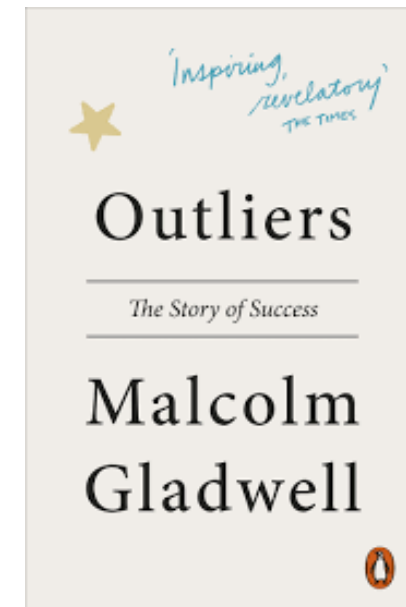
- I am a GP partner
- I work 8 sessions

## Current

- I am a GP partner
- I work 4 sessions
- I also work 2 sessions at another practice as a locum
- I am also the ICB lead for diabetes
- I also do shifts for the local out of hours provider

# Achieving Mastery

“10,000-hour rule,” asserts that the key to achieving true expertise in any skill is simply a matter of practising, albeit in the correct way, for at least 10,000 hours.

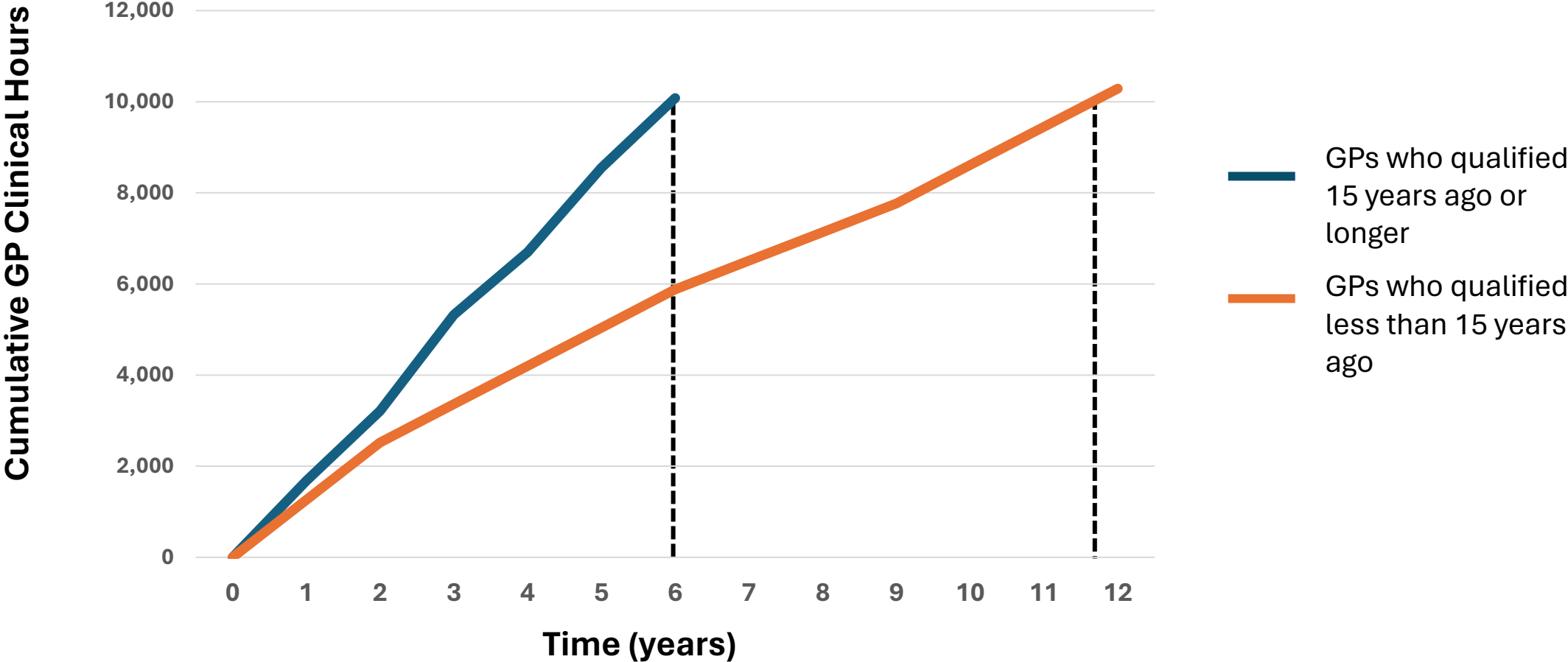


## What does Mastery look like in General Practice?

*“As a GP you never know what is going to come through your door next. However, at some point in your career you reach a point where you feel confident that whatever comes through the door next, you have the skills and experiences to deal with it”.*

# Achieving Mastery

## How have working norms affected the pursuit of mastery?



# Achieving Mastery

## The common narrative:

**Evidence suggests that there is a significant need for the modern doctor to demonstrate and develop their ‘resilience’.<sup>1</sup>**



## Our Key Takeaways

The way GPs move through their careers has changed dramatically over the past 15 years, and this has had an effect on how quickly they reach a point of relative comfort in their roles.

We have used this understanding to:

- Change the way we support younger GPs via pastoral care
- Help them understand why they may feel like an imposter, and that it is neither unusual or their fault
- Help them to make decisions about their workload



# Example 2:

2

## Supporting practices

Can you ever offer enough appointments to make patients happy?

The key to happiness is.....

an appointment with your GP practice.

**The common narrative:**

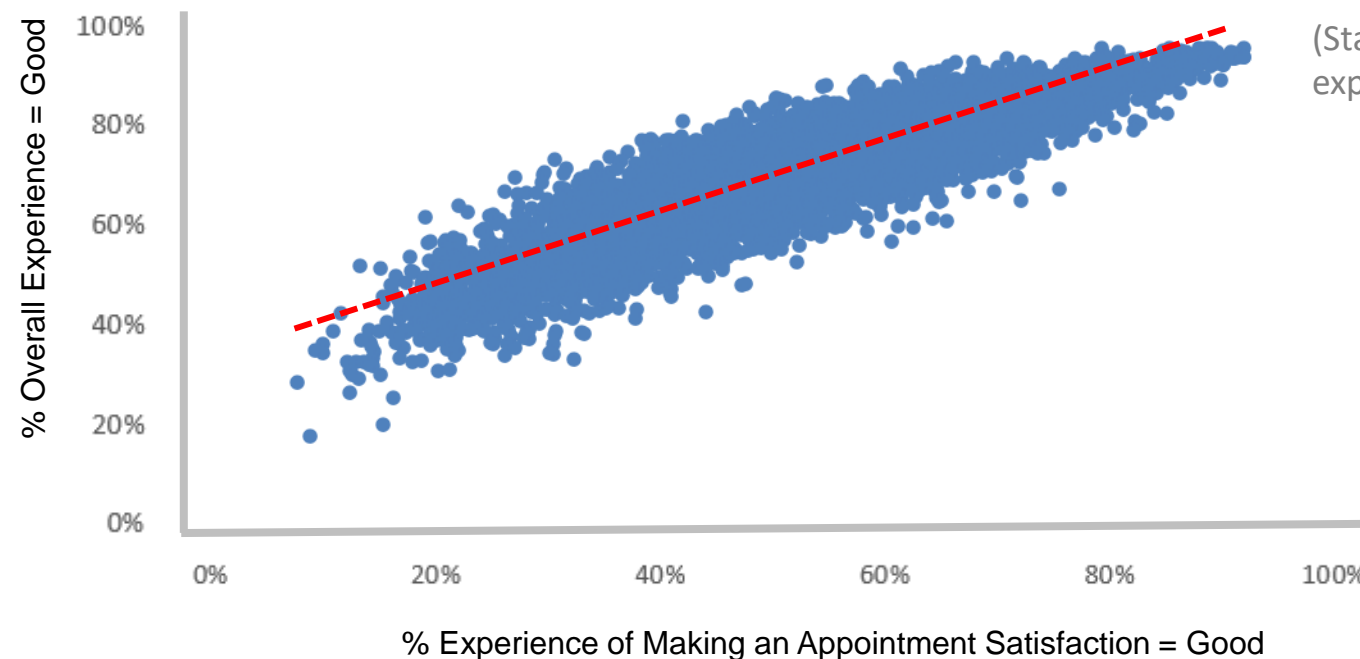
**The decline in patient satisfaction is a result of practices not offering enough appointments.**

# What Makes Patients Happy?

Overall Experience of the Practice = Good  
(very good or fairly good)

vs

How would you describe your experience of making  
an appointment? = Good (very good or fairly good)



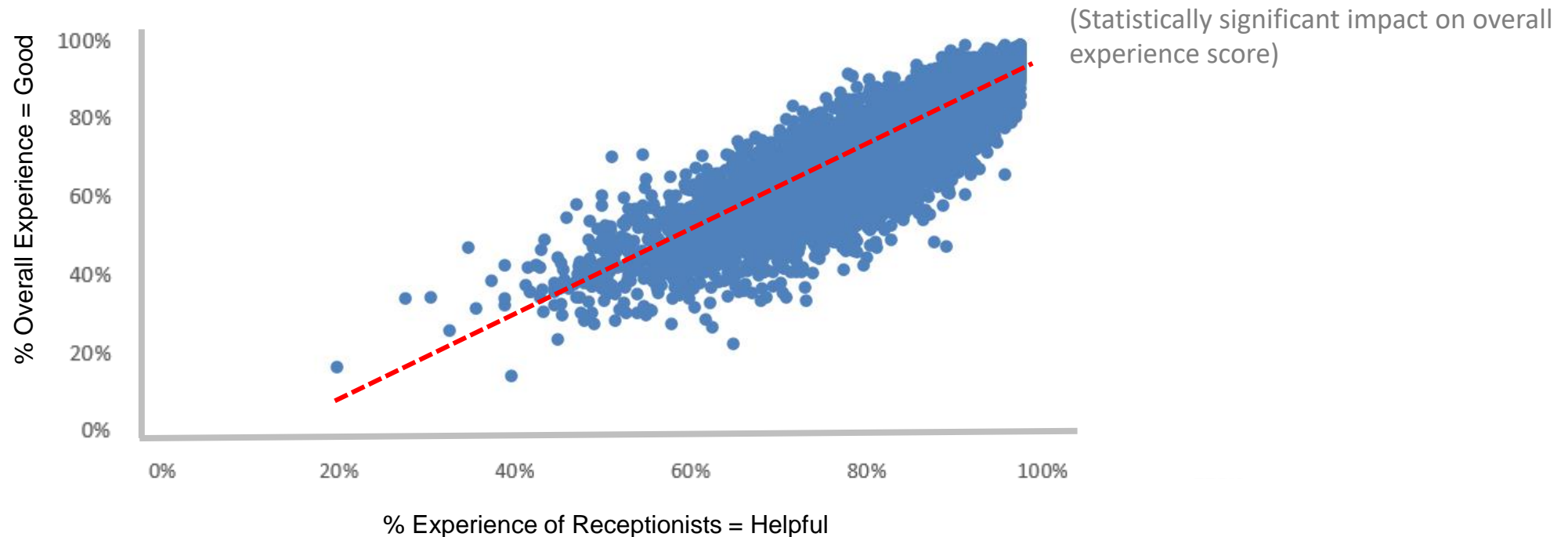
(Statistically significant impact on overall experience score)

# What Makes Patients Happy?

Overall Experience of the Practice = Good  
(very good or fairly good)

vs

Overall, how helpful do you find the receptionists at  
your GP practice? = Fairly Helpful or Very Helpful

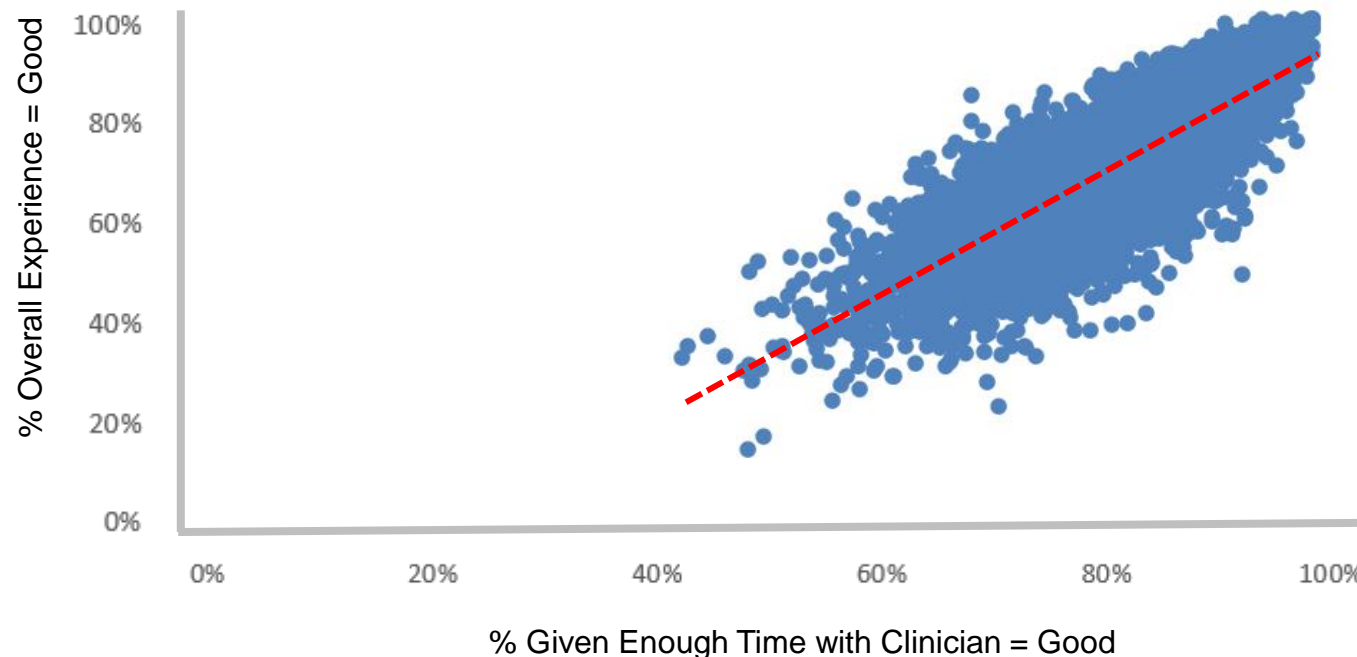


# What Makes Patients Happy?

Overall Experience of the Practice = Good  
(very good or fairly good)

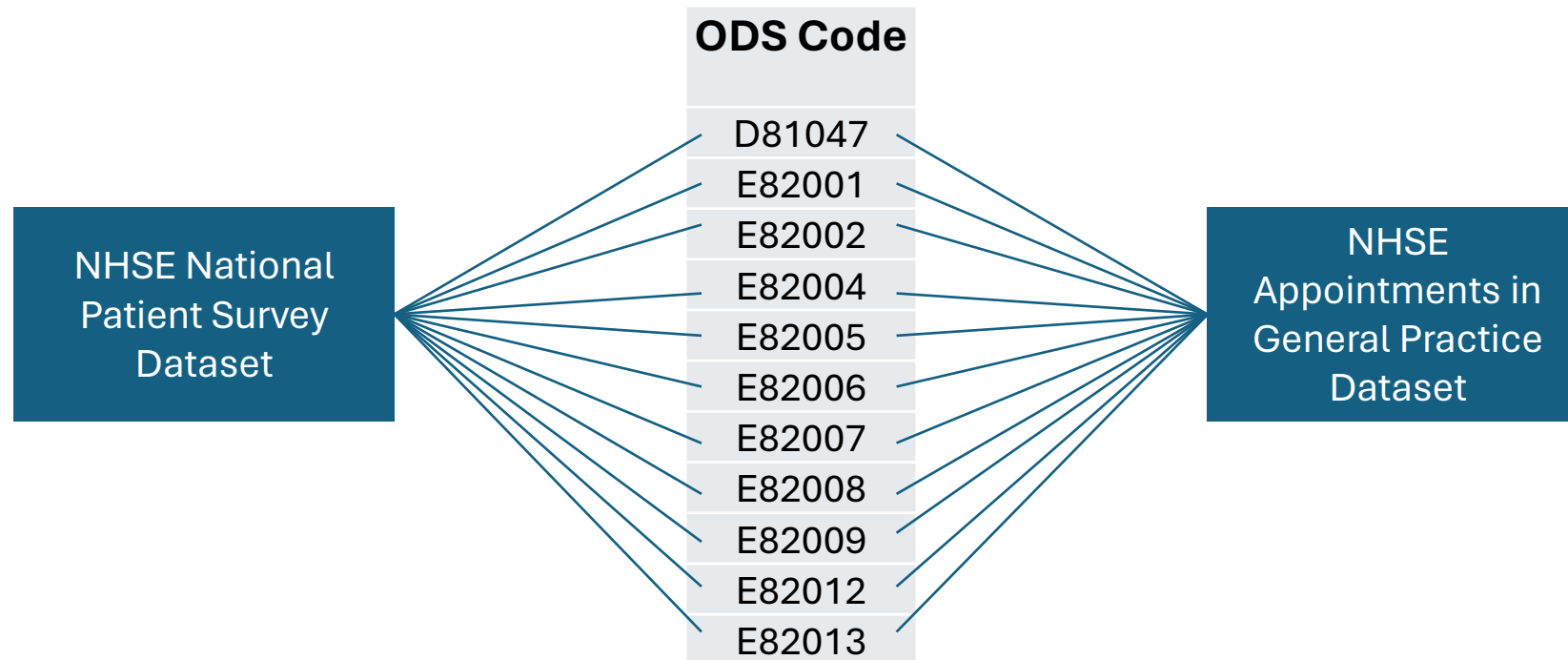
vs

Last time you had a general practice appointment,  
how good was the healthcare professional at giving  
you **enough time** = Good or Very Good



(Statistically significant impact on overall experience score)

# What Makes Patients Happy?

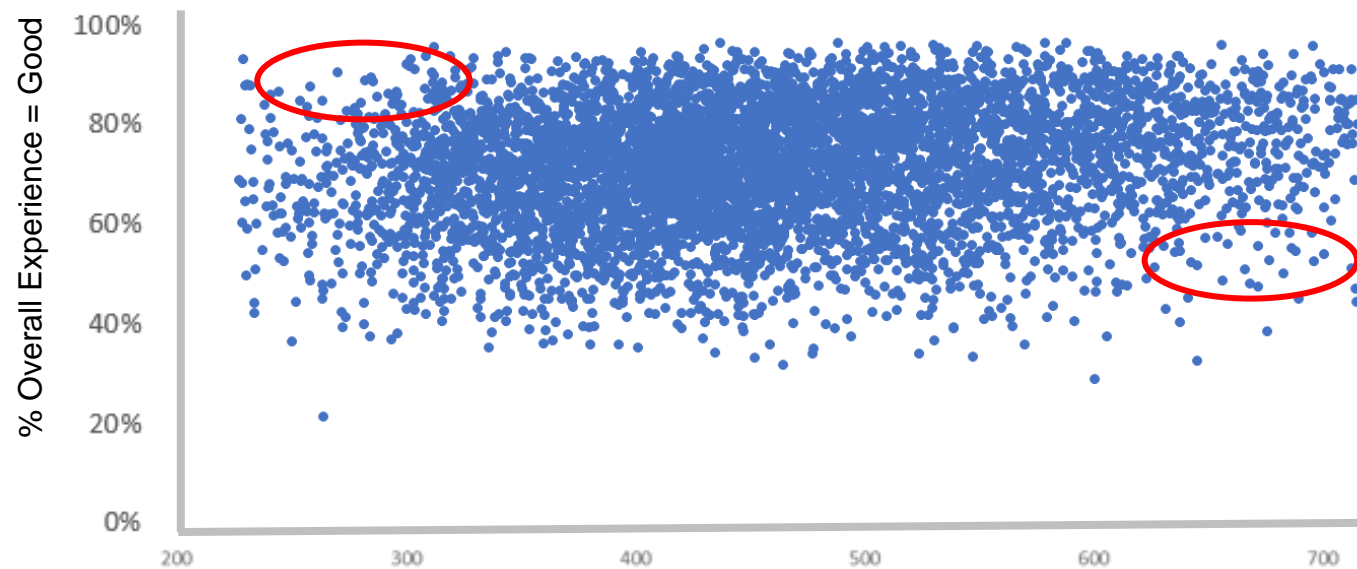


# What Makes Patients Happy?

Overall Experience of the Practice = Good  
(very good or fairly good)

vs

Average Number of Appointments (GP & Non-GP) per  
1,000 Patients per Month



Average Number of GP Appts per 1,000 Patients per Month

# What Makes Patients Happy?

## The common narrative:

**The decline in patient satisfaction is a result of practices not offering enough appointments.**



## Our Key Takeaways

1. Patients want time with clinicians – feeds into conversations around safe working and sensible appointment lengths.
2. Just delivering more appointments doesn't make your patients happier.
3. Happy, helpful receptionists are key to patient satisfaction.

# Example 3:

3

**Gaining a better understanding of the risk to Practices at a National Level**

Can we use national datasets to help identify practices at risk of closure?

  
North Wales  
**CHRONICLE**

Concerns raised by MS over closures of GP surgeries

  
THE SCOTSMAN

**Burned-out GPs warn public to  
"expect more practice closures"**

  
BBC  
**NEWS**

GP surgery to close due to rising costs and staffing

  
BelfastLive

Leading GP issues stark warning as another  
medical practice hands back contract

**The common narrative:**

**Practices are collapsing due to poor management, a lack of commitment of existing partners, or a lack of GPs wanting to become partners.**



# Travelling Back in Time

**229**  
More practices  
than in April 2024



6,265



314

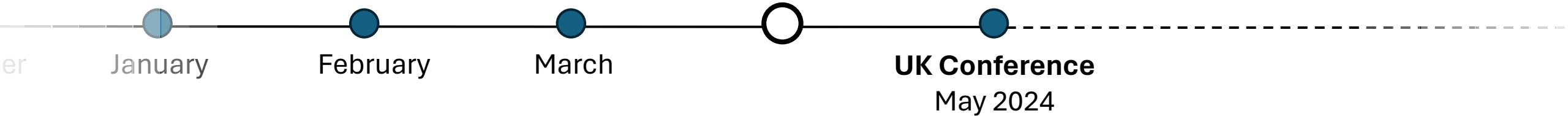


891



374

April 2024



# Travelling Back in Time

In England there were

**184\***

**more practices in  
April 2022 than  
April 2024**

## **TEST GROUP**

Practice that have disappeared by April 2024  
(184 practices)

## **CONTROL GROUP**

Practice that still exist in April 2024  
(6,265 practices)

\* Practices with a list size greater than 1,000 patients. This has been done to removed services such as SAS.

# Travelling Back in Time

## TEST GROUP

Practice that have disappeared by April 2024  
(184 practices)

## CONTROL GROUP

Practice that still exist in April 2024  
(6,265 practices)

## List Size

(using 1<sup>st</sup> April 2022 data)

## Patient Survey Results

(using results from Q1 of 2022)

## NHS Income

(using data from 2021/22)

## Number of Appointments Being Delivered

(using data from Oct 2022)

## Care Quality Commission (CQC) Rating

(using data from 1<sup>st</sup> April 2022)

## Number of Full Time Equivalent GPs per 1,000 Patients

(using data from 1<sup>st</sup> April 2022)

# Average Practice List Size

## TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

6,918

## CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

10,477



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

# Patient Satisfaction

## Percentage of Patients Who Had an Overall Satisfaction of Good or Fairly Good in the Patient Survey

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

68%

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

74%



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

# Appointment Numbers

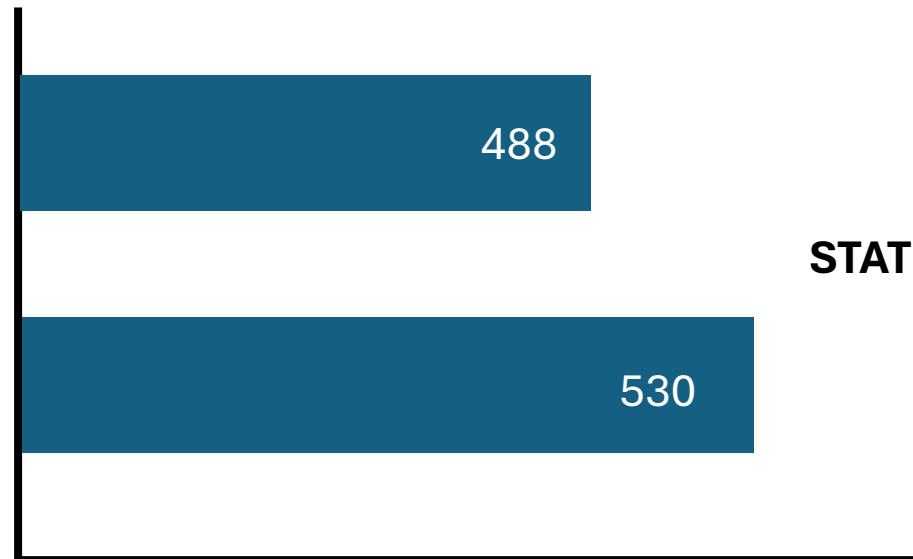
## Average Number of Appointments per 1,000 Patients per Month

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

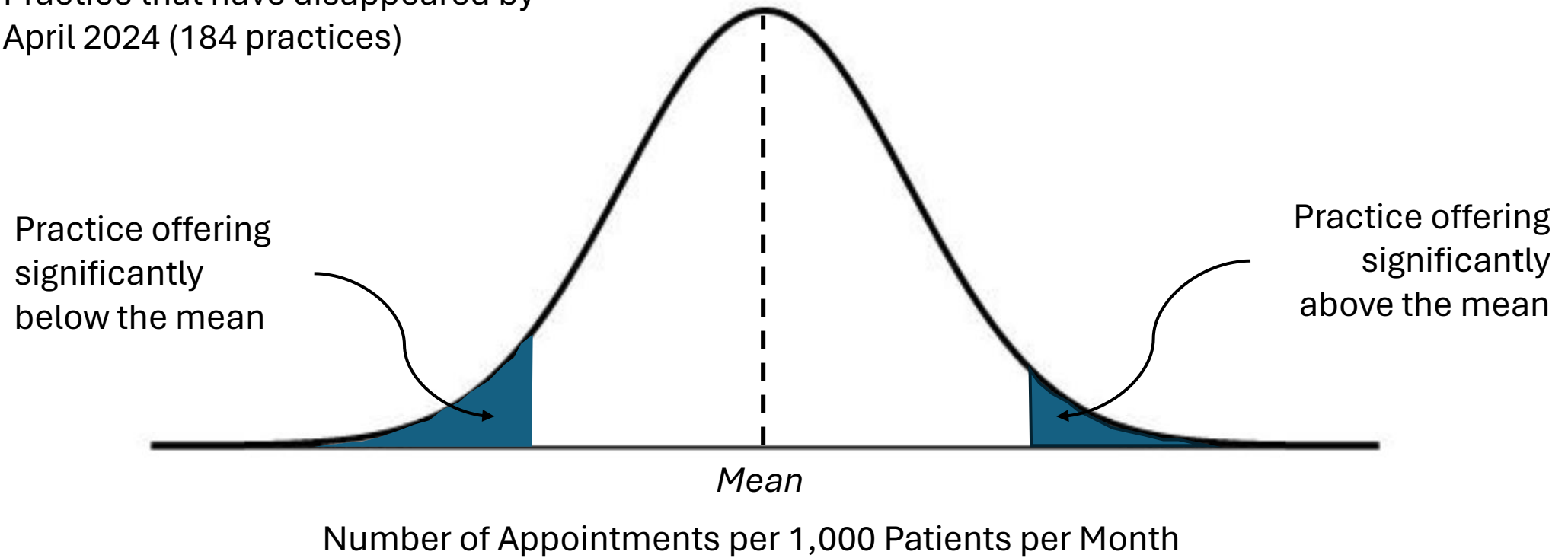


**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

# Appointment Numbers

## TEST GROUP DISTRIBUTION

Practice that have disappeared by  
April 2024 (184 practices)



## NHS Income per Actual Patient (excluding premises and drug reimbursement payments)

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

£130.64

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

£130.86



**NO STATISTICALLY  
SIGNIFICANT DIFFERENCE**  
(P-value < 0.05)





## Percentage of Practices Rated Good or Outstanding by the CQC

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

91%

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

97%



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

But consider the relationship between **CAUSE** and **EFFECT**

# GP Numbers

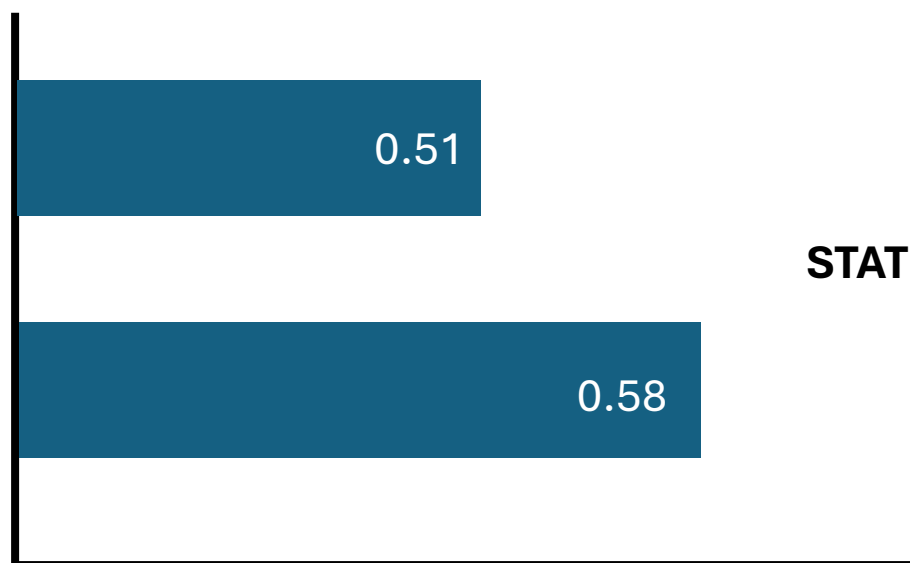
## Number of Full Time Equivalent GPs per 1,000 Patients (inc. trainees)

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

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# So, What's Next.....

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**Could we use this data to help identify practices that may be at higher risk, so we can offer support?**

**Potentially, but there's a problem.**

# Patient Satisfaction

## Percentage of Patients Who Had an Overall Satisfaction of Good or Fairly Good in the Patient Survey

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

68%

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

74%



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

The 2023 GP Patient Satisfaction survey showed the average overall satisfaction has **dropped to 71%**

## Percentage of Practices Rated Good or Outstanding by the CQC

### TEST GROUP

Practice that have disappeared by  
April 2024 (184 practices)

91%

### CONTROL GROUP

Practice that still exist in April  
2024 (6,265 practices)

97%



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

As of 1<sup>st</sup> April 2024, the percentage of all practices rated **Good or Outstanding** was **94%**

# GP Numbers

## Number of Full Time Equivalent GPs per 1,000 Patients (inc. trainees)

### TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

0.51

### CONTROL GROUP

Practice that still exist in April 2024 (6,265 practices)

0.58



**STATISTICALLY SIGNIFICANT  
DIFFERENCE**  
(P-value < 0.05)

Average for all practices in April 2024 was **0.56 FTE GPs per 1,000 patients**

# Individual vs System Problems

## W. Edwards Deming

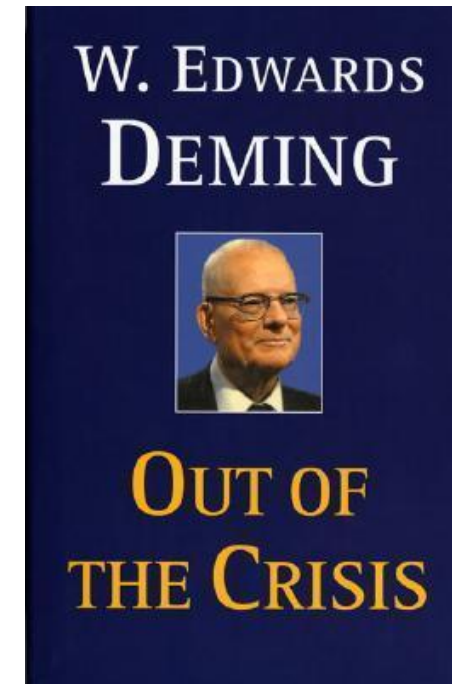
(known as the father of quality management)

When analysing a problem, it is important to identify if it is an **individual level** or **system level** problem (Deming's Red Bead Experiment)

The simplest way to identify if a problem is at an individual or system level is to look at how common place the problem is.

Small minority = **Individual** Problem

Large minority or majority = **System** Problem





# Individual vs System Problems

## INDIVIDUAL PRACTICE LEVEL PROBLEM

(Occurs in a small minority  
of practices)

## SYSTEM LEVEL PROBLEM

(Occurs in a large  
minority or the  
majority of practices)

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Declining Patient Satisfaction



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Declining CQC Ratings (of those re-  
inspected since April 2022)



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Declining FTE GP per 1,000 Patients



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Declining Financial Viability



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Declining Ability to Keep Pace with Patient  
Demand for Appointments

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# Failing Practices

## The common narrative:

**Practices are collapsing due to poor management, a lack of commitment of existing partners, or a lack of GPs wanting to become partners.**



## Our Key Takeaways

**The data indicates that it is not practices failing the system, but rather the system failing practices.**



THANK  
YOU

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[www.bedshertslmcs.org.uk](http://www.bedshertslmcs.org.uk)



Bedfordshire & Hertfordshire  
Local Medical Committee Ltd

# Data Sources Used

Publicly Available Data Used in this Presentation	Data Sources
Quote: Evidence suggests that there is a significant need for the modern doctor to demonstrate and develop their 'resilience'.	<a href="https://primarycare.peninsuladeanery.nhs.uk/about-us/gp-specialist-training-delivery/survive-and-thrive-a-resilience-framework-for-gp-trainees/#:~:text=Evidence%20suggests%20that%20there%20is,aging%20population%20with%20more%20pathology.">https://primarycare.peninsuladeanery.nhs.uk/about-us/gp-specialist-training-delivery/survive-and-thrive-a-resilience-framework-for-gp-trainees/#:~:text=Evidence%20suggests%20that%20there%20is,aging%20population%20with%20more%20pathology.</a>
England – General Practice Workforce	<a href="https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services">https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services</a>
England – General Practice Appointments	<a href="https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice">https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice</a>
Scotland - Practice Numbers	<a href="https://publichealthscotland.scot/publications/general-practice-list-size-and-demographics-information/">https://publichealthscotland.scot/publications/general-practice-list-size-and-demographics-information/</a>
Wales – Practice Numbers	<a href="https://www.gov.wales/general-practice-workforce-31-march-2022#:~:text=Main%20points,retainers%20and%20active%20locums%20only">https://www.gov.wales/general-practice-workforce-31-march-2022#:~:text=Main%20points,retainers%20and%20active%20locums%20only</a>
Northern Ireland Practice Numbers	<a href="https://www.gov.uk/government/statistics/general-medical-services-statistics-for-ni-quarter-3-202324">https://www.gov.uk/government/statistics/general-medical-services-statistics-for-ni-quarter-3-202324</a>
England – Patient Survey Data	<a href="https://www.england.nhs.uk/statistics/2023/07/13/gp-patient-survey-2023/">https://www.england.nhs.uk/statistics/2023/07/13/gp-patient-survey-2023/</a>
England – CQC Data	<a href="https://www.cqc.org.uk/about-us/transparency/using-cqc-data">https://www.cqc.org.uk/about-us/transparency/using-cqc-data</a>
England – Finance Data	<a href="https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice">https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice</a>