Partnerships in Peril – Session Summary

Dr Euan Strachan-Orr (Liverpool LMC) and Dr Andrew Wilson (NI Northern LMC)

A thematic summary of responses captured during the Mentimeter session on GP partnerships

The full readout of all responses can be requested if interested by contacting e.strachan.orr.2@gmail.com

1) Who attended the session?

- Majority were **Partners/Principals**
- Significant number of **sessional GPs**
- Small representation of **registrars, lay members, others**

👉 **Takeaway:**
The audience was heavily weighted towards experienced GPs already involved in partnership.

---

2) Why did you choose to become a Partner?

Key themes (very consistent across responses):

A. Autonomy & Control (dominant theme)

- Repeatedly the most common answer
- Includes:
    - Control over work and decisions
    - Independence from management
    - Ability to run a business / be "own boss"

👉 **Core insight:** Partnership = professional independence.

B. Ability to Influence & Shape Practice

- Desire to:
    - Shape services
    - Improve systems
    - Influence patient care and staff conditions
- Many emphasised **making changes quickly**

C. Continuity of Care & Patient Relationships

- Strong emphasis on:
    - Long-term relationships (“cradle to grave care”)
    - Stability for patients
    - Community connection

D. Financial & Career Factors

- Income, financial stability, or business ownership
- Sometimes explicit (“better pay”, “income”)
- For older respondents:
    - “It was the norm” or expected career step

E. Personal Fulfilment & Purpose

- Making a difference
- Job satisfaction
- Leadership and responsibility

F. Flexibility & Ownership of Career

- Control over:
    - Working life
    - Workload
    - Long-term plans

G. Minority / Negative reflections

- Some noted:
    - “Illusion of control”
    - Burnout experiences
    - Benefit may have changed over time

👉 **Overall takeaway:**
People chose partnership primarily for **autonomy, influence, and continuity of care**, supported by financial and career motivations.

3) Why have you NOT chosen partnership?

A. Risk & Liability (most prominent barrier)

- "Unlimited liability" repeatedly cited
- Financial exposure and building-related risk
- Fear of being "last one standing"

B. Workload & Burnout

- High workload and responsibility
- Many references to:
    - Burnout
    - "Too much work"
    - Unsustainable expectations

C. Work–Life Balance

- Conflict with:
    - Family life
    - Parenting
    - Personal wellbeing

D. Lack of Opportunities

- Not being offered partnership
- Practices not expanding partnerships
- Limited availability locally

E. Financial Concerns

- Not enough financial upside vs risk
- Prefer:
    - Predictable salaried income
    - Less exposure to financial volatility

F. Negative Experiences / Toxic Culture

- Poor partner relationships
- Conflict / “bad divorce” exits
- Lack of trust or transparency
- Poor behaviour between partners

G. Preference for Alternative Careers

- Portfolio careers
- Desire for flexibility
- Not wanting to run a business or manage HR

H. System-Level Issues

- NHS contract concerns
- Lack of funding / support
- Administrative burden
- Declining viability of model

👉 **Overall takeaway:**
Barriers cluster around **risk, workload, lifestyle, and lack of trust/confidence in the current system**.

---

4) What benefits does the Partnership model bring for patients?

A. Continuity of Care (strongest theme)

- Most frequently repeated idea
- Long-term GP–patient relationships
- Personalised care

B. Local Ownership & Accountability

- Decisions made by clinicians, not managers
- Responsibility for community outcomes
- Investment in local populations

C. Responsiveness & Flexibility

- Ability to:
    - Adapt services to local needs
    - Make changes quickly
- Less bureaucracy than large systems

D. Quality & Personalised Care

- Better understanding of patient needs
- Holistic, relational care model

E. Stability & Commitment

- Long-term presence of staff
- Continuity in service delivery

F. Efficiency & Value for Money

- Seen as:
    - Cost-effective
    - Highly productive
    - Delivering strong outcomes with limited resources

👉 **Overall takeaway:**
The partnership model is viewed as delivering **continuity, local responsiveness, and personalised care**—key perceived advantages over large systems.

---

5) How can we make the model sustainable?

A. Increase Core Funding (most repeated message)

- Strong consensus:
    - "Fund it properly"
    - Need stable, predictable income

B. Remove or Reduce Liability

- Shift away from unlimited liability
- Introduce LLP or limited company models

C. Reduce Risk & Bureaucracy

- Less micromanagement from commissioners
- Simpler contracts
- Fewer administrative burdens

D. Workforce & Workload Improvements

- Better staffing levels
- Support for workload limits
- Improved work–life balance

E. Financial Incentives

- Better pay differentials vs salaried roles
- Tax incentives, "golden hello", partnership schemes

F. Support & Training

- Training in:
    - Business skills
    - Partnership roles
- Better preparation for new partners

G. Premises & Structural Support

- Help with buildings and buy-in costs
- Reduce financial barriers to entry

👉 **Overall takeaway:**
Sustainability depends on **funding, risk reduction, and making partnership a viable career choice again**.

---

6) Is it time to explore other models?

- Yes: **51**
- No: **136**
- Maybe: **25**

👉 Mixed views, but **sizeable minority open to change**.

---

7) What alternative models were suggested?

A. Hybrid NHS–Private Model (most common alternative)

- Blended funding approach
- Examples:
  - Irish / European systems
- Seen as:
  - Opportunity for more funding
  - Risk of inequality

B. Limited Liability / LLP Models

- Reduce personal financial risk
- Retain partnership structure

C. Salaried Model

- Some support:
  - More security
  - Less stress
- But widely seen as:
  - Risking loss of autonomy and continuity

D. Other ideas

- Cooperative or employee-owned models
- Activity-based funding
- Charging for some services
- Better-funded current model (common sentiment)

Key concern across alternatives:

- Risk of:
  - Reduced continuity
  - Increased inequality
  - Loss of GP autonomy

---

8) Are GP partnerships in peril?

- Yes: **145**
- No: **41**

👉 Strong perception that the model is under threat.

---

9) Should partnerships be preserved at all cost?

- Yes: **144**
- No: **37**

👉 Clear majority support preserving the model.

Final Overall Summary

Across all questions, a clear narrative emerges:

✅ What works

- Strong belief in:
  - **Autonomy**
  - **Continuity of care**
  - **Local ownership**

⚠️ What is failing

- **Risk (especially unlimited liability)**
- **Workload & burnout**
- **Funding instability**
- **Declining attractiveness to new GPs**

🔄 What's needed

- Better funding
- Reduced risk
- Structural reform (not replacement)

🧭 Strategic insight

- Most respondents **do not reject the partnership model**
- Instead, they believe: 👉 *"The model isn't broken — it's underfunded and over-risky."*