

Beds & Herts LMC Ltd

Managing Expectations

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

Thursday 23rd 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’.¹

PULSE

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

Choice – The New Reality

Historic

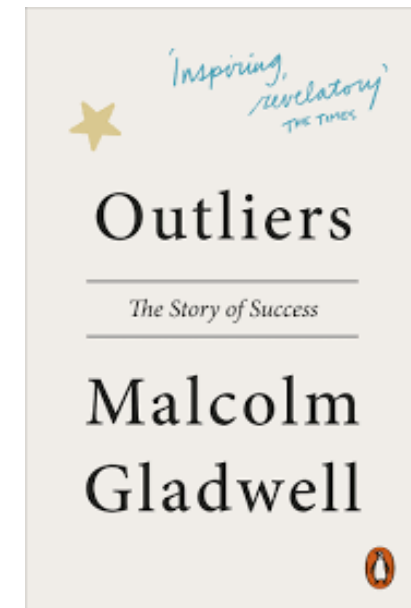
- I am a GP partner
- I work 8 sessions

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.

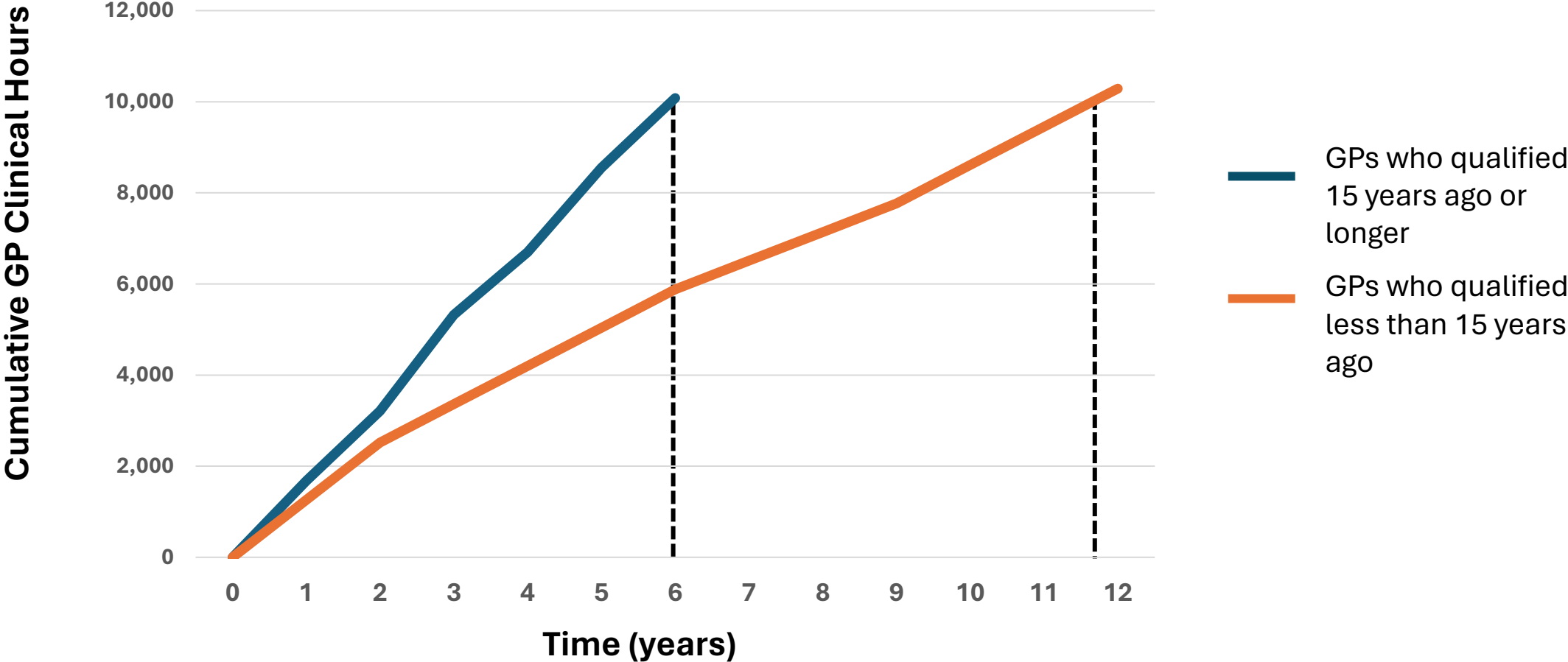


What does Mastery look like in General Practice?

“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’.¹



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:

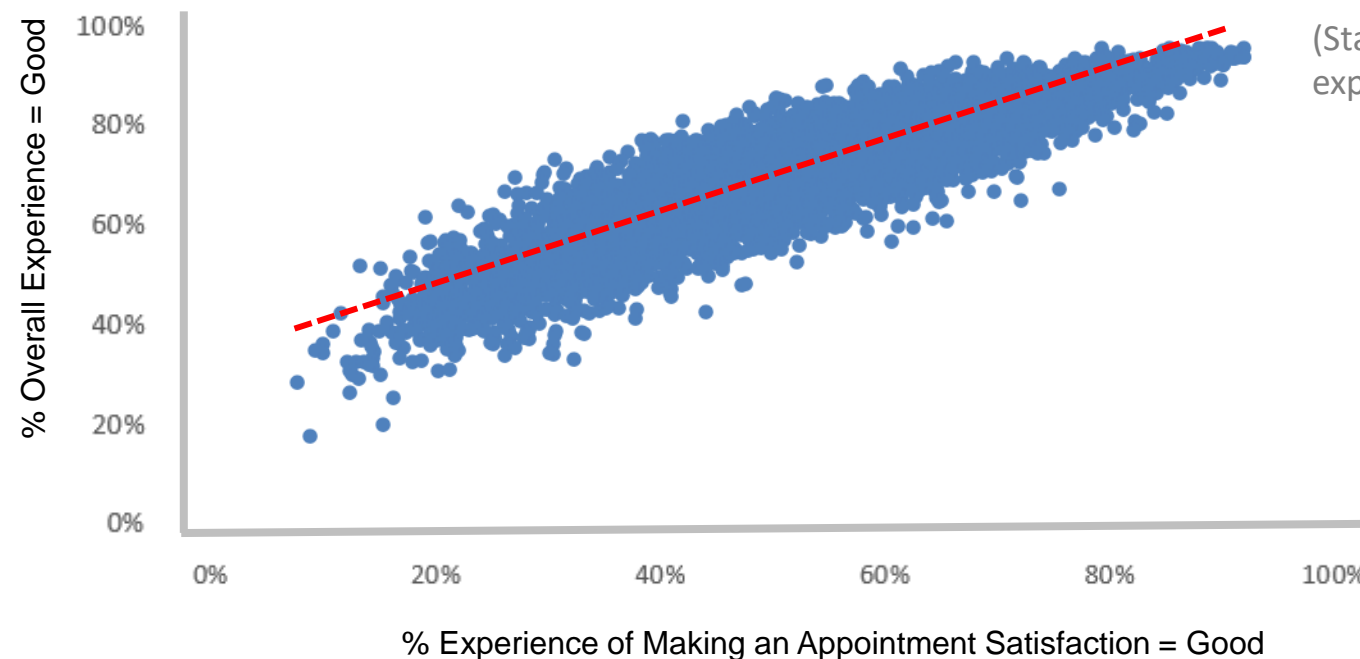
The decline in patient satisfaction is a result of practices not offering enough appointments.

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)



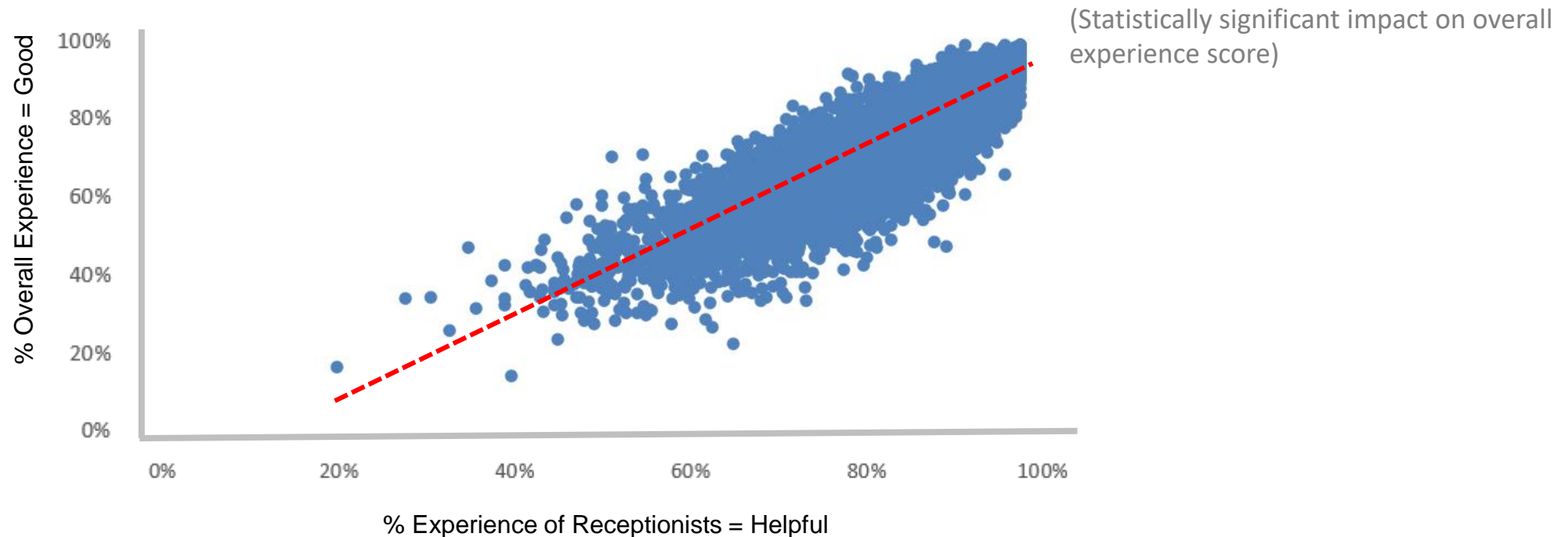
(Statistically significant impact on overall experience score)

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)

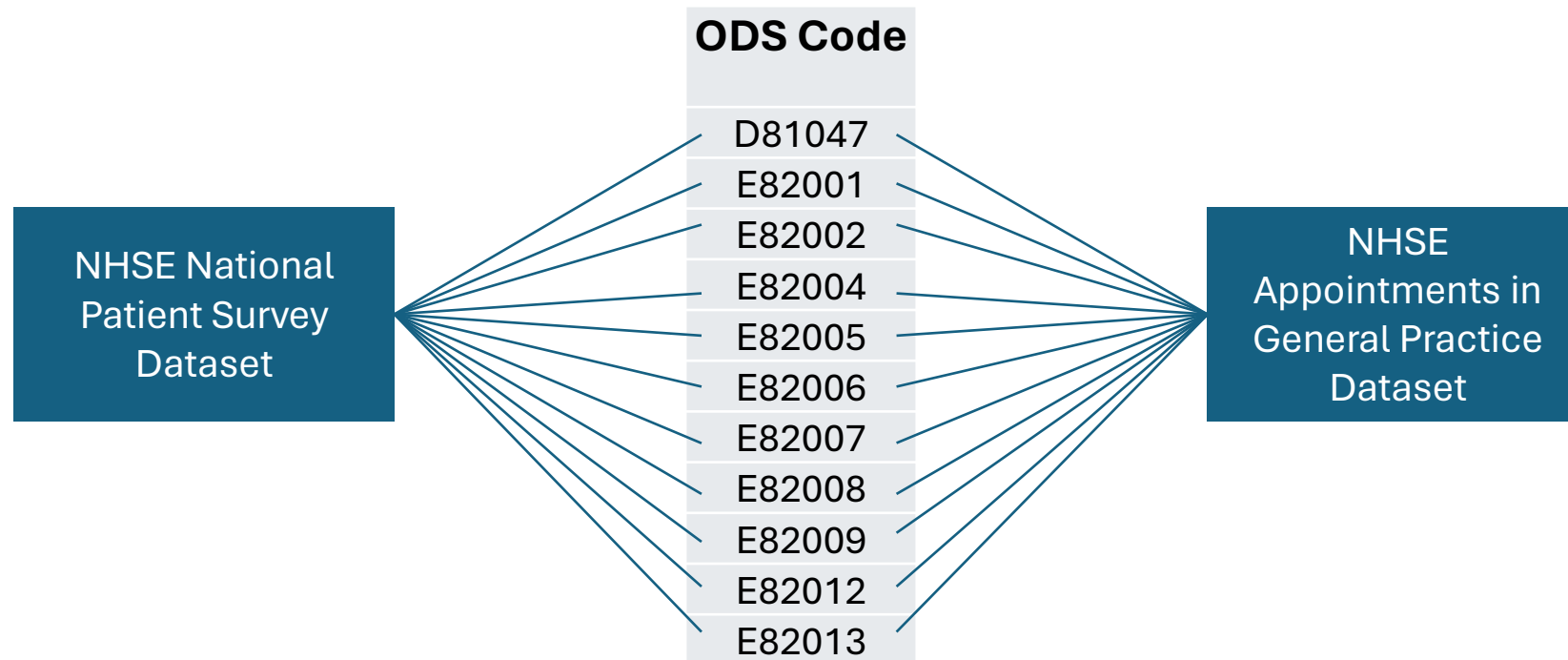
vs

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?

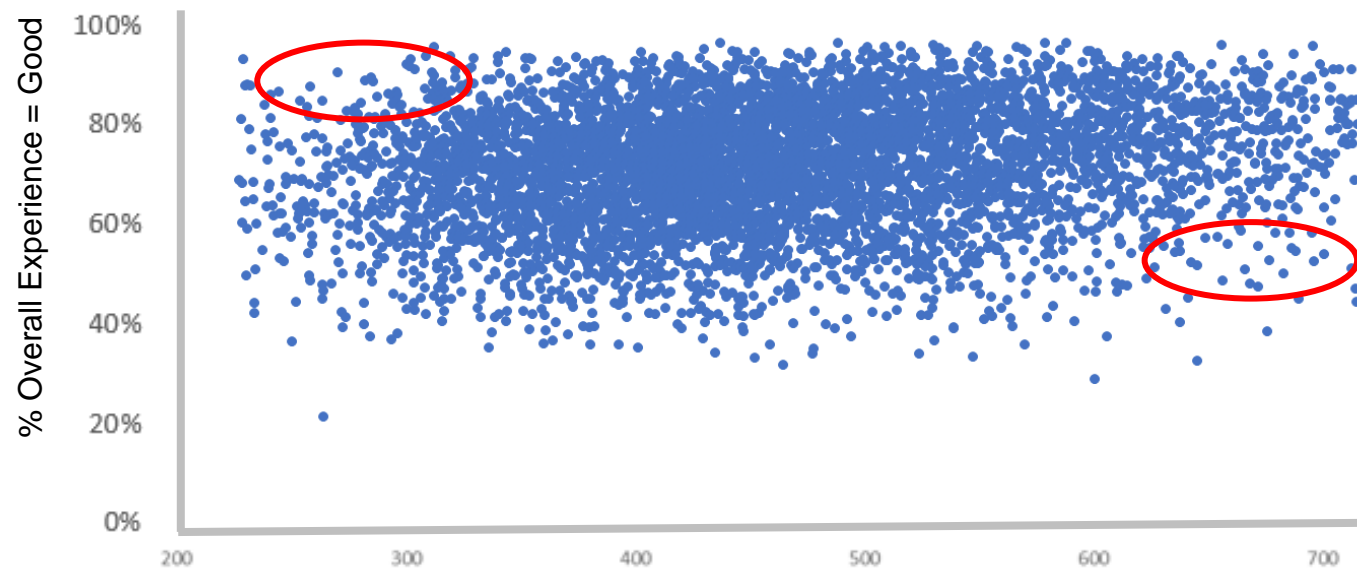


What Makes Patients Happy?

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

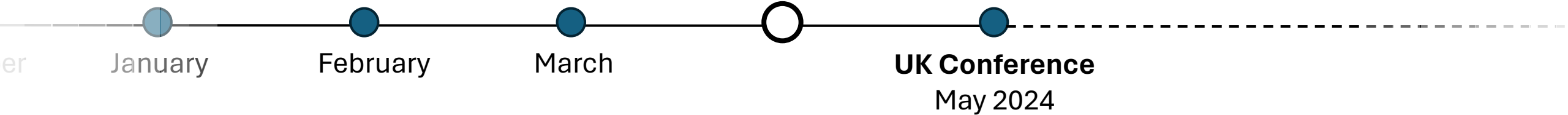


891



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 1st 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 1st April 2022)

Number of Full Time Equivalent GPs per 1,000 Patients

(using data from 1st 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

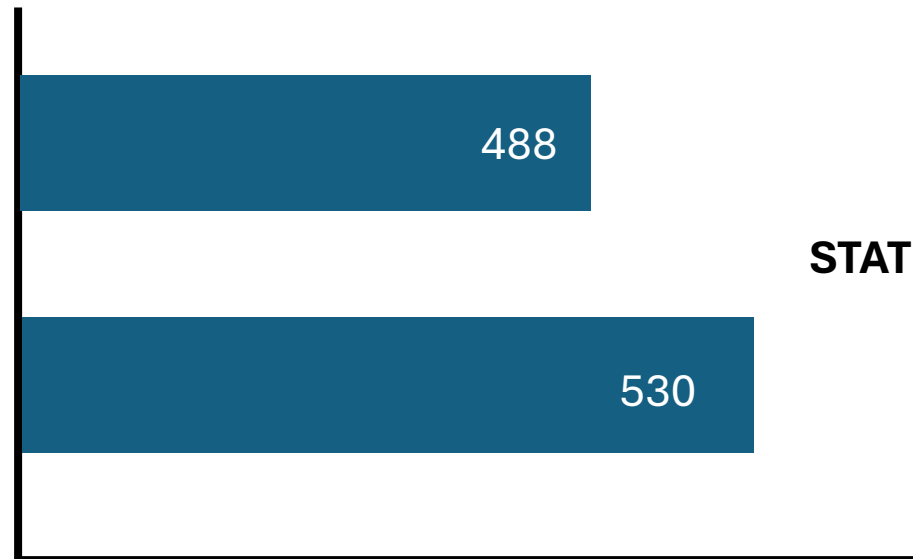
Average Number of Appointments per 1,000 Patients per Month

TEST GROUP

Practice that have disappeared by April 2024 (184 practices)

CONTROL GROUP

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

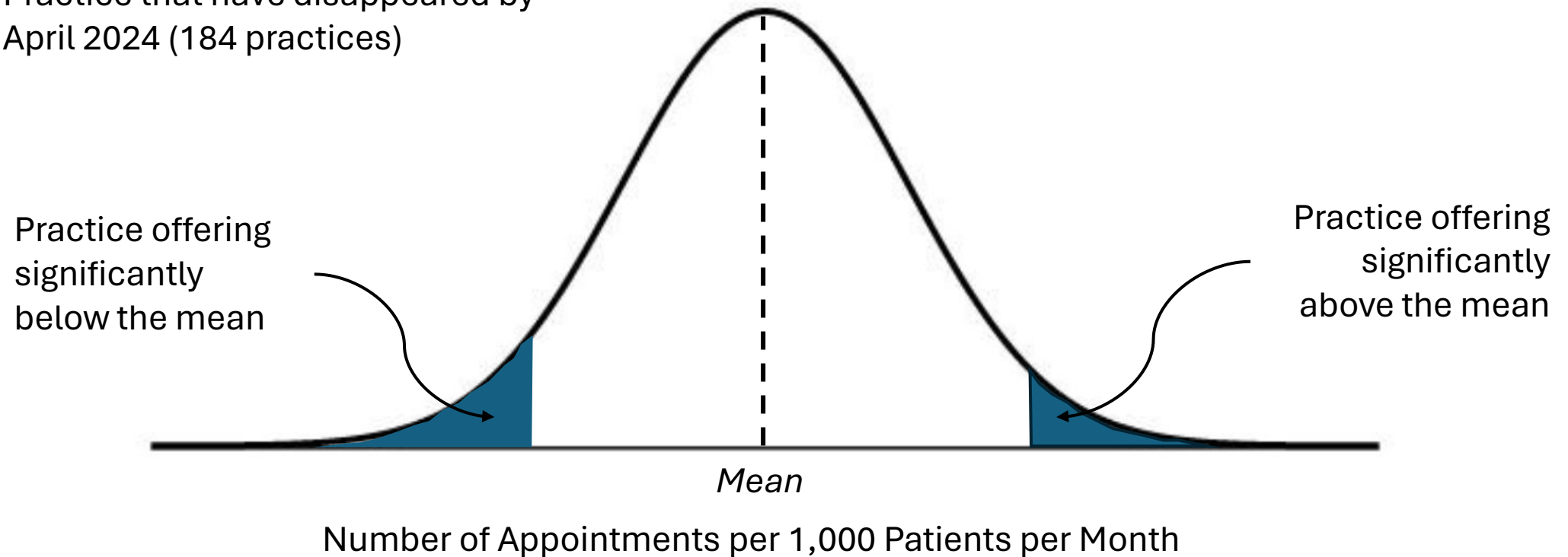


**STATISTICALLY SIGNIFICANT
DIFFERENCE**
(P-value < 0.05)

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)

0.51

CONTROL GROUP

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

0.58



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

So, What's Next.....

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 1st 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

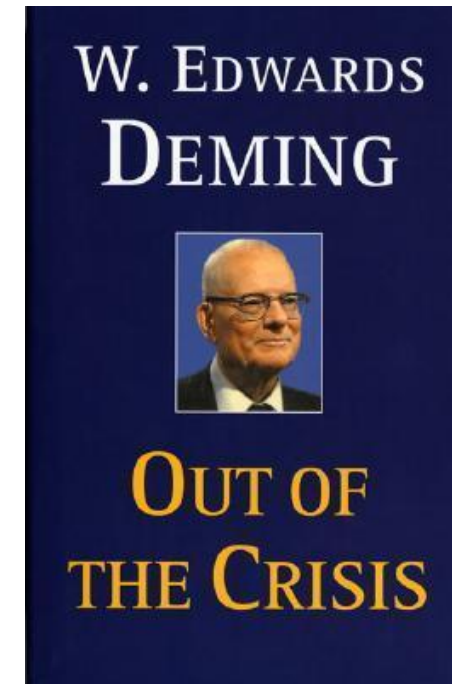
(known as the father of quality management)

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)
Declining Patient Satisfaction	
Declining CQC Ratings (of those re-inspected since April 2022)	
Declining FTE GP per 1,000 Patients	
Declining Financial Viability	
Declining Ability to Keep Pace with Patient Demand for Appointments	

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

SAVE THE
PENGUINS

FUND
GENERAL
PRACTICE



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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'.	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.
England – General Practice Workforce	https://digital.nhs.uk/data-and-information/publications/statistical/general-and-personal-medical-services
England – General Practice Appointments	https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice
Scotland - Practice Numbers	https://publichealthscotland.scot/publications/general-practice-list-size-and-demographics-information/
Wales – Practice Numbers	https://www.gov.wales/general-practice-workforce-31-march-2022#:~:text=Main%20points,retainers%20and%20active%20locums%20only
Northern Ireland Practice Numbers	https://www.gov.uk/government/statistics/general-medical-services-statistics-for-ni-quarter-3-202324
England – Patient Survey Data	https://www.england.nhs.uk/statistics/2023/07/13/gp-patient-survey-2023/
England – CQC Data	https://www.cqc.org.uk/about-us/transparency/using-cqc-data
England – Finance Data	https://digital.nhs.uk/data-and-information/publications/statistical/nhs-payments-to-general-practice