Evaluation of Primary Care Transformation in Scotland - Summary of findings from an independent programme of research by the University of Edinburgh

Executive Summary - National Scottish GP Survey 2023

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Evaluation of Primary Care Transformation in Scotland

Summary of findings from an independent programme of research by the University of Edinburgh

Professor Stewart Mercer, June 2024
Research Team

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Patient and Public Involvement group: Colin Angus (Chair), Morag Cullen, Mary Hemphill, Anne Marie Kennedy, who gave valuable feedback throughout the research programme. Special thanks to Patient and Public Involvement Coordinator: Jayne Richards

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Executive Summary - National Scottish GP Survey 2023

**Background:** A national survey of GPs in Scotland’s working life and views on the new GP contract was conducted in late 2023/early 2024 and compared with a similar survey in Scotland in 2018. The characteristics of respondents and their practices in 2023 and 2018 were very similar, allowing a direct comparison. In both years, the surveys were broadly representative of all GPs in Scotland.

**Key Findings:** Compared with survey findings in 2018:

- Years in practice, and current employment models were similar but **sessions worked** per week, and **holiday taken** per year by GPs were both **significantly lower in 2023**.
- There was a significant overall **improvement** in GPs **positive work attributes** in 2023 but **work pressure was significantly higher** and negative work attributes and work satisfaction were unchanged.
- **Cluster Quality Leads’** (CQLs) and **Practice Quality Leads’** (PQLs) views on cluster working were largely unchanged, with approximately **80% reporting insufficient support**. However, other GPs (non-CQL/PQLs) showed some significant **improvements in their views on clusters**, especially on their understanding of **quality improvement**.
- On average, GPs felt that only 8.5% of their previous clinical work was now **delegated to MDT staff**, but felt that around a fifth (22.4%) of their current work could safely be delegated (if there were sufficient MDT staff).
- Although GPs in the 2023 survey were generally positive about the **expansion of the MDT** only **a third overall reported that had reduced their workload**.
- **Only 1 in 20 GPs** in the 2023 survey thought that the new contract had improved the care of **elderly patients** with multimorbidity, or improved the care of younger **deprived patients** with multimorbidity.
- Significantly fewer GPs reported giving **longer consultations for complex patients** in 2023 than in 2018 (39.8% versus 52.2%, respectively).
- Significantly more GPs reported that their practices were **trying to recruit GPs** (35.8% versus 30.5% in 2018) and had been trying to **recruit for longer** (42% > 12 months versus 30.9% in 2018).
- GPs in the 2023 survey felt that **NHS services** in their local areas had **significantly worsened** in the last 12 months, that practice workload was higher, and the long-term **sustainability of the practices was worse** compared with the 2018 survey.
- Significantly more GPs in 2023 were planning to **reduce their hours** and **leave direct patient care** in the next 5 years. In those below 55 years of age, significantly more planned to **reduce their hours, leave direct patient care**, and **leave medical work entirely** in 2023 compared with 2018. The biggest difference was in planning to reduce hours (42% of all GPs in 2023 versus 35% in 2018).

**Conclusions**

Although there have been some improvements in GPs views on some aspects of working life and the new GP contract in Scotland, most aspects have remained the same and some have worsened since 2018. GPs appear to be responding by reducing or planning to reduce their workload or leave direct patient care, which is a worrying picture given the GP recruitment difficulties reported.
Visual Summary

Key differences in working life domains and future work intentions of GPs in 2018 and 2023

Values that lie to the right of the red dotted vertical line mean that the scores were higher in 2023 than in 2018, and those lying to the left mean the opposite. If the black bars cross the red line, then the difference was not statistically significant. It should be noted though that although statistically significant differences were found, the sizes of the differences were small (effect size of 0.2 or less).

😊 Better – Positive Job Attributes were significantly higher in 2023 than in 2018.

😐 Same – Job Satisfaction, Negative Job Attributes, intentions within the next 5 years to; work outside UK; leave medical work entirely did not differ significantly between 2018 and 2023.

☹ Worse – Work Pressure, intentions within the next 5 years to; reduce hours or leave direct patient care were significantly higher in 2023 than in 2018., and intention to increase hours was lower.

Clusters – CQIs and PQLs views unchanged, not enough support; other GPs – significant improvement in understanding of all aspects of quality improvement.

MDT – Welcomed by GPs but insufficient overall to decrease GP workload, and some negative aspects.

NHS and sustainability – services worsened, GP recruitment harder, more staff training, workload higher, sustainability of practices worse
Other evidence on the new GP contract in Scotland

Summary of primary care health professionals’ views on the new GP contract in Scotland from interviews with national stakeholders/Cluster leads/other GPs and a range of MDT staff:

- “So to be totally open on clusters, it’s very slow progress - we’re struggling... it comes back to the time thing.”
- “More support is desperately needed for staff. They’re thrown into these roles.”
- “GP Cluster progress is slow
- Expansion of the MDT is challenging
- GP workload has not reduced
- Needs of complex patients not being met

Summary of patients’ views on the new GP contract in Scotland from interviews with patients from affluent, deprived, and remote and rural settings:

- “No, it hasn’t released any more time for me to devote to those complex multimorbid patients.”
- “More support is desperately needed for staff. They’re thrown into these roles.”
- “No, it hasn’t released any more time for me to devote to those complex multimorbid patients.”
- “They [reception staff] would say, “what do you mean?” And I didn’t want to explain it... I would rather speak to the doctor about it because it felt was private.”
- “I still would rather value a GP’s opinion than any of the other professionals. The GPs’ training, the GP’s diagnosis, I’d have more confidence in that more than any other professional...”
- “I do not like telephone consultations. I like to see the doctor face to face. What if you need examined?”
- “I like to see the same GP. It’s about trust... I can tell my GP anything... It’s about building a relationship...”

The figures above summarise the key qualitative findings from an independent programme of research on the new GP contract in Scotland led by Professor Stewart Mercer and colleagues, University of Edinburgh. Unless otherwise stated, professionals and patients were sampled from practices in 12 Clusters which agreed to participate in the entire evaluation (4 in a mainly urban Health Board with high levels of deprivation; 4 in a mainly urban Health Board with an affluent/more mixed population, and; 4 in a remote and rural Health Board. More detail, and the underpinning research publications are given below (all publications are open access).

**Mercer, Gillies, Fitzpatrick 2020** – A national survey of all GPs in Scotland conducted in July-September 2018⁠¹ - two years after the start of [GP clusters](#) (which began in April 2016) – found that although clusters were ‘up and running’, support for cluster activity was suboptimal with less than 20% feeling ‘fully’ or ‘almost fully’ supported. Over 70% of all GPs reported no positive changes in quality improvement in their practice.

**Huang et al 2021** – Qualitative interviews with 10 national primary care stakeholders and 7 cluster quality leads, plus observation of [cluster meetings](#) between November 2019 and September 2020 concluded that; “while GP clusters are up and running, their [impact is likely to be limited without further investment](#) in cluster development and capacity, particularly in relation to leadership, quality improvement expertise, and data analytics access and capacity.” ²

**Donaghy et al 2023** – Qualitative interviews with six national primary-care stakeholders and 12 cluster quality leads between March –December 2021 reported [slow progress on cluster working and MDT expansion](#) with no perceived reduction in GP workload. Lack of time and poorly developed relationships were key barriers, as was a lack of relevant primary care data, and additional support (including guidance, administration, training, and protected time).³

**Kidd et al 2023** - A comparative qualitative analysis of interviews with national primary care stakeholders on [GP cluster working](#) in Scotland 2016 and 2021, found that apart from the pandemic, most of the challenges reported in the more recent interviews were predicted in 2016 in an evaluation funded by the Scottish Government and conducted by the Scottish School of Primary care.⁴

**Henderson et al 2023** - An international systematic scoping review of [primary care transformation](#) (PCT) in OECD countries and China identified 107 studies from 15 countries⁵. The most frequently employed component of PCT was the expansion of [multidisciplinary teams](#) (46% of studies). The most frequently measured outcome was GP views, with fewer than 20% of studies measuring patient views or satisfaction.

**McSwiggan et al 2023** - A synthesis of findings from three UK national pilot projects on [primary care transformation](#) (which included the national evaluation of new models of care in Scotland conducted between 2016 and 2018) found common themes which supported or inhibited new models of care. At policy level, [a mismatch between policy objectives](#) (care redesign to better meet patient needs) and policy parameters (short timeframes) was a significant challenge to success.⁶

**Donaghy et al 2023** – Qualitative interviews with 8 (non-cluster lead) GPs and 22 new primary care [MDT staff](#) conducted between May – June 2022 found that no perceived reduction in GP workload and no improvement in the care of patients with complex problems such as multimorbidity. Challenges reported by MDT staff included the [fast pace](#) of primary care, building new [relationships](#), training and professional [development](#) needs, line [management](#) issues, and (the lack of) monitoring and [evaluation](#) of performance. Challenges were most marked (though different) in [urban deprived areas](#) and in remote and rural settings.⁷
Donaghy et al 2023 – Qualitative interviews with 30 patients conducted between November 2022 and January 2023. Concerns included access to GP consultations (especially face-to-face ones), short consultation length and poor continuity of care. Although generally positive about consultations with MDT staff, most patients still wanted to see a known GP for health concerns that they considered potentially serious. These issues were especially concerning for patients with multiple complex problems, particularly those from urban deprived areas.

Sweeney et al 2023 - Survey of 1,000 patients who had consulted a GP in the previous four weeks, conducted between August – November 2022, found that patients in deprived urban areas had the greatest health needs and frequency of GP attendance. The same group also had the poorest experience of GP consultations, with lower levels of satisfaction, perceived GP empathy, patient enablement and symptom improvement.

Sweeney et al 2023 – Mixed methods secondary evaluation of the above patient survey and qualitative interviews found limited patient awareness of MDT expansion, and, while patients recognised its potential value, accessible GP care remains an overriding priority. Reception signposting to MDT care is particularly unpopular with patients with multimorbidity in urban deprived areas.

Henderson et al 2023 - A longitudinal evaluation of patient-level data from the Scottish Governments bi-annual general practice patient satisfaction (HACE) in Scotland from 2011/12 to 2021/2 found that patient satisfaction with general practice has been falling in men and women at all age groups since 2015 and the introduction of the new GP contract has not changed this trend. At all time-points, satisfaction was lower in patients living in the most deprived areas compared with the least deprived and this gap has widened since 2016. Similarly, patients with multimorbidity have lower satisfaction than those without, and this gap has also recently widened.

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**Health and Care Experience Survey**

Percentage with positive satisfaction

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011/12</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2013/14</td>
<td>90%</td>
<td>90%</td>
</tr>
<tr>
<td>2015/16</td>
<td>80%</td>
<td>80%</td>
</tr>
<tr>
<td>2017/18</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>2019/20</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>2021/22</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

**SIMD Decile**

- 1 - Most Deprived
- 10 - Least Deprived

**Number of Health Issues**

- Less than two
- Two or more

**Urban/Rural Class**

- Accessible
- Remote
- Urban

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Henderson et al 2024- An analysis of GP routine electronic data from 2010 – 2023 will look at annual trends in consultation frequency, consultation length, and continuity of care by age, sex, multimorbidity, deprivation, and rurality. This work is in progress.

Publications


