

Workforce Project

How general practice team composition and climate relate to quality, effectiveness and human resource costs: a mixed methods study in England

PLAIN ENGLISH SUMMARY

General practice is central to the running of the National Health Service. People seeking advice about health problems usually go to their general practitioner (GP) first (unless it is an emergency). General practitioners deal with a large range of health and social care issues for the local people who are registered with them. They have traditionally employed a team of staff (e.g. nurses, care assistants, receptionists, managers), and they liaise with other community services (e.g. midwives, health visitors) for certain functions.

General practice is currently under pressure because many GPs are retiring or leaving for other reasons, and more newly trained doctors are working in hospitals. There is also a shortage of nurses to work with GPs. At the same time, more people have long-term conditions and need regular care from GP teams, and some tasks that used to be done in hospital are being transferred to general practice. This means that it is very important that GPs organise their teams efficiently so that as many patients as possible can be treated.

There is a lot of variation in the staffing arrangements in general practices. The trend has been for practices to become larger over time, and to include a wider range of staff (e.g. physiotherapists, pharmacists). Recently some GPs have combined into 'super-practices' or federations. There is very little evidence, however, to tell GPs and service commissioners what size or structure of practice, or what mix of professional staff, works best for patients. The aim of this research is to provide such evidence. It will explore how the composition of GP teams, and the relationships among team members (called team climate) affects the quality of care and health outcomes for patients, and the costs for the practice.

Using a variety of methods, we will:

1. Conduct a literature survey to look for lessons about skill mix from other countries that have similar health care systems to the NHS.
2. Analyse big data sets that are already available, and use statistical methods to investigate how differences in the organisation and skill mix of practices in

England are related to the quality and effectiveness of the care provided. Quality indicators will be based on inspection ratings and the patient experience survey, and effectiveness will be measured by the number of patients hospitalised for conditions that should be managed within general practice.

3. Explore how workforce issues affect staff wellbeing and job satisfaction through a survey of staff in a sample of practices nationwide.
4. Investigate how team relationships (climate) affect daily working and patient experiences by observing and interviewing staff in 12 selected practices.
5. Ask a sample of GPs and commissioners to review our findings and help us create guidelines for all practices about what is the best mix of professional staff, and how to ensure that their teams work well together.
6. Use innovative means to disseminate the findings throughout the GP community, and to NHS managers, government organisations, academics and the public.

We have linked with our local Clinical Commissioning Group to access opinions from lay representatives during the preparation of this application. The chairperson of the CCG Patient and Public Engagement committee is a co-applicant. Under his leadership, we will establish a Service User Group that will contribute to all stages of the research.