



## Feedback sought on GP Partnership Review interim findings

The GP Partnership Review is being conducted for the Department of Health and Social Care by Dr Nigel Watson of Wessex LMCs, with the aim of producing a set of recommendations on how to reinvigorate the partnership model.

We have previously met with the review team and facilitated visits to London practices, we will be meeting them again on Monday 3 December. If you are interested in feeding back on the interim report or coming to our offices in Euston for our round-table meeting then please email [info@lmc.org.uk](mailto:info@lmc.org.uk).

The round-table will run from 18:30 - 20:30, if you are interested in attending please include a summary of the points you would like to discuss in your email.

Nigel and his team have produced an interim report, which is summarised below. The full Interim Report can be viewed [here](#) and a partnership myth-buster document produced for GP trainees is also available.

Workload is a major factor in the current problems with recruitment and retention.

The current workforce is inadequate to deliver the care that is needed.

The risks of being a partner outweigh the benefits and the reasons for this are premises, the cost of medical indemnity and unlimited liability held by partners.

There is uncertainty about the future of general practice which contributes to the recruitment and retention issues.

General practice reports that it is adversely affected by under-provision of community nursing services, and community mental health services, which has an

impact on workload. These services are less integrated with general practice than they were a generation ago, leading to inefficiencies and fragmented care.

The resources that are invested in general practice or primary care, all too often are not seen to support the frontline delivery of care and are bundled up in small packages which are often seen as too difficult to bid for. The bidding process is overly-burdensome and the delivery is so tied up with bureaucracy it is deemed to be not worth it.

### Identified advantages of partnership

Freedom to innovate

Ability to implement change at pace

Relative autonomy in decisions relating to patient care (or the ability to act relatively independently as a powerful advocate for patients)

Being part of a community and being accountable and responsible to that community

Desire to succeed as a business owners

Value for money

### Workload

Address the workforce issues. With a larger and more diversified workforce, we could start to turn the tide. There needs to be an increased focus on preventing disease, investment in prevention of complications of existing long-term conditions (for example, from diabetes and cardiovascular disease), and more self-care and self-management, with the use of technology to support patients.

### Workforce

Increase GP numbers by making general practice a better place to work, making partnership more attractive than being a locum, expanding the multi-professional team working with and supporting GPs. Also embedding existing community staff within general practice and creating the opportunities for working as a single team. Creating primary care networks that will support practices, and use more of the existing resources to deliver frontline care, will support the workforce.

### Risk

Address the risk of lease holding and property ownership, introducing a comprehensive state backed indemnity scheme and addressing the issue of

unlimited liability.

#### Status

GPs need to feel valued by more than just their patients - by politicians and the wider NHS. The GMC needs to recognise general practice as a speciality and legislation is required to deliver this. Medical students need to spend more time in general practice, and placements need to be funded at the same rate as hospital placements. There should be more placements created in the community for GPs in training, ensure more hospital trainees spend time in general practice, and that all foundation trainees have a period of their training in general practice.

#### System leadership

General practice must be part of any system's senior leadership voice. To continue to ignore this will mean existing barriers continue, and the hope of ending the fragmentation and organisational barriers will not be realised.