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PRIMARY COLOUR

Helen Salisbury: Will additional roles save general practice?

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I love being a GP, but right now it feels like an impossible job. Demand is growing, both in volume and complexity, so even though the days are getting longer, I still leave work after dark. The pressure feels particularly acute right now, as many patients who have sat at home with their symptoms and worries for most of the past year are finally feeling confident enough to seek help.

The UK does not have enough GPs, and many of us are already choosing to work "less than full time" in our surgeries.[1] If a full day consists of 12 or 13 hours, a five day week is impossible. In the absence of a "magic doctor tree," one proposed solution is to employ people with other skills and qualifications in primary care. To this end, primary care networks (groups of practices serving 30 000-50 000 patients) have been recruiting pharmacists, physiotherapists, and social prescribers, among others. The cost is covered (in theory) by the Additional Roles Reimbursement Scheme. But take-up has been slow, and the scheme has been underspent since its inception: the intended lightening of the load for GPs has yet to materialise for many of us.

This is partly because the staff who would fill these roles are thin on the ground. There is huge competition for appropriately trained clinical pharmacists, which has pushed the market salary above the rate at which the scheme will reimburse. For other additional roles, it is not clear that we need them in our surgeries. I would be happier being able to refer a patient quickly and easily to a podiatrist or a dietician than having to employ one (which also means finding them a space to work). Given the amount of training and supervision required by new recruits of all types coming from different clinical settings, it is not surprising that some primary care networks have been slow to take advantage of the scheme.[2]

The scheme may yet mature and bear fruit. After all, a pandemic is not the easiest setting in which to recruit and train new staff, and the focus on delivering the vaccination programme has taken up much of the energy needed for strategic planning. Originally mental health workers were missing from the list of reimbursable roles, but they have recently been added, and we would gratefully welcome someone with these skills to our team. But the thing that would help most in making my hours shorter and my life easier is more doctors able to take responsibility for a list of patients. Our practice is relatively well staffed, with a list size of 2000 patients for each full time GP (compared to the national average of 2253), but the amount of work generated in terms of letters, prescriptions, referrals, and results is huge.[3] This has increased further during the pandemic, as secondary care remote consulting has led to a transfer of investigations and prescribing to GPs.

We have been slow to recruit, and I really look forward to having a physiotherapist and a pharmacist on site in the near future, as they have skills that I lack and will improve the care we give to our patients. But I still don't see that they will substantially lessen my workload. Without a solution that reduces our administrative load, we will fail in the crucial task of retaining our older doctors and recruiting new ones.

1 BMA. Pressure in general practice. 8 Sep 2020. https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice
2 Haynes L. PCNs to miss out on tens of millions of pounds as pandemic hits recruitment. GP Online. 5 Feb 2021. https://www.gponline.com/pcns-miss-tens-millions-pounds-pandemic-hits-recruitment/article/1706578
3 Bostock N. Which parts of England have the most patients per GP? GP Online. https://www.gponline.com/parts-england-patients-per-gp/article/1692960