

# Scale, scope and impact of skill mix change in primary care in England: a mixed-methods study

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## Plain English summary

### Primary care skill mix in England

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## Plain English summary

The number of general practitioners in England has not kept pace with the increasing health-care needs of the population. General practices have employed non-general practitioners, such as clinical pharmacists, physician associates, paramedics and physiotherapists, to do work traditionally carried out by general practitioners. This is known as 'skill mix change'.

Little is known about why general practices choose certain types of practitioners and whether or not there are differences in the health care provided by these practitioners or changes in patient experiences. We looked for information about these issues using a combination of research methods.

First, we examined data about treatments (e.g. health-care quality measures, hospital care and prescriptions) and patient and general practitioner satisfaction levels to see if these are associated with skill mix changes. Second, our national survey asked why general practices wanted to employ different practitioners. Third, in a detailed study of five general practices in England, we conducted 38 interviews and 27 observations with clinical and non-clinical staff and asked about patient experiences using surveys ( $n = 125$ ) and focus groups ( $n = 29$ ).

We found that skill mix change is happening primarily to increase appointment availability. Patients had difficulty finding out what non-general practitioners can do. Practice staff need training and clear information about practitioners' skills to ensure that patients get the right appointment. Many practitioners need supervision by general practitioners. Skill mix change is associated with mixed effects on patterns of care (e.g. higher achievement of quality measures when more practitioners were employed and higher patient satisfaction when more general practitioners were employed). We found lower prescribing cost when more clinical pharmacists were employed and decreasing NHS expenditure when there was a larger skill mix. There were mixed associations between skill mix and referrals to hospitals.

We have shared our findings with contacts involved in health policy and general practices and with patient representatives, some of whom were actively involved throughout the study.

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