



Healthcare
Improvement
Scotland

SHTG
Advice on health
technologies

Plain Language Summary

Multidisciplinary team support in primary care | April 2023

What is multidisciplinary team support in primary care?

Primary care services, such as general practitioners (GPs), are the first point of contact in the NHS. A multidisciplinary team (MDT) is a group of health and care professionals from two or more disciplines who provide care for the same patient or group of patients. In primary care, MDTs support GPs by taking responsibility for certain tasks. For example, pharmacists can write prescriptions and review patients' medications instead of a GP.

Why is this important?

In 2018, the Scottish Government agreed a new contract with GPs. The contract proposed the addition of multidisciplinary primary care staff to GP practices to help address the increasing demands on primary healthcare. An estimated 3,220 new primary care staff have been recruited since 2018.

What we did

We reviewed the evidence on MDT support in primary care. We looked at whether MDTs were effective and good value for money; the factors that help make MDTs successful; and what healthcare staff and patients thought about MDT support in primary care.

What we found

Does MDT support in primary care lead to improvements in patient health?

We found evidence that MDT support in primary care led to improvements in patient satisfaction and patient outcomes, such as improved blood sugar levels in people with diabetes and reductions in patients' blood pressure.

What happens when you change the types of staff working in a GP practice?

In NHS England, a study found that adding GPs, nurses, pharmacists or other patient care staff to primary care practices did not have much of an effect on GPs overall number of hours worked. GPs were able to delegate more tasks when the number of nurses or other patient care staff increased. Increasing the number of pharmacists resulted in improvements in antibiotic prescribing.

Introducing different types of staff to primary care practices led to improvements in the health of people with diabetes, improvements in patients' self-assessed health, and reductions in accident and emergency visits. Adding different types of staff, particularly nurses, also resulted in more patients receiving appropriate tests and services.

What factors make MDTs successful?

We found six factors that helped make MDTs in primary care successful:

- clear boundaries and responsibilities for each role in the team
- good communication between staff, including informal chats, team meetings and the use of computer systems that all staff can access
- all staff located at a single site
- a shared vision and goals
- mutual respect and trust, and
- a named care coordinator responsible for a patient's care throughout their care journey.

What do people working in healthcare think about MDT support in primary care?

People working in healthcare had positive views and experiences of MDTs in primary care. Most staff realised their roles would change as a result of MDTs and found this a positive experience.

Concerns were raised about the time impact of supervisory roles for both GPs (the supervisor) and the nurses being supervised. GPs recognised that MDT support could ease their workload, but pointed out that for some tasks they could become deskilled. GPs also raised concerns that patients did not always realise they had been seen by a staff member who was not a GP.

What do patients think about MDT support in primary care?

Patient views and experiences of MDTs were generally positive. Patients described receiving more rounded care with MDTs, and felt able to access GP services more quickly when they had a choice of who to see. Patients noted that the coordination of their care was important when care was provided as part of a MDT.

Patients did not always understand the various roles of different staff at their GP practice, and patients' trust and confidence can be reduced if they wanted to see a GP but instead saw a nurse.

Is MDT support in primary care good value for money?

We calculated how much time and resource had been saved by employing an MDT workforce across Scotland. Nationally, MDTs were estimated to have saved 45,729 hours of GP time each week in 2022, which adds up to approximately £6 million in potential avoided resource costs.

It was not possible to estimate the true value for money of MDT support because:

- the costs of employing MDT staff have not been calculated (more details about MDT staff salaries, working hours and turnover are needed in order to reliably estimate the costs associated with employing MDT staff)
- the overall estimated effects on GP time was based on data from one small area of Scotland, and
- there were not enough data available to quantify other costs or benefits associated with MDTs.

What is our conclusion?

The published evidence suggests that MDT support in primary care has a positive effect on outcomes for patients and may reduce their overall healthcare use. Introducing MDTs in primary care had a limited effect on GP workload. This could be because GPs took on new supervisory roles and cared for patients with more complex needs.

Healthcare staff and patients generally had positive views and experiences of MDTs in primary care.

Introducing MDT support in primary care is likely to have saved considerable amounts of GP time and resource.

What next?

The Scottish Government will use our work to inform discussions on MDT funding and implementation.

This plain language summary has been produced based on an SHTG Assessment of Multidisciplinary team support in primary care, April 2023