

BELONGING

in General Practice

Cultivating connection, community and purpose
for GPs, teams and patients

Professor Margaret Ikpoh
29th April 2026



Declarations

- ▶ VC Professional Development (RCGP)
- ▶ Clinical Research Lead- Nimbuscare
- ▶ NIHR Primary Care Settings Lead
- ▶ Trustee- FMLM
- ▶ Deputy Lieutenant East Riding of Yorkshire
- ▶ GP Rep North-East and Yorks People Board
- ▶ Freelance Writer- PULSE
- ▶ Honorary Professor (Hull York Medical School)



Session Overview

1. What is Belonging?

2. Why It Matters in GP

3. The Crisis of Disconnection

4. Building Belonging

5. Patients & Community

6. Questions

In the beginning.....



- High School Photo



A Violent to Velvet revolution



Czech Republic 1994



Hull 2024



What is Belonging?

Defining Belonging

"Belonging is the human need to feel accepted, valued and connected within a group or community — not merely present, but meaningfully included."

— Brené Brown, *Braving the Wilderness* (2017)

Accepted

Valued for who you are, not just what you do

Connected

Genuine relationships with colleagues & patients

Purposeful

Your work and identity feel meaningful

Belonging in Human Psychology — Maslow & Beyond

Self-Actualisation

Esteem

Love & BELONGING

Safety

Physiological

GP Relevance

Belonging sits at the heart of Maslow's hierarchy — it precedes esteem and self-actualisation. Without it, clinical excellence is harder to sustain.

Opening Reflection — Small Group Activity (8 min)

Think of a time at work when you truly felt you belonged. What made it possible?

1

Individual reflection

2 minutes — quiet thinking or
journalling

2

Pair share

3 minutes — share with the person
next to you

3

Whole group harvest

3 minutes — facilitator captures
themes on flip chart

SECTION 2

Why Belonging Matters in General Practice



The Evidence Base — What Research Tells Us

3×

Higher burnout risk

in GPs who report low belonging
(BMA Wellbeing Survey, 2023)

40%

Staff turnover reduction

when belonging is actively cultivated
(NHS Leadership Academy, 2022)

67%

Of GPs feel isolated

from colleagues at least
weekly (RCGP, 2023)

18%

Better patient outcomes

in practices with high
team cohesion (Lancet, 2021)

How Belonging (or Its Absence) Affects GPs

WITH BELONGING ✓

- ✓ Greater resilience under pressure
- ✓ Stronger professional identity
- ✓ Willingness to ask for help
- ✓ Higher job satisfaction & retention
- ✓ Better clinical decision-making
- ✓ Enhanced creativity in problem-solving

WITHOUT BELONGING ✗

- ✗ Emotional exhaustion & burnout
- ✗ Moral injury & compassion fatigue
- ✗ Professional isolation
- ✗ Reluctance to seek support
- ✗ Higher sickness absence
- ✗ Increased risk of early career exit

Belonging Ripples Out — The Patient Connection

When GPs belong → Teams function better → Patients receive better care

Listening quality

GPs who feel valued listen more attentively and pick up on cues more readily

Therapeutic alliance

Belonging-secure GPs build stronger patient relationships, improving concordance

Continuity of care

Retained GPs provide continuity — shown to reduce A&E attendance by up to 28%

Community rootedness

GPs embedded in their community advocate more effectively for their population

SECTION 3

The Crisis of Disconnection in Modern General Practice

Why GPs Are Feeling More Disconnected Than Ever

Workload intensification

Average list size now exceeds 2,200.
Appointment pressure crowds out relational time with colleagues.

Remote & hybrid working

Post-pandemic working patterns have reduced corridor conversations and informal bonding.

Loss of practice identity

Mergers, PCN structures and changing roles blur professional identity and team boundaries.

Portfolio careers

GPs working across multiple sites or roles may struggle to find a single 'home' community.

Stigma around struggle

Medical culture still penalises vulnerability, making it hard to signal or admit disconnection.

Structural loneliness

Single-handed practices and consulting room isolation create endemic professional loneliness.

Professional Loneliness — The Hidden Epidemic

Vivek Murthy, former US Surgeon General, declared loneliness a public health crisis — including among healthcare workers.

→ Loneliness has the same mortality risk as smoking 15 cigarettes/day

→ 43% of doctors report feeling lonely at work (BMJ, 2022)

→ GPs are among the most isolated professionals in the NHS

What GP loneliness looks like

- Eating lunch alone every day
- Dreading the start of the week
- No one to debrief a difficult consultation
- Feeling 'invisible' in team meetings
- Comparing yourself unfavourably to peers
- Reluctance to take annual leave
- Feeling replaceable, not valued

Systemic Barriers to Belonging in the NHS

1

Training culture

Traditional medical training rewards stoicism and self-reliance, penalising vulnerability

2

Appraisal systems

Appraisal frameworks focus on performance metrics, rarely on relational health or belonging

3

Organisational churn

Frequent restructuring (PCNs, ICBs, mergers) disrupts social fabric before it can form

4

Digital consultations

Remote-first approaches have narrowed the relational bandwidth of GP–patient and GP–GP interactions

Psychological Safety — The Foundation of Belonging

Amy Edmondson (Harvard): Psychological safety is 'the belief that one will not be punished for speaking up with ideas, questions, concerns or mistakes.'

Comfort Zone

Psych safety: HIGH | Performance pressure: LOW

Safe but stagnant — no growth pressure

Learning Zone

Psych safety: HIGH | Performance pressure: HIGH

☆ Where belonging enables excellence

Apathy Zone

Psych safety: LOW | Performance pressure: LOW

Checked out — belonging and drive both lost

Anxiety Zone

Psych safety: LOW | Performance pressure: HIGH

High output, high cost — burnout risk

SECTION 4

Building Belonging in Your Practice

A Framework for Cultivating Belonging — The 4Cs

CONNECTION

Relational bonds between people

- Regular structured check-ins
- Shared meals / social time
- Peer support pairs

CONTRIBUTION

Feeling your work matters

- Role clarity and meaning-making
- Celebrating team wins
- Sharing case learning

4Cs

CONTINUITY

Stable, consistent community

- Reduced unnecessary rota churn
- Long-term relationship investment
- Preserving team memory

CULTURE

Shared values and norms

- Explicit belonging commitments
- Zero-tolerance for exclusion
- Inclusive leadership modelled

Practical Strategies — What High-Belonging Practices Do Differently



Daily huddles

10-min morning stand-ups focused on team wellbeing, not just workload



Balint-style groups

Regular reflective practice groups to process the emotional weight of GP work



Celebrating small wins

Actively name and acknowledge contributions — not just at appraisal time



Leadership walks

Senior GPs/partners walk the floor, engage informally, model openness



Psychological safety agreements

Explicit team charter: what we agree to create for each other



Cross-role shadowing

Swap roles informally — GPs shadow admin, receptionists shadow nurses



Peer letters

Anonymous notes of appreciation circulated weekly or monthly in the team



New starter buddying

Structured 3-month buddy/mentor system for every new team member, GP or otherwise

The Leader's Role — Modelling and Nurturing Belonging

"You cannot build a culture of belonging if you yourself don't believe you belong." — Brené Brown

Name it explicitly

Leaders who say 'belonging matters here' make it real. Silence signals indifference.

Vulnerability as strength

Sharing your own moments of not-belonging builds permission for others to do the same.

Equitable attention

Notice who is not speaking. Actively invite quieter voices. Watch for invisible hierarchies.

Follow up on signals

When someone withdraws or absences increase — reach out proactively, not reactively.

Protect belonging time

Don't cancel team meetings or social events when under pressure — they are the medicine.

Measure it

Pulse surveys, annual staff surveys. Ask directly: 'Do you feel you belong here?'

SECTION 5

Belonging for Patients & Communities

The Patient Side of Belonging — Social Prescribing & Beyond

The loneliness epidemic

- 1 in 4 adults in the UK report feeling lonely often or always
- GPs see an estimated 20% of patients whose primary need is social connection, not medical treatment
- Lonely patients consult 3× more frequently than socially connected peers
- Social prescribing referrals have grown 400% since 2020 (NHS England)
- Patients who feel they 'belong' in their practice are significantly more likely to engage in preventive care

What GPs can do

-  Social prescribing link workers — make referral routine
-  Know your community assets — local groups, faith networks
-  Welcome packs — helping patients feel part of 'their' practice
-  Loneliness screening — validated tools (UCLA, de Jong Gierveld)
-  Volunteer programmes — patients contributing to practice life

GP as Anchor — Belonging in the Community

General Practice occupies a unique position: trusted, accessible, longitudinal. The practice IS the community for many patients.

Place of continuity

Patients who see the same GP have better outcomes. Familiar faces reduce anxiety. Continuity is belonging.

Community health hub

Practices hosting community events, support groups, and peer networks strengthen neighbourhood belonging.

Advocate & voice

GPs who belong to their community become health advocates — raising housing, poverty and social issues.

Trusted institution

Trust in general practice remains among the highest of any institution. This is the foundation for belonging-centred care.

Belonging and Health Inequalities — Who Is Left Out?

Belonging is not equally available. Structural inequalities determine who feels included in healthcare — and who doesn't.

Migrant & refugee patients

Language, cultural dissonance, fear of services, lack of navigation support

Patients with learning disabilities

Communication barriers, clinician discomfort, under-recognition of needs

LGBTQ+ patients

Fear of discrimination, heteronormative assumptions, lack of inclusive intake forms

Elderly & isolated patients

Digital exclusion, transport, loss of social network through bereavement

GPs from ethnic minorities

Microaggressions, glass ceiling, cultural taxation, tokenism in leadership

GPs with disabilities

Reasonable adjustments inconsistently applied; disclosure stigma remains high

SECTION 6

Personal & Practice Action Planning

My Belonging Commitment — Individual Reflection (5 min)

Take 5 minutes to complete your personal action card. You will share one item with a partner.

1 One thing I will do this week to strengthen my own sense of belonging:

2 One thing I will do for a colleague to help them feel they belong:

3 One systemic/structural change I will advocate for in my practice:

4 One way I will better support a patient who may feel they don't belong:

Practice-Level Commitments — Quick Wins & Long Games

⚡ Quick wins (this month)

- ✓ Start every team meeting with a 'one good thing' round
- ✓ Create a 'shout-out' board in the staff room
- ✓ Schedule one informal team social event
- ✓ Introduce yourself to every new staff member personally
- ✓ Ask one colleague directly: 'How are you really?'
- ✓ Review whether remote staff have regular face-time

📅 Longer-term changes (6–12 months)

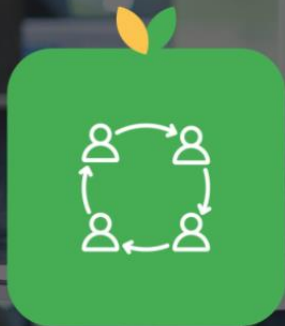
- Implement structured peer support pairs
- Establish a Balint or reflective practice group
- Conduct a belonging audit using validated tools
- Review induction for belonging signals
- Develop a team charter around belonging values
- Designate a belonging champion in the practice



At Nimbuscare, our values: Collaborative, Patient-centred and Compassionate, guide how we work together and how we care for our patients and communities.

The Living our Values reward and recognition programme gives everyone a meaningful way to recognise the everyday moments where these values are truly brought to life.

Living Our Values gives everyone the opportunity to shine a light on colleagues who make a difference, whether that's through outstanding teamwork, going the extra mile for their colleagues or our patients, or showing kindness and understanding when it matters most.



Collaborative

One team, better care.

What this value looks like in practice

Collaboration at Nimbuscare means pulling together, supporting one another, and working as one connected team across neighbourhoods, services and professions. It's about sharing knowledge, stepping in to help, and ensuring that no one works in isolation. Colleagues who live this value create a strong sense of unity and help everyone deliver their best work.



Patient-centred

Patients first. Always.

What this value looks like in practice

Being patient-centred means consistently prioritising the needs, comfort and dignity of patients. It's about listening carefully, seeing the whole person, and making decisions that genuinely improve their experience. Colleagues who live this value go the extra mile to ensure that care is safe, supportive and focused on what matters most to each individual.



Compassionate

Kindness in action.

What this value looks like in practice

Compassion is more than kindness — it's actively showing care, understanding and emotional support to patients and colleagues. It's about noticing when someone may be struggling, taking time to check in, and creating an environment where people feel valued, respected and supported.

Further Reading & Resources

Books

Brené Brown — Braving the Wilderness (2017)

Vivek Murthy — Together: The Healing Power of Human Connection (2020)

Amy Edmondson — The Fearless Organization (2018)

Matthew Syed — Rebel Ideas (2019)

NHS & RCGP

NHS England — Social Prescribing toolkit (2023)

RCGP — Wellbeing resources & Daffodil Standards

BMA — GP Health Service & wellbeing support

NHS Leadership Academy — Belonging resources

Evidence & Research

The King's Fund — Belonging at Work (2022)

BMJ Leader — Psychological Safety in Teams

Lancet — Continuity of care and outcomes (2021)

NHS Staff Survey — Belonging & inclusion data

Belonging is not a luxury.

It is the condition under which General Practice can thrive.

When GPs belong, teams heal. When teams heal, communities flourish.

When GPs do not belong.....

The most powerful thing you can do today is make one person feel they truly belong.

Thank you. Questions welcome.

