Pre-ARM briefing paper 2019: Caring, supportive, collaborative – a future vision for the NHS

February 2019
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That this meeting calls for all papers relating to BMA ARM and AGM to be printed on either 100% recycled paper or 100% FSC-certified paper from sustainable sources. (2016)
Pre-ARM briefing 2019: Caring, supportive, collaborative – a future vision for the NHS

This briefing is intended to inform ARM representatives ahead of an open session on the progress made on the ‘Caring, supportive, collaborative’ (CSC) project since it was discussed as part of an open session at last year’s ARM. It includes information about the publication of our all-member survey report in September 2018, our engagement campaign with members and plans to develop a set of policy solutions and vision for the future of the NHS.

Introduction
The Caring, supportive, collaborative project was launched by the chair of BMA council last year with the aim of building a clear and coherent picture about what needs to change to create an NHS that doctors want to work in. As the only body representing the entirety of the medical profession across the UK, the BMA is uniquely placed to develop concrete solutions for change on behalf of doctors, rather than respond to the political agendas of the day.

The project focuses on achieving change in three key areas, culture, collaboration and workforce, areas fundamental to future-proofing the NHS for its next 70 years. We want to see:

– an NHS which has a culture that is supportive and encourages learning and improvement — not one which is rooted in blame — and also provides equality of opportunity and reward to all doctors
– an NHS that is collaborative, allowing doctors to work as one team across the interface between different settings, and where taxpayers’ money is spent on delivering patient care — not squandered on transaction costs, fragmentation and bureaucracy
– an NHS which values its workforce and supports doctors to be able to work safely at the top of their licence, with the right skill mix of staff and technological support to meet the changing needs of patients.

Project activities
As part of the Caring, supportive, collaborative project we have been undertaking a programme of activities to engage doctors to understand the challenges they are facing and their ideas for how things can change for the better. Activities so far include:

– A member workshop held on 8 May 2018, which brought together around 50 medical leaders from a range of BMA committees and bodies.

– In Northern Ireland, the BMA has been engaging with the Department of Health (NI) to input into plans for system transformation. Following a roundtable meeting with the Department in May 2018, the BMA has been engaging on a range of issues including the development of multi-disciplinary teams in primary care, reconfiguration and review of secondary care services and the development of a workforce strategy for NI.

– In Wales, a summit with BMA members and key external stakeholders — including Welsh Government, NHS Wales, GMC Wales and representatives of royal colleges - was held on 6 June 2018 to discuss a range of issues linked to the ‘culture’ theme of the CSC project, leading to a number of follow up actions including: the introduction of a single lead employer for all trainees, the development of a process for raising immediate concerns and closing the loop, and further discussions on the introduction of human factors training for all doctors.

– An open debate at the BMA’s Annual Representative Meeting in June last year, at which we canvassed delegates’ views on some of the issues covered in the project (the key findings from this session are summarised in Annex A).

A UK-wide survey of nearly 8,000 BMA members asking a series of questions about the current state of the NHS, the results of which were published in September 2018.

A summit on race equality in medicine as part of the ‘culture’ strand of the project on 11 July 2018. We also held a BME member event on 14 January in Edinburgh, as a first step to developing a forum for BME doctors in Scotland.

A symposium on bullying and harassment in November 2018, along with the publication of a policy report setting out recommendations for building a supportive and inclusive culture.

In Scotland a stakeholder summit to discuss the future of secondary care in the Scottish NHS was held on 14 December 2018, informing further policy development in early 2019.

In England, we have met with NHS England Chief Executive Simon Stevens, the Secretary of State for Health and Social Care Matt Hancock, and health policy think tanks to discuss the views of doctors emerging from the project. The BMA’s member survey results (see above) were subsequently quoted in the NHS England’s Long-Term Plan.

Since December 2018 we have been engaging members directly through a series of over 15 local and regional events.

A UK Council workshop was held on 16 January 2019, bringing together around 60 BMA Council members.

Together, these activities have enabled us to understand more about the challenges facing doctors working in the NHS today, and areas in which they feel new solutions are needed. The following section outlines emerging messages and potential solutions identified through the project so far.

**Emerging messages**

As indicated above, almost 8,000 members across the UK took part in the survey to share their views on a range of issues affecting their working lives. The results revealed that many doctors feel they are working in a dangerous and toxic environment, with a culture of blame and fear jeopardising patient safety and discouraging learning and reflection.

1. **Culture, quality and safety**

**Survey highlights**

- 97% of doctors say that current NHS resources are simply inadequate to meet the needs of patients, and that as a result, the quality and safety of patient care is affected.
- Around three-quarters of doctors say that national targets and directives are prioritised over the quality of care.
- An overwhelming majority of doctors say that they are sometimes or often fearful of making a mistake (95%), and 55% say this is worse now than five years ago.
- Fewer than half (48%) of doctors say they would be confident in raising concerns about patient care.
- 55% of doctors say they fear being blamed for errors that are due to pressures or system failings in their workplace.
- Two fifths of doctors said that bullying, harassment and undermining is often or sometimes a problem in their main place of work.
- 18% of BAME doctors say there is often a problem with bullying, undermining or harassment at work – compared to 7% of white doctors. Only 49% of BAME doctors say they would be confident reporting incidents of bullying, undermining or harassment to their employer, compared to 61% of white doctors.


Five years ago, landmark reports by Berwick\textsuperscript{g} and Francis\textsuperscript{h} called for a fundamental cultural change in the NHS. The Berwick report stated clearly that “NHS staff are not to blame – in the vast majority of cases it’s systems, environment and the constraints they face that lead to patient safety problems.” Key messages emerging from the project so far in this area indicate that despite the recommendations in these reports, BMA members still feel that a lack of capacity, time and system pressures is affecting their abilities to deliver safe, high-quality patient care. Members have reported that a ‘blame culture’ persists in many parts of the NHS, and that too often doctors cannot speak up or raise concerns about patient safety without fear of adverse consequences.

Alongside this, the BMA has revealed the reality of widespread bullying and harassment in the NHS, including a set of clear recommendations for change. This project and the wider work within Caring, supportive, collaborative have also highlighted the specific barriers and issues that BAME doctors experience, and how systemic bias can lead to racial inequality. The project is therefore considering how we can ensure doctors work in an environment where they feel supported, confident in raising concerns in a spirit of learning, and that there is equality of opportunity and reward for all. Achieving this change will involve looking at the role of leadership within individual workplaces and in the NHS as a whole, as well as wider systems and processes that can be put in place to ensure doctors are able to work within safe limits, reflect and speak up about concerns when they see patient safety is compromised.

The project will also discuss the need for a change of approach on regulation. Doctors want regulators to take system pressures into account, instead of apportioning blame to individuals. The exercise of preparing for regulatory inspections can take doctors away from their primary aim of delivering patient care so a system needs to be designed that does not undermine this, and instead works with doctors on quality improvement.

2. Workforce and workload

\textbf{Survey highlights}

- 91% of doctors say staffing levels are inadequate to support high quality patient care, and 72% say this has worsened over the past 12 months.
- The most common reasons for these issues with retention are excessive workload pressures, and a blame culture and fear of prosecution.
- 68% say pressure to attend to multiple tasks simultaneously affects their ability to deliver safe patient care.
- Relatively few say they only work the hours in their contract with the majority (54%) working longer.
- More than half of doctors say they spend over 1-3 hours each day on work that could be done by another non-medical clinical professional, e.g. a nurse.
- 39% of doctors spend over 1-3 hours each day on work that could be done by non-clinical staff, e.g. administrative staff.
- 48% of doctors say they approve of expanding the multidisciplinary workforce, while 25% disapprove.
- 53% say that more effective and interoperable IT systems would improve doctors’ day-to-day working lives.

Members have fed back to us that they are increasingly doing more complex and intense work in environments that are understaffed and under-resourced. There are chronic staff shortages across all professions and an alarming number of medical vacancies across the NHS. Doctors of all grades are consistently asked to take on additional responsibilities, work increasingly longer and more intense hours, act across specialties and look after an inappropriately high number of patients.

\textsuperscript{g} https://www.gov.uk/government/publications/berwick-review-into-patient-safety

\textsuperscript{h} https://webarchive.nationalarchives.gov.uk/20150407084231/http://www.midstaffspublicinquiry.com/report
Working in such a pressurised environment, without adequate resources, capacity or support, puts both doctors and patients at risk. These pressures are key drivers of the dissatisfaction with their working life for doctors and other NHS staff, which in turn impacts on morale, wellbeing, the quality of patient care and the long-term sustainability of the NHS.

Sufficient increases in doctor numbers are unlikely in the near future. Much of the feedback from members so far has therefore focused on what more can be done to better retain doctors and reduce their workload so that they can focus on the most important elements of their roles and make best use of their training and skills. Doctors say some of their work can be done by other non-medical clinical professionals, or even non-clinical staff where appropriate, to free up their time to treat and care for patients. This does come with some conditions, including appropriate regulation to cover these new non-medical roles and ensure that there are clear lines of accountability and clarity regarding their scope of practice.

In addition, we are in the process of developing a safe staffing element of the overall project. We want to ensure all doctors work in a safe environment and all patients receive safe care by allowing doctors to focus on tasks that only doctors can do.

The project is also looking more broadly at what workforce changes could improve doctors’ working lives. For example, how the introduction of better and more interoperable IT systems could contribute to that objective. This could be achieved for example through the development of minimum standards for IT across the NHS that promote patient safety and reduce workload. The project is also looking at the inclusion of protected time in job plans and work schedules to enable continuing professional development, research, innovation, and teaching.

3. Collaboration

Survey highlights
- 91% of doctors say that patients do not experience coordinated care between hospitals and GPs.
- 60% of doctors say that quality and safety of patient care is compromised by barriers between primary and secondary care.
- Only 16% of doctors think that there are currently clear channels of communication between primary and secondary care.
- 73% say precious NHS resources are being wasted through bureaucracy and administrative costs.
- 80% of doctors say there should be system-wide incentives that encourage doctors to work collaboratively.
- 70% of doctors say there should be protected funding for schemes that promote closer joint working.
- Only 35% say that primary and secondary care doctors should be employed by the same organisation.

Healthcare is organised differently across the UK, but our all-member survey tells us that all four nations face similar challenges in working across the interface between different parts of the system. This includes the primary-secondary care interface, but also interfaces with community care, mental health, social care and public health. The project is therefore exploring what solutions are needed to overcome barriers to collaboration and genuinely joined-up care (for further information on current developments in respect of integrated healthcare see the accompanying Pre-ARM briefing on “Integrated care models and employment rights”).
The project is also asking whether new organisational arrangements and systems can help doctors work collaboratively. This will be informed by experience to date from across the UK, including Integrated Authorities in Scotland, GP Federations in Northern Ireland, GP clusters in Wales and emerging Integrated Care Systems in England.

The project is also looking at some of the key enablers that are needed to support joined-up care, including different payment methods that best enable doctors and other healthcare professionals across the system to be part of one team, jointly managing patients with aligned incentives to prevent and treat ill health.

**Engagement and next steps**

As outlined above, the BMA is undertaking an extensive programme of engagement with members across the UK, including holding over 15 local and regional meetings (including in Birmingham, Newbury, Leeds, London, the North East, Glasgow, Aberdeen, Edinburgh, Maidstone and Taunton, Bristol, Stansted and Liverpool), and engaging members online via the BMA website, social media and email.

We are also engaging with senior decision makers. As part of this, we are holding a series of roundtable meetings in England on each of the three themes of the project in March 2019, including with NHS England Chief Executive Simon Stevens and National Medical Director Professor Stephen Powis. In Scotland, Northern Ireland and Wales, we are building up on the successful engagement events held over the previous months to continue influencing external stakeholders on the issues related to the project.

This engagement will inform the development of a package of solutions that we will presented at ARM and then use to lobby for change on the ground throughout 2019/20.

A number of initiatives taking place across the BMA are either directly part of the Caring, supportive, collaborative project or are closely linked to it, including:

- Continuing to press throughout the UK for the necessary funding to provide safe and quality care in NHS, highlighting the impact of lack of investment on the medical workforce.
- Ongoing lobbying for legislative change in England to remove competition and procurement rules that waste resources and discourage collaborative working. In January 2019 NHS England’s Long-Term Plan set out proposals for such change, and we will be pressing for these to be followed through in parliament.
- Work on bullying and harassment, building on a number of activities in England over the last year and including new work being undertaken in Scotland.
- Race equality initiatives, including engaging with research on differential attainment, addressing disproportionality in disciplinaries and fitness to practise proceedings, and improved data collection, as well our wider work on improving NHS culture.
- In Scotland, we are developing a secondary care vision that will aim to address a number of the challenges identified through the project, including the interface between primary and secondary care. This work is expected to be completed by August 2019.
- Work to lobby for safe staffing measures for doctors throughout the UK. In Scotland new legislation is being considered and in Wales a task and finish group focusing on escalation processes has been set up by Welsh Council.
- In Northern Ireland, engaging with the actions outlined in ‘Health and Wellbeing 2026’, including influencing the departmental workforce strategy to ensure that doctors feel valued.
Points to consider
This briefing is primarily intended to update members on progress made on the Caring, supportive, collaborative project since June 2018, and to inform debate at ARM. However, in submitting motions to ARM relating to the themes explored in the project, members may wish to consider the following issues.

- What steps are required to ensure that doctors are not put in situations where their workload is unsafe?
- How can the NHS and providers create an open environment that supports learning and discourages blame, to provide safe, high-quality patient care?
- How can doctors be supported in an under-doctored environment, and what is the role of the non-medical workforce in reducing doctors’ workloads?
- Can IT and technology be improved to support doctors in managing their workload and the delivery of care?
- How should systems and organisations change to help doctors work together across interfaces and give coordinated care to patients?
Annex A – Results of debate and (non-binding) vote at last years’ ARM

The following are the results of voting which took place during an open session on the Caring, supportive, collaborative project at the 2018 ARM.

Culture
- 68% of delegates working in hospitals disagreed or strongly disagree with the statement “In my current workplace, there is a commitment to learn and make safety improvements rather than to blame people when things go wrong” (compared to just 11% of those working in general practice)
- 85% of delegates working in hospitals disagreed or strongly disagree with the statement “Since the Francis and Berwick reports in 2013, the culture of the NHS has improved” (compared to 68% of those working in general practice)

Workforce
- 54% of delegates agreed or strongly agreed that: “Recognising that additional increases in doctor numbers are unlikely in the near future, increases in the non-medical workforce are necessary to support doctors with their workload,” with 29% disagreeing or strongly disagreeing.
- 89% of ARM delegates agreed or strongly agreed that “It is most important that formal regulation is secured for medical associate professionals – ultimately meaning that the eventual regulator defines their scope of practice and their supervisory arrangements within doctor-led multidisciplinary teams”.

Collaboration
- 81% of ARM delegates agreed that “More funding for the NHS should not mean ‘more of the same’: change is needed to ensure that in the future more integrated and collaborative care is the norm, especially between primary and secondary care.”