Working in a system that is under pressure

March 2018
Introduction

The NHS is regarded as one of the best health systems in the world, yet chronic underfunding and workforce shortages put quality of care and patient safety at risk. Doctors are working in a system which is under immense pressure to meet rising patient demand and is unable to recruit and retain the necessary staff required to deliver services. While still competitive, fewer people are choosing medicine as a career and the number of vacant medical posts continues to increase. This has led to pressure at all levels of the system with doctors being over-stretched and at risk of illness and burn-out.

Individual staff feel that they bear the brunt of these workforce pressures, as the response to the recent High Court ruling in the case of Dr Bawa-Garba demonstrates. Working in healthcare is demanding at the best of times. Operating in understaffed and under-resourced environments makes it more difficult for doctors to meet their professional standards and sadly, mistakes can happen. The current fragmented regulatory system assesses an individual’s fitness to practise without always sufficiently recognising the challenges presented by systemic failures.

The BMA has consistently lobbied government to address underfunding, workforce shortages and the need for proportionate regulation. We also provide support to our individual members through a range of advice and counselling services.

In addition, given growing concern amongst our membership, we established a working group of BMA Council and committee members which met between August 2017 and January 2018 to consider these issues. This report is a summary of their discussions. It sets out the current pressures within the healthcare system and how these affect doctors and their practice. The group also highlighted several priorities for what needs to change to address system failures and support doctors.
Working in a system under pressure

1. Problems and their causes

The NHS is one of the best and most cost-effective health services in the world. It is universally admired as a just institution: none of us has to face the financial burdens of illness alone. However, it is also a system under increasing pressure.

The fact that the UK has an ageing population with complex, on-going health and care needs has been well documented, as has the extent of the financial challenge facing the NHS. NHS England has warned that the NHS in England is heading for a mismatch between resources and patient needs of nearly £30 billion a year by 2020/21. Likewise, the devolved nations are facing tightening budgets combined with rising costs and higher demand for services. It is also getting harder to recruit and retain doctors across the UK. The BMA’s recent paper on medical recruitment reveals the worrying extent of trainee shortages in many specialties while hundreds of substantive posts remain vacant.

1.1 The population is growing

The demographics of the UK population are changing. The UK population is projected to reach 69 million by 2026 and nearly 73 million by 2041. Figure 1 shows the changing age structure of the population by life stage – children, working age and pensionable age – taking into account the planned increases in State Pension age to 67 years old for both sexes by 2028.

Figure 1: UK population by life stage, mid-2016 and mid-2041

The number of children (those aged 0 to 15 years) is similar in each year, but the numbers of people of working age and pensionable age are projected to grow. The number of people of pensionable age is set to have the largest increase, due mainly to the continued increase in life expectancy which means more people live to very old ages. In mid-2016 there were 1.6 million people aged 85 and over; by mid-2041 this is projected to double to 3.2 million.
The NHS is therefore caring for an ever-growing number of people, with the added complexities that naturally arise when people live longer with chronic and multiple long-term conditions:

- Around 18 million patients in the UK suffer from a chronic condition.7
- By 2021 it is predicted that more than one million people across the UK will be living with dementia and by 2030, three million people will be living with or beyond cancer.
- The number of people with multiple long-term conditions in England is set to grow by a million, to 2.9 million, by 2018.8
- In Scotland, 27% of people aged 75-84 already have two or more long-term conditions.9
- There are more than 142,000 people with a chronic or long-term condition in Wales, an increase from 105,000 in 2001/02.10
- One in three of the population of Northern Ireland live with one or more long-term condition.11

This has a substantial effect on the frequency with which patients use the NHS and the time it takes to care for them.

1.2 The work is more intense and complex

Doctors across the UK consistently report that their workload is increasing in intensity and complexity. In 2012, 59% of consultants and 86% of GPs reported that their workload had increased in intensity over the past year. Likewise, 40% of consultants and 77% of GPs reported that their work had become more complex over the same time period. The findings were replicated among SAS doctors and junior doctors.12 This can be explained in part by the fact that health and social care services are dealing with increasing numbers of the very elderly and older people with multiple long-term conditions. Their more complex and long-term health care needs are placing new demands on the NHS that doctors have to deal with.

1.3 The NHS is doing more

There have been significant increases in NHS activity across the UK in recent years. This is in the context of significant cuts to other support services across the UK, such as local authority social care and community mental health services, which can affect demand and workload.

Hospitals across the UK have been getting busier, with increased numbers of emergency and elective admissions, and outpatient attendances:

- In England, from March 2016 to February 2017, there were 19.6 million ‘finished consultant episodes’, up from 19.2 million in 2015-16. There were 92.5 million outpatient attendances, compared to 89.4 million in the previous year. Over the same period, A&E attendances rose from 20.3 million to 20.9 million.13
- In Scotland, there were over one million outpatient attendances in the quarter ending March 2017 – a 9% increase in the last five years. During April 2017 there were 136,077 attendances at A&E services across Scotland, compared to 131,755 the previous April.14
- In Northern Ireland, the number of outpatient and inpatient appointments increased in 2015/16 compared to the previous year. The number of admissions to hospital has risen by 1.6% since 2011/12.15

There have also been consistent increases in average consultation rates in general practice. Although there has been no routine public reporting of GP activity data and no standardised national dataset to date, several studies have sought to examine general practice workloads:

- A 2016 study found that, between 2007 and 2014, overall consultation rates for GPs in England rose by 13.6%. The length of consultations has also risen.16
- The King’s Fund reported in 2016 that consultations grew by more than 15% between 2010/11 and 2014/15.17
- In Scotland GP consultations rose by 3.9% from 15.6 million to 16.2 million between 2003 and 2013 (the last date for which information was collected).18
- In Northern Ireland, total general practice consultations rose from 7.2 million in 2003/04 to 12.7 million in 2013/14.19
Doctors’ workloads reflect the increasing demands being put on the NHS. A 2011 BMA survey of GPs across the UK revealed that full time GPs were working around 47 hours per week including administrative duties, higher than the average 44.4 hours per week reported in 2006/7. Increasing bureaucracy is a contributory factor. In 2013, 97% of GPs reported bureaucracy and box ticking had increased since 2012 while nine out of 10 GPs felt this took them away from spending time with patients.

A 2012 survey showed that hospital doctors across the UK were also working more hours than before. This increase was in direct clinical contact, forcing doctors to in effect undertake their Supporting Professional Activities in what was previously personal time. Again, unnecessary bureaucracy is a contributory factor. A study from the NHS Confederation found that clinical staff spent up to 10 hours a week collecting or checking data and that more than a third of the work was neither useful nor relevant to patient care.

For junior doctors there was a mismatch between contracted hours and those actually worked: in their last full placement, doctors in training reported 50.1 hours per week on average against their contracted 45.1 hours.

1.4 The NHS is receiving insufficient funding

‘The UK is experiencing the largest sustained fall in NHS spending as a share of GDP in any period since 1951.’

_NHS spending: squeezed as never before._ King’s Fund 2015

Once adjusted for inflation, spending on the NHS in England will increase by an average of 0.9% per year to 2020/21, considerably below the 3.7% growth rate that the UK health service is used to. UK public spending on health is expected to fall from 7.3% of GDP in 2014/15 to 6.6% in 2020/21. The average health spend as a proportion of GDP for the leading EU countries is 10.4%. If the UK matched this spend, it is predicted that total UK health spending would reach £227.2 billion by 2022/23 – £22.9 billion more than current spending plans suggest will be spent.

As an illustration, using just some of this funding could:
- Increase the number of hospital beds by 35,000.
- Employ an extra 10,000 GPs along with additional staff and facilities.
- Increase investment into public health benefitting patients and the NHS – Public Health Wales estimated in 2016 that £1.32 would be returned for every £1 spent on targeted flu vaccinations.

1.5 There are fewer doctors and more vacancies

Fewer students are applying to study medicine in the UK. Although medicine remains highly competitive, figures show that the number of people applying to UK medical schools decreased by 4% between 2015 and 2016, and by 13% over the past five years. Alongside this, applications to specialty training are decreasing while the number of training posts continues to increase year on year. In 2016, nearly three quarters of all medical specialties faced under-recruitment. The BMA’s paper on the state of medical recruitment explores these issues in more detail.

‘57% of trust chairs and CEOs in England are ‘worried’ or ‘very worried’ about their current ability to maintain the right numbers of staff – clinical and non-clinical – to deliver high quality care.’

_The state of the NHS Provider sector._ NHS Providers 2017
The number of vacant medical posts across the NHS continues to increase:

- There were nearly 8,000 medical vacancies advertised on NHS Jobs between 1 January and 31 March 2017.27
- Figures show a reported vacancy rate of 8.5 per cent for all consultant posts Scotland in June 2017, up from 7.5 per cent in June 20164,28; in England, 60% of consultants have reported consultant vacancies in their department29; data from local health boards and trusts in Wales from March 2015 showed a consultant vacancy rate of 6.8%, with considerably higher rates in some areas;30
- BMA Northern Ireland surveys have indicated a real terms consultant vacancy rate of 13 per cent. Expenditure also doubled on medical locums between 2011 and 2016.
- The number of medical academic vacancies increased by around 17% between 2015 and 2016; the number of medical academics has decreased by 2.1% since 2015 and 4.2% since 2010;31
- A 2014 BMA survey of public health doctors across the UK found that only 12% thought there would be sufficient substantive consultant posts available to serve the needs of the population, and many believed the workforce was already being spread too thinly.

In general practice, nearly a third of partners in England reported that they had been unable to fill staff vacancies during the 12 months to December 2016. One in five partners reported their practice taking between three to six months to appoint staff to a vacant post, while only one in eight said they had no gaps to fill.32 In June 2017, more than one in four of Scotland’s GP practices reported at least one GP vacancy, almost three quarters of which had been vacant for six months or more.33 The situation is similar across the rest of the UK.

2. Consequences of working in a system under pressure

Working in the NHS is demanding, even at the best of times. NHS staff are more likely to incur a work-related illness or injury than staff in other sectors. Work activities in the NHS can be highly physically and emotionally demanding, which increases the likelihood of illness. Doctors have higher rates of mental ill health than many other professional groups, and health professionals as a whole have among the highest suicide rates of any occupational group in England and Wales.34 Working in a system that is under the significant pressures described above only serves to exacerbate these risks.

2.1 Doctors are becoming ill and risk burning-out

‘(There is) a huge burden of ill health which many respondents attribute to aspects of their work, the working environment, or the difficulty of achieving a sustainable balance of work and home commitments.’ – study into senior doctor health and wellbeing

Nuffield Department of Population Health, Oxford University, 2017

‘Since the age of 18 we have worked nights, weekends, and bank holidays in jobs with long hours and no guaranteed finish time, but we have never been as tired or as physically and mentally stretched as when doing junior doctor on-calls... on-call shifts often have a more intense caseload, with considerably reduced staffing and solitary working adding to the stress.’

Is being a junior doctor more stressful than other jobs? BMJ 2016

‘The current expectation is do more with less, there are constant bed pressures and this causes delays for patients and negatively impacts on patient safety.’

Morale and welfare survey, Royal College of Anaesthetists 2017

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This figure does not include vacant posts which are not being advertised, or posts occupied by locums.
There are feelings of low morale and motivation among the whole profession. Forty-four percent of doctors taking part in the BMA's most recent quarterly survey described their morale as being low or very low, a significant increase on the results for the same quarter in 2016 (36%). Increasing workloads are also giving rise to greater stress levels and feelings of burn-out. Nearly two thirds of doctors said their stress levels in the workplace have increased, with half saying they have felt unwell as a result of work-related stress over the past 12 months.

- 44% of senior doctors report that working as a doctor has had an adverse effect on their own health and wellbeing, with problems such as sleep loss, weight problems, heavy drinking and negative impacts on relationships and family life.
- Three quarters of SAS doctors have had to work more hours than in their job plan in the past year; the same number report having to give up SPA time in order to fulfil clinical duties.
- Junior doctors feel overworked and undervalued – more than 50% report work beyond rostered hours on a weekly basis; overall satisfaction with experience in post has reduced slightly in the past 12 months; the majority have days subtracted from study leave allowance to attend compulsory training.
- More than eight out of 10 GPs believe their current workload is excessive or unmanageable.

2.2 Quality of care and patient safety are at risk

'Ethere is a state of unease within the medical profession across the UK that risks affecting patients as well as doctors.'

*The state of medical education and practice, GMC 2016*

'...good will and commitment to always go the extra mile are what keep our health services running. This level of sacrifice is neither right nor sustainable, and there are clear warning signs within our report that some doctors are being pushed beyond the limit.'

*The state of medical education and practice, GMC 2017*

'I have reached a point where my physical and mental health have been seriously adversely affected, and I wonder whether I'm suffering from burnout.'

'More on-call rooms. No time or place to have food. Have to come early to see my patients and leaving late, ensuring they are safe. I really love my job but it keeps taking more and more from me while giving less and less back.'

*Morale and welfare survey, Royal College of Anaesthetists 2017*

Evidence shows that staff who are happy in their work and feel well-treated themselves will feel better motivated to treat patients well. Good staff health, wellbeing and engagement can reap significant benefits:

- Improved patient safety, including reduced MRSA infection rates and lower standardised mortality figures.
- Improved patient experience of care, including higher levels of patient satisfaction.
- Reduced costs, including lower rates of sickness absence, reduced use of agency staff, improved productivity and higher rates of staff retention.
- Professional and personal benefits for staff, including improved morale, job satisfaction and wellbeing.
The pressures on the NHS are already affecting the care patients can expect to receive. Half of consultants say their workload has had a negative or significantly negative impact on the quality of patient care, while 84% of GPs say excessive workload is preventing safe delivery of care. This is only set to get worse. Based on current trends, millions more patients will be waiting for longer than four hours for treatment in A&E, and there will be dramatic rises in the number of people waiting on trolleys for treatment, or at home for non-emergency elective procedures. In England, over the next 12 months, our projections show that there will be:

- 2.95m people waiting over 4 hours at A&E (an increase of 370,000)
- A decrease of 1.3% in the performance against the four-hour wait, which will average 87.6%
- 815,000 trolley waits (an increase of 250,000)
- An average of 4.28m people waiting for treatment every month (an increase of 360,000)
- The average proportion of patients treated within 18 weeks will fall to 89.2%, down from 90.1%

Without major intervention, the situation will deteriorate further over 2018-19 — our NHS pressure work provides more detail.

The pressures facing individual doctors may also impact on patient safety. Doctors can experience psychological stress when their patients suffer adverse events that cause actual or potential harm. A study of physicians who experienced an adverse clinical event found that the overwhelming majority suffered psychological and emotional consequences - nearly 60% had difficulty sleeping, with other common problems including anxiety and reduced job satisfaction. Patient safety may be at risk in the immediate aftermath of an incident as a doctor’s performance could be impaired as stress, anxiety and sleep disturbance affect clinical decision making. This risk makes it particularly important for employers to support doctors to manage the psychological and emotional impact of adverse clinical incidents, yet a significant majority of physicians report that their organisation does not offer adequate support to deal with the stress associated with an adverse event.

Sufficient staffing levels are key in ensuring the safe provision of care. Following the publication of the Francis report into the breakdown of care at Mid Staffordshire hospitals, Professor Don Berwick carried out a review into patient safety. The report emphasised that safety was a core element of quality care; the one dimension (over effectiveness and patient safety) which was most expected by patients, families and the public. Berwick recommended that ‘Government, Health Education England and NHS England should assure that sufficient staff are available to meet the NHS’s needs now and in the future. Healthcare organisations should ensure that staff are present in appropriate numbers to provide safe care at all times and are well-supported.’ The National Institute for Health and Care Excellence subsequently published guidelines on safe staffing for nursing in adult in-patient wards in acute hospitals but it has not published a staffing guideline for doctors.

‘Achieving a proper balance between risks and resources requires constant vigilance against reductions in resources — such as time, people or consumables — that raise risk to unnecessary and unacceptable levels.’

3. What needs to change

– Health services have been seriously challenged for the last decade by insufficient funding from UK Governments and poor management of workforce recruitment and retention. Health staff are faced with more patients needing more care than ever before and a falling share of the increasingly limited budget with which to provide it. Greater investment and better workforce recruitment and retention remain key to addressing the current problems in the health service.

– Working environments and support services provided by employers need to be responsive to the challenges in the health service and mitigate their impact on doctors’ welfare. Rotas need to be well-planned: there should be sufficient doctors for safe working; planned time for training should not be eroded; and shifts should be organised so doctors are not forced to sacrifice rest or sleep. Doctors also need post-shift rest facilities and employers must ensure other essential welfare provisions are in place.

– A fit for purpose occupational health service should be a priority. Under-resourced and over-stretched health services are a potential cause of ill health amongst employees. At a time when the NHS is experiencing unprecedented strain, and when doctors arguably need the most support, occupational health provision is woefully inadequate.

– Regulation of the profession and the health service needs to be proportionate and reflect the pressurised environment in which care is provided. The mismatch between the best practice care doctors want to provide and the resources at their disposal can be a cause of significant professional and ethical tension. The GMC acknowledged in their 2016 and 2017 State of medical education and practice reports that the system is under significant pressures and the medical workforce is at a crunch point. However, the fallout from the recent High Court ruling in the case of Dr Bawa-Garba has reinforced an existing perception amongst doctors that they will be held accountable as individuals for wider systemic failings.
Appendix A

Evidence of members working under pressure

The BMA periodically surveys its members for their views on a range of issues, from regular questions on morale and workload, to questions on new policy initiatives and topical developments. Below is a selection of relevant findings grouped by issue or theme from the different surveys (as at November 2017).

Although definitive and direct causal links between specific issues and their impact on the profession are often not possible, taken broadly as a whole, these responses paint a picture of a workforce which is over-burdened and stressed. Different surveys have highlighted that patient access to healthcare, quality and safety has been affected over the past year. Heavy workloads and a poor work-life balance are experienced to a greater or lesser extent across specialties and in different UK countries, but they are widely present within the profession as a whole. Unsurprisingly, morale amongst doctors is low.

There are concerns amongst doctors, particularly GPs, about their workload and work-life balance

- Mean satisfaction with work-life balance in our most recent quarterly workforce and wellbeing survey has remained at only moderate across all branches of practice since the start of 2016. Consistent across all previous editions, is the finding that GPs remain the most likely to report working outside their regular hours ‘very often’.
- 61% of respondents to a recent Welsh GP survey indicated that they do not have a good work life balance. 58% answered a supplementary question indicating that their work-life balance had worsened in the last 12 months.
- Almost two thirds (63%) of consultants we surveyed said their workloads was sometimes unmanageable and almost one in four (24%) reported it was consistently unmanageable.
- 76% of locums in England we surveyed chose to be freelance as a means of controlling excessive workload, while 75% of sessionals are put off partnerships due to excessive workload.
- Almost three quarters of respondents in a BMA Wales survey reported that the health of staff within their practice had already been impacted negatively by workload.
- 76 per cent of respondents to a Northern Ireland survey stated that their workload was affecting their family or their work-life balance.

Morale across the profession is low

- Over the past 12 months, the proportion of respondents to our quarterly workforce and wellbeing survey reporting low or very low morale has fluctuated around 50% for all branches of practice. In the most recent surveys roughly 45% of respondents reported their morale as being low or very low.
- The proportion of doctors in the BMA cohort study who stated that their current levels of morale were worse than each previous point in time (foundation training, speciality training, one year ago) was consistently greater than the proportion who stated that it was better.
- Almost 30% of respondents to the 2017 public health survey reported that their morale was low or very low.
- Almost two in three consultants in our survey (61%) reported their morale as being low or very low.
- Locum GPs reported the highest average morale in our 2017 sessional GPs survey, although this was only moderate.
Stress is a significant issue reported by members

- Nearly 40% of public health doctors surveyed had felt unwell with work-related stress.
- More than 60% of respondents to our most recent wellbeing and workforce survey reported increased stress levels over the past year.
- One in two (49%) consultants we surveyed had been affected by work-related stress in the last year.
- Over two thirds of GPs surveyed in Scotland state that while manageable, they experience a significant amount of work related stress. However, 15% feel their stress is significant and unmanageable.
- Over half of all sessional GPs reported having felt unwell due to work-related stress in the last 12 months.
- The biggest causes of stress reported in last round of BMA cohort study were work-life balance responsibilities, a shortage of doctors and high levels of paperwork.

The EU referendum has had a negative impact on EU doctors and may affect retention of this part of the workforce

- Four in 10 EU doctors surveyed are considering leaving following the EU referendum result. They also stated they feel substantially less appreciated by the UK Government in light of the EU referendum.
- 11% of respondents to the workforce and wellbeing survey said that colleagues had departed because of the decision to leave the EU. Around 5% of doctors also stated that they had witnessed or experienced abusive behaviour following the EU referendum.

Doctors may be increasingly looking to change career or speciality, practise in another country or retire:

- Our cohort study found that 42% of doctors plan to practise overseas, a slight increase on previous years, with 10% having applied for a certificate of good standing with a view to working abroad. Compared to previous points in their careers, the majority stated that they are now more likely to consider working overseas or leaving medicine, but are less likely to consider changing their speciality.
- A survey of Scottish GPs found that one third of respondents are planning to retire from general practice in the next five years, one in five are planning to move to part time, six per cent are planning to move abroad and six percent are planning to quit medicine altogether.
- 27% of Welsh GPs we surveyed indicated they are considering a career change and 14% are considering moving abroad.

Patient safety, quality and access to care have been affected

- 70 per cent of respondents to our workforce and wellbeing survey believe that it has become more difficult for patients trying to access NHS care.
- In relation to funding, more than half of respondents surveyed between February and March 2017 believe that the quality of care has deteriorated over the past 12 months. Only 5 respondents (1%) believe that their ability to maintain patient safety has improved over the past year.
- Half of the respondents in our consultant workload survey said their workload had a negative (43%) or significantly negative (7%) impact on the quality of patient care.
References


5 Ibid.

6 Ibid.

7 Ibid.


12 Ibid.


14 ISD (2016) Emergency Department Activity and Waiting Times data comparison.

15 Information Analysis Directorate (2016) Hospital Statistics: Inpatient and day case activity statistics 2016/16


44 Ibid.


