
Ensuring sufficient numbers of nurses, doctors and community specialist staff to deliver the NHS Long Term Plan

House of Lords, Oral Question
Monday 4 February

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Key points

- The BMA has consistently highlighted serious concerns about the workforce crisis facing the NHS, and there is a real risk this could be aggravated further by the impact of Brexit. The GMC (General Medical Council) has warned that the profession ‘is at the brink of breaking point’.¹
- We welcome the ambitions set out in NHS England’s new Long Term Plan however we have been clear that achieving these will be difficult unless these are underpinned by a strong set of deliverable actions. Given that there are 100,000 staff vacancies within the NHS, the long-term sustainability of the NHS requires a robust workforce plan that addresses the reality of the staffing crisis across primary, secondary and community care.
- There is a pressing need to address immediate and short-term pressures. Doctors and NHS staff are routinely struggling to cope with rising demand and, as a result, are subject to low morale, stress and burnout. More than three in four respondents (80%) told a BMA survey that individuals working in the healthcare system are encouraged to take on the workload of multiple staff². As well as the toll on wellbeing, this has a detrimental impact on recruitment and retention and, unless this is addressed, we risk forming a workforce plan without the doctors in the future to deliver it.

BMA analysis: delivering NHS England’s Long Term Plan – staffing levels

- The Long Term Plan makes a broad commitment to do more to support current staff; however, much of the detail underpinning this commitment has been postponed until the newly formed ‘national workforce group’³ publishes a ‘workforce implementation plan’ (due later this year).
- It is encouraging that staff vacancies have been acknowledged as a problem within the Long Term Plan, however, data quality in this area needs to improve. Therefore, we welcome the decision to carry out a review NHS workforce data collections and sources.

¹ GMC report, *State of medical education and practice*, 2018

² BMA report, *Medical rota gaps in England*, August 2018. Available at: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/training-and-workforce/medical-rota-gaps-report>

³ NHS England, *The NHS Long Term Plan*, Jan 2019



- The Long Term Plan makes an important commitment to ‘a new deal’ on bullying and harassment and we look forward to more detail on this given our longstanding work in this area. It is essential that more comprehensive and widespread efforts are made to address bullying and harassment, as outlined in the BMA’s 2018 report.⁴
- Commitments in the Long Term Plan to develop incentives to deal with geographical and specialty trainee shortages is a positive step. However, the impact of long hours compounded by the disruptive nature of shift working and changes to rotas must be recognised and valued properly if we are to tackle workforce shortages over the long-term⁵.
- The GPFV (General Practice Forward View, 2016) commitment of increasing GP numbers by 5,000 has been reinforced in the Long Term Plan, but now states they are needed ‘as soon possible’ with no mention of the original target date of 2021. Achieving this increase, even without a target date, will be a major task given that GP numbers have decreased since the GPFV was published. The new GP contract, negotiated by the BMA⁶ for the next five years, is an important development to help deliver an expanded workforce – providing support and funding for GPs and Primary Care Networks to tackle workload pressures on GPs.

Background: NHS staffing levels

Recruitment & retention

The BMA 2017 report, ‘*The state of pre and post-graduate medical recruitment in England*’,⁷ shows there is an alarming drop off at each stage of doctors’ training, and dozens of specialities are facing recruitment shortfalls each year.

Hospitals are chronically understaffed with more than one in four respondents to a BMA survey⁸ telling us the rota gaps are so serious and frequent that they cause significant problems for patient safety. Few trusts are taking positive steps to improve working conditions, and some doctors tell us they feel bullied into taking on extra work.

The GMC’s annual assessment of the state of medical education and practice⁹ has issued a stark warning, ‘loud and clear’, that ‘the profession is at the brink of breaking point’. Large groups of doctors want to reduce their hours, or are considering leaving clinical practice altogether, due to the severe pressures they face on a daily basis. The GMC’s recognition that ‘doctors are reaching the limit of what can be done’ echoes our own findings – more than 90% of doctors we asked¹⁰ said that system pressures prevent the delivery of safe patient care.

Morale and workforce wellbeing

BMA research on medical rota gaps has found that:

⁴ BMA report, *Bullying and harassment, 2018*. Report and wider materials available at: www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/tackling-bullying-and-harassment-in-the-nhs/bullying-and-harassment-policy-recommendations

⁵ BMA report, *Fatigue and sleep deprivation – the impact of different working patterns on doctors, January 2018*. Report and wider material available at: <https://www.bma.org.uk/collective-voice/policy-and-research/education-training-and-workforce/fatigue-and-sleep-deprivation>

⁶ Read more about new GP contract package on the BMA’s website at: www.bma.org.uk/news/media-centre/press-releases/2019/january/bma-and-nhs-england-announce-agreement-on-five-year-gp-contract-package

⁷ BMA report, *The state of pre and post-graduate medical recruitment in England*, September 2017

⁸ BMA report, *Medical rota gaps in England*, August 2018.

⁹ GMC report, *State of medical education and practice, 2018*

¹⁰ BMA survey ‘*Caring, Supportive, Collaborative*’, November 2018. Available at: <https://www.bma.org.uk/collective-voice/policy-and-research/nhs-structure-and-delivery/future-vision-for-the-nhs/future-vision-for-the-nhs-survey>

- Seven out of ten junior doctors report¹¹ working on a rota with a gap, and eight in ten consultants report gaps in junior doctor rotas. More than one in four report the gaps are so serious and frequent that they cause significant problems for patient safety
- Consultants in England are working, on average, an extra 4.5 unpaid hours per week outside their contracted time, describing their current workload as 'consistently unmanageable'.¹² A worrying proportion of respondents (61%) went on to describe their morale as low or very low, and half said that their current workload has a negative or significantly negative impact on the quality of care that their patients receive.

Given these findings, it is unsurprising that nearly half (49%) of respondents to a BMA survey of consultants said that they had felt unwell over the last 12 months as a result of work related stress. We also know that almost 25% of junior doctors¹³ feel short of sleep while at work on a daily or weekly basis.

The knock-on impact of unmanageable workloads on doctors' morale, motivation, and well-being is that doctors may not want to join or stay in the NHS – to take one example, 27% of SAS doctors have told us¹⁴ that they intend to leave medicine within the next five years.

Effects of Annual and Lifetime Pensions Allowances on the medical workforce

The BMA has warned¹⁵ that the current system of pension taxation means that growth in income and pension benefits can be taxed repeatedly, sometimes generating bills that are larger than the amount being taxed. Public-sector workers including doctors are particularly affected by these problems. We believe that such an approach is undermining the ability of doctors to do additional work, and urgent reform is required to avert a deepening of the NHS's medical staffing crisis.

Most recently, we have highlighted the specific impact that the effects of the Annual and Lifetime Pensions Allowances is having on the consultant medical staff; the essential element in the delivery of safe, productive and effective medical care in hospital settings. A recent BMA survey¹⁶ has revealed that 60% of consultants, from over 4,000 survey responses, told us they intend to retire at or before the age of 60. An additional over one third plan to reduce their work commitment or have already done so. In both cases, chief amongst the causes were Annual and Lifetime allowance regulations.

The BMA has repeatedly advised that if measures are not taken to overcome these challenges and encourage consultant medical staff to maintain their work commitment, we can expect to see an accelerating rate of early retirement accompanied by a reduction in work undertaken by doctors. At a time of extra-ordinary workload pressures, we cannot risk the NHS losing its leaders of hospital care.

Impact of Brexit

Nearly 10% of doctors working in the UK are from the EEA and, alongside the thousands of other NHS staff from the UK and overseas, these health professionals deliver key public services, conduct medical research, and contribute to the overall economy¹⁷. Ongoing uncertainty and insecurity in the Brexit negotiations is having a destabilising effect on the medical workforce. For example, a

¹¹ Royal College of Physicians report, *Underfunded. Underdoctored. Overstretched: The NHS in 2016*, 2017

¹² BMA survey, *Survey of consultants in England*, 2017

¹³ GMC 2017 National Training Survey.

¹⁴ BMA (2016) SAS Doctor Survey

¹⁵ Read more on the BMA's website at: www.bma.org.uk/news/2018/august/call-to-rethink-pension-tax-rules

¹⁶ BMA Consultants' pension survey, available at: www.bma.org.uk/collective-voice/committees/consultants-committee/priorities/consultants-pension-survey

¹⁷ BMA Brexit Briefing on workforce and immigration, available at: www.bma.org.uk/collective-voice/influence/europe/brexit/bma-brexit-briefings/workforce-and-future-immigration-policy

BMA survey of over 1500 EU doctors¹⁸ in November 2018 found that more than a third (35%) of EU doctors are considering moving abroad.

The fact that many EEA doctors are either considering or actively planning to leave the UK because of anxiety around Brexit is a cause for real concern. Amid an already growing workforce crisis, any reduction in the number of doctors migrating to the UK will undoubtedly exacerbate workforce shortages and have an impact on staffing levels on hospital wards, in GP practices, and in community settings across the UK.

Concerns have not been allayed by the Immigration and Social Security Co-ordination (EU Withdrawal) Bill¹⁹ and Immigration White Paper, which propose to end freedom of movement, to impose tougher controls on immigration, and to bring EEA and Swiss nationals and their family members within UK immigration controls. For EEA doctors and other health and social care staff who have enjoyed the flexibility that comes with freedom of movement, the introduction of visas and the costs attached to this may act as a major disincentive to working in the NHS in the future. The NHS simply cannot afford to put up barriers to medical or other healthcare staff, or to deter staff from coming to work in the health service at a time when they are needed the most.

Given the substantial and growing pressures on the NHS, the announcement of the Long Term NHS Plan represents an ambitious set of aims for the health service, but this must be underpinned by a strong set of deliverable actions set within the context of present and future challenges.

Fundamental to the expansion of cutting-edge treatments and digital consultations in NHS England's vision is to get the basics right first, such as the workforce. If we do not get to grips with this issue, the NHS will struggle to attract and retain highly trained staff, and patient care will suffer.

Read more about the BMA's position on NHS England's Long Term Plan [on our website](#)

February 2019

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¹⁸ [BMA \(2018\) EU Doctor Survey](#)

¹⁹ Read the BMA's parliamentary briefing at: www.bma.org.uk/-/media/files/pdfs/collective%20voice/influence/europe/bma-briefing-immigration-and-social-security-coordination-eu-withdrawal-bill.pdf?la=en