BMA quarterly survey

Current views from across the medical profession
Quarter 1: 2019

Public health and healthcare
Background

– The BMA’s Public Health and Healthcare function (PHH) manages an **online panel** of approximately **2,200 member doctors**.

– The panel is broadly representative of the main areas of medical practice and is used for quarterly surveys on topical health questions. The survey also includes recurrent questions on wellbeing and morale. These are repeated every quarter.

– Topical issues included in this quarter are questions on the four hour A&E wait target, the government’s long-term plan for the NHS and NHS estates policy.

– The survey also allows for additional questions on other issues – if you are a health organisation interested in working with us, contact **info.phhd@bma.org.uk**.
Methodology

– For this quarter, the survey was sent to 2,200 panel members.

– Panel members were emailed a link to the online survey which was open between 18 February and 25 March 2019.

– The number of respondents was 861 (a response rate of 39%).

– The following analysis includes comparisons across the largest branches of practice.
Findings

– Similar to previous BMA quarterly surveys, resource scarcity and its impact on doctors’ working lives was a key theme across the responses. Specific issues covered under this theme included a lack of staff, low staff morale and poor IT infrastructure.

– Similar to the above, a lack of overall resources, poor staff morale and a lack of staff were seen as the biggest impediments to the achievement of the ambitions set out in the long-term plan for the NHS in England. Inadequate IT systems were also frequently mentioned as impediments.

– The results of the survey indicate that respondents have noticed significant issues with the buildings in which they work, with half saying that the buildings in which they work are not up to a standard to provide high-quality patient care.
Findings

- Opinion seem to be split on the usefulness of the four-hour wait target in Accident and Emergency. Most respondents (53%) thought that the target had a neutral impact on patient care, a significant minority (31%) thought it had a negative impact. Hospital-based doctors were more likely to think that the target had a negative impact.

- When asked about the impact of the four-hour wait target in A&E on workload, over half of respondents thought that it has a negative impact compared to only 1% of respondents who thought it had a positive impact.

- When respondents were asked what they think should happen to the four-hour wait target, the most popular choices were for the target to either be scrapped or differentiated for those presenting with minor ailments.
‘Other’ doctors include respondents that were working in medical academia, public health, doctors outside one of the main fields of practice and a small number of unemployed doctors or doctors on a career break.

When retirees were questioned further about their last working post, consultant and GP contractor/principal were most frequently reported.

**Question:** What grade is your current post?
Respondents: working pattern

About 31% of respondents were working less than full time.

Question: Are you working: full time, less than full time, unemployed, on a career break, on maternity leave, retired?
Four-hour wait target in A&E
Impact of the four-hour wait target on quality of care

When asked about the four-hour wait target for Accident and Emergency services nearly twice as many respondents (31%) thought it had a generally negative impact on the quality of patient care as those who thought it had a positive impact (16%).

Most respondents however thought the impact was neutral (53%).

Question: What impact overall do you think the four-hour A&E wait target has on the quality of patient care where you work?
Impact of the four-hour wait target on quality of care

36% of hospital doctors thought the target had a generally negative impact compared to 19% who thought it had a positive impact.

64% of GPs thought that the target had a neutral impact on the quality of patient care.
Impact of the four-hour wait target on workload

When asked about the impact of the four-hour wait target on workload, most (54%) respondents thought that it increased workload, with only 1% of respondents thinking that it reduced workload.

Question: What effect overall do you think the four-hour A&E wait target has on workload where you work?
What should happen to the four-hour wait target

When asked what they think should happen to the four-hour wait target, the two most popular choices were that it either be scrapped or differentiated for those presenting with minor ailments.

The third most popular choice was that the target be scrapped entirely, although this was chosen by fewer than 12% of respondents.

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<td>1</td>
<td>Differentiated for patients presenting with minor ailments (for example a five-hour target for minor ailments)</td>
<td>27.1%</td>
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<tr>
<td>2</td>
<td>Scrapped for patients presenting with minor ailments</td>
<td>24.9%</td>
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<tr>
<td>3</td>
<td>Scrapped entirely</td>
<td>11.7%</td>
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Impact of the four-hour wait target on workload

When asked about the impact of the four-hour wait target on highlighting pressures in the NHS system, half of respondents thought that it was effective at highlighting pressures.

This compares to 31% who thought that the target was not effective at highlighting pressures.

Question: Overall, do you think that the four-hour A&E wait target is effective at highlighting pressures on the NHS system?
NHS long-term plan
Long-term plan implementation

Most respondents (84%) have not had involvement with planning how the health system in their local area will meet the ambitions of the long-term plan.

Question: Have you had the opportunity to be involved in planning how the health system in your local area will meet the ambitions in NHS England’s long-term plan?
Barriers to Long-term plan implementation

Respondents were asked what they thought the biggest barriers were to the achievement of the ambitions in the long-term plan.

A lack of overall resources, and poor staff morale and a lack of staff were seen as the biggest impediments to the achievement of the ambitions set out in the long-term plan for the NHS in England. Inadequate IT systems were also frequently mentioned as impediments.

Question: If you had to identify one barrier to delivering the ambitions in NHS England’s long-term plan, what would it be?
Buildings and estates
The standard of buildings where you work

Half of respondents thought that the buildings where they work are not fit to provide high-quality patient care compared to 43% who thought that the buildings were fit for this purpose.

Question: In your opinion, are the buildings where you work currently fit for purpose to provide high-quality patient care?
Hospital doctors were more likely to report that the standard of buildings where they work were not fit to provide high quality patient care (59%) compared to GPs (38%).
The standard of buildings where you work

Inadequate parking facilities for staff and for patients form two of the top 5 buildings issues that impact patient care and safety.

Inadequate IT systems were the second most often cited issue that impact on the quality of patient care.

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<tr>
<th>What are the current issues (if any) related to buildings you work in that impact patient care/patient safety? Top 5 issues:</th>
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<tbody>
<tr>
<td>1. Inadequate parking facilities for staff</td>
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<td>2. Inadequate IT systems</td>
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<td>3. Inadequate parking facilities for patients</td>
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<td>4. Maintenance issues</td>
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<td>5. Problems with building layout or design</td>
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The standard of buildings where you work

Similar the overall top 5 on the last slide, parking issues rank highly for both GPs and hospital doctors.

For hospital doctors, inadequate IT systems, maintenance issues and lack of break/rest facilities are the other top buildings issues. For GPs its problems with building layout or design, maintenance issues and accessibility issues.

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<td>Hospital doctors</td>
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Current morale
This quarter, 39% of respondents described their morale as being low or very low, compared to only 25% of respondents who described morale as being high or very high.

There is a significant difference between the morale of those who are retired and the average of those who are working. To gain a more accurate picture of the morale of those currently working, retirees were excluded from this analysis.

Question: Taking everything into account, how would you describe your current level of morale?
Average morale by branch of practice

Using a 5-point scale
(1 = very low, 3 = moderate, 5 = very high) the mean morale scores can be compared across branches of practice.

All branches of practice have low morale – and their average morale scores are all relatively similar.

Question: Taking everything into account, how would you describe your current level of morale?
Morale over time remains low for all branches of practice.

**Moderate morale**
Workload
Working outside regular hours in the last month by branch of practice

Consistent with all previous editions of the Quarterly survey, this quarter shows that GPs remain the most likely to report working outside their regular hours ‘very often’.

Question: In the last month, how often have you worked/trained outside your regular hours?