BMA quarterly survey

Current views from across the medical profession
Quarter 3: 2017

Public Health and Healthcare
Background

– The BMA’s Public Health and Healthcare function (PHH) manages an online panel of approximately 2,500 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 workload, morale and work-life balance. These are repeated every quarter.

– Topical issues included in this quarter are questions on patient access, workplace stress, impacts of the EU referendum and rota gaps.

– 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 2,500 panel members.
– Panel members were emailed a link to the online survey between 8 August and 29 August 2017.
– The response was 977 (a response rate of 39%).
– The following analysis includes comparisons across the largest branches of practice.
Findings

– Again this month, and similar to other quarterly surveys, pressure on staff is a key theme across the survey responses. Respondents reported increased rota gaps compared to last quarter, with most having vacancies where they work, indicating increased workload on existing staff. Evidence that non-UK workers have already begun to leave roles (14% of respondents reported co-workers leaving since the EU referendum) risks compounding these pressures in the coming years.

– 71% of hospital speciality doctors reported rota gaps in their departments (compared to 67% last quarter). 65% of hospital doctors and 50% of GPs reported vacancies where they work. Many of these vacancies were reported to have gone unfilled for more than six months. These types of gaps in resourcing indicate a high level of additional pressure on existing staff and come as 54% of doctors also report funding cuts where they work. Most doctors expect these cuts to continue, with further negative implications for workload and morale.

– When asked about whether their workplace was prepared for the coming winter, 40% of respondents believed that it was highly (15%) or moderately (25%) under-prepared, compared to only 23% who thought their workplace was moderately (21%) or highly (2%) prepared for the coming winter. When these findings are viewed in the context of funding cuts, rota gaps and staff vacancies mentioned above, it would seem that service levels and staff workload are likely to suffer from continued strain over the coming winter.

– 44% of respondents thought that the level of independent sector spending was higher than they would expect, at 7.7% of total NHS spend. Most doctors (64%) are uncomfortable with independent sector provision of clinical services.

– Over 65% of respondents thought that it has become more difficult for patients trying to access NHS care over the past 12 months. The key issue behind the deterioration was longer waiting times in several areas. Many respondents also referenced increased difficulty in obtaining GP appointments.
'Other' doctors include respondents 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.

For the first time, retired doctors are included as a category. When 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 32% 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?
Patient access
Over the last year, how do you think the level of difficulty faced by patients trying to access NHS care has changed?

Over 65% of respondents believe that it has become more difficult for patients trying to access NHS care over that past 12 months, with only about half of one percent of respondents believing that it has become less difficult to access care.

Respondents were asked to write how they thought patient access to services had gotten worse over the past 12 months. The most often cited reason for the deterioration in access was longer waiting times for admissions, and especially waiting times for GP appointments, with some respondents citing shortages of doctors and nurses as reasons for extended waiting times.
Rota gaps
Are there currently rota gaps in your department?

71% of respondents report that there are currently rota gaps in the department in which they work.

This finding points to increased pressure on existing staff who are likely to have to increase their own workload to compensate for these rota gaps.
Hospital vacancies

Similar to the responses indicating that there were a large number of departments affected by rota gaps, 65% of hospital speciality respondents reported that there are medical doctor vacancies in their departments. Although some level of vacancies will be a feature of all departments, 78% of those reporting vacancies said that at least one of those vacancies have not been filled for 6 months or more, indicating a relatively high prevalence of long-term hospital doctor vacancies.

12% of those reporting vacancies in their department even said that there were 5 or more doctor vacancies in their department that have not been filled for 6 months or more.

Proportion of respondents reporting medical doctor vacancies in their department

- No vacancies: 65%
- Vacancies: 19%
- Don't know: 16%

Proportion of respondents reporting vacancies that have not been filled for more than 6 months

- None: 78%
- One or more: 15%
- Don't know: 7%
Similar to the situation with hospital vacancies, a relatively large (50%) proportion of GP respondents reported doctor vacancies in the practices in which they work.

Although some level of vacancies are normal, 73% of those reporting vacancies said that at least one of those vacancies have not been filled for 6 months or more, indicating a relatively high prevalence of longer-term GP vacancies. This high vacancy rate is likely to have significant impacts at a practice level, where small practice sizes mean that the additional workload burden associated with a vacancy must be borne by a relatively small number of doctors.
EU referendum
There is a mixed picture when it comes to the change in the amount of non-UK applications respondents have seen, with most respondents answering don’t know, 17% saying that non-UK applications have fallen and 27% saying that these applications have not decreased.

Question: Since the UK voted in the referendum in 2016 to leave the EU, have you noticed a decline in applications for positions in your department from non-UK nationals?
Are any EU colleagues leaving because of Brexit?

14% of respondents indicated that colleagues have departed as a result of the decision to leave the European Union. Although this does not point to a specific quantum of those leaving, it does seem relatively high considering the UK has not left the EU yet.

A relatively significant portion of respondents reporting individuals leaving their departments as a result of the referendum at this early stage points to the potentially large recruitment issues the NHS may face as the UK leaves the European Union.

Of those asked if they have personally reassessed their career decisions as a result of the referendum result, only 71% gave a definitive no, again pointing to potential future recruitment problems for the NHS.

Question: Since the UK voted in the referendum in 2016 to leave the EU, have any colleagues in your department who are from other countries in the EU now departed from the UK as a result of that decision?
Current morale
Current level of morale

This quarter, 43% of respondents described their morale as being low or very low, compared to only 18% of respondents who described morale as being high or very high. This quarter the percentage of respondents describing their morale as very low or low fell by 1%, but there was a concurrent reduction of 1% of those describing there morale as high or very high.

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

Graph excludes retirees

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.

Branches of practice average morale scores that are relatively similar, and all have average morale that are below moderate.

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

The morale level for GPs decreased last quarter, returning towards its average position over the past two years.
Winter pressures
Funding

When asked about funding where they work, most (54%) respondents said that funding had either been significantly or moderately cut over the past year. Nearly all of the remainder reported no change, with only 2% of respondents reporting funding increases where they work.

Similarly, when asked about the outlook for the next year, most respondents anticipated that there would be further funding cuts where they work, with 45% expecting a moderate cut and 23% expecting a significant cut. Only 2% of respondents though that funding where they work would be improved. A significant deterioration in funding is expected, with 68% expecting funding cuts.

**Question:** How has the funding where you work changed in the last year?
When asked about preparedness levels for the coming winter where they work, 40% of respondents said that services were moderately or highly under prepared.

This finding indicates that a plurality of doctors have concerns about the ability of the services where they work to cope with winter pressures.

This is likely to be compounded by the rota gap issues identified earlier in this report.

Question: How would you rate the preparedness level of the service where you work for the coming winter?
Training and study leave
Study leave

The majority of respondents (72%) said that, over the past year, the amount of study leave that they have been able to take has remained the same. A large minority, however, have had the amount of study leave they have been able to take reduced.

Reduced study leave creates more pressure for doctors who must fit in study outside work time. It may also lead to reductions in skills in doctors, which may impact patient care quality.

Less study time being made available may be systematic of the rota gaps and vacancy issues identified previously and suggests that increased workloads are having negative knock-on implications.

Question: How has the amount of study leave that you have been able to take changed in the past 12 months?
Private sector involvement in the NHS
In 2016/1, £9bn was spent in England on procuring the following clinical services from the independent sector, representing 7.7% of total NHS spend:

– General and acute services
– Accident and emergency services
– Community health services
– Maternity services
– Mental health services

When this was put to respondents, 44% said that the level of independent sector provision was higher than they had expected, compared to only 13% who expected it to be higher. 64% of respondents were fairly or very uncomfortable with independent sector provision of NHS clinical services.

Question: How comfortable are you with independent sector provision of NHS clinical services?