BMA quarterly survey

Current views from across the medical profession
Quarter 3: 2018
Background

– The BMA’s Public Health and Healthcare function (PHH) manages an **online panel** of approximately **2,300 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 seasonal pressures, NHS rationing, expanding the clinical team and social prescribing.

– 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 2,300 panel members.
- Panel members were emailed a link to the online survey which was open between 11 October and 31 October 2018.
- The response was 707 (a response rate of 31%).
- The following analysis includes comparisons across the largest branches of practice.
Findings

– Similar to previous BMA quarterly surveys, resource scarcity and its impacts on doctors’ working lives was a key theme across the responses. Specific issues covered on this theme included, additional pressures over the summer and under-preparedness for the coming winter.

– 65% of respondents thought this summer was busier/more pressurised than the previous summer. When asked about why, the most common reasons were related to inadequate NHS resourcing, including long-term staffing issues, bed shortages, and short-term staffing issues.

– 44% of respondents thought that the service where they work is under-prepared for the coming winter season, a 4 percentage point increase on the same quarter last year.

– When asked about rationing most respondents said they (52%) have seen a tightening of eligibility criteria for treatment in the past two years. Most of the respondents that had seen such a tightening of eligibility criteria (67%) thought that it was not clinically justified. 93% said that the changes to eligibility criteria they have encountered have had a negative impact on patient well-being.

– With regards to advanced care practitioners the responses suggest some ambiguity around their roles and responsibilities. Roughly half of respondents who work with advanced care practitioners were unsure about their supervisory arrangements and scope of practice and 66% were unclear about accountability for their actions.

– Respondents who had experience with social prescribing have generally positive views on its uses, with 75% thinking that it would have a positive impact on patient care and 83% thinking it would have a positive impact on patient experience.
Respondents: branch of medical practice

‘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 29% 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?
Seasonal pressures
65% of respondents thought that this summer was either much busier/more pressurised or slightly busier/more pressurised that the one before.

This compares to less than 4% of respondents who thought the summer was less busy than the one before.

Question: Was the summer of 2018 noticeably busier/more pressurised where you work than the summer before?
Pressures over the summer

Broadly speaking, resourcing issues were the key reason respondents gave for this summer being busier than usual. The top three reasons given for additional pressure were:
- Long-term staffing issues
- Bed shortages
- Short-term staffing issues

Within the other category, several respondents mentioned increased demand where they work.

In common with previous BMA quarterly surveys, this shows how inadequate NHS resourcing impacts workload and pressure on doctors in the NHS.

Question: Why do you think the summer was busier than usual?
Winter readiness

Looking ahead to the coming winter, 44% of respondents thought that the service where they work was highly or moderately under-prepared. This is a four percentage point increase on the last time this question was asked in the third quarter of 2017, when 40% of respondents thought their service was under-prepared.

Only 24% of respondents thought that the service where they worked was prepared for the coming winter season.

Question: How would you rate the preparedness level of the service where you work for the coming winter?
NHS rationing
Experiences of rationing

Rationing is defined here as: the introduction of new eligibility criteria designed to limit patient access to specific NHS services and treatments.

These criteria are often based on the severity of a patient’s condition, as well as their weight or lifestyle choices (e.g. whether they smoke).

Respondents were asked if they had any specific experience of rationing of NHS services to patients in their area. 57% of respondents had encountered rationing.

Respondents who had experienced rationing were then asked to list the specific treatments that had been rationed. Respondents named a wide variety of treatments and services that have been restricted, with several noting knee and joint surgery, fertility services, plastic surgery and psychiatric services.

Question: In the last two years, in your daily practice have you encountered any specific programme(s) of rationing of NHS services to patients in your area?
Eligibility for treatment

Just over half of respondents (52%) thought that eligibility criteria for treatments had become more restrictive over the past two years.

This compares to only 1% of respondents who thought that eligibility criteria have become less restrictive.

Question: In the last two years, in your daily practice have you found that eligibility criteria for treatments have become
Clinical justification of rationing

Of those who had seen more restrictive eligibility criteria in their work, most (67%) thought that it was not clinically justified. This compares to only 16% who thought that it was clinically justified.

Respondents were asked about the impacts of the tightening of eligibility criteria. 84% said that it had a negative impact on workload, 93% said it had a negative impact on patient well-being and 95% said it had a negative impact on doctor-patient relationships.

Question: Where eligibility criteria have become more restrictive, do you feel that these changes have been clinically justified?
Expanding the clinical team
Working with Advanced Care Practitioners

Respondents who had worked with advanced care practitioners (ACPs) were asked about their experiences. ACPs are members of the clinical team (for example nurses) who have completed additional training (often masters degrees).

Worryingly, there seems to be a lack of clarity around the new roles. 50% of respondents felt that the scope of practice for employed advanced care practitioners was not clear.

Question: Is the scope of practice for employed advanced care practitioners clear to you?
Working with Advanced Care Practitioners

Similarly, 46% of respondents thought that the supervisory arrangements for these staff members was not clear.

Question: Are the supervisory arrangements for employed advanced care practitioners clear to you?
Working with Advanced Care Practitioners

Similar to the previous slides, many respondents (66%) were not sure where accountability for actions taken by employed advanced care practitioners lies.

Question: Is it clear to you where accountability for actions taken by employed advanced care practitioners lies?
Social prescribing
Access to social prescribing

Just under half of GP respondents said that they had access to a social prescribing scheme.

Of those who said that they had access to a social prescribing scheme, 57% said that they had used it in the past year. This means currently only a quarter of our GP respondents make use of social prescribing schemes.

Question: Do you have access to a social prescribing scheme which fits the description provided above?

- Yes: 52%
- No: 48%
Impacts of social prescribing

Most respondents (61%) thought that social prescribing should be increased in the NHS.

When asked about the impacts of social prescribing, 75% thought that it would have a positive impact on patient care and 83% thought it would have a positive impact on patient experience.

Question: In your view, should the use of social prescribing in the NHS be increased?
Current Morale
Current level of morale

This quarter, 43% of respondents described their morale as being low or very low, compared to only 19% 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.

<table>
<thead>
<tr>
<th>Branch of Practice</th>
<th>Average Morale Score</th>
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</thead>
<tbody>
<tr>
<td>Junior doctors</td>
<td>2.7</td>
</tr>
<tr>
<td>SAS doctors</td>
<td>2.7</td>
</tr>
<tr>
<td>Average</td>
<td>2.6</td>
</tr>
<tr>
<td>Consultants</td>
<td>2.6</td>
</tr>
<tr>
<td>GPs</td>
<td>2.6</td>
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</tbody>
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Question: Taking everything into account, how would you describe your current level of morale?
Morale over time remains low for all branches of practice.
Workload
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?