BMA quarterly survey

Current views from across the medical profession
Quarter 4: 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 rota gaps, technology, data security, care delivery and working life.
- 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 2,400 panel members.
– Panel members were emailed a link to the online survey between 29 November and 19 December 2017.
– The response was 900 (a response rate of 38%).
– The following analysis includes comparisons across the largest branches of practice.
Findings

– Again this quarter, and similar to other quarterly surveys, pressure on staff is a key theme across the survey responses. Respondents reported high levels of rota gaps where they work. Relatedly, most also had vacancies where they work, indicating increased workload on existing staff. 65% of hospital speciality respondents reported that there are medical doctor vacancies in their departments, while 47% of GPs had GP vacancies in the practice where they work.

– The pressure on staff and services is also reflected in questions that we asked this quarter regarding NHS performance over the past year. The majority of respondents thought that delivery has deteriorated over the past year in urgent and emergency care, local integration of services, NHS financial sustainability, mental health provision and in access to GP and primary care services. These results are not unexpected in the context of continued underfunding of health and social care.

– Additional pressure is likely to partly explain the low level of average morale across all branches of practice this quarter. It may also be the reason why a majority of respondents thought that their contribution to the NHS was valued by all stakeholders other than the government / politician stakeholder. Real terms cuts to pay and under resourcing health are likely to be contributors to the perception of being undervalued by the government.

– Most respondents thought that health apps and wearable technologies have the potential to be beneficial for patients, however a similar proportion of respondents (64%), thought that they are not sufficiently informed about these technologies to explain them to patients. These results indicate that there may be significant scope to improve usage and knowledge of these types of technologies.
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?

- Consultant: 330
- GP: 265
- Retired: 123
- SAS: 78
- Junior doctor in training: 58
- Other: 47
About 44% 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?
Technology
Health Apps

Most respondents thought that health apps and wearable technologies have the potential to be beneficial for patients, however a similar proportion of respondents (64%), thought that they are not sufficiently informed about these technologies to explain them to patients.

About three quarters of respondents thought that it would be helpful for information from wearable technologies and health apps to be included in patients medical records, where these technologies have prior NHS approval.

In principle, do you believe that innovations such as health apps and wearable technologies can be beneficial for patients?

- Yes: 63%
- No: 15%
- Don’t know: 22%

Do you think data from apps or wearables should be able to be uploaded into the patient’s medical record?

- Yes from all apps: 76%
- Only from NHS recommended and approved apps or wearables: 8%
- No: 16%
- Other: 8%
Rota gaps
Are there currently rota gaps in your department?

71% of hospital-based respondents report that there are currently rota gaps in the department in which they work, this is the same proportion as last quarter.

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, 80% 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.

9.2% 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.
GP vacancies

Similar to the situation with hospital vacancies, a relatively large (47%) 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.
NHS delivery
Delivery of care improvements over the past 12 months

We asked respondents to tell us how NHS delivery has performed in key areas over the past 12 months.

67% of respondents thought that urgent and emergency care services have become slightly or significantly worse over the past 12 months.

86% of respondents thought that NHS financial sustainability has slightly or significantly worsened over the past 12 months.
Delivery of care improvements over the past 12 months

Across the areas of integrating care locally, mental health provision and access to GP and primary care services a majority of respondents thought that delivery had become worse over the past year. A minority (between 5% and 14%) of respondents thought that there had been slight improvements in these areas, with less than 1% reporting significant improvements.

GPs were more likely to have a negative opinion on how care has changed in mental health provision and GP and Primary care services than hospital based doctors.
Current morale
Current level of morale

This quarter, 41% of respondents described their morale as being low or very low, compared to only 20% 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. 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.

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

- **SAS**: 2.8
- **Average**: 2.8
- **Consultant**: 2.8
- **Junior doctor in training**: 2.8
- **GP**: 2.5

**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.
Value
Overall, I think my contribution to the NHS is valued by:

We asked respondents to tell us if they thought their contribution as a doctor to the NHS was valued by several different stakeholder groups, including patients, managers, employers and the government / politicians.

On average, respondents thought that their contribution was valued by all groups, other than by the government and politicians.

**Patients**

- Strongly agree: 38%
- Agree: 51%
- Neither agree nor disagree: 7%
- Disagree: 1%
- Strongly disagree: 3%

**Managers**

- Strongly agree: 34%
- Agree: 28%
- Neither agree nor disagree: 11%
- Disagree: 5%
- Strongly disagree: 5%

**Government / Politicians**

- Strongly agree: 54%
- Agree: 28%
- Neither agree nor disagree: 12%
- Disagree: 5%
- Strongly disagree: 1%
Current 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?

- **Never**
- **Rarely**
- **Occasionally**
- **Often**
- **Very often**

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<tr>
<th>Branch of Practice</th>
<th>Never</th>
<th>Rarely</th>
<th>Occasionally</th>
<th>Often</th>
<th>Very often</th>
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<tbody>
<tr>
<td>Junior doctor in training</td>
<td>4%</td>
<td>15%</td>
<td>33%</td>
<td>31%</td>
<td>17%</td>
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<tr>
<td>SAS</td>
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<td>Consultants</td>
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<td>GP</td>
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Thinking about the last 12 months, to what extent do you agree or disagree with the following statements?

I am able to positively influence the quality of care I provide to patients

- Strongly agree: 51%
- Agree: 13%
- Neither agree nor disagree: 20%
- Disagree: 8%
- Strongly disagree: 5%

I am able to positively influence the work of my team/department/practice

- Strongly agree: 51%
- Agree: 21%
- Neither agree nor disagree: 15%
- Disagree: 7%
- Strongly disagree: 5%

I am able to positively influence the fortunes of the NHS

- Strongly agree: 43%
- Agree: 30%
- Neither agree nor disagree: 16%
- Disagree: 7%
- Strongly disagree: 3%