

# ICMUnlimited...



## British Medical Association National survey of GPs

### The future of General Practice 2015

#### Extract of Findings

December – February 2015

A report by ICM on behalf of the BMA

Creston House, 10 Great Pulteney Street, London W1F 9NB  
enquiries@icmunlimited.com | www.icmunlimited.com | +44 020 7845 8300 (UK) | +1 212 886 2234 (US)

ICM Research Ltd. Registered in England No. 2571387. Registered Address: Creston House, 10 Great Pulteney Street, London W1F 9NB  
A part of Creston Unlimited

# 1. Introduction

---

## 1.1 Introduction

This report presents an extract of findings from the BMA's National survey of GPs 2015.

A different version of The National Survey of GPs was last carried out in 2011. The 2015 survey follows a similar mixed-mode online and postal methodology, in order to make the process as accessible as possible. The questions contained in the 2015 were designed by the BMA to be more forward looking, examining GPs' priorities and views on the future of general practice.

The 2015 survey, designed by the BMA, comprises of 41 questions covering a wide range of issues which can be summarised as:

- Essentials of General Practice
- Premises
- General practice models
- Future of GP contracts
- Career motivations
- Workload
- Consultation times
- Access and opening hours
- Technology

The BMA commissioned ICM Unlimited to:

- Collect and input the data from the postal questionnaires;
- Merge and analyse results from the online and postal questionnaires.

## 1.2 Methodology

The data presented in this report is based on 15,560 responses, comprising:

- 8,445 postal responses;
- 7,115 online responses.

This represents a response rate of approximately 45%, although because of duplicate invitations between the two channels, the true response rate is actually higher.

### Postal

- The BMA sent a postal version of the questionnaire to 34,773 members on 5<sup>th</sup> January 2015. The deadline for completing the survey was 20<sup>th</sup> February 2015.
- A pre-paid return envelope was provided alongside the questionnaire. Completed surveys were returned directly to ICM, and the data was entered using electronic scanning machines.

### Online

- The BMA sent an electronic version of the questionnaire to 31,310 members on 3<sup>rd</sup> January 2015.
- ICM downloaded and analysed the electronic data via the BMA's online portal.

## 1.3 Interpreting the data

- Where invalid responses were provided, these were categorised as either 'not applicable' or 'no answer'. N/A responses include:

- Questions requesting rank ordering (i.e. 1, 2, 3) which are simply marked with X's;
- Exceeding the requested number of responses (i.e. selecting 5 responses when the question specifies a maximum of 4);
- 'Spoiling' questions;
- Leaving the question blank.

These responses have been excluded from the data. The number of N/A responses given to each question is outlined at the bottom of each chart in this report.

- Throughout this report, statistically significant differences are highlighted among key subgroups.
- Attention has only been drawn to subgroups with a base containing  $\geq 50$  respondents.
- This survey is broadly representative of the BMA's general practice membership<sup>1</sup>; however, the full report will provide subgroup analysis by a range of demographic measures included in the questionnaire.

---

<sup>1</sup> UK general practice workforce figures are not sufficiently available to facilitate direct comparisons.

# Executive Summary

---

## Essentials of General Practice

- When GPs are asked to rank the top 3 factors essential to general practice, the top answers that GPs ranked anywhere in their top 3 places are:
  - Continuity of care (mentioned by 80%);
  - Trust and confidentiality between GP and patient (61%);
  - Holistic care (51%).
- When asked to rank their top five factors that could help them better deliver their essential components of general practice, the top 3 most mentioned answers are:
  - Increased core general practice funding (76%);
  - Longer consultation times (70%);
  - A reduction in bureaucracy (64%).

## Workload

- Most GPs describe their workload as being generally manageable, but too busy at times (53%). One in three (37%) think their current workload is unmanageable;
- More than nine in ten GPs (93%) say that their workload has negatively impacted on quality of care given to patients; this comprises of seven in ten (71%) saying that their workload has, at times, had a negative impact of the quality of care that their patients receive, and just under a quarter (23%) who say that their workload has a significantly negative impact on the quality of care my patients receive.
- The majority of GPs (68%) state that they experience a significant but manageable amount of work-related stress. A further 16 per cent report experiencing a significant and unmanageable amount of work-related stress.

## Access, opening hours and consultation times

- Only 8 per cent of GPs say that the 10 minute consultation is sufficient for most routine appointments. Two-thirds of GPs (67%) think there should be longer consultations for certain groups of patients, such as those with long term conditions and one in four (25%) GPs feel there should be longer consultations for all patients.
- Half (51%) of GPs agree that all practices should offer at least one extended hours session in a week, whereas two fifths (41%) disagree.
- Only 2 per cent of GPs agree that practices should offer seven day opening access to patients in their own practices, and over nine in ten (94%) disagree. However one in five (21%) GPs believe that practices should work in networks to offer seven day opening to patients from shared sites.

## 2. Results

### 2.1 Essentials of General Practice

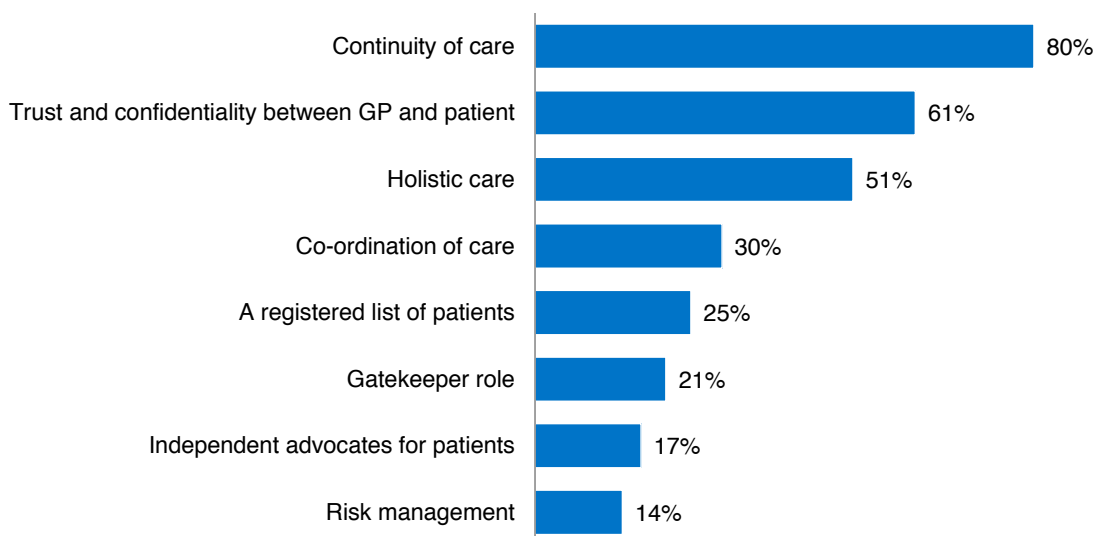
#### Factors essential to general practice

Four in five (80%) GPs rank continuity of care among the top three factors that they think are the most essential components of general practice. This figure is highest amongst more experienced GPs (81% of those who have been GPs more than 11 years) and lowest among those with less experience (77% of respondents who have been GPs for 5 years or less).

Three in five (61%) rank trust and confidentiality between GP and patient amongst their top three factors. Again, this figure is highest amongst those who have been GPs more than 11 years (63%) and lowest among those who have been GPs for 5 years or less (56%).

Half (51%) of GPs rank holistic care among the top three factors that they feel are essential components of general practice. There is an indication that holistic care is a growing trend in general practice. Two-thirds (64%) of GP trainees put holistic care in their top three. Moreover, its popularity is greatest among newer GPs who have been practising for 5 years or less (60%) or for 6-10 years (56%); only 46 per cent of GPs who have been practising for more than 20 years place holistic care in their top three factors.

**Figure 2.1**



Q12. Please rank the top three factors that you feel are essential components of general practice.  
 Base: All participants giving valid responses (n=7,121), N/A (n=8,608)

GPs' top 5 factors are broadly consistent across regions, and continuity of care is the most frequently selected factor across the whole of the UK. However, there are a few exceptions; for instance, in Northern Ireland there appears to be a greater emphasis on continuity of care

(83%), with lower than average emphasis on holistic care (45%). The opposite is true of Scotland, where GPs are less likely than average to put continuity of care (77%) in their top 5 factors, and are slightly more likely than average to prioritise holistic care (55%).

**Figure 2.2: Top 5 factors broken down by region of work**

	Continuity of care	Trust and confidentiality between GP and patient	Holistic care	Co-ordination of care	A registered list of patients
London	81%	56%	53%	30%	28%
South of England	80%	61%	50%	29%	27%
Midlands	80%	64%	51%	29%	26%
North of England	81%	61%	51%	31%	26%
England (overall)	80%	61%	51%	30%	26%
N. Ireland	83%	62%	45%	27%	30%
Scotland	77%	62%	55%	32%	19%
Wales	78%	57%	54%	33%	18%

### Factors that could help better deliver essential components of general practice

When asked to rank their top five factors that could help them better deliver their essential components of general practice, three quarters (76%) of GPs rank increased core general practice funding amongst their most important factors. This figure is highest amongst GP contractors (79%) and lowest amongst freelance GPs (63%) and trainees (66%). Less experienced GPs – who have been practising for 5 years or less – are slightly less likely than more experienced GPs to select increase core general practice funding (75% compared to 78% of those who have been practising for 11-20 years). This figure is also much higher than average for those respondents who work in Northern Ireland (81%).

At least seven in ten GPs also rank increasing the number of GPs (74%) and longer consultation times (70%) amongst the most important factors that could help them better deliver the essential components of general practice. The desire for longer consultation times is most pronounced among trainees (83%), freelance GPs (83%) and practice-employed salaried GPs (78%). Conversely, a significantly lower 68 per cent of contractors and 70 per cent of private sector employed GPs put longer consultation times in their top five factors.

Two thirds (64%) rank a reduction in bureaucracy amongst their top five most important factors, and almost half (48%) also select appropriate patient self-care.

Rural GPs consistently express a greater desire for a reduction in bureaucracy than those in urban practices. For instance, a third (32%) of rural GPs put a reduction in GP regulation in their top five, compared to only 27 per cent of urban GPs. Isolated rural GPs (33%) are twice

as likely as average (16%) to place increased use of modern and fit for purpose IT in their top five.

**Figure 2.3**



Q13. Please rank the top five factors that could help you better deliver your essential components of general practice  
 Base: All participants giving valid responses (n=7,317), N/A (n=8,412)

There is regional variance in the top priorities which GPs believe would help them better deliver the essential components of general practice. Increased core general practice funding is the most frequently cited factor by GPs in London, South England, the Midlands, Northern Ireland and Wales. Elsewhere in Northern England, increasing the number of GPs (77%) is the most mentioned factor, while longer consultation times (75%) is the top priority in Scotland.

**Figure 2.4: Top 5 factors broken down by region of work**

	Increased core general practice funding	Increasing the number of GPs	Longer consultation times	A reduction in bureaucracy	Appropriate patient self-care
<b>London</b>	76%	67%	71%	64%	45%
<b>South of England</b>	78%	75%	71%	62%	45%
<b>Midlands</b>	77%	73%	68%	65%	48%
<b>North of England</b>	75%	77%	69%	65%	49%
<b>England (overall)</b>	76%	74%	70%	64%	47%
<b>N. Ireland</b>	81%	71%	66%	67%	56%
<b>Scotland</b>	69%	74%	75%	65%	51%

Wales	76%	72%	68%	60%	56%
-------	-----	-----	-----	-----	-----

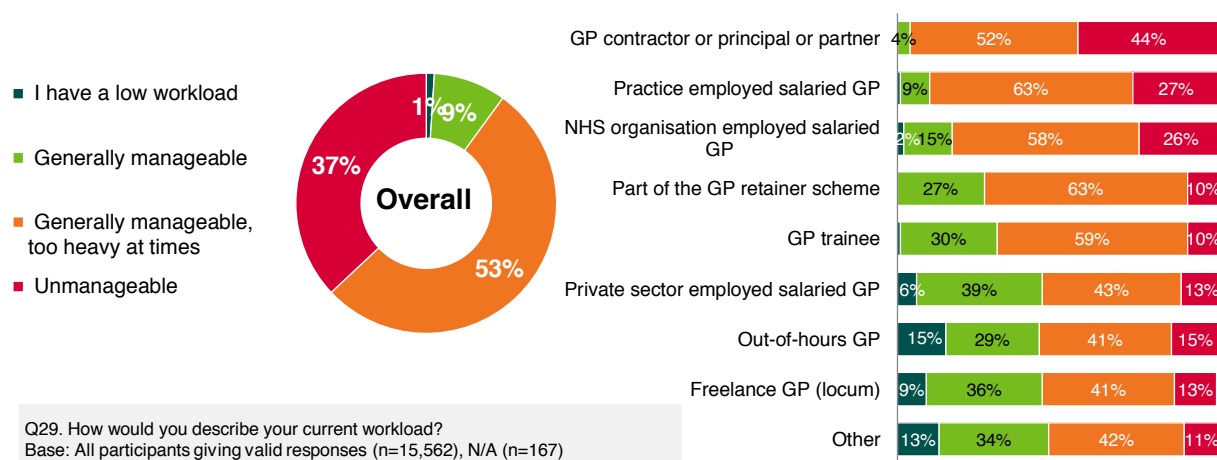
## 2.2 Workload

### Description of current workload

53% of GPs state that their workload is generally manageable but too heavy at times. A further 37 per cent feel that their current workload is unmanageable. Only 9 per cent describe their workload as generally manageable.

GP contractors (44%) are the most likely to feel that their current workload is unmanageable. Conversely, private sector employed salaried GPs (39%), freelance GPs (36%), and trainees (30%) are the most likely to feel that their workload is manageable.

Figure 2.5



There is regional variance over GPs' feelings towards their current workload. GPs in London (40%), South England (39%) and the Midlands (39%) are the most likely to describe their workload as 'unmanageable'. Conversely, GPs in Scotland are the least likely to say their workload is 'unmanageable', and are instead more likely than average to describe it as being 'generally manageable, too heavy at times' (60%), or 'generally manageable' (14%).

Figure 2.7: Description of current workload broken down by region



	I have a low workload	Generally manageable	Generally manageable, too heavy at times	Unmanageable
London	2%	10%	48%	40%
South of England	1%	8%	52%	39%
Midlands	1%	8%	52%	39%
North of England	2%	9%	53%	37%
England (overall)	1%	9%	52%	38%
N. Ireland	1%	6%	53%	40%
Scotland	1%	14%	60%	25%
Wales	1%	10%	54%	35%

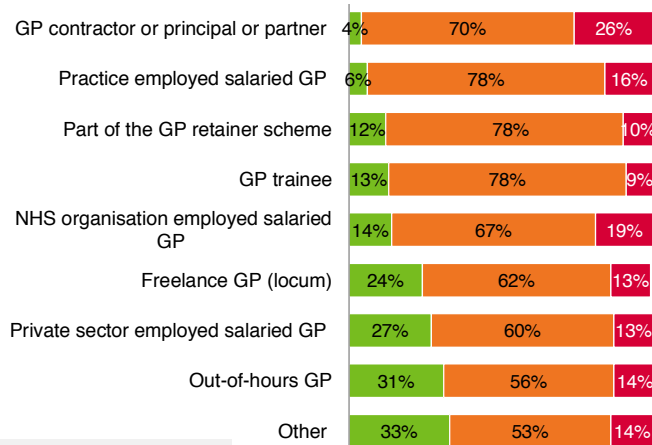
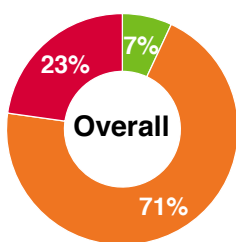
### Impact of current workload on the quality of care that patients receive

More than nine in ten GPs (93%) say that their workload has negatively impacted on the quality of care given to patients; this comprises of seven in ten (71%) saying that their workload has, at times, had a negative impact on the quality of care that their patients receive, and just under a quarter (23%) who say that their workload has had a significantly negative impact on the quality of care my patients receive. Only 7 per cent say that their workload has a positive impact on the quality of care their patients receive.

A quarter (26%) of GP contractors say their workload significantly impacts on the quality of care received by their patients. Those GPs who are based predominantly at a practice in an urban location (23%) are more likely than those at rural practices (19%) to feel that their workload significantly negatively impacts on the quality of care receive by their patients. A quarter of isolated rural GPs (26%) believe their workload has a positive impact on the quality of care provided to patients.

Figure 2.8

- My workload has a positive impact on the quality of care my patients receive
- My workload at times has a negative impact on the quality of care that my patients receive
- My workload significantly negatively impacts on the quality of care my patients receive



Q30. What impact does your current workload have on the quality of care that your patients receive  
 Base: All participants giving valid responses (n=15,449), N/A (n=280)

GPs in Scotland are the least likely to say that their workload significantly negatively impacts on the quality of care my patients receive. Instead, they are more likely than GPs in other parts of the UK to say that their workload does at times have a negative impact on the quality of care received by their patients (75%).

Figure 2.9: Impact of current workload broken down by region

	My workload has a positive impact on the quality of care my patient receive	My workload at times has a negative impact on the quality of care that my patients receive	My workload significantly negatively impacts on the quality of care my patients receive
London	9%	68%	24%
South of England	6%	70%	24%
Midlands	6%	69%	25%
North of England	7%	71%	22%
England (overall)	7%	70%	23%
N. Ireland	5%	71%	25%
Scotland	8%	75%	17%
Wales	6%	73%	21%

## 2.3 Consultation times

### Views on consultation times

GPs were presented with 3 statements on consultation times:

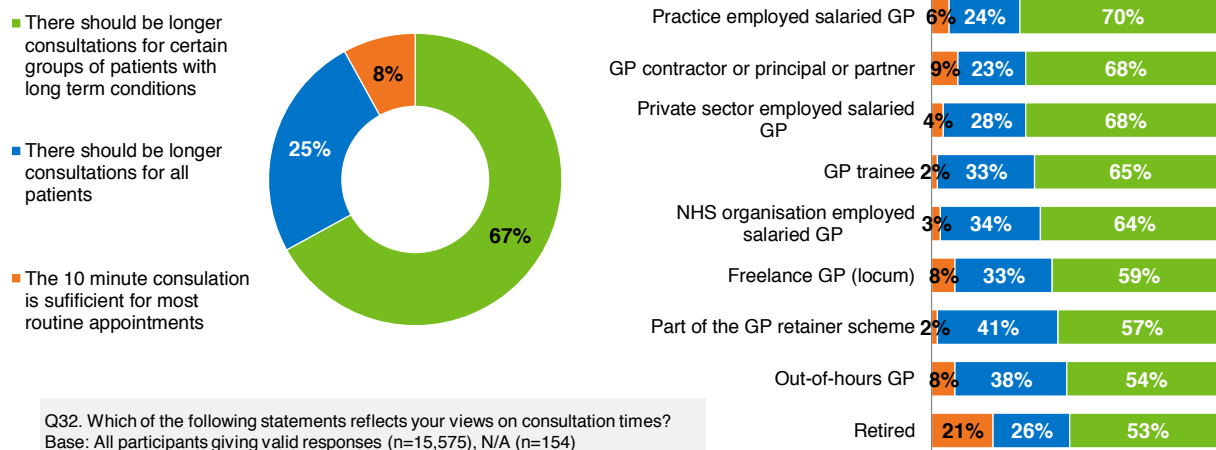
- There should be longer consultations for certain groups of patients with long term conditions;
- There should be longer consultations for all patients;
- The 10 minute consultation is sufficient for most routine appointments.

Only 8 per cent of GPs agree with the final statement suggesting that the 10 minute consultation is sufficient for most routine appointments.

Two-thirds of GPs (67%) think there should be longer consultations for certain groups of patients, such as those with long term conditions. This view is most pronounced among practice employed salaried GPs (70%), GP contractors (68%) and private sector-employed salaried GPs (68%).

One in four (25%) GPs feel there should be longer consultations for all patients. This increases to more than one in three among out-of-hours GPs (38%) and NHS organisation employed-salaried GPs (34%).

Figure 2.10



The strongest levels of support for the current 10 minute consultation time are found in Wales (11%) and Northern Ireland (10%). However the majority of GPs across all UK regions feel there should be longer consultations for certain groups, such as patients with long terms conditions. This belief is particularly prevalent in Northern Ireland (72%).

Just under a third of GPs in London (30%) and Scotland (30%) believe that there should be longer consultations for all patients. This view is significantly less common in Northern Ireland (19%) and in Wales (20%).

Figure 2.11: Views on the 10 minute consultation broken down by region

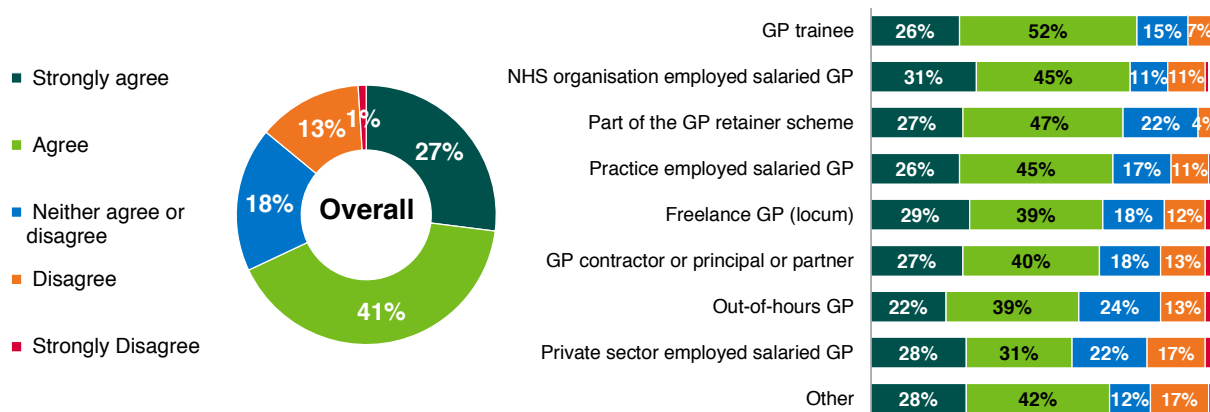
	The 10 minute consultation is sufficient for most routine appointments	There should be longer consultations for all patients	There should be longer consultations for certain groups (e.g. patients with long term conditions)

London	7%	30%	63%
South of England	8%	23%	69%
Midlands	9%	23%	68%
North of England	8%	24%	67%
England (overall)	8%	24%	68%
N. Ireland	10%	19%	72%
Scotland	8%	30%	63%
Wales	11%	20%	69%

### Views on whether it is worth waiting longer to see a GP for a longer and better quality consultation

Two-thirds (68%) of GPs believe that it is preferable to provide longer consultations of greater quality and safety, even if it means waiting longer to see a GP for a routine appointment. This view is held most strongly by trainee GPs (78%) and NHS organisation employed salaried GPs (77%). Conversely, agreement is lower than average among out-of-hours GPs (61%) and private sector-employed salaried GPs (59%).

Figure 2.12



Q33. To what extent do you agree that it is preferable to provide longer consultations of greater quality and safety even if it means patients waiting longer to see a GP for a routine appointment?  
 Base: All participants giving valid responses (n=15,592), N/A (n=137)

Almost three quarters of GPs in London (73%) and South England (73%) agree with the proposal, compared to only 64 per cent of GPs in Scotland (64%) and Wales (64%).

Figure 2.13: Views by region on whether it is preferable to provide longer consultations of greater quality and safety even if it means patients waiting longer to see a GP for a routine appointment

	Strongly agree	Agree	Neither/Nor	Disagree	Strongly disagree
<b>London</b>	32%	41%	16%	11%	1%
<b>South of England</b>	27%	42%	18%	12%	1%
<b>Midlands</b>	28%	40%	18%	13%	1%
<b>North of England</b>	27%	41%	18%	12%	2%
<b>England (overall)</b>	28%	41%	17%	12%	1%
<b>N. Ireland</b>	25%	40%	21%	13%	1%
<b>Scotland</b>	22%	42%	19%	16%	1%
<b>Wales</b>	25%	39%	20%	14%	2%

## Access and opening hours

### a) Core GP contract opening hours provide adequate and appropriate access for patients

Three quarters (75%) agree that core GP contract opening hours provide adequate and appropriate access for patients, however a fifth (20%) disagree.

Agreement is stronger among GP contractors (79%) than any other group. Support for the statement is stronger among more experienced GPs (6-20 years: 78%) than it is among those who have been qualified for 5 years or under (72%).

GPs practising in Wales (83%), Northern Ireland (81%), Scotland (80%) and are significantly more likely than those in England (74%) to agree that core GP contract opening hours provide adequate and appropriate access for patients. Rural GPs (78%) are also significantly more likely than urban GPs (74%) to agree this is the case.

### b) All practices should offer at least one extended hours session in a week

Half (51%) of GPs agree that all practices should offer at least one extended hours session in a week, whereas two fifths (41%) do not.

Agreement with the statement is strongest among trainees (79%) and practice employed salaried GPs (64%). Conversely, agreement is much lower than average among GP contractors (46%). Support for the proposal decreases steadily in line with length of tenure, from a high of 68 per cent among GPs who have qualified in the last 5 years, to a low of 46 per cent among those who have been qualified for more than 10 years.

### c) Practices should work in networks to provide some extended hours sessions

Just under half (46%) of GPs agree that practices should work with networks to provide some extended hours sessions, but almost two in five (37%) again do not. Support for the proposal is strongest among trainees (69%) and NHS organisation employed salaried GPs (58%). Meanwhile the proposal attracts the lowest levels of support from people on the GP

retainer scheme (40%), GP contractors, principals or partners (41%) and practice employed salaried GPs (51%).

GPs working under a super-partnership within one region (65%) are significantly more likely to agree with the statement than those working under any other practice model (e.g. GPs working in a network or federation: 52%).

**d) Practices should offer seven day opening access to patients in their own practices**

Only 2 per cent of GPs agree that practices should offer seven day opening access to patients in their own practices, and over nine in ten (94%) disagree.

Support for the proposal is significantly higher among private sector employed salaried GPs (15%) than it is any other group. Other salaried GPs are less enthusiastic about the proposal; only 4 per cent of NHS organisation employed salaried GPs and 2 per cent of practice employed salaried GPs support the idea.

The most experienced GPs – who have been qualified for more than 20 years – are slightly more likely to support the proposal than less experienced GPs (3% compared to 2). In an associated trend, support for the proposal increases in line with age, from a low of 2 per cent among GPs under the age of 40, to 5 per cent among GPs aged over 60.

Support for seven day opening access is low among GPs working under all practice models, although it is at its very lowest among those in networks or federations (2%, compared to 9% in national multi-practice partnerships).

**e) Practices should work in networks to offer seven day opening to patients from shared sites**

One in five (21%) GPs believe that practices should work in networks to offer seven day opening to patients from shared sites.

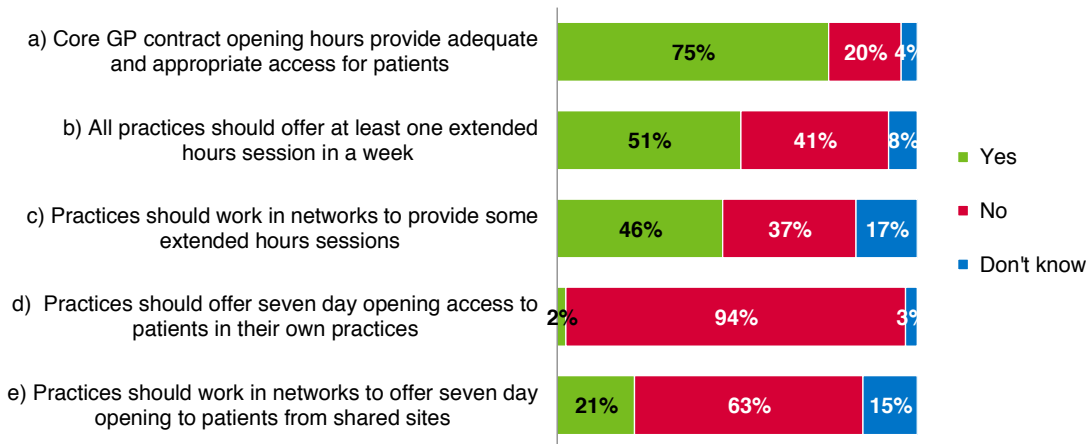
Support for the proposal is strongest among private sector employed salaried GPs (41%) and GP trainees (31%). At the same time support is weaker among NHS organisation employed salaried GPs (27%) and practice employed salaried GPs (21%). Almost three in ten (28%) freelancers support the idea.

One in five (20%) GP contractors agree that practices should work in networks to offer seven day opening to patients from shared sites. Support is lower among GPs in the middle of their careers (6-20 years: 19%) than it is among GPs who have been qualified for 5 years or less (22%) or the most experienced GPs, who have been qualified for more than 20 years (24%).

GPs based at urban practices (inner city: 25%) voice the strongest support for practices working in networks to offer seven day opening hours, while support is weakest among GPs in rural locations (rural: 20%; isolated rural: 15%).

Support is slightly higher among GPs working in super-partnerships within one region (29%) than it is among those working in a network or federation (26%).

**Figure 2.14**



Q34. Do you agree with the following statements?

Base: Various. Displayed as valid responses / n/a answers: Q34a. (15,530/ 199), b. (15,495 / 234), c. (15,442/ 287), d. (15,487/ 242), e. (15,482/ 247)

Figure 2.15: Agreement with statements broken down by region

% saying 'yes'	London	South of England	Midlands	North of England	England (overall)	N. Ireland	Scotland	Wales
<b>Core GP contract opening hours provide adequate and appropriate access for patients</b>	69%	75%	75%	74%	74%	81%	80%	83%

<b>All practices should offer at least one extended hours session in a week</b>	65%	54%	49%	53%	54%	21%	50%	21%
<b>Practices should work in networks to provide some extended hours sessions</b>	62%	48%	47%	49%	50%	32%	26%	25%
<b>Practices should offer seven day opening access to patients in their own practices</b>	4%	3%	3%	2%	3%	1%	2%	1%
<b>Practices should work in networks to offer seven day opening to patients from shared sites</b>	32%	22%	25%	23%	20%	11%	9%	9%



## 2. Appendices

### 2.1 Sample Profile

Current status	No. of respondents	% of sample	% of BMA membership
GP contractor or principal or partner	11077	71	62
Practice-employed salaried GP	2036	13	20
Freelance GP (locum)	990	6	10
GP trainee	779	5	5
NHS organisation-employed salaried GP	186	1	2
Retired	136	1	-
Out-of-hours GP	73	*	*
Private sector-employed salaried GP	54	*	2
Part of the GP retainer scheme	51	*	1
On a career break	37	*	1
Part of a GP returner or induction or refresher scheme	12	*	-
Prison GP	6	*	*
Other	123	1	-
Unanswered	169	1	-
Number of years as GP since qualification	Number of respondents	% of sample	% of BMA membership
5 years or less	2539	16	4
6-10 years	1902	12	14
11-20 years	4526	29	29
More than 20 years	6424	42	54
Unanswered	338	2	-
Gender	No. of respondents	% of sample	% of BMA membership
Male	7332	47	47
Female	8057	52	53
Unanswered	47	*	-
Age	Number of respondents	% of sample	% of BMA membership
Up to 30	315	2	4
31 to 40	2976	20	27
41 to 50	4269	28	30
51 to 60	5930	39	30
60+	1696	11	9
Unanswered	543	3	-
Practice area	No. of respondents	% of sample	% of BMA membership
Inner City	2830	18	Comparable data not available
Other urban	5136	33	
Urban or rural mix	5322	34	
Rural	2247	14	
Isolated rural	191	1	
Unanswered	170	1	

Nation (of work)	Number of respondents	% of sample	% of BMA membership
England	12523	80	71
Northern Ireland	469	3	3
Scotland	1844	12	7
Wales	748	5	4
Unanswered	145	1	15

Contractual arrangements	No. of respondents	% of sample	% of BMA membership
General Medical Services	8499	60	<b>Comparable data not available</b>
Personal Medical Services or Section 17c	4296	30	
Alternative Provider Medical Services	227	2	
Health Board Medical Services	95	1	
Not relevant or other	1224	9	
Unanswered	1641	12	
Working status	No. of respondents	% of sample	% of BMA membership
Full-time	7743	50	<b>Comparable data not available</b>
Part-time	7744	50	
Unanswered	242	1	