BMA quarterly survey

Current views from across the medical profession
Quarter 4: February 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, doctors caring for dying patients, sustainability and transformation plans, bullying and harassment and winter pressures

— 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 1,000 panel members
– Panel members were emailed a link to the online survey between 23 February and 15 March 2017.
– The sample size was 407 (a response rate of 41%)
– The following analysis includes comparisons across the largest branches of practice.
Findings

– Perhaps unsurprisingly, resourcing is a key theme across the survey responses. Funding was the most frequently sighted concern regarding Suitability and Transformational Plans (STPs). Most respondents have seen funding where they work cut over the past year. Of those who believe that the ability to ensure patient safety has gotten worse, demand levels in relation to resources available were the most often selected reasons for the deterioration.

– There has been a gradual improvement over the past 12 months in average morale, however this coincides with a decline in Junior Doctor responses. This may indicate fewer responses from those with lower morale, rather than a genuine improvement in doctor morale.

– The proportion of respondents reporting funding cuts to their services and the proportion reporting reductions in care quality is relatively similar. This implies that much of the funding cuts are not generating pure efficiency savings, but instead are impacting on care.

– According to respondents this quarter, SAS doctors were the least likely to have to work additional hours, reported being more satisfied with their work life balance than other specialities and have slightly higher average levels of morale*. These findings suggest the positive relationship between levels resourcing and outcomes for staff.

– Fewer respondents said they had been involved in clinical or public engagement for STPs than those who said it was in their interest to be involved, indicating that there may be latent demand for additional engagement.

– Awareness of STPs has improved since the last survey (although this may be partially as a result of the last survey), with fewer respondents answering “don’t know” as to whether they think STPs will be beneficial.

*It should be noted that the number of responses from SAS doctors was relatively low at 23
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 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?

- Consultant: 169
- GP: 121
- Junior doctor in training: 28
- SAS: 26
- Other: 27
- Retired: 36

Total respondents: 505
Respondents: working pattern

Four in ten respondents were working less than full time, including retirees.

The proportion of respondents working part time in this survey is slightly larger than the proportion in surveys carried out in 2016.

Question: Are you working: full time, less than full time, unemployed, on a career break, on maternity leave, retired?
Sustainability and Transformation Plans (STPs)
Sustainability and Transformation Plans (STPs) are five year plans detailing how local areas will work together to implement the Five Year Forward View and achieve financial balance by 2020.

In order for these plans to be developed England has been divided into 44 STP geographic 'footprints' made up of NHS providers, CCGs, local authorities and other health and care services. These organisations will work together to create a plan based on local health needs.

STPs are important because they will be the main route to both funding and service change from 2017/18.
Knowledge amongst respondents about STPs has increased since the last survey, from 66.8% of respondents having heard of the plans to 86.4% in this survey. There has been a concurrent reduction in those answering “not sure” to whether they support STPs, from 64.1% to 45.6%.

Of those expressing an opinion on STPs, a majority either do not support or strongly do not support the introduction of the plans.

**Question:** Prior to this survey, had you heard of Sustainability and Transformation Plans (STPs)? Do you support the introduction of STPs?
Clinical or public engagement for STPs

61.3% of respondents stated that there had been no clinical or public engagement for the STP within their area, compared to 64.3% who said the same in the last survey.

Question: Has there been any clinical or public engagement for the STP in your area?
Do you see it as in your interest to be involved with your STP?

Almost three quarters of respondents stated that it would be in their interest to be involved with STPs.

When compared to the lower proportion of respondents who have been involved in engagement on the last slide, it may be pertinent to ask the question; why are more doctors not engaging with STPs?

Question: Has there been any clinical or public engagement for the STP in your area?
What is your biggest concern for STPs?

Ranking is based on an index of respondents ranking of each of the options, as either first, second or third in terms of priority.
What is the biggest opportunity for STPs?

Ranking is based on an index of respondents ranking each of the options, as either first, second or third in terms of priority.
Funding
Funding changes over the past 12 months

62% of respondents answered that there had been either an absolute cut in funding or a cut relative to increased demand, with only 16% saying that they had not experienced a funding cut.

Question: Has your specialty or department or practice experienced a reduction in funding in the last 12 months?
Not applicable answers are excluded
55% of respondents (excluding those who chose not applicable), who believed the question to be applicable, believe that the quality of care has deteriorated over the past 12 months, with only a small minority (3%) believing that there has been an improvement in care.

The proportion of respondents stating that funding has been cut is larger than that which have noticed a deterioration in care, but the difference is relatively small indicating that there are only a small number of occasions where cuts represent genuine efficiencies rather than reduced care.

Question: How, if at all, has the quality of care you are able to provide to patients changed in the last 12 months? Not applicable answers are excluded.
Change in ability to maintain patient safety over past 12 months

Only 5 respondents (1%) believe that their ability to maintain patient safety has improved over the past year.

The largest areas for concern in terms of patient safety all related to levels of demand in relation to resources available, with the top three areas for concern being: Overall demand / number of patient users; availability of clinical staff; and amount of time in which to see patients.

Question: How, if at all, has your ability to maintain patient safety changed in the last 12 months?
Not applicable answers are excluded
Current morale
Current level of morale

This month, 45% of respondents described their morale as being low or very low, compared to only 21% of respondents who described morale as being high or very high. Over the past year of surveys, the percentage of those responding with morale levels of low or very low has consistently been within 5 percentage points of half of those surveyed, indicating a persistent issue with low morale.

The low point of the year came in the March Survey, when 53.6% of respondents described themselves as having low or very low morale. This was during the Junior Doctors contract dispute when the response rate from junior doctors was nearly three times that of other surveys during the year. It therefore may be surmised that rather than the surveys showing an improvements in morale since that low point, it is instead indicative of the low relative response rate of junior doctors from its peak.

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 morale is less than moderate, with the exception of retired doctors who reported higher morale by comparison.

The significant difference between the morale of those who are retired and the average prompted the exclusion of retirees from the previous slide, in order to gain a more accurate picture of the morale of those currently working.

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

Similar to the morale levels for Junior Doctors, the morale level for GPs seems to have improved over the past year. This however also corresponds to fewer GPs responding to the survey than in March 2016. The high response level then may have been a result of the new GP contract and 1% nominal pay increase. The improved scores over the past 12 months still represent a low morale level compared to early 2015.
Work-life balance
Satisfaction with work-life balance

Mean satisfaction with work-life balance remains neutral on average.

**Question:** Overall, how satisfied are you with your work-life balance nowadays? Please give your answer on a scale of nought to 10, where nought is ‘not at all’ and 10 is ‘completely satisfied’.
Time series for satisfaction with work life balance by branch of practice

Satisfaction with work life balance overall is moderate, although notably all doctor grades other than SAS are at or below the neutral point of 5.5.

Compared to the last survey, there is a small decrease in satisfaction for all grades other than the average for SAS doctors which have stayed the same.
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”.

SAS doctor respondents show the lowest proportion working outside their regular hours “very often”, this is consistent with their relatively positive responses for the work-life balance question.

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