BMA quarterly survey

Current views from across the medical profession
Quarter 3: October 2016

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 11 October and 1 November 2016
– The sample size was 457 (a response rate of 46%)
– The following analysis includes comparisons across the largest branches of practice
– ’Retired’ doctors were added in this round of the survey and were included in the analysis for questions that were appropriate
Findings

– A majority of doctors have experience of caring for patients at the end of life with GPs most likely to do so frequently
– Despite the emotional effect this has on doctors, most had not accessed formal or informal support
– Over three-quarters of doctors believe the ability of the NHS to cope during this winter is worse than ever before
– Doctors identified a lack of bed capacity in hospitals, delays in discharge/transfers of care and demand on primary care services as posing the greatest challenge to the NHS this winter
– Considering the impact on their own role, doctors were most likely to experience a high personal workload in winter
– Two-thirds of doctors said there had been no clinical or public engagement for the Sustainability and Transformation Plan in their area and most doctors were not sure if they were able to support it
– Around 5% of doctors believed they had witnessed or experienced abusive behaviour following the EU referendum
– The morale of junior doctors has increased slightly but remains low on average
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?
Respondents: working pattern

Four in 10 respondents were working less than full time.

This is higher than recent editions of the survey where three in ten respondents worked less than full-time.

This may reflect the inclusion of retired doctors for the first time.

Question: Are you working: full time, less than full time, unemployed, on a career break, on maternity leave, retired?
Emotional support for doctors caring for dying patients
Caring for patients at the end of life

GPs were most likely to report that they cared for patients at the end of life all the time and frequently, 35% of all grades stated occasionally and 28% said they never cared for patients at the end of life.

Question: How often do you care for patients at the end of life?
Emotional impact of caring for patients at the end of life

Seven in 10 respondents sometimes felt that caring for patients at the end of life had an emotional impact on them personally, three in 10 were always affected and less than one in 10 were never affected.

Of those grades affected emotionally, only 15% had accessed formal or informal support networks locally or nationally.

Two in 10 respondents felt there was sufficient support available to doctors caring for dying patients, whereas three in 10 did not. Half said they did not know.

Question: Do you feel that caring for patients at the end of life has an emotional impact on you personally? Have you accessed formal or informal support networks, either locally or nationally? Do you feel there is sufficient support available to doctors caring for dying patients?
Specialist palliative care support for doctors caring for dying patients
Caring for dying patients in the community (whether at home or in residential care)

48% of respondents have cared for dying patients in the community, at home or in residential care (GPs being the largest respondent group by grade).

Just over half of all respondents were unaware that specialist palliative care units or staff provided a support and advice service for other doctors working in their local area. Two-thirds of respondents had accessed such support and the vast majority felt that the support met their needs (92% of respondents).

Question: Do you or have you ever cared for dying patients in the community, whether at home or in residential care? Many specialist palliative care units/staff provide a support and advice service for other doctors working in the locality. Are you aware of such a service in your area? Have you ever accessed such a service?
Winter pressures
Ability of the NHS to cope this winter

Over three-quarters of respondents felt that compared with the last three years, the ability of the NHS to cope during winter had become worse.

Question: When compared with the last three years, do you think that the ability of the NHS to cope during this winter is generally?

- Better: 0.4%
- About the same: 21.2%
- Worse: 78.4%
Respondents ranked high bed occupancy/lack of beds and delayed discharges/transfers as posing the greatest challenge to the NHS this winter. Respondents felt that rota gaps were less of a challenge than the other pressures.

Not all options given in the survey were analysed due to low response rates.

Question: In your experience, which if any, of the following systemic factors pose the greatest challenge to the NHS this winter? Please rank your top three factors in order, where one is the most important.
Experience of winter pressures

The largest number of respondents experienced higher personal workload. Emergency admissions and difficulty providing a high quality of care were the next most frequently reported problems.

Not all options given in the survey were analysed due to low response rates.

Question: Thinking about your main place of work, which, if any, of the following do/did you experience with ‘winter pressure’? Please rank your top three, where one has the most significant impact on your role as a doctor.
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.
Seven in 10 doctors were aware of STPs prior to the October quarterly survey.

Only one in 10 respondents supported the introduction of STPs, two in 10 did not support their introduction but most respondents were not sure (6 in 10).

**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

Almost two-thirds of respondents stated that there had been no clinical or public engagement for the STP within their area.

Question: Has there been any clinical or public engagement for the STP in your area?
Bullying and harassment
Harassment, bullying or abuse in the last three months

On average, doctors reported being harassed most frequently by patients or the public, and least frequently by other clinical professionals.

Compared with when these questions were asked last year, percentages are slightly lower but response patterns are the same overall.

Question: In the last three months, how often, if at all, have you experienced any form of harassment, bullying or abuse at work from?

- Bullied by patients or service users, their relatives or other members of the public:
  - Frequently: 56.1%
  - Infrequently: 36.9%
  - Never: 7.1%

- Bullied by managers or team leaders:
  - Frequently: 73.4%
  - Infrequently: 20.8%
  - Never: 5.8%

- Bullied by medical or clinical colleagues (non-manager or team leader):
  - Frequently: 75.6%
  - Infrequently: 21.1%
  - Never: 3.3%
26% of respondents indicated they did not report an incident of harassment, bullying or abuse. This is lower when compared to the equivalent quarter last year, when 36% of respondents did not report.

Question: In the last three months, have you reported an incident of harassment, bullying or abuse at work?
Type of abuse

As in the previous round of the report, the most common form of abuse was verbal, followed by psychological or emotional abuse.

The basis for the harassment, bullying or abuse at work was attributed to a wide range of other reasons including incidents with colleagues that could not be generalised in this survey.

Question: What form did this abuse take?
Abuse aggravated by the UK’s EU referendum

Only one in 20 respondents had experienced or witnessed an incident of bullying, harassment or abuse of a member of staff which they felt was aggravated by the UK’s EU referendum.

Question: Have you experienced or witnessed an incident of bullying, harassment or abuse of a member of staff which you had reason to believe was aggravated by the UK’s EU referendum?
Current morale
36% of respondents reported their morale as being low or very low.

The proportion of respondents that reported their morale as being high or very high (24%) is slightly higher when compared with the equivalent quarter last year (18% in quarter 3, 2015).

**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.

On the whole, average morale across all grades (excluding retired doctors) has increased slightly over the last three quarters.

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

Juniors doctors’ in training are the only grade whose morale has steadily decreased overall in the last four quarters of the survey.
Work-life balance
Satisfaction with work-life balance

Mean satisfaction with work-life balance remains no more than moderate across all branches of practice.

**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.

The data is suggestive of a small increase in satisfaction over time for the GP members of our on-line panel.
Current 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?