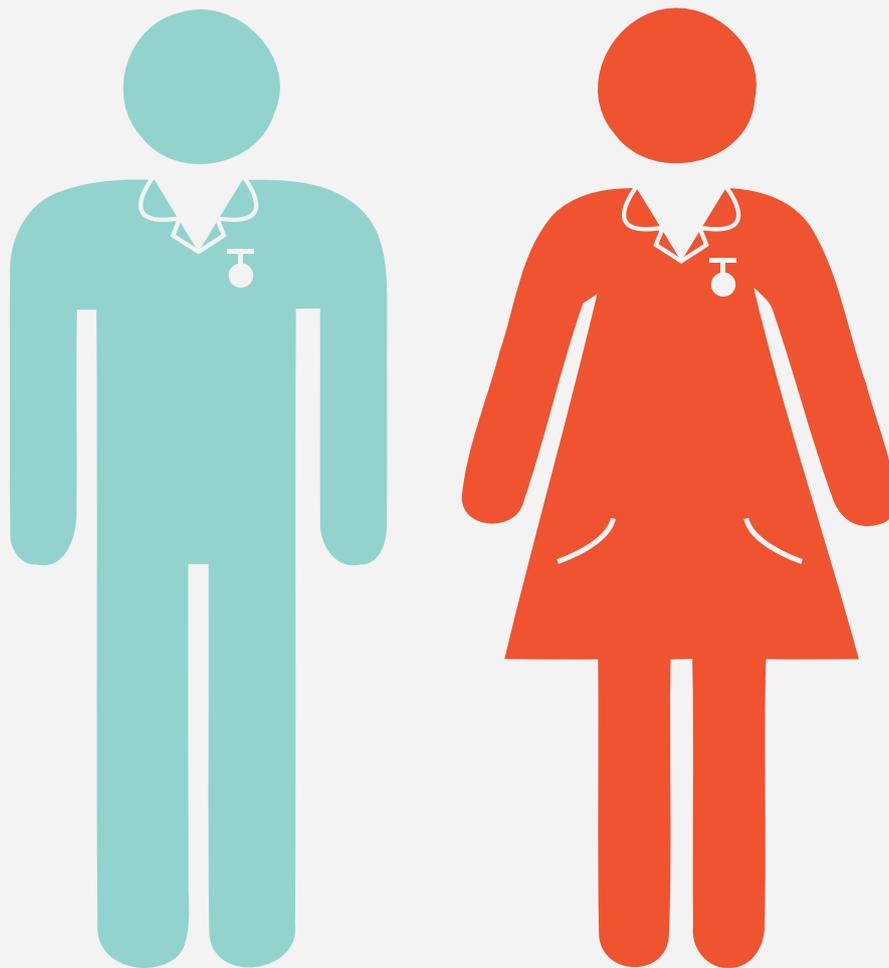


Primary concerns

a survey of healthcare professionals



Copyright © Campden Health 2013

The contents of this publication are protected by copyright. All rights reserved. The contents of this publication, either in whole or in part, may not be reproduced, stored in a data retrieval system or transmitted in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without written permission of the publisher. Action will be taken against companies or individual persons who ignore this warning. The information set forth herein has been obtained from sources which we believe to be reliable but is not guaranteed. This publication is provided with the understanding that the authors and publisher shall have no liability for any errors, inaccuracies or omissions therein and, by this publication, the authors and publisher are not engaged in rendering consulting advice or other professional advice to the recipient with regard to any specific matter. In the event that consulting or other expert assistance is required with regard to any specific matter, the services of qualified professionals should be sought.

First published 2013 by Campden Health.
140 London Wall,
London EC2Y 5DN, UK.

Campden Health

T +44 (0)20 7214 0500
F +44 (0)20 7214 0501
E enquiries@campden.com
W www.campden.com

ISBN: 978-1-904471-51-6

contents

Page

02	About the survey
02	About Campden Health
03	Executive summary
05	Section 1 the respondents
06	By profession
07	By age
07	By sex
08	By region
09	Section 2 the system
10	NHS reforms
13	Spending cuts
15	Paying for treatments
17	Section 3 quality of care
18	My practice
21	Drug shortages
21	My local hospital
22	Whistleblowers
23	Section 4 morale and abuse
24	Primary and community care morale
26	Staff abuse

About the survey

Between 6 February and 27 February 2013 Campden Health polled 1122 health professionals working in primary care: practice managers, nurses and GPs. They were quizzed on their views on the state of the NHS, as well as their own morale. The survey was conducted via email questionnaire.

About campden health

Campden Health is a leading, pan-European healthcare publishing and research company. For over 20 years we have enjoyed a first-rate reputation for delivering top quality, timely content that supports healthcare professionals with their clinical decision-making and career development.

Our portfolio of journals and websites includes *Nursing in Practice*, *Management in Practice*, *The Commissioning Review* and *Hospital Pharmacy Europe*. We deliver 12 national conference exhibitions – including *Commissioning Live* – each year, as well as more than 100 smaller educational ‘road show’ events across the UK. And we produce numerous ‘roundtable’ discussion meetings, focussing on a single therapeutic area, across Europe.

For more information about this survey or, more broadly, about Campden Health, please contact:

Alex Beaumont
General Manager
Campden Health
E: alexbeaumont@campden.com
T: +44 (0)20 7214 0500

Executive summary

For anyone still hoping that the current NHS reform programme will deepen clinical engagement in the management of the health service, the survey's findings sound a clear warning: less than 7% expressed support for the policy (figure 6, page 10). Plain opposition came from almost 60% of those polled, while the remainder was ambivalent or unsure about the direction of travel. For those opposed to the changes, no single reason stands out, though 64% believed that the changes are a step towards privatisation of the health service (figure 8, page 12).

In these austere times, waste was a theme, too. There was a clear desire for a grown up debate about the use of NHS budget with 61% (figure 9, page 13) of those polled believing that cutting the use of ineffective treatments should be top of the agenda. If practice managers, GPs and nurses were in charge of their own budgets, the current health secretary's fondness for homeopathy would not protect it from the chop, along with herbal medicine, and acupuncture (figure 10, page 14).

Indeed, there appeared to be a call for greater respect for NHS resources in general. In total, 83% (figure 11, page 15) said patients should be forced to pay a fee for not attending appointments. And 63% of those polled said patients should pay for Accident & Emergency visits that were the result of alcohol.

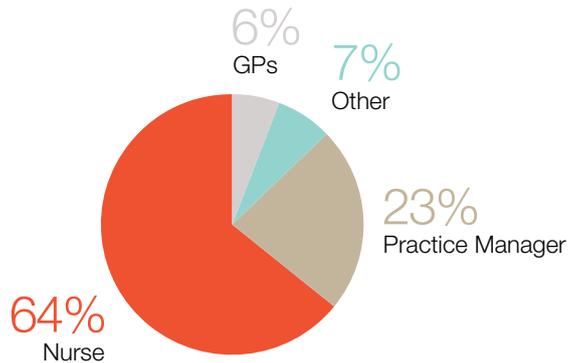
Amid all this, one might expect to find morale hurtling towards rock bottom. In fact, there was a mixed picture: just 43% (figure 21, page 25) of primary care staff polled said they would choose the career they are in again. But the average self-rating for morale, at 5.7 out of 10 (figure 19, page 24), will give the reform programme's supporters a crumb of comfort that primary healthcare professionals are not on the brink of downing tools and, as a result, could yet be won round.

1

the respondents

Campden Health polled 1122 primary healthcare professionals by email between 6 February and 27 March 2013. Nurses constituted the largest segment (64%), with 718 respondents.

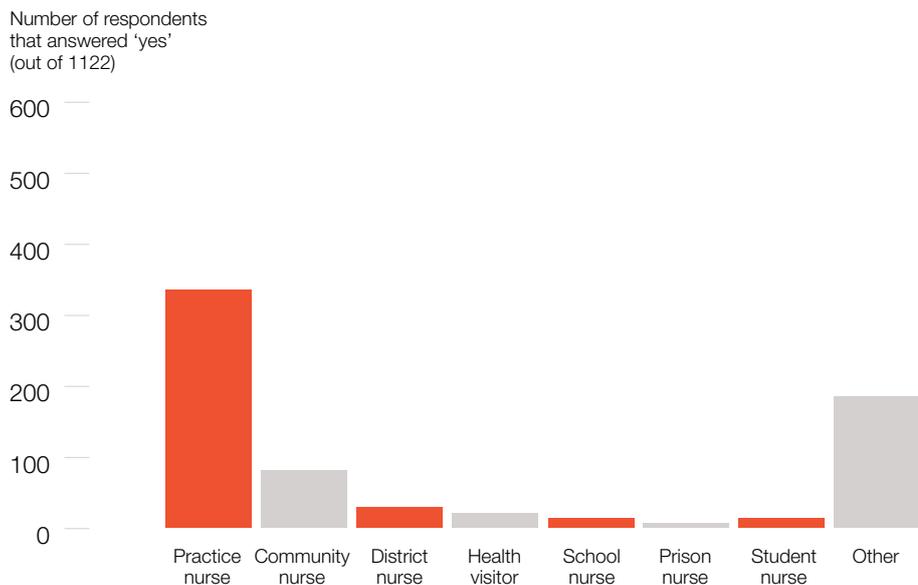
Figure 1
What is your profession?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

The title 'nurse' covers a broad range of functions. Within this category, 352 respondents (49%) classified himself or herself as a 'practice nurse' – someone that works in a GP surgery as part of the primary healthcare team. In larger practices, these nurses might be one of several sharing duties and responsibilities while in others they might be working on their own, taking on many roles. Practice nurses are involved in most aspects of patient care.

Figure 2
If you are a nurse, what type of nurse are you?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

The polling sample was strongly skewed towards an older demographic, with 539 respondents (48%) in their 50s compared to 108 (10%) in their 30s. To some extent, this reflects the career path of some healthcare professionals, which may start in a secondary care setting or in a foreign country, only to move into UK primary care a number of years later.

However, with such a large proportion fast approaching retirement, it also compounds long-standing concerns over staff shortages. Indeed, 471 (42%) of respondents said they would be leaving the NHS within the next five years, mainly due to retirement (see figure 23, page 26).

Figure 3
How old are you?

Number of respondents that answered 'yes' (out of 1122)

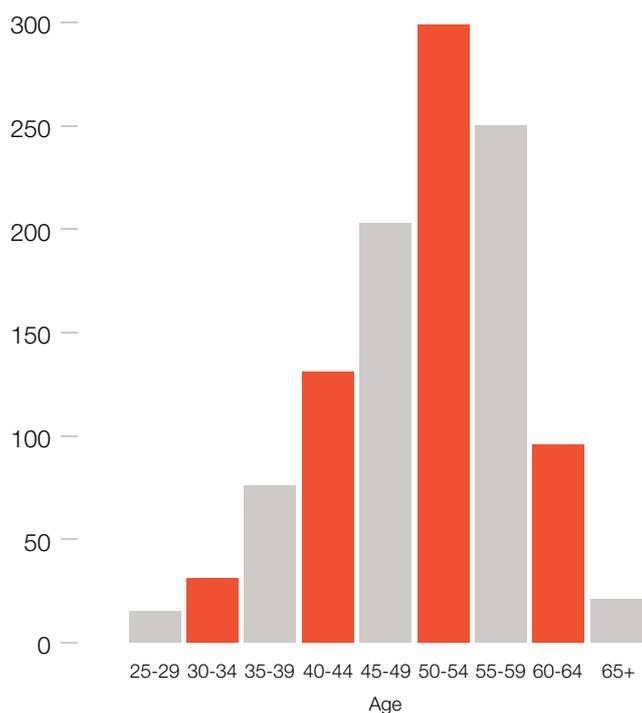
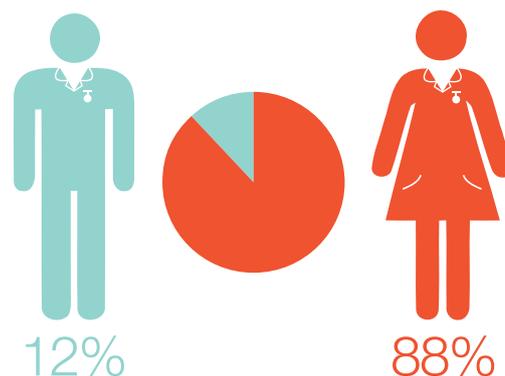


Figure 4
What is your gender?

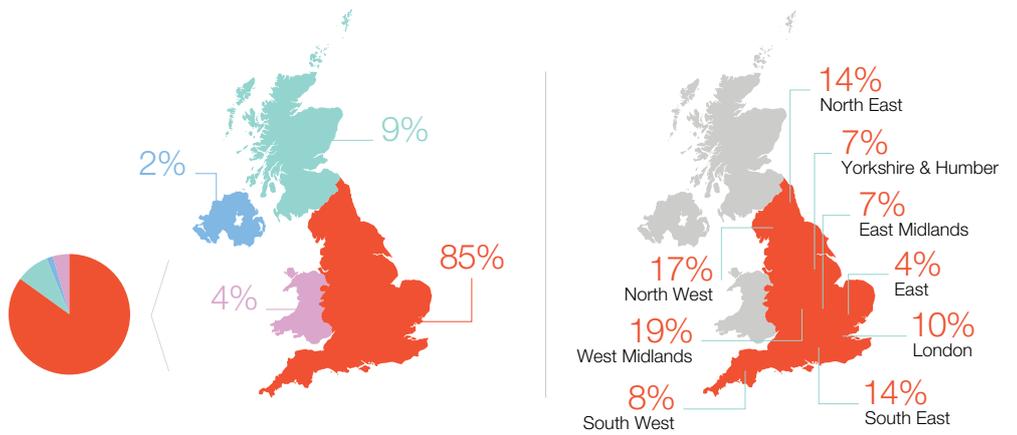


Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

The vast majority (88%) of those polled were female. This is consistent with a high proportion of nurse respondents. Though the Department of Health does not hold data on the gender of NHS staff, it is clear from anecdotal evidence that there are very few male primary and community care nurses.

And in terms of location, there was a heavy bias towards England, with 954 (85%) of the respondents working in the region. 100 (9%) worked in Scotland, and just 47 (4%) in Wales and just 38 (2%) in Northern Ireland.

Figure 5
What region do you work in?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

2

the system

In July 2010, following election campaigns which promised an end to repeated large scale restructuring of the NHS, the nascent coalition government announced plans for one of the most dramatic programmes of NHS reform in the history of the health service.

The policies were outlined in the White Paper *Equity and Excellence: Liberating the NHS*, published in July 2010, and in the subsequent raft of consultations. They were given the necessary statutory support when the Health and Social Care Bill received Royal Assent in May 2012.

The biggest structural reform was the abolition of Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs), with most of their commissioning responsibilities – and therefore approximately 73% of the £108.9 billion NHS budget – being handed over to 211 clinical commissioning groups (CCGs). These new organisations represent groupings of general practices that are, from 1 April 2013, responsible for designing local health services in England. They do this by commissioning (or buying) healthcare services including: elective hospital care, rehabilitation care, urgent and emergency care, most community health service, and mental health and learning disability services.

CCGs work with patients and healthcare professionals and in partnership with communities and local authorities. On their governing body, they have, in addition to GPs, a least one registered nurse and a doctor who is a secondary care specialist. All GP practices must belong to a clinical commissioning group under the 2012 Act.

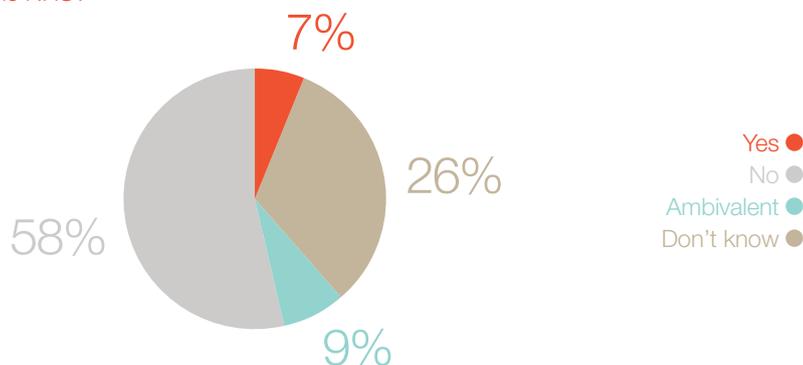
As a result, if the NHS reform programme is to succeed it is, according to NHS England, the body that oversees CCGs: “vitaly important that CCGs are clinically-led.” Indeed, they should have the “full ownership and engagement of their member practices, so that they can bring together advice from the broadest range of health and care professionals to influence patterns of care and focus on patients’ needs.”¹

And yet Campden Health’s poll of 1122 primary healthcare professionals found that support for the reform programme was severely lacking. Plain opposition came from almost 650 of those polled (58%), while 395 (35%) were ambivalent or unsure about the direction of travel. Just 76 respondents – less than 7% – said they supported the policy.

¹ NHS England, *Towards establishment: Creating responsive and accountable clinical commissioning groups*, October 2012

Figure 6

Do you support the current reforms of the NHS?



Source: Campden Health, *Primary Concerns: A Survey of Healthcare Professionals*

David Stout, chief executive of Hertfordshire and Essex Commissioning Support Units, says that addressing this fundamental “disconnect” is one of the most urgent priorities facing CCG leaders. However, he suggests that attempts to secure buy-in to the national agenda are far less important than those to strengthen the connection between frontline staff and CCG members and leaders.

“When you ask the public their views about the NHS, their views are far more negative than when you ask them about their own experiences,” he says. “In the same way, after April 1st, what will really matter is the level of confidence and trust staff have in their local CCG.”

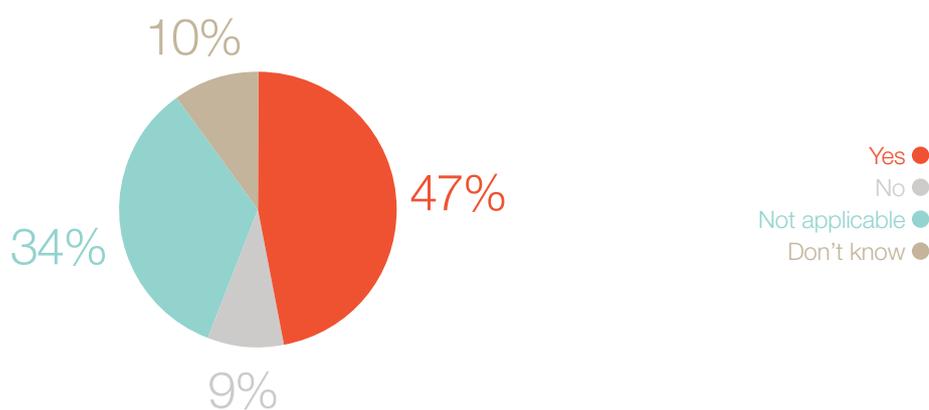
This is a view echoed by Nigel Edwards, a senior fellow at the King’s Fund. Asked what advice he would give to local leaders hoping to improve engagement in CCGs, he says: “Don’t mention the reforms! It is not so much because they are seen as toxic, though that is a problem – but because for those delivering services, and those receiving them, what matters is how the structures can be used to make specific changes which will benefit patients.”

“The narrative needs to be about how changes to services will help Mrs Smith, who has congestive heart disease and Parkinson’s, not about the national agenda,” he says.

If Nigel Edwards is correct, however, the survey’s follow-up questions – which ask why the reforms are not supported – do not bode well. One of the most popular reasons cited, by almost half of those polled, was that the reforms would lead to “spending less time caring for patients”.

Figure 7

Will the NHS reforms mean you or your colleagues have less time to spend with patients?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

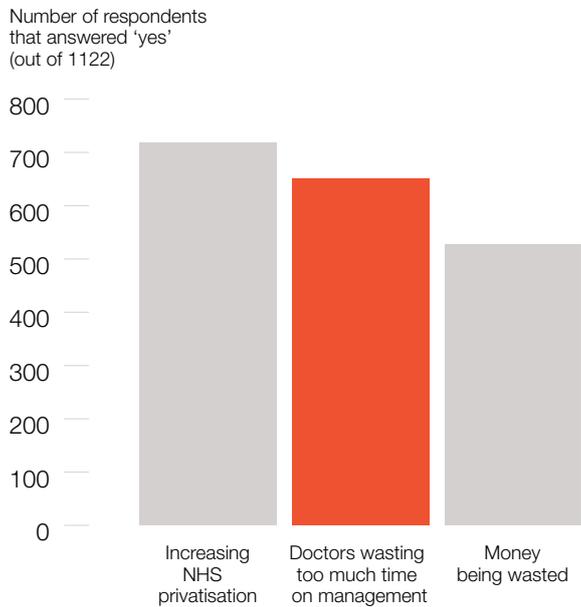
This is a long-standing criticism of the NHS reform programme, propagated by many of the organisations that represent healthcare professionals, including the British Medical Association (BMA) and the Royal College of Nursing (RCN). Mike Farrar, chief executive of the NHS Confederation, a membership body for NHS commissioners and service providers says the “form-filling and box ticking” doctors and nurses might have to do because of changes to NHS structure is a growing problem.

“We need to strike the right balance of providing information which allows patients to have a clear picture of the standards of care, without spending a disproportionate amount of time providing the same information to numerous organisations in different ways,” he says. “We are concerned that patient care could be affected because organisations and staff are distracted by the burdens of administrative requests from external organisations.”

But while the administrative burden created by the reforms was a common complaint, so too were fears that the changes are a step towards privatisation of the health service. Again, this is a similarly long-held complaint of the healthcare professional representative bodies – as well as the government’s political opponents. But its profile has increased in recent months with the government publishing new regulations under section 75 of the Health and Social Care Act 2012 that appears to make it compulsory for CCGs to use market mechanisms to commission health services.

Figure 8

The reforms will lead to which of the following...



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

In austere times, though, waste is a key theme, too. Among opponents of the reforms, 58% believe the reforms mean doctors will spend too much time on management, and 47 % believe the changes amount to a waste of money.

Indeed, there is a clear desire for a grownup debate about the use of NHS resources with 684 (61%) of those polled believing that cutting the use of ineffective treatments should be top of the agenda. Though slashing NHS managers' pay and pensions came a close second (57%).

Figure 9

In which of these areas do you think efficiencies or cuts should be made?

Number of respondents that answered 'yes' (out of 1122)



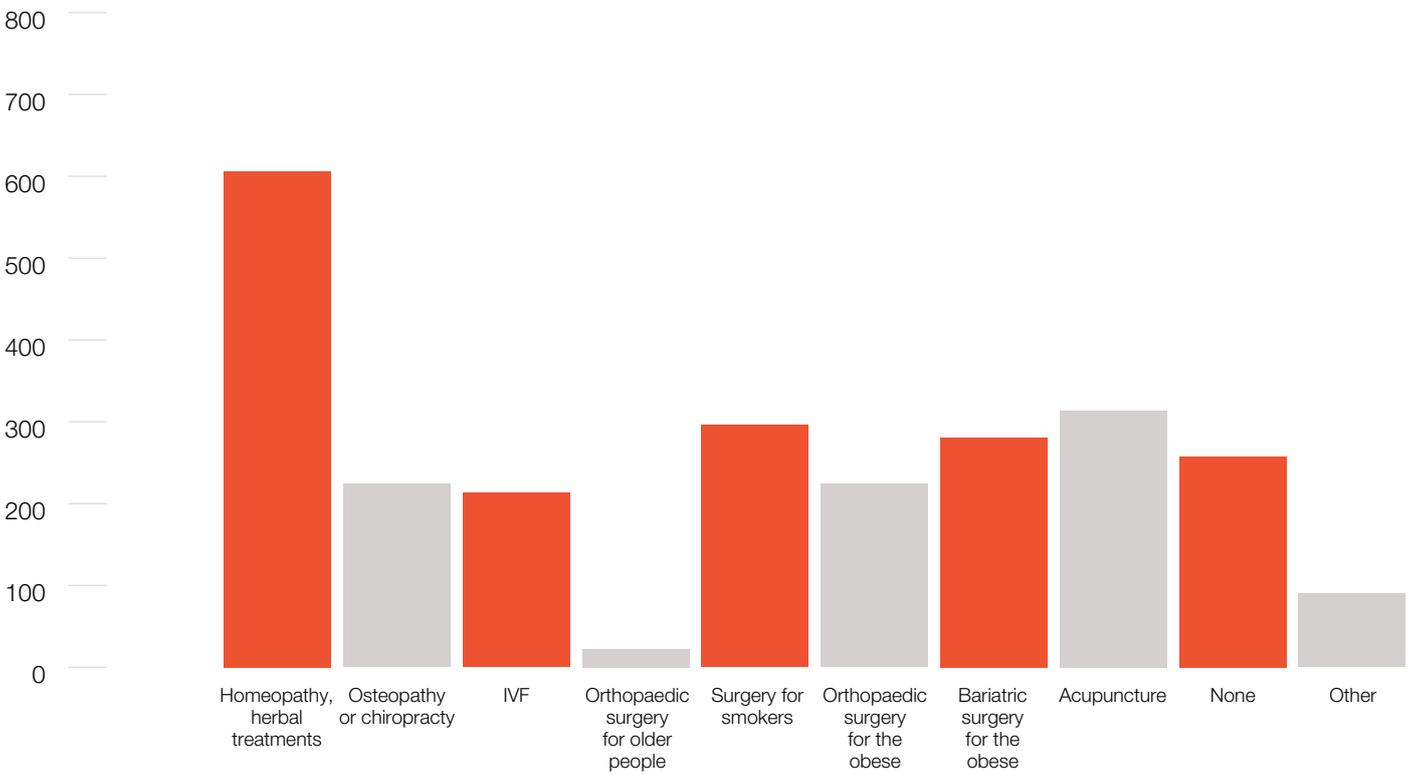
Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

While the nation struggles with the burden of self-inflicted ill health, the poll also detects a lack of sympathy from many of those patients affected. Bariatric surgery for the obese would also be in line for cuts, as would any surgery for smokers. If practice managers, GPs and nurses were in charge of their own budgets, the current health secretary's fondness for homeopathy would not protect it from the chop, along with herbal medicine, and acupuncture.

Figure 10

Which (if any) of these treatments would you stop funding for if the decision was yours?

Number of respondents that answered 'yes' (out of 1122)



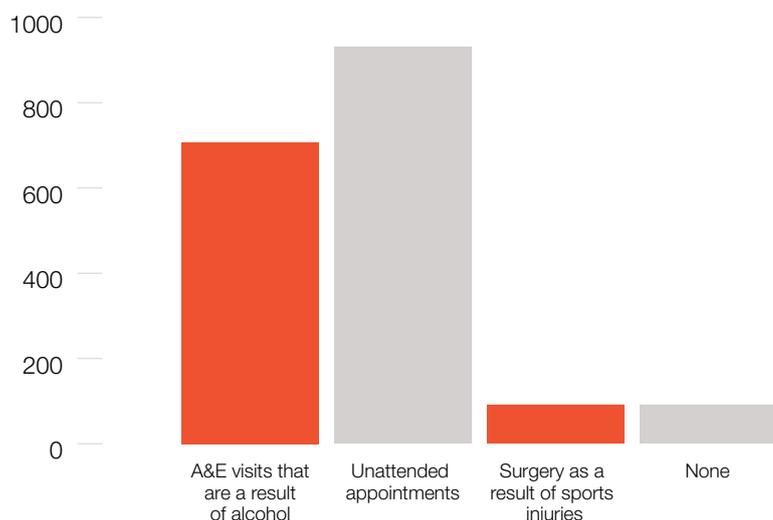
Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

The primary care community is also keen for shock therapy for the nation's boozers, or at least a reduced subsidy; 63% of those polled said patients should pay for Accident & Emergency visits that were the result of alcohol abuse. There appears to be a call for greater respect for NHS resources, and their limits. In total, 83% said patients should be forced to pay a fee for not attending appointments.

Figure 11

In which cases would you like to see patients pay towards treatment?

Number of respondents that answered 'yes' (out of 1122)



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Dr Steve Field, recently appointed as deputy medical director to NHS England, as lead for addressing health inequalities, says the polling in these areas, which struck him as “somewhat judgmental”, surprises him. “I think some of these ideas are pretty abhorrent. Alcohol is a social issue and I don’t think we should be looking at charging people for care, or potentially driving patients away from seeking help,” he says. “We know bariatric surgery can reduce several co-morbidities, and we know smoking is very closely linked with deprivation – I think we need to understand the underlying causes of these problems, not find ways to punish patients.”

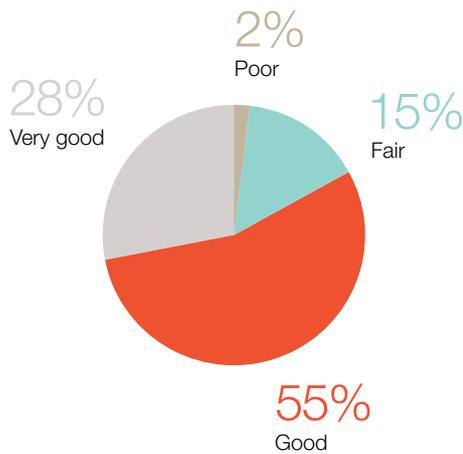
3

quality of care

The survey found that primary and community care professionals are, by and large, very proud of job they do, with 931 respondents (83%) categorised the quality of services they provide as 'good' or 'very good'. Conversely, only 22 (2%) rated them as 'poor'. None thought they were 'very poor'.

Figure 12

What do you think about the quality of service you provide?

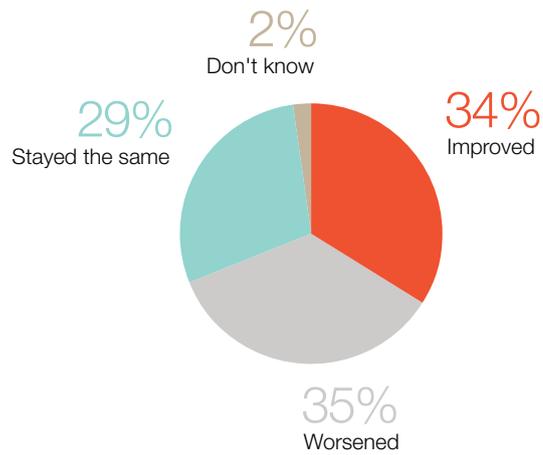


Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Nevertheless, a significant proportion (35%) of those polled thought that the level of service their practice offers to patients has worsened over the last two years. Of these respondents, there was no single, clear reason as to why, though 'cuts to budgets' and 'organisational change' were the most popular. Conversely, more respondents felt that patient access has improved than worsened – again, over the last two years.

Figure 13

In your practice, how do you think the level of service you give patients has changed in the last two years?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

If it has worsened, how?

Number of respondents that answered 'yes' (out of 1122)

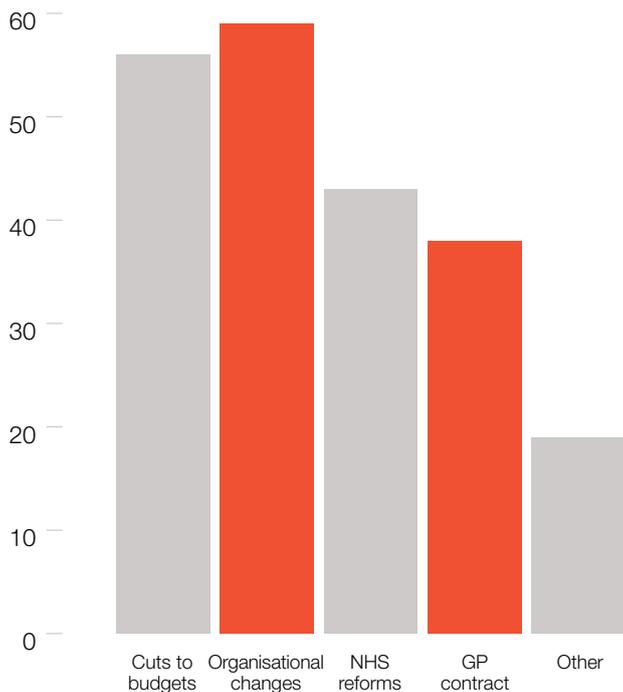
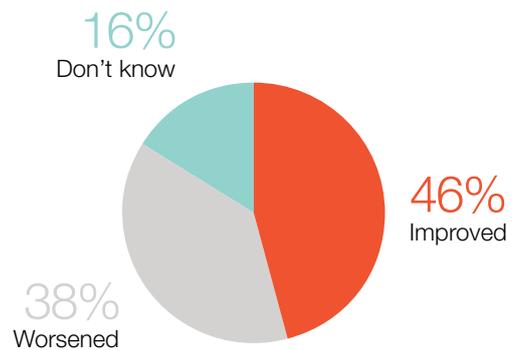


Figure 14

Has access for patients improved or worsened in last two years?

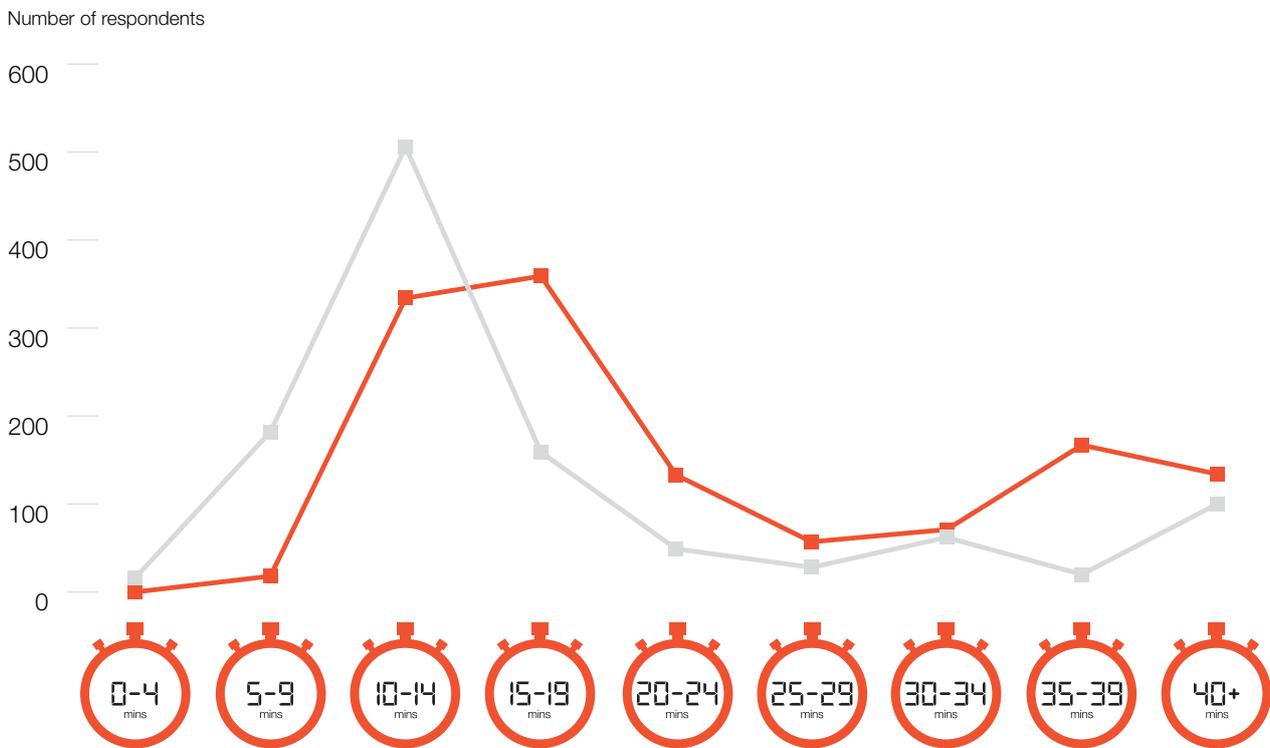


Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

There is a clear feeling among primary and community care professionals that patient consultations are currently too short, though the discrepancy is not as big as received wisdom would suggest. The mean average consultation is between 10 and 14 minutes, while the optimum duration was thought to be between 15 and 19 minutes.

Figure 15

If your role involves seeing patients, how long is your average consultation? ■
 How long do you think the average consultation should be? ■



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

In recent months there have been media reports that dozens of common drugs are in short supply in the NHS. 48 health trusts in England and Wales are experiencing “unacceptable” delays in obtaining drugs because pharmaceutical firms have capped the amount they will sell to the NHS. When polled if this has affected their practice and patients, 50% acknowledged it has had some impact. 146 respondents (13%) rated this as ‘significant’.

Figure 16
What impact have recent drugs shortages had on your practice and its patients?

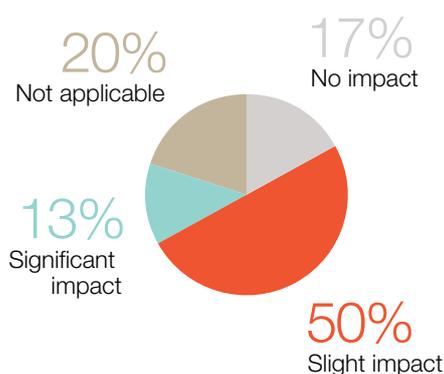
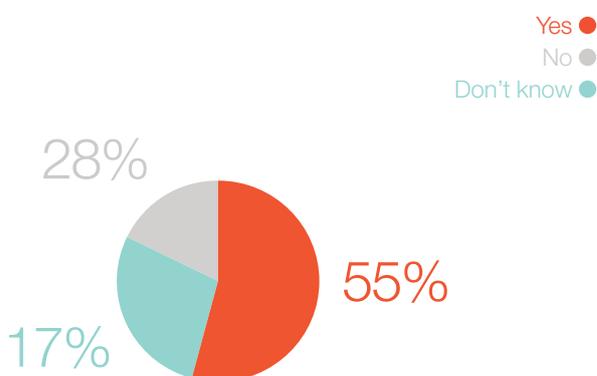


Figure 17
Would you be happy for a family member to be treated at your local hospital(s)?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

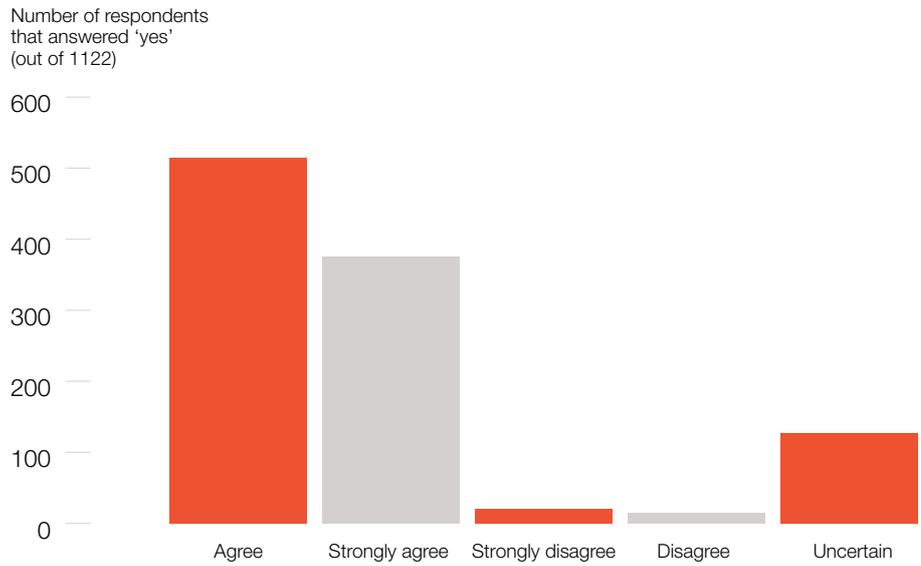
When it comes to the respondents' thoughts on the quality of secondary care, just 54% of those polled said they would be happy for a family member to be treated at their local hospital, suggesting significant unease about the services being commissioned.

“That really stands out,” says Dr Charles Alessi, chairman of the National Association of Primary Care. “Yes, there will be some skew in a statistic like this, because people are always likely to think better of their own services than of those provided by others - but this does suggest real concerns around the quality of hospital services. And this is where the reforms should strengthen the levers for change.” In the short-term, CCGs may hope for nothing more than maintaining a steady ship, and safely transferring commissioning arrangements in a very turbulent environment.

Health Secretary Jeremy Hunt says the survey's findings ring true following similar Department of Health studies into the attitudes of secondary care clinicians. “One of the indicators that we have found to be most accurate in predicting problems at hospitals was the friends and family test. Particularly, the staff was tasked to ask people whether they would like people to be treated at their own hospital. I think there are five hospitals in the country where more than a quarter of staff would not want their own friends and family to be treated at their hospital. So, we have to take these figures very, very seriously.”

In this context, it is perhaps unsurprising that respondents said overwhelmingly (79%) that whistleblowing should be actively encouraged in the NHS. Just 3% thought that it should not.

Figure 18
Whistleblowing should be actively encouraged in the NHS?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

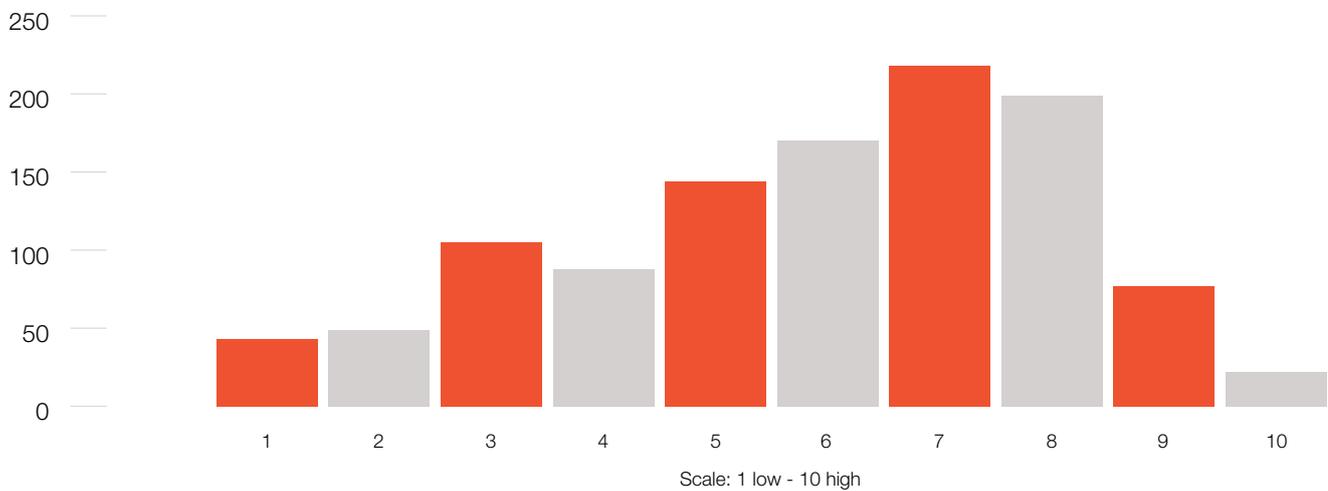
4

morale and abuse

Against a backdrop of unpopular structure reforms and real-term budget cuts, some might expect to find NHS staff morale at low ebb. This survey found, however, that while their outlook was far from positive, neither was it particularly low. When asked to rate their morale on a scale of 1 to 10, the mean answer given by respondents was 5.7.

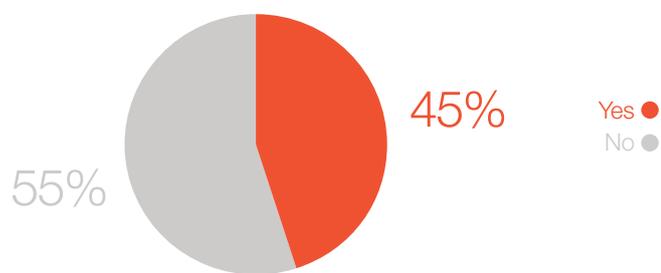
Figure 19
How would you rate your morale out of 10?

Number of respondents
(out of 1122)



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Figure 20
Do you believe your pay is appropriate for your job?

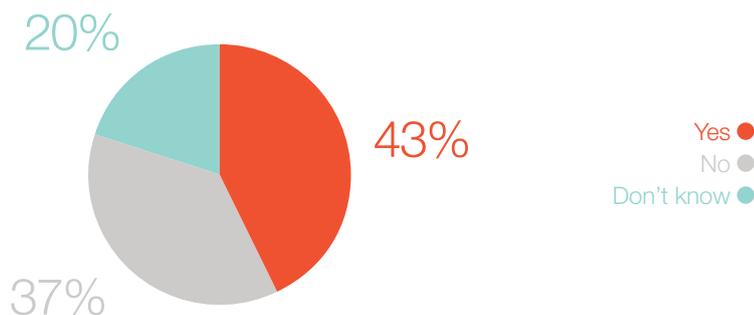


Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Neither was there any clear trend in terms of salary expectations, with only a slightly larger number of respondents (617 or 55%) claiming their pay to be too low. 505 (45%) felt it was currently 'appropriate'.

Figure 21

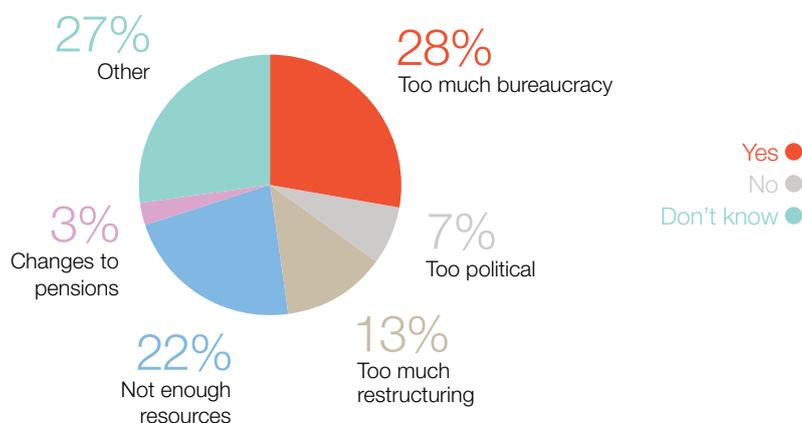
If you could start again, would you choose the career you are in now?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Figure 22

If not, why not?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

However, a sizeable minority of 482 respondents (43%) claimed they would choose another career if they were to start over again. For those in that 37%, there was no standout reason behind their response, though 'too much bureaucracy', was the most popular (28%).

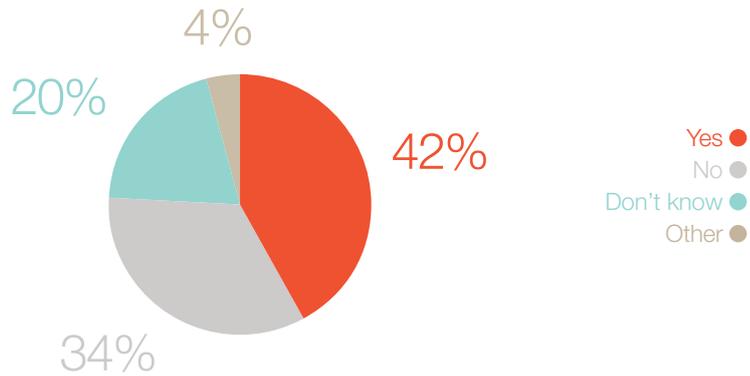
Responding to the findings, Health Secretary Jeremy Hunt says: "Overall, I think the wrong lesson from [the] Francis [Inquiry into Mid Staffordshire NHS Foundation Trust] would be to introduce regulations that meant that people had more bureaucracy, more boxes to tick, more papers to fill out and less time to actually spend caring for patients. That applies as much to primary care as it does to hospitals.

"You know, I have had doctors, GPs, who spend an hour a day chasing forms when they could be spending their time with a patient. We do have to try to cut down on the paperwork and the form-filling and that is very much linked to technology."

Yet the number of respondents that were planning to leave the NHS within the next five years due to job dissatisfaction – at 132 – was much smaller, suggesting a limit to the unrest.

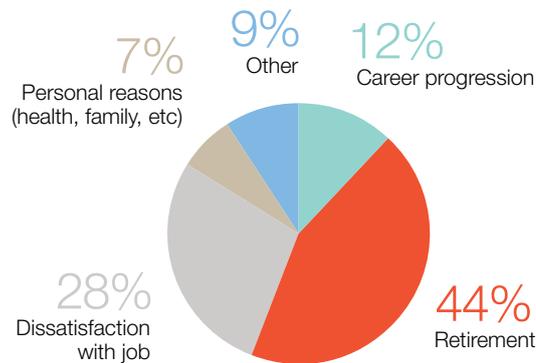
Figure 23

Are you planning to leave your job in the next five years?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

If so, why?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Physical and verbal attacks by patients on NHS staff – which number around 60,000 a year according to government figures – has been a growing concern for a number of years. So in this context it is sadly unsurprising that the survey found that 65% of primary healthcare professionals have suffered some form of abuse from patients, whether verbal/written (50%) or physical (15%).

What may come as more of a shock, however, is that 397 respondents (35.4%) have been attacked by a colleague: five physically, 392 verbally or written.

Figure 24

Have you ever been abused by a patient?

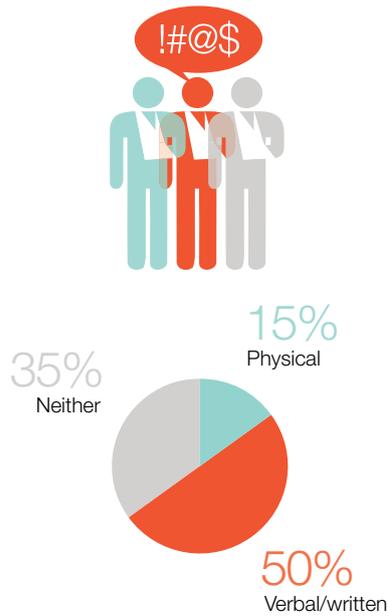
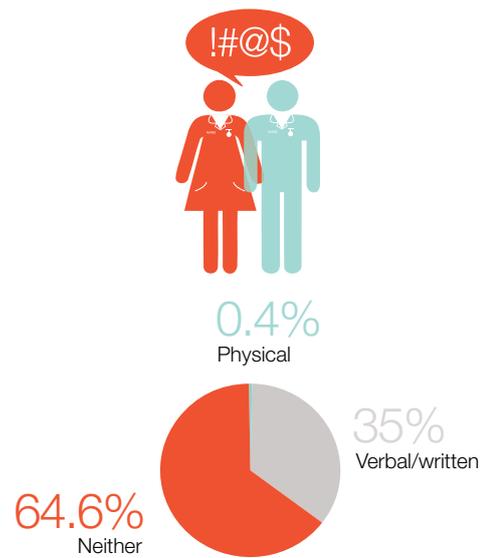


Figure 25

Have you ever been abused by a colleague?



Source: Campden Health, Primary Concerns: A Survey of Healthcare Professionals

Commenting on the survey's finding, Health Secretary Jeremy Hunt says it is "deeply shocking" and that he will "look into whether there is anything [the Department of Health] can do". "We need to operate as a team," he says. "We have a huge responsibility – those of us working for the NHS – because we are looking after three-million people every week and that creates enough pressures of its own, without creating additional pressure in terms of the way we treat our colleagues."

