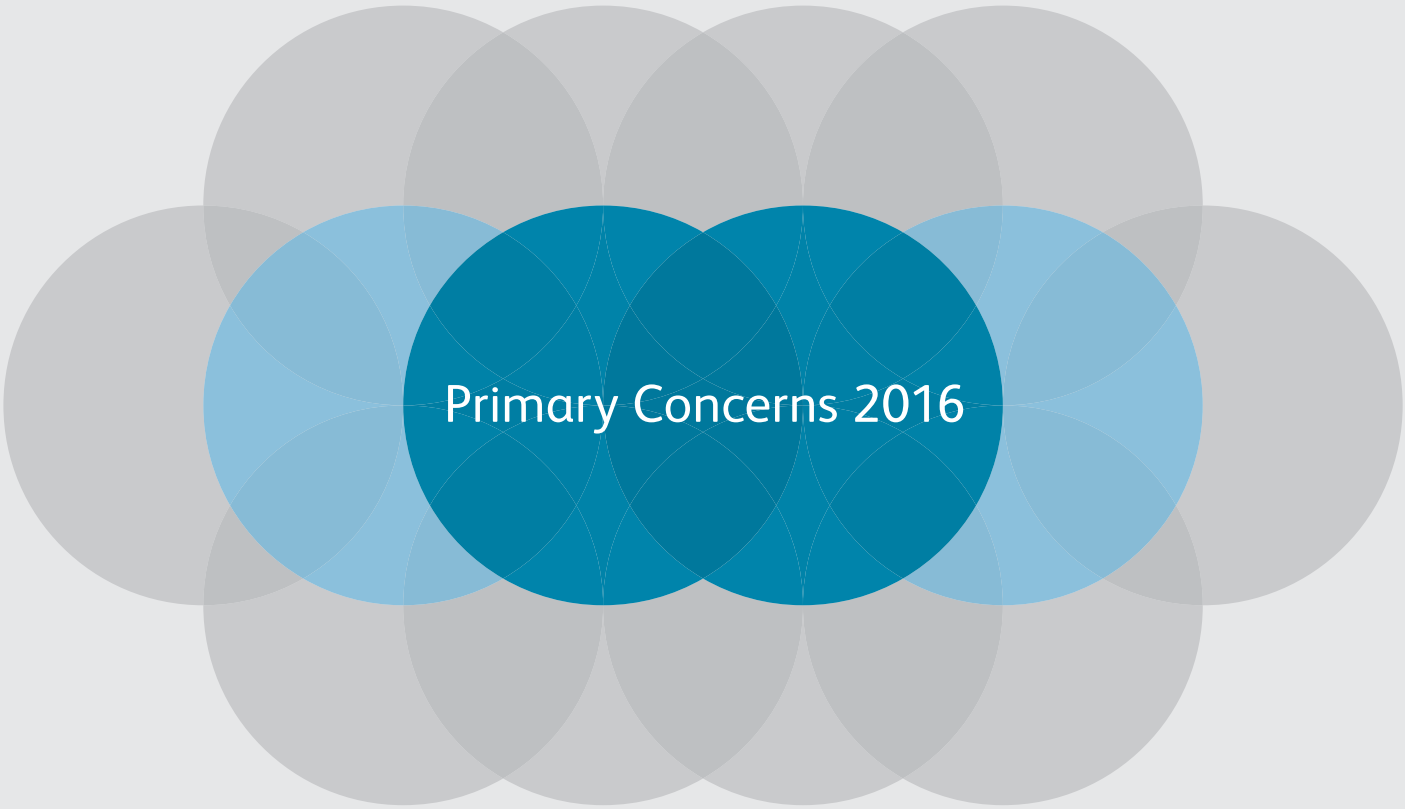

Cogora

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About this report

The report is based on a survey which was distributed to readers of *The Commissioning Review*, *Management in Practice*, *Nursing in Practice* and *Pulse* between 10 August 2016 and 21 September 2016. It is Cogora's fourth annual survey of primary care healthcare professionals' attitudes and work morale. This year focused on their views on recent or proposed NHS reforms, their attitudes to the efficacy of the healthcare system, their job satisfaction and their views on the 2016 EU referendum.

Please note that this report is based on data collected in 2016 and is referred to throughout as the 'latest' or 'most recent' report. Last year's report refers to the report published in 2016 based on data collected in 2015. The previous year's report was published in 2014 and based on data collected in the same year. For copies of the previous reports, please visit www.cogora.com

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About Cogora

Cogora is a leading, pan-European media and marketing services company that sits at the heart of a highly-engaged community of 220,000 healthcare professionals.

Over the last 50 years, our market-leading media brands – which include Pulse, Nursing in Practice, Management in Practice, The Commissioning Review, Hospital Pharmacy Europe and Hospital Healthcare Europe – have become trusted sources of medical news and education.

We use quantitative and qualitative data from our communities to gain deep insight into what they think and do. This allows us to provide strategic recommendations to our clients on how to best interact with healthcare professionals.

We also use this knowledge to create innovative and flexible educational programmes and communication campaigns, which deliver measurable, impactful outcomes.

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Abbreviations

A&E Accident and Emergency
APMS Alternative Provider Medical Services
BMA British Medical Association
CCG Clinical Commissioning Groups
CCT Certificates of Completion of Training
EEA European Economic Area
EU European Union
GMC General Medical Council
GP General Practitioner
GPC BMA General Practitioner's Committee
HEE Health Education England
HM Her Majesty's
IT Information Technology
IVF In Vitro Fertilization
NHS National Health Service
NMC Nursing and Midwifery Council
OTC Over the Counter
PCT Primary Care Trust
PMQ Primary Medical Qualification
RCGP Royal College of General Practitioners
RDEL Resource Departmental Expenditure Limit
UK United Kingdom

Executive summary

In line with previous Primary Concerns reports, primary care workers reported a problem with abuse in the NHS. Incidences of respondents receiving written, verbal and physical abuse had all increased. Increases in abuse were most evident amongst practice managers, and only less than one-third of healthcare workers had escaped abuse in the last year.

For the third year running, the majority (69%) of healthcare professionals have reported a worsening in the quality of patient care. Most healthcare professionals believe that this is due in part to shortages in clinical staff and insufficient time allowed per patient consultation (84% and 80% of respondents, respectively). Notably, GPs report seeing an average of 175 patients per week, a number previously deemed unsafe and unsustainable in a comparison of European countries. GPs themselves estimate that a 50% increase in the length of consultations is needed in order to provide quality care.

Despite a perceived lack of clinical staff, GPs did not demonstrate strong support for strategies outlined in NHS England's GP Workforce 10 Point Plan aimed at increasing the GP workforce. Commissioners were more likely to view the proposals with positivity; however, only a small number of GPs and commissioners predict the plan will be implemented as intended.

The majority of healthcare professionals (83%) report not observing any improvement in primary care services as a result of the increased funding that should have been made available following the formation of the Primary Care Transformation Fund in December 2014 and insufficient funds are still viewed as having a detrimental effect on the quality of patient care. Most primary care workers would support funding cuts in certain therapy areas, such as over-the-counter medications (62% of respondents), potentially as a means to ensuring adequate funding for treatment of severe illnesses. Notably, one-third of GPs still support free healthcare for all.

For the third year in a row, healthcare professionals do not consider their CCG's policies as very reflective of their own views. Healthcare professionals further report having little ability to influence their CCG's policy decisions. Whilst the introduction of CCGs was meant to increase GPs' influence on commissioning, GPs directly involved in commissioning still rated their influence over their CCG's decisions much lower than that of their non-GP commissioning colleagues.

In the lead-up to the UK referendum on whether or not to leave the EU on the 23 June 2016, the impact on the NHS was regularly debated by both campaigns. The majority of healthcare workers appear unsure what effect Brexit and the triggering of Article 50 will have on NHS budgets or expect there will be no change. Conversely, more than half of healthcare workers predict Brexit will have a negative effect on the number of nurses and GPs working in the NHS. Healthcare workers could not agree on the effect of Brexit on NHS patient numbers.

Survey findings

Meet the respondents

The survey was distributed to subscribers of Cogora's magazines *The Commissioning Review*, *Management in Practice*, *Nursing in Practice* and *Pulse* between 10 August 2016 and 21 September 2016. The final analysis is based on a sample of 1,734 respondents. The sample excluded respondents who were not currently working as healthcare professionals due to e.g. retirement or who worked abroad (see appendix for details).

Approximately two-fifths (43%) of the respondents were general practitioners (GPs) and one-third (33%) were nurses. The remaining respondents worked as commissioners (4%), practice managers (15%), health visitors and midwives (1%) or 'other' (5%). The 'other' category included general practice support staff, healthcare assistants, pharmacists, psychotherapists and podiatrists. The vast majority of respondents worked in England (88%) but the sample also included respondents from Scotland (6%), Wales (3%) and Northern Ireland (2%) (percentages have been rounded to the nearest whole number).

"The report is based on a sample of 1,734 respondents recruited through *The Commissioning Review*, *Management in Practice*, *Nursing in Practice* and *Pulse* between 10 August 2016 and 21 September 2016"

Interaction with the CCGs

In 2013, NHS England underwent structural reform resulting in the removal of Primary Care Trusts (PCTs) and the formation of Clinical Commissioning Groups (CCGs), as outlined in the Health and Social Care Act of 2012 (Department of Health, 2012; Department of Health, 2013). Despite hopes that the new CCGs would improve healthcare services, our previous report revealed that less than one-tenth (8%) of primary healthcare professionals felt that reforms had improved the quality of patient care, and two-fifths (39%) believed they had a detrimental impact (Cogora, 2016).

Since their formation, CCGs (clinically-led statutory bodies formed of GPs, nurses, secondary care specialists and lay persons) have been responsible for the commissioning and provision of health services to their local populations and receive approximately two-thirds of NHS England's budget (£71.9 billion in 2016/17) (NHS Clinical Commissioners, 2016). Despite this, our 2015 annual survey showed that only 1 in 3 (36%) healthcare professionals and less than a third of GPs (27%) felt that GPs had gained more influence over commissioning since the introduction of CCGs (Cogora, 2016).

To understand how primary care healthcare professionals' attitudes towards the NHS England reforms have changed since the last report, respondents in our most recent survey were asked to rate how reflective they feel their CCG's decisions are of their views and how able they are to influence their CCG's decisions.

For the third year running, the data showed that primary care healthcare professionals do not feel that their CCG's decisions are reflective of their own views (median rating of 2 on a scale of 1 to 5 where 1=not at all reflective and 5=very reflective, n=1614) (Figure 1).

Unsurprisingly, commissioners were somewhat more likely to perceive their CCG's decisions as reflective of their own opinions than other professional groups. However, even commissioners did not report a strong alignment of their views and their CCG's decisions (median rating 3, n=55). Interestingly, commissioners who were also GPs were most likely to find their CCG's decisions reflective of their views (median rating 4, n=18).

Whilst the introduction of CCGs was meant to increase GPs' influence on commissioning (Department of Health, 2012); our results suggest that primary care healthcare professionals do not feel at all able to influence their CCG's decisions (median rating of 1 on a scale where 1=not at all able and 5=very able, n=1618) (Figure 2). Sadly, this represents a worsening since our 2015 survey, when respondents reported feeling slightly more influential (median rating of 2) (Cogora, 2016).

The level of perceived influence varied across the professional groups surveyed, with commissioners (median rating of 3, n=55) feeling the most influential. Interestingly, the subgroup of commissioners who were also GPs rated their influence over their CCG's decisions much lower than that of their non-GP commissioning colleagues (median rating 1, n=18). This could indicate that commissioners with a clinical background are not sufficiently involved in CCG's decisions, as suggested by a previous publication showing that CCG managers are perceived as more influential than GP leaders (King's Fund and Nuffield Trust, 2016b).

"For the third year running primary care healthcare professionals do not feel their CCG's decisions are reflective of their views. Furthermore, they do feel at all able to influence their CCG's decisions"

Figure 1. How reflective do you feel your CCG's decisions are of your own views?
1 = not at all reflective, 5 = very reflective

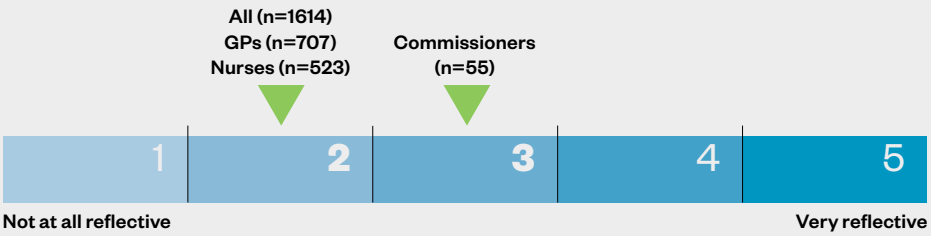
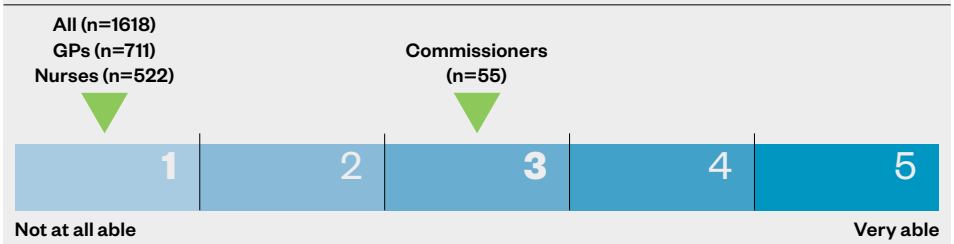


Figure 2. How able are you to influence your CCGs policy decisions?
1 = not at all, 5 = very able



Staff levels & morale

Hiring preferences for practice pharmacists, physician assistants and mental health nurses

Health Education England's (HEE) third Workforce Plan for England revealed plans to commission an additional 452 physician assistant, 100 mental health nurse and 41 pharmacist (pre-registration year only) training posts in 2016/17, representing increases of 221%, 3% and 6%, respectively (Health Education England, 2016).

Our survey found that almost all (96%) of GP partners and practice managers who currently employ one or more practice pharmacists would like to continue to do so (Figure 3). Of those GP partners and practice managers who do not employ practice pharmacists, almost three-quarters (73%) would be interested in employing a practice pharmacist in the future, suggesting high support for this aspect of the Workforce Plan.

The vast majority of GP partners and practice managers do not currently employ a physician assistant (94%) (Figure 3). However, almost four-fifths (78%) of those who do employ one are supportive of the role. Interestingly GP partners where less inclined to employ or continue to employ a physician assistant (45% would employ; 68% will continue to employ) compared with practice managers (61% would employ; 100% will continue to employ) despite hopes that an increase in physician associates could alleviate workload issues in primary care (Department of Health, 2016a).

Only 7% of GP partners and practice managers currently employ a mental health therapist (Figure 3). However, of those that do, the vast majority (91%) would like to continue doing so. Similarly, three-quarters (76%) of GP partners and practice managers who do not currently employ a mental health therapist would be interested in employing one, demonstrating demand for increasing access to this professional group in general practices.

"There is great support for the hiring of practice pharmacists and mental health therapists, while opinions on physician associates vary"

Figure 3. If you are a Practice Manager or GP Partner, do you, or would you,employ the following professional groups in your practice on a permanent basis?

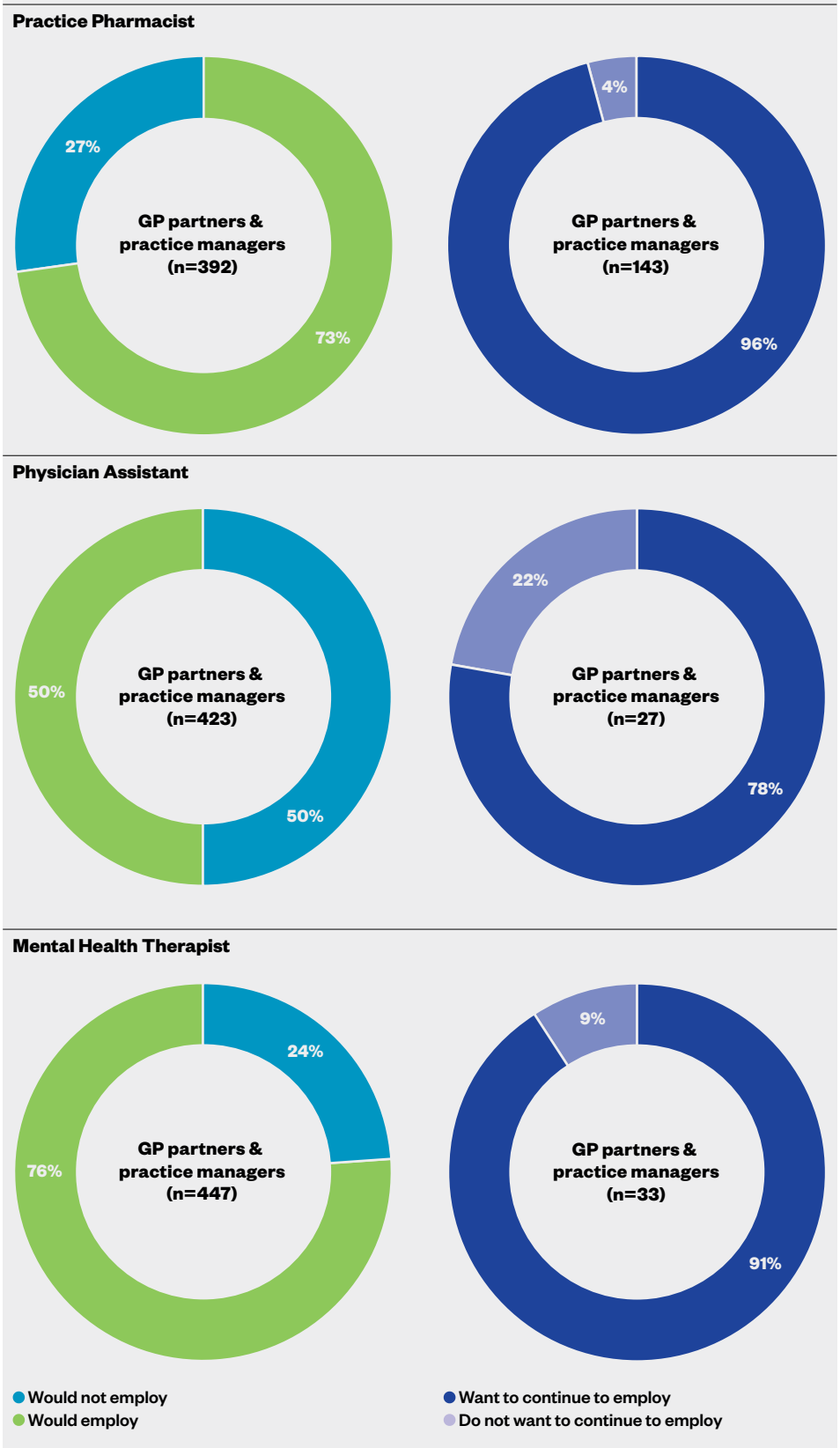
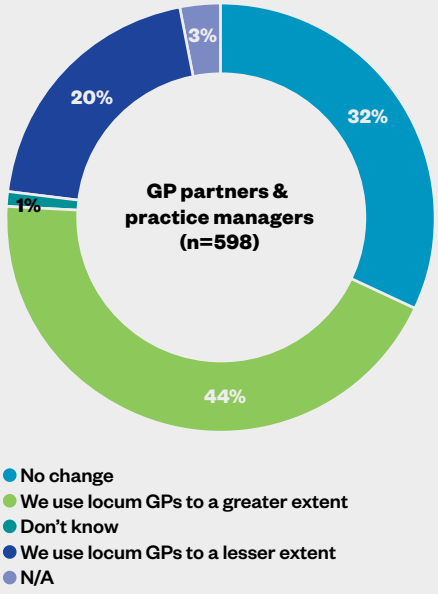
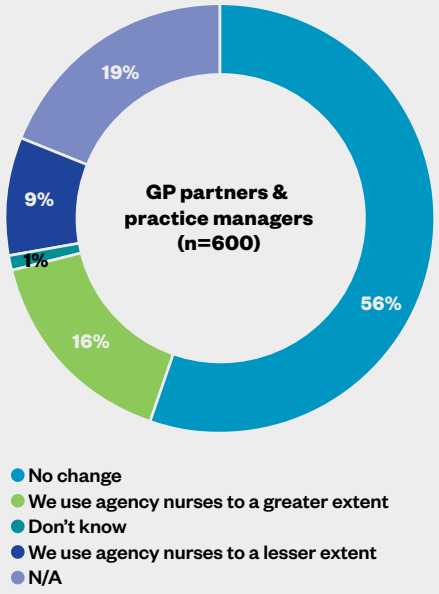


Figure 4. Has the extent to which your practice uses locum GPs changed over the past 12 months?



Has the extent to which your practice use agency nurses changed over the past 12 months?



Use of locum GPs and agency nurses

Just short of one-half of the practice managers and GP partners surveyed (45% of practice managers; 44% GP partners) stated that their practice had increased their use of locum GPs over the past 12 months (Figure 4). Conversely, most GP partners (59%) and half of practice managers (50%) stated that there had been no change in the number of agency nurses their practice required in the past 12 months.

Last year's Primary Concerns report showed that locum GPs were hired for a median of five days per month (Cogora, 2016). In our most recent survey, locum GPs were reported to be hired for an overall median of four days per month (n=572). However, the practice managers and GP partners who reported an increase in their employment of locum GPs said their practice had hired locums for a median of six days per month (n=264), representing an increase of approximately two days per month. Agency nurses were hired for fewer days in 2016 (median of zero days per month, n=484) compared with 2015 (median three days per month) (Cogora, 2016).

To understand this change, we asked respondents who had observed a decrease in the extent their surgery hired locum GPs and agency nurses what factors might impact this decrease in hiring behaviour. Where the hiring of locum GPs had decreased, several respondents accredited this to a lack of locums available and the expense of hiring them. Some respondents indicated that they had decreased their need for locum GPs by hiring additional staff, including salaried GPs and nurse practitioners. The responses also revealed that many practices had increased both the training of clinical staff and the recruitment of practice nurses to reduce the need for hiring agency nurses, a move that the current data suggest was successful.

Staff morale

Both of our two most recent Primary Concerns reports highlighted low staff morale as a problem for primary care healthcare professionals across the UK (Cogora, 2014; Cogora, 2016).

Our most recent survey showed that staff morale had remained low for all primary care healthcare workers (Figure 5). Low morale was particularly evident for GPs (n=612) and commissioners (n=18) who provided median ratings of 2 and 2.5, respectively, on a scale of 1 to 5 where 1 represented 'very low' morale. Morale was slightly higher for nurses (n=326) and practice managers (n=212). However, with a median score of 3, morale in these groups was not very high either.

To understand the reasons for the low morale, respondents were asked to rate how influential a number of pre-set factors were for their morale.

Mimicking last year's results, the reasons perceived as having the greatest influence on morale included a feeling of being overworked, too much bureaucracy and unfair NHS criticism from politicians (all median rating of 5 on a scale of 1 to 5 where 1=not at all influential and 5=very influential, n=1037-1041) (Figure 5).

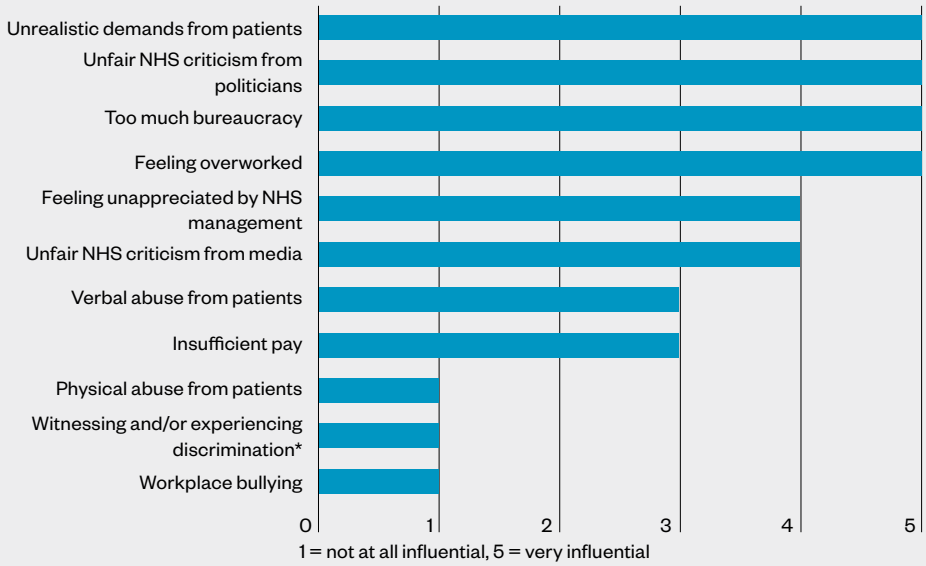
Other factors that had a large impact on morale comprised of unfair NHS criticism from the media (n=1038) and feeling unappreciated by NHS management (n=1035), receiving a median rating of 4 in both last year's report (Cogora, 2016) and our most recent survey (Figure 5).

In 2016, insufficient pay was rated as less influential than in last year's report, receiving a median rating of 3 for all respondents (n=1018) (compared with 4 in 2015) (Cogora, 2016), with the exception of nurses (n=259) who again gave it a higher score of 4 (Figure 5).

For practice managers (median rating 4, n=173) and GPs (median rating 5, n=533) feeling unappreciated by NHS management had a greater impact on morale in the current survey compared with our last report (median rating 3 and 4, respectively) (Cogora, 2016) (Figure 5). Nurses (median rating 5, n=267) and commissioners (median rating 4, n=16) did not perceive a change in the extent to which this factor influenced their morale.

Conversely, healthcare workers continue to paint a positive picture of their workplace in the context of witnessing and/or experiencing discrimination and workplace bullying (Figure 5). Respondents in our last

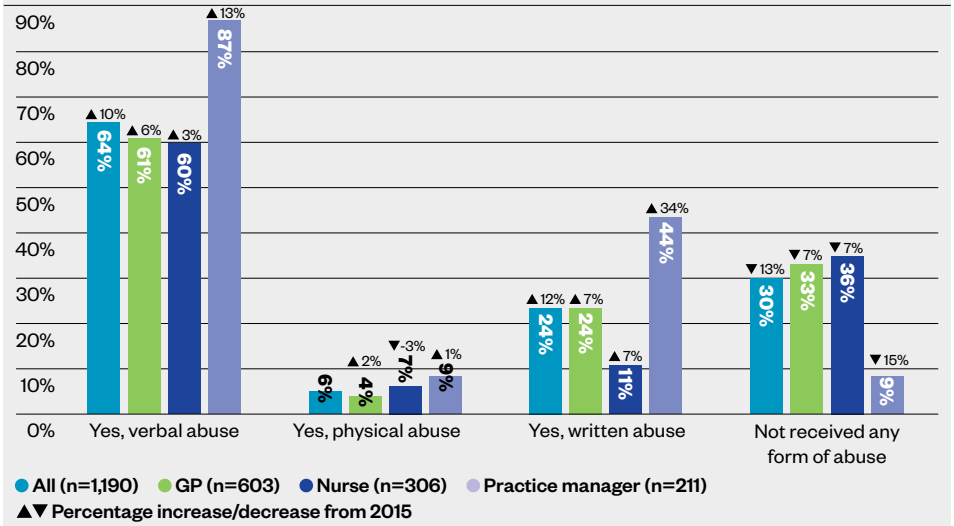
Figure 5. If you answered 3 or below, how influential are the following reasons for your low work morale?



(n=1,007-1,042)

**Results combined for: Discrimination against black and minority ethnic group staff (targeting yourself) Witnessing discrimination against black and minority ethnic group staff Discrimination against staff with learning disabilities (targeting yourself) Witnessing discrimination against staff with learning disabilities*

Figure 6. Have you experienced any of the following forms of abuse from patients in the last 12 months?



report gave workplace bullying a low median rating of 2 (Cogora, 2016). Our most recent survey found a decrease in the median rating (median rating 1, n=1024), suggesting continued low and/or improved levels of workplace bullying. Positive feedback was also provided when asked about witnessing or experiencing discrimination against black and minority ethnic group staff or staff with learning disabilities, which were all rated as being not at all influential for morale (median rating 1, n=1007–1020).

Similarly, physical abuse from patients was rated as having no effect on morale (median rating 1, n=1010), whereas verbal abuse from patients seemingly had a greater impact (median rating 3, n=1027) (Figure 5). While this only had a moderate effect on GPs (median rating 3, n=532) and nurses (median rating 3, n=262), it was rated more highly by practice managers (median rating 4, n=171), the professional group most likely to receive this form of abuse.

In our previous report, more than half (55%) of healthcare workers had received verbal abuse from a patient within the last year (Cogora, 2016). Our most recent survey found a 10 percentage point increase in verbal abuse, with 64% of all respondents having received verbal abuse from a patient within the last 12 months (Figure 6). A greater proportion of practice managers reported receiving verbal abuse from patients than any other professional group (87%), including nurses (60%) and GPs (61%).

Our previous report's results showed that nurses were three times more likely than GPs to have received physical abuse from patients (Cogora, 2016); however, in this year's report the results are much closer with only 7% of nurses experiencing physical abuse from a patient within the past year, and 4% of GPs (Figure 6). This represents a small decrease in the proportion of nurses suffering physical abuse (–3 percentage points) but a doubling in the proportion of GPs (Cogora, 2016). Practice managers are now the most at risk, with 9% experiencing physical abuse from a patient within the past year, compared with 7% in 2015 (Cogora, 2016).

> "Excessive bureaucracy, unfounded criticism of the NHS by politicians and too high workloads are perceived as having a negative impact on UK healthcare professional's morale"

In the past year, healthcare workers reported a 12 percentage point increase in written abuse (Figure 6). GPs were more than twice as likely (24%) than nurses (11%) to have received written abuse from a patient. However, the greatest increase and the professional group now most likely to receive written abuse was reported by practice managers.

In our previous report, only one-tenth (10%) of practice managers had received written abuse from a patient in the past year (Cogora, 2016). This has increased by more than 33 percentage points in the last year so that practice managers are now four-times more likely (44%) to receive written abuse than nurses (Figure 6).

To understand this further, we asked practice managers specifically why they believe abuse has increased. High patient expectations were cited as a key factor contributing to the abuse, as noted by one respondent "I receive abuse from patients on a weekly basis, I have no idea why they feel that this is appropriate behaviour. The message that keeps coming through is that they feel they are entitled to privileged treatment that they are not getting even though they have paid for it."

Sadly, the number of healthcare workers who state that they have received no abuse from patients within the past year has decreased by 13 percentage points, with only around one-third (30%) of respondents having avoided abuse in the last year (Figure 6).

Quality of NHS care

For the third year running, more than half of primary care healthcare professionals reported observing a decrease in the quality of patient care (Cogora, 2014; Cogora, 2015). Our latest Primary Concerns survey showed that over two-thirds (69%) of primary care healthcare professionals believe the quality of patient care has worsened over the last 18 months (Figure 7).

Overall, nurses provided a somewhat more positive picture than GPs with one-tenth (10%) of nurses reporting an increase in the quality of patient care, relative to only 4% of GPs, and just under two-thirds of nurses (61%) reporting a worsening, compared with three-quarters (76%) of GPs (Figure 7).

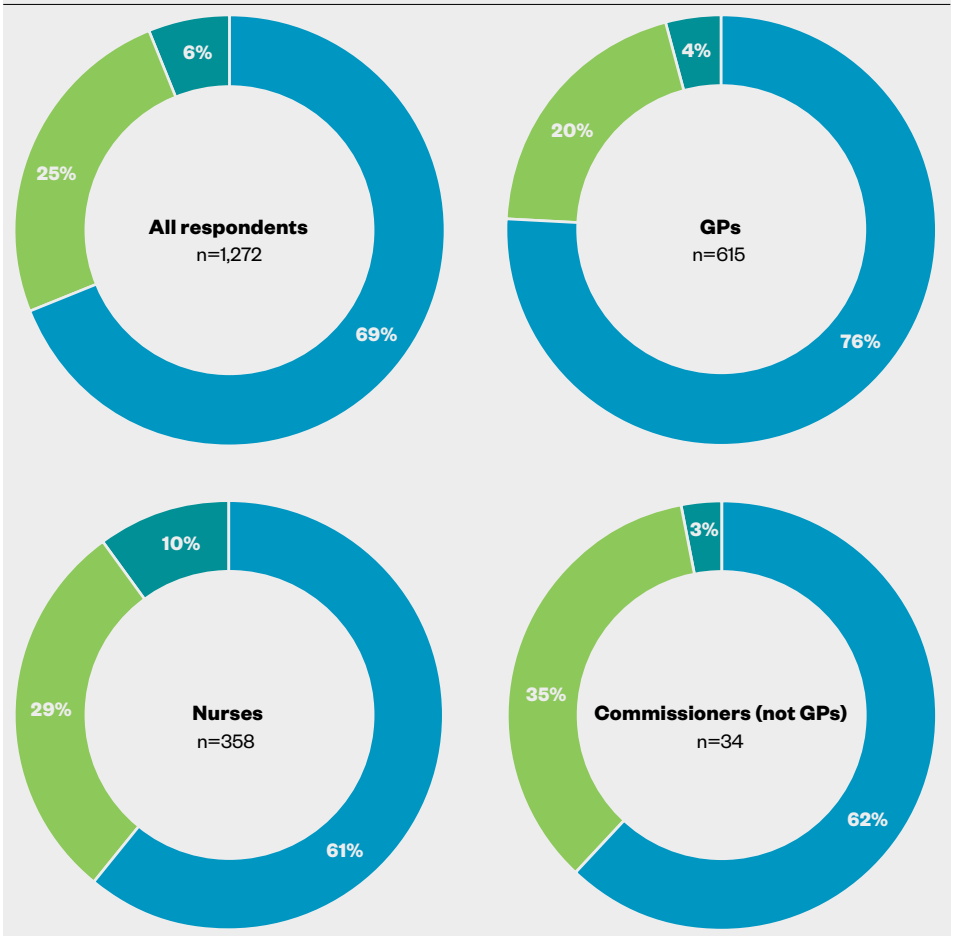
This would suggest healthcare professionals take a more pessimistic view on the quality of patient care than patients (NHS England, 2016). According to NHS England's latest GP Patient Survey, which takes into account the views of 836,000 patients, more than two-fifths of patients (43%) rated their experiences at their general practice as 'very good' and only 1% had 'very poor' experiences. These results represent a small increase on the previous year's findings (NHS England, 2016).

For the second year in a row (Cogora, 2016), a shortage of clinical staff (84%) and not being able to spend sufficient time with each patient (80%) were regarded as the two factors primarily responsible for a decrease in the quality of patient care (Figure 8). These factors were regarded as marginally less important this year compared with last year, with decreases of 6 and 2 percentage points, respectively (Cogora, 2016).

Insufficient healthcare budgets were also regarded as influential by four-fifths (78%) of primary care healthcare professionals, consistent with our previous report's findings (Cogora, 2016) (Figure 8). Interestingly, almost all commissioners (95%), in charge of healthcare budgets and commissioning of health services, cited insufficient healthcare budgets as an influential factor.

More than half (56%) of the respondents cited poor NHS leadership as an influential factor and a similar proportion (48%) felt that a shortage of support staff was contributing to a worsening in care (Figure 8). Our 2016 survey also demonstrated an increase in the proportion of GPs (+20 percentage points) and nurses (+12 percentage points) citing 'other' factors as responsible for the perceived decrease in the quality of care. Open-ended answers showed that these included too much bureaucracy and an overflow or 'dumping' of secondary care work on primary care services as a result of secondary care being unable to meet patient demand.

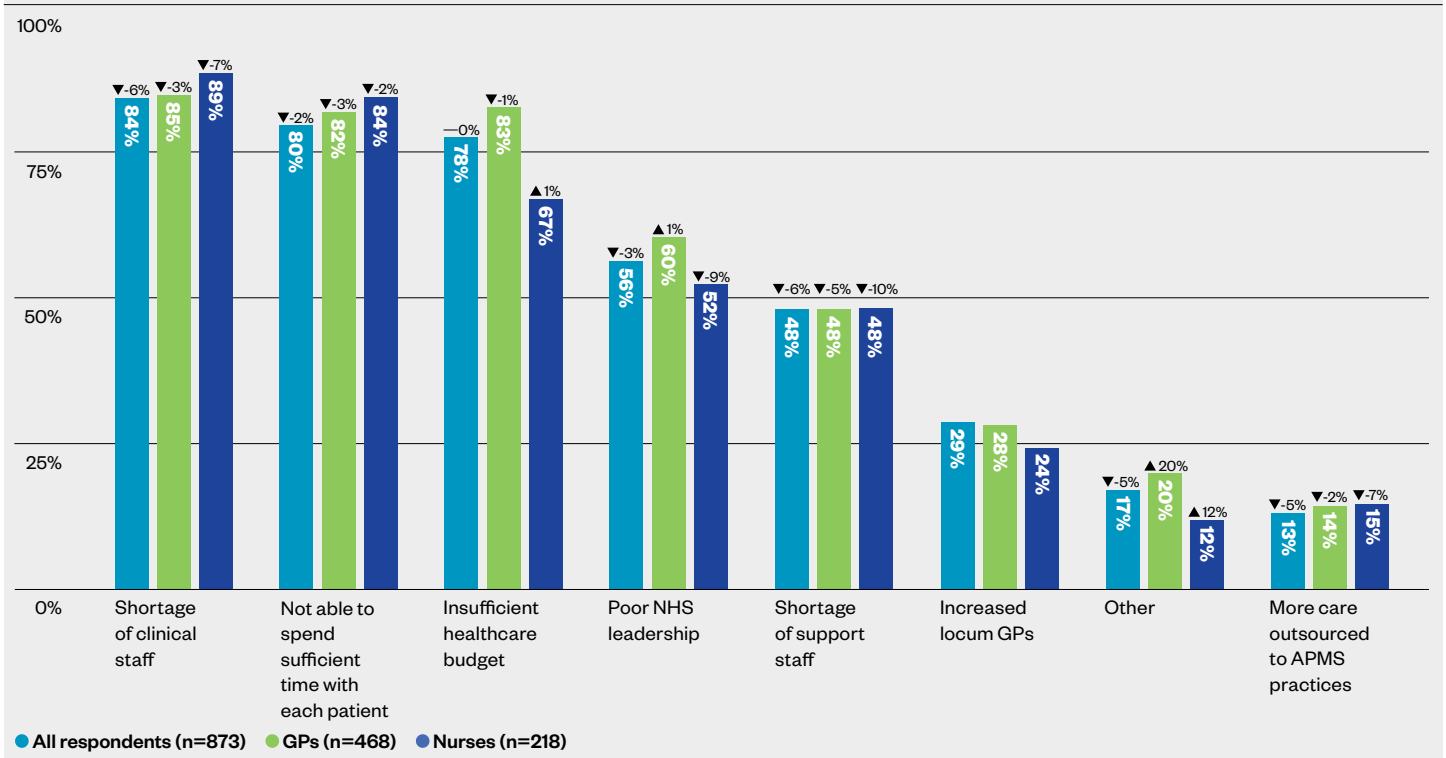
Figure 7. How do you believe the quality of patient care has changed over the past 18 months?



Respondents who responded 'unsure' were removed from the analysis (n=39)

"69% of primary care healthcare professionals believe the quality of patient care has worsened over the last 18 months, with shortages in clinical staff and insufficient time spent with each patient being regarded as the key factors"

Figure 8. If it has worsened, what do you believe are the reasons for this?



Insufficient time with each patient was cited as a key reason for a decrease in the quality of patient care (Figure 8). To find out more, we asked respondents how many patients they see in an average day, how long their average consultation lasts and how much time they think an average consultation should last for them to provide quality care.

GPs reported seeing an average of 35 patients per day (n=594), which corresponds to around 175 patients a week, a number deemed unsafe and unsustainable in a comparison of European countries (McCarthy, 2016). In the report 'Safe working in general practice', the BMA recommends that the "quantified commissioned activity of an NHS GP" should be reduced to no more than 115 patients a week (British Medical Association, 2016a), a figure well below our consultation estimates for 2016.

Our previous report found that, on average, GPs and nurses were spending 10 and 11 minutes, respectively, with their patients. However, the healthcare professionals included in the survey considered that it was insufficient for them to provide quality patient care (Cogora, 2016). Our most recent survey showed that the median appointment length had remained largely the same (10 minutes for GPs, n=607 and 12 minutes for nurses, n=325). Worryingly, nurse and GP respondents felt that a 25–50% increase in consultation length would be needed to allow them to provide quality patient care, with both GPs and nurses reporting that an average consultation length of 15 minutes would be needed (n=926). This is consistent with recommendations by the BMA who have called for an "immediate introduction" of 15-minute consultations (British Medical Association, 2016a).

"GP patient numbers are considered unsafe and unsustainable, with GPs seeing an average of 175 patients per week compared with the recommended 115"

NHS budgets

In December 2014, NHS England announced the creation of a new £1 billion fund for primary care services to improve GP premises and information technology (IT). The Primary Care Transformation Fund will be distributed over a period of four years and via four £250 million tranches. According to NHS England, more than one thousand general practices have been supported for funding in 2015–2016 as part of the first share, an investment of £190 million (British Medical Association, 2015; NHS England, 2015).

Approximately four-fifths (83%) of respondents had not observed an improvement in primary care services as a result of the funding, although it is noted that commissioners who have more insight into CCG budgets than other HCPs were less likely to say that no improvement had been observed (70% reporting no improvement and 21% reporting an improvement) (Figure 9).

In 2015–2016, the total budget for NHS England was approximately £116.4 billion, and is set to increase to £120.4 billion in 2016–2017 as part of budget increases laid out in the 2015 Spending Review (Department of Health and HM Treasury, 2015).

With this in mind, we asked primary care healthcare professionals if there should be a public debate to decide which treatments are provided for free by the NHS. Approximately two-thirds (65%) of healthcare professionals and three-quarters (73%) of GPs supported the idea of a public debate; whereas only just over half of commissioners (55%) agreed.

Primary care healthcare professionals were also asked which, if any, treatments the NHS should stop funding (Figure 10). The majority (62%) of respondents felt that the NHS should stop funding over-the-counter (OTC) medicines. Approximately two-fifths of respondents believed funding should not be provided for acupuncture (44%) and osteopathy (40%), with doctors in particular believing these areas should not be funded (52% and 58%, respectively).

In our previous Primary Concerns report, just less than one-third (31%) of respondents felt that the NHS should stop funding in vitro fertilisation (IVF) (Cogora, 2016). This year's report showed a relatively higher support for IVF, with only one-quarter (25%) of healthcare professionals identifying IVF as an area which should not be funded in the future (Figure 10).

As in last year's Primary Concerns report (Cogora, 2016), the majority of primary care healthcare professionals still support the view that patients should pay for a missed GP appointment (69% of overall sample, 63% of GPs and 54% of commissioners) or an accident and emergency (A&E) visit resulting from alcohol consumption (54%) (Figure 11). This view could in part be explained by the steady increase in the absolute number of missed appointments over the last ten years, from 5 million in 2005–2006 to 7.5 million in 2015–16 (NHS Digital, 2016). When asked how much a patient should pay towards a missed appointment, GPs (n=379) suggested that a fee of £15 be applied, £5 higher than the average provided by all respondents (£10, n=870).

While four-fifths (79%) of primary care healthcare professionals believe that illnesses directly resulting from smoking should be provided for free by the NHS (Figure 11), it is worth noting that commissioners were more likely than other professional groups surveyed to believe that patients should pay for smoking-related conditions (30% of commissioners compared with 21% of healthcare professionals). Likewise, four-fifths (82%) of respondents did not believe patients should pay for conditions resulting directly from obesity. Again, there was a higher support for withdrawing such funding from commissioners (24%) relative to other professional groups.

Approximately one-fifth (22%) of respondents were in favour of patients having to pay for all attended GP appointments, although GPs were more likely (33%) to support this view (Figure 11). On average, respondents who believe that patients should be required to pay for treatment cited a median recommended price of £10 (n=279) per appointment.

Figure 9. Have you seen any improvements in primary care services as a result of the £1 billion additional funding for primary care announced in January 2015?

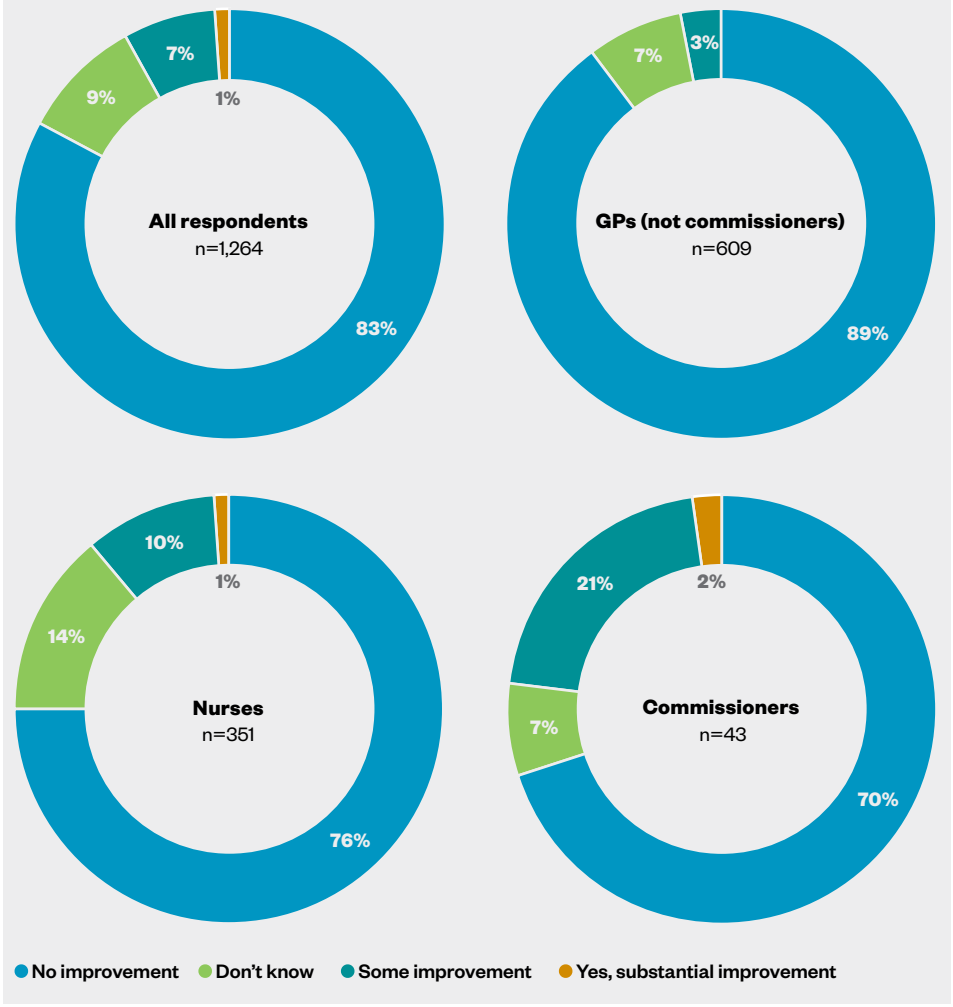


Figure 10. In which, if any of the following areas do you believe the NHS should stop funding?

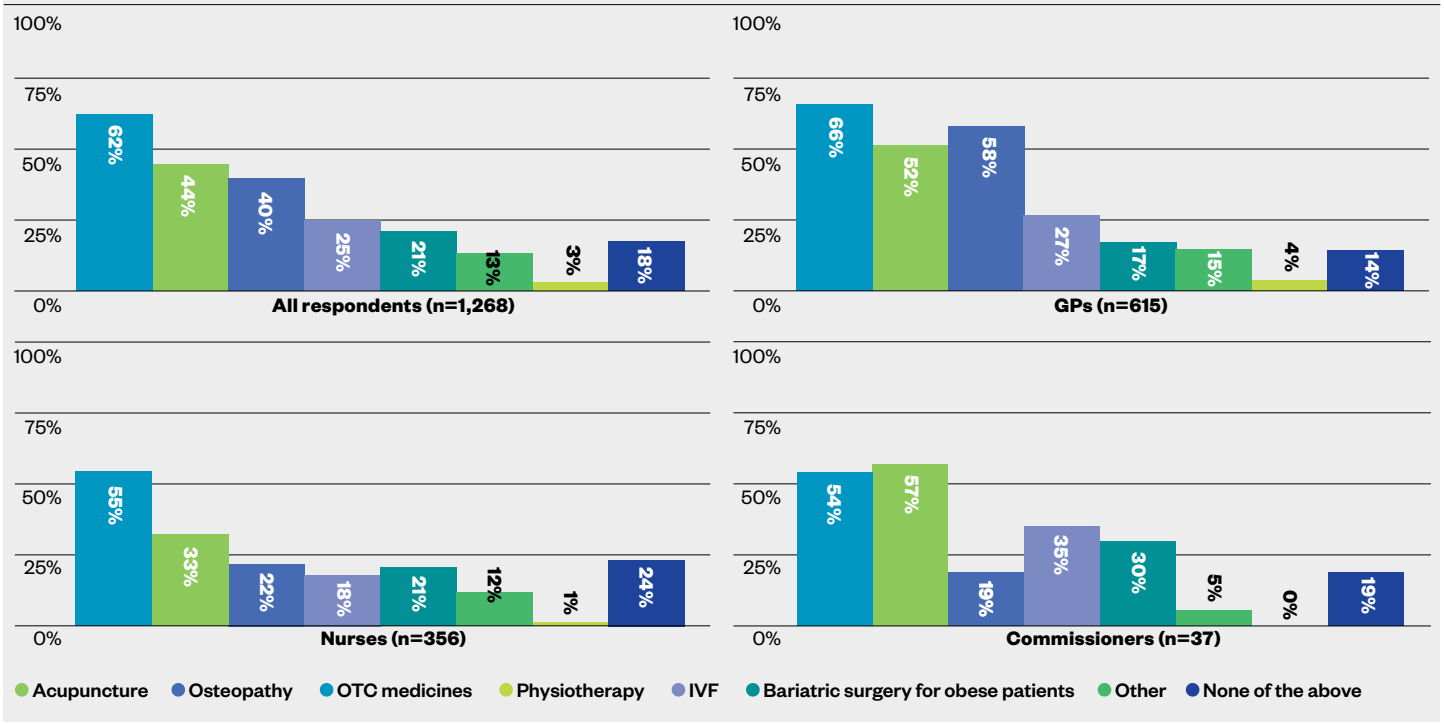
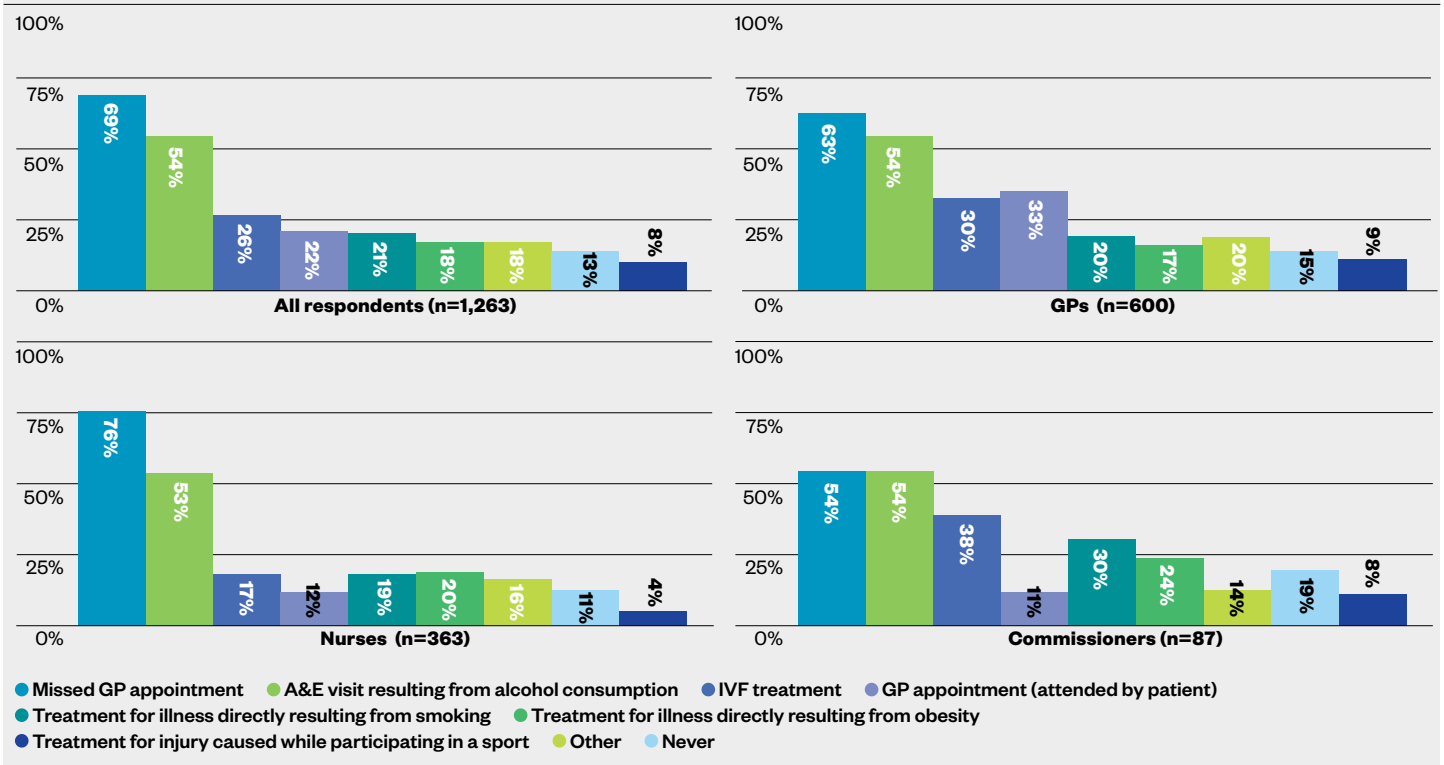


Figure 11. In which of these situations, if any, do you believe patients should pay for their treatment?



The future of the NHS

"81% of respondents believe there will be a greater involvement of private sector companies in the NHS over the next five years but most do not believe this will improve the quality of patient care"

In 2015–2016, the majority of healthcare services were purchased from NHS providers and only 8% of total RDEL (Revenue Departmental Expenditure Limit) was spent on the private sector. This represents a very small increase of 0.3% compared with 2014–2015 (Department of Health, 2016b). Despite this, four-fifths (81%) of all respondents believe that there will be greater involvement of private sector companies in the NHS over the next five years (Figure 12). However, it is worth noting that this number is lower amongst commissioners (63%), in charge of healthcare provision and commissioning.

It is shocking then that over three-fifths (63%) of primary care healthcare professionals felt that an increased involvement of the private sector would not improve the quality of patient care. Similar to the 2015 Primary Concerns report (Cogora, 2016), only one-tenth (12%) of respondents felt that an increase in private sector involvement in the NHS would improve patient care. When viewing these numbers, it should be noted that GP partners themselves are self-employed independent contractors and salaried GPs are likewise employed by practices and not the NHS (BMA, 2016).

In January 2015, NHS England announced a £10 million investment to implement the GP Workforce 10 Point Plan and provide a boost to the GP workforce (NHS England, 2015). The additional funding will be used to recruit and retain GPs, as well as encourage doctors who have left to return to general practice (NHS England, 2015). Respondents were asked if they believed that five selected action points from the GP Workforce 10 Point Plan (NHS England, RCGP and BMA, 2015) would attract more GPs to the NHS.

Less than one-fifth of GPs (17%) thought that a marketing campaign directed at newly

Figure 12. Do you believe there will be greater involvement of private sector companies in the NHS over the next five years?

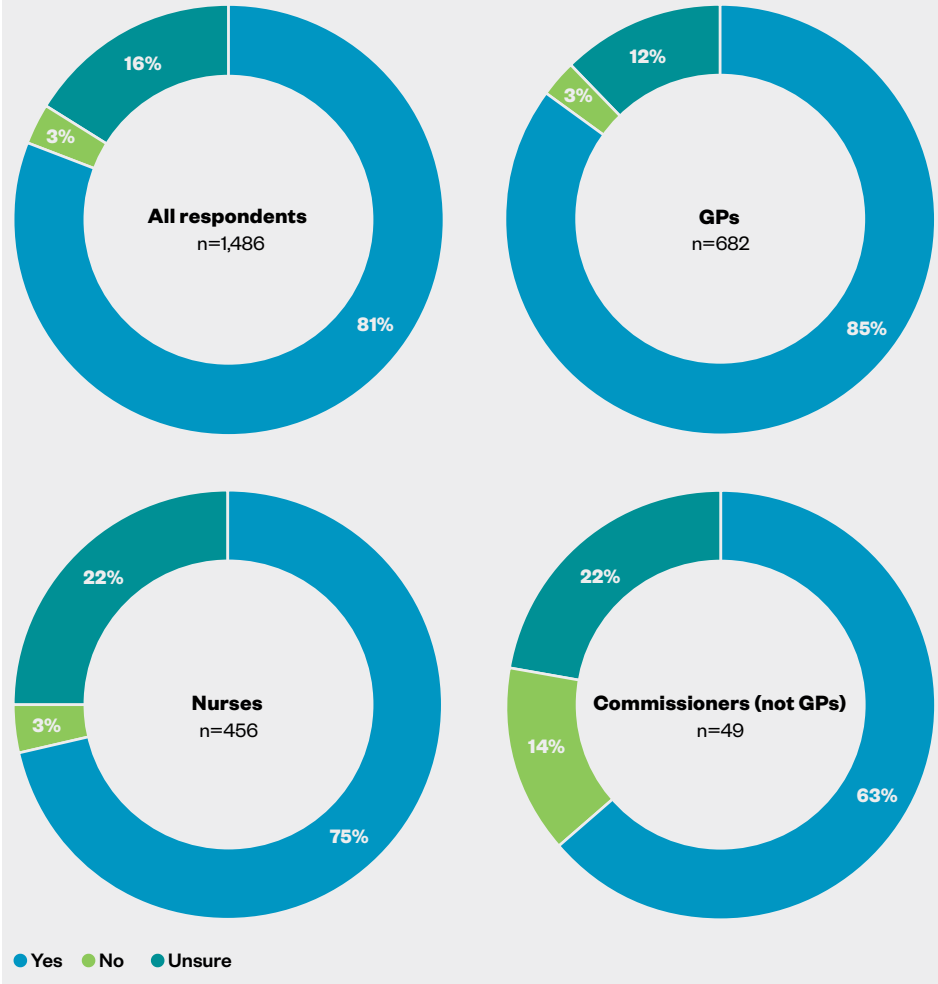
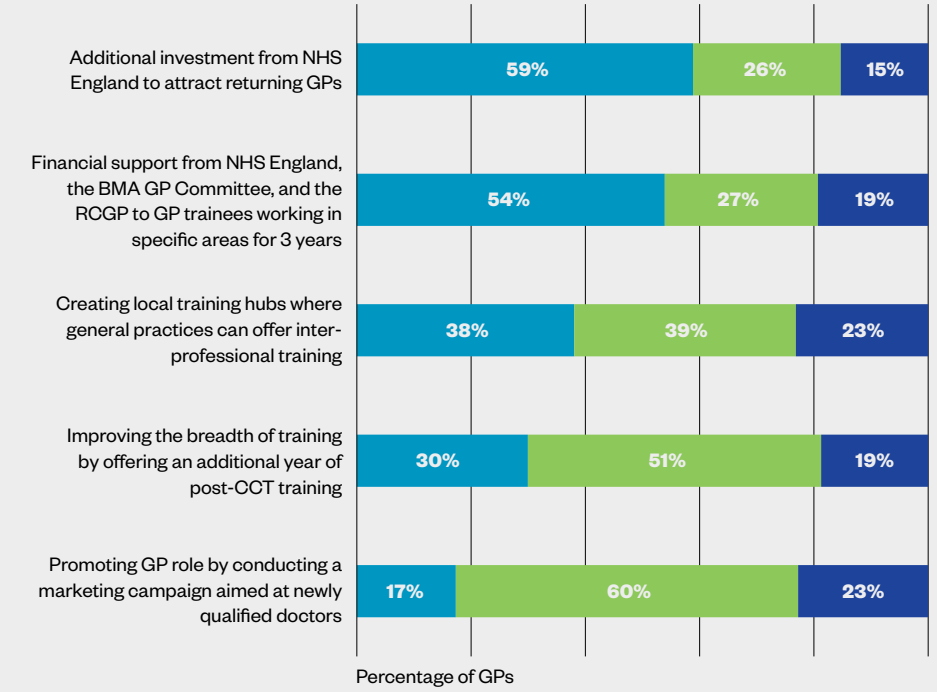


Figure 13. Do you believe these plans from the GP Workforce 10 Point Plan set in 2015 will attract more GPs to the NHS?



GPs (n=673-681)

qualified doctors would attract more GPs to the NHS, whereas commissioners were more than twice as likely (39%) to support this action point (Figure 13).

Provision of an additional year of post-CCT training was similarly regarded with scepticism by GPs, with less than one-third (30%) expressing support for the plan (Figure 13). Commissioners were again more optimistic, with 61% predicting a positive impact.

GPs possessed opposing views on the effectiveness of creating local training hubs offering inter-professional training for attracting more GPs to the NHS (Figure 13). Two-fifths (38%) of GPs thought this plan would increase GP recruitment, but an equal number (39%) thought that it would not. More than half (57%) of commissioners thought that training hubs would be successful in recruiting more GPs.

Just over half of GPs regarded the remaining plans for increased financial support (54%) and additional investment from NHS England (59%) with positivity, and likewise almost three-quarters of commissioners supported these plans (73% and 76%, respectively) (Figure 13). This suggests that GPs and commissioners both consider a key barrier preventing the recruitment of new GPs for the NHS to be monetary.

Overall, a larger proportion of commissioners (61%) expect these five action points from the GP Workforce 10 Point Plan to attract more GPs to the NHS than GPs (40%). Unfortunately, only 4% of GPs and 12% of commissioners expect the GP Workforce 10 Point Plan to be implemented according to plan.

GPs and GP partners were also asked whether or not four specific plans devised by NHS England and Health Education England to retain and attract more people to the profession would make them more likely to continue working as a GP.

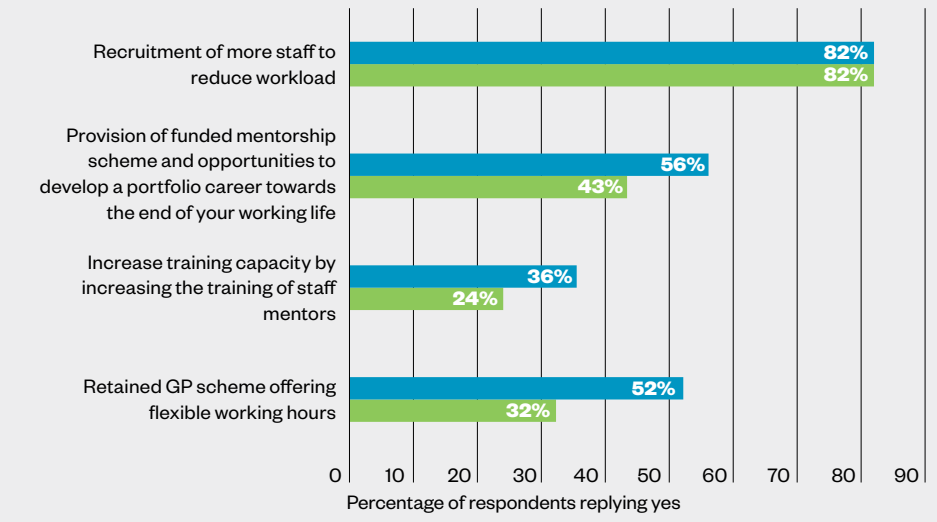
In line with the finding that feeling overworked is a prominent contributing factor to low staff morale (Figure 5), four-fifths (82%) of GPs and GP partners would consider staying in work as a GP if more staff were recruited to reduce the workload (Figure 14).

Providing GPs with a funded mentorship scheme and opportunities to develop a portfolio career towards the end of their working lives would encourage more than half of GPs (56%) and two-fifths (43%) of GP partners to continue working (Figure 14).

Half of GPs (52%) reported that flexible working hours would make them more likely to continue working as a GP (Figure 14). Interestingly, flexible working hours were less attractive to GP partners, and only one-third (32%) believed it would make them more likely to stay in the profession, a difference that could potentially relate to the differences in job requirements.

Furthermore, between one-third (36% of GPs) and one-quarter (24% of GP partners) believed that increased training would make them more likely to stay in the profession (Figure 14).

Figure 14. If you are a GP, would these plans by NHS England and Health Education England make you more likely to continue working as a GP?



"While 40% of GPs support the GP Workforce 10 Point Plan, only 4% anticipate that it will be executed according to plan."

EU referendum

The NHS was a hot topic leading up to the referendum on whether or not to leave the EU on the 23 June 2016. In light of this, respondents were asked what, if any, impact they believe Brexit will have on a number of variables related to the NHS in the year after Article 50 is triggered.

Half of respondents (51%) are unsure of the effect or expect there will be no change to NHS budgets after Article 50 is triggered (Figure 15). On the other hand, two-fifths (39%) of primary care healthcare professionals expect Brexit will have a negative impact on NHS budgets. Nurses were more likely to predict a positive impact on NHS budgets (16%) than other professional groups (10%); however, a large proportion of nurses (30%) still expected a negative outcome.

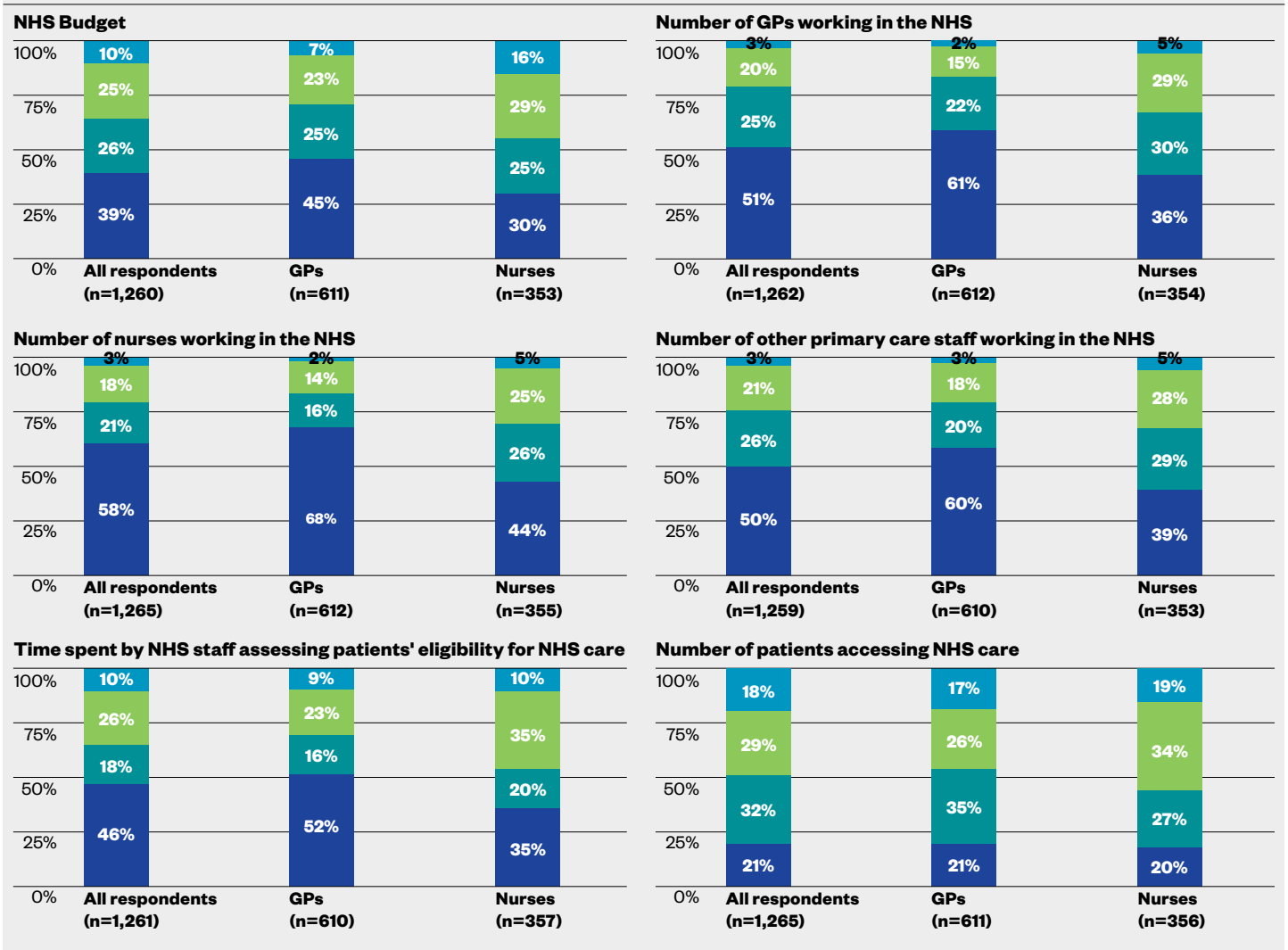
The Brexit campaign discussed the impact of EU patient numbers on NHS budgets. Primary care healthcare professionals were not in agreement as to the effect of Brexit on the number of patients accessing NHS care, with approximately one-fifth believing it would have a positive (18%) and negative (21%) impact, respectively, and almost one-third (29%) remaining unsure.

Recent figures suggest that many healthcare practitioners in the UK initially received their qualifications in an EEA country other than the UK. Estimates suggest that this is the case for 6% of GPs and 4% of nurses and midwives (GMC, 2017; Migration Advisory Committee, 2016). Despite these figures, half (51%) of all respondents expect Brexit will have a negative impact on the number of GPs working in the NHS (Figure 15). This view was held predominantly by GPs and commissioners with approximately two-thirds of commissioners (65%) and GPs (61%) predicting a negative effect.

Similarly, more than half (58%) of respondents predicted a negative impact on the number of nurses working in the NHS as a result of Brexit, including almost four-fifths of commissioners (79%) and over two-thirds of GPs (68%) (Figure 15). Interestingly, nurses were the least likely of all the professional groups to predict a negative impact on the number of nurses working in the NHS, with just under half (44%) envisaging a negative impact, one-quarter (26%) predicting no impact and 5% anticipating a positive effect.

Almost half (46%) of all respondents and almost three-fifths of commissioners (59%) expect that Brexit will have a negative impact on the time spent by NHS staff assessing patients' eligibility for NHS care.

Figure 15. What, if any, impact do you believe Brexit will have on the following areas in the year after Article 50 being triggered?



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Appendix

Only respondents currently working as NHS healthcare professionals were included in the final data set. Respondents whose answers were excluded from the data included patients, carers, retired healthcare professionals, volunteers and private sector employees. Furthermore, three respondents were excluded because they worked outside the UK.

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