

Primary Concerns 2018

The State of Primary Care



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About Cogora

Cogora sits at the heart of a highly engaged community of 220,000 healthcare professionals. Our five divisions – media, insight, market access, communications and education – operate autonomously and in collaboration to create compelling, competitive solutions for healthcare companies.

Our media arm produces incisive and inspirational content disseminated through our market-leading portfolio of media brands targeting primary and secondary care healthcare professionals across Europe.

Our insight arm provides in-depth knowledge of market trends by delivering bespoke data analytics and market research solutions underpinned by quantitative and qualitative data collected from the Cogora community, as well as secondary data sources.

Our market access unit combines our deep understanding of healthcare professional communities with in-depth knowledge of reimbursement structures and requirements to provide strategy and evidence solutions that maximise return on investment of clients' products.

Our communications arm combines robust data with

scientific knowledge to create innovative and impactful promotional campaigns that can be offered back to the Cogora community – through the company's media brands – or to the broader global healthcare population.

Finally, our education arm delivers independent, accredited, grant-funded education to healthcare professionals worldwide.

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1 Foreword

We have seen little improvement in the state of primary care over the past year; the ever-increasing patient demand against a backdrop of dwindling GP numbers and fewer nurses continues to result in rising workloads, early retirements and practice closures. If anything, the sector is facing greater pressure than ever, as the government shifts its focus more and more onto primary care to help move patient care out of hospitals and into the community.

But how equipped is primary care to deliver this shift? Our Primary Concerns survey has always been able to capture the opinions of those who know the sector the best. And for the 2018 survey, our sixth to date, we have focused more on the real issues concerning our readers. The wide reach of our five publications means we can capture the opinions of a range of healthcare professionals, from the decision makers – GP partners and practice managers – to salaried GPs, practice nurses and healthcare assistants, as well as district and community nurses, working hard on the ground to deliver high-quality care. But this doesn't present the full picture. For the first time we have included community pharmacists in our findings, to gather first-hand evidence of how recent funding cuts are affecting the profession, the financial impact of medicine shortages and how much of their day is spent chasing out-of-stock medicines. In addition, Cogora's unique position of writing for both a community pharmacy and a GP audience has enabled us to gather evidence of what the two professions really think of each other. Our publications have reported on the rivalry between the two professions, particularly with last year's 'flu wars', but for the first time we can reveal whether they really do see each other as a financial threat when it comes to the provision of NHS services.

The findings of the past five surveys have indicated low levels of morale across primary care. Our previous survey revealed that the factors impacting on morale included feeling overworked, experiencing too much bureaucracy and feeling under-appreciated by NHS management. We decided this year to drill down into these specific factors. We asked employees how often they were working unpaid beyond their contracted hours and whether they had asked for a pay rise in the past 12 months and been successful in their request. And for the decision makers, we quizzed them about the specific cutbacks and concessions they had made or considered during 2018, and whether full-blown closures were on the cards. And for what could be the starkest indication of a sector in despair, we can reveal how big a proportion of respondents are considering quitting primary care altogether.

Our findings don't make for positive reading, but they do offer a genuine picture of the current state of primary care. Since we surveyed our readers NHS England has published its long-term plan, which promised an £4.5bn funding boost for primary care. This was then followed by the announcement at the end of January of the new GP contract, which has been touted as the 'most significant' contract in 15 years. They both perhaps signify the government's decision to prioritise investment in general practice and community care, and could be the recognition that the sector has been waiting for. Could these developments be the key to a happier primary care workforce? We'll have to wait until our 2019 survey for the answer.

Gemma Collins
Group Editor, Cogora

2 Background to the 2018 survey

2.1 Methodology

This is Cogora's sixth annual report examining the state of primary care, based on findings from an online survey of readers of *Healthcare Leader*, *Management in Practice*, *Nursing in Practice*, *Pulse* and *The Pharmacist*.

The survey was open from 29 November to 20 December 2018 inclusive. Cogora invited people to complete the survey through newsletters sent directly to each publication's readers, and by way of advertisements on the publications' website home pages. It was also promoted through the publications' social media channels.

We offered all respondents the chance to win a £250 John Lewis voucher as an incentive to complete the survey. There were 2,885 responses in total, the majority of which were directed to the survey through the newsletters.

The questions broadly explored themes affecting views and experiences of working in primary care in 2018, such as:

- relationships with and attitudes to colleagues and peers
- hours of work
- workload
- job pressures
- expectations of other stakeholders
- morale, including causes of low morale
- initiatives like sustainability and transformation partnerships (STPs) and the GP Forward View
- the impact of Brexit.

It's important to note that this report will refer to previous Cogora Primary Concerns surveys. References to 'last year's report' or 'the 2017 report' concern data collected at the end of 2017 and the start of 2018, and compiled in a report published in the summer of 2018. The 2016 report refers to data collected in 2016.

2.2 Context

GP contract and NHS long-term plan

It is important to note that the survey was conducted before the announcement on 31 January 2019 of the 2019/20 GP contract, referred to as the 'most significant' contract in 15 years. The contract detailed billions of pounds of investment, including funding for 22,000 new practice staff to support GPs, plans for collaborative working through primary care networks, and improvements to the way GPs manage long-term conditions.

In addition, the NHS long-term plan, published on 7 January 2019, signalled a further boost for general practice and pharmacy in the shape of an extra £4.5bn of funding for primary and community care by 2023/24. Although practices will be mandated to join the newly announced primary care networks – each comprising 30,000 to 50,000 patients – in order to receive the cash injection, it is hoped it will go some way towards easing pressure on practice staff.¹

Once embedded, all these initiatives could have a positive impact on people's experiences of working in primary care. It remains to be seen whether this will be reflected in responses and findings from next year's survey, but the picture will become clearer throughout 2019.

Brexit

Similarly, the 2018 survey took place in a period of prolonged uncertainty surrounding Brexit, when the prospect of a no-deal outcome was very real. Respondents expected that the UK's departure from the EU would have a negative impact on most aspects of primary care they were questioned about, most notably staffing levels and access to medicines (see section 9.3).

At the time of publication of this report, there was still little clarity about the terms of the UK's departure from the European Union. It seems likely that the full impact of Brexit on primary care – and the wider NHS – will not be known for some time.

3 The respondents

This report is based on a sample of 2,386 respondents, from a total of 2,885. Only respondents working as healthcare professionals in primary or community care at the time were included in the final sample (which excluded people who had retired from the NHS or were working abroad, as well as incomplete and duplicate responses).

Gender

Almost three-quarters of respondents (71.5%) were female, with 28% male and 0.5% transgender or preferring not to say.

Location

The majority (86%) of respondents were from England, with 6% from Scotland, 4% from Wales and 3% from Northern Ireland.

Job type

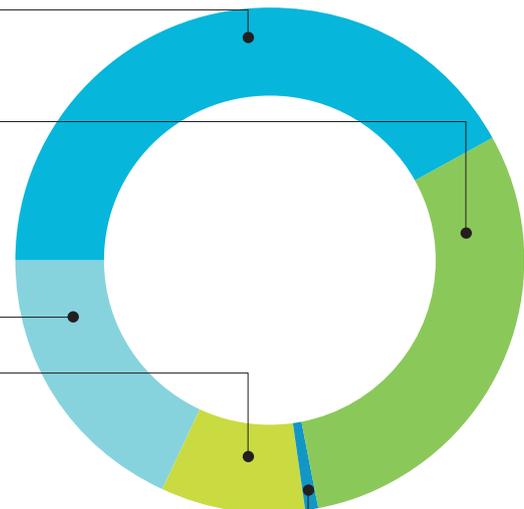
Just over half (54%) were permanent, full-time staff. Permanent part-time staff comprised 38% and locum/agency staff 8% of respondents.

Profession

For the first time, this year's survey was specifically distributed to a pharmacy audience, through readers of and subscribers to *The Pharmacist*, after Cogora took over the title at the end of 2016. We were able to break down responses into community pharmacy roles. Those who do not identify themselves as contractors or superintendents refer to themselves as pharmacists; this report generally refers to them as employee pharmacists.

All the respondents' professions are broken down as follows:

GP	42%
Partner	24%
Salaried	18%
Nurse	30%
Practice nurse	14%
Nurse (other)	7%
Advanced nurse practitioner	5%
Community nurse	3%
District nurse	1%
Practice manager	18%
Pharmacist	9%
Pharmacist*	7%
Pharmacy contractor	1%
Superintendent pharmacist	1%
Healthcare assistant	1%



* Those who did not identify themselves as contractors or superintendents.

4 Executive summary

There is an overall upbeat response to some of the newer, non-traditional roles that are popping up in general practice, such as mental health therapists and clinical pharmacists. Others, like physician associates, have yet to make their mark. Community pharmacists and GPs view each other positively, although there is an element of competition between them – 40% of GPs and 36% of pharmacists view the other as competition, but both groups report positive experiences of working together overall.

Clinicians are fielding more enquiries from patients on several health-related topics that have attracted public attention in the past year, including low-carb diets, vitamin D, e-cigarettes and medicinal cannabis. GPs and partners reported that these issues are increasingly part of consultations with patients.

Unsurprisingly, National Institute for Health and Care Excellence (NICE) guidance suggesting doctors and nurses in general practice do spirometry testing for some patients with possible chronic lung disease was not well received. Nurses are more open to the idea than GPs, but it all adds to the already heavy workload.

Amid wide-reaching cutbacks, there is barely an aspect of primary care that hasn't suffered. In general practice, the state of affairs is desperate for many. Most practices are avoiding staff redundancies or closure but are instead taking drastic action in other ways. Most often, that means cutting clinical services, federating or merging with other practices, or slashing appointments – a particularly difficult pill to swallow in the context of enforced extended hours.

The picture is no brighter in community pharmacy,

where businesses are having to survive on less funding, and where redundancies and reduced staff hours are regrettably common. Where pharmacies are managing to hold on to their staff, services have had to be sacrificed, while the prospect of having to sell up altogether is becoming real for some.

The extent to which all staff are working extra hours – unpaid – is possibly the starkest indication of the state of primary care and its impact on those who work in it. In both general practice and pharmacy, people are working beyond their contractual hours every day, or at least several times a week.

Stress and burnout are the result. Staff are finding it increasingly difficult to cope – many aren't – and morale remains very low in all roles. Patient care is being compromised in around half of cases.

And a significant number of people are considering voting with their feet and leaving the professions. GPs are the most likely to stay, yet as many as 42% told us they are thinking of leaving general practice in the coming year. Superintendent pharmacists and contractors are feeling the strain more than anyone, with 60% considering packing up altogether.

The political landscape is fuelling even greater concern among the primary care workforce. Around three-quarters of respondents believe Brexit will have a negative impact on the number of nurses and GPs working in the NHS, and two-thirds are worried that the UK's departure from the EU will lead to medicines shortages.

“ 40% of GPs and 36% of pharmacists view each other as competition

5 Running of the practice

5.1 Staffing

GPs are retiring earlier, choosing to work part time or leaving the profession altogether, and, despite record numbers of trainee doctors entering general practice, there is an imbalance. The result is a GP workforce crisis – too few doctors dealing with an increasingly heavy workload, with ever-tighter budgets and squeezed resources.

To help ease the pressure, the government is moving progressively towards a broader skill mix in general practice. As part of the GP Forward View, NHS England announced plans in 2016 to recruit and fund 5,000 non-GP staff into general practice, including social workers, more nurses, and 3,000 new practice-based mental health therapists.²

It's worth noting that the five-year contract for GPs in England, announced after this survey was conducted, cemented some of these plans with extra core funding and additional investment.

In the survey, we explored attitudes to some of these newer practice-based roles, and asked GP partners and practice managers whether their practice currently employed or had plans to employ pharmacists, physician associates, mental health therapists or nursing associates, and if they offered placements for pre-registration student nurses.

Physician associates

Overall, practice decision makers remain unconvinced about the value of physician associates, with almost one-third (31%) of respondents saying they would not employ one, and 27% unsure.

In the 2016 survey, half of respondents who didn't employ a physician associate at the time said they would do so in theory – and these findings were echoed in the following year's survey. However, this year's survey revealed that enthusiasm has waned, with just 35% who do not currently do so saying they would consider employing a physician associate. This appears to fly in the face of Department of Health and Social Care (DHSC) plans to ensure 1,000 more primary care physician associates are working as part of multidisciplinary general practice by 2020.³

The proportion of practices that employed a physician associate in 2018 (7%) was similar to 2017 and 2016 (5% in both years). Given that this year's survey sample was considerably larger than the previous one (2,386 vs 1,897), this represents a real-terms increase in physician associates working in primary care – although the rise is far below requirements if the DHSC's target is to be met.

Encouragingly, where physician associates do make up part of the practice workforce, they are highly valued. Almost all of respondents who employ one said they wish to continue doing so.

Mental health therapists

There is evidently growing support for mental health workers forming part of the general practice workforce. Of the people who responded to the question, more than two-thirds (69%) said either they currently employ a mental health therapist or would consider doing so, an increase of 10% from the previous report.

The proportion of practices actually employing

a mental health therapist has remained level at 10%, but this has almost doubled since 2016, when just 5.5% of respondents had one in their team, and it seems that where such specialists are working in general practice, they are beginning to make a bigger impact.

In 2017, around 90% of respondents who employed a mental health therapist said they wished to keep doing so. This year's respondents were more positive about the experience, with 97% of those employing a mental health therapist saying they wanted to keep them on the payroll.

According to mental health charity Mind, two-thirds (66%) of GPs witnessed an increase in patients needing support with their mental health in the year to June 2018; GPs also reported that 40% of their consultations involved mental health.⁴

This increase in mental health-related workload could explain the fact that overall, practices are more optimistic about the idea of having mental health therapists in the workforce.

Nursing associates

A 2015 review by Health Education England identified a skills and knowledge gap between healthcare assistants and registered nurses. The nursing associate role was developed to bridge that gap.⁵ Some 2,000 students embarked on a pilot nursing associate training programme in 2017, and the first cohort entered the workforce and registered with the Nursing and Midwifery Council from January 2019.⁶

For the first time, the 2018 survey polled GP partners and practice managers about bringing nursing associates into the workforce. Almost half (45%) said they would consider employing a nursing associate, and of those, a quarter (26%) planned to do so in 2019.⁶

Some 21% of respondents to this question were not interested in having a nursing associate on staff from 2019, and 32% weren't sure.

Pharmacists

More practices are employing clinical pharmacists now than in 2017, and a rising number that so far aren't would not rule it out. Almost half (48%) of respondents who answered the question currently have a pharmacist as part of their practice's multidisciplinary team, and a further 39% said they would consider hiring one.

This means the vast majority of respondents (84%) are in favour of clinical pharmacists being an integral part of the general practice workforce (factoring in the 6% of practices that have a pharmacist on board but don't want to continue employing one).

Looking back, these findings are in line with employers' intentions two years ago, when just a quarter (24%) actually had a pharmacist in the practice, but almost half (48%) said they would consider employing one.

Since the GP Forward View was published, the government has invested more than £140m to bring around 2,000 pharmacists into general practice by 2020/21, and last year it was on target to exceed its goal.⁷ And in October 2018, NHS England adjusted its criteria to essentially make it easier for more practices to access funding to employ pharmacists.⁸

“ Almost half of respondents have a pharmacist in their practice and a further 39% are considering hiring one

In a further boost for the practices that are keen to hire a pharmacist, the 2019/20 GP contract outlined that NHS England will pay for 22,000 additional practice staff – including pharmacists. They will be employed as part of networks, which will get 70% recurrent funding for them from 2019.

Just 8% of respondents said they neither employ a practice-based pharmacist nor had any plans for that to change (compared with 14% in 2017).

5.2 GPs and pharmacists – friends or foes?

In the main, practices welcome the prospect of employing more pharmacists, indicating a professional respect among GPs and partners for their practice-based pharmacy colleagues. But this hasn't historically been extended to community pharmacists.

For example, NHS England's Stay Well Pharmacy campaign, launched in February 2018, urged patients to visit community pharmacists rather than their GPs for minor ailments, self-limiting conditions and advice about common complaints.⁹

Yet, despite such schemes potentially freeing up 18 million GP appointments and cutting 2.1 million trips to A&E – unnecessary visits that cost the NHS £850m a year – GP representatives have been less than forthcoming in acknowledging the value of community pharmacies in delivering these services, and even arguably undermined them.¹⁰

Relationships between GP practices and community pharmacies have become increasingly strained over the past few years, since the NHS first commissioned community pharmacists in England to deliver flu vaccinations to at-risk patient groups in 2015.

GPs said this resulted in lower uptake of the job, disrupted established flu clinics and cost practices £4m in lost vaccine payments.¹¹ Pharmacists welcomed the

expanding recognition of their clinical skills, and the chance to earn more money in the wake of massive cuts to community pharmacy funding. The result has been GPs and community pharmacists vying for the same patients, in what have been dubbed 'flu wars'.¹²

Against this backdrop of rivalry and conflict, the 2018 survey explored relationships between GPs and community pharmacists for the first time.

Asked whether they believe community pharmacists can help reduce their workload, the majority of GPs[§] who responded (78%) said 'yes'.

There was no difference in how each profession perceived the threat of competition from the other to provide locally commissioned services. Of those who gave an answer, 40% of GPs said they saw pharmacists as competition. In comparison, 35% of pharmacists^{**} said they faced competition from local GP practices (see figures below).

Overall, pharmacists and GPs were positive about their experiences of working together. Almost three-quarters (73%) of pharmacists rated relationships with their local GP practices as good or very good, and nearly two-thirds (63%) of GPs gave the same ratings.^{††}

Salaried GPs were, in general, more buoyant about their community pharmacist colleagues than GP partners:

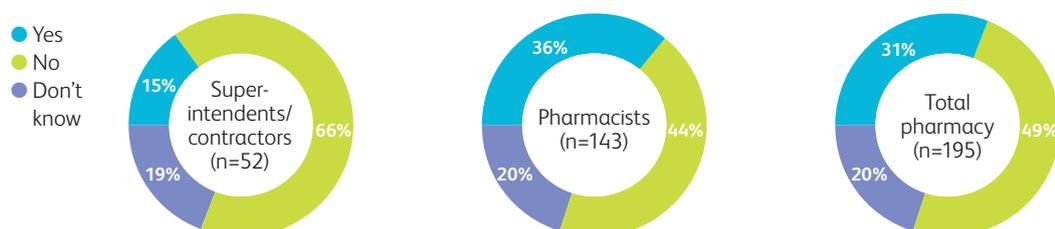
- Fewer salaried GPs than partners were aware of or concerned by community pharmacy competition for services (28% vs 49%)
- More salaried GPs than partners said community pharmacies can help reduce general practice workload (84% vs 75%).

Overall, pharmacists weren't keen on the idea of working in practice-based jobs, but superintendents and pharmacy contractors were more vociferous, with 66% ruling out a move to general practice in 2019 compared with 44% of employee pharmacists. Just over a third (36%) of employees said they would consider the move.

Do you believe that community pharmacists can help reduce your workload?

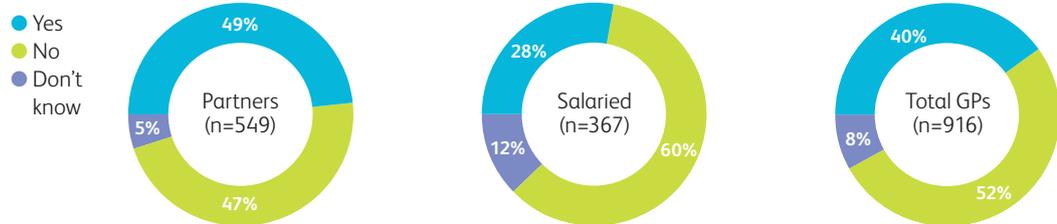


Would you consider moving into general practice in the next year?

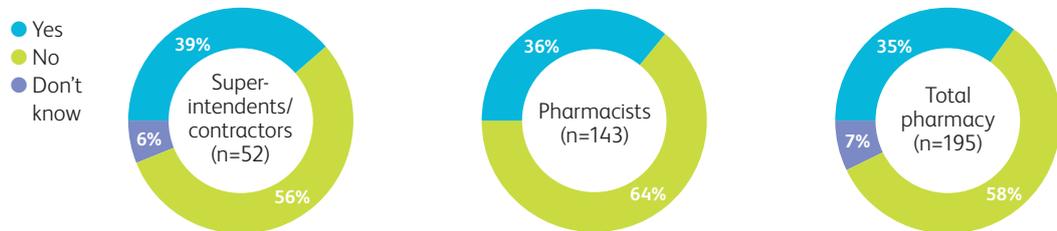


§ including salaried GPs and GP partners
 ** including employee pharmacists, superintendent pharmacists, and pharmacy contractors
 †† respondents were asked to give a rating from 1 to 5, where 1 = very bad; 2 = bad; 3 = neither good nor bad; 4 = good; and 5 = very good

Do you see pharmacists as competition to providing locally commissioned services?

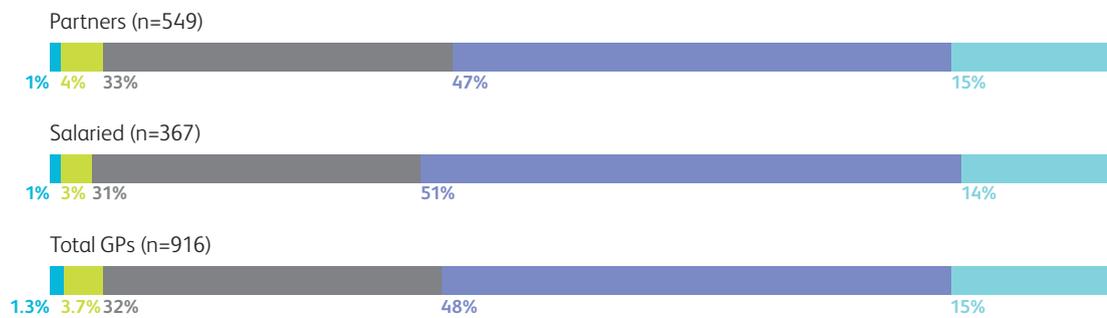


Do you see your local GP practice as competition to providing locally commissioned services?



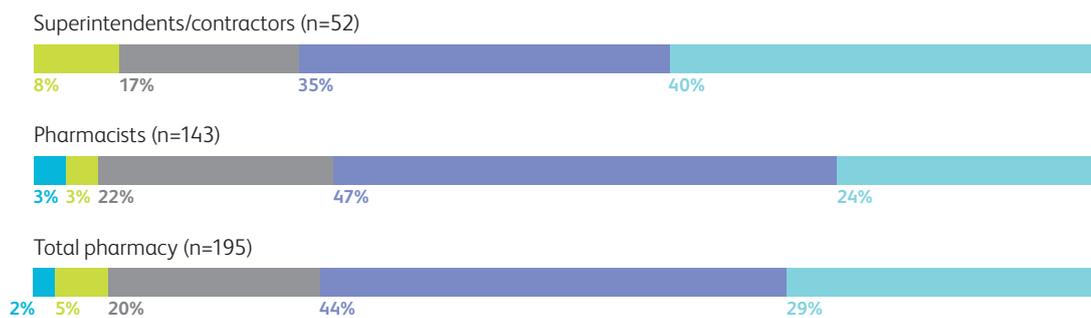
How would you rate your relationship with pharmacies in your area?

Legend: 1 – very bad (blue), 2 – bad (green), 3 – neither good nor bad (grey), 4 – good (purple), 5 – very good (light blue)



How would you rate your relationship with your local GP practices?

Legend: 1 – very bad (blue), 2 – bad (green), 3 – neither good nor bad (grey), 4 – good (purple), 5 – very good (light blue)



5.3 Extended hours

October saw the rollout across England of extended access to general practice. The government's flagship policy aims to enable patients to see a GP seven days a week and after hours, through evening and weekend routine appointments.

It had been in operation in some parts of the country since April 2017, but between then and September 2018, a quarter of evening and weekend appointments across 80 clinical commissioning group (CCG) areas went unfilled – amounting to half a million slots.¹³

GPs had been sceptical about the policy since it was first announced, and Cogora's 2017 survey corroborated that: GPs were the least supportive of extended hours, giving an average score of 2 out of 5, where 1 = not at all supportive and 5 = fully supportive. GP partners were not at all supportive, scoring an average of 1.

In the 2018 survey, just over half (52%) of respondents who answered the question said they somewhat or fully supported extended hours for general practice, yet a greater proportion (61%) said their practice had adopted extended hours in the preceding year – an improvement on the 49% of respondents to the previous report who had increased their practice's hours.

This mismatch between support for and adoption of extended hours indicates that at least some decision makers had begun to widen access through extended hours despite their reticence to do so. And this is borne out in the survey's findings: 42% of respondents to the question said that in the same period, they'd experienced pressure from commissioners to adopt extended hours.

To give some context to these findings, the government tasked CCGs with ensuring the entire population in England

had out-of-hours access to a GP practice by October 2018. NHS England pledged close to £400m from 2017/18 to 2018/19 to facilitate that.¹⁴ So, commissioners are themselves mandated to push practices towards adopting extended hours.

But it is unclear how much of a difference such access makes to patients.

In February 2018, it was reported that difficulty getting an appointment with a GP in part accounted for patient satisfaction with general practice hitting its lowest point (65%) since data were first collected in 1983.¹⁵ However, an analysis of data collected between 2011 and 2014 concluded that 'patient experience of making appointments and satisfaction with opening hours were only modestly associated with overall experience [of general practice]'.¹⁶

If this is reflected in the experiences of those working in general practice at grassroots level, it could explain why almost one-third (31%) of respondents were opposed to extended hours (15% strongly and 16% somewhat; see figures below).

While the same proportion of salaried GPs support extended hours as oppose the policy – 42% in both cases – there are wide disparities between what practice managers and GP partners make of it, with twice as many partners (52%) opposing extended hours as practice managers. The remainder in each group were indifferent.

However, the future of the extended hours plans was thrown into doubt in early 2019, when NHS England said it would review current seven-day, 8am to 8pm access schemes. The new five-year GP contract also makes provisions for extended hours requirements to be transferred from practices to the new networks, to make them more scalable.¹⁷

	Oppose extended hours (%)*	Support extended hours (%)
GP partners (n=549)	52	31
Practice managers (n=403)	26	61

*The remainder in each group were indifferent

6 Clinical activities

6.1 Prescribing enquiries

The 2018 survey questioned respondents about their consultations that related to the following specific topics:

- vitamin D
- low-carb diets
- e-cigarettes
- medical cannabis.

These four clinical areas received heightened media attention leading up to and/or during 2018, bringing them firmly into the public consciousness. It seemed possible – if not likely – that this might convert to patient enquiries – so we asked healthcare professionals whether that had happened.

For all four topics, more respondents overall said the number of patients asking about them had increased, compared with those who said the number had either decreased or stayed the same.

Vitamin D

In 2016, Public Health England advised that everyone in the UK should take 10mcg of vitamin D daily every autumn and winter, in order to counter the seasonal lack of sunlight in the northern hemisphere, and to prevent vitamin D deficiency.¹⁸ In addition, NICE updated its guidance for vitamin D supplementation in at-risk groups in 2017.¹⁹

Notably, nearly two-thirds (64%) of GP partners had dealt with more enquires from patients about vitamin D in 2018 than they had previously. Just 10% said fewer patients had asked about vitamin D, with one-quarter (24%) reporting that the number of enquiries had stayed the same and the rest being unsure.

Among salaried GPs, the picture was slightly different: just over half (53%) said enquiries had increased, while one-third (33%) reported no difference.

Nurses reported seeing less of an increase in patients asking about vitamin D than their GP colleagues. Among all nurses, 38% had dealt with more enquiries than in the previous year, while a third (33%) said they had stayed at the same level.

Low-carb diets

There has been a growing trend recently towards consuming fewer carbohydrates and being less restrictive with fat intake. A 2018 US study showed that obese people following a low-carb diet expended some 200kcal more energy per day than those on a high-carb diet, and had around a 12% reduction in the hunger-causing hormone, ghrelin, compared with 5% among people consuming more carbs.²⁰

And the battle of carbs against fat has garnered a lot of media attention in the past few years, painting a confusing picture for patients, especially when it comes to managing obesity and weight loss.

This has manifested in more patients asking their doctors about low-carb diets: 43% of GP partners said enquiries of this type had increased in 2018, while 38% of salaried GPs were fielding more enquiries on the topic.

A similar proportion of nurses – 42% – were holding more consultations featuring discussions about low-carb diets, while 32% reported no change in the number of enquiries.

These findings signal a step towards demedicalisation of weight loss and even management of conditions related to being overweight, like type 2 diabetes. Up to 5,000 type 2 diabetics are set to begin trialling a very low-calorie liquid diet for three months to test the theory that doing so could put their disease into remission.²¹ The trial was announced as NHS Digital analysis revealed that primary care spending on diabetes medication topped £1bn in 2016/17.

E-cigarettes

Around three million people in the UK use e-cigarettes according to Public Health England, which last year updated its e-cigarette independent expert-led evidence review.²² The report highlighted that vaping carries a 'small fraction' of the risks of smoking tobacco, that e-cigarettes could help more than 20,000 people to quit smoking every year and that there was 'compelling evidence' that e-cigarettes should be available on the NHS.

The guidance recommends that healthcare professionals should support people who want to quit smoking using e-cigarettes.

However, there was a fairly even split between GP respondents who said consultations and enquiries about e-cigarettes had increased to some degree, and those who said they'd stayed the same. Among all GPs, an average of 43% said patients were increasingly asking about e-cigarettes throughout the year, while an average of 42% reported no difference.

Evidently, this doesn't mean patients aren't interested in finding out about e-cigarettes – but they're asking nurses, not doctors. Half (49%) of all nurses said consultations involving the topic increased in number, while just a quarter said they had remained level.

Medicinal cannabis

The government launched a widely publicised review in 2018 into the rescheduling of medical cannabis. As a result, from November last year, the law changed to make it possible for some cannabis-based products to be prescribed medicinally where there is an unmet clinical need.²³

There are, of course, caveats: it is only available on prescription in certain preparations, for a small number of conditions on a named-patient basis, and – crucially – only from specialist clinicians.²⁴

Although GPs will not be able to prescribe medicinal cannabis, they are at the coalface and already fielding questions from expectant patients. In fact, a massive 61% of GP partners responding to the question saw an increase in the numbers of patients asking about cannabis-containing medicine. Some 31% of nurses who responded to the question also reported a higher number of enquiries about cannabis.

These findings are interesting, given that the regulatory changes only came into force in November – at the very end of the 12-month period the survey covers. It remains to be seen whether, as the impact of the rescheduling becomes clearer, next year's survey findings will reflect even greater numbers asking GPs and nurses about it.

In the meantime, the Royal College of General Practitioners has published a guide to support GPs in having those discussions with their patients.²⁵

“ A massive 61% of GPs partners saw an increase in patients asking about cannabis containing medicine

6.2 Spirometry testing

Under new NICE guidance, drafted and finalised last year, practices are being urged to consider providing spirometry testing for patients who have been identified as having signs of chronic obstructive pulmonary disease (COPD), on referral from hospital.²⁶

GP-led spirometry is due to be introduced from 2021, but GPs and nurses will need to be certified and listed on a national register to demonstrate they are competent in performing the tests and interpreting the results.²⁷

We asked people whether they had yet obtained certification, and if not, whether they planned to. Among GPs who answered, and adjusting for respondents in devolved nations for whom it wasn't applicable, the majority had no firm plans to obtain certification to perform spirometry testing.

An overwhelming 82% of GP partners had not sought certification, the majority of whom had either had no intention of doing so or weren't sure if they would. For salaried GPs, the proportion was 91%.

Practice nurses, who will also be mandated to conduct the lung function tests under the NICE guidance, are significantly more open to the prospect. Half of those who responded and to whom the question was applicable had already obtained certification or planned to, and an additional 26% said they weren't yet sure. Just 17% of practice nurses reported having no intention of gaining certification.

GPs have argued that, although it might be reasonable to conduct spirometry testing in the practice for patients already under their care, they shouldn't be expected to follow up patients whose need was identified in the secondary care setting.²⁸

6.3 Impact of medicines shortages

Shortages of certain medicines hit the headlines in December 2017, when supply disruptions affecting around 100 drugs had cost the NHS £180m in six months.²⁹ Since then, things have gone from bad to worse, and pharmacists are really feeling the strain.

Wasting precious time dealing with the fallout from unavailable medications is just one of the effects shortages have on pharmacists. They also have an impact on cashflow, as well as diminishing patient loyalty and potentially risking patient safety.³⁰ In a survey conducted between March and June last year among readers of *The Pharmacist*, 80% of respondents said shortages were a 'big problem' for their pharmacy.³¹

It's by no means surprising, then, that almost 99% of employee pharmacists, superintendents and pharmacy contractors responding to this survey reported that medicine shortages had affected their pharmacies throughout 2018.

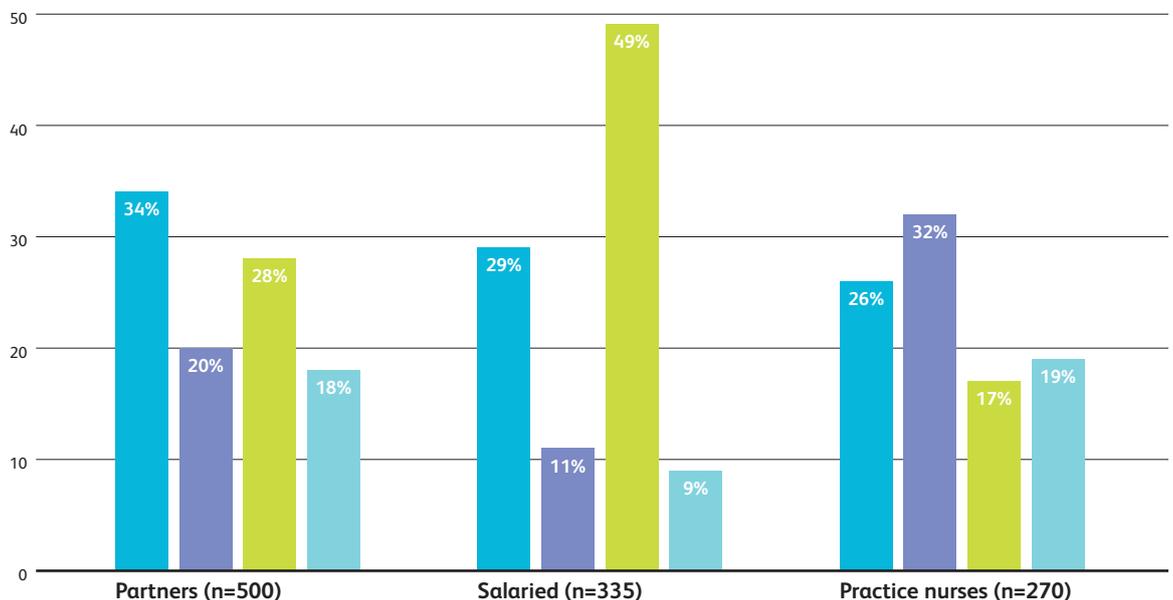
And for the vast majority of those – 82% – shortages had been a 'major' cause for concern.

The collective financial impact was enormous, with 80% of contractors and superintendents estimating losses due to shortages since summer 2017 in excess of £1,000 per month. Some 41% of all respondents in the same group had lost more than £5,000 per month. Shockingly, five of the 54 respondents (9%) said monthly losses at their pharmacy owing to medicine shortages exceeded £20,000.

The situation reported by employee pharmacists (excluding superintendents and contractors) was slightly less startling – although still bleak. Among this group (143 in total), just less than half (45%) said their pharmacy suffered monthly losses of more than £1,000, and 19% said their pharmacy had lost more than £5,000 per month.

Have you obtained certification to perform spirometry ahead of its planned introduction in 2021?

- No, and I am unsure on obtaining certification
- No, it is not my intention to obtain certification
- No, but I intend to obtain certification
- Yes, I have already have obtained certification



However, 39% of employee pharmacists said they didn't know how much money their pharmacy had lost each month due to medicine shortages – meaning the state of play could be even worse than the survey's findings suggest.

And it's not just the financial cost, but the cost in wasted time, too. Contractors and superintendents said they contacted an average of six wholesalers a week to try to source medicines that were unavailable, spending on average 175 minutes – almost three hours – every week attempting to find alternative sources of shortage medicines.

Given the intense pressure ongoing drug shortages are evidently placing on pharmacies, one would expect the

workload of pharmacists, superintendents and contractors to increase accordingly. Respondents indeed confirmed that – 95% said they believed shortages had led to an increase in their workload (100% of contractors and superintendents, and 94% of employee pharmacists).

It is expected that Brexit will further disrupt the supply of medicines into Britain from the EU, with potentially grave consequences for pharmacies and patients alike. At the time of publication of this report, the Pharmaceutical Services Negotiating Committee (PSNC) continues to update its guidance for community pharmacies, as the political uncertainty continues around the UK's exit from the EU and the subsequent trade relationship.³²

What pharmacists say about medicines shortages

“ Increased stress. Poorer customer relations. Less time for additional services

“ Major problem. Patients see it as my fault. Hassle with GPs as we have to request alternatives. Distress for the GPs as one was literally in tears when they did not know what to do when we couldn't get venlafaxine

“ Dissatisfied customers, frustrated staff, lower margins

“ Has made life very difficult as sourcing products is a daily battle and the remuneration rarely covers the outlay

“ Worry about getting medication for patients has caused me stress

“ Extremely difficult to provide first-class patient care when we are constantly on the phone for hours trying to obtain stock

7 Cutbacks

7.1 Closures, redundancies and service cuts

As primary care decision makers attempt to claw their way out of a crisis, they have faced very difficult decisions. General practice and community pharmacy are continuing to face a daily struggle for survival, as our survey findings demonstrate.

General practice

In general practice, surgery closures have been a stark reality for several years,³³ and in 2018, the number of practices shutting their doors for good or taking extreme measures to remain viable reached 'epidemic proportions across the UK', a trend explored in Pulse's 'Postcards from the edge' series.³⁴

We asked GP partners a series of questions about the cutbacks and concessions they had made or considered during 2018. Closures were still a possibility for 9% of respondents – and five partners had already decided to close – but the measure that was contemplated by the highest proportion of partners was collaborating with another practice.

Almost half (49%) said they had already thought about joining a federation, or had done so during the year, while more than one-third (36%) said they'd either merged or had considered merging with another practice.

Worryingly, a significant number reported discontinuing clinical services as an issue, with a quarter (24%) having considered it and 16% having implemented service cuts throughout the year.

Intensifying pressures on general practice have led to a series of other cuts, with consequences for patients. For more than a quarter (29%) of GP partners, the reality of having to reduce the number or routine appointments or consider doing so hit home; a similar number (24%) either went ahead with or thought about temporary list closures, and almost one-fifth (18%) resorted to shrinking or considering shrinking their practice list.

Staff were affected too. Some 23% of GP partners said they had considered cutting or had cut staff hours, and redundancies were also on the table – 19% of partners had either laid off admin staff or considered doing so; the figure was 9% for clinical staff.

Breakdown of GP partners who said they had implemented or considered implementing the following measures over the past 12 months:

Federating with other practices	49%
Discontinuing clinical services	40%
Merging with another practice	36%
Cutting routine appointments	29%
Temporary list closures	24%
Cutting staff hours	23%
Redundancies of admin staff	19%
Shrinking practice list	18%
Redundancies of clinical staff	9%
Closing the practice	9%

Pharmacy

Following a tumultuous few years for community pharmacy, marked by the imposition of funding cuts to the tune of £200m in December 2016, and the judicial review, the sector has faced an onslaught of challenges. So, we asked pharmacy contractors and superintendents about their experiences of closures, service reductions and other measures during 2018.

Across both groups, there had been a substantial impact on staff. The vast majority (86%) of pharmacy contractors, and more than two-thirds (68%) of superintendent pharmacists, had cut or considered cutting staff hours. Staff redundancies had been considered or made by almost half (45%) of contractors, and by more than one-third (36%) of superintendent pharmacists.

Patients have suffered, too, through the reduction of services. Free deliveries of medication to patients who can't get to their pharmacy are often the first thing to go, and an average of 24% of all those polled said they had already stopped free deliveries. Nearly half (49%) had given it some thought over the past year.

Clinical services weren't safe either – they were cut or at risk of being cut by close to half (48%) of superintendents, and a third (31%) of pharmacy contractors.

Moreover, selling up was a measure a significant number had to endure or consider: 70% of contractors and 46% of superintendents had thought about selling their pharmacy, and an average of 8% per cent – a total of four respondents across both groups – had gone ahead with selling.

7.2 Working hours and pay rises

Many primary care staff are stretched to breaking point, often having to work in excess of their contracted hours for no extra pay.

Salaried GPs

More than half (52%) said they worked unpaid beyond their contracted hours due to practice demands every day and 30% do so at least once a week, more than three-quarters (78%) of whom worked longer hours without pay a few times a week.

Asked whether, in their current role, they had ever asked for a pay rise or better terms and conditions, more than half (57%) said they hadn't. Some 7% of respondents chose not to disclose whether or not they had.

Among the salaried GPs who answered the question, 36% said they'd asked for more money or improved terms; half were successful, and half were turned down.

Among practice managers, half (52%) of respondents said they worked beyond their contracted hours, unpaid, every day, and an additional third (36%) are in the habit of doing so at least once a week. Some 8% do so a few times a month or rarely. Just 4% said they never worked longer than their contracted hours without pay.

Compared with their salaried GP colleagues, practice managers are evidently much better at asking to be recompensed: nearly two-thirds (60%) had requested a pay rise or better terms and conditions while in their current role. And their requests were more fruitful, too – some three-quarters (76%) of those who'd asked were successful.

Nurses

The theme of taking on extra hours because of practice pressures continues among the nurses polled.** A smaller number than in the other professions said they worked beyond their contracted hours without pay every day, at 27%. But there are still 40% doing so once or a few times a week and 13% at least once a month.

Nurses were divided equally in terms of whether they'd ever asked for better pay or conditions in their current role – 48% said they had and 48% said they hadn't – while the rest didn't want to say. Among those who had made the request, half were turned down.

Pharmacists

Work pressure and demands forced employee pharmacists to take on longer hours, too. More than a third (32%) said they worked unpaid beyond their contracted hours every day. An additional third (36%) do so once a week or more, with 73% of those saying they worked longer hours without pay a few times a week.

Some 45% of pharmacists had not, in their current role, ever asked for a pay rise or better terms or conditions. Of those who had, the majority (75%) were unsuccessful. Sixteen pharmacists (11%) chose not to say whether or not they had requested a pay rise.

All groups

All in all, our survey findings highlight that the demands of working in primary care are placing enormous pressure on staff, the majority of whom – an average of 68% of salaried GPs, practice managers, pharmacists and all nurses – are working more hours than they are paid for every single week.

The potential consequences of being so heavily overworked include stress, burnout and low morale – with some primary care clinicians even leaving the profession as a result. This is explored in section 8.

How often do you work unpaid beyond your contracted hours?

- Working extra hours every day
- Once or a few times per week
- One or a few times per month
- Rarely
- Never

Salaried GPs (n=367)



Practice managers (n=403)



Nurses (n=608)



Pharmacists (n=143)



** including practice nurses, advanced nurse practitioners, district nurses and community nurses

8 Morale, stress, burnout and abuse

8.1 Low morale

The NHS's greatest assets are its workers, but they are increasingly finding themselves being pulled in all directions. Recruitment problems, unreasonable demands and expectations, and a gloomy economic and political outlook can make it feel like there is no let up for staff, who all want to do the best by their patients.

Low morale has long since been a problem for staff working in primary care, and unfortunately, our survey didn't offer much hope that things are on the upturn. Low morale continues to affect all sections of the workforce, according to our findings.

We asked respondents to rate their current level of morale on a scale of 1 to 5, with 1 being very low and 5 being very high. Across all roles, the proportions who described their morale as low or very low were significant:

	Low or very low morale (%)
In general practice:	
GP partners (n=524)	53
Salaried GPs (n=355)	50
Practice managers (n=376)	42
Nurses (all; n=564)	38
Healthcare assistants (n=12)	25
Among pharmacists:	
Superintendent pharmacists (n=24)	71
Pharmacy contractors (n=26)	65
Employee pharmacists (n=136)	46

For the respondents who gave their morale a score of 3 or less,^{§§} we explored the issues that were driving it. We asked them to rate how influential a series of factors were on their morale, where 5 was 'very influential'.

Across all job roles, the highest influencer of morale was unrealistic demand from patients, which was given an average rating of 4.21 out of 5. In addition, more respondents (50%) said it was 'very influential' on their morale than they did any other factor.

The next most influential factors on workplace morale were bureaucracy (an average rating of 4.01 out of 5); feeling unappreciated by management (3.94); and workload from other sectors, known as 'workload dumping' (3.75).

The reasons for low morale were weighted very similarly by respondents to the previous survey, in which staff rated experiencing too much bureaucracy, unfair NHS criticism from politicians, and unrealistic demands from patients as 'very influential', and in the top four factors affecting morale.

However, responses to the previous report suggested the factor that influenced low morale more than any other was feeling overworked. This wasn't given as a preset option in this year's survey, because we looked at incidence of working extra hours without pay in another section of the survey (see 7.2 Working hours and pay rises).

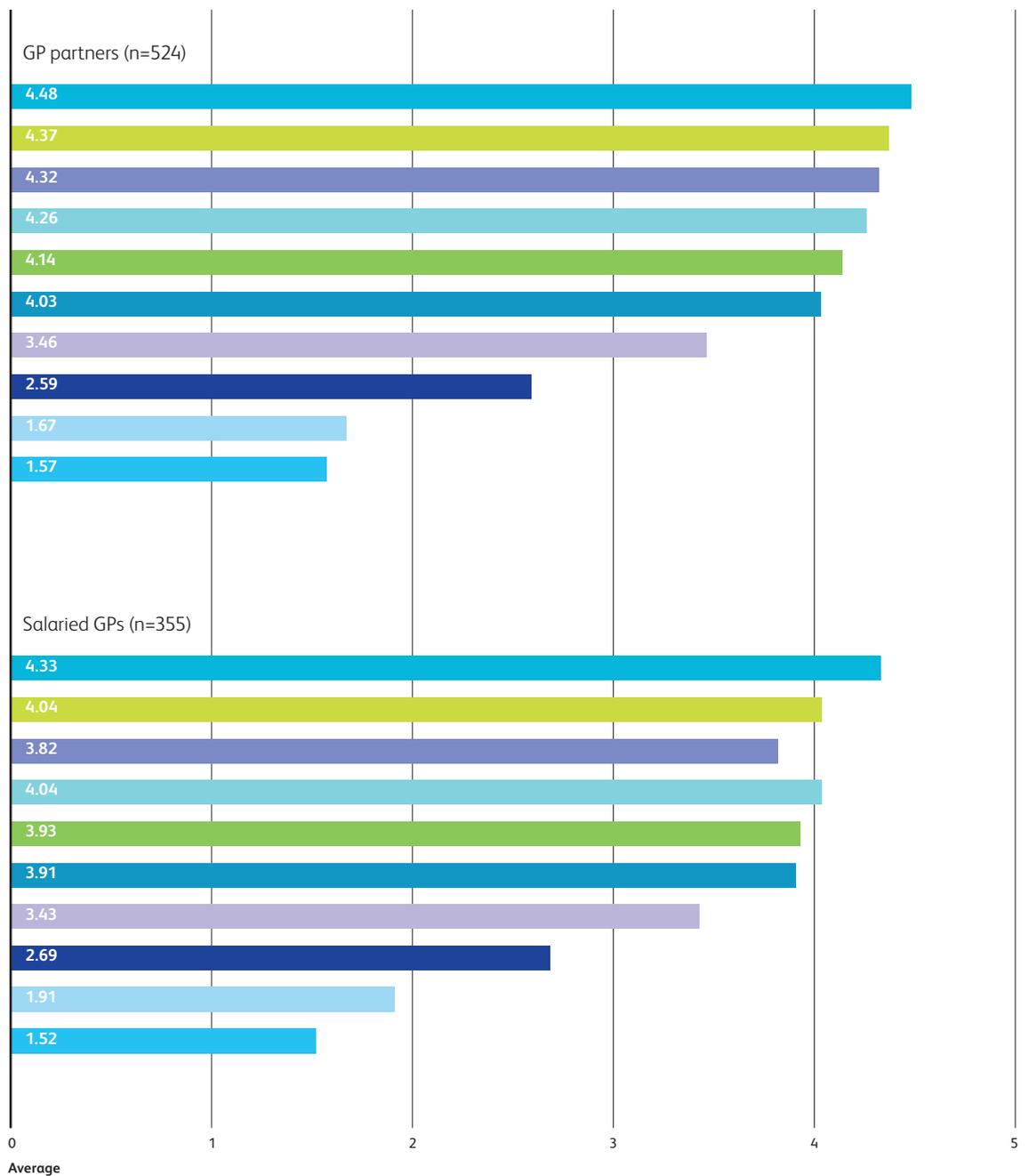
Low pay was the most significant cause of low morale among pharmacy contractors, who rated it 4.2 out of 5. Employee pharmacists and nurses also cited low pay among the top three factors influencing low morale (3.87 and 3.78 respectively). Pay was less of a concern for other staff, but interestingly workload 'dumping' was high on GP partners' list, presumably in this case as a result of workload from hospitals that they place in this category.

Thankfully, ill treatment from colleagues and patients appears to be comparatively less problematic, since workplace bullying, and physical and verbal abuse from patients were rated as the three least influential causes of low morale by almost all groups. This trend echoes findings from the previous survey, in which such issues were rated relatively low as influencers of staff morale.

§§ indicating very low (1); low (2); or neither high nor low (3) morale

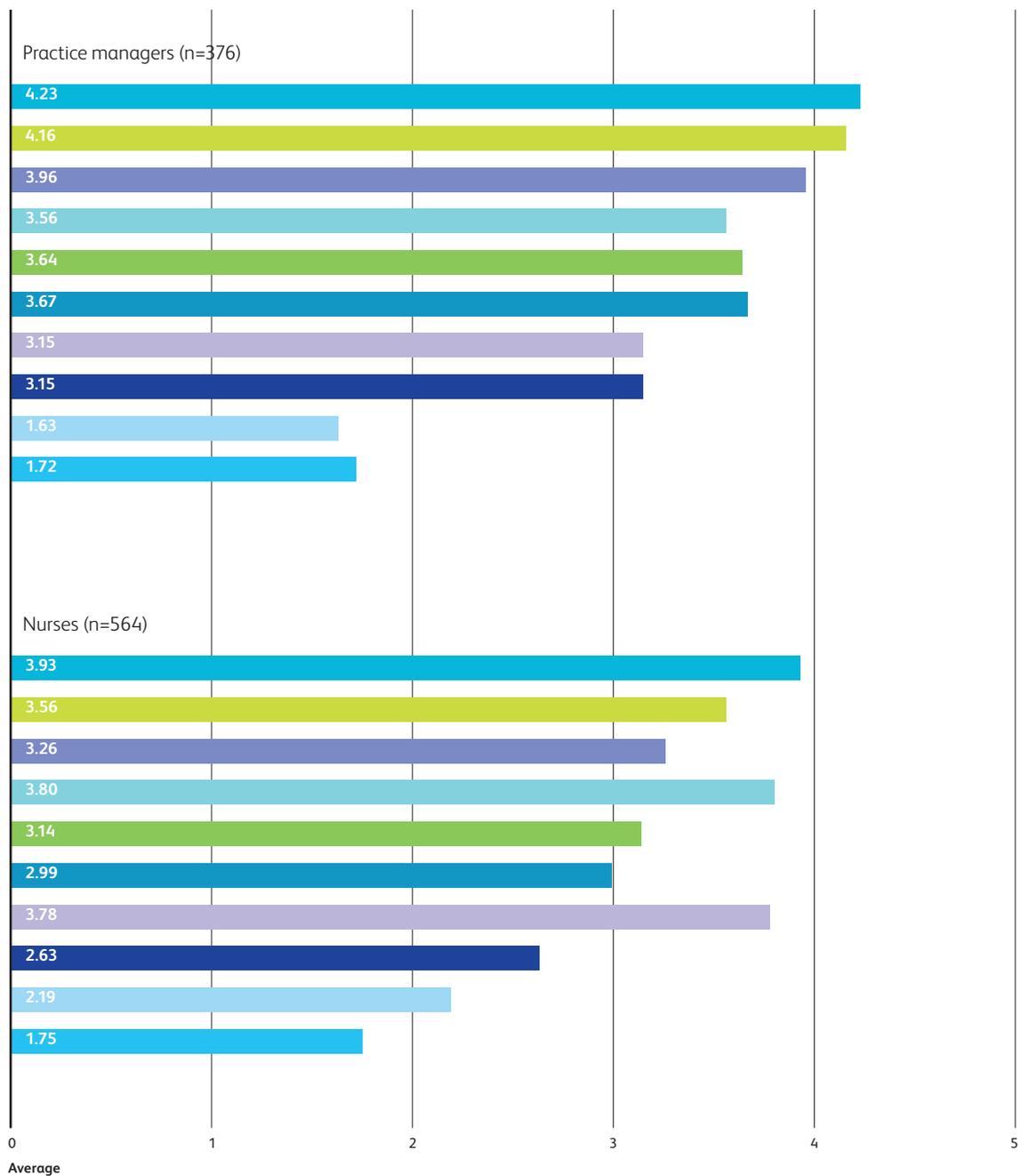
Drivers of low morale across primary care job roles

- Unrealistic patient demand
- Too much bureaucracy
- Workload dumping
- Feeling unappreciated by management
- Unfair NHS criticism from politicians
- Unfair NHS criticism from the media
- Low pay
- Verbal abuse from patients
- Workplace bullying
- Physical abuse from patients



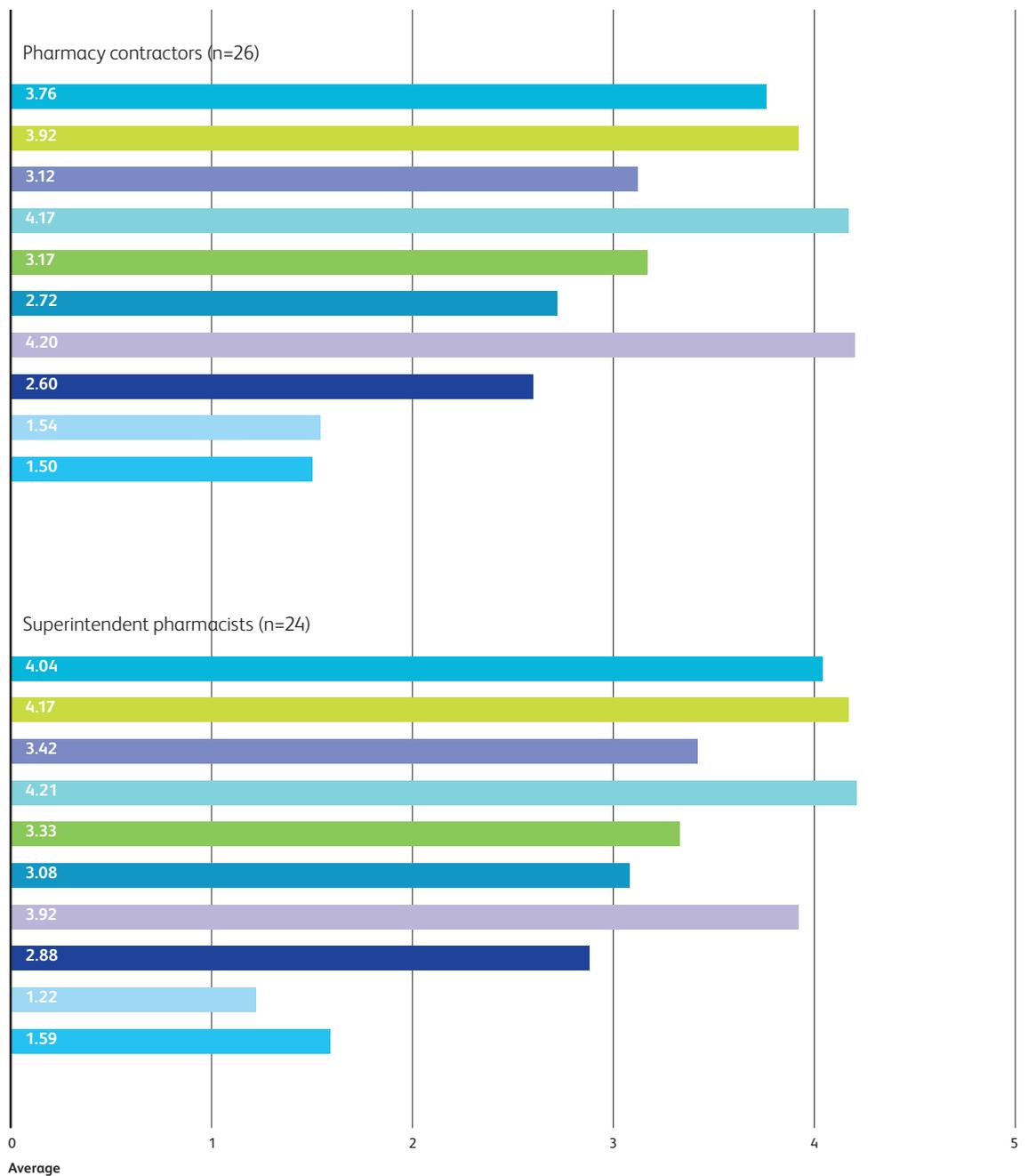
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- Workplace bullying
- Physical abuse from patients



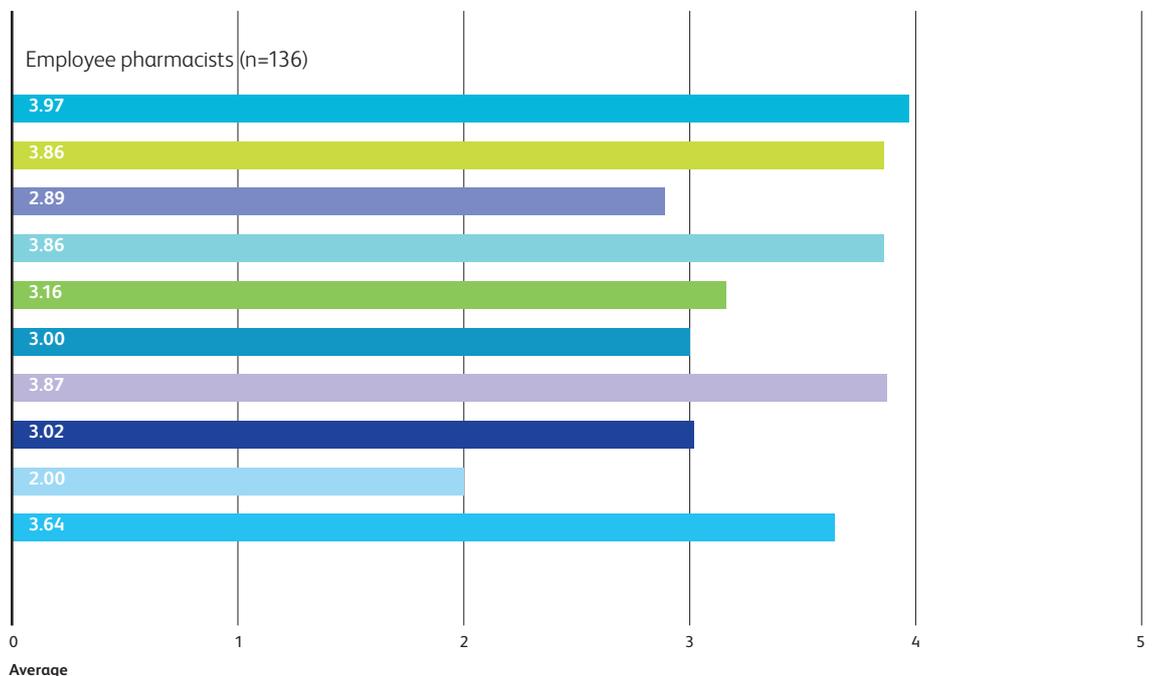
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Drivers of low morale across primary care job roles

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- Unfair NHS criticism from the media
- Low pay
- Verbal abuse from patients
- Workplace bullying
- Physical abuse from patients



8.2 Stress and burnout

Research commissioned by mental health charity Mind unveiled that almost 90% of primary care staff – which included GPs, practice managers, nurses and other professions – found their work life stressful, a significantly higher proportion than the wider UK workforce (56%).³⁵

Commenting on the findings at the time, Dr Chaand Nagpaul, then chair of the BMA's GP committee, said that 'staff are under unsustainable pressure because they are having to work long, intense hours on dwindling resources against a backdrop of rocketing patient demand [and] the inevitable side-effect is rising levels of burnout and stress', adding that ultimately, it 'will seriously limit the capacity of the NHS to deliver quality care to patients'.

Amid undeniable evidence of high levels of stress in the primary care workforce, our survey investigated the impact of stress and burnout.

One-third (34%) of respondents reported that stress at work had become so bad that they expected to need time off or had already taken time off work (11% said they had taken time off work for stress or burnout in the previous

12 months, and a further 23% indicated they thought it was likely they might need to in the following 12 months).

Of all groups, GP partners were least inclined to take time off work for stress or burnout: 8% had done in the past year, although 19% said it was likely in the coming year – a still unacceptably high proportion, especially since 42% said stress or burnout had affected patient care.

Moreover, many GP partners are resorting to other measures to combat stress, instead of taking time off sick. Several said stress and burnout had led to them cutting their hours or sessions, or leaving the partnership to retire early or go into locum work. Some indicated they were hanging on to save their practice from closure.

In terms of needing time off work, pharmacy contractors and superintendents were most affected by stress and burnout. A staggering 71% of superintendent pharmacists had taken time off sick or thought it was likely they would need to in the next year. Among contractors, the figure was 60% – and more contractors than any other group had already had to have time off work through stress or burnout (19%).

Equally worryingly, stress and burnout are spilling over to the extent that patients are feeling the effects. Around half of superintendent pharmacists, pharmacy contractors and salaried GPs said their stress levels were having an impact on patient care (58%, 54% and 48% respectively).

Among the other professions, numbers affected by stress were also significant, with more than one-third saying

they'd been off work or expected to be in the next year (39% of pharmacists, and 35% each of salaried GPs, nurses and practice managers).

Respondents were given the chance to comment freely in the survey about the impact of stress and burnout, and a selection of the worrying reflections they offered can be seen below.

GP partners

“ I have had to go onto antidepressants and have counselling

“ My work is having a significant detrimental effect on my marriage, my relationship with my young children, and is having a very negative effect on my multiple long-term conditions (including type 1 diabetes). The job is killing me. It is some of my colleagues and the relationship with my patients that keep me going. But I cannot see a way out

“ I am carrying on as my partner is retiring due to burnout. If I leave, the practice has to sell out or close

Salaried GPs

“ I work part time to maintain my work-life balance and sanity

“ I don't expect to take time off, as I will manage it as I always do, but doesn't mean that the stress isn't real and increasing. I can't go on forever like this!

“ I suspect that I am going to be forced to offload some responsibilities to prevent this

Practice managers

“ I am struggling with workload, not sleeping and finding it hard not to break at the moment. Managed to push through this before, but finding it harder to do this again

“ Clinicians and staff are completely beaten down by the high demand and lack of funding to support the demands. Every day we face complaints and frustration at not being able to offer patients the support they need

“ If I can engineer a way out, I will take it

Pharmacists

“ We have reached a peak in what we can take and if this level is exceeded then I will reduce my working hours

“ Due to having the extra burden without financial help, I've been off eight weeks for the first time in 40 years

“ The ability to concentrate is affected by stress

Pharmacy contractors

“ It would be nice not to have to waste time going to bed each night, as to run a successful pharmacy it is bordering on taking 24 hours every day to do so

“ If the focus is survival patient care is compromised

“ We are simply HAVING to make unpopular decisions that are already affecting patient care, by scaling back on vital services that are not funded by the NHS

Superintendent pharmacists

“ It is hard to be empathetic in consultation, or as clinically focused

“ Awful the way clinical pharmacists with seven years of qualifications get treated by care workers, doctors, key workers and patients' carers

“ I am stressed and showing symptoms, but being the owner pharmacist I cannot afford the time. My staff can, which puts greater pressure on me and the other staff

8.3 Patient abuse

We asked survey respondents whether they had been subjected to abuse from their patients and, if they had, what type of abuse. They could select as many answers as applied, from verbal, physical, written, and – for the first time – sexual abuse.

Across all job roles, 87% of our respondents have been on the receiving end of abuse.

Verbal abuse is the most common, with 64% of our sample of 2,006 respondents having experienced it in the past 12 months; this was a decrease on the previous year, when 71% had recalled similar incidences.

A total of 18% of our sample recalled incidences of written abuse over the past year – again this was down from 25% in 2017 and 24% in 2016, although the samples in those years were much smaller, at 1,353 and 1,182 respectively. Meanwhile, 4% complained of experiencing physical abuse from patients.

Only 1% of our sample recalled experiencing sexual abuse, but this still amounts to 21 incidences. When given the chance to comment on the abuse received, one respondent described being the victim of ‘inappropriate groping’ from a patient.

Social media was a major source of abuse cited by respondents, with many saying it encouraged abuse from

disgruntled patients. GPs described patients ‘demanding’ inappropriate medication, ‘aggressively’ asking for sick notes and swearing at staff. Incidents of patients getting angry and threatening staff when they weren’t given the medicines they wanted were common, as was patients abusing staff because they failed to get an appointment.

Other responses referred to incidences of racial abuse, and one practice manager described having to call the police because of physical threats from a patient. Many respondents reported that receptionists had borne the brunt of the abuse.

Practice managers and pharmacist employees were particularly affected: of the 376 practice managers who answered the question, 79% had been victims of verbal abuse and 41% had received abuse in writing. Shockingly, 15 had been subjected to physical abuse and one practice manager reported having suffered sexual abuse.

For pharmacists, 79% had also suffered verbal abuse, while 10% of the 135 respondents experienced written abuse. A total of four pharmacists had encountered physical abuse in the past year and one had been the victim of sexual abuse.

Six nurses, too, reported having been subjected to sexual abuse, and 40 had been physically abused. However verbal abuse was most commonly experienced among our

	Verbal abuse (%)	Physical abuse (%)	Written abuse (%)	Sexual abuse (%)	No form of abuse (%)
GPs (n=871)	57	2	18	1	39
Nurse (n=574)	60	7	6	1	37
PMs (n=376)	79	4	41	1	17
Pharmacy (n=185)	79	4	10	1	19

sample of 574 nurses, at 60%. Just over a third (37%) said they hadn't experienced any abuse.

Doctors also fell victim to abuse from patients – eight to sexual abuse and 17 to physical abuse. More than half of our sample of 871 GPs, 57%, said they had been verbally abused, and 18% had received written abuse.

Salaried GPs are more likely than partners to receive verbal abuse from patients, at 60% compared with 56%. However, partners cited more incidents of written abuse than their salaried colleagues, at 20% compared with 14%.

8.4 Reflections on leaving the professions

Our survey provided the opportunity for respondents to comment openly about their experiences of low morale, stress, burnout and abuse from patients.

We also asked respondents whether they were thinking about leaving their profession in the next year, giving them an open forum to tell us why. Just under half of respondents said they were considering quitting due to retirement or other reasons. Many appeared to be relishing reaching retirement age, as it gave them a way out of an unsustainable working situation – almost a fifth (19%) of all those who answered said they might retire in the coming 12 months.

However, the most striking finding is that a quarter (25%) of all respondents had considered quitting their profession in the next year, but not through retirement.

Pharmacy superintendents, practice managers and pharmacists were most inclined to want to pack up, though not retire, with around one-third of respondents in each group having considered leaving their profession in the next year (29%, 30% and 29% respectively).

Some 28% of salaried GPs had also given thought to leaving, while among GP partners the figure was 21%. A similar proportion of nurses – 23% – were considering leaving the profession for reasons other than retirement. GP partners were the least likely to quit, with half saying they hadn't considered leaving in the next year.

Across all groups, the same themes were repeatedly cited as reasons for considering quitting: unrelenting workload, worsening stress levels, falling morale and poor work-life balance. Quite simply, many people have had enough and are considering walking away from their profession before they reach breaking point.

When taking into account prospective retirees, as well as those who might leave for other reasons, primary care could well be looking at losing a great number of highly trained and experienced workers in the coming year.

Job role	Thinking of leaving in 2019 but not through retirement (%)
Practice managers (n=370)	30
Superintendent pharmacists (n=24)	29
Employee pharmacists (n=136)	29
Salaried GPs (n=354)	28
Pharmacy contractors (n=26)	27
Nurses (n=553)	23
GP partners (n=522)	21

8.5 The voice of primary care

We gave respondents a space to tell us in their own words what they thought about the state of primary care and why they may consider leaving the profession behind. Here's what they said;

GP partners

“ Bedraggled , suffering from years of neglect and in need of much more immediate support than currently. I fear soon that there will be far too little left to revive

“ The job I love has become unsustainable to carry on doing safely and to the standard I feel necessary. I start each day full of dread, knowing I have no hope of containing the workload and I'm firefighting from the moment I walk in

“ Affecting physical and mental wellbeing too much and I am currently just about paying to come to work. Even teaching looks better than this

Salaried GPs

“ Hanging by a shoestring. It is a constant firefight to get things done. At times regrettably it feels unsafe

“ At a low ebb and in danger of collapsing. Needs urgent 'resuscitation' in the form of funding and workforce support, with introduction of incentives/ disincentives to redress the imbalance between locums, salaried GPs and GP partners

“ We are too small an army for the job required, and I'm no longer willing to be the last man standing

Nurses

“ I think it's about to fall over, lack of staff, no coherent strategy for getting more staff and current staff overworked overwhelmed and underpaid

“ Undervalued, workload increasing and constant pressure to cut costs to the extreme

“ Too much work, unmanageable and unsafe caseload. I'm not risking losing my registration just so a few pounds are saved; there are still too many managers and no workers

Practice managers

“ Ever-growing workload with unrealistic expectations from commissioners and governing bodies who have little real insight into how general practice works

“ Appalling – we provide 95% of the care for approximately 10% of the overall NHS budget and we are continually being pressured to provide more services brought out of hospitals for significantly lower remuneration. It is not sustainable

“ A huge increase in patient demand and abuse to all NHS staff. Staff morale is the lowest I have seen for years. This makes it very difficult to manage a team

Superintendent pharmacists and contractors

“ We are viewed as part of the problem, not part of the solution. Pharmacy has never been appreciated for what it brings to the table

“ Generally good due to dedicated staff but under severe workload and financial pressures

“ I feel like a puppet on a string with the puppet master being NHS commissioners and paymasters

Pharmacists

“ Because I am getting to the stage where I dread going into work, the prospect of even worse medicines shortages and the introduction of FMD [falsified medicines directive] may be the final straw

“ I can no longer do the professional job I was trained to do

“ I feel pharmacists are not appreciated any longer by the government and other institutions. Patients see the importance of pharmacists but unfortunately, I feel their views are dismissed. I feel that I can better channel my energy elsewhere

9 Funding, strategic initiatives and political uncertainty

9.1 Sustainability and transformation partnerships and the GP Forward View

Originally launched in 2016, sustainability and transformation partnerships (STPs) were set up in 44 areas in England as collaborations between the NHS, local authorities and other healthcare organisations, designed to improve healthcare and deliver better services for patients.³⁶ Part of their remit was to support implementation of the GP Forward View, through which NHS England committed to plough an additional £2.4bn a year into general practice by 2020/21.³⁷

Having had a few years to become embedded, STPs and the GP Forward View featured in our survey. We polled participants about what effect, if any, these strategic initiatives had on the quality of patient care in the preceding 12 months, where a score of 1 = an extremely negative impact and 5 = an extremely positive impact.^{†††}

GP partners

Among GP partners who gave a rating, more than half (54%) thought the implementation of STPs had had a negative or extremely negative impact on patient care. The average score was 2.35 out of five.

Moreover, 72% of all partners said they had not witnessed any improvements in primary care as a result of the 15% of STP fund allocations that had been apportioned to general practice. And two-and-a-half years on from its announcement, the GP Forward View had not resulted in any improvement in primary care services, according to nearly three-quarters (71%) of GP partners.

Salaried GPs

Some 46% of salaried GPs who rated it said the impact of STPs on patient care was negative or extremely negative. Two-thirds (65%) of all GP respondents had observed no improvement across primary care as a result of the GP Forward View, and more than half (56%) said the 15% of general practice funding from the STP allocations had not driven any improvements. However, 32% didn't know whether that funding had made any difference or not.

Practice managers

This group were also unconvinced, although less negative overall, about the impact of STPs on patient care – 35% of practice managers who ventured a score believed the partnerships had a negative or extremely negative affect, yet more than half (55%) indicated their implementation had neither a positive nor negative impact. The average score given was 2.62 out of five.

Practice managers were also the most optimistic about the effects of the GP Forward View, with almost one-third (30%) saying there had been some improvement in primary care, but two-thirds (66%) did not think primary care had benefitted from the 15% funding uplift from the STP fund allocations.

9.2 The 10-point action plan for general practice nursing

In 2017, a £15m package to help implement a 10-point action plan for general practice nursing was announced.

Its aim was to galvanise the profession by attracting new recruits, supporting existing nurses in general practice with training programmes and mentoring, and encouraging leavers back into the profession.³⁸

Yet, the plan has been largely ineffectual, judging by our findings. Of all the GPs, nurses and practice managers who answered the question and for whom it was relevant, more than half (57%) said it had resulted in no improvements to nursing in general practice. A small number – 14% – believed there had been some or substantial improvement.

Among the nurses in particular who answered this question, the response was slightly more encouraging, with more than a quarter (26%) reporting having witnessed some or substantial improvement in primary care. Still, 45% said there was no improvement, and 25% didn't know.

9.3 Brexit's impact on primary care and the NHS

Barely a day has gone by in the past few years without a mention of Brexit in the news. At the time this report was published, there was still a conspicuous lack of clarity on how the situation would pan out. But the consensus is that, whatever the outcome, the NHS will not escape unscathed.

Some of the biggest questions about how Brexit will affect the health service pertain to whether we will have a sufficient supply of medicines, whether – and how much – the workforce will diminish, if and how demand for services will change, and what it means for funding.³⁹

We put these questions to our respondents and, unsurprisingly, they were less than optimistic. Overall, echoing findings from the previous survey, staff across all job roles anticipated Brexit would have a negative effect on the five areas of health provision we asked them about:

- NHS budget
- number of staff working in the NHS (GPs, nurses and other primary care staff)
- time spent by NHS staff assessing people's eligibility to access NHS care
- number of patients accessing NHS care
- availability of medicines (expected shortages and the likelihood of stockpiling)

Our respondents were most concerned about staffing levels. Three-quarters (75%) thought Brexit would have a negative impact on the number of nurses working in the NHS, and 71% said it would adversely affect the number of GPs. This is in line with the previous year's findings, meaning concerns about staffing levels post-Brexit have not been allayed a year down the line, as the exit deadline looms ever larger.

The majority (64%) of people who responded to the questions relating to medicines supply said they expected Brexit to have a negative impact on the availability of drugs, and more than half (54%) thought it would lead to community pharmacies stockpiling medicines.

When the survey was conducted, the UK had already begun experiencing shortages of, or needing to ration, certain medications,⁴⁰ and in October 2018, 45 drugs had become so scarce that the DHSC resorted to paying more for them, to improve continuity of supply. By January 2019, there were 80 medicines on that list.⁴¹

Although Brexit is not solely responsible for these issues,

“ 46% of GPs said the impact of STPs on patient care was negative or extremely negative

††† those who said they didn't know, and for whom the question wasn't relevant in their devolved nation, were excluded from this analysis

there is widespread concern that it will make things worse, particularly in the event that Britain fails to secure a deal from the EU.⁴²

Respondents were least negative about access to NHS care after Britain leaves the EU, with 30% saying they thought numbers of patients receiving NHS care would stay the same, and 13% saying Brexit would have a positive impact. Still, more than a third (34%) thought it would have a negative effect. The findings of the previous survey were virtually identical in this regard. And along the same lines, 59% of respondents were worried that staff would need to

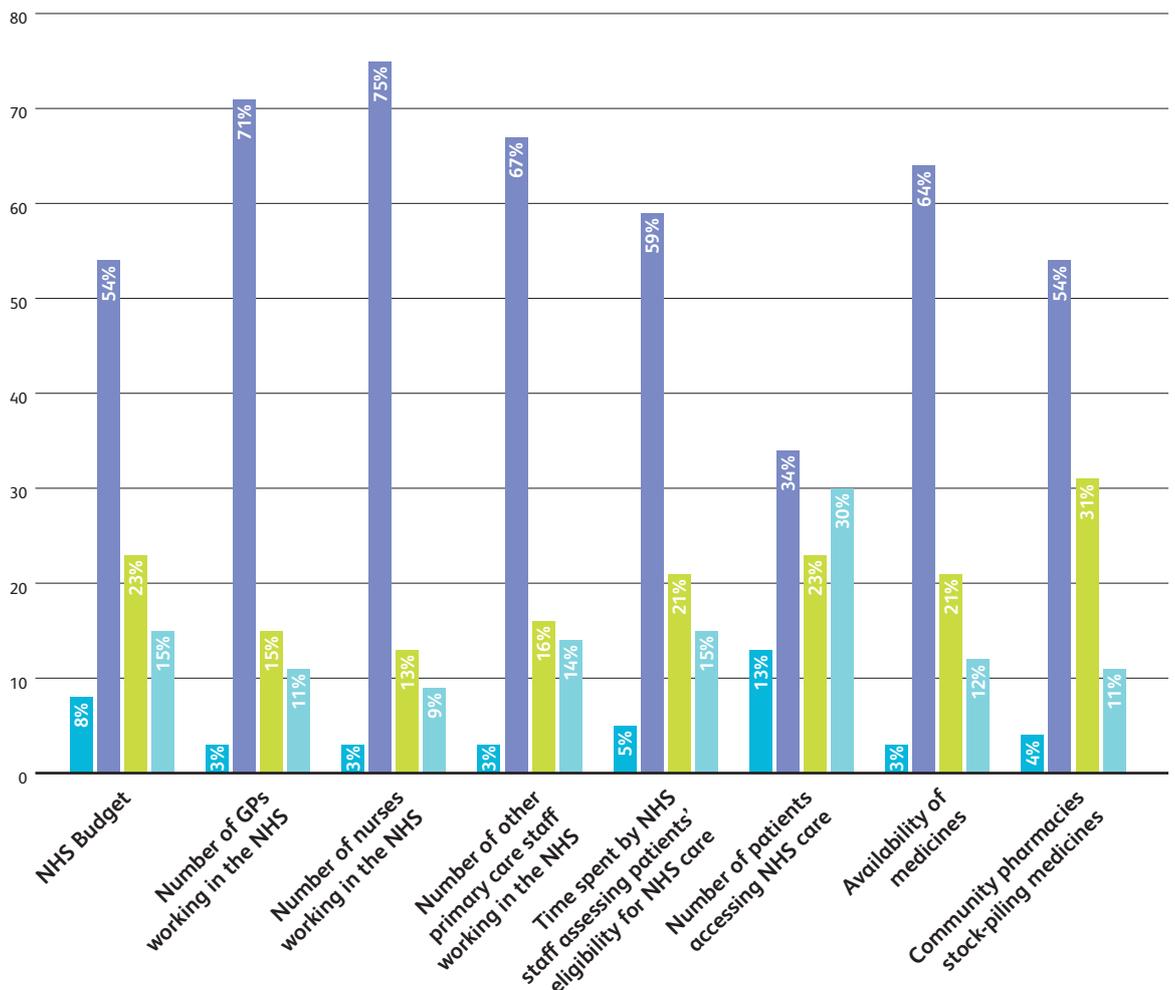
spend more time checking people's eligibility to access NHS treatment – two percentage points lower than last time.

Despite the Leave campaign's now infamous claims that, when outside the EU, the UK could redirect £350m every week into the NHS, primary care workers are unconvinced that health service budgets will benefit: just 8% believe the effect of Brexit on NHS budgets will be positive.

The proportion who instead believe Brexit will negatively impact NHS funding has increased slightly, from 49% in 2017 to 54% in our 2018 survey. An additional quarter (23%) were unsure.

What impact, if any, do you believe Brexit will have on the following areas (%)?

● Positive impact ● Negative impact ● Unsure ● No impact



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