

Primary Concerns 2019

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

It's frightening how much can change in three months. When we carried out the survey for this report in December last year, the biggest story facing primary care was how it was delivering more joined-up care to patients across the NHS and boosting the resilience of general practice. In England, the biggest concern for all those who work in general practice was the delivery of primary care networks and the demands on already tight resources, as well as the uncertainty of how this new model of care would take shape.

Now as I write, all this has taken a back seat. We are now in the midst of the biggest pandemic to hit the modern world. Covid-19 has really taken hold and our audience is at the forefront of the battle. The rest of the nation is being asked to stay in the safety of their homes but those working in the NHS, including those in primary care, don't have that option. From the decision makers – GP partners, practice managers and pharmacy contractors superintendent pharmacists – to salaried and locum GPs, practice nurses, pharmacy employees and healthcare assistants who work on the ground, as well as district and community nurses, all now have a vital role to play in the fight against the new virus. The situation is developing by the day as the number of patients affected by the virus increases – and primary care is having to adapt at pace. From what I hear, many of our readers in general practice are getting used to doing most of their consultations remotely and to add to the strain, GPs fear they may suddenly be inundated with prematurely discharged hospital patients whom secondary care has been forced to send their way as it clears beds for those hit by the virus.

All this does not mean that the way our audiences felt three months ago, and probably would be feeling now if Covid-19 had not hit, is no longer relevant. In fact, as primary care faces up to what is its biggest test to date, the coming months are likely to tell us how far the concerning issues highlighted throughout our report are going to affect its ability to respond to this national crisis.

Once again, our Primary Concerns survey has been able to capture the opinions of those who know the sector the best. And for the 2019 survey, our seventh to date, we continue to focus on the real issues that concern our readers. The wide reach of our five publications means we can capture the opinions of a range of healthcare professionals, to gather first-hand evidence of how they are coping with ever-increasing patient demand against a backdrop of dwindling GP numbers, fewer nurses and rising workloads. We have been able to assess the state of the relationship between GPs and pharmacists, and we've looked again at how GPs' and nurses' prescribing habits have changed in the past 12 months. We also asked about the specific cutbacks and concessions made or considered during 2019, 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.

The evidence we have gathered about the current state of primary care will be reflected in how well it grapples with the coronavirus crisis and how the wider NHS copes when it is needed most. Never before has there been such an appreciation of the work our NHS staff carry out, and I for one will continue to applaud and thank them for all they are giving us in this time of need. However, we must seek opportunities in this crisis. We must use this platform to underline the need for real change, and finally resolve the issues unearthed in our report. Yes, we need our politicians' help, but we also need leadership from within our sector to shout about the problems they are facing. Through our publications we can also help by being the voice that continues to hold the Government to account. Unarguably, when this is all over, ministers will need to reassess the entire NHS and that should start right at the front door, with primary care.

Gemma Collins
Group Editor, Cogora

2 Background to the 2019 survey

2.1 Methodology

This is Cogora's seventh annual report examining the state of primary care and is 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 5 November to 19 December 2019 inclusive. Cogora invited people to complete the survey through e-newsletters sent directly to each publication's readers, and by way of advertisements on the home pages of their websites. 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 3,610 responses in total, the majority of which were directed to the survey through the e-newsletters.

The questions broadly explored themes that affect people's views and experiences of working in primary care in 2019, such as:

- staffing and relationships between colleagues
- hours of work
- workload
- clinical demands
- morale, including causes of low morale
- the impact of primary care networks
- the impact of Brexit.

2.2 Context

GP contract 2019/20

The survey was conducted in the same year that the majority of survey respondents, those in England, saw the five-year GP contract announced. It was said to be the 'most significant' contract in 15 years.¹ 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.

The measures contained in the contract began to be implemented in April, seven months before the survey opened. As such, some – for example, primary care networks in England (see section 5) – had become embedded, while others had yet to take effect.

However, the contract was amended in January 2020, with more money pledged to bring extra staff into general practice, among other sweeteners.² These additional measures had not been announced when the survey took place, so they won't have had any impact on respondents' perceptions or answers.

Brexit

The 2019 survey took place against a backdrop of political chaos. A snap general election in December 2019 topped off a tumultuous year, punctuated by several unsuccessful attempts to agree a deal for the UK's departure from the European Union.

Yet, the cumulative effect of three-and-a-half years of uncertainty kickstarted by the 2016 EU referendum had already impacted the NHS, most notably in terms of staffing numbers³ and shortages of drugs coming in from Europe.⁴

Although the UK officially left the EU in January 2020, this was after the survey had closed, and the terms of the exit were still subject to negotiations. Nevertheless, the ongoing uncertainties remained a source of great worry for many of our respondents (see section 11).

Clinical demands

Amid unrelenting pressures in general practice across the UK, a number of new themes emerged during 2019, which we decided to explore in the survey. One such topic is caring for lonely patients. It seems that significant numbers of staff are spending valuable consultation time with patients who have no medical problem, but who visit because they are lonely and isolated.

The idea of charging patients for appointments to discourage unnecessary or irresponsible use of general practice has been around for a while. For the first time, in 2019's survey we polled respondents on their views about this measure (see section 8).

We also sought people's views on childhood vaccinations, specifically whether these ought to be made compulsory. You can find out what our respondents said in section 7.

3 The respondents

The survey collected responses from a total of 3,610 people. Each section of the report is based on samples that only include respondents working as healthcare professionals in primary or community care at the time.

As such, certain data were excluded from the analysis, such as responses from people who: had retired from the NHS; were working overseas; or were not classed as permanent, full- or part-time or agency/locum staff. Incomplete responses were also excluded.

Gender

Almost three-quarters (71%) were female, 27% were male, and 2% transgender or not disclosing their gender.

Location

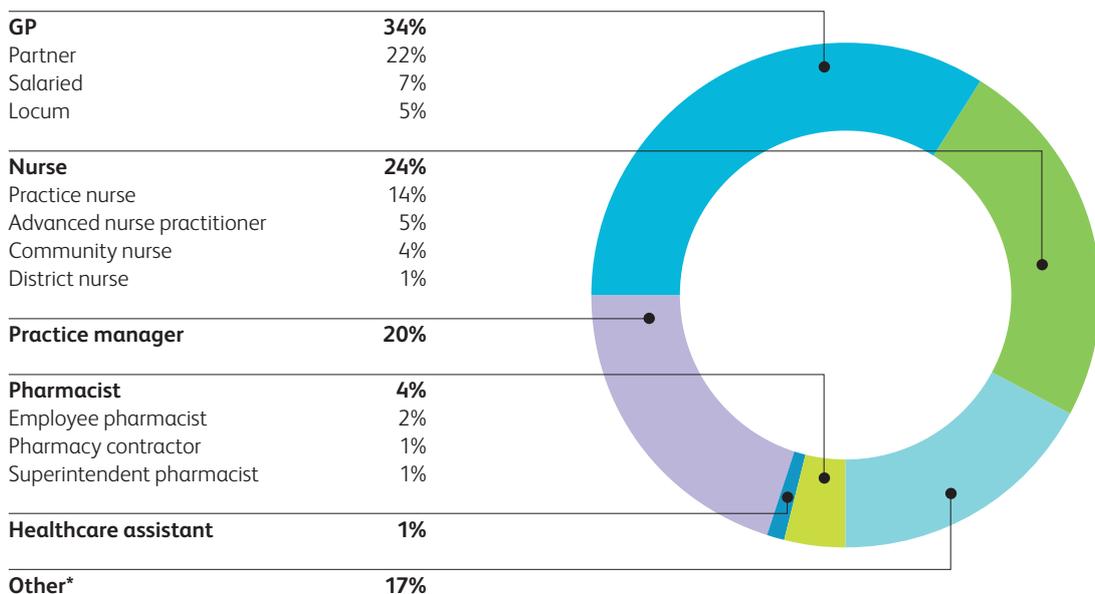
The majority (85%) of respondents were from England, with 7% from Scotland, 4% from Wales, 3% from Northern Ireland, and 1% from outside the UK.

Job type

Just over half (53%) were permanent full-time staff. Permanent part-time staff comprised 35% and locum/agency staff 6% of respondents. The remaining respondents fell into other categories.

Profession

The respondents' professions are broken down as follows:



*This includes: those who work in secondary care; had retired from the NHS; were working overseas; or were not classed as permanent, full- or part-time or agency/locum staff

4 Executive summary

With general practice now focused on tackling the biggest threat the UK has experienced in a century or more with the recent outbreak of coronavirus, even the most acute of existing concerns have taken a back seat. But in 2019, the biggest story for general practice and across primary care for those in England – the majority of survey respondents – was the formation of primary care networks (PCNs). These are groups of neighbouring practices joining together to cover populations of 30,000 to 50,000 patients, conceived as a way to deliver more joined-up care to patients and boost the resilience of general practice.

So, it is to be expected that – for better or for worse – PCNs will have had an impact on our survey respondents. They confirmed this, notably in terms of demand on resources in setting the networks up, and in respect of patient care.

Funding has been made available for PCNs to hire extra staff in allied healthcare roles, but general practice has yet to fully embrace these new roles – although time may well show their value.

Cutbacks across primary care and community pharmacy continued apace throughout 2019, leaving many decision makers in general practice considering measures that, even five years ago, might have seemed extreme. For GPs and practice managers, temporary list closure remains the least of all evils, with around a quarter reporting having considered this.

For their community pharmacy colleagues, several years of funding cuts have tightened their stranglehold, to the extent that packing it all in and selling up remains a real possibility for more than half of contractors.

Clinical priorities are evolving for GPs and other staff, as 2019 saw patients continue to ask about relatively new health topics, such as medicinal cannabis products and intermittent fasting. And for the first time, we asked our respondents about a number of other demands placed on their time – with loneliness and social isolation among patients emerging as a factor that is putting extra pressure on stretched staff.

The idea of charging patients for appointments is an arguably draconian measure that has been mooted to encourage more responsible use of appointments. GPs were broadly split on the issue, with practice managers and nurses less keen. There was greater support across all professions for charging patients who did not attend booked appointments, though.

We also wanted to assess whether there was an appetite in primary care for compulsory vaccination of children against preventable diseases – and there is. Around three-quarters of GPs said they are in favour, with numbers also high among the other professions.

Finally, the passage of time has done little to assuage primary care concerns surrounding Brexit. Fears about its impact on NHS staffing levels, drug shortages and funding are as high as they were a year ago. This is perhaps unsurprising given that, at the time the survey was conducted, the UK's ongoing relationship with the EU was still very much undecided.

All things considered, by the end of 2019 things seemed somewhat bleak for primary care. However, worse was to come – in the shape of the coronavirus pandemic.

“ Things
seemed
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of coronavirus

5 Primary care networks

5.1 Impact on staff

When primary care networks (PCNs) were introduced in the 2019/20 GP contract, it was expected that all patients in England would be covered by a local network – regardless of whether their practice was part of one – by 1 July 2019.⁵ Practices were not mandated to join a network, but significant financial incentives were on offer to do so.

A Health Foundation report published around the time PCNs were formed warned that networks were at risk of failing, because GP practices had insufficient resources to focus on them properly.⁶ The thinktank said that PCNs had been rushed through and introduced at a ‘very difficult time’ for general practice. Ultimately, the report found, networks could reduce the time GPs had available to spend with their patients.

In the 2019 primary care survey, we asked GP partners and practice managers how time-consuming setting up their PCN had been. The results signal that considerable

time and effort had to be dedicated to establishing the new networks.

Asked how many hours a week they’d spent, on average, forming their network, respondents could select one answer from six options:

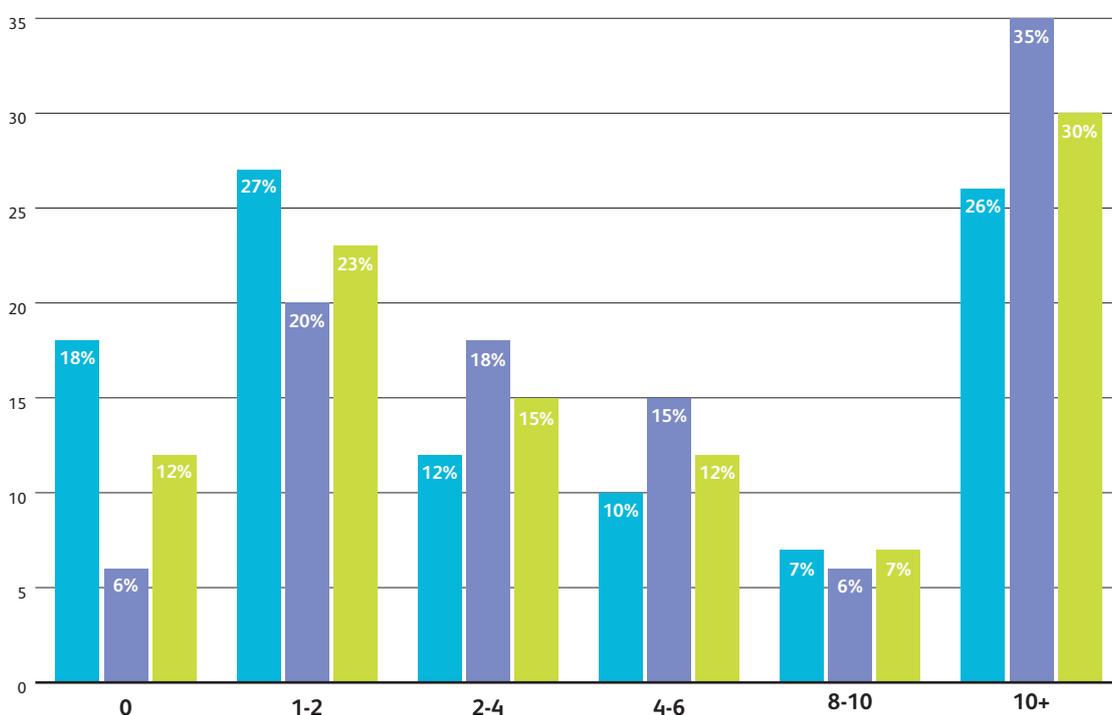
- zero
- one to two
- two to four
- four to six
- eight to 10
- more than 10.

More than a third (35%) of practice managers and more than a quarter (26%) of GP partners reported that they’d spent in excess of 10 hours a week, on average, forming their PCN.

That’s at least two extra hours of work each day – or two hours taken away from their full-time job – at a time when practices could ill afford it.

How many hours a week have you spent, on average, so far this year on forming your primary care network?

● GP partners (n=677) ● Practice managers (n=646) ● All (n=1,323)



There were whisperings last year that some networks that were all-but ready to get off the ground had seen official sign-off withheld because they had left out unpopular practices in the locality.⁷

With some reports of hostility and mistrust among practices in the same area, we polled GP partners and practice managers about their connection with fellow practices in their PCN. Respondents were asked to rate out of five their relationship with their network's other practices, with 1 being 'very bad' and 5 being 'very good'.

Three-quarters (75%) rated their relationship with other practices as 'good' or 'very good', while 22% said it was neither good nor bad. Just 3% felt they had a 'bad' or 'very bad' relationship with other practices in their network.

The majority (83%) of practice managers had forged 'good' or 'very good' relationships with other practices in their network. GP partners were slightly less positive, but still two-thirds (66%) said these relationships were 'good' or 'very good'.

Our results suggest that the time-consuming efforts needed to set up primary care networks may have paid off – in part at least – in terms of building rapport with other network member practices.

5.2 Impact on patients

The ultimate test of how successful networks are is the impact they have on patient care. So, we asked respondents whether they believed PCNs had yet had any effect in that regard, giving them a range of possible scores from 1 to 5, with 1 being an 'extremely negative' impact and 5 'extremely positive'.

Among all respondents, the average score was 2.76. This indicates that, on the whole, primary care staff do not think the formation of networks has yet had a positive effect on patient care. Since a rating of 3 signals that networks have had neither a negative nor positive impact, a mean rating of 2.76 suggests they have so far been more negative than positive overall.

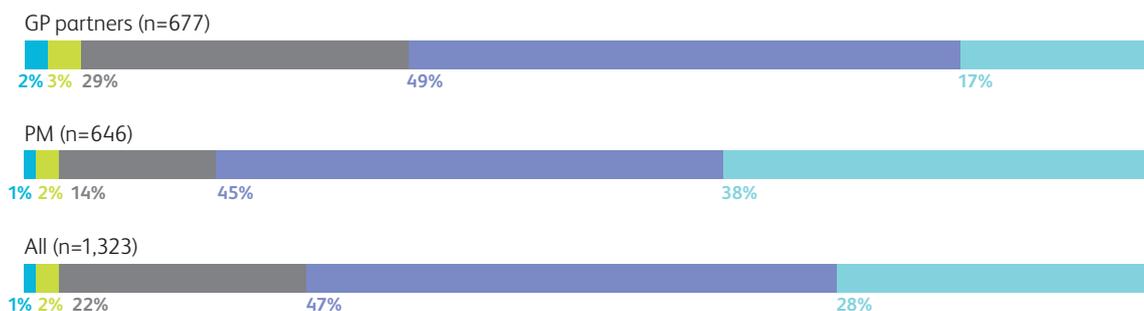
What impact, if any, do you believe the formation of primary care networks has had on the quality of patient care since July 2019?

1 = extremely negative
5 = extremely positive

	Mean score
Locum GPs (n = 175)	2.37
GP partners (n = 653)	2.69
Salaried GPs (n = 222)	2.59
Advanced nurse practitioners (n = 151)	3.00
Community nurses (n = 93)	2.89
District nurses (n = 35)	3.24
Practice nurses (n = 440)	2.96
Practice managers (n = 623)	2.80
Pharmacy contractors (n = 32)	2.50
Employee pharmacists (n = 66)	2.95
Superintendent pharmacists (n = 10)	2.00

How would you rate your relationship with other practices within your primary care network?

● 1 – very bad ● 2 – bad ● 3 – neither good nor bad ● 4 – good ● 5 – very good



6 Running of the practice

6.1 Staffing

The general practice workforce continues to struggle. At the root of the problem is the fact that there are too few GPs taking the strain of an ever-growing workload.

This flies in the face of promises by consecutive governments to increase the overall number of GPs – the latest courtesy of health secretary Matt Hancock, who pledged 6,000 more by 2024/25 as part of the Conservatives' election manifesto.⁸

While trainee numbers have exceeded targets, new entrants haven't kept pace with swathes of doctors leaving the profession, resulting in a net loss of nearly 500 full-time-equivalent GPs between September 2018 and September 2019.⁹

Part of NHS England's plan to ease the burden on stretched GPs comes in the form of supplementing the workforce with other staff. This was formalised in the 2019/20 GP contract, in which NHS England promised 22,000 additional clinical staff by 2023/24. These staff would be employed through primary care networks (PCNs)¹⁰, which began forming throughout last year.

The first network-based roles funded by NHS England were social prescribing link workers and pharmacists.

Social prescribing link workers

The aim of this new primary care role is to help reduce health inequalities by supporting patients to improve their wellbeing. This might be through accessing community groups, participating in physical activity, learning new skills or engaging with other, non-medical interventions.¹¹

In the 2019 survey, we asked GP partners and practice managers whether they or their PCN currently employed a social prescribing link worker. Almost two-thirds (62%) said they had access to a social prescriber, either directly through their practice or through their network.

However, given that network-based social prescribers are funded in full by NHS England (and have been since July 2019), the question is why significantly more haven't been recruited to date. Furthermore, the target of having 1,000 of these workers supporting PCNs by April 2021¹² has been put even further out of reach now that practices' primary focus is on battling the Covid-19 healthcare crisis.

Some work is needed to convince practice decision makers of the value of social prescribing link workers: of the respondents who don't currently work with one, 39% either wouldn't employ one or were undecided.

Pharmacists

Many practices are benefiting from having a pharmacist as part their clinical workforce. Asked whether they currently employed one, nearly half (48%) of GP partners and practice managers reported that they did – the same proportion as last year.

The number who said they didn't currently have a pharmacist in their team but would consider employing one has dropped significantly – 23% in 2019 compared

with 39% in 2018. However, this doesn't mean that practice decision makers now hold pharmacists in poorer regard; instead, it reflects that some PCNs are employing pharmacists directly.

Some 22% of respondents said their PCN employed a pharmacist. Again, this falls significantly short of expectations¹³ – it is hoped there will be 7,000 working in practice networks by 2023/24. Networks were initially given 70% of the funding to employ pharmacists by NHS England.

However, following concerns that its contribution was insufficient to allow PCNs to attract suitably qualified pharmacists¹⁴, NHS England announced in February that it would fund the new clinical roles in full from April this year.¹⁵

It remains to be seen whether this will result in more pharmacists working in general practice through networks. The sentiment is positive, though. Overall, pharmacists are viewed as a valuable addition to the multidisciplinary practice team. Just 4% of this year's respondents reported that they neither currently employed a pharmacist nor had plans to do so, compared with 8% last year and 14% in 2017.

Physician associates

According to the results of this year's survey, the number of physician associates working in general practice has risen exponentially. More than a quarter (27%) of GP partners and practice managers said they employed a physician associate, which in itself is a huge increase from just 7% last year. Meanwhile, 12% said they employed one through their PCN.

Furthermore, 29% said they would hire a physician associate despite not currently doing so – suggesting that more practices are beginning to see the advantages of having this clinical role in the skill mix.

However, despite these high percentages it is fair to assume that there remain fewer physician associates working in or alongside practices than the 1,000 the Government mandated in its 2016 GP Forward View. The exact number is hard to pin down because although the General Medical Council has been appointed as the compulsory regulatory body for physician associates, the lengthy legislative process for bringing regulation into force was still in progress at the time of writing.

Nursing associates

The nursing associate role is still a new one, with the first cohort completing its training and registering with the Nursing and Midwifery Council in January 2019. Some 1,000 had qualified by June¹⁶, with an additional 6,000 expected to graduate this year.¹⁷

And yet, there appears to be little interest in the role – developed to bridge the skills and knowledge gap between healthcare assistants and nurses – in primary care.

Asked whether they would consider employing a nursing associate in 2020, more than half (55%) of GP partners and practice managers answered 'no' or 'don't know'. Just over a quarter (29%) said they would consider adding a nursing

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

associate to the practice team but didn't plan to in the coming year, while just 13% said they were planning to hire one in 2020.

Respondents were invited to add a comment to their response. What is perhaps surprising is the number of GP partners and practice managers who said they didn't know what a nursing associate was. Several questioned whether a nursing associate role was the same as that of an advanced nurse practitioner, while others reported never having heard of nursing associates at all.

So, if nursing associates are to fulfil the Government's aim of supporting clinical staff in reducing workload, more work is needed to promote them and demonstrate the value they could potentially bring to general practice.

Mental health therapists

The number of mental health therapists working in general practice has almost tripled in the past year, according to the survey's results. The 2018 report found that 10% of GP partners and practice managers had recruited a mental health therapist. This year, that number had risen to 27%.

A further 17% of respondents to this year's poll said they wouldn't employ a mental health therapist because their PCN already did so – meaning approaching half (44%) of practices now work alongside specialist mental health support staff.

And fewer respondents than last year said either they wouldn't consider hiring a mental health therapist (8% vs. 15%) or that they were unsure (7% vs. 17%).

Despite these strides towards parity of esteem between physical and mental health care – and increased funding being committed to the latter – patients are arguably not benefiting. When it comes to secondary care referrals, for example, problems remain.

More than a quarter (26%) of children's referrals to specialist mental health services in 2018/19 were rejected¹⁸, and those who were accepted faced lengthy waits for assessment and treatment. It seems unreasonable to expect that GP practices will be able to pick up the slack, even with the extra mental health staff.

The funding agreement for PCNs to employ extra staff will cover Improving Access to Psychological Therapy (IAPT) therapists from April 2021¹⁵, and it is hoped this will

boost the number of specialist mental health staff working in general practice.

New network- and practice-based clinical roles

In this year's survey, for the first time, we polled practice decision makers about their views on primary care physiotherapists and paramedics. These two new roles were among those that networks were expected to recruit this year, initially with the incentive that they'd get 70% of the funding to employ them.

We asked GP partners and practice managers whether they or their PCN currently employed a physiotherapist or a community paramedic.

Despite these numbers being fairly low, sentiment is overall quite positive about the place of these roles in primary care. The majority of respondents who don't currently work with physiotherapists or paramedics said they would employ one (69% and 60% respectively).

It's worth noting that after the survey was conducted, the GP contract in England was updated for 2020/21. The new contract will see PCNs receive 100% reimbursement for all additional clinical staff recruited from April 2020.¹⁵

This means that networks will no longer have to stump up 30% of the cost of employing these new roles, providing extra incentive for hiring them. Additionally, six more roles will join the scheme: pharmacy technicians; care co-ordinators; health coaches; dieticians; podiatrists; and occupational therapists. With networks expected to become more deeply embedded into primary care, the new clinical roles may begin to prove their worth.

6.2 GP practices and community pharmacies – friends or foes?

Leaders have been pushing the 'clinical pharmacist' agenda for some time now. As highly skilled and qualified healthcare professionals, pharmacists can optimise value for health economies across many areas – in particular, by taking some of the strain off their GP colleagues' shoulders.

Last July, the path towards formalising this arrangement was laid out, with the 2019/20 Community Pharmacy Contractual Framework for the next five years. It increases community pharmacies' role in supporting improved health outcomes, by providing prevention programmes and urgent

	Practice employs	PCN employs
Social prescribing link worker	32% (n=424)	30% (n=392)
Physiotherapist	28% (n=371)	18% (n=234)
Community paramedic	30% (n=414)	14% (n=182)
Mental health therapist	27% (n=358)	17% (n=217)

care services, supporting patients leaving hospital and helping prevent unnecessary admissions.¹⁹

As part of the new community pharmacy consultation service (CPCS), in October pharmacies began taking referrals from NHS 111, many of which would have been directed to GP practices.²⁰ It was mooted that this would 'integrate the sector better into primary care'.¹⁹ Including community pharmacies in PCNs will, it is hoped, enhance harmony between general practice and community pharmacy.

This year's survey showed that overall, general practice staff hold their local community pharmacies in relatively high regard. Asked how they would rate their relationship with pharmacies in their area, 63% said 'good' or 'very good'. A third (32%) said the relationship was neither good nor bad, and just 5% reported they had a 'bad' or 'very bad'

relationship with pharmacies. These figures are almost identical to last year's.

Competing for business

However, there remain some signs of strain, particularly when it comes to offering locally commissioned services. Nearly half (48%) of GP partners said they viewed their local pharmacies as competition in service provision. Pharmacy contractors feel this effect, too, with exactly half (50%) saying they saw nearby GP practices as competition for local services.

Comments were invited for this question, and no topic was as divisive as flu vaccination, which remains the rope in the annual tug of war.

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

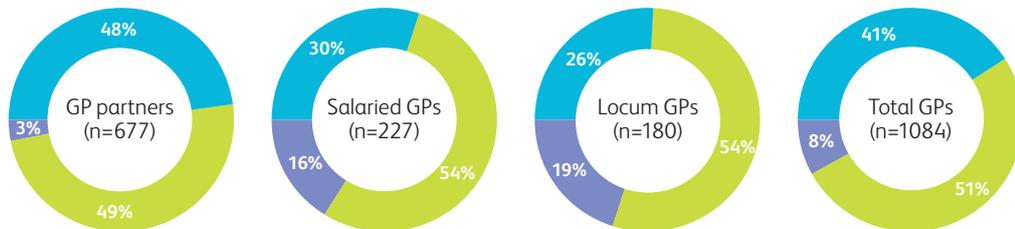
● 1 – very bad ● 2 – bad ● 3 – neither good nor bad ● 4 – good ● 5 – very good

GP practice staff (n=1,719)*



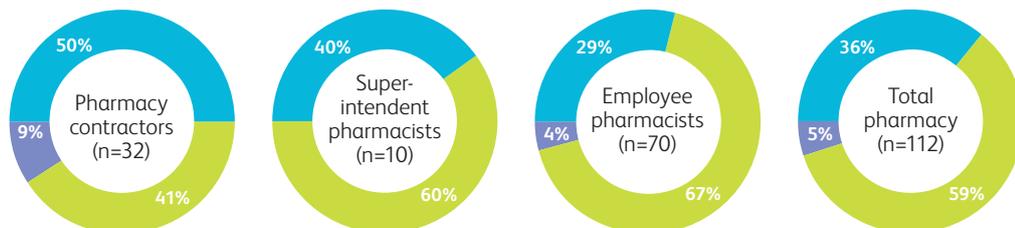
Do you see your local pharmacists as competition to provide locally commissioned services?

● Yes ● No ● Don't know



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

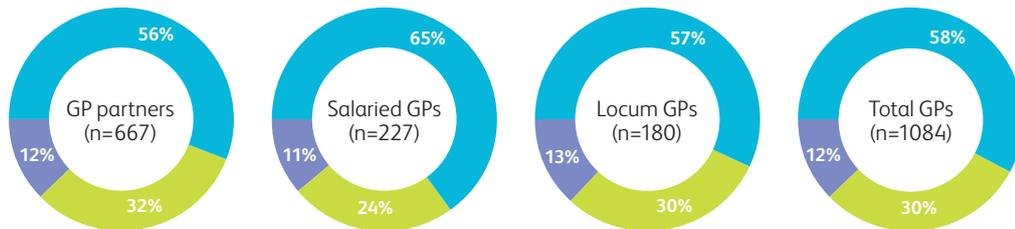
● Yes ● No ● Don't know



* including GPs, Practice nurses and advanced nurse practitioners and practice managers

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

● Yes ● No ● Don't know



Sharing the load

The CPCS is the latest in a number of initiatives implemented in recent years aimed at maximising patients' use of community pharmacies and, at the same time, reducing pressure on GPs. For this year's survey, we again asked GPs whether they believed community pharmacists could help to reduce their workload. There has been a marked shift in opinion.

Only half (58%) of GPs think community pharmacists can help reduce their workload. This compares with more than three-quarters (78%) last year. Almost a third (30%) of GPs believe pharmacists cannot reduce their workload – a near-threefold increase from last year (12%). The rest (12%) said they didn't know (vs. 10% last year).

The CPCS launched in October last year in some pilot areas, so at the time the survey was conducted, it had only been running for a matter of weeks. Moreover, the scheme is set to expand towards the end of this year, when community pharmacists will begin taking referrals from general practice as well as from NHS 111.

Ministers remain positive that once fully embedded, the scheme will ease pressure on GPs.²¹ Given time, it could prove the saviour of the marriage between community pharmacies and general practice.

6.3 Networks and practices – a view from community pharmacy

Last year's survey found that around one-third (31%) of all pharmacy respondents would consider a move to general practice. Half (49%) said they wouldn't want to work in general practice.

This year's results are broadly similar among pharmacy respondents as a whole – 30% saying they'd possibly move to a general practice job and 56% ruling it out.

However, when broken down into subgroups, the results show that the idea of working in general practice is hugely unpopular among superintendent pharmacists. Asked if they would consider it, 80% said 'no'.

It's unclear whether superintendents' views have shifted over the past 12 months, because last year's report combined superintendents and pharmacy contractors into a single subgroup. This year, 19% of pharmacy contractors said they'd consider moving into general practice, compared with 15% of contractors/superintendents last year.

What they are saying:

GPs

“ Our local pharmacists do minor illnesses like sore throats – very helpful and I have been a supervisor to enable prescribing in future, e.g. for UTIs

“ They need considerable training in order to avoid the situation of just directing patients back to us

“ Yes for prescription-related issues like medication reviews; no for diagnostics, minor illness schemes, which just create new demand

Pharmacists

“ Possibly could work better together if the general public embraced self-care... relies on the public

“ I think we should work together for the benefit of our patients and not fight over things such as flu jabs

“ I've done part-time work in a GP surgery as a clinical pharmacist. I enjoyed it, but am happy growing my business for now

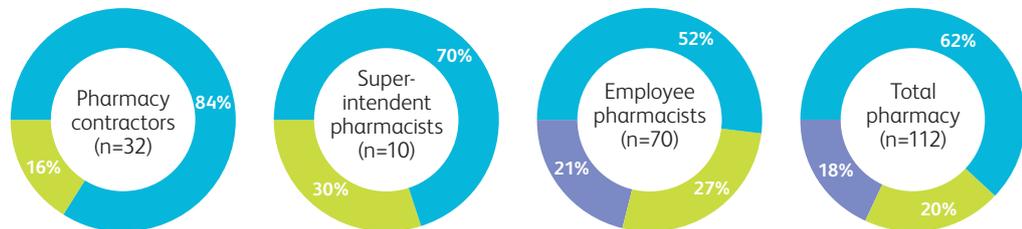
Although not overly keen on joining practices, pharmacists show greater enthusiasm for working as part of primary care networks. Two-thirds (62%) of all pharmacy respondents said they had plans to get involved with their local PCN.

Contractors are most eager, the majority (84%) saying

they intend to become involved with PCNs, with the remainder unsure. None indicated that they had no plans to become involved with networks. Employee pharmacists were least enthusiastic to work as part of PCNs – half (52%) had intentions to do so, while more than a quarter (27%) didn't.

Do you intend to get involved with your local primary care network in the next six months?

● Yes ● No ● Don't know



What they are saying:

Pharmacists

“ I am already involved in cluster network

“ I can barely get everything done during the normal working week without taking on additional responsibilities or duties

“ How they work is a complete mystery

7 Clinical activities

7.1 Prescribing enquiries

The health concerns of patients evolve over time, as trends come and go and public health priorities change. All that is reflected in the types of consultations clinicians hold, and the topics their patients ask about.

In recent years, there has been a general interest in the following topics:

- vitamin D
- e-cigarettes
- medicinal cannabis
- low-carb diets
- intermittent fasting.

We asked respondents whether they had witnessed any change in the number of patients asking about those topics in the past year.

Vitamin D

The Department for Health and Social Care recommends everyone over the age of five years take vitamin D supplements during autumn and winter, and that everyone who is at risk of vitamin D deficiency take supplements all year round.²²

GPs have seen interest dwindle a little, with just over half (51%) reporting an increase in the number of patient enquiries about vitamin D over the previous 12 months, compared with 64% last year. One-third (35%) said the numbers had stayed the same, while 12% had had fewer enquiries about vitamin D. The rest were unsure.

Around half of practice nurses (47%) and advanced nurse practitioners (44%) reported a rise in the number of consultations in which patients asked about vitamin D. Around one-third (30% of ANPs and 33% of practice nurses) saw no change in vitamin D enquiries (see graph 1).

E-cigarettes

There has been much recent debate about the dangers associated with e-cigarettes. In its 2018 independent review on e-cigarettes, Public Health England suggested that healthcare professionals should support people who want to quit smoking using e-cigarettes.²³ Vaping, the report said, could be contributing to at least 20,000 successful new quit attempts every year, and is associated with improved quit success rates.

However, according to Action on Smoking and Health, the proportion of UK adults who think e-cigarettes are equally or more harmful than tobacco cigarettes increased between 2013 and 2019, from 7% to 26%.²⁴

In November 2019, research published in the *European Heart Journal* gave some credence to this perception: its authors found that e-cigarettes were so addictive and damaging to the brain, heart, lungs and blood vessels that they should be banned.²⁵

Once again for this report, we asked respondents whether there had been a change in the number of patients consulting them about e-cigarettes in 2019.

Echoing the findings of the 2018 report, around half of all GPs said the number of consultations about e-cigarettes had stayed the same since the year before (51% this year vs. 42% last year).

Among all GP respondents, around a third (32%) reported an increase in enquiries related to vaping during the past year, while just 6% said they'd fielded fewer enquiries and 11% were not sure.

It seems patients are more inclined to ask practice nurses about vaping than they are GPs. More practice nurses than any other group said numbers of consultations about e-cigarettes had gone up. More than half (53%) reported that enquiries about had increased 'slightly' or 'a lot', while just over a quarter (27%) said they'd remained the same (see graph 2).

Medicinal cannabis

In November 2018, UK legislation changed to make it legal to obtain certain cannabis-containing products on prescription where there was an unmet clinical need.²⁶

The 2018 primary care report revealed that, although cannabis-based medicines can only be prescribed by specialist doctors, GPs had seen a rise in the number of patients who had asked them about it. Almost two-thirds (61%) of GP partners said enquiries had increased.

However, in August 2019 – ahead of the 2019 survey – draft NICE guidance outlined that GPs could potentially issue medical cannabis prescriptions under a shared-care agreement, providing the initial prescription had been made by a specialist doctor.²⁷

The 2019 survey revealed that a massive 61% of GPs said consultations about cannabis-based products had increased 'slightly' or 'a lot' over the previous 12 months. Around a quarter (27%) said they'd stayed the same, with 9% not sure and 3% reporting a fall in medicinal cannabis enquiries.

A third (33%) of all nurses said there had been an increase in the number of people consulting or asking about medicinal cannabis in the past year. Around the

“ A massive 61% of GPs said consultations about cannabis-based products had increased

same (34%) answered 'unsure' to the question and 29% said enquiries had remained unchanged (see graph 3). Only 4% said enquiries had fallen.

Low-carb diets and intermittent fasting

Few health-related topics have garnered as much attention among the public in recent years as low-carb diets. From Atkins to Keto, eating regimes based around restricting or eliminating carbohydrate intake have featured highly among faddy diet trends for many years.

Similarly, intermittent fasting (IF) has risen in popularity, not least thanks to increased media attention and celebrity endorsement. One common type of IF is the 5:2 diet, which involves consuming a healthy diet for five days a week, and restricting calorie intake – to 500kcal for women and

600kcal for men – on the remaining two days.

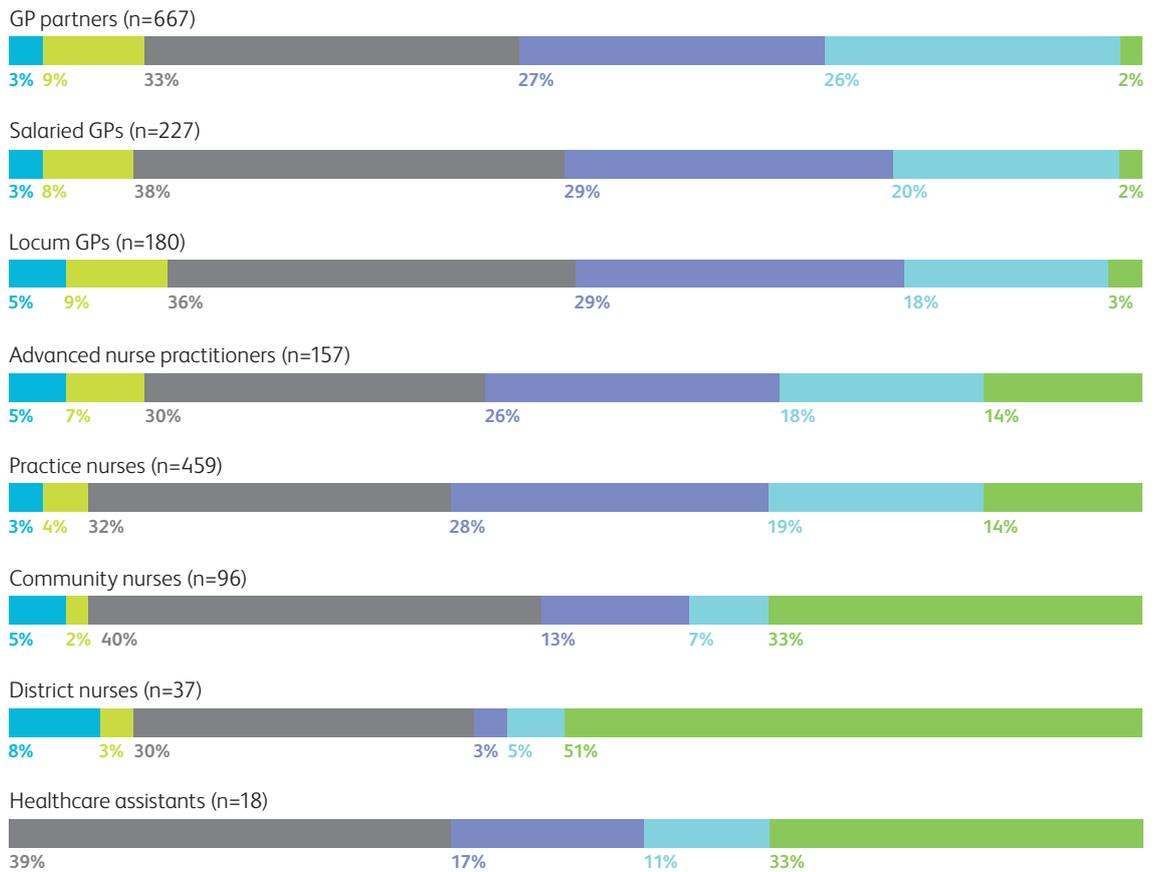
We asked respondents to the 2019 survey whether they'd dealt with more patients asking about low-carb or IF diets during the year.

Around one-third (35%) of GPs said consultations on low-carb diets had increased 'slightly' or 'a lot', with fewer – some 25% – reporting an increase in IF-related enquiries. More said that the number of people asking about low-carb diets and IF had remained steady in the previous 12 months (51% and 56.5% respectively).

More nurses than GPs had witnessed an increase in the numbers of patients asking about low-carb diets and IF. Almost half (48%) said more patients wanted to know about low-carb diets and 36% said that was the case with IF (see graphs 4 and 5).

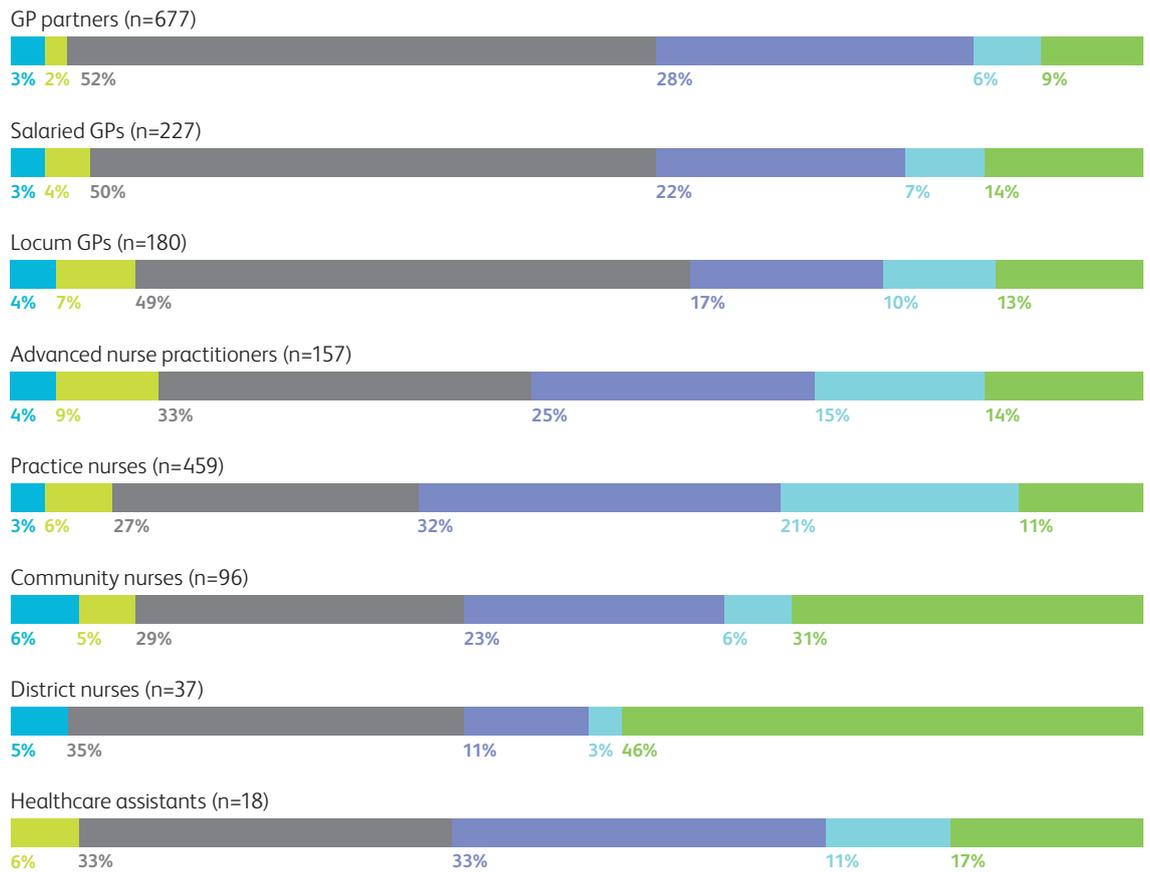
1. Over the past 12 months, how has the number of people consulting or asking you about Vitamin D changed?

● Decreased a lot ● Decreased slightly ● Stayed the same ● Increased slightly ● Increased a lot ● Unsure



2. Over the past 12 months, how has the number of people consulting or asking you about e-cigarettes changed?

● Decreased a lot ● Decreased slightly ● Stayed the same ● Increased slightly ● Increased a lot ● Unsure



3. Over the past 12 months, how has the number of people consulting or asking you about medicinal cannabis changed?

● Decreased a lot ● Decreased slightly ● Stayed the same ● Increased slightly ● Increased a lot ● Unsure

GP partners (n=677)



Salaried GPs (n=227)



Locum GPs (n=180)



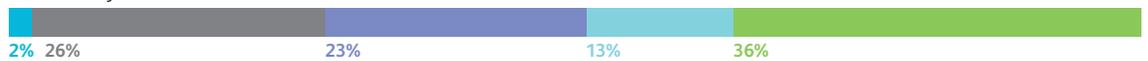
Advanced nurse practitioners (n=157)



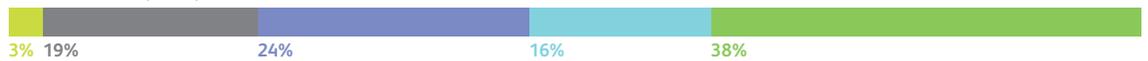
Practice nurses (n=459)



Community nurses (n=96)



District nurses (n=37)



Healthcare assistants (n=18)



4. Over the past 12 months, how has the number of people consulting or asking you about low-carb diets changed?

● Decreased a lot ● Decreased slightly ● Stayed the same ● Increased slightly ● Increased a lot ● Unsure

GP partners (n=677)



Salaried GPs (n=227)



Locum GPs (n=180)



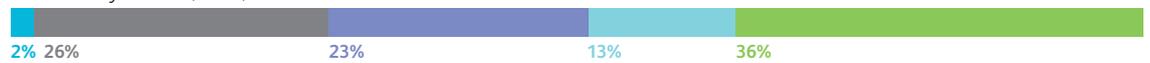
Advanced nurse practitioners (n=157)



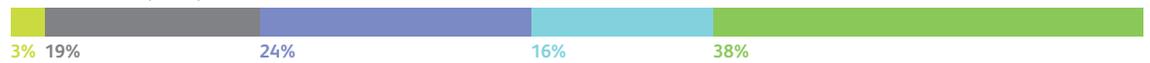
Practice nurses (n=459)



Community nurses (n=96)



District nurses (n=37)



Healthcare assistants (n=18)



5. Over the past 12 months, how has the number of people consulting or asking you about intermittent fasting changed?

● Decreased a lot ● Decreased slightly ● Stayed the same ● Increased slightly ● Increased a lot ● Unsure

GP partners (n=677)



Salaried GPs (n=227)



Locum GPs (n=180)



Advanced nurse practitioners (n=157)



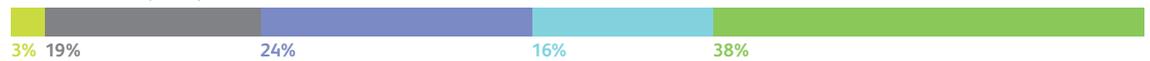
Practice nurses (n=459)



Community nurses (n=96)



District nurses (n=37)



Healthcare assistants (n=18)



7.2 Childhood vaccinations

In 2019, the UK lost its World Health Organization (WHO) measles-free status, two years after eliminating the disease.²⁸ Measles can only be controlled by vaccination, and it is so highly infectious that even a small reduction in vaccination uptake can cause a notable rise in cases.

Some people cannot be vaccinated, so herd immunity – achieved when 95% of the population are vaccinated – is a significant factor in protecting communities. For that reason, it is recommended that children are immunised against measles and a number of other infectious diseases before they start school.

Last year, however, NHS Digital revealed that coverage rates for all 13 childhood vaccinations in England fell in 2018/19.²⁹ Moreover, NHS England missed its immunisation targets for all but one of the preschool vaccines in the same period.³⁰

Concerned about the public health risk posed by falling uptake rates, senior GPs called on the Government to act, suggesting that children should be blocked from starting school unless they were up to date with their scheduled immunisations.³¹

With that in mind, we polled staff about their views on the issue in the 2019 survey. Asked whether they thought the vaccination of children against preventable diseases

should be compulsory before they started school, the majority of respondents in all surveyed groups were in favour.

Three-quarters (75%) of GPs said children should be compulsory vaccinated, with 18% against the idea. The split was similar among nurses, with 73% in favour of compulsory immunisation and 15% against, and among pharmacists, of whom 75% said ‘yes’ and 18% ‘no’.

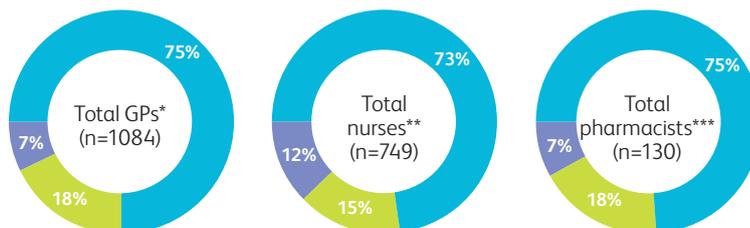
Asked whether they thought compulsory vaccination of children against preventable diseases would increase uptake, respondents broadly said it would. More than three-quarters (78%) of GPs would expect uptake to increase if immunisation was compulsory, while 10% said they wouldn’t and 12% didn’t know.

Nurses were less sure, with more than one-fifth (21%) on average undecided on the issue. Almost two-thirds (65%) of all nurse respondents said compulsory vaccination would increase uptake; 14% didn’t think so. Fewer district nurses than any others in the nurse cohort said making immunisation compulsory would positively impact uptake rates – just over half (54%) agreed that it would.

Pharmacists were overwhelmingly in agreement that vaccination uptake would be improved by compulsory immunisation, with 91% answering ‘yes’. Just 5% didn’t think uptake would increase and 4% were unsure.

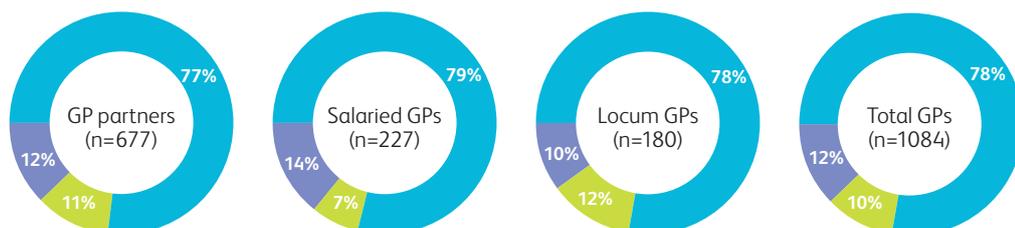
Do you think that the vaccination of children against preventable diseases should be compulsory before they start school?

● Yes ● No ● Don't know



Do you think that making the vaccination of children against preventable diseases compulsory would increase uptake?

● Yes ● No ● Don't know



* including salaried GPs, locums and partners
 ** including advanced nurse practitioners, and practice, community and district nurses
 *** including employee pharmacists, superintendent pharmacists, and pharmacy contractors

● Yes ● No ● Don't know



Understanding people's perceptions of vaccinations and, crucially, parents' reasons for not vaccinating their children, is important in tackling lower-than-required uptake rates. So, we asked healthcare professionals where they thought the problem lay.

We posed the question 'Which of the following do you consider the main driver behind poor vaccination uptake?' We gave the following options:

- anti-vaccination messaging on social media
- chaotic lifestyles
- lack of appointments
- lack of childcare
- other.

Two-thirds (66%) of all respondents think 'anti-vax' messaging on social media is the main cause of poor vaccination uptake. This view is held most strongly by salaried GPs, more than three-quarters (76%) of whom said social media was mainly to blame (the average for all GP respondents was 71%). Just over two-thirds of all nurses (67%) agreed with this, while only 2% blamed a lack of appointments for the poor uptake.

Pharmacists were least convinced of this: some 59% of all pharmacist respondents – and exactly half of superintendent pharmacists (the lowest proportion across all groups) – said that anti-vax sentiment on social media was the main driver of poor immunisation rates.

The chaotic lifestyles of families also contributes to low vaccination rates, according to survey respondents. Some

17% of GPs said this was the main driver, as did 14% of nurses and 12% of pharmacists.

Respondents who selected 'other' were asked to specify what other factors they thought influenced parents' decisions to not vaccinate their children. Many respondents said a combination of factors led to low uptake.

A common theme that emerged was poor education and understanding among parents, particularly among groups with low socioeconomic status. For instance, several respondents pointed to the fact that too few parents realised the gravity of preventable diseases.

Others said there was a lack of good-quality, evidence-based material that explained the key issues in easily understandable terms. Some respondents said cultural and language barriers were a factor in areas with a high proportion of residents from black and minority ethnic backgrounds. A lack of positive media coverage and of public health campaigns promoting the need for mass vaccination were also mentioned.

These findings correlate with a 2018 Royal Society of Public Health (RSPH) report exploring vaccination in the UK,³² which highlighted the role of media – especially social media – in propagating negative messages about vaccination. It said that fear of side-effects of vaccines was 'consistently found to be the primary reason for choosing not to vaccinate' against most preventable diseases. Low understanding of herd protection and the myth of 'vaccine overload' were also cited.

Which of the following do you consider the main driver behind poor vaccination uptake?

- Anti-vaccination messaging on social media
- Chaotic lifestyle
- Lack of appointments
- Lack of childcare
- Other



The RSPH report included a series of calls to action to help improve vaccination coverage. It placed responsibility for tackling misinformation squarely at the doors of traditional and social media. It also said access to vaccinations could be widened by making them available in more locations (such as high street pop-ups). Schools' PSHE education should cover the importance of vaccinations and the dangers of preventable diseases, it added.

7.3 Medicines shortages

Medicine shortages have continued to blight community pharmacy, as teams rally around trying to find drugs that are in scant supply. Unsurprisingly, 95% of pharmacist respondents said their workload had increased as a result of shortages – the same proportion as in the previous year.

In 2019, pharmacists spent on average two-and-a-half hours per week sourcing medicines (down from three hours in 2018), and contacted between four and five different wholesalers (compared with six in 2018).

Asked whether medicines shortages had affected their pharmacy in the past 12 months, nearly all (97%) respondents said they had, and 82% of those reported

that shortages had been a major concern. The situation is almost identical to the previous year, when 99% said shortages were a concern, 82% of whom found it to be a major concern.

In last year's report, we revealed the financial impact medicines shortages had been having on community pharmacy. A year later, things have barely improved – nearly three-quarters (71%) of superintendents and pharmacy contractors responding to the 2019 survey said they'd suffered losses in excess of £1,000 per month due to medicine shortages (compared with 80% last year). Some 40% of those estimated losses of more than £5,000 per month.

Nine superintendents and contractors – 21% – said they'd lost £10,000 or more per month, thanks to shortages of drugs.

Among employee pharmacists, things have improved slightly but remain challenging. One-third (33%) said medicines shortages had cost their pharmacy more than £1,000 per month, compared with 45% in 2018. The same proportion as last year (19%) reported losses of more than £5,000 per month.

What they are saying:

Pharmacists

“ It is abysmal. Looking for stock is an unpaid and unwarranted task which has been thrust upon pharmacy in the guise of being part of the single activity fee

“ Having to ring other pharmacies for stock or then having to research when a shortage should be resolved before being allowed to even begin contacting surgery to ask for alternative

“ On average I think the pharmacy team will spend 30-60 minutes every single day dealing with medicines shortages

“ We have 10 wholesalers and contact them multiple times weekly... approximately 20 contacts a week

“ Medicine shortages seem slightly easier to handle in Scotland as we are allowed to make small amendments to prescriptions. There have been some big problems but I think we have been let off lightly in comparison to England

“ We have issues for HRT medicines which also encourages people to go elsewhere which is bad for business

8 Demands on staff time

8.1 Triage

This year's survey asked practice staff whether they operated a triage service for incoming patients. This can include an algorithm, a receptionist or another designated member of staff, who talks to patients when they phone for an appointment and triages them before they book them in to see a GP.

More than half (60%) of respondents to the question said they had a triage service, with 39% reporting that they didn't. The remainder didn't know.

Of those who said they did triage patients, almost a third (31%) have been doing so for five years or more. Almost a quarter (23%) have done so for three to four years, 30% for one to two years, and 17% for less than a year.

8.2 Loneliness among patients

Loneliness and social isolation can have potentially serious consequences. According to the Campaign to End Loneliness, nine million people in the UK are lonely, four million of whom are older people.³³ There are also well-documented links between loneliness and health outcomes; studies³⁴ have linked loneliness and isolation with an increased risk of:

- coronary heart disease
- high blood pressure
- disability
- cognitive decline
- dementia
- depression
- suicide in older age.

Similarly, people who are lonely – especially older people – tend to rely more on health and social care services, independent of illness. For example, older people who are isolated use more medication, have a higher incidence of falls, are more likely to end up in long-term care and are more likely to visit their GP.³⁵

In conjunction with ITV's *Good Morning Britain*, which is running a campaign on loneliness, we asked whether this was the experience of respondents to our 2019 primary care survey. Our findings reveal that lonely patients place significant demands on resources.

A massive 94% of all GPs said they 'sometimes' or 'regularly' treated patients who had no medical conditions, but who visited them because they were lonely (38% regularly vs. 56% sometimes). Only 4% of GPs said they 'never' saw patients who were lonely but otherwise healthy.

Perhaps surprisingly, fewer nurses than GPs said they saw patients in this cohort. But on average, 78% of nurses still reported treating patients who only visited because they were lonely – 18% 'regularly' and 60% 'sometimes'.

Advanced nurse practitioners have the most contact with lonely patients compared with other cohorts of nurses, with 89% saying they 'sometimes' or 'regularly' treat patients who are lonely but have no medical conditions (25% answered 'regularly' and 64% 'sometimes').

However, it seems that healthy patients who are lonely don't only visit their GP practice for solace. Community pharmacy staff are dealing with their fair share of lonely

and isolated patients. In fact, asked whether they treated patients who had no medical conditions, but just came because they were lonely, 86% said they did (45% 'regularly' and 41% 'sometimes'.)

We also asked respondents to reflect on their experience of dealing with lonely patients, and whether they thought loneliness had increased in the past decade. Their answers reveal a worrying trend.

Among GPs, 63% said they thought loneliness was 'a much bigger problem' in today's society, while 17% said it had reached 'epidemic proportions', compared with 10 years ago. In total, 80% of GPs believe loneliness has increased in that period. Some 15% said levels had stayed the same or decreased in that time.

A similar proportion of nurses reported that people were more isolated now than 10 years ago – nearly two-thirds (65%) said it was 'a much bigger problem' and 15% said it had risen to 'epidemic proportions'.

Pharmacists, too, recognised the growing problem, with 70% saying either that loneliness is 'a much bigger problem' in today's society (59%) than a decade ago or that it is now 'at epidemic proportions' (11%).

We asked respondents to rate the extent to which they agreed with the following statement: 'My time and NHS resources are majorly drained by treating lonely people.'

Some 42% of GPs said they agreed (35%) or strongly agreed (7%), while around half (53%) either disagreed (43%) or strongly disagreed (10%).

Although nurses thought this was less of a problem than GPs, a fifth (20%) still said they agreed or strongly agreed with the statement. Nearly three-quarters (72%) said they didn't think their time or NHS resources were majorly drained by treating lonely people – 56% disagreed with the statement and 16% strongly disagreed.

Just over a third (36%) of all pharmacist respondents said they thought loneliness significantly drained resources – 30% agreed with the statement and 5% strongly agreed. Exactly half said it wasn't a problem (41% disagreeing with the statement, and 9% disagreeing strongly).

These findings were featured in a report by *Good Morning Britain* in December when the survey had collected responses from 1,334 people. They paint a bleak picture – not only for groups of vulnerable people who are becoming increasingly isolated, but also in terms of the additional pressures they place on already struggling health and social care services.

However, there is evidence suggesting that social interventions – like joining a community group – can reduce the number of GP appointments taken up by patients who are lonely.³⁶ To that end, the Royal College of General Practitioners led a UK-wide campaign in 2018 to tackle the problem of isolation in society. As part of that, the college called for every GP in England to have access to a social prescriber.³⁷

Two years on, nearly two-thirds (62%) of GP practices work alongside a social prescribing link worker either directly or through their primary care network (see Section 6). Work is still needed to get the numbers of social prescribers up to NHS England's target of 1,000 by April 2021.³⁸

8.3 Charging for appointments

A survey conducted last year by *Pulse* found that four in 10 GPs were in favour of charging patients for routine appointments.³⁹ Those who supported the idea said it could help to tackle their excessive workload by reducing unnecessary demands on their time.

This followed a proposal earlier in 2019 calling for a charge to be levied on patients for routine appointments to bring in money for the NHS. The motion was put forward at a meeting of the British Medical Association (BMA) Annual Representative Committee, but was rejected.⁴⁰ At the time, leading doctors expressed concern that such

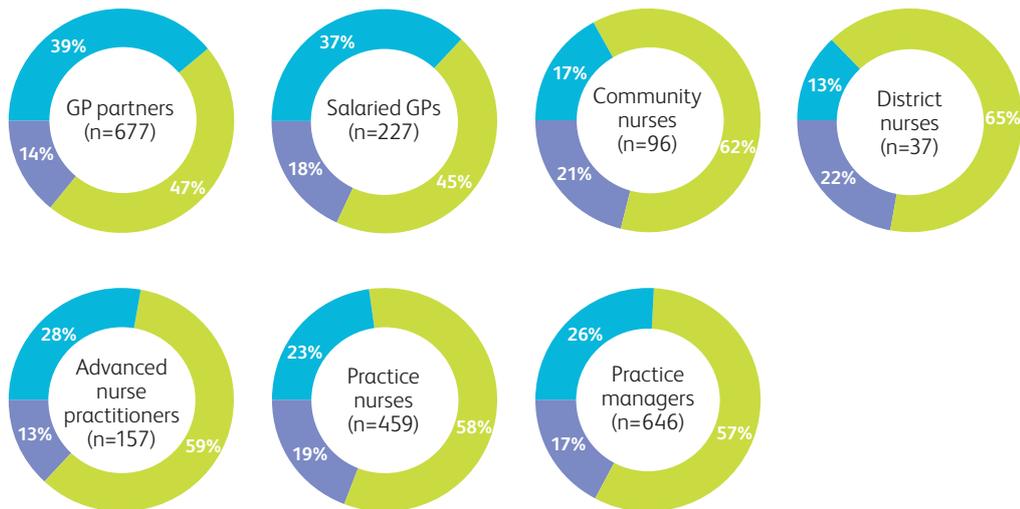
charges equated to 'a tax on sickness', saying they were 'clearly not right'.

The debate about charging patients to see their GP has rumbled on for several years, with arguments for and against. So, we put the question to respondents to our 2019 primary care survey.

GP respondents were broadly split down the middle. Again, 40% said they would welcome being able to charge patients, while 45% said they wouldn't agree with such a move while 15% weren't sure. A higher proportion of locums (50%) than salaried GPs (37%) and partners (39%) were in favour of charging for appointments.

Would you welcome being able to charge your patients for GP appointments?

● Yes ● No ● Don't know



Just a quarter (26%) of practice managers said they would welcome being able to charge for appointments with a GP, with 57% against the idea. Collectively, nurses were more averse to appointment charges than any other group (22% for, 59% against, 18% unsure), with the greatest opposition coming from district nurses – of whom 65% said they would not welcome a move to charge patients to see a GP.

Overall, there was a greater appetite for charging patients for missed appointments, or 'did not attends' (DNAs). More than half (57%) of GPs said they'd

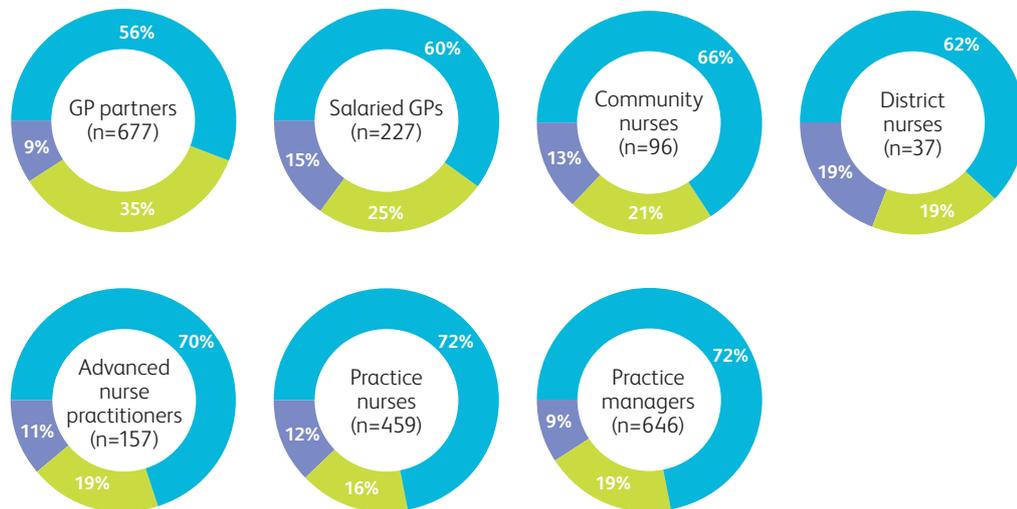
welcome being able to charge patients when they didn't turn up for booked appointments. Salaried GPs were marginally more in favour of the idea than partners (60% vs 56%).

Almost three-quarters (72%) of practice managers said they would welcome imposing a penalty for DNAs – only 19% were against the idea.

Nurses were similarly in favour of charging for DNAs. The greatest support for the idea came from practice nurses, 72% of whom said they'd welcome it.

Would you welcome being able to charge your patients for DNAs?

● Yes ● No ● Don't know



9 Cutbacks

9.1 Cutbacks in general practice

General practice remained in crisis through 2019, despite measures introduced in the 2019/20 GP contract – lauded as the most significant in 15 years – aimed at easing growing pressures. Respondents to our survey told us of courses of action they had taken or considered taking in the past year to ride out the ongoing storm.

Unfortunately, it seems GP partners and practice managers are dealing with similar challenges to the previous year, and are continuing to face difficult decisions.

The proportion of GP partners who had implemented or thought about implementing a number of cost-saving measures remained roughly the same in 2019 as in 2018.

In 2019, fewer GP partners had resorted to or considered cutting staff hours (17%), or making admin staff redundant (12%) than had in 2018 (23% and 19% respectively). On the other hand, the numbers of GP partners who'd discontinued clinical services or given thought to doing so had increased from 40% in 2018 to 49% in 2019 – a worrying indication of the state of affairs.

Fewer practice managers than GPs said they had considered or had implemented cost-saving measures (see table). Still, a quarter (25%) said they had discontinued clinical services or thought about doing so in the past year. Similar proportions had merged or considered a merger (23%) and federated or thought about federating with other practices (21%).

The number of GP partners who considered federating or had federated with other practices had halved from 49% to 25% in the year from 2018 to 2019. Mergers were also less common – 36% of GP partners had merged or thought about it in 2018; in 2019 that had fallen to 27%.

However, it's worth noting that this shift doesn't necessarily mean GPs are more confident that their practices can survive on their own. Instead, it can be linked with the introduction of primary care networks (PCNs) in the 2019/20 GP contract.

Essentially, in some cases at least, federations are being replaced by PCNs. However, practices' decision makers are typically free to choose which other practices they federate with, while in networks those decisions are sometimes imposed on them.

9.2 Cutbacks in community pharmacy

Pharmacy owners have also faced challenging times over the past few years, with most still feeling the squeeze of funding cuts and increasing pressures. We asked contractors and superintendent pharmacists whether they had resorted to certain measures, or considered doing so, in order to survive.

Their responses are troubling, and indicate the extent of the difficulties the sector continues to face.

Notably, more than half (56%) of pharmacy contractors and a fifth (20%) of superintendents had considered selling their business in 2019. While this is a concerning statistic, it does reflect a marked decline on 2018, when 70% of contractors and 46% of superintendent pharmacists considered selling up.

The proportion that actually went forward with selling their pharmacy business increased slightly, from an average of 8% in 2018 to 9.5% in 2019.

More than two-thirds (69%) of pharmacist respondents (69% of contractors and 70% of superintendents) said they had cut or considered cutting staff hours in the past 12 months. This is around the same number of superintendents as last year, but – perhaps encouragingly – a reduction among contractors, from 86% in 2018.

The threat of redundancies remained at a similar level as in 2018. Then, staff redundancies had been considered or made by almost half (45%) of contractors, and by more than a third (36%) of superintendents. In 2019, those figures were 44% and 30% respectively.

Free medication deliveries are a lifeline for many vulnerable patients who struggle to get to their pharmacy

“ We are a member of a GP federation of 19 practices which has been successfully established over the past four years and runs a number of clinical and non-clinical services. Its future has been made uncertain since the advent of PCNs

	PMs (n=646)	GP partners (n=677)
Temporary list closure	16%	23%
Shrinking your practice list	9%	18%
Cutting staff hours	12%	17%
Cutting routine appointments	14%	31.5%
Discontinuing clinical services	25%	9%
Redundancies of clinical staff	4.5%	8%
Redundancies of admin staff	7%	2%
Merging with another practice	23%	27%
Federating with other practices	21%	25%
Closing	3%	8%

to collect their prescriptions. Yet, this service is still in the firing line for a significant number of pharmacists. An average of 52% of pharmacists said they were considering getting rid of the service (49% in 2018), and a quarter (24%) had already done so, the same number as in 2018.

And, in a further blow to patients, clinical services remained at risk in 2019. Exactly half of superintendent pharmacists said they had discontinued or considered discontinuing services (compared with 48% the previous year). The number of pharmacy contractors who had scrapped clinical services or considered it increased from 31% in 2018 to 41% in 2019.

This is a worrying trend, especially given the Government's drive to boost clinical services in community pharmacy in a bid to put pharmacists on the frontline of primary care and free up resources in general practice.

Moreover, clinical services are potentially a rich source of private income for pharmacists who are keen to diversify their workload in the wake of NHS funding cuts. With a degree of foresight, pharmacists can tap into and derive financial benefits from these services, as *The Pharmacist's* 'Clinical Ambassadors' series reveals.⁴¹

9.3 Improvements in pay and conditions

Amid swingeing cutbacks in primary care, and both practices and pharmacies finding themselves understaffed and under pressure, the question arose of whether pay rises and improvements in terms and conditions were keeping pace with increases in workload.

We polled respondents about their experiences. Practice managers had done best in this respect, with nearly half (44%) saying they had secured a pay rise or better terms and conditions in their current role. Roughly the same number (41%) said they hadn't asked, while 12% had asked but been turned down. The rest declined to say.

Practice nurses were split fairly evenly between those who had secured a salary boost or better terms in their current job (33%), those whose request had been turned down (35%) and those who hadn't asked for either (28%).

Half (51%) of GPs said they had not requested better conditions or more money in their current job. Half as many (25%) had managed to negotiate this successfully while 21% had been unsuccessful in their attempt to do so.

More pharmacists than any other group had a request for a pay rise or better terms and conditions turned down (37%). One-fifth (20%) successfully secured a higher salary or improved conditions while in their current job, but more than double that number (41%) had not asked.

Have you ever asked for a pay rise or better terms and conditions in your current role?

● Don't know/would rather not say ● No ● Yes, successfully ● Yes, unsuccessfully

Salaried GPs (n=227)



Locum GPs (n=180)



Community nurses (n=96)



District nurses (n=37)



Advanced nurse practitioners (n=157)



Practice nurses (n=459)



Healthcare assistants (n=18)



Practice managers (n=646)



Employee pharmacists (n=70)



10 Morale, stress and burnout

Last year saw the rollout of a national mental health service for NHS doctors, which provides free, 24/7 mental health support over the phone or via text.⁴² While this is undoubtedly a much needed and positive move, it's also one that was well overdue.

Doctors aren't the only victims of mental health problems in primary care. *Management in Practice* launched its 'Wellbeing in Practice' series in response to the growing problem of stress and burnout among practice managers.⁴³ Elsewhere, the Royal College of Nursing reported that poor mental health had been responsible for nurses taking almost one million days off sick between July 2018 and March 2019.⁴⁴

Pharmacists, too, are vulnerable to extreme stress, with the sector's benevolent charity Pharmacist Support reporting that the number of 'acts of support' it provided increased 76% between 2016 and 2018.⁴⁵

So, we once again asked all respondents to our 2019 survey to tell us about their experiences in this respect. We asked them to rate a number of indicators of poor mental wellbeing, including low morale, stress, burnout, and abuse from patients.

10.1 Low morale

With increasing demand and limited resources, the NHS is constantly under the microscope. The cumulative effect on staff is that they often feel overworked, underpaid and unappreciated. It's no surprise that morale suffers across the board.

In the 2019 primary care survey, we asked about morale and which factors have the greatest impact on it. Respondents were asked to rate their current level of work-related morale using a score of 1 to 5, with 1 being 'very low' and 5 being 'very high'.

Our findings show that, once again, primary care staff are not in particularly high spirits.

The mean score across all job roles was 2.5 (2 = 'low' and 3 = 'neither low nor high'). Nearly half (47%) of all respondents said their morale was low or very low. An additional third (35%) rated their morale as neither high nor low.

In 2019, morale among GPs was lower than in 2018. The proportion of partners who rated their morale as 'low' or 'very low' increased from 53% to 59%, while the number of salaried GPs who said their morale was 'low' or 'very low' rose from 50% to 62%. Among locums, who answered this question for the first time, the proportion was 42%.

Nurses' morale has also declined, with 42% giving a rating of 'low' or 'very low', compared with 38% the previous year. But it was healthcare assistants who experienced the sharpest decline in workplace morale – the proportion of those who said their morale was 'low' or 'very low' almost doubled from 25% in 2018 to 47% last year.

The number of practice managers who said their morale was 'low' or 'very low' fell slightly between 2018 and 2019, from 42% to 38%.

In community pharmacy, almost three-quarters (72%) of pharmacy contractors said their morale was 'low' or 'very low' – up from 65% in 2018. The number of employee pharmacists with 'low' or 'very low' morale remained stable – 47% in 2019 vs. 46% the previous year.

While fewer superintendent pharmacists reported 'low' or 'very low' morale in 2019, the number affected remains woefully high (60% compared with 71% in 2018).

All respondents who said their morale was less than high – those who gave a rating of 3 or lower – were asked about the causes. Given a list of different factors, respondents rated how influential each one was on their workplace morale, where 1 was 'not at all influential' and 5 was 'very influential' (see graph).

GPs rated unrealistic patient demand as having the greatest influence on their workplace morale, giving it a mean rating of 4.49. Following closely in second place was workload from other NHS sectors – or 'workload dumping' – which GPs rated at 4.36. Too much bureaucracy was also a significant factor affecting GP morale, with a mean score of 4.27.

The same three factors evidently exert the biggest influence on practice managers' morale. They rated unrealistic patient demand as having the greatest impact (mean score = 4.39), followed by too much bureaucracy at 4.2 and workload dumping at 4.13.

Unrealistic patient demand also emerged as the most influential factor on morale for nurses (mean score = 4.14). However, lack of appreciation from management and low pay were also significant reasons for nurses' low workplace morale, rated 4.03 and 3.91 respectively.

Pharmacists told a similar story. They too said patients having unrealistic demands was the greatest cause of low workplace morale, rating this factor at 4.32. Heavy bureaucracy followed in second place with a mean score of 4.3. Not feeling appreciated by management was also a significant factor – pharmacists gave this a mean score of 4.12.

Comparing the findings with those of the previous primary care report, it seems the reasons for low morale are broadly similar. Unrealistic demand from patients was the biggest influence across all job roles in 2018, with a mean score of 4.21, compared with 4.33 in the 2019 survey.

And, once again, excessive bureaucracy (mean score = 4.07), bearing the burden of workload from other sectors (3.99) and not feeling appreciated by management (3.94) were among the greatest causes of low morale (compared with 4.01, 3.75 and 3.94 respectively in 2018).

10.2 Stress and burnout

Some 40% of all respondents had needed time off work because of stress, or expected that stress might cause them to take time off in the following 12 months (12% had taken time off in the past year and 28% thought it likely they'd need to within a year).

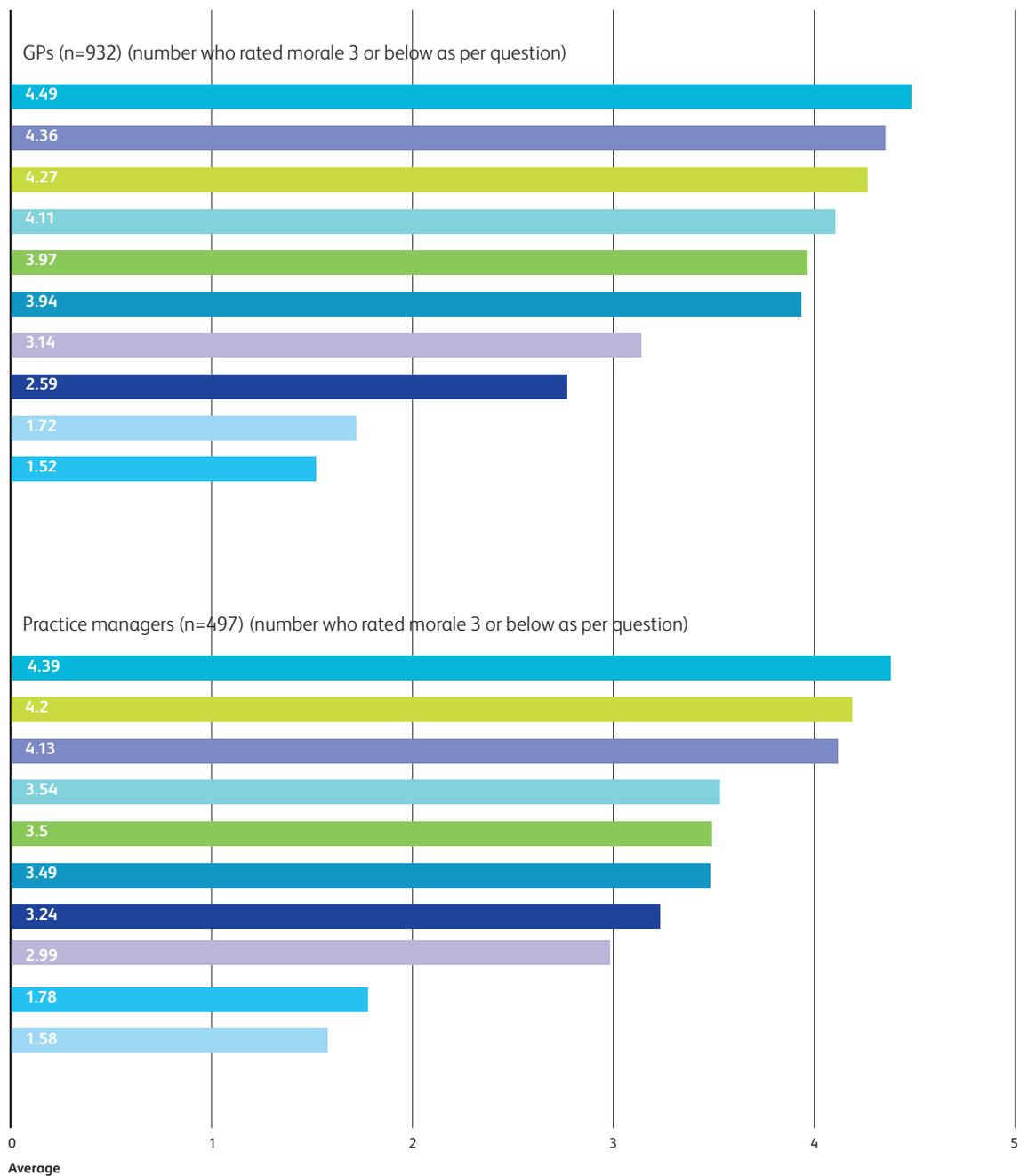
This is more than last year, when 34% of respondents had needed or expected to need time off work because of stress (11% and 23% respectively).

The group worst affected by stress was pharmacists, more than half of whom (57%) said they'd had stress-related time off or thought they would need to take some in the next year.

Pharmacy contractors were most stressed of all primary care staff: an enormous two-thirds (66%) said they felt they would likely be forced to take time off work in the coming year (47%) or had already (19%). These findings echo those

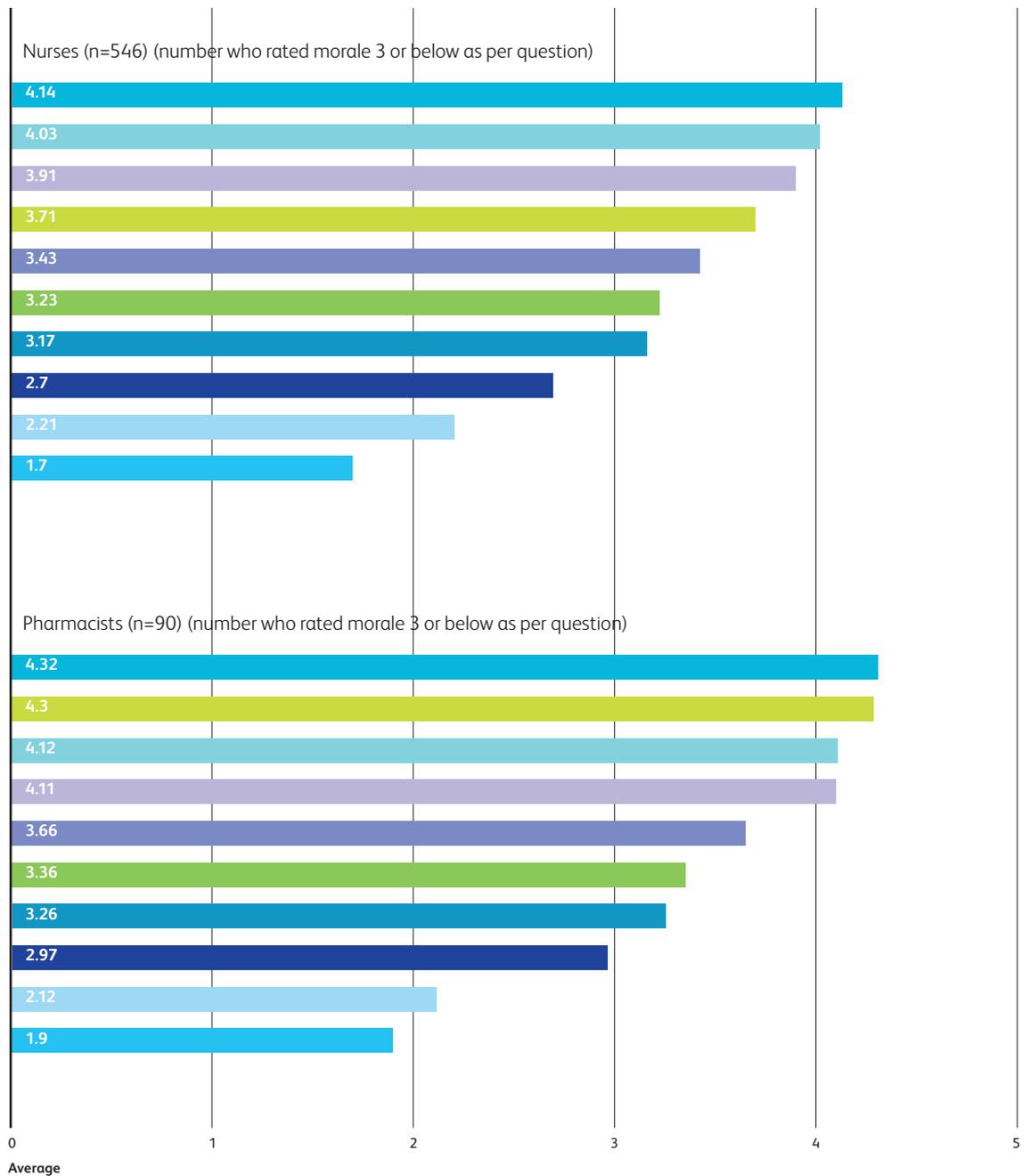
Drivers of low morale across primary care job roles

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



Drivers of low morale across primary care job roles

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from 2018, when 19% of contractors had been off sick with stress and 41% predicted they would be signed off in the next year.

Superintendent pharmacists were also badly affected by stress: 60% said they had needed time off or thought they might do in the next year, although this number was lower than in 2018 (71%). And more than half (53%) of employee pharmacists reported they would likely need to take time off because of stress, or had already done so.

As with last year, GP partners were least inclined to take time off work due to stress. Just 7% had done so in the previous year, compared with 8% in 2018. The proportion who thought stress would lead them to have time off work in the coming year increased, however, from 19% to 26%.

Nearly half (43%) of practice managers had been off work with stress or said it was likely they would be within

a year. Among all nurse respondents, the figure was 40%.

If the direct effect on staff were not damning enough, stress and burnout are spilling over into a negative impact on patient care. Almost half (48%) of all GPs reported that their patient care has been affected in the past 12 months. A comparable proportion of pharmacists said the same: 53% of contractors, 50% of superintendents and 46% of employee pharmacists.

Shockingly, the majority of practice nurses – some 84% – said burnout and stress had affected their patient care. The average of all nurses for whom stress and burnout had a negative impact on their care of patients was 62%.

Fewer practice managers (29%) than any other cohort of primary care staff reported that patient care had been impacted, although this is likely to reflect the fact that they have less contact with patients than clinical staff.

What they are saying:

GPs

“ I have not engaged in discussions... as I just felt overwhelmed, I haven't done as much opportunistic care and I have made mistakes due to being very busy

“ We have to practice defensive medicine from now on at a steadily increased rate under current circumstances

“ I work 12-hour days even as a salaried GP and often have no break (eating lunch at my desk). This leads to tiredness and lack of empathy with patients

Pharmacists

“ Can't keep up these hours relentlessly

“ When I'm stressed over workload, patients do not receive the best care I am capable of delivering

“ I was ill for at least three months and I was not as helpful as I could have been to patients and employees

Nurses

“ Sometimes less tolerant of patients coming with minor problems that do not require treatment

“ Unable to give care, I judge patient needs. Leaves me feeling degraded as a professional

“ I have been abrupt and rude to people due to being overworked and under pressure

Practice managers

“ Deadlines have passed, and I know that I haven't been able to keep on top of all the demands made on my time... due to stress or sheer volume of workload

“ We endeavour to keep up standards but at the expense of our lives, with long days, etc

“ Although I have not been off, my patience has been tested and I have maybe been short with patients on occasion

10.3 Abuse from patients

Thankfully, slightly fewer respondents were on the receiving end of abuse from patients in 2019 than had been the case the previous year. However, having to deal with abusive patients is still all-too common.

Among all primary care staff, three-quarters (74%) said they'd fallen victim to some type of abuse from patients, down from 87% in 2018.

Practice managers were subjected to the most abuse, with 90% saying they'd had to put up with abusive patients. A similar proportion of pharmacists (82%) reported that abuse at the hands of patients had been a problem in 2019. Nearly two-thirds (63%) of GPs had received abuse of some kind, as had 77% of nurses.

Verbal abuse was by far the most common form, and had been directed at more than two-thirds (67%) of pharmacists, 56% of practice managers, 54% of nurses and 50% of GPs. On average, just over half (53%) of all staff were on the receiving end of verbal abuse in 2019; this was a fall on previous years (64% in 2018 and 71% in 2017).

Shockingly, 25 respondents said they'd been sexually abused in the past year, even more than in 2018 when there had been 21. Respondents described 'inappropriate sexual references', 'comments of a sexual nature', and being 'cornered', 'groped' and 'kissed'.

In addition, 120 respondents said patients had been physically abusive towards them (4%). Disturbing incidents cited by respondents included being attacked and knocked unconscious, being punched and spat at, having a bin thrown at them and threats against family members.

10.4 Thoughts of leaving the profession

The true state of primary care is arguably best captured by the numbers of staff who think about leaving their profession. As in previous years, we asked respondents whether they would consider doing so in the next five years, either through retirement or for another reason.

Nearly half of salaried GPs and locums (45% and 44% respectively) said they'd consider quitting general practice in the next five years, and 21% of salaried GPs and 33% of locums said they considered retiring. Some 37% of GP partners would consider retiring in the next five years, while a third (33%) would consider leaving the profession for other reasons. An average of just 20% of all GP respondents said they had no thoughts at all about leaving in the coming five years.

Similar numbers of nurses reported considering leaving the NHS: around a third (32%) on average thought they might retire in the next five years, and 33% said they would consider leaving for reasons other than retirement.

Among practice managers responding to the question, significant numbers said they'd consider leaving in the next five years – 24% by way of retirement and 44% for other reasons.

The group with the highest proportion of respondents who said they'd consider leaving their profession for reasons unrelated to retirement was employee pharmacists – more than half (52%) had given thought to quitting in the next five years, with 11% considering retirement.

Half (50%) of superintendent pharmacists also said they would consider leaving the profession, with a fifth (20%)

saying they would think about retiring. Among pharmacy contractors, almost half (47%) said they might retire in the coming years and 34% said they would consider leaving for another reason.

Below are examples of the reasons given by respondents when asked why they were considering leaving their profession:

Nurses

“Constant barrage of stress and expectation with very little time to do the job.

“I cannot see any support for nurses improving, or the wage, and the cost of living is not going to ever reduce. Also not having enough resources to provide the care for your patients.

“Too much pressure and too much work to do with no respect for our knowledge, skills and the work we do.

“I am fed up, undervalued and underpaid.

GPs

“Being a NHS GP is having a negative impact on my mental and physical health.

“I am now 55 and working full time since 18, I feel the workload and responsibilities are too much and need to enjoy the rest of my life.

“I no longer enjoy the job, it's too stressful.

“I have found a balance as a locum that works for me but I am finding it harder and harder to work in a broken system that at times is not providing adequate care for patients.

Practice managers

“The workload is relentless. So easy to miss something important. The stress burns away at you.

“There is the ability to earn more money for less in another profession.

“I have had enough of patients abusing admin staff when they can't get their own way and constantly threatening to complain, and added to that is the amount of pressure the CCG and NHS England put on us to complete added paperwork, which is just too overwhelming. We don't get the time anymore to just do our jobs.

“It's very stressful, constant moving of goalposts, constant changes in information being sent. Not enough doctors and nurses.

Pharmacists

“I have worked for 45 years as pharmacist and it is changing too fast. It is for young people to take over.

“Pharmacy has continually taken on more work without any extra funding to staff the extra responsibilities effectively, mainly because the NHS won't fund it and the PSNC doesn't negotiate effectively. Mistakes are increasingly likely.

“Pharmacies cannot make enough money to continue being viable businesses so jobs will become harder to come by.

“It is too stressful and no work-life balance in community pharmacy. I have not had any joy in being able to provide prescribing service and urgent care in a community setting and I am considering leaving the UK even though I was born here and have lived here for 37 years.

11 The impact of Brexit on the NHS

Ever since the EU referendum in 2016, the UK has been shrouded in political uncertainty, and no issue has been the subject of hotter debate than the NHS.

We have polled primary care staff about this topic for several years and they have consistently voiced concern about the effect on healthcare of leaving the EU.

The survey was conducted around the time of the general election in December 2019, and a month before Brexit would finally be formalised. There was a great deal of anxiety about the future for primary care.⁴⁶

The greatest overall concern was the availability of medicines. Three-quarters (75%) felt it would be negatively affected by Brexit – up from 64% last year. Community pharmacists are on the frontline of dealing with medicines shortages, so it is not surprising, that a higher proportion of pharmacists (84%) than any other group expected a negative effect on availability.

In August last year, the Royal Pharmaceutical Society warned the Government’s contingency plans for a no-deal Brexit would not prevent medication shortages.⁴⁷ At the time of writing, trade negotiations were just under way,

meaning worsening Brexit-related drugs shortages were still a real prospect.

The second-most concerning aspect of Brexit was its impact on NHS staffing levels. Respondents said they expected a negative effect on the number of nurses (71%), and GPs (67%), down from 75% and 71% respectively in 2018.

These findings came amid reports that more than 10,000 EU nationals had quit the NHS since the referendum, 5,000 of whom were nurses.⁴⁸ GP bodies did their best to reassure doctors they would still be welcome in the UK⁴⁹, while elsewhere, health leaders warned that a no-deal Brexit would leave NHS staff in limbo.⁵⁰

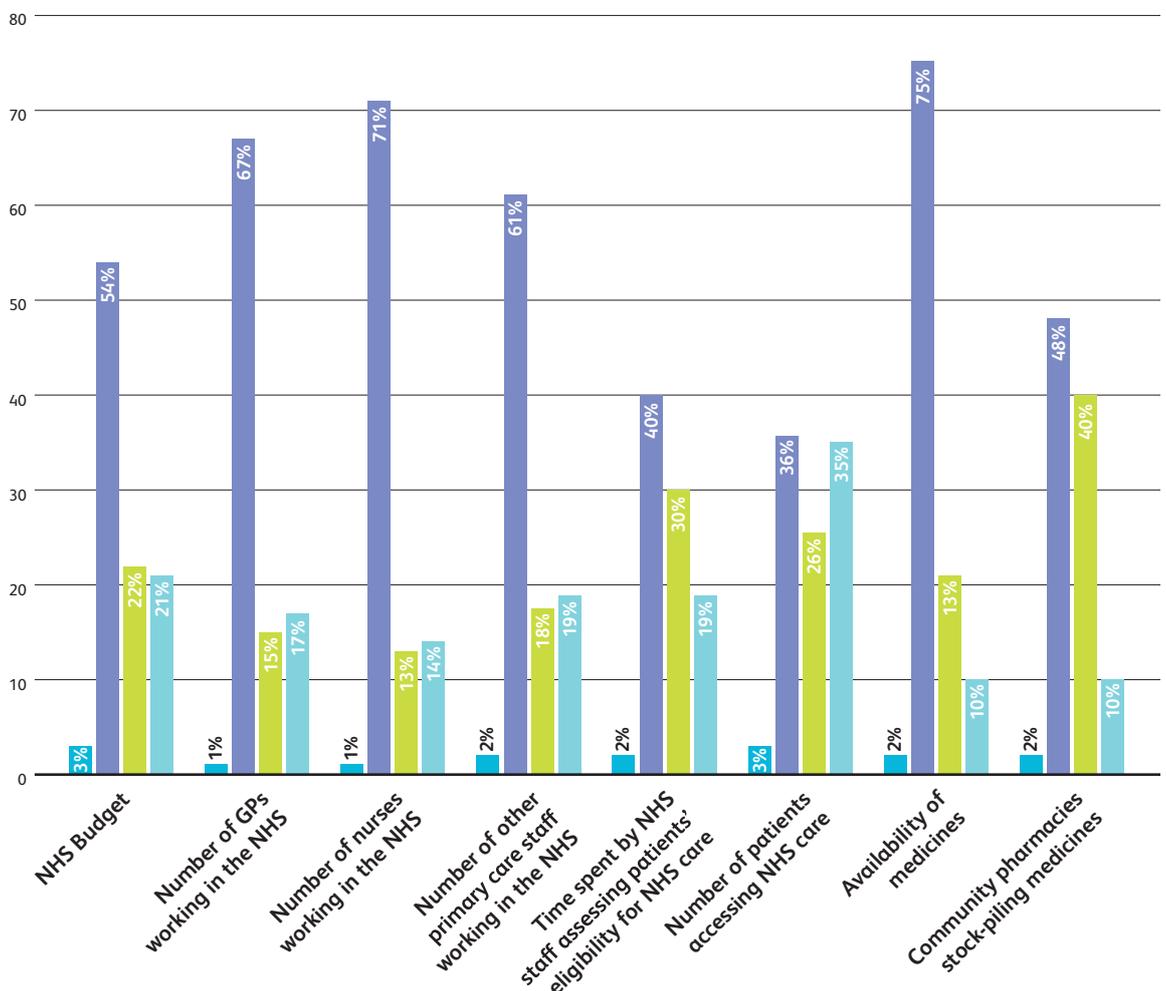
Just over half (54%) said Brexit would likely negatively impact the NHS budget – the same proportion as last year.

As in 2018 and 2017, respondents were least concerned about Brexit’s impact on the numbers of patients accessing NHS treatment: 36% thought it would have a negative impact and 35% expected no impact at all.

Our survey results suggest a great deal of doubt remains over the impact on the health service and its staff.

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

● Positive impact ● Negative impact ● Unsure ● No impact



12 References

- 1 Pulse Today. All the headlines from the 2019/20 GP contract at a glance. Pulse, 31 January 2019. Accessed at pulseday.co.uk/news/hot-topics/gp-contract-2019/20/all-the-headlines-from-the-2019/20-gp-contract-at-a-glance/20038181.article
- 2 Kaffash, J. Pulse's contract verdict: As good as it could have been. Accessed at pulseday.co.uk/views/editors-blog/pulses-contract-verdict-as-good-as-it-could-have-been/20040121.article
- 3 Laundner, M. No-deal Brexit could 'devastate the NHS', health leaders warn. Nursing in Practice, 30 August 2019. Accessed at nursinginpractice.com/health-leaders-no-deal-brexit-nhs
- 4 Pearce, C. No-deal contingency plans not enough to prevent Brexit stock shortages, warns RPS. The Pharmacist, 19 August 2019. Accessed at thepharmacist.co.uk/news/no-deal-contingency-plans-not-enough-to-prevent-brexit-stock-shortages-warns-rps/
- 5 Mahase, E. Practices given £2 per patient to join networks under new DES. Pulse, 31 January 2019. Accessed at pulseday.co.uk/news/hot-topics/gp-contract-2019/20/practices-given-2-per-patient-to-join-networks-under-new-des/20038176.article
- 6 Fisher, R et al. Understanding primary care networks. The Health Foundation, July 2019. Accessed at health.org.uk/sites/default/files/upload/publications/2019/Understanding%20primary%20care%20networks.pdf
- 7 Legraien, L. CCGs 'refusing to sign off' networks where unpopular practices have been left out. Pulse, 7 June 2019. Accessed at pulseday.co.uk/news/hot-topics/gp-contract-2019/20/ccgs-refusing-to-sign-off-networks-where-unpopular-practices-have-been-left-out/20038788.article
- 8 Kaffash, J. Conservatives pledge 6,000 new doctors in general practice by 2024/25. Pulse, 9 November 2019. Accessed at pulseday.co.uk/news/conservatives-pledge-6000-new-doctors-in-general-practice-by-2024/25/20039665.article
- 9 Pearce, C. The GP workforce's faulty production line. Pulse, 3 February 2020. Accessed at pulseday.co.uk/cover-features/the-gp-workforce-faulty-production-line/20040057.article
- 10 Legraien, L. NHS England to fund 22,000 practice staff to support GPs. Pulse 31 January 2019. Accessed at pulseday.co.uk/news/hot-topics/gp-contract-2019/20/nhs-england-to-fund-22000-practice-staff-to-support-gps/20038177.article
- 11 NHS England. Social prescribing – frequently asked questions. March, 2020. Accessed at england.nhs.uk/personalisedcare/social-prescribing/faqs/#how-does-social-prescribing-fit-with-existing-schemes-that-signpost-people-to-community-activities-do-people-really-need-a-link-worker
- 12 Pulse Today. NHS England will fund 1,000 social prescribing workers to support practices. Pulse, 28 January 2019. Accessed at pulseday.co.uk/news/practice-news/nhs-england-will-fund-1000-social-prescribing-workers-to-support-practices/20038156.article
- 13 Pearce, C. Revealed: Only half of PCNs recruited clinical pharmacists in 2019. Pulse, 5 February 2019. Accessed at pulseday.co.uk/news/revealed-only-half-of-pcns-recruited-clinical-pharmacists-in-2019/20040079.article
- 14 Pearce, C. PCN funding not enough to employ 'appropriately experienced' pharmacists. Pulse, 30 August 2019. Accessed at pulseday.co.uk/news/all-news/pcn-funding-not-enough-to-employ-appropriately-experienced-pharmacists/20039324.article
- 15 Pearce, C. PCNs to get 100% funding for all extra clinical staff as further roles are added. Pulse, 7 February 2020. Accessed at pulseday.co.uk/gp-contract-2020/21/pcns-to-get-100-funding-for-all-extra-clinical-staff-as-further-roles-are-added/20040116.article
- 16 Launder, M. Why nursing associates are splitting opinion. Nursing in Practice, 1 October 2019. Accessed at nursinginpractice.com/professional/nursing-associates-splitting-opinion
- 17 Swan, D. HEE hits target of recruiting 5,000 nursing associates in 2018. Nursing in Practice, 7 February 2018. Accessed at nursinginpractice.com/hee-hits-target-recruiting-5000-nursing-associates-2018
- 18 Carter, C. One in four children 'rejected by mental health services, despite extra funding'. Pulse, 14 January 2020. Accessed at pulseday.co.uk/news/one-in-four-children-rejected-by-mental-health-services-despite-extra-funding/20039979.article
- 19 PSNC. PSNC Briefing 026/19: A Summary of the Five-Year Deal on the Community Pharmacy Contractual Framework. July, 2019. Accessed at psnc.org.uk/wp-content/uploads/2019/07/PSNC-Briefing-026.19-A-Summary-of-the-Five-Year-Deal-on-the-Community-Pharmacy-Contractual-Framework.pdf
- 20 Legraien, L. Same-day pharmacy appointments could help tackle GP pressures, says RCGP. Pulse, 23 July 2019. Accessed at pulseday.co.uk/news/gp-topics/access/same-day-pharmacy-appointments-could-help-tackle-gp-pressures-says-rcgp/20039085.article
- 21 Carter, C. Pharmacy referral service 'relieving pressure' on GPs is set to expand. Pulse, 14 January 2020. Accessed at pulseday.co.uk/news/pharmacy-referral-service-relieving-pressure-on-gps-is-set-to-expand/20039982.article
- 22 NHS England. Vitamin D. March 2017. Accessed at nhs.uk/conditions/vitamins-and-minerals/vitamin-d/
- 23 Public Health England. PHE publishes independent expert e-cigarette evidence review. 6 February 2018. Accessed at gov.uk/government/news/phe-publishes-independent-expert-e-cigarette-evidence-review
- 24 Action on Smoking and Health. Use of e-cigarettes among adults in Great Britain. September 2019. Accessed at ash.org.uk/wp-content/uploads/2019/09/Use-of-e-cigarettes-among-adults-2019.pdf
- 25 Kuntic, M et al. Short-term e-cigarette vapour exposure causes vascular oxidative stress and dysfunction: evidence for a close connection to brain damage and a key role of the phagocytic NADPH oxidase (NOX-2). European Heart Journal, ehz772. Accessed at academic.oup.com/eurheartj/advance-article/doi/10.1093/eurheartj/ehz772/5621442
- 26 Department of Health and Social Care. Cannabis-based products for medical use. 31 October 2019. Accessed at england.nhs.uk/wp-content/uploads/2018/10/letter-guidance-on-cannabis-based-products-for-medical-use.pdf
- 27 Patel, A. GPs could prescribe medicinal cannabis under shared care arrangements, says NICE. Pulse, 8 August 2019. Accessed at pulseday.co.uk/clinical/clinical-newswire/gps-could-prescribe-medical-cannabis-under-shared-care-arrangements-says-nice/20039155.article
- 28 Public Health England. Measles in England. 19 August 2019. Accessed at publichealthmatters.blog.gov.uk/2019/08/19/measles-in-england/
- 29 NHS Digital. Childhood Vaccination Coverage Statistics - England 2018-19. 26 September 2019. Accessed at digital.nhs.uk/data-and-information/publications/statistical/nhs-immunisation-statistics/england-2018-19
- 30 National Audit Office. Investigation into pre-school vaccinations. 25 October 2019. Accessed at publications.parliament.uk/pa/cm/201919/cmselect/cmhealth/correspondence/NAO-vaccinations-report-2019-10-25.pdf
- 31 Philpotts, E. GPs urge the Government to make measles vaccination compulsory. Pulse, 9 September 2019. Accessed at pulseday.co.uk/news/all-news/gps-urge-the-government-to-make-measles-vaccination-compulsory/20039365.article
- 32 Royal Society for Public Health. Moving the needle. December 2018. Accessed at rspgh.org.uk/uploads/assets/uploaded/f8cf580a-57b5-41f4-8e21de333af20f32.pdf
- 33 Campaign to end Loneliness. About the campaign. nd. Accessed at campaigntoendloneliness.org/about-the-campaign/
- 34 Campaign to end Loneliness. Risk to health. nd. Accessed at campaigntoendloneliness.org/threat-to-health/
- 35 Cohen, G et al. The Impact of Professionally Conducted Cultural Programs on the Physical Health, Mental Health, and Social Functioning of Older Adults. The Gerontologist, 46;6:726–734. Accessed at academic.oup.com/gerontologist/article/46/6/726/584645
- 36 Sims, I. Loneliness interventions could cut unnecessary GP visits. Pulse, 9 May 2018. Accessed at pulseday.co.uk/home/loneliness-interventions-could-cut-unnecessary-gp-visits/20036671.article
- 37 Wilkinson, E. RCGP calls for social prescriber in every practice to tackle 'epidemic of loneliness'. Pulse, 23 May 2018. Accessed at pulseday.co.uk/news/commissioning/commissioning-topics/prescribing/rcgp-calls-for-social-prescriber-in-every-practice-to-tackle-epidemic-of-loneliness/20036746.article
- 38 Pulse Today. NHS England will fund 1,000 social prescribing workers to support practices. Pulse, 28 January 2019. Accessed at pulseday.co.uk/news/practice-news/nhs-england-will-fund-1000-social-prescribing-workers-to-support-practices/20038156.article
- 39 Legraien, L. Four in 10 GPs in favour of charging patients for appointments. Pulse, 10 October 2019. Accessed at pulseday.co.uk/news/gp-topics/access/four-in-10-gps-in-favour-of-charging-patients-for-appointments/20039103.article
- 40 Mahase, E. Leading doctors oppose calls to charge patients for GP appointments. Pulse, 25 June 2018. Accessed at pulseday.co.uk/news/hot-topics/nhs-finances/leading-doctors-oppose-calls-to-charge-patients-for-gp-appointments/20036952.article
- 41 The Pharmacist. Clinical ambassadors. nd. Accessed at thepharmacist.co.uk/category/clinical-ambassadors/
- 42 Legraien, L. NHS mental health support offered to all doctors in England. Pulse, 21 October 2019. Accessed at pulseday.co.uk/clinical/clinical-specialties/mental-health/nhs-mental-health-support-offered-to-all-doctors-in-england/20039546.article
- 43 Shaw, I. Wellbeing in Practice: How should practice manager burnout be tackled? Management in Practice, 6 December 2019. Accessed at managementinpractice.com/views/interviews/wellbeing-in-practice-how-should-practice-manager-burnout-be-tackled/
- 44 Small, N. Stressed NHS nurses take one million days off sick with mental health problems. Mirror, 7 September 2019. Accessed at mirror.co.uk/news/nhs/stressed-nhs-nurses-take-one-19857538
- 45 Pharmacist Support. Nearly Half a million turn to charities for support, including basic essentials. 21 January 2020. Accessed at pharmacistsupport.org/nearly-half-million-turn-charities-for-basic-essentials/
- 46 Kaffash, J. Gold, incentives and 'meh': how the major parties' election pledges stack up. Pulse, 26 November 2019. Accessed at pulseday.co.uk/cover-features/gold-incentives-and-meh-how-the-major-parties-election-pledges-stack-up/20039765.article
- 47 Pearce, C. No-deal contingency plans not enough to prevent Brexit stock shortages, warns RPS. The Pharmacist, 19 August 2019. Accessed at thepharmacist.co.uk/news/no-deal-contingency-plans-not-enough-to-prevent-brexit-stock-shortages-warns-rps/
- 48 Savage, M. NHS winter crisis fears grow after thousands of EU staff quit. The Guardian, 24 November 2019. Accessed at theguardian.com/society/2019/nov/24/nhs-winter-crisis-thousands-eu-staff-quit
- 49 Philpotts, E. BMA and GMC tell European doctors they are welcome as UK leaves EU. Pulse, 31 January 2020. Accessed at pulseday.co.uk/news/bma-and-gmc-tell-european-doctors-they-are-welcome-as-uk-leaves-eu/20040070.article
- 50 Launder, M. No-deal Brexit could 'devastate the NHS', health leaders warn. Nursing in Practice, 30 August 2019. Accessed at nursinginpractice.com/health-leaders-no-deal-brexit-nhs