

### BMA Scotland brief – Scottish Government debate: Health Recovery

June 2021

BMA Scotland has been clear that NHS recovery must be synonymous with staff recovery. The NHS has been under unrelenting pressures, it is understaffed, under-funded and under resourced, and pressures have been further exacerbated by the Coronavirus pandemic. As we look to provide a more “normal” NHS service, recuperation from what has been the most challenging year of people’s careers in healthcare, must be an essential part of repairing the NHS. Staff wellbeing must be at the heart of all future decision about NHS services.

Staff wellbeing is about more than having time to rest, it is about ensuring basic needs are met. During the pandemic we saw steps being taken to ensure that staff had access to rest facilities, hot food and hydration, the creation of wellbeing spaces and mental health services. These are basic requirements in providing a safe working environment yet for a longtime healthcare staff have been let down. Steps now need to be taken to make sure that simple provision, put in place to help medical staff cope with the high demand, long shifts and unrelenting pressures of COVID-19, continue and are planned into the future delivery of NHS services.

Primary care is now at breaking point, with increasing demands and limited capacity, the expectations being placed on GPs are only going to lead to burnout, demoralisation and ultimately doctors leaving the profession. A recent snap survey of our GP members showed almost 9 out of 10 respondents (87.7%) said they or their staff have been subjected to verbal or physical abuse in the last month. It is completely unacceptable that anyone should face verbal abuse or the threat of physical assault in their place of work. Doctors appreciate the frustration that the public currently feel but even though restrictions are easing around the country, things are not back to normal, and won’t be for quite some time

Clear communication is critical as we move forward, in managing the publics’ expectation in what the NHS is realistically able to deliver with current staffing levels and resources especially while COVID continues to have an impact on daily life.

We have reached a watershed moment in the history of the NHS, we have a unique opportunity, as we remobilise services to engage, evaluate and consider what it is that we want from our NHS. Over the last year society has been forced to consider how precious a commodity the NHS is and to engage in new and brave ways with their own health and healthcare. We cannot expect things to continue the way they were or are: changes need to be made.

**National director (Scotland):** Jill Vickerman

**Chief executive officer:** Tom Grinyer

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Registered office: BMA House, Tavistock Square, London, WC1H 9JP.

Listed as a Trade Union under the Trade Union and Labour Relations Act 1974.



Work needs to be done to ensure that NHS Scotland can continue to be a sustainable and world class national health service. Only in working in genuine partnership can we build on the innovation and leadership health professionals have shown through the COVID-19 pandemic and ensure that our NHS is fit for purpose for years to come.

### **A clear focus on the wellbeing of staff**

The wellbeing of staff across all parts of the health service must be at the heart of all we do, if we are to enable them to deliver the best possible care each and every time. Throughout the pandemic waves we have surveyed our members on their wellbeing and mental health and found that nearly 40% of doctors who responded were suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition relating to, or made worse by, their work. During the second wave nearly 55% said their health and wellbeing was either slightly or much worse compared with how they were during the first wave of Covid cases. These statistics are stark but sadly not surprising. Before the pandemic, BMA Scotland carried out a similar survey in December 2019 and it found that 77% of those who responded felt their work had a negative impact of their health and wellbeing in the last year and 23% had sought help for their mental wellbeing/health within the last two years. What is clear is that whether we are in a pandemic or not, medicine is a highly stressful, highly pressurised environment to work in and doctors and other health and social care professionals are not being adequately supported by their employers.

***BMA Scotland calls for healthcare staff who need it, to be allowed the time, and the support they need to recharge and recover from the intense COVID-19 environment they worked in. The need for this time must be clearly and effectively communicated to the public so that expectations are managed appropriately as to how quickly services can resume.***

A recent joint publication from BMA Scotland and the Academy of Medical Royal Colleges and Faculties in Scotland, 'Recovering the healthcare workforce and service for our patients', it has highlighted that:

*The Covid pandemic has magnified a number of problems that already existed in our health service. These include:*

- *workforce shortages,*
- *high levels of stress and burnout,*
- *poor staff wellbeing,*
- *health inequalities, and*
- *demand that outstripped capacity, resulting in increased waiting times for patients.*

*Our workforce is now extremely fatigued. Many are suffering from psychological distress and mental health disorders, and there is a huge backlog of patients waiting for care across all specialties.*

The paper puts forward four key inter-dependent areas to consider as part of recovery of workforce, workload, wellbeing and innovation, with patient care at the core. It is essential that each one of these areas is considered in initiatives focused on recovery, remobilisation and transformation, and in the government's commitments to increasing productivity, tackling backlogs and developing new services. Further practical suggestions can be found in the paper, please contact BMA Scotland public affairs office to access.

In a survey carried out by BMA Scotland at the start of the year, we found that

- 54% of respondents said that their job does not allow them to achieve an acceptable work-life balance
- 64% said their current working pattern didn't build in enough time for education and training or CPD and career development
- 53% never, or rarely took the breaks they are entitled to
- 70% of doctors surveyed felt pressured into doing additional work to keep up with clinical or managerial demands.

Within the NHS in Scotland, there remains an unrelenting culture solely focused on service provision. This culture will not help to retain, recruit or incentivise doctors, but even more importantly, if it is allowed to continue, it won't be safe for doctors or patients. The time has come for attitudes to change; and to build a fresh understanding that proper breaks help make better doctors, that training and CPD will make better doctors and that being able to find time outside of work to do the other things in life will make better doctors and safer care. The link between staff fatigue and risk to safe care is clear. A focus on wellbeing isn't optional but should instead be central to ensuring patients are seen in safe environment for them and those treating them. This is true across the profession, with spiraling workloads due to increased demand making doctors' careers hard to balance with their life outside of work – whether that is as a GP, consultant, junior or specialist doctor. We simply must make all aspects of working as a doctor more attractive, more manageable and less all-consuming of an individual's time, if we are to support the doctors we already have and encourage more into the profession.

***BMA Scotland calls for the impact on NHS staff wellbeing to be considered as a key part of any decision about the future of the NHS. Our NHS is the staff who work in it.***

Primary care is now at breaking point, with increasing demands and limited capacity, the expectations being placed on GPs is only going to lead to burnout, demoralisation and ultimately doctors leaving the profession

A snap survey from BMA Scotland of 669 GPs has revealed that:

- Almost 9 out of 10 respondents (87.7%) said they or their staff have been subjected to verbal or physical abuse
- 70% of GPs surveyed have said they are now more likely to take early retirement
- 66.3% are seriously considering cutting the sessions they currently work.

It is completely unacceptable that anyone should face verbal abuse or the threat of physical assault in their place of work. Doctors appreciate the frustration that the public currently feel but even though restrictions are easing around the country, things are not back to normal, and won't be for quite some time. The restrictions that are in place are primarily for patient safety, but of course this inevitably reduces capacity to ensure we protect patients and staff and in particular some of the most vulnerable members of society.

*“Acknowledged workforce shortages and workload pressures in Primary and Secondary care which pre-date the pandemic are now extreme due to high levels of expressed patient demand. Lengthy waiting lists for OPD appointments and reduced availability of hospital based procedures and investigations are adding to patient demand on General Practice at a time when the service is struggling to increase chronic disease management activity and assist with both the Covid Vaccination Programme and delivery of the Community Covid Pathway.”*

*Recovering the healthcare workforce and service for our patients.*

Clear communication is critical as we move forward, in managing the public's expectation in what the NHS is realistically able to deliver with current staffing levels and resources especially while COVID continues to have an impact on daily life.

### **Securing a sustainable future for Scottish healthcare**

If we are to maintain the fundamental principle that the NHS must remain free at the point of use, and continue to provide the kind of health care service the public has come to expect, then now is the time to have the difficult and honest conversations about what we want our NHS to deliver and how we can adequately and safely resource it. The ability of NHS Scotland, not only to treat and care for thousands of additional sick COVID-19 patients, but to also do so while continuing to run other services is nothing short of incredible, and down to the determination and dedication of all who work in it. However, long term we know that it is not sustainable for doctors to continue to work as they are. We have also warned that previous ways of working, before the pandemic, were not sustainable. We have a unique opportunity as we remobilise services to deliver a sustainable long-term future of the NHS. This must be a whole system approach to remobilisation and redesign, considering both primary and secondary care, and how they work together and alongside one another with a clear focus on the patient being cared for. Now is the time for a new sense of partnership between Scotland's people, politicians, and healthcare professions to take a more constructive approach, an understanding that appropriate clinical priority is best defined by the teams that deliver healthcare, and to build consensus around long term goals and aims.

***BMA Scotland is calling for a national conversation with all stakeholders, to take a long-term approach to what we want and expect from our NHS. Only when we can fully understand what we need and want from the NHS can proper consideration be given on how we resource it.***

Of course, political scrutiny of the NHS is vital, and it is important to hold those in charge to account but what has become habitual squabbling over NHS statistics, like they were the latest opinion polls has got to stop. It is damaging for staff morale, distracts from the real long-term issues and does not help build public confidence.

***BMA Scotland calls for politicians from all parties to share in this vision, to put party politics aside and unite to depoliticize the debate on our NHS, to focus on an understanding that appropriate clinical priority is best defined by the teams that deliver healthcare, and a better consensus around long term goals and aims.***

The Coronavirus pandemic has shown it is paramount that health care staff are supported and have all the resources they need to deliver the best possible care under the current circumstances. While we acknowledged recent increasing in funding, it is also clear that short-term boosts won't be enough to deliver the full recovery our NHS needs, or place our NHS on a secure and sustainable

footing well into the future. The NHS was under-funded and under-resourced prior to the outbreak of the pandemic – with several Audit Scotland reports warning the NHS was struggling to become financially sustainable. In a recent BMA survey just 5% of BMA members felt the NHS was funded sufficiently to meet demand. Ninety-two percent don't think the NHS can continue to provide the current range of services into the future without increased financial resources.

***BMA Scotland would welcome a full review of NHS spending to ensure that the NHS is both financially sustainable and able to deliver what we ask of it for generations to come.***

### **Comprehensive and effective workforce planning**

Scotland simply doesn't have enough doctors, nor is there a substantial and serious plan to address the shortages of medics we face. For example, consultant vacancy rates, which continue to be underreported by official figures and the long-term retention of senior doctors remain serious concerns. Unless we are honest about the real vacancy rate figure, how can we hope to address future shortfalls in the doctors needed to meet the demand, and endeavour to create an NHS that is staffed safely and appropriately? Equally, we have a clear need for more GPs across Scotland which reflects the current over-stretched nature of the workforce. In a BMA Scotland survey, carried out earlier in the year, 63% of respondents across all levels of the profession said they felt they had worked when medical staffing levels felt unsafe and over 60% said that over the last 5 years staffing levels had deteriorated or not improved.

Increasing the number of places for medical students is only part of the solution as creating 'home-grown' doctors is a long process: any expansion on medical student numbers won't impact on consultant supply until well into the 2030s.

### *Consultant vacancies*

Consultant doctors have faced unremittingly increasing workloads alongside an ever increasing number of long-term vacancies. Figures obtained through a freedom of information request by BMA Scotland lead us to believe that consultant vacancies are now running at above 15% or, to put it in perspective, at least double the officially reported figures. Indeed, the equivalent of a whole, large hospital could be staffed from the vacancies left out of the official figures. Amongst the specialties facing the greatest levels of vacancies are psychiatry, anaesthetics, emergency medicine, care of the elderly and radiology – all of which will have a critical role in our recovery from the pandemic. The consultant workforce is stretched more thinly than ever before, while at the same time facing ever greater challenges. Consultant staffing is getting steadily more stretched on a long-term basis, and that very closely matches what our members are telling us is happening on the ground.

### *GPs*

There is still a lack of clarity the plans for recruitment of GPs. 800 additional GPs by 2027 was promised by the previous Scottish Government and we need the new Cabinet Secretary for Health and Social Care to recommit to that as soon as possible. Furthermore, GPs need the support of the multi-disciplinary team (MDT) members to allow the provision of a range of possible health care options within the community. More work is needed to ensure there is a sufficient workforce of trained allied health professionals from across areas like physiotherapy and pharmacy to recruit to primary care MDTs.

Primary care services are under growing pressures, we know our GP members are facing increasing demands and unmanageable workloads. Our most recent snap survey highlighted that many are now considering early retirement or cutting their sessions. The inability to retain

the GPs that we do have will only lead to the destabilisation of primary care; longer waits to be seen, closed lists, and in some circumstances the closure of practices. We need to find a way to make general practice an attractive specialty to work in, not only to encourage the addition GPs that we need but to retain the ones we have.

***BMA Scotland is calling for a full and clear workforce plan that focuses on the number of doctors required in the short, medium and long term – and across both secondary and primary care. It must consider how to support doctors’ workloads and work-life balance throughout their careers and provide an unambiguous focus on positive physical and mental health and wellbeing. This must begin by acknowledging the current scale of vacancies, as only through being honest about the reality of the problem can we hope to make Scotland an attractive place to work for senior doctors, retain doctors and most importantly continue to deliver safe patient care long into the future***

### **Transforming and improving how we measure performance in healthcare**

The current system and narrative around measuring NHS activity is based on an oversimplified view of what constitutes ‘success’ and more often ‘failure’ and fails to reflect the complexity, range and sheer scale of all the NHS does. Monitoring the performance of the NHS and measuring what it does is a vital part of running the whole system. It can help identify pressures, gaps in resource, increased demand and if data from that is used properly it can help to produce targeted solutions that benefit both patients and healthcare professionals. But the pursuit of targets should not be allowed to override clinical judgement or excuse poor behaviours in a drive to meet arbitrary goals. In a BMA Scotland survey, over 50% of respondents said they had experienced a situation in which, in their view, the pursuit of targets had resulted in pressure to overturn clinical judgement. Furthermore, 82% of respondents had experienced poor behaviours from NHS management or colleagues because of pressure to meet targets. In the future, patients should be given a transparent and realistic indication of how long it will take for them to get the treatment they need and the system should strive to eradicate inappropriately lengthy waits for investigation or treatment.

***BMA Scotland is calling for a move away from measuring ‘success’ by a blunt focus on high level targets which don’t take account of clinical need. We need to ask what we want our NHS to achieve in its entirety and then set out an appropriate system of measurement that supports those overall aims and is focused on patient outcomes.***

More information on the calls that BMA Scotland made over the 2021 election can be found in the [BMA Scotland 2021 manifesto](#)

### **For further information please contact:**

Erin Robertson | E: [erobertson@bma.org.uk](mailto:erobertson@bma.org.uk) | T: 0131 247 3071 | M: 07788 565 216