

Medical minds

Surveying the mental wellbeing of
general practitioners in the UK



livi

Contents

Foreword

1. Workforce or wellbeing crisis?	1
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Results

2. Gauging current mental wellbeing of GPs	3
3. Causes of poor mental wellbeing	6
4. Impacts on professional and personal life	8
5. Ranking stressors in practice life	10
6. Supporting GP wellbeing	12

Discussion

7. A closer look at experiences in general practice and impacts on mental wellbeing	14
8. Core recommendations	19
9. Conclusion	21
10. References	22

Workforce or wellbeing crisis?

It's no secret that demand in general practice has reached unprecedented levels in recent times. With it, work-related stress and burnout in doctors has continued to increase, impacting health and wellbeing.

In June 2022 alone, 26 million appointments were delivered in general practice, two thirds of which were face-to-face. This represents a 10% increase on the same time of year in 2019.^{1,2} While in total, general practice provided 342 million appointments last year with a workforce that shrank by almost 500 GPs.³

Indeed, since 2016, the number of fully-qualified GPs has fallen by 7% to 27,375. In the same period, the number of registered patients has risen to 62 million, representing an increase of over 4 million.⁴

Unsurprisingly we have heard many GPs feel overworked, overstretched, undervalued and at breaking point. Stress and burnout have been cited as key reasons for leaving the profession, and it's reported that an average of 503 people a week leave the NHS due to work-life balance.⁵

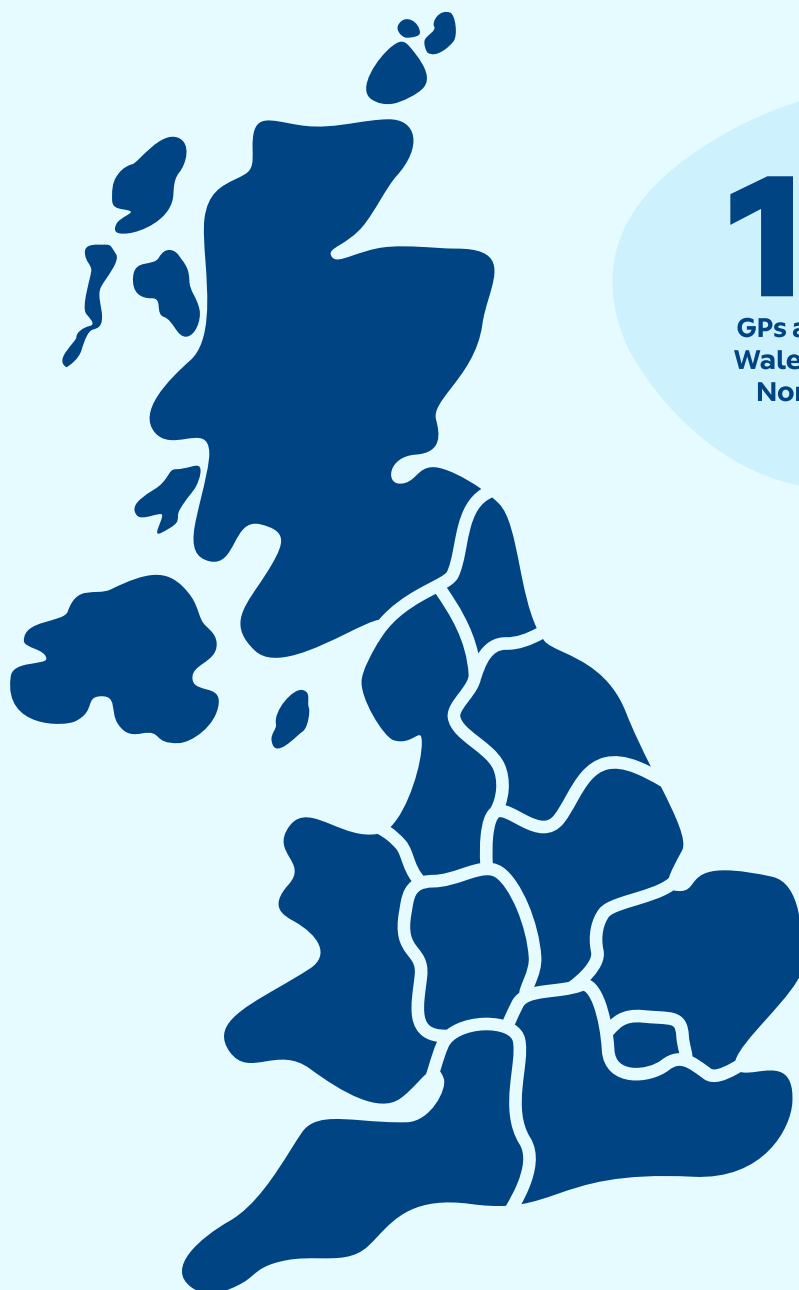
With evidence suggesting that higher burnout levels in GPs is associated with an increased number of patients seen per day, administrative tasks and lack of support, more needs to be done to support the medical minds of doctors.⁶ Without action, it is predicted that the shortage in qualified permanent GPs could reach 8,800 in 2030/1.⁷

Livi commissioned a quantitative survey to find out more about GPs' mental wellbeing, exploring the causes, impacts and what could be improved going forwards. This paper reveals the results and contributes to the growing body of evidence on this subject.

The workforce crisis threatens the future sustainability of the health system. But just as important is the wellbeing crisis that is affecting healthcare professionals. The two go hand in hand. Levels of pressure currently experienced by GPs can no longer be confined to just 'being part of the job'. A better work-life balance for our doctors will be integral to the long-term future of primary care.

Methodology and sample

Our survey gathered responses from 154 GPs working across England, Wales, Scotland and Northern Ireland. Research involved a ten-minute quantitative online survey of questions. Roles surveyed included GP partners/principals, salaried GPs and locum GPs.



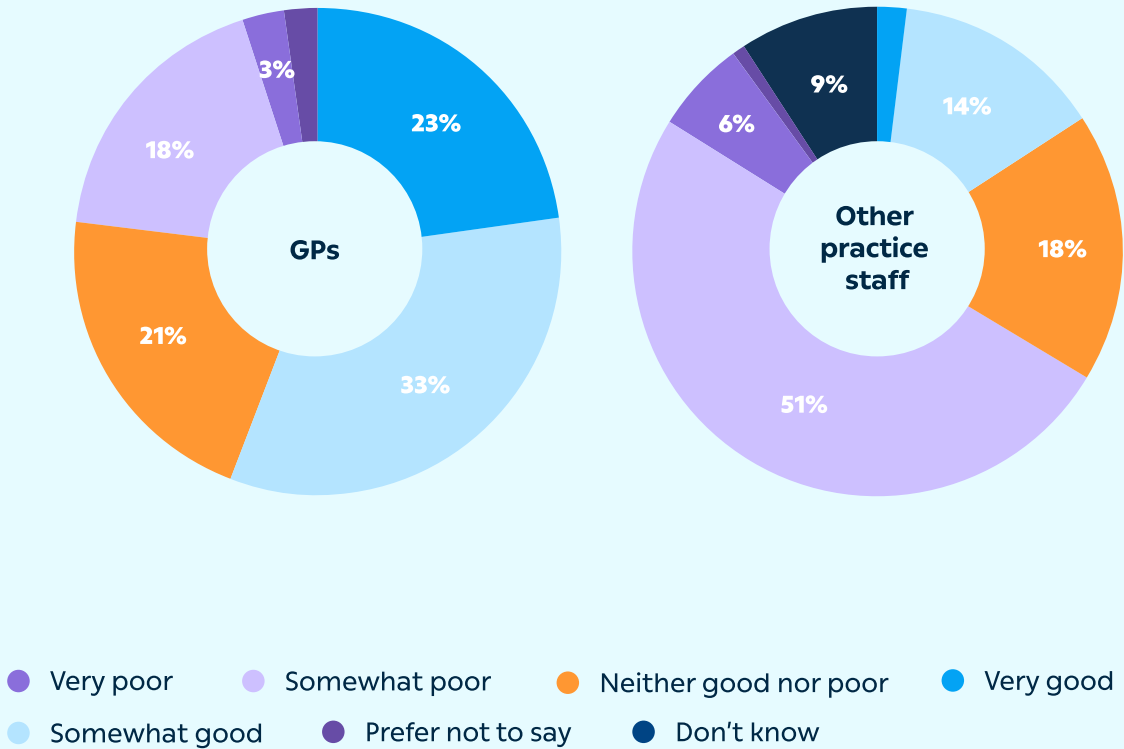
154

GPs across England,
Wales, Scotland and
Northern Ireland

Gauging current mental wellbeing of GPs

In our survey, one in five GPs described their mental wellbeing as poor. When asked about practice colleagues, over half of GPs perceived the mental health of the practice team to be suffering even more.

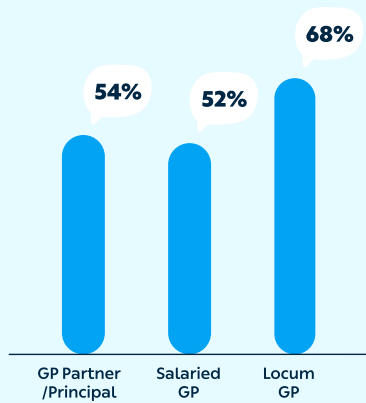
How GPs regard their mental wellbeing and that of practice staff



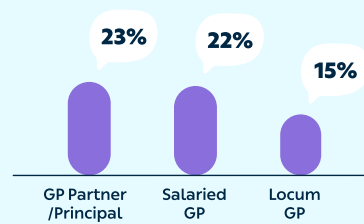
By role, locum GPs were notably more likely to describe their current mental health as good vs other GP roles.

Mental wellbeing by role

Described mental health as somewhat good or very good



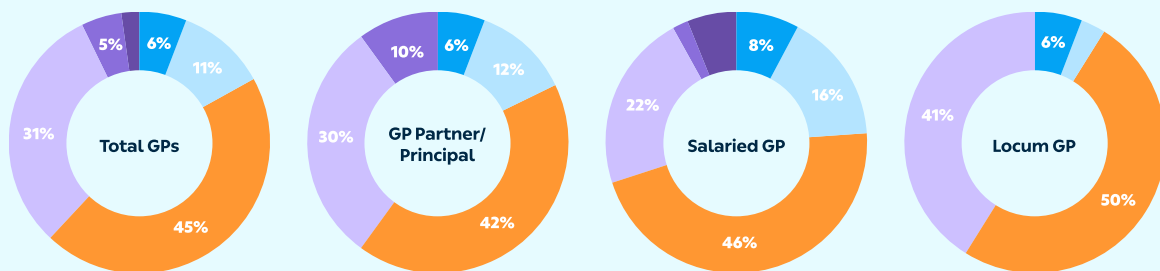
Described mental health as somewhat poor or very poor



Almost a fifth of surveyed GPs said they struggled with their mental wellbeing often or daily. Salaried GPs appeared to be struggling most often at 24%. While only 5% of GPs said they never struggled with their mental health.

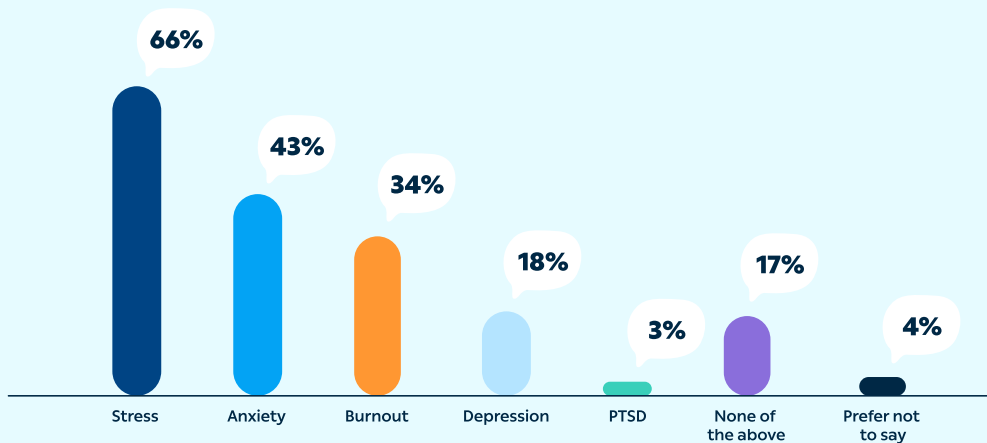
How often GPs struggle with mental wellbeing by role

● Daily
 ● Often
 ● Sometimes
 ● Rarely
 ● Never
 ● Prefer not to say



Over the last two years, GPs had experienced a range of conditions due to work, predominantly stress, anxiety and burnout. Two thirds of GPs reported stress, while one third said they had experienced burnout. Four in five GPs had experienced at least one of the below conditions.

Conditions experienced by GPs as a result of work in the last two years



With regards to burnout, 71% GP partners said it had happened daily or often in the past two years. While 47% and 46% of salaried GPs and locums respectively reported burnout on a similar basis.

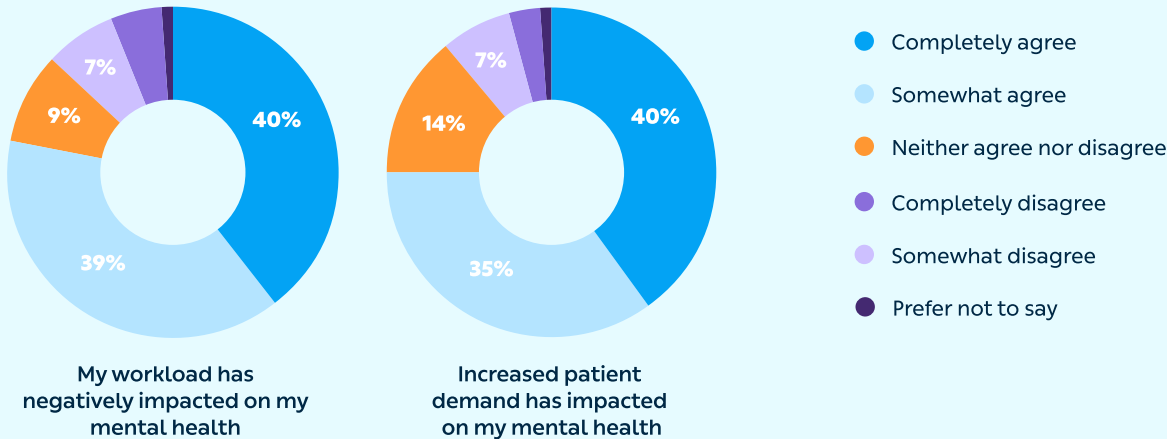
““”

“I often work 12 hour days and then also have to log on at home to be able to manage my workload.”
- Survey respondent

Causes of poor mental wellbeing

We wanted to take a closer look at the factors impacting the mental wellbeing of doctors. Of GPs surveyed, almost 80% said their workload had negatively impacted their mental health. While 75% cited increased patient demand as affecting it also.

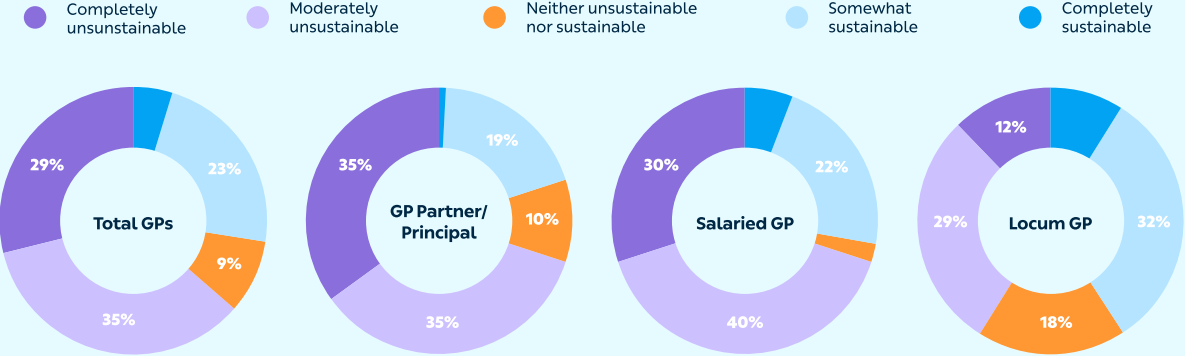
Impacts on mental wellbeing



“”
“My workload has increased and I’m seeing 30 patients a day face to face.”
– Survey respondent

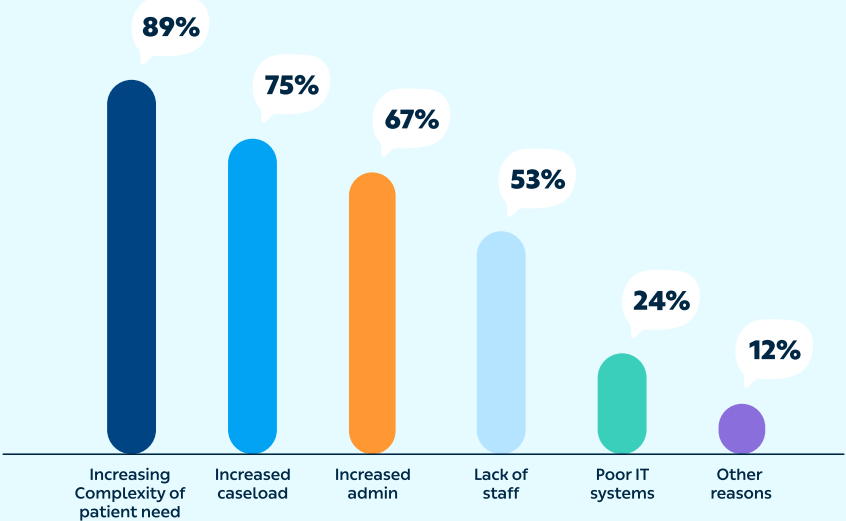
Almost two thirds of GPs considered their workload to be unsustainable. This is particularly true for GP partners/principals and salaried GPs. Conversely, two in five locums regarded their workload to be sustainable.

Sustainability of current workloads by role



On the whole, GPs say that they don't have enough time to spend with their patients. Only 16% say they have enough time, most or all of the time. Multiple factors are contributing to lack of time for GPs also, with increasing complexity of patient needs cited as the biggest driver.

Biggest time pressures in general practice

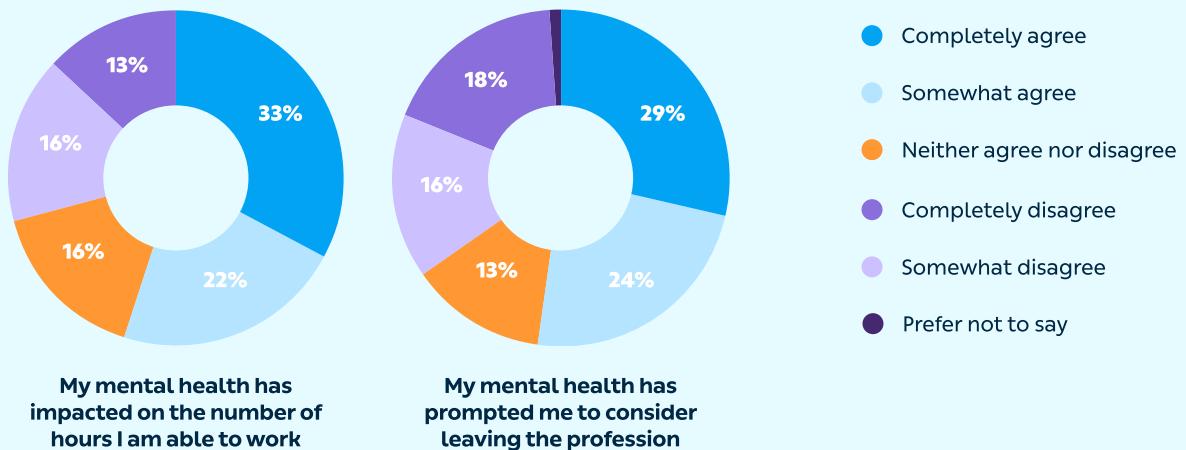


“Patients are having multiple issues and I'm having to sort many within a 10 minute consultation.”
 - Survey respondent

Impacts on professional and personal life

We explored the impacts of poor mental wellbeing on the daily lives of doctors. 5 in 10 respondents believed it had an effect on the number of hours they were able to work. Similarly, half of respondents reported possibly considering leaving the profession due to their mental health.

Impact on working life

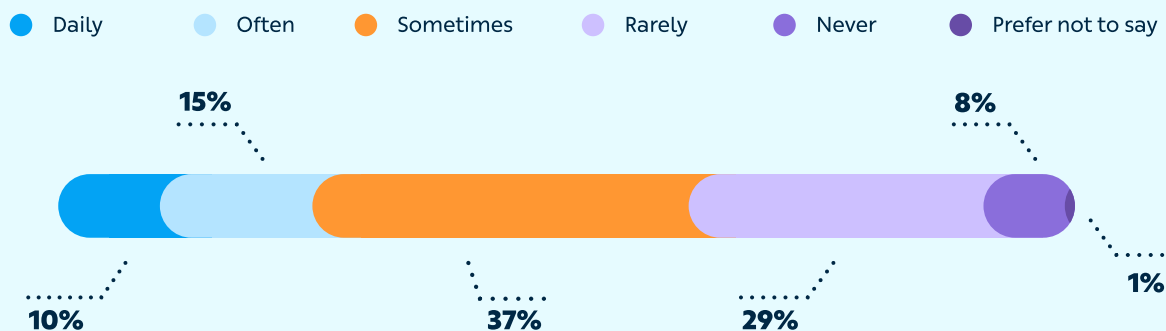


By role, salaried GPs were most likely to agree that their mental health had prompted them to consider leaving at 56%. This decreased slightly in locums (52%) and GP partner/principals (51%).

Locums were more likely to agree that their mental health had impacted the number of hours they were able to work at 76%. While 50% of salaried GPs and 49% of GP partner/principals reported similar impact.

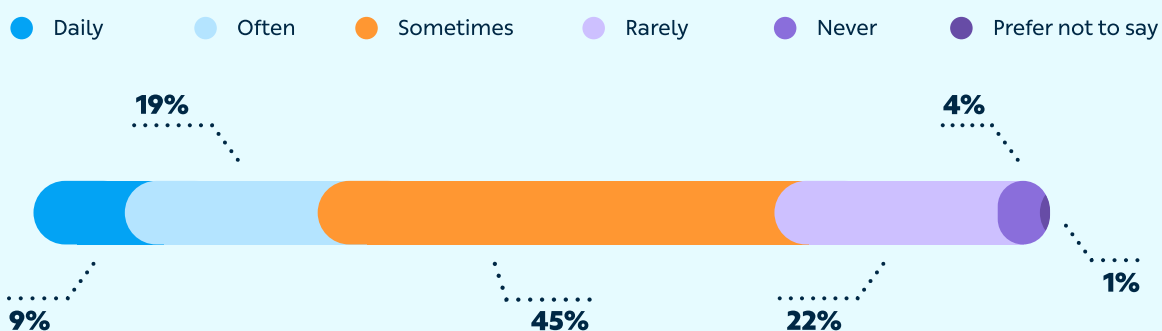
Overall, a quarter of doctors also noted they had felt isolated or unsupported in the workplace on an often or daily basis. Nearly 40% of respondents had sometimes experienced isolation or a lack of support in the working environment.

How often do GPs feel isolated or unsupported in the workplace?



Almost one in ten GPs said their working commitments had left them unable to manage their personal life on a daily basis.

How often have work commitments left GPs unable to manage their personal lives?

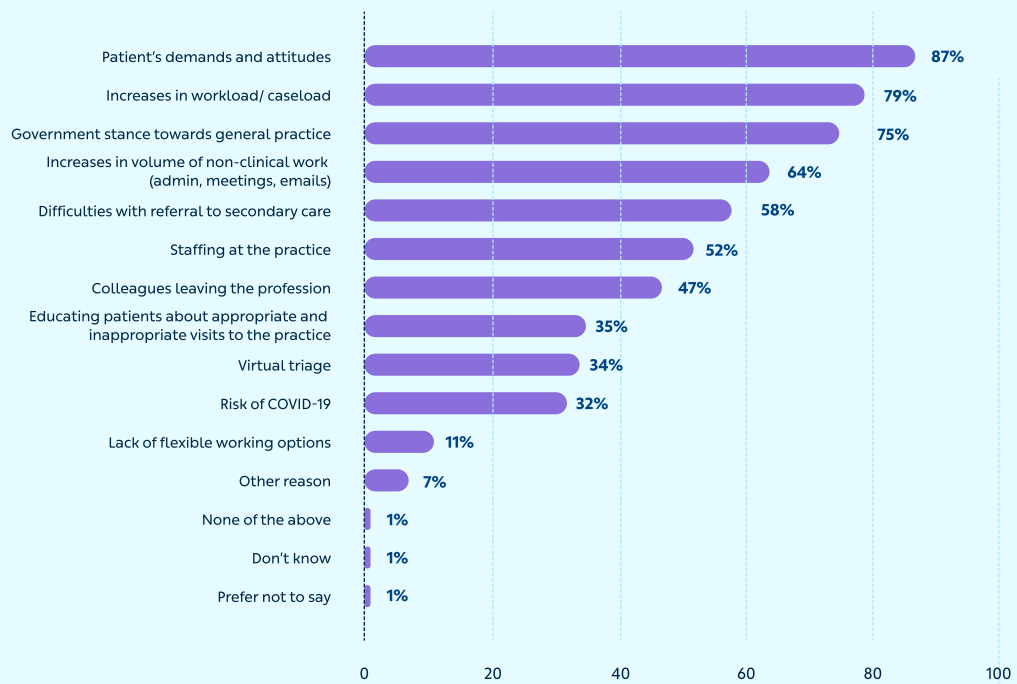


By role, GP partners/principals were more likely to say that their working environment had left them unable to manage their personal life, with one in three experiencing this on an often or daily basis.

Ranking stressors in practice life

We wanted to ascertain the biggest drivers affecting the mental wellbeing of doctors. Overwhelmingly, nearly 9 in 10 GPs cited patient demands and attitudes as the biggest reason. Additionally, rise in caseloads, stance towards general practice and higher volumes of non-clinical work and administration placed second, third and fourth, respectively.

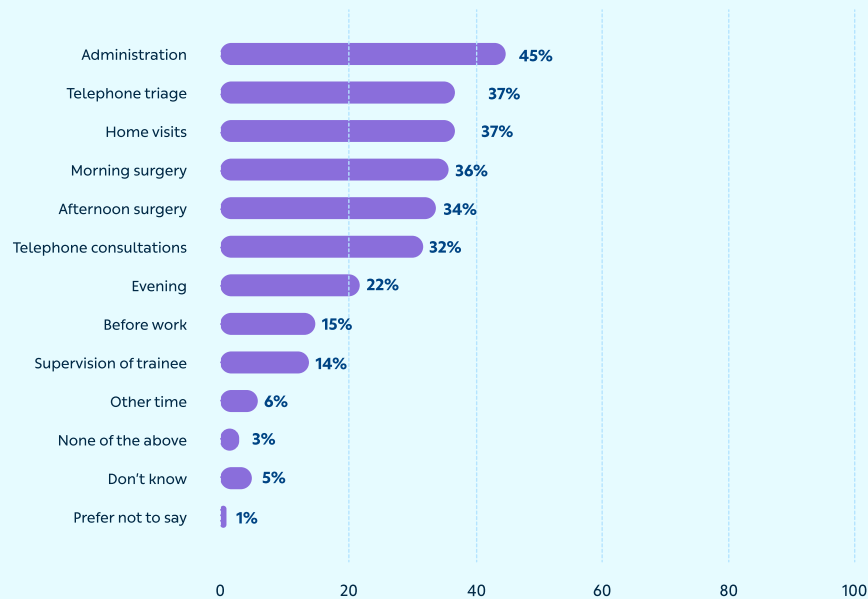
Most detrimental aspects on mental wellbeing



*GPs could select one or more options from the above

We also asked GPs to rank what times of day and elements of practice work they found to be the biggest stressors. Nearly half cited administration as the leading response.

Biggest stressors in practice life



*GPs could select one or more options from the above

“““

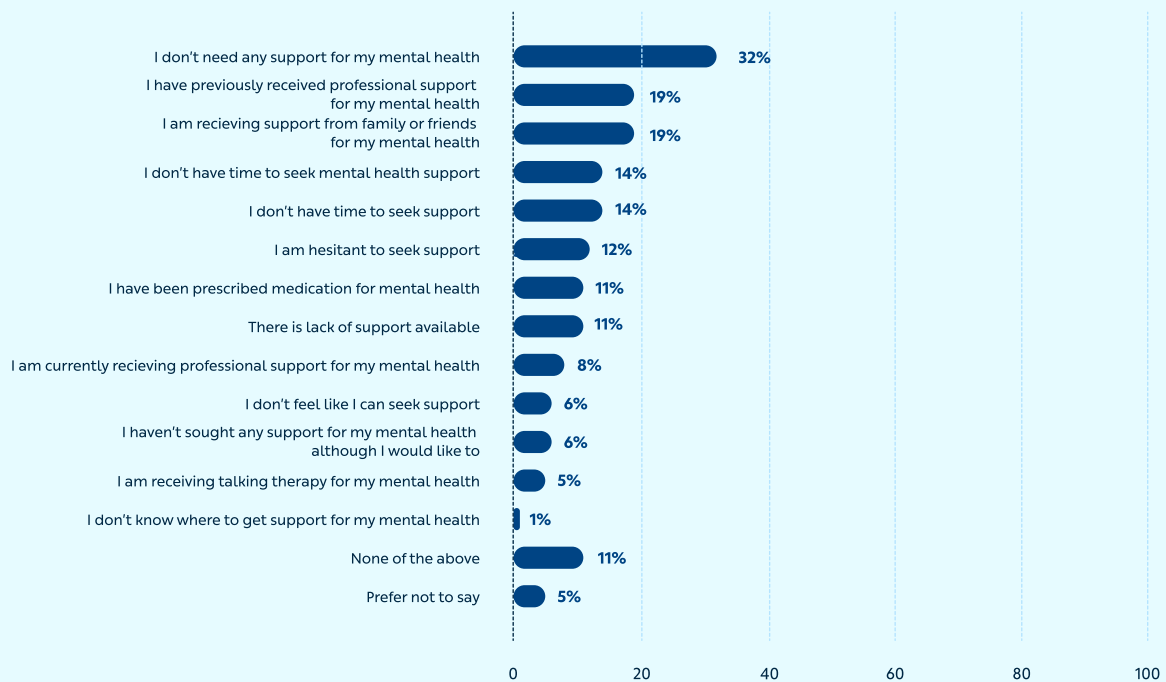
“Patient demand and expectations have escalated to unrealistic levels, particularly given the lack of resources we have and the long wait times for secondary care. Total phone triage has made us much more readily accessible and increased our work load. There is very little sympathy or respect from a lot of patients now and they seem to feel it is acceptable to denigrate you and your profession and your colleagues, with a lack of appreciation. This is wholeheartedly disheartening.”

- Survey respondent

Supporting GP mental wellbeing

We asked GPs whether they had sought support for their mental wellbeing, and their current needs. Only a third say they didn't currently require any support for their mental health while one in ten reported a lack of support available.

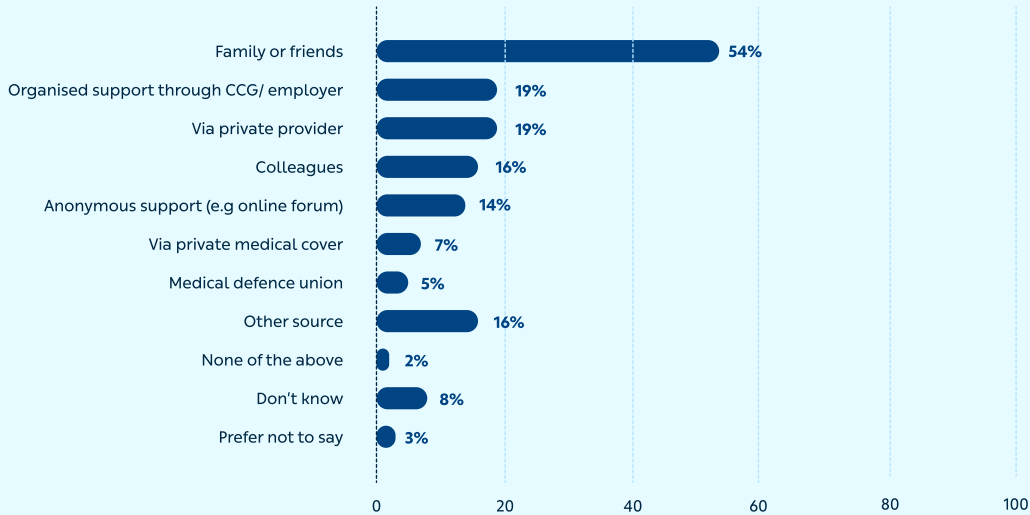
Are GPs currently seeking support?



*GPs could select one or more options from the above

In terms of where GPs would turn to for support, family and friends were noted to be the first port of call for over half of doctors with employer support coming second.

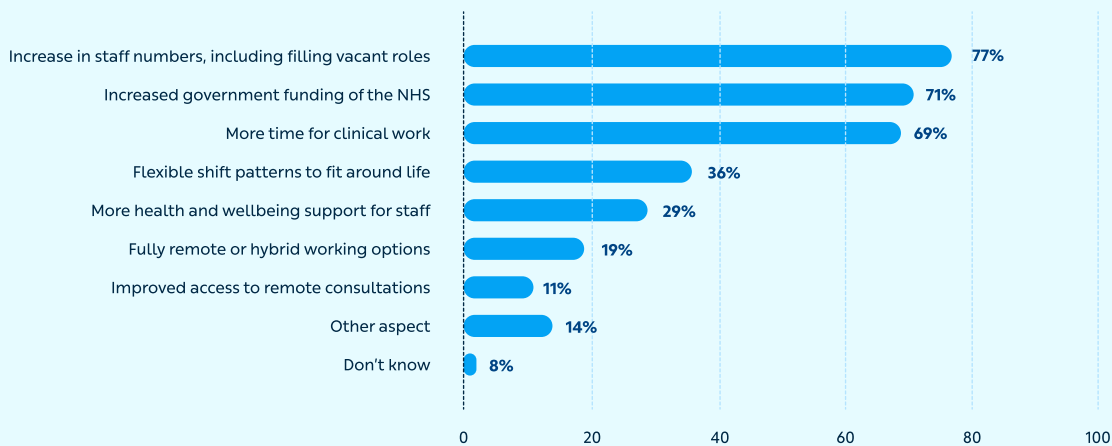
Sources of support



*GPs could select one or more options from the above

We asked GPs what changes could be made to positively impact their health and wellbeing in the future. Nearly 8 in 10 noted additional capacity within practice. Government funding, increased time to focus on clinical work and more flexible working arrangements filled out the remaining top four answers.

What changes could be made to positively impact mental wellbeing



*GPs could select one or more options from the above

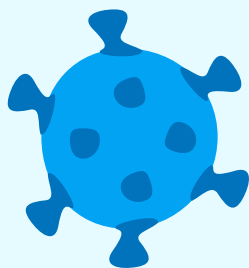
A closer look at experiences in general practice and impacts on mental wellbeing

As part of our research, we asked GPs to expand on their experiences on what had been most detrimental to their mental wellbeing during the last two years. Within our survey, respondents had the option to provide free-text responses, opinions and tell their own personal stories.

Here, we present key themes and issues that GPs highlighted.

Covid and secondary care

A number of GPs cited the continuing pressures of Covid as being most detrimental to their mental wellbeing. There was said to be a continued risk to clinicians and an anxiety "that one can get Covid-19, become critically ill, or socially compromised."



One clinician summarised simply as "Covid and all its consequences." As for those consequences, respondents highlighted how the pandemic had increased secondary care waiting lists and placed extra pressure on primary care. This was a consistent, prevalent theme in our research.

Describing the situation, one GP remarked, "Covid's effects on secondary care mean we as GPs are 'holding' patients who are waiting for specialist input. Hospitals are not seeing patients face-to-face. Any patients contacting the hospital are told see/speak to a GP."

Other GPs also spoke of situations where they were unable to refer onward to secondary care and instances of "refusal of appropriate referrals" as well as "attempts to transfer inappropriate work back."

Patient attitudes

Another source of pressure identified by GPs was changing patient attitudes.

One doctor noted how "threats and shouting from patients to staff are escalating. Far too much to do all the time." Other respondents similarly noted a "patient demand/expectation mismatch" as well as a "consumerist attitude."

This had led to what one doctor described as a "perfect storm of increasing (sometimes unreasonable) demand" and a situation with fewer healthcare professionals available to manage the workload.

External factors

Alongside changing patient attitudes, GPs also noted external factors, in particular, "a lack of support" from both media and government. One respondent spoke of a "get on with it" attitude towards general practice while another similarly noted "political and media interference" which had "destroyed general practice."

Rising patient expectations were said to have been "fuelled" by such external factors, with one doctor describing the situation as "constant GP bashing by government and media making an already crumbling profession feel the pressure much more."

Respondents also gave a variety of opinions regarding media portrayal of general practice with reporting said to be continually negative, false and in some cases, indicative of "gaslighting."



A GP said, "There is a negative media portrayal of doctors sitting around doing nothing, when actually they are working longer hours and harder than ever." As to the impact, another clinician spoke of a "general feeling of being undervalued when I feel I go the extra mile." Other respondents also noted low morale.

Increasing complexity

Within consultations, respondents highlighted increasing complexity of patient cases due to late presentation of disease and patients wanting to discuss more than one issue per consultation.

A GP explained, "Patients are more complex and they have needs that are a challenge to meet and require much more time than before." Some respondents remarked how the re-opening of general practice post-lockdown had precipitated a situation whereby patients wanted to discuss multiple problems in a single consultation and "catch up with all their medical problems."

Patients' mental health was also highlighted as a contributing factor for increasing complexity. A doctor described how they were "seeing more mental health patients who have not yet been seen by mental health." This in turn saw GPs managing increasingly complex issues.

"There's a lack of social care, lack of timely mental health provision, especially for under 18s. Lots more mental health issues and likely more to come with cost of living," summarised a clinician.

The increasing complexity of patient cases was also said to have made managing issues more difficult and lengthened clinic times and working days, with GPs working after hours.

"With increasing patient numbers, complexity of cases and near absence of secondary care provision for most of the pandemic, there have not been sufficient hours in the day for everything that needs to be done," said a GP.

On this theme, another clinician added, "There does not appear to be recognition for the time spent on complex patient care and the degree of workload experienced in primary care."

Respondents explained how the situation had impacted work-life balance and precipitated staff leaving practices. A respondent shared their experience:

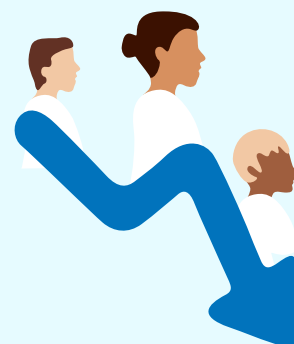
"I was previously a partner and colleagues leaving drove me to also leave and become a locum through fear of a 'last man standing' situation. My work life balance is now better but gradually deteriorating due to complex cases and patients having their healthcare neglected through covid lockdowns."

Workforce

Expectedly, understaffing and departures from practices were said to have had a detrimental impact on the mental wellbeing of respondents and been a "significant issue." Doctors noted colleagues leaving long before retirement age and being unable to recruit more GPs and partners.

"Our senior partner retired at the start of the pandemic...we have been unable to fill his post as no one applied when the partners advertised which has left us all struggling to cope," said one clinician.

While another GP said, "In a small practice, we have lost staff due to them being off sick long term and have struggled to get cover. Other staff have left and we have been unable to replace them. This has left me having to fulfil management positions that I do not want and am untrained for and have no time to do, and much less time for my work as a GP."



Indeed, resource shortages within practice had not only limited capacity but also increased administrative work for GPs. A GP described how staff illness had created a situation where they were "following up more patients in our admin time which therefore means doing admin in our own time." Others added that lack of staff had led "to admin filtering down, e.g. CQC, appraisals."

Some GPs also cited IT as a contributing factor:

"Multiple logins to everything you can imagine. Lack of respect from NHSE and CQC, ridiculous admin from CCG, lack of a health plan, too many chiefs and no IT plan/coordination."

The impacts

GPs shared different experiences regarding negative effects they had experienced in relation to their mental wellbeing.

A clinician said, "At 58 with less than two weeks sick leave in my career I developed severe depression precipitated by work. The increasing unrealistic expectation of patients fuelled by poor management of the healthcare system politically are the main contributing factor."

Another GP noted how constant demand and volume of work had led to mental exhaustion, resentment and ultimately burnout. Others shared similar feelings. One doctor in particular noted a "constant state of drowning" and another described their workload as "just so high that it is impossible, it cannot go on like this for me."

Fatigue and exhaustion were also consistent themes. A clinician explained, "My sleep is bad, my energy level is low. Not able to spend time with family/ friends as I wish." While others highlighted how increased workload and patient demand had impacted their "ability to relax."

Changes to roles

Some doctors explained how they had either departed their practice, switched roles or made changes as a result.

"I've needed to have a few months off for my mental health. I've used Practitioner Health and had to step down from being a partner to a salaried GP. The pressure was unbearable," said one.

Another clinician remarked, "When I encountered challenging personal circumstances I had to retire as a partner to shed some of the unmanageable workload. Life as a salaried GP is much better."

Others spoke of a reduction in session numbers "to be able to cope" and how it "had been huge." One GP of note explained how they had similarly reduced hours but were now worried they would have to increase again due to the cost of living crisis and the possible detrimental impact it could have on their mental health.

Positive impacts were noted regarding changes clinicians had made to their working lives. A GP remarked, "My mental health is good because I totally cut down my clinical work and now predominantly work in medical education. I don't think I would have such good work-life balance and my mental health would not be good if I worked more clinical hours."



Another added, "I am lucky enough to be able to work four sessions a week. I think this is why my mental health is in a good place. When I have done more, the stress of it has had an impact on me and my family. I would like to increase my work sessions, but not in what I do in general practice as it is too intense. I rarely work my contracted hours and go over and above that."

Other respondents noted how they had adopted a portfolio career or were working a mixture of private and NHS appointments, highlighting manageable workloads. This stands in stark contrast to a large proportion of respondents who shared experiences of working excessive hours and struggling to finish work within the allocated time which often meant staying late or starting early.

Changes suggested by GPs

Finally, we asked GPs what changes they think would positively impact their health and wellbeing in the future. Responses included a reduction in secondary care waits, capped patient contacts per day and an overall decrease in demand. GPs also called for external support and "more recognition of the work we do from the government, media and secondary care."

One GP in particular noted a need for government to "accept the reality of what can be offered in primary care and not ask for more access without correct foundations including workforce, money and infrastructure." Clinicians also identified positive press to prevent "media blame" and "false information about access" to facilitate more realistic patient and public attitudes.

In terms of the health system itself, a respondent suggested a need to "remodel the health service on successful competent European models." Other doctors called for improved pay conditions, pension and reduced admin.

One respondent recommended more mental health support for patients. This was said to be "terribly lacking, thus putting lots more pressures on GPs and other health services." While another GP called for more mental health support for doctors and staff working in general practice, asking for "proper counsellors and not just for a few sessions."



Core Recommendations

Results collected from our survey and changes suggested by GP respondents point to some potential action areas for improvement.

Here, we present 7 core recommendations.

1. Acknowledge the reality of the crisis

We need to acknowledge the fact that there are simply fewer GPs working in clinical medicine and the system today. However, short-term planning to bring more GPs into the system is not realistic and will not address the underlying issue. Instead, we must look proactively as to how existing models can adapt.

The system must first focus on retaining the existing GP workforce, and at the same time, look at alternate clinician types to fill existing gaps. And we must continue to ensure GPs are only dealing with patients who require their expertise by triaging all calls coming through.

2. Change the narrative

Part of accepting the problem will be facilitating a wider cultural shift and change in narrative. Better media coverage for GPs and recognition of clinician burnout from government are some ways to raise low morale of the GP workforce.

Alongside this, setting patient expectations will be key. Media campaigns and better patient-facing information can help inform patients of the best port of call and what service is best for them. For example, a public information initiative that sets out how and when people should access primary care detailing the full range of options available.



3. Improve ways of working

Providing more flexibility to GPs in terms of working patterns including the ability to work from home and family-friendly hours are all ways to improve wellbeing and work-life balance. Additionally, setting a realistic, nationalised working standard with all stakeholder involvement for the number of patient contacts per day as well as administrative requirements could also help address current levels of burnout.

4. Provide more support for GPs

As shown by data presented in this paper, there is a clear need for more support for GPs. Some possible approaches could include clinical mentoring programmes to minimise isolation in the workplace as well as training to build resilience. Mental health support must not only be made easier to access, but also more comprehensive. In addition, we must look at ways we can identify potential signs of burnout earlier and proactively address it before it's too late.

5. Enable GPs to focus on patient care

Too much admin is currently a major distraction and drain on a clinical workforce that is already stretched. Using technology to automate tasks and for scaled back-office support functions could enable primary care teams to focus on what matters most – patient care. Where demand does become overwhelming, technology also can offer built-in resilience, providing easy and immediate access to additional clinical resource where there are staff shortages or illness on a given day.

6. Simplify bureaucracy

From a system-wide perspective, we can also enable this focus by simplifying bureaucracy and looking at ways we can make the daily work and jobs of GPs easier through better technology.

Rather than adopting quick fixes, gadgets or gizmos, we must update outdated tech for the long term, make systems work better together and boost communication across the system. Right now, a simple referral or care follow up becomes far too complicated when it should be simple. The knock-on effect all adds up and contributes to the already busy workloads of clinicians today.

7. Supporting population health management

Finally, truly 'getting technology right' will mean facilitating a long-term preventive, population health approach across the health system. This remains the true prize in healthcare. Increasing automation and adoption of smart data can support a reduction in chronic disease burden. While leveraging technology to develop better links with secondary care colleagues can enable GPs to care for early discharge and chronic disease patients in the community.

Conclusion

Our survey paints a stark picture of the current mindset of GPs and factors impacting mental wellbeing. With one in five GPs describing their mental state as poor and half describing that of practice colleagues similarly, our research reveals the scale of the wellbeing challenge facing the health system and policy makers.

Partners and salaried GPs were affected most and expectedly, key drivers for poor mental wellbeing related to increases in workload alongside patient attitudes and stance towards general practice. Current workloads were largely described as unsustainable by respondents with increasing complexity of patient cases said to be the primary source of time pressure.

In the past two years, doctors had experienced a range of conditions such as stress, anxiety, depression, PTSD and burnout. Concerningly, only 3 in 10 GPs said they did not require mental health support. On this point, some GPs cited lack of time or hesitancy to seeking assistance, while others noted a lack of support available.

With many GPs leaving their profession for these reasons, the workforce and wellbeing crises are inextricably linked. The future sustainability of primary care will require concerted action on both fronts. Looking ahead, adopting new ways of working, shifting the public's perception of GPs, changing external narratives and simply providing more support will be essential. Alongside this, technology can help to streamline ways of working and facilitate a population health approach to drive better outcomes for all.

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