

Greater Manchester Primary Care Workforce Project (GMWF)

Report for Work Package 2B:
A GM-focused extract of the national
GP Worklife Survey (GPWLS)



Working in collaboration with:

**Greater
Manchester
Health and
Social Care
Partnership**



The 10 Clinical Commissioning Groups across Greater Manchester

Authors

Ferguson J, Gibson J, Nelson PA & Hodgson D
NIHR CLAHRC Greater Manchester
University of Manchester

<https://www.clahrc-gm.nihr.ac.uk/media/Resources/OHC/GMWF%20Report%20for%20Work%20Package%20B%20Final.pdf>

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1. Background

The National GP Worklife Survey (GPWLS) is a national survey of GPs in England, which has been undertaken nine times since 1999. The survey focuses upon GPs' experiences of their working lives, asking questions about:

- satisfaction with various aspects of their work (including physical working conditions, remuneration, variety, and ability to use their skills);
- sources of pressure at work (including resource pressures, demands from a variety of sources, and workload);
- overall experience of their work (including complexity and need to work quickly); and
- future working intentions (including intentions to increase or decrease working hours and to quit practice).

Between October and December 2017 a questionnaire was distributed to two national samples as part of the ninth GPWLS, including 4,000 randomly-sampled GPs (cross-sectional sample) and 2,316 GPs who had replied to the 2015 survey (longitudinal sample). From the national cross-sectional sample, responses were obtained from 996 GPs (25.2% of 3953) and from the national longitudinal sample, responses were obtained from 1199 GPs (52.6% of 2280).

The full report can be found at the link:

<http://blogs.lshtm.ac.uk/prucomm/files/2018/05/Ninth-National-GP-Worklife-Survey.pdf>

2. Boosted sample of GPs in GM

As part of the NIHR CLAHRC Greater Manchester (GM) Primary Care Workforce study, the sample of GPs targeted was boosted to include all GPs in Greater Manchester (GM). The aim of the boosted sample was to compare the work-life experience of GPs in GM to that of GPs in the rest of England, and to provide an estimate of the number of GM-based GPs intending to leave their posts in the next five years.

3. Methods

GPs were sampled from the egpcur list (electronic list of current GP Practitioners in England and Wales, NHS Prescription Services). A questionnaire was sent to all GPs in each of the 10 CCG areas in GM in 2017. Three hundred and fourteen

GPs were already sampled as part of the national sample and a further 1601 GPs were sent a questionnaire as part of the GM boost (1915 GPs in total).

Responses to 48 questionnaire items from the GPWLS were analysed using descriptive and inferential statistics. For items measured on a Likert response scale, mean values were estimated for the English cross-sectional and the GM samples and the difference between the sample means calculated. To illustrate the magnitude of difference between the English and GM samples, measures of statistical significance of the difference were conducted and, where a difference was significant, the percentage difference between those scoring the item highly between the two samples was calculated.

4. Findings

Responses were received from 18.8% of the GM GPs targeted (see Table 1 below). This is a lower response rate than for the national cross-sectional and longitudinal samples (25.2% and 52.6% respectively), and therefore may not be representative of the wider GP population in GM. The gender profile between the two samples was similar; however, respondents in the GM sample were slightly younger than those in the national sample (further detail on the differences in age profile between the two samples is presented in Figure 1 and Table 4 below).

Table 1 Number of GP respondents to the GM boosted sample by CCG area

CCG Code	CCG	Sent Questionnaires	Responses	Response Rate
00T	NHS Bolton CCG	209	39	19%
00V	NHS Bury CCG	126	23	18%
00W	NHS Central Manchester CCG†	147	24	16%
01D	NHS Heywood, Middleton and Rochdale CCG	149	30	20%
01M	NHS North Manchester CCG†	128	19	15%
00Y	NHS Oldham CCG	158	20	13%
01G	NHS Salford CCG	178	43	24%
01N	NHS South Manchester CCG†	119	21	18%
01W	NHS Stockport CCG	210	50	24%
01Y	NHS Tameside and Glossop CCG	150	29	19%
02A	NHS Trafford CCG	149	35	23%
02H	NHS Wigan Borough CCG	192	27	14%
Total		1915	360	19%

†Manchester North, Central and South CCGs are treated separately here as they had not yet merged to form Manchester Health and Care Commissioning (MHCC) at the time of analysis.

Comparison of regional and national findings

Eight of the 48 questionnaire items were significantly different between the GM and the cross-sectional English sample. Significantly different items are presented in Tables 2 and 3 highlighted in bold text in Appendix 1. An important caveat is that the low response from GM-based GPs indicates that the sample may not be representative of the wider GM GP population and the results should be interpreted with caution. Significant differences between the GM and national samples are summarised under four points below;

1. GM GPs reported greater satisfaction with their hours of work as well as having greater flexibility and less pressure from long working hours than the overall national sample.

- A slightly higher percentage of GM GPs reported satisfaction with their working hours in comparison to the national sample and GM GPs were 7% more likely to agree that their work was flexible. A lower percentage (3.5% less) of GM GPs reported experiencing high or considerable pressure because of long working hours than in the national sample.

2. GM GPs reported being more worried about patient complaints and litigation in comparison to the national sample.

- Sixty one percent of GM GPs reported experiencing high or considerable pressure due to worry about patient litigation, which was almost 8% more than the wider English sample.

3. In terms of job characteristics, compared to the national sample GM GPs were somewhat less likely to agree that their work provided a variety of interesting things and were marginally less likely to agree that they received clear feedback about how well they were doing their job.

- Just over three quarters of GM GPs agreed or strongly agreed that their work provided them with a variety of interesting things, which was 4.49% less than the overall English sample. Only 23% of GM GPs agreed or strongly agreed that they received clear feedback about how to do their job, which was 3% less than the wider sample.

4. GPs from the GM sample overall reported being less likely to leave direct patient care and less likely to leave medical work entirely in the next five years than the national sample.

- With regard to making changes to working life in the next five years, almost 30% of GM GPs reported a considerable or high likelihood of leaving the medical profession completely, which was nearly 8% less than the overall sample; 34% reported a considerable or high likelihood of leaving direct patient care, which was 6% less than the national sample. (Differences in intentions to leave in part reflect the difference in age profile between the samples. A more in-depth analysis of intentions to leave (Figure 1 and Table 4 below) reveals slight differences between the age categories.

The eight significantly different items are detailed alongside their associated scores (mean scores from the Likert response scales) in Table 2 below and in Appendix 1.

Table 2 Significantly different questionnaire items and associated scores

Questionnaire item	England	GM
1. Your hours of work	Neither satisfied or dissatisfied 3.566	Neither satisfied or dissatisfied 3.783
2. Worrying about patient complaints/litigation	Considerable pressure 3.628	Considerable pressure 3.789
3. Long working hours	Considerable pressure 4.112	Considerable pressure 3.983
4. My working time can be flexible	Neutral 2.914	Neutral 3.043
5. My job provides me with a variety of interesting things	Agree 3.934	Agree 3.819
6. I get clear feedback about how well I am doing my job	Neutral 2.886	Neutral 2.761
7. Leave direct patient care within five years?	Moderate 2.944	Moderate 2.727
8. Leave medical work entirely within five years?	Moderate 2.773	Slight/Moderate 2.467

To further explore the degree of difference between responses from GM GPs and the wider sample, the proportions of respondents selecting either of the top two Likert responses were compared for these eight questionnaire items. The results are detailed in Table 3 below (also see Appendix 2). The greatest degree of difference between national responses and GM GP responses can be seen in responses related to worry about patient complaints/litigation, flexibility of working time and intention to leave medical work.

Table 3 Percentage difference between high scores

Questionnaire item	Measure	England	GM	%Difference
1. Your hours of work	% Extremely satisfied (6-7)	17.05	20.00	-2.95
2. Worrying about patient complaints/litigation	% High or Considerable pressure	53.50	61.43	-7.93
3. Long working hours	% High or Considerable pressure	73.53	70.00	3.53
4. My working time can be flexible	% Strongly agree or Agree	35.51	42.86	-7.35
5. My job provides me with a variety of interesting things	% Strongly agree or Agree	79.85	75.36	4.49
6. I get clear feedback about how well I am doing my job	% Strongly agree or Agree	26.02	22.99	3.03
7. Leave direct patient care within five years?	% Considerable or High likelihood	40.05	34.10	5.95
8. Leave medical work entirely within five years?	% Considerable or High likelihood	37.06	29.10	7.96

Mean ages of the two samples were compared. GPs in the national sample were found to be older by an average of 2.2 years (mean = 49.6 years SD = 8.6) than GPs in the GM sample (mean = 47.4 years, SD = 8.9) (see Figure 1 below).

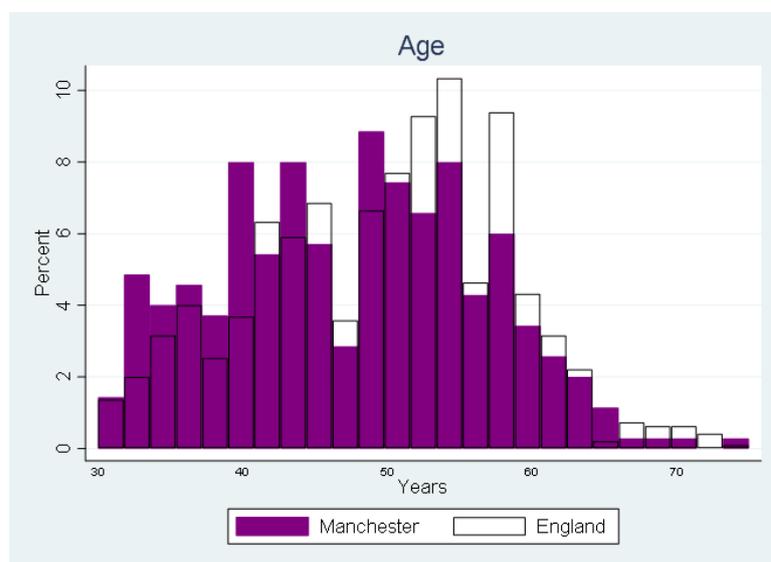


Figure 1 Respondent ages by group

Intention to leave direct medical care or medical work entirely in the next five years was further explored by looking at responses within age bands and comparing the two groups (see Table 4 below). The likelihood of leaving medical work or direct patient care was unsurprisingly related to age, with older GPs in both samples reporting increased likelihood of leaving within five years. In relation to leaving medical work entirely however, GM GPs in the 60-64 and 65-69 age bands were less likely to report intention to leave in comparison to the national sample. In

relation to leaving direct patient care, GPs in GM aged 60-64 were also less likely to report considerable or high likelihood of leaving in comparison to similarly aged GPs nationally. The reverse scenario was seen for GPs in the 65-69 age range however, where GM GPs were more likely than their national counterparts to report intentions to leave direct patient care.

Table 4 Intentions to leave and age group

Age	Respondents		% Considerable/High likelihood			
			Leave direct patient care		Leave medical work entirely	
	England	GM	England	GM	England	GM
< 50	437	201	13.96	13.43	8.47	7.46
50-59	418	119	58.13	58.82	56.7	56.30
60-64	66	22	87.88	72.73	86.36	68.18
65-69	15	6	73.33	83.33	80.00	66.67
70+	44	11	84.62	90.91	86.54	90.91

5. Conclusion

In summary, findings suggest that in terms of experiences of their working lives, including job satisfaction, pressures at work, job characteristics and future work intentions, the findings in the GM sample are similar to the national picture.

There were no significant differences between the GM and English scores for the majority of items on the GPWLS. Differences could be discerned for eight items, although the degree of difference was not great (between 3% and 8%).

The key differences were as follows;

1. GM GPs reported greater satisfaction with their hours of work as well as having greater flexibility and less pressure from long working hours than the overall national sample.
2. GM GPs reported being more worried about patient complaints and litigation in comparison to the national sample.
3. In terms of job characteristics, compared to the national sample GM GPs were somewhat less likely to agree that their work provided a variety of interesting things and were marginally less likely to agree that they received clear feedback about how well they were doing their job.
4. GPs from the GM sample overall reported being less likely to leave direct patient care and less likely to leave medical work entirely in the next five years than the national sample; however, GM GPs were more likely to be younger than the national sample.

However, response rates for the GM sample were low and may not be representative of views among the wider GP workforce in GM. Consequently, findings should be interpreted with caution.

Appendix 1

Significant differences are indicated in bold text with an asterisk (*)

Table 5 Job satisfaction

Please indicate how satisfied you are with each of the following aspects of your job by ticking the appropriate box.

	England	GM	Difference	Standard Error	P value
Physical working conditions	5.172	5.068	-0.104	0.092	0.258
Freedom to choose your own method of working	4.728	4.871	0.143	0.087	0.099
Your colleagues and fellow workers	5.716	5.706	-0.010	0.075	0.895
Recognition you get for good work	4.375	4.341	-0.034	0.100	0.732
Amount of responsibility you are given	4.784	4.680	-0.104	0.103	0.312
Your remuneration	4.225	4.403	0.178	0.105	0.089
Opportunity to use your abilities	4.920	4.917	-0.003	0.088	0.973
Your hours of work	3.566	3.783	0.217	0.109	0.046
Amount of variety in your job	5.109	5.006	-0.103	0.086	0.229
Taking everything into consideration, how do you feel about your job?	4.253	4.191	-0.062	0.094	0.510

Response scale: 1 Extremely dissatisfied 7 Extremely satisfied

*=p<.05, **=p<.01, ***=p<.001

*

Table 6 Pressures at work

Please rate the following factors according to how much pressure you experience from each in your job.

	England	GM	Difference	Standard Error	P value
Increased demands from patients	4.285	4.300	0.015	0.047	0.752
Dealing with problem patients	3.971	4.063	0.092	0.055	0.097
Dealing with earlier discharges from hospital	3.891	3.880	-0.011	0.058	0.845
Worrying about patient complaints/litigation	3.628	3.789	0.161	0.066	0.015 *
Having insufficient time to do justice to the job	4.369	4.414	0.044	0.049	0.365
Interruptions by emergency calls during surgery	3.209	3.272	0.063	0.068	0.353
Unrealistically high expectation of role by others	3.775	3.774	-0.002	0.066	0.980
Insufficient resources within the practice	3.681	3.600	-0.081	0.070	0.248
Long working hours	4.112	3.983	-0.129	0.063	0.042 *
Paperwork	4.312	4.331	0.019	0.053	0.720
Changes to meet requirements from external bodies (e.g. CQC, NHS England,	4.298	4.257	-0.041	0.056	0.465
Meeting requirements for quality-linked payments (e.g. QOF)	3.747	3.834	0.087	0.063	0.163
Finding a locum	2.980	3.060	0.080	0.083	0.333
Adverse publicity by the media	3.564	3.580	0.016	0.075	0.829
Increasing workloads	4.576	4.581	0.005	0.045	0.903

Response scale: 1 No pressure, 2 Slight pressure, 3 Moderate pressure, 4 Considerable pressure, 5 High pressure

*=p<.05, **=p<.01, ***=p<.001

Table 7 Job characteristics

Please indicate the extent to which you agree or disagree with the following statements.

	England	GM	Difference	Standard Error	P value	
I have a choice in deciding how I do my job	3.314	3.355	0.041	0.062	0.512	
I have a choice in deciding what I do at work	2.972	3.023	0.051	0.062	0.409	
My working time can be flexible	2.914	3.043	0.129	0.065	0.048	*
My job provides me with a variety of interesting things	3.934	3.819	-0.114	0.052	0.027	*
I have to work very fast	4.361	4.348	-0.014	0.046	0.766	
I have to work very intensively	4.598	4.587	-0.011	0.037	0.764	
The patients I see are presenting with increasingly complex care needs	4.771	4.774	0.002	0.029	0.932	
I am involved in deciding on the changes introduced that affect my work	3.209	3.230	0.021	0.073	0.774	
I always know what my work responsibilities are	3.724	3.719	-0.004	0.054	0.936	
I am consulted about changes that affect my work	2.995	3.014	0.020	0.073	0.788	
I do not have time to carry out all my work	4.154	4.166	0.011	0.058	0.843	
I get clear feedback about how well I am doing my job	2.886	2.761	-0.124	0.058	0.032	*
Relationships at work are strained	2.546	2.527	-0.019	0.070	0.789	
I can decide on my own how to go about doing my work	3.025	3.109	0.084	0.058	0.149	
Changes to my job in the last year have led to better patient care	2.370	2.446	0.076	0.061	0.210	
I am required to do unimportant tasks which prevent me completing more important ones	4.097	4.088	-0.009	0.058	0.873	
My patients trust my generalist professional skills	4.200	4.182	-0.018	0.040	0.651	
Quality-linked payment schemes (e.g. QOF) promote good quality care for my patients	2.977	3.000	0.023	0.061	0.708	

Response scale: 1 Strongly disagree, 2 Disagree, 3 Neutral, 4 Agree, 5 Strongly agree

*=p<.05, **=p<.01, ***=p<.001

Table 8 Changes to work

What is the likelihood that you will make the following changes in your work life?

	England	GM	Difference	Standard Error	P value
Increase your work hours within five years?	1.463	1.493	0.030	0.060	0.620
Reduce your work hours within five years?	3.565	3.433	-0.131	0.090	0.144
Continue with medical work but outside the UK within five years?	1.636	1.652	0.016	0.065	0.802
Leave direct patient care within five years?	2.944	2.727	-0.217	0.094	0.021 *
Leave medical work entirely within five years?	2.773	2.467	-0.306	0.095	0.001 **

Response scale: 1 None, 2 Slight, 3 Moderate, 4 Considerable, 5 High

*=p<.05, **=p<.01, ***=p<.001

Appendix 2

The figures below indicate the differences between GM and English scores.



Figure 2 Hours of work



Figure 3 Worry about complaints/litigation

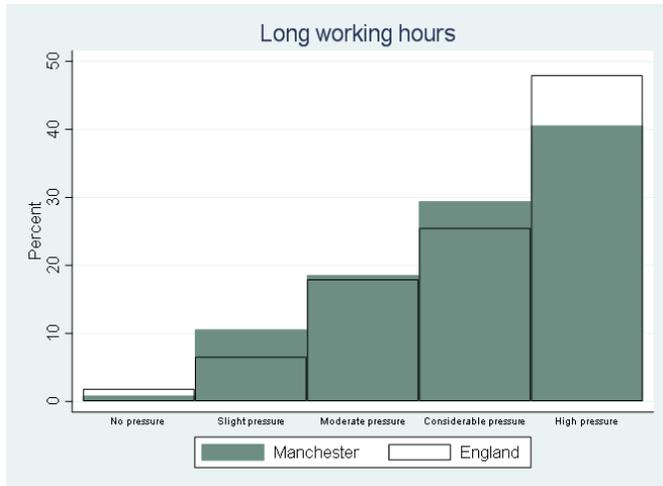


Figure 4 Long working hours

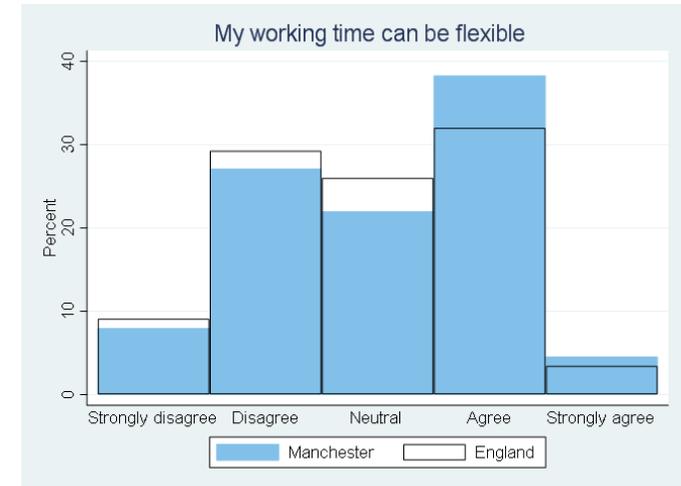


Figure 5 Flexibility of work time

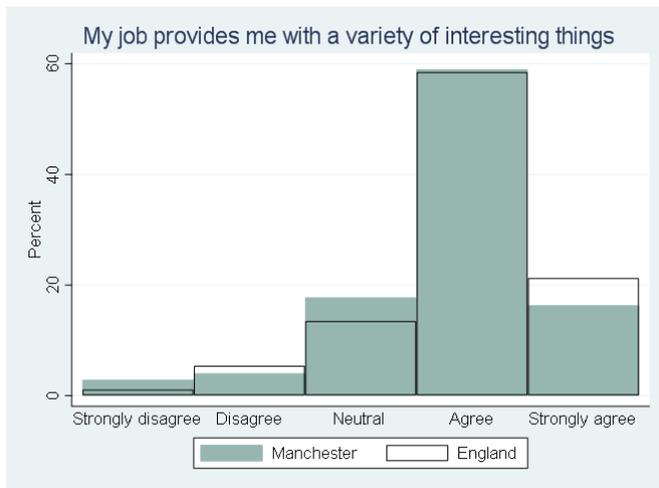


Figure 6 Variety and interest

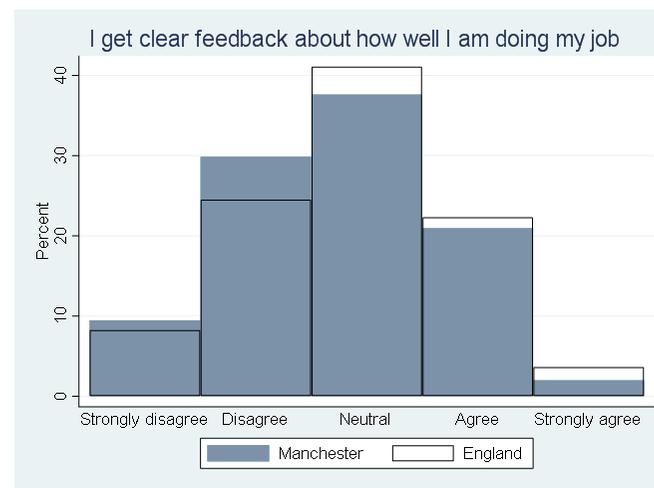


Figure 7 Clear feedback

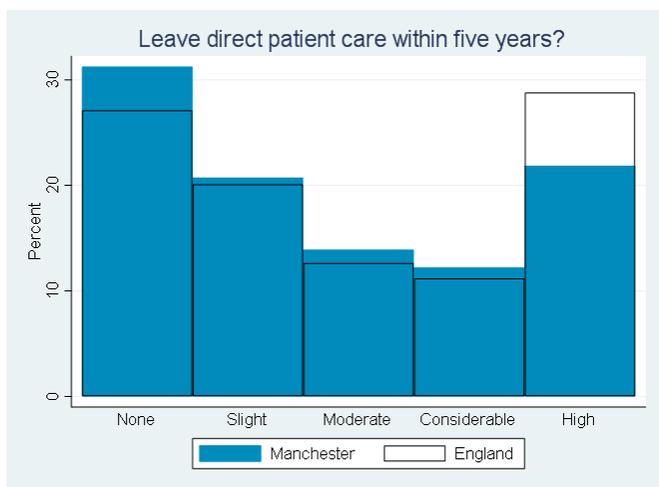


Figure 8 Leave direct patient care

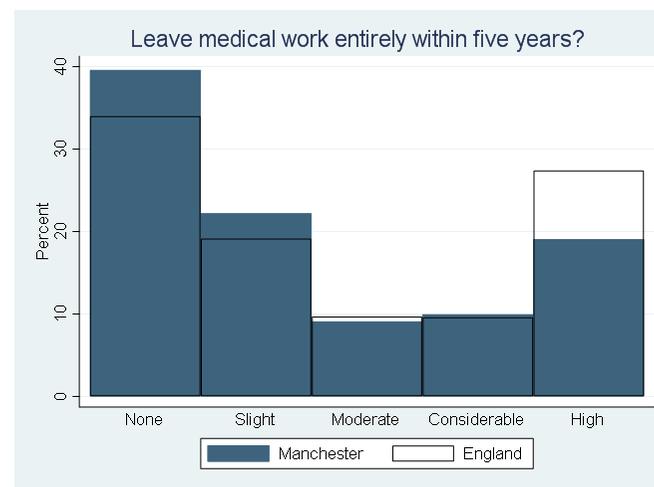


Figure 9 Leave medical work entirely

For more information, please contact Susan Howard (Susan.Howard@srft.nhs.uk)

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The information in this report/brochure is correct at the time of printing.