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The professional voice of London general practice

General Practitioners and mental health and well-being

At the halfway point in our series of mental well being masterclasses, workshop partner and PHP founder Dr Clare Gerada says the key challenge facing the NHS is GP retention as many leave the profession after burning out and experiencing anxiety and depression.

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An important factor in GPs leaving the NHS early - either through early retirement, emigration or due to ill health - is untreated burnout, leading to poor mental health (mainly anxiety and depression), occasionally problems with addiction and, in some cases, suicide. As figures for all of these conditions are not nationally collected estimations can be made through examining survey data (with its limitations of sample sizes, bias in responding and so forth), treatment data, such as that from PHP, and data for other sources, such as the GMC recent suicide report.

Further evidence is available: the latest BMA national survey on workload and job satisfaction (2014 – it’s sixteenth) identified the lowest levels of job satisfaction since 2004; the University of Manchester‘s Work-Life Survey (2012 – it’s seventh since 1998) shows worrying trends with respect to job satisfaction and intention to leave the profession; and Pulse Newspaper’s GP burnout awareness campaign commissioned a survey of over 2000 GPs in 2015 and found that over 50% (using a validated instrument) met criteria for burn-out, up from 46% the 2013 survey.

It is not only general practitioners who are suffering. Other specialties, particularly junior hospital doctors, are reporting significant levels of work related stress. A members survey carried out by the Medical Protection Society (MPS) found over 80% of doctors were affected by mental health issues, with 13% having had suicidal feelings. They concluded that rising patient expectations and fewer resources contributed to doctors’ mental ill-health.

The causes of ill health relate to increasing demands and complexity of patients, coupled with decreasing funding and resources. Add to that the increasing levels of bureaucracy and scrutiny that GPs are exposed to and the additional burden of CQC Inspections and it is clear that the factors causing ill health are not randomly distributed. Practices in poorer, less affluent areas are suffering greater levels of professional ill health and reductions in funding than practices in more affluent areas; perpetuating the inverse care law.

Current core GP funding does not recognise deprivation, which helps explain why 20% of the 98 practices worst affected by the removal of the Minimum Practice Income Guarantee (MPIG) are in areas of severe deprivation, such as Tower Hamlets, one of the most deprived areas of Britain, thought to have been underfunded by 33% because the new formula to determine GP income allocation fails to recognize how deprivation affects GP workload.

To say there is an urgent need to address the recruitment and retention of general practitioners is an understatement. Without GPs doing their job a front end of the NHS, the NHS will rapidly become unsustainable.

Simon Stevens in his recent pronouncements has signaled the special needs of GPs and the importance of preventing burn out. He has indicated that he wants each CCG area to implement a physician health service, offering confidential help to doctors in distress (similar to London’s Practitioner Health Programme).

This is welcome. However it clearly has to be matched with other initiatives, including urgently addressing workload, CQC, funding, premises and training requirements if we are to secure GPs for the future.

So what is my advice to GPs across London? Workload is going up and income down. Our premises are in a sorry state. But, I entered general practice in 1990, when income was going down and workload was increasing. Morale was low. I have survived and thrived as have many colleagues. We are in it for the long haul. Each decade there have been similar cries about recruitment, retention, workload and morale. General practitioners are perhaps the most adaptable doctors in the NHS and we will survive, professionally and personally. But we cannot make up for the funding crises in the NHS by working harder or for longer. We cannot make up for the failings in social care by doing yet more home visits to our elders who clearly need to be in a nursing home.

We need to reject the projections placed on us by the media, public and politicians as they oscillate between us being both the saviours and the scapegoats of the failings of the NHS. We are neither. We are doctors trying to do a job, in difficult circumstances and in doing so, we must protect our own health. Every airline tells us to pull our own oxygen mask down first before helping others. And this is what we must do.