

**BMA**

Scotland



# BMA Scotland 2021 manifesto



## Contents

1. <a href="#">Chair's introduction</a> .....	1
2. <a href="#">Introduction</a> .....	2
3. <a href="#">Health service delivery</a> .....	3
4. <a href="#">Valuing doctors</a> .....	9
5. <a href="#">Staff wellbeing and culture</a> .....	14
6. <a href="#">Public health</a> .....	20

The British Medical Association is a politically neutral registered trade union and professional association representing doctors from all branches of medicine.

The BMA has a total membership of over **154,000**, which continues to grow each year.

In Scotland, the BMA represents around **16,000** members.



Lewis Morrison, BMA  
Scotland chair

## Introduction from BMA Scotland chair Lewis Morrison

Since its inception 72 years ago, the NHS in Scotland has never experienced more radical change than in its last 12 months. Change didn't happen because of legislation, political influence, negotiation or public demand. It happened in mere weeks when we were faced with an imminent health crisis, and it happened through clinical leadership and necessity when faced by the enormity of wave one of the COVID-19 pandemic. The incredible ability and flexibility of all staff across the NHS was amazing and humbling. At a time when the country was asked to stay at home to stay safe, our members went to work every day facing risk to themselves and clinical situations previously unencountered. The strength, resolve and stamina that they showed in the early weeks of the pandemic, when so little was known about the virus, has since been eclipsed by month after month of unrelenting pressure. It is nothing short of incredible that we have endured.

We present this manifesto in what are still uncertain times. Whilst talk is globally about when we can return to normal, for healthcare staff dusting ourselves off and returning to what was 'normal' isn't the answer, given the understaffed and pressured place we came from before the pandemic.

The NHS is its staff. NHS recovery must be synonymous with staff recovery as we return to delivering more of the usual care over time, but we believe as well as recovery there's an urgent need for repair. It's urgent but it's not new, and pandemic recovery presents us with a crucial opportunity to fix what was so clearly broken.

This manifesto reflects that need for recovery and a refocus of the NHS. For years before COVID-19 the health service in Scotland has endured under-resourcing, under-staffing and under-funding. If the coronavirus pandemic has taught us anything it is that we cannot return to the pre-COVID-19 days of how things were. We need to genuinely look after healthcare staff better. We need a focus on patient outcomes and not obsession with blanket and arbitrary targets. We need to ensure that staff work in environments in which they feel safe and secure; no-one should go to work feeling worried, anxious or to be bullied.

We also need to reconsider the public's relationship with their own health and how they interact with the healthcare system. The way in which individuals contact and see doctors has changed; people need to be empowered by being provided with effective information about their own health, and when and how to contact relevant NHS departments or other services. And we need everyone to be realistic about what healthcare can deliver, and what we demand of it in the short, medium and long-term.

Never have I been prouder to be a doctor and a part of the team that is NHS Scotland. We have pulled together putting patients at the heart of all we do, not the demands of the system we work in. Looking forward it is vital that we don't lose that momentum and keep patient and staff wellbeing at the centre of all decisions that we make. We owe it to the people of Scotland to make sure our health service is the best it can be but just as importantly we owe it to the many thousands who work in it.

A handwritten signature in black ink, appearing to read 'Lewis Morrison', with a horizontal line extending to the right.

Dr Lewis Morrison  
Chair of BMA Scotland

# Introduction

BMA Scotland is proud to represent doctors who work tirelessly alongside many other NHS staff to ensure that the public receive the best quality care, in a timely and consistent manner, across the whole of Scotland, that is free at the point of use.

For too long now the NHS has been under unrelenting pressures. It has been understaffed, under-funded and under resourced. Pressures have been further exacerbated by the outbreak of the COVID-19 virus and the demand placed on staff has been unlike anything experienced before. The dedication and resilience of the NHS workforce has been nothing short of incredible, and only because of the sheer determination and selflessness of those working in health care has the NHS been able to continue to provide the unrivalled level of care that it does. However, what is very clear now is that the current and previous ways of working will not support the long-term sustainability of health care services for the people of Scotland.

This is a watershed moment in the history of the NHS, when we have a unique opportunity, as we remobilise services, to engage and evaluate; to be clear about what 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.

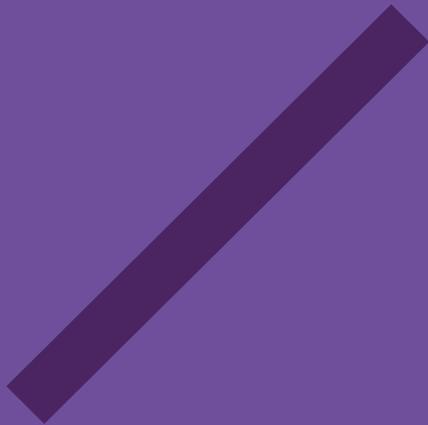
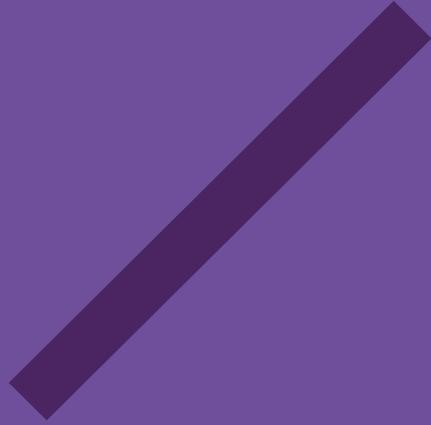
BMA Scotland recently surveyed our membership, as we wanted to get a snapshot of the profession's feeling on a range of issues around wellbeing, work-life balance, contracts and NHS culture. We also asked our members, not only if they felt their voice was being heard but also if they felt valued. The responses were stark - 65% of doctors didn't feel that politicians valued doctors or the services they provide, 46% felt that the Scottish Government wasn't committed to involving the medical profession in its decisions about the future of the NHS and 79% didn't have a clear understanding of the long-term visions for the future of the NHS.

BMA Scotland doesn't believe that the answer lies only in listening to doctors and health care professionals. We believe that the whole conversation needs to change: over 48% of responding doctors felt the Scottish public need to be a bigger part of deciding the future of the NHS. If Scotland is to truly get to grips with making the NHS sustainable then now is the time for a national conversation about the future of the NHS, what it should provide and how it should be funded. This conversation needs to be outside the realms of the party-political sphere, including all NHS stakeholders, politicians and, most importantly, the public. We have to be honest about the challenges, realistic about our needs and wants, and consider how much, as a nation, we are prepared to invest in our health and care services.

For too long the measurement of success has been based on the NHS's ability to meet, at times, arbitrary, politically motivated and abused, national targets. If COVID-19 has shown us anything, it is that good patient outcomes, clinical discretion and the empowerment and wellbeing of the staff is what leads to success and positive results. During the COVID-19 pandemic much of what has been put in place to allow for more flexible, multi-disciplinary working needs to be considered and built upon; much of the provisions put in place to help staff to cope and deal with the pressures of work in the NHS at such a time need to remain for the long term. COVID-19 has highlighted that there has been erosion of some basic principles of good practice and responsible management over recent years.

BMA Scotland's manifesto for the 2021 Scottish Parliament election outlines improvements for the long-term sustainability of the NHS, with the wellbeing and health not only of patients but also staff front and centre. The needs of both these groups of people must be the foundation of all we do as recovery and remobilisation move forward together, because as the Coronavirus pandemic has taught us yet again, it is the staff that make the NHS.

# Health service delivery



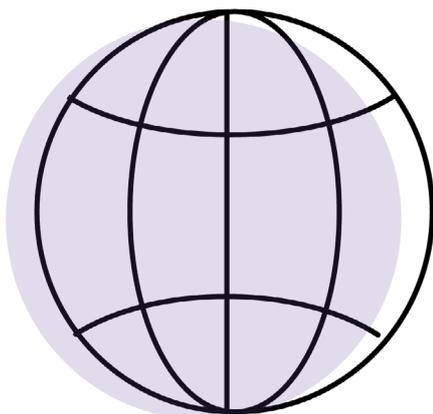
# Securing a sustainable future for Scottish healthcare

For too long the NHS in Scotland has been under-staffed, under-resourced and under-funded. Scotland also has substantial and unique challenges that we can't ignore, caused by various factors, including the growing pressure of an aging population, our geography and population distribution, endemic social inequality, and our longstanding and complex public health issues. Whilst there is a lot to celebrate in our NHS, BMA Scotland is clear: 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 COVID-19 pandemic in Scotland has only added to this growing and worsening combination of pressures. 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.

The pandemic has allowed opportunities for doctors to work with colleagues in new and innovative ways. At the start of the pandemic many of our members reported less of a command and control hierarchical approach where they work, and a better sense of teamwork across organisations - not just within clinical teams. In many places there has been a refreshed understanding of the need to prioritise patients through clinical judgement, rather than targets and number crunching, alongside a realisation that the areas of high clinical intensity always need the staffing to match. There has also been refreshing honesty from politicians about our NHS, with a sense of realism about what can and cannot be delivered. This step forward must not be lost and must be built upon: now is the time for a new sense of partnership between Scotland's people, politicians, and healthcare professions.

**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 fully understand what we need and want from the NHS can proper consideration be given on how we resource it.**



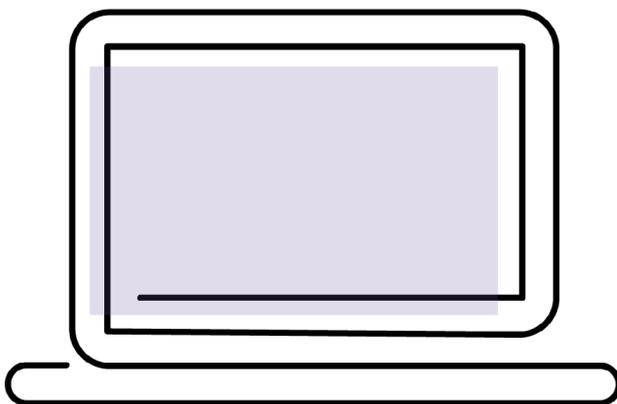
Of course, political scrutiny of the NHS is vital, but it needs to sit side by side with a more constructive approach, an understanding that appropriate clinical priority is best defined by the teams that deliver healthcare, and a better consensus around long term goals and aims. The years of continuous squabbling over NHS figures like they were the latest opinion poll results has been damaging for staff and their morale; it distracts from the real long-term issues that exist and it does not help build public confidence. It is time for consensus not confrontation.

**BMA Scotland calls for politicians from all parties to share in this vision, to put party politics aside and unite to depoliticise 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.**

## Better IT infrastructure

COVID-19 has by necessity meant the NHS has had to adapt to new ways of working – in particular, an increased reliance on technology. While for many face-to-face interactions will always be preferred for the clinician as well as the patient, there are benefits to a blended model of consultations across both primary and secondary care. This will of course require a high-quality infrastructure, with appropriate premises as well as IT capability and connectivity. There will also need to follow a high profile campaign to publicise to the Scottish population how, where and when to contact the NHS, and create realistic expectations and understanding on interacting with services, to ensure they are informed and understand.

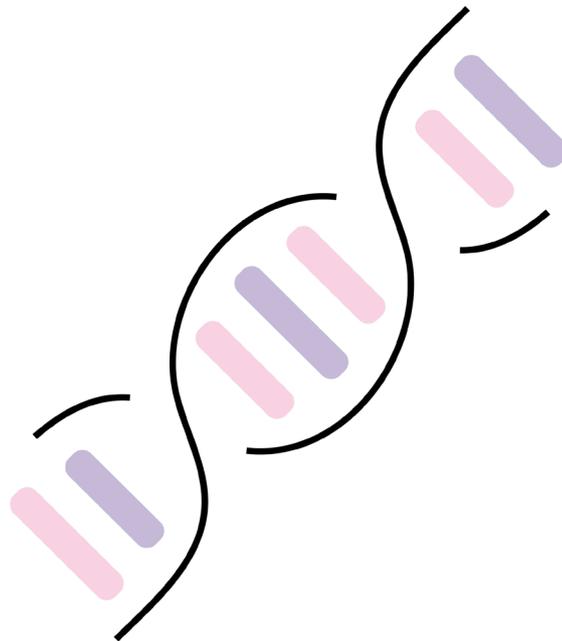
**BMA Scotland calls for the future Scottish Government to work with all partners to examine future ways of working in a post-COVID-19 world that are beneficial to doctors and patients and are based on a vastly improved IT infrastructure and IT support.**



# 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. 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. But the pursuit of targets should no longer be allowed to override clinical judgement or excuse poor behaviours in a drive to meet arbitrary goals. In a recent 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.

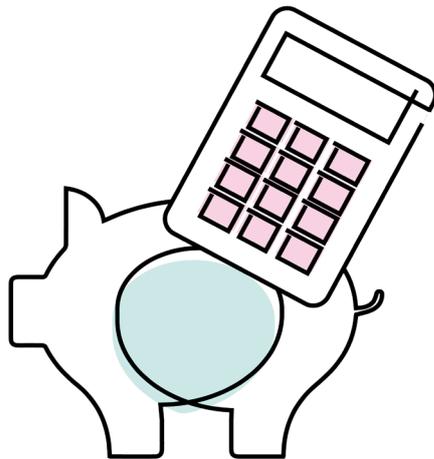
**BMA Scotland is calling for a move away from measuring 'success' by a blunt focus on high level targets which don't take account of clinical need. We need to ask what we want our NHS to achieve in its entirety and then set out an appropriate system of measurement that supports those overall aims and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



## Sustainable long-term funding

BMA Scotland has acknowledged the recent increase in health spending driven by the need to support the service during the pandemic. The NHS has been under unprecedented pressure due to COVID-19 over the last year, and our workforce, services and capacity have been stretched like never before. 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. But while we recognise the increase 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 our recent 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 is calling for an open and honest debate on the future of the NHS and would welcome a full review of NHS spending in that context – to ensure the NHS is both financially sustainable and able to deliver what we ask of it for generations to come.**



## Comprehensive and effective workforce planning

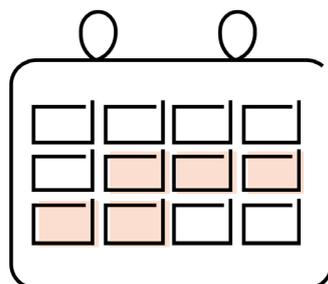
Scotland simply doesn't have enough doctors, nor is there a substantial and serious plan to address the shortages of medics we face. For example, consultant vacancy rates, which continue to be underreported by official figures and the long-term retention of senior doctors remain serious concerns. As explored elsewhere in this manifesto, 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 recent BMA Scotland survey, 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 staff levels had deteriorated or not improved.

Increasing the number of places for medical students is only part of the solution. Increasing the number of 'home-grown' doctors is a long process: any expansion on medical student numbers will only impact on consultant supply until well into the 2030s. Recent increases in numbers of medical students in Scotland, brought about by the pandemic, could provide a welcome first step in finally addressing long-term staffing numbers in the long term. This, however, will need careful management, ensuring training opportunities are in place and that we support this cohort effectively. There must be more value, encouragement and support given senior doctors who train and educate the future cohort. And we must be honest with the medical students and junior doctors about where demand will lie across specialities and a national conversation will go some of the way to informing that discussion.

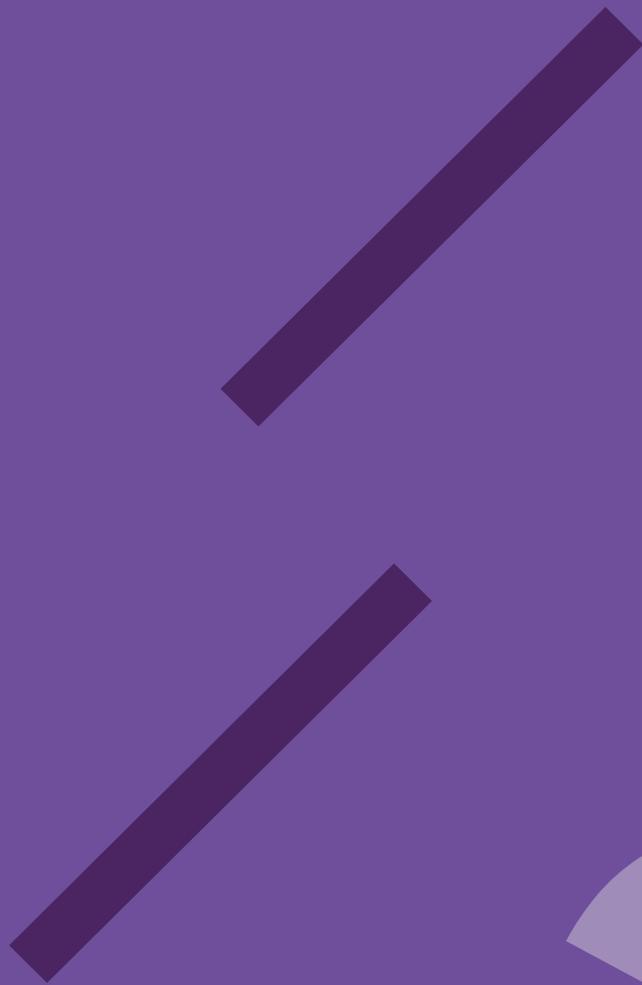
**The future Government must work alongside stakeholders from across health and care services and educational institutions to identify what the future workforce will look like. Scotland must support medical students by ensuring the continuation of a world class, competitive medical education, as well as career support and ensuring trainee positions and jobs are available.**

The Scottish Government has previously stated rising consultant vacancy figures are largely a result of an increase in the consultant workforce establishment, i.e., new posts that have just been created but have not yet been filled, ignoring the significant number of long-term vacancies and posts which many boards have now given up even trying to fill. BMA Scotland figures show that consultant vacancies are now running at above 15%. At other stages of doctors' careers, we simply do not have the data to plan effectively. While the 2018 GMS contract has set out a clear direction of travel – we still lack clarity around plans for the extra recruitment of GPs required. 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 needs to be done to ensure that there is a sufficient workforce of trained allied health professions to recruit to primary care MDTs. That is why it is both disappointing and frustrating that previous workforce plans produced in Scotland have not provided the detail, or clear long-term solutions required: post Covid, that must change.

**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 with clear measures set out to boost recruitment and retention and build on the opportunities provided by increased numbers of doctors in training.**



# Valuing doctors



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For too long BMA members have been reporting that they simply do not feel valued as doctors. That must be addressed through better terms and conditions, pay and reward and steps to improve the working lives of doctors at all stages of their career and across all parts of the profession.

## GPs

In 2018, BMA Scotland and the Scottish Government negotiated the GMS contract. It set out a new direction for general practice and its bold and ambitious plans for GPs addresses many of the problems being faced, such as recruitment and retention, sustainable funding and managing workload.

To date much has been achieved towards the rollout of the new contract and there are many examples of excellent service redesign with multidisciplinary teams (MDTs) working together in practices, providing joined up care on a range of services. However, the planned progress on reviewing GP earnings and expenses has not been made. Analysing data provided by practices last year will need to be a priority in 2021 as we look to introduce an improved income range and direct reimbursement of expenses for GPs.

While COVID-19 and other issues have hindered progress towards full implementation and delivery of the 2018 GMS contract, they have also shown, even more clearly, that this contract is the correct direction of travel for GPs in Scotland. We must now make rapid progress on full delivery of multi-disciplinary team services to patients and provide the necessary additional GPs to enable and develop the role of the GP as the 'expert medical generalist' (EMG).

**BMA Scotland remains committed to the full delivery of the 2018 GMS contract and calls for the future Scottish Government to give an early commitment to continuing the work towards full implementation.**

GP headcount has remained relatively stable in Scotland over the years; however, this comes against a backdrop of a dramatic increase in demand for care while more GPs are increasingly working part-time and fewer are taking on partnerships. Put simply, we still do not have enough GPs in Scotland and those that we do have are being stretched to the limit by increasing demand.

**We desperately need more GPs, and more GPs to become partners. The Scottish Government's commitment to have an extra 800 GPs in Scotland by 2027 must be met and must reflect the full picture – including the increase in less than full-time GPs.**

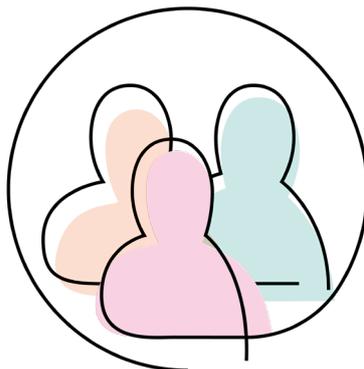
## Consultant doctors

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.

Before the COVID-19 pandemic, doctors had been reporting widespread burnout and an array of workforce and workplace pressures. This in conjunction with a punitive pension tax charging regime has led many consultants to consider early retirement. Warnings of this growing trend of early retirement have been raised across a variety of forums. Both the GMC and the independent pay review body for doctors (DDRB) have warned of major changes to the medical workforce, with increasing numbers of consultants choosing to leave the NHS earlier than ever before.

Results from our member survey showed that 45% of the consultants who responded are considering retiring in the next five years with burnout, exhaustion, poor work life balance and concerns over wellbeing cited among the reasons. Of those, more than half report that is earlier than their normal pension age.

**BMA Scotland is calling for a full and clear workforce plan that focuses on the number of consultants required in the short, medium and long-term. It must consider how to support consultants' 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.**



## Specialty and Associate Specialty doctors

SAS doctors face many of the same challenges as their consultant colleagues. The BMA is clear that an improved contract is vital to retaining and recruiting more medical professionals to this crucial cohort of doctors who have been on the frontline of the pandemic response. The start of negotiations on a new contract has been delayed by COVID-19. But following the election, the time will be right to make real progress in this area.

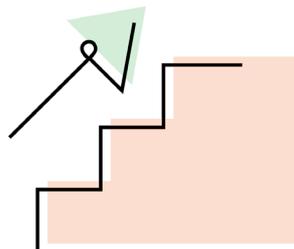
**BMA Scotland looks forward to working with the next Scottish Government on a new and improved contract for SAS doctors in Scotland, making sure it remains a competitive, attractive and empowering career choice for many.**



## Junior doctors

Junior doctors have been greatly impacted by the pandemic: during the initial wave they saw their training paused as they were redeployed to those specialities struggling to cope under the increased demand. Many junior doctors who were close to completing their training will now need it to be extended for another six to twelve months. This could create a bottleneck of junior doctors trying to complete their training and potentially have a knock-on effect to the ongoing supply of trained doctors to replace those who are retiring over the next few years. In our recent member survey, over 63% of doctors felt that education and training wasn't prioritised enough within their job.

**As we remobilise the NHS we call on the new Scottish Government to ensure that the current generation of trainee doctors do not end up inadvertently disadvantaged in their access to education and training opportunities. And furthermore, commit to investigate ways of protecting training against future spikes of COVID-19.**



## Medical students

The medical workforce needs to represent the population that it cares for. As well as issues on recruiting for remote and rural areas, Scotland also has problems attracting people to medicine from other demographics, such as areas with deprivation or people from minority ethnic backgrounds. Further substantial work needs to be carried out to increase inclusion in medical education and ensure that the medical workforce represents the demographics of the patients it cares for.

**The next Scottish Government must work with the medical profession and universities to further encourage applications from a broader range of backgrounds and improve the widening access programmes for medicine, to make sure that the medical profession represents the communities it cares for.**

## Pay and reward

We must ensure that Scotland's doctors are paid at highly competitive levels and, at absolute minimum, in line with the rest of the UK. While we acknowledge that the full implementation of the Review body on Doctors' and Dentists' Remuneration's (DDRB) recommendation last year of a 2.8% uplift for 2020/21 was a positive first step towards reversing the decline of the previous decade, it is vital that this is now followed by repeated year on year, significantly above inflation, uplifts, if doctors' pay is to be restored to a reasonable level.

**This year, all doctors should be awarded a significant and early pay award, that is much higher than RPI and will go some way to reflecting the sacrifices and dedication of the last year and addressing the real terms pay erosion doctors have faced over the past 10 years.**

## Pensions

One of the main reasons for the push towards consultants and GPs taking early retirement has been the result of a punishing tax charge regime. While some pension taxation reforms made in the 2020 budget were a welcome first step towards ameliorating the ongoing crisis, there remains nevertheless pension tax issues that are still leading consultants to incur huge tax bills and pushing doctors to retire before they would otherwise have chosen. The Chancellor's decision to freeze the Lifetime Allowance will only make this worse and while the overall policy is reserved, we believe more could and should be done to mitigate its impact on Scottish doctors.

**BMA Scotland calls on the new Scottish Government to introduce measures that are within its power to ensure that Scottish doctors are not forced to either reduce their hours or consider early retirement to avoid punitive and unexpected pension tax charges.**

# Staff wellbeing and culture



## 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. Our BMA tracker survey found that nearly 40% of doctors who responded were currently suffering from depression, anxiety, stress, burnout, emotional distress or another mental health condition relating to, or made worse by, their work. Nearly 55% said their health and wellbeing is 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.

Steps have been taken towards creating a better and more supportive working environment but more still needs to be done. Our recent survey found that 54% of respondents said that their job does not allow them to achieve an acceptable work-life balance. Further issues highlighted in the survey:

- **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.**

These figures go some of the way to depicting the very real and constant strain the medical profession is under. Within the NHS in Scotland, there remains an unrelenting culture solely focussed 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 spiralling 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.

**Work must be done to deliver better work-life balance for all doctors. That means more doctors and steps to help manage workloads – such as the creation of multi-disciplinary teams in primary care. In secondary care it must also mean good, consistent and where possible digital rota design across NHS Scotland that allows for doctors to take the breaks they are entitled to, to ensure a safe working environment for them and their patients. Furthermore, this must include access to appropriate and good quality rest facilities.**

In BMA Scotland's recent survey, members were asked to rank in order of importance things that could benefit and improve work conditions: 61% of doctors put investment in better technology/IT systems in their top three, followed by 49% calling for better workplace culture and 42% wanting more flexible working. The medical profession is no different from the population at large, and these requests for better IT, workplace culture and more flexible working are seen as basic requirements. If people are to continue to be attracted to medicine as a career and doctors retained, then urgent and substantial progress must be made on these issues.

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

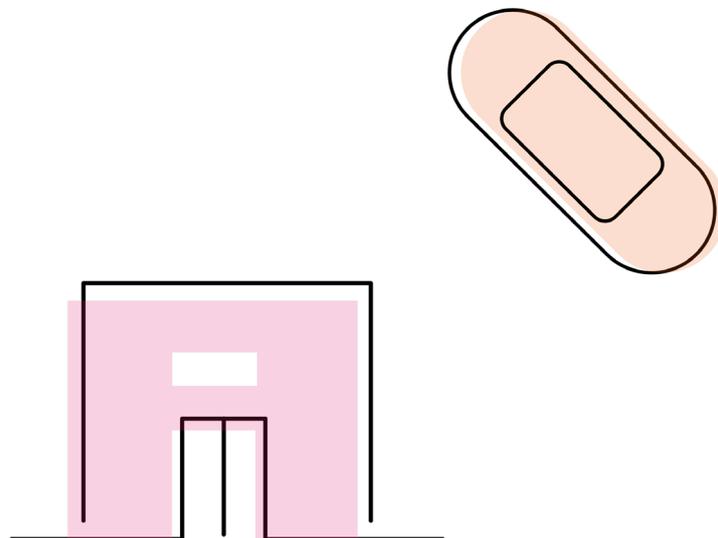


## Building recovery for NHS staff into plans to remobilise the NHS

Doctors and medical staff may be used to working in highly pressurised environments, and dealing with difficult conversations and death have always been part of the job, but the scale of this pandemic has been unlike anything anyone has seen or more importantly been trained for. Research has shown that there is a clear need for support services for long-term mental health issues such as post-traumatic stress disorder (PTSD). These will be required not just for weeks and months but potentially years as the realisation of what has happened sinks in for many doctors and the wider healthcare team. Given the bravery and dedication that our health and social care professionals have shown us, it is only right that these support services are available for all who need them.

While doctors understand the eagerness to get all services up and running to maximum capacity to deal with the ever-growing backlog of cases, politicians and the public need to appreciate and understand that NHS staff across both primary and secondary care will need time to recover from the intense and highly demanding time they have been through. Workload pressures have been intense and will continue to be so for some time to come. Ignoring this urgent need for staff to get the opportunity to recuperate risks further burnout and simply pushing more doctors out of the profession for good.

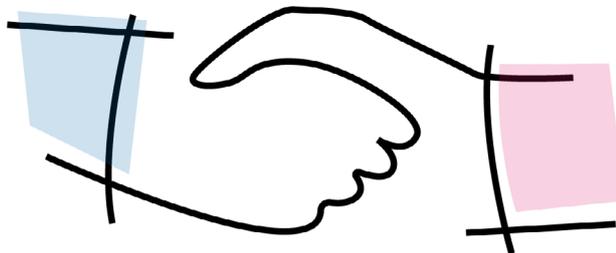
**Healthcare staff who need it must be allowed the time and be provided with the support they need to recharge and recover from the intense COVID-19 environment they worked in. Doctors cannot be expected to move from one high pressured situation into another without proper respite and recovery. The need for this time must be clearly and effectively communicated to the public so that expectations are managed appropriately as to how quickly and to what capacity services can resume.**



# Finally tackling bullying, harassment and improving workplace culture

For far too long poor behaviours and bullying have been far too prevalent in NHS Scotland. This was highlighted starkly by the Sturrock Report into bullying at NHS Highland which revealed long standing and serious problems and we have no doubt these are replicated in many parts of the NHS across Scotland. While a short life working group was set up to look at ways to address the issues the Sturrock report raised, progress remains limited. Indeed, in our survey of doctors, two thirds said they had experienced bullying, harassment, discrimination or other inappropriate behaviours in their workplace in the last two years. We are hopeful the introduction of a National Independent Whistleblowing Officer may help doctors feel more empowered to speak out about poor behaviours, and be protected when they do so. However, often this will be too late and only deal with the response to bullying and the impact it has on staff. It is imperative that as we recover from the pandemic, the work started post Sturrock is reinvigorated, and our NHS moves away from a target driven, blame culture and instead focusses on a more honest, open approach where we learn from mistakes, and focus instead on how we can improve care for patients, working collaboratively across management and frontline staff.

**The BMA is calling on all parties to recommit to delivering the recommendations of the Sturrock report across NHS Scotland as part of a concerted effort to improve workplace culture and make our caring services a better, more positive place to work.**



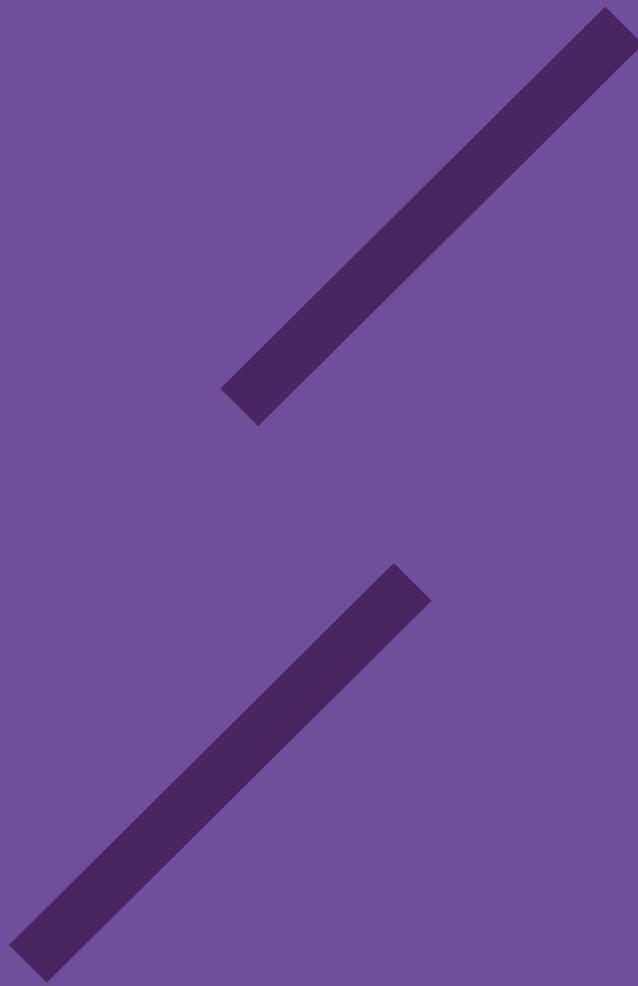
## Embedding improvements made for staff during the pandemic

Throughout the COVID-19 pandemic, many steps have been taken to address the basic needs of NHS staff, such as the local introduction of wellbeing spaces, creation of rest facilities, the removal of parking charges and provision of hot food. It should be noted that this only goes to emphasise the unacceptable place the NHS was in as regards to protecting the mental and physical wellbeing of staff working there. What is vital going forward is that staff wellbeing is at the heart of future decisions about the NHS, that these improvements are not lost or seen as something that is just required for facing a pandemic. When asked whether their place of work had sufficient facilities for staff for their breaks, over 50% of respondents to our recent members survey said no. Furthermore, over 52% said they never or are rarely able to take their breaks and only 25% felt that their employer cared about their wellbeing.

We know and hope that as COVID-19 case numbers fall, so too will the pressures from increasing numbers of patients requiring care as a result of the pandemic. But while pressure from providing care for that specific issue may reduce, although not disappear, pressures across the board won't. Other services will restart with an ever-growing backlog. NHS staff will feel the added pressures of this pandemic for decades to come.

**BMA Scotland asks that the simple provisions put in place to help medical staff cope with the high demand, long shifts and unrelenting pressures of COVID-19, continue beyond the pandemic emergency, and are planned into the future delivery of NHS services.**

# Public health



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## Health as a determining factor in policy making

Scotland has a longstanding and complex relationship with public health issues, but as a nation we have always led the way in innovative and radical ideas to reduce health inequalities and attempt to repair damage from social inequality. We are only at the start of understanding the impact that COVID-19 will have on the health outcomes of those most in need. While decisions made to reduce social interaction and effectively lockdown society to prevent the NHS from becoming overwhelmed and to help save lives were the right course of action, we know that some of the restrictions will have had a severe and lasting impact on mental and physical health.

**Following on from the COVID-19 pandemic and direct impact of the virus and the indirect impact of related restrictions on health inequalities, the next Parliament must commence a wide scale review into how Scotland can start to repair the damage to health outcomes for Scotland's most deprived and in need communities.**

As the global pandemic has shown, the health of a nation impacts on every other policy area. Therefore, as we move forward it is vital that health remains high on the agenda of all future policy creation.

**BMA Scotland calls for all areas of the Scottish Government to take a 'health in all policies' approach to policy creation.**

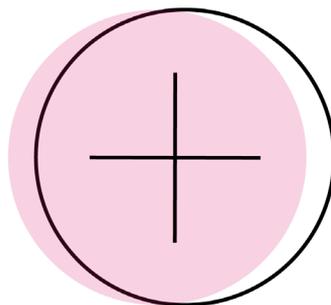
Prior to COVID-19 public health doctors were facing growing demands and expectations with increasing numbers and complexity of population screening programmes, the rising numbers of drug deaths in our local communities and changes in the delivery of immunisation programmes. Public health doctors have been front and centre in managing, advising and support the effort in tackling the pandemic. As the direct impact of COVID-19 infections recede, public health will face new and significant challenges. Many of the public health issues being tackling pre-Covid – such as childhood adversity and poor mental health – have worsened due to the pandemic and restrictions, and COVID-19 has hit some of our most vulnerable communities the hardest. It is vital, now more than ever, that public health sees an increase in staffing and resourcing, not only to continue to prevent the spread of COVID-10 but also for the other vital preventative work for public health issues that have worsened during the pandemic.

# Mental health services

The Scottish public have been through a lot in the past year. They have experienced a rollercoaster of emotions from fear, anxiety and frustration to gratitude and hope. Lockdown has proven to be extremely difficult, being apart from family and friends, working from home and for some balancing caring responsibilities on top of everything else. All that combined with the fear of COVID-19 has had a very detrimental impact on many people's mental health. We cannot underestimate the task that lies ahead in dealing with a potential mental health crisis and it is vital that we make sure that there is capacity in services to meet the demand. It should not be that any increase in patients presenting are either added to an increasingly long waiting list or expected to be subsumed into the workload of primary care.

**The next Scottish Government needs a new mental health strategy, that takes into account the impact that the COVID-19 pandemic has had on the Scottish population. The strategy must take a public health approach considering both the short and long term needs and ensure that mental health support must be readily accessible to patients, with more mental health workers based in and around GP practices as part of the multidisciplinary teams within primary care.**

We must get ahead of this issue and attempt to stem the tide, listen to distressed patients promptly before long-term harm is done and without a complex referral process.



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