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About CREATION.co

CREATION.co provides insights-led health strategy to inform planning, communications and policymaking among some of the world's largest healthcare companies, government organisations and non-governmental organisations (NGOs).

Created in 1998, CREATION.co has worked with almost all of the world's leading pharmaceutical companies and we are proud that many of these remain to be our existing clients today.

This is made possible through CREATION Pinpoint®, the world's largest artificial intelligence (AI)-powered global database of more than 3 million healthcare professionals' social media profiles, analysing the collective intelligence of almost 2 billion social media posts by professionals on the front lines of healthcare.

Alongside our own database, we are able to analyse data from other sources that, when packaged together, creates a truly valuable view of healthcare professionals' (HCPs') opinions, concerns and behaviours across the globe.

In 2012 we launched the term Digital Opinion Leader (DOL), and we have been leading this area of HCP insight expertise ever since. The CREATION.co team continue to be the go-to experts for bespoke and creative solutions using insight-led health strategy.

We pride ourselves on delivering business solutions. What we do is not just about data lists and presentations; we deliver actionable insights to achieve business objectives.

If you would like to find out more about us or would like to speak to us about a specific challenge you are facing, please do get in touch.

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Introduction

In recent years, primary care provision in the United Kingdom has faced an array of challenges that have significantly reshaped its landscape.

Healthcare professionals face increasing workloads due to rising patient demands, decreasing GP numbers, and limited resources. All have decisive impacts on the quality of primary care provision and collective job satisfaction amongst healthcare professionals. The after-effects of the Covid-19 pandemic are being felt acutely in the methods of primary care provision, where remote consultations and telephone appointments have been drawn from the peripheries into the mainstream of care. Disputes relating to pay, conditions, and workload continue to fuel industrial action, which is expected to cause significant disruption over the Christmas and New Year season.

Some have suggested that technology and a burgeoning artificial intelligence industry might hold the answers to rescuing primary care from the precipice. There nonetheless remains scepticism about technology's ability to affect change on a significant scale in the near future.

Following discussions with Dr. Lisa Cameron MP, Chair of the All Party Parliamentary Health Group, CREATION.co was eager to investigate the crisis in primary care from the perspective of the health worker with first hand experience of the challenges facing the service. This report serves as a summary of CREATION. co's pioneering research into the crisis facing the primary care sector, and, more specifically, what the some 100,000 healthcare professionals online are discussing in relation to the crisis.

The report is divided into four sections. The first discusses the scale of workload issues amongst healthcare staff in the primary care sector; the second evaluates the benefits and drawbacks of alternative primary care provision methods; the third investigates the causes of industrial action; and the fourth discusses the potential of technological innovation in effectively tackling the crisis.

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Throughout each section, discussions are grounded in the insights derived from CREATION Pinpoint technology and the thousands of online conversations between UK healthcare professionals.

Rising Workloads

It is clear from surveys and investigations that workload issues are proving detrimental to primary care provision across the UK. Investigations by the Health Foundation in conjunction with the Commonwealth Fund, which surveyed more than 1,000 UK General Practitioners, <u>revealed that more than 70 per cent find their job 'very' or 'extremely' stressful</u> – the highest of the ten countries surveyed in the investigation alongside Germany.

Workload concerns in the primary care sector are more than mere grievances; they are firmly grounded in statistics. Delving into the data reveals as much. In October 2018, the three-month rolling average of GP appointments per month totalled 25.9 million. At that time, the GP workforce (weighted to equate to full time equivalent, fully-qualified and permanent GPs), numbered 27,500. Comparisons to this October paint a bleak picture. They reveal that, since 2018, the total number of appointments has surged by more than 20 per cent to 31.2 million, while in the same period the number of GPs has fallen by almost three percentage points.

This is part of a broader decline in workforce satisfaction, with stress levels up 11 per cent on 2019 records. Similar polling has revealed that less than a quarter of GPs are 'extremely' of 'very' satisfied with practicing medicine. Mirroring the decline in employee satisfaction, General Practitioners now also say that the quality of care they are able to provide worsened since the start of the pandemic. Just 14 per cent believe it has improved.

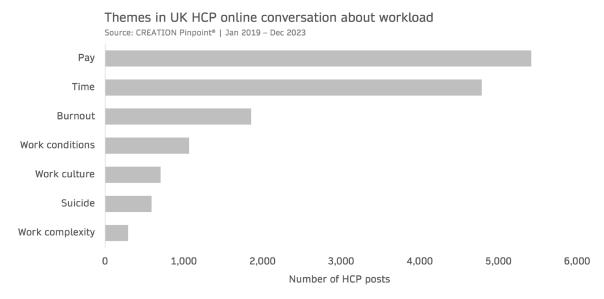
Internal workload crises are also translating into patient experience. More than one-quarter of Briton's polled by YouGov earlier this year said that they did not see a GP when suffering health problems that they believed to be sufficient enough to warrant medical attention. 30 per cent of these respondents claimed that the reason behind their lack of attendance was down to an inability to get through to their GP surgery, while one fifth said that they could not get a timely appointment.

Interestingly, it appears that a proportion of individuals were acutely aware of workload issues in primary care provision and thus avoided seeking medical attention – 15 per cent admitted that they avoided attending a GP as they "did not want to put pressure on the NHS".

What do healthcare professionals say?

Research conducted by CREATION.co into the social media activity of more than 100,000 healthcare professionals in recent years provides further tangible insight into the workload pressures that currently affect the primary care sector. It found that healthcare professionals are proactively discussing the implications of increased workloads on access to primary care. In online conversations that considered workload issues, two predominant themes consistently emerged – 'pay' and 'time'.

Between January 2019 and December 2023, 'Pay' emerged as a theme in the online conversations of healthcare professionals relating to workload more than 5,000 times. Most common among these posts were comments about the pay of healthcare professionals failing to match the scale of workloads, and calls for pay restoration after more than a decade of real-terms pay cuts.



Healthcare professionals referred to time issues in more than 5,000 unique social media posts related to primary care access. Concerns related to time were more varied, though, and spanned several different related issues. Some healthcare professionals believed that significant increases in demand - which were not being mirrored by increased resources - meant that often healthcare professionals were limited in their ability to designate appropriate time to cater to the increasingly-complex needs and demands of patients, thus hindering the effectiveness of care provision overall.

Several posts were critical of the standard ten-minute appointment target, introduced as a means by which to increase efficiency in primary care and enable GPs to see as many patients as possible, as often 'too short' to appropriately consider an individual patient's needs.

A County Down GP used X to express their frustration, arguing that:

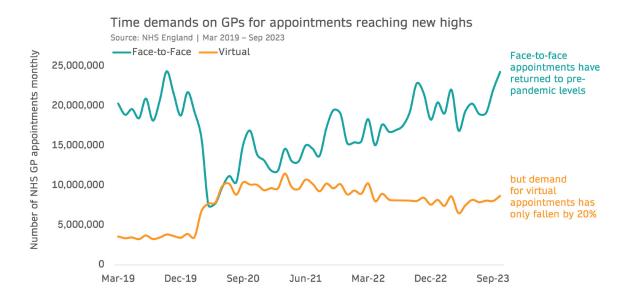
"As care becomes increasingly complex, many appointments are much longer [than 10 minutes]!"

CREATION.co also found mentions of 'time' in online conversations among healthcare professionals related in some cases to overworking, or spending "too much time" at work. These were having immediate repercussions in the ability of healthcare professionals to effectively deliver care to patients, particularly through increasing stress, driving up concerns about patient safety, and decreasing workforce satisfaction. That 'burnout' appeared almost 2,000 times in discussion relating to workload attests to the depth of the crisis.

Changing Methods of Provision

The methods of primary care provision have also undergone significant change in recent years, particularly following the Covid 19 pandemic. Although in-person appointments have recently returned to prepandemic levels, they now account for only 70 per cent of total GP appointments delivered this year. Virtual appointments still make up the remaining 30 per cent, representing a significant overall increase in the number of appointments delivered in general practices.

While telephone appointments have fallen slightly since 2021, from 9.7 million in April 2021 to 7.4 million in August 2023, appointments conducted via video have shown substantial growth, rising from 111,000 in April 2021 to 650,000 in August this year.



What do healthcare professionals say?

Research conducted by CREATION.co has pinpointed ongoing debates and discussions concerning the merits and drawbacks of both face-to-face and virtual provision. For many healthcare professionals, virtual provision serves as a valuable alternative for patients who might be reluctant to attend a face-to-face appointment. In April this year, a GP based in Cardiff remarked:

"telephone / video (appointments could be) more convenient for some".

Another healthcare professional in Newcastle added:

"Phone or video consultations can work adequately for many, saving time (for patients) and travel (better for the environment"

A Cardiologist from Edinburgh also noted:

"Seems that [phone appointments] are more time efficient for both patient and clinician [than face-to-face]"

Nevertheless, there was also hesitancy in labelling virtual appointments as universally beneficial as a means of primary care provision. Many healthcare professionals acknowledged that, though virtual appointments could be helpful and efficient, they did not always prove the most beneficial when compared to face-to-face appointments. A cardiologist from Edinburgh ceded that:

"(Telephone appointments between patient and GP) only work if you know each other well"

A Tayside GP also suggested that, although virtual appointments could be useful:

"the type of appointment needs to be tailored to the patient. Some problems can be dealt with on the phone, others require face-to-face."

CREATION.co's research also found that some healthcare professionals have identified serious risks with virtual appointments. These include the potential for either over-referral or under-referral, as well as concerns about the accuracy of diagnosis in a telephone conversation compared to a face-to-face encounter.

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Strains on staff: the road to industrial action

The repercussions of unmanageable workloads and relative pay declines become apparent when healthcare professionals resort to strike action. In recent months junior doctors have taken to the picket lines in unprecedented industrial action, which spanned more than nine days in total.

In most cases, the driving forces behind strike action are pay-related grievances. The BMA's announcement of strike action was accompanied with the statement that the government's offer of an additional 3 per cent pay rise was not "credible" and was projected to amount to relative pay cuts for many doctors this year.

The primary objectives behind the BMA led strike action are three-fold: to achieve full pay restoration to "reverse the steep decline in pay faced by junior doctors since 2008/9", to agree a mechanism with the Government to prevent any future declines, and to reform the review body process to ensure independent and fair recommendations for pay increases.

The basis for calls for 'pay restoration' stem from the <u>BMA's suggestion</u> that junior doctors have undergone a real-terms pay cut of over 26 per cent since 2009/10, when salaries are adjusted to account for inflation. The independent Institute for Fiscal Studies has, however, contended that a more accurate figure would be something between 11 and 16 per cent.

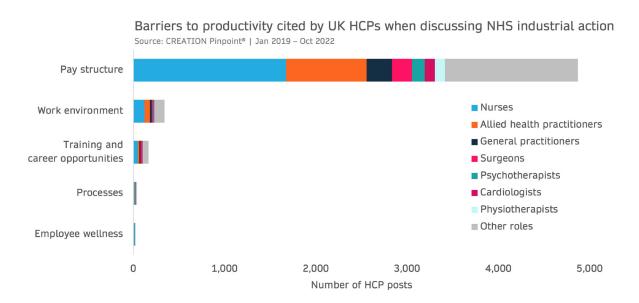
What do healthcare professionals say?

On the surface, CREATION.co's analysis of the online posts of healthcare professionals reflects similar triggers for industrial action. When discussing the barriers to productivity which led to industrial action, "pay structure" emerges as far and beyond the most discussed issue, particularly among nurses, allied health practitioners, and general practitioners. Between January 2021 and October 2022, nearly 5,000 posts discussed pay structures in the context of strike action.

Delving deeper though, CREATION.co's analysis reveals that other factors surface in discussions related to industrial action and are therefore important to consider. "Work environment" issues arose frequently, appearing in several hundred online posts by healthcare professionals. As was the case with pay structure complaints, discussions of work environment issues were spread evenly across all major healthcare fields, including nurses, allied health practitioners and GPs.

CREATION.co's research also shows that pay structure issues are just the tip of an iceberg. One such problem that exists as a result of poor pay structure is the <u>high number of staff vacancies</u>, <u>which leads to current staff being overworked and burned out</u>. Moreover, some NHS workers suggested that an <u>abusive culture existed in the health service</u>, <u>that made work difficult</u>. More alarming was that these sentiments were part

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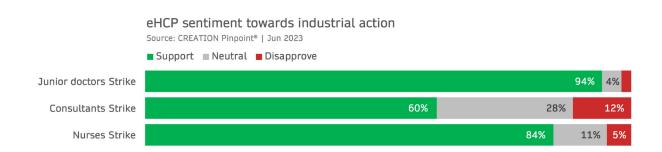


of a growing trend in which NHS workers claimed that there was a <u>toxic work environment</u> within some hospitals. This was also evidenced following the Royal College of Nursing's industrial action ballot, after which some healthcare professionals shared that they had heard <u>nurses being threatened with disciplinary action</u> if they voted in favour of taking to the picket lines.

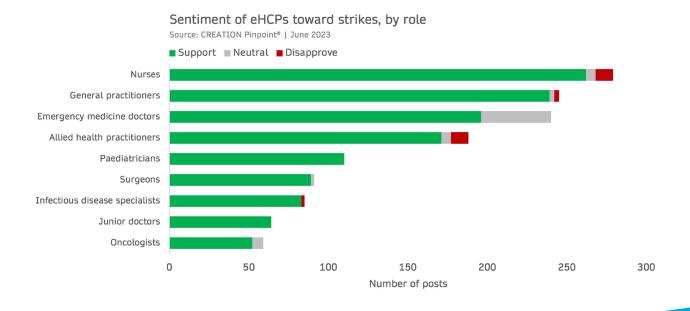
Using the CREATION Pinpoint technology, it is possible to carry out more detailed analysis of healthcare professionals' attitudes towards industrial action when it occurs. Between December 3 and January 3, CREATION.co conducted an investigation into online sentiment towards the recent record-breaking strike action undertaken by junior doctors.

It analysed over 2,600 posts from more than 1,000 individual healthcare professionals, finding that support for the industrial action among colleagues was at a record high, with 94 per cent of those who discussed the action approving of the walkout. Just 2 per cent were identified as opposing the strikes.

Interestingly, this marks a significant increase on previous levels of approval for strike action by other sections of the NHS workforce. CREATION.co's investigation into sentiment towards the Consultants strike of June 2023 found that just 60 per cent of colleagues online appeared to approve of the strikes, with 28 per cent neutral and 12 per cent opposed. Even in the case of nurses strikes in the past, their approval levels, at 84 per cent, remain a fair distance from the scale of support for the most recent industrial action among junior doctors.



The findings also reveal that nurses and GPs were most proactive in expressing support for the action online, followed then by emergency medicine doctors, though a portion of posts among these were identified as 'neutral' in sentiment.



Technology to Transform?

Much has been made in recent months about the opportunities that the introduction of artificial intelligence might bring to the primary care sector, whilst also raising questions as to the readiness of the health service to receive significant technological change.

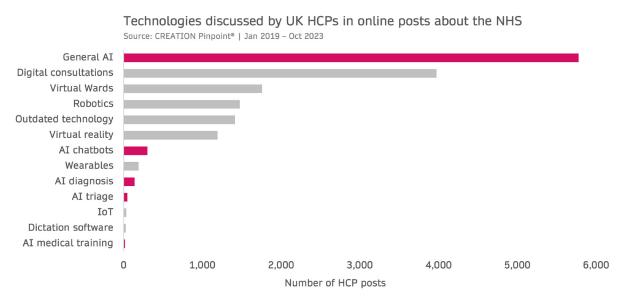
Industry publications, including a notable article from the <u>Health Service Journal (HSJ)</u>, have highlighted seven key areas in which technological (particularly artificial intelligence) advancement could have a transformative impact on primary care provision. These include enhancing clinical data analysis, improving imaging processes, and streamlining administrative tasks, all of which promise to boost the overall efficiency of primary care.

An investigation by the National Institute for Health and Care Research has also identified further areas in which <u>artificial intelligence could drive substantial progress</u> in healthcare provision across the UK. One standout example is in the personalisation of cancer and surgical treatment. Emerging as a promising frontier for development, technological advancements in Al could enable healthcare providers to customise drug combinations for individual lung cancer patients in as little as 12 to 48 hours, surpassing current predictive capabilities.

What do healthcare professionals say?

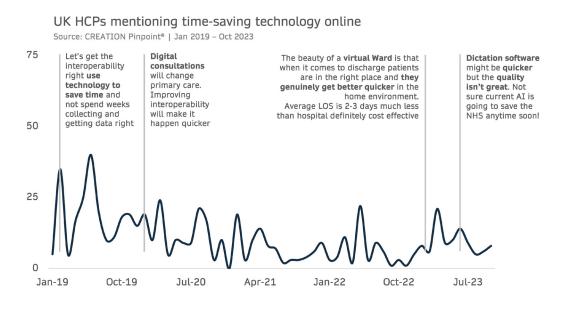
Whilst outsiders consider the endless possibilities that new technologies and artificial intelligence might be able to bring the primary care sector, CREATION Pinpoint technology allows a deeper investigation into where healthcare professionals are identifying and commenting on artificial intelligence, and CREATION.co has, by analysing social media posts, revealed that professionals in the field are proactively discussing the areas in which new technologies, including AI, might prove useful in tackling the issues in primary care provision.

Interestingly, a review of the online posts of health professionals suggests that they share a similar perspective to those offered in the aforementioned reports. The use of technology in national health service generated more than 10,000 individual posts from HCPs across the United Kingdom. Though general conversation relating to AI top the charts with almost 6,000 individual mentions, the application of technology in areas such as digital consultations, virtual wards, and robotics, also attracted much attention.



Interestingly, though, it appears that online conversations between healthcare professionals relating to technological intervention are not especially new, and in fact significantly pre-date the Covid 19 pandemic in which the use of digital consultations, for example, became significantly more prominent. CREATION. co's research has traced back the roots of these discussions, revealing that as early as 2019, healthcare professionals were already actively engaging in conversations about leveraging technology to enhance the efficiency of the NHS, in many of the same areas that are currently hot topics of discourse.

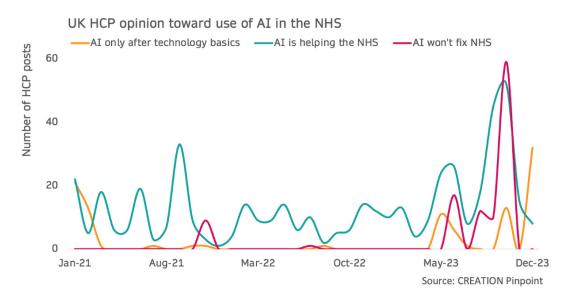
In its earliest cases, CREATION.co's research identified that much of the conversation that healthcare professionals were having online revolved around using technology as a means by which to speed up data collection, thus saving time. Just before the pandemic took hold, discussion also extended to the use of digital consultations as a time-saving mechanism in primary care delivery.



In recent months, however, and as the technological environment evolves over time, CREATION.co's analysis has revealed a slight decline in the volume of conversations discussing the use of new time-saving technologies. Whilst some earlier recommendations have been embraced, novel suggestions have been approached with heightened scepticism.

Conversations about dictation software, for instance, have revealed doubts about its current quality and thus applicability to primary care provision. Some healthcare professionals have suggested that AI, in its current form, may still have a long journey ahead before it is able to revolutionise the healthcare service and adequately address the challenges in primary care.

Discussions specifically relating to the ability of artificial intelligence to effectively "help" the health service paint an interesting picture. In recent months, the number of posts expressing a perspective on whether or not Al could become a key tool has peaked, though opinions remain vastly divided, as shown below.



While some healthcare professionals were optimistic about the capacity of artificial intelligence to "help" the NHS and the delivery of primary care, at its peak there were in fact more posts that played down these possibilities. Healthcare professionals suggested that AI would be a driving force behind "fixing" the problems currently plaguing the health service.

Interestingly, a number of healthcare professionals' posts in the latter months of 2023 suggested that Al might prove to be useful to the NHS, but such use would only be applicable after the "technology basics" had been more effectively learned and rolled out across the service. It appears that unanimity in attitudes towards artificial intelligence in the NHS remains some way away.



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We're here to help

If you have a specific need or challenge that could be supported by a better understanding of healthcare professionals, or you would like more information on what we are seeing in their online conversations, we would love to chat with you.



