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Background Information for the Provision of the NHS GP Health Service (Improving GPs' Access to Mental Health Support)

Increasing pressures in general practice are cited by the RCGP and GPC as a key reason for GPs leaving the profession, with increasing numbers of GPs allegedly looking towards early retirement. A BMA Tracker survey showed that 74% of GPs described their workload as “unmanageable”^[3]. The BMA have created a ‘heat map’ to illustrate the scale of the problem across England.^[4]

A Medical Protection Society survey of more than 600 UK members revealed that 85% have experienced mental health issues, with common issues being stress (75%), anxiety (49%) and low self-esteem (36%). A third of respondents (32%) have had depression during their medical career, while one in 10 (13%) stated they had experienced suicidal feelings. Of those who had experienced mental health issues, heavy workload (76%) and long working hours (70%) were cited as factors that had a high or moderate impact on their mental health^[5].

The Royal Medical Benevolent Fund (RMBF) surveyed 1,351 doctors in primary and secondary care and found more than eight in 10 doctors (82%) would not contact mainstream NHS services about mental health issues, such as depression or anxiety, due to fear of discrimination or stigma from colleagues (84%), or would be inhibited by their ‘high achieving’ personality traits (66%)^[6].

Over the last 25 years a number of local services have developed to support doctors’ access to health care. These have usually resulted from the work of interested clinicians, Primary Care Trusts or Local Medical Committees (LMCs). In *Good Doctors, Safer Patients*^[7] the Chief Medical Officer found that doctors and dentists can face a number of barriers when dealing with health difficulties, particularly mental health and addiction problems.

In 2007 the White Paper: *Trust, Assurance and Safety – the Regulation of Health Professionals in the 21st Century*^[8], directed the National Clinical Assessment Service (NCAS) to work with stakeholders to define a specification for ‘a pilot service for practitioners with mental health or addiction problems’.

Invisible patients: Report of the Working Group on the health of health professionals, 2010^[9] was an important report by the Department of Health, which reviewed the evidence on health professionals’ ill health. Based on this evidence and the first years’ experience of the prototype specialist health service for doctors and dentists established in London, known as the NHS Practitioner Health Service (NHS PHP)^[10], the report recommended a national programme for the provision of services.

In December 2014 the General Medical Council (GMC) published its review of 28 doctors who had committed suicide while under the fitness to practise procedures between 2005 and 2013^[11]. The review showed that many of the doctors who committed suicide suffered from a recognised mental disorder, most commonly depressive illness, bipolar disorder and personality disorder. A number also had drug and/or alcohol addictions. Other factors that may have contributed to their deaths included marriage breakdown, financial hardship, the involvement of the police and the impact of the GMC investigation. The report made nine recommendations, eight to the GMC and one externally to its stakeholders, which was to establish a National Support Service (NSS) for doctors.

^[3] http://bma.org.uk/-/media/files/pdfs/working%20for%20change/policy%20and%20lobbying/po_omnibusquarterleytrackerq4_05-12-2014.pdf

^[4] <http://heatmaps.bma.org.uk/>

^[5] [http://www.medicalprotection.org/docs/default-source/pdfs/press-releases/uk-press-releases/mental-health-and-doctors---06-07-15-\(final\).pdf](http://www.medicalprotection.org/docs/default-source/pdfs/press-releases/uk-press-releases/mental-health-and-doctors---06-07-15-(final).pdf)

^[6] <http://www.rmbf.org/pages/press-release.html>

^[7] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137276.pdf

^[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf

^[9] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/docu_ments/digitalasset/dh_113799.pdf

^[10] <http://php.nhs.uk/>

^[11] http://www.gmc-uk.org/Internal_review_into_suicide_in_FTP_processes.pdf_59088696.pdf

Other academic work also exists looking at the reasons GPs' don't access mental health services, including *Understanding doctors' attitudes towards self-disclosure of mental health*^[12] by Cardiff University.

The Workforce 2020 programme makes clear that there is a national workforce crisis in general practice and a need to support and retain a health GP workforce. NHS England has specific responsibilities:

- There are national workforce challenges in general practice, with retention of GPs a high priority.
- NHS England is responsible for securing primary medical care services in England.
- NHS England holds the National Performers List and is responsible for GP appraisals, revalidation, and responding to concerns.
- NHS England commissions occupational health services for performers on the national performer list, but does not include within this service specification^[13] treatment and support for health problems encountered by the Practitioner, which goes beyond the usual cohort of Occupational Health (for example needle stick injuries).
- GPs are independent contractors operating on a much smaller scale compared to NHS Trusts, making organisational support for clinicians with health problems in primary care unsustainable.

The Provider will work with the Commissioner and its key partners to continue to develop the GPH Service throughout the duration of the contract. The Provider is expected to work flexibly with the Commissioner where it is deemed appropriate to make changes to the service specification.

[1] <https://www.england.nhs.uk/ourwork/gpfv/>

[2] <https://www.england.nhs.uk/commissioning/primary-care-comm/gp-action-plan/>

[3] <http://bma.org.uk/->

[/media/files/pdfs/working%20for%20change/policy%20and%20lobbying/po_omnibusquarterley_trackerq4_05-12-2014.pdf](#)

[4] <http://heatmaps.bma.org.uk/>

[5] [http://www.medicalprotection.org/docs/default-source/pdfs/press-releases/ukpress-releases/mental-health-and-doctors---06-07-15-\(final\).pdf](http://www.medicalprotection.org/docs/default-source/pdfs/press-releases/ukpress-releases/mental-health-and-doctors---06-07-15-(final).pdf)

[6] <http://www.rmbf.org/pages/press-release.html>

[7] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4137276.pdf

[8] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/228847/7013.pdf

[9] http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_113799.pdf

[10] <http://php.nhs.uk/>

[11] http://www.gmcuk.org/Internal_review_into_suicide_in_FTP_processes.pdf_59088696.pdf

[12] <http://www.cardiff.ac.uk/news/view/239910-doctors-mental-health>

[13] <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2012/12/pcoccupational-health-service-spec.pdf>

^[12] <http://www.cardiff.ac.uk/news/view/239910-doctors-mental-health>

^[13] <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2012/12/pc-occupational-health-service-spec.pdf>