

## Written evidence submitted by the Medical Protection Society (EPW0021)

### Executive summary

The Medical Protection Society (MPS) welcomes the opportunity to submit evidence to the Health and Social Care Select Committee to inform the Panel's evaluation of the progress the Government has made against its commitments in the area of the health and social care workforce in England.

In our submission we will focus on the commitments made in relation to the area that we have expertise on, wellbeing at work. MPS has long been warning about increasing levels of burnout amongst healthcare professionals. We believe, and our members tell us, that this is a key area influencing their decision to continue within their profession or not. Due to the nature of our organisation, a mutual defence organisation, we will be only responding to the questions that we believe we can add value as we believe there will be other organisations better placed to answer some of the questions around funding or the impact on NHS organisations.

We will therefore focus on assessing the below commitment made by the Department of Health:

*Introduce new services for NHS employees to give them the support they need, including quicker access to mental health and musculoskeletal services, mostly in the area of mental health.*

### Questions

#### **Does the commitment have a deadline for implementation?**

No, it doesn't. The commitment is too general and it doesn't include any deadlines for implementation, targets or specific measurable outcomes.

#### **Are there any mitigating factors or conflicting policy decisions that may have led to the commitment not being met or not being on track to be met? How significant are these? Was appropriate action taken to account for any mitigating factors?**

As we will explore in the below question, Covid-19 could be understood as a mitigating factor as it has forced the Government to prioritise different aspects of policy making across all government departments. However, if anything the pandemic and its effects has also highlighted the need for a clear and specific mental health strategy for healthcare professionals .

#### **To what extent has the Covid-19 response affected progress on targets?**

There isn't a specific target specified in the commitment and therefore it is hard to answer this question. However, we believe Covid-19 pandemic has brought specific challenges but also opportunities with regards to mental health support for healthcare workers and the government has taken on some measures related to their commitment.

The NHS People Plan, published in July 2020 during the pandemic, addresses the issue of wellbeing, and we believe it is a step in the right direction as it promotes looking after each other and quality health and wellbeing for everyone, as well as tackling discrimination and looking into the effective use of people's

skills. We particularly welcome the NHS England and NHS Improvement initiative which has started during Covid-19 and allows all NHS staff on people.nhs.uk to access a dedicated health and care staff support service, including confidential support via phone and text messages, specialist bereavement support and free access to mental health and wellbeing apps, among other services. We also support the NHS England and NHS Improvement pilot approach to improve staff mental health by establishing resilience hubs working in partnership with occupational health programmes to undertake proactive outreach and assessment, and co-ordinate referrals to appropriate treatment and support for a range of needs. This is a good step in the right direction which happened during the pandemic, however, much progress is needed.

While the pandemic could have delayed some of the progress against this commitment it has also inspired positive changes in the area of wellbeing such as the initiative of providing safe spaces for staff to rest and recuperate for staff, so they can manage and process the physical and psychological demands of the work, on their own or with colleagues. We believe that these initiatives should not be only available during the current pandemic, even if they are a response to it. These should be extended into the future.

### **Will (or have) staff, patients or service users benefit(ted) directly, indirectly or both?**

We believe that the delivery of this commitment will benefit staff, patients and service users. Staff will benefit directly by obtaining access to the mental health support they need rapidly and effectively and patients and service users will benefit indirectly. When doctors feel burnt out and disillusioned it is not only bad for the doctors concerned but also for patients and the wider healthcare team. Doctors who are happy and engaged are much more likely to be compassionate and provide safer care.

The NHS as a whole will also benefit from doctors receiving the mental health support they need. In June 2019, we surveyed MPS members to better understand the impact work was having on their wellbeing and it found that 45% had considered leaving the profession for reasons of personal wellbeing. If a wellbeing strategy is in place with appropriate mental health support which addresses this, staff are likely to remain in their roles for longer which in turn could translate into a higher number of doctors in our NHS and therefore more patients being able to access care promptly.

### **Was (or is) the commitment likely to achieve meaningful improvement for health and social care staff and/or the health and care system as a whole?**

Yes. MPS believes that introducing a quicker accessible mental health service for healthcare workers could tremendously help the workforce, even more so after Covid-19.

MPS has continuously called on the Government, NHS and private healthcare providers to put a plan in place to support the mental wellbeing of healthcare workers as well as a strategy to ensure the system has capacity so that those needing treatment or time to recuperate can take that time without fearing staff shortages.

### **Is the commitment specific enough?**

No, we believe this commitment is a step in the right direction but it is too broad and doesn't tackle the issue of mental health of healthcare workers appropriately and effectively. We believe that in order to reduce the risk of burnout and staff leaving the profession more specific action is needed. This is even more important post-pandemic as it is when the crisis truly recedes and there is time to reflect that the

accumulated stress and trauma may surface - this is the time doctors will be most at risk of burnout and need support.

In May 2021, we coordinated a letter alongside other healthcare organisations, including the Royal College of Psychiatrists, in which we encouraged the Government to take inspiration from the service offered to support veterans' mental health when designing specialist physician-led occupational health services for healthcare workers suffering from PTSD and other conditions as a result of the pandemic. This followed a study from Professor Greenberg<sup>1</sup>, looking at staff working in critical care during the pandemic, which showed they report more than twice the rate of probable post-traumatic stress disorder (PTSD) found in military veterans.

This is a clear and specific commitment that the government could embrace in order to support the workforce that has been tirelessly working throughout the pandemic.

**Was the level of ambition as expressed by the commitment reasonable?**

The commitment is high level and as such, it is hard to establish whether it is ambitious enough. We would like to see clear tangible, measurable and specific targets against this commitment such as what is the appropriate waiting times for a healthcare worker to wait until they can access the mental health support they need, or what are the types of support available to them.

**About MPS**

MPS is the world's leading protection organisation for doctors, dentists and healthcare professionals with more than 300,000 members around the world.

Our in-house experts assist with the wide range of legal and ethical problems that arise from professional practice. This can include clinical negligence claims, complaints, medical and dental council inquiries, legal and ethical dilemmas, disciplinary procedures, inquests and fatal accident inquiries.

MPS is not an insurance company. We are a mutual non-for-profit organisation and the benefits of membership of MPS are discretionary as set out in the Memorandum of Articles of Association.

*May 2022*

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<sup>1</sup> <https://pubmed.ncbi.nlm.nih.gov/33434920/>