BMA Membership Survey
Views on the NHS reforms in England
January 2011
Background and methodology
Ipsos MORI was commissioned to conduct a survey with members of the British Medical Association (BMA).

The aim of the research was to explore members’ views on, and responses to, the reforms outlined in the Government’s White Paper for England ‘Equity and Excellence: Liberating the NHS’.

The BMA wished to examine the implications of the White Paper in greater detail than had previously been done.

It was also important to place the subject in the context of the wider external environment, including the current financial pressures facing the NHS and widening health inequalities.
Key research questions

- How much do BMA members know about the reforms?
- How clear an understanding is there about the reforms and their implications?
- How engaged are members with the process?
- What impact do they think the reforms will have on the NHS?
- What difference do they think the reforms will make to the quality of care?
- What impact do they think the reforms will have on their own role?
- What concerns do they have about the reforms?
Methodology

- We conducted an online survey among BMA members with fieldwork conducted between 17th January 2011 and 28th January 2011.

- Invitation emails were sent to a total of 18,456 members based in England asking them to complete the short survey. One email reminder was sent on 24th January to those who had not completed the survey by this date.

- The sample was stratified in order to ensure responses from respondents across a range of different roles. Data was then weighted to match the profile of the BMA membership (on branch of medicine) to ensure results are representative.

- We received a total of 1,645 completed responses, which equates to a response rate of 9%.
Interpretation of the data

- Caution should be exercised when comparing percentages derived from base sizes of 99 respondents or fewer, and particularly when comparing percentages derived from base sizes of 50 respondents or fewer.

- In these cases, percentages should be regarded as indicative only.

- Where percentages do not sum to 100, this is due to computer rounding, multiple responses or the exclusion of ‘don’t know’ and/or ‘not applicable’ categories.
Statistical reliability

- Respondents represent only samples of total populations, so we cannot be certain that the figures obtained are exactly those we would have if everybody had taken part (“true values”)

- However, we can predict the variation between the sample results and the true values from knowledge of the size of the samples on which results are based and the number of times a particular answer is given.

- The confidence with which we make this prediction is usually chosen to be 95% - that is, the chances are 95 in 100 that the true value will fall within a specified range.

- Weighting the data has increased the 95% confidence interval to +/-4%.
Summary
Summary – overall understanding and impact of the reforms

- While almost every member has at least some knowledge of the reforms, there is much lower understanding of what the reforms mean for them individually (just under four in ten).

- There is substantial scepticism about the impact of the reforms overall and whether they will result in those things that are thought most likely to improve the quality of NHS care. For example, two-thirds think that *closer working across primary and secondary care* will improve quality, yet only a third believe this is a likely outcome of the proposals.

- A similar proportion think that *more decision-making in the hands of clinicians* will improve the quality of care, but half think it unlikely that the reforms will achieve this.
When asked about specific aspects of the reforms, the greatest concerns are over increased competition in the NHS. Nearly nine in ten members say that it will lead to fragmentation of services.

There are also concerns about the proposed changes to the provider sector. For example, two thirds think that an entirely autonomous provider sector will damage NHS values.

Views on GP-led commissioning vary; half of GPs think that GPs will be ready to take on commissioning responsibilities and that they will involve secondary care colleagues. Members overall, however, have some specific concerns – for example, two thirds think it will lead to an increase in health inequalities.

Pathfinder GPs are the most positive; over half think that GP-led commissioning will enable closer working across primary and secondary care (compared to one third overall).

When given the opportunity to elaborate on their concerns about the reforms overall, some of the issues members highlight are the cost and affordability of the reforms, along with concerns about the timing of them.
Summary – three attitudinal groups

- In looking at likely engagement with the proposed reforms, the research has identified three attitudinal groups.

- The first group (around a third of members) are opposed to the reforms – and either state they want to *try to prevent the reforms from being implemented* or to *carry on as they are now*. A greater proportion of this group think it very likely that there will be an *increased role for commercial organisations* (over eight in ten). They are also particularly likely to think that this will *reduce the overall quality of NHS care* (eight in ten).

- The second group (just over a third) are *waiting to see what happens* and hold more moderate views about the likely impact of the reforms.

- Finally, a significant minority support the reforms; just under one in five wants to *lead the changes* or *get involved*. This group are more likely to believe that the reforms will result in those things that they believe will improve the quality of care (e.g. nearly two-thirds think that the reforms will lead to *more decision-making in the hands of clinicians*).

- However, they too express concerns, despite generally supporting the reforms. For example, nearly two in five say that GP-led commissioning will *increase health inequalities*. Even this group are yet to be entirely convinced about the proposals.
Key findings
Key findings – engagement

- While almost every member has at least some knowledge of the reforms, there is much lower understanding of what the reforms mean for them individually - 37% say that they have a good understanding of how their own role would change as a result.

- GPs appear to be engaging with the proposed changes though, with most (84%) having taken at least one step to prepare for the reforms.

- There has been a lower level of activity amongst other doctors at this stage (60% having taken at least one step).
Two thirds of members know something about the reforms

Q How much, if anything, do you feel you know about the current NHS reforms, first outlined in the Government’s White Paper Equity and Excellence: Liberating the NHS?

- A great deal: 52%
- A fair amount: 35%
- Not very much: 10%
- Nothing at all: 2%

GPs are more likely to know at least a fair amount (75%) than other doctors (59%)

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Understanding of members’ personal role in relation to the reforms is particularly low

Q How good an understanding would you say you have of each of the following…?

- % Very good
- % Fairly good
- % Fairly poor
- % Very poor
- % Don't know

The aims and objectives of the reforms

- 15% Very good
- 50% Fairly good
- 26% Fairly poor
- 81% Very poor

The impact of the reforms on the future of the NHS

- 11% Very good
- 44% Fairly good
- 32% Fairly poor
- 10% Very poor

How your role would change as a result of the reforms

- 10% Very good
- 27% Fairly good
- 38% Fairly poor
- 17% Very poor

Your role in implementing the reforms

- 8% Very good
- 25% Fairly good
- 41% Fairly poor
- 19% Very poor

Base: 1,611 BMA members based in England who know something about the reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
GPs are likely to have started discussions about GP-led commissioning and consortia

Q What steps, if any, have you or your practice taken, or are about to take, that would prepare for the reforms?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Have taken</th>
<th>About to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attending a meeting(s) about GP-led commissioning</td>
<td>70%</td>
<td>10%</td>
</tr>
<tr>
<td>Discussing the formation of consortia with other GPs/PCT</td>
<td>70%</td>
<td>8%</td>
</tr>
<tr>
<td>Reading or looking for more information about them</td>
<td>54%</td>
<td>16%</td>
</tr>
<tr>
<td>Preparing to apply to become a (commissioning) pathfinder</td>
<td>32%</td>
<td>19%</td>
</tr>
<tr>
<td>Approval to become a (commissioning) pathfinder</td>
<td>23%</td>
<td>27%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
<td>7%</td>
</tr>
<tr>
<td>None of these</td>
<td>11%</td>
<td>23%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5%</td>
<td>18%</td>
</tr>
</tbody>
</table>


Ipsos MORI
Other doctors show a lower level of engagement so far

Q What steps, if any, have you taken, or are about to take, that would prepare for the reforms?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Have taken</th>
<th>About to take</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reading or looking for more information about them</td>
<td>20%</td>
<td>38%</td>
</tr>
<tr>
<td>Discussing changes to commissioning with colleagues and/or local GPs</td>
<td>10%</td>
<td>34%</td>
</tr>
<tr>
<td>Attending a meeting(s) about the reforms</td>
<td>15%</td>
<td>18%</td>
</tr>
<tr>
<td>Contributing to development of new care pathways</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Contributing to development of appropriate outcome measures</td>
<td>14%</td>
<td>11%</td>
</tr>
<tr>
<td>Championing/supporting my organisation to achieve foundation trust status (where not already attained)</td>
<td>10%</td>
<td>6%</td>
</tr>
<tr>
<td>Helping to establish mechanisms to contribute formally to commissioning in my local area</td>
<td>10%</td>
<td>12%</td>
</tr>
<tr>
<td>Looking at new ways of providing my skills</td>
<td>6%</td>
<td>13%</td>
</tr>
<tr>
<td>Other</td>
<td>7%</td>
<td>4%</td>
</tr>
<tr>
<td>None of these</td>
<td>33%</td>
<td>36%</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Base: 1,212 non-GP BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Key findings – impact

- There is some scepticism about the impact of the reforms. Members are not convinced they will lead to more decision-making in the hands of clinicians (52% think it unlikely). They are even less willing to believe that they will lead to closer working between primary and secondary care (55% report this is unlikely) and give patients and the public more say (66% unlikely).

- However, they are much more certain that the reforms will result in an increased role for commercial organisations (93% think this is likely).

- Crucially, there is a mismatch between what members think is likely to happen and whether they think it will be a good thing. For example, 88% think that the reforms are likely to lead to increased competition between providers, yet only 21% feel this is likely to improve the overall quality of NHS care.

- Correspondingly, those features thought to have potential to improve the quality of care are also thought unlikely to materialise. For example, two thirds think that more decision-making in the hands of clinicians (64%) and closer working between primary and secondary care will improve the quality of care (67%).

- There is also disquiet about the personal impact of the reforms; 58% feel that the proposed changes will have a negative impact on their personal role. A particular concern is that the reforms will result in members spending less time with patients; 61% think this is likely but only 1% welcome it.
Members think the reforms are most likely to lead to an increased role for commercial organisations and increased competition between providers...

Q Thinking about the reforms overall, how likely, if at all, do you think it is that they will lead to the following things?

<table>
<thead>
<tr>
<th>Change in Role</th>
<th>% Very likely</th>
<th>% Fairly likely</th>
<th>% Not very likely</th>
<th>% Not at all likely</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased role for commercial organisations</td>
<td>68</td>
<td>25</td>
<td>2</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Increased competition between providers</td>
<td>52</td>
<td>36</td>
<td>21</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Increased role for social enterprises and mutuals</td>
<td>23</td>
<td>35</td>
<td>19</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>Staff pay and conditions managed more locally</td>
<td>20</td>
<td>43</td>
<td>17</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Workforce planning, education and training managed more locally</td>
<td>11</td>
<td>32</td>
<td>27</td>
<td>12</td>
<td></td>
</tr>
<tr>
<td>More decision-making in the hands of clinicians</td>
<td>11</td>
<td>28</td>
<td>35</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Closer working between primary and secondary care</td>
<td>8</td>
<td>27</td>
<td>33</td>
<td>22</td>
<td></td>
</tr>
<tr>
<td>More say for patients and the public</td>
<td>6</td>
<td>19</td>
<td>42</td>
<td>24</td>
<td></td>
</tr>
<tr>
<td>Better ways of measuring performance</td>
<td>5</td>
<td>16</td>
<td>41</td>
<td>28</td>
<td></td>
</tr>
<tr>
<td>A more effective public health service</td>
<td>11</td>
<td>33</td>
<td>41</td>
<td>14</td>
<td></td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
... but these are also thought more likely than other consequences to reduce the quality of NHS care

Q And, if they were to happen, do you think each of these things would improve or reduce the overall quality of NHS care?

<table>
<thead>
<tr>
<th>Change in NHS care</th>
<th>% Improve</th>
<th>% Reduce</th>
<th>% Make no difference</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closer working between primary and secondary care</td>
<td>67</td>
<td>10</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>More decision-making in the hands of clinicians</td>
<td>64</td>
<td>12</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>A more effective public health service</td>
<td>58</td>
<td>12</td>
<td>17</td>
<td>13</td>
</tr>
<tr>
<td>Better ways of measuring performance</td>
<td>52</td>
<td>22</td>
<td>14</td>
<td>13</td>
</tr>
<tr>
<td>More say for patients and the public</td>
<td>37</td>
<td>24</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Increased role for social enterprises and mutuals</td>
<td>28</td>
<td>14</td>
<td>25</td>
<td>33</td>
</tr>
<tr>
<td>Workforce planning, education and training managed more locally</td>
<td>27</td>
<td>16</td>
<td>40</td>
<td>17</td>
</tr>
<tr>
<td>Increased competition between providers</td>
<td>21</td>
<td>7</td>
<td>58</td>
<td>14</td>
</tr>
<tr>
<td>Increased role for commercial organisations</td>
<td>17</td>
<td>5</td>
<td>65</td>
<td>13</td>
</tr>
<tr>
<td>Staff pay and conditions managed more locally</td>
<td>16</td>
<td>16</td>
<td>49</td>
<td>19</td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Those consequences thought to improve quality of care are also thought unlikely to happen

Q Below are some things that others have suggested might be consequences of the reforms. Thinking about the reforms overall, how likely, if at all, do you think it is that they will lead to the following things?

Q And, if they were to happen, do you think each of these things would improve or reduce the overall quality of NHS care?

<table>
<thead>
<tr>
<th>% Likely</th>
<th>% Improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase role for social enterprises and mutuals</td>
<td>A more effective public health service</td>
</tr>
<tr>
<td>Increased competition between providers</td>
<td>Better ways of measuring performance</td>
</tr>
<tr>
<td>Increased role for commercial organisations</td>
<td>More say for patients and the public</td>
</tr>
<tr>
<td>Workforce planning, education and training managed more locally</td>
<td>More decision making in the hands of clinicians</td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
There is also concern about the impact of the reforms on members’ personal role

Q And thinking about the impact of the reforms on your personal role, please tell us what impact, if any, you think they will have overall?

- A major positive impact
- A minor positive impact
- No impact at all
- A minor negative impact
- A major negative impact
- Don’t know

27% A major positive impact
8% No impact at all
31% A major negative impact
7% A minor positive impact
4% Don’t know

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Ipsos MORI
Three in five think that the reforms will mean less time with patients…

Q  And again thinking about the impact of the reforms on your role, how likely, if at all, do you think it is that they will lead to the following?

<table>
<thead>
<tr>
<th>Change</th>
<th>Very likely</th>
<th>Fairly likely</th>
<th>Not very likely</th>
<th>Not at all likely</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes in terms and conditions</td>
<td>39</td>
<td>34</td>
<td>10</td>
<td>4</td>
<td>12</td>
</tr>
<tr>
<td>Changes in job security</td>
<td>38</td>
<td>34</td>
<td>12</td>
<td>5</td>
<td>10</td>
</tr>
<tr>
<td>Spending less time with patients</td>
<td>24</td>
<td>36</td>
<td>18</td>
<td>7</td>
<td>14</td>
</tr>
<tr>
<td>More management responsibilities</td>
<td>23</td>
<td>33</td>
<td>19</td>
<td>10</td>
<td>15</td>
</tr>
<tr>
<td>Closer working with colleagues in primary/secondary care</td>
<td>7</td>
<td>27</td>
<td>35</td>
<td>15</td>
<td>17</td>
</tr>
<tr>
<td>More professional autonomy</td>
<td>29</td>
<td>42</td>
<td>34</td>
<td>13</td>
<td></td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
... but this is what members desire least

Q And for each of the following statements, please tell us how welcome or unwelcome it is for your personally?

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Very welcome</th>
<th>% Fairly welcome</th>
<th>% Neither/nor</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closer working with colleagues in primary/secondary care</td>
<td>40</td>
<td>35</td>
<td>15</td>
<td>7</td>
</tr>
<tr>
<td>More professional autonomy</td>
<td>28</td>
<td>41</td>
<td>18</td>
<td>32</td>
</tr>
<tr>
<td>More management responsibilities</td>
<td>5</td>
<td>22</td>
<td>27</td>
<td>16</td>
</tr>
<tr>
<td>Changes in job security</td>
<td>11</td>
<td>23</td>
<td>56</td>
<td>7</td>
</tr>
<tr>
<td>Changes in terms and conditions</td>
<td>3</td>
<td>22</td>
<td>30</td>
<td>31</td>
</tr>
<tr>
<td>Spending less time with patients</td>
<td>10</td>
<td>25</td>
<td>58</td>
<td>6</td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Q13. And again thinking about the impact of the reforms on your role how likely, if at all, do you think it is that they will lead to the following?

Q14. And for each of the following statements, please tell us how welcome or unwelcome it is for your personally.

- More management responsibilities
- More professional autonomy
- Spending less time with patients
- Changes in job security
- Changes in terms & conditions
- Closer working with colleagues, in primary, secondary care

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Key findings – specific issues

- Overall, members express significant concerns about the impact of **GP-led commissioning**. Two-thirds (66%) agree that it will *increase health inequalities*, while half (49%) agree that it will *reduce the quality of patient care*.

- However, a third (33%) think that it will *enable closer working across primary and secondary care*, which members have also highlighted as important in raising standards of care.

- GPs are split on whether they feel GPs in their local area *will be ready to take on GP-led commissioning activities and will actively involve secondary care colleagues in commissioning services* (49% and 48% agree respectively).

- Of greater concern, members feel that *increased competition* in the NHS will *lead to a fragmentation of services* (89%); *make the NHS less efficient* (62%), and *reduce the quality of patient care* (65%).

- They are slightly less negative about the impact of an **entirely autonomous provider sector** on the NHS. Two thirds (66%) agree that this will *damage NHS values*, and half (48%) think that it will *lead to a reduction in accountability in the NHS*.

- When asked about the shape of the NHS in 10 years, most respondents picture a significant shift. However, most express a desire for something much closer to the status quo.
Concerns that GP-led commissioning will increase health inequalities and damage the GP-patient relationship

Q Below are statements based on some things that have been said about GP-led commissioning. To what extent do you agree or disagree with each of these statements? GP-led commissioning.....

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Strongly agree</th>
<th>% Tend to agree</th>
<th>% Neither/nor</th>
<th>% Tend to disagree</th>
<th>% Strongly disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>will increase health inequalities</td>
<td>30</td>
<td>35</td>
<td>15</td>
<td>9</td>
<td>28</td>
</tr>
<tr>
<td>will damage the GP-patient relationship</td>
<td>23</td>
<td>37</td>
<td>17</td>
<td>14</td>
<td>46</td>
</tr>
<tr>
<td>will make the NHS less efficient</td>
<td>19</td>
<td>35</td>
<td>20</td>
<td>14</td>
<td>48</td>
</tr>
<tr>
<td>will reduce the quality of patient care</td>
<td>16</td>
<td>33</td>
<td>23</td>
<td>16</td>
<td>48</td>
</tr>
<tr>
<td>will lead to a reduction in professional autonomy</td>
<td>13</td>
<td>33</td>
<td>23</td>
<td>18</td>
<td>311</td>
</tr>
<tr>
<td>will prevent close working across primary and secondary care</td>
<td>11</td>
<td>20</td>
<td>21</td>
<td>33</td>
<td>410</td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI

N.B. Corresponding opposite statements were asked as part of this question, and the results closely mirror those displayed here.
But a third think that GP-led commissioning will promote closer working

Q  Below are statements based on some things that have been said about GP-led commissioning. To what extent do you agree or disagree with each of these statements? GP-led commissioning.....

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Strongly agree</th>
<th>% Tend to agree</th>
<th>% Neither/nor</th>
<th>% Tend to disagree</th>
<th>% Strongly disagree</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>will enable closer working across primary and secondary care</td>
<td>5</td>
<td>28</td>
<td>22</td>
<td>26</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>will lead to an increase in professional autonomy</td>
<td>3</td>
<td>17</td>
<td>21</td>
<td>35</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>will improve the quality of patient care</td>
<td>21</td>
<td>14</td>
<td>23</td>
<td>32</td>
<td>22</td>
<td>8</td>
</tr>
<tr>
<td>will make the NHS more efficient</td>
<td>211</td>
<td>16</td>
<td>33</td>
<td>29</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td>will improve the GP-patient relationship</td>
<td>211</td>
<td>15</td>
<td>39</td>
<td>25</td>
<td>7</td>
<td></td>
</tr>
<tr>
<td>will reduce health inequalities</td>
<td>27</td>
<td>14</td>
<td>38</td>
<td>31</td>
<td>8</td>
<td></td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
There are mixed feelings about how GPs will take on commissioning responsibilities

Q And to what extent do you agree or disagree with each of the following statements . . .?

GPs in my local area will be ready to take on GP-led commissioning responsibilities

- % Strongly agree: 12
- % Tend to agree: 37
- % Tend to disagree: 12
- % Strongly disagree: 21
- % Neither/nor: 9
- % Don't know: 9

GPs in my local area will actively involve secondary care colleagues in commissioning services

- % Strongly agree: 10
- % Tend to agree: 37
- % Tend to disagree: 17
- % Strongly disagree: 12
- % Neither/nor: 3
- % Don't know: 20


Ipsos MORI
Increased competition is thought likely to lead to a fragmentation of services

Q And thinking about proposals to extend choice to ‘any willing provider’ and to give Monitor new duties, including to promote competition, to what extent do you agree or disagree with the following statements: Increase competition in the NHS will . . .

- **lead to a fragmentation of services**
  - % Strongly agree: 52
  - % Tend to agree: 37
  - % Neither/nor: 43

- **make the NHS less efficient**
  - % Strongly agree: 26
  - % Tend to agree: 37
  - % Neither/nor: 16

- **reduce the quality of patient care**
  - % Strongly agree: 24
  - % Tend to agree: 41
  - % Neither/nor: 16

- **lead to a reduction in professional autonomy**
  - % Strongly agree: 19
  - % Tend to agree: 38
  - % Neither/nor: 20

- **prevent close working across primary and secondary care**
  - % Strongly agree: 18
  - % Tend to agree: 34
  - % Neither/nor: 20

- **mean that patients have less choice about their care**
  - % Strongly agree: 17
  - % Tend to agree: 34
  - % Neither/nor: 23

Base: 1,645 BMA members based in England, fieldwork dates: 17\(^{th}\) January - 28\(^{th}\) January 2011
One in five think that increased competition will result in more choice

Q And thinking about proposals to extend choice to ‘any willing provider’ and to give Monitor new duties, including to promote competition, to what extent do you agree or disagree with the following statements: Increase competition in the NHS will . . .

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Strongly agree</th>
<th>% Tend to agree</th>
<th>% Tend to disagree</th>
<th>% Strongly disagree</th>
<th>% Neither/nor</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean that patients have more choice about their care</td>
<td>18</td>
<td>23</td>
<td>32</td>
<td>19</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Enable closer working across primary and secondary care</td>
<td>13</td>
<td>19</td>
<td>37</td>
<td>21</td>
<td>7</td>
<td>1</td>
</tr>
<tr>
<td>Make the NHS more efficient</td>
<td>11</td>
<td>14</td>
<td>37</td>
<td>30</td>
<td>6</td>
<td>1</td>
</tr>
<tr>
<td>Lead to an increase in professional autonomy</td>
<td>9</td>
<td>21</td>
<td>38</td>
<td>22</td>
<td>8</td>
<td>1</td>
</tr>
<tr>
<td>Improve the quality of patient care</td>
<td>8</td>
<td>16</td>
<td>41</td>
<td>28</td>
<td>5</td>
<td>1</td>
</tr>
<tr>
<td>Lead to more integrated services</td>
<td>5</td>
<td>10</td>
<td>40</td>
<td>38</td>
<td>5</td>
<td>1</td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Members worry that an entirely autonomous provider sector will damage NHS values

Q And thinking about proposals for all NHS providers to become, or be part of, a Foundation Trust within three years and for FTs to have greater freedoms from government control, to what extent do you agree or disagree with the following statements: An entirely autonomous provider sector will…?

- reduce the quality of patient care
- make the NHS less efficient
- lead to a reduction in accountability in the NHS
- reduce the quality of patient care
- lead to a reduction in professional autonomy

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
One in five think changes to the provider sector will increase accountability

Q And thinking about proposals for all NHS providers to become, or be part of, a Foundation Trust within three years and for FTs to have greater freedoms from government control, to what extent do you agree or disagree with the following statements: An entirely autonomous provider sector will . . .?

<table>
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<tr>
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<tbody>
<tr>
<td>lead to an increase in accountability in the NHS</td>
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<td>12</td>
<td></td>
</tr>
<tr>
<td>improve the quality of patient care</td>
<td>10</td>
<td>26</td>
<td>33</td>
<td>17</td>
<td>11</td>
<td></td>
</tr>
<tr>
<td>strengthen NHS values</td>
<td>4</td>
<td>17</td>
<td>35</td>
<td>33</td>
<td>10</td>
<td></td>
</tr>
</tbody>
</table>

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Respondents were asked to imagine the NHS in ten years’ time. They were presented with alternative scenarios and asked where they thought the NHS would sit…

They were then asked where they would like it to sit.
Members are more likely to think that NHS care will be provided by a range of organisation types...

Q Imagine the NHS in ten years’ time. Please indicate on the following sliding scale where you think the NHS will sit.

A. As now, NHS care will be provided mainly by publicly owned NHS organisations

B. A range of organisational types (commercial, not-for-profit, publicly owned) will be delivering care, with no one type more associated with ‘NHS’ care than any other

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Ipsos MORI
... but many want it to stay as it is now

Q And, using the same scale, please tell us where you would like it to sit.

A. As now, NHS care will be provided mainly by publicly owned NHS organisations

B. A range of organisational types (commercial, not-for-profit, publicly owned) will be delivering care, with no one type more associated with ‘NHS’ care than any other

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
There is a similar story for commissioning

Q Imagine the NHS in ten years’ time. Please indicate on the following sliding scale where you think the NHS will sit.

Q And, using the same scale, please tell us where you would like it to sit.

A. As now, commissioning of care will be undertaken by NHS bodies with no competition between commissioners for patients

B. A range of organisational types (commercial, not-for-profit, publicly owned) will be commissioning care and they will be competing against each other to manage the care of individual patients

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
Ipsos MORI
And for professional autonomy

Q Imagine the NHS in ten years’ time. Please indicate on the following sliding scale where you think the NHS will sit.

Q And, using the same scale, please tell us where you would like it to sit.

A. Doctors will use their professional judgement to make decisions on the commissioning and delivery of care

B. Decision-making on the commissioning and delivery of care will be primarily protocol-driven

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Key concerns - in their own words
Key findings – concerns about the aims of the reforms

- Members express numerous and wide-ranging concerns about the aims of the reforms.

- As seen earlier, there are worries about increased competition. Some members talk about a two-tiered system; they have concerns about poorly regulated providers entering the market and they suggest that this will drive down standards.

- Some also think that it will lead to a fragmentation of services and the introduction of postcode lotteries.

- There are concerns about the impact of the reforms on staff, with suggestions that it will damage morale, threaten training and lead to the loss of expertise.

- There is some scepticism that the reforms are prompted by the need for cost-saving rather than improving the NHS.

- Equally though, some members think that the reforms are too costly.

- Finally, and as seen earlier, there are concerns that the aims are not clear enough and are not evidence-based. Some members suggest that there has been a lack of information available and insufficient consultation with the sector and with the public.
Key findings – concerns about the implementation of the reforms

- A similar number and range of concerns exist about the implementation of the reforms.
- There are feelings that the task is simply too great, with dramatic changes required while NHS staff are trying to continue to deliver care to patients. The pace of change required is also thought to be too fast. Some worry that the reforms will destabilise the NHS.
- Some question whether there is the capacity, expertise and motivation within the NHS to take the reforms forward.
- There are also concerns about whether it is possible to take these reforms forward at a time of financial constraints. Some members question whether the funds are available to implement the reforms.
- Again, members suggest the need for more information and consultation on how the reforms will be implemented.
Pathfinder GPs
How do Pathfinder GPs differ from their colleagues....?

- GPs who are in favour of the NHS reforms are more likely to have already undertaken *approval to become a (commissioning) pathfinder* (38%) than those GPs opposed to the reforms (18%).

- Pathfinder GPs are more positive about the likely impacts of the reforms. Three-quarters (73%) believe they will lead to *more decision-making in the hands of clinicians* compared to 39% of BMA members overall.

- Additionally, 53% of pathfinder GPs think *closer working between primary and secondary care* is *likely* (compared to 34% overall).

- There is also better alignment amongst this group between the outcomes thought *likely* and the outcomes that will *improve* the quality of care in the NHS.

- However, this group still has the same concerns about *job security*, *changes in terms and conditions*, and *spending less time with patients*. 
Attitudinal types – how do members differ?
Attitudes towards engagement with the reforms

- There are mixed feelings towards engagement going forward; as many as one in five (21%) say they want to try to prevent the reforms from being implemented, and a further 12% want to carry on as they are now.

- A significant minority support the reforms though; just under one in five want to lead the changes or get involved (18%).

- Over a third (36%) are waiting to see what happens.
Respondents can be split on attitude towards proposed NHS reforms

Q Which ONE of the following statements best describes how you feel about your personal role in relation to the reforms?

- I want to help lead the changes: 6%
- I am keen to get involved: 12%
- I am waiting to see what it happens: 36%
- I want to carry on as I am now: 12%
- I want to try to prevent them from being implemented: 21%
- Don’t know: 6%
- Other: 7%

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Who makes up these groups?

- Medical academics and GPs are more likely to express feelings opposing the reforms. Consultants are slightly more likely to be in favour of the reforms.

- There are no statistically significant differences between the two groups when it comes to other branches of practice.

- There are significant differences between different age groups; members aged 55 and over are particularly likely to be in the ‘Anti-Reforms’ group (41% vs. 33%) overall.
Anti-Reforms
What worries this group particularly?

- As seen earlier, those changes that are thought most likely to happen are also those thought more likely to reduce the quality of NHS care.

- But a greater proportion of the Anti-Reforms group think it very likely that there will be an increased role for commercial organisations (82% vs. 60%).

- They are also particularly likely to think that this will reduce the overall quality of NHS care (80% vs. 44%).

- Furthermore, they express concerns about the impact of the reforms on their personal roles. Just 1% think that the reforms will have a positive impact.
Again, a high perceived likelihood of an increased role for commercial organisations

Q Thinking about the reforms overall, how likely, if at all, do you think it is that they will lead to the following things … An increased role for commercial organisations?

- Very likely: 82%
- Fairly likely: 15%
- Not very likely: 1%
- Not at all likely: *
- Don’t know: 2%

Base: 584 BMA members based in England opposed to the proposed reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
And this group is particularly likely to think this will reduce the quality of NHS care

Q And, if they were to happen, do you think each of these things would improve or reduce the overall quality of NHS care… An increased role for commercial organisations?

80% compares with 44% amongst the Pro-Reforms group

Don’t know

Improve

No difference

Reduce

80%

5%

12%

3%

Base: 584 BMA members based in England opposed to the proposed reforms, fieldwork dates: 17th January - 28th January 2011
Ipsos MORI
Very few think that the reforms will have a positive impact on their role

Q And thinking about the impact of the reforms on your personal role, please tell us what impact, if any, you think they will have overall?

- A major positive impact: 9%
- A minor positive impact: 1%
- No impact at all: 10%
- A minor negative impact: 1%
- A major negative impact: 33%
- Don’t know: 1%

1% compares with 41% amongst the Pro-Reforms group

A major negative impact: 47%

Base: 584 BMA members based in England opposed to the proposed reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
What is driving these views?

- It appears that a degree of this scepticism towards the reforms stems, in part, from a lack of belief in the need for change in the NHS (43% disagree). Further, just 4% agree that the reasons for change are well communicated to NHS staff.

- Past experience of change in the NHS appears to be a significant factor. Just 2% agree that change in the NHS is well-managed, and 94% think that there is too much change for change’s sake.

- This is perhaps linked to respondents in this group being older, and therefore having experienced first-hand several NHS changes.

- This group is also less likely to agree that Doctors have a role in leading change within the NHS (14% strongly disagree compared to 3% amongst those in favour of the reforms).
### Scepticism driven by experiences of change?

**Q** Here are some statements that have been made about the way change is managed in the NHS. To what extent do you agree or disagree with each?

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Strongly agree</th>
<th>% Tend to agree</th>
<th>% Neither/nor</th>
<th>% Tend to disagree</th>
<th>% Strongly disagree</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is too much change for change’s sake</td>
<td>79</td>
<td>15</td>
<td>32</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Doctors have a role in leading change in the NHS</td>
<td>31</td>
<td>37</td>
<td>8</td>
<td>8</td>
<td>14</td>
<td></td>
</tr>
<tr>
<td>I understand the need for change in the NHS</td>
<td>9</td>
<td>37</td>
<td>11</td>
<td>22</td>
<td>20</td>
<td>*</td>
</tr>
<tr>
<td>The reasons for change are well communicated to NHS staff</td>
<td>36</td>
<td>31</td>
<td>57</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in the NHS is well managed</td>
<td>4</td>
<td>25</td>
<td>68</td>
<td>2</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Base: 584 BMA members based in England opposed to the proposed reforms, fieldwork dates: 17\(^{th}\) January - 28\(^{th}\) January 2011

*Ipsos MORI*
Pro-Reforms
What aspects of the reforms do they support?

- There is a significant minority of respondents who are engaged with the reforms and can see opportunity in them: 18% want to help lead the changes or get involved.

- A higher proportion of this group feel that the reforms are likely to lead to *more decision-making in the hands of clinicians* (64%) and *closer working between primary and secondary care* (58%). Crucially, these are also amongst those changes this group feel will improve the overall quality of NHS care (80% and 79% respectively).

- In this group, 41% think the reforms will have a **positive** impact on their role. This contrasts sharply with the 1% of the other group who feel this way.
This group are more likely to believe that the reforms will achieve a number of things

Q Thinking about the reforms overall, how likely, if at all, do you think it is that they will lead to the following things?

- More decision-making in the hands of clinicians
  - % Pro-reforms saying likely: 64
  - % Anti-reforms saying likely: 28

- Closer-working between primary and secondary care
  - % Pro-reforms saying likely: 58
  - % Anti-reforms saying likely: 23

- More say for patients and the public
  - % Pro-reforms saying likely: 52
  - % Anti-reforms saying likely: 10

- Better ways of measuring performance
  - % Pro-reforms saying likely: 50
  - % Anti-reforms saying likely: 10

- A more effective public health service
  - % Pro-reforms saying likely: 44
  - % Anti-reforms saying likely: 5

Base: 284 BMA members based in England in favour of the proposed reforms and 584 opposed to reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
And they are more likely to believe these will improve the quality of NHS care

Q  And, if they were to happen, do you think each of these things would improve or reduce the overall quality of NHS care?

<table>
<thead>
<tr>
<th></th>
<th>% Pro-reforms saying improve</th>
<th>% Anti-reforms saying improve</th>
</tr>
</thead>
<tbody>
<tr>
<td>More decision-making in the hands of clinicians</td>
<td>80</td>
<td>57</td>
</tr>
<tr>
<td>Closer-working between primary and secondary care</td>
<td>79</td>
<td>61</td>
</tr>
<tr>
<td>More say for patients and the public</td>
<td>69</td>
<td>53</td>
</tr>
<tr>
<td>Better ways of measuring performance</td>
<td>45</td>
<td>69</td>
</tr>
<tr>
<td>A more effective public health service</td>
<td>67</td>
<td>54</td>
</tr>
</tbody>
</table>

Base: 284 BMA members based in England in favour of the proposed reforms and 584 opposed to reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
Again, there are key differences in perceptions of what might happen

Q And again thinking about the impact of the reforms on your role, how likely, if at all, do you think it is that they will lead to the following?

- More management responsibilities
  - % Pro-reforms saying likely: 83
  - % Anti-reforms saying likely: 49

- Closer working with colleagues in primary and secondary care
  - % Pro-reforms saying likely: 63
  - % Anti-reforms saying likely: 21

- More professional autonomy
  - % Pro-reforms saying likely: 31
  - % Anti-reforms saying likely: 7

Base: 284 BMA members based in England in favour of the proposed reforms and 584 opposed to reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
This group are much more likely than the other group to welcome management responsibilities

Q And for each of the following statements, please tell us how welcome or unwelcome it is for your personally?

- More management responsibilities
  - % Pro-reforms saying welcome: 68
  - % Anti-reforms saying welcome: 13

- Closer working with colleagues in primary and secondary care
  - % Pro-reforms saying welcome: 89
  - % Anti-reforms saying welcome: 65

- More professional autonomy
  - % Pro-reforms saying welcome: 77
  - % Anti-reforms saying welcome: 61

Base: 284 BMA members based in England in favour of the proposed reforms and 584 opposed to reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
What is driving these views?

- 87% of this group agree that they understand the need for change in the NHS.

- A higher proportion of this group feel that doctors have a role in leading change in the NHS (86% agree).

- While this group is still sceptical about change in the NHS being well-managed and the reasons for change being well communicated to NHS staff, the strength of these views is much more moderate than amongst the other group.
Doctors have a role in leading change

There is too much change for change’s sake

The reasons for change are well communicated to NHS staff

Change in the NHS is well managed

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Pro-reforms agreeing</th>
<th>% Anti-reforms agreeing</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understand the need for change in the NHS</td>
<td>87</td>
<td>46</td>
</tr>
<tr>
<td>Doctors have a role in leading change</td>
<td>86</td>
<td>68</td>
</tr>
<tr>
<td>There is too much change for change’s sake</td>
<td>72</td>
<td>94</td>
</tr>
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<td>The reasons for change are well communicated to NHS staff</td>
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Base: 284 BMA members based in England in favour of the proposed reforms and 584 opposed to reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
However, there are still significant concerns amongst even this group

- While this group support the aims of the reforms, and express a much lower level of concern about their impact, there remain a number of areas in which they are yet to be convinced.
- A third (34%) say that the reforms will have a negative impact on their personal role. Over half think that the reforms will lead to them spending less time with patients (54%) but just 3% welcome this.
- Two-fifths (40%) think that GP-led commissioning will increase health inequalities, whilst a significant minority (22%) think it will reduce the quality of patient care.
- Two-thirds (67%) believe that increased competition will lead to a fragmentation of NHS services.
- Nearly half (46%) think that moving to an entirely autonomous provider sector will damage NHS values.
They are worried about spending less time with patients

Q And again thinking about the impact of the reforms on your role, how likely, if at all, do you think it is that they will lead to the following?

- % Very likely
- % Fairly likely
- % Not very likely
- % Not at all likely
- % Don't know

Spending less time with patients

- 22%
- 32%
- 25%
- 13%
- 9%

Q And for each of the following statements, please tell us how welcome or unwelcome it is for your personally?

- % Very welcome
- % Fairly welcome
- % Fairly unwelcome
- % Very unwelcome
- % Neither/nor
- % Don't know

Spending less time with patients

- 3%
- 29%
- 24%
- 42%
- 2%

Base: 284 BMA members based in England in favour of the proposed reforms, fieldwork dates: 17th January - 28th January 2011

Ipsos MORI
And nearly half think that GP commissioning will increase health inequalities

Q  Below are statements based on some things that have been said about GP-led commissioning. To what extent do you agree or disagree with each of these statements? GP-led commissioning…..

- **Strongly agree**
- **Tend to agree**
- **Tend to disagree**
- **Strongly disagree**
- **Neither/nor**
- **Don't know**

1. **will increase health inequalities**
   - % Strongly agree: 11
   - % Tend to agree: 29
   - % Tend to disagree: 20
   - % Strongly disagree: 26
   - % Neither/nor: 10

2. **will damage the GP-patient relationship**
   - % Strongly agree: 9
   - % Tend to agree: 23
   - % Tend to disagree: 20
   - % Strongly disagree: 31
   - % Neither/nor: 13

3. **will make the NHS less efficient**
   - % Strongly agree: 4
   - % Tend to agree: 17
   - % Tend to disagree: 26
   - % Strongly disagree: 37
   - % Neither/nor: 12

4. **will reduce the quality of patient care**
   - % Strongly agree: 2
   - % Tend to agree: 19
   - % Tend to disagree: 22
   - % Strongly disagree: 41
   - % Neither/nor: 11

5. **will lead to a reduction in professional autonomy**
   - % Strongly agree: 2
   - % Tend to agree: 26
   - % Tend to disagree: 23
   - % Strongly disagree: 33
   - % Neither/nor: 11

6. **will prevent close working across primary and secondary care**
   - % Strongly agree: 5
   - % Tend to agree: 11
   - % Tend to disagree: 18
   - % Strongly disagree: 49
   - % Neither/nor: 12

Base: 284 BMA members based in England in favour of the proposed reforms, fieldwork dates: 17th January - 28th January 2011

*Ipsos MORI*
And there are still concerns that increased competition will lead to a fragmentation of services

Q And thinking about proposals to extend choice to ‘any willing provider’ and to give Monitor new duties, including to promote competition, to what extent do you agree or disagree with the following statements: Increase competition in the NHS will . . .

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<td>8</td>
<td>33</td>
<td>18</td>
<td>31</td>
<td>31</td>
<td>64</td>
</tr>
<tr>
<td>prevent close working across primary and secondary care</td>
<td>7</td>
<td>24</td>
<td>21</td>
<td>32</td>
<td>32</td>
<td>18</td>
</tr>
<tr>
<td>reduce the quality of patient care</td>
<td>6</td>
<td>40</td>
<td>21</td>
<td>20</td>
<td>20</td>
<td>8</td>
</tr>
<tr>
<td>mean that patients have less choice about their care</td>
<td>6</td>
<td>30</td>
<td>20</td>
<td>31</td>
<td>31</td>
<td>104</td>
</tr>
</tbody>
</table>

Base: 284 BMA members based in England in favour of the proposed reforms, fieldwork dates: 17th January - 28th January 2011
Half think that proposals for the provider sector will damage NHS values

Q And thinking about proposals for all NHS providers to become, or be part of, a Foundation Trust within three years and for FTs to have greater freedoms from government control, to what extent do you agree or disagree with the following statements: An entirely autonomous provider sector will . . .?

<table>
<thead>
<tr>
<th>Statement</th>
<th>% Strongly agree</th>
<th>% Tend to agree</th>
<th>% Tend to disagree</th>
<th>% Strongly disagree</th>
<th>% Neither/nor</th>
<th>% Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>damage NHS values</td>
<td>17</td>
<td>28</td>
<td>15</td>
<td>26</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>reduce the quality of patient care</td>
<td>7</td>
<td>19</td>
<td>29</td>
<td>33</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>lead to a reduction in professional autonomy</td>
<td>5</td>
<td>33</td>
<td>26</td>
<td>20</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>lead to a reduction in accountability in the NHS</td>
<td>5</td>
<td>31</td>
<td>20</td>
<td>29</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>make the NHS less efficient</td>
<td>5</td>
<td>24</td>
<td>22</td>
<td>33</td>
<td>10</td>
<td>6</td>
</tr>
</tbody>
</table>

Base: 284 BMA members based in England in favour of the proposed reforms, fieldwork dates: 17th January - 28th January 2011

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Waiting to see what happens.....
Waiting to see what happens…

- As mentioned previously, there is a significant third attitudinal group – those who are waiting to see what happens (36% of members).
- This attitude is held more commonly amongst junior doctors in training (43%) and consultants (39%).
- Awareness and understanding is lower amongst this group; they are more likely to say that they know not much/nothing at all about the NHS reforms (49%).
- As is to be expected, this groups appears to form the ‘middle-ground’ between those in favour of the NHS Reforms and those opposed to them. For example, 64% of this group think it very likely there will be an increased role for commercial organisations (compared to 82% for the Anti-Reforms and 60% for the Pro-Reforms group.
- Similarly, two-thirds feel this will reduce the overall quality of NHS care (63%) falling in between the Anti-Reforms (80%) and Pro-Reforms (44%).
- Half of this group feels the reforms will have a negative impact overall on their personal role (50%), again sitting between the Pro-Reforms (34%) and Anti-Reforms (80%).

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Conclusions
A lack of clarity about the reforms but a belief that they will have a significant impact on the NHS

- While there is wide awareness of the reforms, there is much lower understanding of their potential impact, particularly on doctors’ roles.

- Members do think that the reforms will significantly change the NHS, but not in a way that is desired.

- For example, those changes that are thought most likely to happen (e.g. an increased role for commercial organisations and increased competition) are also those thought likely to reduce the quality of NHS care.

- While there is uncertainty about exactly how the reforms will affect the NHS, members imagine a very different NHS in ten years’ time, in terms of commissioning and provision of care and professional autonomy.

- However, most members would rather an NHS closer to its existing form.
Those who support the reforms still have doubts about their impact

- Not all members are against the reforms though. Over a third are waiting to see what happens and there is a significant minority of members who support the ethos of the reforms and can see opportunity in them. They at least want to get involved.

- The latter group are more likely to welcome specific changes to the system (e.g. closer working between primary and secondary care and more decision-making in the hands of clinicians) and the changes to their own role (e.g. more management responsibilities).

- However, even amongst this group, there are significant concerns about the impact of the reforms. For example, they are worried that doctors will spend less time with patients, that health inequalities will increase and that NHS values will be damaged. One in five believe GP-led commissioning will reduce the quality of patient care.

- Perhaps the attitudes of this group – which could be seen as the enablers of the reforms – are more revealing. Even they are yet to be convinced that the reforms will result in better care for NHS patients.
Demographics: Branch of practice

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

* N.B. SAS Dr refers to Staff Grade and Associated Specialist Doctors
Demographics: Age

- Under 25: 1%
- 25 - 34: 31%
- 35 - 44: 24%
- 45 - 54: 22%
- 55+: 21%

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011
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Demographics: Gender

- Female: 45%
- Male: 55%

Base: 1,645 BMA members based in England, fieldwork dates: 17th January - 28th January 2011

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