

Primary Care Workforce Survey Scotland 2015

A Survey of Scottish General Practices and General Practice Out of Hours Services

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Introduction

This report presents results from the 2015 National Primary Care Workforce Survey. The survey is an important source of information to support workforce planning for primary medical services. It was initially developed as a means of addressing some of the gaps in the routinely available information about GPs and other staff in Scottish general practices. Previous iterations of the survey were run in 2009 and 2013.

Most general practices in Scotland are independent contractors and there is no contractual requirement for them to provide information about the staff that they employ. Although information is routinely available on the headcount and age/gender profile of GPs in post in general practices (and published at www.isdscotland.org/Health-Topics/General-Practice/), practices are not obliged to report whether individual GPs work full time or part time. There is also a need for more information on the workforce involved in the provision of General Practice Out of Hours (GP OoH) services and this 2015 survey was expanded to build upon the experimental, pilot survey of GP OoH workforce in Scotland introduced in 2013.

Sections 1 and 2 of the report provide information from the “In Hours” strand, designed to capture aggregate information on GPs, registered nurses (including nurse practitioners/advanced nurse practitioners) and other clinical staff employed by Scottish general practices. This includes:

- GPs in practice
- Practice-employed nurses / healthcare support workers / phlebotomists in post
- GP and nurse / healthcare support worker / phlebotomist vacancies and recruitment to posts
- Temporary cover for sessions / hours
- Out of hours commitments

Section 3 provides information on the “Out of Hours” strand, designed to capture information from the General Practice Out of Hours services in each NHS Board area. This includes:

- Description of the GP OoH service and OoH periods covered by the service
- Staff working in the GP OoH service in the past year
- Challenges in filling shifts

Both the “In hours” and “Out of Hours” surveys have undergone significant review and development prior to the 2015 survey (for further details see Appendix A1). This survey was developed in partnership with a range of stakeholders and was given the full backing of all partner organisations involved in its development including: the Scottish General Practitioners’ Committee, the Royal College of General Practitioners, the Royal College of Nursing and the Scottish Practice Nurse Association.

Much of the information presented in this report is for Scotland as a whole (comprising a mixture of reported and estimated / extrapolated figures), although some figures are also shown by workforce planning region and by NHS Board. More detailed information for individual workforce planning regions and NHS Boards is provided in supplementary interactive data files published on the [General Practice topic pages of ISD’s website](#).

Executive Summary

Since the last survey in 2013 the overall estimated number of GPs in Scotland has changed very little. However, the survey findings show that the proportion of GPs working 8 or more sessions, considered to be a 'full-time' commitment, has decreased, with a resulting decrease in the number of Whole Time Equivalent (WTE) GPs across Scotland. This decrease is occurring against a backdrop of increasing demand on GP services, with a continuing drive to shift from hospital to primary care and an ageing population.

Alongside the decrease in WTE GPs, the 2015 survey found an increase in the number of GP vacancies since the last survey in 2013. The survey has found that a large proportion of the vacancies reported in the survey that were still unfilled had been vacant for over 6 months.

In contrast to GPs, the survey reports an increase in WTE of nurses and health care support workers.

The survey looks at the age profile of both GPs and registered nurses working within practices. For both GPs and nurses there are large proportions aged 50 years and over, over a third of GPs, and over half of nurses. Amongst male GPs, who are most likely to work 8 or more sessions, nearly half are aged 50 or over.

The survey also collected information on General Practice Out of Hours (GP OoH) services. The findings from this section of the survey show that GP OoH services are reliant on a relatively small number of GPs carrying out a notable proportion of the hours worked. The survey also found that GP OoH services are regularly having to take additional action to ensure shifts are filled, either by extending shifts, having nurses cover GP shifts or vice versa or by offering additional financial incentives.

Main points

- While the estimated headcount of GPs working in Scottish general practice has changed very little since the 2009 and 2013 surveys, the estimated Whole Time Equivalent (WTE) of GPs declined by 2% between 2013 and 2015 (from 3,735 to 3,645).
- The estimated WTE of registered nurses and Health Care Support Workers employed by general practice however increased between 2013 and 2015, by 2% (from 1,420 to 1,455) and 23% (from 300 to 365) respectively.
- There has been a decrease in the proportion of GPs working 8 or more sessions (considered to be equivalent to 'full-time' for comparative purposes with previous surveys); from 51% of GPs in 2013 to 43% in 2015.
- Nearly 9 out of 10 practices reported using GP locums. The estimated GP locum input was 350 WTE for the year ending 31 August 2015. This was an increase from an estimate of 290 WTE GP locum input reported by the survey in 2013. The majority of practices also reported difficulties in recruiting locums, with 60% of practices regularly unable to recruit locums for unplanned absences.
- One in five (22%) responding GP practices reported current GP vacancies at 31 August 2015. This is an increase from 9% of practices reporting current vacancies in 2013. In 2015, half of the vacancies reported had been vacant for over 6 months. In contrast, a much smaller percentage of practices reported vacancies amongst nurses, with 1% reporting vacancies for nurse practitioners/advanced nurse practitioners, and 4% reported vacancies for general practice/treatment room nurses.
- Over a third of GPs working in Scottish general practice are aged 50 years old or over. Among male GPs this proportion is higher, with nearly half (47%) aged 50 years old or over. Among registered nurses in Scottish general practice over half (53%) are aged 50 years or over.
- Within General Practice Out of Hours (GP OoH) services, a small number of GPs are recorded as covering a notable proportion of the hours worked: 6% of GPs working in GP OoH services worked 1,000 hours or more over the year (equating to 20+ hours per week) and their total annual hours accounted for around a third (35%) of the total GP hours worked. The remaining GPs working in GP OoH services generally worked only a small number of hours each over the year.
- With the exception of NHS Shetland, all NHS Boards reported having to take actions due to being unable to fill all shifts as planned, with 9 NHS Boards reporting having to do so at least weekly. The most common action taken due to unfilled shifts was for staff to work longer shifts or start a shift earlier.

Results and Commentary

Survey Response Rates

A total of 561 general practices (58%) responded to the “In Hours” survey. Between them the responding practices provide primary medical services to approximately 60% of Scotland’s registered patient population.

Although this is a relatively high response rate for a voluntary survey, this rate of completion means that the survey may not represent the situation in all GP practices. Analysis does however suggest that the responding practices are broadly representative of all practices in Scotland in terms of practice list size, deprivation and rurality.

All 14 NHS Boards responded to the “Out of Hours” survey. Some Boards could not provide data for all types of services operating in their area. More information about this is available in Appendix A1

Further information on the response rates can be found in Appendix A1 and Table A1.

1 General Practitioners

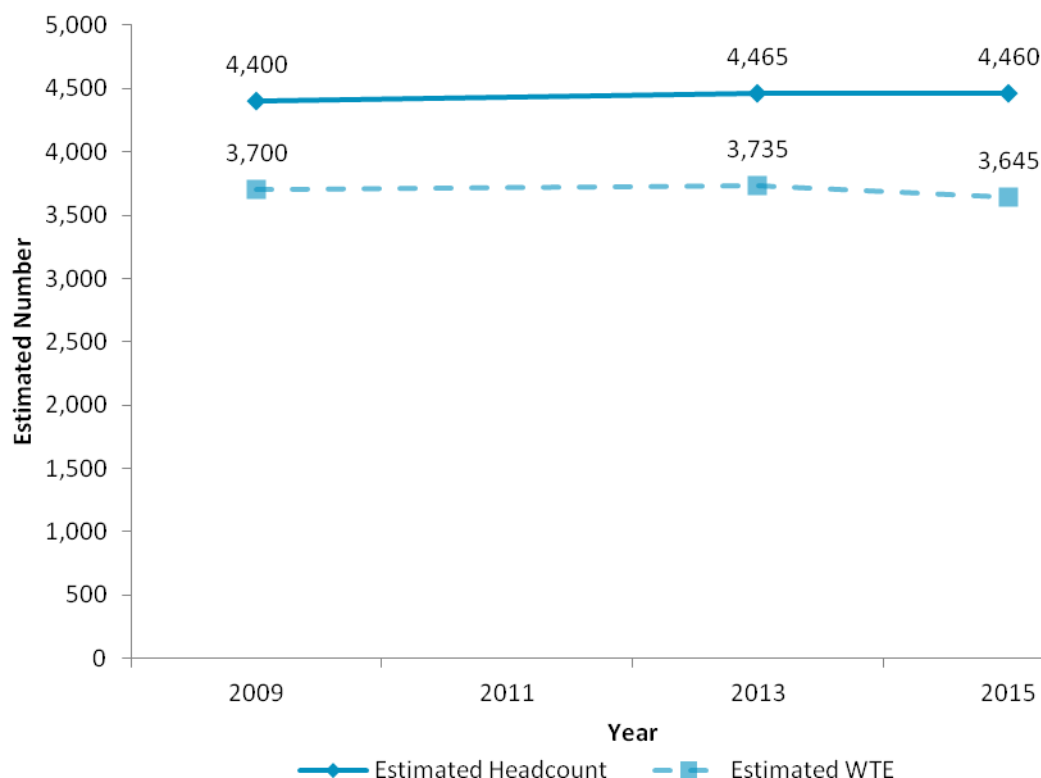
1.1 GPs in post in Scottish General Practice

Numbers of GPs and Whole Time Equivalents

The estimated headcount number of GPs in post in Scottish General Practices at 31 August 2015 was 4,460 (Table 1.1).

- There has been little change from the estimate of 4,465^R GPs in post reported in the 2013 survey and 4,400 reported in the 2009 survey (Table 1.2).

Figure 1: Estimated GP headcount and Whole Time Equivalent, Scotland; 2009 - 2015



Source: Primary Care Workforce Survey Scotland 2015

Accuracy of estimates

The estimates of headcount are checked for accuracy against the GP Contractor Database (GPCD). At Scotland level the estimates reported within this publication are very close to those reported by GPCD. Further information on how this assessed is available in Appendix A1.

The estimated Whole Time Equivalent (WTE) number of GPs is 3,645.

- There has been a slight decline (1-2%) in the estimated number of WTE GPs in Scotland, which was estimated at 3,735 GPs in 2013 and 3,700 GPs in 2009 (Table 1.2).
- This decrease is against a backdrop of increasing demand on GP services, with a continuing drive to shift from hospital to primary care and an ageing population.

Calculation of Whole Time Equivalents

Within this report, GP WTE has been calculated based on 8 sessions as a full-time commitment. This is in line with previous reports.

The survey found a variation between practices across Scotland as to the number of sessions per week regarded as full time and further information on this and the effect on WTE numbers is reported in Appendix A1.

The majority of GPs, over four fifths (83%), were partners or senior partners.

- The estimated headcount of partners/senior partners in Scotland was 3,690.
- There were an estimated 660 salaried GPs and 105 retainees, equating to 15% and 2% of the total headcount respectively.
- The survey also recorded a small number of returner GPs, with an estimated headcount of 5 across Scotland (Table 1.3).

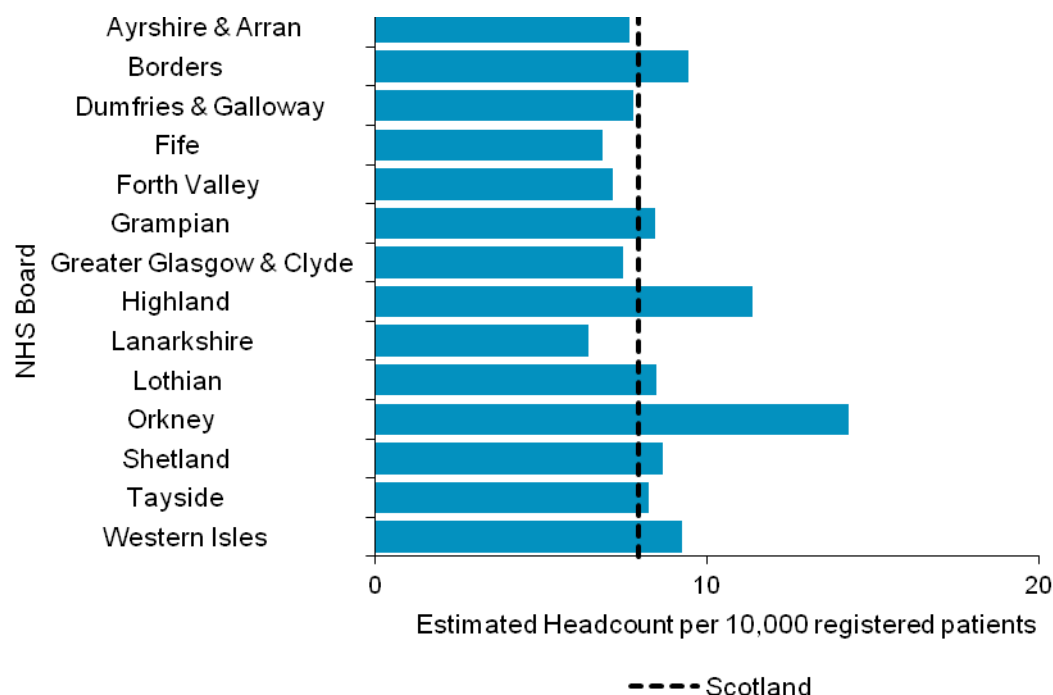
Since 2013 there has been a slight decline in the proportion of the GP workforce that are partners, with a corresponding increase in the proportion of salaried GPs.

- In 2013 85% of GPs were partners, compared to 83% in 2015.
- Salaried GPs increased from 13% of GPs in 2013 to 15% in 2015 (Table 1.3).

For Scotland as a whole, there are an estimated 8 GPs per 10,000 registered patients, with a WTE of 7 GPs per 10,000 patients.

- The number of GPs per 10,000 patients was higher in more rural areas where the population is more spread out. For example, NHS Highland reports 11 GPs per 10,000 patients and NHS Orkney reports 14 GPs per 10,000 population. NHS Borders, NHS Shetland and NHS Western Isles reported 9 GPs per 10,000 population, slightly above the Scotland figure (Table 1.4).

Figure 2: Estimated GP headcount per 10,000 registered patients, by NHS Board; 2015



Age and gender of GP workforce

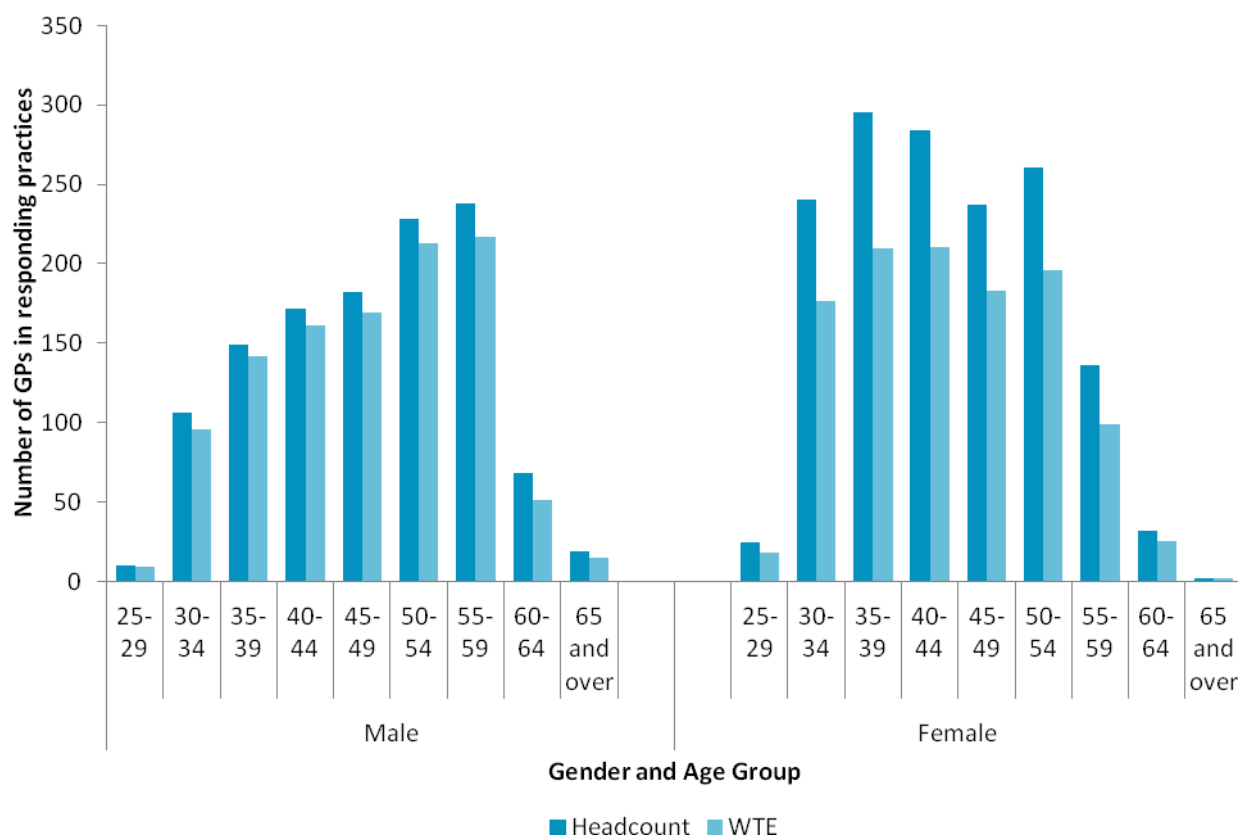
Females form the majority of the GP workforce, with the survey reporting 56% of GPs as female and 44% as male.

- The proportion of female GPs has risen since the 2013 survey which reported 52% of GPs as female.
- Looking at WTE estimates, the proportions of males and females are more balanced (49% males and 51% females), reflecting the higher prevalence of part-time working amongst female GPs (Table 1.5).

Just over half of all GPs (52%) are aged 45 years or over. However, amongst male GPs nearly two thirds (63%) are aged 45 or over, compared to less than half (44%) of female GPs.

- Two fifths (40%) of male GPs are aged between 50 and 59 years, with a further 7% aged 60 or over.
- A quarter (26%) of female GPs are aged between 50 and 59 years, with 2% aged 60 or over.
- There has been little change in the age profile of GPs compared to the 2013 survey (Table 1.5).

Figure 3: Headcount and WTE GPs by gender and age group, Scotland; 2015



Source: Primary Care Workforce Survey Scotland 2015

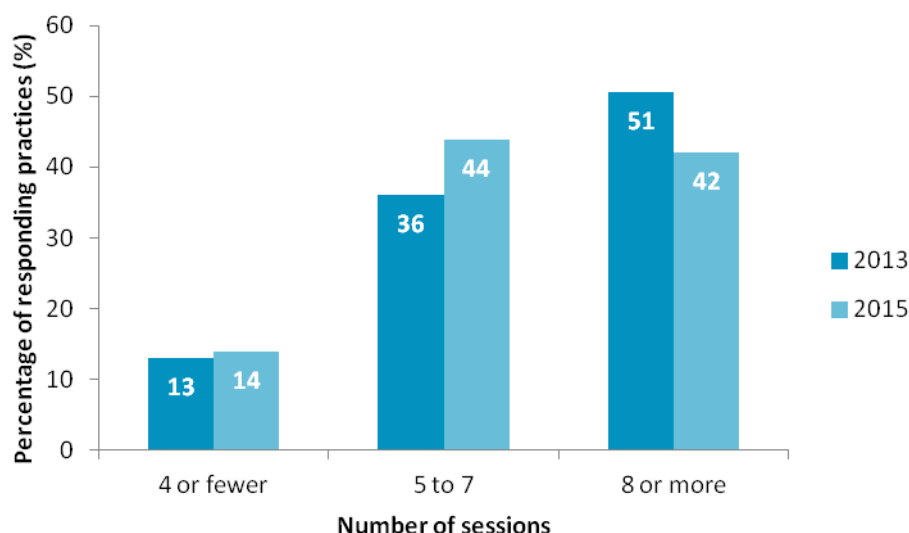
Sessional Commitments

The most commonly reported GP sessional commitment was 8 sessions per week, with 21% of responding GPs reporting this.

- Overall, 42% of GPs reported working 8 or more sessions per week.
- 44% worked between 5 and 7 sessions per week.
- 14% worked 4 or fewer sessions per week (Table 1.6).

The number of sessions worked outside of practices (for example; family planning, GP with a special interest and medical education sessions) were not captured in this survey.

Figure 4: Number of sessions per week, Scotland; 2013, 2015



Source: Primary Care Workforce Survey Scotland 2015

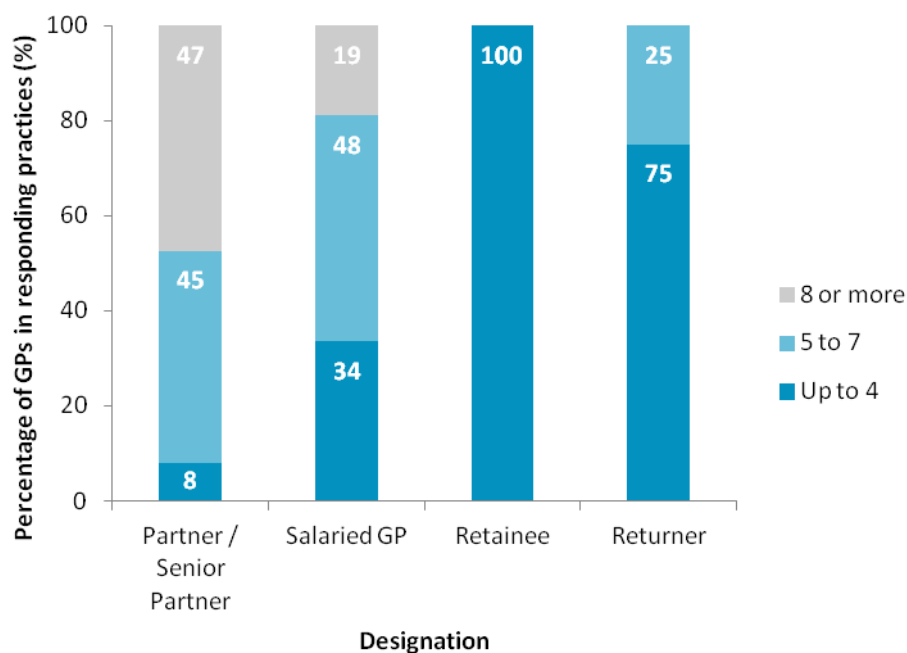
The proportion of GPs reporting working 8 or more sessions per week has decreased since 2013.

- 43% of responding GPs reported working 8 or more sessions per week in 2015, compared to 51% in 2013.
- There has been a corresponding increase in the proportion of GPs working between 5 and 7 sessions, from 36% in 2013 to 44% in 2015 (Table 1.6).
- The proportion of GPs reporting working 4 or fewer sessions per week remained the same at 13% in 2013 and 2015.

Partners are most likely to work 8 or more sessions per week, with nearly half (48%) of partners doing so, compared to around a fifth (19%) of salaried GPs.

- Salaried GPs are also more likely to work a smaller number of sessions, with a third (34%) working up to 4 sessions per week, compared to 7% of partners (Table 1.9).

Figure 5: Number of sessions per week by designation, Scotland; 2015

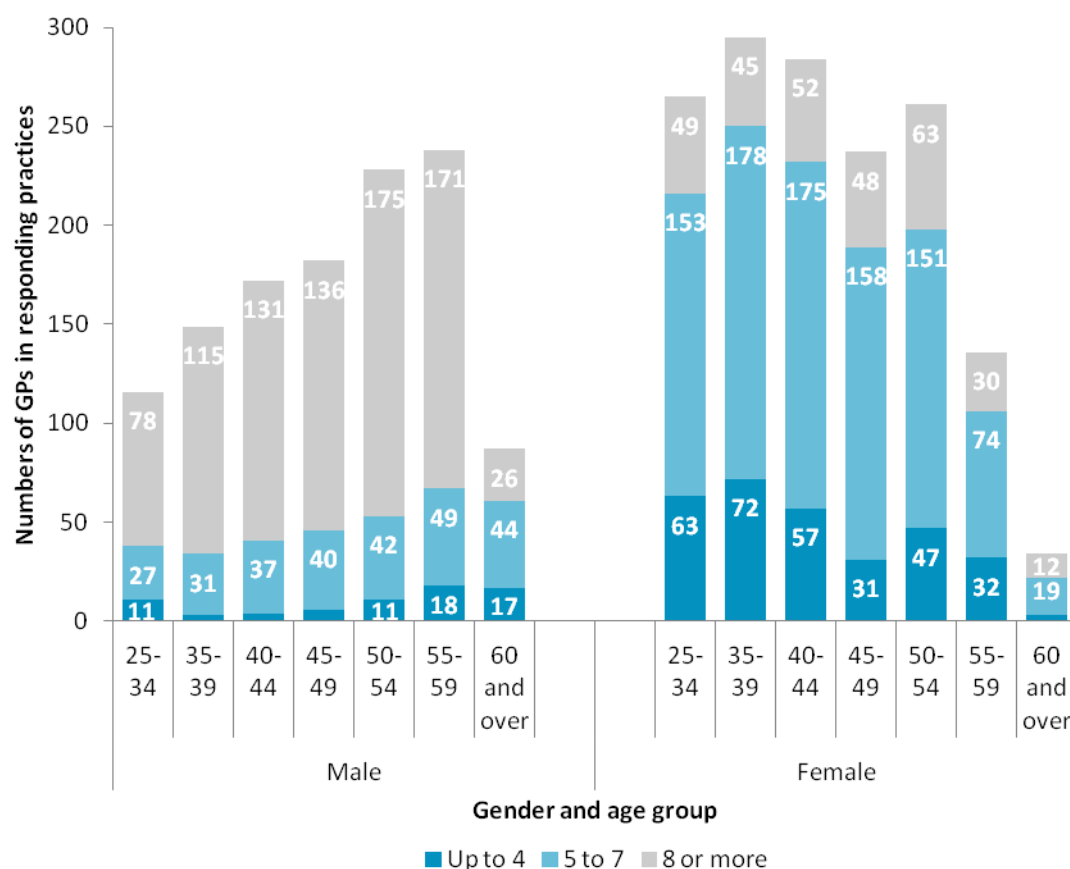


Source: Primary Care Workforce Survey Scotland 2015

Female GPs are more likely to work fewer sessions per week compared to male GPs.

- While the majority (71%) of male GPs worked 8 or more sessions per week, only 20% of female GPs worked 8 or more sessions per week.
- Nearly two thirds of female GPs worked between 5 and 7 sessions per week (60%), while nearly a fifth (20%) worked 4 or fewer sessions.
- Around a quarter of male GPs worked between 5 and 7 sessions per week (23%) with only 6% working 4 or fewer sessions (Table 1.8).

Figure 6: Number of sessions per week by gender and age group, Scotland; 2015

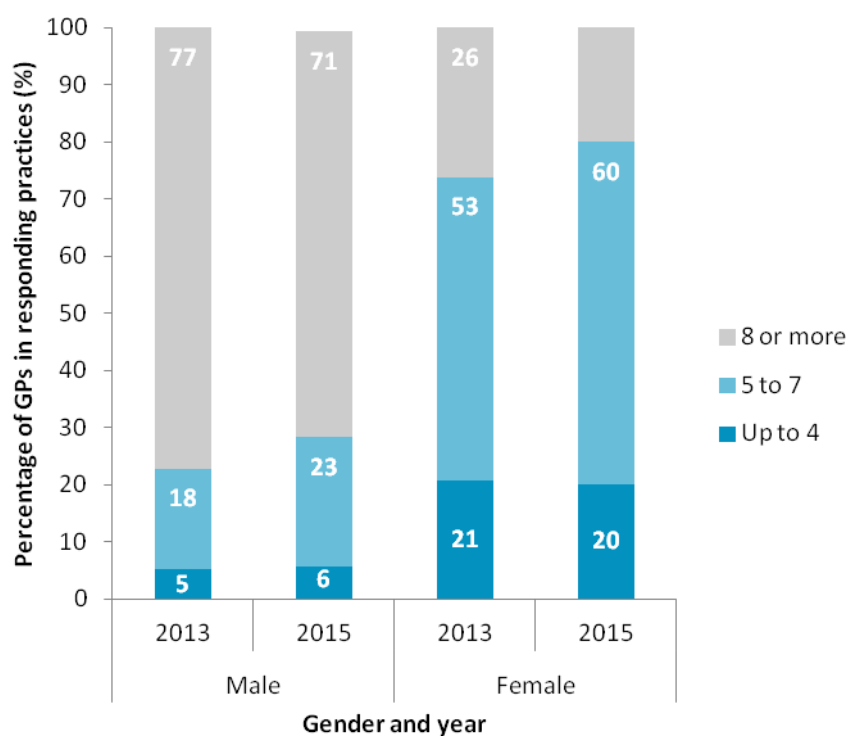


Source: Primary Care Workforce Survey Scotland 2015

Compared to 2013 there has been a decrease in the proportion of both male and female GPs working 8 or more sessions per week.

- For males this has decreased from 77% of GPs working 8 or more sessions per week in 2013 to 71% in 2015.
- For females this decreased from 26% working 8 or more sessions per week in 2013 to 20% in 2015 (Table 1.8).

Figure 7: Number of sessions per week by gender, Scotland; 2013 and 2015

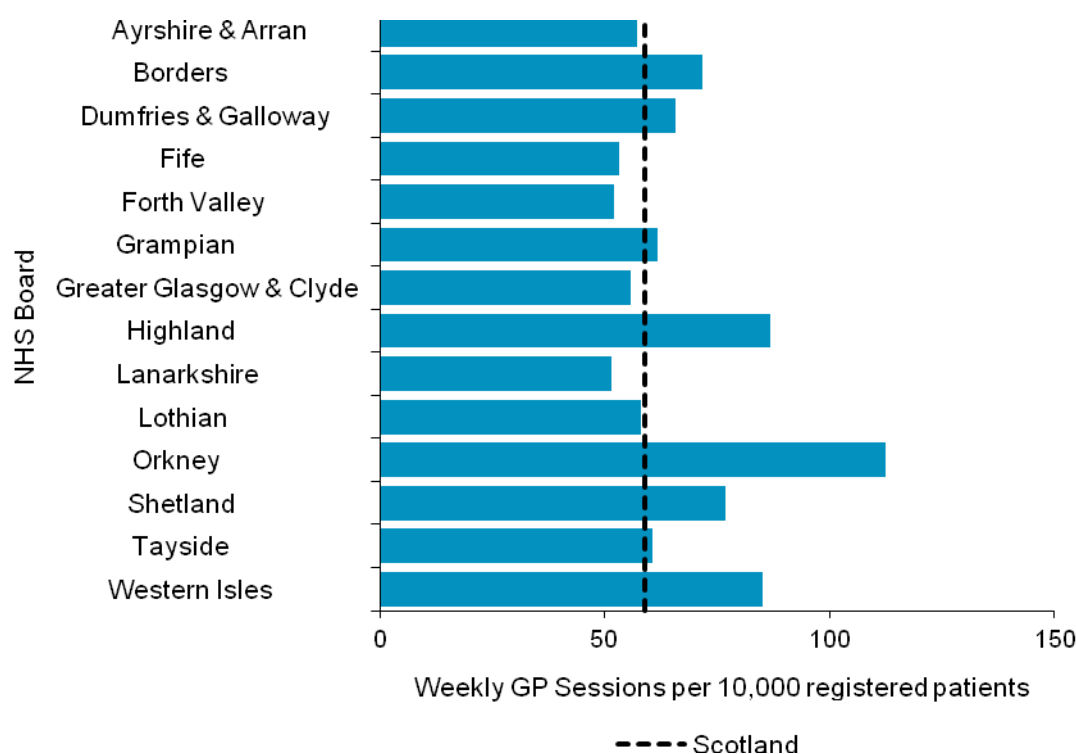


Source: Primary Care Workforce Survey Scotland 2015

Across Scotland there were an estimated 59 GP sessions worked per week for every 10,000 registered patients (including weekly sessional commitment of GPs, locum sessions and additional sessions worked by practices' own GPs).

- This has decreased slightly from an estimated 61 weekly sessions per 10,000 registered patients in 2013.
- More rural NHS Boards reported a higher number of weekly sessions per 10,000 patients, due to the geographical spread of their populations. NHS Highland (87 sessions per 10,000 patients), NHS Orkney (112 sessions per 10,000 patients), NHS Shetland (77 sessions per 10,000 patients) and NHS Western Isles (85 sessions per 10,000 patients) reported the highest estimated weekly sessions (Table 1.10).

Figure 8: Estimated weekly GP sessions per 10,000 patients, by NHS Board; 2015



Source: Primary Care Workforce Survey Scotland 2015

GP working hours

Over a third (35%) of GPs are reported to be working 40 or more hours per week, with 10% reporting as working 50 or more hours per week.

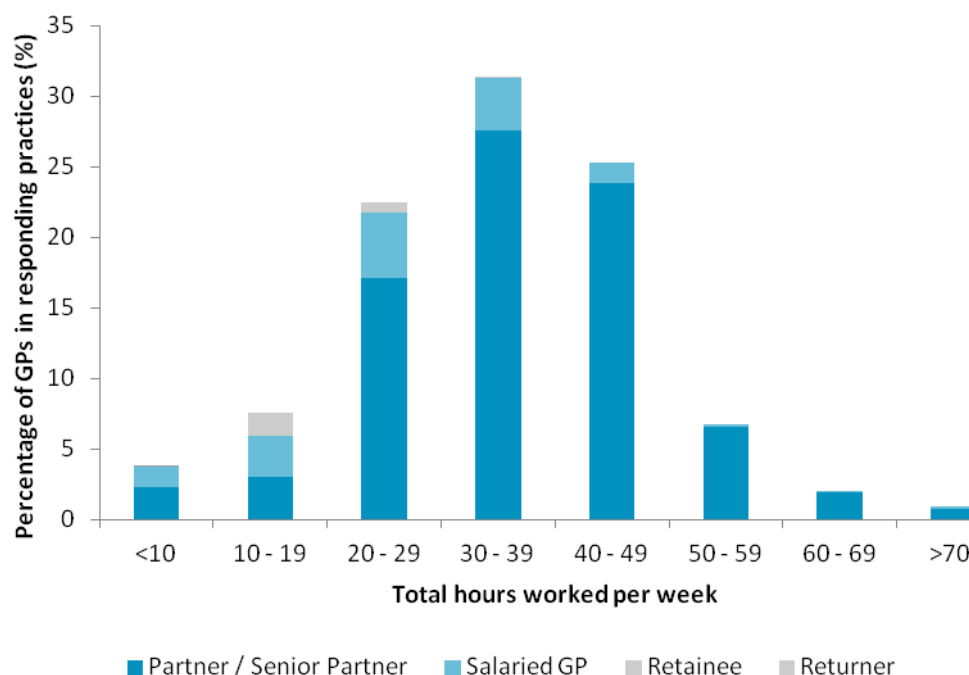
- A further third of GPs (31%) were reported as working 30 to 39 hours per week.
- Only 11% of GPs worked fewer than 20 hours per week (Table 1.11).

Information on GP working hours was completed by practice managers. In a follow-up survey 59% of respondents (159 of 271) reported that they had consulted GPs about the average hours they worked per week. It should be noted therefore that where GPs were not consulted the reported hours may not accurately reflect GPs actual working hours. Further information is available in Appendix A1

GP Partners were more likely to report higher working hours than salaried GPs.

- 40% of GP Partners reported working 40 or more hours per week, compared to 13% of salaried GPs (Table 1.11).

Figure 9: Reported Total hours worked per week, by GP designation; 2015



Source: Primary Care Workforce Survey Scotland 2015

The majority of GPs (85%) are reported to be working an average of 4 to 6 hours per session, which included both time spent in direct patient contact and time spent on additional tasks such as referral letters, case conferences, arranging admissions and prescribing outwith clinic time.

- For three quarters (76%) of GPs it was reported that their hours of direct patient contact were on average 3 to 4 hours per session.
- A similar proportion (73%) of GPs were reported to be working around 1 to 2 hours per session on additional tasks (Table 1.12).

GPs working in General Practice Out of Hours

A quarter (25%) of all GPs were reported as also doing some Out of Hours work.

- This figure may be an underestimate because most forms will have been completed by practice managers who may not have had full information about GP's Out of Hours work. A higher proportion of salaried GPs were reported as undertaking OoH work (27% of salaried GPs compared to 24% of partners), which may reflect the survey findings that salaried GPs were more likely to work fewer sessions and hours and therefore have more capacity for Out of Hours work (Table 1.13).

The survey question did not ask about the level or frequency of Out of Hours work undertaken.

Further information is available in section 3.1 of this report about the Out of Hours GP workforce.

1.2 Use of locum and sessional GP time

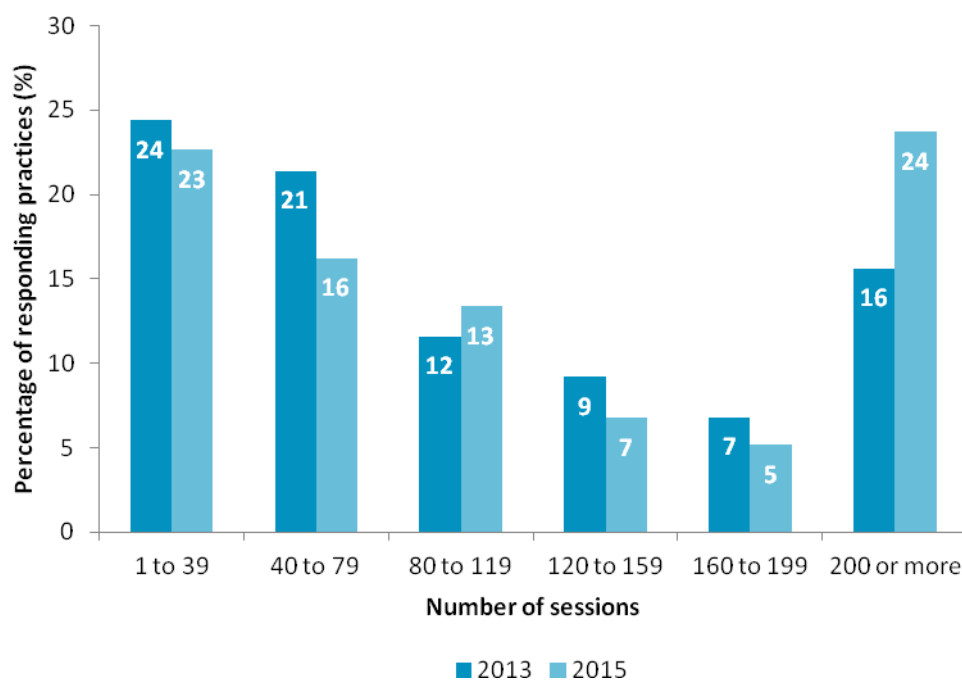
Nearly 9 out of 10 general practices in Scotland used locums during the course of the year. The estimated locum/sessional input was 350 WTE.

- Locums/sessional GPs accounted for 8.6% of the total GP WTE (Table 1.16).
- The estimate from the 2013 survey was 290 WTE locum/sessional GPs, suggesting an increasing need for locum support. This may relate to increasing vacancy rates, reported in section 1.3.

A quarter (24%) of responding practices reported that they had required 200 or more sessions to be filled by locum/sessional GPs during the preceding 12 month period.

- This is an increase from 16% of practices reporting requiring this level of locum support in 2013 (Table 1.17).

Figure 10: Number of locum sessions required over 12 months, Scotland; 2013 and 2015



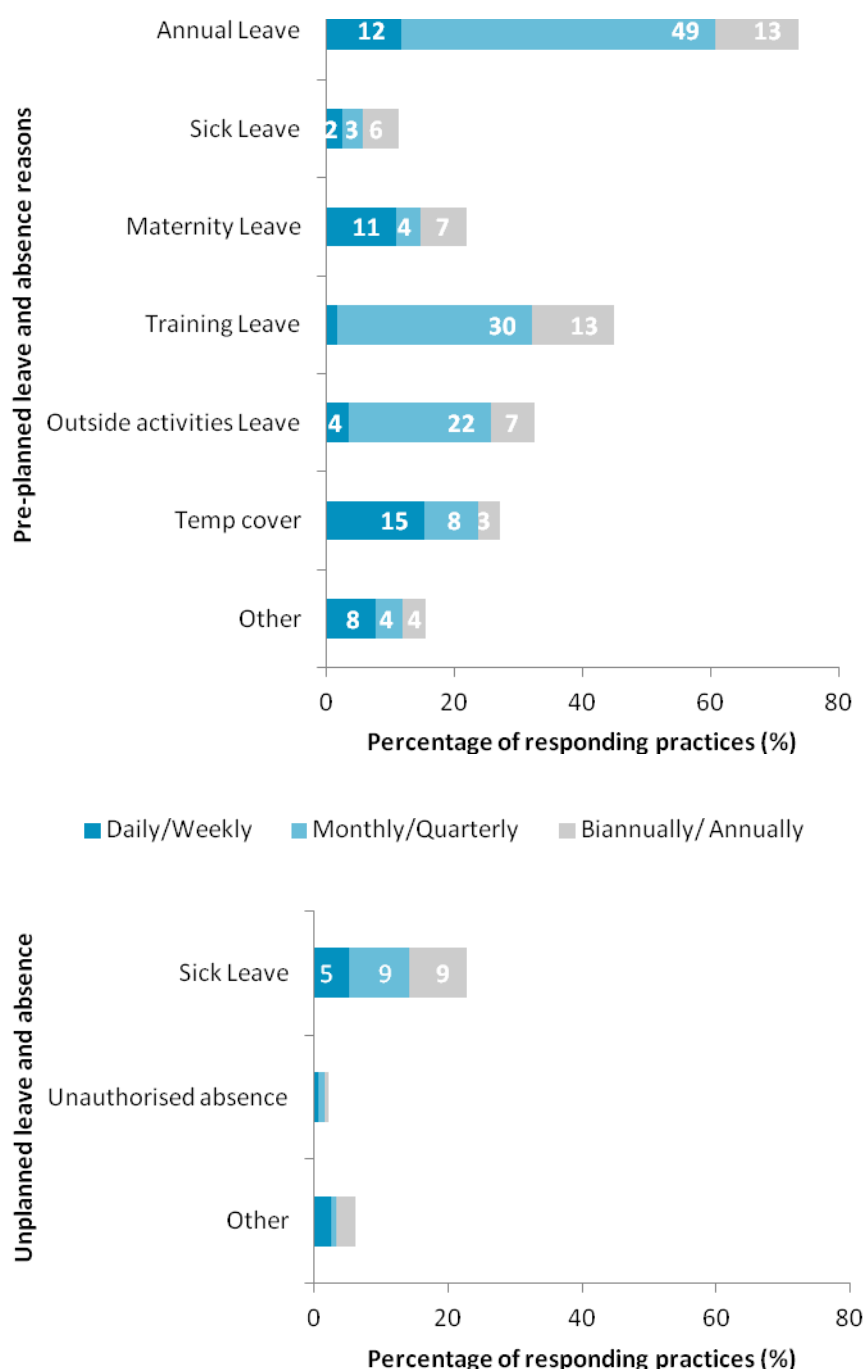
Source: Primary Care Workforce Survey Scotland 2015

Practices reported that locums were most commonly recruited for planned annual leave.

- Nearly three quarters of practices (74%) reported recruiting locums to cover annual leave, with around half doing so on a monthly or quarterly basis and 12% on a daily or weekly basis.
- Nearly half (45%) reported recruiting locums for training leave and a third (33%) recruited to cover outside activities.
- The most common type of unplanned cover required was for unplanned sick leave, with 23% of practices reporting recruiting locums to cover this (Table 1.18).

Feedback from practices has been that it was difficult to collate information for this question. There are also concerns that there may be been some misinterpretation of the question. While the question was intended to gather information on how often practices were going through the process of recruiting locums it is possible that some responses are based on how frequently locums were required. The impact of this is difficult to quantify and this should be borne in mind when interpreting this data.

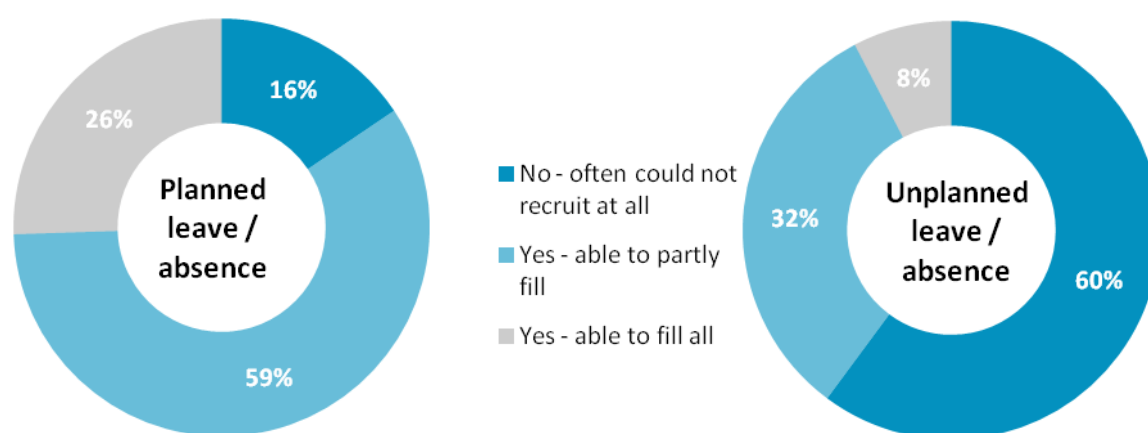
Figure 11: Frequency of locum recruitment by reason required (pre-planned and unplanned), Scotland; 2015



The majority of practices reported problems with recruiting locums. Only 26% of practice were able to fully fill locum requirements for planned events (e.g. annual leave), with only 8% able to fully fill for unplanned events (e.g. sick leave).

- For planned events 16% of practices reported that they could not recruit a locum, with 59% only able to partly fill their requirements.
- For unplanned events 60% of practices were unable to recruit a locum, with 32% only able to partly fill their requirements (Table 1.19).

Figure 12: Ability to recruit locum cover, Scotland; 2015



Source: Primary Care Workforce Survey Scotland 2015

Thirty-nine per cent of responding practices had attempted to recruit a locum on a regular or longer term basis (for example, to cover a vacant GP post).

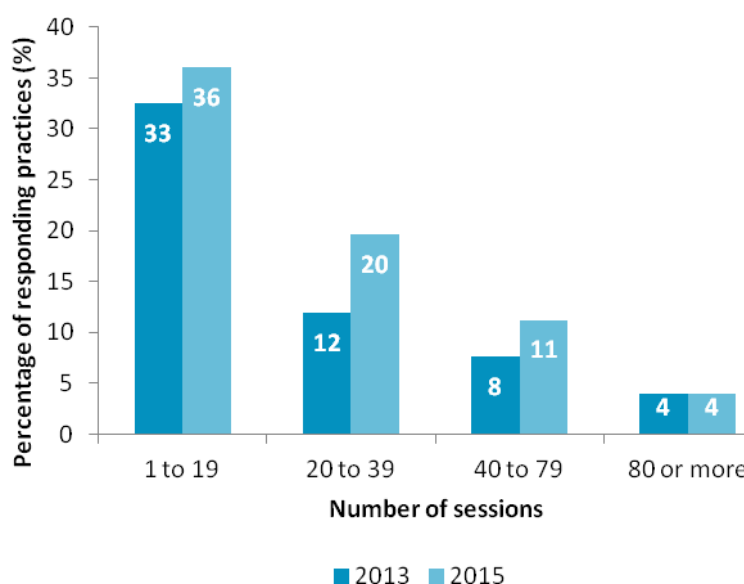
- 27% had successfully recruited a regular locum, while 12% reported that they had not been successful in their attempts.
- Around a quarter (26%) of all locum sessions were covered by a regular locum (Table 1.22).

Internal locums

Seventy per cent of practices reported having used internal locums (the practices' own GPs providing extra cover for one another) over the course of the year.

- Around a third (36%) of practices had used internal locums for between 1 and 19 sessions over the year.
- One fifth (20%) had used internal locums for between 20 and 39 sessions.
- One tenth (11%) had used internal locums for between 40 and 79 sessions over the year.
- Four per cent had covered 80 or more sessions with internal locums (Table 1.23).

Figure 13: Number of internal locum sessions required over 12 months, Scotland; 2013 and 2015



Source: Primary Care Workforce Survey Scotland 2015

In the 12 months preceding 31 August 2015, internal locum time across Scotland was estimated to equate to a WTE of 55 GPs.

- This accounted for just over 1% of the total GP WTE (Table 1.24).

Compared to 2013, a greater number of practices reported using internal locums.

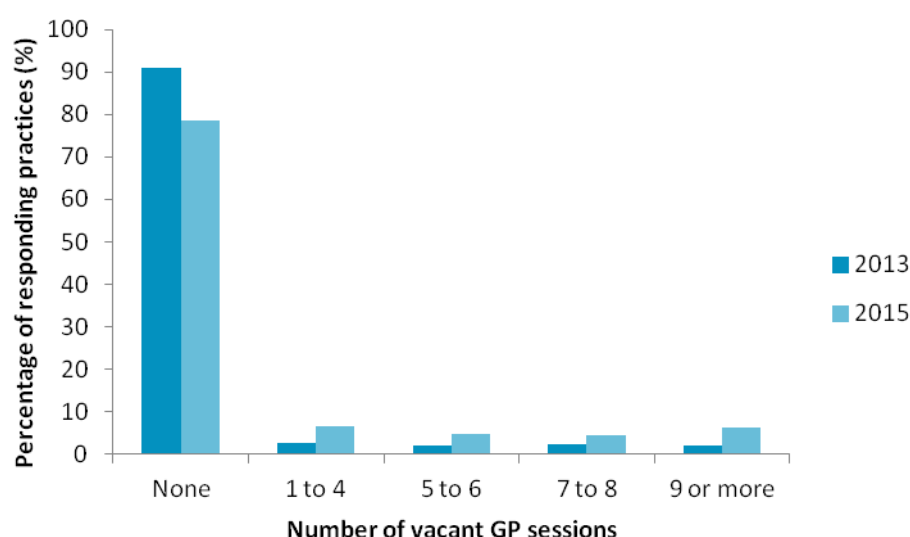
- 56% of practices had used internal locums in 2013 compared to 70% in 2015.
- The estimated WTE of internal locums had risen from 39 WTE in 2013 to 55 WTE in 2015 (Table 1.23 and Table 1.24).

1.3 Reported GP Vacancies

22% of practices responding to the survey reported that they had vacant GP sessions at 31 August 2015.

- 6% had between 1 and 4 vacant sessions per week, 5% between 5 and 6 vacant sessions, 4% between 7 and 8 vacant sessions and 6% had 9 or more vacant sessions.
- The headcount of GP vacancies reported by practices was 150, equating to WTE vacancies of 114.
- The vacancy rate (vacant sessions as a percentage of total sessions) was 4.8% (Table 1.25 and Table 1.26).

Figure 14: Number of vacant GP sessions, Scotland; 2013 and 2015



Source: Primary Care Workforce Survey Scotland 2015

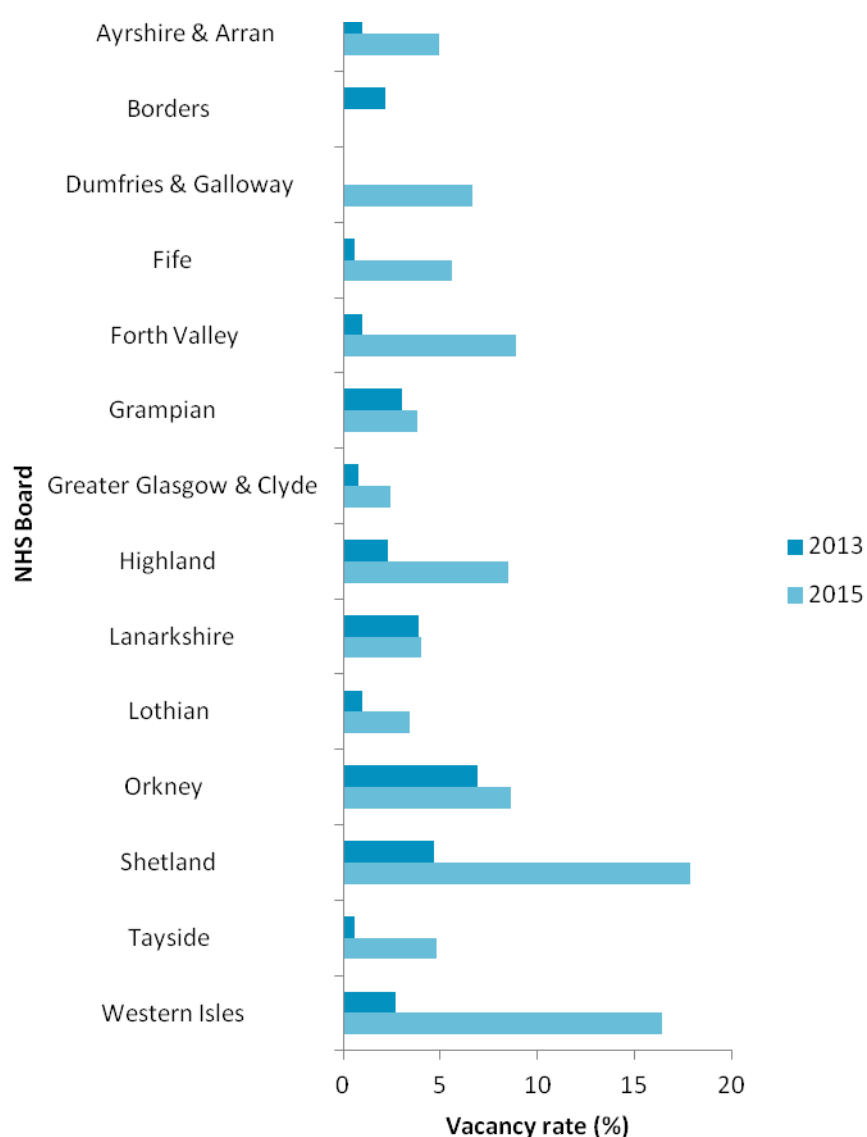
The number of practices reporting current GP vacant sessions increased compared to the 2013 survey.

- 9% of practices reported vacant sessions in 2013 compared to 22% in 2015.
- The vacancy rate has risen from 1.7% in 2013 to 4.8% in 2015 (Table 1.26).

The lowest GP vacancy rates were in Greater Glasgow and Clyde, and Lothian (2.5% and 3.4% respectively), while the highest rates were in Western Isles and Shetland (16.5% and 17.9%).

- Vacancy rates reported by the survey increased in almost all areas compared to the results of the 2013 survey, with the exception of NHS Borders (Table 1.26).

Figure 15: Vacant sessions as a percentage of total sessions (vacancy rate), Scotland; 2013 and 2015



Source: Primary Care Workforce Survey Scotland 2015

The survey was expanded in 2015 to collect information about vacancies which had occurred over the course of the preceding 12 months, as well as current vacancies. It also asked more detailed information about the vacancies and recruitment than was previously collected ([see Questionnaire](#))

Half (50%) of practices reported having vacant GP sessions in the 12 months prior to 31 August 2015.

- The headcount of GP vacancies during the 12 months prior to 31 August 2015 was 435.
- 285 GP vacancies had been filled by 31 August 2015; 150 remained unfilled.
- The majority of GP vacancies (71%), both filled and current, were for part-time posts.
- Half of the GP vacancies (50%), both filled and current, were for partners, while 42% were for salaried GP posts (Table 1.27 and Table 1.28).

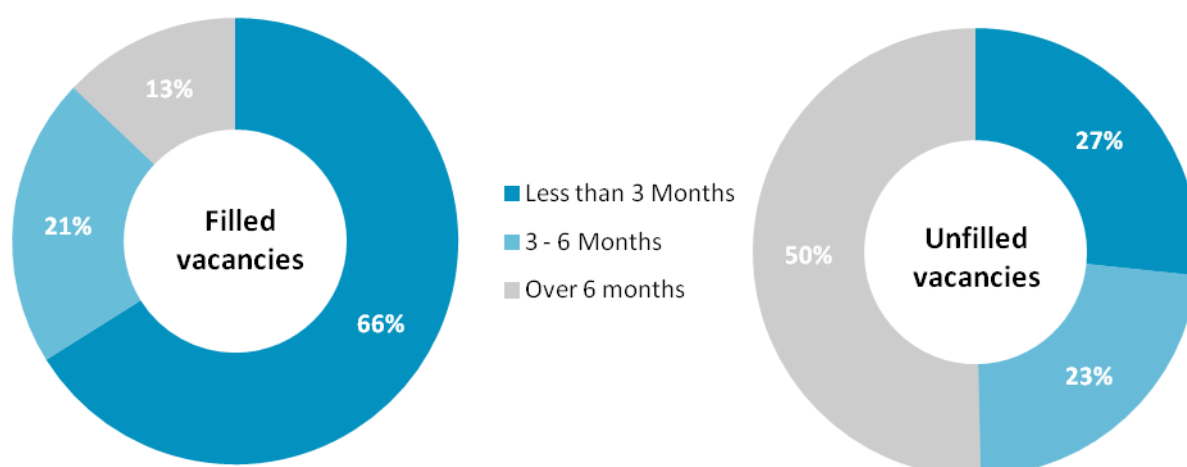
The majority of the GP vacancies reported as filled had been vacant for less than three months (66%).

- 21% of the filled GP vacancies had been vacant for 3 to 6 months and 13% had been vacant for over 6 months (Table 1.29).

Of the vacancies which were still unfilled at 31 August 2015, half of these had been vacant for over 6 months.

- 23% had been vacant for between 3 and 6 months, while 27% had been vacant for less than 3 months (Table 1.29).

Figure 16: Length of vacancy, by filled and unfilled vacancies, Scotland; 2015



Source: Primary Care Workforce Survey Scotland 2015

Where vacancies had been filled, practices were relatively equally split between describing their experience of recruiting as ‘achievable’ (49%) and ‘challenging’ (45%).

- In contrast, where vacancies were yet to be filled the majority of practices (52%) described their experience as ‘unable to recruit’ with a further 21% describing their experience as challenging.
- Only 17% of practices with unfilled vacancies described their experience as ‘achievable’ (Table 1.30).

The survey also asked about the challenges of recruiting. A variety of pre-defined reasons for these challenges were provided, but over a quarter of respondents selected ‘other’ as the main challenge they faced and analysis of the free text responses to this found that the majority related to shortages of GP applicants.

- Of those that did select a pre-defined response, the largest proportion, 19%, identified ‘rurality’ as the main challenge.
- Other responses available were ‘Not applicable’ where there were no challenges (reported by 17%) ‘budgetary constraints’ and ‘quality of candidates’ (both reported by 6%) and part-time or full-time post not being attractive (reported by 6% and 3% respectively) (Table 1.31).

2 Nurses, Healthcare Support Workers and Phlebotomists

2.1 Registered nurses employed by Scottish General Practices

Numbers of Nurses and Whole Time Equivalents

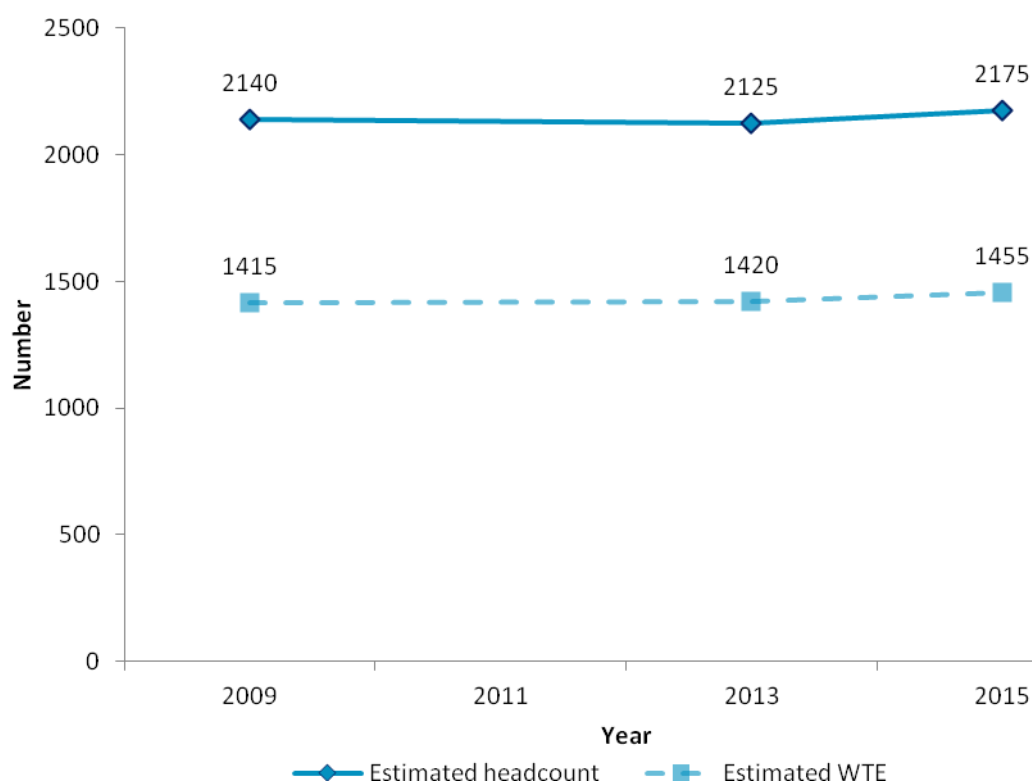
The estimated number (headcount) of registered nurses employed by general practices in Scotland at 31 August 2015 was 2,175.

- A quarter of these (555) were Nurse Practitioners or Advanced Nurse Practitioners.
- The estimated headcount for General Practice/Treatment Room nurses was 1,620 (Table 2.1 and Table 2.2).

The estimated WTE for all nurses was 1,455 (based on 37 hours or more per week being full time).

- The estimated WTE for Nurse Practitioners and Advanced Nurse Practitioners was 415.
- The estimated WTE for General Practice/Treatment Room nurses was 1,040 (Table 2.1 and Table 2.2)..

Figure 17: Estimated registered nurse headcount and Whole Time Equivalent, Scotland; 2009 - 2015



Source: Primary Care Workforce Survey Scotland 2015

Both the estimated number (headcount) and WTE of nurses has increased slightly compared to the estimate produced from the 2013 survey.

- The estimated number of nurses increased by 2% from 2,125 in 2013 to 2,175 in 2015.
- The estimated WTE increased by 2% from 1,420 in 2013 to 1,455 in 2015 (Table 2.3).

The estimated number and WTE of Nurse Practitioners/Advanced Nurse Practitioners increased by a greater proportion than that of General Practice/Treatment room nurses.

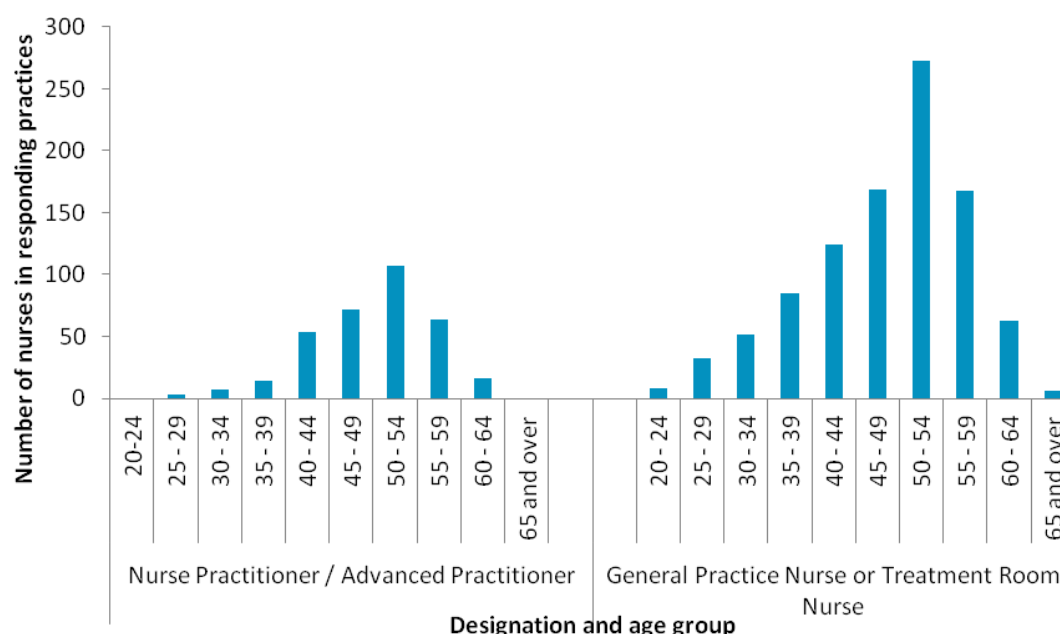
- The estimated number of Nurse Practitioners/Advanced Nurse Practitioners increased by 7% from 520 in 2013 to 555 in 2015, compared to an increase of 1% in the number of General Practice/Treatment room nurses (1605 in 2013 to 1620 in 2015).
- The estimated WTE of Nurse Practitioners/Advanced Nurse Practitioners increased by 5% from 395 in 2013 to 415 in 2015, compared to an increase of 1% in the number of General Practice/Treatment room nurses (1025 in 2013 to 1040 in 2015) (Table 2.1 and Table 2.2).

Age and gender of Nurse workforce

The majority (98%) of registered nurses working in general practice were female. Over half (53%) of all nurses were aged 50 years and over.

- 8% of nurses were aged under 35 years and 39% were aged between 35 and 49 years.
- For Nurse Practitioners/Advanced Nurse Practitioners there were a larger proportion (55%) aged 50 years and over compared to General Practice/Treatment Room Nurses where 52% were aged 50 years and over.
- There has been little change in the age profile of Nurses compared to the 2013 survey (Table 2.4).

Figure 18: Registered nurses by age group, Scotland; 2015



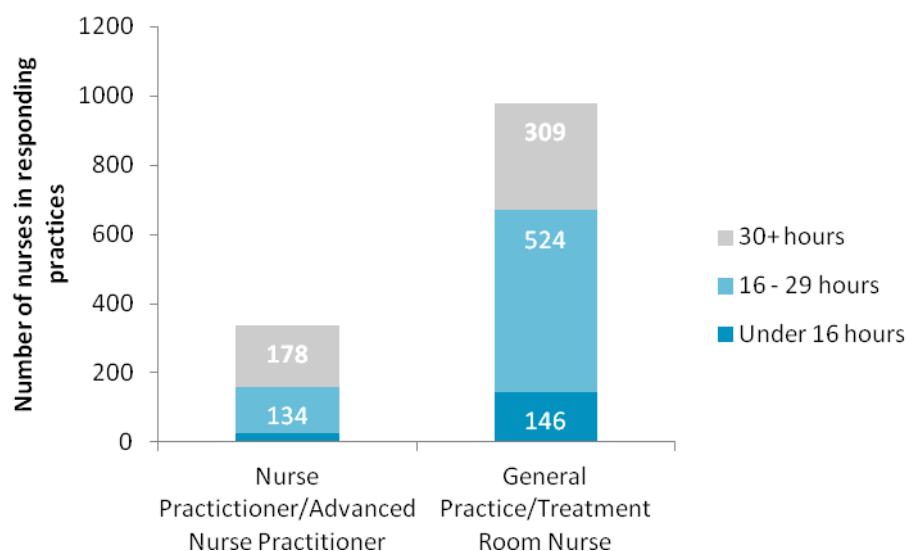
Source: Primary Care Workforce Survey Scotland 2015

Full and part-time working

Nurse Practitioners/Advanced Nurse Practitioners and General Practice/Treatment Room Nurses showed different patterns of working hours.

- The majority (53%) of Nurse Practitioners/Advanced Nurse Practitioners were contracted for 30 hours or more, compared to 32% of General Practice/Treatment Room Nurses.
- The majority (54%) of General Practice/Treatment Room Nurses were contracted for between 16 and 29 hours. 40% of Nurse Practitioners/Advanced Nurse Practitioners were contracted for these hours.
- A smaller proportion of both groups were contracted for fewer than 16 hours; 15% of General Practice/Treatment Room Nurses and 7% of Nurse Practitioners/Advanced Nurse Practitioners (Table 2.5 and Table 2.6).

Figure 19: Nurses contracted working hours, Scotland; 2015



Source: Primary Care Workforce Survey Scotland 2015

Nurses Additional work in Out of Hours

6% of nurses were reported as also doing some General Practice Out of Hours work.

- This figure may be an underestimate because most forms will have been completed by practice managers who may not have had full information about nurses' Out of Hours work (Table 2.8).

Nurse practitioners/Advanced nurse practitioners were more likely to be reported as working in GP Out of Hours services.

- 12% of Nurse practitioners/Advanced nurse practitioners were reported as doing some GP Out of Hours work, compared to 4% of General Practice/Treatment Room Nurses (Table 2.8).

The survey question did not ask about the level or frequency of Out of Hours work undertaken.

Further information is available in section 3.2 of this report about the General Practice Out of Hours nursing workforce.

2.2 Health Care Support Workers and Phlebotomists employed by Scottish General Practices

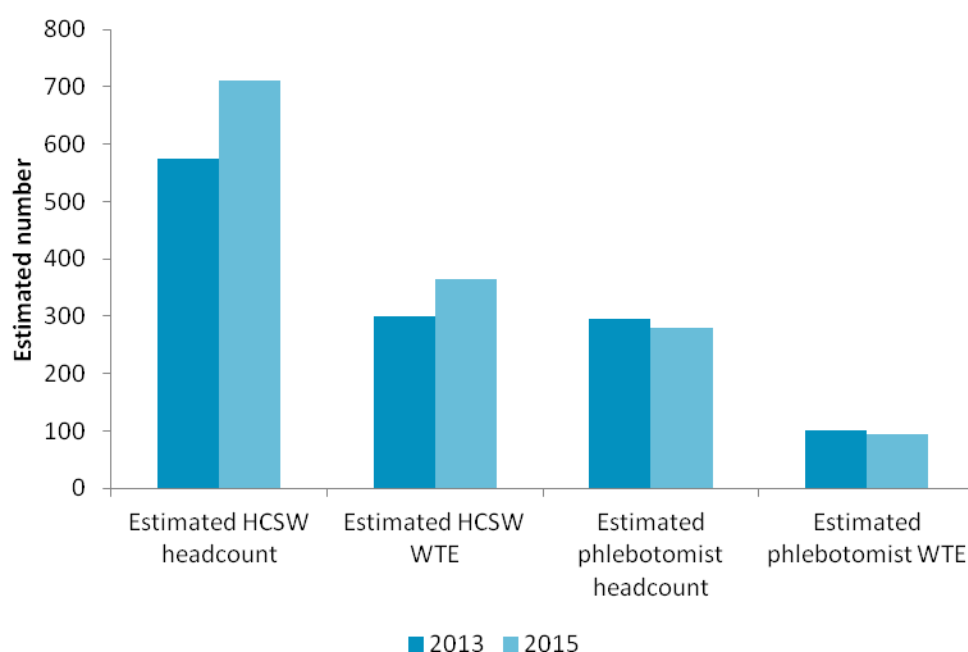
The estimated number (headcount) of Health Care Support Workers (HCSWs) and phlebotomists combined in Scotland at 31 August 2015 was 990 equating to an estimated WTE of 460.

- There were an estimated 710 HCSWs and 280 phlebotomists.
- This equates to an estimated 365 WTE HCSWs and 95 WTE phlebotomists. (Table 2.9 and Table 2.10).

While the number (headcount) and WTE of HCSWs has increased since the 2013 survey, there has been a slight decrease in both the headcount and WTE of phlebotomists

- The estimated number of HCSWs increased by nearly a quarter (23%) from 575 in 2013 to 710 in 2015. Similarly, the estimated WTE of HCSWs increased by just over 20%, from 300 in 2013 to 365 in 2015.
- The estimated number of phlebotomists decreased by 5%, from 295 in 2013 to 280 in 2015, with a similar 5% decrease in WTE, from 100 in 2013 to 95 in 2015 (Table 2.9 and Table 2.10).

Figure 20: Estimated headcount and WTE of HCSWs and phlebotomists, Scotland; 2013 and 2015



Source: Primary Care Workforce Survey Scotland 2015

Age and gender of HCSW and phlebotomist workforce

The majority (98%) of HCSWs and phlebotomists were female. The most common age group for phlebotomists was under 45 years (42%), while among HCSW there were similar proportions aged under 45 years (41%) and 45 to 54 years (41%).

- Among HCSWs there was a decrease in the proportion of those aged 45 years and under compared to the 2013 survey, 41% in 2015 compared to 45% in 2013. There was an increase in the proportions of other age groups, with the exception of over 65 year olds which also declined.
- For phlebotomists there was an increase in the proportion aged 45 years and under, from 40% in 2013 to 42% in 2015. There was however a decrease in those aged 45 to 54 years, from 41% in 2013 to 34% in 2015 (Table 2.11).

Full and part-time working

The majority of both HCSWs and phlebotomists were contracted as part-time, with over three quarters (78%) of HCSWs and 91% of phlebotomists contracted for less than 30 hours per week

- The majority of phlebotomists (70%) were contracted for less than 16 hours per week. 21% were contracted for between 16 and 29 hours, with only 9% contracted for 30 hours or more per week.
- The proportions of HCSWs contracted for less than 16 hours and between 16 and 29 hours per week were broadly similar, 38% and 40% respectively. 22% were contracted for 30 hours or more per week (Table 2.12 and Table 2.13).

2.3 Use of additional Nurse and Health Care Support Worker time

Nearly a third (29%) of practices used additional registered nurse hours (such as locum, bank or agency nursing).

- The estimated WTE of the additional nurse time during the 12 months preceding 31 August 2015 was 20 (Table 2.14 and 2.15).

The most common reasons given for requiring locum, bank or agency nurses were annual leave and unplanned sick leave.

- 17% of practices recruited locums at some point in the preceding year to cover annual leave.
- 12% of practices recruited locums at some point in the preceding year to cover unplanned sick leave
- The reported recruitment of locum nurses was much lower than that reported for GPs. For example 74% of practices reported recruiting GP locums for annual leave, compared to only 17% recruiting nurse locums to cover annual leave (Table 2.16).

For planned leave, 39% of practices which had required locum cover were able to fill all their locum nurse requirements, while for unplanned leave only 16% could fill all.

- 6% of practices reported that they could often not recruit locum cover at all for planned leave, while for unplanned leave this was the case for nearer a third of practices (29%) (Table 2.17)

A larger proportion of practices (52%) reported their own registered nurses working additional hours.

- The estimated WTE of the additional nurse time from practices' own registered nurses was 28 (Table 2.19).

2.4 Nurse and Health Care Support Worker vacancies

The majority of practices (95%) reported that they did not have nurse, HCSW or phlebotomist vacancies as at 31 August 2015.

- Around 1% of practices reported vacancies for nurse practitioners, while 4% reported vacancies for general practice/treatment room nurses.
- Around 2% of practices reported vacancies for HCSW and phlebotomists.
- The number of practices reporting vacancies for nurses, HCSWs and phlebotomists were much lower than those reported for GPs (between 1-4% for nurses, HCSWs and phlebotomists, compared to 22% for GPs) (Table 2.22 and Table 2.24).

The vacancy rate for nurses was 1.8% while for HCSWs and phlebotomists it was 1.3%.

- The vacancy rate for nurses had changed little since 2013 when it was 1.6%.
- The vacancy rate for HCSWs and phlebotomists decreased slightly since 2013, from 1.8% to 1.3% in 2015.
- The vacancy rates for both nurses and HCSWs are more lower than those reported for GPs (1.8% and 1.3% respectively compared to 4.8% for GPs) (Table 2.23 and Table 2.25).

2.5 Other health workers employed by the practice

5% of practices reported that they employed other health care staff who were not otherwise recorded in the survey. These included pharmacy, dietetics, occupational therapy, physiotherapy and podiatry staff.

- The survey asked for the headcount and working hours of these staff, however this was inconsistently completed amongst the small number of practices which responded to this question. It was therefore very difficult to analyse and we have not included further detail from this question in the report.

75% of practice reported that there were NHS Board employed staff who contributed to the practice. These included health visitors, midwives, district nurses and pharmacy staff.

- The survey asked for the headcount and the number of hours they contributed to practice workload. Analysis of this question showed that a large proportion of those responding to this question recorded relatively high numbers of hours (30+) for these staff, suggesting that they were recording more than just the hours contributing to practice workload and suggesting some issues with the interpretation of this question. As a result we have not included further detail from this question in the report.

3 General Practice Out of Hours Workforce

3.1 Out of Hours GP Workforce

Headcount and WTE

The number (headcount) of GPs working for GP Out of Hours (OoH) services in Scotland in the year ending 31 August 2015 was 2,228, equating to an estimated WTE of 353 (Table 3.1 and Table 3.2).

Calculation of Whole Time Equivalents for OoH Services

Within this report GP WTE for OOH services has been calculated based on a 40 hour week being full-time and a 46 week working year (allowing for annual leave and public holidays).

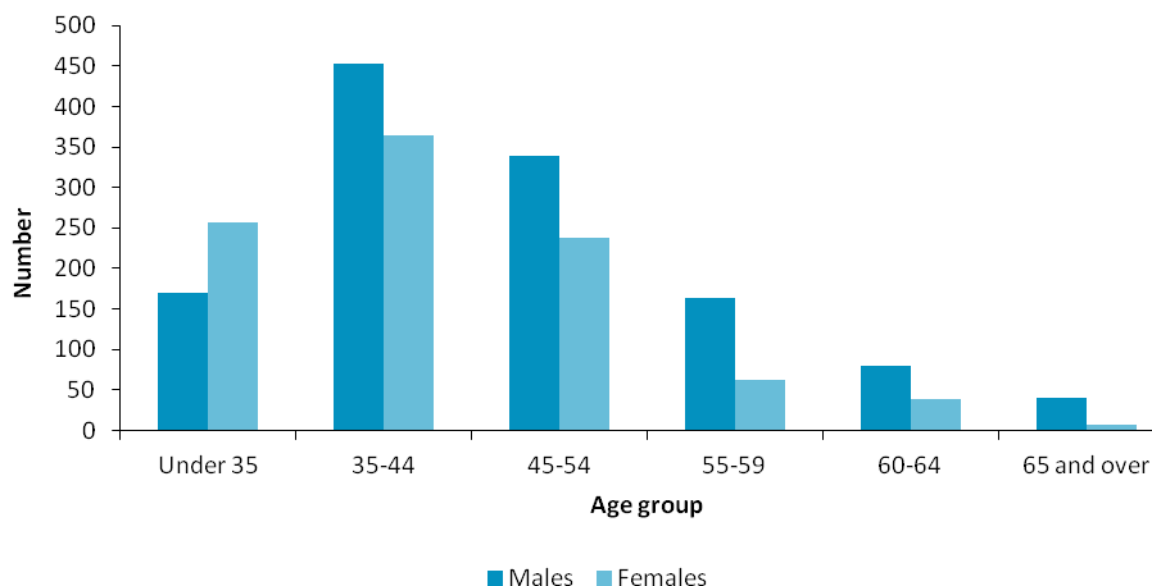
WTE is a fairly artificial concept in relation to GP OoH services, as staff are unlikely to be employed on a 'full-time' basis within the service. However, it is useful as a general guide in informing workforce planning (as other NHS Staff Groups are typically reported using WTE numbers).

Gender and age

Male GPs made up a larger proportion of the OoH workforce than female GPs (56% compared to 44%).

- The proportion of female GPs working in GP OoH services increased from 41% in 2013 to 44% in 2015.
- Despite the rise in the proportion of female GPs working in OOH services they remain the minority, in contrast to the in hours GP workforce which has larger numbers and proportion of females.
- There were more males than females in most age groups, with the exception of the under 35s, where 60% were female (Table 3.3).

Figure 21: GPs working in GP OoH services by age and gender, Scotland; 2015

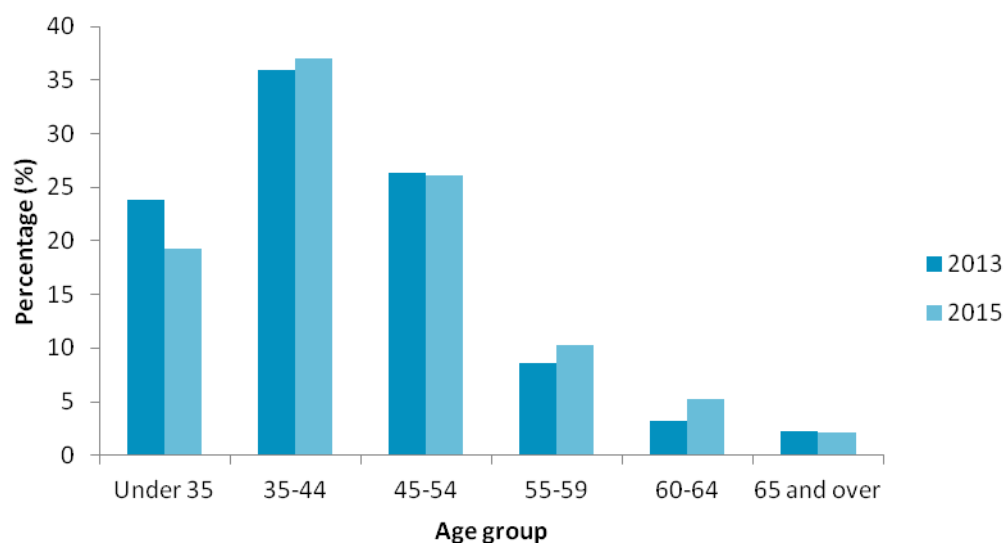


Source: Primary Care Workforce Survey Scotland 2015

GPs aged 35 to 44 years made up the largest group, comprising 37% of the workforce.

- The next largest group was 45 to 54 year olds (26%), followed by under 35s (19%). 10% were aged between 55 and 59 years, 5% aged between 60 and 64 years, with 2% aged 65 years or over.
- Compared to the 2013 survey, the proportion of OoH GPs aged under 35 years has decreased, from 24% in 2013 to 19% in 2015. The proportion of GPs aged 55 years and over has increased, from 14% in 2013 to 17% in 2015 (Table 3.3).

Figure 22: GPs working in GP OoH services by age group, Scotland; 2013 and 2015



Source: Primary Care Workforce Survey Scotland 2015

Input to services

A small number of GPs are recorded as working a notable proportion of the hours in GP OoH services, with a large proportion of GPs working only a small number of hours over the year.

- While only 6% of GPs were working 1,000 hours or more over the year (equating to 20+ hours per week), their total annual hours accounted for around a third (35%) of the total hours input to OOH services.
- In contrast, around a quarter (25%) of GPs working for the OoH services were reported as working fewer than 50 hours over the year (equating to less than one hour per week), with the total annual hours for these GPs accounting for only 3% of the total hours input to services.
- Of the GPs working more than 1,000 hours over the year around a third were aged 35 to 44 years, a further third aged 45 to 54 years old and 27% aged 55 or over. Only 8% were aged under 35 years old (Table 3.4 and Table 3.5).

Calculation of average (mean) hours input to services

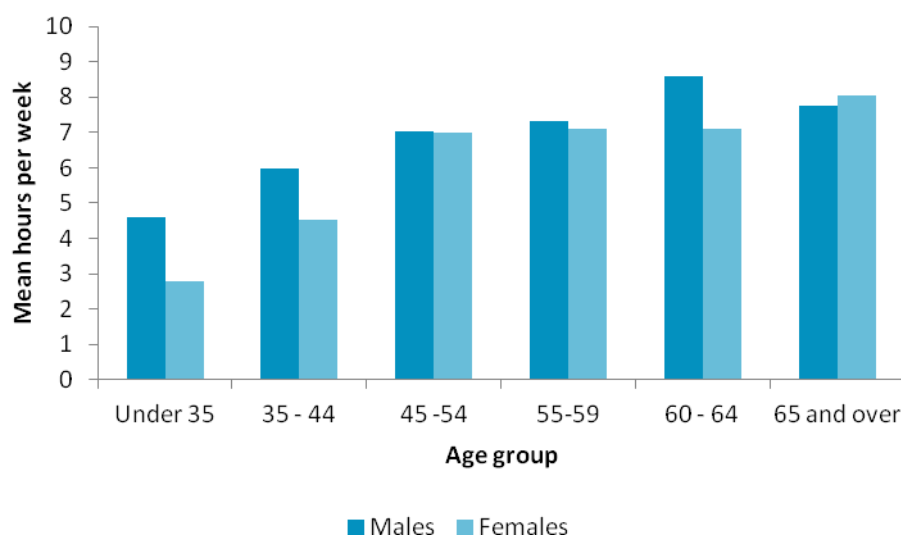
Where GPs are known to have joined or left a service during the year, the average is based on the number of weeks they were registered to the service. For all other GPs it is based on the full year (52 weeks).

It is possible that in some cases the mean figures are under-estimates as there may be delays to notifications of GPs leaving services, however, the mean values can still be useful in making comparisons between different groups of GPs.

The average number of hours GPs are working in GP OoH services per week was 5.8 hours, however this varied considerably by both age and gender.

- Younger GPs were more likely to input fewer hours with the average for under 35s being 3.5 hours and for 35 to 44 year old 5.3 hours per week on average.
- This contrasts to those aged 45 to 54, contributing 7 hours, 55 to 59 year olds contributing 7.3 hours, 60 to 64 year olds contributing 8.1 hours and those aged 65 years and over contributing 7.8 hours per week on average.
- Male GPs worked higher average hours per week than females on average; 6.5 hours for males compared to 5 hours for females.
- Lowest average hours were for females aged under 35 years, while the highest average hours were for males aged 60 to 64 years (Table 3.6).

Figure 23: Mean hours input to GP OoH services by gender and age group, Scotland; 2013 and 2015

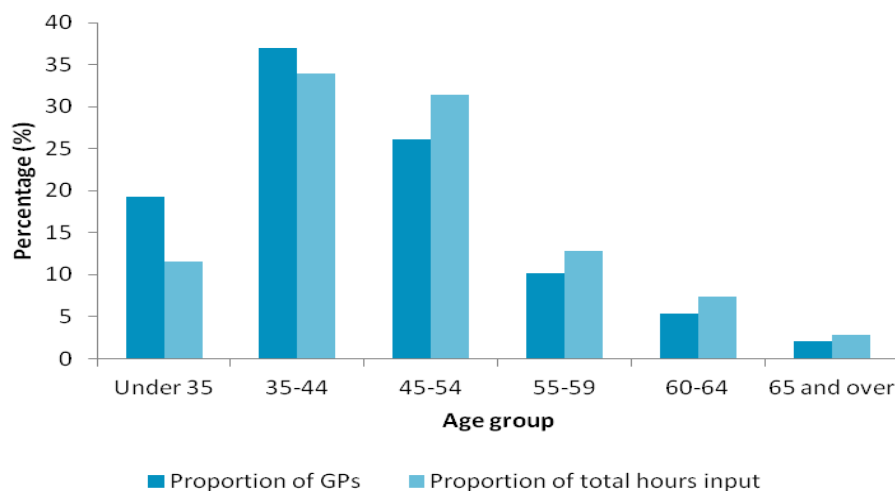


Source: Primary Care Workforce Survey Scotland 2015

As a group, GPs aged under 45 years were on average working relatively fewer hours than GPs in the older age groups.

- GPs aged under 35 years made up 19% of the OoH workforce, but their combined hours accounted for 12% of the total hours. Likewise, for GPs aged 35 to 44 years, while they made up 37% of the workforce, their combined hours accounted for 34% of the total GP hours worked in GP OoH services.
- GPs aged 45 years and over made up 44% of the OOH workforce, but their reported combined hours accounted for 55% of the total GP hours worked in GP OoH services (Table 3.6).

Figure 24: Proportion of GPs and total hours by age group: Scotland, 2015



Source: Primary Care Workforce Survey Scotland 2015

3.2 Registered nurses directly employed by General Practice Out of Hours Services

Headcount and WTE

The number (headcount) of registered nurses working for GP Out of Hours (OoH) services in Scotland in the year ending 31 August 2015 was 255, equating to an estimated WTE of 103 (Table 3.11 and Table 3.12).

Calculation of Whole Time Equivalents for nurses in GP OoH Services

Within this report nurse WTE for OOH services has been calculated based on a 37.5 hour week being full-time and a 48 week working year (allowing for annual leave and public holidays) in line with Agenda for Change conditions.

WTE is a fairly artificial concept in relation to GP OOH services, as staff are unlikely to be employed on a 'full-time' basis within the service. However, it is useful as a general guide in informing workforce planning (as other NHS Staff Groups are typically reported as WTE numbers).

Nearly half (48%) of the registered nurses working for GP OoH services were employed as Band 6 nurses, with a third (33%) employed as Band 7 nurses (Table 3.11).

Gender and age

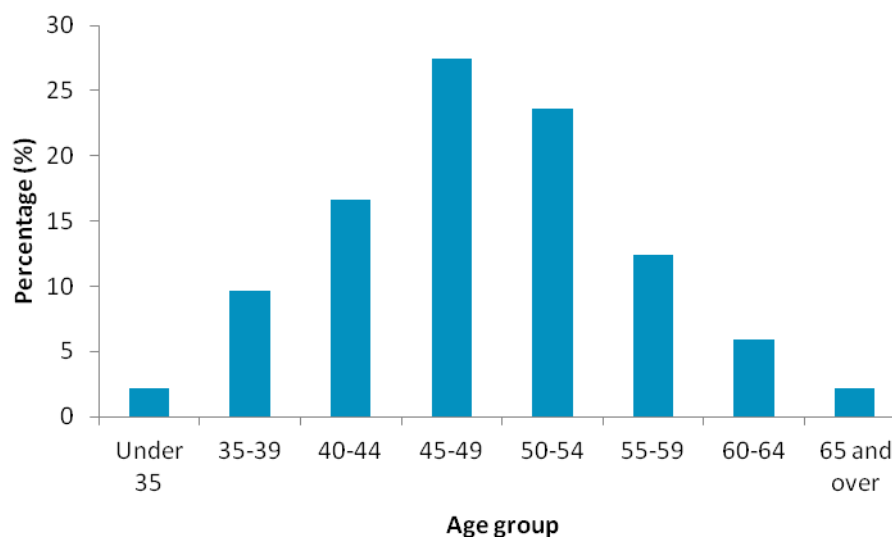
The majority (88%) of nurses working in GP OoH services were female.

- There was an increase in the proportion of male nurses, from 5% in 2013 to 12% in 2015.

Nearly half (44%) of nurses working in GP OoH services are aged 50 years or over.

- A further 44% are aged between 40 and 49 years old.
- 12% were aged under 40 years (Table 3.15).

Figure 25: Registered nurses working in GP OoH services by age group: Scotland, 2015

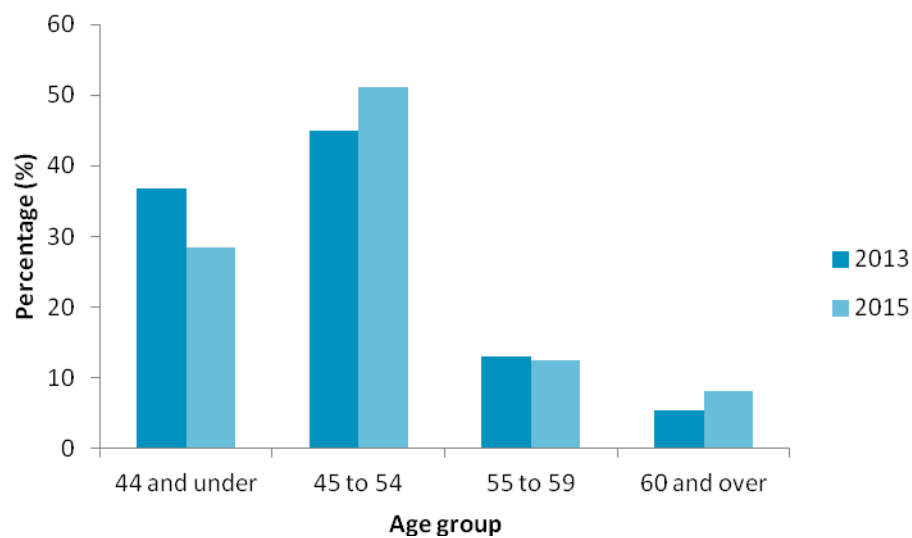


Source: Primary Care Workforce Survey Scotland 2015

Compared to the 2013 survey, there has been a decrease in the proportion of nurses aged under 45 years, from 37% in 2013 to 28% in 2015.

- There was an increase in the proportion of nurses aged 45 to 54 years, from 45% in 2013 to 51% in 2015.
- The proportion aged 60 and over also increased from 5% in 2013 to 8% in 2015 (Table 3.13).

Figure 26: Registered nurses working in GP OoH services by age group: Scotland, 2013 and 2015



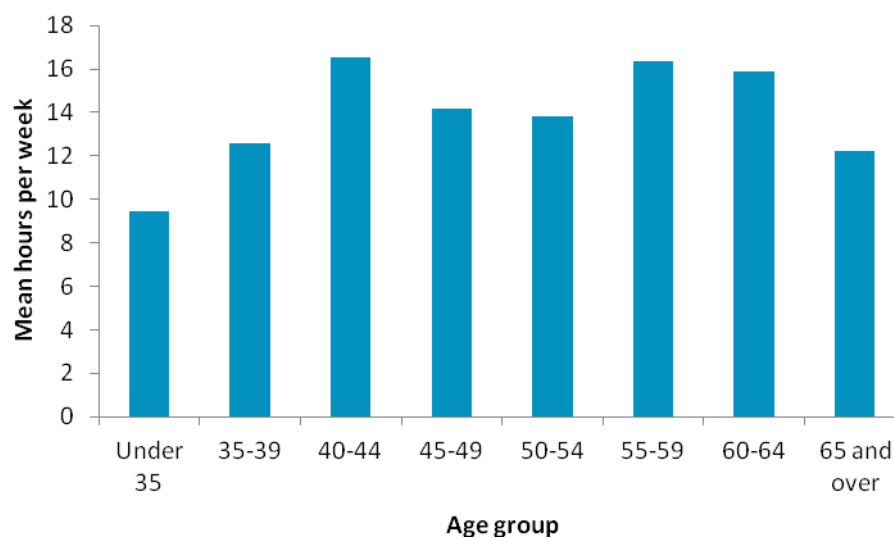
Source: Primary Care Workforce Survey Scotland 2015

Input to services

Nurses each worked an average of 14.5 hours per week for the OoH services.

- Average hours were lowest for those aged under 35 years old (9.5), with those aged 35 to 39 years old and 65 and over also working a slightly lower average (12.6 hours and 12.2 hours respectively) (Table 3.15).

Figure 27: Nurses in OoH services average hours per week by age group: Scotland, 2015



Source: Primary Care Workforce Survey Scotland 2015

3.3 Out of Hours Services

Data collection for OoH shifts

The survey aims to collect information on the experience of OoH services filling required shifts. To do this, information was requested on the level of staffing 'required' and the level of staffing that was actually used during the year.

As the survey collects data retrospectively, it is difficult for services to provide data that accurately reflects what happened during the year.

Service Managers report that it is frequently extremely challenging to fill shifts and that in reality they are having to take a range of actions to staff GP OoH services. These might include considerable effort being needed to recruit suitable staff (including offering additional financial incentives) as well as changing shift patterns, filling GP shifts with nursing staff and vice versa, or even amalgamating services. These types of actions are not necessarily recorded and will often not be reflected in the data sourced from rosta or payroll systems.

While some services noted that the information they provided on 'required' shifts was based on what would be provided in ideal circumstances, if filling shifts was not an issue, others noted that the information they provided on 'required' shifts did not take into account some provision which they would ideally provide but had not been able to due to problems recruiting enough cover.

The information presented here is therefore not directly comparable across different areas. Caution should be used when attempting to make comparisons between different areas in terms of shifts filled and the commentary about each area's estimates should be taken into account.

All NHS Boards were asked about required and filled shifts. These were used to produce estimates of the proportion of shifts that were able to be filled.

The majority of NHS Boards reported that they were unable to fully fill all shifts.

- The estimated proportion of shifts filled varied from 80 to 100%.
- The estimated coverage of shifts in some areas was 100%, however it should be noted that in some cases this is due to the 'required' shifts being an underestimate, while in others it reflects a concerted effort to ensure shifts are filled which may not be sustainable in the long term.
- All of the NHS boards which reported 100% coverage of shifts (with the exception of NHS Shetland) also reported that they had been unable to fill all shifts as planned and that they had needed to take additional actions to fill shifts, detailed below.

Unfilled shifts

The majority of boards reported that up to a third of GP shifts were unfilled 48 hours beforehand. A small number of boards reported higher rates of unfilled shifts 48 hours beforehand.

Unfilled OoH shifts

General Practice Out of Hours cover is provided by a relatively small number of health professionals. For example, the GP input for the OoH period in the year up to 31 August 2015 is estimated to be equivalent to around 350 WTE GP; compared to over 2,000 WTE GP input for the In Hours period.

This means that being unable to fill even a small number of shifts can have a big impact on the service.

Many boards noted that considerable effort is required to get shifts filled before this point, including sometimes changing shift patterns, amending staff profiles or otherwise altering service provision.

- NHS Grampian estimated that for weekdays, weekends and public holidays, over two thirds of shifts were unfilled 48 hours beforehand, while for protected learning time around half of shifts were unfilled 48 hours beforehand.
- NHS Ayrshire and Arran estimated that over two thirds of protected learning time shifts were unfilled 48 hours beforehand, and that around one third of weekend shifts were unfilled 48 hours beforehand.
- NHS Fife, NHS Lanarkshire and NHS Tayside also estimated that one third of weekend shifts were unfilled 48 hours beforehand.
- NHS Tayside also estimated that a one third of public holiday shifts were unfilled 48 hours beforehand
- NHS Forth Valley estimated that one third of protected learning time shifts were unfilled 48 hours before hand.
- NHS Greater Glasgow and Clyde estimated that half of protected learning time shifts were unfilled 48 hours beforehand (Table 3.18).

Table 3.17 Estimated percentage of required hours filled, by NHS Board; 2015

Health Board	Estimated % of hours filled (clinical and non-clinical)	Comment
NHS Ayrshire and Arran	95-100%	
NHS Borders	95-100%	Estimated figure from rota systems - likely to over-estimate filled shifts due to GPSTs appearing to fill slots, slots continuing to appear filled despite absence and adhoc shifts being added to the rota to cover periods of additional demand.
NHS Dumfries and Galloway	95-100%	Additional shifts added ad hoc over the year have not been incorporated into required hours which only includes the standard hours required for the Out of Hours service.
NHS Fife	95-100%	It take considerable effort to achieve 100% cover in the majority of weeks over the year and our forecast going forward is that these difficulties will continue .
NHS Forth Valley	95-100%	Figures do not capture the effort required to fill shifts and it is difficult to capture this information retrospectively.
NHS Grampian	95-100%	
NHS Greater Glasgow and Clyde	95-100%	Required hours contains the official Rota hours that are required, however GG&C will always have "Back up" staff which are drawn upon, therefore required hours is an underestimate.
NHS Highland	80-84%	Required hours based on hypothetical ideal coverage.
NHS Lanarkshire	90-95%	Unfilled shifts related to lack of GPs able to cover sessions and there were several Nurse practitioner vacancies and short/long term sickness, however the service were able to recruit additional skill mix to the service by the introduction of Healthcare support workers to work alongside Nurse Practitioners and GP's this aided the flow of patients within the service. Following a local extensive review and due to a recognised risk reduced to 2 centres in June 2015. All statistics supplied reflect this. There would however have been sessions where if the service had been able to recruit additional staff they would have. As this is a retrospective survey the current rota system cannot identify those sessions.
NHS Lothian	90-95%	Due to problems with Emergency Nurse Practitioners (ENP) staffing our GPs cover several hours of unfilled ENP shifts. It is a regular occurrence to be emailing/phoning GPs to try to cover shifts.
NHS Orkney	95-100%	
NHS Shetland	95-100%	
NHS Tayside	85-89%	Vacancies would have affected figures here.
NHS Western Isles	95-100%	

The majority of estimates above are based on information provided by services on required shifts and filled shifts over the year ending 31st August 2015.

The NHS Borders estimate is based on data from their rota systems.

Actions to manage unfilled shifts

The survey collected information on how NHS Boards responded to potential gaps in required staffing. The actions detailed below may or may not have been successful in filling the shifts.

With the exception of NHS Shetland, where all GP OoH provision is through GPs providing care for their own patients, all NHS Boards reported having to take actions due to being unable to fill all shifts as planned, with 9 NHS Boards reporting having to do so at least weekly.

- The most common action taken due to unfilled shifts was for staff to work longer shifts or start a shift earlier, with half of NHS Boards (7) reporting that this was needed on a weekly basis.
- Nurses filling GP shifts was reported by 2 NHS Boards as being required weekly.
- Increased rates or financial incentives was reported by 2 NHS Boards as an action to manage unfilled shifts which was required weekly (Table 3.20).

7 NHS Boards reported that they had taken ‘other’ actions which were not listed in the survey options.

- Two boards reported that on a weekly basis GPs are filling nursing shifts (Table 3.20).

Cancelled Protected Learning Time

Five boards reported having to cancel at least one Protected Learning Time (PLT) cover over the year, with the majority citing unfilled GP rotas as the reason.

- Additionally, one area reported that they no longer cover PLT.

Standby/on call/backup

6 NHS Boards reported that they had standby/on-call/back-up arrangements in place for GPs for their OoH service.

- All 6 NHS Boards reported use of standby GPs to cover weekends and public holidays.
- 5 of the NHS Boards reported use of standby GPs to cover weekdays.
- 2 of the NHS Boards reported use of standby GPs to cover Protected Learning Time (Table 3.21).

Glossary

Agency GP	A locum GP who is sourced and supplied by a commercial locum agency. Agency GPs are normally engaged on temporary contracts to help during busy periods or to cover for staff absences.
Agency Nurse	Agency nurses are employed by private companies to provide nursing services. Nurses are normally engaged by the agency on temporary contracts and make themselves available for hire by hospitals, care homes and other providers of care for help during busy periods or to cover for staff absences.
Bank Nurse	Bank Nurses are registered nurses employed by the NHS, who do not have permanent contracts or work set hours, but who can be called upon to work in different clinical areas in accordance with staffing needs. The work is allocated to this group depending on their ability to perform the role and the requirements of the clinical area. They may also be nurses who are known to the practice and are contacted directly by the practice when required to cover for episodes such as sick leave.
General Practice Nurse/Treatment Room Nurse	General Practice/Treatment Room nurses include registered nurses with a wide range of clinical skills usually involving cervical cytology, immunisations, ear and wound care etc. These nurses provide care and help people to manage long term conditions such as asthma, COPD, diabetes and heart disease.
Health Care Support Worker / Health Care Assistant	Assists with simple clinical duties, under the guidance of a qualified healthcare professional. The duties can vary but might include dressings/wound care, monitoring patients' conditions and taking blood sample.
Locum GP	A GP who provides temporary cover in a practice or GP Out of Hours service. This can be, for example, to cover whilst a regular GP is on leave, or when the practice or GP Out of Hours service is short staffed.
Nurse Practitioner / Advanced Practitioner	An experienced registered nurse who has completed additional education to enable them to assess patients with undifferentiated undiagnosed problems and use advanced nursing skills usually including prescribing, to complete whole episodes of care.
Phlebotomist	A person who takes blood samples.
Retainee GP	A GP who is undertaking a relatively small amount of clinical work (maximum 4 sessions per week) in order to keep in touch with general practice, retain their skills and progress their careers with a view to returning more fully to NHS general practice in the future. Typically, but not always, retainees are female GPs returning to work on a part-time

	basis after maternity leave.
Returner GP	The Scotland GP Returner Programme provides an opportunity for General Practitioners (GPs) who are on (or eligible to be on) the General Medical Council's (GMC) GP Register and on a NHS Performers' List and who have previously worked in NHS General Practice to safely return to General Practice following a career break of at least two years or time spent working abroad.
Salaried GP	A GP who is paid on a salaried basis by the practice or the NHS Board. In the context of general practices, a salaried GP has a contract to provide a regular number of sessions per week. In the context of GP Out of Hours services, a salaried GP has a contract with the NHS Board to provide a regular number of shift-hours per month. A GP who works on a salaried basis in one setting may have a different designation elsewhere. For example, they may work as a salaried GP for a GP Out of Hours service and as a locum for general practices.
Sessional GP	A GP who does not have a standard employment contract with the general practice or GP Out of Hours service, but who is paid by the session or shift. Within general practices, sessional GPs may cover temporary needs or they may work regularly in the same practice for a period of months or years. Similarly, Out of Hours (OoH) sessional GPs may work only a few OoH shifts in a year, or they may work regularly in OoH.
Specialist Trainee GP	A doctor who is being trained in general practice. Also / previously known as GP registrars.

List of Tables

Name	File & size
Primary Care Workforce Survey Tables	Excel [750kb]
Primary Care Workforce Survey Interactive Local Tables	Excel [750kb]

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Appendices

A1 – Background Information and Methodology

Survey development

In addition to the National Stakeholder Group, two sub groups were formed to support the development of the 2015 surveys. Members of the sub groups were involved in reviewing the existing questions and identifying new questions for inclusion.

Survey Changes

New questions were added to the in hours survey for 2015. These included:

- Reported GP hours worked per week
- Additional vacancy questions (headcount of vacant posts, WTE, length of vacancy, whether vacancies were full or part time, experience and challenges of recruiting)
- Additional locum questions (frequency of locum recruitment, success of recruitment, use of regular locums)

Additional questions were also added to look at other health workers employed in the practice and health workers employed by the board who contributed to practice workload. Reporting of the data from this section of the survey has been limited due to low completion and potential data quality issues.

The Out of Hours survey was also developed to build upon the pilot survey which took place in 2013.

Piloting

Both the In hours and Out of Hours surveys were piloted. The in hours survey was piloted in May/June 2015 with 21 practice managers. The Out of Hours survey was piloted by members of the PCWS OoH Sub Group and members of the National OoH Operations Group. Feedback from those who participated informed the final versions of the surveys.

Changes to survey time period

Previously the PCWS has been carried out in January. For 2015 the date of the survey was moved to August. This was because feedback from practices was that January was a busy period and the summer months would be a better period to conduct the survey.

Following the 2013 survey a number of recommendations were made. One of these was that the survey should be carried out every two years.

Collection and collation of data

The survey forms were issued in Microsoft Excel format, along with guidance notes to assist respondents in completing the survey. Copies of the survey forms and guidance notes are available on the [Primary Care Workforce page of the ISD website](#).

Further assistance on completing the “In Hours” survey form was available to general practices, if required, from Glasgow Local Medical Committee (LMC) and ISD. Responding practices sent their completed survey forms to Glasgow LMC and the raw data were checked and collated on Glasgow LMC premises by ISD analysts. Every individual return was reviewed to ensure that all seven sections of the survey had been completed in full and with apparently valid values; practices were contacted directly to (re)confirm missing or query details as applicable. As data returned by individual practices were collated, they were allocated to the relevant NHS Board and Health and Social Care Partnership (HSCP) area. Once all of the survey returns from practices had been checked and collated, the final data file – with identification of individual practices removed - was sent to ISD Scotland for analysis and reporting. The step of removing individual practice identifiers was agreed with the Scottish General Practitioners Committee (SGPC) for previous surveys in 2009 and 2013, and was repeated in 2015.

Further assistance on completing the “Out of Hours” survey form was provided to GP Out of Hours services, where required, by ISD. Completed survey forms were sent directly to ISD. Similarly to the “In Hours” survey, survey forms were reviewed to check that they had been completed as fully as possible. It was not always possible in this survey for the GP Out of Hours services to provide every element of information requested on the form, but queries around missing and/or unexpected details were discussed and resolved as much as possible.

The census date for the survey was 31 August 2015. Data were submitted to the Glasgow LMC and ISD up to the end of December 2015, in order to maximise response rates. During this period reminders were sent out to encourage practices and Boards to respond.

Following the survey itself, ISD issued a short online feedback survey to practices and NHS Boards to find out more about their experience of completing the survey, including the reasons why some practices did not respond and challenges faced by OoH services when sourcing and collating the data.

Data validation and quality checking

The survey forms were reviewed to check whether the information given appeared to be valid and if not (for example if information was missing, apparently contradictory or unusual) this was queried with the individual general practice or GP Out of Hours service. However, it is possible that some information on the survey forms may be valid but not completely accurate. Where possible, additional data validation was carried out on the data by ISD analysts, but this was limited for the anonymised practice data.

Members of the National Primary Care Workforce Survey Stakeholder Group were given early access to the survey results to help quality assure the publication. Group members examined

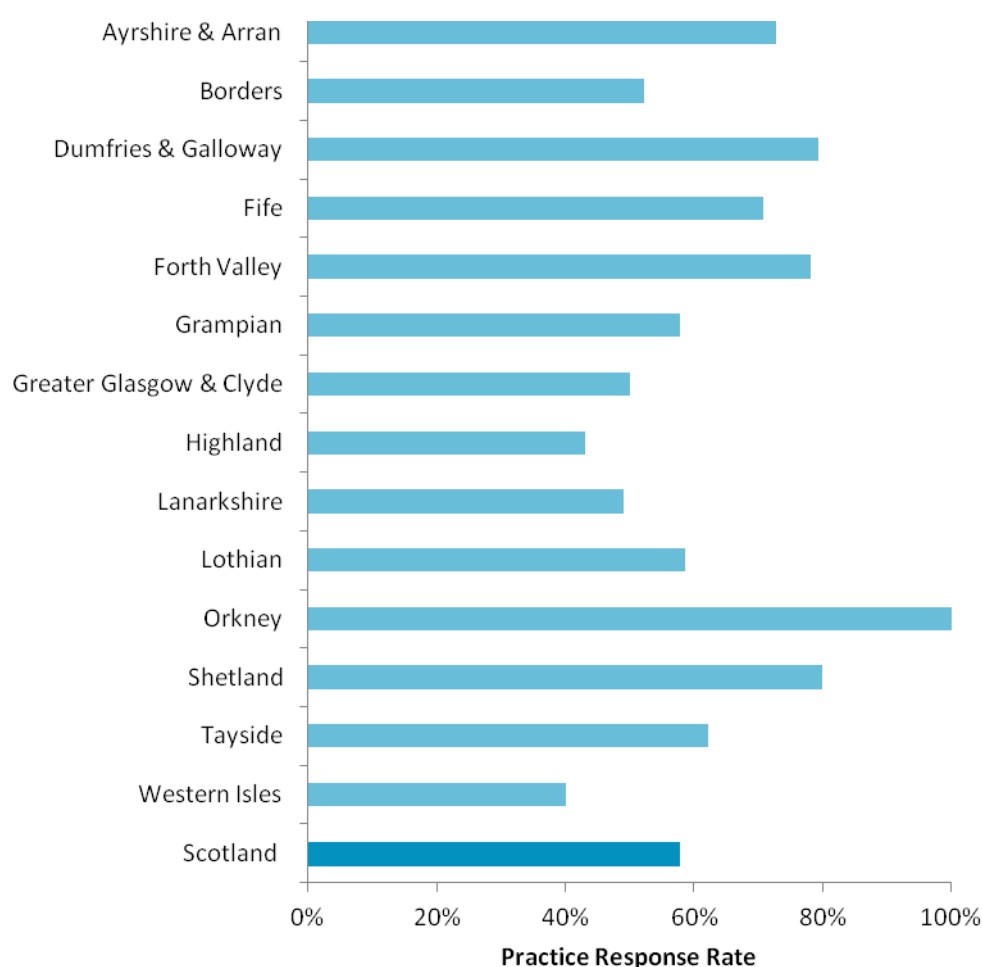
the results in the context of their own professional experience in general practice and/or GP Out of Hours services. Comments from group members have helped to inform the commentary in this publication.

Response rates

A total of 974 general practices were eligible to participate in the “In hours” survey. Responses were received from 561 practices, 58% of those eligible.

- Response rates varied by NHS Board, with the lowest response in Western Isles at 40% and the highest in Orkney at 100% (Table A1 and Figure 28).
- Between them the responding practices provide primary medical services to approximately 60% of Scotland’s registered patient population (Table A1).

Figure 28: Practice response rates to “In hours” survey, by NHS Board; 2015



The response rate in 2015 was slightly lower than that for the 2013 survey (58% compared to 64%). We carried out a short online survey asking practices for feedback on the survey, and asking about reasons for not completing the survey.

Consideration has been given to whether the sample of responding practices is representative of practices more generally. Responding practices were compared to all practices in terms of practice list size, level of deprivation and urban/rural classification. Across all these categories the responding practices cover a proportion of patients that is similar to the overall proportions in each category at Scotland level. However, it should be noted that there may be other

differences between responding and non-responding practices that may impact the representativeness of the sample.

GP Practices that did not submit an In Hours form and participated in the online feedback survey reported that the leading reason for non-completion was time pressure, followed by the survey being perceived as too long and complex. A further reason was that no incentive was offered for form completion. In addition to this, free text comments express frustration with being asked to provide information about what some perceive as “obvious” problems and queries about how the data will be reported and used (and some references to perceived lack of use of data collected in past surveys). Some free text comments however recognise the importance of the survey and awareness of why it is necessary. Some practices suggested that it would be simpler to ask GPs to complete a time sheet for a set period of time.

All 14 NHS Boards responded to the survey of GP Out of Hours (OOH) services.

- There was variation in the extent to which NHS Boards were able to complete individual sections of the survey form.
- NHS Board run GP OOH services do not cover 100% of the population, as some general practices are contracted (“opted-in”) to provide OoH cover for their own registered patients. This survey relates only to the NHS Board run GP OoH services and does not reflect the time input by GPs and other staff in “opted-in” practices. Ayrshire & Arran, Forth Valley, Grampian, Greater Glasgow & Clyde, Lanarkshire, Orkney, Shetland and Western Isles all have some practices which are “opted in”
- Headcounts for NHS Highland are incomplete. NHS Highland operates GP Out of Hours services in a number of formats based on locally identified needs. There is correspondingly no central standardised data. The figures in this table exclude GPs and Nurses providing OoH services for NHS Highland in the following areas: Islay, Jura, Coll, Colonsay, Muasdale, Carradale and Port Appin. Also, the figures do not include GPs or Nurses who work in NHS Highland practices that are contractually opted in to provide Out of Hours cover specifically to their own registered patients (N = 30 at 1 July 2015).
- Headcounts for NHS Orkney were also incomplete as full details of individual GPs were not returned.

Analysis & interpretation

Accuracy

The estimated headcount figures within the publication have been compared to those reported from the GP contractor database. For most areas the estimated headcounts and reported headcount are similar (see Table A2). Differences would be expected due to potential differences in GP to patient ratios in responding and non-responding practices. Differences would also be expected as GPCD figures were extracted at 30 September 2015 while the survey date was 31 August 2015.

Comparisons over time

Due to changes in the survey questions and methods the majority of comparisons over time are made only with the previous survey (2013). Survey results from previous years are as reported in the original publications and have not been revised.

Descriptions of Out of Hours Services

The majority of returns for the OoH survey related to GP OoH services provided directly by the NHS Boards (with all areas returning information on this service). Additionally, Highland, Shetland and Orkney returned information on other types of services provided in their area.

The majority of GP OoH services reported on in the survey were delivered fully through Primary Care Emergency Centres. The exceptions were: -

- Ayrshire and Arran and Dumfries and Galloway, where services are only partly delivered through PCECs.
- Highland, where a number of different services run, some providing care only through PCECs, others only partly through PCECs and other without PCECs.
- Orkney and Shetland, where services are not provided through PCECs.

In the majority of NHS boards, nurses are directly employed by the service (with the exceptions of Dumfries and Galloway where they are managed and Forth Valley where there is a mix of managed and directly employed). For GPs, a high proportion of services report a mixture of contracted, direct employed and managed arrangements. Four NHS Boards reported that their GPs were directly employed (Borders, Grampian, Lanarkshire and Orkney), while three reported that the GPs were contracted (Fife, Shetland and Orkney).

Calculating Whole Time Equivalents:

Throughout the report calculations have been made of Whole Time Equivalents (WTE). Different methods have been used for different groups in order to allow for the different working arrangements for practice based staff and OoH staff. Details are given below for each of the methods.

All calculations of WTE are in line with those used in previous survey reports in order to ensure comparability.

In- hours GP WTE calculations

Whilst there are some general concepts about what constitutes a full-time commitment of a GP there is no single precise definition applicable across the profession, and indeed WTE is a concept that is more likely to be used by workforce planners than by GPs themselves.

The 2015 survey asked practices how many sessions were considered 'full-time' within their practice. The majority of practices (56%) responded that 9 sessions per week constituted full-time. A further 33% reported 8 sessions as full-time, 8% reported 10 sessions and 2% 7 sessions (Table A3). These responses reflect the lack of consistency across practices.

In previous surveys, 8 sessions has been used as the basis of calculating WTE figures and in order to maintain consistency between surveys and report trends over time we have continued to use this calculation:-

- Any GP in post working 8 or more sessions per week on average has been deemed to be working full-time (i.e. 1.0 WTE)
- For all other GPs the WTE value has been calculated as $X/8$, where X is the weekly sessional commitment. For example, a GP working 4 sessions per week would be calculated as $4/8$ therefore equalling 0.5 WTE.

It is recognised that the assumptions made about WTE in these calculations may mean that where a full-time week is considered to be 9 sessions or more then the GP WTE figures presented in this report may be slightly over-estimated. A further complication is that GPs may do work before, after or between their formal sessions, which could result in the WTE under-estimating. The 2015 survey has asked for information on GP working hours as an additional source of information on GPs working time, however these have not been used in calculating WTE.

Locum/sessional GP WTE and Vacant Post WTE have been calculated based on an assumption of 8 sessions per week being full-time and a 44 week working year (allowing for 6 weeks annual leave and 2 weeks study leave).

In hours Nurse, Health Care Support Worker and Phlebotomist WTE calculations

The calculation of WTE figures for nurses, health care support workers and phlebotomists is relatively more straightforward than for GPs, but has still been based on certain assumptions :-

- Any individual working 37 hours or more per week has been deemed to be working full-time (i.e. 1.0 WTE)
- For all other individuals their WTE value has been calculated as $X/37$, where X is their weekly hourly commitment and 37 hours per week has been assumed to be full-time. For example a nurse working 20 hours per week would be calculated as $20/37$, equalling 0.54 WTE.

In any areas where a standard full time week is predominantly longer than 37 hours, the WTE figures presented in this report may be slightly over-estimated. Conversely, if there are areas where a standard full time week is predominantly shorter than 37 hours, the WTE figures presented in this report may be slightly under-estimated.

The calculations of WTE estimates have also, where possible, taken account of instances of individuals working two or three different practices.

The figure of 37 hours as full-time has been used to maintain consistency with previous surveys.

Out of Hours GP and nurse WTE calculations

WTE is a fairly artificial concept in relations to GP Out of Hours services where GPs and nurses are likely to be working on either an ad hoc basis, or be salaried for a specific number of hours. It can however be used as a general guide to help inform workforce planning (as other NHS groups are typically reported as WTE numbers).

GP OoH WTE figures in this report have been based on an assumption of 40 hours per week being full-time (salaried GPs are often employed on this basis) and a 46 week working year (allowing for 6 weeks annual leave and public holidays).

Nurse OoH WTE figures in this report have been based on an assumption of 37.5 hours per week being full-time (in accordance with Agenda for Change terms and conditions, on which these staff are typically employed) and a 46 week working year (allowing for 6 weeks annual leave and public holidays).

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Primary Care Workforce Survey Scotland 2015
Description	A Survey of Scottish General Practices and General Practice Out of Hours Services
Theme	Health and Social Care
Topic	Health Care Personnel, Finance and Performance
Format	PDF and Excel
Data source(s)	National Primary Care Workforce Survey 2015
Date that data are acquired	31 August 2015
Release date	14 June 2016
Frequency	Biennial
Timeframe of data and timeliness	The year ending 31 August 2015. There have been no delays to publication.
Continuity of data	There have been a number of changes to the survey since the 2013 publication.
Revisions statement	No revisions are planned for this publication.
Revisions relevant to this publication	<p>Historic data included in this publication has not been revised and is as previously published.</p> <p>A small error has been noticed in the reporting of data from the 2013 survey. The estimated headcount of GPs in 2013 was 4,465 rather than 4,470. This revision does not affect the overall interpretation or conclusions to be drawn from the data. This correction has been marked with R within the report and data tables.</p>
Concepts and definitions	See Glossary
Relevance and key uses of the statistics	The information in the survey is used to inform workforce planning for Primary Care in Scotland
Accuracy	See Appendix A1
Completeness	58% of eligible practices responded to the in hours survey. All 14 NHS Boards responded to the out of hours survey.
Comparability	
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	
Value type and unit of measurement	<p>Value type – count</p> <p>Unit of measurement – number, percentage, WTE, rate</p>

Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	Official Statistics
UK Statistics Authority Assessment	Not currently put forward for assessment
Last published	24 September 2014
Next published	2018 (to be confirmed)
Date of first publication	2007
Help email	Nss.isdpcws@nhs.net
Date form completed	03/06/2016

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

Standard Pre-Release Access:

Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Early Access for Quality Assurance

These statistics will also have been made available to those who needed access to help quality assure the publication:

National Primary Care Workforce Survey Stakeholder Group

A4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD's statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](#).