

Scottish Government Response to the Report of the National Primary Care Workforce Survey Advisory Group

SCOTTISH GOVERNMENT RESPONSE TO THE REPORT OF THE NATIONAL PRIMARY CARE WORKFORCE SURVEY ADVISORY GROUP

1. This paper outlines the Scottish Government's response to the recommendations in the report of the National Primary Care Workforce Survey Advisory Group which met over the summer of 2013 and submitted its report to the Cabinet Secretary for Health and Wellbeing on 24 September. The Advisory Group's report is available on the Scottish Government website at <http://www.scotland.gov.uk/Publications/2013/10/9584>.

Background

2. Last run in 2009, the National Primary Care Workforce Survey is designed to capture aggregate information including sessional commitments of GPs; headcount and Whole Time Equivalent (WTE) numbers of practice nurses and healthcare assistants/phlebotomists; use of locum GP time; use of extra nurse time; and known vacancies for these professional groups at a fixed census date.

3. The 2013 Survey consisted of two forms: one in respect of In Hours service and another which would capture information to support GP Out of Hours (OOH) workforce planning. Extension of the Survey to include GP OOH service was in recognition of the concerns expressed by OOH service managers and clinical leads about the increasing challenges faced in providing OOH GP-led services.

Official Statistics report

4. It had originally been hoped that all of the results of both forms would be suitable for publication by ISD Scotland as an Official Statistics report. However, as collation of the Out of Hours data progressed, it became apparent that only some of the data in this pilot strand would be robust enough to be included in the 2013 Official Statistics Report.

5. The Official Statistics Report of the Survey results was published on the ISD Scotland website on 24 September 2013 and is available at www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/primary-care-workforce-survey-2013.asp. It includes data at the national level. However, ISD Scotland has also published supplementary statistics which break down the data to Regional Workforce Group, Health Board and CHP level.

Experimental report

6. Although not robust enough to be featured in the Official Statistics report, it was recognised that the other elements of the Out of Hours data contained some very useful information and messages for those responsible for workforce planning in primary care. Therefore these experimental results have been published on the ISD Scotland website at <http://www.isdscotland.org/Health-Topics/General-Practice/>.

Workforce Planning Tool

7. The data in the Official Statistics report and in the Experimental Report will assist those with responsibilities for ensuring the provision of safe, high quality and sustainable patient care. It is for NHS Boards to decide the level, skills mix and configuration of GP out of hours services in their respective areas in the context of robust clinical governance and in line with Scottish Government policies (e.g. 20:20 Vision).
8. At Regional Workforce Group and Health Board levels, it facilitates identification and understanding of the primary care workforce serving its area: headcount and demographic profile. It also provides data on the average weekly hours or sessions committed by doctors and nurses employed by GP practices and an indication of vacancies, which will help build a clearer picture of the demand for primary care services, 24/7, and the challenges facing primary care providers meeting those demands.
9. Within CHP and GP practices, the data could provide the basis for discussions with neighbours in order to learn from each other; share examples of good practice; and explore potential alternative models of care aimed at optimising the resources available in the delivery of a safe, high quality and sustainable service to local communities.
10. A letter was issued to Chief Executives on 12 November advising of publication of the 2013 Survey results and requesting assistance with promoting awareness amongst primary care stakeholders of the availability of this data. The letter is available for viewing at http://www.sehd.scot.nhs.uk/mels/CEL2013_23.pdf.

Partnership Projects

11. The data collected from GP practices by means of the 2013 Survey helps build a picture of Scotland's workforce: its current structure as well as the vacancies and gaps challenging service provision. This, in turn, will help progress and support a number of key policies, projects and activities undertaken by the Scottish Government in partnership with NHS Scotland.

Everyone Matters: 2020 Workforce Vision

11.1 The healthcare workforce is central to achieving our Quality Ambitions of safe, effective and person-centred care and the 2020 Vision for healthcare. Everyone Matters: 2020 Workforce Vision was launched in June 2013 and sets out our vision for how the healthcare workforce will need to evolve to continue to provide the high quality services that the people of Scotland expect and deserve. The GP practice workforce is a core element of the wider workforce supporting sustainable service provision through new and existing models of care.

11.2 The launch of the 2020 Workforce Vision will be followed by an Implementation Framework and a series of Implementation Plans, the first of which is due to be published at the end of November 2013.

Allocation of training places

11.3 The move towards more community based care means understanding and supporting the needs of the local population: the right number of people require to be trained to the right level. Scottish Ministers set the number of trainee nurse and doctor places available each year, a fundamental element of the future primary care workforce. Data provided by GP practices as part of the 2013 Workforce Survey will help inform future Ministerial decisions in respect of training places. The recent publication of Professor David Greenaway's Shape of Training Report recommends fundamental changes for the future structure, duration and content of medical education and training within the UK, in order to better equip doctors to meet changing patient needs. The scale of change proposed would impact on how future services are designed and delivered, including the number of trainee nurse and doctor places required every year. The detailed implications of these changes are currently being considered by the Scottish and UK Governments.

GMS contract negotiations

11.4 In Parliament, on 5 November 2013, the Cabinet Secretary for Health and Wellbeing set out his commitment to working with the GP profession to develop a new Scottish GP Contract to match the Government's 2020 Vision. The clear aim of Government is to ensure GPs get the time to do what they really want to do – work with individuals to ensure their medical care is right for them, their family and carers, and for their local environment.

Dewar Centenary Group

11.5 The Dewar Report of 1912 by the Highlands and Islands Medical Service Committee was chaired by Sir John Dewar MP, and examined healthcare in rural areas and highlighted many difficulties with service provision. The report recommended the establishment of the Highlands and Islands Medical Service. The Service became a worked example for state health care which was quoted in reports considering the concept of the establishment of the National Health Service ("Cathcart Report"). The Dewar Centenary Group was formed to plan a programme of events to commemorate and raise awareness of the centenary of the Report.

11.6 On behalf of the Cabinet Secretary for Health and Wellbeing, NHS Highland was invited (and agreed) to develop and submit a proposal for this work, along with outline estimates of governance arrangements, expected timelines and resource requirements.

11.7 On 28 January 2013, the Cabinet Secretary announced that Scottish Government supported a proposal from NHS Highland to develop and test new models of healthcare service in remote and rural areas.

11.8 There will be no single model of service, rather principles and key elements for success will be set out. Successful solutions will be grown from local need and local resilience.

11.9 The models developed by NHS Highland will be evaluated to test their effectiveness and their application to healthcare settings in urban as well as rural areas, across Scotland. It is expected that work will begin early in 2013-14 with specific targeted areas of work up and running by the autumn.

Advisory Group's recommendations

12. Scottish Ministers are grateful to the Advisory Group for the assistance it provided to ISD Scotland in respect of its analysis of the Survey results, helping to assure the quality and integrity of the approach taken in respect of handling the results and help ensure that the conclusions detailed in the final report were valid and robust (in respect of interpretation of data and appropriateness of assumptions made).

13. The following paragraphs set out the Scottish Government's response to each of the recommendations in the Advisory Group's report (a full list of the recommendations is in the Annex).

[Refinement of the In Hours form and guidance.](#)
[Further development of the OOH form and guidance.](#)
[Surveys should collect data about in hours and out of hours service.](#)

13.1 The Scottish Government supports each of these recommendations.

[Expand to request information about all staff employed by GP practices](#)

13.2 The Scottish Government supports this recommendation. In the current financial climate, there is a greater need for Scottish Ministers to have access to data relating to all payments of public funds and an understanding of how these monies lead to the delivery of services for Scotland's people and its communities.

[Undertake Survey every 2 years, 31 August census date and 6 weeks for completion and return](#)

13.3 The Scottish Government is content with the proposed frequency, timing and duration of future Surveys. The Scottish Government supports the proposals for discussions with the Scottish General Practitioners' Committee (SGPC) and Health Board workforce planners about how completion of the Survey forms can be made easier for GP practices and relevant Board officials, respectively.

Consider viability of financial support for GP practices in recognition of resources required to complete and return form

13.4 The Scottish Government recognises that the provision of the requested data may be a resource intensive exercise for some GP practices. In some cases, this appears to be because the systems used/records maintained by some practices are not conducive to the easy extraction of the relevant data. The previous recommendation includes proposals to investigate with the SGPC whether local systems/processes could be adapted to make it easier for GP practices to provide the required information. This may make the extraction and provision of the data less of a burden on GP practices.

13.5 The previous recommendation also takes into account the pressures on GP practices at various times of the year and suggests a 31 August census date as a more convenient time than the 31 January census date adopted during the 2009 and 2013 Surveys.

13.6 Even with improved record-keeping and data extraction processes and a summer census date, the Scottish Government is aware that ensuring the Survey form is completed fully; that the data provided is the most up-to-date available; and the content of the form has been quality checked for accuracy, may be a time consuming exercise. The Scottish Government therefore agrees with the recommendation that consideration should be given to providing financial support to GP practices.

Include in guidance suggestions as to who may be best to provide information

13.7 The Scottish Government recognises that significant work was undertaken to make the guidance user-friendly and comprehensive for the purposes of the 2013 Survey. However, the Scottish Government notes the feedback received on the guidance and supports the proposal that further assistance could be provided.

Use networks and stakeholder rep bodies to promote awareness.

13.8 The Scottish Government agrees that the Survey data will be of value to all those involved in workforce planning in primary care and the success of future similar Surveys will depend on collaboration with relevant stakeholders at all stages of the process, from design of Survey forms to promoting awareness of the Survey and, in due course, its results.

Summary

14. The Scottish Government agrees with the Advisory Group's conclusions that a regular cycle of Surveys would be helpful and further development and expansion of the Survey is required in order to provide a comprehensive picture of the primary care workforce, work which requires input from a range of stakeholders.

15. The Scottish Government agrees that collaboration at all stages of the Survey exercise will be fundamental to the success and value of future Surveys.

16. In recognition of the work required to draft, test, pilot and finalise the 2015 National Primary Care Workforce Survey, preparation will commence shortly, in liaison with key primary care stakeholders.

Scottish Government
November 2013

WORKFORCE SURVEY ADVISORY GROUP RECOMMENDATIONS

1. It is recommended that the following issues are considered in respect of the refinement of the In Hours form:
 - Evaluate with ISD Scotland, the advantages and disadvantages of targeting a representative sample of GP practices, rather than targeting 100% of practices.
 - Include questions targeted at those practices which have opted-in to provide an Out of Hours (OOH) service to their own patients.
 - Request data on time spent in excess of sessional commitment undertaking related duties, such as administrative tasks.
 - Request data on when GPs are working day shifts and OOH back to back.
 - Request data on GPs and nurses in Scotland who work on a locum basis: their age profile and the number of sessions they work in “In Hours” General Practice.
 - Request data on those clinical staff employed by Health Boards but placed in GP practices.
2. It is recommended that the following issues are discussed with the National Out of Hours Operations Group and Health Board workforce planners to inform the development of the OOH form for future Surveys.
 - Key questions to be raised in the Survey.
 - Feasibility of OOH services providing robust and comparable data in response to Survey questions.
 - Definitions for certain terms used in the Survey.
 - Intended uses of the results.
 - Actual use of the results of the 2013 Survey.
3. It is recommended that the next National Primary Care Workforce Survey and all future surveys should collect information about both In Hours and GP Out of Hours services.
4. It is recommended that the scope of the Survey is expanded to request data on all those employed by the GP Practice.
5. It is recommended that a National Primary Care Workforce Survey be undertaken every 2 years, with feedback provided to the primary care sector in the year between, about the previous year’s Survey and how it has informed workforce planning. In addition, if undertaken every 2 years, the Scottish Government should liaise with:
 - ISD Scotland and primary care stakeholders to clarify the objectives of the Survey.

- ISD Scotland about making the process more efficient and cost-effective.
 - ISD Scotland and SGPC about whether local systems/processes could be adapted to make it easier for GP practices to provide the required information in respect of In Hours' service.
 - ISD Scotland and SGPC about whether the collection and collation stages of the Survey could be streamlined.
 - ISD Scotland and Health Board workforce planners about whether local systems/processes could be adapted to make it easier for Boards to provide the required information in respect of the GP OOH service.
 - Health Boards about supporting the development of the Survey, as well as supporting its promotion, completion (by GP Practices and OOH Board leads) and use locally thereafter.
6. It is recommended that future surveys are undertaken on the basis of a 31 August census date and 6 weeks are allowed for completion and return of the forms.
 7. It is recommended that, in discussing how to maximise the response rate when planning future Surveys, the options considered include the viability of the provision of financial support in recognition of the resources required to complete it as effectively as possible.
 8. It is recommended that the guidance which accompanies the In Hours form includes advice on those within the GP practice who may be able to provide which elements of the data requested, such as Practice Nurses for the nursing questions.
 9. It is recommended that networks and representative bodies should be used to forward promotional messages to members and interested parties, raising awareness of the Survey and the short and long term benefits to the primary care sector of availability of accurate and robust data. In addition, a reminder should be circulated 3 weeks into the 6 weeks of the Survey period.



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