National Primary Care Workforce Survey 2013

Report of the Advisory Group

The Scottish Government
Riaghaltas na h-Alba

INTRODUCTION

1. Scotland's health service is facing many challenges: growing demand from an increasingly elderly, multi-morbid population, persisting health inequalities, increasing public expectations and an ageing workforce, as well as recruitment challenges and financial pressures.

2. The Vision for health and care in Scotland is that by 2020, everyone is able to live longer healthier lives at home, or in a homely setting and that Scotland will have a healthcare system:

- which has people at the centre of its decisions;
- where health and social care are delivered in an integrated way; and
- where there is a focus on prevention, anticipation and supported self-management.

3. The 2020 Vision Route Map describes 12 priority areas for action. One of these priority areas focuses on the role of primary care with the following key deliverables identified for 2013-14:

- Implementation of the more Scottish GP contract with benefits fully explored and realised;
- 2020 Vision for expanded primary care developed; and
- New models for 'place-based' primary care developed including a model for remote primary care implemented and evaluated.

4. Another of the priority areas relates to the delivery of unscheduled and emergency care. The Unscheduled Care Expert Group has been established to identify and agree high impact actions to transform the way that unscheduled care is delivered with a focus on reducing the number of people who present at A&E Departments, through action in the community, in primary care and by improving the flow of patients in and out of A&E. One of the key deliverables for 2013-14 is the development of out of hospital care as part of the National Unscheduled Care Action Plan.

5. An understanding of the primary care sector and those delivering the service (in and out of hours) is fundamental to the achievement of these deliverables. The data collected from GP practices and NHS Scotland Health Boards by means of surveys, such as the National Primary Care Workforce Survey, help build a picture of Scotland's primary care workforce. This then informs planning at national, regional, Health Board and local (CHP and GP practice) level and is integral to the implementation of the 2020 Workforce Vision.

6. The 2013 National Primary Care Workforce Survey was undertaken during the first few months of the calendar year. Building on the 2009 survey, the 2013 Survey for the first time collected information on the GP out of hours workforce. This report outlines the background to, and development of, the Survey. In addition, it sets out the feedback received from those involved in completing the Survey which has informed a number of recommendations for future similar exercises, many of which underline the essential nature of collaboration at all stages of the Survey.

SUMMARY OF MAIN RECOMMENDATIONS

7. The following is a list of the main recommendations contained in this report. More information is available in pages 15 to 18 with additional detailed recommendations in pages 19 and 20.

7.1 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.

7.2 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.

7.3 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.

7.4 It is recommended that the scope of the Survey is expanded to request data on all those employed by the GP Practice.

7.5 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.

7.6 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.

7.7 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.

7.8 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.

7.9 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.

BACKGROUND

8. The National Primary Care Workforce Survey is an important data source, informing workforce planning at Community Health Partnership, Health Board, Regional Workforce Group and Scottish levels. It is designed to capture data on health professional practice staff and health care support staff in all GP practices in Scotland.

2009 Survey

9. Last run in 2009, it was 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. The results, based on data supplied by general practices who participated in the Survey, were published in December 2009.

10. Although the results contained a mixture of incomplete and estimated figures, a number of estimates were calculated, including:

- Individual GPs in post delivered, on average, 7.2 sessions per week in their practice or in their professional capacity elsewhere (excluding any time spent in Out of Hours service provision).

- The total WTE number of GPs (excluding registrars) working in Scottish general practices, based on an assumption of 8 or more sessions per week being a full time commitment, was 3,700.

- Locum/sessional GPs collectively provided a total of roughly 255 WTE across all Scottish general practices during the period February 2008 to January 2009.

- Headcount and WTE numbers of practice-employed practice nurses in Scotland were 2,140 and 1,415 respectively. These figures excluded nurses employed by Boards to fulfil practice nurse roles in independent contractor practices (i.e. regular partnerships). This means that these figures do not reflect the entire practice nurse workforce in Scotland.

- An assumed full time commitment (37 or more hours per week) was recorded for 15.5% of practice-employed practice nurses. A further 59% worked at least half-time, whilst 26% were contracted to work on a less than half time basis.

11. The 2009 Survey results were published on the ISD website and are available at http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/national-primary-care-workforce-survey-2009.asp .

2013 SURVEY

12. In May 2012, a workshop was held with NHS Scotland stakeholders at which considerable support was expressed for a Primary Care Workforce Survey to be undertaken in 2013. However, it was proposed that the 2013 Survey should consist of two forms: one of which would essentially repeat, but also build on, the 2009 Survey 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.

13. Consideration was given to repeating the approach taken in 2009 of providing financial support to GP practices for the completion and return of the Survey form. However, it was recognised that providing payment to complete a survey would be particularly difficult to justify in the current financial climate. The benefits of having a workforce survey were seen as not being solely restricted to the Scottish Government i.e. GP practices (and others) would obtain benefits from the results, and therefore no financial support was offered for completion of the 2013 Survey.

14. The proposals for a 2013 Survey were approved by the then Cabinet Secretary for Health, Wellbeing and Cities Strategy and discussions commenced with ISD Scotland, part of NHS National Services Scotland.

In Hours form

15. Having commissioned ISD Scotland to undertake the collation and analysis of the Survey results in due course, the Scottish Government's next step was to review the 2009 Survey form and guidance notes, taking account of feedback received during the 2009 exercise, to improve the layout and content of the form. In addition, the questions requesting information about the nursing workforce were expanded and clarified, in liaison with nursing colleagues. These changes were designed to improve the Survey, making the questions easier to understand and the form easier to complete.

16. In a repeat of the arrangements for the 2009 Survey, it was agreed with the Scottish General Practitioners' Committee (SGPC) that, in order to protect practice identifiable information, completed returns would be forwarded to Glasgow Local Medical Committee (LMC), on whose premises the raw data would be collated before being stripped of practice identifiers and returned to ISD for analysis.

17. The revised form and guidance notes were piloted with SGPC members over the Christmas and New Year period, helping to finalise the documents.

Out of Hours form

18. Scottish Government officials and ISD Scotland met some of the National OOH Operations Group members in August 2012 to discuss the development of the OOH form. Whilst group members were very keen to be part of the work and had some general ideas about the sorts of information that they wanted to capture

through the Survey, they indicated they had considerable difficulty in trying to express that as a structured survey form. Therefore most of the active development of the OOH Survey form was undertaken between late October 2012 and mid January 2013 and was undertaken by ISD Scotland. The actual time that ISD and National OOH Operations Group members spent in collective face to face discussion in relation to the development of the form was ultimately very limited, amounting to approx 2-3 hours in total. As a result, there was insufficient time to pilot the form before the Survey was launched. The 2013 Survey is therefore considered the OOH Survey pilot.

Advance notification

19. CEL 02 (2013) was issued on 22 January 2013 (and is available for viewing at http://www.sehd.scot.nhs.uk/mels/CEL2013_02.pdf) providing advance notice of the Survey to Health Board Chief Executives and HR Directors, copied to Health Board Primary Care Leads; NHS Education for Scotland; the SGPC; the National Out of Hours Operations Group; the Scottish Practice Nursing Association; the Royal College of General Practitioners; and the Royal College of Nursing.

Distribution of forms and guidance

20. The Survey forms and guidance notes were forwarded to Health Board Primary Care Leads in late January for distribution of the In Hours Survey form to GP practices and the OOH Survey form to the relevant Health Board official(s). The In Hours form requested data relating to the workforce profile and shift hours required/filled as at 31 January 2013 while the OOH form requested data relating to the workforce profile employed/managed by the OOH service in the 12 months ending 31 January 2013.

21. The forms and guidance notes included contact details for assistance completing the Survey (Glasgow LMC and ISD Scotland for the In Hours form and ISD Scotland for the OOH form). The closing date for completion and return of the Survey forms was 28 February 2013.

Response rate

22. Throughout February, the Scottish Government worked closely with the Health Boards and other key service stakeholders to promote awareness of the Survey and to encourage completion. However, as at 1 March, the GP practice response rate was 48%. This was disappointing, as a response rate of less than 67% overall, or in individual Health Board areas, could have significant implications for ISD Scotland's ability to generate reliable estimates of overall workforce numbers from the Survey data. In consultation with ISD Scotland, it was therefore agreed to extend the deadline by a further two weeks. At 15 March, the response rate in respect of the In Hours survey form was 62% and 100% in respect of the OOH survey form (although most of the OOH forms were incomplete at this stage). A handful of completed forms were received after 15 March. Overall across Scotland, 623 GP practices (63.1% of Scotland's practices) responded to the Survey.

23. On receipt of completed forms, ISD Scotland's first priority was to collate and check these. In some cases, this required ISD to contact individual GP practices and Health Board officials to request additional information.

NATIONAL PRIMARY CARE WORKFORCE SURVEY ADVISORY GROUP

24. While collation and checking of submitted forms was underway, the Scottish Government set up a stakeholder group to assist ISD Scotland with its analysis of the Survey results. The role of the National Primary Care Workforce Survey Advisory Group (WSAG) was to help 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).

Remit

25. The Group had the following remit:

- To provide expert advice to ISD Scotland in respect of the handling and interpretation of the 2013 Survey data; and to ensure that the methodological approaches taken to analysis, reporting and interpreting of the data received, are appropriate in the wider context.
- To assist SG officials, as necessary or appropriate, in the provision of advice to Scottish Ministers in respect of the lessons learned from administration, collation and analysis of the 2013 Survey data; recommendations for future repeat or similar surveys; and/or complementary work to examine in more detail the changing nature of the primary care workforce in Scotland.

Membership

26. Membership consisted of representatives from:

- Scottish General Practitioners Committee
- National Out of Hours Operations Group
- Practice Managers
- Scottish Association of Medical Directors
- Royal College of General Practitioners Scotland
- Royal College of Nursing Scotland
- Scottish Practice Nurses Association
- NHS 24
- NHS Education for Scotland
- Glasgow Local Medical Committee
- Scottish Government
- ISD Scotland

27. A total of 7 meetings were held over the period May to September inclusive.

Official Statistics

28. A further development since the 2009 Survey was the decision to publish the 2013 results as Official Statistics. This had implications for ISD Scotland and for members of the Advisory Group.

29. Decisions in respect of the data which was shared with Advisory Group members rested with ISD Scotland and the Group's Terms of Reference outlined requirements in respect of the handling of this material. In summary, data relating to Survey results was not permitted to be disseminated to anyone outwith the membership of the Group or acting on behalf of a member, such as a substitute attending an Advisory Group meeting. Anyone acting on behalf of a member was not given access to material until they confirmed that they had read and accepted the Group's Terms of Reference, including those relating to the handling of information.

30. Arrangements for the publication of the 2013 Survey finalised results were the responsibility of ISD Scotland, in liaison with the Scottish Government.

31. The Pre-release Access to Official Statistics (Scotland) Order 2008 (2008/399) provides for rules and principles relating to the granting of pre-release access to official statistics which are wholly Scottish devolved statistics. Membership of the Group did not guarantee access to the finalised report in advance of publication. Responsibility for deciding which individuals/agencies would have pre-release access to the finalised results in respect of the 2013 Survey rested with ISD Scotland.

Further round of Survey forms

32. At its first meeting, the Advisory Group agreed that there could be value in introducing a further round of the In Hours element of the 2013 Survey, targeting those areas with the poorest response rate in an attempt to ensure as representative participation across Scotland, as possible.

33. To that end, the Chair of the Group approached the SGPC to discuss the viability, from a resources point of view, of a further targeted round of the In Hours Survey form. The SGPC were very supportive of this proposal and a pool of practices in NHS Greater Glasgow and Clyde were identified by ISD Scotland, on the basis of their overall list sizes (that is, to achieve a representative mix of small, medium and large practices in each area).

34. These practices were approached by Glasgow LMC during June, resulting in a further 8 Survey forms being completed and submitted. Having been carefully selected to increase the number and spread of GP practices that had previously responded to the Survey from within the NHS Greater Glasgow and Clyde area, these additional responses added value to the Survey results for Greater Glasgow and Clyde and the CHP areas within it. In addition, these later responses took the overall response rate up to 63.9%.

Experimental Report

35. It had originally been hoped that, in addition to the results of the In Hours Survey form, the majority of the data collected from the OOH Survey form would be suitable for inclusion in the Official Statistics report in due course. However, as collation of the OOH data progressed, it became apparent that only the workforce data (sections 4 and 5 of the Survey form, plus some explanatory notes derived from

section 6) would be robust enough to be included in the 2013 Official Statistics Report.

36. There was some discussion about the value of the remaining OOH data and following some further discussions with ISD Scotland to better understand this data (some of which was incomplete and, in other cases, was inconsistent across the Boards) it was agreed that an experimental report would be produced for sharing with stakeholders following publication of the Official Statistics report.

FEEDBACK FROM 2013 SURVEY

37. The Advisory Group's remit included identifying lessons that could be learned from the administration, collation and analysis of the 2013 Survey data. Feedback was encouraged and received from primary care stakeholders throughout the 2013 Survey process. Some of the comments received during the pilot of the In Hours form with SGPC members could not be actioned in time for the 2013 Survey, such as proposed changes to the scope of the Survey, but were relevant to future exercises.

38. During the 6 week main fieldwork period of the Survey, Glasgow LMC and ISD Scotland dealt with a range of queries from GP practices and Boards relating to the completion of the forms. In the course of checking and collating the returns, ISD Scotland and Glasgow LMC were required to follow up a number of issues with individual GP practices and Boards in relation to the data submitted. In 2009, there had been 94 queries. For the 2013 In Hours Survey form, the query rate was slightly more than double at 190 but the nature of the queries was more complex, which had a significant impact on the time required on this early stage and resulted in a slight delay to commencement of the analysis stage. In addition, all of the OOH forms generated queries. In a handful of cases, these were quickly resolved but in most cases, further discussion with the relevant Board official was required in order to clarify the data requested. Most OOH forms were subsequently re-submitted and in several cases, needed to be further amended and re-submitted before they could be considered ready for analysis.

39. The following pages of feedback are a summary of the comments received by the Scottish Government, ISD Scotland and Glasgow LMC. It reflects the experience of those involved in completing the forms as reported to members of the Advisory Group. In some cases, the feedback demonstrates a lack of awareness on the part of some responders of the process undertaken (for example, which bodies had been consulted during the development stage of both forms and the promotional activity undertaken before, during and after the launch) or of the guidance which was included with the Survey forms. It is understood that some GP practices were unable to access the second spreadsheet of the Excel workbook which was circulated. The Survey forms were subsequently re-issued with the guidance notes for both forms issued as separate files to the Survey forms. However, it is evident that some responders were still unaware of the guidance available.

40. The feedback has been split between comments received on the In Hours form and on the Out of Hours form. It has then been sub-divided into the following Survey stages:

- Scope
- Development of form and guidance
- Content of form and guidance
- Promotion of Survey
- Distribution of Survey to GP practices/Boards
- Collation and checking of returns
- Other comments

Summary of Feedback Received in Respect of In Hours Form and Guidance

Scope of Survey

- Whilst the In Hours form requested information on total GP sessional commitments (in the practice and elsewhere), these commitments did not reflect additional time spent by GPs on other tasks, such as administrative duties.

- It was suggested that information on time spent by GPs on non-primary care, split into activities and sessions, would also have been helpful.

- Neither the In Hours nor the OOH form captured hours worked by GPs/nurses in those 45 practices contracted ('opted in') to provide OOH cover for their own practice patients.

- It was suggested that a fuller exploration of the roles of clinical support staff may be helpful in future Surveys.

- It was suggested that data on sessional commitments *and* average weekly hours be collected in future, similar to the approach adopted in English GP workload surveys.

- There appeared to be some confusion experienced by some in respect of the difference between extended hours and Out of Hours service.

Development of form and guidance

- It was suggested that Practice Managers, or a representative of Practice Managers, should have been involved in the development of the form and guidance.

- It was also suggested that a fresh appraisal of the 2009 Survey elements and definitions by a multi-disciplinary group, prior to launch of the 2013 Survey, may have identified and provided an early opportunity to resolve some issues which were uncovered later and proved time consuming to address.

Content of form and guidance

- While some found completion of the form straightforward and quick, others struggled to provide the data requested.

- There was some doubt expressed about whether requesting data on a sessional basis was the most appropriate and reliable way to collect data about GP commitments.

- It was suggested that an explanation of what is considered as full time for the purposes of this Survey, should have been included. In addition, it was pointed out that the length of a session may vary widely between practices.

- It was suggested that the form/guidance did not make it clear whether the contracted hours required for healthcare assistants/phlebotomists were total hours worked or only the hours that related directly to HCA/phlebotomy duties.

- It was suggested that questions requesting information about extra hours worked by clinical staff should have requested this data in respect of each individual category of clinical staff, including agency/bank staff.

- It was suggested that data is needed on how often GPs are working day shifts and OOH back to back as this practice may have implications for patient safety.

Promotion of Survey

- It was suggested that promotion of the Survey as having an official/high profile status could be helpful in ensuring a good response rate in future Surveys, as could raising awareness of the benefits of participation in the Survey. However, it was also pointed out that the timing of the Survey and the absence of financial support could also have implications for the response rate.

Distribution of Survey to GP practices

- Apparently key personnel, such as Practice Nurses, in some GP practices, were unaware of the Survey, despite the promotional material circulated.

- It was apparent that not all those involved in completing the Survey form had accessed the guidance note (originally included as a separate spreadsheet in the Excel workbook but later circulated as a separate file).

Collation and Checking of Returns

- It was suggested that a Yes/No option of response may have been helpful with some questions. In other cases, a clearer instruction that a value must be entered in the cell would have been helpful.

Other Comments

- It was pointed out that a 60% response rate is good for a survey of this nature: national, non-routine and conducted by e-mail as opposed to face-to-face questioning and answering.

- It was stressed that engagement with primary care stakeholders should not stop once the deadline for responses has been reached but should continue throughout the Survey cycle to keep them informed regarding reporting/publication plans and next steps.

Summary of Feedback Received in Respect of Out of Hours Form and Guidance

Scope of Survey

- It was suggested that greater consistency across the questions requesting data relating to registered nurses and advanced nursing practitioners would have been helpful (in some questions, these 2 designations were treated individually, while in others they were grouped together).

- Clearer guidance was requested in respect of how to record nurses not solely employed/managed by GP OOH services.

Development of Survey and guidance

- ISD representation at the National OOH Operations Group was welcomed and subsequent discussions with members about the content and completion of the Survey were appreciated.

Content of form and guidance

- While some found completion of the form relatively easy and were able to meet the original deadline, others found provision of the data labour intensive and time consuming.

- Additional time in discussion with the National OOH Operations Group prior to launch of the Survey may have identified and provided an early opportunity to resolve some issues which were uncovered during later stages and proved time consuming to address.

Promotion of Survey

- Although some struggled to provide the data requested, respondents appeared to recognise the value of their participation in the exercise and so worked hard to identify and collate the data required.

Distribution of Survey to relevant Board official(s)

- There appeared to be inconsistency across the Boards in respect of the timing of distribution and receipt by the Health Board lead of the form and guidance.

Other Comments

- It was stressed that engagement with stakeholders should not stop once the deadline for responses has been reached but should continue throughout the Survey cycle to keep them informed regarding reporting/publication plans and next steps.

RECOMMENDATIONS FOR THE DEVELOPMENT OF FUTURE SURVEYS

41. Having requested feedback from those involved in completing the 2013 Survey and collated the comments received, the Advisory Group considered the most effective means by which to collect similar data in future years. The Advisory Group's main recommendations are set out below with subsequent pages detailing other recommendations.

Scope

In Hours

42. The enhancements made to the In Hours form since the 2009 Survey proved helpful but the feedback received indicates that there is still scope for refinement and consideration of the following issues:

- 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 OOH service to their own patients (this should be done in liaison with the Remote Practitioners' Association of Scotland).
- 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 those 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.

43. **The Group recommends that the necessary time is allocated to considering these issues and the detailed recommendations set out on page 19.** The Group estimates that 6-9 months should be allowed for refining and piloting any enhancements agreed as a result of consideration of the issues at paragraph 42 in liaison with key primary care stakeholders.

Out of Hours

44. The 2009 Survey was in respect of In Hours service only but the 2013 Survey was expanded to request data on GP Out of Hours provision. The Group believes that the 2013 run of the OOH strand of the survey gathered some very useful information but recognises that more time is required to consult with the National OOH Operations Group members and Health Board workforce planners on matters including:

- 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.

45. **The Group recommends that the necessary time is allocated to liaison with the National Out of Hours Operations Group and Health Board workforce planners to consider these matters and the detailed recommendations set out on page 20.** The Group estimates that 9-12 months would be required to develop and pilot a revised form following discussion and agreement with key stakeholders in respect of the issues outlined at paragraph 44. **The Group also recommends that this work is planned on the basis of including both the In Hours and Out of Hours forms in the next and future Surveys.**

Non clinical staff

46. The Group is aware that the Cabinet Secretary for Health and Wellbeing expressed an interest late last year in data relating to all staff employed by GP practices (clinical and non-clinical). Having been advised of the limited scope of the National Primary Care Workforce Survey, he requested that consideration be given, in liaison with the relevant stakeholders, to extending the scope of future Surveys.

47. The Group recognises that data on the full complement of staff employed by GP practices may be of interest to a range of parties, in addition to Scottish Ministers and those represented on the Advisory Group, for example, to the general public and media, thereby requiring access to reliable and current data. Included in the feedback submitted to the Advisory Group, was support for collection of data on Practice Managers as this would assist with vocational training, promote the role of the Practice Manager (a critical role within practices and not just one of the administrative staff) and ensure that ongoing good management would be available for any changes to practice processes that are necessary.

48. **The Group recommends that the scope of the Survey is expanded to request data on non-clinical staff employed by GP practices.** This would require consultation with those organisations represented on the Advisory Group and with GP Practice Managers.

49. Based on the experience of developing the 2013 OOH form, the Group estimates that 12 months would be required to develop and pilot the expanded forms, in liaison with the relevant stakeholders.

Frequency of future Surveys

50. Turning to frequency of future Surveys, the Group recognises that it can be a resource intensive exercise (in respect of completion) for some GP Practices and Health Boards and for Glasgow LMC and ISD Scotland (in respect of checking and collating). This, in turn, has implications for the overall cost of the exercise funded by the Scottish Government.

51. In order to minimise the burden but ensure that the data is reasonably current, **the Group recommends 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. The Group also recommends that, 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 OOH service.**
- **Health Boards about supporting development of the Survey, as well as supporting its promotion, completion (by GP Practices and OOH Board leads) and use of its results locally thereafter.**

Timing and Duration of Survey

52. Feedback received in respect of the 2013 Survey indicated that one of the reasons for a lower response rate than hoped for, was due to the time of year at which the Survey was undertaken. The 2013 timetable (31 January census date and 4 weeks in which to complete and returns forms) was based on the 2009 timetable. However, the last quarter of the financial year is a busy time for GP practices and OOH services. **The Group recommends 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.** This timescale will hopefully mitigate the pressures of summer holidays and avoid winter pressures.

Maximising Response Rate

53. As previously indicated, the target response rate for the 2013 In Hours forms was 67% and the overall response rate was 64%. Although the target was not quite reached, the Group recognises that 64% is a healthy response rate for a non-routine, electronic national survey.

54. As indicated at para 52 above, the timing of the Survey may have contributed to the target response rate not being reached. Another factor with some practices was the lack of financial support. Although the economic climate may not always support a financial outlay to GP practices to encourage the completion and return of Survey forms, **the Group recommends that, in discussing how to maximise 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.**

55. Feedback received indicates that awareness of the Survey across the range of clinical staff in GP practices, including those who would perhaps have been able to provide data for the purposes of completing the form, was patchy. On distribution, the Survey was deliberately not addressed to any one individual or position within a GP practice but the covering e-mail invited it to be passed to the person most likely to be able to complete the form. The Group recognises that no one person within a GP practice may have access to reliable data in respect of each element of the form. **The Group recommends 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.**

56. Promotion before, during and after launch of the Survey is also key to maximising the response rate. These promotional messages should make clear:

- The purpose of the Survey.
- The data required and the timescale for completion.
- The help available for the purposes of completing the form.
- The availability of the data collected on conclusion of the Survey.
- How this data will be used by key stakeholders.
- How the results of previous Surveys have been used to inform workforce planning e.g. training numbers/educational developments.
- The value to individual responders of completing the form, including any support offered.
- How to get more information.

57. Once the Survey has concluded, communication should continue with stakeholders, in order to:

- Thank them for their assistance in promoting awareness of the Survey.
- Thank respondents for completing and returning the forms.
- Keep respondents updated in respect of availability/publication date of the data.
- Provide a reminder of how the data will be used.
- Explain any gaps and why filling them in future iterations of the Survey would help.
- How to get more information.

58. The Group recommends that these messages are circulated as widely as possible, using networks and representative bodies to forward the 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, the Group recommends circulation of a reminder 3 weeks into the 6 weeks of the Survey period. This reminder should include the Survey forms and guidance to aid access to, and completion of, the relevant documentation.

Detailed recommendations

59. The following 2 pages set out a number of detailed recommendations in respect of the development and content of future In Hours and Out of Hours Survey forms and guidance.

In Hours Form and Guidance

- GPN nurse leads, RCN, SPNA and Practice Managers should be involved in reviewing the questions.

- Include a definition of “OOH” (clarifying the difference between extended hours and out of hours and refining the categories of activities).

- Include definitions of “full time” and “session”.

- Request data on the time spent in the GP practice and time spent on other sessional commitments.

- Separate into bank, agency and additional hours worked by existing staff.

- Further separate out questions in respect of nursing roles. In particular, request data on additional/extended hours worked by each nursing designation: advanced nurse practitioner; general practice nurse/treatment room nurse; health care support worker; phlebotomist.

- Include a Yes/No option response with appropriate questions.

- In the case of HCAs/phlebotomists, make it clear in the guidance that only the hours that relate directly to HCA/phlebotomy duties and any administrative duties directly related to these clinical duties, should be recorded.

- Review and enhance instructions to indicate which fields must include a value, even if that value is zero.

- Issue guidance note as separate file to Survey form, stressing the importance of the guidance being read, even if those completing the forms are familiar with previous versions.

Out of Hours Form and Guidance

- The National OOH Operations Group, Health Board workforce planners, RCN Scotland and Health Board Nurse OOH leads should be involved in reviewing all questions.

- Split agency/locum into two separate designations and include definitions of both designations.

- Include separate response options for both advanced nurse practitioner and registered nurse for each question.

- Split “other clinical staff” into range of individual designations, including paramedic practitioners, and include definition of each designation.

- Request data on nurses not solely employed/managed by GP OOH services.

- Review and enhance instructions to indicate which fields must include a value, even if that value is zero.

OTHER ISSUES FOR CONSIDERATION

60. The Group's remit included making recommendations in respect of other work which could be undertaken to examine in more detail the changing nature of the primary care workforce in Scotland. The following summary of feedback received falls outwith the potential scope of the Survey and any future Advisory Groups established to develop and plan future exercises. However, the Group considered there would be value in the Scottish Government exploring these issues further with relevant stakeholders.

- The distribution of doctor and nurse sessions/resource across and within Boards; significant variation is noted in the survey results and it is not known how well this variation in session/resources is matched to local demand/need.

- The possible tension between continuity and GP availability; as more GPs, for whatever reason, work less than full time (however that is defined) how is continuity, which is known to be important for some groups e.g. elderly with long term conditions, reconciled with less than full time working in practice (portfolio careers are more common now, including capacity for crucial GP leadership roles e.g. in the integration agenda).

- Skill mix and the implications for working within and across GP teams and other service providers/professions; successive surveys have shown a slight trend towards a greater role for non-medical staffing of the primary care team e.g. nurse practitioners, practice nurses, health care assistants, phlebotomists. Given the changing demographics and increasing complexity (multi-morbidity) is the general practice workforce maximally configured for current and future demands/needs?

- The value of highlighting the Survey's existence during Practice Manager induction/training, so that Practice Managers know to expect it and are aware of the importance of submitting a well completed return.

- The opportunity to review/consider a salaried contract option for everyone/significant elements of the GP workforce, particularly in OOH.

- The need to review what appear to be relatively flat payment scales OOH, i.e. a circumstance with no increments based on experience may not be incentivising more experienced GPs to work in OOH settings.

- In considering moves to an even more Scottish contract, should Scotland seek to gather the evidence that would be required to help inform future pay awards, and at the same time increase its understanding of the challenges facing the profession in Scotland; flagging up the issues that may need to be considered in the context of pay – e.g. the age and sex of the workforce, the motivation of GPs in light of pay awards (at the moment there are only media or anecdotal reports on which to base this), GP workload (such as time spent on bureaucracy as opposed to patient care) or the impact of any changes to the NHS (such as the integration of health and social care) on attitudes to GP workload.

COMMENTS ON SURVEY RESULTS

61. Although the Survey results were not published until after the Group had completed its report, from early access to Survey results in the course of its work assisting ISD analysing the data, the Group has the following comments.

62. The Official Statistics Report includes data at the national level. However, ISD Scotland also intends to publish supplementary statistics which break down the data to Regional Workforce Group, Health Board and CHP level. This data will be of interest to workforce planners at all levels, helping to ensure that the right people with the right skills and competences are deployed in the right place at the right time.

63. The submission, collection and analysis of primary care workforce data enables GP practices to help inform future decisions made by Scottish Ministers in respect of the number of trainee nurse and doctor places available each year. The more reliable and comprehensive the information available on the workforce needs of GP practices, the better informed Scottish Ministers will be to make decisions in respect of the future primary care workforce and its ability to support community based care.

64. This data will also assist those with responsibilities for ensuring the provision of safe, high quality and sustainable patient care. 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.

65. At CHP and GP practice level, 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 the local communities.

CONCLUSIONS

66. Effective workforce planning ensures that those involved in the delivery of health and social care have the necessary information, capability, capacity and skills to plan for current and future workforce requirements. The availability of reliable data is integral to effective workforce planning.

67. Although the response rate to the In Hours element of the 2013 Survey (64%) was marginally less than the target rate (67%), the work undertaken by ISD Scotland and Glasgow LMC ensured that the responses received represented, as far as possible, a proportionate sample of Scotland's GP practices. The results provide valuable data which can be used by workforce planners to inform and support future workforce plans.

68. Turning to OOH, the first experience of developing a survey for this aspect of service and the complexity of the issue have limited the estimates and conclusions which can be drawn from the OOH data collected by means of the 2013 Survey. However, the data collected has allowed reliable estimates to be generated in respect of the demographic profile of GPs supporting each NHS Board's service and inform an understanding of any relationship between average weekly hours committed and the GP's age, gender and designation.

69. The rest of the data collected, although not considered robust enough for the purposes of Official Statistics, is recognised to be of considerable value to the primary care sector. Plans have therefore been made to publish this data in an Experimental Report following publication of the Official Statistics Report.

70. The Survey forms, guidance notes, results and supplementary statistics are all available on the ISD Scotland website at http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/primary-care-workforce-survey-2013.asp .

71. The National Primary Care Workforce Survey Advisory Group supports the introduction of a regular cycle of Surveys and recognises that 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. Collaboration at all stages of the Survey exercise will be fundamental to the success and value of future Surveys. The Group hopes that the recommendations in this report help the planning, development, promotion and launch of future exercises.

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