General and Personal Medical Services, England

2005-2015, as at 30 September, Provisional Experimental statistics

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This product may be of interest to employers, stakeholders, policy officials, commissioners and members of the public. Interests will range from comparisons of the general practice workforce at local, regional and national levels to managing recruitment, staffing and training and prioritising commissioning.

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Contents

Executive Summary

This publication document provides a summary of the general practice workforce in England as at 30 September 2015.

The primary data source for General and Personal Medical statistics has changed from the National Health Authority Information System (NHAIS) to the workforce Minimum Data Set (wMDS) collected via the Primary Care Web Tool (PCWT) Workforce Census module and the workforce Minimum Data Set Collection Vehicle (wMDSCV). 88.1 per cent of eligible general practices provided a return for this collection, with information for the remaining 11.9 per cent of practices estimated. Figures for the 2015 workforce are not fully comparable[1] with previous years due to a change in the source information. Estimates for the 2014 Full Time Equivalent (FTE) data for GPs have been made to enable 2014 estimated figures to be compared to 2015 data.

Due to the change in data source these statistics are provisional experimental, so care needs to be taken when interpreting these figures. More information on the effect of this change on the figures provided here can be found in the data quality section.

As at 30 September 2015:

All GPs

For the first time information on Locums has been collected, information is not available for 2014.

- There are 41,877 headcount GPs working in general practices with an FTE of 34,592.

GPs excluding Locums (Providers, Salaried/Other, Registrars, Retainers)

- There are 40,697 headcount General Practitioners, a decrease of 408 (1.0 %) since 2014.
- This represents 34,055 FTE GPs, an estimated decrease of 657 (1.9 %) from the 2014 estimated FTE figures.

GPs excluding Registrars (i.e. trainees), Retainers and Locums

- There are 35,586 headcount GPs, a decrease of 233 (0.7 %) since 2014.
- This represents 29,271 FTE GPs, an estimated decrease of 980 (3.2%) from the 2014 estimated FTE figures.

[1] For GPs - Headcount figures are broadly comparable with previous year's information.
- FTE figures are not comparable with previous year's information
For Practice Staff - Headcount figures are not comparable with previous year's information
- FTE figures are broadly comparable
Further detailed information on the reasons why they are/are not comparable is available in the data quality section of this publication

GPs by gender[2]

- In 2015 54.4% of headcount GPs excluding Locums (includes Providers, Salaried/Other, Registrars, Retainers) are female. This compares to 52.4% of headcount GPs excluding Locums (Providers, Salaried/Other, Registrars, Retainers) in 2014.
- Excluding Registrars, Retainers and Locums, the proportion has increased from 49.9% to 51.9 % over the same period.

Practice staff

- There are 15,398 FTE Nurses, an increase of 336 (2.2%) since 2014.
- There are 9,149 FTE other Direct Patient Care staff, a decrease of 129 (1.4%) since 2014.
- There are 63,728 FTE Admin/Non-clinical staff, a decrease of 328 (0.5%) since 2014.

[2] Percentages shown are based on those 88.1% of practices providing a return comparisons should be treated with caution.

Introduction

This publication presents detailed statistics relating to the general practice workforce in England as at 30 September 2015. Accompanying this publication you will find CSV files and a Practice Level Indicator Tool to enable users to complete their own analysis.

Care needs to be taken when interpreting these figures as they are labelled as provisional experimental.

Comprehensive definitions can be found later in this bulletin. Within the detailed statistics for General and Personal Medical Services it is important to understand the term **General Practice** and what it means in terms of this bulletin. It is defined as an organisation which offers Primary Care medical services by a qualified **General Practitioner** who is able to prescribe medicine and where patients can be registered and held on a list. Generally, the term describes what is traditionally thought of to be a high street family doctor's surgery.

For the purposes of this publication the term **General Practice** does not include Prisons, Army Bases, Educational Establishments, Walk-In Centres or Specialist Care Centres including Drug Rehabilitation Centres.

Workforce Minimum Data Set (wMDS)

The reforms set out in the Health and Social Care Act 2012 introduced new arrangements for commissioning healthcare services and a new system through which education and training is planned, commissioned, funded and delivered. The Workforce Information Architecture work stream was established by the Department of Health as part of the reforms to review, improve and test the arrangements for handling workforce data and intelligence that will be necessary for the reformed systems to operate effectively. The review recommended that a workforce Minimum Data Set (wMDS) be collected from all providers of NHS-funded care. The reforms also presented an opportunity to improve data quality, as well as data coverage and completeness, to support a step change in the effectiveness of workforce planning.

As a result of this review the HSCIC consulted users in 2014 on changes to the way the information used to produce the General and Personal Medical Services statistics are sourced, processed, defined and presented. These changes are intended to give users a better understanding of how General Practice is resourced and allow them to plan for future workforce needs more effectively. Details of the consultation and the final response document are available at http://www.hscic.gov.uk/gp-census.

The consultation also captured users' requirements in respect of the changes following the future implementation of the Workforce Minimum Data Set (wMDS). The wMDS will going forward be the source data for this publication and will predominantly be provided via a web-based tool. The wMDS will replace the current data sources, please see the data quality section of this publication for details of the current sources. More information relating to wMDS can be found at: http://www.hscic.gov.uk/wMDS.

Provisional Experimental

Due to the changes in the collection tool and the need to produce estimates for all staff groups for the 2015 non submitting practices and the estimation of the 2014 FTE for GPs, the General and Personal Medical Services in England workforce report has been badged 'Provisional experimental statistics'.

Where a GP headcount and Practice staff FTE percentage change is given, the working assumption is that the 2014 and 2015 figures are broadly comparable, despite the change in data source. For GP FTE and Practice staff headcount the figures are not comparable.

The classification of experimental statistics is in keeping with the UK Statistics Authority's Code of Practice for Official Statistics. Experimental statistics are new official statistics that are undergoing evaluation. They are published in order to involve users and stakeholders in their development, and as a means to build in quality at an early stage. The UK Statistics Code of Practice states that "effective user engagement is fundamental to both trust in statistics and securing maximum public value…" and that as suppliers of information, it is important that we involve users in the evaluation of experimental statistics.

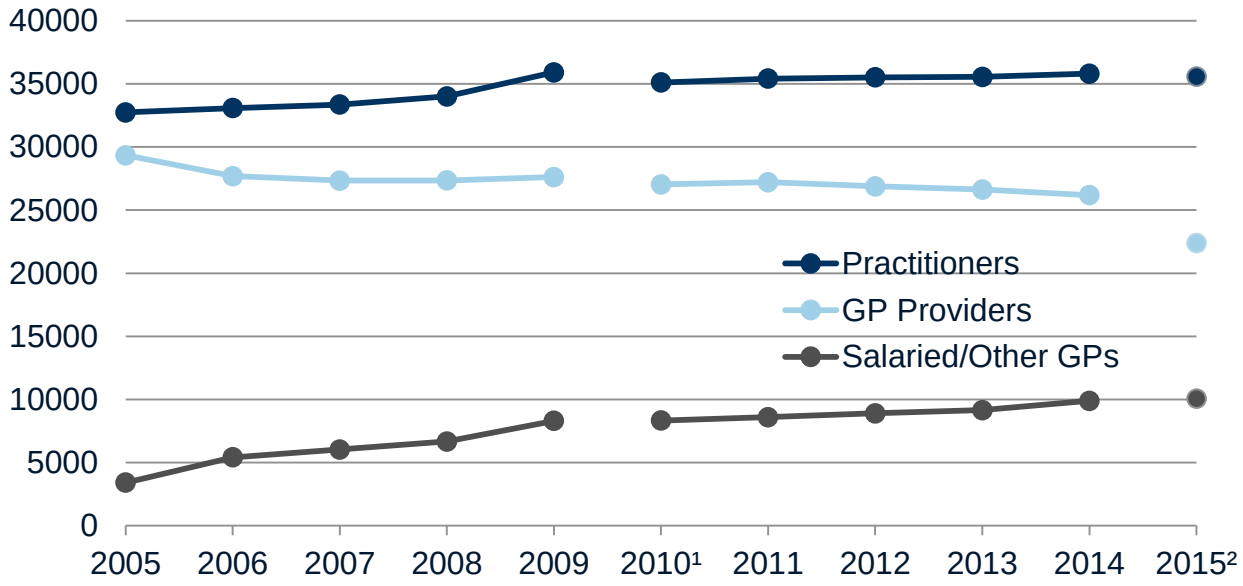
The UK Statistics Code of Practice can be downloaded from https://www.statisticsauthority.gov.uk/monitoring-and-assessment/code-of-practice/

Given the classification of 'Provisional experimental statistics' the HSCIC would welcome comments and feedback on the methodology applied which will be reviewed over the summer and incorporated in revisions as a part of the September 2016 publication of the 31st March 2016 data. Feedback can be made by emailing gp-data@hscic.gov.uk

Analysis and Commentary

Practitioners by type

Figure 1: Practitioner (excluding Registrars, Retainers & Locums) by type Headcount 2005-2015



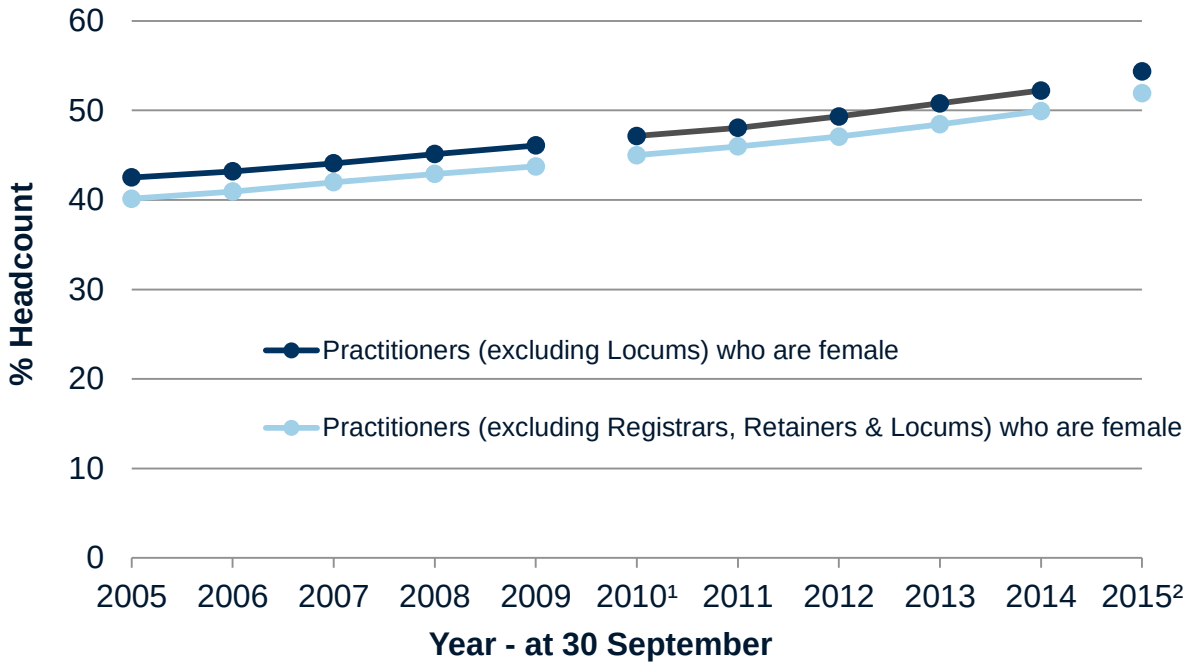
[1] The new headcount methodology is not fully comparable with data for years prior to 2010, due to improvements that make it a more stringent count of absolute staff numbers. Headcount totals are unlikely to equal the sum of components. Further information on the headcount methodology is available in the data quality section.

[2] Prior to 2015 figures are sourced from NHAIS GP Payments (Exeter) System. From 2015 figures are sourced from the workforce Minimum Data Set (wMDS). Headcount figures from 2015 are broadly comparable with previous years.

Between 2005 and 2015 the total number (headcount) of practitioners (excluding Registrars, Retainers and Locums) rose by 8.7%, to 35,586. Details of how the 2015 figures are affected by the change in how this information is sourced can be found in the data quality section.

Practitioners by Gender[3]

Figure 2: Practitioners by Gender[3] 2005-2015 (Headcount)



[1] The new headcount methodology is not fully comparable with data for years prior to 2010, due to improvements that make it a more stringent count of absolute staff numbers. Headcount totals are unlikely to equal the sum of components. Further information on the headcount methodology is available in the data quality section.

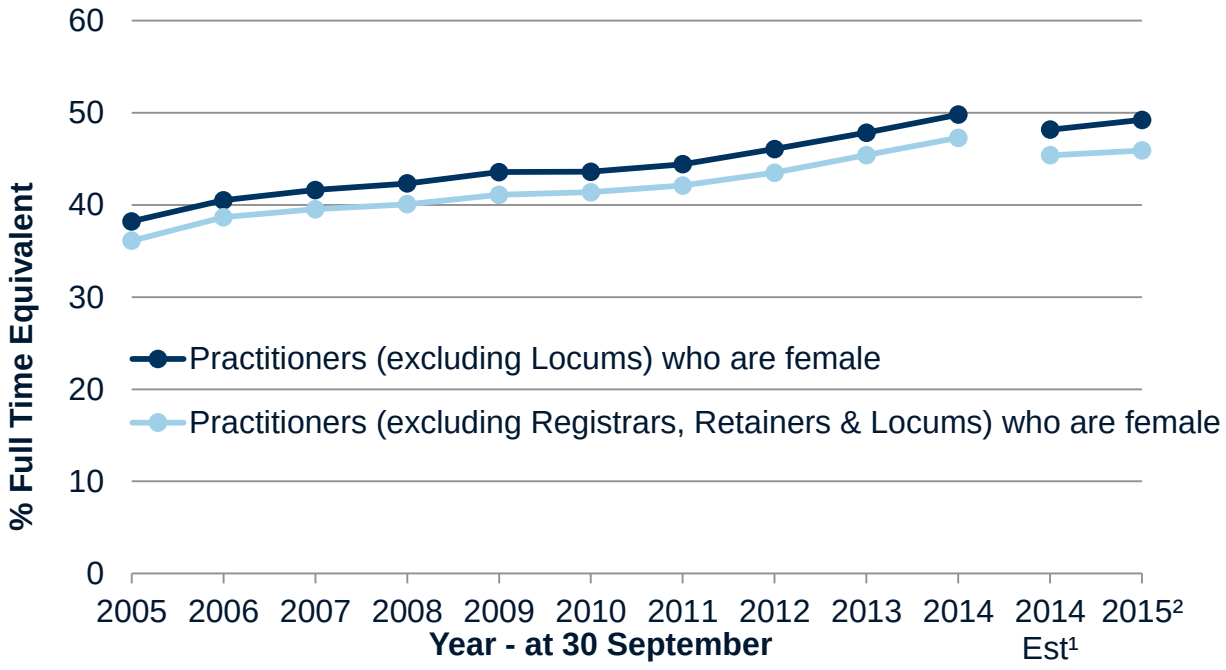
[2] Prior to 2015 figures are sourced from NHAIS GP Payments (Exeter) System. From 2015 figures are sourced from the workforce Minimum Data Set (wMDS). Headcount figures from 2015 are broadly comparable with previous years.

Since 2005 the female practitioner headcount has increased from 42.5% of the total GP (excluding Locums) population to 54.4% in 2015.

Excluding Registrars, Retainers and Locums, the proportion has increased from 40.1% to 51.9% over the same period.

[3] Percentages shown are based on those 88.1% of practices providing a return, comparisons should be treated with caution.

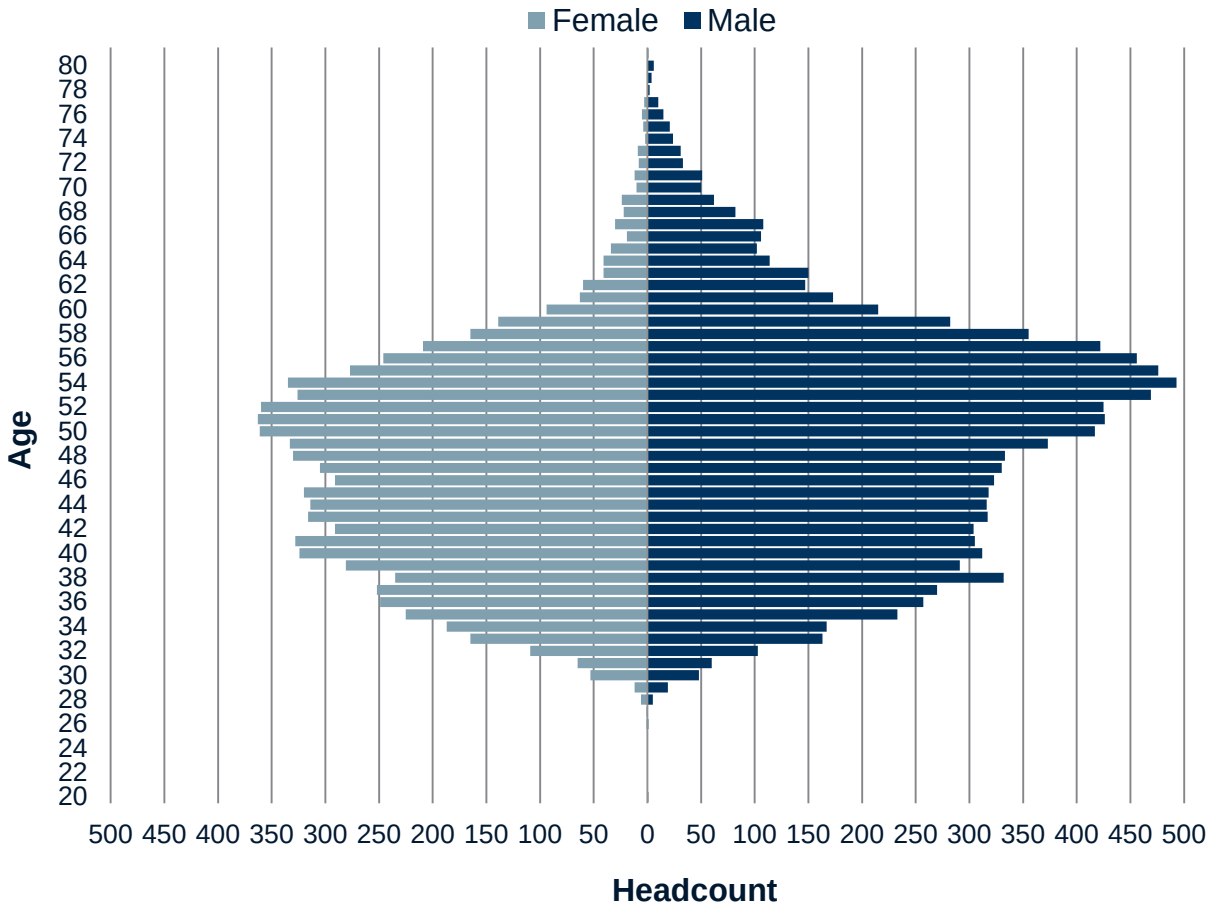
Figure 3: Practitioners by Gender 2005-2015 (FTE)



[1] To enable a comparable comparison a 2014 Estimate has been included using 2015 estimation methodology

[2] Prior to 2015 figures are sourced from NHAIS GP Payments (Exeter) System. From 2015 figures are sourced from the workforce Minimum Data Set (wMDS). Figures from 2015 are not comparable with previous years, see the data quality section of this publication for a full explanation of the impact of the change of source of data on the FTE information.

Figure 4: Providers by Gender[1] and Age at 30 September 2015 (Headcount)



[1] data excludes records where genders is not stated, unknown and for practices not providing a return

Practitioner Age[4]

England has 20.8% practitioners aged 55 and over, a slight decrease from 21.3% in 2005, with the proportion under 35 rising from 12.2% to 13.4% over the same period.

NHS England London has the highest proportion of practitioners aged 55 and over (24.8%) followed by NHS England Midlands and East (East) (22.5%) and then NHS England Midlands and East (West Midlands) (22.3%). NHS England Midlands and East (North Midlands) has the lowest proportion aged 55 and over at 17.9%.

[4] Figures based on those practices providing a return and where the age has been stated in the return

Map 1: Percentage of Practitioners (excluding Registrars, Retainers and Locums) aged 55 and over by Clinical Commissioning Group (Headcount)

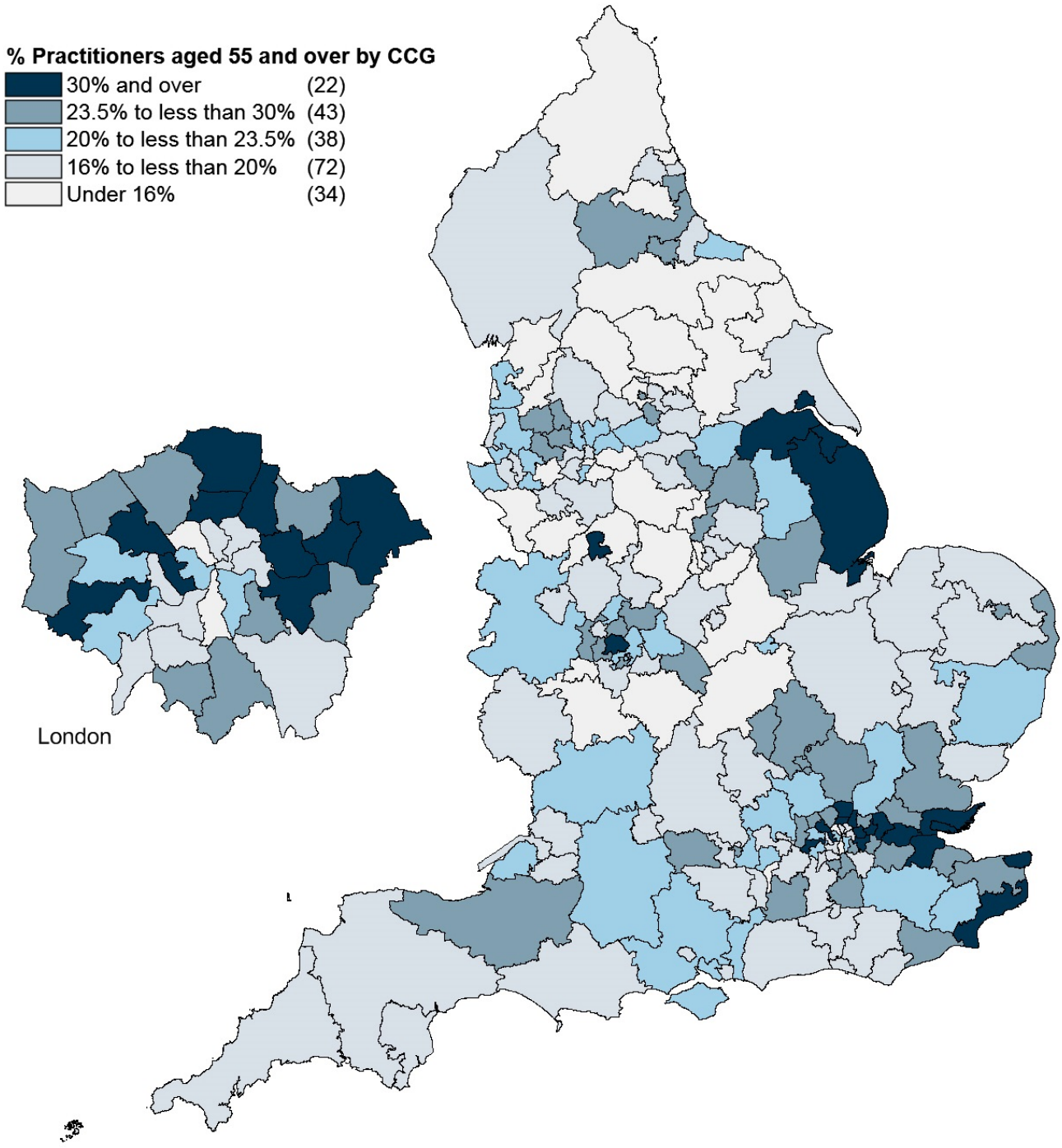
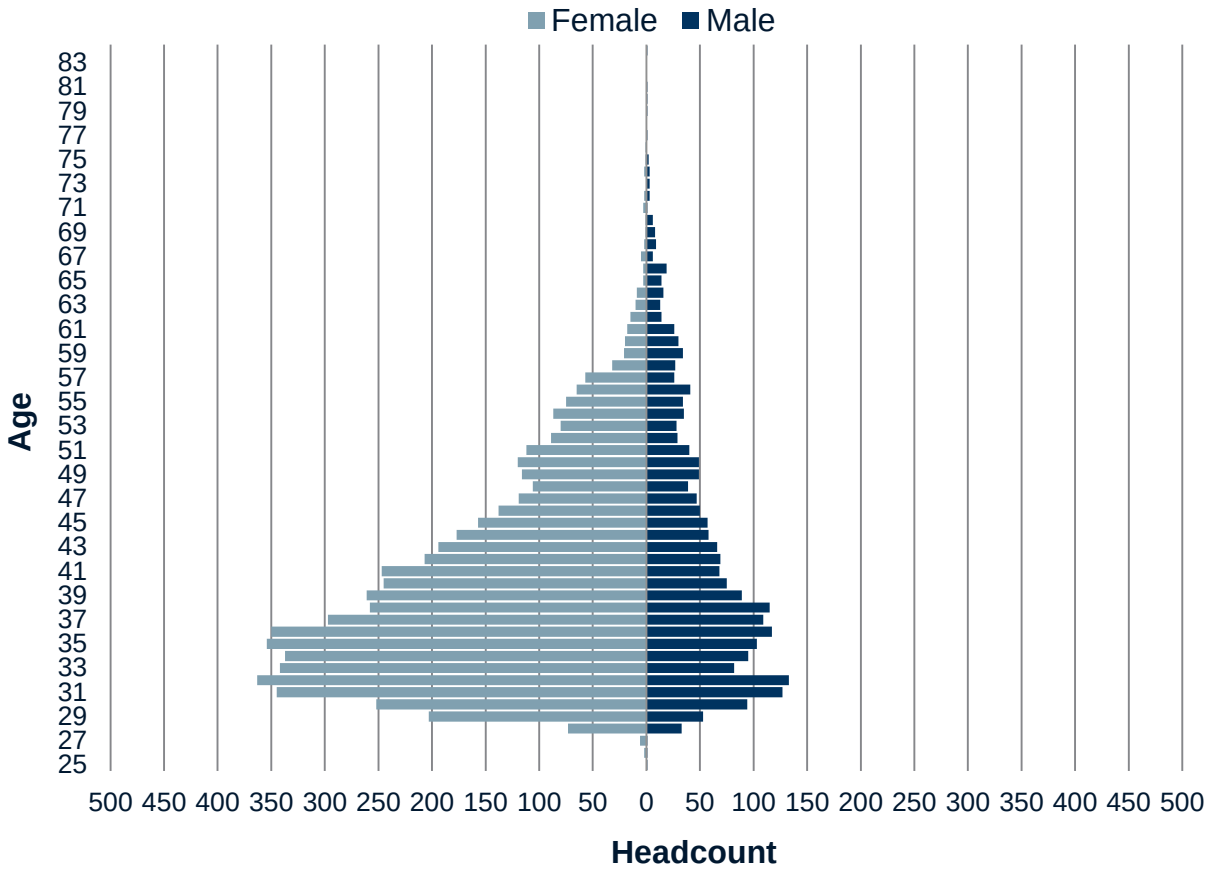


Figure 5: Salaried/Other GPs by Gender[1] and Age at 30 September 2015 (Headcount)



[1] data excludes records where genders and age is not stated, unknown and for practices not providing a return

GP Registrars (trainees)

The number of GP Registrars (headcount) of those stated on the submission is 4,982 as at 30 September 2015. There may be other Registrars which have not had their job role stated on the returns, these will be included in the overall number of GPs not stated figures (3,228). Thus comparison to previous years' is not possible.

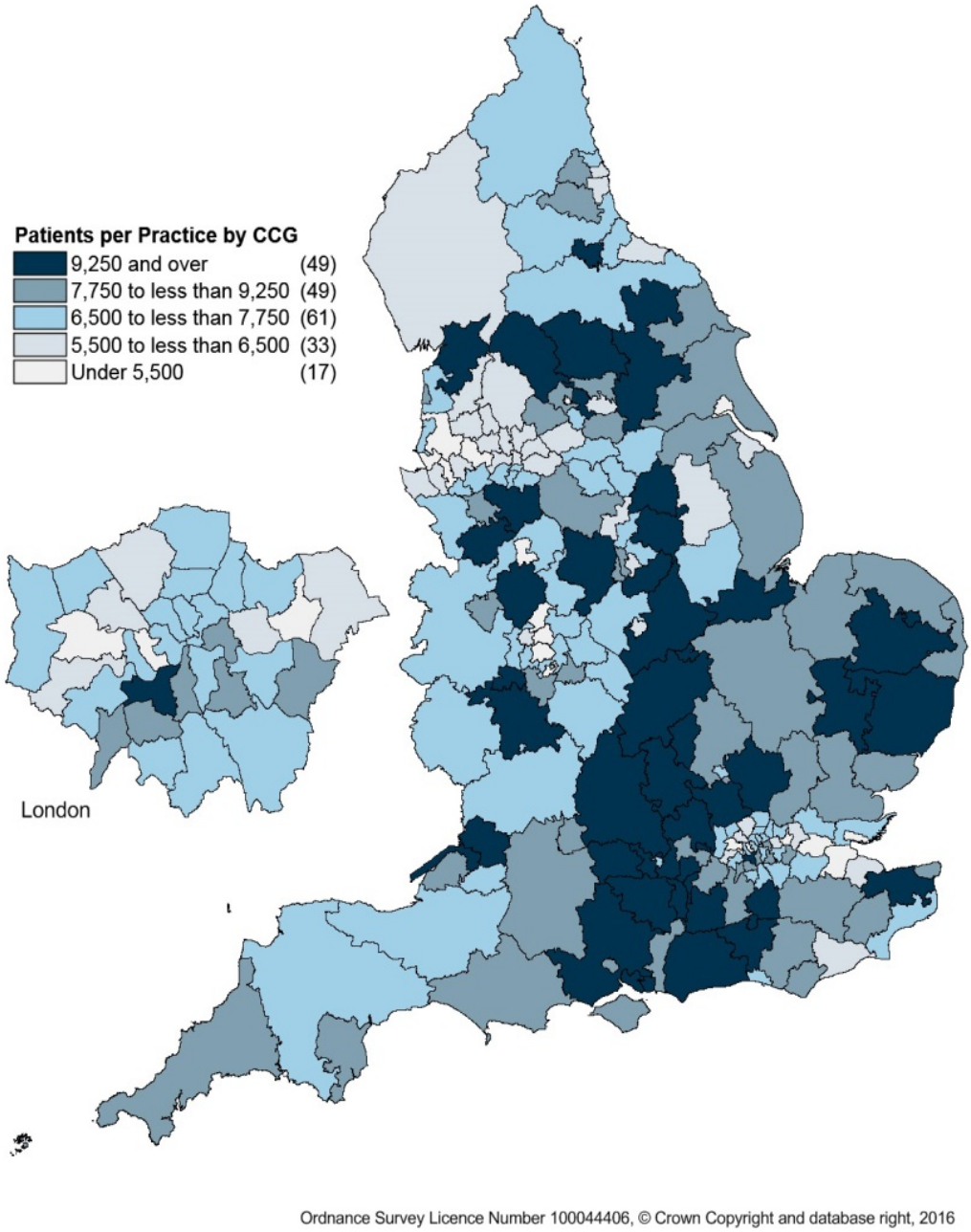
GP Locums[5]

The wMDS collection includes details of GP Locums which have not been available in the previous data sources. 1,321 GP Locums headcount (537 FTE) were recorded as working in general practice as at 30 September 2015. There may be other GP Locums which have not had their job role stated on the returns, these will be included in the overall number of GPs not stated figures (3,228). More information on the quality and completeness of figures provided here can be found in the data quality section.

[5] GP Locums are practitioners who provide service sessions in general practice on a temporary and ad hoc basis. This group includes Locums – covering vacancy, Locums – covering sickness/maternity/paternity and Locums – other.

Practice numbers and size

Map 2: Average number of Patients per Practice at 30 September 2015 by Clinical Commissioning Group



In 2015 there were 7,674 general practices in England, a decrease of 201 (2.6%) on last year. We continue to exclude, where possible, other prescribing locations like hospices, out-of-hours and most walk-in centres.

The number of patients per practice has grown steadily in the last decade rising from 6,250 to 7,450 between 2005 and 2015, reflecting the move towards larger practices. Average practice list size varies between 6,284 in NHS England North (Lancashire and Greater Manchester) and 9,124 in NHS England South (Wessex).

Total registered patients in England have increased from 56.5 million in 2014 to 57.2 million (1.2%). It should be noted that ONS resident population for 2015 is however only 54.3 million

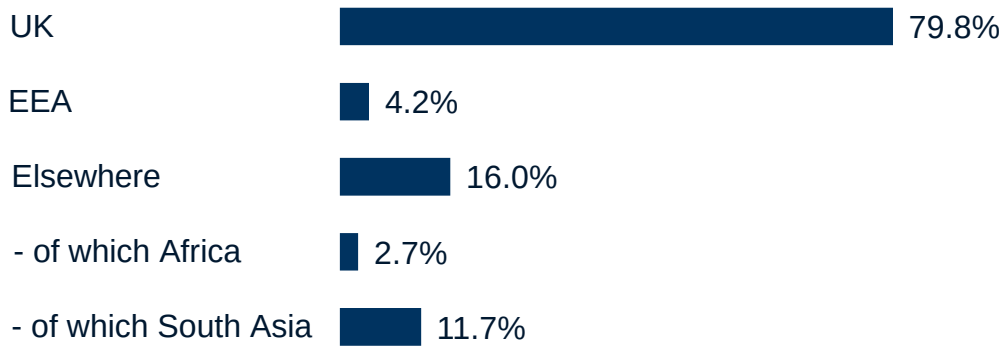
based on mid-year 2014 estimates from the 2011 Census. This discrepancy is known as 'list inflation' and may be due to patients being registered at a general practice who no longer exist due to death, emigration or moving home or due to registered patients not completing the 2011 Census (for example, patients who are refugees or homeless)[6].

In 2015, based on the data submitted from 88.1% of practices, there are 9.9% of practices that are single-handed. A single-handed GP practice is a practice which has only 1 working (Provider or Salaried/Other) GP, although a GP registrar or GP retainer or GP locum may work in the practice.

Country of Primary Medical Qualification (PMQ)[7]

There continues to be little change in the proportions of practitioners (headcount) obtaining their primary medical qualification in the United Kingdom (UK), European Economic Area (EEA) and elsewhere over the last ten years. In 2015, 79.8% of practitioners had qualified in the UK.

Figure 6a: Practitioner (excluding Registrars, Retainers and Locums) Country of Qualification - main groups at 30 September 2015 (Headcount)

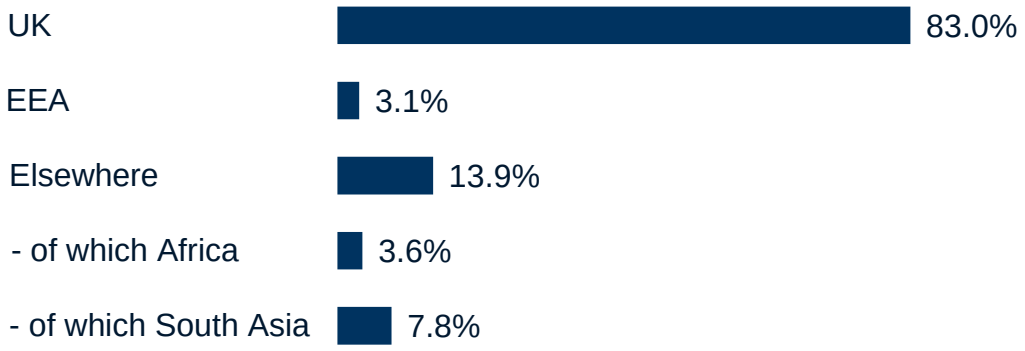


The proportion of GP Registrars (headcount) obtaining their primary medical qualification in the UK is 83.0% in 2015. The proportion of GP Registrars obtaining their primary medical qualification outside the EEA is 13.9% in 2015.

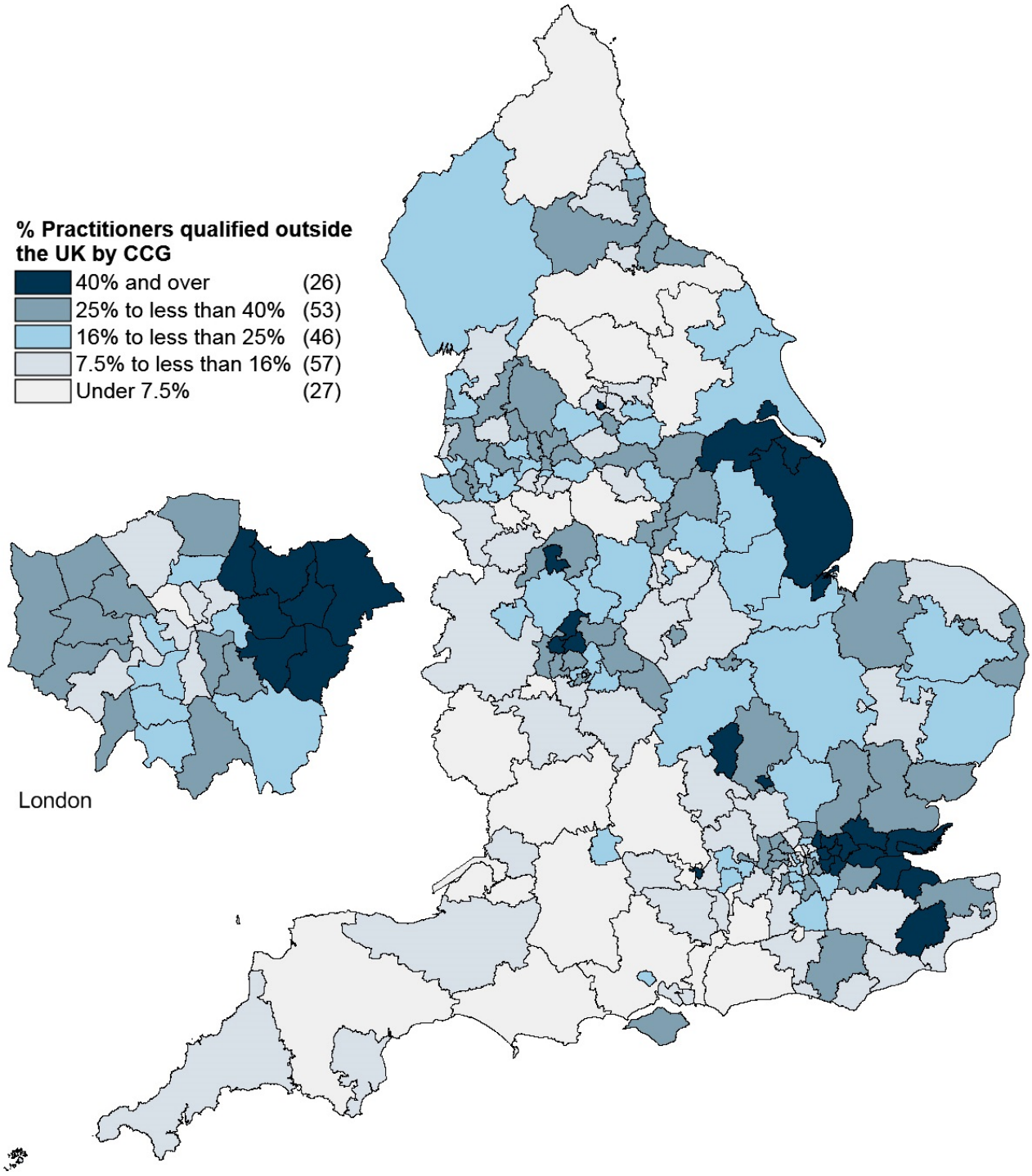
[6] Ashworth, M, Jenkins, M, Burgess, K, Keynes, H, Wallace, M, Roberts, D, & Majeed, A (2005), 'Which general practices have higher list inflation? An exploratory study', *Family Practice*, 22, 5, pp. 529-531

[7] Based on data where PMQ is known.

Figure 6b: Registrars Country of Qualification - main groups at 30 September 2015 (Headcount)



Map 3: Percentage of Practitioners (excluding Registrars, Retainers and Locums) qualified outside the UK at 30 September 2015 by Clinical Commissioning Group (Headcount)

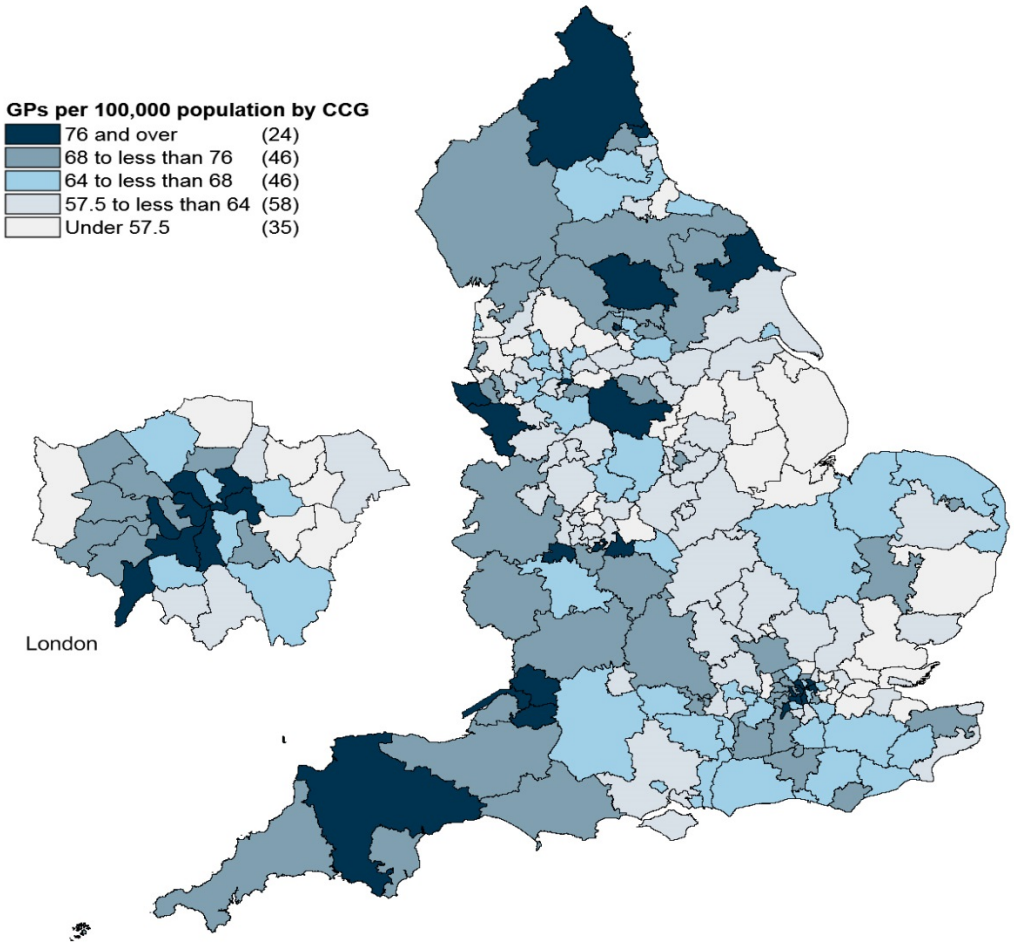


Practitioners and the population

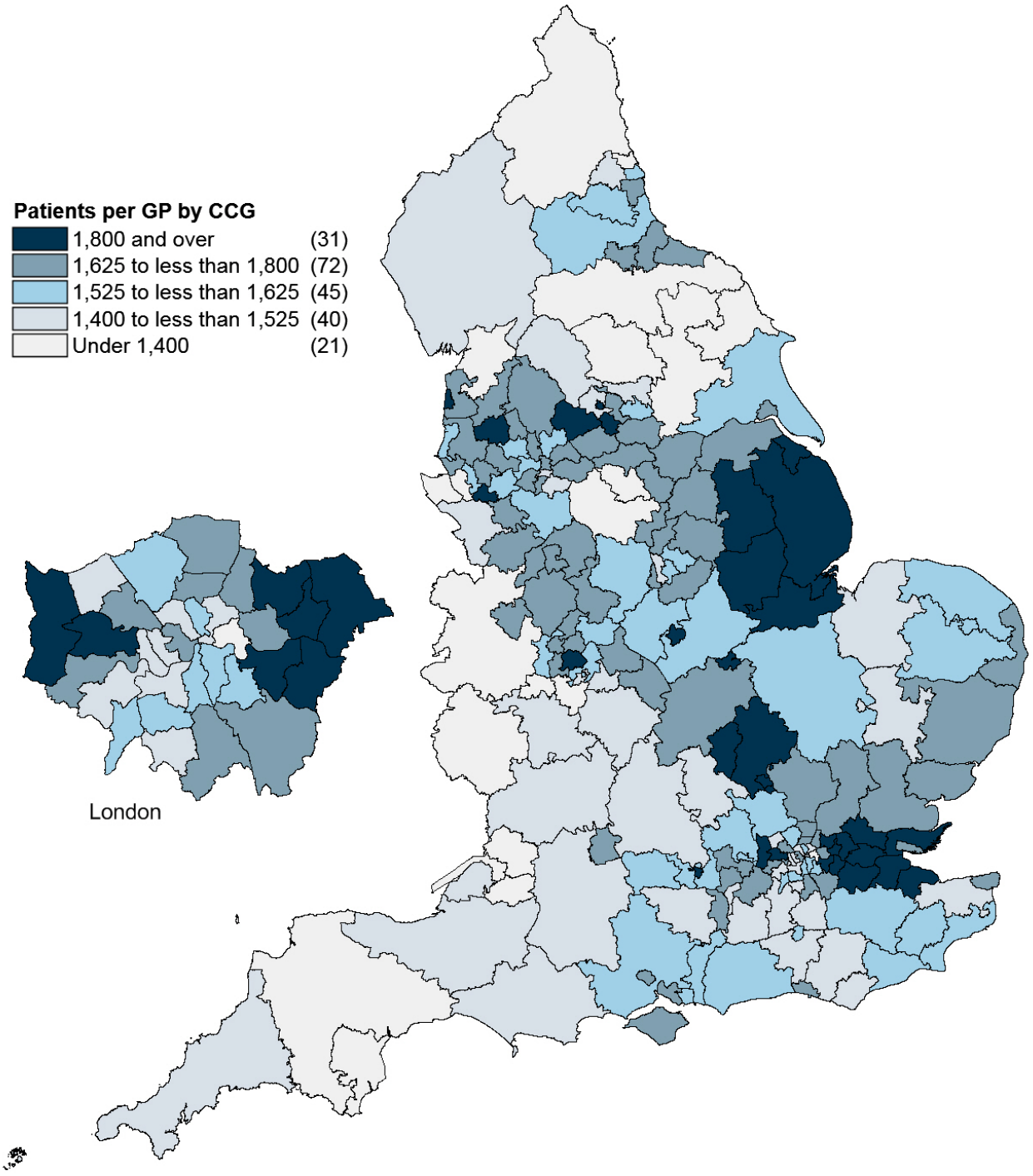
Headcount GP numbers (excluding Registrars, Retainers and Locums) since 2005 have increased by an annual average rate of 0.8%; this is similar to the rate of growth in the population, resulting in 65.5 practitioners per 100,000 ONS resident population in 2015 compared to 64.9 in 2005. Details of how these figures are affected by the change in how this information is sourced can be found in the data quality section.

NHS England Midlands and East (Central Midlands) has the lowest number of practitioners (excluding Registrars, Retainers and Locums) per 100,000 population (59.2), which compares with the highest number in NHS England South (South West) of 75.4 per 100,000 population.

Map 4: Number of Practitioners (excluding Registrars, Retainers and Locums) per 100,000 population at 30 September 2015 by Clinical Commissioning Group (Headcount)

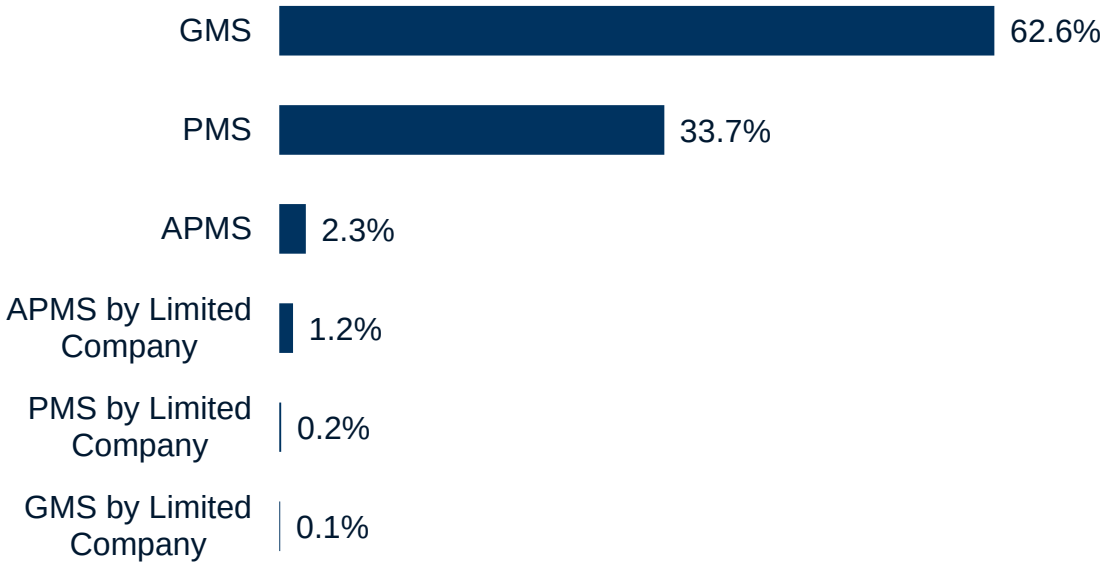


Map 5: Number of patients per GP (excluding Registrars, Retainers and Locums) at 30 September 2015 by Clinical Commissioning Group (Headcount)



Type of contract

Figure 7: Contract Type of Practices - at 30 September 2015



In 2015 there are 4,802 practices (62.6%) holding General Medical Service (GMS) contracts; there are also a small number of GMS Contracts (6) held by limited companies. There are 2,584 (33.7%) Personal Medical Service (PMS) contracts in 2015, down from 3,143 in 2014, with some PMS contracts also being held by limited companies (13). In 2015 there are 269 practices that have Alternative Personal Medical Service (APMS) contracts, a decrease from 290 in 2014, of which now approximately a third (92) are administered privately.

Dispensing Practices

Although most Practitioners just prescribe, some are also authorised to dispense prescriptions under the National Health Service (Pharmaceutical Services) Regulations 1992. A GP may be authorised to dispense to patients living in a ‘controlled locality’ like a rural area who would have difficulty reaching a chemist or pharmacy.

The number of dispensing practices has fallen by 130 over the last ten years; however as a proportion of the total they have remained roughly the same, 13.8% (1,163) in 2005 to 13.5% (1,033) in 2015.

UK Comparison of GP Workforce

Since 2005, GP Headcount has increased across the four countries. Between 2005 and 2015 Northern Ireland has seen the largest increase in GP headcount (16.5%) with Scotland showing the smallest increase (7.2%).

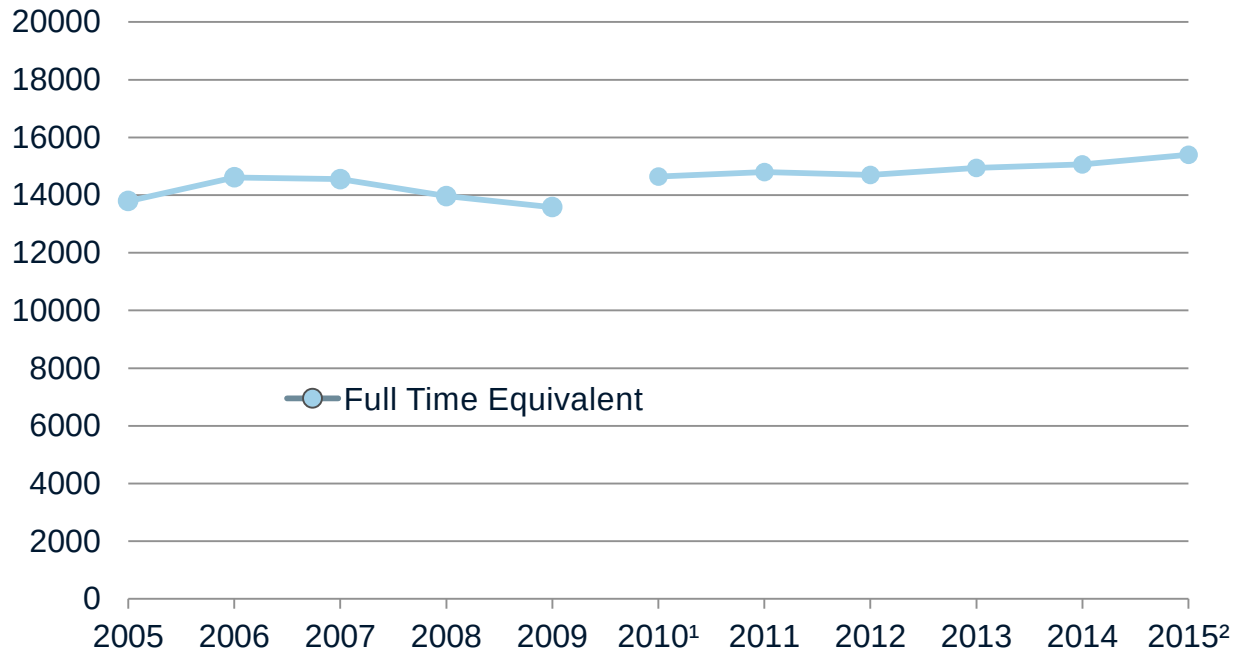
Overall practitioner numbers for the four countries combined have decreased over the last year. Wales has seen a decrease of 0.4% (9 headcount GPs) in the last year whilst Scotland and Northern Ireland have seen an increase.

Northern Ireland has the highest percentage of GPs aged 55 or over at 25.2% compared to the lowest percentage of 19.9% in Scotland. In 2015 more than half of all GPs in all 4 countries are female.

Practice Staff

All Nurses

Figure 8: All Nurses Full Time Equivalent (2005-2015)



[1] Prior to 2010 data was collected at a simple aggregated total per PCT. From 2010 the data was collected at practice level. Data was returned for 72.7% of practices in 2010, 89.4% in 2011, 90.2% in 2012, 90.0% in 2013 and 93.0% in 2014. In 2015 88.1% of practices provided data via the on line collection tool. For those practices where data was not supplied an estimate has been made. Further information on the methodology is available in the data quality section

[2] From 2015 figures are sourced from the Primary Care Web Tool workforce module and directly from HEE regions.

In 2015 the full time equivalent Nurses is 15,398. In the last year there has been an increase of 336 FTE (2.2%) compared with 2014.

Nurses by Job Role

For the first time in the 2015 collection, specific job roles of General Practice staff, including additional and more General Practice specific Nursing roles, have been collected.

Figure 9: Nurses by job role, full time equivalent, 2015

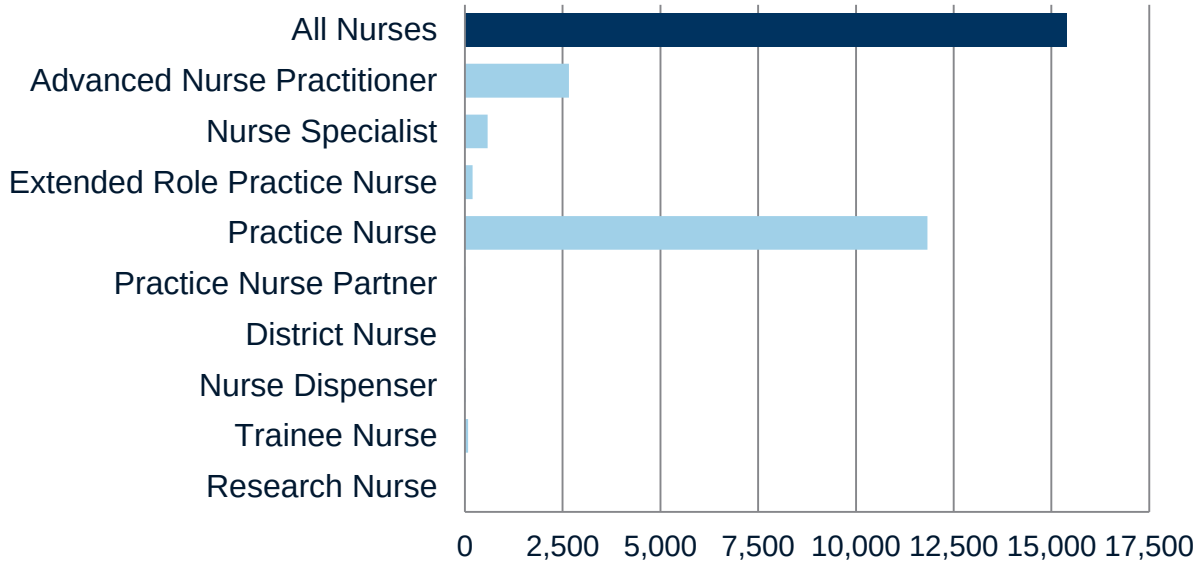


Figure 9 shows that the 15,398 FTE Nurses workforce is made up of 2,661 FTE Advanced Nurse Practitioners, 583 FTE Nurse Specialists, 195 FTE Extended Role Practice Nurses, 11,826 Practice Nurses, 15 FTE Practice Nurse Partners, 14 FTE District Nurses, 14 FTE Nurse Dispensers, 79 FTE Trainee Nurses and 11 FTE Research Nurses.

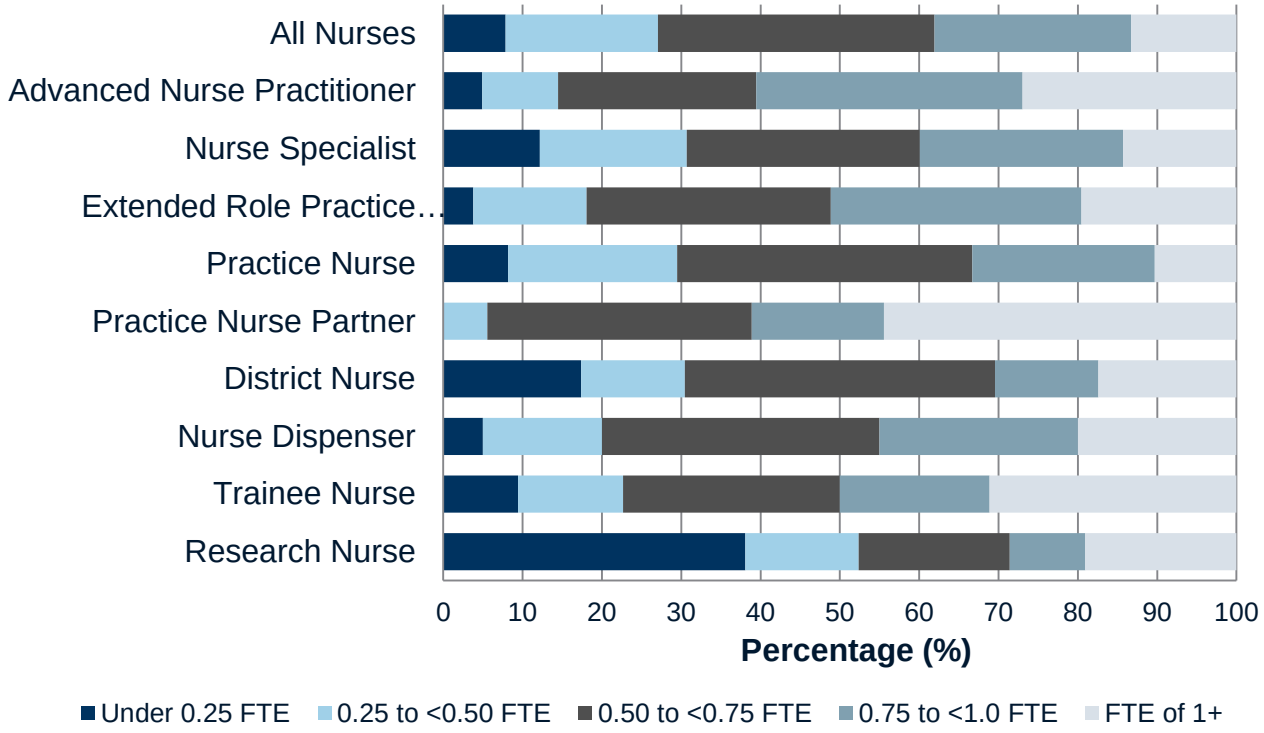
This only includes those staff directly employed by GP Practices.

Nurses by working commitment

Figure 10 shows the headcount numbers of Nurses roles by their work commitment, where 37.5 hours a week is equal to one full time equivalent staff member.

Of all Nurses, the largest proportion (35.4%) are working a full-time equivalent of between 0.5 to less than 0.75 with 25.9% working a full-time equivalent of 0.75 to less than 1.0 and 18.6% working a full-time equivalent of 0.25 to less than 0.5.

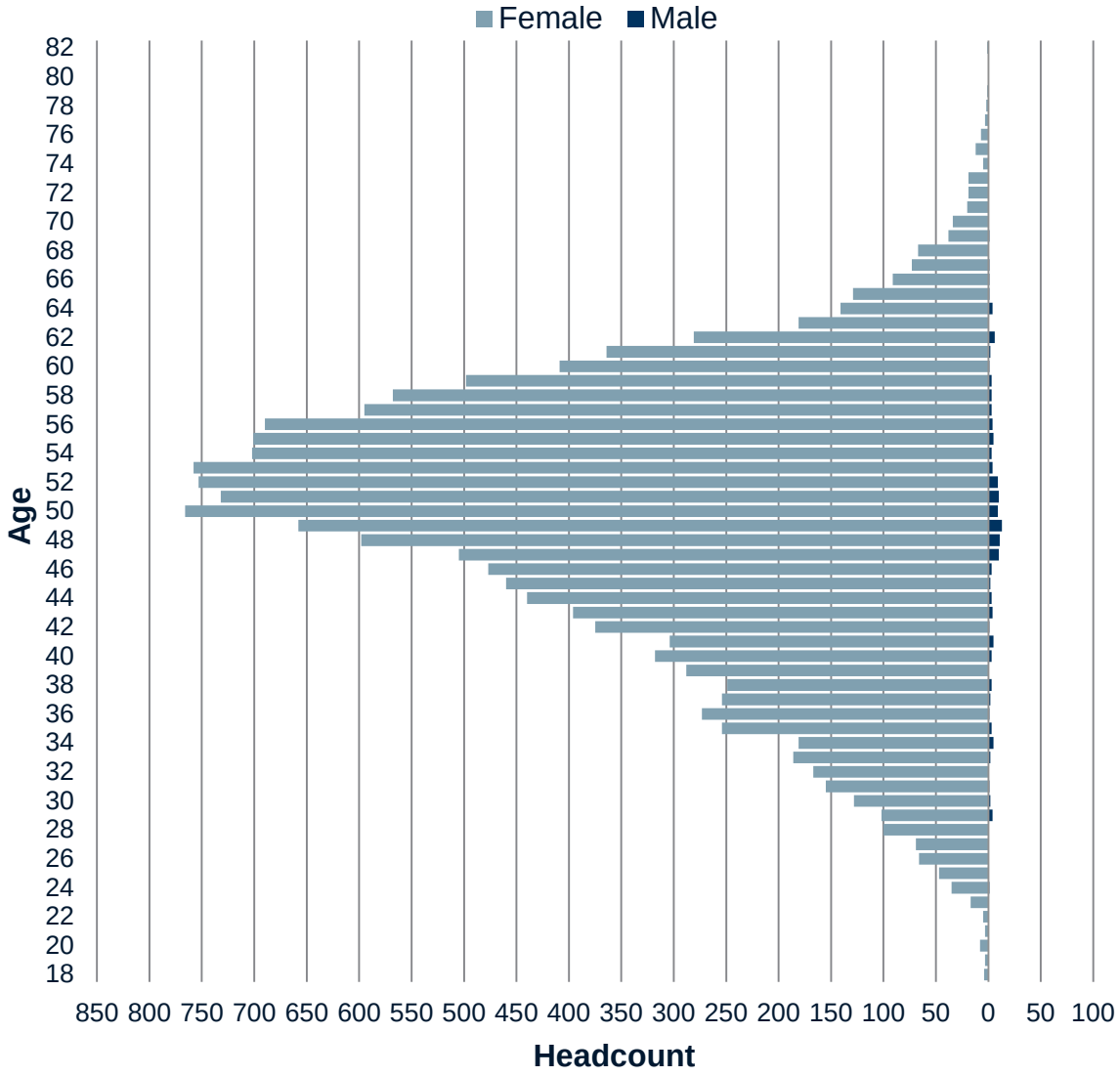
Figure 10: Nurses job roles by work commitment (FTE), headcount, 2015



37.8% of the Practice Nurse category worked a full-time equivalent of between 0.50 to less than 0.75 with 23.9% working a full-time equivalent of 0.75 to less than 1.0 and 20.8% working a full-time equivalent of 0.25 to 0.5.

Nurses by Gender and Age

Figure 11: Practice Nurses by Gender[1] and Age[1] at September 2015 (Headcount)

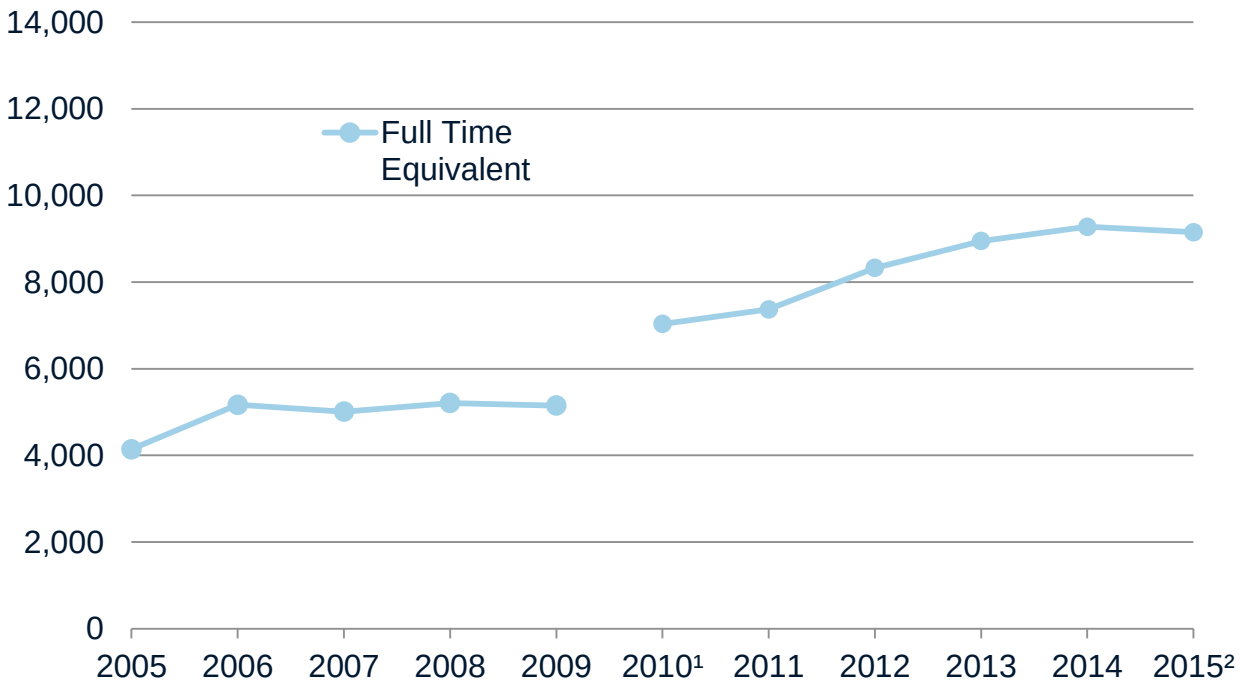


[1] data excludes records where genders and age is not stated, unknown and for practices not providing a return

Of those staff whose gender was stated, only 1.4 % of the Nursing workforce is male. 7.2% of Nurses with a known age were under 35 years old, 2.6% were under 30. 31% were aged 55 and over.

Direct Patient Care Staff

Figure 12: Direct Patient Care Full Time Equivalent (2005-2015)



¹ Prior to 2010 data was collected at a simple aggregated total per PCT. From 2010 the data was collected at practice level. Data was returned for 72.7% of practices in 2010, 89.4% in 2011, 90.2% in 2012, 90.0% in 2013 and 93.0% in 2014. In 2015 88.1% of practices provided data via the on line collection tool. For those practices where data was not supplied an estimate has been made. Further information on the methodology is available in the data quality section

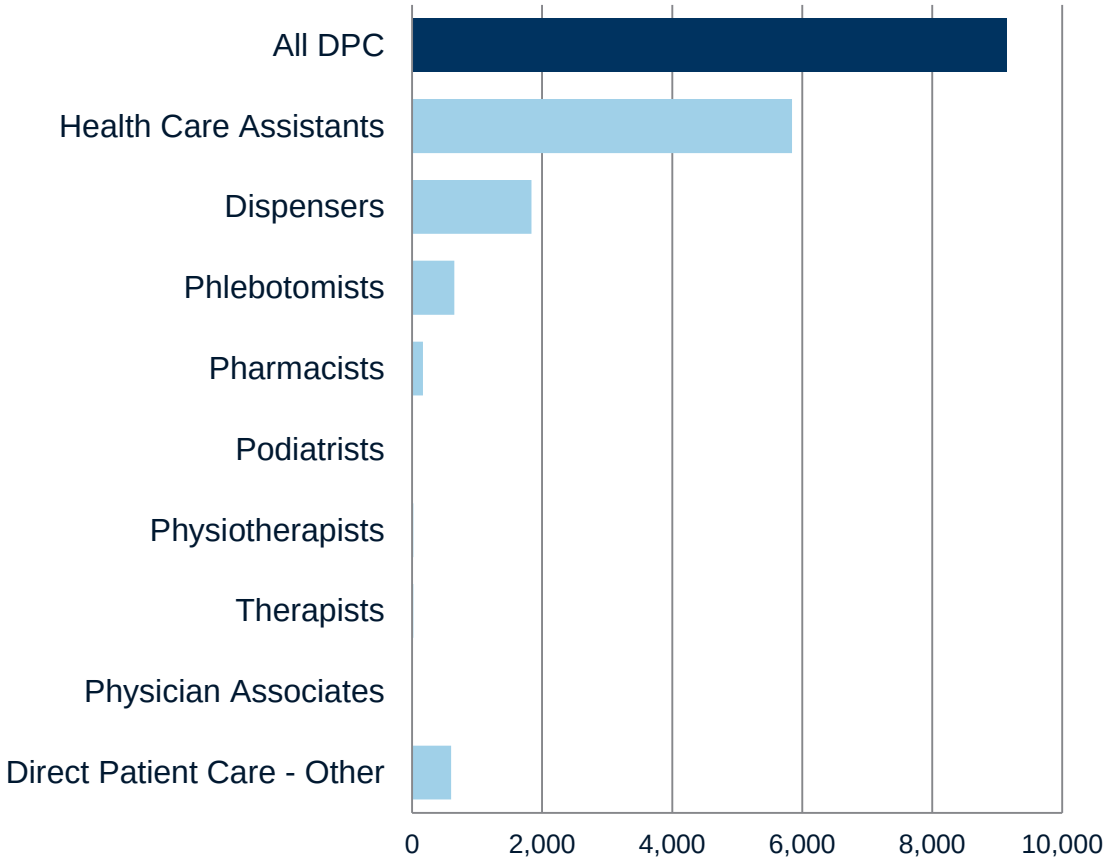
² From 2015 figures are sourced from the Primary Care Web Tool workforce module and directly from HEE regions.

In 2015 full time equivalent Direct Patient Care staff is 9,149. In the last year there has been a decrease of 129 FTE (1.4%) compared with 2014.

Direct Patient Care Staff by Job Role

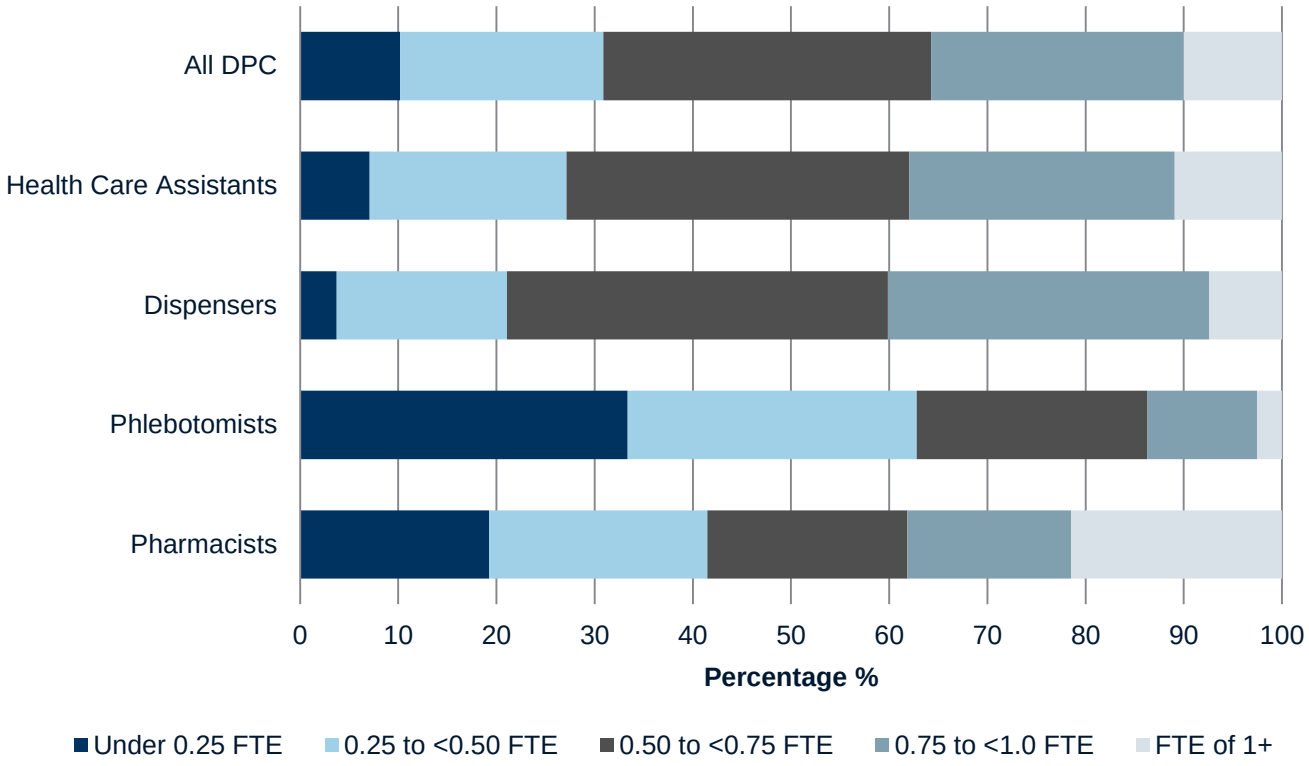
For the first time in the 2015 collection, specific job roles of Direct Patient Care staff as well as individual staff details have been collected. From this we can see that the 9,149 FTE Direct Patient Care workforce is made up of 5,846 FTE Healthcare Assistants, 1,836 FTE Dispensers, 650 FTE Phlebotomists, 168 FTE Pharmacists, 19 FTE Physiotherapists, 17 FTE Therapists, 11 FTE Physician Associates and 601 FTE other Direct Patient Care staff.

Figure 13: Direct Patient Care staff by job role, full time equivalent, 2015



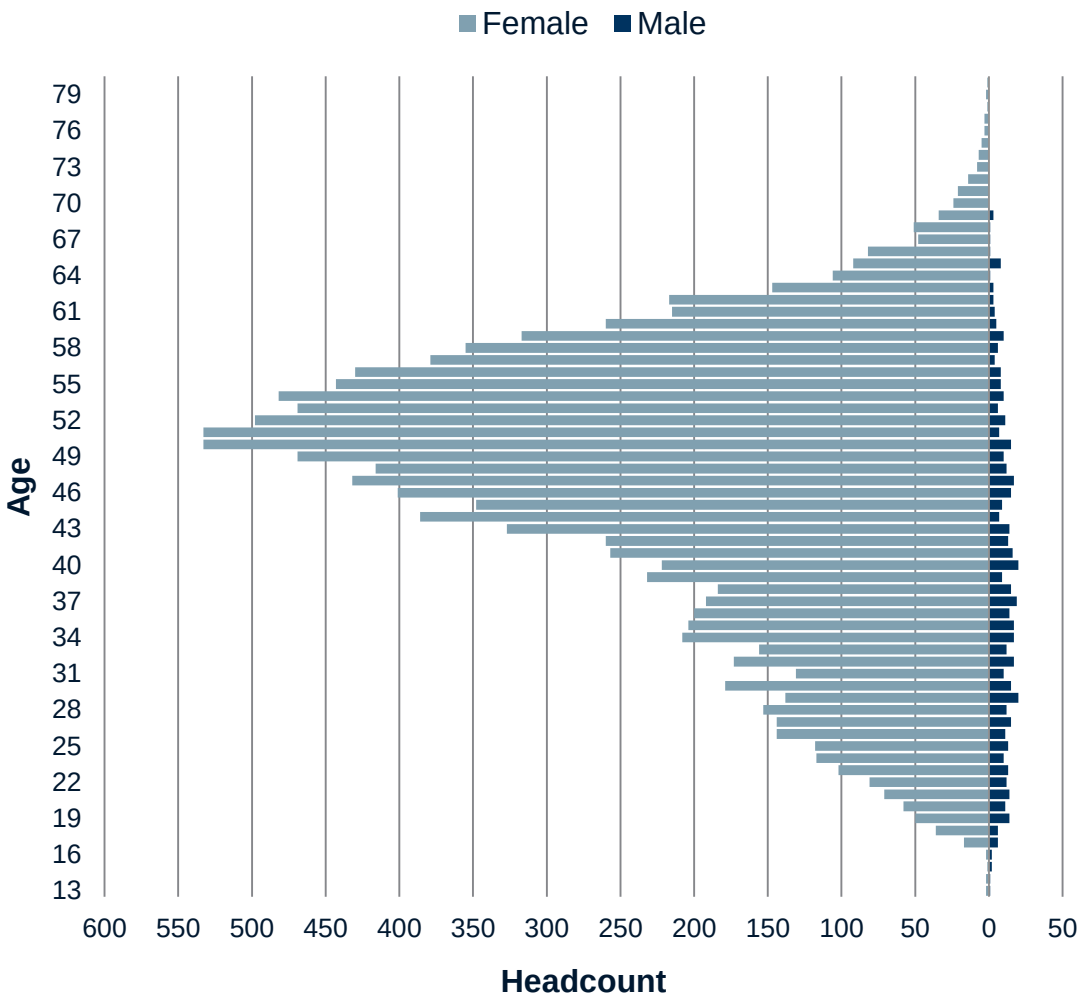
Direct Patient Care Staff by working commitment

Figure 14 shows the headcount numbers of Direct Patient Care staff by their work commitment, where 37.5 hours a week is equal to one full time equivalent staff member. 10.9% of Health Care Assistants (HCAs) work 37.5 hours or more, with the largest proportion of HCAs (34.9%) working a full time equivalent of between 0.50 to less than 0.75.



Direct Patient Care Staff by Gender and Age

Figure 15: Direct Patient Care staff by gender[1] and age[1] September 2015 (Headcount)

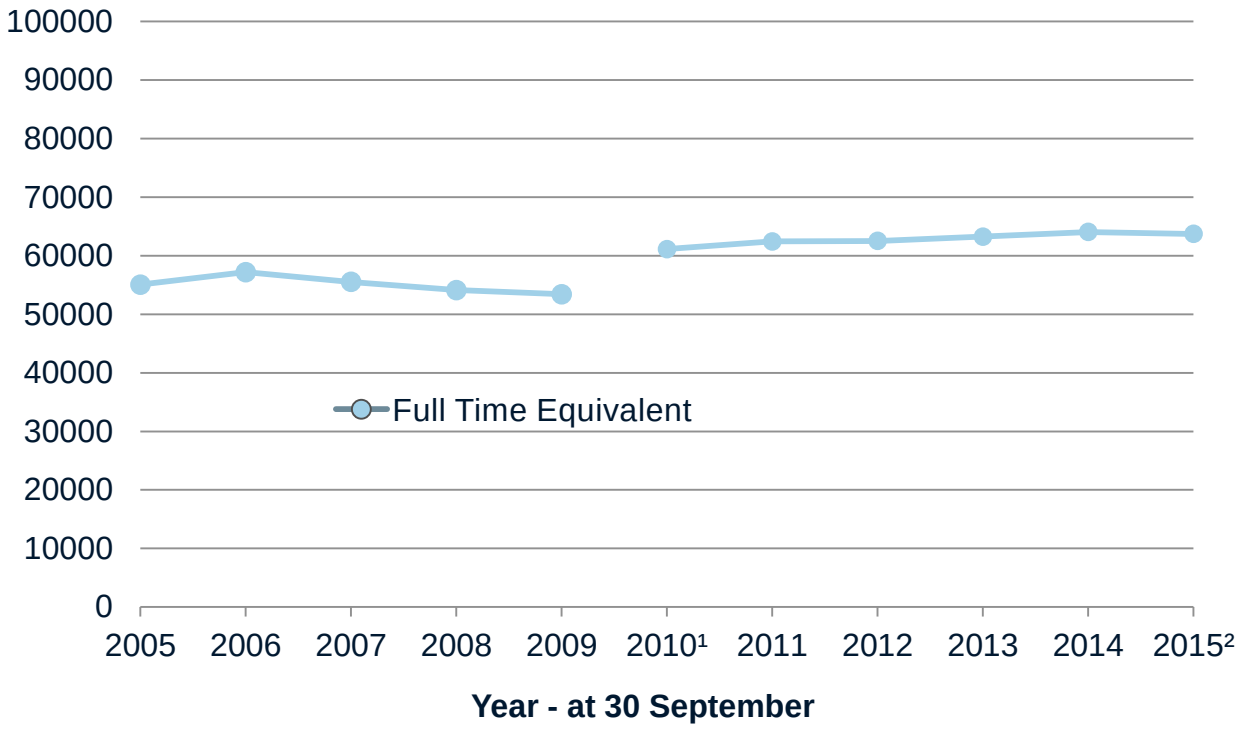


[1] data excludes records where genders and age is not stated, unknown and for practices not providing a return

Of those staff whose gender was stated, only 4.3% of the Direct Patient Care workforce is male. Pharmacists and Physiotherapists have the highest proportion of male staff, with men making up 31.0% and 25.6% of those job roles respectively. 17.6% of Direct Patient Care staff with a known age were under 35 years old, 10.4% were under 30. 26.0% were aged 55 and over.

Admin/Non-Clinical staff

Figure 16: Admin/Non-Clinical Full Time Equivalent (2005-2015)



[1] Prior to 2010 data was collected at a simple aggregated total per PCT. From 2010 the data was collected at practice level. Data was returned for 72.7% of practices in 2010, 89.4% in 2011, 90.2% in 2012, 90.0% in 2013 and 93.0% in 2014. In 2015 88.1% of practices provided data via the on line collection tool. For those practices where data was not supplied an estimate has been made. Further information on the methodology is available in the data quality section

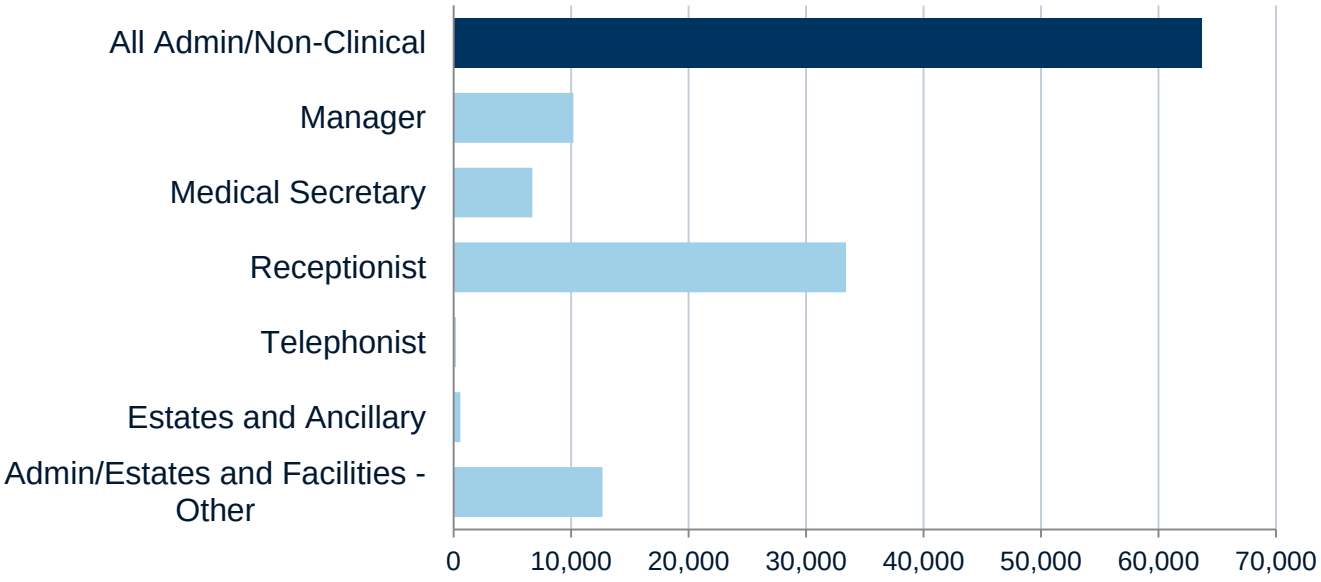
[2] From 2015 figures are sourced from the Primary Care Web Tool workforce module and directly from HEE regions.

In 2015 full time equivalent Admin/Non-Clinical staff is 63,728. In the last year there has been a slight decrease of 328 FTE (0.5%) compared with 2014.

Admin/Non-Clinical staff by Job Role

For the first time in the 2015 collection, specific job roles of Admin/Non-Clinical Practice staff, including additional and more General Practice specific Admin/Non-Clinical job roles, have been collected.

Figure 17: Admin/Non-Clinical staff by job role, full time equivalent, 2015



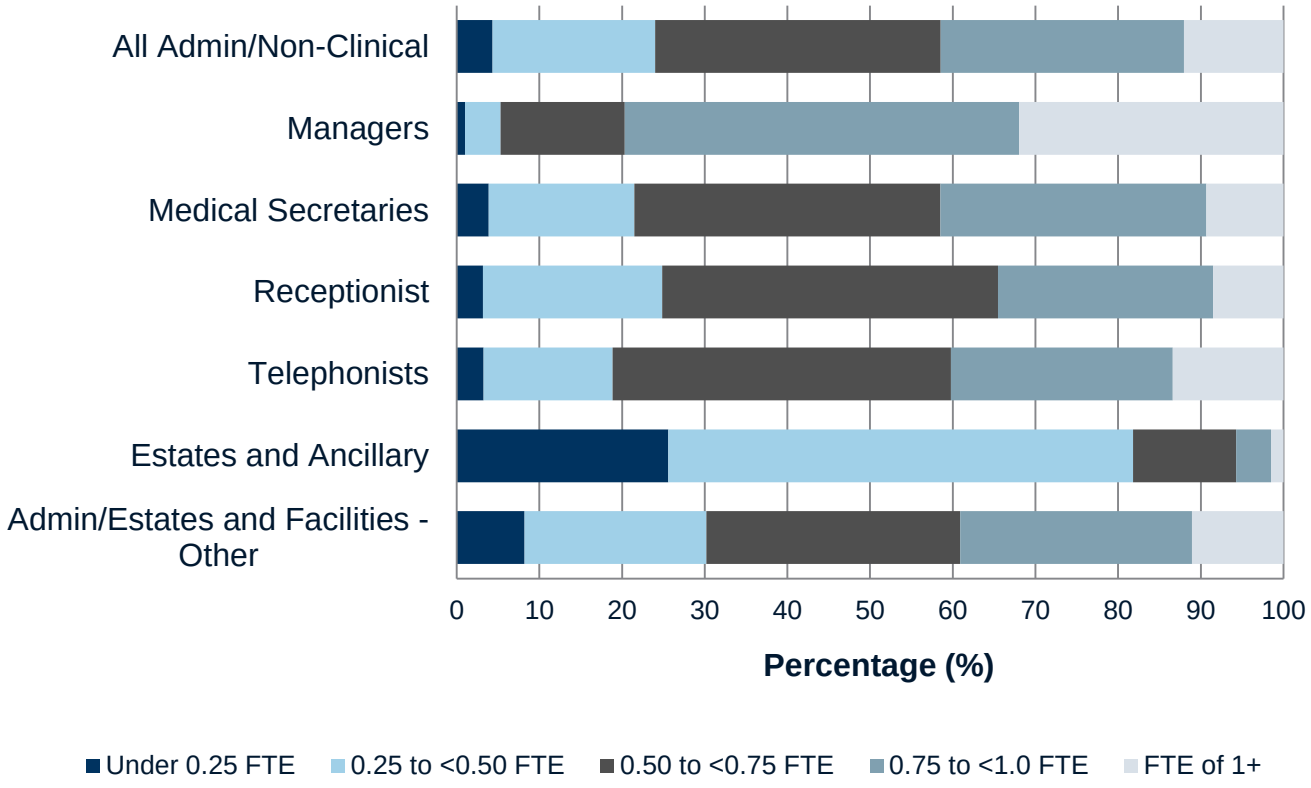
From this we can see that the 63,728 Full Time Equivalent Admin/Non-Clinical workforce is made up of 33,411 Receptionists, Admin/Estates and Facilities – Other being the next staff group with 12,674 FTE and then Managers with 10,184 FTE.

Admin/Non-Clinical staff by working commitment

Figure 18 shows the headcount numbers of Admin/Non-Clinical roles by their work commitment, where 37.5 hours a week is equal to one full time equivalent staff member.

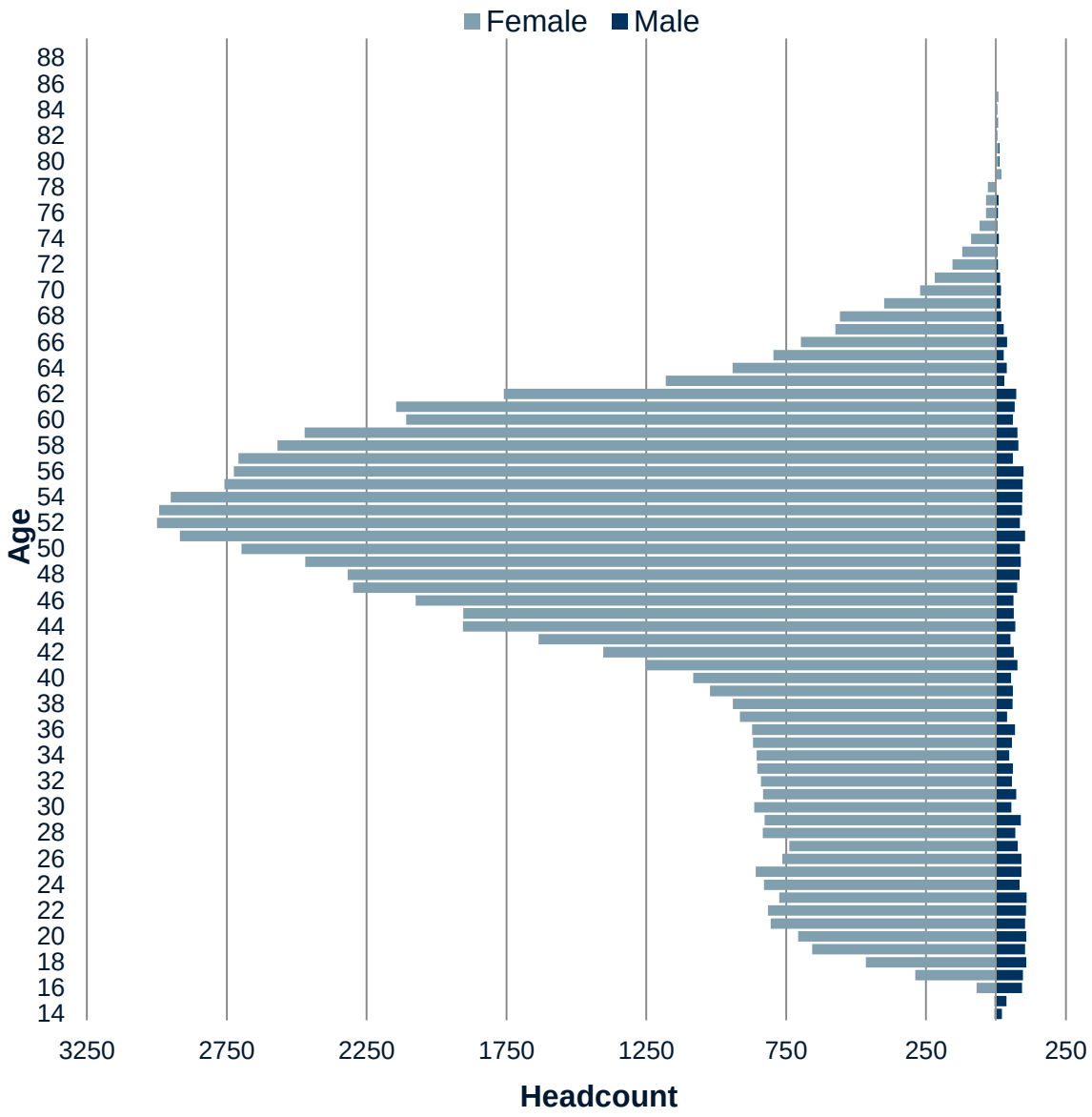
Of all Admin/Non-Clinical roles, the largest proportion (56.2%) working a full-time equivalent of between 0.25 to less than 0.50 are staff working in Estates and Ancillary. Managers are the highest proportion working a full-time equivalent of 0.75 to less than 1.0 (47.7%) and Managers also have the lowest proportion (1.0%) working a full-time equivalent of under 0.25.

Figure 18: Admin/Non-Clinical staff work commitment by Job role 2015 (FTE)



Admin/Non-Clinical staff by Gender and Age

Figure 19: Admin/Non-Clinical by Gender[1] and Age[1] at September 2015 (Headcount)



[1] data excludes records where genders and age is not stated, unknown and for practices not providing a return

Of those staff whose gender was stated, only 5.0% of the Admin/Non-Clinical workforce is male. 13.2% of Admin/Non-Clinical staff, with a known age, were under 30 years old and 32.9% were aged over 55.

Data Quality Statement.

Introduction

General and Personal Medical Service statistics in England are compiled from data supplied by around 7,700 GP practices. Information on all staff (GPs, Nurses, Direct Patient Care and Administrative staff) at individual level employed at the practice is collected. As well as other details, the information for each individual includes job role, contracted hours, gender and age. No information on pay is collected.

The Health and Social Care Information Centre (HSCIC) liaises with GP practices and their agents to encourage complete data submission, and to minimise inaccuracies and improve the quality of the practice return

Change in data source for 2015

This publication of the September 2015 data on 27 April 2016 uses a new source information for all areas of the publication.

Why the change in data source

The reforms set out in the Health and Social Care Act 2012 introduced new arrangements for commissioning healthcare services and a new system through which education and training is planned, commissioned, funded and delivered. The Workforce Information Architecture work stream was established by the Department of Health as part of the reforms to review, improve and test the arrangements for handling the workforce data and intelligence that will be necessary for the reformed systems to operate effectively. The review recommended that a workforce Minimum Data Set (wMDS) be collected from all providers of NHS-funded care. The reforms also presented an opportunity to improve data quality, as well as data coverage and completeness, to support a step change in the effectiveness of workforce planning.

As a result of this review the HSCIC consulted users in 2014 on proposed changes to the way the information used to produce the General and Personal Medical Services statistics are sourced, processed, defined and presented. These changes are intended to give users a better understanding of how General Practice is resourced and allow them to plan for future workforce needs more effectively. Details of the consultation and the final response document are available at http://www.hscic.gov.uk/gp-census.

The consultation also captured users' requirements in respect of the changes following the future implementation of the workforce Minimum Dataset (wMDS). The wMDS will going forward be the source data for the General and Personal Medical Service publication and will predominantly be provided via a web-based tool. The wMDS will replace the current data sources, more information relating to wMDS can be found at: http://www.hscic.gov.uk/wMDS.

Details of the new and previous data source

The new source provides its data via a web based tool named the Primary Care Web Tool (PCWT). Within the PCWT a workforce module was developed to allow practices to enter and save their workforce information. The PCWT was an existing system that all primary

care organisations were already using as part of the contract declaration process, which avoided a need for data providers to get to know a separate system. The PCWT workforce module collects information on the whole of the practice workforce (GPs, Nurses, Direct patient care and Administrative staff) at an individual level.

Prior to 2015 the information was collected as follows:-

For GPs: -

The NHAIS (Exeter) General Practice Payments System, a computerised payment system of General Medical Practitioners in England, was the main source of General Practice and Practitioner information and includes individual level person details for each practitioner.

Additional information about individual GPs not recorded on the system was supplied manually by Clinical Commissioning Groups (CCGs) via secure electronic data transfer.

For other practice staff (Nurses, Direct patient care and administrative staff):-

Aggregated information was supplied manually by Clinical Commissioning Groups (CCGs) at practice level via secure electronic data transfer.

Prior to 2010 aggregated General Practice staff information was collected at Primary Care Trust level with the completeness of such returns at practice level being unknown.

Revisions and Issues

1) Previously GP registrars delivering primary care services who were being paid through ESR were excluded from these GP statistics and included in the Hospital Community Health Services (HCHS) workforce statistics. Therefore headcount and Full Time Equivalent (FTE) figures are not directly comparable with previously published data. GP registrar figures and associated totals for headcount and FTE at 30th September have been revised for the years 2009 to 2014 to include those staff previously included in the HCHS workforce statistics.

2) 2015 introduced for the first time the collection and recording of Locum GPs. This means that the overall GP total figures are not comparable for both headcount and FTE with previous years.

3) The change in data source has highlighted that:-

    a. The new FTE figures for GPs from the PCWT are not directly comparable with FTE figures from the NHAIS and manual collection due to-
        - NHAIS having a default value of 1.0 FTE whereas the PCWT has no default value.
        - NHAIS capped individual GP FTE at 1.28 (48 hours); in the PCWT the cap is 2.0 FTE (75 hours)
        - NHAIS has instances of GPs working at multiple practices each with the default value of 1.0, e.g. a GP working at five practices would have an FTE of 5.0 from NHAIS which was capped at 1.28 for the publication.

- NHAIS has instances of GPs recorded against specific practices at which they no longer work but their records have not yet been removed. If these GPs had multiple records they would have been capped at 1.28 FTE in the publication.
- NHAIS FTE field is non-mandatory, PCWT FTE is mandatory and the data provider has to complete it in order to pass data quality checks and enable submission of their data.
- NHAIS FTE field was mainly used for the annual census and was not used for payment purposes.

Summary of changes to FTE for Practitioners (including Locums, Registrars and Retainers)

Feature	2014 and before (NHAIS)	2015 onwards (PCWT)	Effect of change
Default values for FTE	Contracted hours defaulted to 1.0 FTE	Default removed and changed to ask in hours contracted rather than FTE	3,445 practitioners were recorded as 1.0 FTE in 2015 PCWT. We are able to match GPs and practice code from the PCWT to the 2015 NHAIS collection. 18,003 practitioners were recorded as 1.0 FTE in NHAIS. The same GPs in PCWT were - on average - 0.86 FTE, an overall reduction of 2,446 FTE. **Chart 1 shows the distribution of FTE values in NHAIS and PCWT** **Chart 2 shows the distribution of these 1.0 FTE NHAIS GPs** In total differences in recording of hours (both up and down) accounted for a difference of 1,665 FTE between NHAIS and PCWT.
Cap on the FTE for an individual GP with multiple contracts	Capped at 48 hours, or 1.28 FTE Includes instances of GPs working at multiple practices each with the default value of 1, e.g. a GP working at five practices would have an FTE of 5.0 from NHAIS	Capped at 75 hours, or 2.0 FTE	1,010 practitioners have a FTE greater than 1.28 and less than or equal to 2.0 in the 2015 PCWT which totalled 1,464 FTE.

Feature	2014 and before (NHAIS)	2015 onwards (PCWT)	Effect of change
	which was capped at 1.28 for the publication.		
Practice coverage and missing data	100 per cent of practices are included in NHAIS which contains 97.8 per cent of all 2014 the GPs. Data about the remaining GPs is provided by manual (CEN1) returns from CCGs.	88.1 per cent of practices submitted data via PCWT in September 2015 with figures for the remaining 11.9 per cent being estimated.	See estimation methodology for missing data in 2015, on page 45
Data Validation and Maintenance	Information obtained from NHAIS were compared to previous years information, local CCG supplied data and via practice websites NHAIS contains instances of GPs who no longer work at a specific practice but whose information has not yet been removed from the NHAIS system and were included in previous years published data since these GPs could not be identified.	Over 40 per cent of all practices providing a return were contacted to query supplied contract hours. The practices contacted were those where the FTE figure was different to the NHAIS figure.	Given the data validation, data quality work and feedback received directly from practices, the 2015 PCWT FTE figures are more robust than the FTE obtained from NHAIS.

Feature	2014 and before (NHAIS)	2015 onwards (PCWT)	Effect of change
	Evidence from the PCWT 2015 submission where providers have confirmed the GPs submitted are a true reflection of the workforce at the practice points towards poor maintenance of fields in NHAIS		

Overall effect of changes for Practitioners excluding Registrars (i.e. trainees), Retainers and Locums at 30 September 2015

Total full time equivalent for Practitioners (excluding Registrars, Retainers & Locums)	NHAIS	PCWT	Difference
Total staff	31,658	29,271	2,387
Of which:			
Staff who match when linking records on both GMC code and Practice	23,064	21,399	1,665
Practices who didn't submit PCWT	3,330	3,177	153
Totals from matching practices where GMC does not match	5,264	4,491	773
Practice only in PCWT	0	204	-204

Chart 1 Distribution of FTE values for Practitioners in PCWT and NHAIS

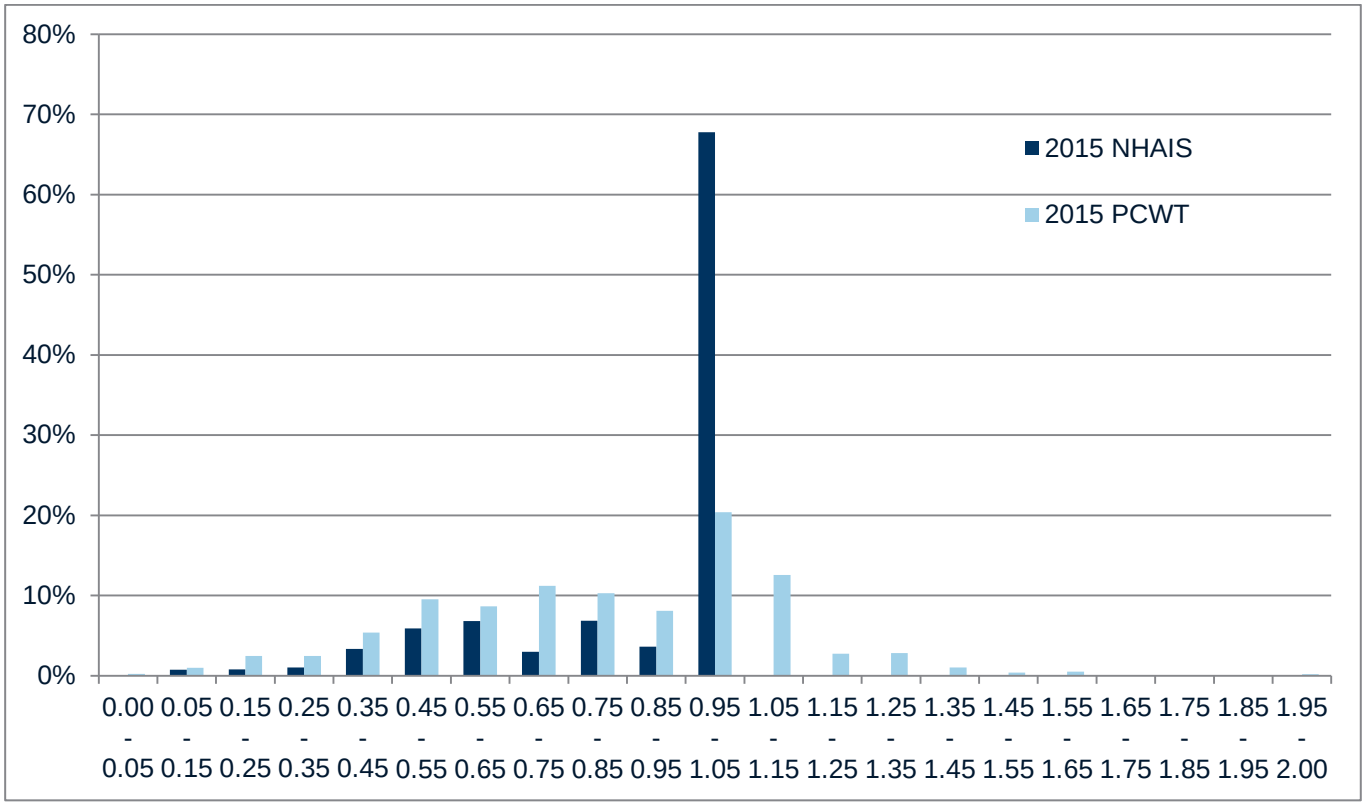


Chart 1 shows the difference between the FTE for Practitioners recorded in the PCWT collection as at 30 September 2015 and the FTE recorded within NHAIS System at the same

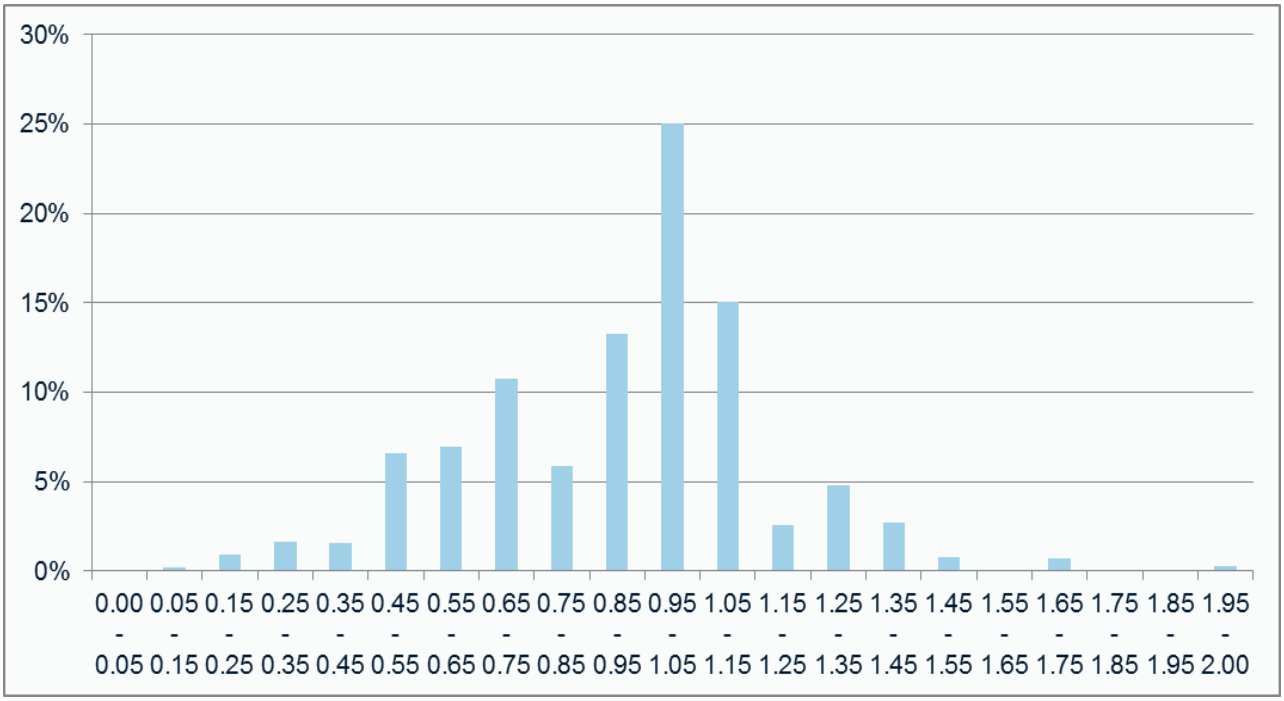
date. In most cases the FTE recorded in the PCWT was less than that recorded in the NHAIS General Practice Payments (Exeter) System.

Chart 2 shows for those practitioners recorded as having 1.0 FTE on NHAIS, the distribution of FTE recorded on the PCWT. This has resulted in the overall FTE for 2015 being lower using the new data source of the PCWT and hence the FTE data from the PCWT is not comparable to previous data. To enable comparison we have estimated the FTE for Sept 2014 using the PCWT data.

During the data validation stage of the collection, over 40% of practices appeared to have large differences in their FTEs when comparing NHAIS and PCWT. These practices were contacted to check the information provided via the PCWT and they either amended the information or confirmed that it was correct.

In order to provide some comparison with previous years we have looked at what the 2014 published figures would be if the variation in FTE between the two data sources (PCWT and NHAIS) was retrospectively applied. To do this we took the matched records between PCWT and NHAIS.

Chart 2 Distribution of Practitioners PCWT FTE Value for practitioners whose NHAIS value is 1.0 FTE



Estimation of the 2014 FTE data for GPs

The change in data source has highlighted that the FTE figures from the PCWT are not directly comparable with FTE figures from the NHAIS. Further details are available on page 37 within Revisions and Issues.

Due to these FTE differences and to allow comparison, the 2014 FTE information for GPs will be estimated as follows:-

i. Remove from the 2014 NHAIS dataset those records where GPs are recorded against a practice where they are no longer working according to findings from the PCWT validation process
ii. For those GPs recorded in both the new PCWT and the 2015 NHAIS and where the GP is included in both the 2014 and 2015 NHAIS data set at the same practice with the same FTE recorded, record the new 2014 FTE as the FTE provided in the 2015 PCWT return
iii. The majority of the 2014 GP information had been sourced from NHAIS. For those records which were sourced in 2014 from the manual CEN1 direct practice collection or directly from the Electronic Staff Record (ESR) system, leave the FTE as provided, as there is no evidence that these sources of data had inaccurate FTE.
iv. **For all remaining GPs**
    a. Calculate for each job role category the difference between the 2015 NHAIS FTE and the PCWT submission where the GP is contained within both systems in 2015.
    b. Apply these differences at job role level to the 2014 NHAIS FTE figure for the remaining GPs in the 2014 dataset.

Full Time Equivalent

Description	Revised [1] 2014 information	2014 estimations	Difference	*Per cent Difference*
Totals	37,441	34,712	-2,729	*-7.30%*
i. 2014 Removals of GPs	483	0	-483	*-100.00%*
ii. GPs submitted via PCWT and in NHAIS 2014	20,495	19,168	-1,326	*-6.50%*
iii. Manual return from CCGs	1,783	1,783	..	*0.00%*
iii. ESR data	1,924	1,924	..	*0.00%*
iv. Estimated by applying differences	12,756	11,836	-920	*-7.20%*

[1] Revised to include those registrars counted in the HCHS census and paid via the Electronic Staff Record (ESR) system.

b. Headcount figures for practice staff are not directly comparable between the previous collections and PCWT due to:
    - prior to the PCWT collection data was collected at an aggregated practice level which did not allow de-duplication of staff across different practices
    - prior to the PCWT if an individual had more than one role within a practice, they may have been counted several times, once against each role type, and because the previous data were collected at aggregate level, it was not possible to de-duplicate staff within a practice.

      Prior to September 2015, no specific, detailed guidance was provided to GP practices in relation to the provision of workforce data for dual or multi-role employees within General Practice. This means that an individual employee may previously have been recorded at least twice in the headcount figures across multiple staff groups if they performed more than one role at that practice. An example of this would be for an employee who worked as both a dispenser and a receptionist. Prior to 2015, in a Practice level,

aggregated return this employee is likely to have been recorded as a headcount and FTE within Direct Patient Care (dispenser) and a headcount and FTE within Admin/Clerical (receptionist). This will have resulted in double counting of the individual for headcount purposes although this would not necessarily have affected the FTE data. Since the PCWT collects a unique identifier for each individual, it is now possible to identify multiply roles and for headcount calculations only count an individual once.

c. All staff additional information - The PCWT allows the collection of additional information not collected previously on vacancy and absence statistics for both GPs and practice staff. Due to the incompleteness and data quality of the first set of data, this information has not been included in this publication**.**

Estimating 2015 data for missing practice workforce for all staff groups

In September 2015, 88.1 per cent of practices provided a return. For the remaining 11.9 per cent of practices information will be estimated. To present a complete national figure for GP and practice staff numbers we calculate the shortfall using information from those practices that have submitted and known practice registered patient population size.

Of those 88.1 per cent of practices who provided a submission there were varying completeness of the return by the main job categories.

Broken down by area				
Area	**GP**	**Nurses**	**Direct Patient Care**	**Admin**
Number of practices which provided a submission	6,652	6,501	6,758	6,547
Number of practices not providing a submission	1,022	1,173	916	1,127
Total	**7,674**	**7,674**	**7,674**	**7,674**
Percentage to be estimated	*13.30%*	*15.30%*	*11.90%*	*14.70%*
Covering				
Known patient population for practices providing a submission	*50,910,128*	*50,123,053*	*51,443,067*	*49,781,744*
Known patient population for practices not providing a submission	*6,342,274*	*7,129,349*	*5,809,335*	*7,470,658*
Total	**57,252,402**	**57,252,402**	**57,252,402**	**57,252,402**
Percentage of registered population to be estimated	*11.10%*	*12.50%*	*10.10%*	*13.00%*

Based on the 1,022 practices that did not provide data on GPs, the tables below compare some characteristics between those practices that did submit data versus those that did not. From this analysis there appears to be a greater proportion of smaller sized practices not returning data in terms of patient size, whereas the proportion of rural/non-rural and dispensing/non-dispensing practices seems similar across both practices that submitted and didn't submit data.

Submissions by Patient List Size

Number	< 4,249 patients	>= 4249 and < 6,817 patients	>= 6,817 and < 10,185 patients	>= 10,185 patients
Practices Providing a submission	1,663	1,661	1,665	1,663
Practices **Not** Providing a submission	417	230	213	162

Percentage	< 4,249 patients	>= 4249 and < 6,817 patients	>= 6,817 and < 10,185 patients	>= 10,185 patients
Practices Providing a submission	*25.00%*	*25.00%*	*25.00%*	*25.00%*
Practices **Not** Providing a submission	*40.80%*	*22.50%*	*20.80%*	*15.90%*

Submissions by Rurality

Number	Rural	Non Rural
Practices Providing a submission	1,100	5,552
Practices **Not** Providing a submission	103	919

Percentage	Rural	Non Rural
Practices Providing a submission	*16.50%*	*83.50%*
Practices **Not** Providing a submission	*10.10%*	*89.90%*

Submissions by Dispensing Status

Number	Dispensing	Non dispensing
Practices Providing a submission	949	5,703
Practices **Not** Providing a submission	84	938

Percentage	Dispensing	Non dispensing
Practices Providing a submission	*14.30%*	*85.70%*
Practices **Not** Providing a submission	*8.20%*	*91.80%*

Estimations for the missing practice data by job categories have been calculated and included in the overall results.

Method

The calculation of the estimates is a straightforward process based upon the data received from the practices which submitted a valid return.

Registered patient population information is known for all practices, including those that did not submit data.

Information is collected for the following job groups:

- General Practitioner
- Nurse
- Direct Patient Care (DPC)
- Administration

Each of these job groups contains sub categories for job role, for example general practitioner job group contains GP job roles of Senior Partner, Partner/Provider, Salaried By Practice, Salaried By Other, Not Known, Registrar F1/2, Registrar ST3/4, Retainer, Locum - Covering Sickness/Maternity/Paternity, Locum - Covering Vacancy, Locum – other.

i. Using the data collected, a national rate of job role per registered patient was calculated, i.e. a rate for each of the 11 GP job role types was calculated.
ii. This figure was then used as a multiplier to derive individual practice level estimates by job role on a pro rata basis for those practices that did not submit data.
iii. These estimated practice level values were summed and incorporated into the overall England totals.

Since the national rates were used to derive the estimates, when these estimated figures were incorporated into the dataset, the new ratios of practitioner types to registered patient counts remain the same.

Estimates for the other job group types were calculated following the same process.

As the estimation methodology for the 2015 missing data takes patient size into account, this helps to address the issue of a greater proportion of smaller sized practices not returning data.

Worked example with dummy data – For GPs with job role Partner/Provider

	Count of registered patients	Job role - Partner/Provider FTE	National level rate per patient (FTE Partner/Provider) / Registered Patients
Practices with submitted data	10,000,000	2,578.15	0.0002578

For the practices without submitted data, the calculated rate per patient is used as a multiplier to calculate an estimate.

	Count of registered patients	England level rate per patient	Estimated count of type Partner/Provider (Registered patients * national level rate per patient)
Practice 1	10,667	0.0002578	2.75
Practice 2	9,031	0.0002578	2.33

Finally, these calculated unrounded estimated counts are added to produce an estimated total for each practitioner type.

Total for practices without data	1,200,000	0.0002578	309.38

Then this estimated total for practices without data is added to the submitted data to produce estimates at England level.

Difference between FTE and Headcount estimations

For FTE the methodology is the same irrespective of the level of geography in question, i.e. the results are the same calculating the estimates at individual practice, CCG or at England level.

Headcount is estimated differently, since a staff member may work at more than one practice and in some instances at four or more practices and it is important that they are not counted multiple times. These practices may fall within the same or across several CCGs, with all practices falling within England. E.g. for estimating the headcount figures across CCGs

i. A GP is counted only once within each CCG by removing duplicate entries using their unique identifier across each CCG to obtain headcounts at individual CCG.
ii. Sum each CCGs' headcounts and calculate the ratio of job role per registered patient for each job role for the submitted data.
iii. For each CCG, calculate a total for the known patient count for the missing practices within that CCG.
iv. Then multiply this total patient count by the appropriate ratio for the relevant job role to produce an estimate for the missing practices in that CCG .
v. Add this estimate to the submitted data for each CCG to produce the CCG estimates.

This methodology provides a better estimation of headcount figures by taking into account individuals who work across multiple organisations.

Where estimates will be used

Estimations will be made for those practices which did not provide a return in 2015 for each job category and by the job roles within those categories with both FTE and headcount being estimated. For demonstration purposes FTE estimations are shown in detail in this document, with headcount estimation details being available on request.

GP Estimations

The 13.3 per cent of practices estimated covered 11.1 per cent of the known registered patient population which did not submit data using PCWT.

- **FTE estimations**

	Practices providing a submission	FTE Factor to apply	Practices not providing a submission
Number of Practices	6,652		1,022
Number of Registered patients	50,910,128		6,342,274
Job Role	**Actual FTE**		**Estimated FTE**
Senior Partner	4,611.3	0.000090577213	574.5
Partner/Provider	13,173.1	0.000258751088	1641.1
Salaried By Practice	5,647.7	0.000110934247	703.6
Salaried By Other	77.6	0.000001524820	9.7
Not Known	2,449.2	0.000048107769	305.1
Registrar F1/2	312.2	0.000006132680	38.9
Registrar ST3/4	1,503.6	0.000029534652	187.3
Retainer	64.5	0.000001266763	8.0
Sickness/Maternity/Paternity	75.8	0.000001489736	9.4
Locum - Covering Vacancy	88.7	0.000001741762	11.0
Locum - Other	341.8	0.000006712915	42.6
Total	28,345.4		3531.2

Nurse Estimations

The 15.3 per cent of practices estimated covered 12.5 per cent of the known registered patient population which did not submit data using PCWT.

- **FTE estimations**

	Practices providing a submission	FTE Factor to apply	Practices not providing a submission
Number of Practices	6,501		1,173
Number of Registered Patients	50,123,053		7,129,349
Job Role	**Actual FTE**		**Estimated FTE**
Advanced Nurse Practitioner	2,333.3	0.000046551441	331.9
District Nurse	13.7	0.000000273992	2.0
Extended Role Practice Nurse	191.6	0.000003821610	27.2
Nurse Dispenser	14.3	0.000000285473	2.0
Nurse Specialist	524.6	0.000010465891	74.6
Practice Nurse	10,298.2	0.000205459111	1,464.8
Practice Nurse Partner	14.9	0.000000298199	2.1
Research Nurse	10.8	0.000000215470	1.5
Trainee Nurse	78.9	0.000001574594	11.2
Total	13,480.4		1,917.4

Direct Patient Care estimations

The 11.9 per cent of practices estimated covered 10.1 per cent of the known registered patient population which did not submit data using PCWT.

- **FTE estimations**

	Practices providing a submission	FTE Factor to apply	Practices not providing a submission
Number of Practices	6,758		916
Number of Registered Patients	51,443,067		5,809,335
Job Role	**Actual FTE**		**Estimated FTE**
Direct Patient Care - Other	549.5	0.000010682328	62.1
Dispenser	1,656.3	0.000032196756	187.0
Health Care Assistant	5,212.4	0.000101324037	588.6
Pharmacist	165.6	0.000003219129	18.7
Phlebotomist	590.8	0.000011484437	66.7
Physician Associate	10.7	0.000000208472	1.2
Physiotherapist	19.3	0.000000375203	2.2
Podiatrist	0.4	0.000000006998	0.0
Therapist	17.0	0.000000330203	1.9
Total	8,222.0		928.5

Administrative estimations

The 14.7 per cent of practices estimated covered 13.0 per cent of the known registered patient population which did not submit data using PCWT.

- **FTE estimations**

	Practices prodviding a submission	FTE Factor to apply	Practices not providing a submission
Number of Practices	6,547		1,127
Number of Registered Patients	49,781,744		7,470,658
Job Role	**Actual FTE**		**Estimated FTE**
Receptionist	29,024.7	0.000583038789	4,355.7
Admin/Estates and Ancillary - Other	11,020.9	0.000221384391	1,653.9
Manager	8,859.8	0.000177972123	1,329.6
Medical Secretary	5,826.1	0.000117032242	874.3
Estates and Ancillary	492.9	0.000009900320	74.0
Telephonist	193.4	0.000003884664	29.0
Total	55,417.7		8,316.4

Alternative grouping of practices to produce estimates

The 2015 estimations have been derived at an overall England and CCG level using national ratios. To show the robustness in these estimations the HSCIC has produced estimations for different practice characteristics as follows:-

- Based on practice patient population size – to understand if the size of the practice adversely affects the estimations
- Based CCG areas – to understand if CCG regions affects the estimations
- Based on type of practice. Every practice is classified as urban or rural and dispensing or non-dispensing - do these classifications adversely affect the estimations.

		Alternative grouping for estimation			
Job Role	National estimates used in publication	Patient Population by Practice size	CCG	Rural/Non Rural	Dispensing/Non dispensing
Senior Partner	574.5	670.1	645.7	571.6	573.3
Partner/Provider	1,641.1	1,589.0	1,578.6	1,629.5	1,625.7
Salaried By Practice	703.6	693.4	746.7	704.5	703.3
Salaried By Other	9.7	11.5	10.9	9.9	10.0
Not Known	305.1	289.1	185.7	299.6	302.5
Registrar F1/2	38.9	36.1	50.6	38.7	38.5
Registrar ST3/4	187.3	176.0	212.7	185.1	185.7
Retainer	8.0	7.7	8.1	7.9	7.8
Sickness/Maternity/Paternity	9.4	9.1	9.5	9.5	9.5
Locum - Covering Vacancy	11.0	13.6	15.2	11.2	11.1
Locum - Other	42.6	52.9	51.4	43.6	43.7
Total	**3,531.2**	**3,548.5**	**3,515.1**	**3,511.1**	**3,511.2**
Difference to estimates used	..	17.3	-16.1	-20.1	-20.0
% Difference to estimates used	..	*0.49%*	*-0.46%*	*-0.57%*	*-0.57%*

Registered Patient population by practice –

- Practices are grouped by registered patient population into quartiles for those practices which provided a submission.
- FTE ratios are calculated by quartile by job role.
- Each quartile ratio is applied to those practices which did not provide a return whose known patient population falls into that quartile.
- The estimated quartile totals are summed to give an overall total.

CCG –

- Practices are grouped by CCG area for those practices which provided a submission.
- FTE ratios are calculated for each CCG.
- Each CCG ratio is applied to those practices which did not provide a return who are part of that CCG.
- The estimated CCG totals are summed to give an overall total.

Rural / Non-Rural

- Practices are grouped by their rural / non-rural classification for those practices which provided a submission.
- FTE ratios are calculated at rural / non-rural level.
- The rural / non-rural ratios are applied to those practices which did not provide a return based on those practices rural / non-rural classification.
- The estimated rural / non-rural practice totals are summed to give an overall total.

Dispensing / Non-dispensing

- Practices are grouped by their Dispensing / Non-dispensing classification for those practices which provided a submission.
- FTE ratios are calculated at Dispensing / Non-dispensing.
- The Dispensing / Non-dispensing ratios are applied to those practices which did not provide a return based on those practices Dispensing / Non-dispensing classification.
- The estimated Dispensing / Non-dispensing practice totals are summed to give an overall total.

The various methods of grouping practices have shown very slight differences in the FTE figures for GPs, ranging from -20.1 FTE to +17.3 FTE compared to the total estimate using the estimation methodology used in the publication. At job category level there were some wider variations in the Not known, Senior partner and Partner/Provider categories between the various alternatives which will be investigated further before the next publication to understand the impact of these variations. However overall the variations are minimal which shows confidence in the estimation methodology incorporated within the final publication.

Alternative Estimation methodology-

Since all practices are contained within NHAIS a potential option is to use NHAIS 2015 data for missing practices. Options considered were:-

a) Use the NHAIS 2015 figures directly for the missing practices. This methodology was rejected due to the inaccuracies in the FTE figures contained within the NHAIS system, as was identified during the validation of the PCWT data. See section ‘Estimation of 2014 FTE data for GPs’ for further details.
b) Apply a difference factor to every GP contained in NHAIS for which the practice did not provide a submission via the PCWT. The difference factor is the calculated difference between the 2015 NHAIS FTE and the PCWT submission where the GP is contained within both systems in 2015, by different job role categories. This methodology was rejected as DQ work has indicated that there are a number of GPs included in NHAIS which are not in the PCWT submission. These types of GPs cannot be easily identified for the missing practices.

These options would only apply for GPs as NHAIS only records GPs, therefore would still be a need for an alternative estimate methodology for the other practice staff groups.

Accuracy: Methods

The data collection method used for September 2015 has been where possible for the data provider to use information from their previous March 2015 submission with practices making changes to individual records as appropriate. Their completed submission was provided via an extract taken from the Primary Care Web Tool (PCWT) Workforce Census module or a CSV file format via the workforce Minimum Data Set Collection Vehicle (wMDSCV) for those practices providing a return via their Health Education Region.

A provisional experimental status is applied to these statistics given the change of data source.

To provide context on the work completed in the data quality checking process of the collection the following table shows the number of practices for which DQ work was undertaken. The table shows that the team contacted 2,894 practices. 42.8% of all practices submitting and 51.3% of practices submitting via the PCWT. Of these a total of 2,565 either changed or confirmed that the submission was correct.

Overall	Number of Practices	*Percentage*	Patient Numbers	*% Patients*	Average Patients per practice
Submitted via PCWT	5,642	*73.5%*	42,698,564	*74.6%*	7,568
Submitted via WMDSCV	1,116	*14.5%*	8,744,503	*15.3%*	7,836
Not Submitted	916	*11.9%*	5,809,335	*10.1%*	6,342
Total	7,674	*100%*	57,252,402	*100.0%*	7,461
Of those submitting via PCWT					
PCWT DQ PASS	2,391	*42.4%*	19,548,789	*45.8%*	8,176
PCWT DQ SUB	2,400	*42.5%*	17,047,465	*39.9%*	7,103
APPORTIONED DQ	165	*2.9%*	1,421,382	*3.3%*	8,614
PCWT DQ NO SUB	329	*5.8%*	2,210,416	*5.2%*	6,719
PCWT NO DQ	357	*6.3%*	2,470,512	*5.8%*	6,920
Total	5,642	*100.0%*	42,698,564	*100.0%*	7,568

Not Submitted – Aggregate records created to estimate missing information of those data providers not providing a submission.

PCWT DQ PASS – Records from data providers which underwent a data quality evaluation during the collection window and which did not result in any data quality queries being generated.

PCWT DQ SUB - Records from data provider who provided an initial submission which was rejected during the collection window due to potential data quality issues and who did provide a second submission.

APPORTIONED DQ– Aggregate GP records created to account for those data providers who confirmed that the GP information they provided was incorrect and submitted alternative aggregate information.

PCWT DQ NO SUB – Records from data provider who provided an initial submission which was rejected during the collection window due to potential data quality issues and who did not provide a second submission.

PCWT NO DQ - Records from data providers which could not undergo a data quality evaluation during the collection window due to the practice providing a submission after the closing date for submissions

WMDSCV – Records from data providers who submitted information via Health Education England (HEE) own tools. DQ work undertaken by HEE region.

Population estimates for mid-year 2014 figures (based on 2011 Census) issued by the Office of National Statistics have been used to calculate the workforce per 100,000 population figures. Registered patient figures and other practice characteristics have been sourced from NHAIS (Exeter) General Practice Payments System.

Once the data provider makes an initial submission during the collection period the information provided is put through a number of validation processes which are summarised later in this section. Figures are an accurate summary of the data supplied and validated.

However, given the size of the general practice workforce in England, its constantly changing composition, and the nature and timing of local data entry and checking processes, there will always remain some uncertainty in the true position of the general practice workforce.

As the underlying information improves, the HSCIC will study changes and anomalies with the aim of better quantifying the remaining uncertainty in the figures. Users are encouraged to contact the HSCIC, with any suggestions for improvement with published tables, validation, methodology, etc. using the feedback form provided on the internet at http://www.hscic.gov.uk/workforce

Percentages are calculated from unrounded figures. FTE figures in the key findings are rounded and for the remainder of the publication are presented to the nearest whole number.

General Practitioners

As part of the Data Validation process, post submission data providers were asked to confirm their information was correct by providing a new submission if:

1. No GPs were included in the submission
2. The Contracted Hours entered for GPs were outside of expected values.

Data providers submitting information for the first time following the submission deadline did not take part in this process, however these practices where included in the subsequent validation processes.

Following the collection period the information provided wais compared to that submitted previously and to administrative sources including the NHAIS (Exeter) General Practice Payments System. Large differences between both submissions were triangulated against data held within administrative sources and published on practice websites (where available). Where the submitted information could not be confirmed by other sources these were queried with the data provider, who either confirmed their submission or provided alternative figures to be used in this publication.

GP Providers

Investigation during and after the collection period highlighted issues in the recording of members of the workforce who are owners, rather than employed by the organisation. While efforts were made to address this during the collection period some organisations may be under reporting the number of Senior Partners and Partner/Providers. This may also affect the number of Practice Nurse Partners recorded, however this issue was not specifically identified within this collection. The guidance will be amended and improved to highlight to practices how to record all job roles.

GP Registrars

The number of GP Registrars recorded by data providers using the PCWT Workforce module and wMDSCV was lower than expected. Investigation found that many GP Registrars had not been included by data providers as they are supernumerary, i.e. not employed directly by the organisation but paid through a central registrar scheme. A number

of those GP Registrars not submitted by data providers were found to be recorded within the Electronic Staff Records (ESR) system. These GP Registrars recorded in the ESR system have been included in this publication. Due to the level of information available for these GP Registrars they have not been assigned to a specific organisation or Clinical Commissioning Group, but have been included in aggregations for higher level geographical units. The guidance will be amended and improved to highlight to practices how to record all job roles.

GP Locums

Due to the short term nature of locum work within organisations it is likely that some GP Locums working within general practice as at 30 September 2015 have not been recorded within this collection. It must also be noted that of the number of GP Locums working within general practice as of a specific date, the numbers shown cannot be considered to show the total level of GP Locum use in general practice across the financial year. Efforts will be made to improve the recording of GP Locums in subsequent collections. The figures shown in this publication must be treated with caution and understood in light of these limitations.

Full Time Equivalent Practitioners

The average number of hours worked per practitioner is lower in the information provided in the new collection than that previously derived from records held within the NHAIS General Practice Payments (Exeter) System. Where this would have resulted in a large difference in the published figures when compared to 2014 the information provided was triangulated against that held within administrative sources and published on practice websites (where available). Where the submitted information could not be confirmed by other sources these were queried directly with the data provider. Following this investigation it was determined that for the majority of cases the information provided was a better representation of the number of hours worked per practitioner than those derived from records held within the NHAIS General Practice Payments (Exeter) System.

Headcount Methodology

The Census headcount methodology changed in 2010. An explanation of the method used from 2010 onwards is available below.

A simple example of how the new headcount methodology for the Workforce Census data from 2010 and beyond will count a member of staff who works across 2 Practices, 0.2 of their time at Practice A and 0.8 of their time at Practice B, is shown in the table below:

	Headcount	FTE	Role / Contract count
National	1	1	2
Regional	1	1	2
Practice A	1	0.2	1
Practice B	1	0.8	1

- Headcount refers to individual staff in either part-time or full-time roles. Subtotals of headcounts such as CCG totals are unlikely to add up to national figures. At national level an individual working two or more part time roles in more than one CCG will be counted once but would appear in headcount figures at each of the CCGs.

- FTE is the full time equivalent and is based on the proportion of time staff work in a role.

- Contract/role count is the total count of specific posts held/worked in a given organisation and some GPs may have multiple roles either within or across organisations.

Relevance

Relevance of NHS workforce information is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by the Standardisation Committee for Care Information (SCCI).

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with the Code of Practice for Official Statistics.

Comparability and Coherence

The change in data source in 2015 to the PCWT means that some areas of the data are not directly comparable to the old annual publications.

As this data is based on a change in data source, data are to be treated as provisional experimental

a. GP FTE - The FTE figures from the PCWT are not directly comparable with FTE figures from the NHAIS, further information is available on page 37 of this DQ statement.

b. GP Headcount - Headcount figures for GPs for the categories of:
   - GPs (excluding Registrars, Retainers & Locums[8])
   - GPs (excluding Registrars & Locums)

   are directly comparable since both collection systems collected information at an individual level with unique identifiers allowing individuals to be mapped between the systems.

   Headcount figures for:
   - GPs Practitioners (excluding Locums)

   are not directly comparable with previously published data due to the inclusion of staff delivering primary care services who are being paid through ESR. Revised data for this one total will be published for all years September 2009 to 2014 as part of the publication.

c. GP additional information - The PCWT collects new information on Locum GPs, therefore the overall total figures for all GPs are not directly comparably due to the inclusion of Locum GPs from the PCWT.

d. Practice staff FTE - FTE figures for practice staff are directly comparable since both systems collect information directly from practices, with the PCWT being entered by the practice and previously with CCGs contacting every practice to obtain the information. Due to the data being FTE / actual hours worked at each practice there is no requirement to de-duplicate staff across different practices or within a practice.

[8] GP **Locums** are practitioners who provide service sessions in general practice on a temporary and ad hoc basis. This group includes Locums – covering vacancy, Locums – covering sickness/maternity/paternity and Locums – other.

e. Practice staff Headcount - Headcount figures for practice staff are not directly comparable due to:
   - prior to the PCWT collection data was collected at an aggregated practice level which did not allow de-duplication of staff across different practices
   - prior to the PCWT if an individual had more than one role within a practice, they may have been counted twice, once against each role type, and due to the previous data being collected at aggregate level, it was not possible to de-duplicate staff within a practice.

f. Practice staff additional information - The PCWT collects all data on practice staff at an individual level which enables greater granularity of information for Nurses, Direct patient care and administrative staff groups. This greater detail enables the production of statistics including age and gender breakdowns.

g. All staff additional information - The PCWT allows the collection of additional information not collected previously on vacancy and absence statistics for both GPs and practice staff. Due to the incompleteness and data quality of the first set of data, this information has not been included in this publication.

Completeness

In 2015, 88.1 per cent of eligible general practices took part in this collection, with statistics for the remaining 11.9 per cent of practices estimated.

Overall return rates by practices	**Number**	***Percentage***
Practices providing a return in a category	6,758	*88.10%*
Practices not providing any data	916	*11.90%*
Total number of practices	7,674	*100%*

Of those 88.1 per cent of practices who provided a submission there were varying completeness of the return by the main job categories. See page 45 for further details

Estimations for the missing practice data by job role has been calculated and included in the overall results.
The 2015 estimates have calculated all high level information by job role for both FTE and headcount. It has not been possible to estimate for age, gender and country of qualification, therefore estimates are not available for these areas.

Details on how the estimated practice data have been estimated is available in the earlier revisions and issues section.

Timeliness and punctuality

The General and Personal Medical Services, England is a bi-annual publication which presents the results from the PCWT collection. The information is published in March for the previous September collection and September for the previous March collection. Due to the additional DQ work undertaken on the new data source, the September 2015 information was published in April 2016. The HSCIC is reviewing the time period from collection to publication and going forward may be able to publish this information earlier. A notice will be issued to inform users when this is possible.

All data areas are published and available in this publication. Excel spread sheets, csv files and all data items collected are available via the HSCIC's own internet site and data.gov.uk.

Further detailed analyses may be available on request, subject to resource limits and compliance with disclosure control requirements.

Performance cost and respondent burden

This collection has been through the HSCIC's Burden Advice and Assessment Service (BAAS) process. The burden assessment process forms part of the assurance processes that all organisations asking to collect health or adult social care data must complete. This includes acceptance by the Standardisation Committee for Care Information (SCCI). The assessment methodology includes panels, discussions, surveys and visits. This collection has been approved by SCCI.

Confidentiality, Transparency and Security

The standard HSCIC data security and confidentiality policies have been applied in the production of these statistics.

Table Conventions

Full time equivalent (FTE) figures appear rounded to the nearest whole number.

Totals may not add to the sum of their components as a result of rounding.

The following general notes apply to all tables; additional notes affecting individual tables are given as footnotes to the table.

The following symbols have been used in tables:

..	not available
-	zero
.	not applicable
0	more than zero but less than 0.5

Definitions

This section states the definitions used within this publications. The following general notes apply to all tables. Additional notes affecting individual tables are given as footnotes to the tables concerned.

Full Time Equivalent (FTE) is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

A **General Practitioner** is a medical practitioner who treats all illnesses and provides preventative care and health education for patients of all ages.

All Practitioners include GP Providers, Salaried/Other GPs, Registrars, Retainers and Locums.

A **GP Provider** is a practitioner who has entered into a contract to provide services to patients. These practitioners were formerly known as Contracted and Salaried GPs. This group includes **Senior Partners** and **Partner/Providers**.

Salaried/other GPs work within partnerships and were formerly known as GMS or PMS Others. These practitioners are generally remunerated by salary. This group includes **Salaried by Practice** and **Salaried by Other**.

GP Retainers are practitioners who provide service sessions in general practice. They are employed by the partnership to undertake set sessions, being allowed to work a maximum of 4 sessions per week.

A **GP Registrar** is a fully registered physician who is being trained for general practice under an arrangement approved by the Secretary of State. This group includes **Registrar Foundation Training (FT) 1/2** and **Registrar Speciality Training (ST) 3/4**.

GP Locums are practitioners who provide service sessions in general practice on a temporary and ad hoc basis. This group includes **Locums – covering vacancy**, **Locums – covering sickness/maternity/paternity** and **Locums – other**.

Nurses include all registered and trainee nurses working within general practice. This group includes **Practice Nurses**, **Advanced Nurse Practitioners**, **Nurse Specialists**, **Trainee Nurses** and **District Nurses**.

Direct Patient Care staff include anyone who is directly involved in delivering patient care within general practice but who is not a nurse or GP. This group includes **Dispensers**, **Health Care Assistants**, **Phlebotomists**, **Pharmacists**, **Physiotherapists**, **Podiatrists**, **Therapists** and **Other**.

A **General Practice** is an organisation which offers Primary Care medical services by a qualified General Practitioner who is able to prescribe medicine and where patients can be registered and held on a list. Generally, the term describes what is traditionally thought of to be a high street family doctor’s surgery. For the purposes of this bulletin the term General Practice does not include Prisons, Army Bases, Educational Establishments, Specialist Care Centres including Drug Rehabilitation Centres and Walk-In Centres, although the increasing trend for Walk-In Centres to develop as Equal Access Treatment Centres that register patients now makes it harder to distinguish them from true general practices and as such these centres are included within this bulletin.

A **Single-Handed Practice** is a practice which has only 1 working (Provider or Salaried/Other) GP, although a GP registrar or GP retainer may work in the practice.

NHS England is the preferred name for NHS Commissioning Board.

NHS England Regions (Geography) – Localised regions within NHS England. The role of area teams is to commission high quality primary care services, support and develop CCGs and assess and assure performance. They manage and cultivate local partnerships and stakeholder relationships, including representation on health and wellbeing boards.

Clinical Commissioning Groups (CCGs) were established as statutory organisations from April 2013. CCGs are groups of GP Practices responsible for buying health and care services for patients, taking over the role from Primary Care Trusts.

General Medical Services (GMS) is the contract under which most GPs are employed. It is a national agreement between the provider and NHS England which sets out the financial arrangements, the services to be provided and support arrangements.

Personal Medical Services (PMS) were first introduced in 1998. They allow the provider to negotiate a local agreement for the services they will provide and payments they will receive, taking into account specific local healthcare needs.

Alternative Provider Medical Services (APMS) allow contracts to be bid for by the private, voluntary and public sectors. They offer greater flexibility in the nature of service provision which is decided in agreement between the provider and the commissioner.

Further Information

Dental General Practice

Data on General Dental Practitioners (high-street dentists) are available at: http://www.hscic.gov.uk/primary-care

General Ophthalmic Services

Data on the workforce within General Ophthalmic Services are available at: http://www.hscic.gov.uk/workforce

Other UK publications

Scotland: http://www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/

Wales: http://www.statswales.wales.gov.uk

Northern Ireland: Not available.

Index To Tables, Provisional Experimental statistics

Tables can be found in accompanying Bulletin Tables Excel document

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