

General and Personal Medical Services in England December 2016

Provisional Experimental Statistics

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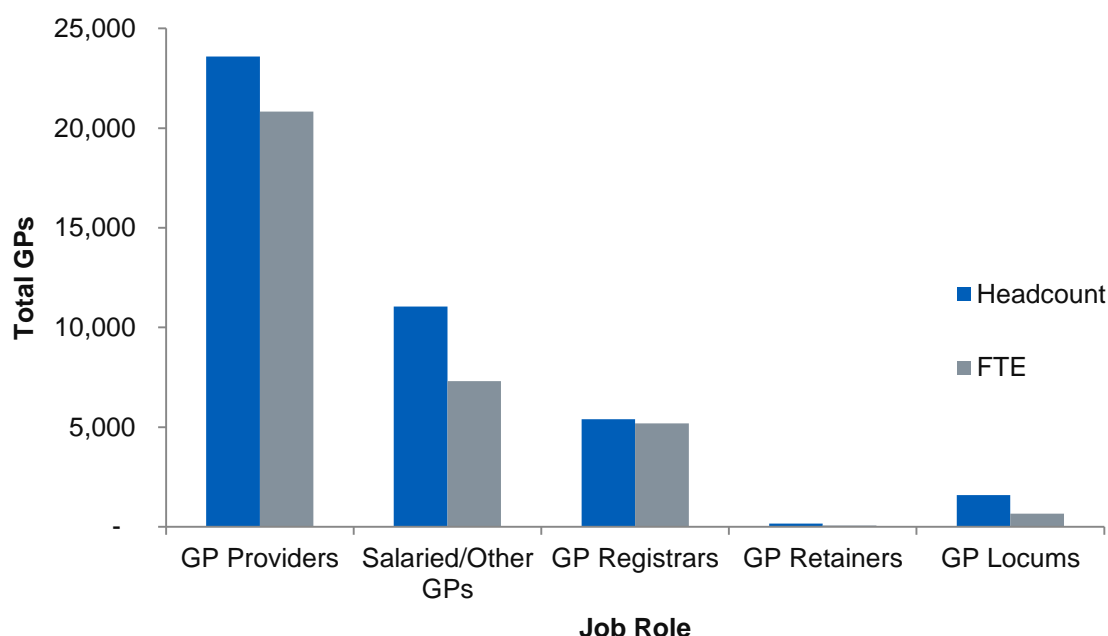
Figures for headcount and full time equivalent (FTE) General Practitioners (GPs) working in England.

Key findings

Comparisons between December 2016 and September 2016 figures should be treated with caution due to the currently unknown seasonality effect given this is the first December collection undertaken

- The total GP headcount was 41,475 as at 31 December 2016. This is 390 (0.9%) less than in September 2016 (41,865).
- The total GP full time equivalent (FTE) was 34,050 as at 31 December 2016. This is 445 (1.3%) less than in September 2016 (34,495).

Figure 1: Headcount and Full Time Equivalent GPs by Job Role in December 2016



Source: NHS Digital

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This is a Provisional Experimental Statistics publication



**This document is published by NHS Digital,
part of the Government Statistical Service**

Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at

www.statisticsauthority.gov.uk/assessment/code-of-practice

Find out more about Experimental Statistics at https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf

Provisional Experimental

Electronic Staff Record (ESR) information for December 2016 is not available at the time of publication – ESR data from September 2016 has been re-used. It is for this reason that the General and Personal Medical Services in England December 2016 workforce report has been badged 'Provisional Experimental statistics'.

Given the classification of 'Provisional Experimental statistics' NHS Digital invites comments and feedback on the methodology applied. Feedback is welcomed via email at gp-data@nhs.net

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This report may be of interest to a wide range of organisations, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

Introduction

GP workforce statistics in England are compiled from the data supplied by approximately 7,500 GP practices. This publication presents provisional statistics relating to GPs working in general practice in England as at 31 December 2016. Accompanying this publication is an excel workbook and a PDF data quality statement.

Data for other staff groups within the GP workforce, including nurses, are published bi-annually. The September 2016 final publication including all staff groups has also been published on 29 March 2017.

The primary data source for GP workforce statistics is the workforce Minimum Data Set (wMDS) collected via the Primary Care Web Tool (PCWT) workforce census module. Data is also received on behalf of some practices from 4 Health Education England (HEE) Regions and some data is extracted from the Electronic Staff Records (ESR) system. 92.6% of eligible general practices provided fully valid GP data for the December 2016 collection, with data for the remaining 7.4% of practices being estimated. ESR information for December 2016 is not available at the time of publication – ESR data from September 2016 has been re-used. Final published figures will include ESR data for the December quarter.

Information is included for all General Practices, with a General Practice being classified 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 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.

Definitions can be found later in this publication on page 13.

NHS Digital liaises with GP practices and their agents to encourage complete data submission, and to minimise inaccuracies and improve the quality of the practice return. NHS Digital seeks to minimise inaccuracies and the effect of missing and invalid data but responsibility for data accuracy lies with the organisations providing the data.

Methods are continually being updated to improve data quality. Where changes impact on figures already published this is assessed, but unless it is significant at national level, figures are not changed.

Information on data quality which is pertinent to this publication is contained later in this document. For December 2016, the number of GPs whose job role is not stated has been eliminated. Therefore comparisons with September 2015 and March 2016 data are only possible for the 'All Practitioners' totals, however comparisons between September 2016 and December 2016 can be made by job role.

Further information on data quality which provides details of previous collections and publications information is available in the Data Quality Statement accompanying this publication.

Results¹

Comparisons between December 2016 and September 2016 figures should be treated with caution due to the currently unknown seasonality effect given this is the first December collection undertaken

As at 31 December 2016:

All Practitioners

- The number of headcount GPs working in general practice has decreased from 41,865 to 41,475, a decrease of 390 (0.9%) since September 2016.
- This represents 34,050 full time equivalent (FTE) GPs; a decrease of 445 (1.3%) from 34,495 in September 2016.
- At December 2016 56.9% of all headcount GPs working in general practice were GP providers.

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

- There are 34,549 headcount GPs (excluding Registrars, Retainers & Locums), a decrease of 287 (0.8%) from 34,836 in September 2016.
- This represents 28,135 FTE GPs (excluding Registrars, Retainers and Locums), a decrease of 323 (1.1%) from 28,458 in September 2016.

GP Locums

- The number of headcount GP Locums reported working in General Practice is 1,591. This represents 663 FTE GP Locums.

GP Joiners^{2,3}

- Between October 2016 and December 2016 a total headcount of 668 GPs joined general practice. This represents 452 FTE joiners.
- The job role with the highest number of joiners in this time period was Salaried/Other GPs, with 389 joiners.

GP Leavers^{2,3}

- From October 2016 to December 2016 a total headcount of 640 GPs left general practice. This represents 470 FTE leavers.

GP Joiners/Leavers^{2,3}

- General practices have seen 28 more headcount joiners than leavers between October 2016 and December 2016.
- There are 18 less FTE joiners than leavers though during this same period.

¹ All figures include estimates for practices that did not provide fully valid GP data unless stated otherwise

² Figures do not include estimates for practices that did not provide fully valid GP data

³ Figures include those GPs which joined from / left to another practice, these GPs will be counted as both a leaver and joiner

Regional Analysis

HEE

- The percentage of all practitioners (headcount) that are GP providers ranges from 39.6% in North Central and East London to 65.1% in East Midlands.

NHS England (Local Office)

- The percentage of all practitioners (headcount) that are GP providers ranges from 44.0% in London to 69.5% in NHS England North (Lancashire).

Data Quality Statement

Accuracy

1. Methodology

From December 2016 quarter onwards the data collection changed. Prior to December 2016, practice users were given a submission window in which to log in, make any changes and hit a 'Submit' button once completed. Starting in December 2016 – and for all future collections – the system was moved to a quarterly extraction to ease the burden on practices. Practices are now requested to have their workforce data up-to-date on the system on each extraction date, at which point the extract is taken from the Primary Care Web Tool (PCWT) and Health Education England (HEE) Region Tools automatically without the need for users to confirm their submission.

2. Mandatory Fields

For collection rounds prior to December 2016, all staff entered onto the PCWT were automatically rejected and removed from the dataset where one or more of the following mandatory fields were not completed:

Staff Group, Job Role, Contracted Hours, Date Joined, Gender, Date Of Birth, Ethnicity.

Due to the change in methodology, from December 2016 onwards only staff with blank **Staff Group, Job Role** or **Contracted Hours** fields are removed from the dataset. All other previous mandatory fields are recorded as 'Unknown' and included in the dataset. This change should increase the number of individual-level staff records and reduce the number of estimates. Work is ongoing to improve the completeness of previously mandatory fields.

3. Source

The data collection method used for this collection has been, where possible, for the data provider to use their existing data from the previous submission, making changes to individual records as appropriate. Completed data are provided either through an extract taken from the Primary Care Web Tool (PCWT) Workforce Census module or, four Health Education England (HEE) Regions provide a CSV file via the workforce Minimum Data Set Collection Vehicle (wMDSCV) containing all the practices they are providing a return for.

In December 2016, the main data source for this collection was the PCWT Workforce Census Module. Data was also received on behalf of some practices from 4 HEE Regions.

In addition, data has been extracted from the Electronic Staff Record (ESR) covering mainly registrar data. For provisional GP data, ESR figures for the previous quarter are used for registrars. Final figures include data for the relevant quarter.

Where data for the same individual has been supplied via either the PCWT or HEE Region Tool *and* via ESR then the PCWT or HEE data has overridden ESR.

Where data for the same practice was received through both the PCWT and HEE Region in December 2016, the HEE Region data was taken as final following discussions with HEE regions. The duplicate PCWT data was disregarded unless the HEE data contained 0 GPs, in which case the GP records only were retained from the PCWT data.

Table 1: Number of practices providing data to the collection since September 2015

	Sep 2015 submission		Mar 2016 submission		Sep 2016 submission		Dec 2016 extraction ⁽¹⁾	
Mechanism	Practices	%	Practices	%	Practices	%	Practices	%
PCWT	5,607	73.1	5,473	71.9	5,413	71.9	5,426	72.5
HEE Region Tool	1,154	15.0	1,584	20.8	1,542	20.5	1,917	25.6
No data	913	11.9	556	7.3	572	7.6	140	1.9 ⁽²⁾
Total	7,674		7,613		7,527		7,483	

Source: NHS Digital

⁽¹⁾The collection mechanism changed in December 2016 whereby all data was extracted for all practices with data on a tool, rather than a percentage of practices submitted data (see Accuracy section). Therefore, the counts of practices for December 2016 include all practices where any, but not necessary all, data extracted (from any of the staff groups) was valid.

For Sept 2015 – Sept 2016, ‘no data’ means that either no valid data was provided or a practice did not submit any data.

For December 2016, ‘no data’ means that no valid data at all was provided.

⁽²⁾This figure is not the percentage of practices that had GP records estimated; the percentage of practices that were estimated is based on practices that provided fully valid GP data (see table 3).

Comparability

1. Incomplete Job Role field

The workforce Minimum Data Set (wMDS) data items agree to national workforce standards as detailed in the National Workforce Dataset (NWD). This means all practices should follow these standards providing data broken down as per details contained within the standards. The PCWT contains and only allows NWD items, however 1 or more of the HEE regional tools allows for non-standard items to be entered. These data items were classified as 'Not Stated' where it has not been possible to map them to a NWD item.

As the quality of the HEE data has improved, the number of 'Not Stated' job roles included in each collection has decreased.

Table 2: Full time equivalent 'Not Stated' General Practice staff by staff group since September 2015

	GP	Nurses	Direct Patient Care	Admin/Non-Clinical
September 2015	2,449	-	-	-
March 2016	3,615	1,978	340	3,159
September 2016	3	-	-	3,130
December 2016	-	NC	NC	NC

Source: NHS Digital, '-' denotes zero, 'NC' – Not Commissioned to collect or publish

In September 2015, for Nurses and Direct Patient Care staff, job roles that could not be mapped to NWD items were included in the 'Other' job role.

'Not Stated' GPs were included in the relevant All Practitioners aggregations. Due to this only the 'All Practitioners' figures can be compared between 2015 and 2016. For other practice staff groups, the data is comparable at staff group level.

As the number of 'Not Stated' GPs has been virtually eliminated for September 2016 and December 2016, these figures are comparable at both staff group and job role level.

2. Unknown Data

Data is not available for all individuals by age, gender or country of qualification. In these instances data is shown as unknown in the relevant tables. Estimated FTE and headcount data are presented as 'Unknown' for these categories; therefore this data is not comparable over time.

3. Validations

The PCWT has inbuilt validations such as limiting the job roles to those permitted within NWD, numbers are entered for numeric fields with range limits set which reduces data input errors.

GP Providers

Investigations, both during and after the collection period, highlighted issues in the recording of people who have ownership of the organisation rather than those who are employees. 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 was amended following the September 2015 collection and improved to highlight to practices how to record all job roles. However, there may still be practices which have recorded GP Providers (and other GP categories) incorrectly for this collection. NHS Digital are continuing to review and query directly with practices when anomalies arise.

GP Registrars

The number of GP Registrars recorded by practices using the PCWT Workforce Census module and wMDSCV is still lower than expected for this collection. Investigation found that some GP Registrars are still not being recorded 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 practices were found to be recorded within the ESR system. These GP Registrars recorded in the ESR system are included in this publication. For provisional GP data, ESR figures for the previous quarter are used for registrars. Final figures include data for the relevant quarter. Due to the level of data available for these GP Registrars, they cannot be assigned to a specific organisation or Clinical Commissioning Group, but are included in aggregations for higher level geographical units. The guidance was amended following the September 2015 collection and improved to highlight to practices how to record GP Registrars.

GP Locums

Due to the short term nature of locum work within organisations it is likely that some GP Locums working within general practice were not recorded within this collection. The information presented within this publication is for those locums actively working at a practice at the collection point and does not include those locums who provided services between extraction points. NHS Digital has become aware that some practices are not recording all instances of locum work undertaken, examples of which are locums who:-

- Cover for either a single day or short period between extraction points
- Provided by agencies

The information on locum work during the period but not on the snap shot point is not available and thus not provided in this publication.

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.

Estimations

In December 2016, 92.6% of eligible general practices provided fully valid GP data, with headcount and FTE for the remaining 7.4% of practices estimated.

Table 3: Practices providing GP records in December 2016

	Practices	%
Any GP records extracted	7,445	99.5%
Fully valid GP records	6,928	92.6%
Total number of practices	7,483	

Source: NHS Digital

The December 2016 estimates include all high level data by job role for both FTE and headcount. It has not been possible to estimate for vacancy, absence, joiners/leavers, age, gender and country of qualification, therefore estimates are not available for these areas. The estimated data has been included in the 'Unknown' figures for age, gender and country of qualification.

Where estimates will be used

Headcount and FTE estimations are calculated for each GP job role. There are two scenarios which will lead to a practice's data being estimated:

- 1) Where a practice did not provide any data in a staff group.
- 2) Where data from a practice contains at least one GP record with a blank Staff Group, Job Role or Contract Hours, every GP record for this practice is removed and the GP FTE and headcount is estimated for this practice.

Each GP job role is estimated; Senior Partner, Partner/Provider, Salaried By Practice, Salaried By Other, Junior Doctor, Registrar F1/2, Registrar ST3/4, Retainer, Locum - Covering Sickness/Maternity/Paternity, Locum - Covering Vacancy, Locum – other.

Method

Registered patient population data is known for the majority (over 99%) of practices in each collection period, including those that did not submit data. For those practices within unknown patient numbers (predominantly new practices) the average patients per practice of the known practices was used.

The estimates are then produced as follows:-

- i. Firstly, a ratio of FTE per registered patient for each job role is calculated for each practice that supplied valid data and for which their patient numbers are known
- ii. This figure is then used as a multiplier (practice patients * multiplier) to derive aggregated CCG-level estimates by job role for practices that did not submit data.
- iii. The same process is used to calculate headcount estimates.
- iv. NHS England, Commissioning and HEE Regions are then assigned using the CCG code.

Estimates for all staff groups are calculated following the same process.

As the estimation methodology takes practice population into account, this addresses the potential issue that could arise if a greater proportion of smaller or larger sized practices did not return data.

This collection is now quarterly, raising the possibility of seasonality factors. However, as the estimation process generates ratios using the current collection, any seasonality is addressed within the methodology.

Accuracy

From September 2016 to December 2016, the total GP headcount and FTE (including estimates) have decreased (by 390 and 445 respectively). Is this change due to the estimation methodology or a true decrease?

The following table shows total GP headcount and FTE (excluding estimates) based on the 6,202 practices (82.9% of all December 2016 practices) that provided fully valid GP returns in both September 2016 and December 2016, which indicates that there is an actual decrease from September to December, however as this is the first time data has been collected for December, it is not known how seasonality fluctuations impact the data.

Table 3: All GPs headcount/FTE (excluding estimates) for practices providing fully valid GP data in September 2016 and December 2016

	Sep 2016	Dec 2016	Change Sep 2016 – Dec 2016	% Change Sep 2016 – Dec 2016
Headcount	31,724	31,529	-195	-0.6
Full time equivalent	25,647	25,438	-209	-0.8

Source: NHS Digital

Relevance

Relevance of NHS workforce data is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by the Data Coordination Board (DCB) which is replacing the Standardisation Committee for Care Information (SCCI) from 1 April 2017.

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

Timeliness and punctuality

General and Personal Medical Services in England is changing from a bi-annual to a quarterly publication for GP data from December 2016.

Provisional GP data will now be published quarterly (the provisional version of this data has now been superseded by the final data in this publication). Data is no longer 'submitted' bi-annually by practices, it is now extracted quarterly from the PCWT and HEE Region Tools at the end of March, June, September and December. Provisional data (GPs only) will be published the second month after each extraction has taken place. Final data (including all staff groups) from each extraction will be released twice yearly; in February and August.

Table 4: Future publication timetable for each quarterly data extraction

Data Extraction	30 September	31 December	31 March	30 June
High level data published in:	<u>November</u> GP only	<u>February</u> GP only	<u>May</u> GP only	<u>August</u> GP only
Final data published in:	<u>February</u> All Staff	<u>August</u> GP only	<u>August</u> All Staff	<u>February</u> GP only

Source: NHS Digital

Provisional GP data only is published and available in this publication. Excel spread sheets, comma separated values (CSV) files and all data items collected are available via www.digital.nhs.uk and data.gov.uk.

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

Performance cost and respondent burden

This collection has been through NHS Digital'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 SCCI. The assessment methodology includes panels, discussions, surveys and visits. This collection has been approved by SCCI.

Confidentiality, Transparency and Security

The standard NHS Digital 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 applicable
- zero
- 0 greater 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 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 (Local Office) – Localised regions within NHS England. The roles of area teams is to commission high quality primary care services, support and develops 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.

Vacancy is where the practice has a substantive post which is currently not filled.

Absence is a period in time when a member of staff was not available for normal duties. Absence information includes study periods.

Further Information

Further information is available at the following links:

Dental General Practice

<http://digital.nhs.uk/primary-care>

General Ophthalmic Services

<http://digital.nhs.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

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www.digital.nhs.uk

0300 303 5678

enquiries@nhsdigital.nhs.uk

 **@nhsdigital**

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