



Health & Social Care
Information Centre

Statistical Change Notice relating to General and Personal Medical Services in England workforce statistics

18 March 2016



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Purpose of this document

This is to clearly state the changes that will take effect in the next publication of General and Personal Medical Services in England workforce statistics. If you wish to ask us any questions or discuss anything that is not clear enough please call

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How these changes have been decided

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 Dataset (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 the 30th March 2016 publication for details of the current sources. More information relating to wMDS can be found at: <http://www.hscic.gov.uk/wMDS>.

When these changes will be implemented

The majority of changes outlined in this document will come into place for our official statistics on 30th March 2016 when we publish September 2015 GP statistics as part of a wider Healthcare Workforce set of statistics. Where the changes impact on other statistics we produce we will implement them as soon as resources permit.

Changes

Change in data source

The publication of the September 2015 data on 30th March 2016 will use a change of source information for all areas of the publication.

The new source uses 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 a system already in existence that all primary care organisations were already using as part of the contract declaration process, so it would avoid data providers having 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 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.

The publication due on 30th March 2016 will include a breakdown of the impact of the change in data source as part of the Data Quality Statement.

Impact of change of source data between 2014 and 2015

1. GP Full Time Equivalent¹ (FTE)

The change in data source has highlighted that the FTE figures 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, in the PCWT there is no default value.
- NHAIS Individual GP FTE capped at 1.28 (48 Hours) and in the PCWT the cap is 2 FTE (75 Hours)

¹ **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 hours, with 1 FTE equal to 37.5 hours.

- NHAIS has instances of GPs working at multiple practices each with the default value of 1, e.g. a GP working at 5 practices would have an FTE of 5.0 from NHAIS which was capped at 1.28 for the publication.
- NHAIS has instances of GPs on the system recorded against specific practices who no longer work at that practice and their records have not been removed.
- NHAIS FTE field is non-mandatory, PCWT FTE is mandatory and the data provider has to complete in order to pass data quality checks and enable submission of their data.

2. GP Headcount

Headcount figures for GPs for the categories of:

- GPs (excluding Registrars, Retainers & Locums²)
- 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 (see page 7). Revised data for this one total will be published for all years September 2009 to 2014 as part of the publication due on 30th March 2016.

3. GP additional information

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

4. 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.

5. 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.

² 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.

6. 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.

7. 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 will not be available for the 30th March 2016 publication.

Change - Moving GP practices paid through HCHS³ ESR⁴ to Primary Care statistics

Staff delivering primary care services who are being paid through ESR will be excluded from the HCHS statistics and included in the primary care workforce statistics. Hence headcount and FTE figures for:

- GPs Practitioners (excluding Locums)

are not directly comparable with previously published data. Revised data for this one total will be published for all years September 2009 to 2014 as part of the publication due on 30th March 2016.

Estimated data

For any missing data, estimates will be calculated to provide national and regional totals. The estimation methodology will be made available within the Data Quality Statement as part of the publication due on 30th March 2016.

³ HCHS – Hospital and Community Health Services

⁴ ESR – Electronic Staff Record

For further information

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