

Glasgow Local Medical Committee

Workforce Survey Report

October 2017



Contents

Introduction	2
Survey Questions	3
Workforce Results	5
Practice List Size	5
GP Partner Workforce	6
Salaried / Sessional GP Workforce	7
Age of GPs	8
GPs Retiring	9
Practice Nurse Workforce	10
Age of Practice Nurses	10
Practice Nurses Retiring	11
Health Care Assistant and Phlebotomist Workforce	12
Age of HCAs and Phlebotomists	12
HCAs and Phlebotomists Retiring.....	13
Other Workforce	14
Workforce Vacancy Results	15
General Practitioner Vacancies	15
Difficulties appointing a GP Locum	16
Practice Nurse and HCA & Phlebotomist Vacancies	17
Conclusion	19

Introduction

Glasgow Local Medical Committee (LMC) is the representative body for all NHS Greater Glasgow and Clyde General Practitioners. We provide independent and democratic leadership to support GPs in the delivery of the highest standards of patient care.

In light of significant national workforce concerns, Glasgow LMC determined to conduct a workforce and vacancy survey of GP practices to better understand the current state of GP practice recruitment and retention in NHS Greater Glasgow and Clyde (GG&C). This was undertaken in the context of a new Scottish GP Contract currently in the final stages of negotiation and likely to be published in late 2017 with implementation in 2018.

The survey was designed by the LMC secretariat utilising the Survey Monkey website platform. Following approval by the Executive committee, the survey link was emailed out to all GG&C practices.

GP practices were advised that we would act to minimise the risk that practices could be identified. We committed to measures including requesting practice information in ranges rather than actual figures and not identifying practices by HSCP. We assured practices that no practice-specific information would be disclosed to third parties.

Survey responses from GP practices were collected from June to July 2017.

Survey Questions

1. What is your practice list size (to the nearest 100)?

2. How many GP Partners do you have?

3. Total number of weekly GP Partner sessions?

4. How many Salaried or Sessional GPs do you have?

5. Total number of weekly Salaried or Sessional GP sessions?

6. How many GPs (Partner and Salaried) in each age range?

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and over

7. Estimate the number of GPs planning to leave or retire in the next 3 years.

8. How many Practice Nurses do you have?

9. How many WTE (Whole Time Equivalent) Practice Nurses do you have?

10. How many Practice Nurses in each age range?

- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70 and over

11. Estimate the number of Practice Nurses planning to leave or retire in the next 3 years.

12. How many HCAs / Phlebotomists do you have?

13. How many WTE HCAs/Phlebotomists do you have?

14. How many HCAs / Phlebotomists in each age range?

- 20-29
- 30-39

- 40-49
- 50-59
- 60-69
- 70 and over

15. Estimate the number of HCAs / Phlebotomists planning to leave or retire in the next 3 years.

16. Do you directly employ any other Healthcare Staff in your practice? e.g. pharmacists, CPN, paramedics.

17. Did you have any GP vacancies on Thursday 1st June (either Partner or Salaried)?

18. If yes, (1) how long has the vacancy been open and (2) how many sessions is it for?

- No. of Sessions Advertised
- <3 months, 3-6 months, >6 months

19. In the month of May 2017, how many days did you want to engage a GP locum but were not able to appoint one?

20. Did you have any Nurse vacancies on Thursday 1st June?

21. If yes, how long has the vacancy been open and how many WTE post is it for?

- No. of WTEs Advertised
- <3 months, 3-6 months, >6 months

22. Did you have any HCA / Phlebotomist vacancies on Thursday 1st June?

23. If yes, how long has the vacancy been open and how many WTE post is it for?

- No. of WTEs Advertised
- <3 months, 3-6 months, >6 months

Workforce Results

Sample size

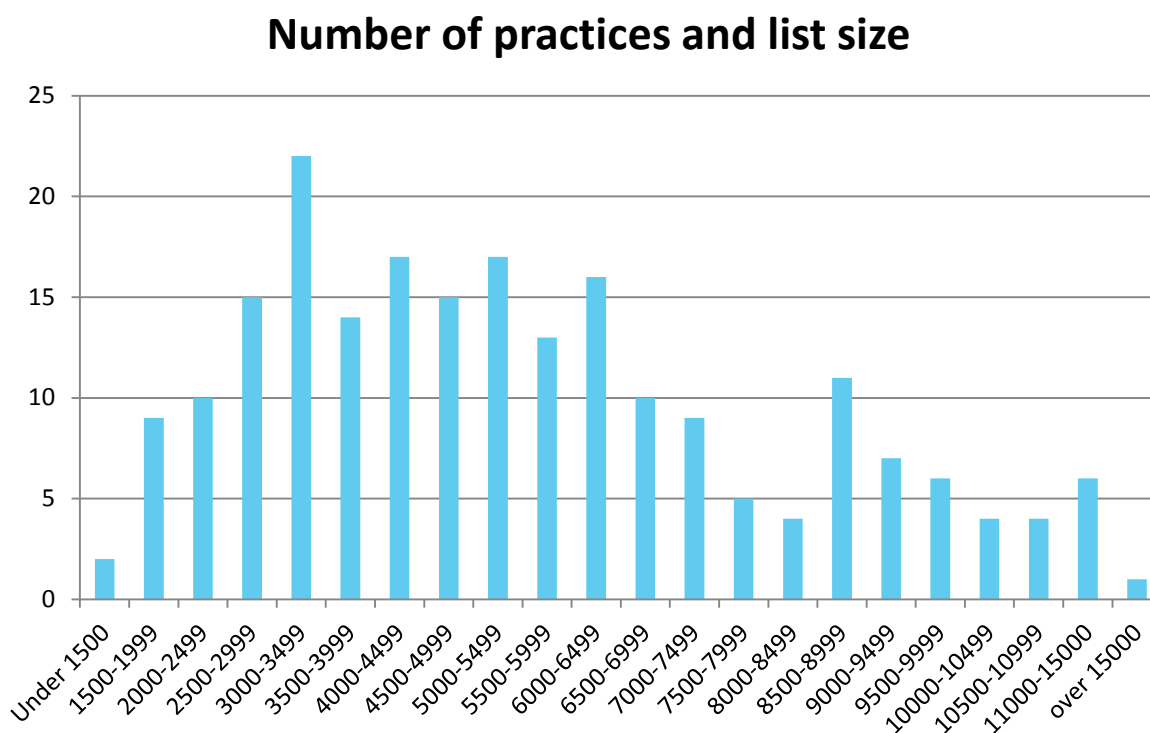
The survey had a total of 218 practice responses out of the 240 practices in GG&C.

This equates to a remarkable 91% response rate and leads us to believe that the results of the survey can be relied upon as an accurate record of the current state of GP practice recruitment and retention in GG&C.

Practice List Size

1. What is your practice list size (to the nearest 100)?

217 practice responses.



The total population of the practices that responded was approximately 1,217,000. This was due to the rounding of the practice population to preserve practice anonymity. The total population in GG&C is 1,280,320.

The average practice list size was 5,600 with a wide range in list size. 58% of practices have a list size between 2,500 and 6,500. 30% have list sizes over 6,500. 10% of practices have lists of less than 2,500. The smallest practice has a list size of under 1500 patients whilst the largest has a list of over 15,000, a tenfold difference in size.

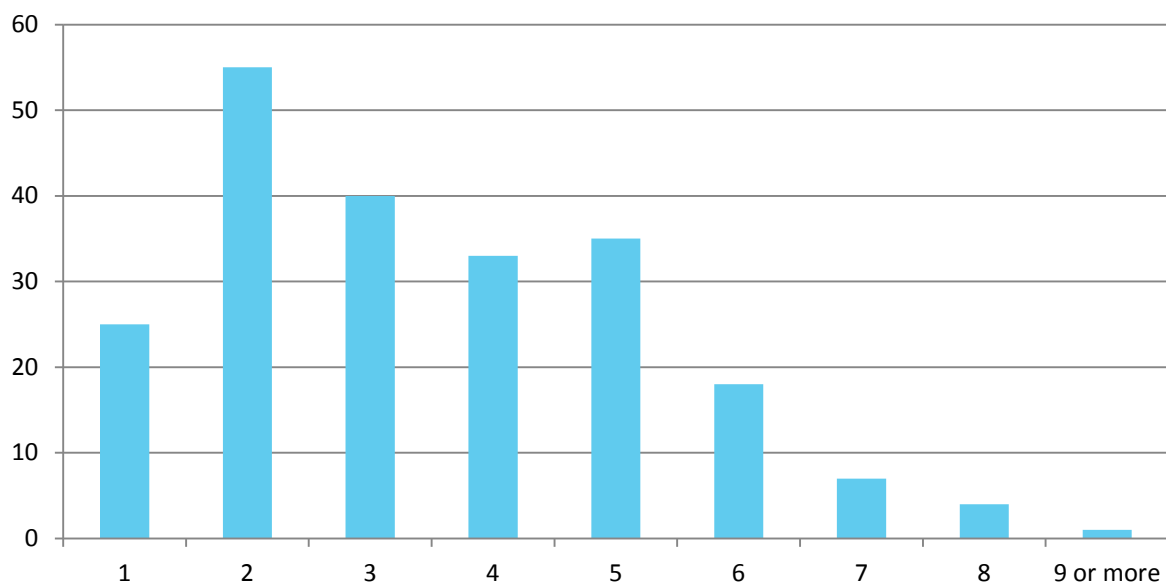
GP Partner Workforce

2. How many GP Partners do you have?

218 practice responses.

Number of GP Partner(s)	Number of Responses	Percentage
1	25	11.5
2	55	25.2
3	40	18.3
4	33	15.1
5	35	16.1
6	18	8.3
7	7	3.2
8	4	1.8
9 or more	1	0.5

Number of Practices and GP Partners



Total GP partner number included in responses was 755. The total number of GP partners on the NHS GG&C Performers list is 794.

38% of practices are either single handed or have 2 GP partners. The most common partnership size in the board area is a 2 partner practice. Only 14% of practices have 6 or more partners.

GG&C is therefore in the situation of having a large number of small practices. It is also the case that there are currently no 2C practices in the board area as a result of practice

collapse. This compares favourably with the situation in other board areas including Lothian. The possibility therefore exists that rather than being more vulnerable to collapse as is sometimes suggested, small practices may in fact be more resilient. There are examples in other Board areas of larger practices having failed and this survey adds to the argument that the presumption that practices of a particular size are more vulnerable to collapse is not evidence based and should not unduly influence Board and HSCP decision making.

3. Total number of weekly GP Partner sessions?

218 practice responses.

The total number of GP partner sessions per week was 5151.

The average number of sessions worked by GP Partners is 6.8 sessions per week.

This does not support the proposition sometimes advanced that many, or most, GPs are now working on a very part time basis. This survey did not capture the information necessary for us to reflect upon the range of sessional commitment in detail but this may be worth considering for a future survey.

Salaried / Sessional GP Workforce

4. How many Salaried or Sessional GPs do you have?

218 practice responses.

This question was phrased in this way to be as inclusive as possible, it is considered that practices have answered this question on the understanding that it refers to employed GPs and longer term locum GPs working in the practice rather than capturing locums doing ad hoc sessions.

The total number of salaried/sessional GPs was 158.

The total number of salaried/sessional GP sessions per week was 811. The average number of sessions worked by salaried/sessional GPs is 5.1 sessions per week.

This suggests that salaried/sessional GPs have a substantial commitment to General Practice rather than as is sometimes suggested only a very limited commitment.

The responses to questions 4 and 5 considered together support the contention that General Practice in GG&C remains strongly focussed on the traditional GP partnership model with limited reliance on salaried or long term locum arrangements. The proposition is that this is partly responsible for the current board wide practice resilience evidenced by the

lack of need for the Board to step in to manage any practices under persisting 2C arrangements.

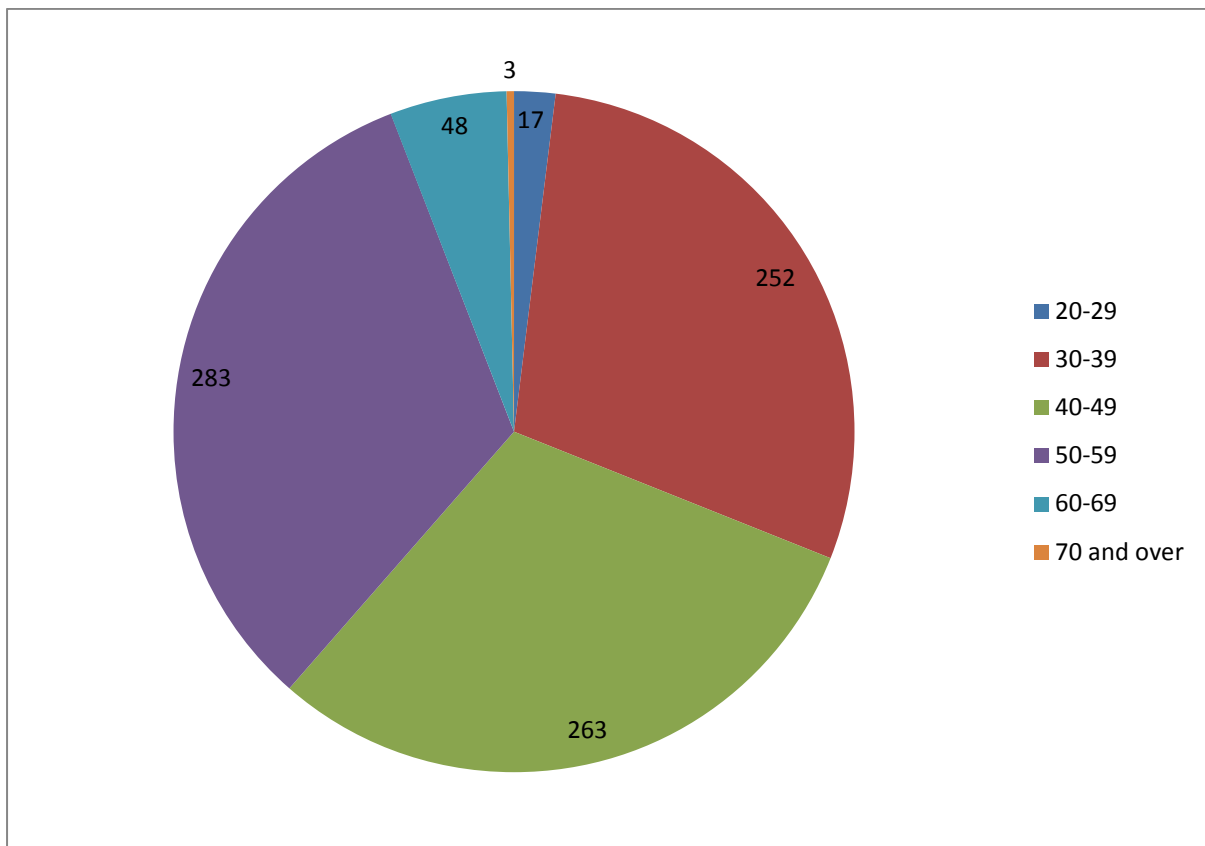
Age of GPs

6. How many GPs (Partner and Salaried) in each age range?

218 practice responses.

The total number of GPs in answer to this questions comes to 866 which is 473 fewer than the 913 number given to the answer of questions 2 and 4. This could reflect the omission to refer to Sessional GPs and this discrepancy in wording will be picked up in future surveys.

Age	Number of GPs	Percentage
20-29	17	2
30-39	252	28.6
40-49	263	30.3
50-59	283	33.4
60-69	48	5.3
70 & over	3	0.4



This shows a near flat distribution between those aged 30-39, 40-49 and 50-59 years old with approx. 30% of GPs falling within each of those bands. With no previous figures for comparison it is difficult to comment upon this as trends cannot be established. The figure of 33% of GPs being aged between 50 and 59 and therefore potentially close to retirement could be said to be a cause for concern but could equally be said to be reassuring as it does not appear to reveal a cohort of “missing” GPs who have retired prematurely.

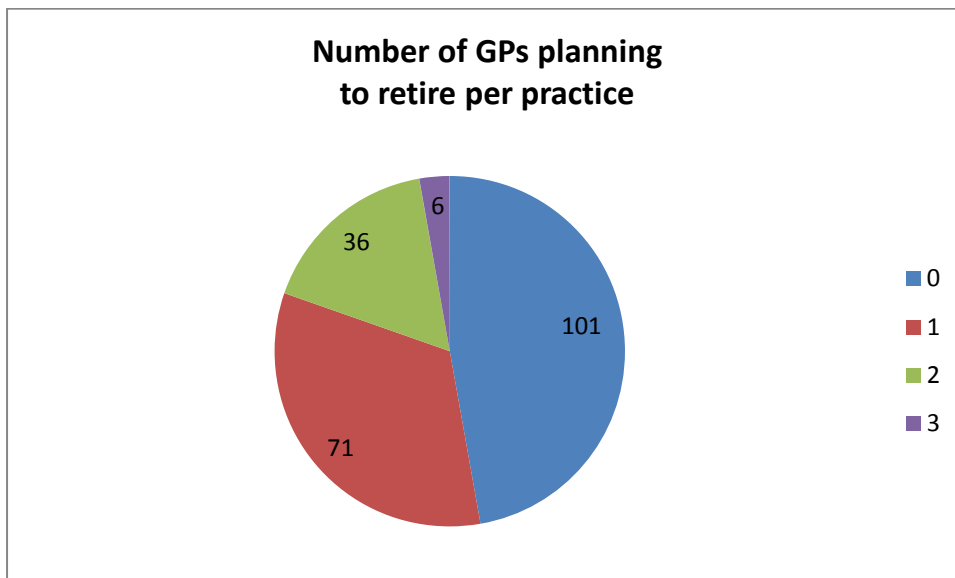
This information however becomes more pertinent when considered alongside the information on GP vacancies provided in response to questions 17 and 18.

GP Retiring

7. Estimate the number of GPs planning to leave or retire in the next 3 years.

214 practice responses.

No. of GP planning to retire	Number of Responses	Percentage
0	101	47
1	71	33
2	36	17
3	6	3



Total estimate of number of GPs retiring in next 3 years was 161. This equates to approximately 18% of our total current GP workforce figure of 913 which was from Q2 (755 GP partners) and Q4 (158 sessional GPs). Over half of all practices (53%) expect to have one or more GPs retiring in the next 3 years.

Practice Nurse Workforce

8. How many Practice Nurses do you have?

212 practice responses.

Number of practice nurse(s)	Number of Responses	Percentage
0	3	1.5
1	84	39.5
2	91	44
3	25	11
4 or more	9	4

The total number of practice nurses was 380.

9. How many WTE (Whole Time Equivalent) Practice Nurses do you have?

212 practice responses.

The total WTE practice nurse number was 293.

Age of Practice Nurses

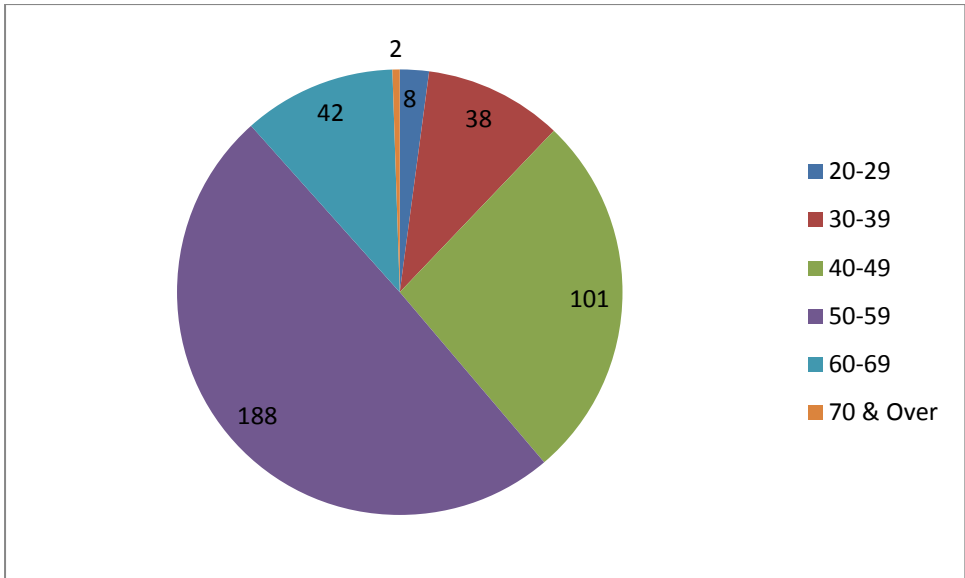
10. How many Practice Nurses in each age range?

212 practice responses.

The total number of PNs in answer to this questions comes to 379 which is 1 fewer than the 380 number given to the answer of question 8.

Age	Number of PNs	Percentage
20-29	8	2
30-39	38	10
40-49	101	27
50-59	188	49.5
60-69	42	11
70 & over	2	0.5

As expected this reveals a high percentage of Practice Nurses in the 50-59 and over age range.



Practice Nurses Retiring

11. Estimate the number of Practice Nurses planning to leave or retire in the next 3 years.

212 practice responses.

No. of PN planning to retire	Number of Responses	Percentage
0	143	67.5
1	52	24.5
2	17	8

Numbers of PNs retiring in next 3 years- 86.

This equates to 22.4% of our current PN workforce.

32% of practices expect to have one or more PNs retiring in the next 3 years.

If as is likely the retiring Practice Nurses are mainly in the 50-59 year old cohort it is also likely then that this represents the loss of a significant percentage of the most experienced Practice Nurses. That means that although the very low Practice Nurse vacancy rate revealed in the response to Question 20 is reassuring as regards the provision of a future Practice Nurse workforce consideration has to be given to the challenge to practices of training high numbers of new entrants to General Practice nursing.

Health Care Assistant and Phlebotomist Workforce

12. How many HCAs / Phlebotomists do you have?

208 practice responses.

Number of HCA / Phlebotomist	Number of Responses	Percentage
0	51	24.5
1	113	54
2	34	16.5
3	8	4
4 or more	2	1

Total numbers of Health Care Assistant & Phlebotomists was 212.

13. How many WTE HCAs/Phlebotomists do you have?

208 practice responses.

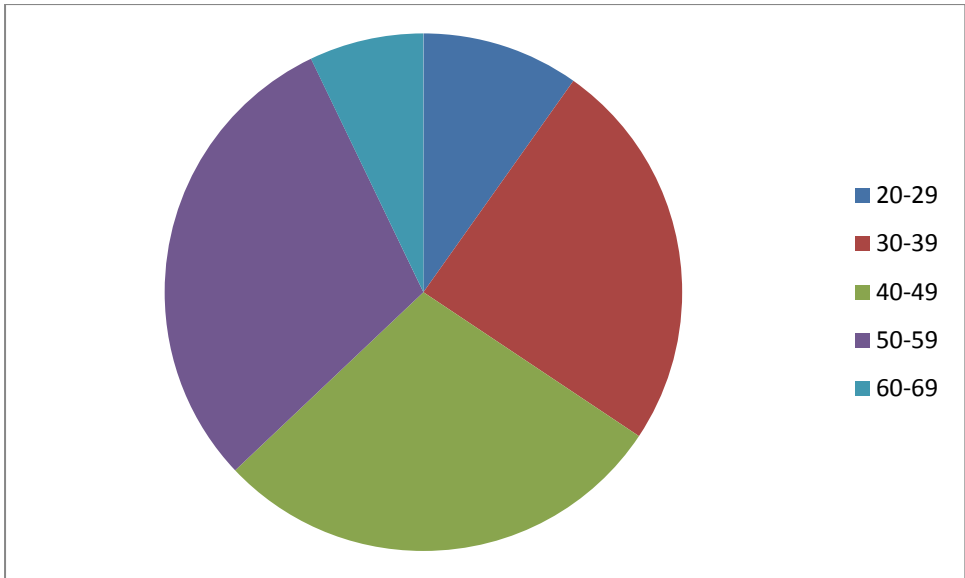
The total WTE Health Care Assistant & Phlebotomists was 135.

Age of HCAs and Phlebotomists

14. How many HCAs/Phlebotomists in each age range?

The total number of Health Care Assistant & Phlebotomists in answer to this question comes to 227 which is 15 more than the 212 number given to the answer of question 12.

Age	Number of PNs	Percentage
20-29	22	10
30-39	55	24.5
40-49	65	28.5
50-59	68	30
60-69	17	7
70 & over	0	0



HCA's and Phlebotomists Retiring

15. Estimate the number of HCA's/Phlebotomists planning to leave or retire in the next 3 years.

208 practice responses.

No. of HCA/Phleb planning to retire	Number of Responses	Percentage
0	180	86.5
1	26	12.5
2	2	1

Numbers of Health Care Assistant & Phlebotomists retiring in next 3 years was 30.

This equates to 14 % of our current Health Care Assistant & Phlebotomists workforce.

13 % of practices expect to have one or more Health Care Assistant & Phlebotomists retiring in the next 3 years.

Other Workforce

16. Do you directly employ any other Healthcare Staff in your practice? e.g. pharmacists, CPN, paramedics.

214 practice responses.

There were only 8 positive responses from the total of 214 responses.

1 Nurse practitioner

3 Pharmacists

1 Pastoral counsellor

1 Treatment room nurse

1 Paramedic

2 Dieticians

The lack of other AHP employed staff in GP practices would infer that the service provision in GG&C is in the more traditional model of the GPs supported by employed practice nurses and health care assistants.

Workforce Vacancy Results

General Practitioner Vacancies

17. Did you have any GP vacancies on Thursday 1st June (either Partner or Salaried)?

214 practice responses.

24 practice responses with a total of 28 vacancies. This shows a 13% vacancy rate.

22 Practices had 1 vacancy each and 3 practices had 2 vacancies.

This equates to 11% of practices having at least one GP vacancy.

18. If yes, (1) how long has the vacancy been open and (2) how many sessions is it for?

How long vacant?	Number of Responses
<3 months	11
3-6 months	11
>6 months	2

How many sessions is the vacancy?	Number of Responses
2 to 4	6
5 to 7	15
8 to 9	10

The total number of vacant sessions was 172.

This reveals that 24 practices are actively seeking to recruit in the Board area. Other Boards within Scotland have launched attempts to aid GP recruitment and this has been suggested recently within GG&C. The number of GP vacancies and range of sessional commitments sought appear to merit such support for a national and possibly international recruitment drive and the LMC value the opportunity to work collaboratively with the Board and HSCPs to deliver this.

Difficulties appointing a GP Locum

19. In the month of May 2017, how many days did you want to engage a GP locum but were not able to appoint one?

190 practice responses.

No. of days unable to engage locum	Number of Responses	Percentage
0	88	46.5
1-3	48	25
4-6	29	15
7-9	10	5.5
10-19	12	6.5
Over 20	3	1.5

In total, practices were unable to engage a locum in 516 days.

Without previous figures to compare we cannot demonstrate a trend in locum vacancies but we do know that current difficulties finding adequate locum coverage is a significant cause of stress in practices and has particular impact on GPs where they are not able to be confident of obtaining locum cover to allow them to take their annual leave. We have worked closely with Sessional GPs to understand factors which maximise their available sessions to practices. We are aware that some practices have taken steps to reduce their reliance on locum GPs in response to restricted availability.

Practice Nurse and HCA & Phlebotomist Vacancies

20. Did you have any Nurse vacancies on Thursday 1st June?

203 practice responses.

5 practice responses with a total of 5 vacancies (2% vacancy rate).

21. If yes, how long has the vacancy been open and how many WTE post is it for?

How long vacant?	Number of Responses
<3 months	3
3-6 months	1
Did not say	1

How many WTE is the vacancy?	Number of Responses
<0.5	2
0.5-1	2
Did not say	1

There was a total vacancy rate for Practice Nurses of 2.73 WTE

This reveals a very low vacancy rate for Practice Nurses and does not suggest that there is a current recruitment issue. For further analysis of the consequences of a high turnover in Practice Nurses please see the analysis at question 11.

22. Did you have any HCA / Phlebotomist vacancies on Thursday 1st June?

203 practice responses.

4 practice responses with a total of 4 vacancies (1.5% vacancy rate).

23. If yes, how long has the vacancy been open and how many WTE post is it for?

How long vacant?	Number of Responses
<3 months	3
3-6 months	1

How many WTE is the vacancy?	Number of Responses
<0.5	1
0.5-1	1
Did not say	2

There was a total vacancy rate for Health Care Assistant / Phlebotomist of 1.4 WTE

This response does not indicate any recruitment issues with regards to HCA/ Phlebotomists.

Conclusion

This survey had a very high response rate which means that some reasonable inferences can be drawn on the state of the GP practice workforce within GG&C. However it cannot be said to be indicative of trends as we have no comparable data for earlier periods.

In broad terms it reveals that General Practice in GG&C is delivered by practices which are disparate in size and are predicated upon a more traditional GP Partnership model. Smaller practices are well represented and cannot be said to have made GG&C vulnerable to practice collapse.

Services are delivered primarily by GPs as evidenced by the sessions that are worked by GPs both partners and salaried/sessional GPs (almost 6000 sessions per week). Clinical support is provided mostly by practice nurses (293 WTE) and also by HCAs and phlebotomists (135 WTE).

There is a significant GP partner vacancy rate which is a cause for concern.

Practices have difficulty filling GP locum sessions and these two factors combine to increase GP workload and stress. This in turn is likely to exacerbate GP retention problems if not addressed. There is no evidence of a recruitment problem for Practice Nurses or Health Care Assistant posts.

The absence of any ongoing Board managed 2C practices currently is encouraging but given the GP vacancy rate this is not a cause for complacency. All possible steps should be taken to assist practices in their recruitment efforts and any local arrangements which can be made to aid GP retention should be fully explored to protect the current possibly precarious stability. Glasgow LMC is committed to working with the Board and HSCP to this end.



www.glasgowlmc.co.uk

admin@glasgow-lmc.co.uk

Produced by Glasgow Local Medical Committee Limited,
40 New City Road, Glasgow, G4 9JT
Tel: 0141 332 8081

Copyright © Glasgow LMC Ltd 2017

No part of this publication may be reproduced without
prior permission except for purposes of review or referral.