

Primary Care Workforce Survey 2013

“Out of Hours” GP Services Strand – Sections 1,2,3 and 6

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Introduction

The Primary Care Workforce Survey 2013 GP Out of Hours (OOH) strand was designed to complement the existing “In-Hours” survey of Scottish general practices. More detail about the “In Hours” survey is available at www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/primary-care-workforce-survey-2013.asp. The OOH strand was newly developed and piloted in 2013. The pilot survey form was agreed by the National GP Out of Hours Operations (OOH Ops) group, ISD Scotland and the Scottish Government. The intended aims of the OOH strand were:-

1. To provide information on the demographic profile of GPs working in GP OOH services, and how the amount of time input to GP OOH services may vary in relation to age, gender and designation.
2. Similarly, to provide information on the demographic profile of the nurses and nurse practitioners who are directly employed/managed by the GP OOH services. The survey was not designed to capture demographic information on other nurses or nurse practitioners who give time to the GP OOH services but are not directly employed/managed by them.
3. To estimate the ‘person-hours’ required to support GP OOH services in each NHS Board area, by staff group and type of OOH period.
4. To estimate the extent to which required person-hours were filled, and whether this varied by staff group and/or type of OOH period.
5. To identify some of the challenges in filling OOH shifts and efforts made to mitigate those challenges.

Results for the first two elements listed above were included in the Official Statistics publication of the 2013 survey results (24 September 2013), available at www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/primary-care-workforce-survey-2013.asp. This experimental report presents results for the other elements of the pilot GP OOH survey.

The other elements generated a mixture of qualitative and quantitative information that was gathered in a variety of different ways and varied in completeness. The variations mean that the information gathered is not sufficiently robust to present as an Official Statistics report. For example, we cannot make definitive, robust comparisons between individual GP OOH services on the basis of much of the information gathered. However, we expect that these experimental results will nonetheless contain some very useful information and messages for the GP Out of Hours Services, NHS Boards, the Scottish Government and others. They will also provide a basis for consideration of future surveys and help inform any future work in relation to workforce and/or service planning for GP Out of Hours Services both locally and nationally. It is for NHS Boards to decide the level, skills mix and configuration of GP out of hours services in their respective areas in the context of robust clinical governance and in line with Scottish Government policies such as 2020 Vision (www.scotland.gov.uk/Resource/0042/00423188.pdf).

Method of completing the survey

The survey was completed electronically using a Microsoft Excel workbook, which was comprised of six sections:

Section 1.	Definitions/structure of OOH periods covered by each GP OOH service over the survey year (1st February 2012 – 31st January 2013).
Section 2.	Person-hours required/filled, stand by sessions and sickness cover. ¹
Section 3.	Descriptive notes: Challenges in completing shifts.
Section 4.	Demographic profile of GPs – gender, age group, designation, hours input to the service over the year. ¹
Section 5.	Demographic profile of Nurses/Nurse practitioners directly employed/managed by the GP OOH services – gender, age group , designation, hours input to the service over the year. ¹
Section 6.	Descriptive notes: nursing workforce

Note:

1. Sections 4 and 5 requested annualised figures where possible, but in some cases we received data for shorter time periods.

A copy of the survey form and accompanying guidance notes is available on the ISD website at www.isdscotland.org/Health-Topics/General-Practice/Publications/2013-09-24/PCWS-2013-GP-Out-of-Hours-Survey-Form-and-Guidance.xls.

Completing the survey form was a resource intensive activity for most of the GP OOH services. Existing IT systems used to manage OOH shifts and rotas are not set up to report aggregate information of the type/structure required by the survey. Therefore, GP OOH services often used one or more other IT systems (for example payroll) and other data sources to complete the survey form. Even using a variety of sources of information, the extent to which it was possible for individual GP OOH services to complete individual sections of the form varied. Additionally, in some instances GP OOH services were not able to give definitive information on the forms but instead provided estimates and/or averages. As a result, the level of completeness and accuracy of results varied. Consequently, some figures are not directly comparable between NHS Board areas and in some cases may be approximate. We have provided notes in relation to individual elements of results to help highlight this.

A key message for users of this report is to consider the broad patterns and overall messages emerging from this survey rather than to dwell too closely on fine details of apparent differences, which may be real or may be artefactual, arising due to differences in the ways that individual GP OOH services have been able to compile this experimental information.

Scope of the survey and this report

This pilot survey relates to the NHS Board-run GP Out of Hours services. Other health services that operate during the OOH period (such as A&E) were not included in the scope of this survey.

It is also important to note that in some areas the NHS Board-run GP Out of Hours services do not cover 100% of their population. This is because some of the general practices in Scotland, particularly those in more remote and rural locations, are contracted (“opted in”) to provide Out of Hours cover for their own registered patients. Practices that are “opted in” may provide Out of Hours cover for their own patients during all OOH periods, or some of them (sharing responsibility with the NHS Board’s GP OOH service(s)). The information captured in the pilot Out of Hours survey relates only to the Board-run GP Out of Hours services and does not reflect the time input by GPs and other staff in “opted in” practices who provide Out of Hours cover to their own registered patients. The table below shows the number of “opted in” practices at 1 January 2013 and the numbers of patients registered to them.

Table S1: Numbers of general practices contractually opted in to provide Out of Hours cover to their own registered patients¹, as at 1 January 2013

NHS Board area ²	Number of opted in practices ¹	Number of patients registered to opted in practices ³	Total number of practices ⁴	Total number of registered patients – all practices ³
Ayrshire & Arran	1	1,294	55	386,200
Grampian	2	7,401	80	583,552
Highland	30	54,430	100	322,485
Orkney	5	2,263	10	20,803
Shetland	4	3,526	10	22,780
Western Isles	3	2,817	10	27,199
Totals	45	71,731	265	1,363,019

Notes

1. This is separate from extended opening hours, in which practices are open for short parts of the Out of Hours period but do not provide complete “Out of Hours” cover for their patients. Arrangements for extended hours opening are outlined at www.sehd.scot.nhs.uk/pca/PCA2012%28M%2905.pdf.

2. Only NHS Boards that have “opted in” practices are listed here.

3. Based on practice list sizes as at 1 January 2013. Data source: Community Health Index (CHI).

4. Total number of practices that were open on 1 January 2013 and with registered patients, excluding a small number of primary care services that provide care to restricted groups of patients.

Results from sections 4 and 5 of the GP OOH survey form (along with commentary derived from parts of section 6) were included in the Official Statistics publication of the 2013 survey results (24th September 2013), available at www.isdscotland.org/Health-Topics/General-Practice. Presented in this report are the results for sections 1, 2, 3 and parts of 6 not already summarised in the Official Statistics report.

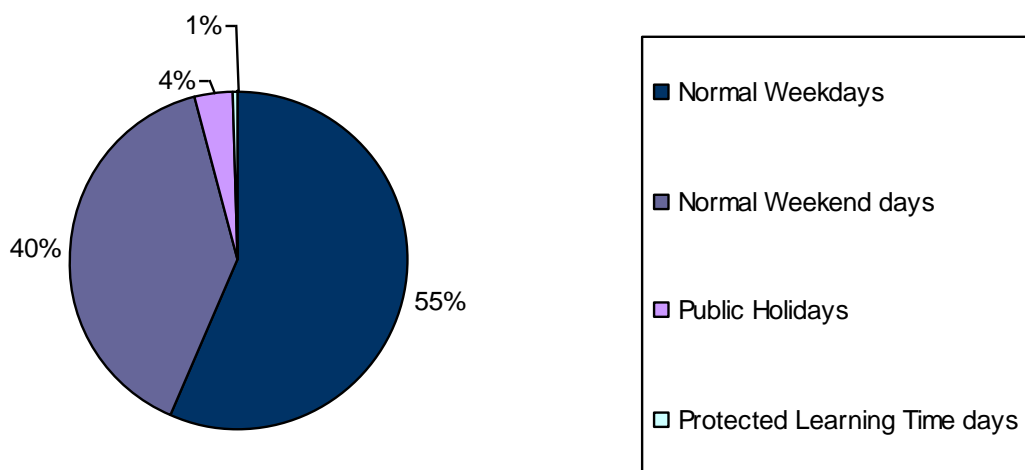
Results from Section 1: Periods of GP OOH service delivery

The four main types of periods covered by the GP OOH services are described here as 'normal weekdays', 'normal weekend days', 'public holidays' and 'Protected Learning Time (PLT) days'. Outline information on each period is as follows:-

- 'Normal weekdays' refers to the overnight period after general practices close on a normal weekday (typically at 6pm), until they re-open the following weekday (typically at 8am). On Fridays, the 'normal weekday' period runs from the time practices close on the Friday evening until the start of the Saturday shift period (typically at 8am).
- 'Normal weekend days', refers to most Saturdays and Sundays. In these cases GP OOH cover is provided 24 hours, from 8am one day to 8am the next day.
- Similarly, on public holidays, GP OOH cover is provided 24 hours, from 8am to 8am.
- PLT days refer to periods (usually afternoons) when some general practices in the local area close for staff training and the OOH services provide some or all of the cover required whilst those practices are closed.

In Scotland overall, normal weekdays accounted for more than half (55%) of the hours for which GP OOH services operated, normal weekend days, about 40% and public holidays, 4%. PLT hours accounted for about 1% of the total (Figure 1.1).

**Figure 1.1: Out of Hours services, Scotland.
Split of overall hours of operation, by type of period.**



Note:

These percentages refer to the overall length of each type of period relative to the hours that GP OOH services have to cover overall (for example 48 hours over a normal weekend as opposed to typically 14 hours over a normal weekday). They do not take account of variations between individual shifts/Boards in the relative numbers of staff that are required to provide cover at any one time.

The number of instances of each type of OOH period varied slightly by NHS Board (Table 1.1). In all cases normal weekend days and public holidays entailed providing 24 hour cover. In most NHS Board areas, normal weekday cover ran from 1800-0800 hrs (14 hours). However, there were slight variations in start/finish times for Ayrshire & Arran, Shetland and some parts of Highland, usually to facilitate handovers from one individual or part of the service to another.

There was also a slight variation in the length and frequency of protected learning time (PLT) periods covered (Table 1.2). The length of each PLT afternoon ranged from 4-6 hours in duration. Over the survey period, between 4 and 7 PLT afternoons were covered by most of the GP OOH services in Scotland. In contrast, Greater Glasgow & Clyde reported 30 PLT sessions covered. They noted that they do not provide PLT cover for the whole region on one single afternoon, but do so on different days for different parts of the whole NHS Board area.

Table 1.1: Number of normal weekdays¹, normal weekend days and public holidays covered by GP OOH services in Scotland, February 2012 – January 2013.

OOH GP Service	Normal weekdays ¹	Normal weekend days	Public Holidays
Ayrshire & Arran ²	251	104	11
Borders	253	104	9
Dumfries & Galloway	253	104	9
Fife	254	104	8
Forth Valley	251	104	11
Grampian	253	104	9
Greater Glasgow & Clyde	253	102	11
Highland ³	251	104	11
Lanarkshire	251	104	11
Lothian	253	104	9
Orkney	255	104	7
Shetland ⁴	257	104	5
Tayside	250	106	10
Western Isles	254	102	10

Notes:

1. Typically normal weekday cover begins at 6pm and ends at 8am the following day – 14 hours duration. However, there are slight variations in three NHS Board areas, as follows:
2. Ayrshire & Arran: Normal weekday period runs 17:30-08:30 (15 hours duration). This is to ensure sufficient handover before and after the shifts.
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. The individual services can have varying start and finish times. In many cases these are the same as elsewhere in Scotland. However, in the Inverness area the weekday evening period begins at 18:30 and the weekend period at 08:30. This may also be the case in other parts of Highland (complete information not available via this survey).
4. Shetland: Normal weekday period runs 17:30-08:00 (14.5 hours duration). This is to ensure sufficient handover at start of evening shift.

Table 1.2: Number and duration of PLT¹ periods covered by GP OOH services in Scotland, February 2012 – January 2013.

OOH GP Service	Start – Finish times	Duration (Hours)	Number of PLT periods
Ayrshire & Arran	1300 - 1800	5	6
Borders	1230 - 1800	5.5	7
Dumfries & Galloway	1230 - 1800	5.5	6
Fife	1300 - 1800	5	5
Forth Valley	1230 - 1800	5.5	7
Grampian	1330 - 1800	4.5	6
Greater Glasgow & Clyde ²	1300 - 1800	5	30
Highland	1300 - 1800	5	4
Lanarkshire	1300 - 1800	5	6
Lothian	1230 - 1800	5.5	7
Orkney	1300 - 1800	6	6
Shetland	1300 - 1730	4	7
Tayside	1300 - 1800	6	6
Western Isles	1300 - 1800	6	7

Notes:

1. PLT = Protected Learning Time and refers to afternoons when some general practices in the local area close for staff training and the OOH services provide some or all of the cover required whilst those practices are closed.
2. Greater Glasgow and Clyde, which had the largest number of sessions, does not provide PLT cover for the whole region but rather 'segments at a time', on different days for different parts of the whole NHS Board area.

Results from Section 2: Person-hours required and filled

Person-hours required

Part of this experimental piece of work was to examine whether GP OOH services could measure, on an annualised basis if possible, the extent to which they were able to fill their GP and other staff shifts and whether this varied between types of OOH period. In view of individual OOH shifts being of varying lengths, GP OOH services were asked to express the shifts they needed to fill as 'person-hours' required to provide full OOH cover. Below is a brief explanation of how person-hours would be calculated.

The 'person-hours' refers to the estimated length of time collectively provided by staff working OOH shifts. It takes account of the number of staff, length of shift (hours) worked and the number of times that OOH period occurred during the survey year. For example, for a normal weekday shift of 8 hours, covered by 2 GPs over each of 250 days in the year, total person hours would be calculated as:

$$8 \times 2 \times 250 = 4,000 \text{ person hours.}$$

The proportional split of person-hours required between each of the types of OOH period was broadly similar across Scotland, with about half of the person-hours required provided during the normal weekday OOH period and less than 10% during the public holiday and PLT periods combined (Table 2.1).

There was much more variation between GP OOH services in the relative proportions of overall person-hours required from clinical versus non-clinical staff. In the island NHS Boards (Shetland, Orkney and Western Isles), 100% of the required person-hours were in relation to clinical staff (Table 2.2, Figure 2.1). In the mainland NHS Board areas, the corresponding percentages ranged from 39% (Dumfries & Galloway) to 65% (Fife). It is possible that no non-clinical hours were identified as being required in Shetland, Orkney or Western Isles, as in each case the NHS Highland OOH "hub" co-ordinates OOH calls on their behalf, passing calls from NHS 24 onto the appropriate GP on the rota in the relevant NHS Board area.

Where non-clinical staff were involved in the provision of GP OOH services, they accounted for between 35% (Fife) and 61% (Dumfries & Galloway) of the total person-hours required. Information on provision by non clinical staff cover varied and included a variety of staff groups including drivers, receptionists, dispatchers, managers and others. However this experimental survey did not include any definitions of exactly which staff should be included in this "non clinical" group and therefore Boards interpreted the survey requirements in different ways. Similarly the information gathered through it does not break down to show the contributions from different types of staff within this overall "non clinical" group. An additional point to note is that these figures refer to non-clinical staff time worked during actual Out of Hours shift periods and do not include non-clinical time outwith these periods (for example administrative time required to allocate GPs and other staff to shift rotas).

Table 2.1: Distribution of total person-hours required^{1,2} by GP OOH period, February 2012 – January 2013.

OOH GP Service	Normal weekdays	Normal weekend days	Public Holidays	PLT
Ayrshire & Arran	48%	45%	6%	0.7%
Borders	55%	41%	4%	0.3%
Dumfries & Galloway	50%	45%	4%	0.6%
Fife	52%	44%	4%	0.4%
Forth Valley	51%	44%	4%	0.5%
Grampian	51%	44%	4%	0.3%
Greater Glasgow & Clyde	47%	47%	6%	0.2%
Highland ³	N/K	N/K	N/K	N/K
Lanarkshire	51%	43%	5%	1.0%
Lothian ⁴	52%	43%	5%	0.5%
Orkney	57%	40%	3%	0.5%
Shetland	57%	40%	2%	0.4%
Tayside	47%	47%	5%	0.5%
Western Isles	59%	37%	4%	0.5%

Notes:

1. Across all staff groups combined (GPs, nurses, and other clinical and non-clinical staff).
2. Percentages may not add up to 100%, due to rounding.
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: Not known).
4. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

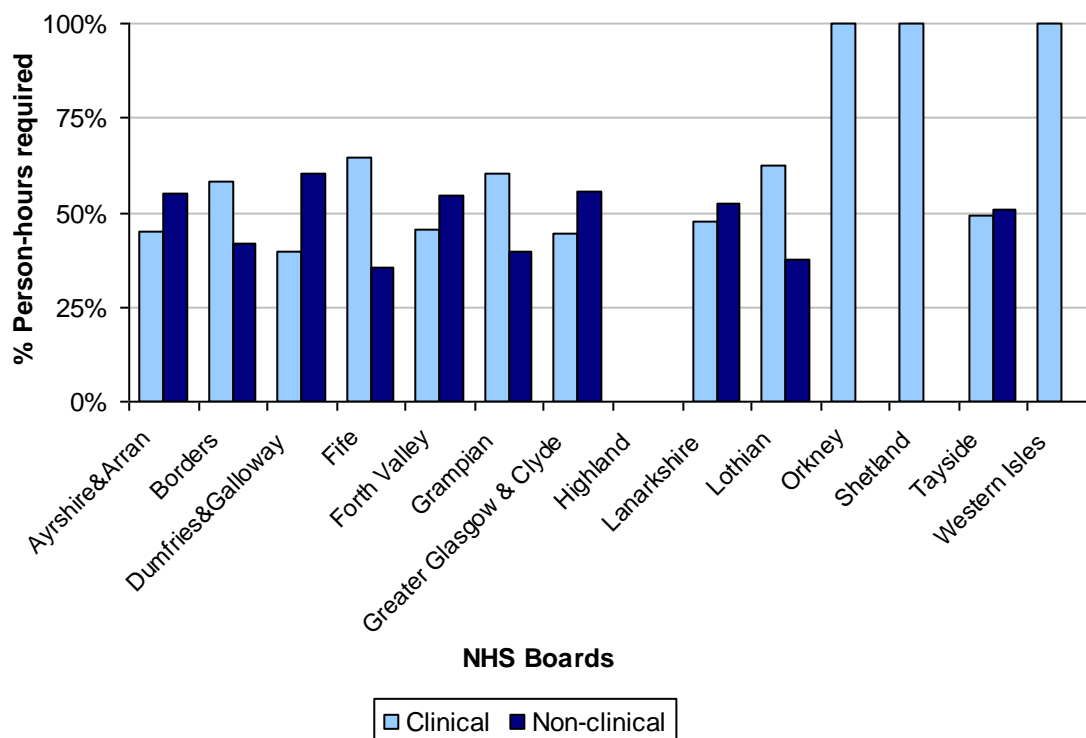
Table 2.2: Split of total person-hours required^{1,2} into clinical versus non-clinical, February 2012 – January 2013.

GP OOH Service	Clinical ¹	Non clinical
Ayrshire & Arran	45%	55%
Borders	58%	42%
Dumfries & Galloway	39%	61%
Fife	65%	35%
Forth Valley	45%	55%
Grampian	61%	39%
Greater Glasgow & Clyde	44%	56%
Highland ³	N/K	N/K
Lanarkshire	48%	52%
Lothian ⁴	62%	38%
Orkney	100%	0%
Shetland	100%	0%
Tayside	49%	51%
Western Isles	100%	0%

Notes:

1. Clinical staff include GPs, nurses and other clinical staff (where required).
2. Non-clinical staff include drivers and receptionists. However there was no specific definition for this group in the survey.
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K 'Not known').
4. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Figure 2.1: Split of total person-hours required^{1,2} into clinical versus non-clinical, February 2012 – January 2013



Person-hours required in relation to the size of the population

Total person-hours required per 1,000 population

The total (clinical and non-clinical) person-hours required per 1,000 population have been estimated in two slightly different ways:-

- Using the population of patients registered to GP practices in each NHS Board area (Table 2.3a).
- Using the mid-year population estimates for each NHS Board area (Table 2.3b).

Patients registered to practices that were opted to provide Out of Hours cover to their own registered patients were excluded from the population denominators. This applies to six NHS Boards: NHS Highland (where 17% of patients registered to a general practice were with an “opted in” practice), Shetland (16%), Orkney (11%), Western Isles (10%), Grampian (1%) and Ayrshire and Arran (0.3%).

In both cases the required person-hours per 1,000 population ranged from less than 200 (Lothian) to over 900 (Western Isles). Much of the observed variation will relate to the configuration of the service and geographical variations in population density. NHS Boards serving remote & rural populations (e.g. Island Boards) had higher ratios of person-hours to population than those serving larger urban populations.

Table 2.3a: Total (clinical and non-clinical) person-hours required, per 1,000 patients registered to general practices¹ February 2012 – January 2013.

GP OOH Service	Patients registered to GP practices that are 'opted out' of OOH^{1,2,3}	Total clinical and non-clinical person hours	Total clinical and non-clinical person -hours per 1,000 registered patients
Ayrshire & Arran	384,906	88,597	230
Borders	116,139	59,117	509
Dumfries & Galloway	154,632	59,452	385
Fife	376,454	82,984	220
Forth Valley	310,292	80,425	259
Grampian	576,151	192,243	334
Greater Glasgow & Clyde	1,316,735	310,823	236
Highland ⁴	268,055	N/K	N/K
Lanarkshire	591,574	127,389	215
Lothian ⁵	895,549	159,834	179
Orkney ⁶	18,540	6,264	338
Shetland ⁶	19,254	6,484	337
Tayside	422,449	117,906	279
Western Isles ⁶	24,382	23,229	953

Notes:

1. Based on practice list sizes as at 1 January 2013. Data source: Community Health Index (CHI).

2. The figures do not include an adjustment for cross-boundary flow. Patients resident in one Board area may be registered to a GP practice in another Board area.

3. Excludes patients registered to practices that have opted to provide OOH services for their own patients. Six of the NHS Boards had practices that opted to provide OOH services for their own patients (see Table S1 for more details).

4. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: 'Not known').

5. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

6. The person hours required for NHS Orkney, Shetland and Western Isles refer to clinical staff only (mainly GP input).

Table 2.3b: Total (clinical and non-clinical) person-hours required per 1,000 resident population^{1,2}, February 2012 – January 2013.

GP OOH Service	Population estimates 2012^{1,2}	Total clinical and non-clinical person hours	Total clinical and non-clinical person -hours per 1,000 population²
Ayrshire & Arran	371,895	88,597	238
Borders	113,707	59,117	520
Dumfries & Galloway	150,828	59,452	394
Fife	366,219	82,984	227
Forth Valley	299,099	80,425	269
Grampian	566,019	192,243	340
Greater Glasgow & Clyde	1,217,025	310,823	255
Highland ³	265,381	N/K	N/K
Lanarkshire	572,520	127,389	223
Lothian ⁴	843,733	159,834	189
Orkney ⁵	19,267	6,264	325
Shetland ⁵	19,684	6,484	329
Tayside	411,749	117,906	286
Western Isles ⁵	24,743	23,229	939

Notes:

1. Source: National Records of Scotland mid year 2012 population estimates.

2. Population adjusted to excludes patients registered to practices that have opted to provide OOH services for their own patients. Six of the NHS Boards had practices that opted to provide OOH services for their own patients (see Table S1 for more details).

3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: 'Not known').

4. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

5. The person hours required for NHS Orkney, Shetland and Western Isles refer to clinical staff only (mainly GP input).

Clinical person-hours required per 1,000 population

Clinical person-hours required per 1,000 population have been estimated in two different ways (as per total person hours):-

- Using the population of patients registered to GP practices in each NHS Board area (Table 2.4a).
- Using the mid-year population estimates for each NHS Board area (Table 2.4b).

In both cases the required person-hours per 1,000 population ranged from just over 100 (Ayrshire & Arran, Lanarkshire) to over 900 (Western Isles). Much of the observed variation will relate to the configuration of the service, geographical variations in population density and corresponding implications of travel time for clinical staff attending calls. NHS Boards serving remote & rural populations (e.g. Island Boards) had higher ratios of person-hours to population than those serving larger urban populations.

Table 2.4a: Clinical person-hours required¹, per 1,000 patients registered to general practices² February 2012 – January 2013.

GP OOH services	Patients registered to GP practices that are 'opted out' of OOH ^{2,3,4}	Total clinical person-hours	Total clinical person -hours per 1,000 registered patients
Ayrshire & Arran	384,906	40,054	104
Borders	116,139	34,522	297
Dumfries & Galloway	154,632	23,475	152
Fife	376,454	53,647	143
Forth Valley	310,292	36,491	118
Grampian	576,151	116,382	202
Greater Glasgow & Clyde	1,316,735	138,035	105
Highland ⁵	268,055	N/K	N/K
Lanarkshire	591,574	60,714	103
Lothian ⁶	895,549	99,830	112
Orkney	18,540	6,264	338
Shetland	19,254	6,484	337
Tayside	422,449	57,882	137
Western Isles	24,382	23,229	953

Notes:

1. Clinical person-hours refer to GPs nurses and other clinical staff such as pharmacists, paramedics and ambulance staff.
2. Based on practice list sizes as at 1 January 2013. Data source: Community Health Index (CHI).
3. The figures do not include an adjustment for cross-boundary flow. For example, patients resident in one Board area but registered as patients within a GP practice in another Board area.
4. Excludes patients registered to practices that have opted to provide OOH services for their own patients. Six of the NHS Boards had practices which had opted to provide OOH services for their own patients.
5. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: 'Not known').
6. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

**Table 2.4b: Total clinical person-hours required¹ per 1,000 resident population^{2,3},
February 2012 – January 2013.**

GP OOH Service	Population estimates 2012^{2,3}	Total clinical person hours¹	Total clinical person-hours per 1,000 population
Ayrshire & Arran	371,895	40,054	108
Borders	113,707	34,522	304
Dumfries & Galloway	150,828	23,475	156
Fife	366,219	53,647	147
Forth Valley	299,099	36,491	122
Grampian	566,019	116,382	206
Greater Glasgow & Clyde	1,217,025	138,035	113
Highland ⁴	265,381	N/K	N/K
Lanarkshire	572,520	60,714	106
Lothian ⁵	843,733	99,830	118
Orkney	19,267	6,264	325
Shetland	19,684	6,484	329
Tayside	411,749	57,882	141
Western Isles	24,743	23,229	939

Notes:

1. Clinical person-hours refer to GPs, nurses and other clinical staff such as pharmacists, paramedics and ambulance staff.
2. Source: National Registry of Scotland (NRS) mid year population estimates 2012
3. Population adjusted to excludes patients registered to practices that have opted to provide OOH services for their own patients. Six of the NHS Boards had practices that opted to provide OOH services for their own patients (see Table S1 for more details).
4. Highland: Operates GP Out of Hours GP services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K refers to 'Not known').
5. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Person-hours required: Staff Mix

The required clinical staff mix, which was comprised mostly of GPs, nurse practitioners and/or other registered nurses, varied markedly by NHS Board (Table 2.5). GPs accounted for anything between 43% (NHS Borders) and 100% (NHS Dumfries & Galloway, NHS Orkney) of the required clinical person-hours. With the exception of NHS Borders, the percentages of required clinical person-hours accounted for by nurse practitioners and/or other registered nurses were somewhat lower than for GPs, but nonetheless still usually significant in terms of their contribution to OOH cover.

In most areas person-hours from other clinical staff were not reported as required. In the four NHS Board areas where they were (Borders, Grampian, Lanarkshire, Lothian), they accounted for relatively small proportions of the required person-hours (between 3% and 8%). Other clinical staff, where required, included pharmacists, paramedics and NHS Bank staff. However this experimental survey did not include any definitions of exactly which staff should be included in this “other clinical” group, therefore Boards may have interpreted the survey requirements in different ways. Similarly the information gathered through it does not break down to show the contributions from different types of staff within this overall “other clinical” group.

Table 2.5: Split of total clinical person-hours required by designation, February 2012 – January 2013.

GP OOH Service	GPs	Nurses / Nurse Practitioners	Other clinical staff
Ayrshire & Arran	87%	13%	0%
Borders	43%	50%	8%
Dumfries & Galloway ¹	100%	0%	0%
Fife	64%	36%	0%
Forth Valley	85%	15%	0%
Grampian	79%	18%	3%
Greater Glasgow & Clyde	80%	20%	0%
Highland ²	N/K	N/K	N/K
Lanarkshire	76%	18%	6%
Lothian ³	55%	39%	6%
Orkney	100%	0%	0%
Shetland ⁴	100%	0%	0%
Tayside	74%	26%	0%
Western Isles ⁵	81%	19%	0%

Notes:

1. Dumfries & Galloway do not require nurses for GP OOH shifts but pass on relevant calls to community nurses.
2. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: Not known).
3. “Annual” figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an “average week” of weekdays, an “average” weekend, an “average” single public holiday and an “average” PLT afternoon. These weekly/average figures were converted into approximate annual totals.
4. Whilst a single nurse practitioner contributed to the GP OOH service in Shetland, they provided only a few hours in total over the year (limited cover at weekend and public holidays).
5. Western Isles: The figures for Western Isles aggregate 3 separate GP OOH services comprising Uists, Lewis and Harris. The nursing component is only provided in the Isle of Lewis.

Whilst Table 2.5 shows how the REQUIRED clinical person-hours split proportionately between different designations, Table 2.6 shows the split of clinical person-hours FILLED between those designations.

In general, the proportional split between the hours required from different clinical staff designations was the same as or similar to the split of hours filled over the survey period. Where there were differences, usually it appeared that GPs had filled proportionately fewer hours than originally expected, but conversely nurse practitioners and/or other registered nurses had filled proportionately more hours than expected (Forth Valley, Grampian, Lanarkshire). However the interpretation is complicated somewhat when we consider that the overall total hours filled across all clinical groups are not necessarily as high as the overall total hours required.

Table 2.6: Split of total clinical person-hours filled by designation, February 2012 – January 2013.

GP OOH Service	GPs	Nurses / Nurse Practitioners	Other clinical staff
Ayrshire & Arran	88%	12%	0%
Borders ¹	N/K	N/K	N/K
Dumfries & Galloway ²	100%	0%	0%
Fife ³	64%?	36%?	0%
Forth Valley	81%	19%	0%
Grampian	74%	22%	4%
Greater Glasgow & Clyde	80%	20%	0%
Highland ⁴	N/K	N/K	N/K
Lanarkshire	75%	19%	6%
Lothian ⁵	55%	39%	6%
Orkney	100%	0%	0%
Shetland	99.9%	0.1%	0%
Tayside	74%	26%	0%
Western Isles ⁶	81%	19%	0%

Notes:

1. Borders could not report on nurse or other clinical person-hours filled hence the overall split of clinical hours filled by clinical staff group is not shown (N/K: Not Known).
2. Dumfries & Galloway do not require nurses for GP OOH shifts but pass on relevant calls to community nurses.
3. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled. Here we have assumed that the proportions of hours filled by GPs versus nurses were the same as the proportions required; however this may not have been the case.
4. Highland: Operates GP Out of Hours GP services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: Not known).
5. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.
6. Western Isles: The figures for Western Isles aggregate 3 separate GP OOH services comprising Uists, Lewis and Harris. The nursing component is only provided in the Isle of Lewis.

Overall GP person–hours filled

The proportion of the required GP person-hours filled during normal weekdays ranged from 100% to 81%; normal weekends from 106% to 61%; public holidays 111% to 32% and PLT periods from 100% to 67% (Table 2.7). In the case where the GP person-hours filled exceeded the number required (for example, Public Holidays in Borders) this could be for a number of reasons. One possibility is that it may reflect one or more additional GPs needing to be called in when the demand was higher than expected. It could also indicate that one or more GPs covered shifts that were originally intended to be covered by a nurse or other clinical person.

The figures for Grampian appear to be particularly low but it would be surprising if they were an accurate reflection of the actual percentage of GP hours that were filled. It appears likely that these “face value” percentages actually reflect difficulties in collating the information requested in this experimental survey. Grampian OOH representatives informed us that during the survey year some shifts that were previously identified in their IT systems as GP shifts were changed to Nurse Practitioner shifts, but that in aggregating the detailed information over the year these changes may not have been correctly reflected in the totals.

Table 2.7: Percentage of required GP person-hours filled, by type of OOH period, February 2012 – January 2013.

GP OOH Service	Normal weekdays	Normal weekend days	Public Holidays	PLT
Ayrshire & Arran	100%	101%	100%	89%
Borders	98%	96%	111%	100%
Dumfries & Galloway	100%	99%	100%	100%
Fife ¹	100%?	100%?	100%?	100%?
Forth Valley	85%	95%	82%	91%
Grampian ²	81%	61%	32%	67%
Greater Glasgow & Clyde	100%	100%	100%	100%
Highland ³	N/K	N/K	N/K	N/K
Lanarkshire	92%	97%	93%	79%
Lothian ⁴	89%	106%	100%	100%
Orkney	100%	100%	100%	100%
Shetland	100%	100%	100%	100%
Tayside	100%	100%	100%	100%
Western Isles	100%	100%	100%	100%

Notes:

1. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
2. The figures for Grampian may not be an accurate reflection of the actual hours filled.
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally.
4. “Annual” figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an “average week” of weekdays, an “average” weekend, an “average” single public holiday and an “average” PLT afternoon. These weekly/average figures were converted into approximate annual totals.

GP person–hours filled, by designation

Overview

The Official Statistics publication on the Primary Care Workforce Survey 2013 (www.isdscotland.org/Health-Topics/General-Practice/GPs-and-Other-Practice-Workforce/primary-care-workforce-survey-2013.asp) includes figures (derived from Section 4 of the GP OOH survey form) showing how the total hours input by GPs over the survey year were apportioned between different GP designations. Using section 2 of the form (GP person-hours filled, by designation and type of GP OOH period) allows us to additionally see the proportions of overall time input by each designation for each of the individual types of GP OOH period (e.g. weekdays versus weekend). Tables 2.8 to 2.11 show the proportional contributions of hours by GP designation for each type of OOH period.

The details shown in Tables 2.8 to 2.11 sometimes differ from those contained in the Official Statistics report. This is due to differences in how information was compiled for section 2 of the survey form (the results shown here) versus section 4 of the form (the results presented in the Official Statistics publication). Reasons for differences include:-

- Section 2 asked for details of GP shifts filled by “other doctors” (that is, not GPs). However, section 4 asked for details specifically about individual GPs who had input time to the GP OOH service over the year.
- There was variation between individual GP OOH services as to whether the input from Specialist Trainee GPs was reflected in sections 2 and/or 4 of the form. All Specialist Trainee GPs working in the GP OOH service are required to have clinical supervision and are supernumerary (that is, additional pairs of hands).
- In some cases the total hours recorded for individual GPs in section 4 of the form were total contracted hours for salaried GPs (inclusive of leave entitlements) and so were higher than the total hours they would have spent over the year on GP OOH shifts. However, only the time spent on GP OOH shifts should have been included in section 2.
- In some cases the total hours recorded for individual GPs in section 4 of the form included other work as well as GP OOH shift work. For example, Greater Glasgow & Clyde noted that 5,352 GP hours were spent over the year in handling un-triaged calls for NHS 24.

Normal weekday period

Table 2.8 shows the proportion of GP OOH shifts completed by GP designation during the normal weekday period.

Sessional GPs filled the majority of weekday GP OOH shifts in Western Isles (100%), Fife (96%), Ayrshire and Arran (93%), Greater Glasgow and Clyde (75%), Grampian (65%) and Lanarkshire (66%). Salaried GPs provided the main weekday OOH cover in NHS Shetland (100%), Tayside (69%), Orkney (65%), Lothian (64%) and Dumfries and Galloway (55%). Locum/agency GPs filled weekday shifts in four NHS Boards: NHS Dumfries and Galloway (14%), Forth Valley (6%), Lanarkshire (1%) and comprised about a third of required GP cover in NHS Orkney (35%).

Specialist Trainee GPs accounted for 7% of the GP hours input in Ayrshire & Arran and Greater Glasgow & Clyde. Other areas in which their input was reported were Grampian (4%), Dumfries and Galloway (3%) and Tayside (1%). As noted on the previous page, there were variations between individual GP OOH services as to whether input from Specialist Trainee GPs was reported through this survey. Additional cover was provided by other doctors in Grampian (2%).

Table 2.8: Split of overall GP person-hours filled, by GP designation, Normal weekdays, February 2012 – January 2013.

GP OOH Service	Total GP "person hours" required ¹	Total % of GP hours filled ²	% filled by sessional GPs ³	% filled by salaried GPs ³	% filled by locum agency GPs ³	% filled by STs ^{3,4}	% filled by other doctor ³
Ayrshire & Arran	16,576	100%	93%	0%	0%	7%	0%
Borders	5,819	98%	59%	41%	0%	0%	0%
Dumfries & Galloway	10,168	100%	28%	55%	14%	3%	0%
Fife ⁵	17,160	100%?	96%	4%	0%	0%	0%
Forth Valley	15,060	85%	48%	45%	6%	0%	0%
Grampian	45,287	81%	65%	29%	0%	4%	2%
Greater Glasgow & Clyde	48,411	100%	75%	18%	0%	7%	0%
Highland ⁶							
Lanarkshire	18,431	92%	66%	33%	1%	0%	0%
Lothian ⁷	23,150	89%	36%	64%	0%	0%	0%
Orkney	3,570	100%	0%	65%	35%	0%	0%
Shetland	3,727	100%	0%	100%	0%	0%	0%
Tayside	18,825	100%	30%	69%	0%	1%	0%
Western Isles	10,668	100%	100%	0%	0%	0%	0%

Notes:

- Column shows the GP person-hours required for the normal weekday period by NHS Board area.
- Column shows the GP person-hours filled as a proportion of the required person-hours for the GP OOH period.
- Figures relate to the proportion of person-hours filled by GP designation.
- ST refers to Specialist Trainee GPs.
- Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
- Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally.
- "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Normal weekend period

Table 2.9 shows the proportion of GP OOH shifts completed by GP designation during the normal weekend period.

Sessional GPs filled the high proportions of weekend shifts in NHS Western Isles (100%), Fife (97%), Ayrshire and Arran (97%), Tayside (92%), Greater Glasgow & Clyde (80%) and Lanarkshire (76%). Salaried GPs covered all the OOH weekend period in NHS Shetland (100%) and just under two thirds of the weekend hours for Orkney (63%). Locum/agency GP input was reported in NHS Orkney (37%), NHS Dumfries and Galloway (25%), Forth Valley (10%) and Lanarkshire (2%). Specialist Trainees were less involved in providing cover at weekends than during normal weekdays.

Table 2.9: Split of overall GP person-hours filled, by GP designation, Normal weekend days, February 2012 – January 2013.

GP OOH Service	Total GP "person hours" required ¹	Total % of GP hours filled ²	% filled by sessional GPs ³	% filled by salaried GPs ³	% filled by locum agency GPs ³	% filled by STs ^{3,4}	% filled by other doctor ³
Ayrshire & Arran	15,364	101%	97%	0%	0%	3%	0%
Borders	8,112	96%	59%	41%	0%	0%	0%
Dumfries & Galloway	11,960	99%	49%	25%	25%	2%	0%
Fife ⁵	15,184	100% ?	96%	4%	0%	0%	0%
Forth Valley	13,624	95%	58%	32%	10%	0%	0%
Grampian	42,744	61%	65%	29%	0%	4%	2%
Greater Glasgow & Clyde	55,488	100%	80%	13%	0%	7%	0%
Highland ⁶							
Lanarkshire	23,842	97%	76%	22%	2%	0%	0%
Lothian ⁷	28,028	106%	59%	41%	0%	0%	0%
Orkney	2,496	100%	0%	63%	37%	0%	0%
Shetland	2,600	100%	0%	100%	0%	0%	0%
Tayside	21,133	100%	92%	7%	0%	1%	0%
Western Isles	7,344	100%	100%	0%	0%	0%	0%

Notes:

1. Column shows the GP person-hours recorded for the normal weekday period by NHS Board area.
2. Column shows the GP person-hours filled as a proportion of the required person-hours for the GP OOH period.
3. Figures relate to the proportion of person-hours filled by GP designation.
4. ST refers to Specialist Trainee GPs.
5. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
5. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey.
6. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Public holiday period

Table 2.10 shows the proportion of GP OOH shifts completed by GP designation during the public holiday period.

In NHS Western Isles, Fife, Ayrshire and Arran and Lothian, all the GP cover during public holidays was provided by sessional GPs. They also comprised a large proportion of the GP cover in Greater Glasgow and Clyde (92%), Tayside (85%) and Forth Valley (81%). Salaried GPs covered all the public holidays in NHS Shetland and part of the cover for Orkney (83%), Borders (62%), Grampian (54%), Dumfries & Galloway (36%) and Lanarkshire (22%). Relatively smaller proportions of the public holidays GP hours were filled by salaried GPs in NHS Greater Glasgow and Clyde (7%), Tayside (15%) and Forth Valley (13%). Locum/agency GP cover was reported in NHS Orkney (17%), NHS Dumfries and Galloway (5%), Forth Valley (6%) and Lanarkshire (3%).

Specialist Trainee GPs accounted for small proportions of the hours covered in NHS Grampian (7%) and Greater Glasgow & Clyde (1%). Additional cover was provided by other doctors in Grampian (4%).

Table 2.10: Split of overall GP person-hours filled, by GP designation, Public Holidays, February 2012 – January 2013.

GP OOH Service	Total GP "person hours" required ¹	Total % of GP hours filled ²	% filled by sessional GPs ³	% filled by salaried GPs ³	% filled by locum agency GPs ³	% filled by STs ^{3,4}	% filled by other doctors ³
Ayrshire & Arran	2,717	100%	100%	0%	0%	0%	0%
Borders	735	111%	38%	62%	0%	0%	0%
Dumfries & Galloway	1,179	100%	59%	36%	5%	0%	0%
Fife ⁵	1,728	100%?	100%	0%	0%	0%	0%
Forth Valley	2,101	82%	81%	13%	6%	0%	0%
Grampian	3,699	32%	35%	54%	0%	7%	4%
Greater Glasgow & Clyde	6,765	100%	92%	7%	0%	1%	0%
Highland ⁶	N/K	N/K	N/K	N/K	N/K	N/K	N/K
Lanarkshire	2,798	93%	75%	22%	3%	0%	0%
Lothian ⁷	3,420	100%	100%	0%	0%	0%	0%
Orkney	168	100%	0%	83%	17%	0%	0%
Shetland	120	100%	0%	100%	0%	0%	0%
Tayside	2,453	100%	85%	15%	0%	0%	0%
Western Isles	720	100%	100%	0%	0%	0%	0%

Notes:

1. Column shows the GP person-hours recorded for the normal weekday period by NHS Board area.
2. Column shows the GP person-hours filled as a proportion of the required person-hours for the public holiday period.
3. Figures relate to the proportion of person-hours filled by GP designation.
4. ST refers to Specialist Trainee GPs.
5. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
6. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey (N/K refers to 'Not known').
7. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Protected Learning Time (PLT) periods

Table 2.11 shows the proportion of shifts completed by GP designation during PLT afternoons.

In seven Board areas, all of the GP cover during PLT afternoons was provided by sessional GPs (NHS Western Isles, Fife, Ayrshire and Arran, Grampian, Forth Valley, Tayside and Lothian). They also comprised over half of the GP cover reported in Greater Glasgow & Clyde (65%), Lanarkshire (67%) and Dumfries and Galloway (51%). Salaried GPs covered all the public holidays in NHS Shetland and part of the cover for Borders (71%), Orkney (50%), Lanarkshire (32%), Greater Glasgow & Clyde (29%) and Dumfries & Galloway (27%). Locum/agency GPs provided 50% of the GP cover during the PLT periods for NHS Orkney, 21% of the PLT cover in Dumfries & Galloway and 1% of the cover in Lanarkshire. Very little of the time input overall was from Specialist Trainee GPs or other doctors.

Table 2.11: Split of overall GP person-hours filled, by GP designation, PLT afternoons, February 2012 – January 2013.

OOH GP Service	Total GP "person hours" required ¹	Total % of GP hours filled ²	% filled by sessional GPs ³	% filled by salaried GPs ³	% filled by locum agency GPs ³	% filled by STs ^{3,4}	% filled by other doctors ³
Ayrshire & Arran	330	89%	100%	0%	0%	0%	0%
Borders	85	100%	29%	71%	0%	0%	0%
Dumfries & Galloway	168	100%	51%	27%	21%	0%	0%
Fife ⁵	180	100%?	100%	0%	0%	0%	0%
Forth Valley	193	91%	100%	0%	0%	0%	0%
Grampian	390	100%	100%	0%	0%	0%	0%
Greater Glasgow & Clyde	400	0%	65%	29%	0%	4%	2%
Highland ⁶							
Lanarkshire	773	79%	67%	32%	1%	0%	0%
Lothian ⁷	602	100%	100%	0%	0%	0%	0%
Orkney	30	100%	0%	50%	50%	0%	0%
Shetland	28	100%	0%	100%	0%	0%	0%
Tayside	198	100%	100%	0%	0%	0%	0%
Western Isles	105	100%	100%	0%	0%	0%	0%

Notes

1. Column shows the GP person-hours recorded for the normal weekday period by NHS Board area.
2. Column shows the GP person-hours filled as a proportion of the required person-hours for the PLT period.
3. Figures relate to the proportion of person-hours filled by GP designation.
4. ST refers to Specialist Trainee GPs.
5. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
6. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey.
7. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Nurse / Nurse Practitioner person–hours filled

Where nurse practitioners and/or other nurses were required to staff OOH shifts, in several Board areas 100% of the required person-hours were filled overall. However, there were some shortfalls noted, particularly at weekends and during the public holidays (Table 2.12).

In some instances (Grampian weekdays; Forth Valley all periods apart from PLT), nursing cover was greater than 100% of the required person-hours in all periods, possibly at least partly to offset difficulties in filling GP shifts during the same periods over the service year. In addition, Grampian advised that during the year some shifts that were previously identified in their IT systems as GP shifts were changed to Nurse Practitioner shifts, but that in aggregating the detailed information over the year these changes may not have been correctly reflected in the totals. It is possible therefore that the total number of nurse / nurse practitioner hours required for Grampian may have been under-counted relative to the number filled. However, the apparently relatively low percentages of hours filled on normal weekend days and public holidays (similarly to apparently low percentages of GP hours filled) strongly suggests that there may have been other problems in compiling accurate aggregate information for the survey.

Table 2.12: Percentage of required nurse / nurse practitioner person-hours filled, by type of GP OOH period, February 2012 – January 2013.

OOH GP Service	Normal weekdays	Normal weekend days	Public Holidays	PLT
Ayrshire & Arran ¹	100%	95%	100%	#
Borders ²	N/K	N/K	N/K	N/K
Dumfries & Galloway ³	N/A	N/A	N/A	N/A
Fife ⁴	100%?	100%?	100%?	100%?
Forth Valley ⁵	114%	119%	3,180%	N/A
Grampian ⁶	108%	76%	75%	N/A
Greater Glasgow & Clyde ⁷	100%	100%	100%	N/A
Highland ⁸	N/K	N/K	N/K	N/K
Lanarkshire	99%	95%	96%	N/A
Lothian ⁹	100%	100%	100%	100%
Orkney ¹⁰	N/A	N/A	N/A	N/A
Shetland ¹¹	N/A	100%	100%	N/A
Tayside	100%	100%	100%	100%
Western Isles ¹²	100%	100%	100%	N/A

Notes:

1. Ayrshire & Arran used 30 person-hours during compared with 0 hours originally anticipated as required.
2. Borders use nurse time but do not have a reporting system that allows them to provide aggregate information on nurse hours filled.
3. Dumfries & Galloway did not require any nurse person-hours as part of their cover for OOH shifts.
4. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
5. The Forth Valley figure for public holidays is large because it is based on 159 nurse person hours provided versus 5 hours originally anticipated as required.
6. The figures for Grampian may not be an accurate reflection of the actual hours filled.
7. Greater Glasgow and Clyde employ Bank nurses when unable to provide sufficient cover for primary care nursing services and replaces advanced nurse practitioner cover with GP's particularly during peak periods.
8. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally. There is a wide variation in the pattern of nurse cover ranging from fully covered nurse rota covering all periods to ad hoc provision for specific patients e.g. 'end of life cover'.
9. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.
10. In Orkney, no nurse practitioners or other registered nurses work in the GP Out of Hours service.
11. Shetland figures are for one advanced nurse practitioner who works only at GP OOH walk-in clinics over the public holidays/festive period.
12. Western Isles: Nursing component refers to the Isle of Lewis only
13. N/K: 'Not known'
14. N/A: 'Not applicable'

Other clinical staff person–hours filled

In four NHS Boards (Borders, Grampian, Lanarkshire and Lothian), OOH rota hours were required from other clinical staff in addition to GPs and nurses/nurse practitioners. Other clinical staff, where required, included pharmacists, paramedics and NHS Bank staff. However this experimental survey did not include any definitions of exactly which staff should be included in this “other clinical” group, therefore Boards may have interpreted the survey requirements in different ways.

Three of these Boards were able to report on person-hours filled for this staff group (Table 2.13). In NHS Lothian, typically all of the hours required from other clinical staff were filled. In Lanarkshire, required hours were almost completely filled during normal weekdays and weekends but noticeably much less so over public holidays. For Grampian, a more mixed picture emerged. Shifts on normal weekdays and public holidays appear to have been “overfilled”, perhaps to compensate for difficulties in filling GP and/or nurse/nurse practitioner shifts.

Table 2.13: Percentage of required person-hours filled for other clinical staff¹, by type of GP OOH period, February 2012 – January 2013.

OOH GP Service	Normal weekdays	Normal weekend days	Public Holidays	PLT
Ayrshire & Arran	N/A	N/A	N/A	N/A
Borders ²	N/K	N/K	N/K	N/K
Dumfries & Galloway	N/A	N/A	N/A	N/A
Fife	N/A	N/A	N/A	N/A
Forth Valley	N/A	N/A	N/A	N/A
Grampian	75%	129%	143%	N/A
Greater Glasgow & Clyde	N/A	N/A	N/A	N/A
Highland ³	N/K	N/K	N/K	N/K
Lanarkshire	99%	99%	41%	N/A
Lothian ⁴	100%	100%	100%	N/A
Orkney	N/A	N/A	N/A	N/A
Shetland	N/A	N/A	N/A	N/A
Tayside	N/A	N/A	N/A	N/A
Western Isles	N/A	N/A	N/A	N/A

Notes:

1. Person hours from other clinical staff not required by any of the following GP OOH services: Ayrshire & Arran, Dumfries & Galloway, Fife, Forth Valley, Greater Glasgow & Clyde, Orkney, Shetland, Tayside, Western Isles.
2. Borders use time from other clinical staff but do not have a reporting system that allows them to provide aggregate information on person hours filled.
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally.
4. “Annual” figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an “average week” of weekdays, an “average” weekend, an “average” single public holiday and an “average” PLT afternoon. These weekly/average figures were converted into approximate annual totals.
5. N/K: ‘Not known’
6. N/A: ‘Not applicable’

Person-hours filled by non-clinical staff

In all NHS Boards apart from the three island Boards (Orkney, Shetland and Western Isles), OOH rota hours were required from non-clinical staff in addition to clinical staff (Table 2.14). It is possible that no non-clinical hours were identified as being required in Shetland, Orkney or Western Isles, as in each case the NHS Highland OOH “hub” coordinates OOH calls on their behalf, passing calls from NHS 24 onto the appropriate GP on the rota in the relevant NHS Board area.

In general, most or all of the required person hours were filled, but this was not the case across all services / OOH periods. Information on provision by non clinical staff cover varied and included a variety of staff groups including drivers, receptionists, dispatchers, managers and others. However this experimental survey did not include any definitions of exactly which staff should be included in this “non clinical” group and therefore Boards interpreted the survey requirements in different ways. Similarly the information gathered through it does not break down to show the contributions from different types of staff within this overall “non clinical” group. An additional point to note is that these figures refer to non-clinical staff time worked during actual Out of Hours shift periods and do not include non-clinical time outwith these periods (for example administrative time required to allocate GPs and other staff to shift rotas).

Table 2.14: Percentage of required non-clinical person-hours filled¹, by type of GP OOH period, February 2012 – January 2013.

GP OOH Service	Normal weekdays	Normal weekend days	Public Holidays	PLT
Ayrshire & Arran	100%	99%	100%	97%
Borders ²	N/K	N/K	N/K	N/K
Dumfries & Galloway	100%	100%	100%	100%
Fife ³	100%?	100%?	100%?	100%?
Forth Valley	100%	100%	100%	100%
Grampian	95%	95%	95%	95%
Greater Glasgow & Clyde	100%	100%	100%	100%
Highland ⁴	N/K	N/K	N/K	N/K
Lanarkshire	99%	99%	41%	N/A
Lothian ⁵	100%	100%	100%	N/A
Orkney	N/A	N/A	N/A	N/A
Shetland	N/A	N/A	N/A	N/A
Tayside	100%	100%	106%	98%
Western Isles	N/A	N/A	N/A	N/A

Notes:

1. Person hours from non-clinical staff not required by any of the following GP OOH services: Orkney, Shetland, Western Isles (N/A: 'Not applicable').
2. Borders use time from non-clinical staff but do not have a reporting system that allows them to provide aggregate information on person hours filled (N/K: 'Not known').
3. Fife could not provide absolute figures on person-hours filled but estimated that they had to be at or close to 100% as they had no scope for leaving shifts unfilled.
4. Highland: Operates Out of Hours GP services in a number of formats based on locally identified needs. There is no single, centralised Out of Hours service and correspondingly information on total person-hours required or filled is not held centrally (N/K: Not known).
5. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

Use of standby shifts

Five GP OOH services reported that they used standby shifts in at least part of their area: Ayrshire & Arran, Greater Glasgow & Clyde, Orkney, Tayside and Western Isles. In all cases, standby shifts applied to GPs only and not other staff groups. Reported success in filling GP standby shifts was as follows:-

In Western Isles (Isle of Lewis), Orkney and Tayside, GP standby shifts were required across all periods except PLT and 100% of the required standby hours were filled.

In Ayrshire & Arran, the percentages of required GP standby hours filled for normal weekdays, normal weekends and public holidays were 84%, 65% and 82%, respectively. Standby shifts were not required during PLT afternoons.

In Glasgow and Clyde, the percentage of required GP standby shifts filled for normal weekends was 82% and for public holidays, 70%. Standby shifts were not required during normal weekdays or during PLT afternoons.

Table 2.15 shows further details on the standby arrangements for the applicable GP OOH services along with comments provided by others.

Table 2.15: Use of standby shifts, February 2012 – January 2013.

GP OOH Service	Standby shifts used?	Notes
Ayrshire & Arran	Yes	Standby Doctors are in addition to ADOC core shifts and each standby doctor must be able to attend one of our three primary care centres within 30 minutes of being activated. [list of number of doctors on standby at specific periods, not repeated here] During the service operational times it is the decision of the ADOC dispatcher on duty to activate the standby doctor using the standby activation protocol: Standby doctors will be activated when home visiting triage target times are at risk of being compromised or missed, also when the service is under pressure by call volumes or when the primary care treatment centre waiting times for patients exceeds 30 minutes and all consultation slots are at capacity. During office hours Standby doctors will also be activated by ADOC administration if any core shifts remain unfilled or cancelled because of short notice illness.
Borders	No	
Dumfries & Galloway	No	
Fife	No	We retain a list of GPs who can be contacted at the "last minute" but they receive no payment for being on this list.
Forth Valley	No	We regularly review our staffing provision across each site and for public holidays and each time considered possible use of Standby Shifts. The potential benefits of Standby shifts are not considered to justify the additional costs that they would incur.
Grampian	No	
Greater Glasgow & Clyde	Yes	We do have backup doctors available to come at the weekends and times of high demand ie public holidays. We pay our backup doctors a fee to ensure they are available and we pay them the hourly rate for the hours they work. Standby shifts are additional to core shifts. Our backup doctors would be called to assist when demand increases or to cover sickness absence amongst colleagues. Backup paid to be available and for any additional hours worked.
Highland	Not clear	Operates Out of Hours GP services in a number of formats based on locally identified needs. There is no single, centralised Out of Hours service and correspondingly it could not be identified through this survey whether standby shifts are used within any local areas.
Lanarkshire	No	
Lothian	No	
Orkney	Yes	GP OOH Service has a 1st On Call doctor and a 2nd On Call doctor on every night Mon-Sun and 1st On Day Sat – Sun. We require a 1st & 2nd On Call doctor due to the remoteness/distance covered by the service. The 2nd On Call doctor is called in by the 1st On Call doctor to assist during emergency exercises (e.g. Airport) or when the 1 st on call:- - is dealing with a call out elsewhere on the Mainland - is dealing with Police Work - is assisting in Theatre - requires assistance with an emergency situation The 2 nd On Call doctor also assists with triaging calls during peak times i.e. Public Holidays.
Shetland	No	
Tayside	Yes	The standby is additional to the required GP complement and remains at home unless called in to work. They receive a payment for being available to be called in and are paid at the shift rate for any hours worked. The standbys can be called in at times of high demand and that does happen though not often. A more common reason is short notice sickness that we have been unable to cover.
Western Isles	Yes – for part of the service	Isle of Lewis only: The service has used standby shifts since 1 July 2012 when the role of the OOH GP changed. Following difficulties experienced by the hospital in providing full junior doctor cover the OOH GPs agreed that they would cover the A&E department, assessment beds, Psychiatric patients and paediatrics from 20.00 until 08.00. Any requests for home visits which could not be carried out by the overnight support nurses e.g. unexpected deaths would be attended by the stand-by GP.

Person-hours unfilled due to sickness absence

Members of the National OOH Ops group suggested that one challenge in relation to filling shifts that could perhaps be measured objectively was hours unfilled due to sickness absence. There was variation between GP OOH services in the extent to which they were able to provide information on sickness absence, and as such the ability to look at the results across areas is limited.

Eight NHS Boards provided at least some information on person-hours that could not be filled for reasons of sickness absence. The amount of detail varied. Sometimes sickness absence in all staff groups could be reported, sometimes it could only be reported for GPs. Similarly, in some cases shifts unfilled due to sickness absence could be reported for or were applicable to only some of the OOH periods and not others. Therefore, the information provided in Table 2.16 below provides only broad indications of variations rather than figures that are directly comparable between areas. In broad terms (although the figures are not precise), sickness absence appeared to account for between 5% and 75% of unfilled shifts for clinical staff and between 5% and 58% for non-clinical staff.

Table 2.16: Sickness cover as a proportion of unfilled shifts, February 2012 – January 2013.

OOH GP Service	Reported any sickness absence?(Yes/No)	Additional notes on sickness absence
Ayrshire & Arran	Yes	Sickness absence accounted for 37% of unfilled clinical and 58% non clinical 'person hours'
Borders	Yes	GP only. Provided information on how many unfilled GP hours were due to sickness absence but unable to provide equivalent information for other staff groups.
Dumfries & Galloway	Yes	Sickness absence accounted for 53% of unfilled clinical person hours. Unfilled hours for non-clinical staff were not reported.
Fife	No	Unfilled hours not reported because it was not possible to report on the exact number of filled hours.
Forth Valley	Yes	GP only. Provided information on how many unfilled GP hours were due to sickness absence but unable to provide equivalent information for other staff groups.
Grampian	Yes	Sickness absence accounted for 5% of unfilled clinical and 5% non clinical 'person hours'.
Greater Glasgow & Clyde	No	No unfilled person-hours reported. However in Section 6 reference is made to high rates of sickness absence amongst nurse practitioners, which are covered by a doctor and managed in line with policy.
Highland	No	Qualitative notes refer to minimal short and long term absence managed locally.
Lanarkshire	Yes	Sickness absence accounted for 12% of unfilled clinical and 23% non clinical 'person hours'
Lothian	Yes	GP only. Provided information on how many unfilled GP hours were due to sickness absence but unable to provide equivalent information for other staff groups.
Orkney ¹	No	No unfilled hours reported.
Shetland ¹	No	No unfilled hours reported.
Tayside	Yes	Sickness absence accounted for 75% of unfilled clinical person hours.
Western Isles ¹	No	No unfilled hours reported.

Results from Section 3: Challenges in filling shifts/hours

Overview of difficulties

There were difficulties in all the NHS Boards in staffing the required number of OOH shifts. Some of this is evident in the quantitative information provided in relation to the number of required person-hours that were filled, by staff type (Results from Section 2). In other cases – even when on face value 100% of shifts had been filled - the difficulties were evidenced in qualitative comments.

In general the main issues revolved around providing GP cover at weekends, public holidays and other peak periods such as school holidays. However, there were also problems noted in filling later evening/overnight sessions during the week, cover for GP annual leave and PLT sessions. Boards often noted that they were reliant on good will and being able to persuade staff to fill shifts. Although the problems in filling shifts related mainly to GPs, there were also comments on difficulties in providing non-clinical staff cover, for example receptionists.

Possible explanations

A variety of actual and potential reasons for difficulties in filling shifts over the survey year were noted. In summary the main themes were:-

- Existing (and increasing) workload for GPs who might otherwise/previously have been available for OOH work. GPs facing increasing demands during the daytime period will have less time/energy to additionally work during the OOH period. For example they cannot work an overnight OOH shift if they have an early daytime surgery the following morning.
- Reductions in the number of individual GPs who are available to work OOH in each NHS Board area. In some cases this related at least partly to difficulties in recruiting GPs to work in the area. There was also a perception that younger GPs/GPs with childcare responsibilities were less willing/able than their older counterparts to engage in Out of Hours working. Some of this was felt to be cultural (older GPs being used to the Out of Hours commitment embedded in contracts prior to 2004) as well as practical (e.g. family commitments).
- The pay rates on offer. Specific issues included rates having not increased in recent years, and, particularly in rural areas, not being able to attract GPs to work shifts in those areas. One Board noted that when they briefly increased the pay rate for night shifts in their area, they had been able to fill more overnight shifts as a result.

Responses to challenges (actual and suggested)

The results from section 2 of the survey clearly indicate that some GP OOH services were unable to fill all of their shifts over the course of the survey year. However, even where most or all shifts were ultimately filled, it was often stated that it took significant efforts to achieve this. All the GP OOH services commented on action taken to mitigate risks in their area. The main examples were:-

- Recruitment of salaried GPs specifically for Out of Hours work (although it was not always possible to attract applicants).
- Recruitment of locum GPs via agencies. This had varying degrees of success. In some areas this was felt to be working well but in others, particularly some rural/island areas, they still experienced challenges in sourcing enough GPs via this route.
- Extending the lengths of individual shifts in order to cover unfilled hours and/or running without selected shifts during quieter periods.
- Enhancing (or considering enhancing) pay rates for shifts. Some Boards also noted actual or perceived problems with cross-border competition for GPs and felt that any more systematic review/implementation of revised pay rates would need to be done in a way so as not to disadvantage any geographical areas relative to others.
- Increasing (or considering increasing) the proportions of shifts that were/are filled by (advanced) nurse practitioners or other clinical staff rather than GPs.

A variety of suggestions were made for ways to (possibly) improve GP OOH service provision. The main themes were:-

- A review of pay rates (with consideration of cross-border issues but also national consistency).
- Entering into discussions with practices to make changes to salaried GP contracts (such that OOH working will become a formal requirement of the post) and/or to develop contracts for practices to opt back in to at least some out of hours work. This option was being pursued already in at least a couple of Board areas.
- Recruiting staff to joint posts (e.g. with A&E).
- Use of social media and/or web advertising to recruit younger GPs.
- (Further) increasing the proportion of (advanced) nurse practitioners and/or other clinical staff (e.g. community paramedics) in the OOH workforce.
- Increasing the currently fairly limited amount of time that GP Specialty Trainees spend working in GP Out of Hours services, to raise the profile of OOH working as an option for them later in their careers.

Perceived implications/sustainability issues

Several GP OOH services commented that if the challenges of providing adequate cover for shifts could not be resolved then this would impact on service delivery, compromise patient care and/or lead to individual treatment centres or the entire service becoming unsustainable in the longer term.

Results from Section 6: Nursing workforce (qualitative)

A wide range of nursing staff were part of the GP OOH service. However, this pilot survey focussed mainly on those nursing staff directly employed/managed by the GP OOH service. Information on those nurses, along with brief commentary on the extent to which other nurses may input to the GP OOH services, is presented in the Official Statistics report (published 24 September 2013).

Some additional, unstructured, commentary was gathered about the designations and/or employing organisations of registered nurses providing input to GP OOH services, over and above those that they directly employ/manage. The nursing staff mentioned in qualitative comments comprised: (advanced) nurse practitioners, district nurses, community district nurses, community mental health nurses, community psychiatric care nurses, unscheduled care nurses, Marie Curie nurses and bank nurses. A range of employer organisations were mentioned such as other NHS, voluntary or Bank services including A&E, NHS24, Crisis Resolution Home Care Treatment teams and Marie Curie Nursing.

No corresponding information on the relative numbers of individual nurses involved and/or the relative significance of their input was gathered through this pilot survey.

APPENDIX A: Notes on completion of survey forms

Commentary on some of the difficulties in completing the survey form and/or the extent to which it was possible to complete the survey form, is given Table A1, below.

Table A1: Notes on the scope and completeness of survey returns, February 2012 – January 2013

GP OOH service	Notes
Ayrshire & Arran	No specific comments
Borders	Software used by NHS Board cannot produce records of unfilled shifts for nursing/non-clinical staff. These sections have been left blank.
Dumfries & Galloway	Reporting system is unable to produce records of GP OOH non-clinical person-hours that are not filled.
Fife	Records are estimates based on payroll information and a number of recording systems. It was not possible to produce a breakdown of person-hours by nurse designation or provide exact records of person-hours that are not completed as the GP OOH service does not have scope to leave person hours unfilled.
Forth Valley	No specific comments
Grampian	No specific comments
Greater Glasgow & Clyde	Used 3 reporting systems including Rotamaster and AdAstra to complete the survey. It is not possible to identify exact dates OOH GPs leave or retire from the reporting systems hence the number of GPs within the NHS Board may be slightly overestimated for the year reported.
Highland	Difficulty in providing information in the format requested due to structure of service i.e. split across several areas with different reporting systems.
Lanarkshire	Difficulty in extracting the information from systems. Registrar [Specialist Trainee] hours not included as the GP OOH shift reported i.e. registrars on OOH shift act as "extras".
Lothian	Difficulty in extracting information in the format required. Person-hours worked based on the average GP OOH staff provision for a week.
Shetland	Returns based information collated from paper records (resource intensive).
Tayside	Records were very difficult to collate. The person-hours were based on estimates of the average count of weekly and public holiday shifts; the GP hours were estimated from finance returns.
Orkney	Resource intensive. Challenges in interpreting and completing section 2. The Board operates a 1 st on call and 2 nd on call system for GPs; ultimately the 2 nd on call shifts were treated for the purposes of this survey as standby shifts. Often the same individual GP is 1 st on call then immediately 2 nd on call, which would make it appear as if they were permanently working.
Western Isles	GP OOH service provision is split across the Island. The records are accurate but may be missing additional information on PLT afternoons for Lewis and Uists.

Notes:

Source: Primary Care Workforce survey returns, emails and telephone communications between individual GP OOH services and ISD.

APPENDIX B: Person-hours required by staff type

This appendix summarises extracts from Section 2.2 of the survey form, which show the person-hours required by OOH period for each of the staff types.

Table B1: Required GP person-hours by OOH period, February 2012 - January 2013

GP OOH Service	Normal weekday	Normal weekend	Public holiday	PLT	Total GP
Ayrshire & Arran	16,576	15,364	2,717	330	34,987
Borders	5,819	8,112	735	85	14,751
Dumfries & Galloway	10,168	11,960	1,179	168	23,475
Fife	17,160	15,184	1,728	180	34,252
Forth Valley	15,060	13,624	2,101	193	30,978
Grampian	45,287	42,744	3,699	390	92,120
Greater Glasgow & Clyde	48,411	55,488	6,765	400	111,064
Highland ¹	N/K	N/K	N/K	N/K	N/K
Lanarkshire	18,431	23,842	2,798	773	45,844
Lothian ²	23,150	28,028	3,420	602	55,200
Orkney	3,570	2,496	168	30	6,264
Shetland	3,727	2,600	120	28	6,475
Tayside	18,825	21,133	2,453	198	42,609
Western Isles	10,668	7,344	720	105	18,837

Notes:

1. Highland: Operates Out of Hours GP services in a number of formats based on locally identified needs. There is no single, centralised Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey. N/K = Not Known.

2. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.

**Table B2: Registered Nurse¹ required person-hours by OOH period,
February 2012 - January 2013**

GP OOH Service	Normal weekday	Normal weekend	Public holiday	PLT	Total
Ayrshire & Arran	2,340	2,535	192	N/A	5,067
Borders	11,891	4,888	376	N/A	17,155
Dumfries & Galloway ²	N/A	N/A	N/A	N/A	N/A
Fife	10,400	8,320	620	55	19,395
Forth Valley	3,012	2,496	5	N/A	5,513
Grampian	9,867	9,880	855	N/A	20,602
Greater Glasgow & Clyde	6,325	9,792	1,056	N/A	17,173
Highland ³	N/K	N/K	N/K	N/K	N/K
Lanarkshire	6,312	4,232	573	N/A	11,117
Lothian ⁴	20,240	15,600	2,700	126	38,666
Orkney ⁵	N/A	N/A	N/A	N/A	N/A
Shetland ⁶	N/A	6	3	N/A	9
Tayside	7,750	6,784	640	99	15,273
Western Isles ⁷	3,048	1,224	120	N/A	4,392

Notes:

1. Includes all designations of registered nurse including advanced nurse practitioners.
2. Dumfries & Galloway did not require any nurse person-hours as part of their cover for GP OOH shifts (although they did pass some calls to community nurses or palliative care nurses as required).
3. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey.
4. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.
5. Orkney has no nurse practitioners or other registered nurses who work in the GP Out of Hours service.
6. Shetland figures are for one advanced nurse practitioner who works only at GP OOH walk-in clinics over the public holidays/festive period.
7. Western Isles: Nursing component refers to the Isle of Lewis only.
8. N/A 'Not applicable'; N/K 'Not known'

Table B3: Other clinical staff¹ required person-hours by OOH period, February 2012 - January 2013

GP OOH Service	Normal weekday	Normal weekend	Public holiday	PLT	Total
Ayrshire & Arran	N/A	N/A	N/A	N/A	N/A
Borders	2,032	520	64	N/A	2,616
Dumfries & Galloway	N/A	N/A	N/A	N/A	N/A
Fife	N/A	N/A	N/A	N/A	N/A
Forth Valley	N/A	N/A	N/A	N/A	N/A
Grampian	2,530	1,040	90	N/A	3,660
Greater Glasgow & Clyde	3,036	6,102	660	N/A	9,798
Highland ²	N/K	N/K	N/K	N/K	N/K
Lanarkshire	2,068	1,112	573	N/A	3,753
Lothian ³	3,036	2,496	432	N/A	5,964
Orkney	N/A	N/A	N/A	N/A	N/A
Shetland	N/A	N/A	N/A	N/A	N/A
Tayside	N/A	N/A	N/A	N/A	N/A
Western Isles	N/A	N/A	N/A	N/A	N/A

Notes:

1. Included a range of staff comprising paramedics, ambulance staff, community pharmacist and bank staff.
2. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey.
3. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals.
4. N/A 'Not applicable'; N/K 'Not known'.

**Table B4: Non-clinical person-hours ¹ required by OOH period,
February 2012 – January 2013**

GP OOH Service	Normal weekday	Normal weekend	Public holiday	PLT	Total
Ayrshire & Arran	23,720	21,911	2,582	330	48,543
Borders	12,801	10,792	917	85	24,595
Dumfries & Galloway	19,544	14,924	1,332	177	35,977
Fife	15,600	12,688	912	137	29,337
Forth Valley	23,092	19,552	1,045	245	43,934
Grampian	41,239	31,616	2,736	270	75,861
Greater Glasgow & Clyde	89,815	74,154	8,739	80	172,788
Highland ²	N/K	N/K	N/K	N/K	N/K
Lanarkshire	38,254	25,430	2,450	541	66,675
Lothian ³	36,078	21,944	1,899	84	60,005
Orkney ⁴	0	0	0	0	0
Shetland ⁴	0	0	0	0	0
Tayside	29,250	27,878	2,560	336	60,024
Western Isles ⁴	0	0	0	0	0

1. Non clinical staff could refer to a range of personnel including receptionists, drivers or administrative staff who support the GP OOH service.

2. Highland: Operates GP Out of Hours services in a number of formats based on locally identified needs. There is no single, centralised GP Out of Hours service and correspondingly information on total person-hours required or filled was not reported in this survey.

3. "Annual" figures for Lothian are estimated. Information provided in section 2 of the survey form comprised figures for an "average week" of weekdays, an "average" weekend, an "average" single public holiday and an "average" PLT afternoon. These weekly/average figures were converted into approximate annual totals

4. Non clinical staff not required for GP OOH service in the Island Boards.

5. N/A 'Not applicable'; N/K 'Not known'.