Primary Care Workforce Survey Scotland 2017

A Survey of Scottish General Practices and General Practice Out of Hours Services

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Introduction

This report presents results from the 2017 National Primary Care Workforce Survey, which ISD (part of NHS National Services) carries out on behalf of the Scottish Government. The survey is an important source of information to support workforce planning for primary medical services. It was initially developed as a means of addressing some of the gaps in the routinely available information about GPs and other staff in Scottish general practices. Previous iterations of the survey were run in 2009, 2013 and 2015.

Most general practices in Scotland are independent contractors and between 2004 and 2018 there has been no contractual requirement for them to provide information about the staff that they employ. Although information is routinely available on the headcount and age/gender profile of GPs in post in general practices (published at www.isdscotland.org/Health-Topics/General-Practice/), practices have not been obliged to report whether individual GPs work full time or part time or to provide information about other staff the practice employs. There is also a need for centrally collated information on the workforce involved in the provision of General Practice Out of Hours (GP OoH) services. The National Primary Care Workforce Survey was developed to meet these information needs. The new GP Contract to be implemented from April 2018 includes an agreement in principle for general practices to provide regular workforce information and work is currently underway to establish this. Once established, this will replace the National Primary Care Workforce Survey.

Sections 1 and 2 of the report provide information from the “In Hours” strand, designed to capture aggregate information on GPs, registered nurses (including nurse practitioners/advanced nurse practitioners) and other clinical staff employed by Scottish general practices. This includes:

- GPs in practice
- Practice-employed nurses / healthcare support workers / phlebotomists in post
- GP and nurse / healthcare support worker / phlebotomist vacancies and recruitment to posts
- Temporary cover for sessions / hours
- Other staff working out of or based at GP practice premises
Section 3 provides information on the “Out of Hours” strand, designed to capture information from the General Practice Out of Hours services in each NHS Board area. This includes:

- GPs and nurses working in GP Out of Hours Services in the past year
- Challenges and experiences in filling shifts in the past year

Both the “In hours” and “Out of Hours” surveys have been reviewed prior to the 2017 survey to ensure that they are focused on providing the key data required for workforce planning in as pragmatic and efficient a manner as possible (for further details see Appendix A1).

This survey was developed in partnership with a range of stakeholders and was given the full backing of all partner organisations involved in its development including: the Scottish General Practitioners' Committee, the Royal College of General Practitioners, the Royal College of Nursing and the Scottish Practice Nurse Association.

Much of the information presented in this report is for Scotland as a whole (comprising a mixture of reported and extrapolated figures), although some figures are also shown by workforce planning region and by NHS Board. More detailed information for individual NHS Boards and Health and Social Care Partnerships is provided in supplementary data files published on the survey pages of ISD's website.
Executive Summary

Since the last survey in 2015 the overall estimated number of GPs in Scotland has changed very little. However, the survey findings show that the proportion of GPs working 8 or more sessions, generally considered to be a ‘full-time’ commitment, has decreased, with a resulting decrease in the number of Whole Time Equivalent (WTE) GPs across Scotland. This continues a longer term trend: the survey has shown little change in GP headcounts since 2009, but a consistent decline in WTE since 2013. This decrease is occurring against a backdrop of increasing demand on GP services, with a continuing drive to shift from hospital to primary care and an ageing population.

Alongside the decrease in WTE GPs, the 2017 survey found a slight increase in the rate of GP vacancies since the previous survey in 2015. This follows a more pronounced increase in vacancy rates between the 2013 and 2015 surveys. The survey has found that a large proportion of the GP vacancies reported in the survey that were still unfilled had been vacant for over 6 months, and this has increased since 2015.

In contrast to GPs, the survey reports an increase in WTE of nurses and health care support workers.

The survey looks at the age profile of both GPs and registered nurses working within practices. For both GPs and nurses there are large proportions aged 50 years and over: over a third of GPs, and over half of nurses.

The survey also collected information on General Practice Out of Hours (GP OoH) services. The findings from this section of the survey show that GP OoH services are reliant on a relatively small number of GPs carrying out a notable proportion of the hours worked. The survey also found that GP OoH services are regularly having to take additional action to ensure shifts are filled, either by extending shifts, having nurses cover GP shifts or vice versa, or by offering additional financial incentives.
Main Points

- While the estimated headcount of GPs working in Scottish general practice has changed very little over time, the estimated Whole Time Equivalent (WTE) of GPs has been declining since 2013 (from 3,735 in 2013 to 3,575 in 2017; a decrease of over 4%).
  - There has been a continued decrease in the proportion of GPs working eight or more sessions per week: from 51% of GPs in 2013 to 37% in 2017.
  - Nearly 9 out of 10 practices reported using GP locums in the 12 months preceding the 2015 and 2017 surveys.
- The estimated WTE of registered nurses and Health Care Support Workers (HCSW) employed by general practice however increased between 2013 and 2017, by 9% and 33% respectively.
  - Registered nurses: 1,420 WTE in 2013 to 1,541 WTE in 2017.
  - HCSW: 300 WTE in 2013 to 399 WTE in 2017.
- Nearly a quarter (24%) of responding GP practices reported current GP vacancies, compared to 22% in 2015, and 9% in 2013. In contrast, only 6% of responding GP practices reported vacancies for registered nurses.
  - The GP vacancy rate has increased over time: from 1.7% of total sessions in 2013 to 5.6% in 2017.
  - The nurse vacancy rate increased slightly over time: from 1.6% of total contracted hours in 2013 to 2.4% in 2017.
- Over a third (36%) of GPs and more than half (55%) of nurses working in Scottish general practice are aged 50 years or over.
  - This proportion is higher for male GPs (46%) than for female GPs (29%).
- Within General Practice Out of Hours (GP OoH) services, 10% of the GPs worked 1,000 hours or more over the year and their total annual hours accounted for nearly half (46%) of the total GP hours worked.
  - GPs aged over 55 years worked a higher average number of hours per week in GP OoH services than younger GPs.
- All NHS Boards reported having to take actions due to being unable to fill GP OoH shifts as planned. The most common actions taken to fill shifts were for staff to work longer shifts and increased rates/financial incentives.
Results and Commentary

Survey Response Rates

A total of 774 general practices (82%) responded to the “In Hours” survey. Between them the responding practices provide primary medical services to approximately 84% of Scotland’s registered patient population.

In 2017, practices participating in the survey were offered a payment of £150 in recognition of the time required to complete the survey. The survey response increased from around 60% eligible practices in 2013 and 2015 to over 80% in 2017. Note that due to the increase in response rate, there are large differences in the numbers of staff covered by responding practices. Comparisons over time should therefore be based on estimates scaled up to “whole areas”, proportions or rates rather than direct comparisons of reported numbers. Despite this increase in response rate there remains a possibility that the survey may not represent the situation in all GP practices. Practices under the most pressure may have been less likely to respond for example. Analysis suggests that the responding practices are broadly representative of all practices in Scotland, although there are slightly lower response rates from practices with the smallest list sizes, practices in the most deprived areas and practices in large urban areas. Information on this is available in Table A2.

All 14 NHS Boards responded to the “Out of Hours” survey. Some Boards could not provide data for all types of services operating in their area. More information about this is available in Appendix A1

Further information on the response rates can be found in Appendix A1 and Table A1 and A2.
1 General Practitioners

GPs in post in Scottish General Practice

Numbers of GPs and Whole Time Equivalents

The estimated headcount number of GPs in post in Scottish General Practices at 31 August 2017 was 4,453 (Table 1.1).

- There has been little change from the estimate of 4,460 GPs in post reported in the 2015 survey (Table 1.2).

The estimated Whole Time Equivalent (WTE) number of GPs is 3,575.

- The estimated number of WTE GPs in Scotland has been declining since 2013 (from 3,735 in 2013 to 3,575 in 2017; a decrease of over 4%) (Table 1.2). This decrease is against a backdrop of increasing demand on GP services, with a continuing drive to shift from hospital to primary care and an ageing population.

Figure 1: Estimated GP headcount and Whole Time Equivalent, Scotland; 2009 - 2017

Source: Primary Care Workforce Survey Scotland 2017
Accuracy of estimates

The estimates of headcount are checked for accuracy against the GP Contractor Database (GPCD). At Scotland level the estimates reported within this publication are very close to those reported by GPCD. Further information on how this assessed is available in Appendix A1.

Calculation of Whole Time Equivalents

Within this report, GP WTE has been calculated based on 8 sessions as a full-time commitment. This is in line with previous reports. The 2015 survey found that there was a variation between practices across Scotland as to the number of sessions per week regarded as full time and further information on this and the effect on WTE numbers is reported in Appendix A1.

The majority of GPs, over four fifths (81%), were partners or senior partners.

- The estimated headcount of partners/senior partners in Scotland was 3,611.
- There were an estimated 749 salaried GPs and 81 retainees, equating to 17% and 2% of the total headcount respectively.
- The survey also recorded a small number of returner GPs, with an estimated headcount of 9 across Scotland and a small number of Enhanced Induction GPs, with an estimated headcount of 4 across Scotland (Table 1.3).

There has been a slight decline in the proportion of the GP workforce that are partners, with a corresponding increase in the proportion of salaried GPs.

- In 2017 81% of GPs were partners, compared to 83% in 2015 and 84% in 2013.
- Salaried GPs increased from 13% of GPs in 2013 to 15% in 2015 and 17% in 2017 (Table 1.3).

For Scotland as a whole, there are an estimated 8 GPs per 10,000 registered patients, with a WTE of 6 GPs per 10,000 patients.

- The number of GPs per 10,000 patients was higher in more rural areas where the population is more dispersed. For example, NHS Western Isles reports 11 GPs per 10,000 population, NHS Highland reports 12 GPs per 10,000 patients and NHS Orkney reports 16 GPs per 10,000 population. NHS Borders and NHS Shetland reported 9 GPs per 10,000 population, slightly above the Scotland figure (Table 1.4).
Age and gender of GP workforce

Females form the majority of the GP workforce, with the survey reporting 58% of GPs as female and 42% as male.

- The proportion of female GPs has risen (56% female in the 2015 survey; 52% female in the 2013 survey).
- Looking at WTE figures, female GPs again form the majority (53% compared to 47% male GPs), but this is less pronounced than in the headcount figures, reflecting the higher prevalence of part-time working amongst female GPs (Table 1.5 and Figure 3).

Source: Primary Care Workforce Survey Scotland 2017
Over a third (36%) of all GPs are aged 50 years or over. However, amongst male GPs 46% are aged 50 or over, compared to 29% of female GPs.

- Nearly two fifths (38%) of male GPs are aged between 50 and 59 years, with a further 8% aged 60 or over.
- A quarter (26%) of female GPs are aged between 50 and 59 years, with 2% aged 60 or over.
- There has been little change in the age profile of GPs compared to the 2015 survey (Table 1.5).

Figure 3: Headcount and WTE GPs by gender and age group, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
**Sessional Commitments**

**GP sessional commitment per week is reducing over time.**

- Overall, 37% of GPs reported working 8 or more sessions per week. This has reduced over time (from 51% of GPs in 2013), driven mainly by a decrease in the proportion of GPs working 9 or more sessions per week.

- 48% worked between 5 and 7 sessions per week. This has increased over time (from 36% in 2013), driven mainly by an increase in the proportion of GPs working 6 or 7 sessions per week.

- 15% worked 4 or fewer sessions per week (compared with 13% in 2013) (Table 1.6).

**Recording of Sessional Commitments**

The survey asked for the sessional commitment provided during the “In Hours period” by each GP to the practice and to any other professional activities for example academic sessions, including time associated with Extended Hours. Any time associated with the Out of Hours period was not included.

**Figure 4: Number of sessions per week, Scotland; 2013 - 2017**

![Graph showing percentage of GPs working different number of sessions per week from 2013 to 2017.](source: Primary Care Workforce Survey Scotland 2017)
Partners are most likely to work 8 or more sessions per week, with 43% of partners doing so, compared to 17% of salaried GPs.

- Salaried GPs are also more likely to work a smaller number of sessions, with a third (34%) working up to 4 sessions per week, compared to 8% of partners (Table 1.9).

Figure 5: Number of sessions per week by designation, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
Female GPs are more likely to work fewer sessions per week compared to male GPs.

- While two thirds (66%) of male GPs worked 8 or more sessions per week, only 17% of female GPs worked 8 or more sessions per week.
- Nearly two thirds (62%) of female GPs worked between 5 and 7 sessions per week, while a fifth (20%) worked 4 or fewer sessions.
- Over a quarter of male GPs worked between 5 and 7 sessions per week (28%) with only 6% working 4 or fewer sessions.
- These are very similar to the patterns observed in the 2015 survey.
- Of the female GPs working 8 or more sessions per week, 40% are aged 50 years and over (an increase from 35% in 2015). Of the male GPs working 8 or more sessions per week, 44% are aged 50 years and over (similar to 2015, when it was 45%) (Table 1.8).

Figure 6: Number of sessions per week by gender and age group, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
The proportion of both male and female GPs working 8 or more sessions per week is decreasing over time.

- For males this decreased from 77% of GPs working 8 or more sessions per week in 2013 to 71% in 2015 and decreased again to 66% in 2017.
- For females this decreased from 26% working 8 or more sessions per week in 2013 to 20% in 2015 and to 17% in 2017 (Table 1.8).

Figure 7: Number of sessions per week by gender, Scotland; 2013 - 2017

Across Scotland there were an estimated 57 GP sessions worked per week for every 10,000 registered patients (including weekly sessional commitment of GPs, locum sessions and additional sessions worked by practices’ own GPs).

- This has decreased slightly from an estimated 61 weekly sessions per 10,000 registered patients in 2013 and 59 weekly sessions per 10,000 registered patients in 2015.
- More rural NHS Boards reported a higher number of weekly sessions per 10,000 patients, due to the geographical spread of their populations. NHS Highland (81 sessions per 10,000 patients), NHS Orkney (126 sessions per 10,000 patients), NHS Shetland (76 sessions per 10,000 patients) and NHS Western Isles (86 sessions per 10,000 patients) reported the highest estimated weekly sessions (Table 1.10).
Figure 8: Estimated weekly GP sessions per 10,000 patients, by NHS Board; 2017

Source: Primary Care Workforce Survey Scotland 2017

GP working hours
Following the 2015 survey, practices were asked to feedback on completion of the survey. 41% of respondents to this feedback survey (112 of 271) reported that they had not consulted GPs about the average hours they worked per week. As a result of this feedback, guidance for this question was amended in 2017 to more clearly emphasise that working hours should be the GP’s own assessment. The 2015 question also asked for a split of hours that were direct and indirect patient contact, but this distinction was removed for 2017. Caution should be taken when comparing the reported hours in 2017 with those from previous years due to these changes. Further information is available in Appendix A1

Over a third (39%) of GPs are reported to be working 40 or more hours per week on average. This has increased slightly since 2015 (from 35%).

- A further third of GPs (35%) were reported as working 30 to 39 hours per week, compared with 31% in 2015.
- Just over a quarter (26%) of GPs worked fewer than 30 hours per week. This has reduced since 2015 (from 34%) (Table 1.11).
GP Partners were more likely to report higher working hours than salaried GPs.

- Nearly half (46%) of GP Partners reported working 40 or more hours per week, compared to 13% of salaried GPs. Whilst the percentage of GP Partners has increased since 2015 (from 40%), salaried GPs has remained the same at 13% (Table 1.11).

Figure 9: Reported Total hours worked per week, by GP designation; 2017

Source: Primary Care Workforce Survey Scotland 2017
Use of locum and sessional GP time

Nearly 9 out of 10 responding practices used locums during the course of the year. The estimated locum/sessional input for Scotland as a whole was 333 WTE.

- Locums/sessional GPs accounted for 8.4% of the total GP WTE (Table 1.12).
- The estimated WTE for locum/sessional GPs is fluctuating over time: 350 WTE locum/sessional GPs in 2015; and 290 WTE in 2013.
- This may be a reflection of the difficulties reported recruiting locums (see page 20).

Over a fifth (22%) of responding practices reported that they had used locum/sessional GPs to cover 200 or more sessions during the preceding 12 month period.

- This is a slight decrease from 24% of practices reporting requiring this level of locum support in 2015, but is still considerably higher than the 16% of practices reporting requiring this level of locum support in 2013. (Table 1.13). Again the slight decrease observed between 2015 and 2017 may be a reflection of the difficulties reported recruiting locums, rather than a decreased requirement.

Figure 10: Number of locum sessions used over 12 months, Scotland; 2013 - 2017
Practices reported that locums were most commonly required to be recruited for planned events (e.g. annual leave).

- Over four fifths of practices (83%) reported requiring to recruit locums for planned events, with around half (51%) doing so on a monthly or quarterly basis and a fifth (22%) doing so on a daily or weekly basis.

- Just under half (47%) of practices reported requiring to recruit locums for unplanned events (e.g. sick leave), with nearly a quarter (24%) doing so on a monthly or quarterly basis and nearly one in ten (9%) doing so on a daily or weekly basis (Table 1.14).

- Feedback from practices completing the 2015 survey indicated that it was difficult to collate information on frequency of requiring to recruit locums for individual types of events. There were also concerns that there may have been some misinterpretation of the question. While the question was intended to gather information on how often practices were going through the process of recruiting locums it is possible that some responses were based on how frequently locums were required. As a result of this feedback, the question and guidance were simplified for 2017 to look at the frequency of requiring to recruit locums for all planned and unplanned events opposed to look at individual types e.g. annual leave. However it is still difficult to quantify whether practices still misinterpreted the question and this should be borne in mind when interpreting this data.

**Figure 11: Frequency of locum recruitment by reason required (pre-planned and unplanned), Scotland; 2017**

![Graph showing frequency of locum recruitment by reason required](source: Primary Care Workforce Survey Scotland 2017)
The majority of practices reported problems with recruiting locums: only 23% of practices were able to fully fill locum requirements for planned events (e.g., annual leave) and only 9% were able to fully fill for unplanned events (e.g., sick leave).

- For planned events, 20% of practices reported that they could not recruit a locum, with 57% only able to partly fill their requirements. The proportion unable to recruit for planned events has increased slightly since 2015 (from 16%).

- For unplanned events, 52% of practices were unable to recruit a locum, with 40% only able to partly fill their requirements. The proportion unable to recruit for unplanned events has decreased slightly since 2015 (from 60%) (Table 1.1).

Figure 12: Ability to recruit locum cover, Scotland; 2017

Forty-one per cent (41%) of responding practices had attempted to recruit a locum on a regular or longer term basis (for example, to cover a vacant GP post).

- 28% had successfully recruited a regular locum, while 13% reported that they had not been successful in their attempts. These are very similar to the proportions observed in 2015 (Table 1.17).

- 29% of all locum sessions were covered by a regular locum (compared with 27% in 2015) (Table 1.18).
Internal locums

Seventy-four per cent (74%) of practices reported having used internal locums (the practices’ own GPs providing extra cover for one another) over the course of the year.

- Two fifths (40%) of practices had used internal locums for between 1 and 19 sessions over the year.
- One fifth (20%) had used internal locums for between 20 and 39 sessions.
- One tenth (10%) had used internal locums for between 40 and 79 sessions over the year.
- Four per cent (4%) had covered 80 or more sessions with internal locums (Table 1.19).

Figure 13: Number of internal locum sessions required over 12 months, Scotland; 2013 - 2017

In the 12 months preceding 31 August 2015, internal locum time across Scotland was estimated to equate to a WTE of 50.7 GPs.

- This accounted for just over 1% of the total GP WTE (Table 1.20).

The use of internal locums appears to be increasing over time.

- 56% of practices reported using internal locums in 2013, compared to 71% in 2015 and 74% in 2017. (Table 1.20).
- The estimated WTE of internal locums has increased since 2013 (from 39 WTE), but decreased slightly since 2015 (from 55 WTE) to 51 WTE in 2017 (Table 1.20).
Reported GP Vacancies

24% of practices responding to the survey reported that they had vacant GP sessions at 31 August 2017.

- 6% had between 1 and 4 vacant sessions per week, 6% between 5 and 6 vacant sessions, 5% between 7 and 8 vacant sessions and 8% had 9 or more vacant sessions (Table 1.21).
- The headcount of current GP vacancies reported by responding practices as at 31st August 2017 was 240, equating to WTE vacancies of 184. (Table 1.22 and Table 1.23).
- The vacancy rate (vacant sessions as a percentage of total sessions) was 5.6% (Table 1.22).

Figure 14: Practices reporting vacant GP sessions, Scotland; 2013 - 2017

Source: Primary Care Workforce Survey Scotland 2017
The number of practices reporting current GP vacant sessions has increased compared to both the 2013 and 2015 surveys.

- 9% of practices reported vacant sessions in 2013 compared to 22% in 2015 and 24% in 2017 (Table 1.21).
- The vacancy rate has risen from 1.7% in 2013 to 4.8% in 2015 and to 5.6% in 2017 (Table 1.22).

The East and West regions reported a continued increase in vacancy rates between 2015 and 2017. The North region reported a dramatic increase in vacancy rates between 2013 and 2015 followed by a small drop in 2017.

- The lowest GP vacancy rates were in NHS Borders, NHS Orkney and NHS Greater Glasgow and Clyde (2.4%, 2.6% and 3.5% respectively), while the highest rates were in NHS Western Isles and NHS Shetland (15.0% and 32.9%).
- Vacancy rates reported by the survey increased in the majority of areas compared to the results of the 2015 survey however, decreases were seen in NHS Forth Valley, NHS Highland, NHS Orkney and NHS Western Isles (Table 1.22).

Figure 15: Vacant sessions as a percentage of total sessions (vacancy rate), Scotland; 2013 - 2017

Source: Primary Care Workforce Survey Scotland 2017
Almost half (48%) of practices reported having vacant GP sessions in the 12 months up to 31 August 2017.

- The headcount of GP vacancies during the 12 months up to 31 August 2017 was 583.
- Of these GP vacancies: 343 had been filled by 31 August 2017; 240 remained unfilled.
- The majority of GP vacancies (72%), both filled and current, were for part-time posts.
- 49% of the GP vacancies, both filled and still vacant, were for partners, while 46% were for salaried GP posts (Table 1.23 and Table 1.24).

The majority of the GP vacancies reported as filled had been vacant for less than three months (55%).

- 18% of the filled GP vacancies had been vacant for 3 to 6 months and 27% had been vacant for over 6 months (Table 1.25).

Of the vacancies which were still unfilled at 31 August 2017, more than half (59%) had been vacant for over 6 months.

- 20% had been vacant for between 3 and 6 months, while 21% had been vacant for less than 3 months (Table 1.25).

The proportion of vacancies (both filled and unfilled) which had been vacant for over 6 months increased between 2015 and 2017.

- Where posts were still unfilled at 31 August 2017 59% had been vacant for more than 6 months compared to 50% in 2015.
- For posts which had been filled, 27% had been vacant for over 6 months in 2017, compared to 13% in 2015 (Table 1.25).
Where vacancies had been filled, practices were relatively equally split between describing their experience of recruiting as ‘achievable’ (47%) and ‘challenging’ (51%).

- In contrast, where vacancies were yet to be filled the majority of practices (58%) described their experience as ‘unable to recruit’ with a further 23% describing their experience as challenging. These proportions have increased slightly since 2015 (from 52% and 21% respectively).
- Only 10% of practices with unfilled vacancies described their anticipated experience as ‘achievable’. This has reduced from 17% in 2015 (Table 1.26).

The survey also asked about the challenges of recruiting. Where vacancies were still unfilled the main challenge identified was the lack of any applicants (53%).

- Where posts had been filled the main challenges were a shortage of suitable applicants (23%), lack any of applicants (17%) and rural practice (11%).
- A response of ‘Not applicable’ was available where there were no challenges. This was reported by 22% where vacancies were filled and 3% where vacancies were still unfilled (Table 1.27).
2 Nurses, Healthcare Support Workers and Phlebotomists

Registered nurses employed by Scottish General Practices

*Numbers of Nurses and Whole Time Equivalents*

The estimated number (headcount) of registered nurses employed by general practices in Scotland at 31 August 2017 was 2,297.

- Just over 1 in 10 (12%) of these (277) were Advanced Nurse Practitioners.
- As part of the changes to the 2017 survey, further detailed designations were used to record information about registered nurses employed by general practices. (Table 2.2 and Table 2.4).
- The estimated headcount and proportion of nurses for each designation was:
  - Nurse Practitioners: 266 (12%)
  - Senior Nurses: 443 (20%)
  - General Practice Nurses: 1,095 (48%)
  - Treatment Room Nurses: 194 (8%)
  - Staff Nurses: 22 (1%)

The estimated WTE for all nurses was 1,541 (based on 37 hours or more per week being full time).

- The estimated WTE for each designation was:
  - Advanced Nurse Practitioners: 230
  - Nurse Practitioners: 196
  - Senior Nurses: 314
  - General Practice Nurses: 680
  - Treatment Room Nurses: 109
  - Staff Nurses: 11
Both the estimated number (headcount) and WTE of nurses have increased over time.

- The estimated number of nurses increased by 7% between 2009 and 2017 (from 2,140 to 2,297).
- The estimated WTE increased by 9% between 2009 and 2017 (from 1,415 in to 1,541) (Table 2.5).

The estimated WTE for Nurse Practitioners/Advanced Nurse Practitioners has risen steadily over time, increasing by 8% (from 395 to 426) between 2013 and 2017.

- Meanwhile, the estimated headcount of Nurse Practitioners/Advanced Nurse Practitioners fluctuated between 2013, 2015 and 2017 (from 520 to 555 to 544) (Table 2.1).

The estimated WTE for General Practice/Treatment Room Nurses has also risen over time, increasing by 9% (from 1,025 to 1,115) between 2013 and 2017.

- The estimated headcount of General Practice/Treatment Room Nurses also increased over time (from 1,605 in 2013, to 1,620 in 2015, to 1,754 in 2017) (Table 2.3).
Age and gender of Nurse workforce

The majority (98%) of registered nurses working in general practice were female and over half (55%) of all nurses were aged 50 years and over.

- 8% of nurses were aged under 35 years and 37% were aged between 35 and 49 years.
- For Nurse Practitioners/Advanced Nurse Practitioners a slightly smaller proportion were aged 50 years and over compared to General Practice/Treatment Room Nurses (54% and 56% respectively).
- Within the General Practice/Treatment Room Nurses group, the proportion aged 50 years and over varied further: 72% of Senior General Practice Nurses and 37% of Staff Nurses were aged 50 years and over. (Table 2.7)
- There has been little change in the overall age profile of Nurses compared to the 2015 survey (Table 2.6).

Figure 18: Registered nurses by age group, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
Full and part-time working

Nurse Practitioners/Advanced Nurse Practitioners and General Practice/Treatment Room Nurses showed different patterns of working hours

- The majority (60%) of Nurse Practitioners/Advanced Nurse Practitioners were contracted for 30 hours or more, compared to 29% of General Practice/Treatment Room Nurses.
- The majority (55%) of General Practice/Treatment Room Nurses were contracted for between 16 and 29 hours, while 32% of Nurse Practitioners/Advanced Nurse Practitioners were contracted for these hours.
- A smaller proportion of both groups were contracted for fewer than 16 hours; 16% of General Practice/Treatment Room Nurses and 8% of Nurse Practitioners/Advanced Nurse Practitioners.
- There was further variation in contracted hours within each of the designation groups. 68% of Advanced Nurse Practitioners worked 30 hours or more in comparison to 52% of Nurse Practitioners. 42% of Staff Nurses (Practice Employed Only) worked under 16 hours per week. (Table 2.8 and Table 2.9).

Figure 19: Nurses contracted working hours by designation, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
Health Care Support Workers & Phlebotomists employed by Scottish General Practices

The estimated number (headcount) of Health Care Support Workers (HCSWs) and phlebotomists combined in Scotland at 31 August 2017 was 1,068 equating to an estimated WTE of 488.

- There were an estimated 787 HCSWs and 281 phlebotomists.
- This equates to an estimated 399 WTE HCSWs and 89 WTE phlebotomists. (Table 2.11 and Table 2.12).

While the number (headcount) and WTE of HCSWs have increased since the 2015 survey, there has been little change in the headcount of phlebotomists, and a slight decrease in the WTE of phlebotomists.

- The estimated number of HCSWs increased by 37% from 575 in 2013 to 787 in 2017. Similarly, the estimated WTE of HCSWs increased by 33%, from 300 in 2013 to 399 in 2017 (Table 2.11)
- The estimated number of phlebotomists decreased slightly (295 in 2013 and 281 in 2017; a 5% decrease), however there was a 11% decrease in WTE, from 100 in 2013 to 89 in 2017 (Table 2.12).

Figure 20: Estimated headcount and WTE of HCSWs and phlebotomists, Scotland; 2013 - 2017

Source: Primary Care Workforce Survey Scotland 2017
**Age and gender of HCSW and phlebotomist workforce**

The majority (98%) of HCSWs and phlebotomists were female. The most common age group for phlebotomists was under 45 years (41%), while among HCSW there most common age group was 45 to 54 years (39%).

- Among HCSWs there was a decrease in the proportion of those aged 45 years and under compared to the 2013 survey, 36% in 2017 compared to 46% in 2013. There was an increase in the proportions of those aged 55 and over (25% in 2017 compared to 15% in 2013).
- For phlebotomists, a similar but less pronounced pattern was observed between 2013 and 2017 (Table 2.13).

**Full and part-time working**

The majority of both HCSWs and phlebotomists were contracted as part-time, with over three quarters (76%) of HCSWs and 94% of phlebotomists contracted for less than 30 hours per week

- The majority of phlebotomists (69%) were contracted for less than 16 hours per week. 25% were contracted for between 16 and 29 hours, with only 6% contracted for 30 hours or more per week.
- Forty-one per cent (41%) of HCSWs were contracted for less than 16 hours while 34% were contracted for between 16 and 29 hours. 24% were contracted for 30 hours or more per week.
- This has changed very little between 2013 and 2017 (Table 2.14 and Table 2.15).
Use of additional Nurse and Health Care Support Worker time

Over a quarter (26%) of practices used additional registered nurse hours (such as locum, bank or agency nursing).

- This reduced slightly from 2015, when 30% of practices reported using additional nurse hours.
- The estimated WTE of the additional nurse time during the 12 months preceding 31 August 2017 was 17 (compared to 20 WTE in 2015) (Table 2.16).
- Twenty-one per cent (21%) of practices had used locum nurses for planned events (e.g. annual leave) while 13% had used locums for unplanned events (e.g. sick leave)
- The reported recruitment of locum nurses was much lower than that reported for GPs. For example 83% of practices reported recruiting GP locums for planned leave, compared to only 21% recruiting nurse locums to cover planned leave (Table 2.18).

For planned leave, 40% of practices which had required locum cover were able to fill all their locum nurse requirements, while for unplanned leave only 23% could fill all.

- 11% of practices reported that they could often not recruit locum nurse cover at all for planned leave (compared with 6% in 2015), while for unplanned leave this was the case for nearer a quarter of practices (24%; compared with 29% in 2015) (Table 2.19)

Almost half of practices (47%) reported their own registered nurses working additional hours.

- The estimated WTE of the additional nurse time from practices’ own registered nurses was 23.
- This has reduced slightly since 2015, when 53% of practices reported using a total of 28 WTE (Table 2.21).

Around 1 in 5 (21%) of practices reported their own HCSWs working additional hours and 12% of practices reported their own phlebotomists working additional hours.

- The estimated WTE of the additional time from practices’ own HCSWs and phlebotomists was 6 WTE and 3 WTE respectively.
- This is very similar to what was reported in 2015 (Table 2.22 and Table 2.23).
Nurse and Health Care Support Worker vacancies

The vast majority of practices (93%) reported that they did not have nurse, HCSW or phlebotomist vacancies as at 31 August 2017.

- Around 2% of practices reported vacancies for Nurse Practitioner / Advanced Nurse Practitioners, while 4% reported vacancies for general practice/treatment room nurses.
- Around 2% of practices reported vacancies for HCSW and phlebotomists.
- The number of practices reporting vacancies for nurses, HCSWs and phlebotomists were much lower than those reported for GPs (between 2-4% for nurses, HCSWs and phlebotomists, compared to 24% for GPs) (Table 2.25 and Table 2.27).

The vacancy rate for nurses was 2.4% while for HCSWs and phlebotomists it was 1.0%.

- The vacancy rate for nurses has increased slightly over time (from 1.6% in 2013, to 1.8% in 2015, to 2.4% in 2017).
- The vacancy rate for HCSWs and phlebotomists decreased slightly over time (from 1.8% in 2013, to 1.3% in 2015, to 1.0% in 2017).
- The vacancy rates for nurses, HCSWs and phlebotomists are much lower than those reported for GPs (2.4% and 1.0% respectively compared to 5.6% for GPs) (Table 1.22, Table 2.25 and Table 2.27).
- 82% of nurse, HCSW and phlebotomist vacancies were filled within 3 months in contrast to only 55% of filled GP vacancies (Table 1.25 and Table 2.31).
Other health workers employed by the practice

The 2017 survey included a simplified version of the 2015 survey section on “Other staff working within the practice”, included to ensure that the survey did not miss what may be a small, but nonetheless, significant and growing proportion of practice workload.

**Figure 21: Other Staff Groups reported as working out of (or based at) the GP practice premises Scotland; 2017**

The other staff groups most commonly reported as working out of (or based at) the GP practice premises were pharmacy and nurses.

- Sixty-one per cent of practices reported that they had pharmacy staff working out of (or based at) the practice.
- Fifty-six percent of practices reported that they had health visitors working out of (or based at) the practices, while 55% reported midwives and 52% reported district nurses.
Twenty-seven per cent of practices reported mental health nurses/worker as working out of (or based at) the practice and 19% community links workers. Dietetics and physiotherapy were each reported by 17% of practices (Table 2.33).

Practices were asked to provide information on the average weekly hours worked by these staff groups. Provision of weekly hours varied across the different staff groups. For example, information on hours was unavailable from only 6% of practices about pharmacist hours, but was unavailable for nearly half (47%) of practices which reported occupational therapists.

Feedback from practices in relation to reasons for difficulties in providing this information included that the staff groups although were based or worked out of the practice they were not employed by the practice and therefore did not have access to the required information. Other difficulties noted that staff groups may be based at an individual practice but provide services for multiple practices, or where multiple practices are based in a shared premises where other staff groups cover multiple practices. Any conclusions drawn from average weekly hours should be treated therefore with caution.

**Across the majority types of other health workers, the most of practices reported that these staff groups worked fewer than 30 hours per week.**

- District nurses were one of the staff groups reported by the majority (66%) of practices as working 30 hours or more.
- The Health visitor staff group was reported by half (49%) of practices as working 30 hours or more.
- Only 1% of practices reported having paramedics working out of (or based at) the practice, but most (64%) of these reported that this staff group worked 30 hours per week or more (Table 2.33).
3 General Practice Out of Hours Workforce

Out of Hours GP Workforce

*Headcount and WTE*

The number (headcount) of GPs working for GP Out of Hours (OoH) services in Scotland in the year ending 31 August 2017 was 1,815, equating to an estimated WTE of 343.

- Since 2015, there has been a small decrease in the headcount (from 1,884) and estimated WTE (from 348) of GPs working for GP OoH services (Table 3.1 and Table 3.2).

**Trend analysis**

Conclusions drawn from trend analysis should be cautious. The OoH element of the survey was introduced as a pilot in 2013 and the survey coverage between then and 2017 has varied. More information about the coverage of the survey over time is available in Table A4.

**Calculation of Whole Time Equivalents for OoH Services**

Within this report GP WTE for OoH services has been calculated based on a 40 hour week being full-time and a 46 week working year (allowing for annual leave and public holidays).

WTE is a fairly artificial concept in relation to GP OoH services, as staff are unlikely to be employed on a ‘full-time’ basis within the service. However, it is useful as a general guide in informing workforce planning (as other NHS Staff Groups are typically reported using WTE numbers).

It is important to note that due to differences in the ways in which GP OoH services are delivered in different geographical settings, hours recorded for GPs in some rural areas may be based on “on-call” hours rather than hours worked in clinics.

**Revision of 2015 Headcounts and WTE**

The 2015 survey results for GP Out of Hours Services have been recalculated using a refined ISD Scotland reporting methodology for counting staff working across multiple geographic areas and under different designations within GP Out of Hours Services. Both headcounts and analysis of hours worked (e.g. WTE analysis) have been recalculated. These changes improve the accuracy of the results. They particularly affect figures reported for NHS Highland. They do not affect the overall interpretation or conclusions to be drawn from the 2015 results. It was not possible to recalculate the 2013 results using the refined methodology.
Gender and age

Male GPs made up a slightly larger proportion of the OoH workforce than female GPs (52% compared to 48%).

- The proportion of female GPs working in GP OoH services increased slightly, from 46% in 2015 to 48% in 2017.
- Despite the rise in the proportion of female GPs working in OoH services they remain slightly in the minority, in contrast to the in hours GP workforce which has larger numbers and proportion of females.
- Amongst older GPs (aged 45 years and over) working in GP OoH services, there were more males than females: 61% and 39% respectively. However, among the under 35s, 61% were female and among those aged 35 to 44 years 52% were female (Table 3.3).

Figure 22: GPs working in GP OoH services by age and gender, Scotland; 2017

GPs aged 35 to 44 years made up the largest group, comprising 37% of the total workforce.

- The next largest group was 45 to 54 year olds (27%), followed by under 35s (18%). 10% were aged between 55 and 59 years, 5% aged between 60 and 64 years, with 3% aged 65 years or over.
- Compared to the 2015 survey, the proportion of OoH GPs aged under 35 years has decreased slightly, from 20% in 2015 to 18% in 2017. (Table 3.3).
Figure 23: GPs working in GP OoH services by age group, Scotland; 2013 - 2017

Source: Primary Care Workforce Survey Scotland 2017

**Input to services**

A small number of GPs are recorded as working a notable proportion of the hours in GP OoH services.

- While only 10% of GPs were working 1,000 hours or more over the year (equating to 20+ hours per week), their total annual hours accounted for nearly half (46%) of the total hours input to OoH services. It is important to note that due to differences in the way which GP OoH services are delivered, some GP hours are based on “on-call” hours rather than hours worked in clinics, particularly in rural areas.

- In contrast, just over one fifth (22%) of GPs working for the OoH services were reported as working fewer than 50 hours over the year (equating to less than one hour per week), with the total annual hours for these GPs accounting for only 1% of the total hours input to services.

- Of the GPs working more than 1,000 hours over the year, 29% were aged 35 to 44 years, 31% aged 45 to 54 years old and 31% aged 55 or over. Only 8% were aged under 35 years old.

- These observations are very similar to the 2015 survey results (Table 3.4 and Table 3.5).

- Male GPs are recorded as working 63% of the hours in GP OoH services, this has remained constant from 2015 (Table 3.7).

- The WTE of Locum/Agency GPs working in OoH Services increased from 40.4 in 2015 to 91.6 in 2017. Note that this increase has been driven by a large increase reported for NHS Greater Glasgow. This is likely to be due to differences in recording and submission of data between the two surveys, rather than reflecting a true increase.
Calculation of average (mean) hours input to services

For all GPs the mean hours input it is based on the full year (52 weeks). Some GPs will have been working for the service throughout the year, whilst others may have only been working for a limited period. In addition note that GP input may not be evenly distributed through the year. However, the mean values can still be useful in making comparisons between different groups of GPs.

The average number of hours GPs are working in GP OoH services per week was 7 hours, however this varied considerably by both age and gender.

- Younger GPs were more likely to input fewer hours with the average for under 35s being 4 hours and for 35 to 44 year old 6 hours per week on average.
- This contrasts to those aged 45 to 54, contributing 8 hours, 55 to 59 year olds contributing 11 hours, 60 to 64 year olds contributing 12 hours and those aged 65 years and over contributing 11 hours per week on average.
- Male GPs worked higher average hours per week than females on average; 9 hours for males compared to 6 hours for females.
- Lowest average hours were for females aged under 35 years, while the highest average hours were for males aged 60 to 64 years (Table 3.6 and Figure 24).

Figure 24: Mean hours input to GP OoH services by gender and age group, Scotland; 2017

Source: Primary Care Workforce Survey Scotland 2017
On average, GPs aged under 45 years worked fewer hours in GP OoH services than GPs in the older age groups.

- GPs aged under 35 years made up 18% of the OoH workforce, but their combined hours accounted for just 11% of the total hours. Likewise, for GPs aged 35 to 44 years, while they made up 37% of the workforce, their combined hours accounted for only 31% of the total GP hours worked in GP OoH services.

- GPs aged 45 years and over made up 45% of the OoH workforce, but their reported combined hours accounted for 58% of the total GP hours worked in GP OoH services (Table 3.6 and Figure 25).

Figure 25: Proportion of GPs and total hours by age group: Scotland, 2017
The average hours worked per week for GPs aged 55 and over has increased considerably between 2013 and 2017.

- The average hours worked per week for GPs aged 55 to 59 increased by 53% from 7 hours in 2013, to 11 hours in 2017. Similarly there was a 46% increase for those aged 60 to 64, from 8 hours in 2013 to 12 hours in 2017.

- Mean hours worked per week by younger GPs have not increased so dramatically (Table 3.6 and Figure 26).

- Note that the headcount in older age categories is relatively low compared to the headcount in the younger age bands.

**Figure 26: Mean GP hours input to GP OoH services, Scotland; 2013 - 2017**

Source: Primary Care Workforce Survey Scotland 2017
Registered nurses employed/directly managed by GP Out of Hours Services

Headcount and WTE
The number (headcount) of registered nurses working for GP Out of Hours (OoH) services in Scotland in the year ending 31 August 2017 was 290, equating to an estimated WTE of 101 (Table 3.11 and Table 3.12).

- The number of nurses employed or directly managed by GP OoH services has increased since 2015 (from 246 to 290).
- The estimated WTE decreased slightly between 2015 and 2017 (from 103 WTE to 101 WTE).

Other Registered Nurses working in GP OoH Services
Within this report, figures presented relate to only some of the nurse practitioners and other registered nurses who supported OoH Services in Scotland. Nurse practitioners and other registered nurses who were employed, directly managed or contracted by the GP OoH Service are included. In many NHS Board areas, other nurses provide OoH Care in addition to those included here. It was not possible to capture information about the other nurses (employed by, for example, Health and Social Care Partnerships, NHS Boards e.g. bank or A&E staff, or charities) through this survey.

Trend Analysis
Conclusions drawn from trend analysis should be cautious. The OoH element of the survey was introduced as pilot in 2013 and survey coverage between then and 2017 has varied. In addition, ISD are aware of changes in recording nurse information between 2015 and 2017. Refer to Table T4 and T5 for further information.

Calculation of Whole Time Equivalents for nurses in GP OoH Services
Within this report nurse WTE for OoH services has been calculated based on a 37.5 hour week being full-time and a 46 week working year (allowing for annual leave and public holidays) in line with Agenda for Change conditions.

WTE is a fairly artificial concept in relation to GP OoH services, as staff are unlikely to be employed on a ‘full-time’ basis within the service.
However, it is useful as a general guide in informing workforce planning (as other NHS Staff Groups are typically reported as WTE numbers).

Nearly half (47%) of the registered nurses working for GP OoH services were employed as Band 6 nurses, with 39% employed as Band 7 nurses (Table 3.11).

**Gender and age**

The majority (91%) of nurses working in GP OoH services were female.

- There was an increase in the proportion of male nurses, from 5% in 2013 to 12% in 2015 however this proportion dropped again slightly to 9% in 2017.

Seventy per cent (70%) of nurses working in GP OoH services are aged 45 years or over.

- 30% were aged under 45 years (Table 3.13).
- There has been little change in the age profile of nurses over time (Figure 26).

**Figure 27: Registered nurses working in GP OoH services by age group: Scotland, 2013 – 2017**

![Bar chart showing age distribution of nurses in GP OoH services from 2013 to 2017](chart.png)

Source: Primary Care Workforce Survey Scotland 2017
Input to services

Overall, nurses worked an average of 12.5 hours each per week for the OoH services (Table 3.14).

- There is no clear pattern in average hours worked per week by age group (Figure 27)

Figure 28: Average nurse hours worked per week in OoH services by age group: Scotland, 2017

Source: Primary Care Workforce Survey Scotland 2017
Out of Hours Services

Data collection for OoH shifts

The survey aims to collect information on the experience of OoH services filling required shifts. In 2013 and 2015, numerical information was requested on the level of staffing ‘required’ and the level of staffing that was actually used during the year. As the survey collects data retrospectively, it proved difficult for services to provide data that accurately reflected what happened during the year. While some services noted that the information they provided on ‘required’ shifts was based on what would be provided in ideal circumstances, if filling shifts was not an issue, others noted that the information they provided on ‘required’ shifts did not take into account some provision which they would ideally provide but had not been able to due to problems recruiting enough cover.

Service Managers report that it is frequently extremely challenging to fill shifts and that in reality they are having to take a range of actions to staff GP OoH services. These might include considerable effort being needed to recruit suitable staff (including offering additional financial incentives, changing shift patterns, filling GP shifts with nursing staff and vice versa, or even amalgamating services). These types of actions are not necessarily recorded and will often not be reflected in the data sourced from roster or payroll systems.

The 2017 survey therefore used a different approach and did not attempt to gather information in the same way. OoH services were asked to comment on whether the extent to which they had been able to fill shifts had changed since the 2015 survey. In addition, OoH services were asked to provide a brief commentary on their experiences of filling shifts in the last twelve months.

The information presented here is therefore not directly comparable across different areas or over time. Caution should be used when attempting to make comparisons and the commentary about each area’s estimates should be taken into account. (Table 3.17)
The majority of NHS Boards reported that they were unable to fully fill all shifts.

- The estimated proportion of shifts filled varied from 85 to 100%.
- The estimated coverage of shifts in some areas was 95-100%, however it should be noted that feedback indicated that achieving this required considerable effort which may not be sustainable in the long term (Table 3.17).
- Table 3.17 presents the estimated proportion of shifts that were filled for each NHS Board area in 2015 and 2017.

8 NHS Boards reported that they felt there had been little change in their ability to fill shifts since the 2015 survey. 5 NHS Boards indicated that they felt there had been a decrease in the percentage of shifts they had been able to fill compared to the 2015 survey.

**Unfilled shifts**

The majority of boards reported that less than a third of GP shifts were unfilled 48 hours beforehand. A small number of boards reported higher proportions of unfilled shifts 48 hours beforehand.

- Shifts to cover protected learning time were the most likely to be unfilled 48 hours beforehand with NHS Ayrshire and Arran, NHS Forth Valley, NHS Greater Glasgow and Clyde and NHS Lanarkshire reporting this was the case for at more than two thirds of these shifts. NHS Grampian reported this was the case for about half of these shifts and NHS Borders for about a third. The proportion of unfilled shifts for protected learning time in NHS Forth Valley and NHS Greater Glasgow increased from 2015 (from about 33% and about 50% respectively).
- NHS Ayrshire and Arran, NHS Forth Valley and NHS Grampian reported that about a third of weekend shifts were unfilled 48 hours before. The proportion of unfilled shifts for NHS Grampian decreased from about 66% in 2015.
- NHS Grampian reported that about a third of weekday shifts were unfilled 48 hours beforehand, a decrease from about 66% in 2015.
- NHS Grampian and NHS Forth Valley reported that about a third of public holiday shifts were unfilled 48 hours beforehand. The proportion of unfilled shifts for NHS Grampian decreased from about 66% in 2015. (Table 3.18).

**Unfilled OoH shifts**

General Practice Out of Hours cover is provided by a relatively small number of health professionals. For example, the GP input for the OoH period in the year up to 31 August 2017 is estimated to be equivalent to around 340 WTE GP; compared to over 3,500 WTE GP input for the In Hours period.

This means that being unable to fill even a small number of shifts can have a big impact on the service.
Many boards noted that considerable effort is required to get shifts filled before this point, including sometimes changing shift patterns, amending staff profiles or otherwise altering service provision.

A number of boards noted particular difficulty in filling during holiday periods including the festive break and summer holidays. The changes to IR35 (off-payroll working taxation rules) were noted by some Boards as a deterrent to GPs working OoH shifts, particularly in rural and remote locations.

**Actions to manage unfilled shifts**

The survey collected information on how NHS Boards responded to potential gaps in required staffing. The actions detailed below may or may not have been successful in filling the shifts.

All NHS Boards reported having to take actions due to being unable to fill all shifts as planned, with nine NHS Boards reporting having to do so at least weekly.

- The most common actions taken due to unfilled shifts was staff working longer shifts or starting shifts earlier and increased rates or financial incentives.
- Staff working longer shifts or starting shifts earlier was reported by six NHS Boards on at least a weekly basis.
- Increased rates or financial incentives was reported by five NHS Boards as an action to manage unfilled shifts which was required at least weekly. In 2015, two NHS Boards reported using this action weekly.
- NHS Grampian reported that offering increased rates/financial incentives and staff working longer shifts or starting shifts earlier was needed on a daily basis when trying to fill shifts. These actions are being used more frequently than in 2015, where the Board reported offering increased rates/financial incentives monthly and staff working longer shifts weekly. (Table 3.20).

Seven NHS Boards reported that they had taken ‘other’ actions which were not listed in the survey options.

- Three boards reported that on a weekly basis GPs are filling nursing shifts.
- NHS Forth Valley and NHS Highland reported having to reduce the number of centres open at times.
- A number of Boards reported relying more on alternative services, such as A&E or relying on telephone support.
- NHS Ayrshire and Arran reported that they are daily having admin staff emailing and phoning staff to try to fill vacant shifts on the day or for the coming weekend (Table 3.20).
Standby/on call/backup

Five NHS Boards reported that they had standby/on-call/back-up arrangements in place for GPs for their OoH service.

- Only one NHS Board reported that all standby shifts were filled. One reported that more than two thirds were filled, one that about half were filled and two that about a third were filled. (Table 3.21).
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<th><strong>Glossary</strong></th>
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<tr>
<td><strong>Agency GP</strong></td>
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<td>Locum GP</td>
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| Nurse Practitioner / Advanced Practitioner | An experienced registered nurse who has completed additional education to enable them to assess patients with undifferentiated undiagnosed problems and use advanced nursing skills usually including prescribing, to complete whole episodes of care.  
As part of the changes to the 2017 survey, further detailed designations were used to record information about registered nurses. Please see page 10 of Survey In Hours Guidance notes for full details of the designations within this nurse group.                                                                 |
<p>| Phlebotomist                  | A person who takes blood samples.                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| Retainee GP                   | A GP who is undertaking a relatively small amount of clinical work (maximum 4 sessions per week) in order to keep in touch with general practice, retain their skills and progress their careers with a view to returning more fully to NHS general practice in the future. Typically, but not always, retainees are female GPs returning to work on a part-time basis after maternity leave.                                                                                                    |
| Returner GP                   | The Scotland GP Returner Programme provides an opportunity for General Practitioners (GPs) who are on (or eligible to be on) the General Medical Council’s (GMC) GP Register and on a NHS Performers’ List and who have previously worked in NHS General Practice to safely return to General Practice following a career break of at least two years or time spent working abroad.                                                                                                                                       |
| Enhanced Induction GP         | The Scotland GP Enhanced Induction Programme supports the safe introduction of GPs who have qualified outside the UK and have no previous NHS GP experience. These doctors require a Certificate of Eligibility for GP Registration (CEGPR) as well as a licence to practice from the GMC before they can legally enter UK general practice.                                                                                                      |</p>
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<th>Role</th>
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<tr>
<td>Salaried GP</td>
<td>A GP who is paid on a salaried basis by the practice or the NHS Board. In the context of general practices, a salaried GP has a contract to provide a regular number of sessions per week. In the context of GP Out of Hours services, a salaried GP has a contract with the NHS Board to provide a regular number of shift-hours per month. A GP who works on a salaried basis in one setting may have a different designation elsewhere. For example, they may work as a salaried GP for a GP Out of Hours service and as a locum for general practices.</td>
</tr>
<tr>
<td>Sessional GP</td>
<td>A GP who does not have a standard employment contract with the general practice or GP Out of Hours service, but who is paid by the session or shift. Within general practices, sessional GPs may cover temporary needs or they may work regularly in the same practice for a period of months or years. Similarly, Out of Hours (OoH) sessional GPs may work only a few OoH shifts in a year, or they may work regularly in OoH.</td>
</tr>
<tr>
<td>Specialist Trainee GP</td>
<td>A doctor who is being trained in general practice. Also / previously known as GP registrars.</td>
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## List of Tables

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<td>Primary Care Workforce Survey Tables</td>
<td>Excel 658 Kb</td>
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<tr>
<td>Primary Care Workforce Survey Supplementary Tables - NHS Board Level</td>
<td>Excel 958 Kb</td>
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<tr>
<td>Primary Care Workforce Survey Supplementary Tables - HSCP Level</td>
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Contact

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Further Information

Find out more in the Full Report. The data from this publication is available to download (report tables) along with interactive excel workbooks to provide more detail at a local level (NHS Board, HSCP). Refer to our web page for the 2017 survey material.

ISD also publishes routine statistics on General Practice available here.

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Appendices

Appendix 1 – Background information and Methodology

- **Survey development**
- **Collection and collation of data**
- **Response rates**
- **Analysis and interpretation**

**Survey development**

Following a substantial review of the survey content prior to the 2015 survey, there were only a small number of changes identified and implemented for the 2017 survey. These changes were made to streamline the content, while retaining key outputs presented in the 2015 Report and Supplementary Tables.

**Survey Changes: In Hours Section:**

Simplification of the following:
- Reported GP hours worked per week
- Frequency of recruitment of temporary cover for types of events
- Other Staff Groups section

Revision of pre-defined options for recording:
- Nurse designations
- Reasons for recruitment challenges

Content removed:
- Number of sessions per week that constitute full time for GPs
- Whether GP/Nurse/HCSW/Phlebotomist also undertakes work in the Out of Hours period
- Nurses/HCSWs/Phlebotomists who work across multiple practice

**Survey Changes: Out of Hours Section**

Simplification of the following:
- Services were given more flexibility over the format of individual GP and Registered Nurse information to be submitted.
- Questions in relation to unfilled hours and challenges in filling shifts were simplified. The 2017 survey respondents were asked to provide information on any changes to estimated percentage filled hours provided in the 2015 survey and provide short commentary on experiences in filling shifts.
Content removed:

- Information in relation to Other Clinical Staff (e.g. Pharmacists, Paramedics, Healthcare Support Workers, and Phlebotomists) and Non Clinical Staff (e.g. Receptionists, Call Handlers, Drivers, and Dispatchers).
- How the GP OoH service is delivered and the periods covered.
- Number of fully qualified GPs or other Doctors who were registered to provide cover for OoH Service.

Collection and collation of data

The survey forms were issued in Microsoft Excel format, along with guidance notes to assist respondents in completing the survey. Copies of the survey forms and guidance notes are available on the Primary Care Workforce Survey page of the ISD website.

Further assistance on completing the “In Hours” survey form was available to general practices, if required, from ISD. Responding practices sent their completed survey forms to ISD and the raw data were checked and collated by ISD analysts. Every individual return was reviewed to ensure that all seven sections of the survey had been completed in full and with apparently valid values; practices were contacted directly to (re)confirm missing or query details as applicable. As data returned by individual practices were collated, they were allocated to the relevant NHS Board and Health and Social Care Partnership (HSCP) area. Once all of the survey returns from practices had been checked and collated, the final data file – with identification of individual practices removed - was prepared for analysis and reporting.

The step of removing individual practice identifiers was agreed with the Scottish General Practitioners Committee (SGPC) for previous surveys in 2009, 2013 and 2015. In previous years ISD analysts collated data at Glasgow LMC and a final data file with practice identifiers removed was sent to ISD premises for analysis. In 2017, in order to streamline the collation process, it was agreed that forms would be sent directly to ISD for checking and collation. Once forms were collated and the final data file created for analysis this was moved to a separate secure networked area and analysts’ access to the original submissions was removed, meaning that, while ISD analysts had access to practice identifiers during checking and collation, the data ISD analysts used for analysis and reporting has no individual practice identified as in previous years. Following the publication of the survey results in March 2018, ISD Scotland will destroy the practice identifiable collated data backup file, query emails and log and individual completed surveys.

Further assistance on completing the “Out of Hours” survey form was provided to GP Out of Hours services, where required, by ISD. As in 2013 and 2015, completed survey forms were sent directly to ISD. Similar to the “In Hours” survey, survey forms were reviewed to check that they had been completed as fully as possible. It was not always possible in this survey
for the GP Out of Hours services to provide every element of information requested on the form, but queries around missing and/or unexpected details were discussed and resolved with each NHS Board as much as possible.

The census date for the survey was 31 August 2017. Data were submitted to ISD up to the end of November 2017, in order to maximise response rates. During this period ISD liaised with Board Primary Care Leads, Scottish General Practitioners Committee (BMA) and the Scottish Government to encourage responses from as many practices as possible.

In 2017, practices participating in the survey were offered a payment of £150 in recognition of the time required to complete the survey.

Data validation and quality checking

The survey forms were reviewed to check whether the information given appeared to be valid. If for example information was missing, apparently contradictory or unusual, this was queried with the individual general practice or GP Out of Hours service. Where possible, additional data validation was carried out on the data by ISD analysts, but this was limited for the anonymised practice data. It is impossible however for ISD to fully validate and quality assure all of the data supplied by GP practices and GP Out of Hours Services, so data quality issues may exist in the dataset. Where this is thought to be likely, this has been flagged in footnotes accompanying tables or in the commentary within this report.
**Response rates**

A total of 947 general practices were eligible to participate in the “In hours” survey. Responses were received from 774 practices, 82% of those eligible.

- Response rates varied by NHS Board, with the lowest response in Borders at 68% and the highest in Forth Valley and Western Isles at 100% (Table A1 and Figure 28).
- Between them the responding practices provide primary medical services to approximately 84% of Scotland’s registered patient population (Table A1).

**Figure 28: Practice response rates to “In hours” survey, by NHS Board; 2017**

The response rate in 2017 was higher than that of the previous surveys (82% in 2017 compared to 58% in 2015 and 64% in 2013).

Consideration has been given to whether the sample of responding practices is representative of practices more generally. Responding practices were compared to all practices in terms of practice list size, level of deprivation and urban/rural classification. Across all these categories the responding practices cover a proportion of patients that is similar to the overall proportions in each category at Scotland level, although note that there are slightly lower response rates from practices with the smallest list sizes, practices in the...
most deprived areas and practices in large urban areas (see Table A2). Despite the high response rate, it should be noted that there may be other differences between responding and non-responding practices that may impact on the representativeness of the sample.

**All 14 NHS Boards responded to the survey of GP Out of Hours (OOH) services.**

- NHS Board run GP OOH services do not cover 100% of the population, as some general practices (N=58 as at 1st July 2017) are contracted (“opted-in”) to provide OoH cover for their own registered patients.
- The results presented here are mainly based on services provided directly by NHS Boards and as well a small number of those practices "Opted In" who submitted a completed survey to ISD. Therefore the survey does not capture information on all GPs and Nurses who provide Out of Hours cover for the whole area population.
- ISD is aware through the fieldwork for the GP Out of Hours strand of the 2015 National Primary Care Workforce Survey that local definitions of practices “Opted In” to provide cover vary and that the practices identified locally as “Opted In” may not be the same as those recorded on the centrally maintained GP Contractor Database (GPCD).
- Conclusions drawn from trend analysis should be cautious. The OoH element of the survey was introduced as pilot in 2013 and survey coverage between then and 2017 has varied. In addition, ISD are aware of changes in recording nurse information between 2015 and 2017. Refer to Table T4 and T5 for further information.
- Coverage of the survey varies by NHS Board area. Refer to Table A4 for further details of survey area coverage. Results are based on the responses provided by NHS Boards. It is not possible to scale up all of the results to cover full areas or to give a total for Scotland, because we cannot accurately define coverage in quantitative terms for all areas.
- Information for NHS Highland is incomplete for each survey year. NHS Highland operates GP OoH Services in a number of formats based on locally identified needs. There is correspondingly no central standardised data. No data has been collected for the following three sites in 2017: Salen (Mull), Coll and Aviemore.

**Analysis & interpretation**

**Accuracy of GP headcounts**

The estimated headcount figures within the publication have been compared to those reported from the GP contractor database (GPCD). For most areas the estimated headcounts and reported GPCD headcount are similar (see Table A3). Differences would be expected due to potential differences in GP to patient ratios in responding and non-responding practices. Differences would also be expected as GPCD figures were extracted at 30 September 2017 while the survey date was 31 August 2017.
Comparisons over time

Due to changes in the survey questions and methods used the majority of comparisons over time are made only with the previous two surveys (2013 and 2015). In some cases it is only possible to compare 2017 results with 2015 results, because the question was not asked in 2013. Where available, survey results from previous years are included in the data tables and commentary about trends over time has been included in this report. Note that OoH survey was initially piloted in 2013 and only limited information is available from this year.

Descriptions of Out of Hours Services

The majority of returns for the OoH survey related to GP OoH services provided directly by NHS Boards (with all areas returning information on these types of service). Additionally, a small number of practices "Opted In" to provide GP OoH care submitted a completed survey to ISD. Such practices in NHS Grampian, NHS Highland, NHS Orkney and NHS Western Isles returned completed OoH surveys.

Boards were asked to only include nursing staff who were directly employed or managed by their service (see guidance notes). In the majority of NHS boards, nurses are directly employed by the service. However, in Grampian, Highland and Lothian, there is a mix of managed and directly employed nurses and in Lanarkshire Band 7 nurses are managed but not directly employed by the GP OoH Service. For GPs, a high proportion of services report a mixture of contracted, direct employed and managed arrangements. Two NHS Boards reported that their GPs were directly employed (Borders and Shetland).

Revision of 2015 Headcounts for OoH Services

The 2015 survey results for GP OoH Services have been recalculated using a refined ISD Scotland reporting methodology for counting staff working across multiple geographic areas and under different designations within GP OoH Services. Both headcounts and analysis of hours worked (e.g. WTE analysis) have been recalculated. These changes improve the accuracy of the results and particularly affect figures reported for NHS Highland. They do not affect the overall interpretation or conclusions to be drawn from the 2015 results. It was not possible to recalculate the 2013 results using the refined methodology.

Headcounts comprise of GPs/Nurses who worked for the GP Out of Hours services throughout the full 12 month periods ending 31st August and also GPs/Nurses who worked during only part of the 12 month period. Therefore reported headcounts may be higher than the total number of GPs/Nurses available to work Out of Hours shifts at any particular point within the year. (as per 2015 report)
Where a member of staff works across different NHS Boards they are included in the headcount for each NHS Board, but only counted once in the Scotland total. *(revised from 2015 report)*

Where analysis is presented at designation level, staff working under multiple designations are included in the headcount for each designation. However these individuals are only counted once when looking at totals for “all designations” combined. *(revised from 2015 report)*

Due to the structure and varying methods of operation of the GP OoH Service in NHS Highland, individual GP Out of Hours surveys were completed for groups of services within the NHS Board. Where a member of staff was recorded to work within more than one GP Out of Hours Service within NHS Highland, this individual will be counted once overall for NHS Highland results, but will be counted under each designation they have worked. Where an individual works under the same designation within separate GP Out of Hours Services in NHS Highland, hours worked have been aggregated and the individual will be counted once. *(revised from 2015 report)*

NHS Grampian, NHS Orkney and NHS Western Isles: 2017 Surveys were completed for both the GP Out of Hours Service provided directly by the NHS Board and some "Opted In" Practices within the NHS Board Area. The same methodology applied for NHS Highland has been used for these NHS Boards.

**Calculating Whole Time Equivalents**

Throughout the report calculations have been made of Whole Time Equivalents (WTE). Different methods have been used for different groups in order to allow for the different working arrangements for practice based staff and OoH staff. Details are given below for each of the methods.

**In- hours GP WTE calculations**

Whilst there are some general concepts about what constitutes a full-time commitment of a GP there is no single precise definition applicable across the profession, and indeed WTE is a concept that is more likely to be used by workforce planners than by GPs themselves.

The 2015 survey asked practices how many sessions were considered ‘full-time’ within their practice. The majority of practices (56%) responded that 9 sessions per week constituted full-time. A further 33% reported 8 sessions as full-time, 8% reported 10 sessions and 2% 7 sessions (Table A3). These responses reflect the variation across practices. This question was not asked in 2017 but it would be expected that there remains variation between practices about the number of sessions which constitutes ‘full-time’. 
In previous surveys, 8 sessions has been used as the basis of calculating WTE figures and in order to maintain consistency between surveys and report trends over time we have continued to use this calculation:

- Any GP in post working 8 or more sessions per week on average has been deemed to be working full-time (i.e. 1.0 WTE)
- For all other GPs the WTE value has been calculated as \( \frac{X}{8} \), where \( X \) is the weekly sessional commitment. For example, a GP working 4 sessions per week would be calculated as \( \frac{4}{8} \) therefore equalling 0.5 WTE.

It is recognised that the assumptions made about WTE in these calculations may mean that where a full-time week is considered to be 9 sessions or more then the GP WTE figures presented in this report may be slightly over-estimated. A further complication is that GPs may do work before, after or between their formal sessions, which could result in the WTE under-estimating. In order to counteract this under-estimate the survey also collected the estimate of average weekly hours worked by GPs.

Locum/sessional GP WTE and Vacant Post WTE have been calculated based on an assumption of 8 sessions per week being full-time and a 44 week working year (allowing for 6 weeks annual leave and 2 weeks study leave).

In hours Nurse, Health Care Support Worker and Phlebotomist WTE calculations

The calculation of WTE figures for nurses, health care support workers and phlebotomists is relatively more straightforward than for GPs, but has still been based on certain assumptions:

- Any individual working 37 hours or more per week has been deemed to be working full-time (i.e. 1.0 WTE)
- For all other individuals their WTE value has been calculated as \( \frac{X}{37} \), where \( X \) is their weekly hourly commitment and 37 hours per week has been assumed to be full-time. For example a nurse working 20 hours per week would be calculated as \( \frac{20}{37} \), equalling 0.54 WTE.

In any areas where a standard full time week is predominantly longer than 37 hours, the WTE figures presented in this report may be slightly over-estimated. Conversely, if there are areas where a standard full time week is predominantly shorter than 37 hours, the WTE figures presented in this report may be slightly under-estimated.

The calculations of WTE estimates have also, where possible, taken account of instances of individuals working two or three different practices.

The figure of 37 hours as full-time has been used to maintain consistency with previous surveys.
Out of Hours GP and nurse WTE calculations

WTE is a fairly artificial concept in relations to GP Out of Hours services where GPs and nurses are likely to be working on either an ad hoc basis, or be salaried for a specific number of hours. It can however be used as a general guide to help inform workforce planning (as other NHS groups are typically reported as WTE numbers).

GP OoH WTE figures in this report have been based on an assumption of 40 hours per week being full-time (salaried GPs are often employed on this basis) and a 46 week working year (allowing for 6 weeks annual leave and public holidays).

Nurse OoH WTE figures in this report have been based on an assumption of 37.5 hours per week being full-time (in accordance with Agenda for Change terms and conditions, on which these staff are typically employed) and a 46 week working year (allowing for 6 weeks annual leave and public holidays).

The 2015 survey results for GP OoH Services have been recalculated using a refined ISD Scotland reporting methodology for counting staff working across multiple geographic areas and under different designations within GP OoH Services (as described on p59).
## Appendix 2 – Publication Metadata

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<tr>
<td>Description</td>
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<td>Revisions statement</td>
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<td>Accuracy</td>
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Appendix 3 – Early access details

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", HPS is obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access.

**Standard Pre-Release Access:**

Scottish Government Health Department

NHS Board Chief Executives

NHS Board Communication leads

**Named individuals from the following main organisations represented on the National Primary Care Workforce Survey Stakeholder Group:**

NHS Education for Scotland (NES)

Royal College of General Practitioners

Royal College of Nursing Scotland

Scottish General Practitioners Committee (BMA)

Scottish Practice Nursing Association
Appendix 4 – ISD and Official Statistics

About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

Information Services Division (ISD) is a business operating unit of NHS National Services Scotland and has been in existence for over 40 years. We are an essential support service to NHSScotland and the Scottish Government and others, responsive to the needs of NHSScotland as the delivery of health and social care evolves.

**Purpose:** To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

**Mission:** Better Information, Better Decisions, Better Health

**Vision:** To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of ‘Official Statistics’. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD’s statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
- Official Statistics (ie still to be assessed by the UK Statistics Authority)
- other (not Official Statistics)

Further information on ISD’s statistics, including compliance with the Code of Practice for Official Statistics, and on the UK Statistics Authority, is available on the [ISD website](https://www.isd.scot).