

2006/07 UK General Practice Workload Survey

Summary

This paper presents the results of the 2006/07 UK General Practice Workload Survey. The report has been agreed by the Technical Steering Committee (TSC), which includes representatives from the four UK health departments, NHS Employers and the General Practitioners' Committee of the BMA.

The last survey was undertaken in 1992/3, and considered the workload of GPs. This report provides an overview of the entire workload and skill-mix of general practices in the UK in 2006/7 and is the first under the new contract. Staff in a representative sample of 329 practices across the UK completed diary sheets for one week in September or December 2006.

As the survey was targeted at work in the practice it excludes work done elsewhere as well as any work identified as out-of-hours (OOH) not relating to the GMS/PMS/ PCTMS practice contract. The main findings are:

- GP Partners regarded as full-time (i.e. who worked eight or more sessions¹ per week) worked an average 44.4 hours per week in 2006/7. The average number of hours worked by all full and part-time GP Partners in 2006/7 was 38.2 hours per week.
- Practice nurses worked an average of 22.8 hours per week and the average figure for all staff was 26.3 hours. These figures help explain why all GPs² represent 20 per cent of practice headcount, but work 25 percent of the total hours worked in the practice.
- Direct comparison of results with the 1992/93 GP workload survey is difficult. However, average weekly hours for GMS(PMS/ PCTMS) activities, excluding out-of-hours work, are very similar. The average length of surgery consultations with GP Partners has increased from 8.4 minutes in 1992/3 to 11.7 minutes in 2006/7. In 2006/7, surgery consultations with practice nurses took an average of 15.5 minutes.
- Salaried GPs account for nearly one fifth (19%) of all GPs surveyed and those regarded as full-time (i.e. who worked eight or more sessions¹ per week) worked an average 39.6 hours per week. Salaried GPs are more likely to work part-time hours than GP Partners and worked an overall average of 23.8 hours per week.
- The average number of hours worked by all GPs² decreased with practice size whilst the average number of hours worked increased with practice size for other staff groups. Regardless of practice size, GMS GPs² worked longer hours on average than PMS GPs².

[Continued over]

¹ A session is normally defined as a half-day.

² Excluding GP locums.

- GPs² estimate they spend 72% of their time on essential services and 10% on additional services. By comparison, other clinical staff estimate they spend 58% and 25% of their time on essential and additional services, respectively.
- GPs² cover 60% of total patient contacts in practices. The remainder is covered by other clinical staff, with nurses³ covering 28%.
- Non-clinical staff cover over three-quarters (76%) of the non-consultation work time in practices. They spend 37% of their time on data input and practice administration with reception work covering a further 36%.
- Reception staff covered nearly half of the total time spent on repeat prescriptions (47%). Non-clinical staff were responsible for covering nearly two-thirds (64%) of the time spent arranging referrals. On average, 'chase and book' was used for around a third (36%) of the total time spent on arranging referrals.

² Excluding GP locums.

³ 'Nurses' refers to practice nurses and nurse practitioners.

Acknowledgements

We are grateful to all of the general practice staff who took part in this survey, in particular the practice managers, without whose efforts in co-ordinating the data collection this exercise would not have been possible.

1. Background

- 1.1. The 2006/07 GP Practice Workload Survey was carried out by the Information Centre for health and social care (the IC) on behalf of the four UK Health Departments, the British Medical Association (BMA) and NHS Employers. The survey was managed through a project board (a sub-group of the joint Technical Steering Committee (TSC)) which had representatives from each of these organisations, who have subsequently agreed this report.
- 1.2. The main objectives of the survey were to collect up to date information on:
 - The distribution of work in general practice (consultations and non-consultation work) to inform the global sum allocation formula review;
 - Skill mix changes – in particular the contribution to workload made by practice staff; and
 - Practice workload, as well as that of individual GPs and practice staff.
- 1.3. The last such survey was undertaken in 1992/93 and involved GPs only. Comparisons of results have been made for GPs where possible but should be treated with caution given methodological differences between the two surveys. In addition, the scope of the various GP contracts in 2006/07 are considerably different to that of the 1992/93 GMS contract, which will have an impact on overall workload.

2. Methodology

- 2.1. We drew a stratified random sample of nearly 4,000 practices and invited them to take part in the survey. Of these practices, 834 initially agreed to take part (which represents a first stage response rate of 21%). In the end, 329 out of the 834 practices actually returned data (which represents a second stage response rate of 39%). Due to the relatively low response rates of some of the sample strata only high level results are presented in the report.
- 2.2. The results have been weighted to ensure they are as representative as possible of all UK practices. In addition, we conducted a non-response survey, providing evidence that the final sample was representative of all practices. Further details of the stratification and the non-response survey are provided in Annex B.
- 2.3. A copy of the workload survey and associated letters sent to practices are found in Annex D.
- 2.4. We have also compared our results with a variety of other data sources at various points throughout the report.

3. Results – Overview

- 3.1. Results are presented at two levels: staff level and practice level. All results are presented at the UK level. Although the sample was selected proportionately to be representative of GP practices in all 4 countries of the UK, it was agreed that sub-UK country-level analysis should not be attempted due to the particularly small sample sizes for the smaller UK countries.
- 3.2. Three responding practices classified themselves as PCTMS practices. Results have not been presented separately for these three practices but are included in overall estimates.
- 3.3. The main findings are summarised in sections 4 to 9, with detailed tables in Annex A.
- 3.4. The data received were validated and results were weighted to be representative of the population of GP practices (of which there were just over 10,000 in the UK), and where possible, 95% confidence intervals have been calculated (using unweighted data) and are displayed on figures. All statistical significance testing is carried out at the 5% level (unless otherwise stated). Further methodological details, including weighting of results and statistical testing, can be found in Annex B.
- 3.5. For certain staff-level analyses, staff have been placed into one of five groups:
 - General Practitioners (GPs) excluding locums
 - Other clinical
 - Non clinical
 - All attached staff, and
 - Locums
- 3.6. Table 1 lists the staff types found in each of these groups. Throughout the paper any reference to ‘GPs (exc. locums)’ refers to the grouping of partner, salaried and registrar GPs.

Table 1: Staff types by group

GPs	Staff Type	Non-Clinical Staff	Staff Type
	GP Partner		Practice Manager
	GP Salaried		Reception
	GP Registrar		Administrator
Other Clinical Staff	Practice Nurse	Medical Secretary	
	Nurse practitioner	Dispenser	
	HCA	Other staff	
	Midwife	Attached staff	
	Physiotherapist	GP Locum	
	Counsellor		
	Phlebotomist		
	Podiatrist		
	Other therapist		

- 3.7. The majority (98%) of attached staff said they were not employed by practices but worked on the premises in the survey weeks (and should, therefore, be included in this survey).
- 3.8. Table 2 lists the three work areas used on the diary sheet in the workload survey. NHS work is further subdivided into consultation and non-consultation activity.

Table 2: Work areas of 2006/07 Workload Survey

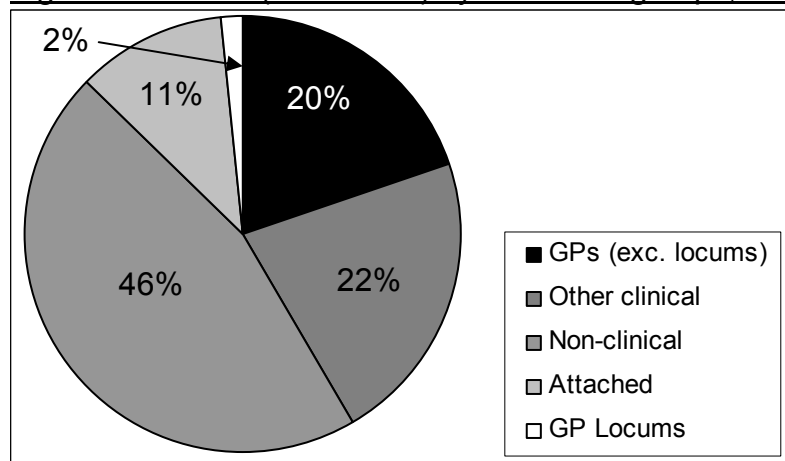
Work Area	Contract	Subdivision
NHS	GMS(PMS/PCTMS)	Consultation activity
		Non-consultation activity
Other NHS	Non-GMS(PMS/PCTMS)	
Non-NHS	Non-NHS medical services	

- 3.9. Annex C contains a list of all activities related to each of these work areas as well as a glossary of other key terms and a list of abbreviations used in this report.

4. Results – Practice Composition (Headcount)

- 4.1. The distribution of staff headcount for participating practices is shown in figure 1. The analysis is based on the five staff groups listed in table 1. The figure includes all staff, regardless of whether they were present during the survey weeks or not, and is weighted to represent all practices across the UK.

Figure 1: All staff (headcount) by main staff groups, 2006/07

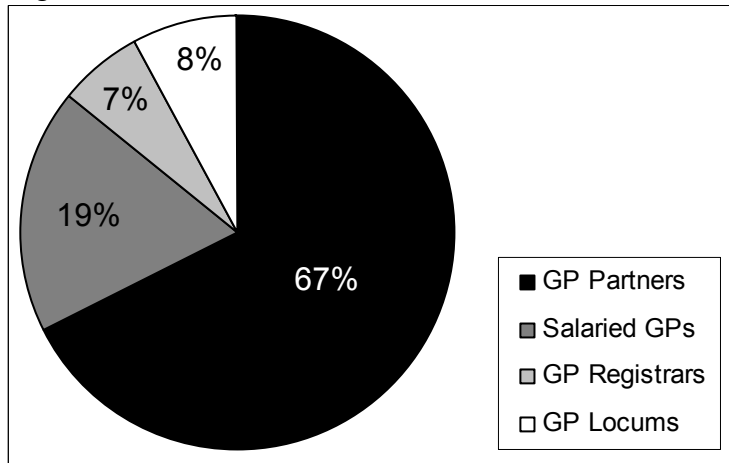


Note: Totals may not agree due to rounding

- 4.2. When looking purely at headcount, the typical practice is shown to have slightly more clinical staff (55%) compared to non-clinical staff (46%). GPs (*including* locums) make up 21% of the practice headcount. This compares to data from national GP censuses that show 23%⁴ of total staff working in general practice are GPs. However, unlike the present workload survey, the national GP censuses do not include practice staff (other than GPs) that are employed by PCTs.
- 4.3. Results from the survey showed that 95% of GP partners are self-employed, with most other GPs (excluding locums), nursing, healthcare assistant and non-clinical staff employed by the practice. However, the majority of attached staff (94%), around half of midwives (52%) and other clinicians are employed by PCTs. It is clear that their inclusion in this survey would account for the lower percentage of GPs in practices compared to the censuses in 2003. Table 8 in annex A gives further details of employment status for different staff types.
- 4.4. Figure 2 shows the breakdown of GP types for the participating practices. Once again, the figure includes all GPs, regardless of whether they were present during the survey weeks or not, and is weighted to represent all practices across the UK.

⁴ Note that this figure relates to GB census data for 2003. Data on GP practice staff are only available up to 2003 in Scotland (<http://www.isdscotland.org/>) and are not readily available in Northern Ireland.

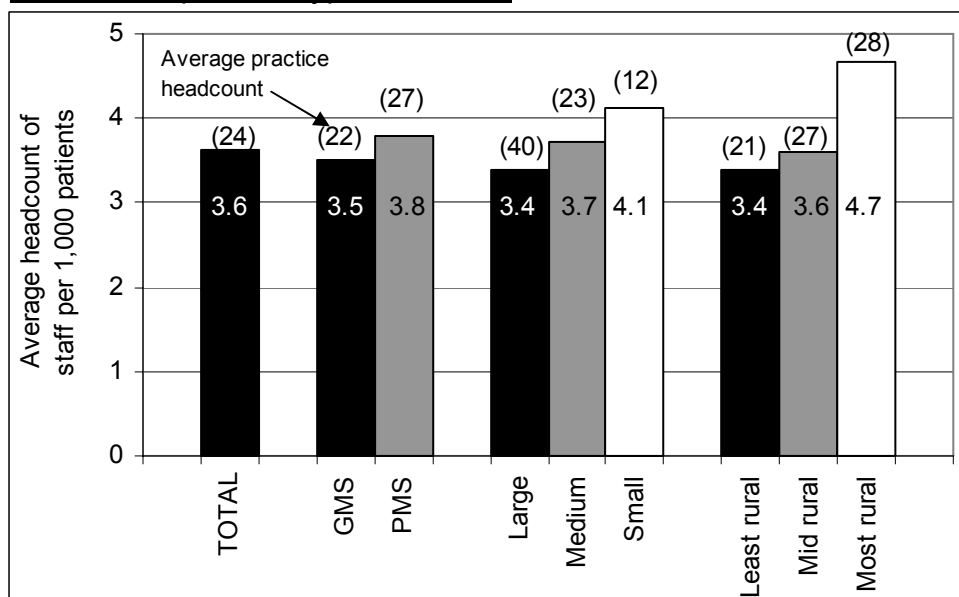
Figure 2: GP headcount, 2006/07



Note: Totals may not agree due to rounding

- 4.5. As expected, the majority of GPs in practices are partners who account for just over two-thirds of all GPs recorded in the survey. Salaried GPs, GP registrars and locums account for the remaining third.
- 4.6. On average UK practices have 24 members of staff (or 21 if locums and attached staff are not included). The number of staff varies across the three main strata used in the survey:
- GMS / PMS contract
 - Small, medium or large practice
 - Least, mid or most rural practice
- 4.7. Average headcount figures for different practice types in the survey are shown by the bracketed numbers in figure 3. The figure also shows how the average number of staff (inc. GPs) per 1,000 patients varies across different practice types.

Figure 3: Average total number of staff (headcount) per 1,000 patients for different practice types, 2006/07

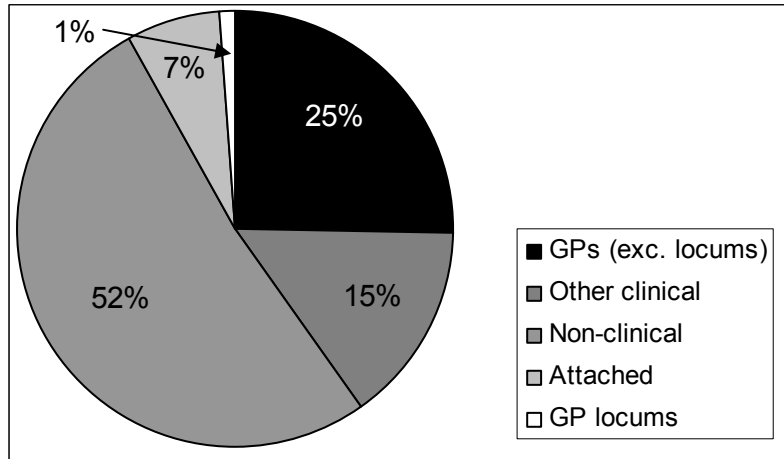


- 4.8. As would be expected, smaller practices have the least number of staff but more staff per thousand patients than larger practices due to a minimum requirement of staff types to provide a full range of primary medical services (i.e. as predicted by economies of scale). However, whilst most rural practices have the highest number of staff per 1,000 patients they also have a large number of staff compared to less rural practices.
- 4.9. Table 10A and 10B in annex A give further breakdowns of the data and show how the average number of staff (headcount and headcount per 1,000 patients, respectively) vary across the five different staff groups and different practice type.

Results - Practice Composition (Full-Time Equivalent)

4.10. Figure 4 shows the distribution of total practice hours by staff type. This gives a measure related to full-time equivalent (FTE) and is used in the remainder of this report unless stated otherwise.

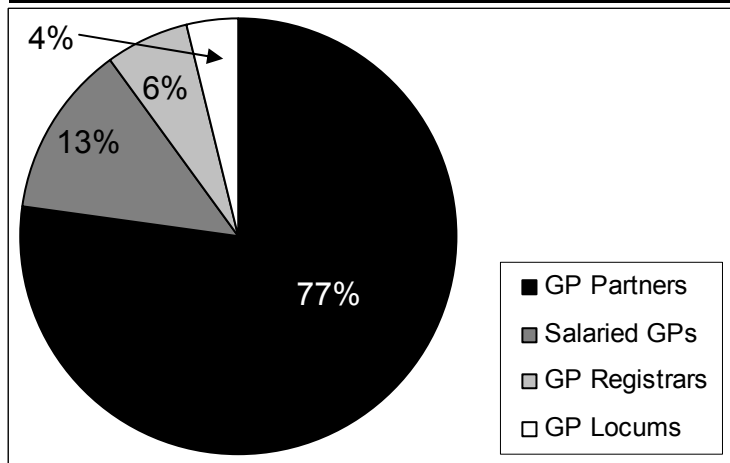
Figure 4: Distribution of total practice hours by main staff groups, 2006/07



4.11. The average practice breakdown in terms of hours worked shows a similar pattern to headcount, however, there are some noticeable changes when comparing individual staff groups. For example, whilst other clinical staff contribute to 22% of the total headcount, the proportion of total hours they work is 15%; this reflects the shorter average working week for this group (as shown later in this report). Conversely, GPs (exc. locums) contribute to 25% of the total hours worked, although they only represent 20% of the headcount.

4.12. Figure 5 shows the distribution of total practice hours by GP type.

Figure 5: Distribution of total practice hours by GPs, 2006/07

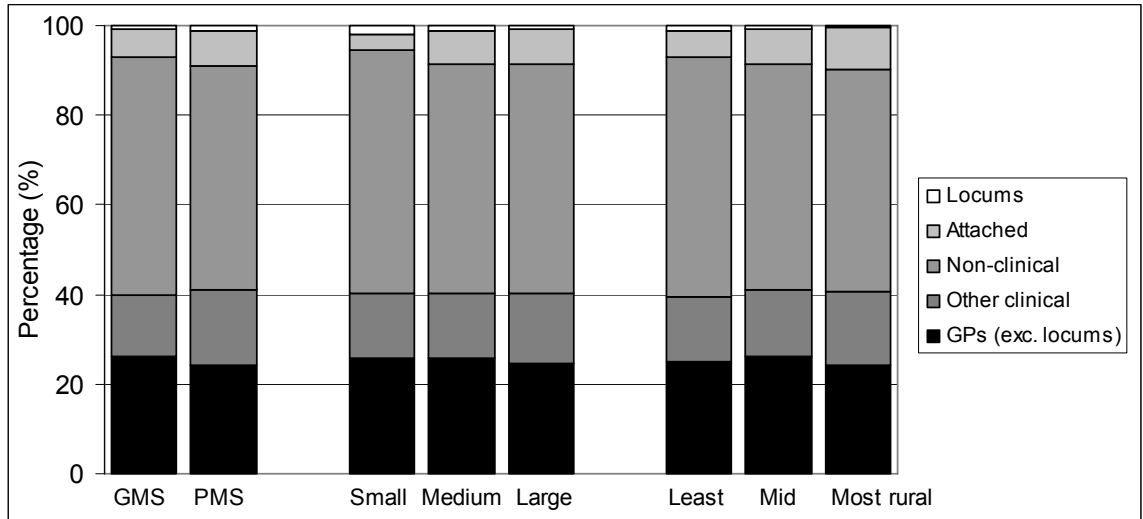


4.13. Similar to the trends discussed above, GP partners contribute a higher proportion of the total weekly hours worked by all GPs compared to their headcount (i.e. 77% of average weekly hours compared to 67% of

headcount). This reflects the longer average working week for this group (as shown later in the report).

4.14. The distribution of total practice hours for different types of practices is illustrated in figure 6.

Figure 6: Distribution of total practice hours by practice types, 2006/07



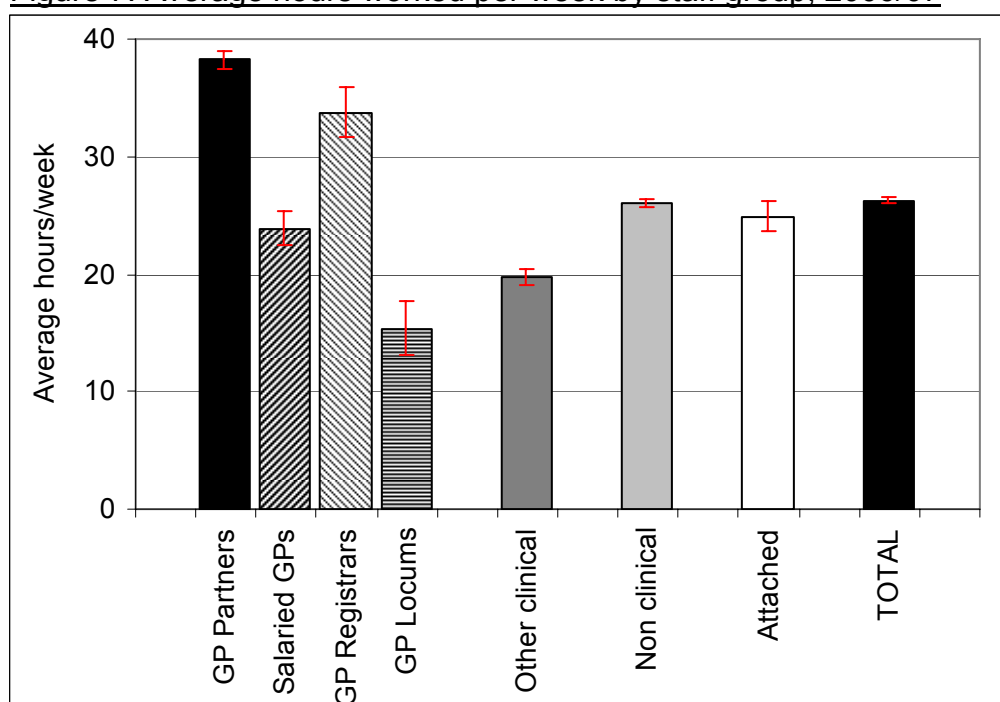
4.15. Figure 6 shows that there is very little variation in practice composition (when measured in terms of total hours worked) when compared against the main practice characteristics, namely GPMS, practice size and rurality.

5. Results – Total Workload of Full and Part-Time Staff

All Staff

- 5.1. Figure 7 shows total average weekly hours across all practices for the different staff groups. There are three things to note when considering these results:
- they include both full and part-time staff,
 - the working patterns of GP locums will depend on practice circumstances and while some locums will be employed on a regular basis others will be employed to cover a number of hours of GPs who none-the-less worked in the survey week(s). This will tend to reduce the overall average hours worked by the covered GPs and is not possible to account for in the survey. It is assumed that this anomaly was also present in the 1992/93 survey against which comparisons are made in section 9, and,
 - as the survey was targeted at work in the practice it excludes work done elsewhere as well as any work identified as out-of-hours (OOH).

Figure 7: Average hours worked per week by staff group, 2006/07

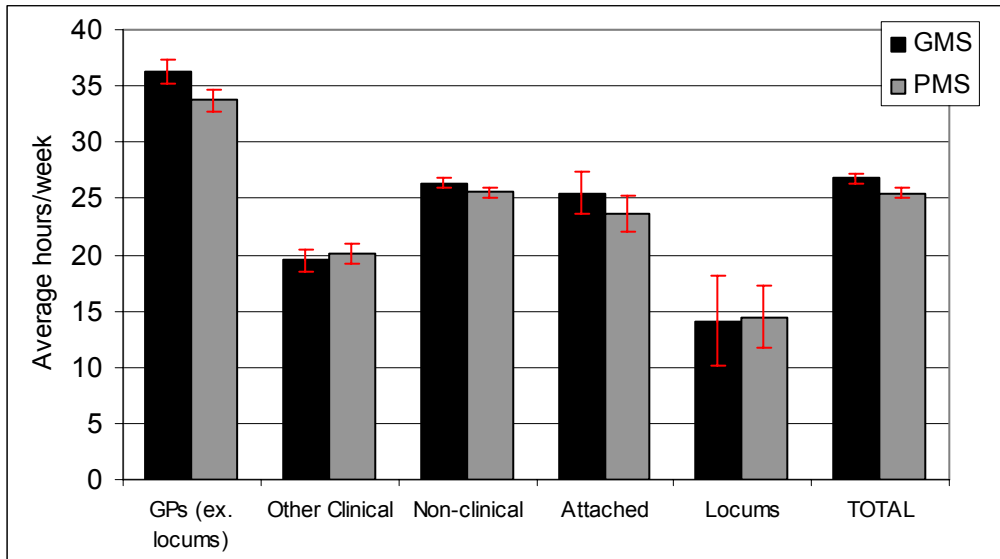


- 5.2. The total average figure for all staff was 26.3 hours in the recording week(s). GP partners worked an average 38.2 hours per week. This compares to 19.7, 26.1 and 24.9 hours for other clinical, non-clinical and attached staff, respectively. The 95% confidence intervals give an indication of the variation in the data. Please see section 6 for an estimation of full-time hours.

GMS / PMS

5.3. The average total hours worked by all staff in the recording weeks was 26.8 for GMS practices and 25.5 for PMS practices. This difference is small but statistically significant. Figure 8 compares the average weekly hours between GMS and PMS for each staff group.

Figure 8: Average hours worked per week by staff in GMS/PMS practices, 2006/07



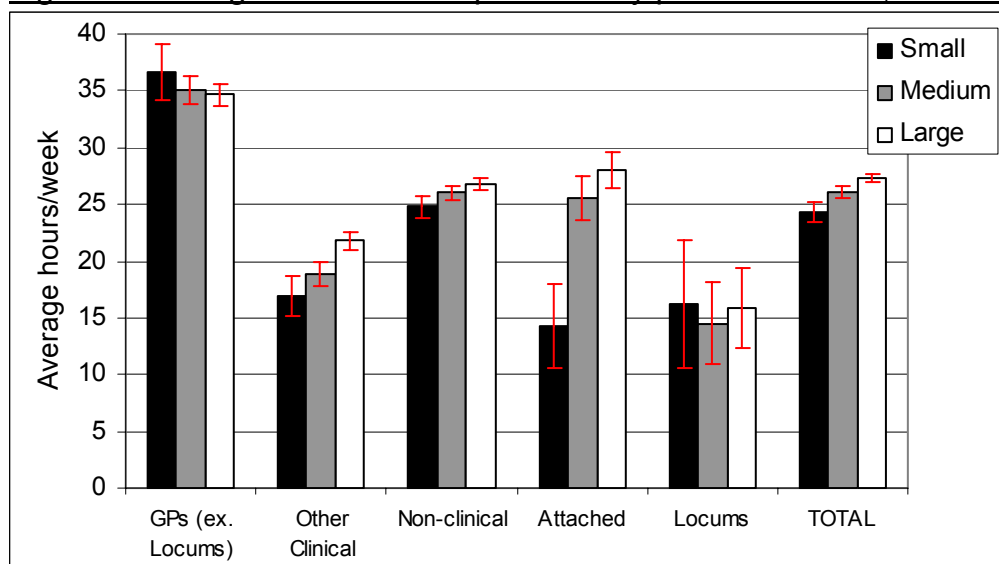
Note: Analysis excludes three PCTMS practices

5.4. The average total weekly hours for GPs (exc. locums) was 36.2 and 33.7 for GMS and PMS practices, respectively, which is also statistically significant. There are small differences among other staff types, although the differences are generally not statistically significant.

Practice Size

- 5.5. Figure 9 shows how the average hours worked per week by all staff varied by practice list size⁵.

Figure 9: Average hours worked per week by practice list size, 2006/07



- 5.6. The figure shows that apart from GPs, there is an increase in total average weekly hours for each staff group when comparing small practices with medium or large practices.
- 5.7. Table 3 shows how average hours worked per week varied for GMS and PMS staff within small, medium and large practices.

Table 3: Average hours worked per week by GMS/PMS staff by practice size, 2006/07

Practice Size	GMS/PMS	GPs (exc. locums)	Other clinical staff	Non-clinical staff
Small	GMS	39.0	17.3	25.0
	PMS	35.3	16.3	24.0
Medium	GMS	36.0	18.5	26.3
	PMS	33.0	19.8	25.3
Large	GMS	35.4	21.7	27.0
	PMS	33.6	21.8	26.4
Total	GMS	36.2	19.5	26.4
	PMS	33.7	20.1	25.6
	Total	35.1	19.7	26.1

Note: Breakdowns exclude three PCTMS practices, attached staff and locums (due to insufficient sample size)

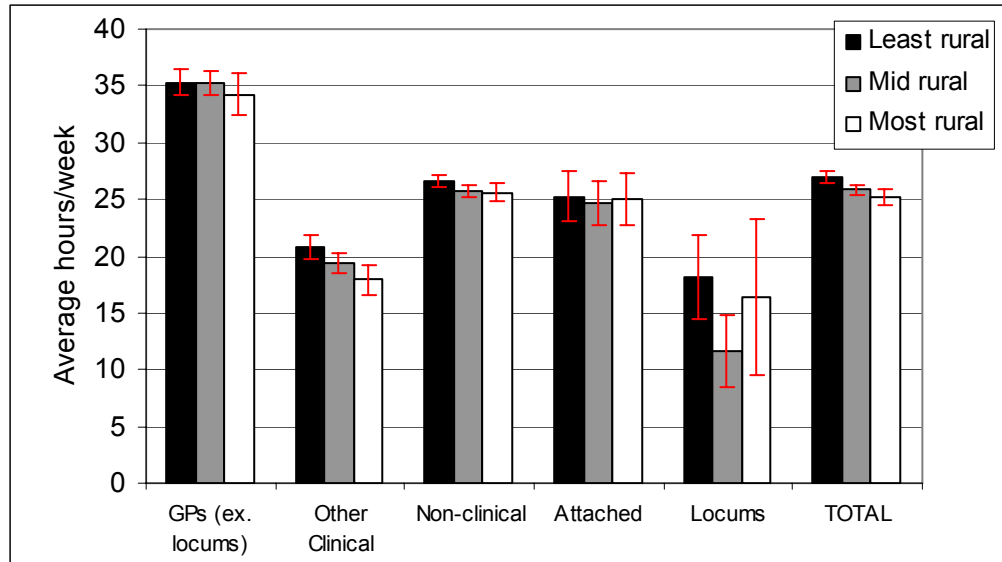
- 5.8. GMS GPs (exc. locums) are shown to work longer hours on average than their PMS counterparts regardless of practice size. Differences for other staff types are generally less pronounced.

⁵ For definition of practice list size see table 1 in annex B.

Rurality

5.9. Figure 10 compares the average weekly hours between least, mid and most rural practices⁶ for each staff group.

Figure 10: Average hours worked per week by rurality, 2006/07



Note: Analysis excludes one practice for which rural status was unknown

5.10. There is a small reduction in average hours worked for all staff when comparing least rural to mid and most rural practices (27.0, 25.9 and 25.3, respectively). This trend was not mirrored in all staff groups although in each case, staff in least rural practices worked on average longer than those in most rural practices.

5.11. The differences were statistically significant when comparing least rural practices to both mid and most rural practices; however, there was no statistically significant difference when comparing mid and most rural practices.

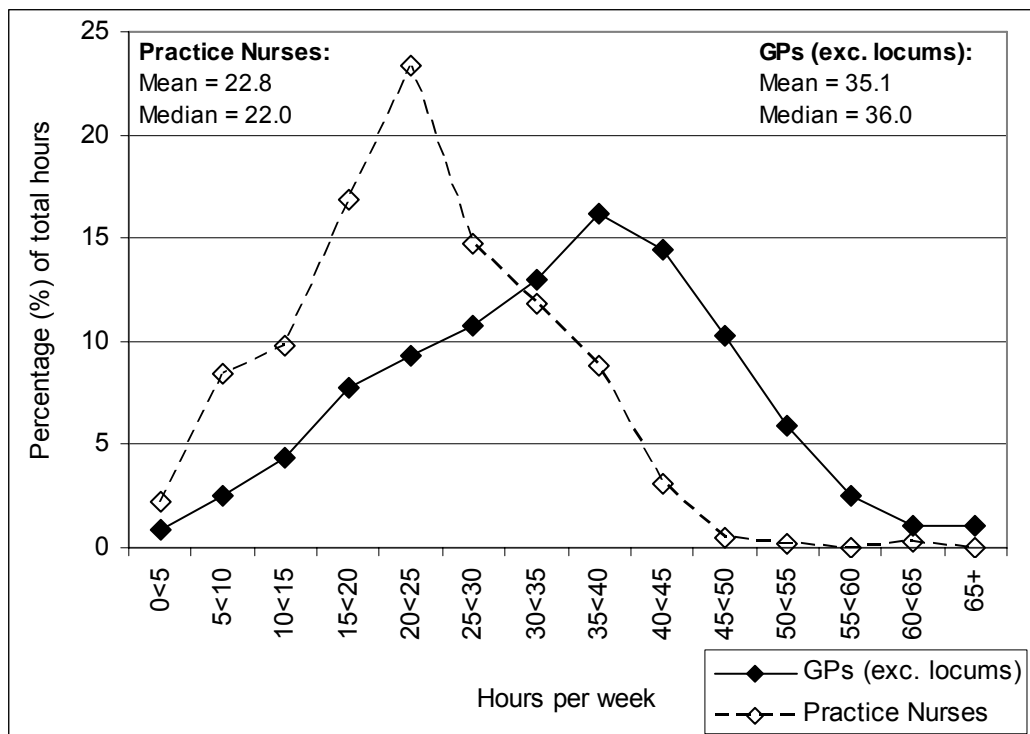
⁶ For definition of practice rurality see table 1 in annex B.

6. Results – Staff Workload Distributions

Distributions

- 6.1. As discussed in section 5, calculations of average weekly hours will be affected by part-time working patterns for all staff. This effect can be demonstrated using distributional plots of hours worked per week. Figure 11 shows the distribution of average weekly hours of GPs (exc. locums) and practice nurses (as an example of other clinical staff). Figure 1 in annex A shows a cumulative plot of this data.

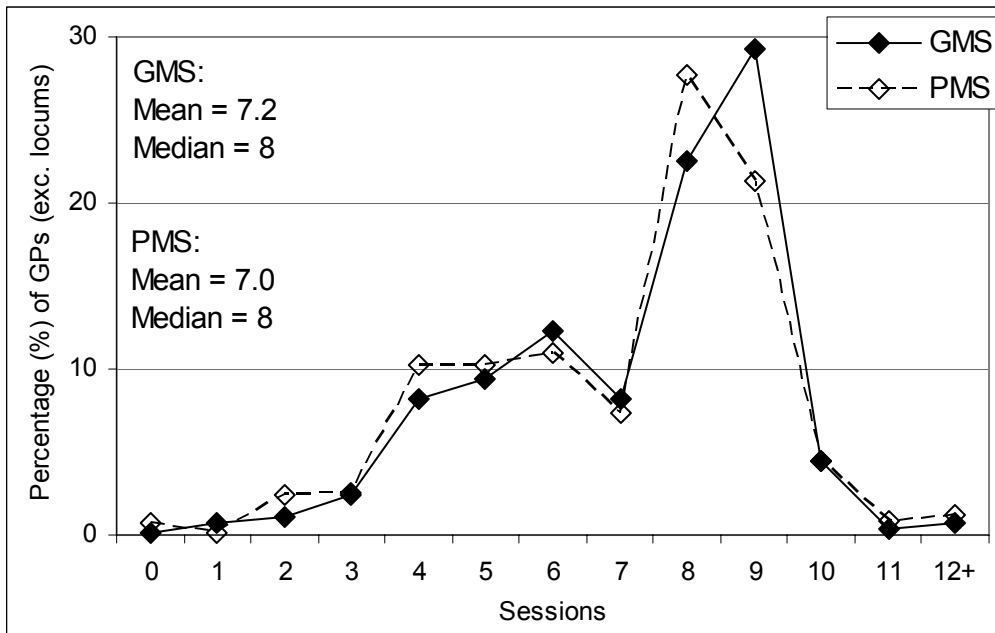
Figure 11: Distribution of average weekly hours, 2006/07



- 6.2. The fairly symmetrical distribution of hours worked in the week by practice nurses and the fact that they work an average 22.8 hours per week suggests the majority are part-time. On the other hand, GPs (exc. locums) work longer hours than practice nurses with a broader distribution suggesting a greater range of full and part-time working. The mix between full- and part-time GPs can be further explored by looking at a distributional plot of sessions⁷ worked per week by GPs (exc. locums). This is shown in figure 12.

⁷ A session is normally defined as a half-day. Results from the survey show the average length of time per session for all GPs (exc. locums) was 5.0 hours. Further details can be found in table 5A in annex A.

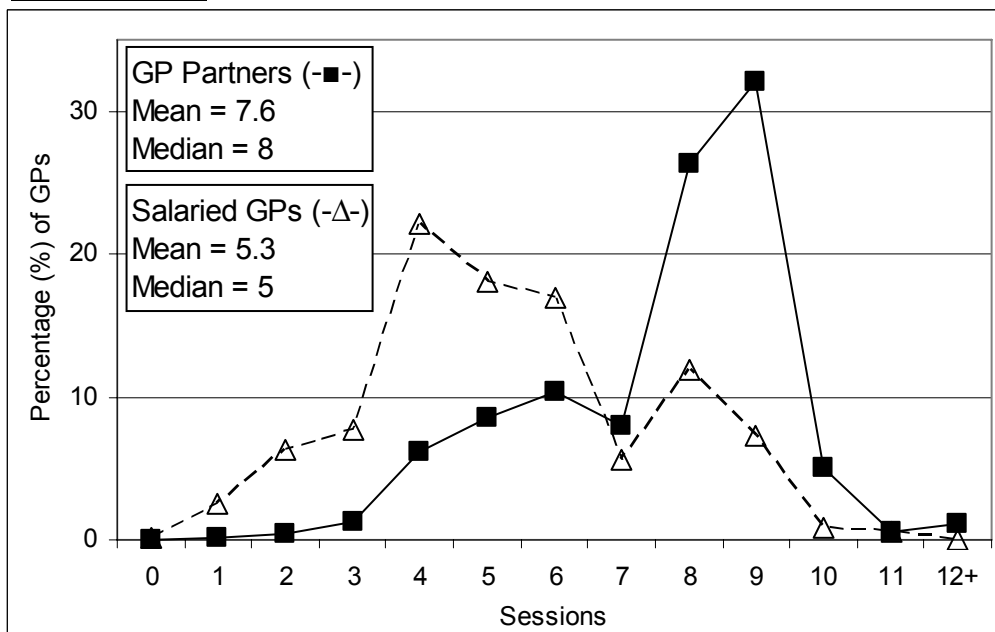
Figure 12: Distribution of sessions per week by GMS and PMS GPs (exc. locums), 2006/07



6.3. Both sets of data display bimodal distributions, which strongly suggest the presence of full- and part-time GPs for both GMS and PMS. From the shape of the graph it can be inferred that part-time GPs average around 5 sessions per week and full-time GPs 8 or more. The most common number of sessions full-time PMS GPs (exc. locums) work is 8 compared to 9 for GMS. This is likely to provide some explanation as to why GMS GPs (exc. locums) on average work longer weekly hours compared to PMS GPs (exc. locums).

6.4. Figure 13 compares the distributional plots of sessions worked by GP partners and salaried GPs.

Figure 13: Distribution of sessions per week by GP partners and salaried GPs, 2006/07



- 6.5. Once again, both GP types display bimodal distributions providing more evidence for full and part-time working patterns. However, it is clear that salaried GPs are more likely to work part-time hours than GP partners. Figure 2 in annex A shows a cumulative plot of this data.

Full-time vs. All (GPs)

- 6.6. Assuming that full-time GPs work 8 or more sessions in a typical week enables some further analysis of working patterns, as shown in table 4.

Table 4: Average hours worked per week, full-time GPs, 2006/07

GP Type	'Full-time' ¹		
	Unweighted number in sample	Average hours	Standard error
Partner	395	44.4	0.5
Salaried	50	39.6	1.2
Registrar ²	35	35.9	1.0
Locums	17	29.4	3.8

1. 'Full-time' GPs are those who reported working a typical week of 8 or more sessions

2. Contains 8 foundation 2 doctors

- 6.7. 'Full-time' GP partners worked an average of 44.4 hours compared to the all GP partner average of 38.2 (discussed in section 5). Estimated GMS 'full-time' GP partners worked on average 45.1 hours per week compared to 43.0 hours for their PMS counterparts. This difference was not statistically significant.
- 6.8. Table 4A in annex A shows that the average length of time per session for all GPs partners was 5.2 hours, although not all of this time is necessarily spent in consultation activity (see section 7). Table 4B in annex A shows the average number of consultations, visits and clinics per session for each type of GP.

Full-time vs. All Other Practice Staff (not GPs)

- 6.9. Unlike GPs, other practice staff do not work a number of 'sessions' per week and a different method of estimating full-time hours is required. By assuming full-time staff work 35 hours or more a week it is possible to calculate the average weekly hours of all other full-time practice staff. This is shown in table 5.

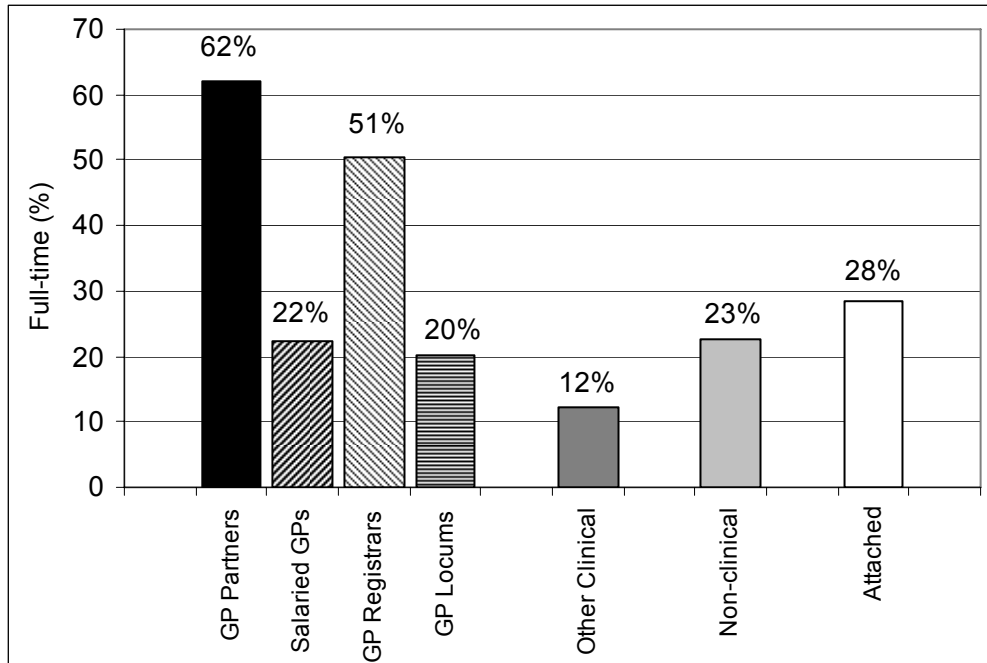
Table 5: Average hours worked per week, full-time and all staff, 2006/7

Staff Category	All Staff			'Full-time' ¹		
	Unweighted number in sample	Average hours	Standard Error	Unweighted number in sample	Average hours	Standard error
Other clinical	1,306	19.7	0.3	158	39.7	0.4
Non-clinical	3,267	26.1	0.2	743	39.3	0.2
Attached	497	24.9	0.6	141	41.4	0.7

1. 'Full-time' staff are defined as those who worked 35 or more hours

6.10. Based on the assumptions listed above, that full-time GPs work 8 or more sessions per week and all other staff work 35 hours or more per week, figure 14 shows the percentage of GPs and other staff groups that work full-time hours.

Figure 14: Percentage of staff that work full-time hours



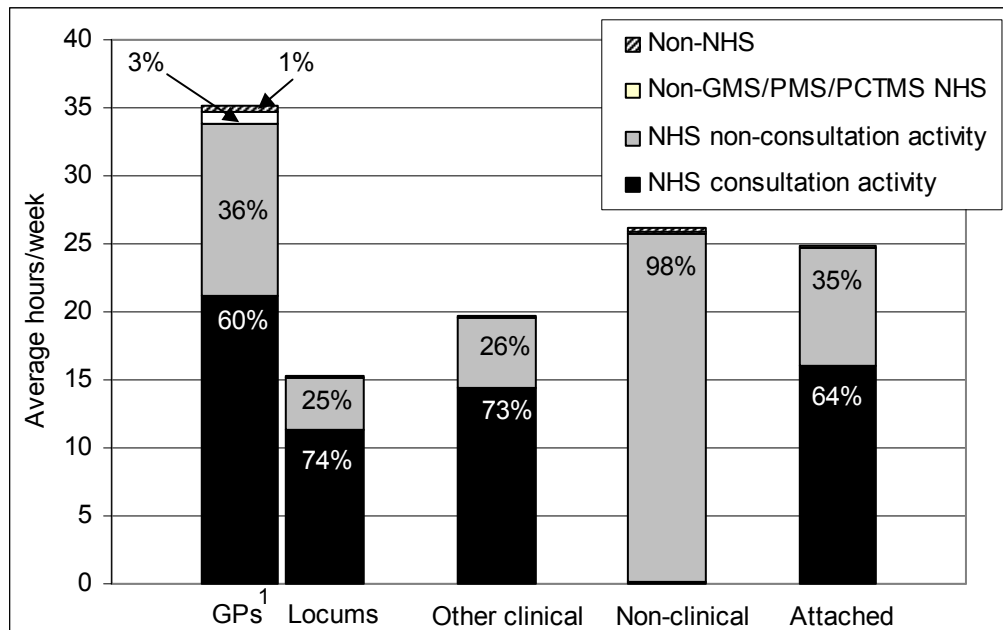
6.11. Please note that these figures are not a measure of FTE but only the proportion of staff that work full-time (i.e. it is possible to work less than full-time hours but have a FTE of 0.99). As expected, the proportion of GP partners working full-time is greater than for any other staff. Other clinical staff are most likely to work part-time.

7. Results – Staff Workload Breakdowns

Activity Breakdowns - individual staff groups

7.1. All clinical staff, whether GPs or others, divide their time between NHS consultation and non-consultation activities (as well as non-GMS/PMS/PCTMS NHS and non-NHS activities). Non-consultation activities relate to all activities involved with running the practice “behind the scenes” (i.e. paperwork, arranging referrals, teaching etc). Figure 15 shows the distribution of time for all staff between the various activities.

Figure 15: Distribution of work activities by individual staff groups, 2006/07

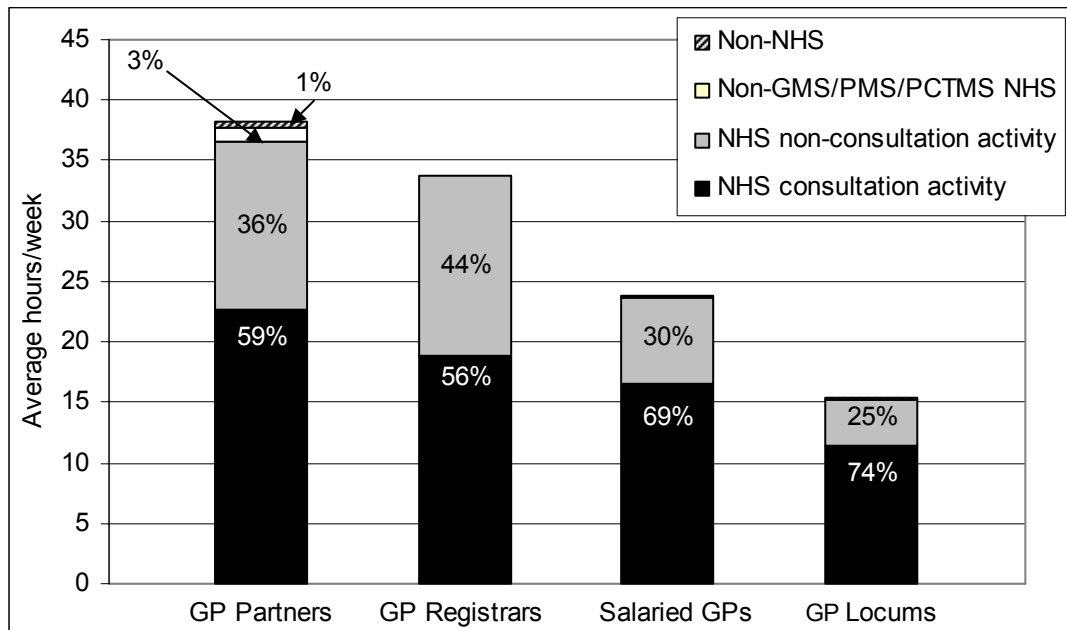


1. GPs excluding locums

7.2. As would be expected, non-clinical staff spend the majority of their time on non-consultation activities whereas all clinical staff have a mixture of consultation and non-consultation activity time.

7.3. Figure 16 shows the distribution for each category of GP.

Figure 16: Distribution of work activities by GPs, 2006/07



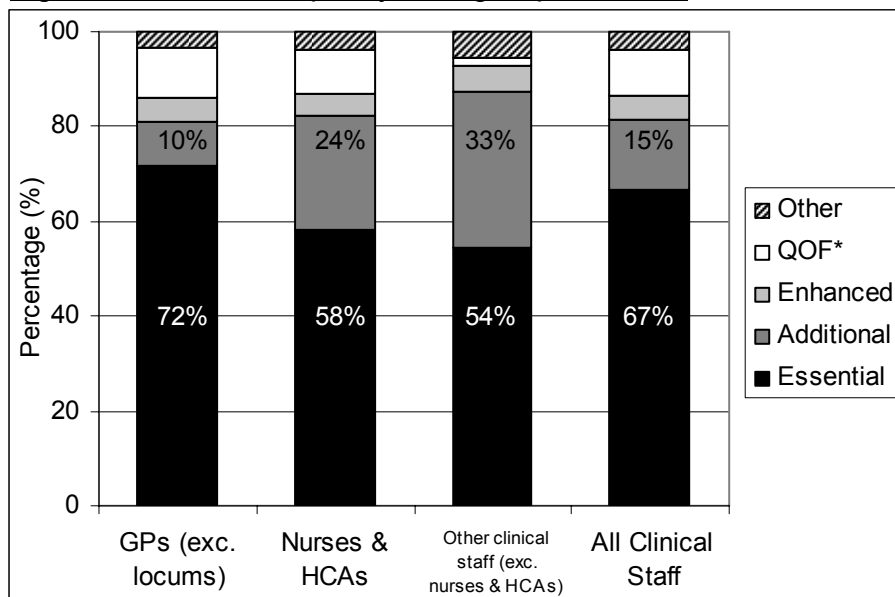
7.4. Salaried and locum GPs spend a larger proportion of their time in consultation activities compared to partners and registrars. This is expected for partners who will tend to have a role in the actual organisation and running of the practice as well as direct patient work.

7.5. Further breakdown of NHS consultation and non-consultation activities is discussed in section 8.

Service Splits

7.6. As well as filling in individual diary sheets for the recording week, clinical staff were also asked to estimate what percentage of their total work related to essential, additional and enhanced services as well as any services uniquely attributable to the quality and outcomes framework (QOF). Feedback from the survey pilots indicated that staff found this question difficult to answer. The question posed made clear that estimates were acceptable, so there is a degree of uncertainty to bear in mind when considering these findings. The results are weighted by hours worked and are summarised in figure 17.

Figure 17: Services split by staff group, 2006/07



Notes:

* 'QOF' relates only to services uniquely attributable to the quality and outcomes framework

- Results are weighted by hours worked

- For remaining percentage scores see table 9 in annex A

7.7. For GPs and most other clinical staff, the majority of hours are spent carrying out essential services, with additional services coming next. However, please note that much of the additional services chosen by the 'other clinical staff (exc. nurses & HCAs)' relates to midwives. Table 9 in annex A shows they reported that 84% of their work was spent carrying out additional services with nearly all the remainder as essential services (14%).

7.8. Whilst services uniquely attributable to the QOF are only shown to take up a small proportion of clinical staff's time, it is important to note that the QOF cuts across most of the work of general practice. Separately identifying the proportion of total work relating to the QOF was not considered to be possible.

8. Results – Further Breakdowns of NHS Consultation and Non-Consultation Activities

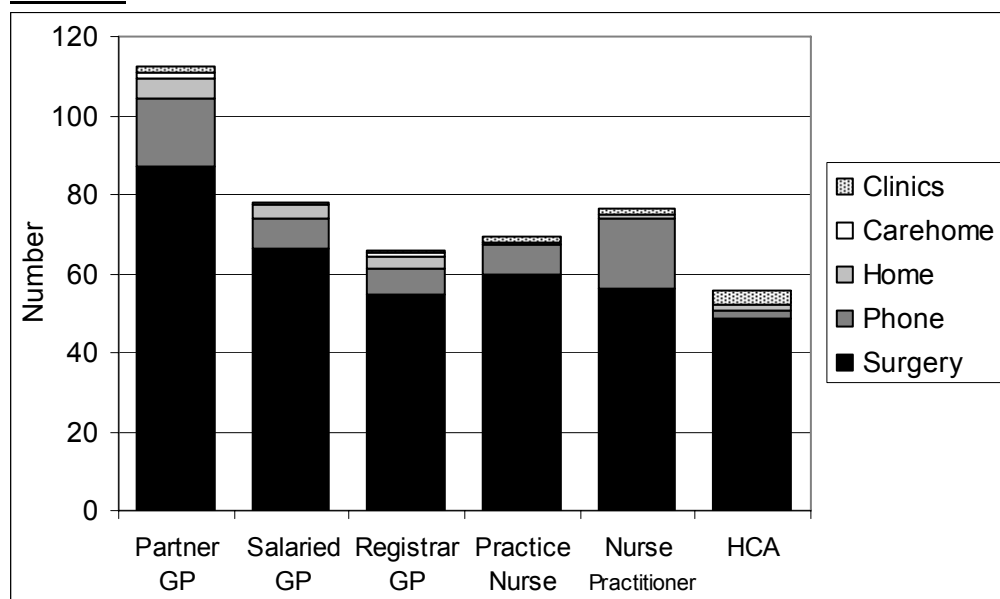
NHS Consultation Activity - clinical staff analysis

- 8.1. NHS consultation activity time was broken down in the diary sheet into the following five categories:
- Telephone consultations,
 - Surgery consultations,
 - Home visits (including travel time),
 - Care home visits (including travel time), and,
 - Clinics (outside consultations).

Number of consultations, visits and clinics

- 8.2. Figure 18 compares the average weekly number of consultations, visits and clinics for the main clinical staff groups, namely GPs (exc. locums), practice nurses, nurse practitioners and health care assistants. Once again, please note that this figure includes results for both full and part-time staff.

Figure 18: Average number of consultations, visits and clinics per week, 2006/07



- 8.3. GP partners held an average of 87 surgery consultations per week, equivalent to an average of 11.7 minutes per consultation⁸. In addition they had an average of 17 telephone consultations that lasted on average 7.1 minutes each. This compares to an average number of surgery consultations per week of 60 for practice nurses, although the average length of their consultations was 15.5 minutes. Table 5A and 5B

⁸ Length of consultations are estimated by dividing the average length of surgeries by the average number of patients seen. This method can overestimate the length of the activity (e.g. by including interruptions and time spent waiting for patients to arrive/leave the room).

in annex A show the average number and length of all consultations, visits and clinics by clinical staff.

- 8.4. Using the assumption in paragraph 6.6, that full-time GPs work 8 or more sessions, it is possible to estimate the average number of consultations, visits and clinics that full-time GP partners conduct in a week. These estimates are shown in table 6.

Table 6: Average number of consultations, visits and clinics for all GP partners and ‘full-time’ partners

Activity	All GP Partners	‘Full-time’ GP Partners
Surgery consultations	86.9	102.3
Phone consultations	17.3	18.8
Home visits	5.3	6.4
Care home visits	1.6	1.9
Clinics	1.4	1.5

Note: Averages relate to all partners whether they held consultations / visits / clinics or not

- 8.5. As expected, full-time GP partners carry out more consultations, visits and clinics than all full and part-time partners combined although the main effect is seen in the number of surgery consultations.
- 8.6. The results in table 6 also show that all partners see more patients in surgery consultations than any other form of patient contact. Based on this analysis, it is possible to compare the type of consultations for GPs (inc. locums) to the findings in the QRESEARCH⁹ report, “Trends in consultation rates in general practice 1995 to 2006.” Table 7 shows the percentage of consultations held in the surgery, on the phone or on home visits for GPs in both surveys.

Table 7: Nature of consultations and visits for GPs (inc. locums)

Activity	Consultations & visits	
	Workload survey (2006/7)¹	QRESEARCH² (2006)
Surgery consultations ³	79%	84%
Phone consultations	14%	10%
Home & care home visits	6%	4%
Other locations ⁴	0%	3%

1. Averages relate to GPs whether they held consultations / visits / clinics or not. Any GPs with a single blank return were excluded from this analysis

2. QRESEARCH report, “Trends in consultation rates in general practice 1995 to 2006.”

3. Including clinics in workload survey

4. QRESEARCH definition that refers to locations which could not be categorised as either surgery, home or telephone. Examples include A&E, schools or colleges

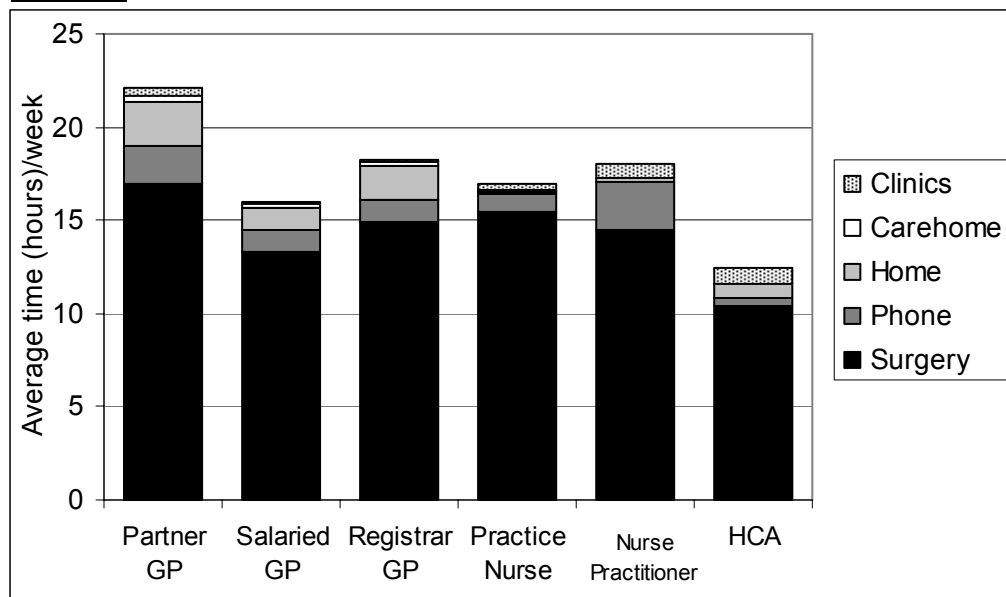
⁹ QRESEARCH is an aggregated general practice database of over 500 practices spread throughout the UK with representation in every Strategic Health Authority (<http://www.qresearch.org>).

- 8.7. Results from the workload survey show GPs spend 79% of their consultations in surgery compared to 84% from QRESEARCH. Phone consultations account for 14% of GP consultations according to the workload survey compared to 10% from QRESEARCH.
- 8.8. It is possible that the electronic capture method used by QRESEARCH yields different results to the diary method of the workload survey. For example, QRESEARCH could double count a parent and child consultation (because two records are opened by a GP) compared to the one counted on the diary sheet. In addition, some GPs have telephone surgeries booked on their computers and unless these are recorded as telephone encounters they can also be included as surgery consultations by QRESEARCH. Both these factors would explain the higher proportion of surgery consultations measured by QRESEARCH compared to the workload survey.

Average time spent on consultations, visits and clinics

- 8.9. Figure 19 compares the total average length of time per week spent on consultation activity work by the main clinical staff groups.

Figure 19: Average time spent on consultations, visits and clinics, 2006/07



- 8.10. Figure 19 shows that these clinical staff spend the majority of their consultation time in practice based surgery.

NHS Consultation Activity - practice analysis

8.11. Another way of analysing consultation activity data is to look at what percentage of the total work (surgery, phone, home, care home and clinics) was covered by which clinical staff. Table 8 shows this analysis based on the total number and time spent on all consultations, visits and clinics.

Table 8: Percentage of consultation activity by clinical staff, 2006/07

Staff Type	Patient contact percentage (%)	
	of NUMBER of consultations, visits & clinics	of TOTAL TIME of all consultations, visits & clinics
GP Partner	48.5	44.9
GP Salaried	9.4	8.6
GP Registrar	2.1	3.4
GP Locums	3.4	2.9
All GPs	63.4	59.7
Practice Nurse	23.5	26.0
Nurse Practitioner	4.6	4.5
HCA	5.9	5.8
All clinical staff (exc. GPs)	36.6	40.3

8.12. Table 8 shows that in terms of total number of individual consultations, visits and clinics conducted, GPs (incl. locums) covered 63% of the workload compared to 37% by all other clinical staff. However, when the total average time spent on all the consultation activity work is considered GPs (incl. locums) cover 60% of the workload compared to 40% by all other clinical staff. Once again, this difference is due to other clinical staff spending, on average, longer on each consultation than GPs.

8.13. It is possible to compare these results to the findings in QRESEARCH for 2006 if similar definitions of staff types are adopted and average number (as opposed to average time) is considered. Table 9 compares the results.

Table 9: Comparison of Workload Survey and QRESEARCH data for percentage of consultations and visits by GPs and nurses

Staff Type	Consultations & visits (%)	
	Workload survey (2006/07)	QRESEARCH (2006)
GPs ¹	63	62
Nurses ²	29	34
Other	8	4
Total	100	100

1. All GPs including locums

2. Extensive catchment in QRESEARCH. Only practice nurses, nurse practitioners and midwives from workload survey included

8.14. Both surveys showed similar results for consultations and visits carried out by GPs whereas QRESEARCH showed nurses covering 34% of the work compared to 29% from the workload survey. However, please note that the definition of nursing types used by QRESEARCH covered a broader range of staff than that used in the workload survey. For example, any nurses that were not placed under the 'nurse practitioner' or 'practice nurse' category in this survey were placed in the 'other staff' category. These included 'triage nurses, treatment room nurses, research nurses and mental health nurses' and totalled 34 out of 786 labelled nurses (4%). Their exclusion can account for some of the difference between the workload survey and QRESEARCH shown in table 9.

NHS Non-Consultation Activity - practice analysis

8.15. NHS Non-consultation activity time was broken down in the diary sheet into the following 13 categories:

- a. Arranging referrals - choose & book,
- b. Arranging referrals - other,
- c. Data input,
- d. Dispensing,
- e. Governance,
- f. Networking,
- g. Practice administration,
- h. Reception,
- i. Repeat prescribing,
- j. Strategy / Policy / Service development,
- k. Teaching,
- l. Training / Study, and,
- m. Other NHS

8.16. Similar to the analysis shown in table 8 on patient contact, table 10 shows how this non-consultation activity work was divided across staff types. This analysis is based on the total time spent on non-consultation activity work.

Table 10: Percentage of NHS non-consultation activity time carried out by different staff groups

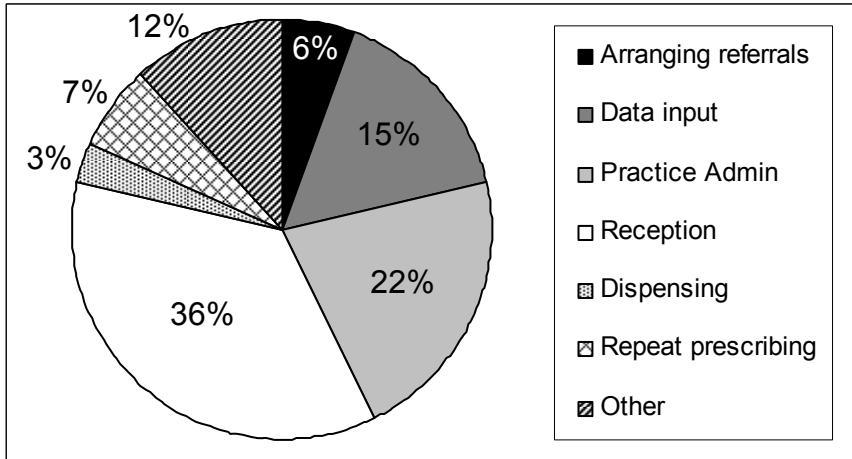
Staff Type	Total time (%)
GPs (exc. locums)	13.7
Other clinical staff	5.9
Non-clinical staff	76.4
Attached staff	3.7
GP Locums	0.4
All staff	100.0

8.17. As would be expected, non-clinical staff cover the majority of non-consultation activity. Whilst these staff represent 45% of the total practice headcount the fact that individually they spend the majority of their time on non-consultation activity (98% from figure 12) means they cover over three-quarters of this work.

NHS Non-Consultation Activity - non-clinical staff analysis

8.18. Figure 20 shows how non-consultation work time is distributed across non-clinical staff.

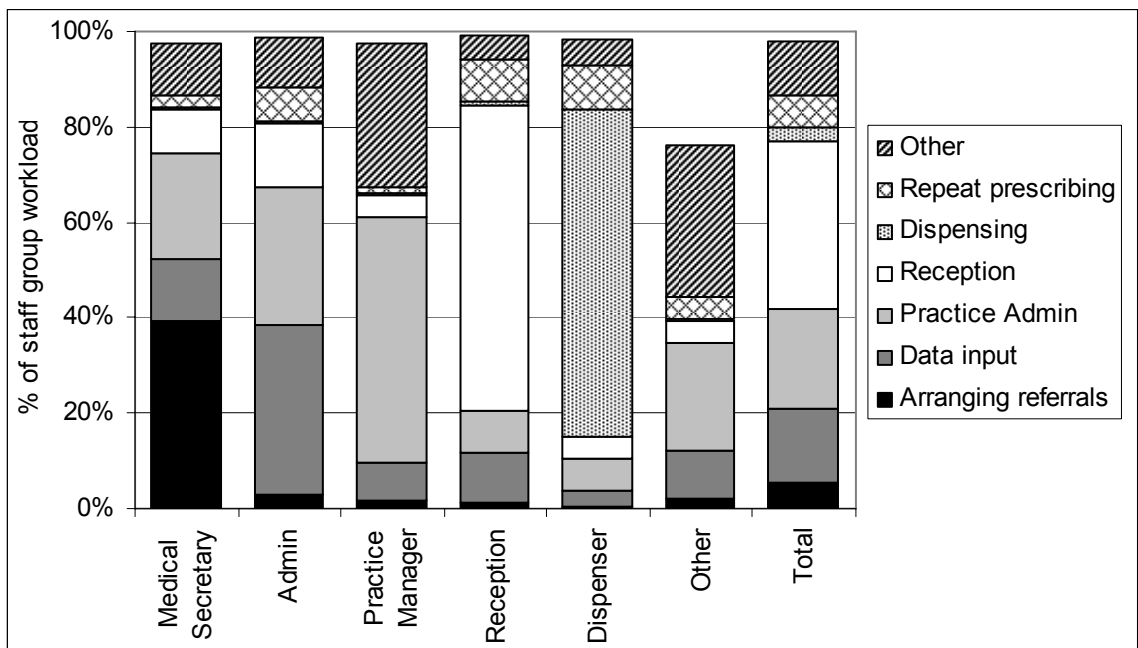
Figure 20: Distribution of non-consultation work time across non-clinical staff, 2006/07



8.19. The figure shows that data input, practice administration and reception work cover nearly three-quarters (73%) of the entire work time of non-clinical staff.

8.20. Figure 21 shows how the 5 main non-clinical staff groups spent their time in the survey weeks. The figure is based on table 7 in annex A that shows the percentage of average time that each staff type spent on activities in the diary sheet. Note that 20% (67 out of 329) of the practices in the survey were dispensers, which accounts for the presence of this activity in the analysis.

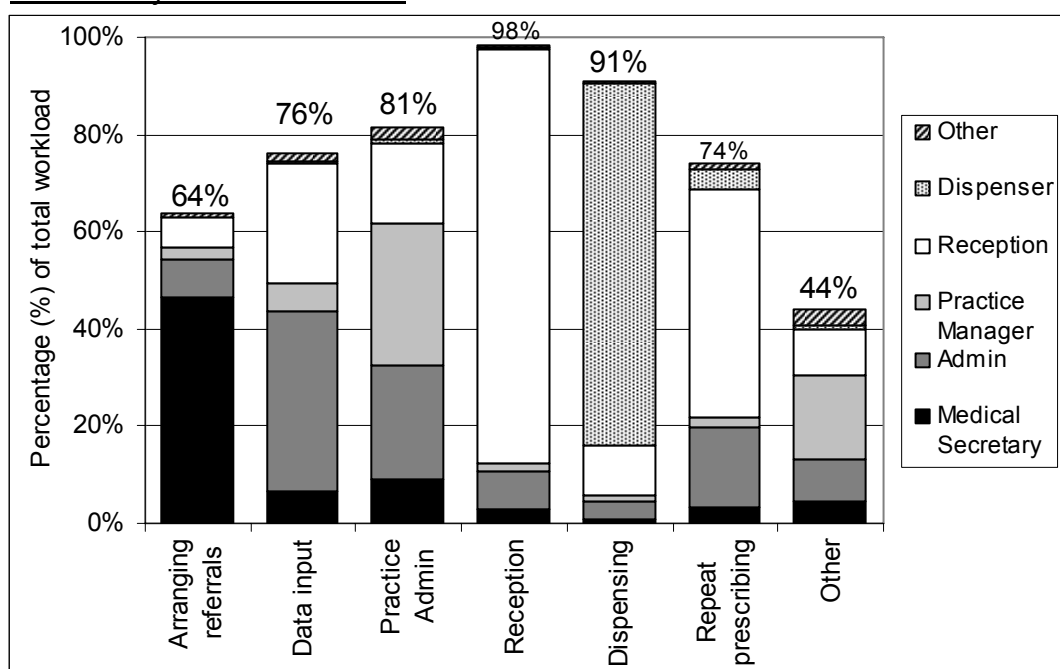
Figure 21: Average proportion of time spent on non-consultation activity by non-clinical staff, 2006/07



8.21. As would be expected, reception and dispensing staff spend the majority of their time on reception and dispensing activities (64% and 69%, respectively). Likewise, administration staff spend the majority of their time (64%) on practice administration and data input work. Medical secretaries spend nearly 40% of their time arranging referrals, whilst practice managers spend just over half their time (52%) on practice administration.

8.22. Figure 22 shows how the total non-consultation work time is divided between individual staff groups. The analysis is based on the total workload (in terms of total hours recorded) across the survey and has the advantage of not being weighted for staff numbers or part-time working that, therefore, gives an indication of which staff groups cover total non-consultation activity.

Figure 22: Average proportion of total non-consultation activity work time covered by non-clinical staff



Note: The figures above each bar show the total percentage and indicate how much of that activity was covered by non-clinical staff

8.23. Once again, reception and dispensing spend the majority of their time on reception and dispensing work in practices. Time spent on these two duties were almost entirely covered by non-clinical staff (98% and 91% for reception and dispensing, respectively). In addition, reception staff covered nearly half of the total time spent on repeat prescriptions (47%), which is likely to be a result of their greater accessibility to members of the public.

8.24. Whilst the time spent on other non-consultation activities were mainly covered by non-clinical staff, there were varying degrees of input from

clinical staff. For example clinical staff covered 19% and 24% of time spent on practice administration and data input, respectively. Furthermore, all non-clinical staff were responsible for covering nearly two-thirds (64%) of the time spent arranging referrals, whilst GPs (exc. locums) accounted for 28%.

8.25. The workload survey distinguished between 'choose and book' and 'other' methods for arranging referrals. On average, 'choose and book' was used for around one-third (36%) of the time spent arranging referrals. This proportion was roughly consistent across all staff groups (GPs, non-clinical and attached staff) except 'other clinical staff' who used it for only one-fifth (21%) of the time spent arranging referrals. The 'arranging referrals' columns in table 7 of annex A show the proportion of total time spent by each staff type on 'choose & book' and 'other' methods for arranging referrals.

9. Comparisons with the 1992/93 GP Workload Survey

- 9.1. The last survey of workload in general practice was carried out in 1992/93 and collected information on the workload of principal GPs only. Data were collected over a period of 12 months using more detailed questionnaires and diary sheets than were used in the 2006/07 survey. In addition, the 1992/93 survey took place long before the introduction of PMS, so results related to GMS GPs only; both GMS and PMS (and PCTMS) practices were covered in the 2006/07 survey.
- 9.2. The main finding of this section is that it is technically difficult to make fair comparisons between the two surveys. The major reasons are the significant contractual changes for GPs in the intervening years and the different methodologies and analysis used within each survey. Furthermore, the GMS contract in 1992/93 was with the individual GP whereas the new contract is held with the practice.
- 9.3. Such differences are emphasised by considering the areas of work collected by both surveys with what can actually be compared. In addition, there are further limitations due to what was published in the final 1992/93 report as opposed to what was actually collected. Table 11 lists the areas of work collected by both surveys.

Table 11: Work areas collected in 1992/93 and 2006/07 workload surveys

Work Area	Contract	1992/93	2006/07
NHS	GMS(PMS/PCTMS)		
	1992/93 - including OOH	✓	
	1992/93 - without OOH	✓ ¹	
	2006/07 - including OOH		✓ ²
	2006/07 - opted-out of OOH		✓ ³
Co-op/private	Out-of-hours	n/a	X
Other NHS	Non-GMS(PMS/PCTMS)	✓	✓
Non-NHS	Non-NHS medical services	X	✓

1. Relates to GMS activities in 'normal hours': 8am to 7pm Mon-Fri and 8am to 1pm Sat

2. Based on 47 (14%) practices in 2006/07 survey that have not opted-out of OOH.

3. Based on 282 (86%) practices in 2006/07 survey have opted-out of OOH.

GMS(PMS/PCTMS) activities (NHS work)

- 9.4. Whilst work relating to the GMS(PMS/PCTMS) contract was covered by both surveys, in 1992/93 the GMS GP contract included mandatory out-of-hours (OOH) commitments for GPs whereas this is no longer the case under the new practice contract. Although some OOH work is still conducted as part of the GMS/PMS/PCTMS contract in 2006/07 the majority of practices in the survey (86%) opted-out, surrendering a proportion of gross income for so doing, so less OOH work will be included in the GMS/PMS/PCTMS activities of all the practices surveyed in 2006/07 compared to 1992/93.
- 9.5. The 1992/93 survey lists GMS work that was carried out in 'normal hours' only, which can potentially be used as a measure of GMS work without OOH, enabling comparison with the 86% of practices in 2006/07 that had opted-out. Due to the low sample size of practices in 2006/07 that had not opted-out of OOH it is not possible to use this data in a comparison of GMS(PMS/ PCTMS) work including OOH work.

Non-GMS(PMS/PCTMS) activities (Other NHS) and non-NHS work

- 9.6. Both surveys cover non-GMS(PMS/PCTMS) NHS work, however, contractual changes since the last survey mean very different activities can be included in this work area rendering meaningful comparison difficult. In addition, the 1992/93 survey does not list the amount of time this work occupied in 'normal hours', further removing the opportunity of direct comparison with 2006/07.
- 9.7. Non-NHS work was not separately identified in 1992/93 and cannot, therefore, be used for comparison.

Full and part-time working

- 9.8. As a result of these differences, only work relating to GMS(PMS/PCTMS) activities without OOH work can be compared between the two surveys. However, the comparison is further limited by the availability of full-time (FT) and all GP principal/partner analysis in the 1992/93 survey. Whilst the 1992/93 survey lists GMS work in 'normal hours' it only provides a figure for all GP principals and not full-time principals alone. This is better explained by table 12 which shows average hours worked for each of the applicable GMS(PMS/PCTMS) work areas ticked in table 11.

Table 12: Comparison of average GMS(PMS/PCTMS) hours worked per week in 1992/93 and 2006/07 workload surveys

Work Area	Contract	1992/93		2006/07	
		FT ¹	All	FT ¹	All
NHS	GMS(PMS/PCTMS)				
	1992/93 - including OOH	44.7	43.5		
	1992/93 - without OOH	X	35.9 ²		
	2006/07 - including OOH ³				
	2006/07 - opted-out of OOH			41.8 ⁴	36.3 ⁴
Co-op/private	Out-of-hours			X	X
Other NHS	Non-GMS(PMS/PCTMS)	X	X	X	X
Non-NHS	Non-NHS medical services	X	X	X	X

1. 'Full-time' GPs based on contractual status in 1992/93 (i.e. available to patients for at least 26 hours per week spread reasonably over 5 days) and those GPs who reported working a typical week of 8 or more sessions in 2006/07.

2. Relates to GMS activities in 'normal hours': 8am to 7pm Mon-Fri and 8am to 1pm Sat

3. GMS/PMS/PCTMS work including OOH in 2006/07 not shown due to the low sample size of practices that had not opted-out of OOH work.

4. Based on 282 (86%) practices in 2006/07 survey that have opted-out of OOH. Total average figures for 2006/07 are different than shown elsewhere in the report because of the exclusion of GMS/PMS/PCTMS OOH work and because they relate to comparable GMS/PMS/PCTMS activities only and not any non-GMS/PMS/ PCTMS NHS and non-NHS work.

- 9.9. Although it is difficult to make direct comparisons, the data suggests that there is little difference between the average weekly GMS(PMS/PCTMS) hours per GP when OOH work is removed from the analysis. These figures do not take account of how many of those GPs work full or part time. GMS work conducted in 'normal hours' in 1992/93 took an average of 35.9 hours per week per GP, compared to 36.3 hours in 2006/07 for GP Partners that had opted-out of OOH. Inclusion of OOH work in 1992/93 for all GP principals increased the average weekly time spent on GMS activities by 7.6 hours.
- 9.10. It is worth noting the difference between average GMS(PMS/PCTMS) weekly hours for all GPs and the estimated full-time hours from the two surveys. With the inclusion of OOH work in 1992/93, there is only a 1.2 hours difference between the average hours of all and full-time GP principals. However, in 2006/07 without OOH work the difference was 5.5 hours. Although this comparison is limited by the different OOH

status in each year, the known shift to part-time working since the last survey is likely to account for some of the effect.

Patient consultations of full and part-time GP principals/partners

9.11. It is possible to look at some of GMS(PMS/PCTMS) activities individually to see how they have changed over time. Table 13 shows the average number of patients seen per week, average length of consultation and average weekly hours spent on each type of patient-contact GP activity. The analysis includes all full and part-time GP principal/partners, however, it is limited by the fact that GMS work in 1992/93 includes OOH work whilst GMS/PMS /PCTMS work in 2006/07 includes all GP partners whether their practice had opted-out of OOH or not.

Table 13: Comparison of average number, length and hours per week of consultations, visits and clinics with full and part-time GP principal/partners 1992/93 and 2006/07

Type of Activity	1992/93 ¹			2006/07 ²		
	GMPs (DDRb principals) - averages for individuals that carried out the activity only			All GP partners (self-defined) - averages for individuals that carried out the activity only		
	Number of patients	Average length (mins)	Hours per week	Number of patients	Average length ³ (mins)	Hours per week
Surgery	122.3	8.4	16.2	88.4	11.7	17.0
Telephone	21.7	10.8	3.5	18.8	7.1	2.4
Home visiting: total ⁴	21.9	25.2	8.8	8.4	23.4	3.3
Clinics	12.0	12.6	2.1	7.8	17.2	2.4

Note: Averages in the above table are shown for those individuals that engaged in each individual activity only (as opposed to averages for individuals in the survey, as is shown elsewhere in this report). This is the only basis on which direct comparisons can be made with the 1992/93 results and but means that on the number of patients seen and hours per week the 2006/07 figures differ to those found elsewhere in this report (i.e. paragraph 8.3 and table 5A, 5B and table 6 of annex A).

1. Including OOH work.

2. Majority of practices in 2006/07 survey (86%) opted-out so less OOH work will be included in GMS/PMS/PCTMS activities compared to 1992/93.

3. Length of consultations in 2006/07 are estimated by dividing the average length of surgeries by the average number of patients seen. This method can overestimate the length of the activity (e.g. by including interruptions and time spent waiting for patients to arrive/leave the room).

4. Includes care home visits in the 2006/07 survey.

9.12. The average number of patients seen per week in surgery consultations is shown to have dropped from 122 in 1992/93 to 88 in 2006/07.

However, the average length of surgery consultations is shown to have increased from 8.4 minutes to 11.7, which will naturally tend to reduce the average number of patients that can be seen in any session. The reduction in telephone consultations and home visits in 2006/07 may be a result of the majority of practices no longer covering OOH services.

9.13. There might be many reasons for changes in clinics held between the surveys. The average consultation length in clinics increased from 12.6 minutes in 1992/93 to 17.2 minutes in 2006/07. This increase will naturally mean fewer patients can be seen in any particular clinic, as indicated by the drop in average number of patients seen from 12 to 8.

Detailed Tables and FiguresIndividual-level

<u>Table 1</u>	Average hours worked per week (mean / median / standard error), by staff type
<u>Table 2</u>	Average hours worked per week (mean) NHS (GMS/PMS/PCTMS) / other NHS (non-GMS/PMS/PCTMS)/ non-NHS, by staff type
<u>Table 3A</u>	Number of sessions worked in a 'typical' week by number of GPs
<u>Table 3B</u>	Number of sessions worked in a 'typical' week by percentage (%) of GPs
<u>Table 4A</u>	Average length and number of sessions worked per week (median / mean / standard error), by GP type
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<u>Table 5A</u>	Average number of consultations / clinics / home visits per week, by staff type and consultation type (clinical staff only)
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<u>Table 6</u>	Average number of hours spent on each activity per week, by staff type
<u>Table 7</u>	Average percentage (%) of hours spent on each activity per week, by staff type
<u>Table 8</u>	Employment status, percentage (%) by staff type
<u>Table 9</u>	QOF / Essential Services / Additional Services / Enhanced Services percentage (%) split by staff type (clinical staff only)
<u>Figure 1</u>	Cumulative distribution of average weekly hours for GPs (exc. locums) and practice nurses
<u>Figure 2</u>	Cumulative distribution of average sessions in a typical week for GP partners and salaried GPs

Practice-level

[Table 10A](#) Practice composition (average number of staff), by practice type

[Table 10B](#) Practice composition (average number of staff per 1,000 patients), by practice type

[Table 11A](#) Average hours worked per week (mean), by staff type and practice type

[Table 11B](#) Practice composition (% of total practice hours worked), by staff type and practice type

Table 1 – Average hours worked per week (mean / median / standard error), by staff type

	Staff Type	Unweighted number in sample	Number of hours (weighted)		Unweighted
			Mean	Median	SE
GPs	GP Partner	869	38.2	38.5	0.4
	GP Salaried	259	23.8	21.8	0.7
	GP Registrar ¹	85	33.8	34.8	1.1
	All GPs (exc. locums)	1,213	35.1	36.0	0.4
	GP Locum	104	15.4	8.8	1.2
1. GP registrars contain 8 "foundation 2" doctors					
Other Clinical Staff	Practice Nurse	677	22.8	22.0	0.4
	Nurse practitioner	109	28.6	28.5	1.0
	HCA	208	21.9	21.0	0.6
	Midwife	99	8.4	4.5	1.0
	Physiotherapist	35	10.2	8.5	1.3
	Counsellor	84	7.4	6.0	0.8
	Phlebotomist	29	10.0	7.0	1.9
	Podiatrist	12	9.1	8.3	2.3
	Other therapist	53	9.2	4.0	1.5
	All other clinical staff	1,306	19.7	20.0	0.3
Non-clinical Staff	Practice Manager	320	35.3	37.0	0.5
	Reception	1,589	24.8	24.0	0.2
	Administrator	712	26.0	25.8	0.4
	Medical Secretary	363	25.7	25.5	0.5
	Dispenser	144	26.7	27.7	0.8
	Other staff	139	18.6	16.8	1.1
	All non-clinical staff	3,267	26.1	25.5	0.2
	Attached staff	497	24.9	25.5	0.6
Grand Total	6,387	26.3	25.5	0.2	

[Return to table list](#)

Table 2 – Average hours worked per week (mean) NHS (GMS/PMS/PCTMS)/ other NHS (non-GMS/PMS/PCTMS)/ non-NHS, by staff type

	Staff Type	Unweighted number in sample	Average number of hours			
			NHS	Other NHS	Non-NHS	Total
GPs	GP Partner	869	36.6	1.2	0.5	38.2
	GP Salaried	259	23.6	0.1	0.2	23.8
	GP Registrar ¹	85	33.7	0.0	0.0	33.8
	All GPs (exc. locums)	1,213	33.9	0.9	0.4	35.1
	GP Locum	104	15.2	0.0	0.2	15.4
1. GP registrars contain 8 "foundation 2" doctors						
Other Clinical Staff	Practice Nurse	677	22.7	0.0	0.0	22.8
	Nurse practitioner	109	28.4	0.3	0.0	28.6
	HCA	208	21.6	0.2	0.1	21.9
	Midwife	99	8.3	0.0	0.0	8.4
	Physiotherapist	35	10.1	0.0	0.0	10.2
	Counsellor	84	7.3	0.1	0.0	7.4
	Phlebotomist	29	10.0	0.0	0.0	10.0
	Podiatrist	12	8.1	0.9	0.0	9.1
	Other therapist	53	8.7	0.4	0.0	9.2
All other clinical staff	1,306	19.6	0.1	0.0	19.7	
Non-clinical Staff	Practice Manager	320	34.5	0.6	0.2	35.3
	Reception	1,589	24.7	0.1	0.0	24.8
	Administrator	712	25.7	0.1	0.1	26.0
	Medical Secretary	363	25.2	0.2	0.4	25.7
	Dispenser	144	26.3	0.0	0.4	26.7
	Other staff	139	16.8	0.6	1.2	18.6
	All non-clinical staff	3,267	25.8	0.2	0.2	26.1
Attached staff	497	24.8	0.2	0.0	24.9	
Grand Total	6,387	25.8	0.3	0.2	26.3	

[Return to table list](#)

Table 3A - Number of sessions worked in a 'typical' week by number of GPs

Number of Sessions in a Typical Week	Number of GPs (weighted)								
	All GPs (exc. locums)			GP Partners			Salaried GPs		
	G/PMS/PCTMS	GMS	PMS	G/PMS/PCTMS	GMS	PMS	G/PMS/PCTMS	GMS	PMS
0	118	29	89	0	0	0	11	0	11
1	195	143	11	47	47	0	148	96	11
2	476	196	280	85	31	55	379	165	214
3	751	466	285	287	179	108	464	287	177
4	2,775	1,550	1,184	1,432	790	643	1,330	760	530
5	3,131	1,785	1,174	1,975	1,207	686	1,088	547	451
6	3,627	2,329	1,257	2,414	1,735	679	1,024	528	455
7	2,403	1,559	843	1,839	1,299	539	338	86	252
8	7,462	4,276	3,186	6,084	3,660	2,424	715	160	554
9	8,300	5,554	2,458	7,435	5,049	2,138	441	140	261
10	1,370	852	518	1,162	755	407	53	14	40
11	170	69	101	140	69	71	30	0	30
12+	273	141	132	273	141	132	0	0	0
Total	31,049	18,949	11,518	23,174	14,963	7,882	6,022	2,783	2,986

Note: Weighted totals based on those individuals who returned completed diary sheets (and not total headcount in each practice)

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Table 3B - Number of sessions worked in a 'typical' week by percentage (%) of GPs

Number of Sessions in a Typical Week	Percentage (%) of GPs								
	All GPs (exc. locums)			GP Partners			Salaried GPs		
	G/PMS/PCTMS	GMS	PMS	G/PMS/PCTMS	GMS	PMS	G/PMS/PCTMS	GMS	PMS
0	0.4	0.2	0.8	0.0	0.0	0.0	0.2	0.0	0.4
1	0.6	0.8	0.1	0.2	0.3	0.0	2.5	3.4	0.4
2	1.5	1.0	2.4	0.4	0.2	0.7	6.3	5.9	7.2
3	2.4	2.5	2.5	1.2	1.2	1.4	7.7	10.3	5.9
4	8.9	8.2	10.3	6.2	5.3	8.2	22.1	27.3	17.7
5	10.1	9.4	10.2	8.5	8.1	8.7	18.1	19.7	15.1
6	11.7	12.3	10.9	10.4	11.6	8.6	17.0	19.0	15.2
7	7.7	8.2	7.3	7.9	8.7	6.8	5.6	3.1	8.4
8	24.0	22.6	27.7	26.3	24.5	30.7	11.9	5.8	18.6
9	26.7	29.3	21.3	32.1	33.7	27.1	7.3	5.0	8.7
10	4.4	4.5	4.5	5.0	5.0	5.2	0.9	0.5	1.3
11	0.5	0.4	0.9	0.6	0.5	0.9	0.5	0.0	1.0
12+	0.9	0.7	1.1	1.2	0.9	1.7	0.0	0.0	0.0

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Table 4A – Average length and number of sessions worked per week, by GP type

	Staff type	Unweighted number in sample	Number of sessions		Average total hours worked	
			Mean	Median	Per week	Per session
GPs	GP Partner	593	7.64	8	39.4	5.2
	GP Registrar ¹	58	7.21	8	32.4	4.5
	GP Salaried	203	5.44	5	24.1	4.4
	All GPs (exc. locums)	854	7.09	8	35.3	5.0
	GP Locums	64	4.81	5	15.9	3.3

1. GP registrars contain 5 "foundation 2" doctors

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Table 4B – Average number of consultations, visits and clinics per session, by GP type

	Staff Type	Average number of consultations / visits / clinics per session				
		Surgery	Telephone	Home visits	Carehome visits	Clinics
GPs	GP Partner	12.0	2.4	0.7	0.2	0.2
	GP Registrar ¹	7.8	0.9	0.5	0.0	0.1
	GP Salaried	12.7	1.6	0.7	0.1	0.1
	All GPs (exc. locums)	11.9	2.2	0.7	0.2	0.1
	GP Locums	10.2	1.5	0.4	0.1	0.0

1. GP registrars contain 5 "foundation 2" doctors

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Table 5A – Average number of consultations / home visits per week / clinics, by staff type and consultation type (clinical staff only)

		Average number of consultations / visits / clinics				
		Surgery	Telephone	Home visits	Carehome visits	Clinics
Staff Type						
GPs	GP Partner	86.9	17.3	5.3	1.6	1.4
	GP Salaried	66.1	7.9	3.3	0.5	0.3
	GP Registrar ¹	54.7	6.4	3.4	0.7	0.5
	All GPs (exc. locums)	81.0	14.7	4.7	1.3	1.1
	GP Locum	48.1	5.5	1.4	0.3	0.0
1. GP registrars contain "foundation 2" doctors						
Other Clinical Staff	Practice Nuses	59.8	7.6	0.2	0.2	1.7
	Nurse practitioner	56.1	17.7	1.0	0.0	4.4
	HCA	48.4	2.2	1.3	0.1	3.9
	Midwife	8.2	1.3	1.5	0.1	0.5
	Physiotherapist	13.4	1.5	0.0	0.0	0.3
	Counsellor	2.7	0.5	0.7	0.0	0.1
	Phlebotomist	23.2	1.4	0.2	0.0	7.9
	Podiatrist	*	*	1.8	0.0	1.7
	Other therapist	7.8	1.4	0.3	0.1	1.0
	All other clinical staff	43.8	5.7	0.6	0.1	2.1

Average data includes staff who did no consultations / visits / clinics in their survey week

* Suppressed due to insufficient data (i.e. lower than 10 actual cases for that field)

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Table 5B – Average length of patient consultation / clinics / home visits by staff type and consultation type (clinical staff only)

		Average length of consultation / visit / clinic (min)				
		Surgery	Telephone	Home visits	Carehome visits	Clinics
Staff Type						
GPs	GP Partner	11.7	7.1	26.3	14.8	17.3
	GP Salaried	12.1	9.1	21.6	21.8	17.6
	GP Registrar ¹	16.4	10.6	33.7	12.9	23.5
	All GPs (exc. locums)	11.9	7.4	25.9	15.3	17.5
	GP Locum	11.1	9.4	27.1	22.0	None
1. GP registrars contain "foundation 2" doctors						
Other Clinical Staff	Practice Nuses	15.5	7.9	31.4	14.5	11.3
	Nurse practitioner	15.5	8.6	15.3	37.5	9.1
	HCA	12.9	13.0	30.6	30.6	12.3
	Midwife	27.3	22.8	63.8	90.2	38.2
	Physiotherapist	32.9	13.1	None	None	23.3
	Counsellor	96.6	29.7	34.0	76.1	127.4
	Phlebotomist	9.2	7.2	14.1	None	8.6
	Podiatrist	*	*	28.2	None	16.7
	Other therapist	30.9	15.7	73.1	36.4	46.5
	All other clinical staff	15.9	9.0	36.3	22.9	12.6

* Suppressed due to insufficient data (i.e. lower than 10 actual cases for that field)

Length of consultations are estimated by dividing the average length of surgeries by the average number of patients seen. This method can overestimate the length of the activity (e.g. by including interruptions and time spent waiting for patients to arrive/leave the room). Average data includes staff who did no consultations / visits / clinics in their survey week

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Table 6 – Average number of hours spent on each activity per week, by staff type

Staff Type	Unweighted number in sample	GMS/PMS/PCTMS Activities																				Non-GMS/PMS/PCTMS Activities - NHS			Total		
		Clinical Activity							Non-Clinical Activity													Commissioning	Total OTHER NHS non GMS/PMS/PCTMS	Total non GMS/PMS/PCTMS NHS		Total non NHS	
		Telephone consultation	Surgery consultation	Home visits	Care home visits	Clinics	Total clinical	Arrange referrals Choose & Book	Arrange referrals other	Data Input	Dispensing	Governance	Networking	Practice Admin	Reception	Repeat Prescribing	Strategy / Policy / Service	Teaching	Training / Study	Total Other NHS	Total non-clinical						Total GMS/PMS/PCTMS NHS
GP Partner	869	2.3	16.8	2.4	0.5	0.6	22.7	0.6	1.2	1.7	0.1	0.5	2.0	2.3	0.1	1.6	0.5	0.8	1.5	1.0	13.9	36.6	0.3	0.9	1.2	0.5	38.2
GP Salaried	259	1.4	13.3	1.5	0.3	0.1	16.6	0.6	1.1	0.8	0.1	0.1	0.7	0.9	0.0	0.9	0.1	0.3	0.8	0.6	7.0	23.6	0.0	0.1	0.1	0.2	23.8
GP Registrar ¹	85	1.4	14.9	2.1	0.3	0.3	18.9	0.5	0.8	1.2	0.1	0.2	1.1	0.6	0.0	0.6	0.0	0.9	8.3	0.3	14.8	33.7	0.0	0.0	0.0	0.0	33.8
All GPs (exc.locums)	1,213	2.0	16.0	2.2	0.4	0.5	21.2	0.6	1.2	1.5	0.1	0.4	1.7	1.9	0.1	1.4	0.4	0.7	1.8	0.8	12.6	33.9	0.2	0.7	0.9	0.4	35.1
GP Locum	104	1.0	9.3	0.9	0.2	0.0	11.4	0.3	0.8	0.6	0.1	0.1	0.2	0.4	0.0	0.7	0.0	0.0	0.4	0.2	3.8	15.2	0.0	0.0	0.0	0.2	15.4
1. GP registrars contain 8 "foundation 2" doctors																											
Practice Nurse	677	1.2	15.5	0.2	0.1	0.6	17.5	0.0	0.1	1.3	0.1	0.1	0.7	1.2	0.0	0.1	0.1	0.2	1.1	0.3	5.2	22.7	0.0	0.0	0.0	0.0	22.8
Nurse practitioner	109	4.5	14.3	0.6	0.1	0.8	20.2	0.2	0.3	1.9	0.0	0.1	1.4	1.2	0.1	0.3	0.2	0.3	2.0	0.4	8.2	28.4	0.0	0.3	0.3	0.0	28.6
HCA	208	0.6	11.1	0.8	0.1	1.2	13.8	0.0	0.1	2.2	0.0	0.0	0.4	1.8	1.6	0.1	0.0	0.0	0.9	0.6	7.8	21.6	0.0	0.2	0.2	0.1	21.9
Midwife	99	0.5	3.7	1.8	0.1	0.3	6.5	0.1	0.2	0.2	0.0	0.0	0.2	0.3	0.0	0.0	0.0	0.4	0.0	0.3	1.8	8.3	0.0	0.0	0.0	0.0	8.4
Physiotherapist	35	0.3	7.7	0.0	0.0	0.1	8.2	0.1	0.3	0.4	0.0	0.0	0.2	0.6	0.0	0.0	0.1	0.0	0.1	0.1	1.9	10.1	0.0	0.0	0.0	0.0	10.2
Counsellor	84	0.2	4.2	0.4	0.0	0.2	5.1	0.1	0.5	0.3	0.0	0.1	0.3	0.3	0.0	0.0	0.0	0.1	0.1	0.4	2.2	7.3	0.1	0.1	0.1	0.0	7.4
Phlebotomist	29	0.2	4.7	0.1	0.0	1.1	6.1	0.0	0.0	0.6	0.0	0.0	0.2	0.4	0.9	0.7	0.0	0.0	0.0	1.1	3.9	10.0	0.0	0.0	0.0	0.0	10.0
Podiatrist	12	0.1	5.4	1.0	0.0	0.5	6.9	0.0	0.1	0.4	0.0	0.0	0.0	0.2	0.1	0.0	0.0	0.0	0.3	0.0	1.2	8.1	0.0	0.9	0.9	0.0	9.1
Other therapist	53	0.4	4.0	0.4	0.0	0.8	5.6	0.0	0.3	0.5	1.3	0.0	0.2	0.1	0.0	0.1	0.0	0.2	0.2	0.2	3.2	8.7	0.0	0.4	0.4	0.0	9.2
All other clinical staff	1,306	1.2	12.1	0.5	0.1	0.6	14.4	0.0	0.2	1.3	0.1	0.1	0.6	1.1	0.3	0.1	0.1	0.2	0.9	0.4	5.2	19.6	0.0	0.1	0.1	0.0	19.7
Practice Manager	320	0.0	0.1	0.0	0.0	0.0	0.2	0.3	0.3	2.9	0.1	0.8	4.4	18.2	1.6	0.5	2.8	0.6	1.0	1.0	34.4	34.5	0.2	0.3	0.6	0.2	35.3
Receptionist	1,589	0.0	0.1	0.0	0.0	0.0	0.1	0.1	0.2	2.6	0.2	0.0	0.2	2.2	15.8	2.2	0.0	0.1	0.5	0.5	24.6	24.7	0.0	0.1	0.1	0.0	24.8
Administrator	712	0.0	0.1	0.0	0.0	0.0	0.1	0.3	0.5	9.2	0.1	0.1	0.6	7.5	3.5	1.8	0.1	0.2	0.3	1.5	25.6	25.7	0.0	0.1	0.1	0.1	26.0
Medical Secretary	363	0.0	0.0	0.1	0.0	0.0	0.1	3.7	6.3	3.4	0.1	0.0	0.5	5.7	2.4	0.7	0.0	0.1	0.3	1.9	25.1	25.2	0.0	0.2	0.2	0.4	25.7
Dispenser	144	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.9	18.3	0.2	0.2	1.8	1.1	2.6	0.0	0.2	0.4	0.3	26.3	26.3	0.0	0.0	0.0	0.4	26.7
Other staff	139	0.6	1.6	0.2	0.0	0.3	2.6	0.1	0.2	1.9	0.1	0.2	1.2	4.2	0.9	0.8	0.6	0.5	0.8	2.6	14.1	16.8	0.0	0.6	0.6	1.2	18.6
Total non-clinical staff	3,267	0.0	0.1	0.0	0.0	0.0	0.2	0.6	0.9	4.0	0.8	0.1	0.8	5.5	9.1	1.7	0.4	0.2	0.5	1.0	25.6	25.8	0.0	0.1	0.2	0.2	26.1
Attached	497	1.7	1.5	10.8	1.0	1.0	16.0	0.2	0.3	1.5	0.1	0.1	1.7	1.0	0.1	0.2	0.1	0.8	1.5	1.2	8.7	24.8	0.0	0.1	0.2	0.0	24.9
Grand Total	6,387	0.8	5.8	1.3	0.2	0.3	8.4	0.4	0.8	2.7	0.5	0.2	1.0	3.5	4.8	1.2	0.3	0.3	0.9	0.8	17.5	25.8	0.1	0.2	0.3	0.2	26.3

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Table 7 – Average percentage (%) of time spent on each activity per week, by staff type

Staff Type	GMS/PMS/PCTMS Activities																				Non-GMS/PMS/PCTMS Activities - NHS		Total			
	Clinical Activity						Non-Clinical Activity														Commissioning	Total OTHER NHS non GMS/PMS/PCTMS		Total Non-GMS/PMS/PCTMS NHS	Total Non-NHS	
	Telephone Consultations	Surgery Consultations	Home Visits	Care Home Visits	Clinics	Total Clinical	Arrange Referrals Choose & Book	Arrange Referrals Other	Data Input	Dispensing	Governance	Networking / Attending Meetings	Practice Admin	Reception	Repeat Prescribing (outside consultations)	Strategy / Policy / Service Development	Teaching	Training / Study	Total Other NHS	Total Non-clinical						Total GMS/PMS/PCTMS NHS
GP Partner	5.9	44.1	6.4	1.3	1.6	59.3	1.6	3.2	4.5	0.3	1.2	5.2	6.0	0.2	4.3	1.4	2.0	4.0	2.5	36.4	95.7	0.8	2.3	3.1	1.2	100.0
GP Salaried	5.8	55.7	6.2	1.2	0.6	69.4	2.6	4.5	3.6	0.3	0.4	2.9	3.9	0.1	3.9	0.3	1.1	3.4	2.3	29.5	98.8	0.0	0.5	0.5	0.7	100.0
GP Registrar ¹	4.0	44.1	6.3	0.8	0.9	56.1	1.5	2.4	3.6	0.4	0.5	3.2	1.9	0.0	1.7	0.1	2.8	24.7	1.0	43.8	99.9	0.0	0.1	0.1	0.0	100.0
All GMPs (exc.locums)	5.8	45.6	6.4	1.2	1.4	60.4	1.7	3.4	4.3	0.3	1.0	4.8	5.5	0.2	4.1	1.2	1.9	5.2	2.4	36.0	96.3	0.6	1.9	2.6	1.1	100.0
GP Locum	6.6	60.7	5.7	1.0	0.0	74.0	1.8	5.1	3.9	0.5	0.6	1.4	2.6	0.1	4.4	0.3	0.1	2.8	1.3	24.9	99.0	0.0	0.0	0.0	1.0	100.0
1. GP registrars contain 8 "foundation 2" doctors																										
Practice Nurse	5.2	67.9	0.9	0.3	2.5	76.7	0.1	0.4	5.8	0.2	0.3	3.1	5.1	0.2	0.3	0.3	0.8	4.9	1.4	23.0	99.6	0.0	0.2	0.2	0.2	100.0
Nurse practitioner	15.6	50.0	2.0	0.4	2.6	70.5	0.6	1.2	6.6	0.0	0.4	4.8	4.0	0.3	0.9	0.5	1.1	6.9	1.3	28.6	99.1	0.0	0.9	0.9	0.0	100.0
HCA	2.6	50.7	3.7	0.5	5.4	62.8	0.0	0.3	10.0	0.2	0.2	1.9	8.3	7.5	0.4	0.2	0.0	4.0	2.7	35.8	98.6	0.0	1.1	1.1	0.3	100.0
Midwife	6.0	44.2	21.6	1.7	3.7	77.2	1.2	1.9	2.5	0.1	0.0	2.9	3.9	0.0	0.2	0.1	5.4	0.3	3.6	22.0	99.2	0.1	0.5	0.6	0.2	100.0
Physiotherapist	3.4	76.2	0.0	0.0	1.0	80.6	0.6	3.2	3.5	0.0	0.4	2.4	6.1	0.0	0.0	0.7	0.3	0.8	1.0	19.2	99.7	0.0	0.0	0.0	0.3	100.0
Counsellor	3.2	56.7	5.4	0.4	3.3	69.0	1.4	6.1	4.6	0.0	0.9	4.1	4.2	0.0	0.0	0.3	0.8	1.8	4.9	29.1	98.1	0.7	1.2	1.8	0.1	100.0
Phlebotomist	1.6	47.1	0.5	0.0	11.3	60.6	0.0	0.0	5.7	0.4	0.0	2.2	3.7	9.2	7.3	0.0	0.0	0.0	10.8	39.4	100.0	0.0	0.0	0.0	0.0	100.0
Podiatrist	0.7	59.4	11.5	0.0	5.1	76.8	0.3	1.2	4.3	0.0	0.5	0.1	2.4	0.6	0.0	0.0	0.0	3.0	0.4	13.0	89.7	0.0	10.3	10.3	0.0	100.0
Other therapist	4.0	43.6	4.1	0.4	8.8	61.0	0.2	3.0	5.8	14.7	0.0	2.2	1.0	0.1	1.3	0.0	1.8	2.4	1.8	34.5	95.4	0.0	4.6	4.6	0.0	100.0
All other clinical staff	5.8	61.2	2.3	0.3	3.3	73.0	0.2	0.8	6.4	0.4	0.3	3.1	5.4	1.5	0.5	0.3	0.8	4.6	1.9	26.2	99.2	0.0	0.6	0.6	0.2	100.0
Practice Manager	0.1	0.4	0.0	0.0	0.0	0.5	0.8	0.7	8.1	0.3	2.3	12.3	51.5	4.5	1.3	8.0	1.7	3.0	2.8	97.4	97.9	0.7	0.9	1.6	0.5	100.0
Receptionist	0.1	0.4	0.0	0.0	0.1	0.5	0.5	0.7	10.5	0.7	0.1	0.8	8.9	63.9	8.9	0.1	0.3	1.9	2.0	99.2	99.7	0.0	0.2	0.2	0.1	100.0
Administrator	0.1	0.2	0.0	0.0	0.1	0.4	1.2	1.9	35.4	0.6	0.3	2.2	28.7	13.4	6.9	0.4	0.6	1.2	5.8	98.7	99.0	0.1	0.4	0.5	0.4	100.0
Medical Secretary	0.0	0.0	0.3	0.0	0.0	0.3	14.5	24.6	13.1	0.3	0.0	1.8	22.2	9.3	2.7	0.0	0.4	1.3	7.3	97.5	97.8	0.0	0.7	0.7	1.5	100.0
Dispenser	0.0	0.0	0.0	0.0	0.0	0.0	0.5	0.0	3.4	68.6	0.9	0.8	6.7	4.3	9.6	0.1	0.8	1.7	1.1	98.4	98.4	0.0	0.0	0.0	1.6	100.0
Other staff	3.1	8.4	1.0	0.2	1.5	14.2	0.8	1.2	10.3	0.4	1.0	6.4	22.5	4.6	4.4	3.4	2.5	4.5	14.1	76.1	90.2	0.1	3.0	3.1	6.6	100.0
Total non-clinical staff	0.1	0.5	0.1	0.0	0.1	0.8	2.1	3.4	15.3	3.1	0.5	3.1	21.0	35.0	6.6	1.4	0.6	1.9	3.8	98.0	98.8	0.1	0.5	0.6	0.6	100.0
Attached	6.9	5.9	43.2	4.1	4.1	64.3	0.7	1.3	6.0	0.3	0.5	6.9	3.9	0.3	0.6	0.5	3.2	5.9	4.9	35.1	99.4	0.0	0.6	0.6	0.0	100.0
Grand Total	3.0	21.9	5.1	0.7	1.2	31.8	1.6	2.9	10.5	1.8	0.6	3.8	13.4	18.4	4.6	1.1	1.2	3.4	3.2	66.5	98.3	0.2	0.9	1.1	0.6	100.0

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Table 8 – Employment status, percentage (%) by staff group

	Staff Type	Unweighted number in sample	Employed by			
			Practice	PCT	Other	Self
GPs	GP Partner	892	5.2	0.1	0.0	94.6
	GP Salaried	265	89.4	6.0	1.8	2.8
	GP Registrar ¹	86	55.1	21.2	23.0	0.7
	All GPs (exc. locums)	1,243	24.7	2.6	1.9	70.8
	GP Locum	104	23.8	2.5	0.0	73.7
1. GP registrars contain 8 "foundation 2" doctors						
Other Clinical Staff	Practice Nurse	680	95.5	3.3	0.2	0.9
	Nurse practitioner	108	91.7	5.7	1.5	1.1
	HCA	206	92.1	7.4	0.0	0.6
	Midwife	96	3.0	51.6	45.4	0.0
	Physiotherapist	35	5.2	0.1	0.0	94.6
	Counsellor	84	89.4	6.0	1.8	2.8
	Phlebotomist	29	49.0	37.3	13.6	0.0
	Podiatrist	12	0.0	77.1	13.6	9.3
	Other therapist	55	8.4	51.7	33.6	6.3
	All other clinical staff	1,305	74.6	15.5	7.3	2.5
	Non-clinical Staff	Practice Manager	320	5.2	0.1	0.0
Reception		1,586	89.4	6.0	1.8	2.8
Administrator		713	49.0	37.3	13.6	0.0
Medical Secretary		361	0.0	77.1	13.6	9.3
Dispenser		146	8.4	51.7	33.6	6.3
Other staff		139	74.6	15.5	7.3	2.5
All non-clinical staff		3,265	96.3	2.7	0.4	0.6
Attached staff	502	2.4	93.7	3.6	0.3	
Grand Total	6,419	70.1	11.9	2.3	15.7	

Note: Whilst recording errors are possible, those GP partners that listed themselves as employed (5.2%) are likely to refer to 'guaranteed share partners' (salaried GP partners from the old GMS contract). Similarly, those salaried GPs that listed themselves as self-employed (2.8%) may refer to mix-employed GPs that are partners elsewhere but employed by a practice in this survey.

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Table 9 – QOF Essential Services / Additional Services / Enhanced Services percentage (%) split, by staff type (clinical staff only)

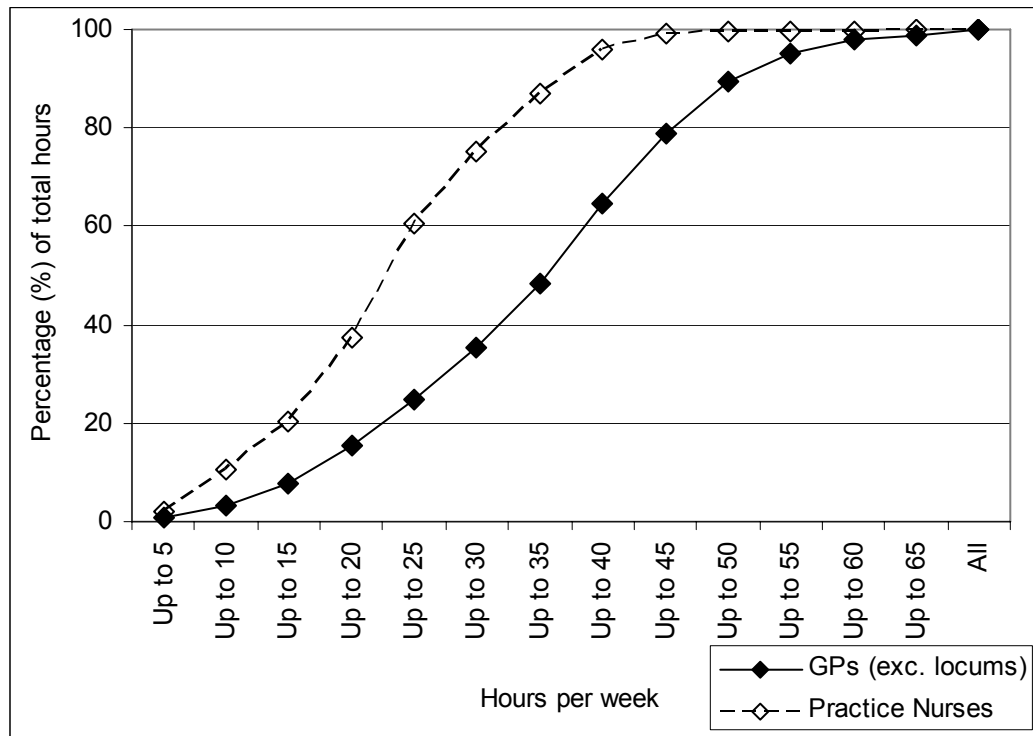
	Staff Type	Unweighted number in sample	Essential Services	Additional Services	Enhanced Services	QOF ²	Other
GPs	GP Partner	823	69.9	9.6	5.5	11.2	3.8
	GP Salaried	251	76.9	9.1	3.8	7.7	2.6
	GP Registrar ¹	81	81.5	8.1	1.7	5.7	3.0
	All GPs (exc. locums)	1,155	71.5	9.5	5.0	10.4	3.6
	GP Locum	94	71.4	9.4	3.9	9.9	5.4
1. GP registrars contain 8 "foundation 2" doctors							
Other Clinical Staff	Practice Nurse	618	55.7	29.4	4.3	8.1	2.5
	Nurse practitioner	103	64.7	15.1	3.8	10.5	5.9
	HCA	158	63.3	8.2	6.9	13.4	8.2
	Midwife	81	14.0	83.9	0.7	0.0	1.4
	Physiotherapist	31	88.0	0.1	2.9	2.8	6.3
	Counsellor	51	85.4	1.9	5.7	1.3	5.8
	Phlebotomist	16	76.9	3.2	0.0	4.5	15.4
	Podiatrist	11	69.1	16.8	9.8	3.5	0.9
	Other therapist	39	58.3	7.5	20.6	1.7	11.9
	All other clinical staff	1,108	57.7	25.1	4.7	8.5	4.0
All clinical staff		2,357	66.8	14.8	4.9	9.8	3.8

2. Services uniquely attributable to the quality and outcomes framework

Feedback from the survey pilots indicated that staff found this question difficult to answer. The question posed made clear that estimates were acceptable, so there is a degree of uncertainty to bear in mind when considering these findings. Results are weighted by hours worked.

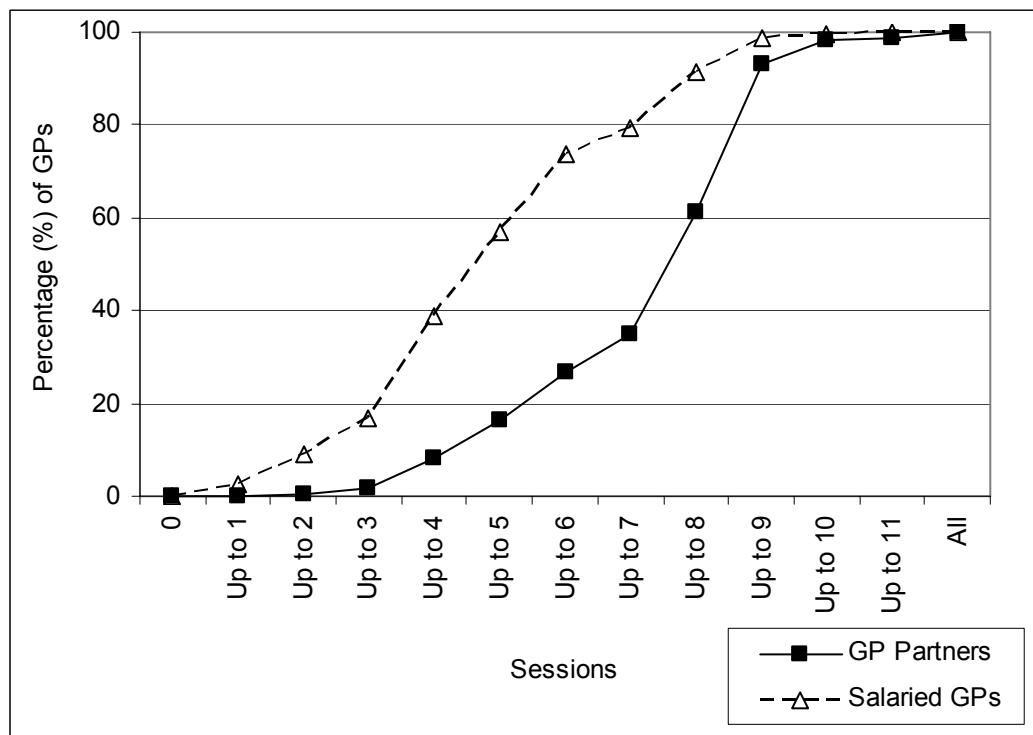
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Figure 1 – Cumulative distribution of average weekly hours for GPs (exc. locums) and practice nurses



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Figure 2 – Cumulative distribution of average sessions in a typical week for GP partners and salaried GPs



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Table 10A – Practice composition (average number of staff), by practice type

Practice type	Unweighted number of sample practices	Average number of staff per practice					
		GPs (exc. locums)	Other clinical	Non-clinical	Attached	Locums	TOTAL
All UK	329	4.7	5.2	10.9	2.6	0.4	23.8
GMS	153	4.5	4.7	10.3	2.6	0.3	22.4
PMS	173	5.1	6.2	12.2	2.7	0.5	26.7
Large	120	8.3	8.5	18.0	4.7	0.4	39.9
Medium	126	4.4	5.1	10.6	2.6	0.4	23.2
Small	83	2.2	2.8	5.7	1.1	0.4	12.3
Least rural	141	4.3	4.5	9.9	2.1	0.4	21.2
Mid rural	126	5.2	5.9	12.3	3.1	0.4	26.9
Most rural	61	5.0	6.7	11.9	3.7	0.2	27.6

Notes:

1. Analysis by rural status of practice excludes one practice for which rural status was unknown
2. GMS/PMS analysis excludes three PCTMS practices

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Table 10B – Practice composition (average number of staff per 1,000 patients), by practice type

Practice type	Unweighted number of sample practices	Average number of staff per 1,000 patients					
		GPs (exc. locums)	Other clinical	Non-clinical	Attached	Locums	TOTAL
All UK	329	0.71	0.79	1.66	0.40	0.06	3.63
GMS	153	0.70	0.74	1.61	0.41	0.05	3.51
PMS	173	0.72	0.88	1.72	0.38	0.07	3.78
Large	120	0.70	0.72	1.53	0.40	0.04	3.39
Medium	126	0.71	0.83	1.71	0.42	0.06	3.72
Small	83	0.75	0.94	1.93	0.37	0.12	4.12
Least rural	141	0.69	0.71	1.58	0.34	0.07	3.39
Mid rural	126	0.70	0.78	1.64	0.42	0.06	3.59
Most rural	61	0.84	1.14	2.01	0.63	0.03	4.66

Notes:

1. Analysis by rural status of practice excludes one practice for which rural status was unknown
2. GMS/PMS analysis excludes three PCTMS practices

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Table 11A – Average hours worked per week (mean), by staff type and practice type

Practice type	Average hours worked				
	GPs (exc. locums)	Other clinical	Non-Clinical	Attached	Locums
All UK	35.1	19.7	26.1	24.9	15.4
Large	34.6	21.8	26.8	27.9	15.8
Medium	35.0	18.9	26.0	25.6	14.5
Small	36.7	16.9	24.8	14.3	16.1
Least rural	35.3	20.8	26.6	25.2	18.1
Mid rural	35.3	19.4	25.7	24.6	11.6
Most rural	34.2	17.9	25.6	25.0	16.3
GMS	36.2	19.5	26.4	25.5	14.1
PMS	33.7	20.1	25.6	23.6	14.5

Notes:

1. Analysis by rural status of practice excludes one practice for which rural status was unknown
2. GMS/PMS analysis excludes three PCTMS practices

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Table 11B – Practice composition (% of total practice hours worked), by staff type and practice type

Practice type	Percentage (%) of total practice hours worked					
	GPs (exc. locums)	Other clinical	Non-Clinical	Attached	Locums	Total
All UK	25.3	14.9	51.8	7.0	1.0	100.0
Large	24.7	15.5	51.1	8.0	0.7	100.0
Medium	25.8	14.3	51.4	7.4	1.1	100.0
Small	25.8	14.3	54.5	3.5	1.9	100.0
Least rural	25.0	14.3	53.7	5.6	1.3	100.0
Mid rural	26.0	15.2	50.0	7.9	0.9	100.0
Most rural	24.3	16.2	49.9	9.1	0.5	100.0
GMS	26.2	13.8	53.0	6.4	0.7	100.0
PMS	24.1	16.7	50.4	7.5	1.3	100.0

Notes:

1. Analysis by rural status of practice excludes one practice for which rural status was unknown
2. GMS/PMS analysis excludes three PCTMS practices

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Detailed Methodology and response rates

This annex describes the sample design, the response that was achieved, and the various checks that were made in order to show that the methodology has produced a final, achieved sample (with weighted results) that is representative of the known UK population of practices. This has enabled us to produce the high-level results on workload and skill mix that are described in the main report.

The following sections of Annex B describe:

1. Sample design and response
2. The non-response of practices who originally agreed to participate
3. The non-response of practices who did not originally agree to participate
4. QOF score analysis: a comparison of population, non-response and response datasets
5. Validation of data
6. Weighting of data
7. Standard Errors
8. Statistical Testing

1. Sample Design and Response Rates

- 1.1. In order to obtain a sample of practices for the 2006/07 Workload Survey, the dataset for the TSC 2004/05 GP Earnings and Expenses Enquiry was used as the population from which to take a sample.
- 1.2. The TSC data set was originally sourced from the workforce censuses for each of the 4 countries of the UK. This provided the best available source of data on all UK GP practices and included data on the list size, contract status and rurality of all practices in the UK. Note that although more recent GP census data was available, the 2004/05 TSC dataset was the most up-to-date available source that included all GP practices in the UK *and* a measure of practice rurality, which was one of the stratification variables for the sample.
- 1.3. In all, the TSC dataset was comprised of 10,310 GP practices throughout the UK. Using this as a basis, a random target sample of 3,970 practices was then invited to participate in the survey in August 2006. This target sample of 3,970 was stratified in a manner that meant it was representative of:
 - the 4 countries of the UK,
 - the different list sizes known to exist in the population,
 - the rural status of practices in the population, and,
 - the General Medical Services (GMS) / Personal Medical Services (PMS) contract status of practices in the population.

- 1.4. Table 1 shows how known practice list sizes and population densities were used to categorise practices according to size and rurality.

Table 1 - Definition of practice list size and rurality categories in the 2006/07 Workload Survey

Practice Type	Definition
Size	
Small	Practice list size < 4,000
Medium	Practice list size of 4,000 to 7,999
Large	Practice list size > 7,999
Rurality	
Least Rural	Population density > 25 persons per hectare
Mid Rural	Population density > 5 and <= 25 persons per hectare
Most Rural	Population density <= 5 persons per hectare

- 1.5. From the target sample of 3,970 practices which were invited to take part in the survey, 834 initially agreed to do so (which represents a first stage response rate of 21%). After initial agreement, 329 out of the 834 practices actually returned data (which represents a second stage response rate of 39%).
- 1.6. The questionnaires for the survey were piloted in 3 stages involving 13 different practices between May and August 2006. In the first stage, 3 practice managers were interviewed and feedback on the design of the questionnaires was sought. For the second stage, 6 practices were asked to carry out a dry run of the live data collection exercise using paper-based collection. In the final stage, electronic questionnaires were tested and refined with 4 practices, and these were subsequently adopted for the final data collection exercises where possible.
- 1.7. The finalised questionnaires were then used to collect data on practices and the workload of all staff, which were collected over two, separate, one-week periods, in September and December of 2006.
- 1.8. Practice managers were required to complete a practice questionnaire, which asked a number of questions about the practice and the staff working there. All staff working at the practice during the reference week were then asked to complete a questionnaire, which posed a number of questions about their role at the practice, and also included a diary sheet with a breakdown of activities, which individuals were required to complete for each of the 7 days of the reference week. The questionnaires used can be found in Annex D.
- 1.9. In order to help assess how well the final sample of 329 practices matched the known population of 10,310 practices in the UK, several small analyses were conducted involving a comparison of the final sample to the UK population (described in this section); two non-response surveys (sections 2 and 3); and a comparison of QOF scores between the final sample and the UK population (section 4).

1.10. Table 6 at the end of this section shows the stratification used in the survey along with the known populations, target sizes and eventual response sizes that were achieved. In addition, a graphical summary of this data is given in the subsequent flow-chart (figure 1). The final column of the table helps to highlight which strata were either under- or over-represented in the sample when compared to the population. All of the strata in Scotland, Wales and N Ireland appear to be reasonably well represented in the sample, which is confirmed by the summary shown in table 2.

Table 2: Country representation of the population and achieved sample for workload survey, 2006/07

Country	Percentage (%) coverage	
	Population	Sample
England	81.7	83.9
Scotland	10.0	6.7
Wales	4.8	7.0
Northern Ireland	3.5	2.4

1.11. Table 3 compares the rurality of practices in the population and final sample.

Table 3: Rurality representation of the population and achieved sample for workload survey, 2006/07

Rurality	Percentage (%) coverage	
	Population	Sample
Least rural	55.4	43.0
Mid rural	31.3	38.4
Most rural	13.3	18.6

1.12. Least rural practices are the most common in the population followed by mid and then most rural practices. This trend is also followed by the sample, however, it is clear that least rural practices were not as likely to respond as either mid and most rural practices that have a greater representation in the sample as compared to the population.

1.13. Table 4 compares the size of practices in the population and final sample.

Table 4: Practice size representation of the population and achieved sample for workload survey, 2006/07

Practice Size	Percentage (%) coverage	
	Population	Sample
Small	36.9	25.2
Medium	36.0	38.3
Large	27.1	36.5

1.14. Whilst small practices are the most common in the population it appears they were the least likely to respond to the survey. However, medium

size practices had a similar representation in the sample compared to the population. Finally, large practices seemed the most likely to respond to the survey compared to smaller practices.

- 1.15. Unlike for country, practice size and rurality variables, a decision was made to target an equal proportion of GMS and PMS practices in the sample, regardless of the proportions in the population, to enable an effective comparison between these two types of practice. This meant the sample had a near equal number of GMS and PMS practices as indicated in table 5.

Table 5: GMS/PMS representation of the population and achieved sample for workload survey, 2006/07

GMS/PMS	Percentage (%) coverage	
	Population	Sample
GMS	69.7	50.5
PMS	30.3	49.5

- 1.16. Similar trends in both sample rurality and practice size coverage, as discussed above, were observed for GMS and PMS practices only. This suggests that differences in the sample compared to the population are not due to the decision to collect an equal number of GMS and PMS practices.
- 1.17. Any bias that differences in the response rates might have on the results were compensated for by weighting the analysis as described in more detail in section 6 below. However, in order to assess the impact on the overall sample characteristics and parameter estimates, a non-response survey of practices (described in section 3) was carried out and, by over-sampling the non-response practices in the under-represented strata, it was possible to show that there were no substantive changes to the main workload survey conclusions.

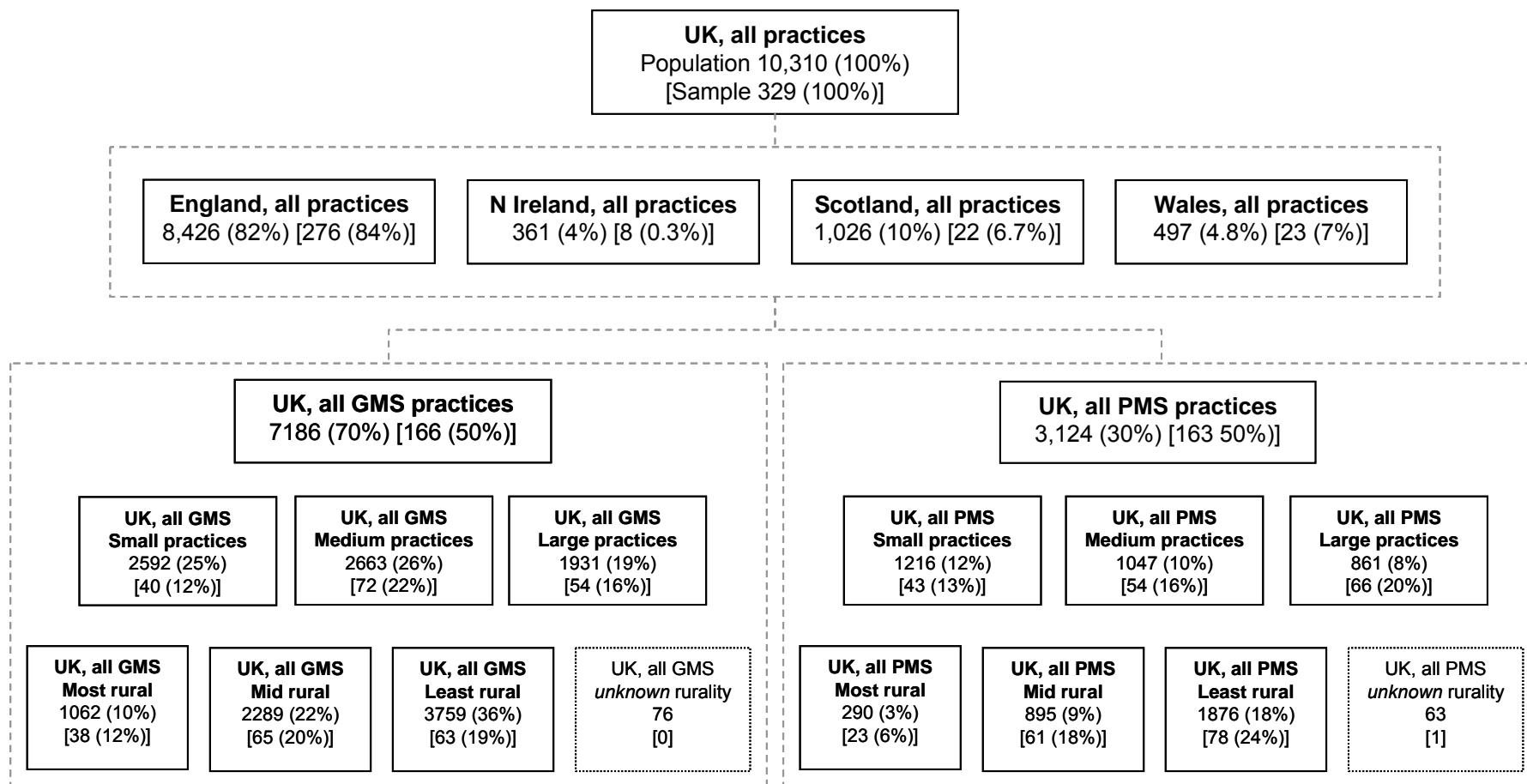
Table 6: Survey population, initial sample and final response by stratum

Stratum	Country	GPMS	List size	Rurality	Known Population	% of UK total	Target sample	% of target total	Final response	% of final response total	% points difference between final response and population			
1	England	GMS	Small	unknown	40	0.4%	11	0.3%	0	0.0%	-0.4			
2				Most rural	225	2.2%	63	1.6%	3	0.9%	-1.3			
3				Mid rural	422	4.1%	117	2.9%	8	2.4%	-1.7			
4			Least rural	Medium	1,215	11.8%	338	8.5%	14	4.3%	-7.5			
5					unknown	7	0.1%	0	0.0%	0	0.0%	-0.1		
6					Most rural	333	3.2%	93	2.3%	14	4.3%	1.0		
7			Mid rural		593	5.8%	165	4.2%	14	4.3%	-1.5			
8			Least rural		Large	1,013	9.8%	282	7.1%	22	6.7%	-3.1		
9						unknown	2	0.0%	0	0.0%	0	0.0%	-0.0	
10						Most rural	179	1.7%	50	1.3%	6	1.8%	0.1	
11			Mid rural			706	6.8%	196	4.9%	24	7.3%	0.4		
12			Least rural			PMS	Small	682	6.6%	188	4.7%	15	4.6%	-2.1
13		unknown						48	0.5%	31	0.8%	1	0.3%	-0.2
14		Most rural						94	0.9%	60	1.5%	8	2.4%	1.5
15		Mid rural	Medium				294	2.9%	188	4.7%	10	3.0%	0.2	
16				Least rural			715	6.9%	458	11.5%	18	5.5%	-1.5	
17							unknown	7	0.1%	0	0.0%	0	0.0%	-0.1
18		Most rural					92	0.9%	59	1.5%	8	2.4%	1.5	
19		Mid rural		Large			266	2.6%	169	4.3%	19	5.8%	3.2	
20					Least rural		656	6.4%	420	10.6%	26	7.9%	1.5	
21							unknown	6	0.1%	0	0.0%	0	0.0%	-0.1
22		Most rural					71	0.7%	45	1.1%	5	1.5%	0.8	
23		Mid rural			320		3.1%	205	5.2%	30	9.1%	6.0		
24		Least rural			440	4.3%	281	7.1%	31	9.4%	5.2			
England sub-total:					8,426	81.7%	3419	86.1%	276	83.9%	2.2			

25	NI	GMS	Small	Most rural	66	0.6%	18	0.5%	1	0.3%	-0.3
26				Mid rural	50	0.5%	14	0.4%	1	0.3%	-0.2
27				Least rural	45	0.4%	13	0.3%	0	0.0%	-0.4
28			Medium	Most rural	41	0.4%	11	0.3%	2	0.6%	0.2
29				Mid rural	59	0.6%	16	0.4%	1	0.3%	-0.3
30				Least rural	52	0.5%	14	0.4%	1	0.3%	-0.2
31			Large	Most rural	5	0.0%	0	0.0%	0	0.0%	-0.0
32				Mid rural	27	0.3%	8	0.2%	1	0.3%	0.0
33				Least rural	16	0.2%	4	0.1%	1	0.3%	0.1
	NI sub-total:				361	3.5%	98	2.5%	8	2.4%	-1.1
34	Scotland	GMS	Small	unknown	10	0.1%	0	0.0%	0	0.0%	-0.1
35				Most rural	78	0.8%	22	0.6%	4	1.2%	0.5
36				Mid rural	75	0.7%	21	0.5%	0	0.0%	-0.7
37				Least rural	204	2.0%	57	1.4%	2	0.6%	-1.4
38			Medium	unknown	9	0.1%	0	0.0%	0	0.0%	-0.1
39				Most rural	6	0.1%	0	0.0%	0	0.0%	-0.1
40				Mid rural	80	0.8%	22	0.6%	1	0.3%	-0.5
41				Least rural	264	2.6%	73	1.8%	5	1.5%	-1.0
42			Large	unknown	1	0.0%	0	0.0%	0	0.0%	-0.0
43				Mid rural	16	0.2%	4	0.1%	1	0.3%	0.1
44				Least rural	168	1.6%	48	1.2%	2	0.6%	-1.0
45		PMS	Small	unknown	2	0.0%	0	0.0%	0	0.0%	-0.0
46				Most rural	32	0.3%	20	0.5%	2	0.6%	0.3
47				Mid rural	7	0.1%	4	0.1%	2	0.6%	0.5
48				Least rural	24	0.2%	15	0.4%	2	0.6%	0.4
49			Medium	Most rural	1	0.0%	0	0.0%	0	0.0%	-0.0
50				Mid rural	5	0.0%	3	0.1%	0	0.0%	-0.0
51				Least rural	20	0.2%	13	0.3%	1	0.3%	0.1
52			Large	Mid rural	3	0.0%	0	0.0%	0	0.0%	-0.0
53				Least rural	21	0.2%	13	0.3%	0	0.0%	-0.2
	Scotland sub-total:				1,026	10.0%	315	7.9%	22	6.7%	-3.3

54	Wales	GMS	Small	unknown	7	0.1%	0	0.0%	0	0.0%	-0.1
55				Most rural	50	0.5%	15	0.4%	3	0.9%	0.4
56				Mid rural	84	0.8%	23	0.6%	4	1.2%	0.4
57				Least rural	21	0.2%	6	0.2%	0	0.0%	-0.2
58			Medium	Most rural	54	0.5%	15	0.4%	4	1.2%	0.7
59				Mid rural	93	0.9%	26	0.7%	7	2.1%	1.2
60				Least rural	59	0.6%	17	0.4%	1	0.3%	-0.3
61			Large	Most rural	25	0.2%	7	0.2%	1	0.3%	0.1
62				Mid rural	84	0.8%	23	0.6%	3	0.9%	0.1
63				Least rural	20	0.2%	6	0.2%	0	0.0%	-0.2
	Wales sub-total:				497	4.8%	138	3.5%	23	7.0%	2.2
Grand Total for UK					10,310	100%	3970	100%	329	100%	

Figure 1: Graphical summary of the data shown above: (the figures in each box show the size of the known UK population of GP practices and the number of practices that were in the final sample that was analysed)



2. Non-response of practices who originally agreed to participate

- 2.1. With a population of 10,310 practices in the UK, a target sample of 3,970 practices was invited to participate in the survey. 835 practices originally agreed to participate in the survey but only 329 eventually provided data. Table 7 highlights the reasons for non-response that were given by the 506 (i.e. 835-329) practices who had agreed and then pulled out.

Table 7: Reasons for non-participation of practices that initially agreed to participate in the Workload Survey

Reason	Percentage (%) of non-responding practices
Staff refused to participate / Deemed it too much work	25
"Too busy"	21
Short staffed	19
Lost / Forgot / Other Commitments	11
Wanted to complete but couldn't due to unforeseen circumstances (no reason given)	11
Reason unknown	13

- 2.2. The most commonly cited reason for not participating in the survey was staff at the practices (often GPs) refusing to do the required work in completing the questionnaires and diary sheets. Other common reasons included practice managers being too busy to co-ordinate the data collection and staff shortages during the survey reference weeks.

3. Non-response for practices who did not originally agree to participate

- 3.1. In order to assess how representative the final achieved sample was, a non-response survey was carried out. A target sample of 3,970 practices were initially contacted and invited to take part in the survey. Of these, 835 initially agreed to take part meaning that 3,135 (i.e. 3970-835) refused when invited.
- 3.2. From the 3,135 practices that did not initially volunteer to participate, a sample of 200 practices, stratified by list size and GMS/PMS status, was selected randomly and asked to complete a short non-response questionnaire. In February / March 2007, they were asked to record the number of staff working at the practice and how many hours they worked in a typical week. Responses were received from around 60 practices and data were analysed to test whether the responding practices from the main enquiry had significantly different practice compositions and workloads to those that did take part in the main enquiry.

Non-response survey headcount comparisons

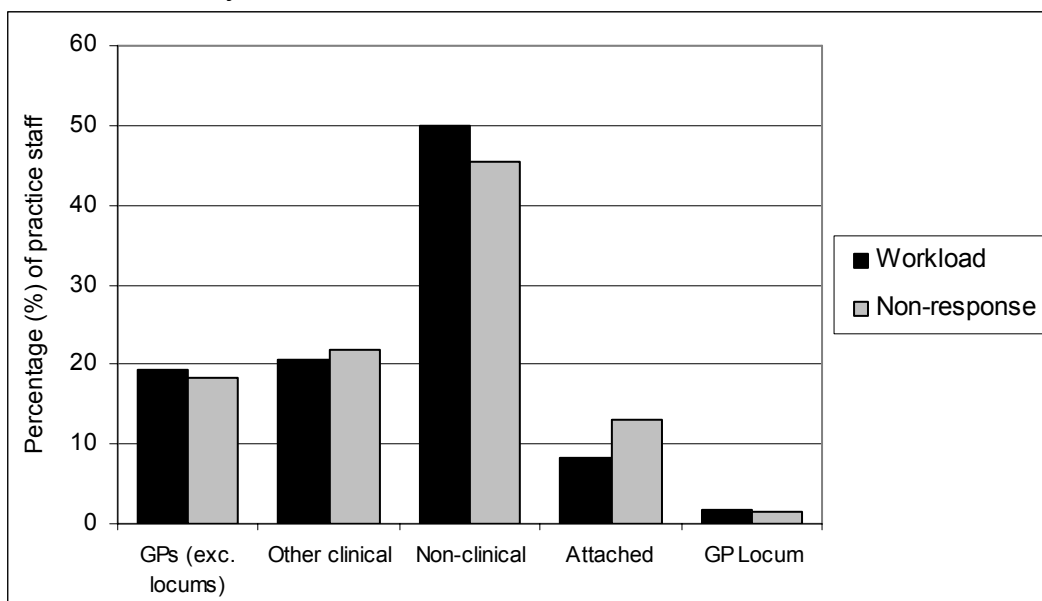
3.3. The characteristics of the practices responding to the non-response survey are shown in table 8.

Table 8: Responses to non-response survey by contract type and size

Practice Size	Contract Type		Total
	GMS	PMS	
Small	20	5	25
Medium	13	5	18
Large	12	5	17
Total	45	15	60

3.4. Figure 2 shows the proportions of staff in each of the main categories for the non-response survey compared to the main workload survey:

Figure 2: Breakdowns of staff-types in non-response survey and main workload survey results

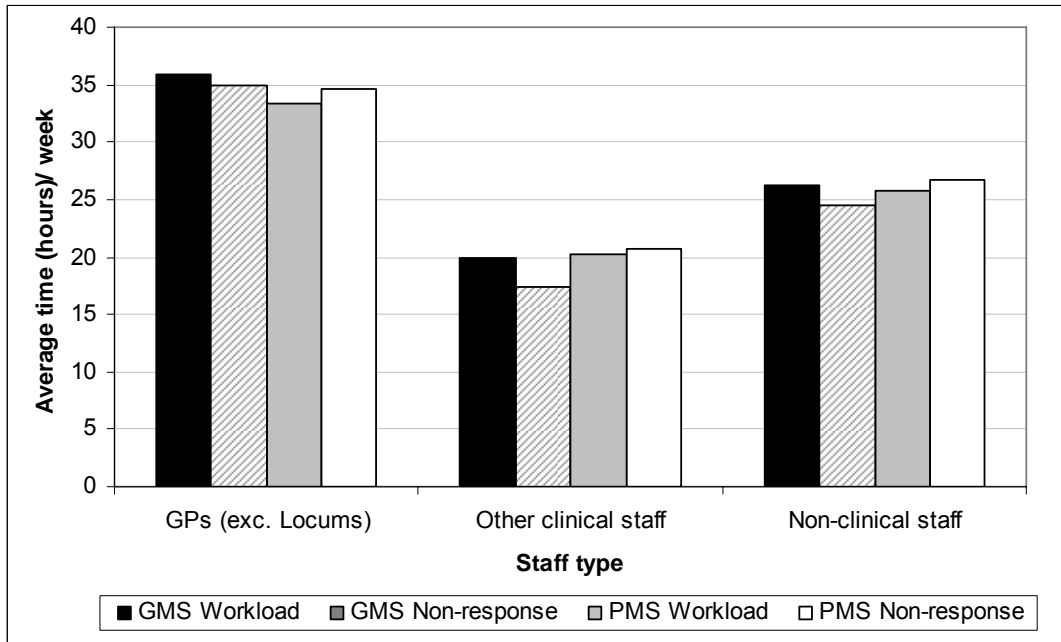


3.5. There are small differences in the proportions of non-clinical and attached staff in the achieved workload survey sample and the achieved non-response sample. This will be largely due to the anticipated difficulties in getting completed returns for attached staff. However, for GPs and other clinicians, the proportions are shown to be very close, suggesting good staff-type representation in the final achieved sample.

Non-response survey hours worked comparisons

3.6. Figure 3 shows the average hours worked per week for responding practices in the non-response survey for the largest staff groups.

Figure 3: Average weekly working hours by main staff group and type of practice, non-response survey compared to main workload survey results (unweighted)

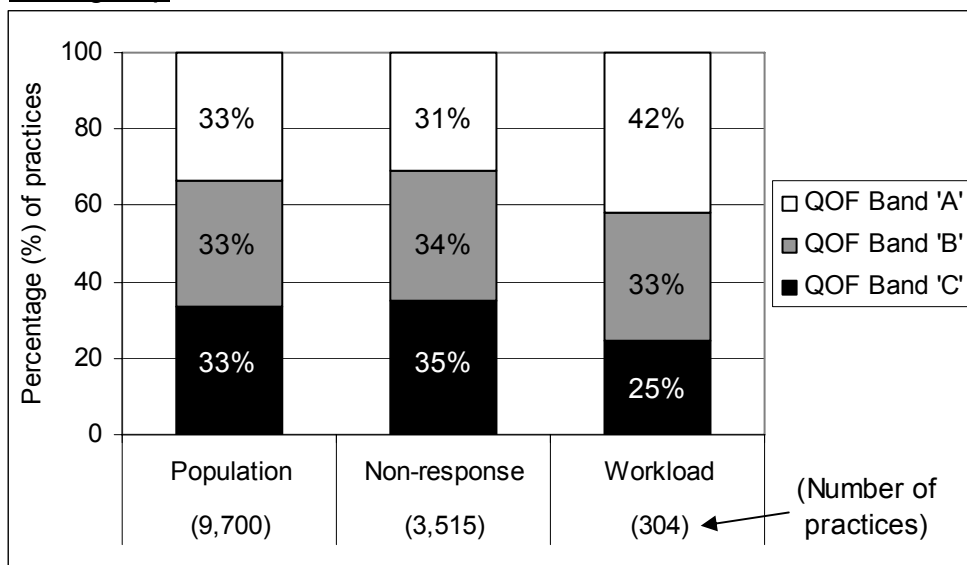


- 3.7. For the three main GMS staff groups, hours worked are generally shown to be slightly higher on average in the main dataset than in the non-response dataset, whilst the opposite is shown for the PMS staff groups. Differences are, however, very small and are likely to be due to the fact that the non-response survey collected data on a typical week rather than the more detailed diary data from the main survey. Certain activities that were included in the diary sheet (for example training / study) may not have been taken into account by practice managers when estimating the typical week for certain staff, in particular GPs.
- 3.8. There is also an issue of perception, with the possibility that practice managers might not always be fully aware of the precise total workload commitments of all individuals (especially self-employed staff) working at the practice. This might explain why the averages were slightly lower for the GMS data in the non-response exercise.
- 3.9. Significance tests were performed on mean hours worked for the three main staff groups at the GMS and PMS level (i.e. 6 tests in all). Statistically significant differences in average hours worked were only found between the main achieved sample and the non-response survey sample for GMS 'Other clinical' (difference of 2.4 hours) and 'Non-clinical' staff groups (difference of 1.9 hours). Differences in the other four groups tested were found not to be statistically significant.

4. QOF score analysis: comparison of population, non-response and response data sets

- 4.1. In order to further examine the extent to which the sample of responses to the workload survey reflected the population as a whole we considered other data sources on GPs. An analysis of practice QOF scores (where available) was carried out. The QOF scores of the UK population (excluding Wales), non-responder practices and workload sample were compared for evidence of similarity or otherwise.
- 4.2. Of the practices selected for the initial sample (3,970) there were 3,646 practices that did not eventually submit a response. Of these, a further 131 practices were unable to provide details of their QOF scores (mainly in Wales). This group of 3,515 practices have been labelled as 'non-response' in the charts below. Similarly, only practices returning QOF scores were included in the 'Workload' and 'Population' totals identified in the charts.
- 4.3. The QOF scores were banded into three equal sized groups of practices in the total population, namely, 'A' (1030 and above), 'B' (985 up to 1030) and 'C' (up to 985).

Figure 4: A comparison of survey and population percentages in each QOF group



- 4.4. Figure 4 shows that the proportion of practices in each of the QOF bands of the non-response cohort is similar to the proportions seen in the population of practices in the UK. However, whilst band 'B' of the workload survey sample was very similar to the population (both 33%), band 'A' and 'C' were different. The percentage of practices in band 'A' and 'C' in the workload survey were 42% and 25% compared to 33% in both bands of the population. These differences suggest that practices with higher QOF scores are perhaps more likely to complete the workload survey compared to those with lower QOF scores.

- 4.5. However, we have not investigated whether practices with lower QOF scores have different working characteristics or skill-mix of staff than those with higher QOF scores.

5. Validation

- 5.1. Most practices used electronic questionnaires to provide data which contained a number of in-built validation checks, so much of the data were validated at source and were therefore generally of very high quality when received.
- 5.2. Further validation was carried out to check the completeness of individual data fields and to query outlying data. Comparisons were also made between practice returns and individual staff returns to ensure that the activity of all individuals actively engaged at the practice during the survey reference week had been fully captured, or dummy staff returns added where data were not available for those individuals who were active during the week but for whom no return had been received.

6. Weighting

- 6.1. Most of the analyses in this report are presented on a weighted basis to account for differing response rates across the population of GP practices in the UK.
- 6.2. Weights for practices and individuals have been calculated using the inverse sampling proportion of GP practice numbers. Hence, practices and individuals are given a weight equal to the total number of GP practices in the population divided by the number of responding practices in the relevant stratum.

7. Standard Errors

- 7.1. Where possible, standard errors have been included to show the margins of error around the sample-based estimates reported. These have been calculated using unweighted data.

8. Statistical Testing

- 8.1. Significance testing was carried out at the 5% level. Data used for significance testing was initially tested for Normality, using a standard hypothesis testing method (i.e. one sample Kolmogorav-Smirnov (KS)). Where appropriate (i.e. Normal data), means were compared using standard analysis of variance and two independent sample t-tests. In cases where normality could not be established, primarily because of full and part-time working patterns, complimentary non-parametric tests, Kruskal-Wallis and two sample KS, were used.

List of work activities in the 2006/07 General Practice Workload Survey

Work Area	Contract	Activity	
NHS	GMS/PMS/PCTMS	Consultation	<p>Relates to all patient-facing clinical activity split into five categories in the workload survey:</p> <ul style="list-style-type: none"> • Telephone clinical consultations • Surgery clinical consultations • Home visits (inc. travelling time) • Care home visits (inc. travelling time) • Clinics¹ <p>1. Relate to all clinics held outside consultations</p>
		Non-consultation	<p>Relates to all non-patient facing non-clinical activity split into 13 categories in the workload survey:</p> <ul style="list-style-type: none"> • Arranging referrals - Choose and Book • Arranging referrals - other (not Choose and Book) • Data input • Dispensing • Governance • Networking / attending meetings • Practice administration (not including data input) • Reception • Repeat prescribing (outside consultations) • Strategy / Policy / Service Development • Teaching • Training / study • Other
Other NHS	Non-GMS/PMS/PCTMS	Relates to NHS work not covered by GMS/PMS/PCTMS contract. Includes commissioning	
Non-NHS		Relates to non-NHS medical services	

Glossary of Terms

Term	Explanation
Status of GP <ul style="list-style-type: none"> • GP Partner • GP Salaried • GP Registrar • GP Locum 	<p>All GP statuses were self-defined in the survey. Employment status of GPs was <i>not</i> used to define status.</p> <p>In the Workload Survey 5% of GP partners are listed as employed and 3% of salaried GPs as self-employed. Whilst these may represent possible recording errors, employed partners are likely to refer to 'guaranteed share partners' (salaried GP partners from the old GMS contract) and self-employed salaried GPs may refer to mix-employed GPs that are partners elsewhere but employed by a practice in the survey.</p>
Session	A session is normally defined as a half-day. In the survey, all GPs were asked how many sessions they worked in a typical week.

Abbreviations

Abbreviation	Meaning
GP	General Practitioner
GMP	General Medical Practitioner (in this report, relates to GPs under old GMS contract, prior to April 2004)
UPE	Unrestricted Principal and Equivalent (relates to the old GMS contract)
GMS	General Medical Services
PMS	Primary Medical Services
PCTMS	Primary Care Trust Medical Services
FTE	Full-time equivalent
HCA	Health Care Assistant
OOH	Out-of-hours
QOF	Quality and Outcomes Framework



General Practice Workload Survey 2006/07

[Practice address 1]
[Practice address 2]
[Practice address 3]
[Practice address 4]
[Practice address 5]
[Practice address 6]
[Practice address 7]

7 August 2006

Dear Practice Manager,

We are writing to ask for your help in the 2006/07 General Practice Workload Survey, which is being carried out by the Information Centre for Health and Social Care on behalf of the four UK Health Departments, the BMA and NHS Employers. Your practice has been chosen as part of a random sample of practices across the UK to potentially take part in a one-week study, and we would be very grateful for your assistance.

We are looking to collect information on how workload is distributed across the different staff groups within general practice. In 1992/93, there was a survey to look at GPs' workload. A new survey is therefore needed to provide policy makers and contract negotiators with up-to-date information, and we would also like to go a step further and look at the workload of all staff types in general practice and not just GPs.

We hope that if you have the opportunity to take part in the exercise there will be benefits for your practice too:

- You will be contributing information that will be analysed and passed on to a group that is reviewing the global sum allocation formula;
- You will develop an improved understanding of the workload of all staff members at your practice;
- We will send you a copy of an aggregate report of our findings after it has been published, so that you can compare your own practice with the rest of the UK practice population.

As the practice manager, your role in this exercise would be vital in co-ordinating the collection of data for all of the staff working at your practice.

We would need each member of staff to complete a short questionnaire and a diary sheet recording their activities over a one-week period. There is also a short form to ask some questions about your practice, which we would also ask you to complete.

If you are willing to take part in the survey, **please complete the enclosed form and send it to us in the enclosed reply-paid envelope by Monday 21 August**. We are inviting a wide range of practices to take part, and from those that are willing to participate we will draw a final sample for which we will request data for a whole reference week – either in the week commencing Monday 18 September 2006 or Monday 4 December 2006.

We would prefer to collect the data electronically, as this has major benefits for all concerned. It allows you to keep a copy of the data on workload at your own practice and ensures that we can accurately transfer the data when we receive it. Unless you state otherwise in the form, if you are willing to take part in this survey we will assume that you are content to have Microsoft Excel templates emailed to you and that you will be able to return the spreadsheet to us by email.

Any data that you supply to us will be treated in the strictest confidence, and we will ensure that your practice and staff are in no way identifiable in the final report.

If you would like further details about the survey, please call the Contact Centre at the Information Centre on 0845 300 6016, or email enquiries@ic.nhs.uk

Your assistance would be very much appreciated.

Yours sincerely,



Hamish Meldrum
(Chair of BMA General
Practice Committee)



Philip Grant
(NHS Employers)



Richard Armstrong
(Department of Health)

Practice reference code: [Practice code]



General Practice Workload Survey 2006/07

By returning this questionnaire it is assumed that you are willing to take part in the above survey for a one-week period in September or December. We will contact you by email closer to the time to let you know when we would like you to participate.

1. Practice manager name (PLEASE USE BLOCK CAPITALS):
(Title): (First name):
(Surname):
2. Email address:.....
3. Contact telephone number:.....
4. Approximate number of staff working at your practice:.....
5. If your practice is unable to complete the required forms for the survey using email and Microsoft Excel, please tick this box:
6. If either September or December are particularly inconvenient for you, please let us know below:
.....
.....
.....

If you have any queries, please call the Contact Centre at the Information Centre for Health and Social Care on 0845 300 6016

Thank you for your cooperation. Any personal details that you supply to us will be treated in the strictest confidence and will not be used for any purpose other than this survey

Data Protection number: Z8959110



«Title» «First_name» «Last_name»
«PracticeSurgery_name»
«Address_1»
«Address_2»
«Address_3»
«Address_4»
«Post_Code»

General Practice Workload Survey 2006/07

6 September 2006

Practice reference code: «GP_Code»

Dear «Title» «Last_name»,

In August you kindly agreed to participate in the 2006/07 UK General Practice Workload Survey. We are now writing to request the data that we require, and this letter gives detailed instructions of what we need you to do.

We are collecting data on activity at your practice in the 7-day period starting on Monday 18 September 2006. Enclosed with this letter, you should find three documents: a practice questionnaire, a letter to individual staff members and an individual staff member questionnaire (including diary sheet). We need you to do the following:

1. Create photocopies of the **individual staff member letter and questionnaire (including diary sheet)** – one copy for each member of staff working in GMS/PMS/PCTMS¹ at the practice at any point during the reference week, ensuring that each questionnaire and diary sheet is stapled together.
2. Ensure that all staff members working at the practice (including yourself) complete a copy of the questionnaire and diary sheet.
3. Complete a copy of the **practice questionnaire** at the end of the reference week.
4. Return the completed practice questionnaire, individual questionnaires and individual diary sheets (ensuring that the Staff Type Code has been completed on each) in the enclosed reply-paid envelope to the following address:
2006/07 General Practice Workload Survey, Omnibus Survey Team,

The Information Centre, Room 2 South, 1 Trevelyan Square,
Leeds, LS1 6AE

You may also wish to create up to 7 copies of the diary working sheet (which can be found at the back of the staff questionnaire) for each individual so that they can keep a daily record of their activities during the reference week. At the end of the week, the workings from these sheets can then be transferred to the diary sheets for submission.

It is vitally important that we receive a completed return for every individual that engages in GMS/PMS/PCTMS¹ activities at your practice between Monday 18 September and Sunday 24 September. This includes visiting community staff and any other attached staff that carry out related work in the survey week.

Please could you aim to supply us with a full set of practice returns by **Friday 29 September**.

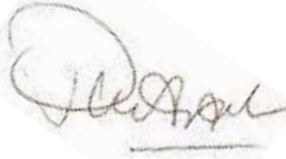
If you have any questions on the survey, please do not hesitate to contact the survey Helpdesk on 0113 254 7013.

Thank you very much in advance for taking the time to participate in this exercise.

Yours sincerely,



Hamish Meldrum
(Chair of BMA General
Practice Committee)



Philip Grant
(NHS Employers)



Richard Armstrong
(Department of Health)

¹ PCTMS is Health Board contracted services in Scotland and Northern Ireland. PMS not applicable in Wales and Northern Ireland

General Practice Workload Survey 2006/07

- Practice Questionnaire -

- Page 1 of 2 -

This form is to be completed by the practice manager at the end of the reference week (after Sunday 24 September)

Staff working at your practice

1. How many of each of the following types of staff were engaged in GMS/PMS/PCTMS activities at your practice in the survey reference week (Monday 18 September to Sunday 24 September)?

Staff Type	Number of staff that carried out GMS/PMS/PCTMS activities during the reference week ² (headcount)	Number of staff working at the practice ³ (headcount)
General Medical Practitioner (GMP) – partner		
GMP – salaried ⁴		
GMP Registrar		
GMP Locum		
Practice manager / Non-GMP partner		
Administration assistant (e.g. practice administrator, data clerk)		
Receptionist		
Medical secretary		
Dispenser		
Nurse practitioner		
Practice nurse		
Midwife		
Physiotherapist		
Healthcare assistant		
Counsellor		
All attached staff (e.g. district nurse, health visitor)		
Other therapist – please specify:		
Other staff – please specify:		
TOTAL		

² This should be a count of the number of staff that carried out these activities at your practice in the reference week and should correspond to the total number of individual questionnaires that you supply to us.

³ This should be a count of the total number of staff that are currently employed to carry out work at your practice. It should include staff that are currently away, for example those on annual leave or sick leave, and those staff that are not scheduled to work at the practice during the reference week.

⁴ Not applicable in Northern Ireland

GMS/PMS

2. Is your practice **GMS**, **PMS** or **PCTMS**⁵?

GMS

PMS

PCTMS

Practice list size

3. How many patients are currently registered at your practice?

,

Out-of-hours activity at your practice

4. In the reference week, did your practice provide out-of-hours services?

(Out of hours is defined as from 6:30pm until 8:00am on weekdays, and all weekends, bank holidays and public holidays)

Yes

No

⁵ PCTMS is Health Board contracted services in Scotland and Northern Ireland. PMS not applicable in Wales and Northern Ireland



General Practice Workload Survey 2006/07

6 September 2006

Practice reference code: A12345

Dear Member of Staff,

In August, your practice kindly agreed to take part in the 2006/07 UK General Practice Workload Survey, which is being conducted by the Information Centre for health and social care on behalf of the British Medical Association, the four UK Health Departments and NHS Employers.

The motivation for the survey is the new GMS contract, which has led to particular changes in the way practices conduct their work. The negotiating parties require up-to-date information on the distribution of practice workload, which will be essential for future negotiations on pay and the global sum. The last survey of this type took place in 1992/93 and only covered GPs, so more complete and timely information is now desperately needed.

We need you to complete the enclosed questionnaire, which asks questions about your GMS/PMS/PCTMS activities at this practice and asks you to keep a record of the amount of time that you spent carrying out different types of activity in the period Monday 18 September to Sunday 24 September 2006. At the end of the week, please provide the completed forms to your practice manager, who is collating responses for all staff working at your practice.

If you have any questions on the survey, please do not hesitate to contact the survey Helpdesk on 0113 254 7013.

Thank you very much in advance for taking the time to participate in this exercise.

Yours faithfully,

A handwritten signature in blue ink, appearing to read 'Hamish Meldrum'.

Hamish Meldrum
(Chair of BMA General
Practice Committee)

A handwritten signature in black ink, appearing to read 'Philip Grant'.

Philip Grant
(NHS Employers)

A handwritten signature in black ink, appearing to read 'Richard Armstrong'.

Richard Armstrong
(Department of Health)

General Practice Workload Survey 2006/07

– Staff questionnaire –

- Page 1 of 6 -

Staff Type

1. Which of the following most closely describes your main role at the practice?

Staff Type Code	Staff Type	Please Tick One Box Only ¹
1	General Medical Practitioner (GMP) – partner	
2	GMP – salaried ²	
3	GMP Registrar	
4	GMP Locum	
5	Practice manager / non-GMP partner	
6	Administration assistant (e.g. practice administrator, data clerk)	
7	Receptionist	
8	Medical secretary	
9	Dispenser	
10	Nurse practitioner	
11	Practice nurse	
12	Midwife	
13	Physiotherapist	
14	Healthcare Assistant	
15	Counsellor	
16	All attached staff (e.g. district nurse, health visitor)	
17	Other therapist - <i>please specify:</i>	
18	Other staff - <i>please specify:</i>	

- Please transfer your staff type code to the top of your diary sheet (page 5) -

¹ If you have more than one role at the practice (e.g. administration assistant and receptionist), please indicate your main role in the week

² Not applicable in Northern Ireland

Employment Status

2. What is your main employment status within this practice?

	Please Tick One Box Only
Self-Employed	
Employed by Practice	
Employed by Primary Care Trust	
Other - <i>please specify:</i>	

Typical week

3. Do you consider this week (i.e. Monday 18 September to Sunday 24 September 2006) to be a "typical" working week in terms of the number of hours that you worked?

Yes

No

3.1 If you answered "No" to question 3, please state the number of hours that you work in a typical week:

Number of hours

4. **To be answered by GPs only**

- *Other clinical staff please proceed to question 5*
- *Non-clinical staff please proceed to question 6*

How many sessions do you work in a typical week?

Number of sessions

QOF / Essential / Additional / Enhanced Services split

5. To be answered by clinical staff only (GPs, nurses, healthcare assistants and attached clinical staff)

→ *Non-clinical staff please proceed to question 6*

Reports have suggested that the Quality and Outcomes Framework (QOF) has added significantly to the workload of clinical staff in General Practice. We are keen to assess the extent to which the QOF and other policy initiatives impact on your workload. While we recognise that this cannot be measured exactly, of the total time recorded on your diary sheet, what percentage would you **estimate** related to the following activities (where it is not possible to provide a precise breakdown, please provide **indicative** figures):

Activity	Estimated percentage of time
Essential Services¹	
Additional Services²	
Enhanced Services³	
Services uniquely attributable to the Quality and Outcomes Framework⁴	
Other	
Total	100%

1. Essential services cover:
 - management of patients who are ill or believe themselves to be ill, with conditions from which recovery is generally expected, for the duration of that condition, including relevant health promotion advice and referral as appropriate, reflecting patient choice wherever practicable
 - general management of patients who are terminally ill
 - management of chronic disease in the manner determined by the practice, in discussion with the patient.

2. Additional services cover:
 - cervical screening
 - contraceptive services
 - vaccinations and immunisations
 - child health surveillance
 - maternity services - excluding intra partum care
 - the minor surgery procedures of curettage, cautery, cryocautery of warts and verrucae, and other skin lesions.

3. Enhanced services are:
 - essential or additional services delivered to a higher specified standard, for example, extended minor surgery
 - other services not provided through essential or additional services.

4. Recognising that the QOF is inherent in much of the work that is delivered through essential, additional and enhanced services, this section is aimed at capturing work that is uniquely attributable to QOF but which is not captured elsewhere in essential, additional and enhanced services.

Diary Sheet

6. Please return this questionnaire, along with a completed diary sheet (see page 5) for the reference week, to your practice manager.

Thank you for your co-operation

2006/07 General Practice Workload Survey

Staff type code:

Additional guidance is provided in the explanatory notes

		Monday 18 September		Tuesday 19 September		Wednesday 20 September		Thursday 21 September		Friday 22 September		Saturday 23 September		Sunday 24 September		
		Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	Hrs : Qtrs ¹	No. ²	
GMS/PMS/ PCTMS activities	Clinical activity	Telephone clinical consultations	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Surgery clinical consultations	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Home visits (inc. travelling time)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Care home visits (inc. travelling time)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Clinics (outside consultations)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Arranging referrals - Choose and Book	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Arranging referrals - other (not Choose and Book)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Data input	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Dispensing	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Governance	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Networking / attending meetings	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Practice administration (not including data input)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Reception	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Repeat prescribing (outside consultations)	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Strategy / Policy / Service Development	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Teaching	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
		Training / study	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼	
	Other (please state):	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		
Non-GMS/PMS/ PCTMS activities - NHS	Commissioning	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		
	Other (please state):	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		
Non-NHS medical services	(Please state):	: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		
TOTAL		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		: ¼		

Notes:
¹ Times should be rounded to the nearest quarter of an hour. For example, two and three quarter hours should be recorded as **2 : 3/4**; three hours should be recorded as **3 : 0/4**.
² Record number of patient consultations / number of patients seen in visits or clinics

Diary Sheet - Explanatory Notes

Staff type code: Please refer to question 1 of the individual questionnaire and record the staff type code for the individual to whom this diary sheet corresponds

	<u>List of Activities</u>	<u>Notes</u>
Clinical activity - to be completed by healthcare professionals only	Telephone clinical consultations	To be completed by healthcare professionals only. Enter total time and number of telephone calls received or made. Non-clinical staff should record patient casework under "Arranging referrals"
	Surgery clinical consultations	To be completed by healthcare professionals only. Enter total time spent in all NHS patient consultations at the surgery and number of patients seen. Non-clinical staff should record patient casework under "Arranging referrals"
	Home visits (inc. travelling time)	To be completed by healthcare professionals only. Enter total time and number of patients seen
	Care home visits (inc. travelling time)	To be completed by healthcare professionals only. Enter total time and number of patients seen
	Clinics (outside consultations)	To be completed by healthcare professionals only. Enter total time and number of patients seen
Non-clinical activity - for use by all staff	Arranging referrals - Choose and Book	- Include all patient casework relating to the referral. - Scottish practices should record SCI Gateway usage. - Activity not relevant for practices in Northern Ireland
	Arranging referrals - other (not Choose and Book)	Include all patient casework relating to the referral
	Data input	- Non-clinical staff to record all Data input activity - clinical staff to record time spent inputting data outside of patient consultations
	Dispensing	- Record time spent dispensing items to patients. - Prescribing activity should be recorded either within consultation time (clinical staff only) or under "repeat prescribing" if performed outside consultation time
	Governance	Activity relating to risk management / patient safety, e.g. appraisal, revalidation, work on professional committees such as the Professional Executive Committee (PEC) of a PCT
	Networking / attending meetings	Include all meetings, whether patient-focussed (e.g. dealing with complaints) or business-focussed (e.g. weekly team meetings), and time spent talking to colleagues
	Practice administration (not including data input)	Includes stocking rooms, managing staff, financial administration, accommodation matters, preparation of duty rotas, annual reports, etc.
	Reception	Record time spent running reception
	Repeat prescribing (outside consultations)	Repeat prescribing without any other patient contact
	Strategy / Policy / Service Development	Record time spent developing practice financial / strategic services, clinical services, business plans, etc.
	Teaching	Time spent delivering teaching / training
	Training / study	Time spent receiving training / studying
	GMS/PMS/PCTMS Other (please state):	
	Commissioning	- Scottish practices should record time spent engaged in Community Health Partnership work - Activity not relevant for practices in Northern Ireland
Non-GMS/PMS/PCTMS - NHS Other (please state):	E.g. Subject access requests	
Non-NHS Medical Services		

Name:

2006/07 General Practice Workload Survey

Working sheet - not for submission

Day:

		Activity	Working	Time spent	Number ¹
GMS/PMS/ PCTMS activities	Clinical activity	Telephone clinical consultations			
		Surgery clinical consultations			
		Home visits (inc. travelling time)			
		Care home visits (inc. travelling time)			
		Clinics (outside consultations)			
	Non-clinical activity	Arranging referrals - Choose and Book			
		Arranging referrals - other (not Choose and Book)			
		Data input			
		Dispensing			
		Governance			
		Networking / attending meetings			
		Practice administration (not including data input)			
		Reception			
		Repeat prescribing (outside consultations)			
		Strategy / Policy / Service Development			
		Teaching			
		Training / study			
		Other (please state):			
		Non-GMS/PMS/ PCTMS activities - NHS	Commissioning		
Other (please state):					
Non-NHS medical services	(Please state):				
		TOTAL			

Note:

¹ Number of patient consultations / number of patients seen in visits or clinics

Members of the Workload Survey Group

1. The sub-group of the main Technical Steering Committee (TSC) which agreed all methodological aspects and outputs of the 2006/07 General Practice Workload Survey (including this report) consisted of the following members:

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Rob Stones	Information Centre for health and social care
Nick Janvier	Information Centre for health and social care
Katharine Robbins	Information Centre for health and social care
Catherine Faley	Information Centre for health and social care
John Kershaw	Information Centre for health and social care
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Sandra Daniels	Information Centre for health and social care
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Mike Vickerman	DH (England)
Daniel Hinze	The Scottish Executive
Martyn Shipp	The Welsh Assembly Government
Penny Murray	Department of Health, Social Services and Public Safety (Northern Ireland)
David Melbourne	NHS Employers
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