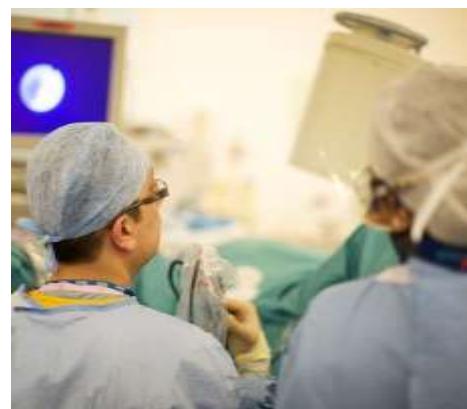


Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

October 2017



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Foreword

Primary medical care is the foundation of the NHS and without it the NHS will inevitably fail. The pressure primary medical care is under is evident across the country and as a direct result NHS England published the General Practice Forward View (GPFV) in April 2016. The GPFV is a five-year plan with more than 82 commitments to stabilise, develop and transform primary medical care services to ensure they are sustainable and fit for purpose now and into the future.

Workforce is the most important workstream within the GPFV as without a highly skilled, motivated and available workforce none of the other important work streams can be delivered. All stakeholders recognise that the status quo cannot continue and as a result this is a great opportunity for significant transformation to take place and that includes within the workforce. No longer should a GP be automatically replaced by a GP nor a practice nurse replaced like for like. Already there are exciting new roles starting within practices, for example physician associates and medical assistants, however we cannot be complacent as only with the development and expansion of these roles will we ensure they become embedded within the primary medical care family, becoming invaluable to the practice and, more importantly, to the patients and public.

This transformation of primary medical care cannot be delivered in isolation. It must be integrated with the wider system transformation which will see primary medical care delivered at scale with true integration of primary, community and secondary care services so patients experience genuine seamless services to the benefit of everyone. That said, our aspirations and delivery must be greater than this, with a greater focus on prevention and the public health agenda, recognising the invaluable support and care provided by social care services and the voluntary sector who are all part of the collective support and care provided to patients and public in their own homes and in their communities.

Glenn Coleman

*Head of Primary Care and Programme Director General Practice Forward View
North Region (Cheshire and Merseyside)*

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Understanding the general practice workforce is a central part of conversations across the healthcare system. As a key enabler for new care models and the success of the Sustainability and Transformation Partnerships (STPs), there is significant momentum around creating a sustainable, innovative and valued workforce in general practice. The launch of the *General Practice Forward View* (April 2016) and more recently *General Practice – Developing confidence, capability and capacity*, known as the GPN 10 Point Plan (July 2017), give national impetus to workforce transformation opportunities which in the North West continue to progress at pace.

This is the fourth year that Health Education England has produced reports covering the North West of England, focused on understanding the general practice workforce profile including skill mix, age profile and participation rates. This year we have broadened the scope of the reports to run beyond quantitative intelligence to encompass stakeholder views and considerations of what the data is telling us, alongside local knowledge of the primary care world in each STP. This rich picture continues to support general practice, commissioners and the wider system throughout STP footprints to understand the key risks and issues concerning the general practice workforce, as well as highlighting key initiatives designed to bring solutions to the known workforce issues.

The next stage is to truly develop our providers to consider, design and implement workforce solutions, aided by Health Education England tools and projects such as Insight, the Enhanced Training Practices (Training Hubs), General Practice Assistants and the Workforce Transformation STAR. While this work has already begun and seen tangible early successes, now is the time to harness the local and national energy in earnest to continue to develop and embed sustainable general practice workforce solutions.

Liz Thomas

Primary Care lead for Workforce Transformation, Health Education England in the North West

Executive Summary

Introduction

General practice is at the heart of NHS care. A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is more important than ever to our country's health system. A year on from the launch of the General Practice Forward View, it is recognised that there has been good progress but there is still a lot more to do, specifically around building the primary care workforce. This document, therefore, sets out a baseline of the region's current primary care workforce supply so that we can consider the progress made to date and the solutions we need to develop collectively.

This document is intended to support CCGs with their plans to develop the primary care workforce. It is expected that CCGs will review this report with the following considerations:

- Does the plan resonate with primary care delivery plans?
- Does the information act as a catalyst for conversation with practices and other stakeholders?
- Is there a clear understanding of how the care models and associated workforce – both in primary care and across the system – should be developed?
- Where changes have been implemented, are these making demonstrable improvements to patient experience and outcomes and the experience of those working in primary care?

Data collection

The analysis and insights within this report are produced by combining quantitative data with feedback captured via a series of stakeholder conversations. Data from the WRaPT GP data collection tool data is the main source of data in this report. The main report gives a summary of the themes emerging from the data, with summary dashboards for the region as a whole and each CCG provided in appendix 4 and appendix 5.

Regional analysis

Workforce size: There are 475 practices in Greater Manchester covering **7,200** staff members working in primary care (headcount) and circa **5,300** full time equivalents (FTEs) (NHS Digital, 2017) across a population of 3 million. Data shows that across Greater Manchester, there are **47** GP FTEs per 100,000 of registered population (excluding locums, registrars and retainers), **23** primary care nurses and **12** other direct patient care staff. There is significant variation by CCG and within each CCG.

Age profile: Primary care in the north west has a relatively older workforce: the largest age group across all roles types in primary care is in the **50-54** age group, followed by **55-59** years as the next largest group in all areas except medical. The age profile for the medical group is fairly flat from the 30-34 age group to the 55-59 age group. Feedback from the stakeholder interviews highlighted a need for data relating to the near to mid-term impact of retirement on workforce.

Gender profile: Overall, the gender split for the primary care workforce is skewed heavily towards women, with female staff accounting for **86%** of the total headcount for the workforce (the same as across the North West). There are a very small number of males working within primary care other than in a GP role, with men making up **1%** of nursing staff, **7%** of other

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clinical staff and 5% of admin staff. For GPs it is almost **50:50** split between men and women, although there is a different age profile by gender (more of the younger GPs are women and more of the older GPs are men). We also see different participation rates by gender – more female GPs tend to work part time than men, although this pattern varies by age.

Staffing profile: The data shows that admin staff forms the largest staff group, accounting for **60%** of the primary care workforce within the North West and Greater Manchester. It would be interesting to explore further how different practices have extended admin roles to support patient care (e.g. with care navigation skills) particularly given there are fewer recruitment challenges than with clinical roles. The second largest staff group and the largest clinical staff group are GPs, with the workforce for Greater Manchester having the largest proportion of GPs (**22%**) which is the NW average as well. Nursing and other clinical roles make up the remaining percentage. This data supports stakeholder feedback that there is a more traditional or ‘top-heavy’ model with more GPs compared to nurses and other clinical roles. We were also interested to see if the proportion of medical staff correlated to other clinical roles such as nursing. We found a sizable variation at practice level, with little to no correlation between GP and nurse ratios per 100,000 population

Leaving primary care: Age and retirement are a large factor in people leaving primary care. Given the proportion of Greater Manchester’s GP profile that is made up of males aged over 55, it can be extrapolated that the region will lose a quarter of its male GPs by 2027. Overall, however, resignation is the largest reason for leaving across all ages, with a range of onward destinations including education, self-employment, private sector as well as general practice and other NHS organisations. Many of the stakeholder interviews raised the issue of the experience of being a GP including low morale, a high and demanding workload and work-life balance. Without improving morale, there will continue to be challenges with retaining staff.

Developing new models: Many stakeholders described the benefits to the General Practice Workforce Model: Insight Tool in helping to link workforce models to demand. There is also significant work being carried out on new roles within the North West region, such as physician associates, clinical pharmacists and advanced practitioners. Whilst work is underway to evaluate the effectiveness of new work, there is more to do to understand best practice models around the workforce profile.

Conclusions and next steps

Despite the challenges with the primary care workforce, there is a huge amount of work underway to secure the future of a high-quality workforce such as Enhanced Training Practices, apprentice schemes, new tools and new roles.

Information on the primary care workforce does not on its own set out the main challenges nor the impact of these challenges on patient care and staff experience. We need to continue to build ‘one version of the truth’ across GP practices, wider primary care and community care in order to make sense of the workforce requirements and how the system delivers the integrated models of care that are required. The current data must be a catalyst for honest conversations on the true extent of vacancies, gaps, age profiles and pending retirement as well as pragmatic engagement around the art of the possible.

At a time when we are looking to move more care out of hospital into our communities it is more important than ever to continue the multifaceted approach to improving and extending the

primary care workforce. We need a continued and collective focus on supporting and developing primary care as part of a wider and more integrated health and care system.

1. Introduction

General practice is at the heart of NHS care. A growing and ageing population, with complex multiple health conditions, means that personal and population-orientated primary care is more important than ever to our country's health system. It also means that primary care is now juggling more patients with greater complex needs. This rising workload is matched by growing patient concerns about convenient access, as well as the recent acknowledgement of historic underfunding in general practice. Last year's General Practice Forward View (GPFV)¹ set out the need to act and how. It contained specific, practical and funded steps – on investment, workforce, workload, infrastructure and care redesign.

A year on from the launch of the General Practice Forward View, it is recognised by the Royal College of General Practitioners that there has been good progress in many areas such as additional investment. However, there is still a lot more to do, specifically around building the primary care workforce. This document, therefore, sets out a baseline of the region's current primary care workforce supply, in the context of the challenges and opportunities that we face, so that we can consider the progress made to date and the solutions we need to develop collectively.

It is the fourth annual primary care workforce report published by HEE working across the North West (HEE(NW)). It sets out the approach to data collection, analysis of the primary care workforce (in terms of age, gender, skill mix etc.), and examples of how the region is tackling some of the key challenges like GP recruitment and retention with new roles.

The report has been developed by combining quantitative data held by HEE(NW) with feedback captured via a series of stakeholder conversations and sharing examples of primary care workforce development underway in the region. The main report gives a summary of the themes emerging from the data, with summary dashboards for the region as a whole and each CCG provided in appendix 4 and appendix 5.

This document, and particularly the information at a CCG-level in appendix 5, is intended to support CCGs with their plans to develop the primary care workforce as part of the overall improvements to the health and care system. It is expected that CCGs will review this report with the following considerations:

- Does the plan resonate with baseline and trajectories expected in the NHSE primary care delivery plan submitted via Standard Data Collection Service (SDSC) (Unify in old terms) and the pending qualitative and quantitative plans due for submission by 30th November 2017?
- Does the information act as a catalyst for conversation with GP practices, the Local Medical Committees (LMCs) and other networks? Or does it need to be more granular at a practice level?
- Is there a clear understanding of how the care models and associated workforce – both in primary care and across the system – should be developed?

¹ General Practice Forward View, NHS England, Royal College of General Practitioners, Health Education England, April 2016

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- Where changes have been implemented, are these making demonstrable improvements to patient experience and outcomes and the experience of those working in primary care?

2. About Health Education England

HEE exists to support the delivery of excellent healthcare and health improvement to the patients and public of England. As HEE working across the North West, we ensure that the workforce of today and tomorrow has the right numbers, skills, values and behaviours, at the right time and in the right place.

Working Across the North West to Support General Practice

HEE is committed to enabling delivery whilst meeting the requirements of the HEE mandate from the Department of Health and delivering against the business plan. HEE key themes include the following:

- Thinking and Leading
- Analysing and Influencing
- Changing and Improving
- Delivering and Implementing
- Focusing on Tomorrow

HEE(NW) will enable delivery of the vision for the new care models described in the Five Year Forward View, through its workforce transformation function, dedicated to supporting the five key enablers of a modern workforce:

- **Supply** – including identifying the workforce requirements and ensuring the quality and retention of supply.
 - An example of this is the General Practice Workforce Model: Insight Tool² which encourages workforce transformation by enabling Primary Care providers to develop a deeper understanding of their workload and clinical case-mix to explore the benefits of adopting new types of workforce & skill mixes.
- **Up-skilling** – to enable everyone in primary care to meet the challenges of patients with increasingly complexities.
 - An example of this is the funding of 460 places at universities for non-medical prescribing.
- **New roles** – there are a number of new roles and skills being developed and evaluated, such as care navigation and physician associates, as well as maximising the potential of the multidisciplinary team as well as new skills and role development.
 - Evaluation is underway by the CLAHRC Greater Manchester on the current primary care workforce and to understand the introduction and impact of new roles in primary care.

² General Practice Workforce Model: Insight Tool available at <https://hee.nhs.uk/hee-your-area/north-west/our-work/attracting-developing-our-workforce/workforce-transformation/general-practice-workforce-model-insight-tool>

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- **New ways of working** – developing a collective leadership culture, improved flexibility and a workforce which embraces research and innovation.
 - For example, we are funding 50 practices to train in nurse-led group consultations.
- **Leadership** – the support of individuals, organisations and systems in their leadership development, ranging from individual behaviours and skills to organisational development of systems through partnerships.
 - Evident in the NW Collaborative Leadership offer to STPs/ Local Workforce Action Boards (LWABs) covering all care sectors with the following organisations North West Leadership Academy (NWLA), Advancing Quality Alliance (AQUA), North West Innovation Agency, NHS Employers, Health Education England and North West Employers (Local Government Association (LGA) and Association of Directors of Adult Social Services (ADASS))
 - To support Primary Care with the delivery of the following in the GPFV: leadership, culture and behaviour change support to facilitate the delivery of patient-centred care with multidisciplinary teams.

The HEE(NW) workforce transformation team has an ambitious workforce and education offer, aimed at mobilising the whole primary care workforce team. This is aligned to The future of primary care: creating teams for tomorrow³, the GP Workforce 10 Point Plan⁴, the GPFV and the NHS Planning Guidance 2016/17-2020/21⁵. More information on our work in each of these areas is set out in section 5 of this report.

Looking Forwards:

The Workforce Transformation Star tool was recently launched at the NHS Expo in September 2017.

<https://hee.nhs.uk/our-work/developing-our-workforce/hee-star>

The Star tool is an online menu of products and activity provided by HEE(NW) to support workforce transformation. The Star is a dynamic tool and will be continually updated and populated with developments to deliver solutions to meet the workforce challenges emerging from STPs and health and social care organisations. Training of external facing STP teams will commence from November 2017.

<http://heestar.e-lftech.org.uk/>

For Further information please email: HENW.transformation@nhs.net or workforceplanning.nw@hee.nhs.uk



³ Primary Care Workforce Commission: The future of primary care: Creating teams for tomorrow, 2015

⁴ RCGP, BMA, NHSE & HEE: Building the Workforce – the New Deal for General Practice, 2015

⁵ NHS England, Delivering the Forward View: NHS planning guidance 2016/17 – 2020/21, 2015

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Stakeholders should also be aware that HEE(NW) is in the process of establishing locality facing teams. These teams will be directly linked with the HEE Local Workforce Action Boards to support the Greater Manchester STP area with maximizing workforce and education developments. Further details about key contacts can be accessed from www.hee.nhs.uk.

The development of HEE(NW)'s offer is influenced each year by the workforce requirement identified through the workforce profiling exercise collected via <https://gpdata.wrapt.org.uk> contained in this report.

3. Data collection

The analysis and insights within this report are produced by combining quantitative data held by HEE(NW), feedback captured via a series of stakeholder conversations and sharing examples of primary care workforce development.

This section summarises the data that has been collected, and some of the data limitations that should be understood before reading the analysis and insights below. A full commentary on data quality is given in appendix 3.

Quantitative data

At the time of producing this report there is no single complete repository for primary care workforce data that aligns to the current GPFV priorities. The analysis contained within this report principally draws on the following sources which are each referenced in the relevant sections of the report:

- GP General Practice Workforce Data Collection referred to as WRaPT data reported by individual practices within the North West region (exported in July 2017)
- NHS Digital: General and Personal Medical Services in England (Detailed Tables Sept 2015 - March 2016), published in September 2016
- NHS Digital: General and Personal Medical Services in England in March 2016. Practice Level indicator tool, published in September 2016
- NHS Digital (TRUD): NHS Organisation dataset, published in June 2017

Data quality commentary

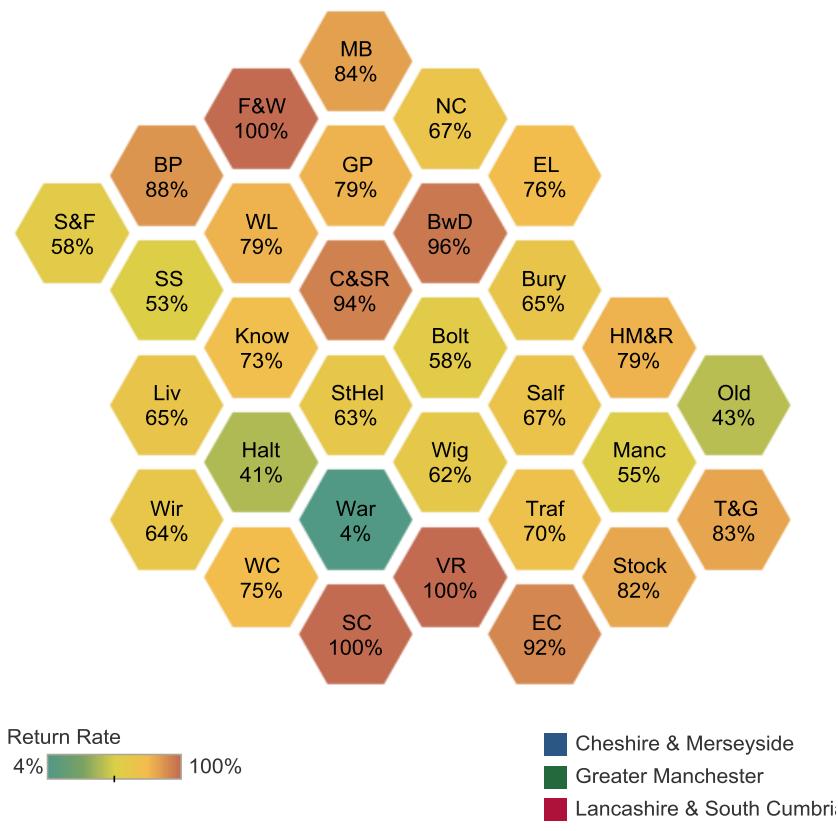
Generally, the WRaPT GP data collection tool data is used as the main source in this report as it is more recent than the Primary Care data provided by NHS Digital. It also provides a richer view of the current position of the workforce across Primary Care in terms of age and gender profiles, participation and role profiles. However, it is worth noting a number of limitations with this data source:

Practice coverage: Not all practices submit data via WRaPT, instead they submit data to NHS England via the Primary Care Web Tool (PCWT). The higher the return rate, the higher the likelihood that the data will provide a strong indication of overall trends across an area. The practice WRaPT return rates remain like last year: in 2015/16 66% of 1,194 practices returned data whilst in 2016/17 63% of 1,148 practices across the HEE(NW) region made returns via WRaPT. This is shown by CCG in the diagram below.

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Figure 1 : Practice WRaPT return rate by CCG

Data Quality | Practice Returns by CCG via WRaPT



Bolt	Bolton	■
BP	Blackpool	■
Bury	Bury	■
BwD	Blackburn with Darwen	■
C&SR	Chorley & Sth. Ribble	■
EC	Eastern Cheshire	■
EL	East Lancs	■
F&W	Fylde & Wyre	■
GP	Greater Preston	■
Halt	Halton	■
HM&R	Heywood, Middleton & Rochdale	■
Know	Knowsley	■
Liv	Liverpool	■
Manc	Manchester	■
MB	Morecambe Bay	■
NC	North Cumbria	■
Old	Oldham	■
S&F	Southport & Formby	■
Salf	Salford	■
SC	South Cheshire	■
SS	South Sefton	■
StHel	St Helens	■
Stock	Stockport	■
T&G	Tameside & Glossop	■
Traf	Trafford	■
VR	Vale Royal	■
War	Warrington	■
WC	West Cheshire	■
Wig	Wigan	■
Wir	Wirral	■
WL	West Lancs	■

Source: WRaPT data extract, July 20

Data completeness: For the 63% of practices which do supply data via WRaPT, there are also some gaps in the data. These include full records for locums, clinical skills, leavers and vacancies. Further information on each of these is given in appendix 3.

Stakeholder feedback

To accompany the qualitative analysis of the primary care workforce data, this year the views from a range of stakeholders have also informed this report. The aims of these interviews were to provide context and further insight to the analysis, identify examples of good practice in primary care workforce development, and capture requirements for developing primary care workforce reporting moving forwards. This latter point is important given that practice returns using WRaPT have remained at a similar level, and that the information available does not provide a complete picture of the primary care workforce to support transformation efforts. There is still more work to be done which is described in appendix 3.

Feedback was captured from discussions with 17 stakeholders. Further details of the engagements undertaken can be found in Appendix 6. The themes and examples captured from these conversations have been incorporated into the following section of this report.

4. Regional analysis

This section sets out the main themes from the analysis of the primary care work force.

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It is a combination of quantitative intelligence and stakeholder views and considerations of what the data is telling us, alongside local knowledge of the primary care world in each STP.

Stakeholder views and considerations have been included to provider a richer view on the quantitative intelligence. This section has been structured around the following themes:

- Size of the workforce
- The age and gender profile of the workforce
- Skill mix and variety of roles
- Working patterns and participation rates
- Leaving a career in general practice

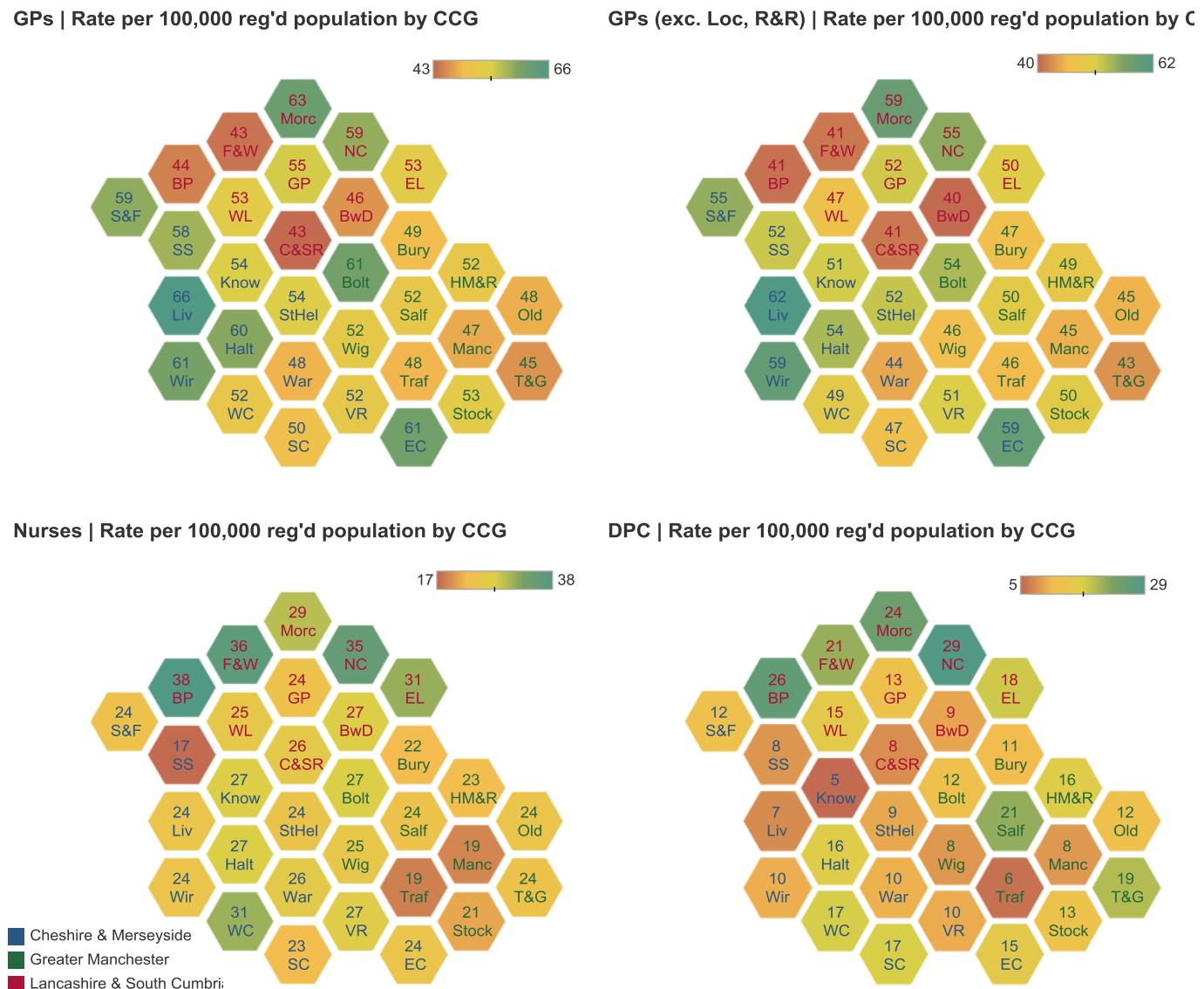
Size of the workforce

There are 475 practices in Greater Manchester covering a population of 3.0 million. There are circa 7,200 people working in primary care (headcount) and around 5,300 WTEs (NHS Digital, 2017).

Data shows that across Greater Manchester, there are 47 GP FTEs per 100,000 of registered population (excluding locums, registrars and retainers), 23 primary care nurses and 12 other direct patient care staff. This is a slight drop from last year were the ratios were 48, 24 and 12 respectively. The range of GP FTEs per 100,000 population is between 43 (Tameside and Glossop) and 54 (Bolton). The breakdown by CCG is included below:

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Figure 2 : Number of clinical staff FTEs per 100,000 registered population, by CCG in the North West



Source: NHS Digital, General and Medical Services. September :

DPC refers to Direct Patient Care staff, i.e. other clinical roles including pharmacists, phlebotomists and physiotherapists. See appendix 2 two for a full list of job roles.

The age and gender profile of the primary care workforce

There are similar age profiles for all professional groups with the biggest groups of the general practice workforce falling under the 50-54 and 55-59 age brackets and those aged over 65 accounting for a relatively small proportion of the workforce. For medical staff, there is a fairly even split throughout the age bands of 30-34 through to 55-59 year. This is not seen in the other two regions in the North West, and should mean that the impact of retirement in the short and medium term is lower in Greater Manchester.

Feedback from the stakeholder interviews highlighted a need for data relating to the near to mid-term impact of retirement on workforce. At present, 73% of the total workforce within Greater Manchester are aged 55 and under – which is younger than the other regions.

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Figure 3 : Age profile for Greater Manchester by role type



Source: WRaPT data extract, July 2017

Overall, the gender split for the primary care workforce is skewed heavily towards female, with female staff accounting for 86% of the total headcount for the workforce (the same as the North West average). There are a very small number of males working within primary care other than in a GP role, with men making up 1% of nursing staff, 7% of other clinical staff and 5% of admin staff respectively.

Figure 4 : Gender profile for Greater Manchester by role type

	% of Total FTE (Gender and Role)		% of Total Headcount (Gender and Role)	
	Female	Male	Female	Male
Medical	47%	53%	52%	48%
Nursing	98%	2%	99%	1%
Other Clinical	93%	7%	93%	7%
Admin	95%	5%	95%	5%
Grand Total	85%	15%	86%	14%

Source: WRaPT data extract, July 2017

The age and gender profile of GPs

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National data suggests that across England, women make up most of the GP workforce⁶⁷ but this is not evident across Greater Manchester, with the gender split within GP roles being 52% female to 48% male. Although the percentage of female GPs is slightly higher than that of males, this professional group is well balanced between the sexes, especially when compared to the other professional groups within Greater Manchester which are predominately female. There is a difference in the age profile by GP gender however as shown in figure 5 below.

Figure 5 : Age profile for North West GPs by gender



Source: WRaPT data extract, July 2017

This reflects national data that shows there are more female GPs under 40 than their male counterparts, and more men in the higher age brackets, from 50 onwards. The Centre for Workforce Intelligence cites the average GP retirement age being 60 for males and 58 for females.

Nationally, there are currently more men retiring from GP contracts than women, reflecting the greater proportion of men in the GP workforce aged 55 and over⁸. Applying this national trend to the GP workforce data for Greater Manchester, the data indicates that the region is likely to lose a quarter of male GPs to retirement in the next 5-10 years. Factoring in stakeholder concerns regarding the insufficient number of GPs per population served and data that shows that female GPs are more likely to work part time hours, this indicates that the overall headcount for GPs would need to increase to cover the appropriate number of FTEs that will need to be filled.

⁶ NHS England estimates (NHS Improving General Practice – a call to action, 2013/14, based on analysis by QResearch® and the Health and Social Care Information Centre, 2009. Primary care. Health & Social Care Information Centre (HSCIC). 2016. <http://www.hscic.gov.uk/primary-care>.

⁷ Primary care. Health & Social Care Information Centre (HSCIC). 2016. <http://www.hscic.gov.uk/primary-care>.

⁸ In-depth review of the general practitioner workforce. Centre for Workforce Intelligence (CfWI). 2014. www.cfwi.org.uk/publications/in-depth-review-of-the-gp-workforce.

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Figure 6 : Average FTE for GPs by CCG and gender



Source: WRaPT data extract, July 2017

The age and gender profile of other primary care staff

Figure 4 showed that the clear majority of Nursing (99%), Other Clinical (93%) and Admin (95%) in primary care are female (based on headcount data). A large proportion of the nursing staff (72%) falls into the 45+ age categories. This trend is also evident for admin and other clinical staff, with 60% of all admin staff and 60% of all other clinical staff within the primary care workforce falling into the 45+ categories (see figure 3 above).

Skill mix and variety of roles

Figure 7 illustrates the percentage of staff by professional group for Greater Manchester compared to the North West, Greater Manchester and South Cumbria and Lancashire. The overall proportion of the workforce is similar across each region. This data shows that admin staff forms the largest staff group, accounting for 58% of the primary care workforce within the North West. Greater Manchester has a slightly higher proportion of admin staff (60%) compared to the North West. It would be interesting to explore further how different practices have extended admin roles to support patient care (e.g. with care navigation skills) particularly given there are fewer recruitment challenges than with clinical roles.

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Figure 7 : Percentage of staff by professional group for the North West



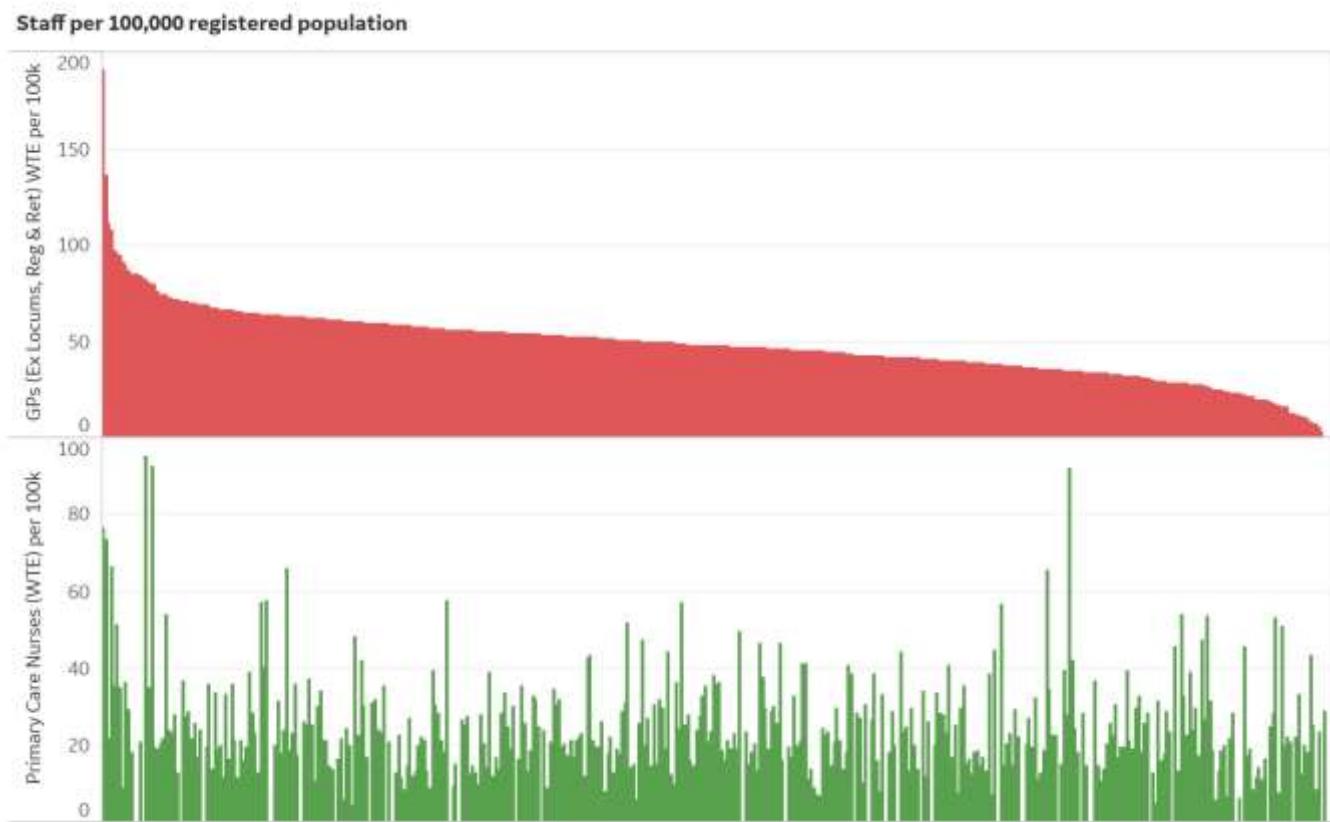
Source: WRaPT data extract, July 2017

The second largest staff group and the largest clinical staff group, are GPs with the workforce for Greater Manchester having the largest proportion of GPs (22%) the same as the NW average of 22%, lower than Cheshire and Merseyside (24%) and higher than South Cumbria and Lancashire (20%). Nursing and Other Clinical roles make up the remaining percentage, with the proportion of the workforce being similar across each region for both staff groups. This data supports the qualitative data obtained from stakeholder interviews, which suggests that there is a more traditional or ‘top-heavy’ model for the primary care workforce, with more GPs compared to nurses and other clinical roles.

We were also interested to see if the proportion of medical staff correlated to other clinical roles such as nursing. This is shown in the graph below.

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Figure 8 : Staff per 100,000 registered population



There is a sizable variation at practice level, with little to no correlation between GP and nurse rates as shown below. A similar lack of correlation is seen across the North West.

There is significant work being carried out on new roles within the North West region, for example, Salford has piloted physician associates, clinical pharmacists and advanced practitioners and case studies are being conducted on GP assistants (see section 5). Whilst work is underway, e.g. with the CLARHC to evaluate the effectiveness of new work, there is more to do to understand best practice models around the workforce profile.

Many stakeholders described the benefits to the General Practice Workforce Model: Insight Tool in helping to link workforce models to demand (see section 5 for more information). There are also pilots with the Edenbridge Systems Apex tool around linking activity, capacity and availability via EMIS.

This information is particularly relevant when trying to implement new workforce models that look at the skill mix of the primary care workforce as it provides an opportunity to meet demands using available resources, i.e. better utilisation of Health Care Assistants and using the skills of the piloted roles mentioned above to decrease the demand for GPs. A formal evaluation of the new roles is underway with the CLARHC.

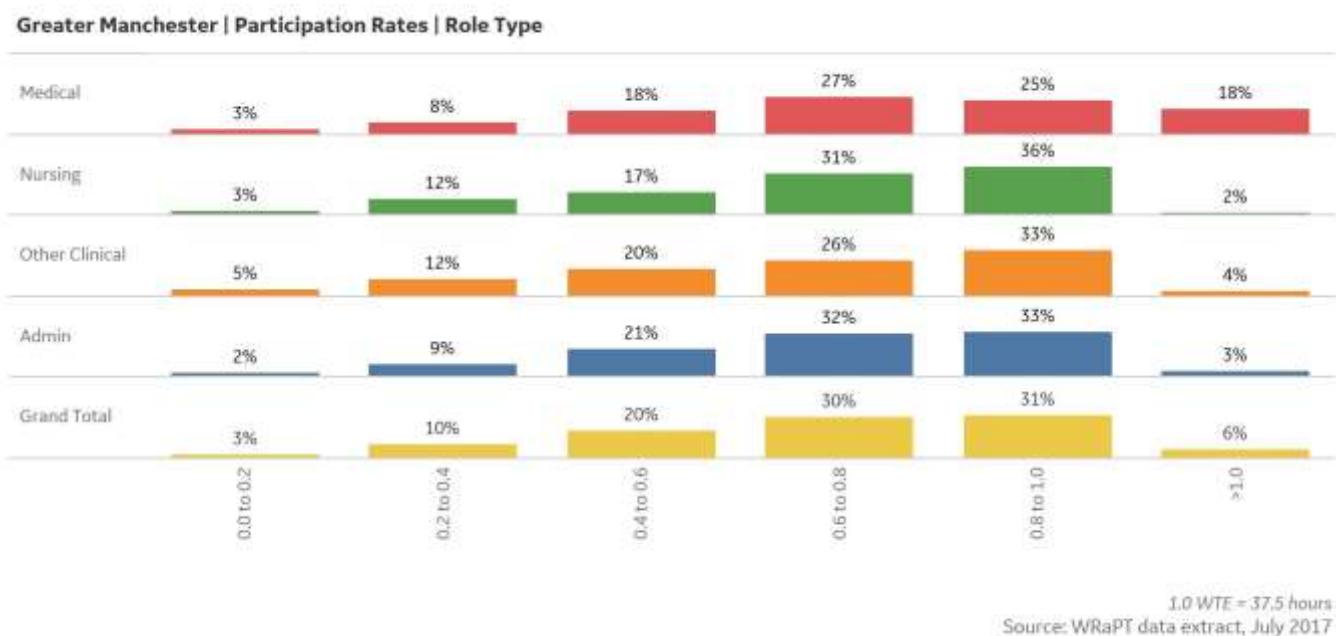
In addition to the piloted roles, the stakeholder interviews suggest that there is a need to up-skill all members of staff (and patients and carers) and to ensure ample opportunity and access for current workforce to take up extended and/or new roles, e.g. extended nurse training or clinical pharmacist training.

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Working patterns and participation (i.e. full and part time working)

Figure 9 shows the participation rates (i.e. the proportion of a working week spent in the practice) for different staff groups across Greater Manchester. Across Greater Manchester, 63% of staff work part-time hours (<0.8 FTE/ 30 hours per week). This is close to the other regions as well as the North-West average (62%). There are differences between the different staff roles with other clinical roles having the highest percentage of staff working part-time hours (73%) and GPs having the lowest percentage of staff working part-time hours (56%). This pattern is repeated throughout the North West region.

Figure 9 : Greater Manchester Participation Rates by staff type



This pattern may change as nationally more GPs are opting to work part-time hours, which will place further stress on the supply of GPs⁹. Two-thirds of GPs in one survey reported a moderate to high likelihood of reducing their working hours within five years¹⁰. For GPs which leave the UK profession, after leaving for an extended period it is also extremely difficult for GPs to return, even if they have been working as GPs abroad¹¹.

The data shown earlier in this report in figure 6 showed that gender is a factor associated with part time working for GPs. Figure 5 also showed a large proportion of male GPs are 50 years or older. As younger GPs are recruited to cover GPs leaving due to retirement, the profile of younger GPs and preferences for part time working (by age and gender) may mean that more GPs (in headcount terms) are required to meet the current FTE requirements.

⁹ Securing the Future GP Workforce, Delivering the Mandate on GP Expansion. *GP Taskforce Final Report*. 2014. <https://www.hee.nhs.uk/sites/default/files/documents/GP-Taskforce-report.pdf>.

¹⁰ Access to General Practice in England Twenty-eighth Report of Session 2015–16. *House of Commons Committee of Public Accounts*. 2015. <http://www.publications.parliament.uk/pa/cm201516/cmselect/cmpubacc/673/673.pdf>.

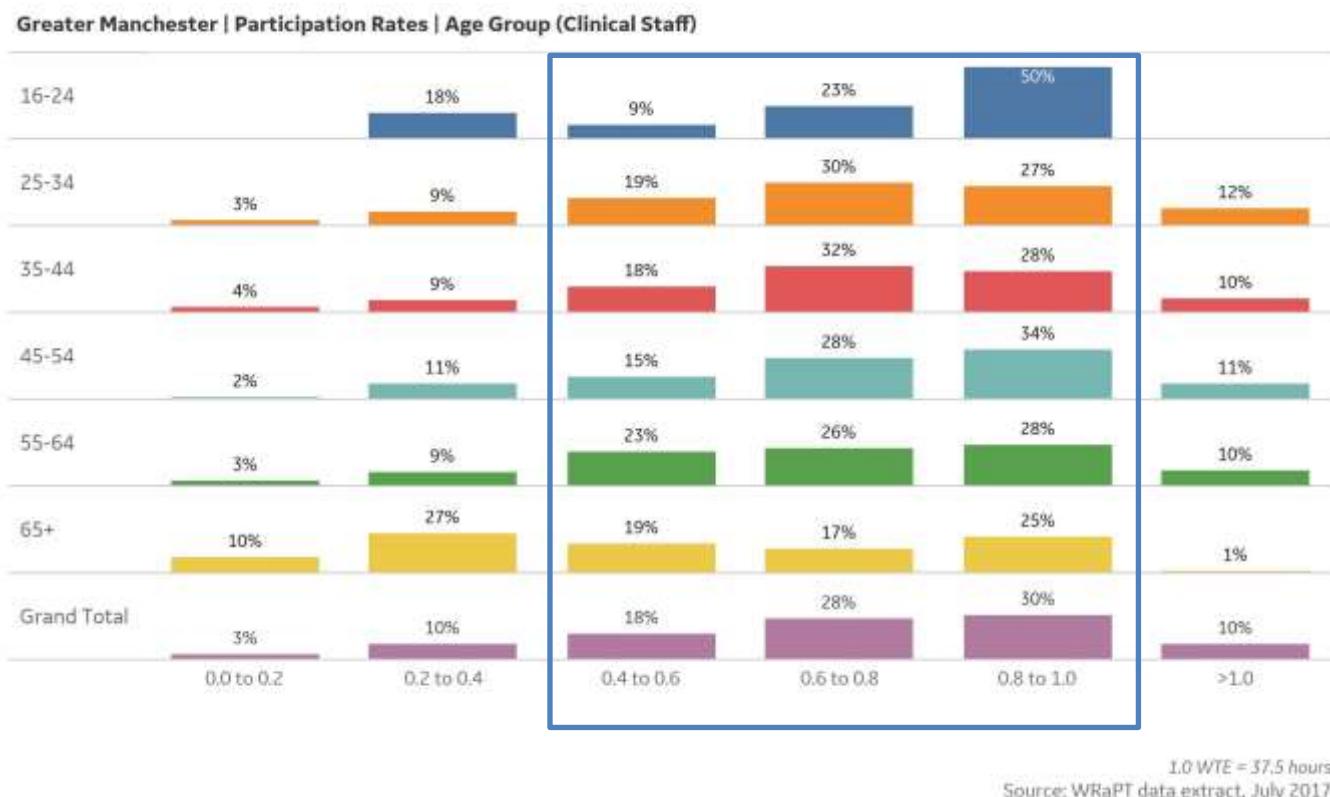
¹¹ Gibson J, Checkland K, Coleman A, et al. Eighth national GP worklife survey. *Manchester: Policy Research Unit in Commissioning and the Healthcare System (PRUComm)*. 2015. www.population-health.manchester.ac.uk/healtheconomics/research/Reports/EighthNationalGPWorklifeSurveyreport/.

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For all clinical staff, figure 10 illustrates that when participation is considered alongside age, there are several different things happening:

- In the 16-24 age group, the largest proportion of the workforce is full time – this is different to Cheshire and Merseyside for example where there 61% work less than 0.8 FTE. No one in this age group works more than one FTE
- In the 25-44 age group, there is a shift towards part time working and the most common participation rates are 0.6-0.8 – potentially due to child or other caring responsibilities or taking on other professional responsibilities. This trend is seen in other regions.
- In the 45-64 age brackets, full time working becomes the largest proportion again although this is less pronounced in the 55-64 age group. This trend is seen in other regions.
- In the 65+ age group, we see a big shift to part time working with the largest group being 0.2 – 0.4 FTE. This is seen in other regions but more pronounced in Greater Manchester (i.e. more people drop to 0.2 – 0.4 FTE rather than 0.4 – 0.6 FTE).

Figure 10 : Participation rates by age group



Recruitment, Leavers and Retirement planning

Age and retirement are a large factor in people leaving primary care. The average GP retirement age is 60 for males and 58 for females. Given the proportion of Greater Manchester's GP profile that is made up of males aged over 55, it can be suggested that the region will lose a quarter of its males GPs by 2027.

However, retirement isn't the only factor that plays a part in the challenge that health and social care systems face when trying to retain a qualified workforce. Figure 11 shows the reason and destination of people leaving by age.

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Figure 11 : Profile of Leaving Reason by Age



The profile of leaving reason by age does highlight that retirement is an increasingly significant factor for workforce retention from 55 onwards, but prior to this age the main reason given for leaving is resignation with over three quarters of these leavers going somewhere other than general practice after resigning.

Many of the stakeholder interviews raised the issue of the experience of being a GP including low morale, a high and demanding workload, work-life balance, and the impact of overall funding policies on the day to day job. Without improving morale, there will continue to be challenges with retaining staff.

Nationally, increasing volumes of GPs under the age of 50 are choosing to leave the UK workforce¹², with approximately 46% of those leaving being under 50 (although many choose to continue practicing abroad)¹³. GP retention is, therefore, a major area of concern¹⁴, with vacancy rates reaching their highest levels for 5 years¹⁵ and recent surveys indicate that a significant proportion (35-42%) of GPs plan to leave general practice within the next five

¹² Gibson J, Checkland K, Coleman A, et al. Eighth national GP worklife survey. Manchester: Policy Research Unit in Commissioning and the Healthcare System (PRUComm). 2015. www.populations-health.manchester.ac.uk/healtheconomics/research/Reports/EighthNationalGPWorklifeSurveyreport/>.

¹³ Why are so many GPs under 50 leaving the profession? Pulse Today. 2016. <http://www.pulsetoday.co.uk/your-practice/practice-topics/employment/why-are-so-many-gps-under-50-leaving-the-profession/20031046.fullarticle>.

¹⁴ Edwards N. Shifting care closer to home: slogan or solution? The King's Fund. 2013. <http://www.kingsfund.org.uk/blog/2013/01/shifting-care-closer-home-slogan-or-solution>.

¹⁵ Dayan M, Arora S, Rosen R, Curry N. Is general practice in crisis? The Nuffield Trust - Parliamentary briefing. November 2014. <http://www.nuffieldtrust.org.uk/node/3678>.

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years¹⁶¹⁷. Issues around recruitment and retention of GPs has led to key agencies coming together to produce “Building the Workforce – the New Deal for General Practice” which is a 10-point plan to recruit, retain and encourage GPs to work or return to work in general practice. As part preparing this plan, research was conducted to understand the barriers and drivers for student doctors to take up the GP specialism, drivers that motivate current GPs to leave and what would encourage GPs to stay or return.

It is not just the retention of a GPs which presents a significant challenge for Health and Social care systems. A recent survey of 3,426 registered nurses working in general practice by the Queens Nursing Institute (QNI)¹⁸, corroborated by Ipsos MORI Research¹⁹, revealed that a third expressed an intention to retire by 2020. If this figure is extrapolated to the c.940 headcount of general practice nurses in Greater Manchester (NHS Digital, 2017) it would imply that around 310 headcount may leave the workforce in the next three years.

On a final note, creating a sustainable, innovative and valued workforce in general practice has been identified as a key enabler for new care models and the success of the Sustainability and Transformation Partnerships (STPs). However, many stakeholders commented that organisations involved in workforce need to be more engaged in joint working. For example, system leadership delivered through STPs is not always focused enough on primary care or have a clearly articulated model for primary care. There are challenges with the level of engagement and communications that is required to work with all practices, and there is variation in how much practices engage.

5. Examples of transforming the primary care workforce

Despite the challenges with the primary care workforce, there is a huge amount of work underway to secure the future of a high-quality workforce. Many examples of workforce transformation were raised by stakeholders. Some of the highlights from 2016/17 and 2017/18 are included in the table below with more examples available within the STAR tool <https://hee.nhs.uk/our-work/developing-our-workforce/hee-star>.

Workforce Enabler	Programme	Description
Supply	Enhanced Training Practices (ETPs)	As outlined in Building the Workforce - the New Deal for General Practice, these hubs or networks will enable groups of GP practices to offer inter-professional training to primary care staff, extending the skills base within general practice

¹⁶ Jeremy Dale, Rachel Potter, Katherine Owen, Nicholas Parsons, Alba Realpe, Jonathan Leach. Retaining the general practitioner workforce in England: what matters to GPs? BMC Family Practice. 2015;16:140. doi:10.1186/s12875-015-0363-1

¹⁷ Gibson J, Checkland K, Coleman A, et al. Eighth national GP worklife survey. Manchester: Policy Research Unit in Commissioning and the Healthcare System (PRUComm). 2015. www.population-health.manchester.ac.uk/healtheconomics/research/Reports/EighthNationalGPWorklifeSurveyreport/.

¹⁸ The Queens Nursing Institute: General Practice Nursing: A Time Of Opportunity in the 21st Century, 2015

¹⁹ Ipsos MORI: The recruitment, retention and return of nurses to general practice nursing in England, 2017

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		<p>and develop a workforce which can meet the challenge of new ways of working.</p> <p>There are 15 ETPs in the North West, able to support practice with increasing pre-registration learner placements, provide access to mentorship training and widening workforce opportunities.</p> <p>Further information is available here: https://www.hee.nhs.uk/hee-your-area/north-west/our-work/attracting-developing-our-workforce/enhanced-training-practices</p>
Supply	Apprenticeships	<p>Provided over an additional 300 places over the last 2 years.</p> <p>2017/18 offer is being finalised but will include:</p> <ul style="list-style-type: none"> Support for healthcare support worker apprenticeships Support for leadership and management apprenticeships <p>Contact: paulmeadows@nhs.net</p>
Supply	Insight	<p>The Insight tool encourages workforce transformation by enabling primary care providers to use a deeper understanding of their workload and clinical case-mix to explore the benefits of adopting new types of workforce & skill mixes.</p> <p>The workforce modelling tool enables primary care providers at the locality, neighbourhood and city levels to explore the opportunity of adopting new roles and the impact this may have on the practice both operationally – in terms of the additional number of sessions they can offer to their patients and financially, in terms of the net financial benefits of employing new staff groups.</p> <p>There are also pilots with the Edenbridge Systems Apex tool around linking activity, capacity and availability via EMIS to the workforce.</p> <p>Further information will be available on our website in Autumn 2017. Contact: HENW.transformation@nhs.net</p>
Upskilling	Non-medical prescribing (NMP)	<p>A key initiative is to increase non-medical prescribing capacity in primary care services. Over the last two years, Workforce Transformation has provided funding for over an additional 460 NMP places at universities in the region for mental health and primary care staff.</p> <p>educationtransformation.nw@hee.nhs.uk</p>

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Upskilling	Continuous Professional Development (CPD)	HEE(NW) has been investing in helping to support the CPD needs of primary care staff. Any staff member can make an application for funding to undertake a relevant course which enhances their skills. Investment is provided to CCGs who may decide on the use of the investment to meet local priorities. educationtransformation.nw@hee.nhs.uk
Upskilling	Core Foundation Programme for GPN	Six universities across the North West provide the core foundation for GPN programme which supports the transition of post-registration nurses from other parts of the health sector into general practice. educationtransformation.nw@hee.nhs.uk
Upskilling	Advanced Clinical Practitioners	HEE(NW) ring-fenced Advanced Practitioner funding for priority areas, including primary care, to increase the representation of this role in practice. educationtransformation.nw@hee.nhs.uk
Upskilling	Connect 5	Connect 5 is a mental health promotion training programme developed from a unique collaboration between Public Health England (PHE) & HEE. It is designed to increase the confidence and core skills of front line staff so that they can be more effective in having conversations about mental health and wellbeing, help people to manage mental health problems and increase their resilience and mental wellbeing through positive changes. The Workforce Transformation team have commissioned additional activity specifically for the primary care workforce. Further information is available here: https://www.nwppn.nhs.uk/index.php/our-work/connect-5-train-the-trainer-programme Contact: ewilliams@rsph.org.uk clare.baguley@sft.nhs.uk
New Role	GP Assistants (GPAs) (Medical Assistants)	HEE(NW) commissioned education programme development and delivery of 90 GPAs in 2017/18 – two cohorts of 45 learners (October 2017 and February 2018) Full information on the training programme and funding support is here: https://www.hee.nhs.uk/hee-your-area/north-west/our-work/attracting-developing-our-workforce/workforce-transformation/gp-assistant-%E2%80%93-training-opportunity

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New Role	Nursing Associates	<p>The Nursing Associate role is a new support role that will sit alongside existing healthcare support workers and fully-qualified registered nurses to deliver hands-on care for patients. Following huge interest some 2,000 people are now in training with providers across England.</p> <p>Further information is available here: https://www.hee.nhs.uk/our-work/developing-our-workforce/nursing/nursing-associate-new-support-role-nursing</p> <p>Contact: juliette.swift@hee.nhs.uk</p>
New Roles	Physician Associates	<p>Physician Associates are a new healthcare professional who, while not a doctor, works to the medical model, with the attitudes, skills and knowledge base to deliver holistic care and treatment within the general medical and/or general practice team under defined levels of supervision.</p> <p>As a Post Graduate Diploma the programme is 50% academic and 50% clinical placement with the entry criteria being a minimum 2:2 in Health or Life Sciences.</p> <p>A pilot cohort of 160 students across the North West began training in January 2016, and a further 157 began training in January 2017.</p>
New Ways of Working	Nurse-led group consultations	<p>Health Education England is funding 50 practices across the North West region to be trained and coached in delivering practice nurse led group consultations.</p> <p>Further information is available here: https://www.hee.nhs.uk/hee-your-area/north-west/our-work/attracting-developing-our-workforce/workforce-transformation/nurse-led-group-consultations</p> <p>Contact: georgina@elcworks.co.uk, alison@elcworks.co.uk</p>

6. Conclusion

General practice is at the heart of NHS care. However, primary care is now juggling a rising workload, with growing patient concerns about access, as well as the historic underfunding in general practice. The GPFV set out the need to act and how. It contained specific, practical and funded steps – on investment, workforce, workload, infrastructure and care redesign. A year on from its launch, it is clear that progress is being made, yet there is still much more to be done, particularly on primary care workforce.

There is a lot of variation in the primary care workforce profile

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Whilst there are many general trends in the workforce profile across the north west region, such as the age profile, there is a lot of variation at a CCG level, and then even more variation at a practice level. The workforce information on its own does not set out the impact on patient care and staff experience, so it is difficult to conclude in isolation which ratio is ‘best’.

This variation presents both a challenge – how to get different and independent practices to work in the most effective way or how to encourage primary care at scale? It also represents an opportunity to compare and contrast. To understand why some practices and areas have and are able to sustain higher GP numbers, as well as how other practices use different roles to accommodate lower GP rates. We do not see obvious trends in the data such as fewer GPs is associated with more nurses and other clinical roles at the moment, so there is much more to be done to understand the impact of different staffing profiles.

Having the primary care workforce data is helpful

There was a clear view from stakeholders on the importance of having the information and to be able to quantify the challenges in primary care staffing. The information helps to identify which areas need the most help and support in specific initiatives – for example which areas are most in need of GPs and nurses. It also provides an opportunity to look for ideas. For example, which areas have a greater proportion of other clinical staff relative to GPs? Is this in relation to need or new initiatives? What is the learning from this? It also asks questions of the wider administrative workforce – *who form the greatest proportion of the workforce*, such as how can we maximise the reach of this group with care navigator roles.

We need to continue to build one version of the truth across GP practices, wider primary care and community care in order to make sense of the workforce requirements and how the system delivers the integrated models of care that are required. There is still more to be done to build up a fuller picture of the primary care workforce ‘pipeline’ at a practice, neighbourhood and system level:

- Who is entering general practice through training?
- Who is likely to leave through attrition and retirement?
- How many vacancies are there?
- What is the level and make-up of primary care demand?
- How do new models (in primary care and the wider system) change the workforce requirements?

The data doesn't fix the issues but it is part of the catalyst for change

One of the most common themes from stakeholders was that we do not have enough GPs and this was often extended to include primary care nurses and other clinical roles, as well as how to make primary care a more attractive place to work.

The current data must be a catalyst for conversation between the CCG contract holders with GP practices, federations, arm's length bodies, LMCs and others to have that honest conversation which is beginning to emerge on the true extent of vacancies, gaps, age profiles and pending retirement.

Pragmatic engagement around the art of the possible is required with the enablers of investment, estates, workforce, digital technology, leadership and organisational development,

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interactive communications and engagement. More investment is needed in the clinical and non-clinical workforce to support general practice and primary care.

Looking ahead

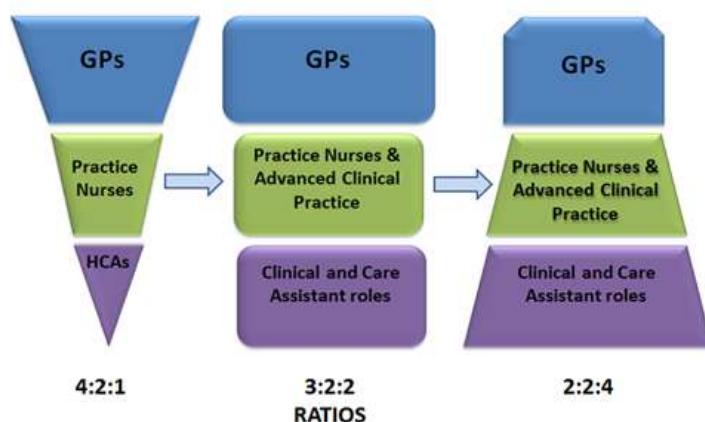
Practices are telling us that the most significant risks are around:

- Recruitment and retention
- Affordability
- Workload
- Sickness and statutory leave

We have a number of strategies in place and in development to mitigate these risks including:

- Education and training
- Skill mix
- Practice mergers, federations and integration
- New models of care

We need to move to new models which address and balance a range of factors such as skill mix and roles with activity levels and case mix. We expect to see a shift in the ratio of clinical roles as described below.



We need to build resilience with the use of care navigators and medical assistants, and the use of technology (and digital literacy) and artificial intelligence triage systems. This will also need to be linked to population health activities to reduce demand as well as the wider workforce and care model plans in across health and care systems.

At a time when we are looking to move more care out of hospital into our communities it is more important than ever to continue the multifaceted approach to improving and extending the primary care workforce. We need a continued and collective focus on supporting and developing primary care as part of a wider and more integrated health and care system.

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Appendix 1 Glossary of terms

ADASS	Association of Directors of Adult Social Services
AQUA	Advancing Quality Alliance
CCG	Clinical Commissioning Group
CfWI	Centre for Workforce Intelligence
CLAHRC	Collaboration for Leadership in Applied Health Research and Care
CPD	Continuous Professional Development
EMIS	Egton Medical Information Systems – a primary care clinical information system
ETP	Enhanced Training Practices
FTEs	Full time equivalent
GP	General Practitioner
GP WRaPT	General Practice Workforce Data Collection tool
GPA	GP Assistants
GPFV	<i>General Practice Forward View</i>
GPN	General Practice Nurse
GPN 10 Point Plan	<i>General Practice – Developing confidence, capability and capacity</i>
HEE	Health Education England
HEE(NW)	Health Education England, working across the North West
HSCIC	Health and Social Care Information Centre
LDS	Local Delivery Systems
LGA	Local Government Association
LMC	Local Medical Committees
LWAB	Local Workforce Action Boards
MCPs	Multispecialty Community Providers – a new model of care
NHS	National Health Service
NHSE	NHS England
NMP	Non-medical prescribing
NWLA	North West Leadership Academy
PACs	Integrated primary and acute care systems – a new model of care
Participation	Refers to working time – i.e. full or part time rates
PCWT	Primary Care Web Tool
PHE	Public Health England
STP	Sustainability and Transformation Partnerships
TRUD	NHS Digital Technology Reference data Update Distribution
WRaPT	Workforce repository and planning tool which is the GP General Practice Workforce Data Collection method

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Appendix 2 Mapping for job roles

Role Type	Grouped Role Type
Admin/Estates and Ancillary - Other	Admin/Estates/Facilities
Advanced Nurse Practitioner	Nurses
Direct Patient Care - Other	Direct Patient Care
Dispenser	Direct Patient Care
District Nurse	Nurses
Estates and Ancillary	Admin/Estates/Facilities
Extended Role Practice Nurse	Nurses
Health Care Assistant	Direct Patient Care
Locum - covering sickness/maternity/paternity	GP
Locum - covering vacancy / Locum - other	GP
Manager	Admin/Estates/Facilities
Medical Secretary	Admin/Estates/Facilities
Nurse Dispenser	Nurses
Nurse Specialist	Nurses
Partner/Provider / Senior Partner	GP
Pharmacist	Direct Patient Care
Phlebotomist	Direct Patient Care
Physiotherapist	Direct Patient Care
Practice Nurse	Nurses
Practice Nurse Partner	Nurses
Receptionist	Admin/Estates/Facilities
Registrar F1/2 / Registrar ST3/4	GP
Research Nurse	Nurses
Retainer	GP
Salaried by Other and Salaried by Practice	GP
Telephonist	Admin/Estates/Facilities
Therapist	Direct Patient Care
Trainee Nurse	Nurses
(blank)	null

Appendix 3 Data quality commentary

As set out in this report, there are several data quality issues.

There are varying methods exist for practices to submit data: namely directly to HEE, submission to the primary care web tool or directly to NHS Digital. There are also other data collection mechanisms that have been set up to capture specific data items that add to the variety in data submission routes, including the pilot of the Insight tool at practice level.

Data completeness: For the 65% practices which do supply data via WRaPT, there are some gaps in the data including an incomplete picture of all staff (there are a number of practices which have no GP workforce for example). There are also a number of records where certain fields such as age (5%), ethnicity (5-10%), contract type (4%) is either not provided, or appears erroneous. In terms of age, although there is no immediate evidence to suggest the data incompleteness is skewed towards a particular age group or other demographic category, it is possible that if the number of 'not known' entries were for older workers, this could underestimate the true nature of the impact of retirement.

Data completeness (locums): Records for GP locums do not appear to be well represented within the data, perhaps due to the transient nature of the roles. No additional information was provided now to quantify the locum workforce, this therefore has an impact when analysing the contractual profile of staff for example.

Clinical skills: The data in WRaPT does not provide a good indication of the clinical skills amongst staff due to inconsistency in the way data is recorded. As an illustration of this, the data currently indicates that fewer than 5% of medical staff are listed with skills in managing long term conditions; fewer than 10% of nurses have skills in managing wound care. For some skills, such as dementia screening, the coverage amongst all clinical staff is 2%. These estimates clearly underestimate the true extent of the skills held by the Primary Care workforce.

Leavers: A third of the leaver data does not specify the onward destination. For this reason, the analysis should be viewed cautiously.

Vacancies: Across the NW, in the WRaPT data, the view on vacancies is not clear. In the first half of 2017, there were only 79 vacancies captured in WRaPT across all primary care roles (e.g. admin and clinical). This does not align with vacancies advertised on NHS Jobs (for example) which is much higher.

Year on year trends: The WRaPT export provides a view of the Primary Care workforce at a point in time (typically the extraction date). Due to the incomplete nature of the data, for the reasons stated above, it is not appropriate to make year on year comparisons of trends as these can be skewed as more practices submit data. Efforts should continue to ensure all practice data is submitted in a way where it can collectively be analysed.

Data requirements going forward: Work is ongoing to identify future primary care workforce requirements. HEE is part of the Workforce and Education Information Strategy Group (WEISG) chaired by James Freed (Chief Information Officer for HEE) with representatives across all arm's length bodies, NHS Digital, Department of Health and other stakeholders regarding data standard owners, principles and collections. For the future of primary care, we need to understand:

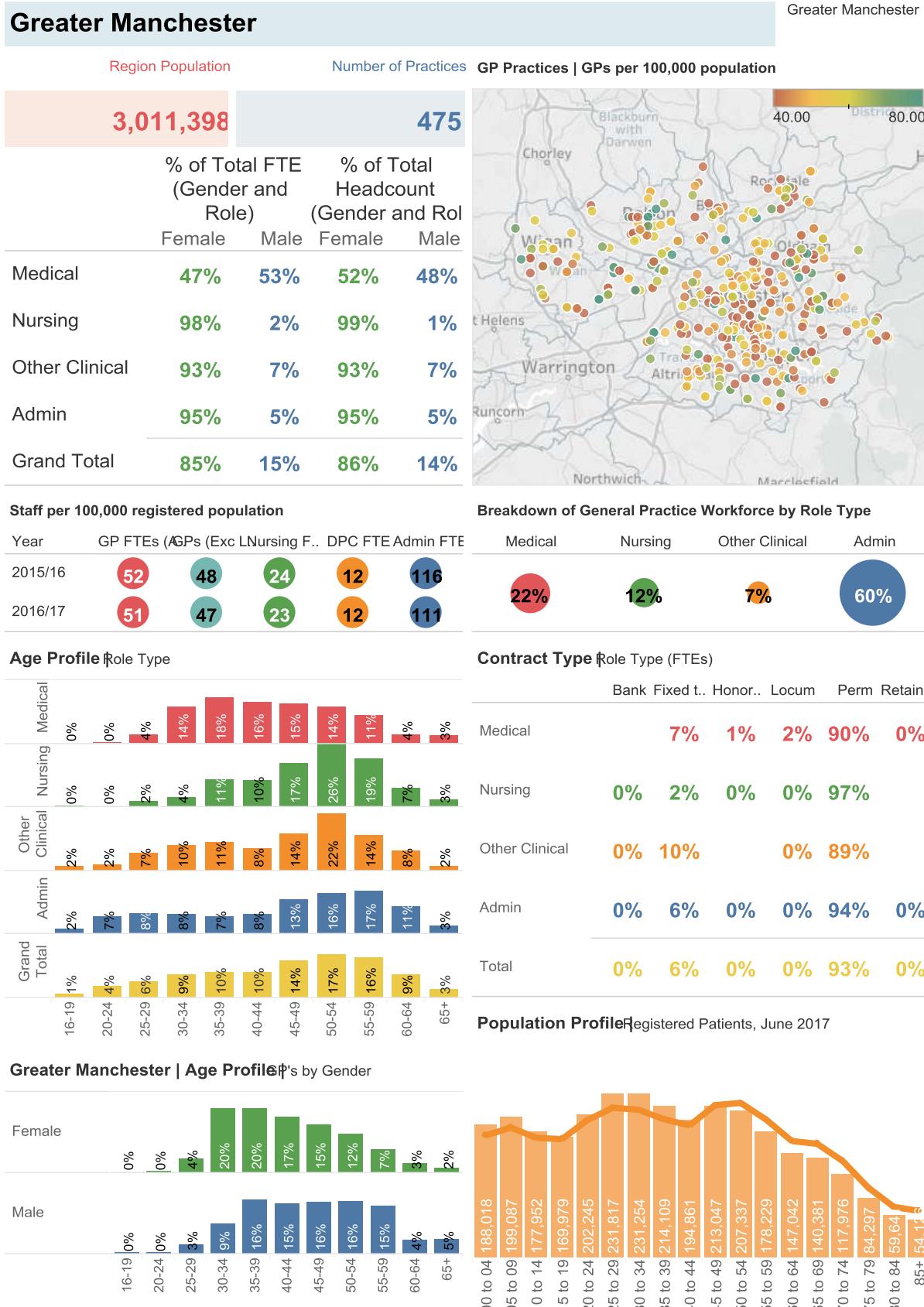
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- General practice and its associated workforce
- Wider primary care – Dentistry, Optometry and Ophthalmics, Community Pharmacy and Community Care
- Widening Participation around Apprenticeships, Pathways to Health and Primary Care
- Third Sector delivery in primary care whether NHS commissioned, NHS pound or independent provision
- The formal and informal care sector
- The asset-based local populations
- The impact of Primary Care Homes – 30,000 to 50,000 populations
- Extended Training Practices
- The wider workforce requirements of:



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Appendix 4 GM regional dashboards



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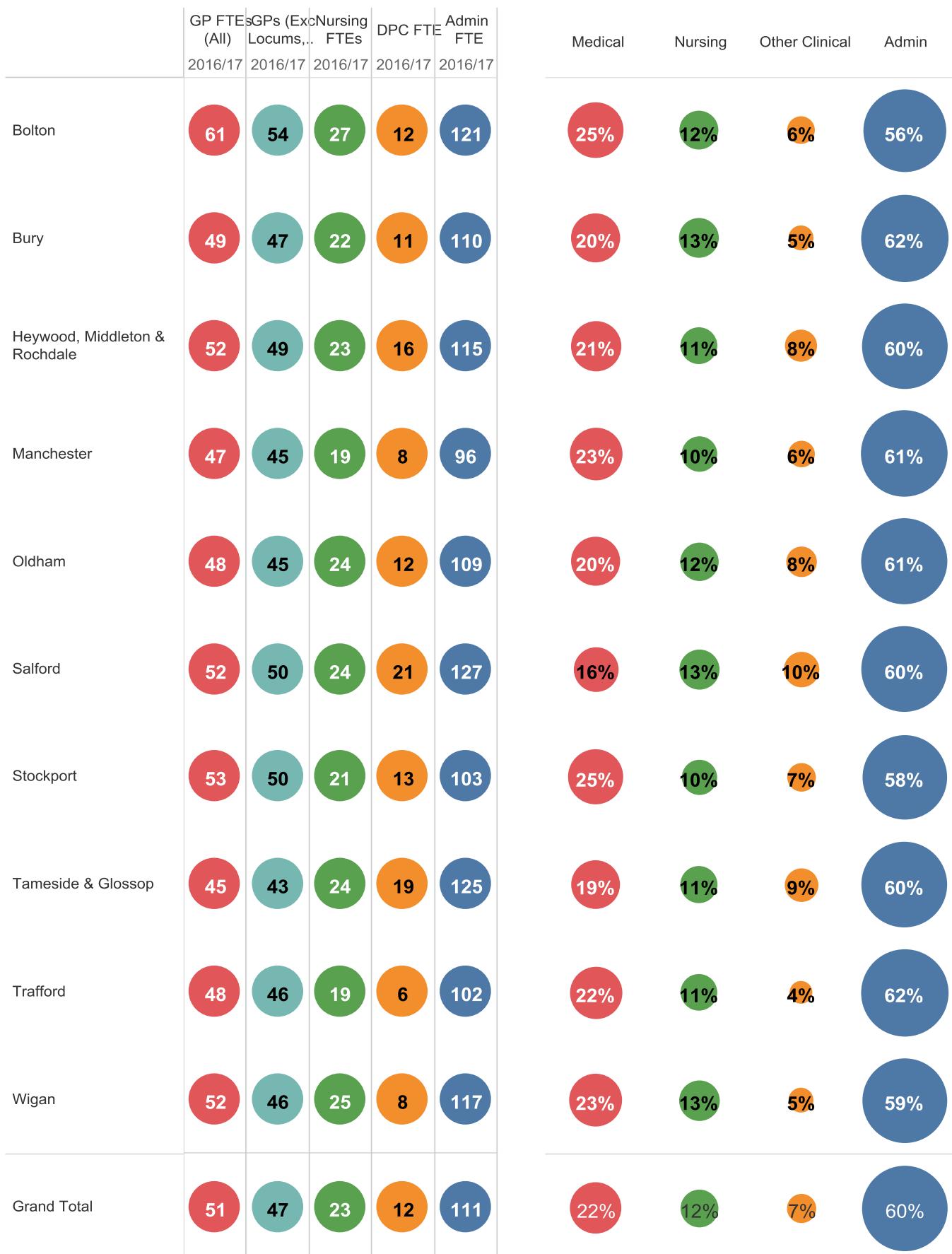
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Greater Manchester

Greater Manchester

Staff per 100,000 registered population | 2016/17

General Practice Workforce Profile by Role Type

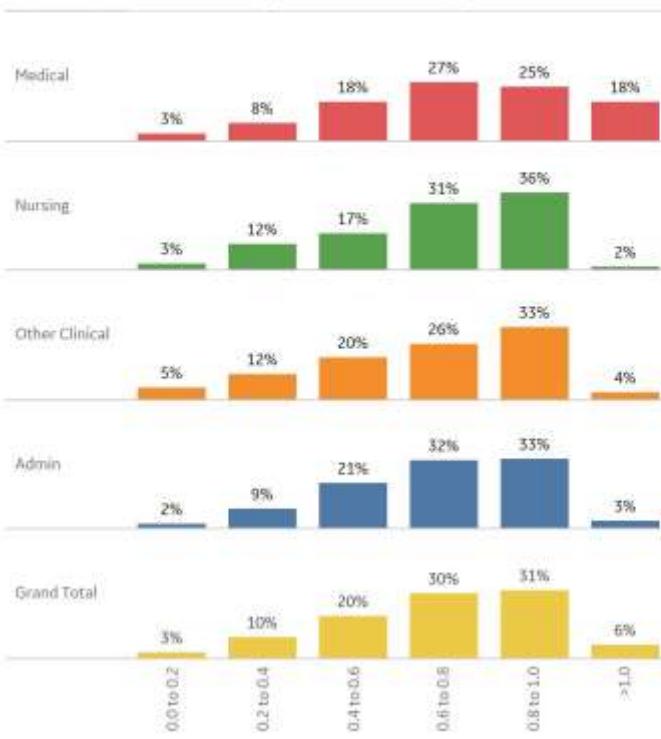


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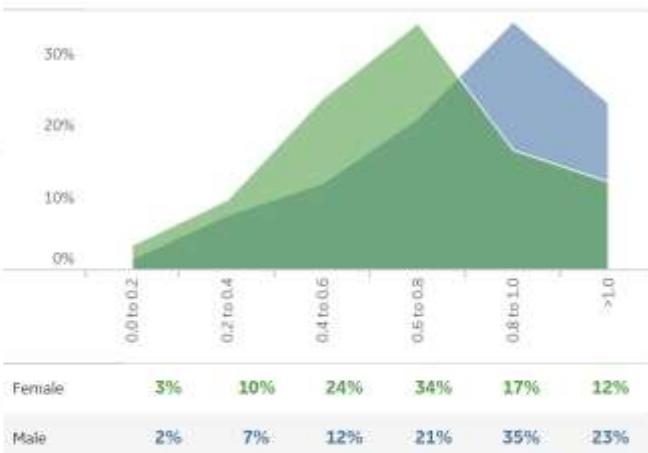
Greater Manchester

Participation of the workforce

Greater Manchester | Participation Rates | Role Type



Greater Manchester | Participation Rates | GP's and Gender



Participation Rates | Age Group



Participation Rates | CCG (All Clinical Staff)



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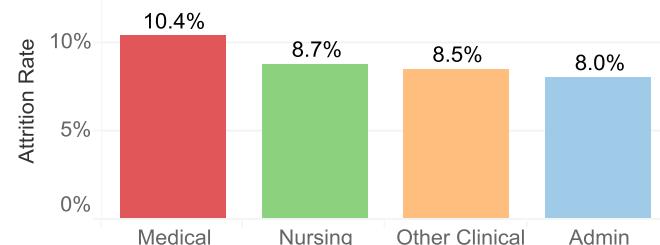
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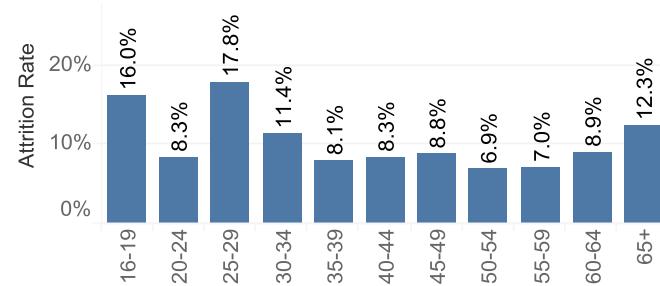
Profile of Leaving Reason by Age



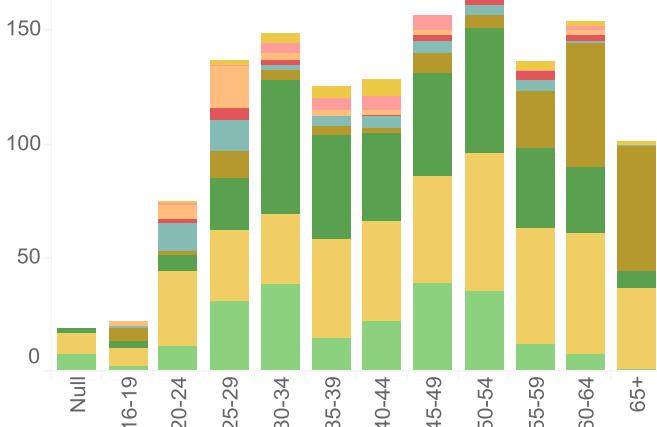
Attrition Rates Role Type (July '16 to June '17)



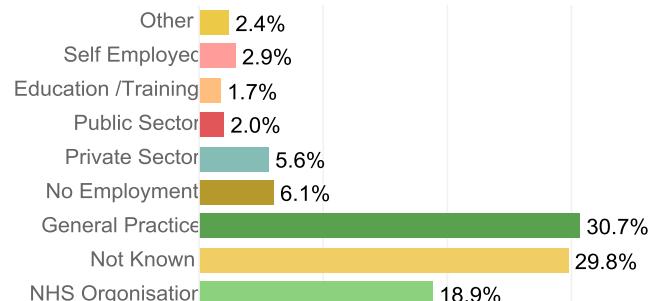
Attrition Rates Age (July '16 to June '17)



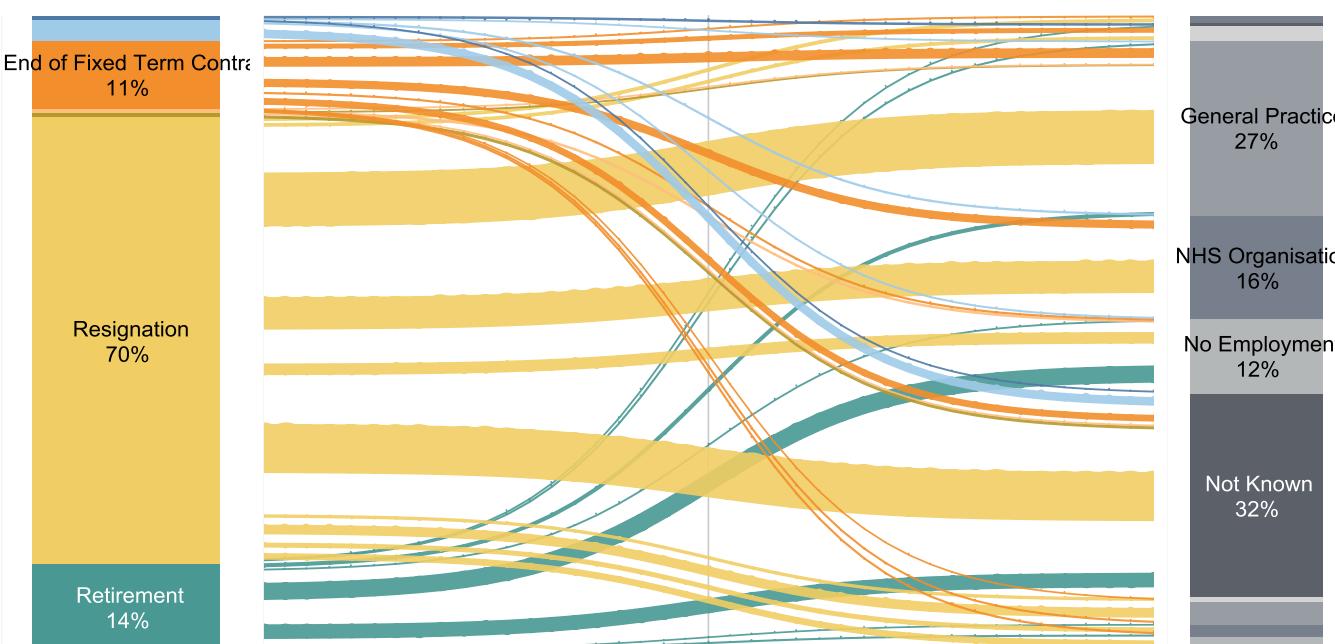
Leaving destination by Age group



Where people go after resigning



Reasons why employees left a position and the onward destination

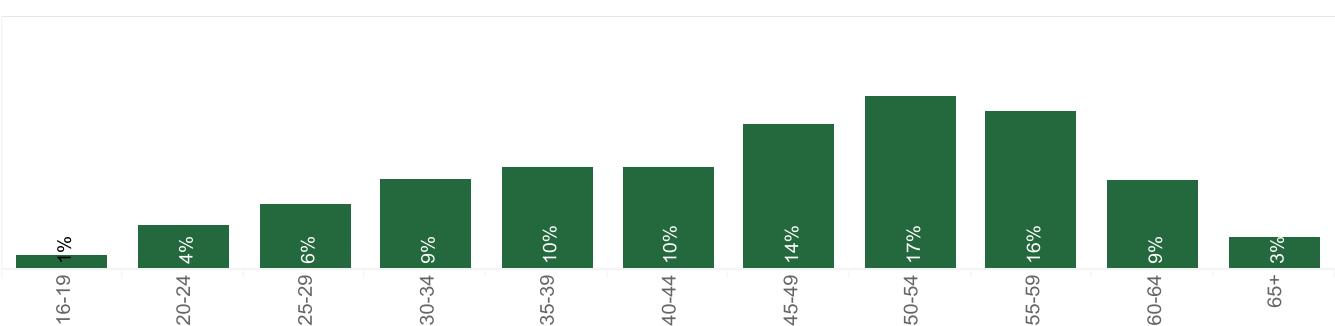


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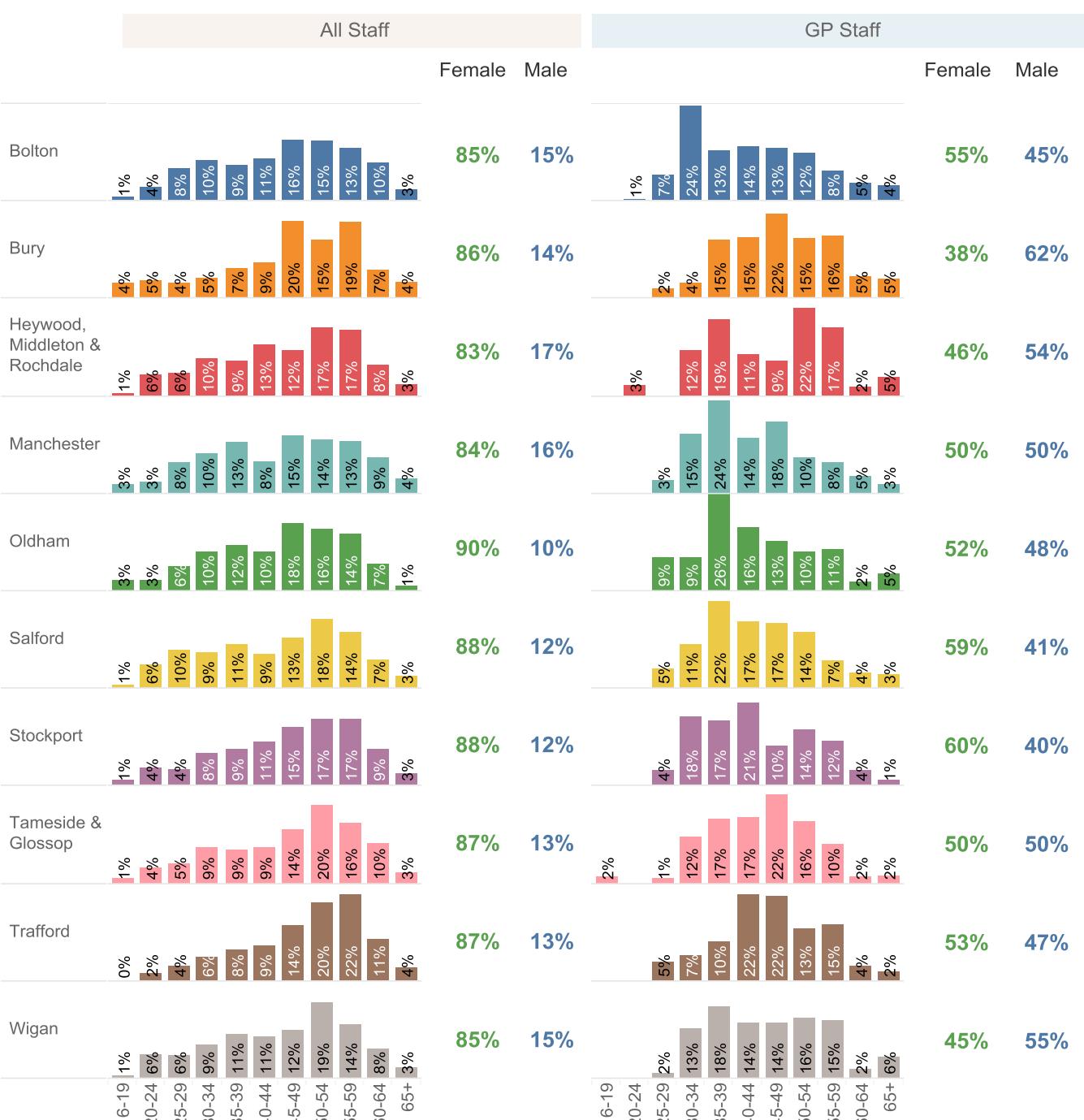
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Greater Manchester

Age Profile All staff



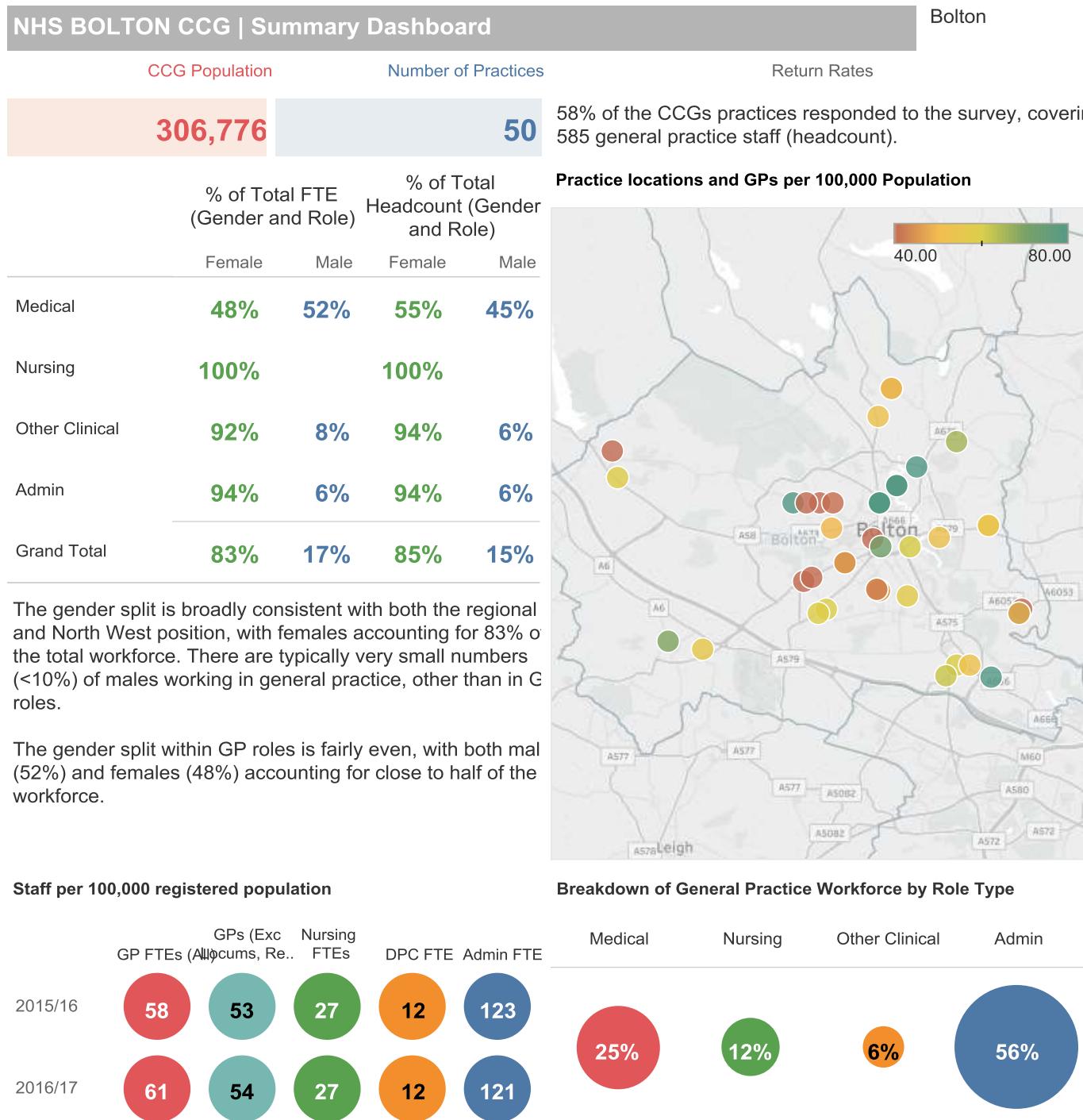
Age Profile of Workforce



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

Appendix 5 CCG level dashboards

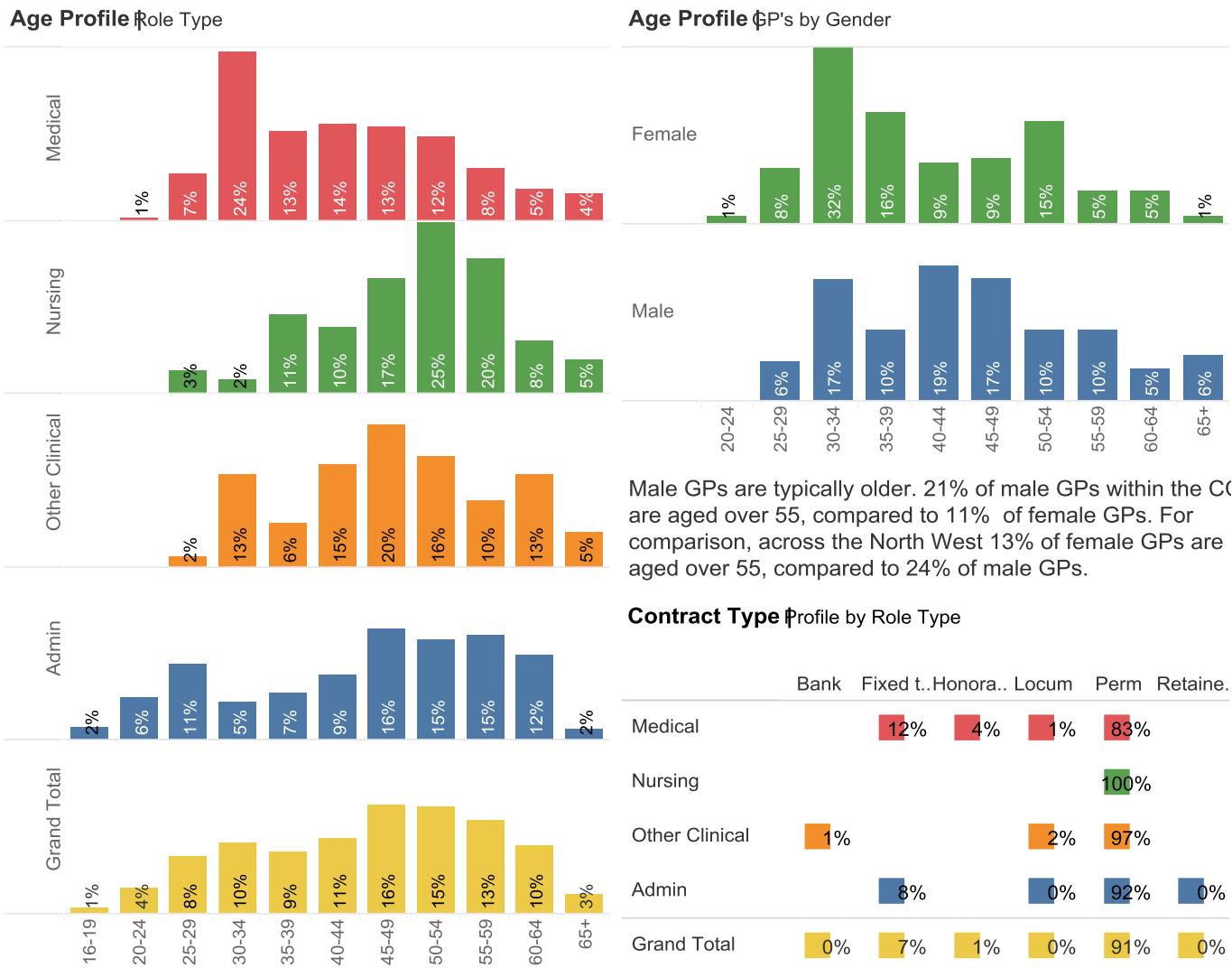
NHS Bolton CCG



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS BOLTON CCG | Summary Dashboard

Bolton



Contract Type | Profile by Role Type

	Bank	Fixed t..	Honora..	Locum	Perm	Retaine.
Medical			12%	4%	1%	83%
Nursing					100%	
Other Clinical		1%			2%	97%
Admin		8%			0%	92%
Grand Total	0%	7%	1%	0%	91%	0%

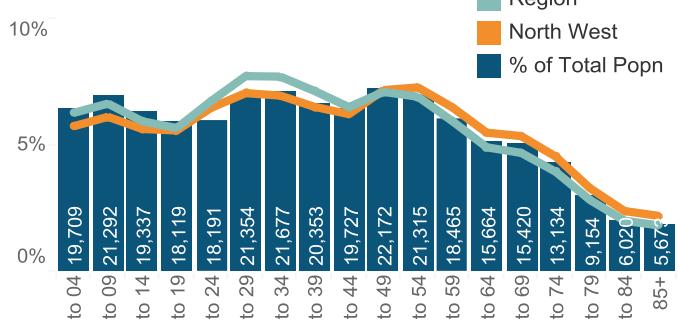
26% ... of all staff are aged over 55

16% ... of GPs are aged over 55

26% of the total workforce is aged over 55 (compared to an equivalent working age population of 17%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. Although only 16% of GPs are aged over 55, 32% of nurses and 28% of DPC staff are aged over 55, which may be an important consideration for recruitment and retention of staff.

Bolton | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

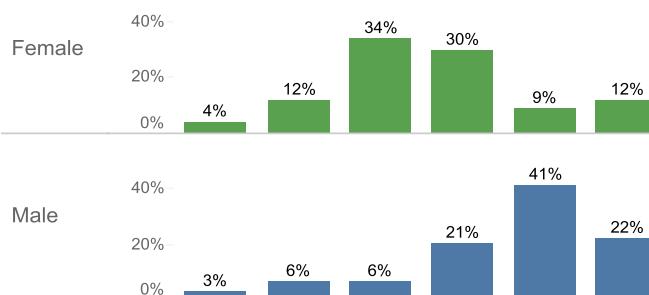
NHS BOLTON CCG | Summary Dashboard

Bolton

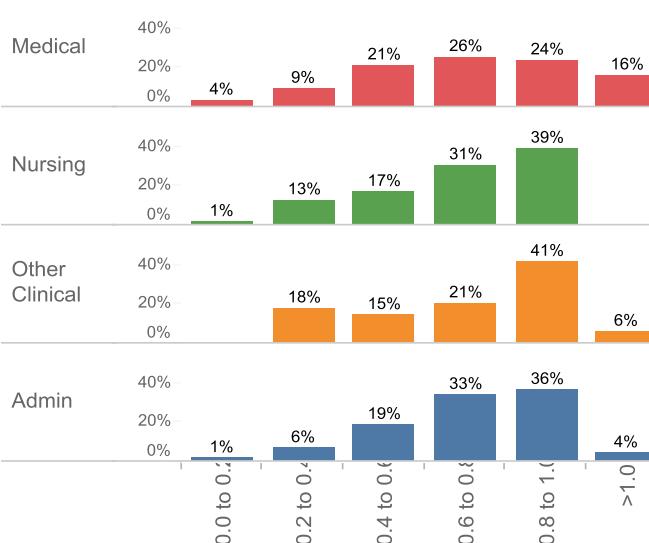
37% ... of male GPs work part-time

79% ... of female GPs work part-time

Participation Rates | GP's and Gender



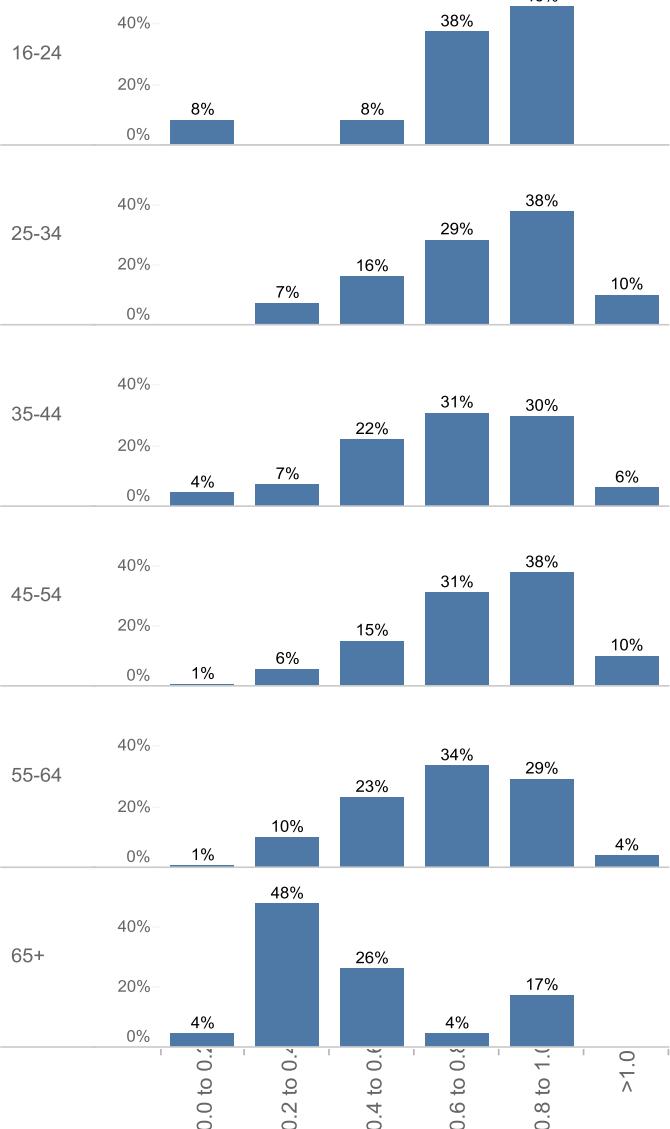
Participation Rates | Role Type



60% ... of all staff work part-time

60% ... of GPs work part-time

Participation Rates | Age Group



56% ... of staff aged 16-54 work part-time

69% ... of staff aged over 55 work part-time

Across the CCG 60% of General Practice staff work less than 30 hours per week, which compares closely with 62% seen both the region the North West.

The rates do not significantly vary by role, with 60% of GPs working part-time, compared to 61% of nurses, 53% of DPC st and 60% of admin staff working part-time. The proportion of GP staff working part-time is slightly higher than the regional average of 57%.

The proportion of staff working part-time appears to increase with age. Across the CCG, 56% of staff aged under 55 and 7 for those aged 55 and above work part-time. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 79% of female GPs and 37% of m GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GF work part-time, compared to only 39% of male GPs.

Source: WRaPT data extract, July 20

Health Education England, working across the North West

Greater Manchester Primary Care Workforce Report

NHS Bury CCG

NHS BURY CCG | Summary Dashboard

Bury

CCG Population

Number of Practices

Return Rates

202,424

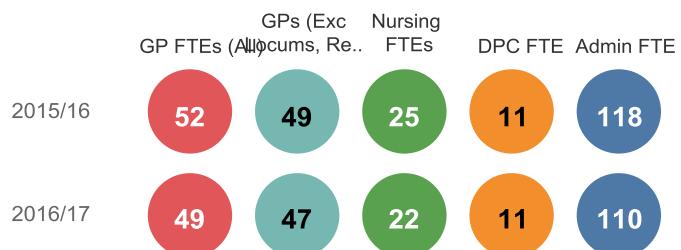
31

	% of Total FTE (Gender and Role)		% of Total Headcount (Gender and Role)	
	Female	Male	Female	Male
Medical	33%	67%	38%	62%
Nursing	100%		100%	
Other Clinical	79%	21%	68%	32%
Admin	94%	6%	93%	7%
Grand Total	84%	16%	86%	14%

The gender split is broadly consistent with both the regional and North West position, with females accounting for 84% of the total workforce. There are typically very small numbers (<10%) of males working in general practice, other than in G roles.

The gender split within GP roles is slightly different to the NW picture where the male:female split is broadly 50:50, with males (67%) accounting for two-thirds of the GP workforce.

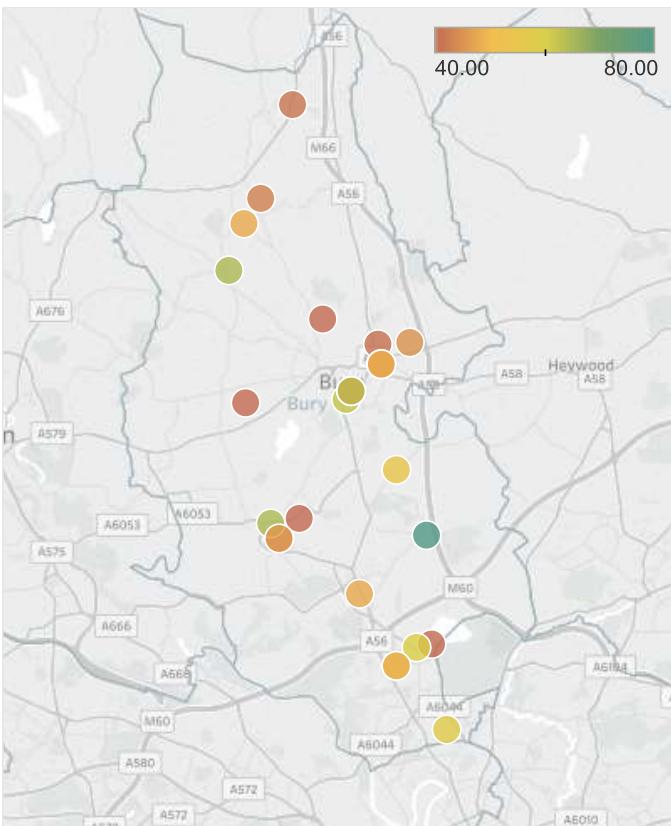
Staff per 100,000 registered population



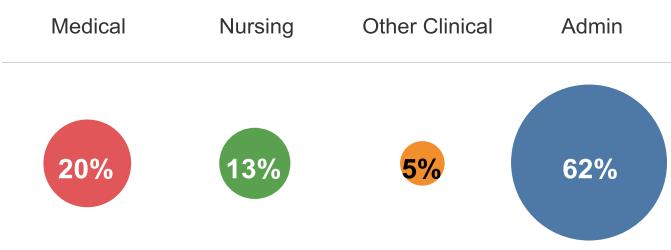
Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 47 GPs per 100,000 people, this is a slight decrease on the previous year (2015/16), when the rate was 49 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000. (Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture. The data shows an average of 22 nurses and 11 DPC staff per 100,000 population. This compares to North West figures of 13 and 14 per 100,000 respectively.

65% of the CCGs practices responded to the survey, covering 390 general practice staff (headcount).

Practice locations and GPs per 100,000 Population



Breakdown of General Practice Workforce by Role Type

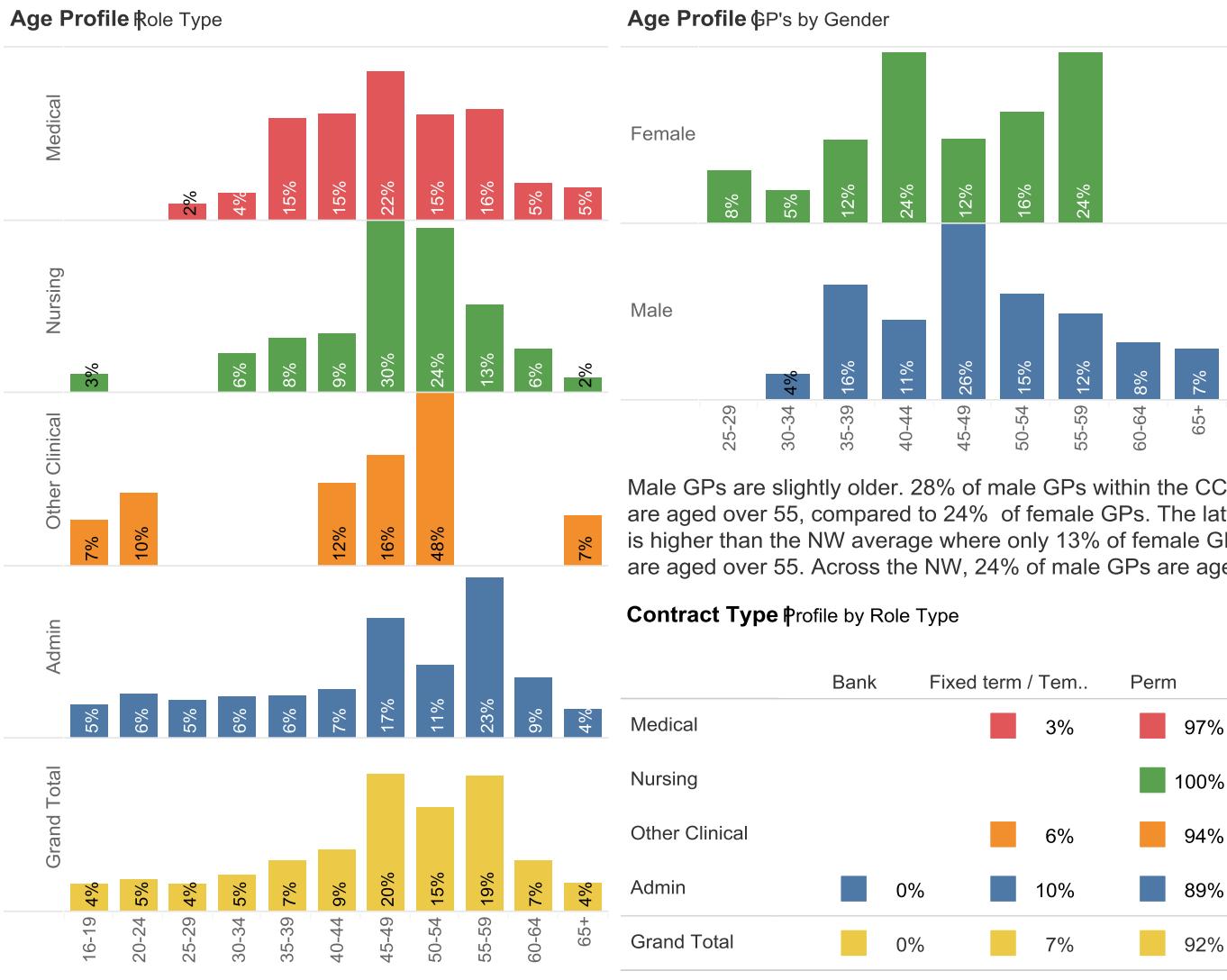


Administrative and managerial staff form the largest staff group, accounting for more than half (62%) of all FTEs across Primary Care. For comparison, the North West average is 55%. GPs currently account for 20% of all FTEs (the North West average is 22%). Nurses (13%) and DPC staff (5%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS BURY CCG | Summary Dashboard

Bury



31% ... of all staff are aged over 55

26% ... of GPs are aged over 55

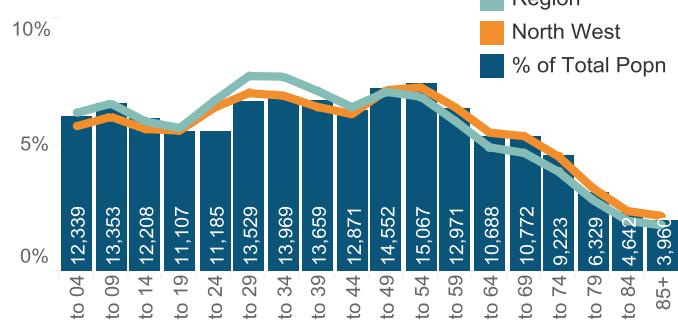
31% of the total workforce is aged over 55 (compared to an equivalent working age population of 18%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. 26% of GPs and 21% of nurses and 36% of admin staff are aged over 55.

Contract Type | Profile by Role Type

	Bank	Fixed term / Tem..	Perm
Medical		3%	97%
Nursing			100%
Other Clinical		6%	94%
Admin	0%	10%	89%
Grand Total	0%	7%	92%

Bury | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

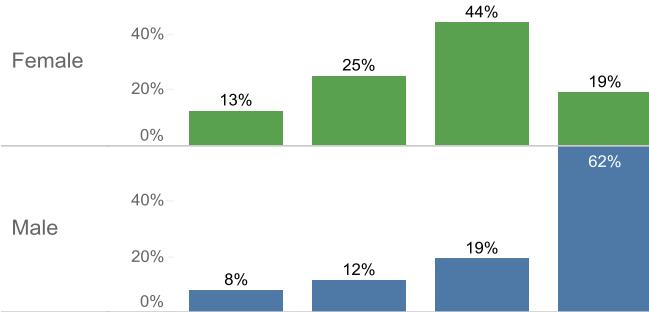
NHS BURY CCG | Summary Dashboard

Bury

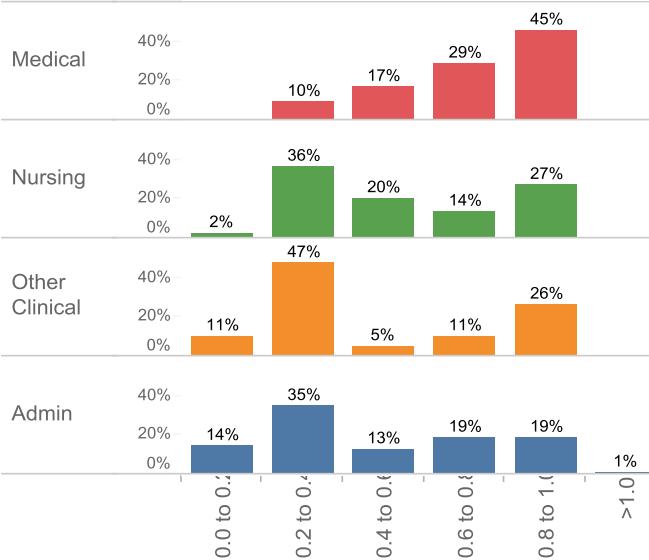
38% ... of male GPs work part-time

81% ... of female GPs work part-time

Participation Rates | GP's and Gender



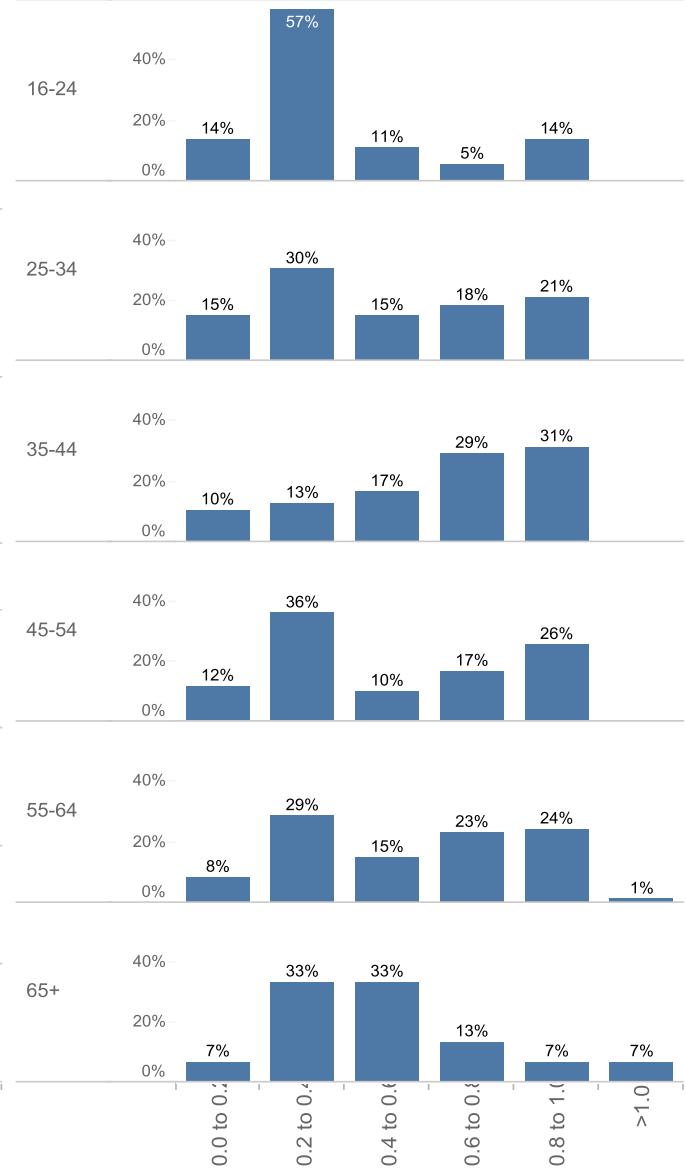
Participation Rates | Role Type



76% ... of all staff work part-time

55% ... of GPs work part-time

Participation Rates | Age Group



76% ... of staff aged 16-54 work part-time

76% ... of staff aged over 55 work part-time

Across the CCG, there is a high proportion of general practice staff working part-time hours, with 76% of staff working less than 30 hours per week, compared to 62% across both the region and the North West.

Participation rates vary by role, with 55% of GPs working part-time, compared to 73% of nurses, 74% of DPC staff and 81% admin staff working part-time. The proportion of GP staff working part-time is closely aligned with the regional average of 55%.

Unlike in other CCGs, the proportion of staff working part-time does not appear to increase with age. Across the CCG, 76% of staff aged under 55 and 76% for those aged 55 and above work part-time. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 81% of female GPs and 38% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs work part-time, compared to only 39% of male GPs.

Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Heywood, Middleton and Rochdale CCG

NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | Summary Dashboard

Heywood, Middle.

CCG Population

Number of Practices

Return Rates

230,919

36

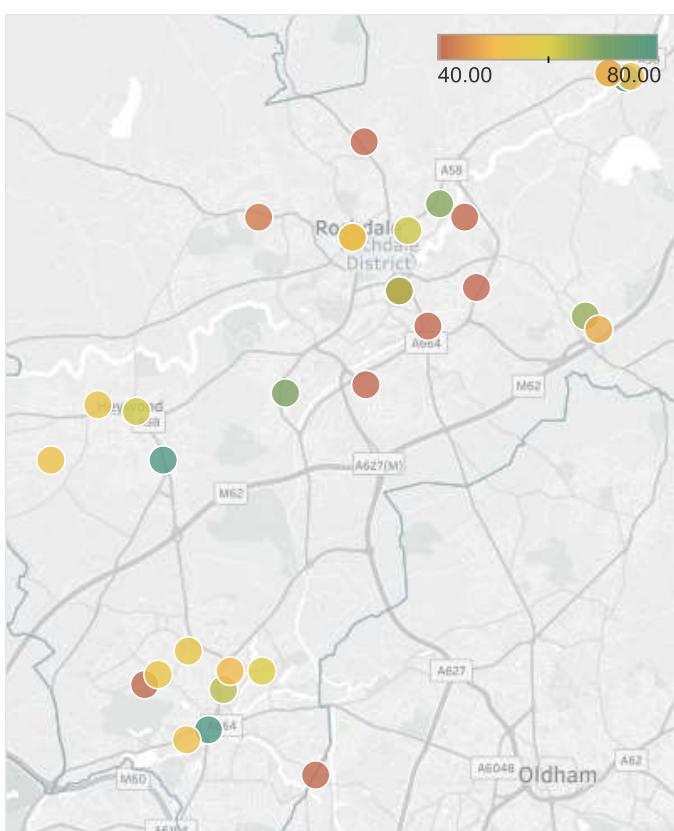
	% of Total FTE (Gender and Role)		% of Total Headcount (Gender and Role)	
	Female	Male	Female	Male
Medical	41%	59%	46%	54%
Nursing	98%	2%	98%	2%
Other Clinical	93%	7%	93%	7%
Admin	91%	9%	92%	8%
Grand Total	82%	18%	83%	17%

The gender split is broadly consistent with both the regional and North West position, with females accounting for 82% of the total workforce. There are typically very small numbers (<10%) of males working in general practice, other than in G roles.

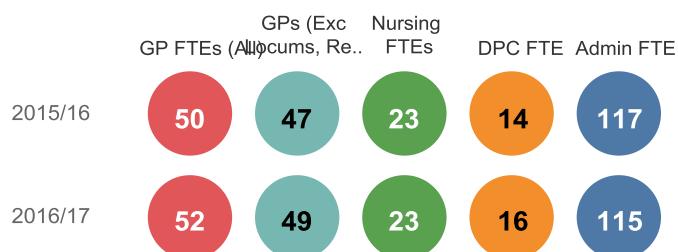
The gender split within GP roles is slightly different to the NW picture where the male:female split is broadly 50:50, with males (59%) having a larger share of the GP workforce.

79% of the CCGs practices responded to the survey, covering 517 general practice staff (headcount).

Practice locations and GPs per 100,000 Population

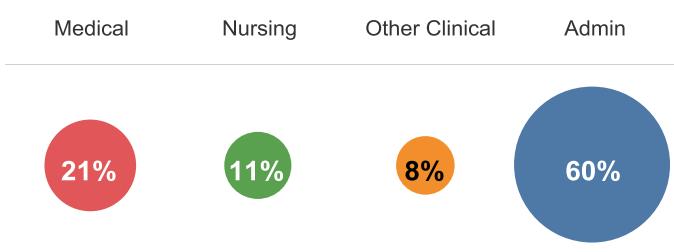


Staff per 100,000 registered population



Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 49 GPs per 100,000 people, this is a slight increase on the previous year (2015/16), when the rate was 47 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000. (Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture. The data shows an average of 23 nurses and 16 DPC staff per 100,000 population. This compares to North West figures of 23 and 14 per 100,000 respectively.

Breakdown of General Practice Workforce by Role Type



Administrative and managerial staff form the largest staff group, accounting for more than half (60%) of all FTEs across Primary Care. For comparison, the North West average is 55%. GPs currently account for 21% of all FTEs (the North West average is 22%). Nurses (11%) and DPC staff (8%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | Summary Dashboard

Heywood, Middleton & .

Age Profile | Role Type

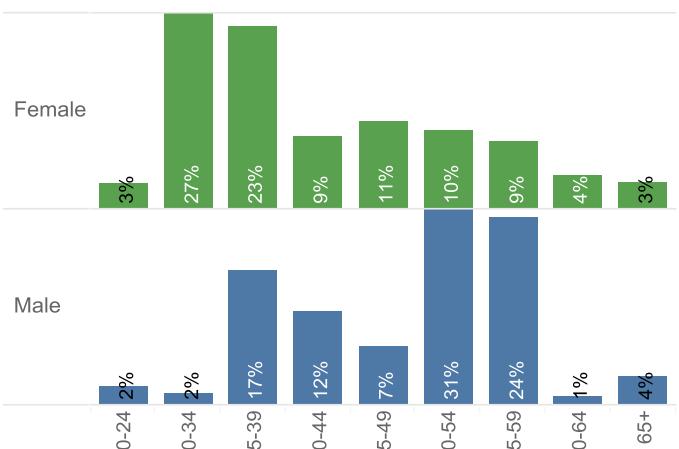


27% ... of all staff are aged over 55

25% ... of GPs are aged over 55

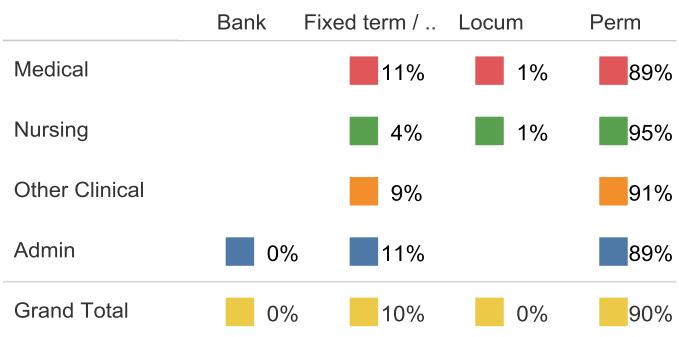
27% of the total workforce is aged over 55 (compared to an equivalent working age population of 18%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. 24% of GPs, 35% nurses and 18% of DPC staff are aged over 55.

Age Profile | GP's by Gender



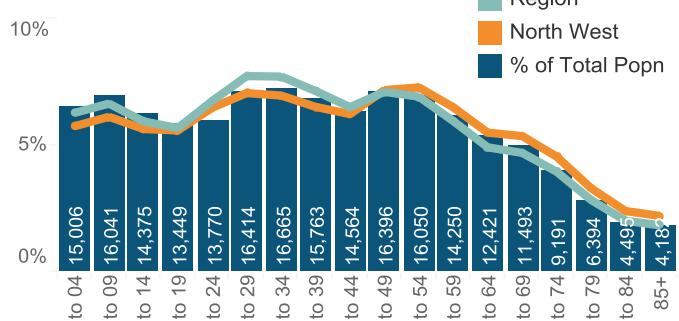
Male GPs are typically older. 29% of male GPs within the CCG are aged over 55, compared to 16% of female GPs. For comparison, across the North West 13% of female GPs are aged over 55, compared to 24% of male GPs.

Contract Type | Profile by Role Type



Heywood, Middleton & Rochdale | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

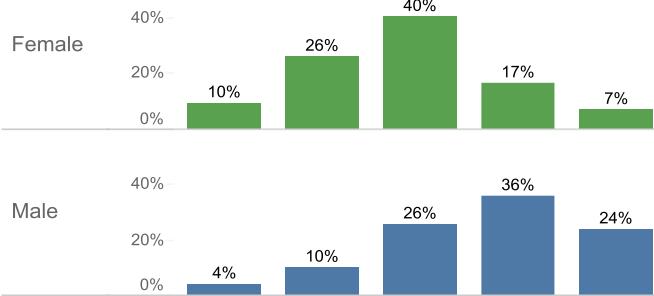
NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG | Summary Dashboard

Heywood, Middleto.

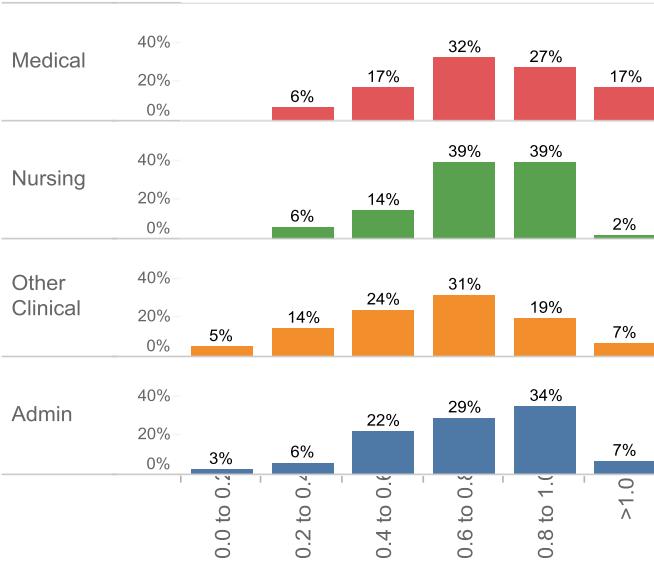
40% ... of male GPs work part-time

76% ... of female GPs work part-time

Participation Rates | GP's and Gender



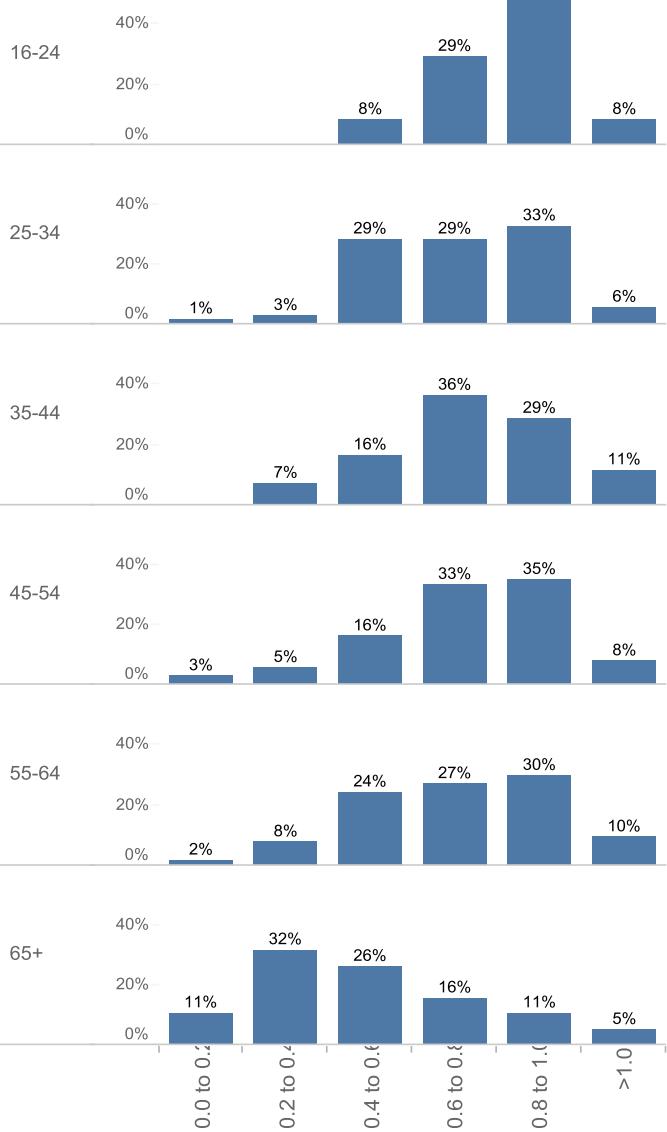
Participation Rates | Role Type



60% ... of all staff work part-time

56% ... of GPs work part-time

Participation Rates | Age Group



58% ... of staff aged 16-54 work part-time

64% ... of staff aged over 55 work part-time

Across the CCG 60% of General Practice staff work less than 30 hours per week, which compares closely with 62% seen both the region the North West.

Participation rates do vary by role, with 56% of GPs working part-time, compared to 59% of nurses, 74% of DPC staff and admin staff working part-time. The proportion of GP staff working part-time is on a par with the regional average of 57%

The proportion of staff working part-time appears to increase with age. Across the CCG, 58% of staff aged under 55 and 64% for those aged 55 and above work part-time. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 76% of female GPs and 40% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs work part-time, compared to only 39% of male GPs.

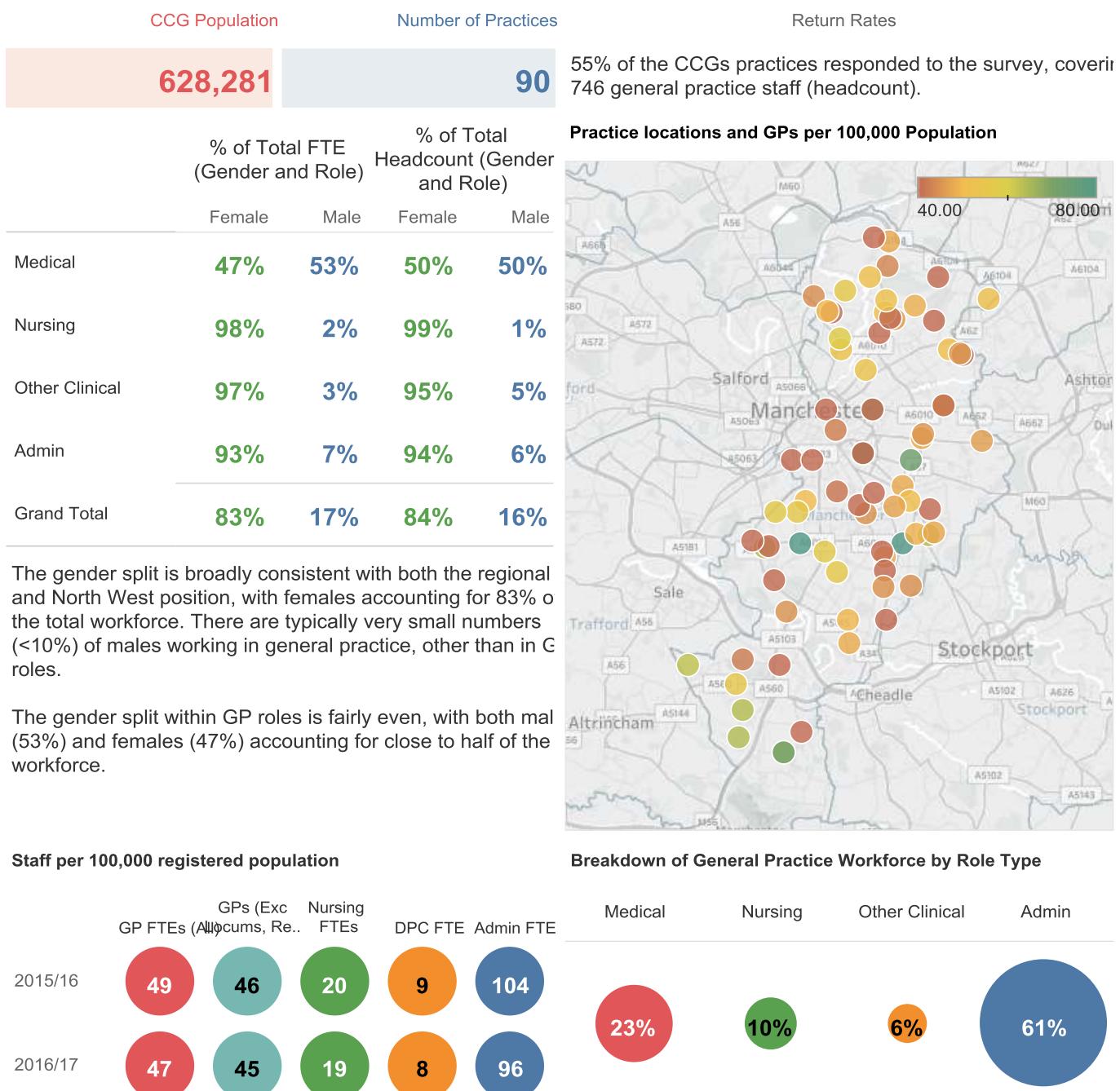
Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Manchester CCG

NHS MANCHESTER CCG | Summary Dashboard

Manchester



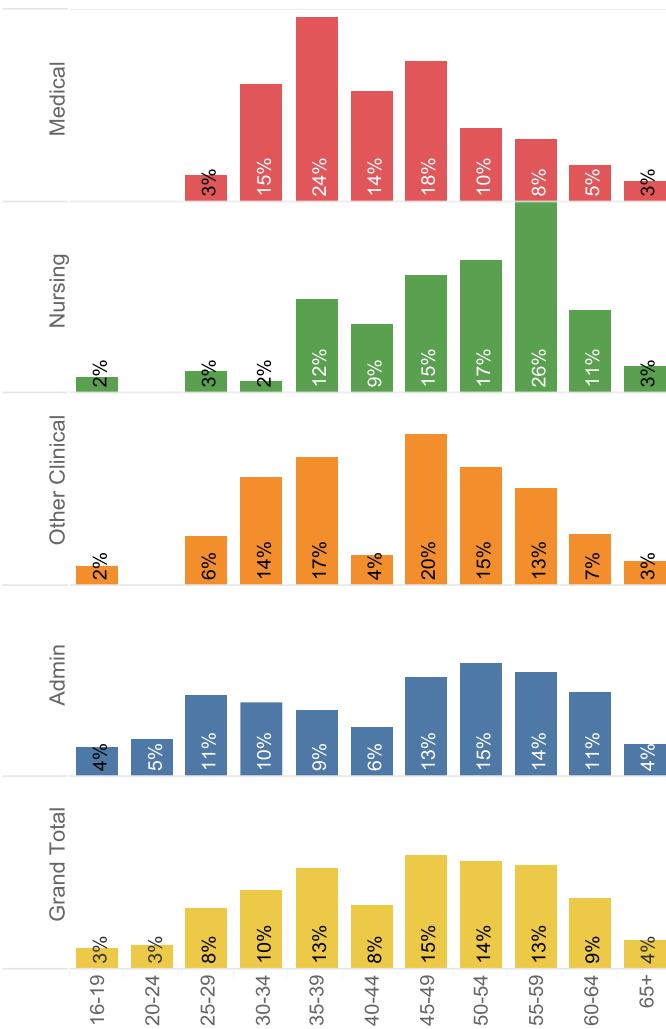
Administrative and managerial staff form the largest staff group, accounting for more than half (61%) of all FTEs across Primary Care. For comparison, the North West average is 55%. GPs currently account for 23% of all FTEs (the North West average is 22%). Nurses (10%) and DPC staff (6%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS MANCHESTER CCG | Summary Dashboard

Manchester

Age Profile | Role Type

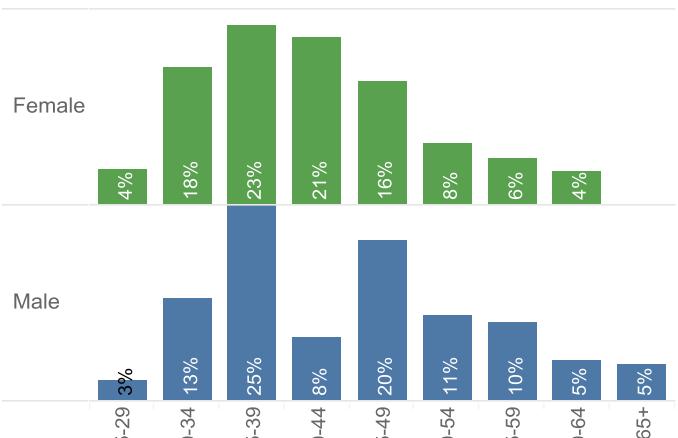


26% ... of all staff are aged over 55

15% ... of GPs are aged over 55

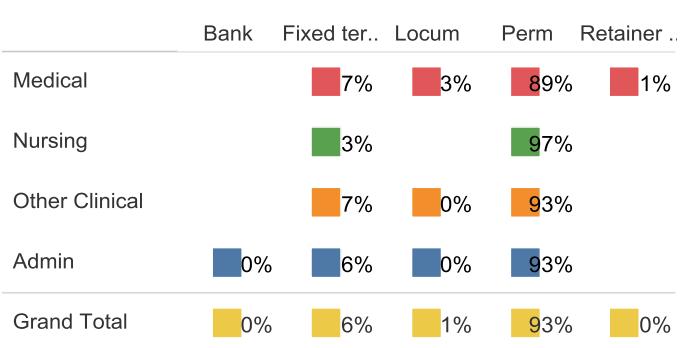
26% of the total workforce is aged over 55 (compared to an equivalent working age population of 12% - driven by a large University population), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. Although only 15% of GPs are aged over 54, 40% of nurses are aged over 55, which is an important consideration for future recruitment plans.

Age Profile | GPs by Gender



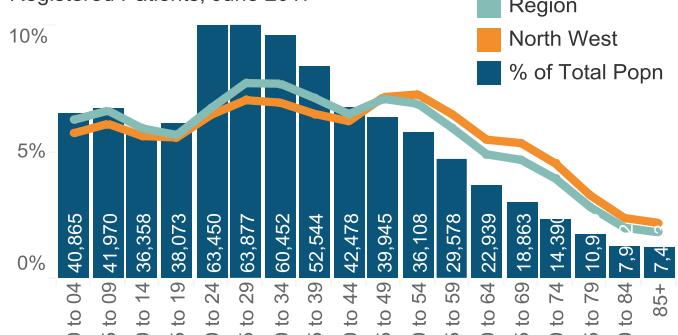
Male GPs are typically older. 20% of male GPs within the CCG are aged over 55, compared to 10% of female GPs. For comparison, across the North West 13% of female GPs are aged over 55, compared to 24% of male GPs.

Contract Type | Profile by Role Type



Manchester | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

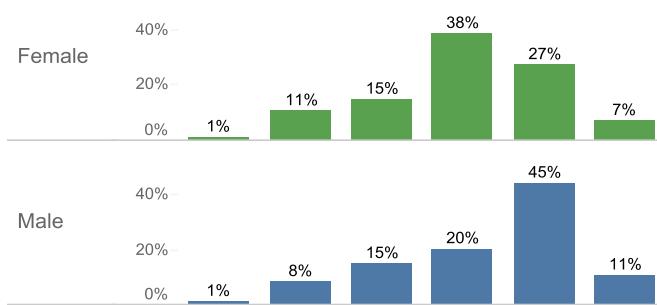
NHS MANCHESTER CCG | Summary Dashboard

Manchester

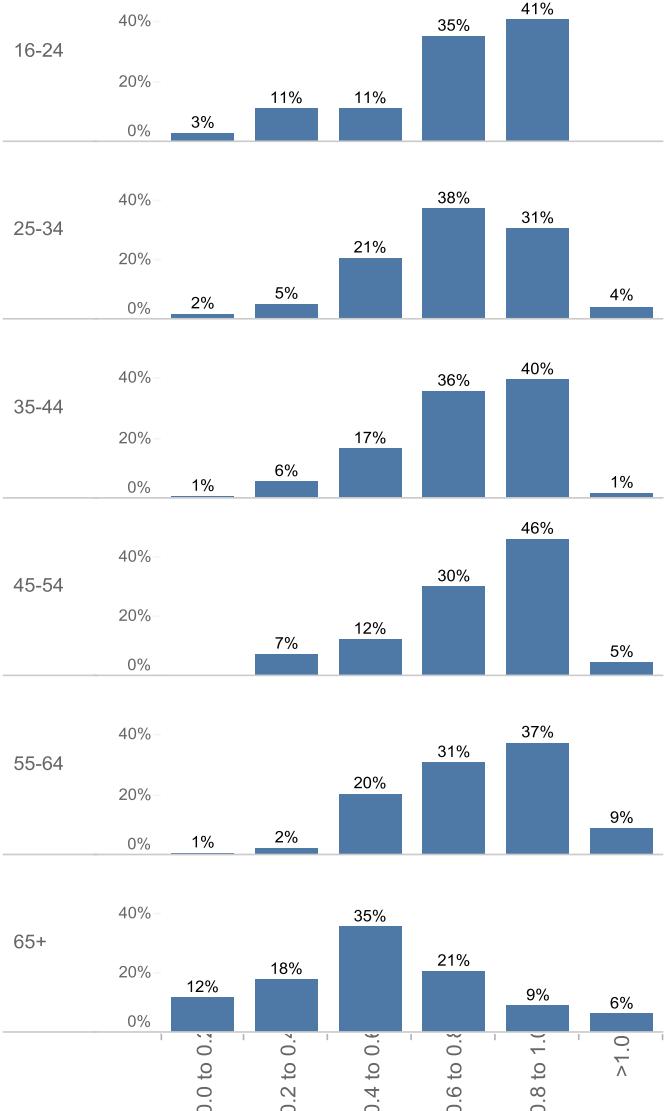
45% ... of male GPs work part-time

66% ... of female GPs work part-time

Participation Rates | GP's and Gender



Participation Rates | Age Group



58% ... of all staff work part-time

55% ... of GPs work part-time

57% ... of staff aged 16-54 work part-time

60% ... of staff aged over 55 work part-time

Across the CCG 58% of General Practice staff work less than 30 hours per week, which compares closely with 62% seen both the region the North West.

Participation rates do vary slightly by role, with 55% of GPs working part-time, compared to 62% of nurses, 62% of DPC st and 58% of admin staff working part-time. The proportion of GP staff working part-time is on a par with the regional average 57%.

The proportion of staff working part-time increases, albeit slightly, with age. Across the CCG, 57% of staff aged under 55 & 60% for those aged 55 and above work part-time. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 66% of female GPs and 45% of m GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GF work part-time, compared to only 39% of male GPs.

Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Oldham CCG

NHS OLDHAM CCG | Summary Dashboard

Oldham

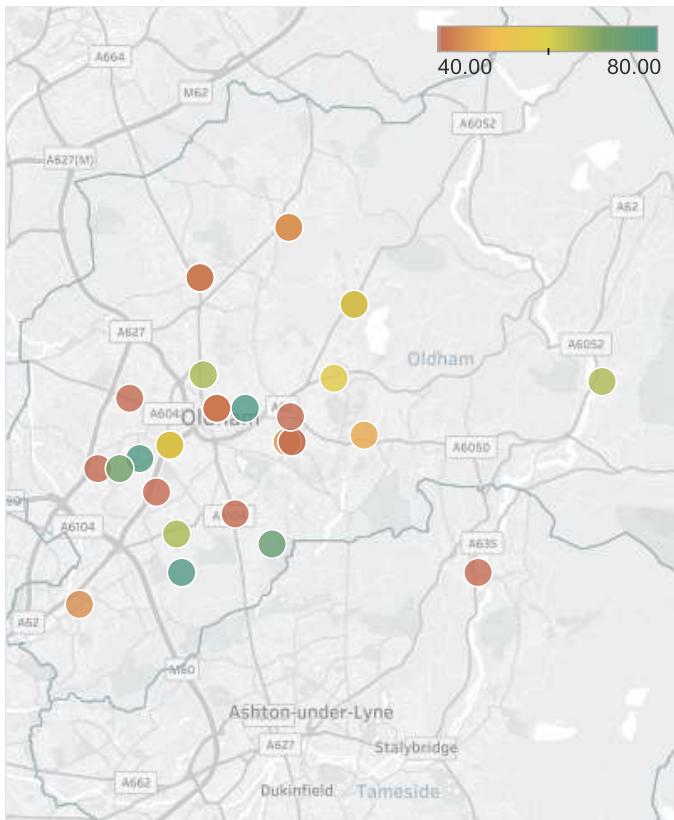
	CCG Population	Number of Practices	Return Rates	
	252,720	44		
	% of Total FTE (Gender and Role)	% of Total Headcount (Gender and Role)		
	Female	Male	Female	Male
Medical	49%	51%	52%	48%
Nursing	100%		100%	
Other Clinical	90%	10%	91%	9%
Admin	99%	1%	99%	1%
Grand Total	88%	12%	90%	10%

The gender split is broadly consistent with both the regional and North West position, with females accounting for 88% of the total workforce. There are typically very small numbers (<10%) of males working in general practice, other than in GPs roles.

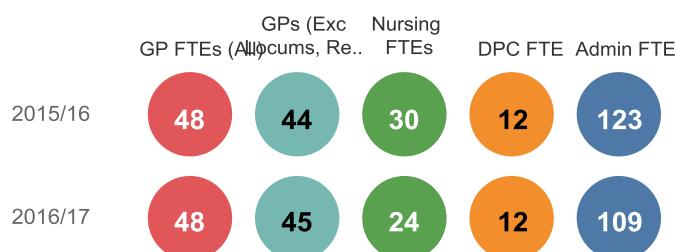
The gender split within GP roles is fairly even, with both males (51%) and females (49%) accounting for close to half of the workforce.

43% of the CCGs practices responded to the survey, covering 247 general practice staff (headcount).

Practice locations and GPs per 100,000 Population

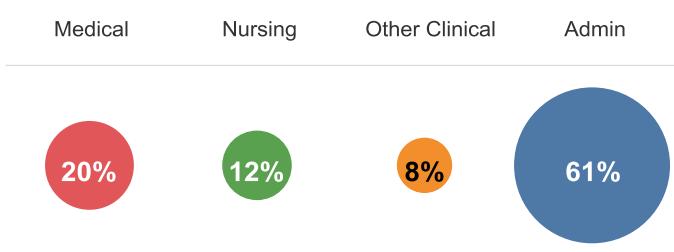


Staff per 100,000 registered population



Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 45 GPs per 100,000 people, this is a slight increase on the previous year (2015/16), when the rate was 44 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000. (Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture. The data shows an average of 24 nurses and 12 DPC staff per 100,000 population. This compares to North West figures of 14 and 14 per 100,000 respectively).

Breakdown of General Practice Workforce by Role Type



Administrative and managerial staff form the largest staff group, accounting for more than half (61%) of all FTEs across Primary Care. For comparison, the North West average is 55 GPs currently account for 20% of all FTEs (the North West average is 22%). Nurses (12%) and DPC staff (8%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS OLDHAM CCG | Summary Dashboard

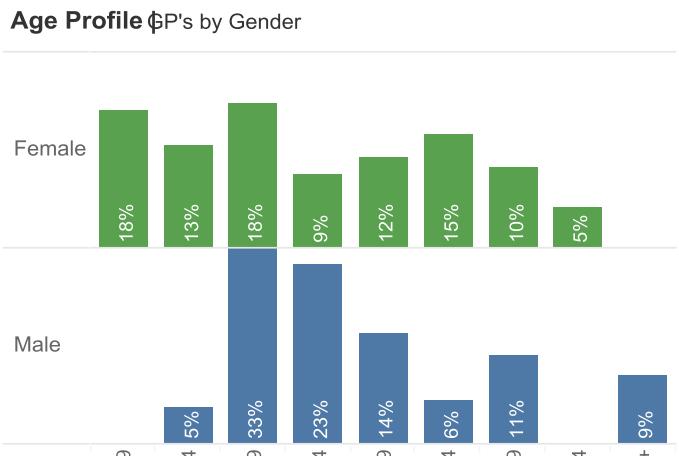
Oldham



23% ... of all staff are aged over 55

18% ... of GPs are aged over 55

23% of the total workforce is aged over 55 (compared to an equivalent working age population of 17%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. 18% of GPs, 13% nurses and 42% of DPC staff are aged over 55.

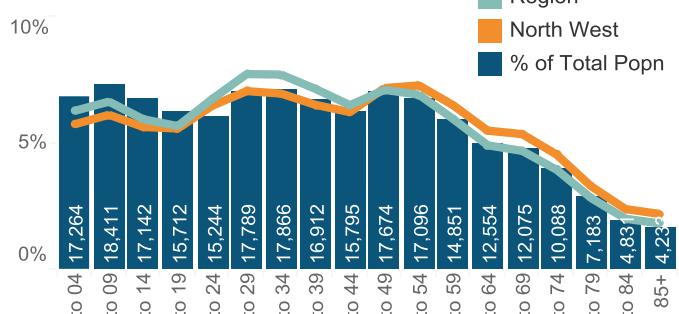


Male GPs are typically older. 20% of male GPs within the CCG are aged over 55, compared to 15% of female GPs. For comparison, across the North West 13% of female GPs are aged over 55, compared to 24% of male GPs.

Contract Type | Profile by Role Type

	Fixed term / ..	Locum	Perm	Retainer Sc.
Medical	16%	1%	81%	2%
Nursing	2%		98%	
Other Clinical			100%	
Admin	2%		98%	
Grand Total	5%	0%	95%	0%

Oldham | Population Profile Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

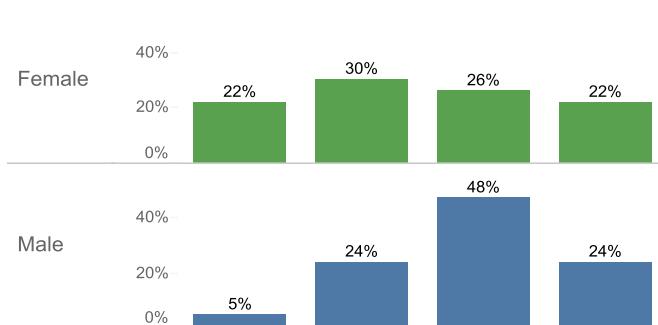
NHS OLDHAM CCG | Summary Dashboard

Oldham

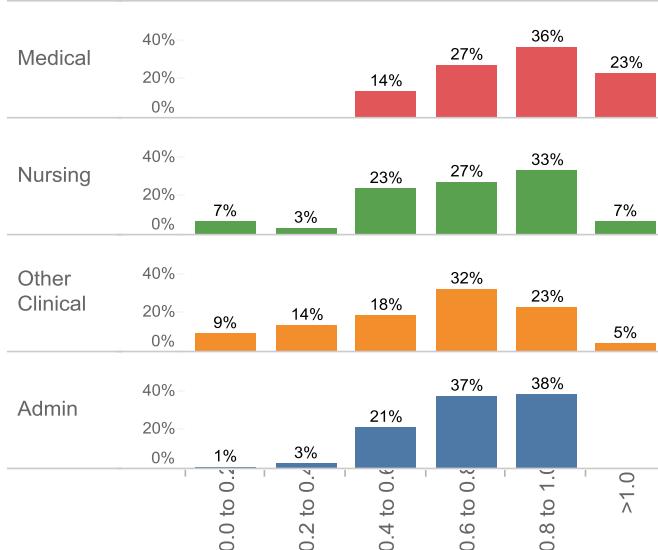
29% ... of male GPs work part-time

52% ... of female GPs work part-time

Participation Rates | GP's and Gender



Participation Rates | Role Type



59% ... of all staff work part-time

41% ... of GPs work part-time

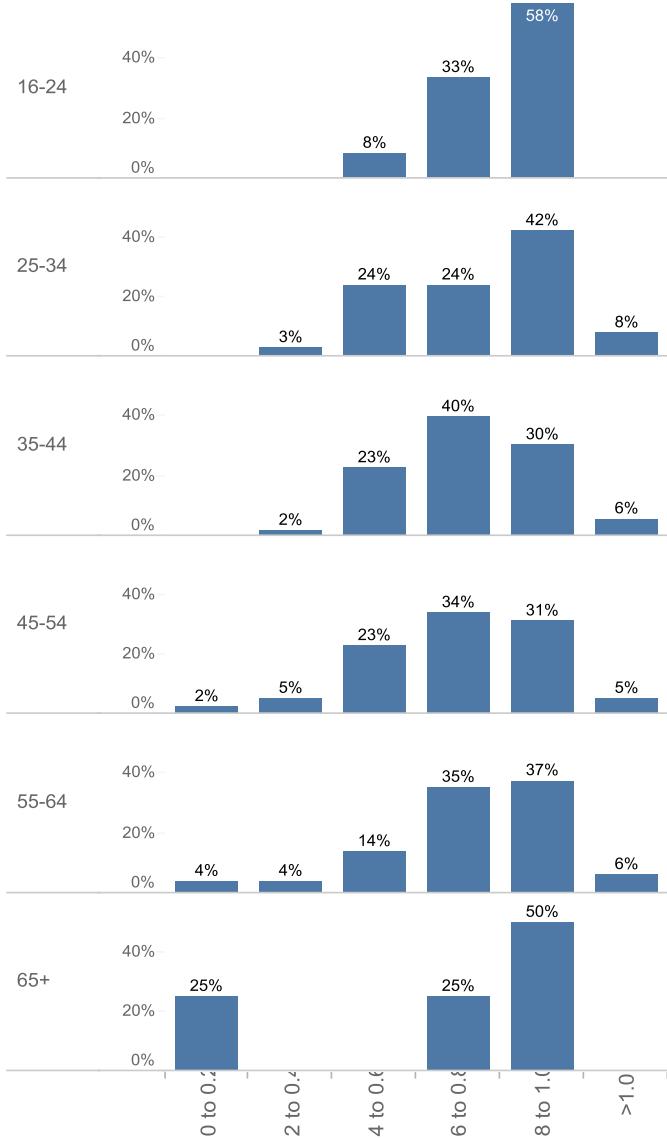
Across the CCG 59% of General Practice staff work less than 30 hours per week, which compares closely with 62% seen both the region the North West.

Participation rates do vary by role, with only 41% of GPs working part-time, compared to 60% of nurses, 73% of DPC staff 62% of admin staff working part-time. The proportion of GP staff working part-time is somewhat lower than the regional average of 57%.

Unlike in other CCG areas, the proportion of staff working part-time decreases, albeit slightly, with age. Across the CCG, 6 staff aged under 55 and 56% for those aged 55 and above work part-time. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 52% of female GPs and 29% of m GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GF

Participation Rates | Age Group



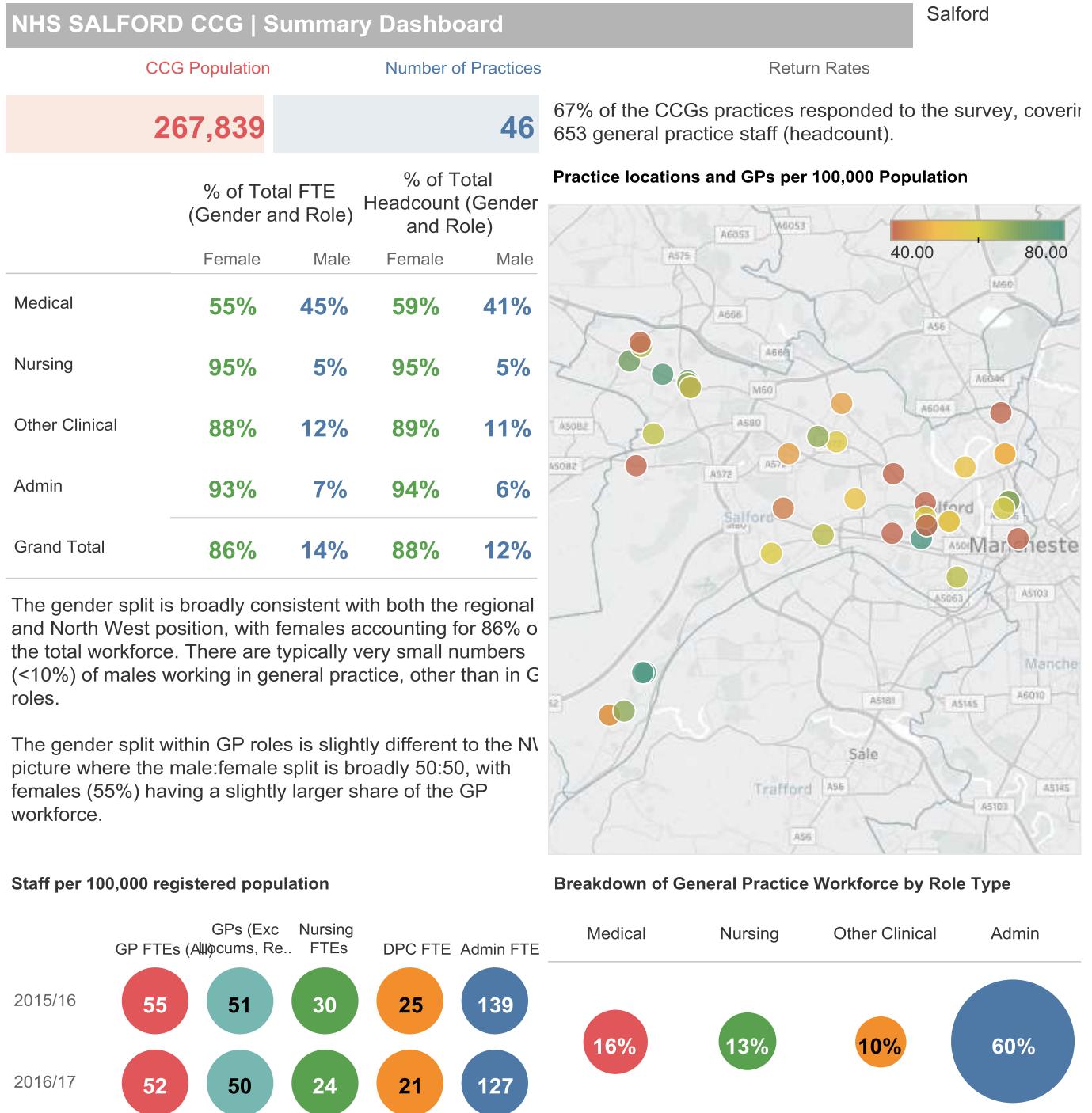
60% ... of staff aged 16-54 work part-time

56% ...of staff aged over 55 work part-time

Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Salford CCG

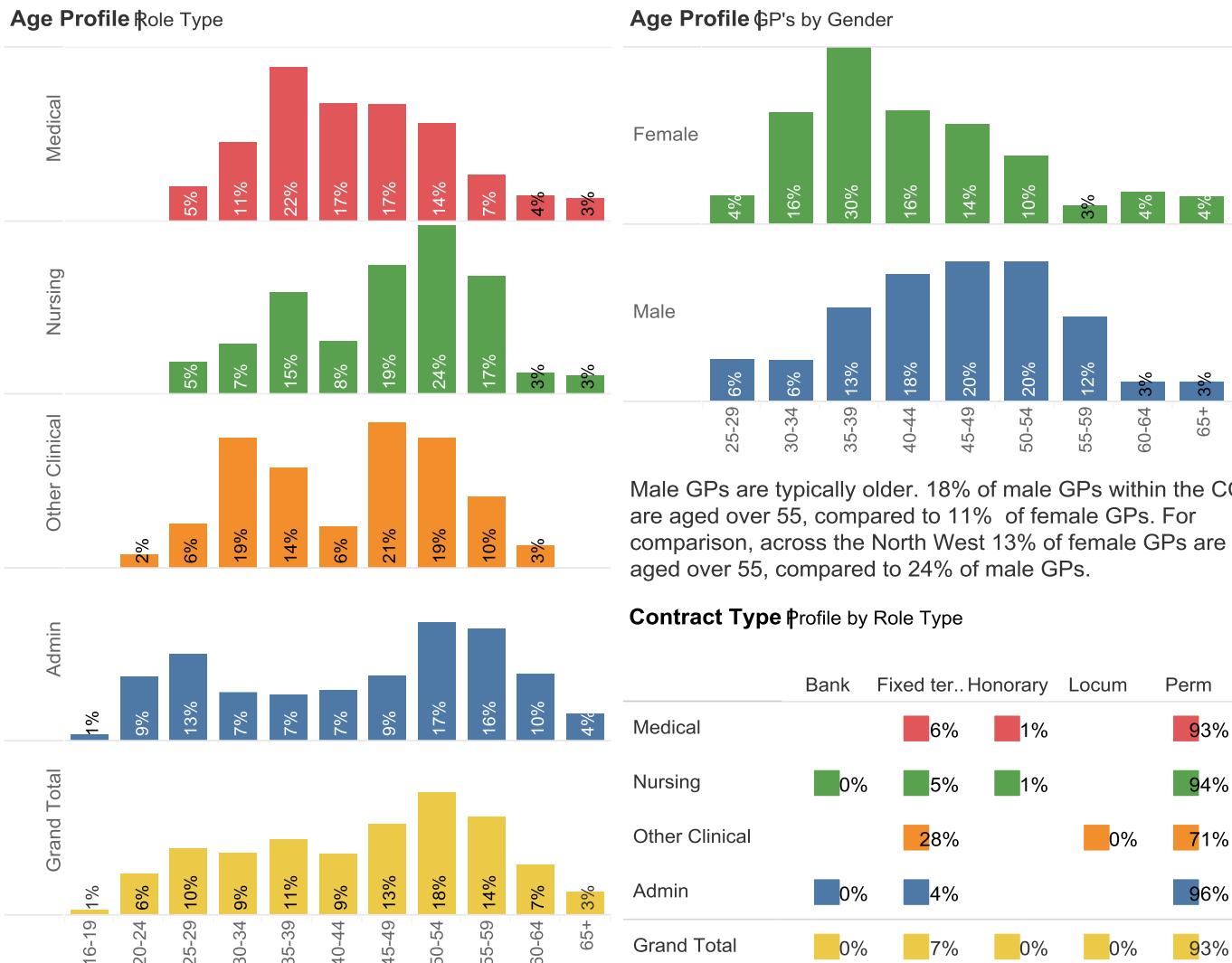


Administrative and managerial staff form the largest staff group, accounting for more than half (61%) of all FTEs across Primary Care. For comparison, the North West average is 55%. GPs currently account for 20% of all FTEs (the North West average is 22%). Nurses (12%) and DPC staff (8%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS SALFORD CCG | Summary Dashboard

Salford



25% ... of all staff are aged over 55

14% ... of GPs are aged over 55

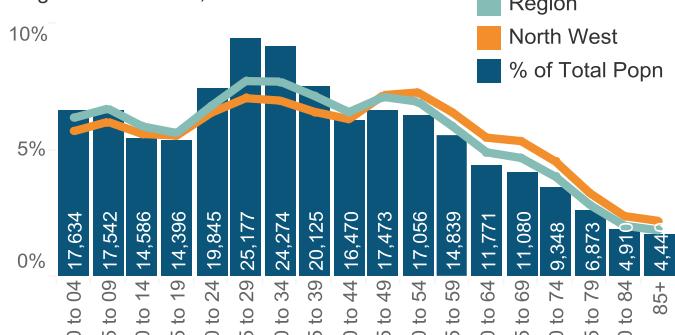
25% of the total workforce is aged over 55 (compared to an equivalent working age population of 15% - possibly driven by a large University population), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. Only 14% of GPs and 23% of nurses are currently aged over 55.

Contract Type Profile by Role Type

	Bank	Fixed term	Honorary	Locum	Perm
Medical	6%	1%	93%		
Nursing	0%	5%	1%	94%	
Other Clinical		28%	0%	71%	
Admin	0%	4%		96%	
Grand Total	0%	7%	0%	0%	93%

Salford | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

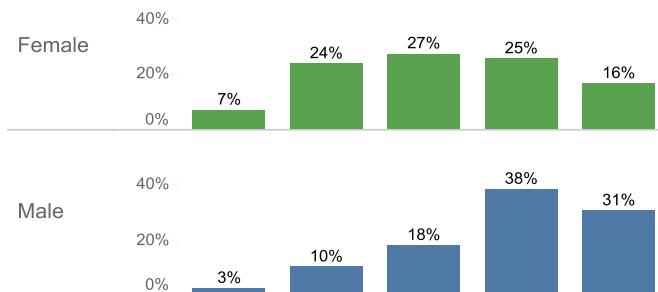
NHS SALFORD CCG | Summary Dashboard

Salford

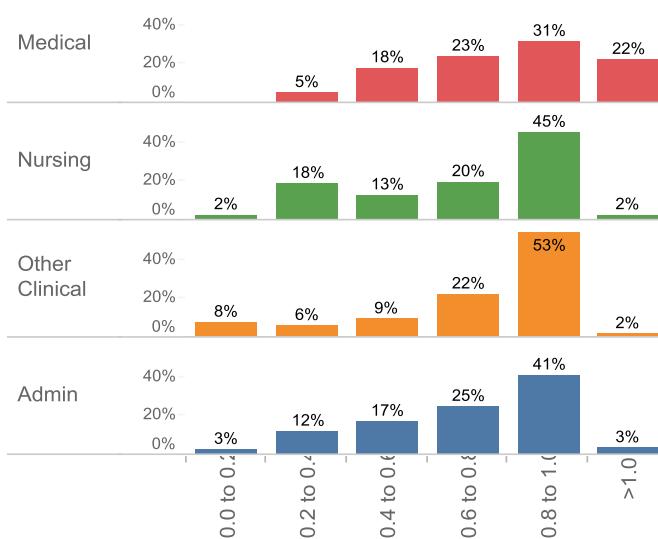
31% ... of male GPs work part-time

58% ... of female GPs work part-time

Participation Rates | GP's and Gender



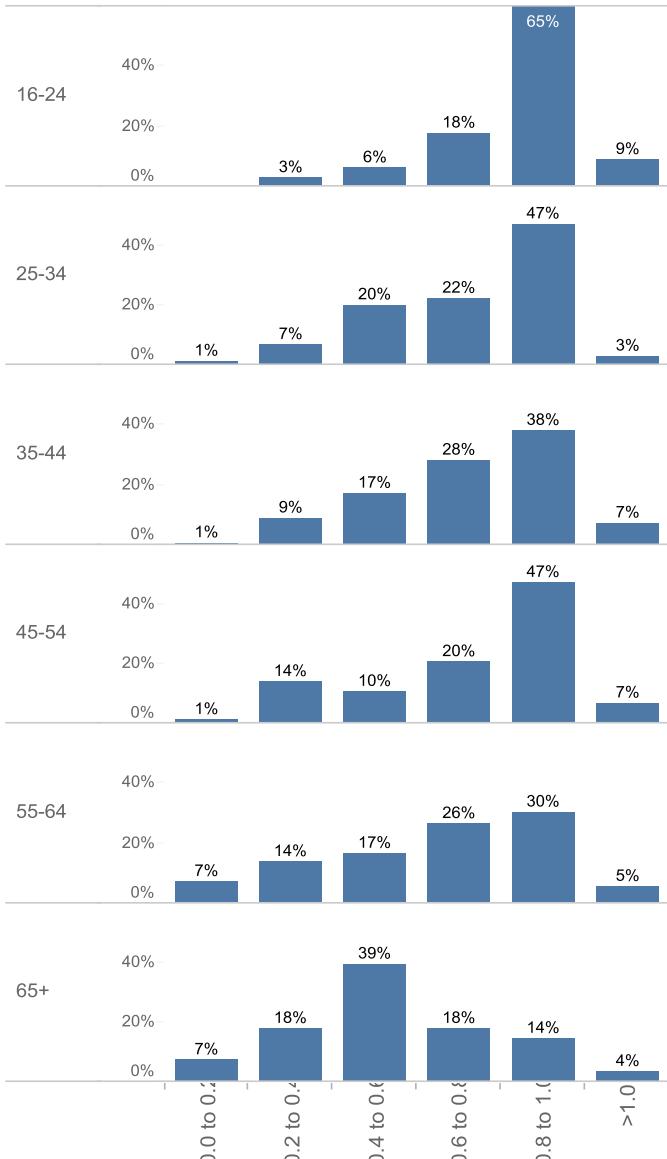
Participation Rates | Role Type



53% ... of all staff work part-time

47% ... of GPs work part-time

Participation Rates | Age Group



48% ... of staff aged 16-54 work part-time

67% ... of staff aged over 55 work part-time

Across the CCG 53% of General Practice staff work less than 30 hours per week, which is somewhat lower than the 62% across both the region the North West.

Participation rates do not vary significantly by role, with 47% of GPs working part-time, compared to 53% of nurses, 45% DPC staff and 56% of admin staff working part-time. The proportion of GP staff working part-time is somewhat lower than regional average of 57%.

The proportion of staff working part-time increases with age. Across the CCG only 48% of staff aged under 55 work on a part-time basis, compared to 67% for those aged 55 and above. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 58% of female GPs and 31% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs

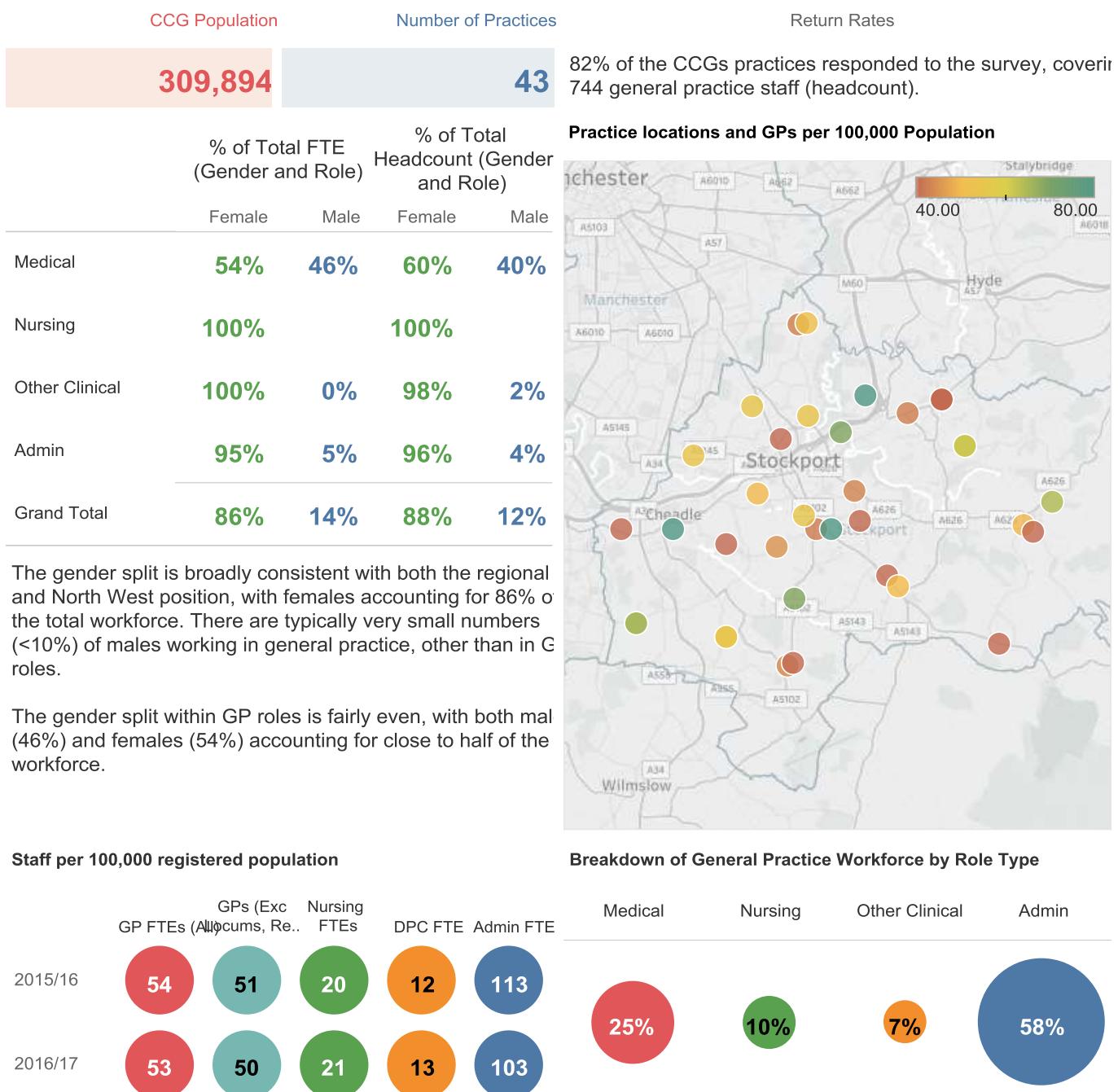
Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Stockport CCG

NHS STOCKPORT CCG | Summary Dashboard

Stockport



Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 50 GPs per 100,000 people, this is a slight decrease on the previous year (2015/16), when the rate was 51 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000.

(Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture.)

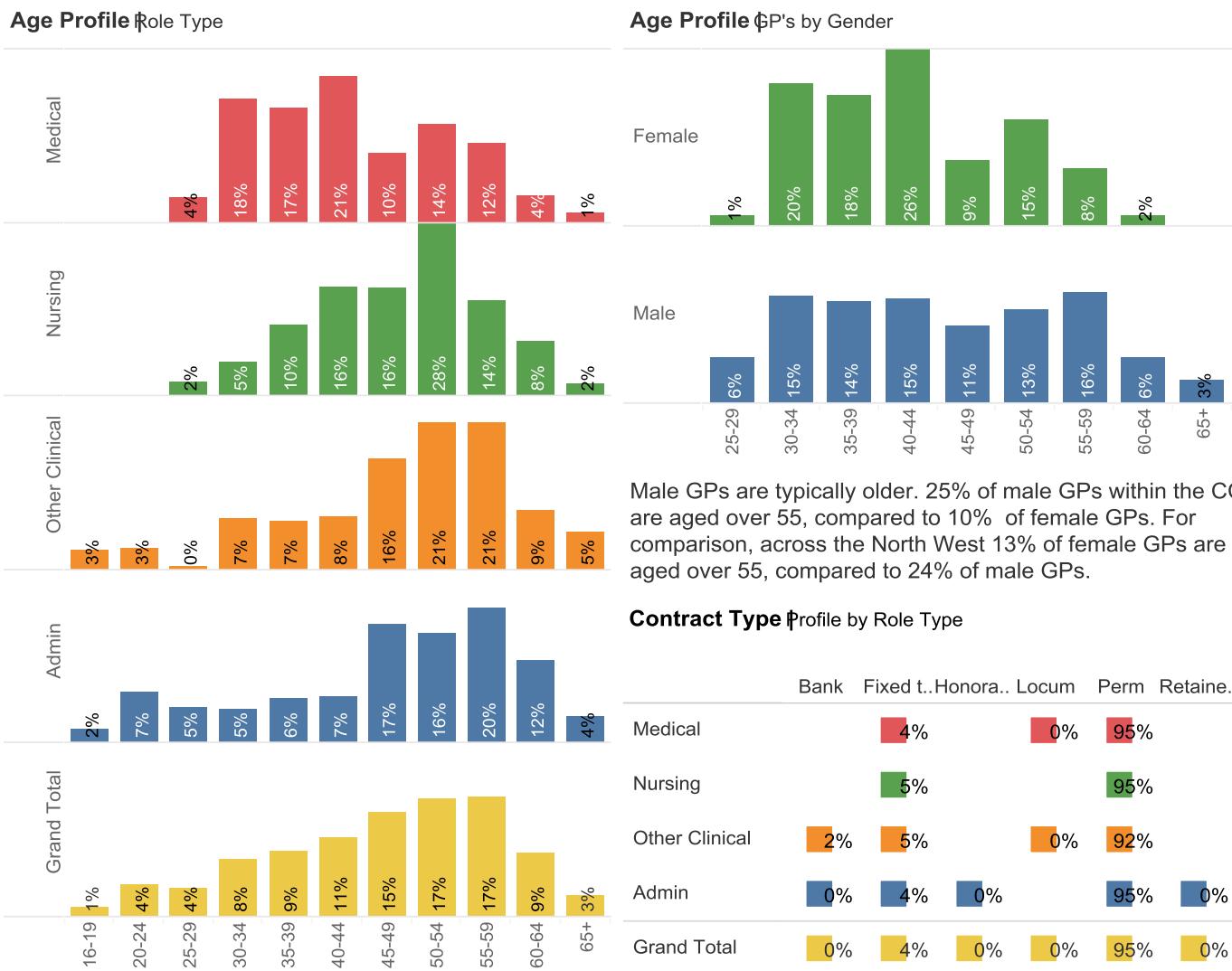
The data shows an average of 21 nurses and 13 DPC staff per 100,000 population. This compares to North West figures of 14 and 14 per 100,000 respectively.

According to WRaPT data, Administrative and managerial staff form the largest staff group, accounting for more than half (60%) of all FTEs across Primary Care. For comparison North West average is 57%. GPs currently account for 16% all FTEs, which is one of the lowest figures across the North West (the North West average is 22%). Nurses (13%) and C staff (10%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS STOCKPORT CCG | Summary Dashboard

Stockport



Contract Type Profile by Role Type

	Bank	Fixed t..	Honora..	Locum	Perm	Retaine.
Medical			4%	0%	95%	
Nursing			5%		95%	
Other Clinical			2%	5%	0%	92%
Admin	0%	4%	0%		95%	0%
Grand Total	0%	4%	0%	0%	95%	0%

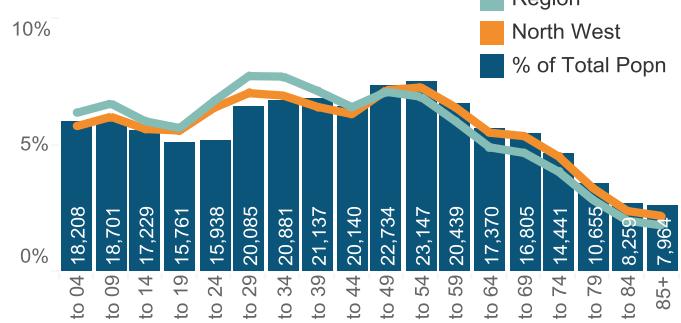
29% ... of all staff are aged over 55

17% ... of GPs are aged over 55

29% of the total workforce is aged over 55 (compared to an equivalent working age population of 19%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. 17% of GPs, 23% nurses and 35% of DPC staff are currently aged over 55.

Stockport | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

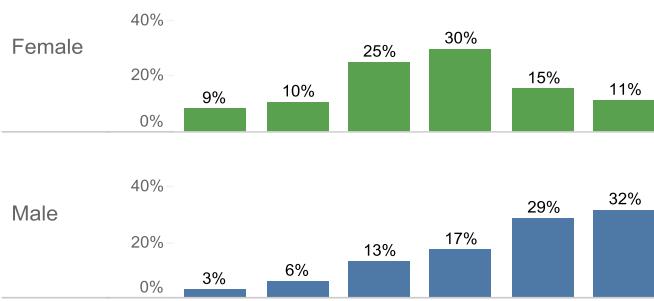
NHS STOCKPORT CCG | Summary Dashboard

Stockport

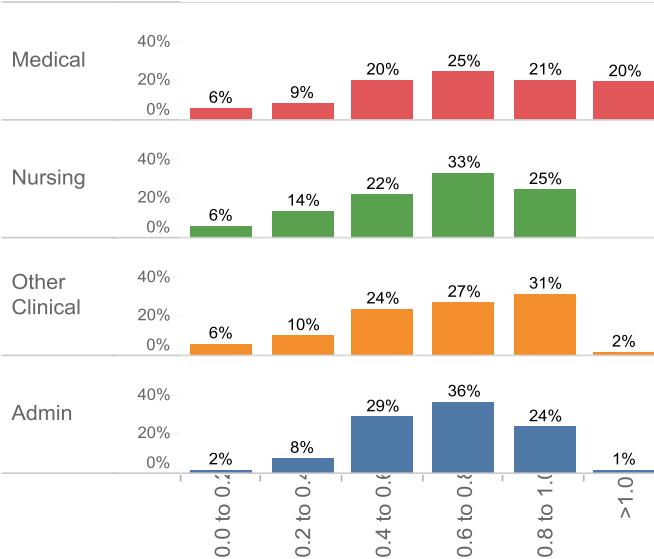
39% ... of male GPs work part-time

73% ... of female GPs work part-time

Participation Rates | GP's and Gender



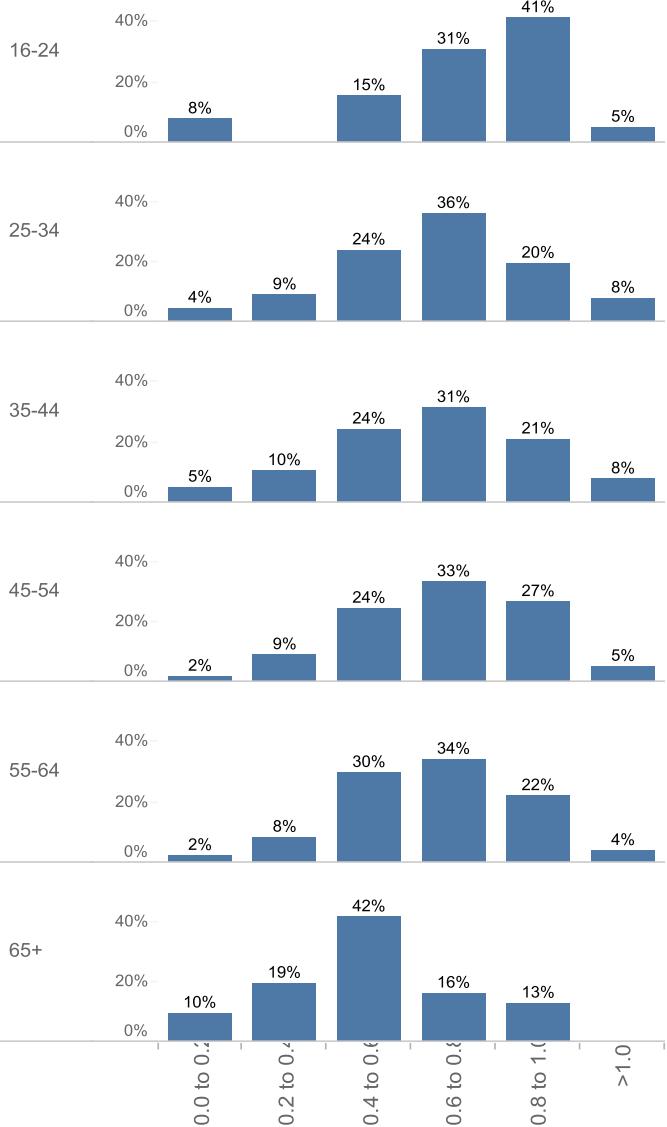
Participation Rates | Role Type



71% ... of all staff work part-time

60% ... of GPs work part-time

Participation Rates | Age Group



69% ... of staff aged 16-54 work part-time

76% ... of staff aged over 55 work part-time

Across the CCG 71% of General Practice staff work less than 30 hours per week, which is somewhat higher than the 62% across both the region the North West.

Participation rates vary somewhat by role, with 60% of GPs working part-time, compared to 75% of nurses, 67% of DPCs and 75% of admin staff working part-time. The proportion of GP staff working part-time is on a par with the regional average 57%.

The proportion of staff working part-time increases with age. Across the CCG 69% of staff aged under 55 work on a part-time basis, compared to 76% for those aged 55 and above. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 73% of female GPs and 39% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs work part-time, compared to only 39% of male GPs.

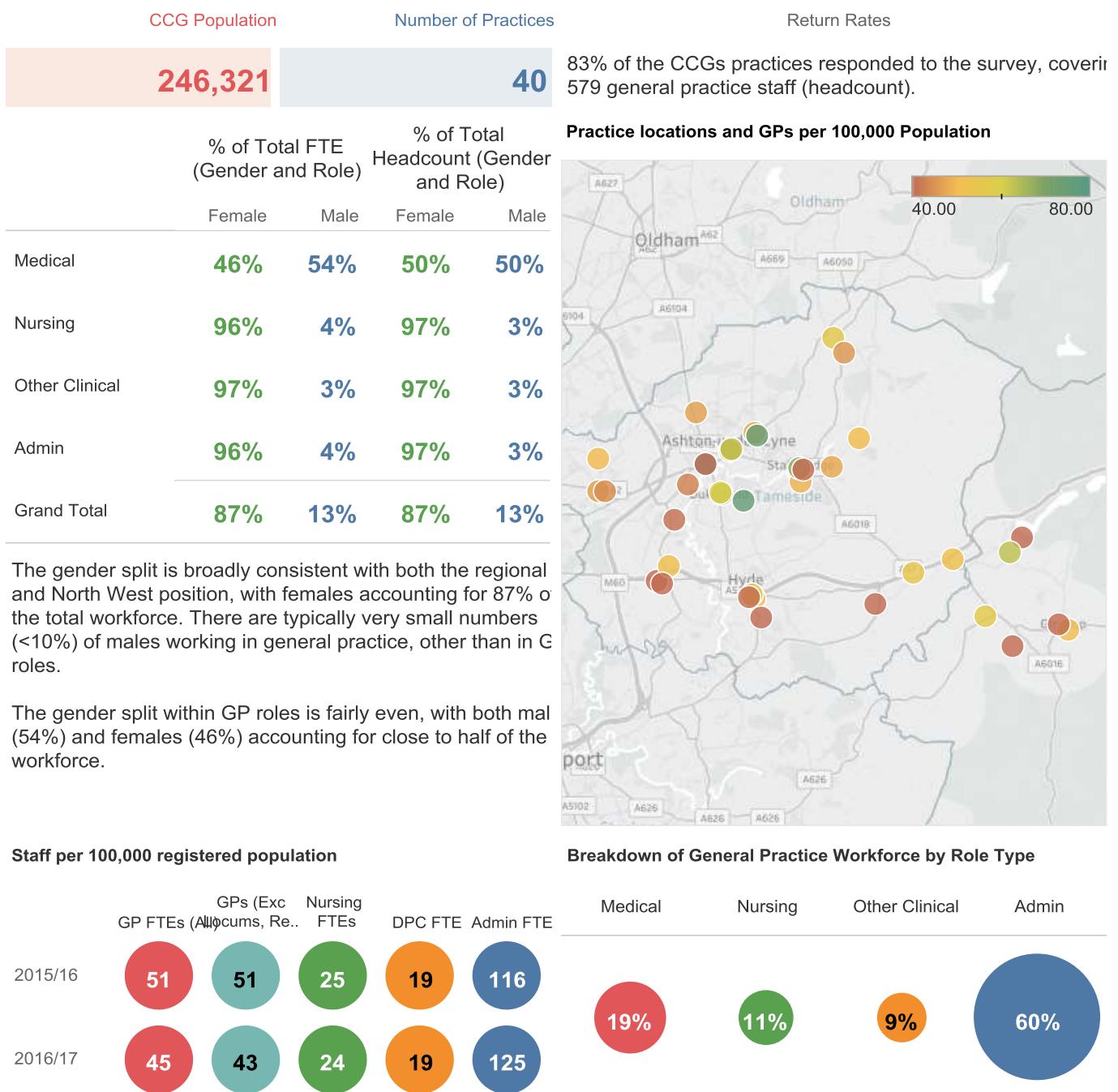
Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS Tameside and Glossop CCG

NHS TAMESIDE AND GLOSSOP CCG | Summary Dashboard

Tameside & Glos.



Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 43 GPs per 100,000 people, this is a significant decrease on the previous year (2015/16), when the rate was 51 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000 (Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture). The data shows an average of 24 nurses and 19 DPC staff per 100,000 population. This compares to North West figures of 25 and 14 per 100,000 respectively.

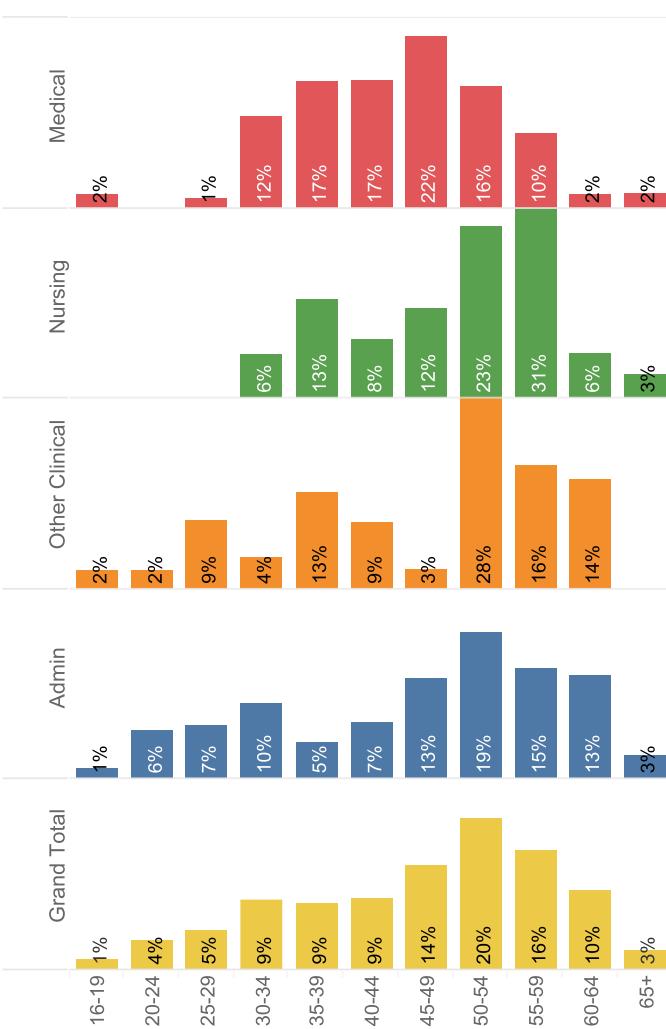
Administrative and managerial staff form the largest staff group, accounting for more than half (60%) of all FTEs across Primary Care. For comparison, the North West average is 55 GPs currently account for 19% of all FTEs (the North West average is 22%). Nurses (11%) and DPC staff (9%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS TAMESIDE AND GLOSSOP CCG | Summary Dashboard

Tameside & Glossop

Age Profile | Role Type

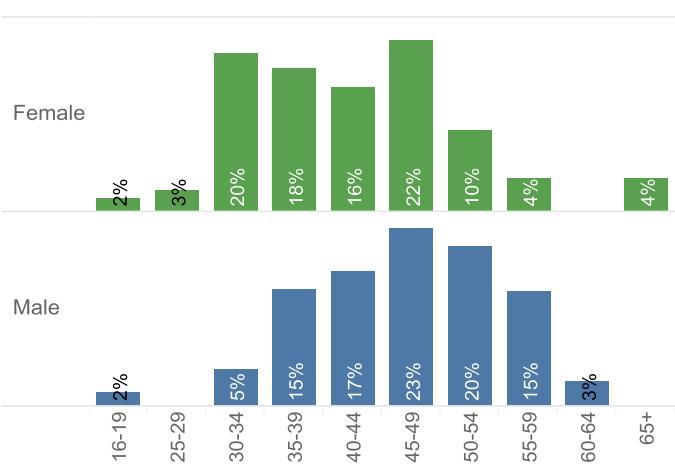


29% ... of all staff are aged over 55

14% ... of GPs are aged over 55

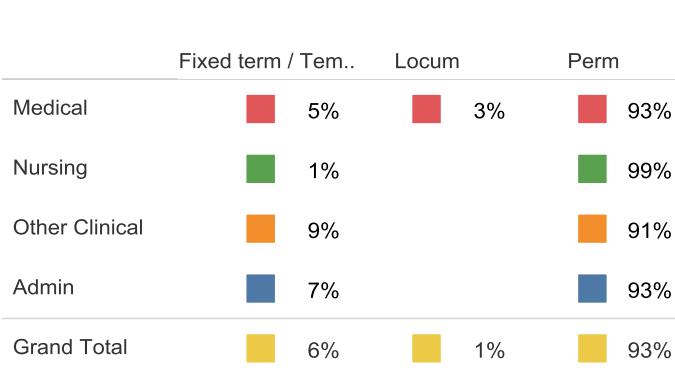
29% of the total workforce is aged over 55 (compared to an equivalent working age population of 19%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. Although only 14% of GPs are aged over 55, 39% of nurses are aged over 55, which is an important consideration for future recruitment plans.

Age Profile | GPs by Gender



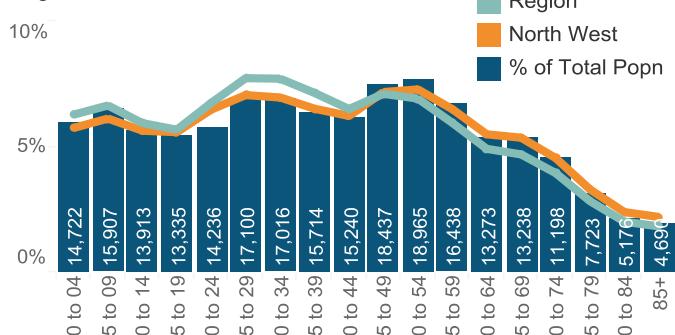
Male GPs are typically older. 18% of male GPs within the CCG are aged over 55, compared to 8% of female GPs. For comparison, across the North West 13% of female GPs are aged over 55, compared to 24% of male GPs.

Contract Type | Profile by Role Type



Tameside & Glossop | Population Profile

Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

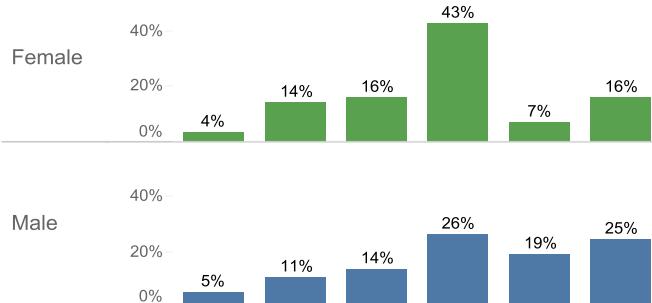
NHS TAMESIDE AND GLOSSOP CCG | Summary Dashboard

Tameside & Glosso

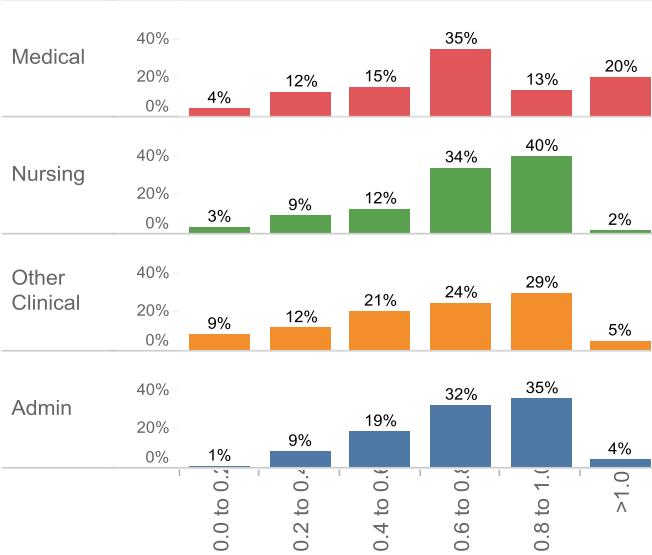
56% ... of male GPs work part-time

77% ... of female GPs work part-time

Participation Rates | GP's and Gender



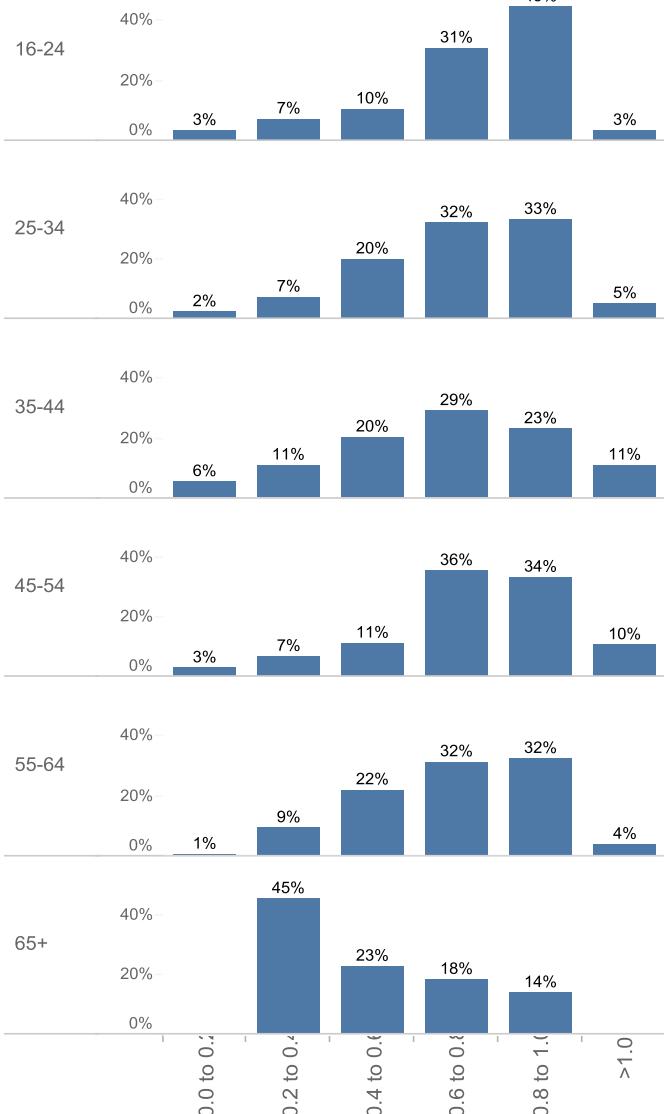
Participation Rates | Role Type



62% ... of all staff work part-time

66% ... of GPs work part-time

Participation Rates | Age Group



60% ... of staff aged 16-54 work part-time

67% ... of staff aged over 55 work part-time

Across the CCG 62% of General Practice staff work less than 30 hours per week, which is on a par with the rates seen across both the region and the North West.

Participation rates vary somewhat by role, with 66% of GPs working part-time, compared to 58% of nurses, 66% of DPCs and 60% of admin staff working part-time. The proportion of GP staff working part-time is slightly higher than the regional average of 57%.

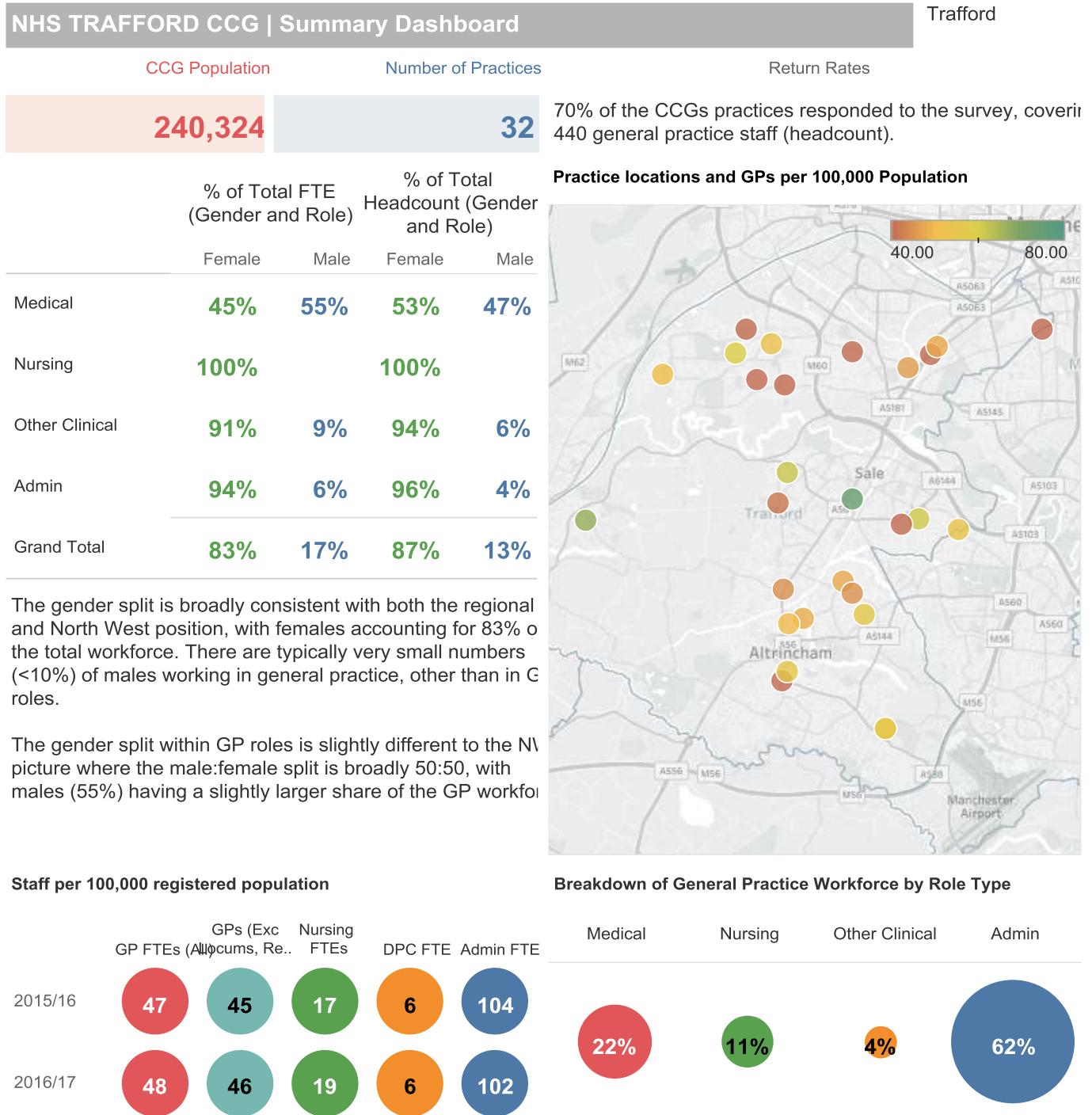
The proportion of staff working part-time increases with age. Across the CCG 60% of staff aged under 55 work on a part-time basis, compared to 67% for those aged 55 and above. These compare to the regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 77% of female GPs and 56% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs work part-time, compared to only 39% of male GPs.

Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

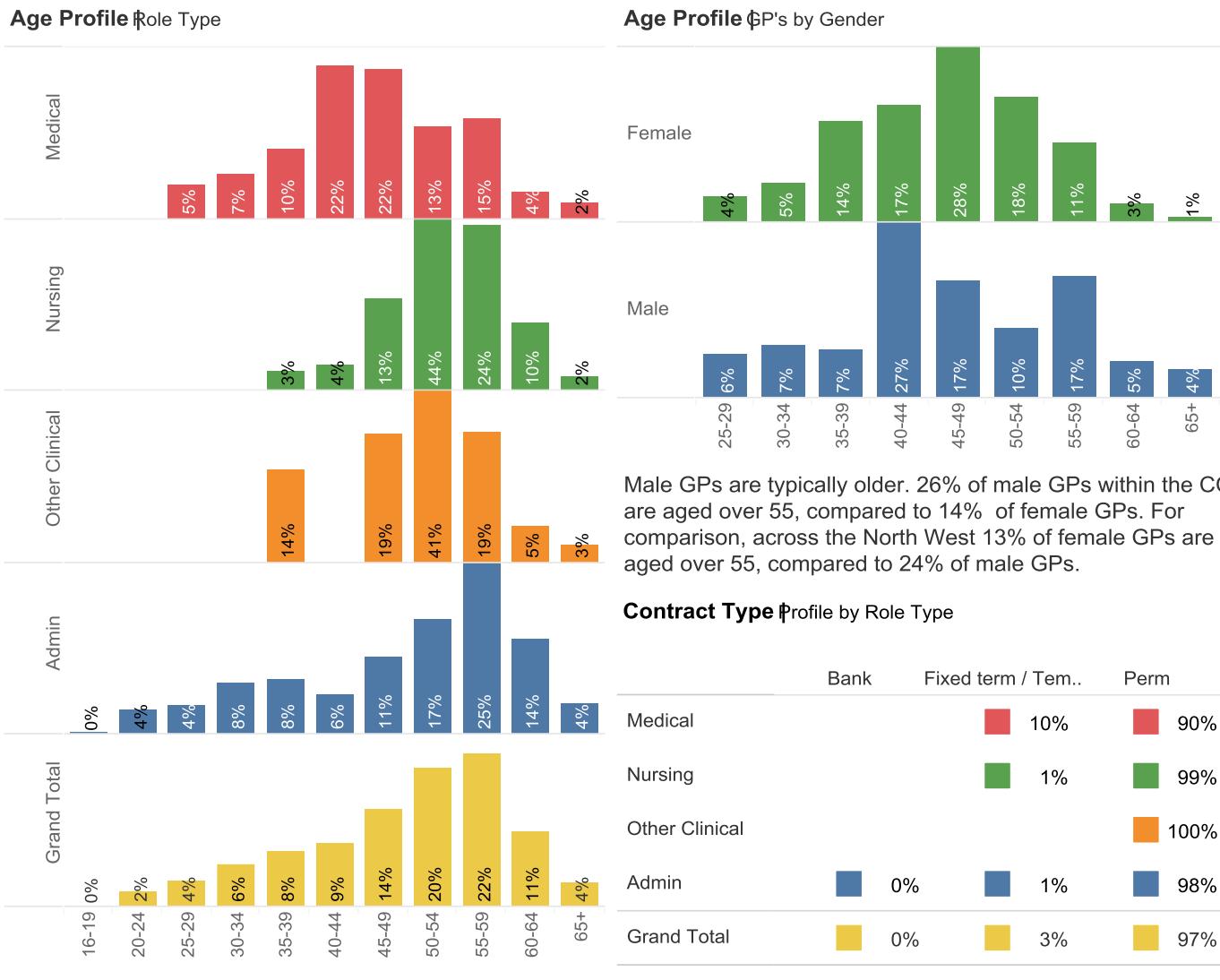
NHS Trafford CCG



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS TRAFFORD CCG | Summary Dashboard

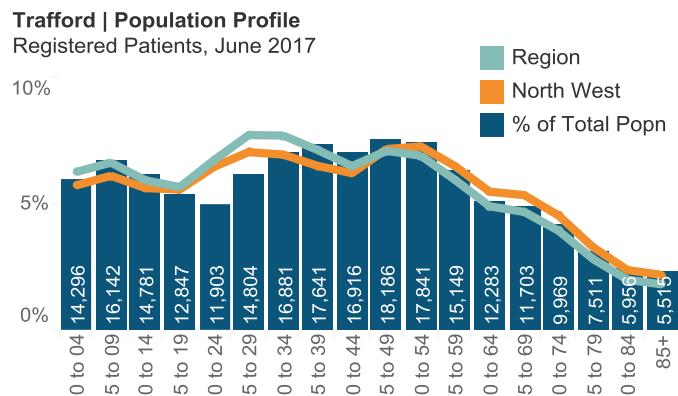
Trafford



37% ... of all staff are aged over 55

21% ... of GPs are aged over 55

37% of the total workforce is aged over 55 (compared to an equivalent working age population of 18%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. This is one of the highest figures in the North West. Although only 21% of GPs are aged over 55, 36% of nurses, 27% of DPC staff and 43% admin staff are currently aged over 55.



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

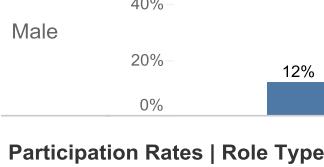
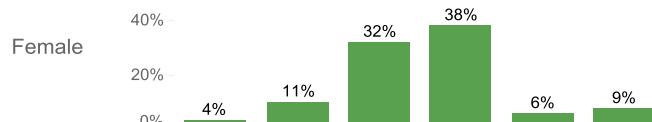
NHS TRAFFORD CCG | Summary Dashboard

Trafford

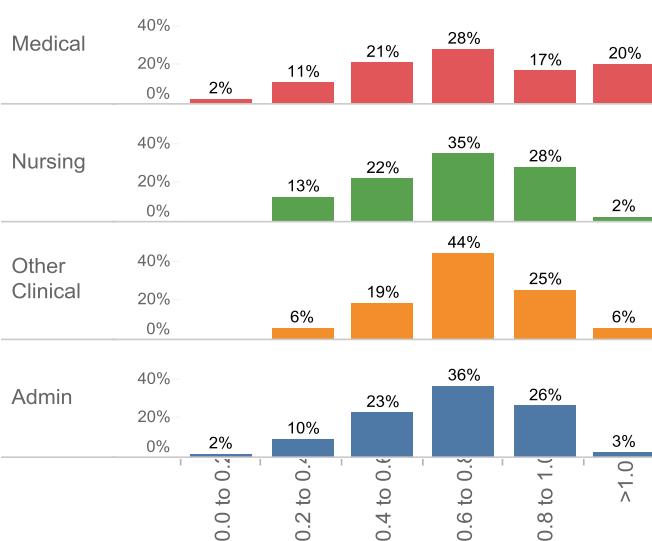
38% ... of male GPs work part-time

85% ... of female GPs work part-time

Participation Rates | GP's and Gender



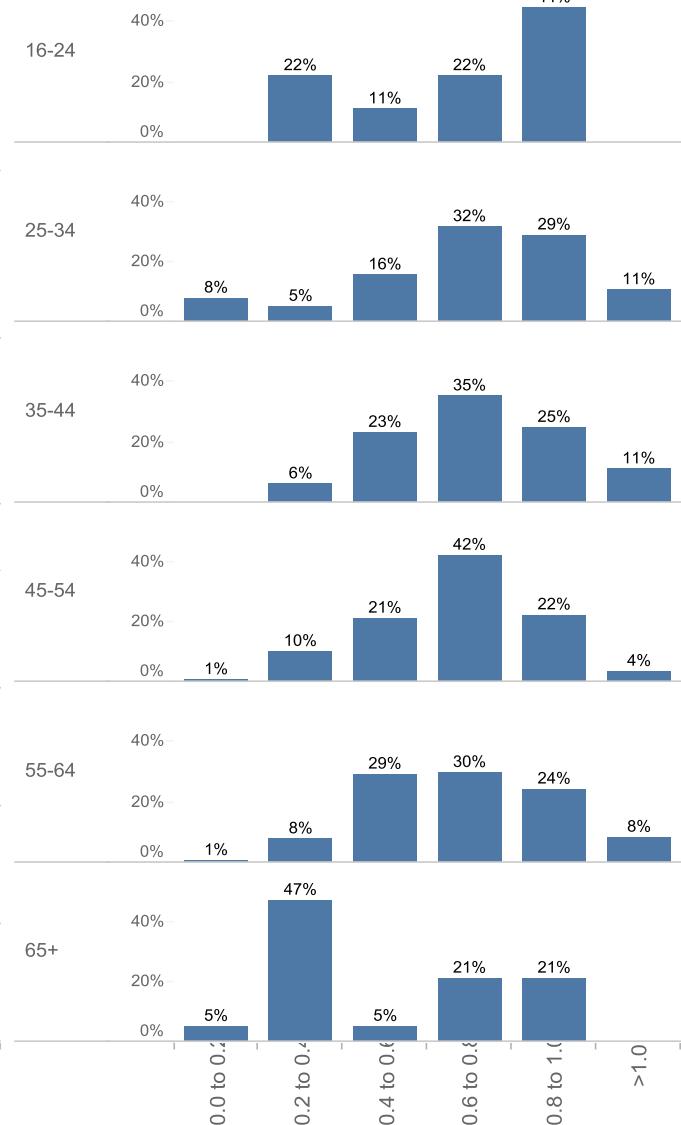
Participation Rates | Role Type



69% ... of all staff work part-time

63% ... of GPs work part-time

Participation Rates | Age Group



69% ... of staff aged 16-54 work part-time

69% ... of staff aged over 55 work part-time

Across the CCG 69% of General Practice staff work less than 30 hours per week, which is slightly higher than the 62% seen across both the region and the North West.

Participation rates vary somewhat by role, with 63% of GPs working part-time, compared to 70% of nurses, 69% of DPCs and 71% of admin staff working part-time. The proportion of GP staff working part-time is slightly higher than the regional average of 57%.

Unlike in other CCGs, the proportion of staff working part-time does not increase with age. Across the CCG 69% of staff under 55 and 69% aged 55 and above work on a part-time basis. These compare to regional averages of 60% and 68% respectively.

There is an apparent gender bias within the GP workforce in terms of participation, with 85% of female GPs and 38% of male GPs working part-time. This pattern is similar to that seen across the North West where more than two-thirds of female GPs

Source: WRaPT data extract, July 20

Health Education England, working across the North West

Greater Manchester Primary Care Workforce Report

NHS Wigan CCG

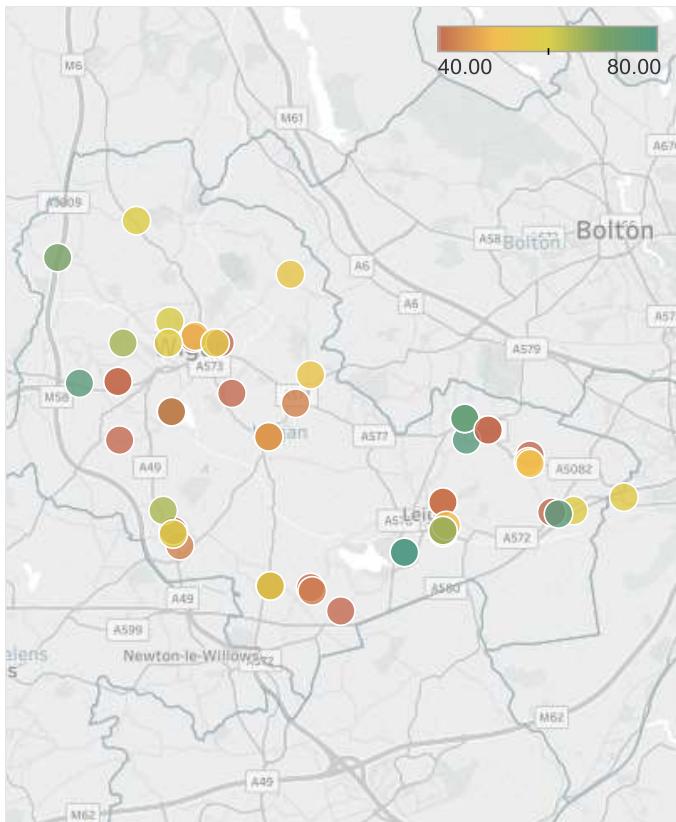
NHS WIGAN BOROUGH CCG | Summary Dashboard

Wigan

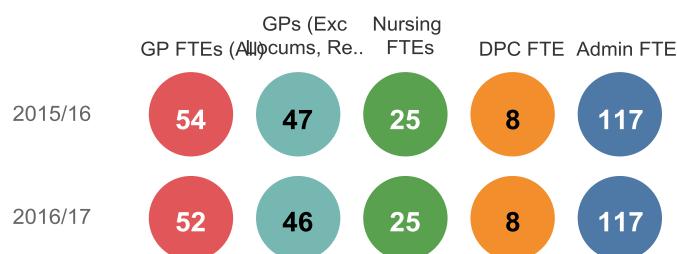
	CCG Population	Number of Practices		Return Rates	
	325,900	63		62% of the CCG's practices responded to the survey, covering 631 general practice staff (headcount).	
	% of Total FTE (Gender and Role)		% of Total Headcount (Gender and Role)		Practice locations and GPs per 100,000 Population
	Female	Male	Female	Male	
Medical	45%	55%	45%	55%	
Nursing	98%	2%	99%	1%	
Other Clinical	91%	9%	93%	7%	
Admin	98%	2%	97%	3%	
Grand Total	85%	15%	85%	15%	

The gender split is broadly consistent with both the regional and North West position, with females accounting for 85% of the total workforce. There are typically very small numbers (<10%) of males working in general practice, other than in GP roles.

The gender split within GP roles is slightly different to the NW picture where the male:female split is broadly 50:50, with males (55%) having a slightly larger share of the GP workforce.

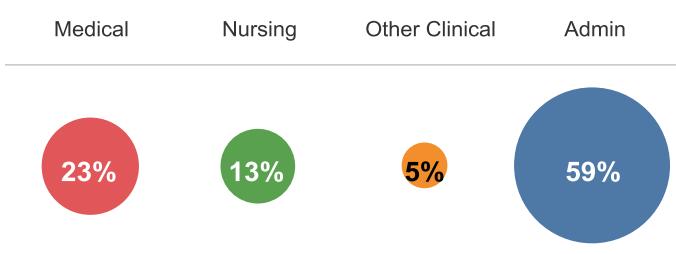


Staff per 100,000 registered population



Excluding registrars, retained and locum GPs, practices across the CCG have a rate of 46 GPs per 100,000 people, this is a slight decrease on the previous year (2015/16), when the rate was 47 per 100,000. The current regional average is 47 per 100,000, and the North West average of 50 per 100,000. (Registrars, Retained and Locum GPs are excluded as these are recorded inconsistently and can skew the overall picture. The data shows an average of 25 nurses and only 8 DPC staff per 100,000 population. This compares to North West figure of 25 and 14 per 100,000 respectively.

Breakdown of General Practice Workforce by Role Type



Administrative and managerial staff form the largest staff group, accounting for more than half (59%) of all FTEs across Primary Care. For comparison, the North West average is 55 GPs currently account for 23% of all FTEs (the North West average is 22%). Nurses (13%) and DPC staff (5%) make up the remainder.

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

NHS WIGAN BOROUGH CCG | Summary Dashboard

Wigan

Age Profile | Role Type

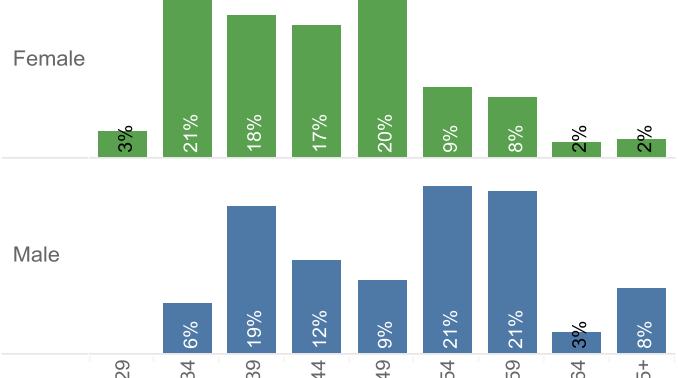


24% ... of all staff are aged over 55

23% ... of GPs are aged over 55

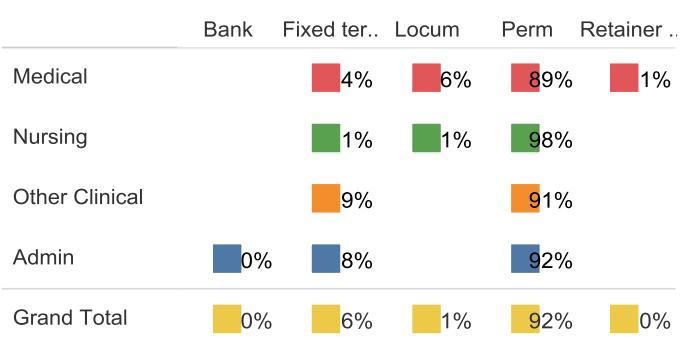
25% of the total workforce is aged over 55 (compared to an equivalent working age population of 19%), which gives a strong indication as to the proportion and number of staff who will be retiring in the next 5-10 years. 23% of GPs, 25% nurses and 10% of DPC staff are currently aged over 55.

Age Profile | GPs by Gender

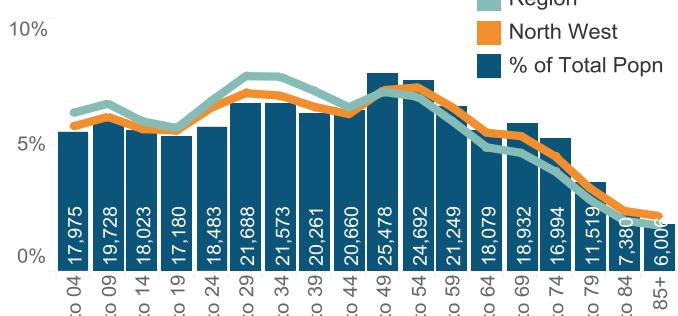


Male GPs are typically older. 32% of male GPs within the CCG are aged over 55, compared to 12% of female GPs. For comparison, across the North West 13% of female GPs are aged over 55, compared to 24% of male GPs.

Contract Type | Profile by Role Type



Wigan | Population Profile Registered Patients, June 2017



Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

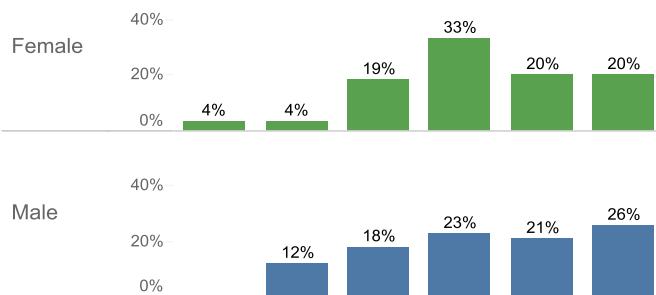
NHS WIGAN BOROUGH CCG | Summary Dashboard

Wigan

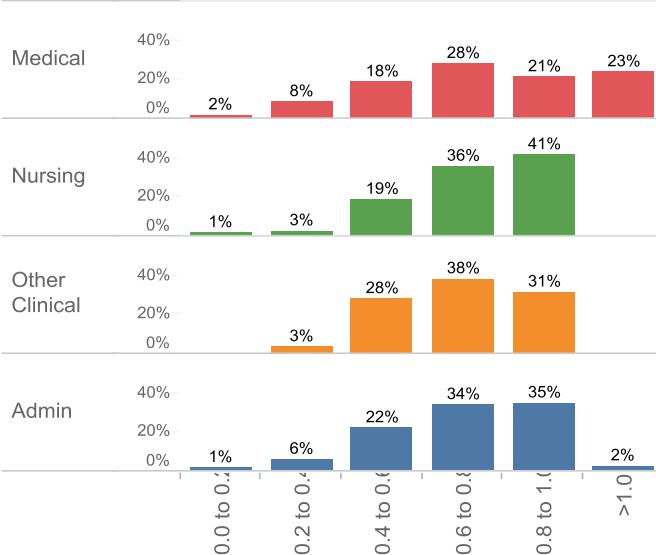
53% ... of male GPs work part-time

59% ... of female GPs work part-time

Participation Rates | GP's and Gender



Participation Rates | Role Type



61% ... of all staff work part-time

56% ... of GPs work part-time

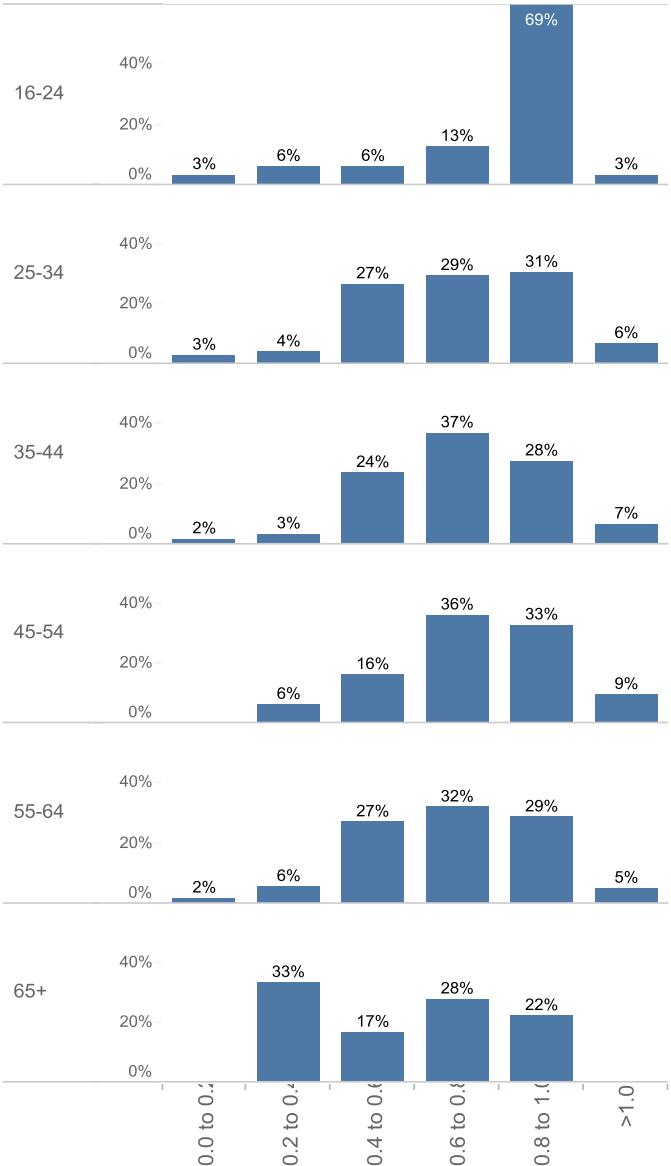
Across the CCG 61% of General Practice staff work less than 30 hours per week, which is on a par with the 62% seen across both the region and the North West.

Participation rates vary somewhat by role, with 56% of GPs working part-time, compared to 59% of nurses, 69% of DPCs and 63% of admin staff working part-time. The proportion of GP staff working part-time is on a par with the regional average of 57%.

Unlike in other CCGs, the proportion of staff working part-time does not increase with age. Across the CCG 59% of staff aged under 55 and 68% aged 55 and above work on a part-time basis. These compare closely with the regional averages of 60 and 68% respectively.

Unlike seen in other areas, there is no apparent gender bias within the GP workforce in terms of participation, with 59% of female GPs and 53% of male GPs working part-time. Across the North West as a whole, more than two-thirds of female G

Participation Rates | Age Group



59% ... of staff aged 16-54 work part-time

68% ... of staff aged over 55 work part-time

Source: WRaPT data extract, July 20

Health Education England, working across the North West Greater Manchester Primary Care Workforce Report

Appendix 6 Interviewees

Name	Job Title	Date
Dr Robert Kirk	Acting Director Postgraduate GP Education, HEE(NW)	5 September 2017
Dr Alison Caldwell	Associate Dean – GP, HEE(NW)	13 September 2017
Dr Kate Pavlidou	Primary Care Transformation Programme Manager, NHS England - North (Lancashire & South Cumbria)	4 September 2017
Peter Groggins and Charlotte Fisher on behalf of Glenn Coleman	Head of Primary Care and Programme Director General Practice Forward View, NHS England - North Region (C&M)	12 September 2017
Sue Louth	Workforce Development Lead, NHS Salford CCG	16 August 2017
Will Whittaker and Damian Hodgson	GM CLAHRC (quantitative lead and programme lead)	18 September 2017
Sara Roscoe	Head of Primary Care Transformation, NHS England (GM)	12 September 2017
Kay Worsley-Cox	Deputy Director and Clinical Lead at NHS North West Leadership Academy	31st August 2017
Lauren Butler	Lancashire North GP Federation	4 October 2017
Malcolm Ridgeway	SRO Primary Care Lancashire and South Cumbria Change Programme (STP)	21 September 2017
Dr Mike Farrell	Head of Education Transformation – North, HEE(NW)	15 September 2017
Mike Burgess	Head of Workforce Strategy and Planning, HEE(NW)	
Michelle Featherstone	Workforce Planning Lead (Workforce Strategy and Planning), Greater Manchester Health & Social Care Partnership	
Liz Thomas	Senior Programme Manager Workforce Transformation, HEE(NW)	15 September 2017
Emma Hood	Programme Manager - Workforce Strategy & Planning, HEE(NW)	18 September 2017

**Health Education England, working across the North West
Greater Manchester Primary Care Workforce Report**