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Introduction

This report presents results from the 2019 Primary Care Out of Hours Workforce Survey, which Information Services Division (ISD, part of NHS National Services) carries out on behalf of the Scottish Government. The survey is an important source of information to support workforce planning for Primary Care Out of Hours services.

The Primary Care Out of Hours Workforce Survey was developed to meet a need for centrally collated information on the workforce involved in the provision of Primary Care Out of Hours (OoH) services. Prior to 2019, information on Primary Care Out of Hours Workforce was collected as part of the wider Primary Care Workforce Survey. Previous survey reports are available here. A new centrally collected dataset on the wider primary care workforce has been developed to replace the previous survey (further information about this is available here), however, as this does not include data on Out of Hours workforce there is a continued requirement for the data collected through this survey.

The report provides information on the results of the Primary Care Out of Hours Workforce Survey, designed to capture information from the Primary Care Out of Hours services in each NHS Board area. This includes:

- GPs and nurses working in Primary Care Out of Hours services in the past year
- Challenges and experiences in filling shifts in the past year
- Use of multi-disciplinary teams within Out of Hours

The survey was reviewed prior to the 2019 survey to ensure that it is focused on providing the key data required for workforce planning in as pragmatic and efficient a manner as possible.

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

Much of the information presented in this report is for Scotland as a whole, although some figures are also shown by NHS Board. More detailed information for individual NHS Boards is provided within the data tables published on the survey pages of ISD’s website.
Main Points

- The number (headcount) of GPs working for Primary Care Out of Hours (OoH) services in Scotland in the year ending 15th November 2019 was 1,879, equating to an estimated Whole Time Equivalent of 329.6.

- Primary Care Out of Hours (OoH) services are reliant on a relatively small number of GPs carrying out a notable proportion of the hours worked. Within Primary Care OoH services, 9% of the GPs worked 1,000 hours or more over the year and their total annual hours accounted for nearly half (45%) of the total GP hours worked.

- Primary Care OoH services continue to regularly need to take additional action to ensure shifts are filled. Eight NHS Boards had to take additional action at least weekly to ensure shifts are filled, either by extending shifts, having nurses cover GP shifts or vice versa, or by offering additional financial incentives.

- As observed in previous surveys, GPs aged over 55 years worked a higher average number of hours per week in Primary Care OoH services than younger GPs.

- In recent years, the proportion of female GPs in the OoH workforce has increased, however the mean hours worked for female GPs are lower than males across all age groups.

- The number of nurses employed or directly managed by Primary Care OoH services has increased steadily since 2015.

- There has been an increase in the number of Band 7 nurses since 2015 and Band 7 nurses now make up over half of OoH nursing staff (53%). This is likely to be as a result of increased use of Advanced Nurse Practitioners within OoH, which has been described by several services within the survey commentary.

- The majority of NHS Boards (9 out of 13 which responded to this section) report having some multi-disciplinary teams within their Primary Care OoH services, however, in most areas this is only within some parts of the service or for only some of the shifts within in the service. Paramedics and Heath Care Support Workers were the most commonly reported additional staff types.
Results and Commentary

Out of Hours GP Workforce

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

Further information on the response rates can be found in Appendix A1 and Tables A1 and A2.

Trend analysis
Conclusions drawn from trend analysis should be cautious as the survey coverage has varied over time. More information about the coverage of the survey over time is available in Table A1.

Due to changes in the survey questions and methods used, comparisons over time are made only with the previous two surveys (2015 and 2017). Note that the OoH survey was initially piloted in 2013 and only limited information is available from this year. While 2013 data is presented within the data tables, it is not used for comparisons within the report.

Headcount and Whole Time Equivalent (WTE)

The number (headcount) of GPs working for Primary Care Out of Hours (OoH) services in Scotland in the year ending 15th November 2019 was 1,879, equating to an estimated WTE of 329.6.

- Since 2017, there has been a small increase in the headcount (from 1,815), of GPs working for GP OoH services, although this remains slightly lower than the headcount in 2015 (1,884).
- Despite the small increase in headcount, the estimated WTE of GPs working in Primary Care OoH has decreased from 348.4 in 2015 to 329.6 in 2019 (Table 1 and Table 2).
**Calculation of Whole Time Equivalents for OoH Services**

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

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

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

Female GPs made up a slightly larger proportion of the OoH workforce than male GPs (54% compared to 46%).

- The proportion of female GPs working in Primary Care OoH services has increased over the last few years, from 46% in 2015 to 48% in 2017 and to 54% in 2019.
- Amongst older GPs (aged 45 years and over) working in Primary Care OoH services, there were more males than females: 52% of GPs aged 45 to 55 years were male, rising to 69% of GPs aged 65 years and over. However, among the under 35s, two thirds (66%) were female and among those aged 35 to 44 years 60% were female (Table 3).

Figure 2: GPs working in Primary Care OoH services by age and gender; Scotland 2019

![Graph showing number of male and female GPs by age group]

Source: Primary Care OoH Workforce Survey Scotland 2019
GPs aged 35 to 44 years made up the largest group, comprising 37% of the total workforce.

- The next largest group was 45 to 54 year olds (25%), followed by under 35s (20%). 10% were aged between 55 and 59 years, 6% aged between 60 and 64 years, with 3% aged 65 years or over.
- The proportions of GPs in each age group has varied little compared to 2015 and 2017. (Table 3).

Figure 3: GPs working in Primary Care OoH services by age, Scotland; 2015 - 2019

![Bar chart showing the percentage of GPs working in Primary Care OoH services by age group for the years 2015, 2017, and 2019.]

Source: Primary Care OoH Workforce Survey Scotland 2019

Input to services

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

- While only 10% of GPs were working 1,000 hours or more over the year (equating to 20+ hours per week), their total annual hours accounted for nearly half (45%) of the total hours input to OoH services. It is important to note that due to differences in the way in which Primary Care OoH services are delivered, some GP hours are based on “on-call” hours rather than hours worked in clinics, particularly in rural areas.
- In contrast, just over one quarter (26%) of GPs working for Primary Care OoH services were reported as working fewer than 50 hours over the year (equating to less than one hour per week), with the total annual hours for these GPs accounting for only 2% of the total hours input to services.
- Of the GPs working more than 1,000 hours over the year, 29% were aged 35 to 44 years, 33% aged 45 to 54 years old and 31% aged 55 or over. Only 7% were aged under 35 years old.
- These observations are very similar to the 2015 and 2017 survey results (Table 4 and Table 5).
• Male GPs are recorded as working 60% of the hours in GP OoH services. This has decreased slightly from 63% in both 2015 and 2017, likely reflecting the increasing headcount of female GPs (Table 7).

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

The average number of hours GPs are working in Primary Care OoH services per week was 6 hours, however this varied considerably by both age and gender.

• Younger GPs were more likely to input fewer hours with the average for under 35s being 3 hours and for 35 to 44 year olds, 6 hours per week on average.

• This contrasts to those aged 45 to 54, contributing 8 hours, 55 to 59 year olds contributing 9 hours, 60 to 64 year olds contributing 11 hours and those aged 65 years and over contributing 11 hours per week on average.

• Male GPs worked higher average hours per week than females on average; 9 hours for males compared to 6 hours for females. This was observed across all age groups.

• The lowest average hours were for females aged under 35 years, while the highest average hours were for males aged 60 to 64 years (Table 6 and Figure 4).

Figure 4: Mean hours input to Primary Care OoH services by gender and age group, Scotland; 2019

![Bar chart showing mean hours input per week by age group for males and females.](source: Primary Care OoH Workforce Survey Scotland 2019)
On average, GPs aged under 45 years worked fewer hours in Primary Care OoH services than GPs in the older age groups.

- GPs aged under 35 years made up 20% of the OoH workforce, but their combined hours accounted for just 10% of the total hours.
- Likewise, for GPs aged 35 to 44 years, while they made up 37% of the workforce, their combined hours accounted for only 31% of the total GP hours worked in Primary Care OoH services.
- GPs aged 45 years and over made up 43% of the OoH workforce, but their reported combined hours accounted for 58% of the total GP hours worked in Primary Care OoH services (Table 6 and Figure 5).

Figure 5: Proportion of GPs and total hours by age group: Scotland, 2019

Source: Primary Care OoH Workforce Survey Scotland 2019
The average hours worked per week has decreased since 2017, from 7.1 to 6.5.

- The decrease in average hours between 2017 and 2019 was seen across all age groups.
- Between 2015 and 2017 the average hours per week had increased for all age groups, however, across most age groups the average hours in 2019 are now lower than they were in 2015, the exception being those aged over 60 years old (Table 6).

Figure 6: Mean GP hours input to Primary Care OoH services by age group, Scotland; 2015 - 2019

Source: Primary Care OoH Workforce Survey Scotland 2019
Registered nurses employed/directly managed by Primary Care Out of Hours Services

Headcount and Whole Time Equivalent (WTE)

The number (headcount) of registered nurses working for Primary Care Out of Hours (OoH) services in Scotland in the year ending 31 August 2017 was 302, equating to an estimated WTE of 130 (Table 11 and Table 12).

- The number of nurses employed or directly managed by Primary Care OoH services has increased over time (from 246 in 2015; to 290 in 2017; and 302 in 2019).
- The estimated WTE was similar in 2015 and 2017, but increased between 2017 and 2019 (from 101 WTE to 130 WTE). While some of this increase is linked to increased coverage of practices in Orkney, where nurses work a considerable number of hours due to the nature of the service required in the Islands, there has also been an increase in nurse hours in other areas, such as Fife and Greater Glasgow and Clyde, which is not explained by changes in survey coverage.

Other Registered Nurses working in Primary Care OoH Services

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

Trend Analysis

Conclusions drawn from trend analysis should be cautious. The OoH element of the survey was introduced as pilot in 2013 and survey coverage between then and 2017 has varied. In addition, ISD are aware of changes in recording nurse information between 2015 and 2019. Refer to Table A2 for further information.

Calculation of Whole Time Equivalents for nurses in Primary Care OoH Services

Within this report nurse WTE for Primary Care OoH services has been calculated based on a 37.5 hour week being full-time and a 46 week working year (allowing for annual leave and public holidays) in line with Agenda for Change conditions.

WTE is a fairly artificial concept in relation to Primary Care OoH services, as staff are unlikely to be employed on a ‘full-time’ basis within the service. However, it is useful as a general guide in informing workforce planning (as other NHS Staff Groups are typically reported as WTE numbers).
Over half (53%) of the registered nurses working for Primary Care OoH services were employed as Band 7 nurses, with 33% employed as Band 6 nurses (Agenda for Change Bands).

- There has been an increase in the number of Band 7 nurses since 2015 (from 82 in 2015 to 159 in 2019). This is likely to be as a result of increased use of Advanced Nurse Practitioners within OoH, which has been described by several services within the survey commentary.

- The proportion of Band 7 nurses has increased from around a third (34%) of all OoH nurses in 2015 to over half (53%) in 2019 (Table 11 and Figure 7).

Figure 7: Registered nurses working in Primary Care OoH services by Agenda for Change Band: Scotland, 2015 – 2019

![Figure 7: Registered nurses working in Primary Care OoH services by Agenda for Change Band: Scotland, 2015 – 2019](Source: Primary Care OoH Workforce Survey Scotland 2019)

Gender and Age

The majority (88%) of nurses working in Primary Care OoH services were female.

- The proportion of male nurses has fluctuated over time, from 12% in 2015 it dropped to 9% in 2017 and has risen to 12% again in 2019.

Over two thirds (67%) of nurses working in Primary Care OoH services are aged 45 years or over.

- 33% were aged under 45 years (Table 13).

- There has been a slight increase in the proportion of nurses aged under 45 years since 2015.

- The proportion of nurses aged 60 and over has also steadily increased since 2015 (8% in 2015 to 11% in 2019) (Figure 8).
Figure 8: Registered nurses working in Primary Care OoH services by age group: Scotland, 2015 – 2019

Source: Primary Care OoH Workforce Survey Scotland 2019

Input to services

Overall, nurses worked an average of 16.1 hours each per week for Primary Care OoH services (Table 14).

- There is no clear pattern in average hours worked per week by age group (Figure 9)

Figure 9: Average nurse hours worked per week in Primary Care OoH services by age group: Scotland, 2019

Source: Primary Care OoH Workforce Survey Scotland 2019
Multi-disciplinary Teams

Within the 2019 survey, new questions were added, asking services for information about their use of wider multi-disciplinary teams within their OoH provision.

Nine boards reported that they used multi-disciplinary teams

- 4 Boards reported that they did not use multi-disciplinary staff, although one of these reported that they did plan to build this into their services. NHS Greater Glasgow and Clyde did not provide a response to this section of the survey.
- Paramedics and Health Care Support Workers were the most commonly reported types of staff, each working in 5 areas. Mental Health Workers were reported as working in Primary Care OoH in 3 areas and Pharmacists in 2 areas. (Table 17)

Multi-disciplinary staff were employed under a mixture of arrangements, some directly employed while others were contracted. Only two areas (NHS Forth Valley and NHS Lanarkshire) reported that they had multi-disciplinary staff employed in all centres for all shifts. Other areas had multi-disciplinary staff available only in some centres or only for a proportion of shifts.

There are also arrangements in place where multi-disciplinary staff may support the Primary Care OoH service, but are not directly employed or managed but that service. This may mean that staff are co-located and work collaboratively or may include more ad-hoc use of other staff. These kind of arrangements will not be included in this reporting.
Managing Primary Care Out of Hours Services

Data collection for OoH shifts

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

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

The 2017 and 2019 surveys used a different approach, shifting the focus away from attempting to gather numerical information about staff coverage. Primary Care OoH services were instead asked to comment on whether the extent to which they had been able to fill shifts had changed since the 2015 survey. In addition, services were asked to provide a brief commentary on their experiences of filling shifts in the last twelve months.

The information presented in this section is therefore not directly comparable across different areas or over time. Caution should be used when attempting to make comparisons and the commentary about each area’s estimates should be taken into account. (Table 3.17)

The majority of NHS Boards reported that they were unable to fully fill all shifts.

- The estimated proportion of shifts filled over the year varied from 85% to 100%.
- The estimated coverage of shifts in some areas was 95-100%, however it should be noted that feedback indicated that achieving this required considerable effort which may not be sustainable in the long term.
- Table 18 presents the estimated proportion of shifts that were filled for each NHS Board area in 2015, 2017 and 2019.
Nine NHS Boards reported that they felt there had been little change in their ability to fill shifts since the 2017 survey. Four NHS Boards indicated that they felt there had been a decrease in the percentage of shifts they had been able to fill compared to the 2017 survey.

- However, compared to 2015, seven NHS Boards showed a decrease in the percentage of shifts they had been able to fill, while six NHS Boards reported no change between 2015 and 2019.
- Some NHS Boards gave specific examples of how they are addressing the challenges to fill shifts. For example, NHS Lothian indicated that the proportion of shifts filled had increased, however the improvement has been achieved by increasing the number of GPs to cover unfilled nursing shifts, suggesting that there remain issues with fully staffing the service.

Unfilled Shifts

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

- Previous surveys showed that shifts to cover protected learning time were the most likely to be unfilled 48 hours beforehand. However, in 2019 five areas which had been providing this cover in 2017 were no longer providing cover for protected learning time. Within the survey comments, one area specified that they had suspended this cover due to issues with providing consistent cover while also avoiding impacting other core Primary Care OoH shifts.
- The highest proportion of unfilled shifts was also for protected learning time in NHS Ayrshire and Arran where around two thirds of shifts were unfilled 48 hours beforehand.
- NHS Ayrshire and Arran and NHS Borders reported that about a third of weekend shifts were unfilled 48 hours before.
- NHS Ayrshire and Arran also reported that about a third of weekday shifts were unfilled 48 hours beforehand, an increase from less than a third in 2017. (Table 19).

Unfilled Primary Care OoH shifts

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

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

A number of boards noted particular difficulty in filling shifts during holiday periods including the festive break and summer holidays. Issues with the current tax and pension system were noted by some Boards as a deterrent to GPs working OoH shifts, with some noting that this could be a particular issue in the latter months of the financial year.

Actions to Manage Unfilled Shifts

The survey collected information on how NHS Boards responded to potential gaps in required staffing.

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

- The most common actions taken due to unfilled shifts was staff working longer shifts or starting shifts earlier and nurses filling GP shifts, or GPs filling nurse shifts.
- Staff working longer shifts or starting shifts earlier was reported by six NHS Boards on at least a weekly basis.
- Nurses filling GP shifts was reported by four NHS Boards as required at least weekly and one board reported Paramedics/ANPs covering GP shifts weekly. Two Boards also had GPs covering nurse shifts at least weekly.
- Increased rates or financial incentives was less commonly reported than it had been in 2017, with only two NHS boards reporting it as an action used at least weekly in 2019, compared to five NHS Boards in 2017.
- NHS Grampian however reported that offering increased rates/financial incentives and staff working longer shifts or starting shifts earlier was needed on a daily basis when trying to fill shifts. This is similar to what was reported in 2017. (Table 21).

Standby/On Call/Backup

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

- Only one NHS Board reported that all standby shifts were filled. The other NHS board reported that less than a third were filled.
- In 2017 five NHS Boards had standby/on-call/back-up arrangements in place for GPs for their Primary Care OoH service (Table 22).
## Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Agency GP</strong></td>
<td>A locum GP who is sourced and supplied by a commercial locum agency. Agency GPs are normally engaged on temporary contracts to help during busy periods or to cover for staff absences.</td>
</tr>
<tr>
<td><strong>Agency Nurse</strong></td>
<td>Agency nurses are employed by private companies to provide nursing services. Nurses are normally engaged by the agency on temporary contracts and make themselves available for hire by hospitals, care homes and other providers of care for help during busy periods or to cover for staff absences.</td>
</tr>
<tr>
<td><strong>Bank Nurse</strong></td>
<td>Bank Nurses are registered nurses employed by the NHS, who do not have permanent contracts or work set hours, but who can be called upon to work in different clinical areas in accordance with staffing needs. The work is allocated to this group depending on their ability to perform the role and the requirements of the clinical area. They may also be nurses who are known to the practice and are contacted directly by the practice when required to cover for episodes such as sick leave.</td>
</tr>
<tr>
<td><strong>Health Care Support Worker / Health Care Assistant</strong></td>
<td>Assists with simple clinical duties, under the guidance of a qualified healthcare professional. The duties can vary but might include dressings/wound care, monitoring patients’ conditions and taking blood sample.</td>
</tr>
<tr>
<td><strong>Locum GP</strong></td>
<td>A GP who provides temporary cover in Primary Care Out of Hours service. This can be, for example, to cover whilst a regular GP is on leave, or when the Primary Care Out of Hours service is short staffed.</td>
</tr>
<tr>
<td><strong>Nurse Practitioner / Advanced Practitioner</strong></td>
<td>An experienced registered nurse who has completed additional education to enable them to assess patients with undifferentiated undiagnosed problems and use advanced nursing skills usually including prescribing, to complete whole episodes of care.</td>
</tr>
<tr>
<td>Category</td>
<td>Description</td>
</tr>
<tr>
<td>-----------------------</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Salaried GP</td>
<td>A GP who is paid on a salaried basis by the practice or the NHS Board. In the context of Primary Care Out of Hours services, a salaried GP has a contract with the NHS Board to provide a regular number of shift-hours per month. A GP who works on a salaried basis in one setting may have a different designation elsewhere. For example, they may work as a salaried GP for a Primary Care Out of Hours service and as a locum for general practices.</td>
</tr>
<tr>
<td>Sessional GP</td>
<td>A GP who does not have a standard employment contract with the Primary Care Out of Hours service, but who is paid by the session or shift. Out of Hours (OoH) sessional GPs may work only a few OoH shifts in a year, or they may work regularly in OoH.</td>
</tr>
<tr>
<td>Specialist Trainee GP</td>
<td>A doctor who is being trained in general practice. Also / previously known as GP registrars.</td>
</tr>
</tbody>
</table>
Contact
Laura Wood, Principal Information Development Manager
Consultancy, Knowledge & Research Services
Phone: 0131 275 6482
Email: laurawood1@nhs.net

Primary Care Out of Hours Workforce Survey Inbox: NSS.isdPCWS@nhs.net

Further Information
Data from this publication is available to download here.
For more information on Primary Care OoH Workforce and survey materials see our webpage.
For related topics, please see the General Practice and Primary Care Out of Hours Services pages.

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Please provide feedback on this publication to help us improve our services.
Appendices

Appendix 1 – Background information and Methodology

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

**Survey development**

The survey used in 2019 is very similar to the survey used in 2017. The following changes were made:

- Services not required to provide GP age group and gender details – these were matched via GMC number using ISD’s GPCD database.
- New section added to collect information on multi-disciplinary staff working within Primary Care Out of Hours services.

**Collection and collation of data**

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

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

The census date for the survey was 15 November 2019. Data were submitted to ISD up to the end of January 2020, in order to maximise response rates.

**Data validation and quality checking**

The survey forms were reviewed to check whether the information given appeared to be valid. If for example information was missing, apparently contradictory or unusual, this was queried with the Primary Care Out of Hours service. It is impossible for ISD to fully validate and quality assure all of the data supplied by Primary Care Out of Hours Services, so data quality issues may exist in the dataset. Where this is thought to be likely, this has been flagged in footnotes accompanying tables or in the commentary within this report.
Response rates

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

- NHS Board run GP OOH services do not cover 100% of the population, as some general practices (N=67 as at 1st July 2019) are contracted (“opted-in”) to provide OoH cover for their own registered patients.
- The results presented here are mainly based on services provided directly by NHS Boards and as well a small number of those practices "Opted In" who submitted a completed survey to ISD. Therefore the survey does not capture information on all GPs and Nurses who provide Out of Hours cover for the whole area population.
- ISD is aware through the fieldwork for the GP Out of Hours strand of the 2015 National Primary Care Workforce Survey that local definitions of practices “Opted In” to provide cover vary and that the practices identified locally as “Opted In” may not be the same as those recorded on the centrally maintained GP Contractor Database (GCD).
- Conclusions drawn from trend analysis should be cautious. The OoH element of the survey was introduced as pilot in 2013 and survey coverage between then and 2017 has varied. In addition, ISD are aware of changes in recording nurse information over time. Refer to Table A1 and A2 for further information.
- Coverage of the survey varies by NHS Board area. Refer to Table A4 for further details of survey area coverage. Results are based on the responses provided by NHS Boards. It is not possible to scale up all of the results to cover full areas or to give a total for Scotland, because we cannot accurately define coverage in quantitative terms for all areas.
- Information for NHS Highland has varied in completeness for each survey year. NHS Highland operates Primary Care OoH Services in a number of formats based on locally identified needs. There is correspondingly no central standardised data. For 2019 data from services was collated by the NHS Board and submitted as a single return. In previous surveys ISD have received multiple returns covering different services via the NHS Board.

Analysis & interpretation

Comparisons over time

Due to changes in the survey questions and methods used, comparisons over time are made only with the previous two surveys (2015 and 2017). Note that OoH survey was initially piloted in 2013 and only limited information is available from this year. While 2013 data is presented within the data tables, it is not used for comparisons within the report.

The census date changed in 2019 to November, rather than August (as in 2015 and 2017). This may have had an impact on responses, particularly subjective judgements reflecting on the previous year.
Descriptions of Out of Hours Services

The majority of returns for the OoH survey related to Primary OoH services provided directly by NHS Boards (with all areas returning information on these types of service). Additionally, a small number of practices "Opted In" to provide GP OoH care were included within data submitted by NHS Highland, NHS Western Isles and NHS Orkney.

Boards were asked to only include nursing staff who were directly employed or managed by their service (see guidance notes). In the majority of NHS boards, nurses are directly employed by the service. However, in Grampian, Lanarkshire and Lothian, there is a mix of managed and directly employed nurses. For GPs, a high proportion of services report a mixture of contracted, direct employed and managed arrangements. Three NHS Boards reported that their GPs were directly employed (Forth Valley, Orkney and Shetland).

Calculating Whole Time Equivalents

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

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

Nurse OoH WTE figures in this report have been based on an assumption of 37.5 hours per week being full-time (in accordance with Agenda for Change terms and conditions, on which these staff are typically employed) and a 46 week working year (allowing for 6 weeks annual leave and public holidays).
# Appendix 2 – Publication Metadata

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<tr>
<th>Metadata Indicator</th>
<th>Description</th>
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<tr>
<td>Publication title</td>
<td>Primary Care Out of Hours Workforce Survey 2019</td>
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<tr>
<td>Description</td>
<td>A survey of Primary Care Out of Hours Services</td>
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<td>Theme</td>
<td>Health and Social Care</td>
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<tr>
<td>Topic</td>
<td>Health Care Personnel, Finance and Performance</td>
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<td>Frequency</td>
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<td>There have been a small number of changes to the survey since the 2017 publication.</td>
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<td>Revisions statement</td>
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<td>Revisions relevant to this publication</td>
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<tr>
<td>Concepts and definitions</td>
<td>See Glossary</td>
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<tr>
<td>Relevance and key uses of the statistics</td>
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<td>Accuracy</td>
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<td>Comparability</td>
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<tr>
<td>Accessibility</td>
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<tr>
<td>Coherence and clarity</td>
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<td>Value type and unit of measurement</td>
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<tr>
<td>UK Statistics Authority Assessment</td>
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<tr>
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<td>Next published</td>
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<td>Help email</td>
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Appendix 3 – Early access details

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

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads
Appendix 4 – ISD and Official Statistics

About ISD

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

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

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

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

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

Official Statistics

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

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

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

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