



# Londonwide LMCs' Workforce Survey

Wave 11, June 2021  
Selected slides for circulation

# An Additional Note on Methodology

- Patients: In places where we have made reference to an estimated number of patients, figures have been calculated using the list size as provided by member practices. Where these figures are mentioned, we have taken the mid-point of the stated list size to estimate the number of patients in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- GP positions: In places where we have made reference to an estimated number of GPs, figures have been calculated using the number of WTE roles for all GP positions, as provided by member practices. Where these figures are mentioned, we have taken the WTE figures provided by respondents to estimate the number of GPs in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- Non-GP positions: In places where we have made reference to an estimated number of non-GP staff, figures have been calculated using the number of WTE roles for all non-GP positions, as provided by member practices. Where these figures are mentioned, we have taken the WTE figures provided by respondents to estimate the number of non-GP staff in a given category. These figures are an estimation and, particularly where base sizes are small, should be taken as indicative rather than representative.
- We have marked only those changes between the current and first wave of this research where such changes are at a level that is statistically significant, rather than as a result of sample variance.

# Methodology

The Londonwide LMCs' Workforce Survey was completed by Practice Managers and Principal GPs from member practices across London.

The survey was conducted online between 8<sup>th</sup> June – 27<sup>th</sup> June 2021, with a total of 408 responses from 332 individual member practices. Of Londonwide LMCs' 1,161 member practices that were invited to participate in the research, this represents a response rate of 29%. Of Londonwide LMCs' total universe of 1,162 member practices, this represents a response rate of 28%. The previous waves of this research were conducted between 24<sup>th</sup> November – 14<sup>th</sup> December 2020, 18<sup>th</sup> November – 13<sup>th</sup> December 2019, 28<sup>th</sup> May and 21<sup>st</sup> June 2019, 21<sup>st</sup> November and 13<sup>th</sup> December 2018, 6<sup>th</sup> and 25<sup>th</sup> June 2018, 6<sup>th</sup> December 2017 and 5<sup>th</sup> January 2018, 31<sup>st</sup> May and 20<sup>th</sup> June 2017, 25<sup>th</sup> November and 12<sup>th</sup> December 2016, 25<sup>th</sup> May and 10<sup>th</sup> June 2016 and 23<sup>rd</sup> November and 8<sup>th</sup> December 2015.

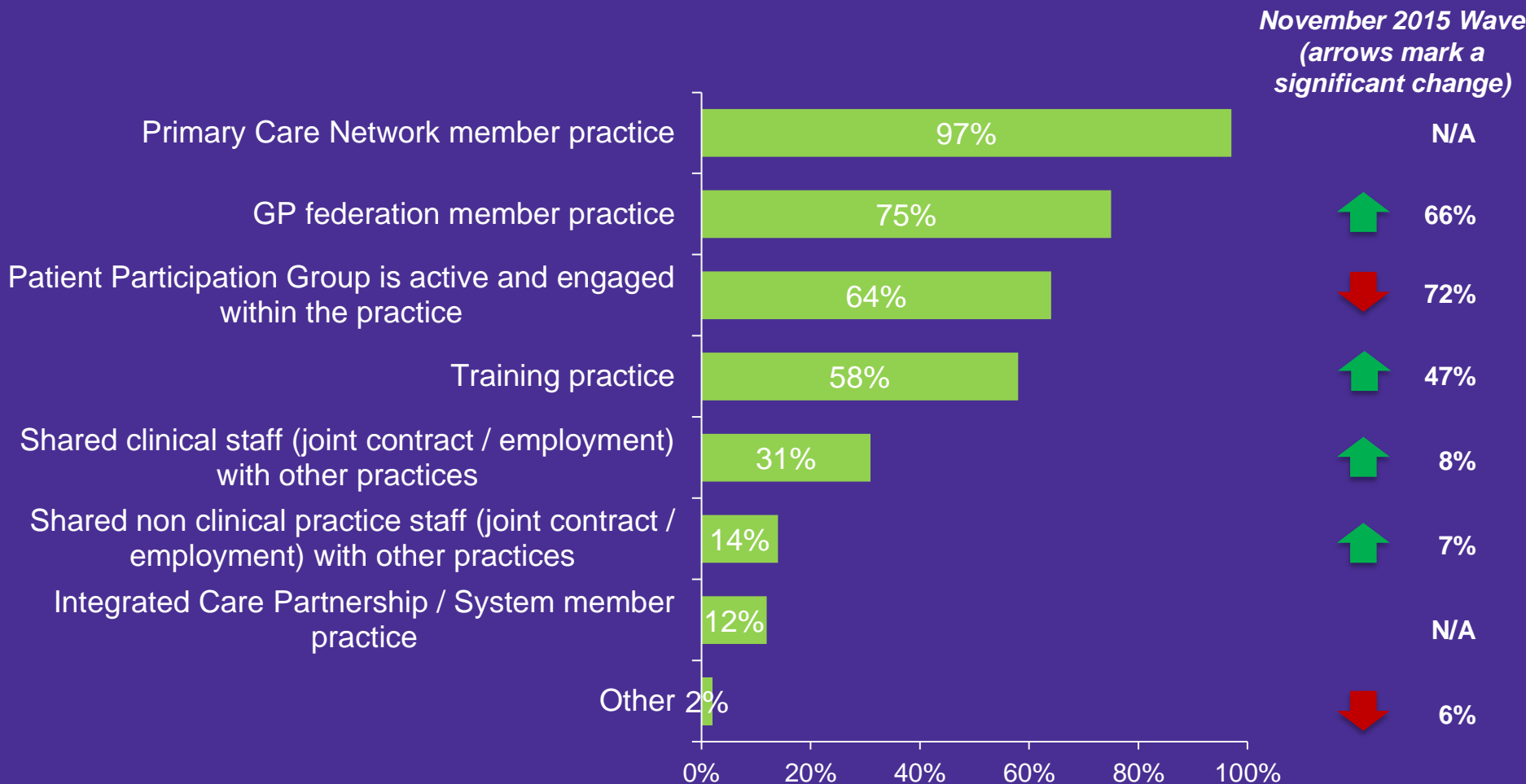
The data have been weighted so that in total each practice counts as one response. Please note that the quoted base sizes refer to the number of practice responses, rather than the number of individual responses.

Area	# of practices that responded **
North East	51
South West*	35
South East	71
North Central	68
North West	106
TOTAL	332

*\*Where the number of practices in a group mentioned in this report is below 50, findings are marked with an asterisk (\*). These results should be treated with caution and should be considered indicative rather than representative. Figures with two asterisks (\*\*) should be treated with extreme caution as they denote a base size of less than 10.*

*\*\*Figures have been rounded up/down to reflect weighted responses.*

**Most practices are PCN and GP federation members, the proportion of the latter having increased since Wave 1. Similarly, the proportion who are training practices and who share clinical and non-clinical staff with other practices have also increased but there are fewer which say that they have active and engaged Patient Participant Groups.**

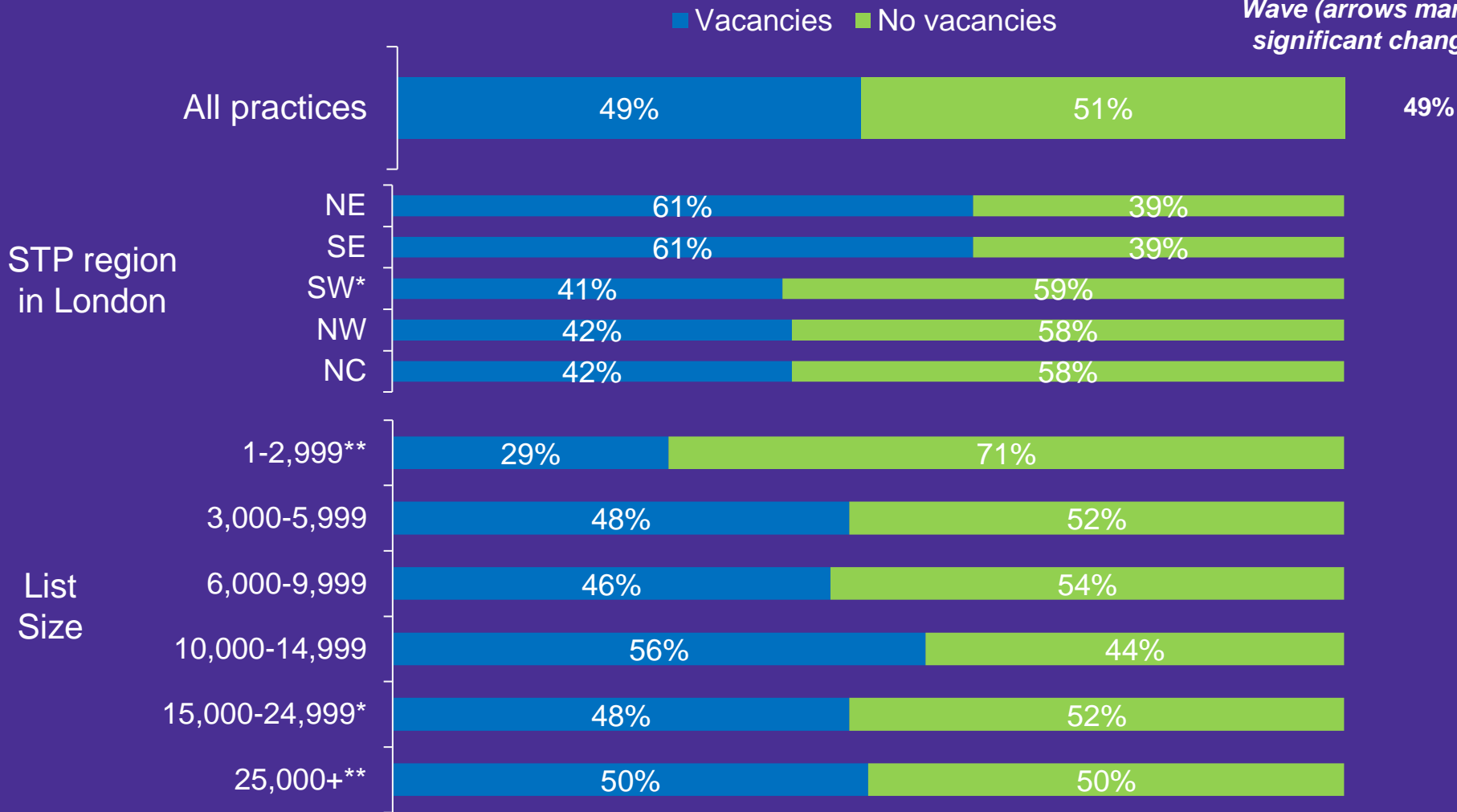


*In total, 214 of the member practices that took part in this survey say they have an active and engaged patient participation group; in total these practices have approximately 2,381,328 registered patients.*

Q2. Which of the following, if any, applies to the practice? Base: All practices (n=332)

# Approaching half of practices have current vacancies. Vacancies tend to be higher in the Eastern STP regions, but fairly consistent among practices with 3,000+ patient lists.

November 2015  
Wave (arrows mark a significant change)

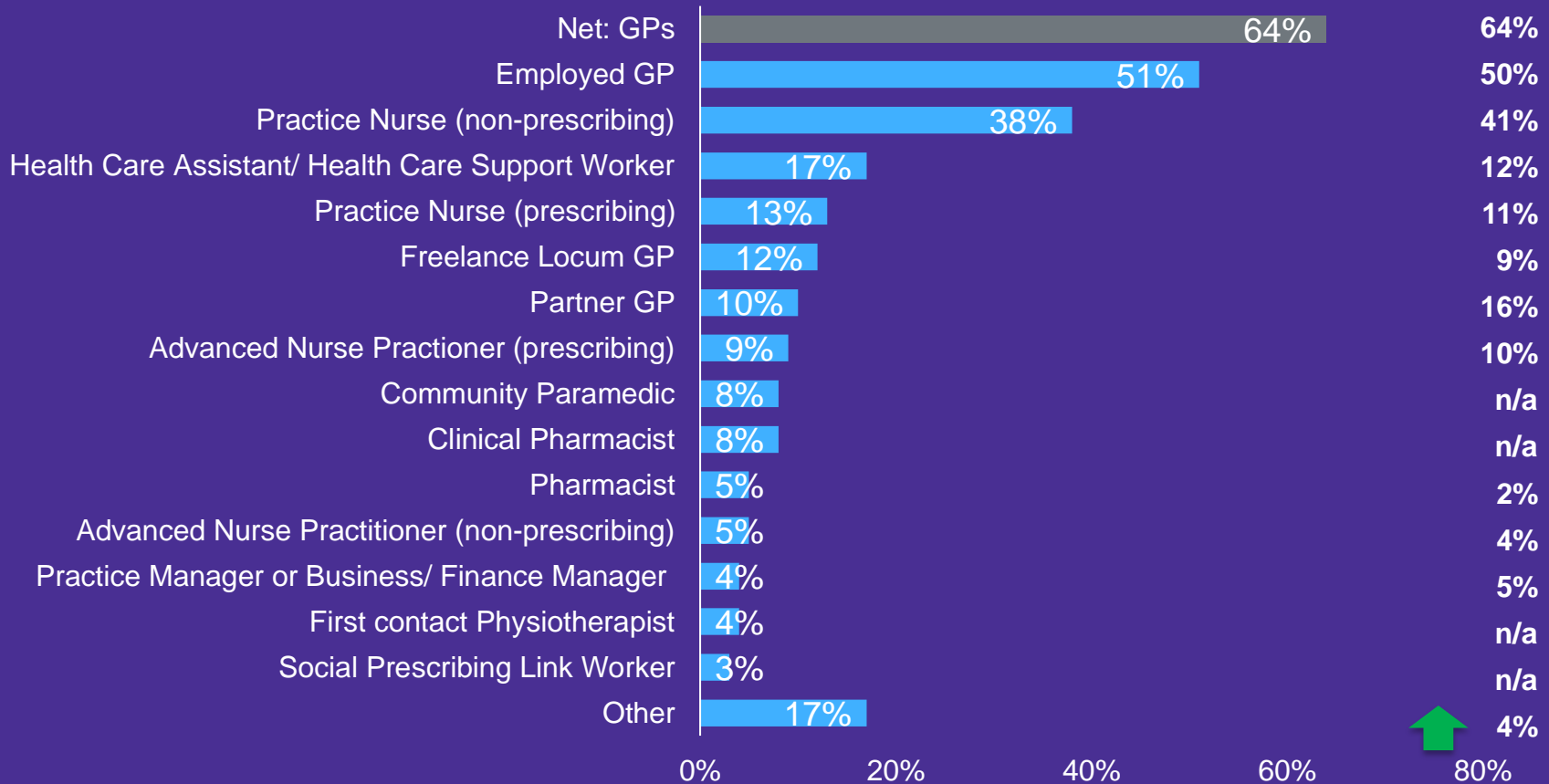


Q5. Does the practice currently have any GP / practice nurse vacancies, or other vacancies? Base: All practices (n=332), SE (n=71), SW (n=35\*), NC (n=68), NW (n=106), NE (n=51), 1-2,999 (n=7\*\*), 3,000-5,999 (n=69), 6,000-9,999 (n=123), 10,000-14,999 (n=84), 15,000-24,999 (n=44\*), 25,000+ (n=5\*\*)

**Current vacancies are most common among employed GPs and non-prescribing practice nurses. The proportion of vacancies per position among practices is broadly consistent with those found in Wave 1.**

Showing most common unfilled posts among practices that currently have vacancies

November 2015 Wave  
(arrows mark a significant change)



Q6a. What positions, if any, are currently vacant at the practice? Base: All practices that have current vacancies (n=162)

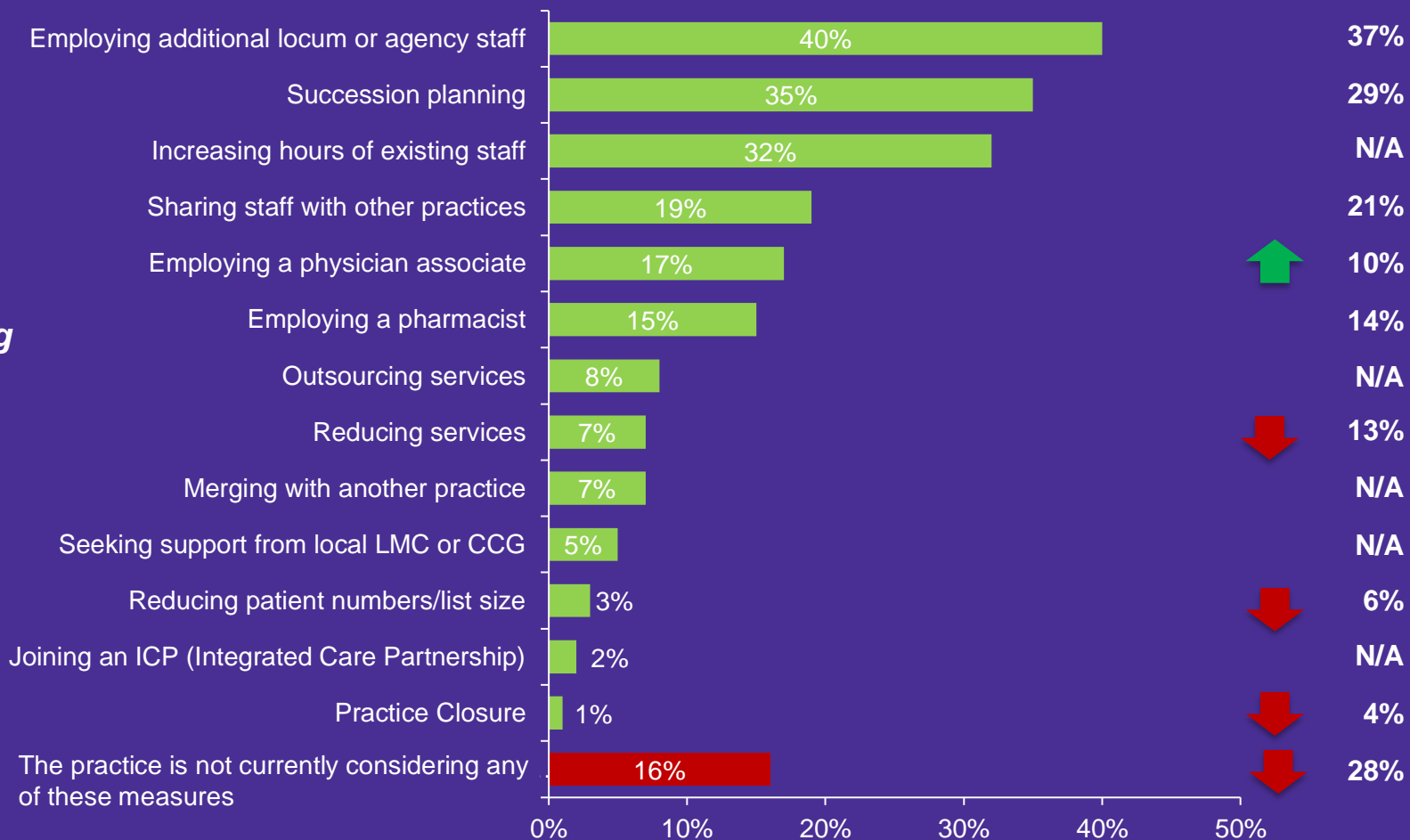
<sup>+</sup> Updated from 'Health Care Assistant' to 'Health Care Assistant / Health Care Support Worker' in Wave 7

<sup>‡</sup> Updated from 'Practice manager' to 'Practice Manager or Business/Finance Manager' in Wave 8

# Compared to Wave 1, fewer practices report that they are not currently considering any of the measures outlined in order to manage vacancies.

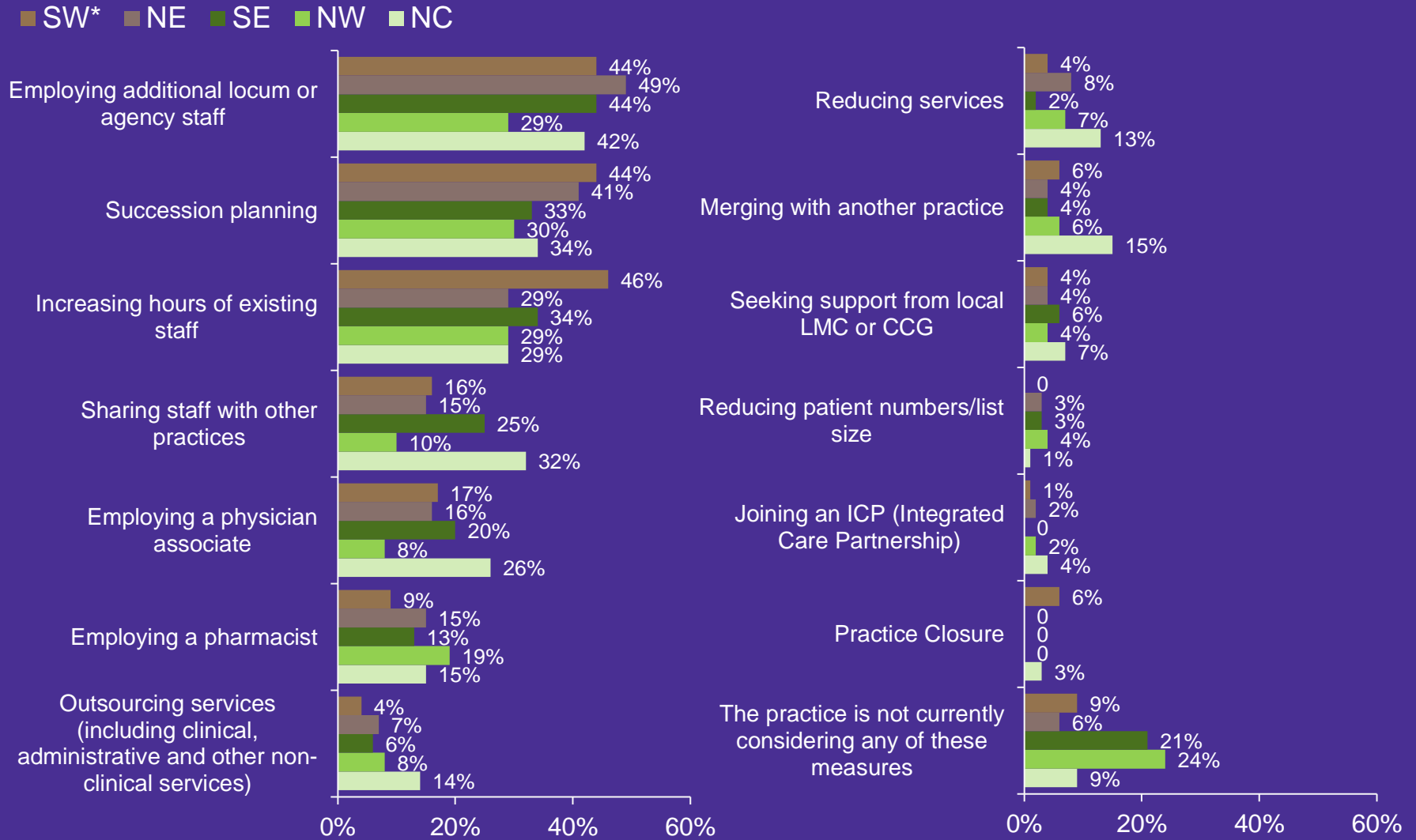
November 2015 Wave  
(arrows mark a significant change)

**The 1% of member practices currently considering practice closure could impact an estimated 22,500 patients**



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: All practices (n=332)

**Practices in the North West STP area are least likely to say they are not considering any of the actions tested as a way to manage current and future vacancies.**

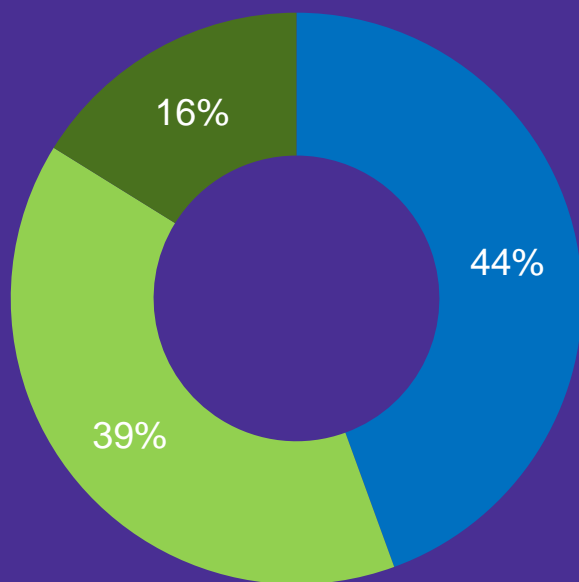


Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: SW (n=35\*), NE (n=51), SE (n=71), NW (n=106), NC (n=68)

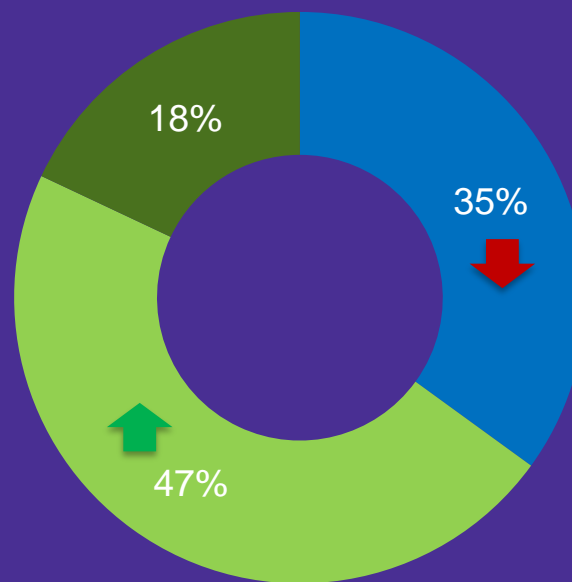


Wave 11 data suggest that just over a third of practices have GPs planning to retire in the next three years compared to approaching half of practices who said this in Wave 1.

■ Yes      ■ No      ■ Don't know



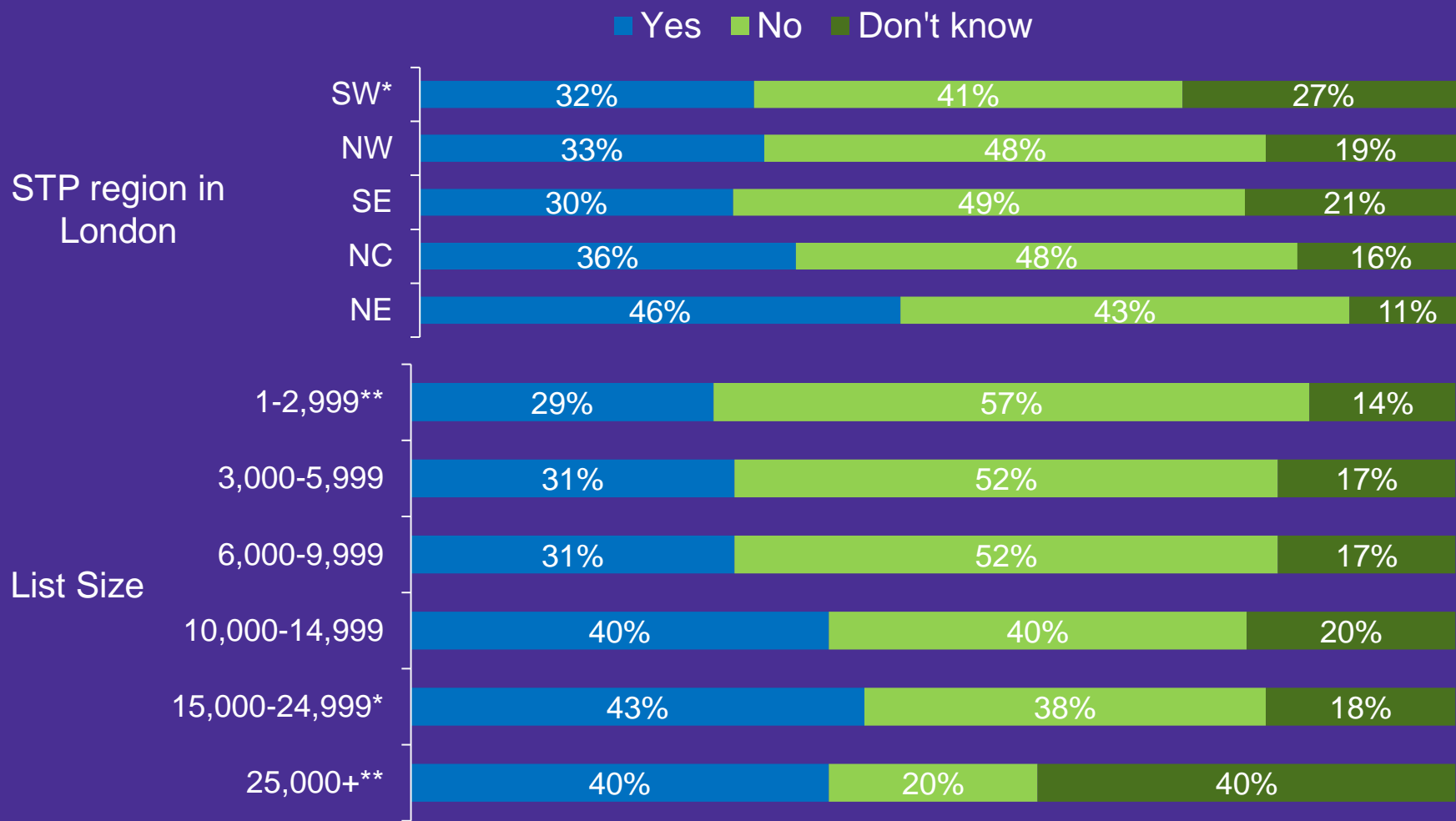
Wave 1, November 2015



Wave 11, May 2021

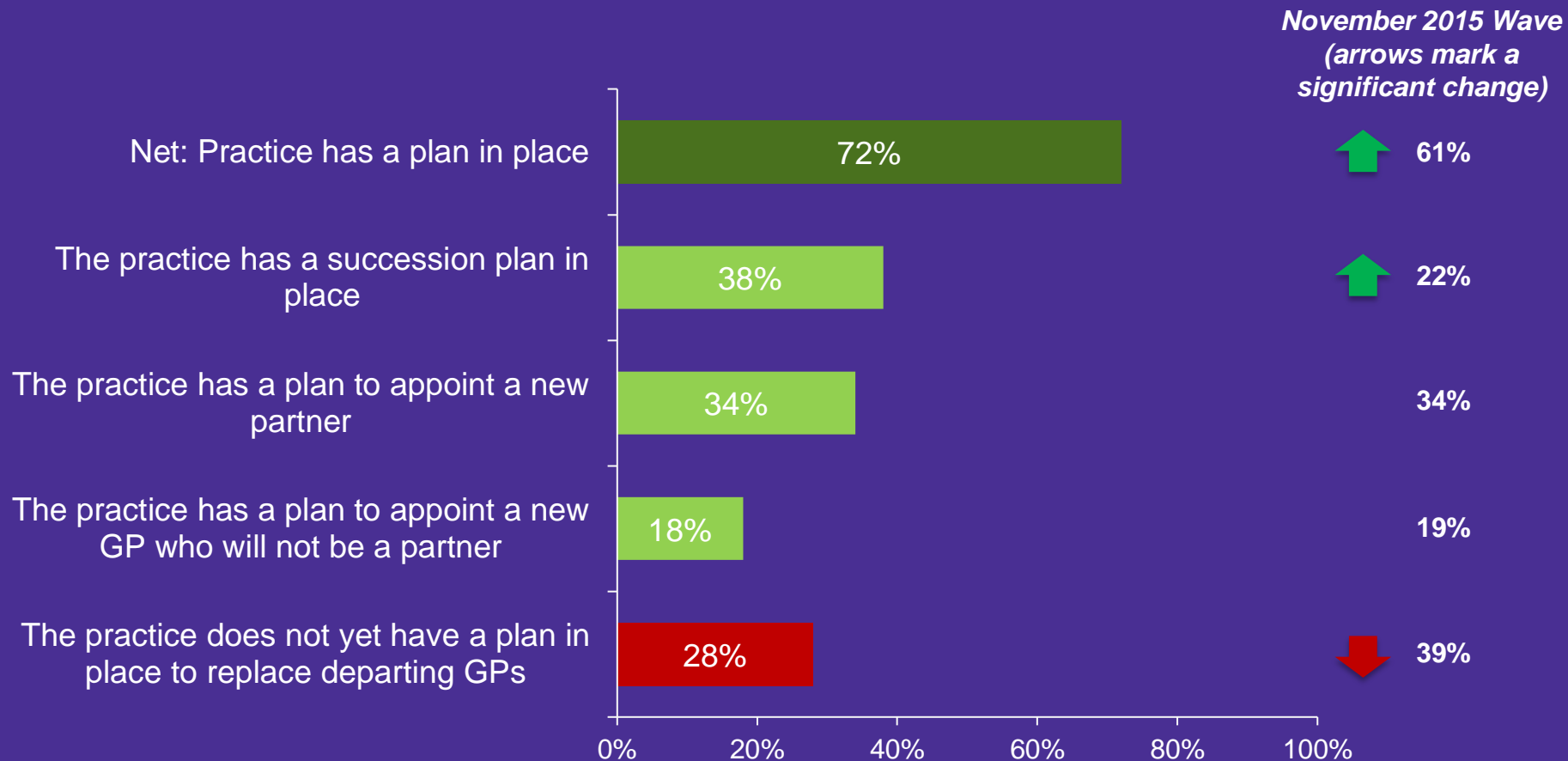
Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices in Wave 11 (n=332); all practices in Wave 1 (n=644)

Practices that do report having any GPs planning to retire in the next 3 years are most likely to be in the North East STP region and tend to have larger list sizes (though base sizes for practices of these size are low to very low).



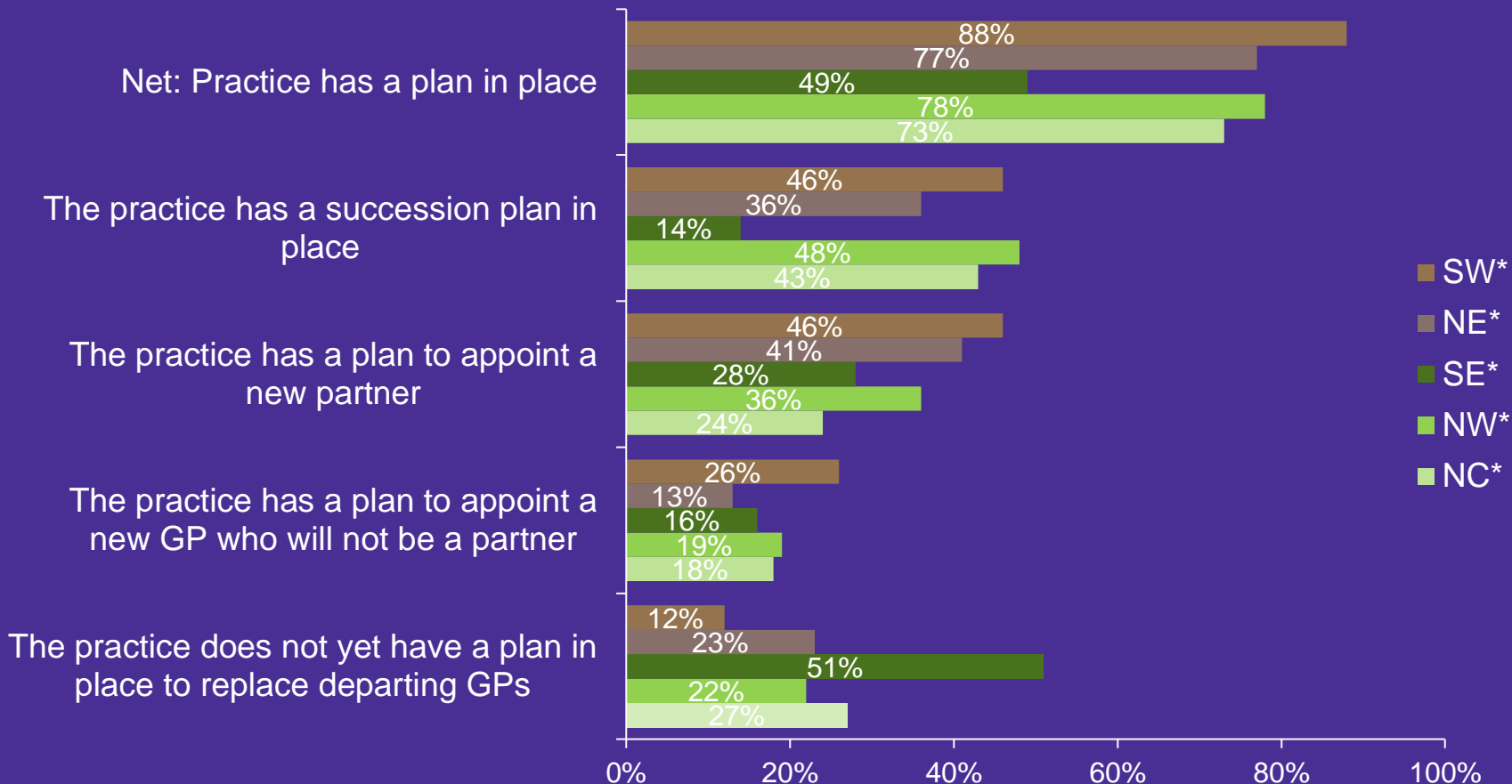
Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices in; SW (n=35\*), NW (n=106), NC (n=68), SE (n=71), NE (n=51); 1-2,999 (n=7\*\*), 3,000-5,999 (n=69), 6,000-9,999 (n=123), 10,000-14,999 (n=84), 15,000-24,999 (n=44\*), 25,000+ (n=5\*\*)

The majority of practices in Wave 11 say that they have a plan in place to replace GPs retiring within the next 3 years, significantly more than in Wave 1, although over a quarter say they do not.



Q8b. You said that the practice currently has GPs who are planning to retire within the next 3 years. Which of the following apply to the practice? Base: All practices who said they have GPs planning to retire in the next three years (n=116)

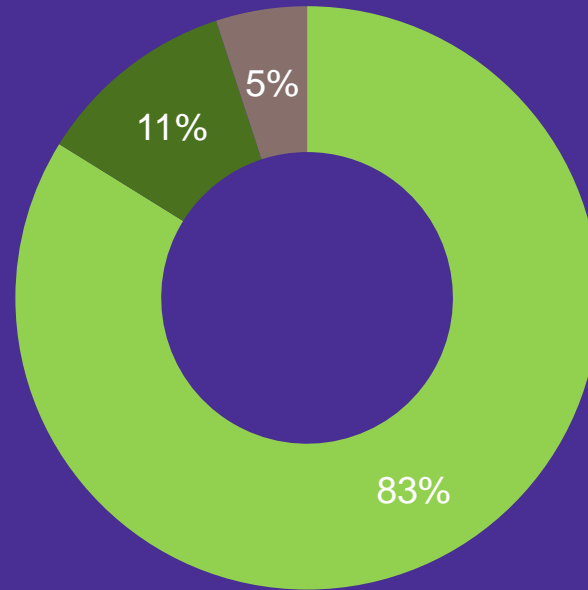
Practices in the South West STP area are most likely to say that they have a plan in place to replace GPs retiring within the next 3 years, whereas those in the South East STP regions are most likely to say they do not.



Q8b. You said that the practice currently has GPs who are planning to retire within the next 3 years. Which of the following apply to the practice? Base: All practices with GPs planning to retire in the next three years; SW (n=11\*), NW (n=35\*), NC (n=25\*), NE (n=23\*), SE (n=22\*)

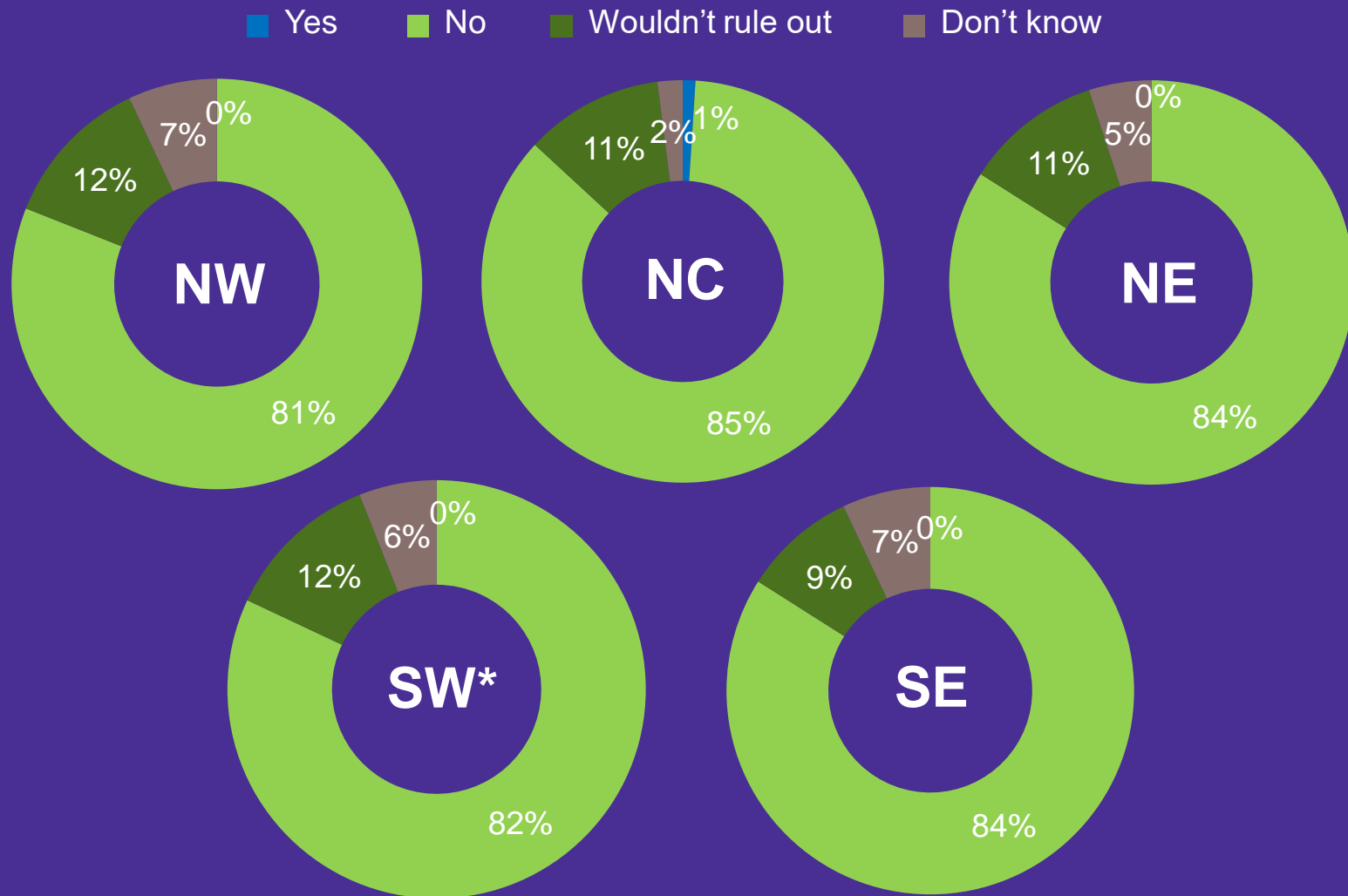
The vast majority of practices say they have no plans to terminate their GP contract in the next 3 years. One in ten would not rule it out and a small minority are unsure, while only 1 practice had plans to terminate their GP contract. This represents less than 1% of the sample and therefore is not displayed in the chart below.

■ Yes      ■ No      ■ Wouldn't rule out      ■ Don't know



Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices (n=332)

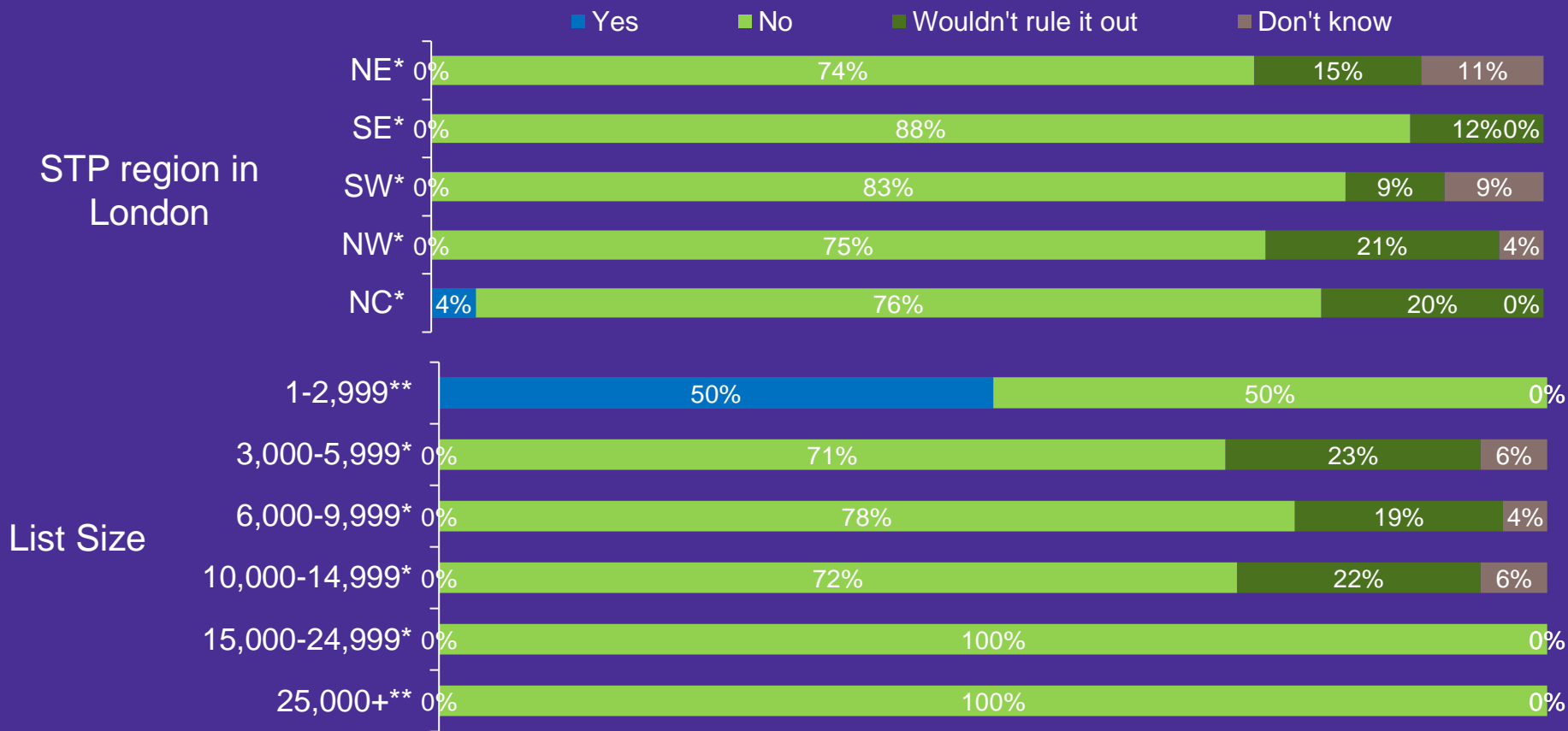
The proportion of practices who have no plans to terminate GP contract in the next 3 years is consistent across the 5 STP areas. Practices in the North West and South East STP areas appear least certain about whether or not they do have plans.



Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices in SW (n=35\*), NW (n=106), NC (n=68), SE (n=71), NE (n=51)

Of the practices with GPs planning to retire in the next 3 years, the few which currently indicate they have plans to terminate their GP contract in the next 3 years are in the North Central STP area and have a list size of 1-2,999\*\* (although the latter has a very low base size).

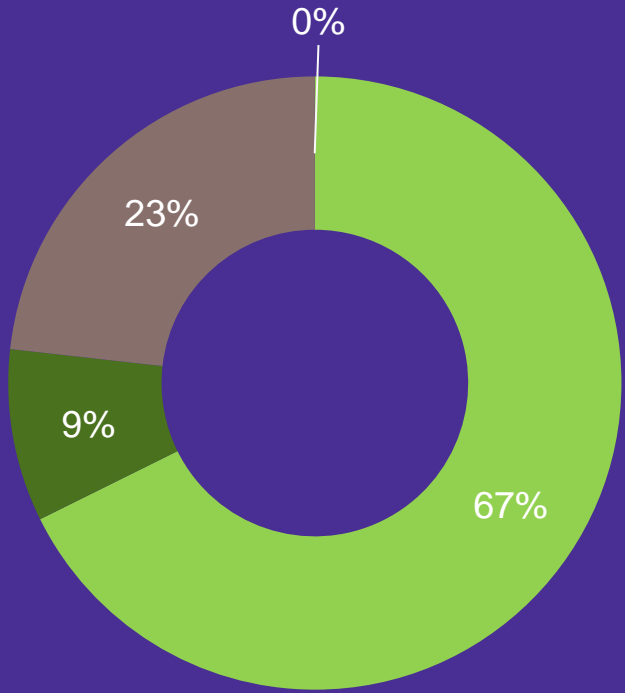
*Showing plans to terminate GP contracts amongst practices who have any GPs planning to retire within the next three years*



Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices with GPs planning to retire in the next three years; SW (n=11\*), NW (n=35\*), NC (n=25\*), SE (n=22\*), NE (n=23\*), 1-2,999 (n=2\*\*), 3,000-5,999 (n=22\*), 6,000-9,999 (n=38\*), 10,000-14,999 (n=34\*), 15,000-24,999 (n=19\*), 25,000+ (n=2\*\*)

No practices have concrete plans to suspend their GP contract and join an ICP or ICS in the next 3 years. Although two thirds provide a definite 'no', approaching a quarter say they don't know.

■ Yes    ■ No    ■ Wouldn't rule out    ■ Don't know



Q9b. Does the practice have plans to suspend its GP contract and join an ICP/ICS (Integrated Care Plan / Integrated Care System) in the next three years?  
Base: All practices (n=332)