



Londonwide LMCs' Workforce Survey

Wave 12, November 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.
- For this wave, rather than marking statistically significantly different changes between the current and first wave of this research per slide, as we have done previously, we have created a slide (4) to show specific changes over time.

Methodology

The Londonwide LMCs' Workforce Survey was completed by Practice Managers and Principal GPs from member practices across London. This survey was conducted by Savanta ComRes on Londonwide LMCs' behalf.

The survey was conducted online between 29th November – 17th December 2021, with a total of 327 responses from 277 individual member practices. Of Londonwide LMCs' 1,152 member practices that were invited to participate in the research, this represents a response rate of 24%. Of Londonwide LMCs' total universe of 1,152 member practices, this represents a response rate of 24%. The previous waves of this research were conducted between 8th June – 27th June 2021, 24th November – 14th December 2020, 18th November – 13th December 2019, 28th May and 21st June 2019, 21st November and 13th December 2018, 6th and 25th June 2018, 6th December 2017 and 5th January 2018, 31st May and 20th June 2017, 25th November and 12th December 2016, 25th May and 10th June 2016 and 23rd November and 8th 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*	46
South West*	29
South East	56
North Central	50
North West	96
TOTAL	277**

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.*

***Methodological note on data disparity: in this report, the specified total # of practices that responded (277) can differ slightly from the manually calculated sum of the individual STP area totals. This reflects the rounding used by the survey to accommodate multiple practice responses and is **NOT** an error.*

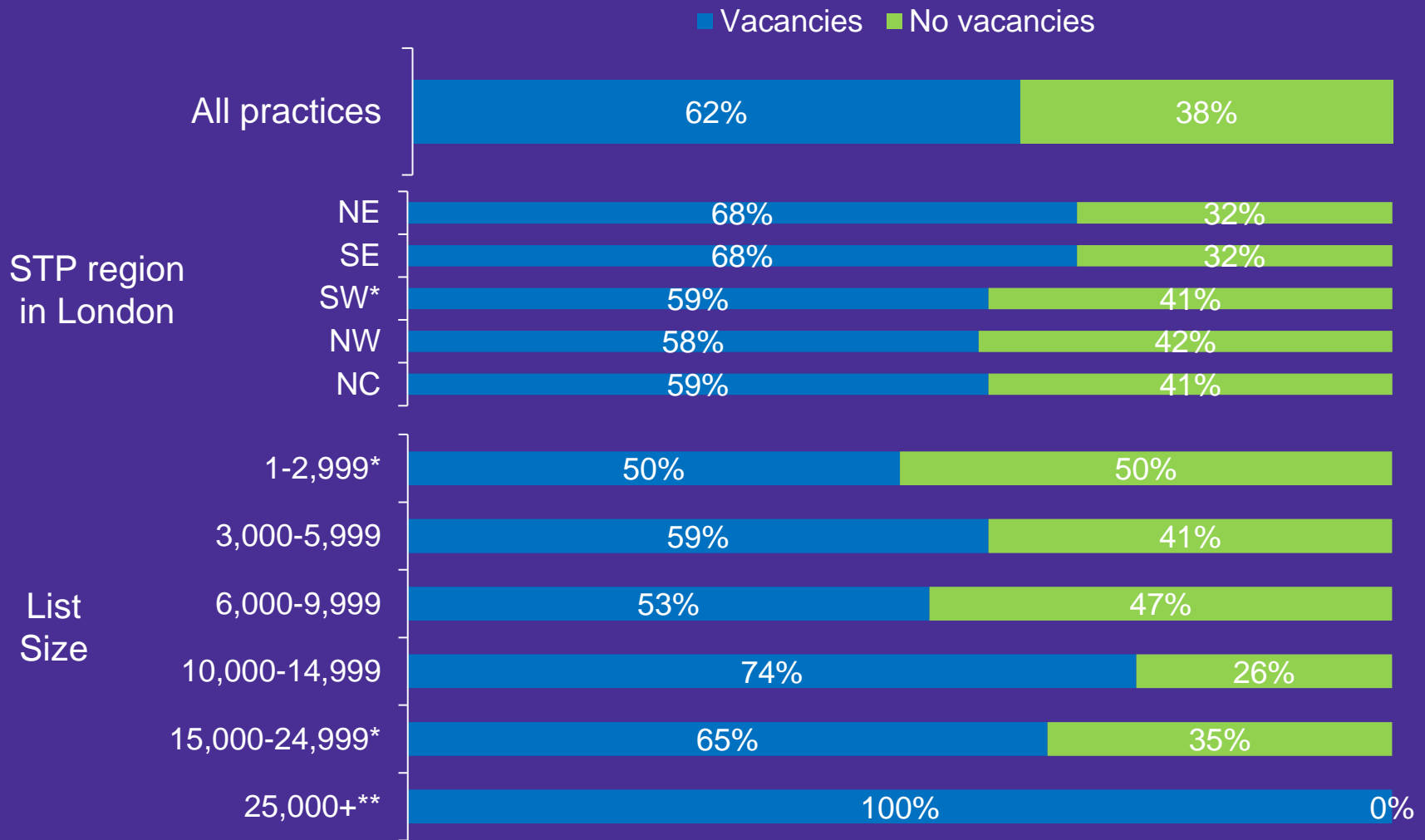
Most practices are PCN and GP federation members, with almost two thirds also having an active and engaged Patient Participant Group. Less than a third of practices share clinical staff or non clinical practice staff.



In total, 171 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 1,841,250 registered patients.

Q2. Which of the following, if any, applies to the practice? Base: All practices (n=277)

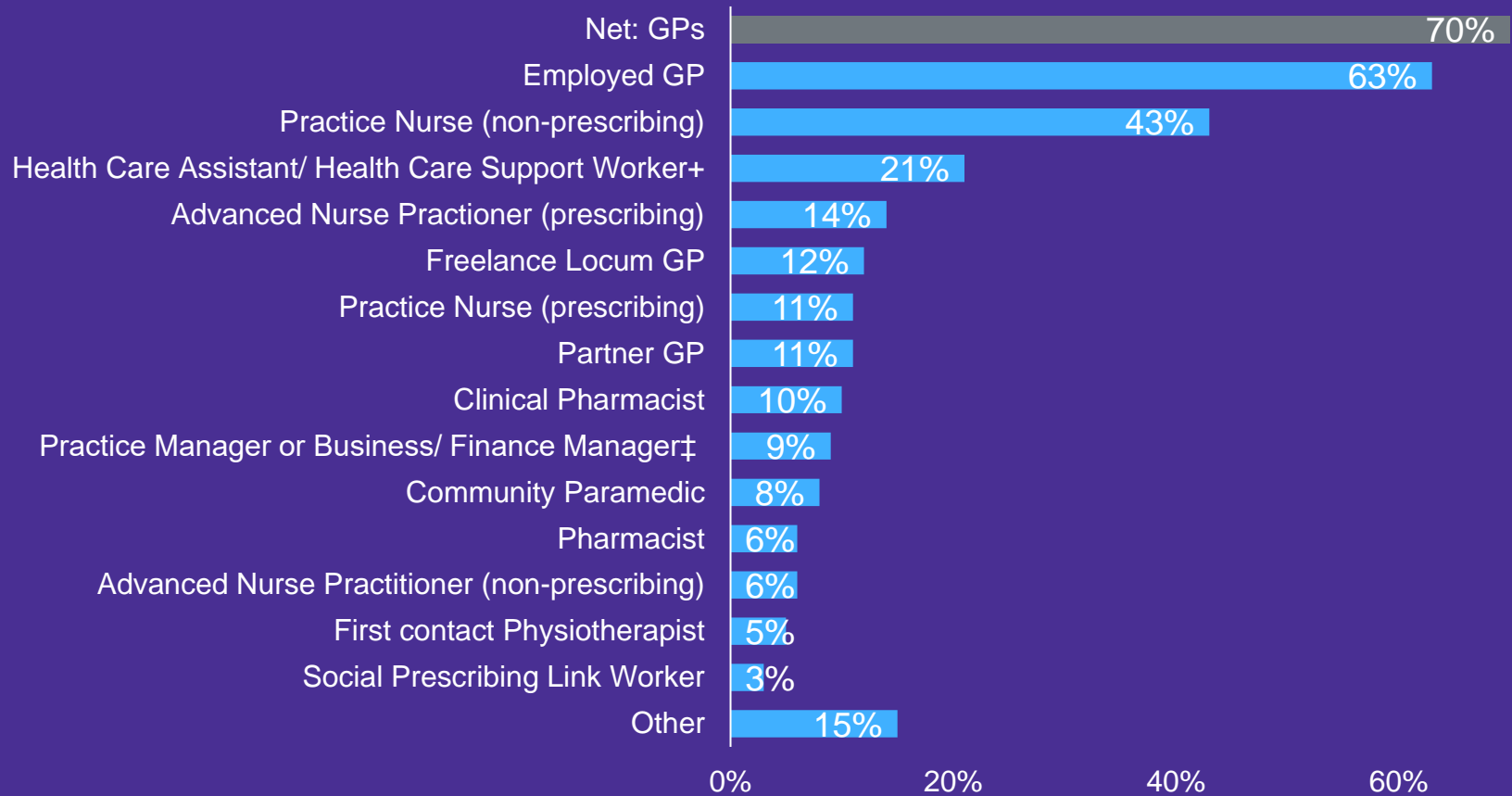
Approaching two thirds of practices have current vacancies. Vacancies tend to be higher in the Eastern STP regions, and among practices with 10,000+ patient lists.



Q5. Does the practice currently have any GP / practice nurse vacancies, or other vacancies? Base: All practices (n=277), SE (n=56), SW (n=29*), NC (n=50), NW (n=96), NE (n=46*), 1-2,999 (n=10*), 3,000-5,999 (n=49*), 6,000-9,999 (n=104), 10,000-14,999 (n=78), 15,000-24,999 (n=31*), 25,000+ (n=5**)

Current vacancies are most common among employed GPs and non-prescribing practice nurses, with over two thirds of practices reporting any type of GP vacancy.

Showing most common unfilled posts among practices that currently have vacancies



Q6a. What positions, if any, are currently vacant at the practice? Base: All practices that have current vacancies (n=172)

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

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

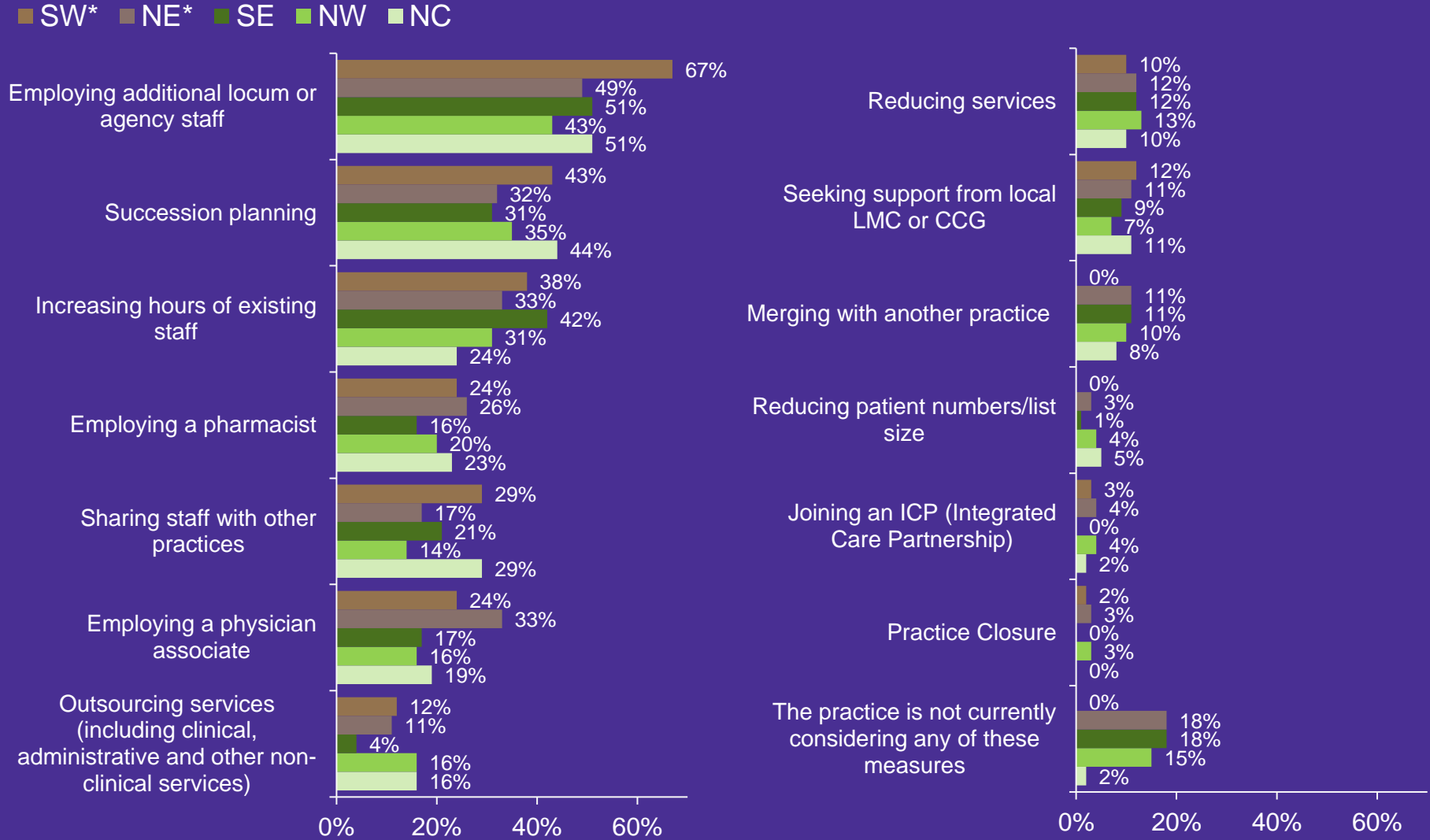
Half of practices are considering employing additional locum or agency staff to manage future and current vacancies, with more than one in ten practices not considering any of the provided measures.

The 2% of member practices currently considering practice closure could impact an estimated 40,500 patients



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: All practices (n=277)

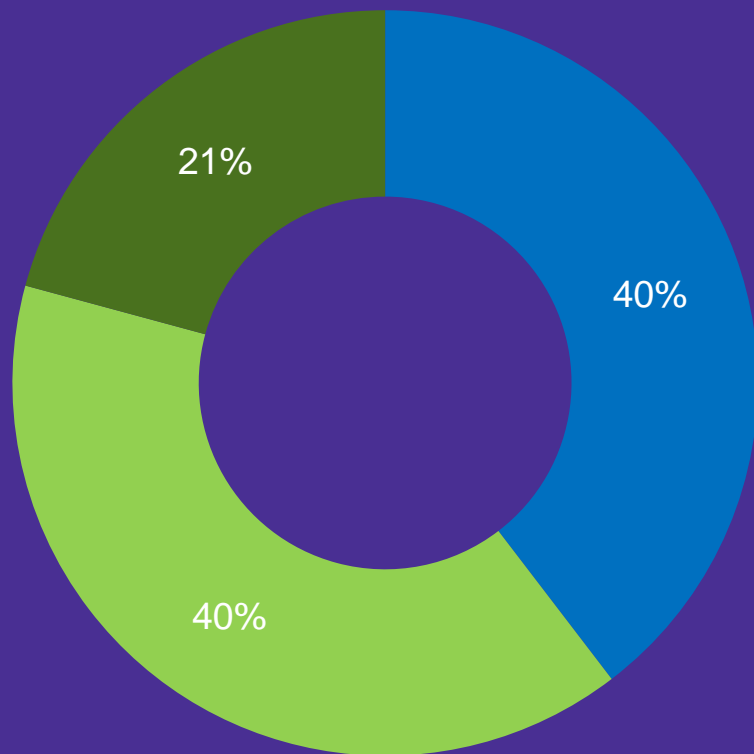
Practices in the North Central STP area are least likely to say they are not considering any of the actions tested as a way to manage current and future vacancies.



Q7. What actions are currently being considered within your practice to manage current and future vacancies? Base: SE (n=56), SW (n=29*), NC (n=50), NW (n=96), NE (n=46*)

Four in ten practices have GPs planning to retire in the next three years, however the same proportion say they do not have any GPs planning to retire.

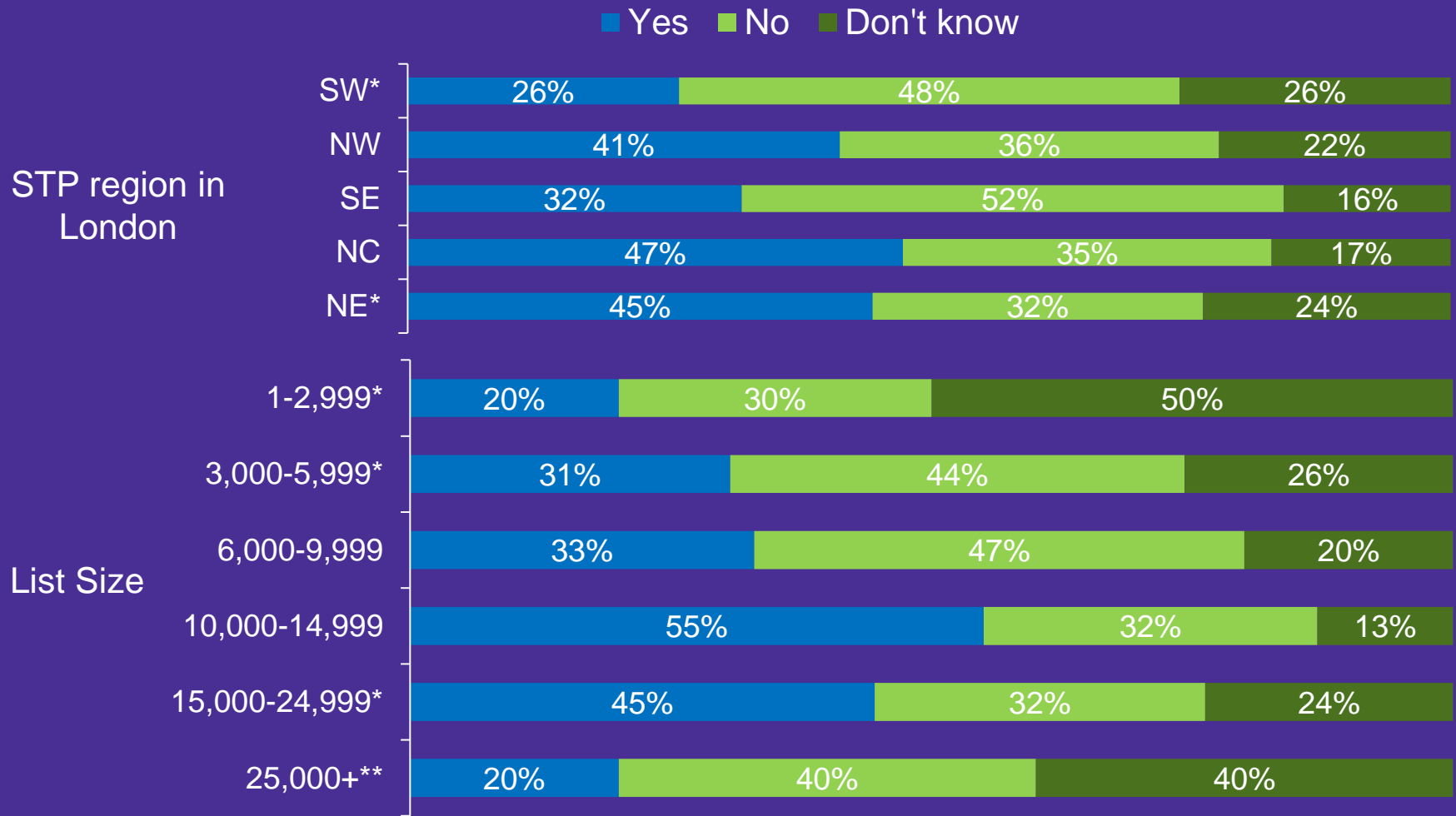
■ Yes ■ No ■ Don't know



Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices (n=277)

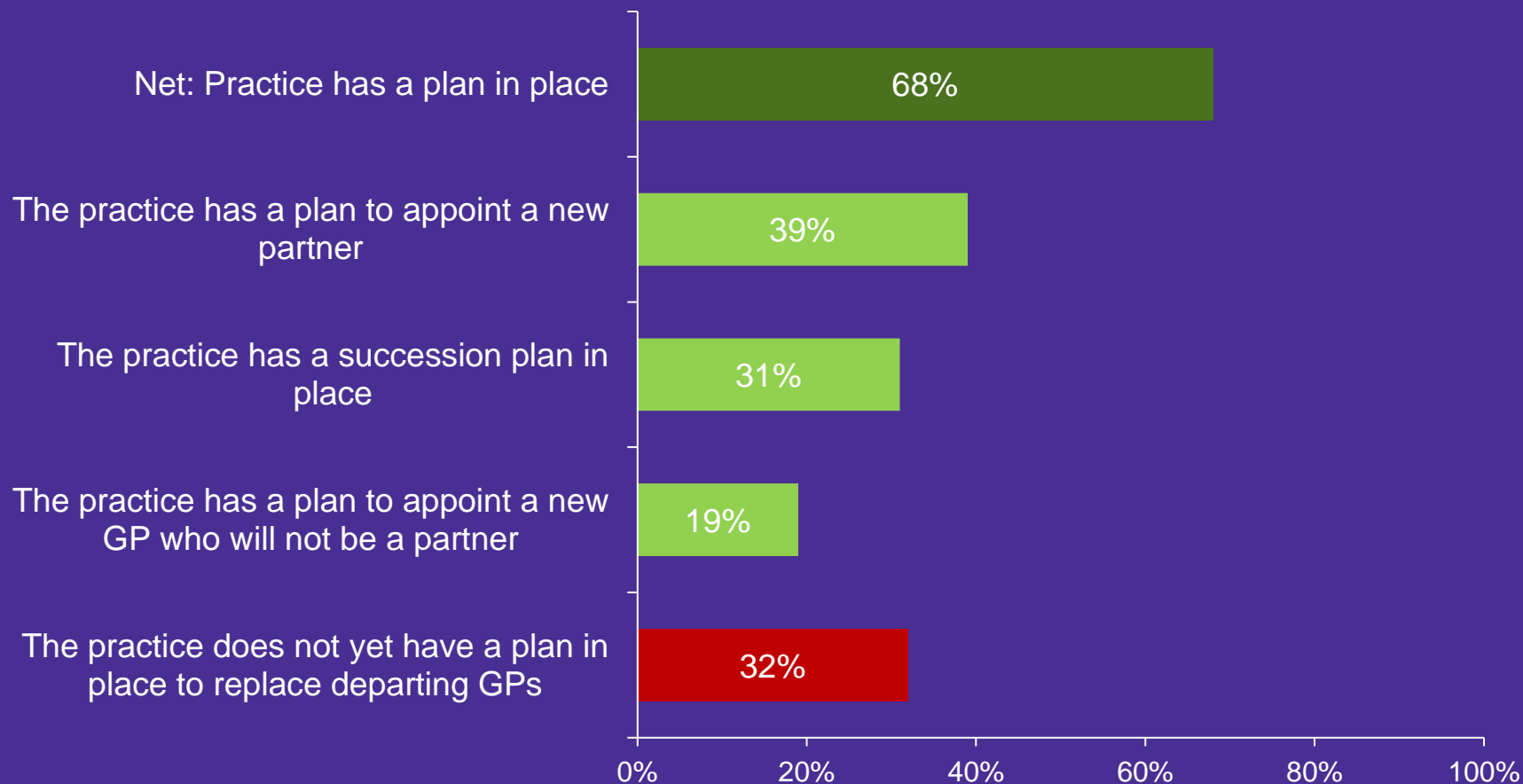
* Please see methodological note on data disparity (slide 3)

Practices that have GPs planning to retire in the next 3 years are most likely to be in the North Central STP region and tend to have larger list sizes (though these practices with larger list sizes have are low to very low base sizes).



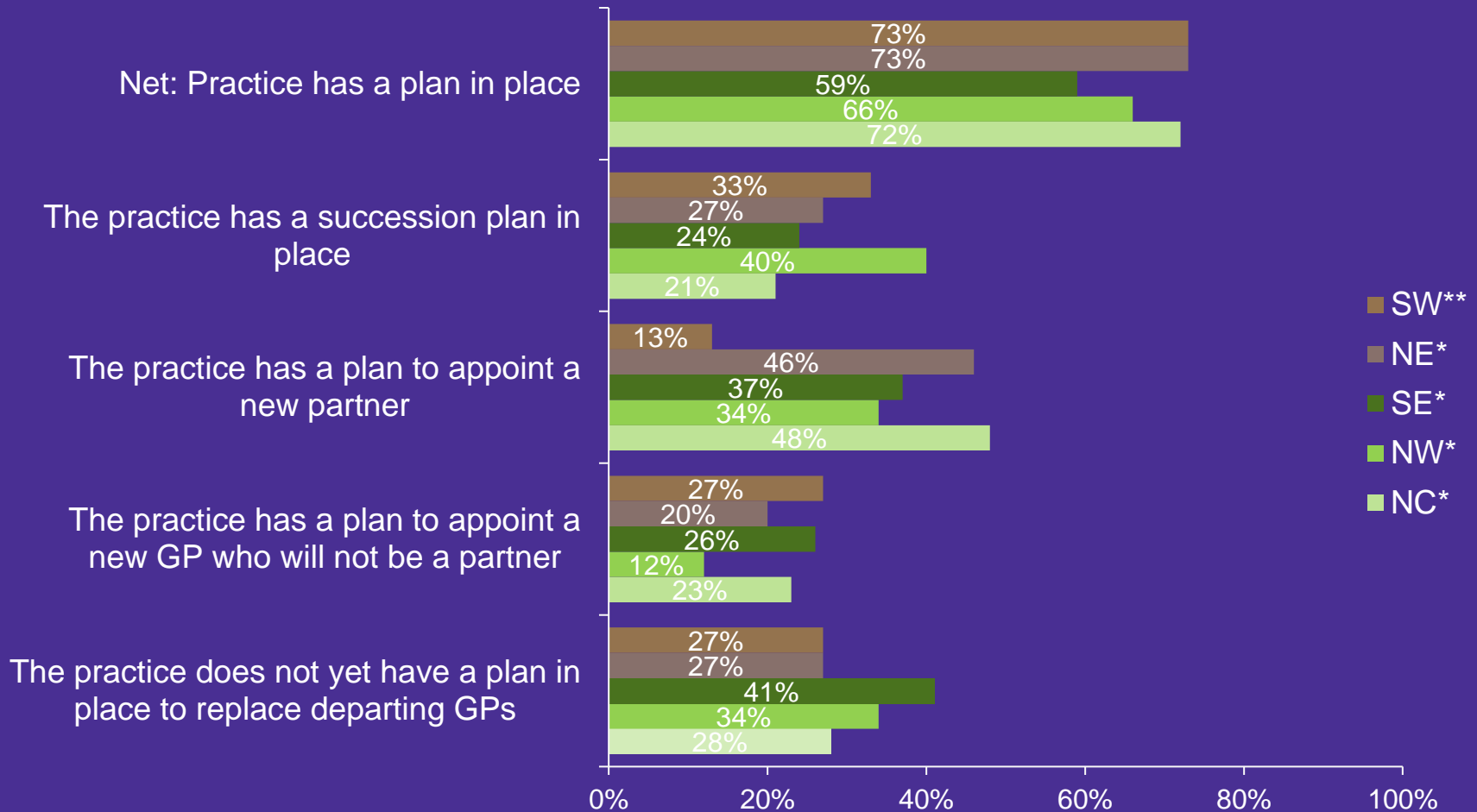
Q8a. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: All practices in; SE (n=56), SW (n=29*), NC (n=50), NW (n=96), NE (n=46*), 1-2,999 (n=10*), 3,000-5,999 (n=49), 6,000-9,999 (n=104), 10,000-14,999 (n=78), 15,000-24,999 (n=31*), 25,000+ (n=5**)

The majority of practices in Wave 12 say they have some kind of plan in place to replace GPs retiring within the next 3 years, although two thirds 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=110)

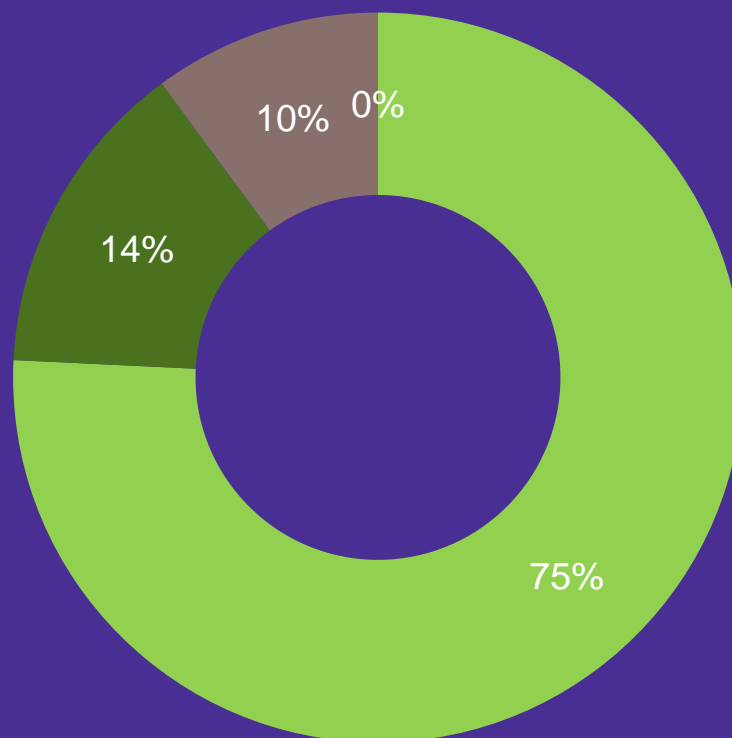
Practices in the South West, North East and North Central STP areas are most likely to say they have a plan in place to replace GPs retiring within the next 3 years, whereas those in the South East STP region are most likely to say they do not.



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=8**), NW (n=40*), NC (n=24*), NE (n=21*), SE (n=18*)

The vast majority of practices say they have no plans to terminate their GP contract in the next 3 years. More than one in ten would not rule it out and a small minority are unsure.

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

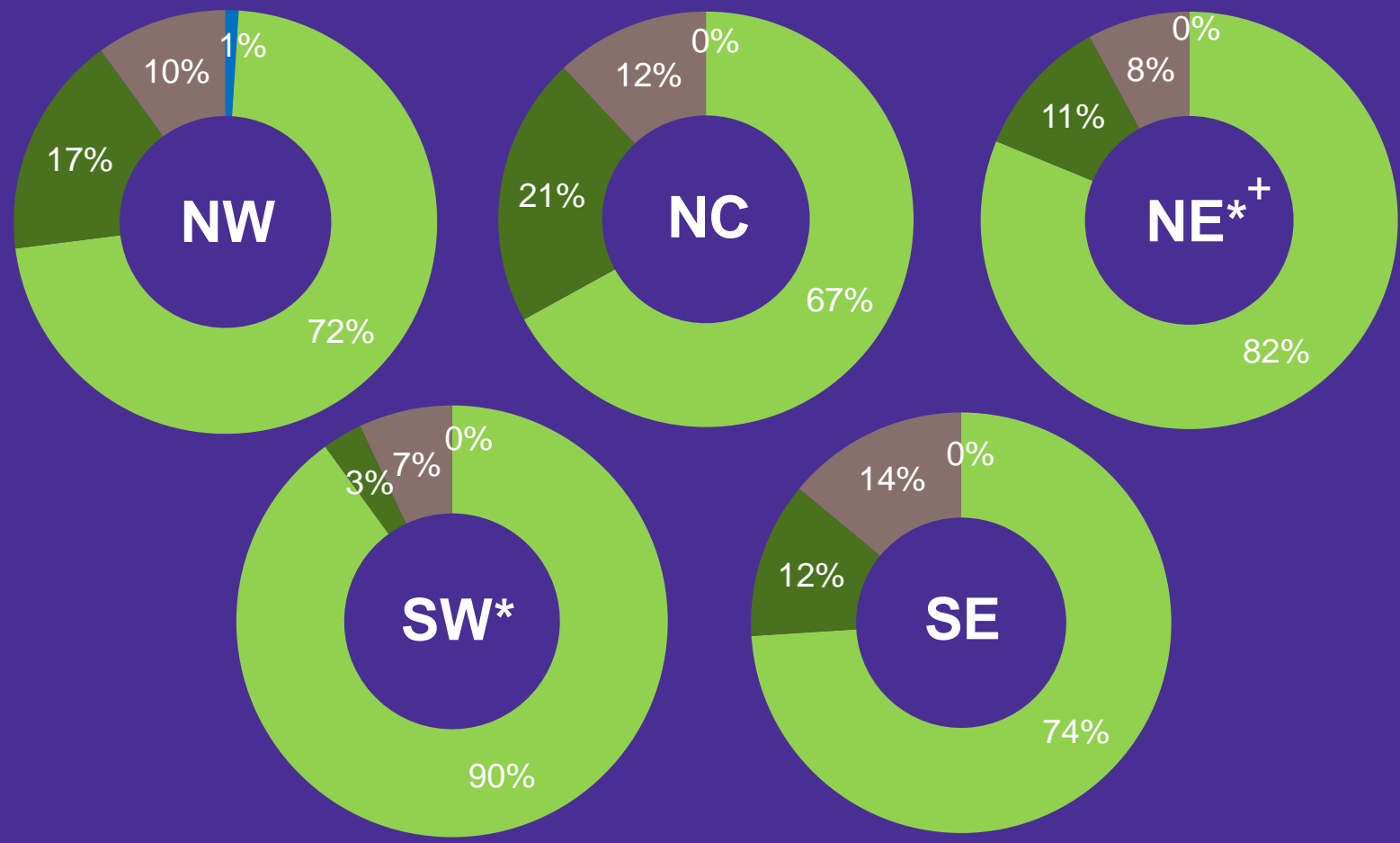


Q9a. Does the practice have plans to terminate its GP contract in the next three years? Base: All practices (n=277)

* Please see methodological note on data disparity (slide 3)

Practices in the North Central STP area are least likely to have plans to terminate its GP contract in the next 3 years, however this area is also most likely to say they wouldn't rule it out. Practices in the South West STP area are most likely to have plans to terminate (worth noting this area's low base size however).

■ 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 in SW (n=29*), NW (n=96), NC (n=50), SE (n=56), NE (n=46*)

*Please see methodological note on data disparity (slide 3)

No practices with GPs who plan to retire in the next 3 years currently indicate they have plans to terminate their GP contract in the next 3 years, with those in the North Central STP areas appearing least certain on their plans.

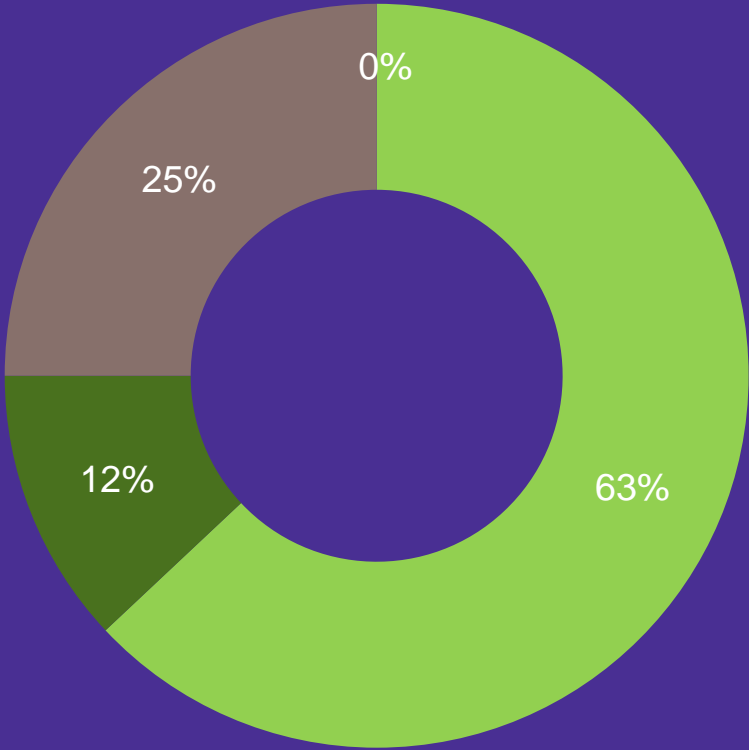
Showing plans to terminate GP contracts amongst practices who have any GPs planning to retire within the next three years



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=8**), NW (n=40*), NC (n=24*), SE (n=18*), NE (n=21*), 1-2,999 (n=2**), 3,000-5,999 (n=15*), 6,000-9,999 (n=35*), 10,000-14,999 (n=43*), 15,000-24,999 (n=14*), 25,000+ (n=1**)

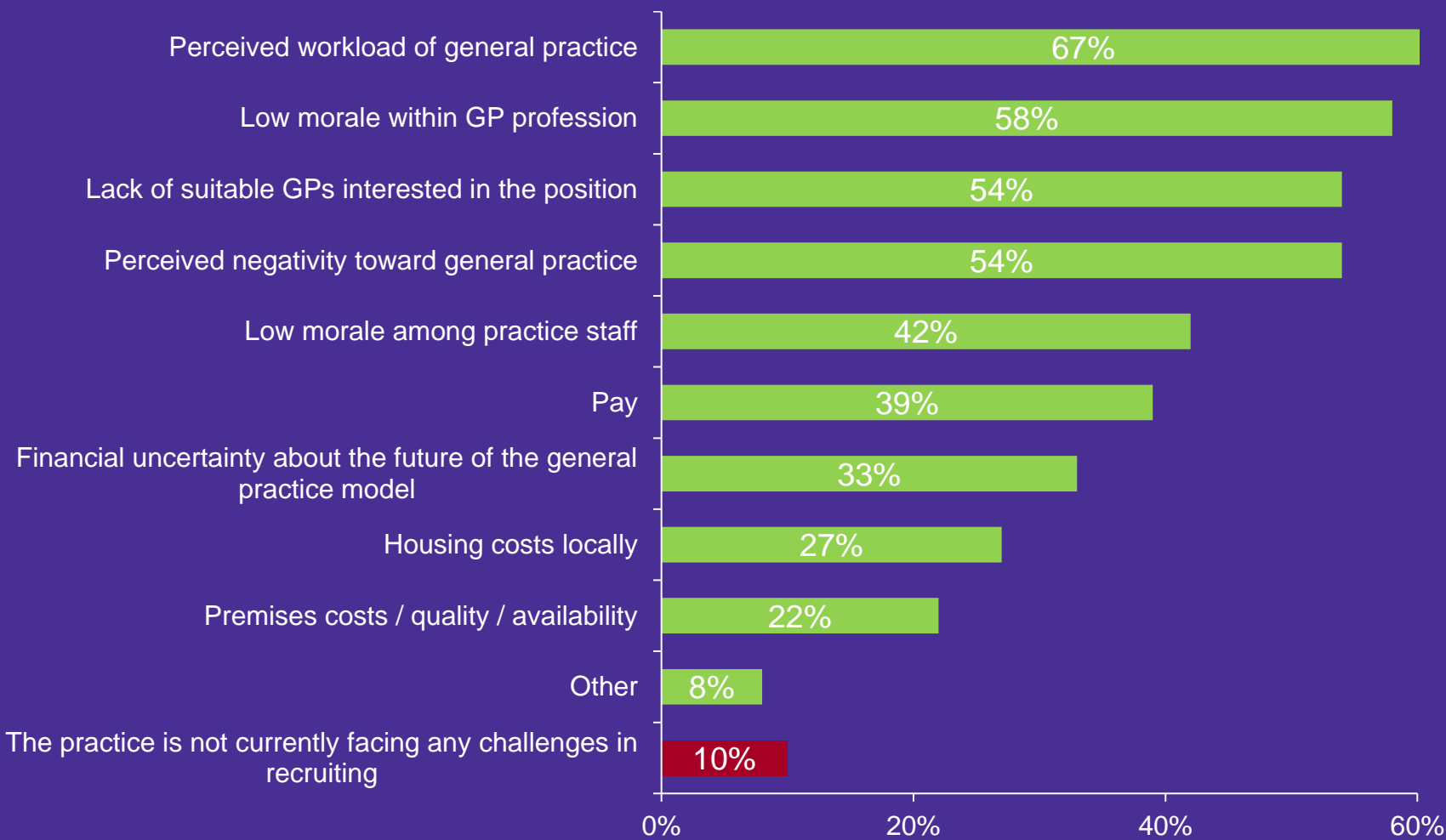
No practices have concrete plans to suspend their GP contract and join an ICP or ICS in the next 3 years. Although nearly two thirds provide a definite 'no', a quarter say they don't know.

■ 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=277)

Two thirds of practices say the perceived workload of general practice is a factor preventing or hindering staff recruitment, with 4 of the 9 factors listed registering more than half saying it is hindering recruitment. As few as one in ten practices report not facing any challenges in recruiting currently.



Q10a. What factors, if any, are currently preventing / hindering staff recruitment to the practice? Base: All practices (n=277)

Three in ten practices think the government should prioritise retention of GPs, nurses and non-clinical staff in the next 5 years, closely followed by recruitment and training of more new GPs and nurses. Only 1% think the government don't need to prioritise any of these.

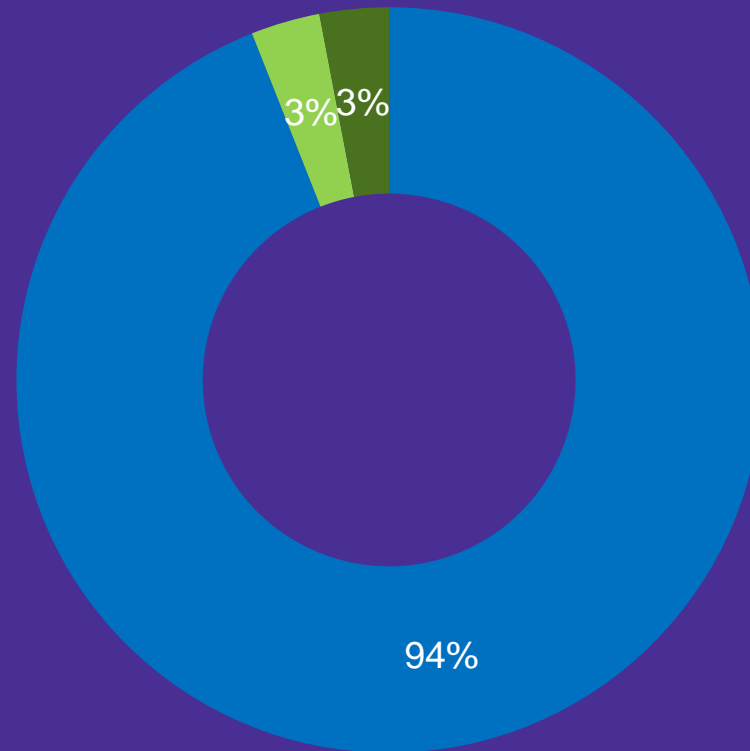


Q17. Which one of the following areas, if any, do you think the Government should prioritise first in order to improve general practice in the next 5 years?

Base: All practices (n=277)

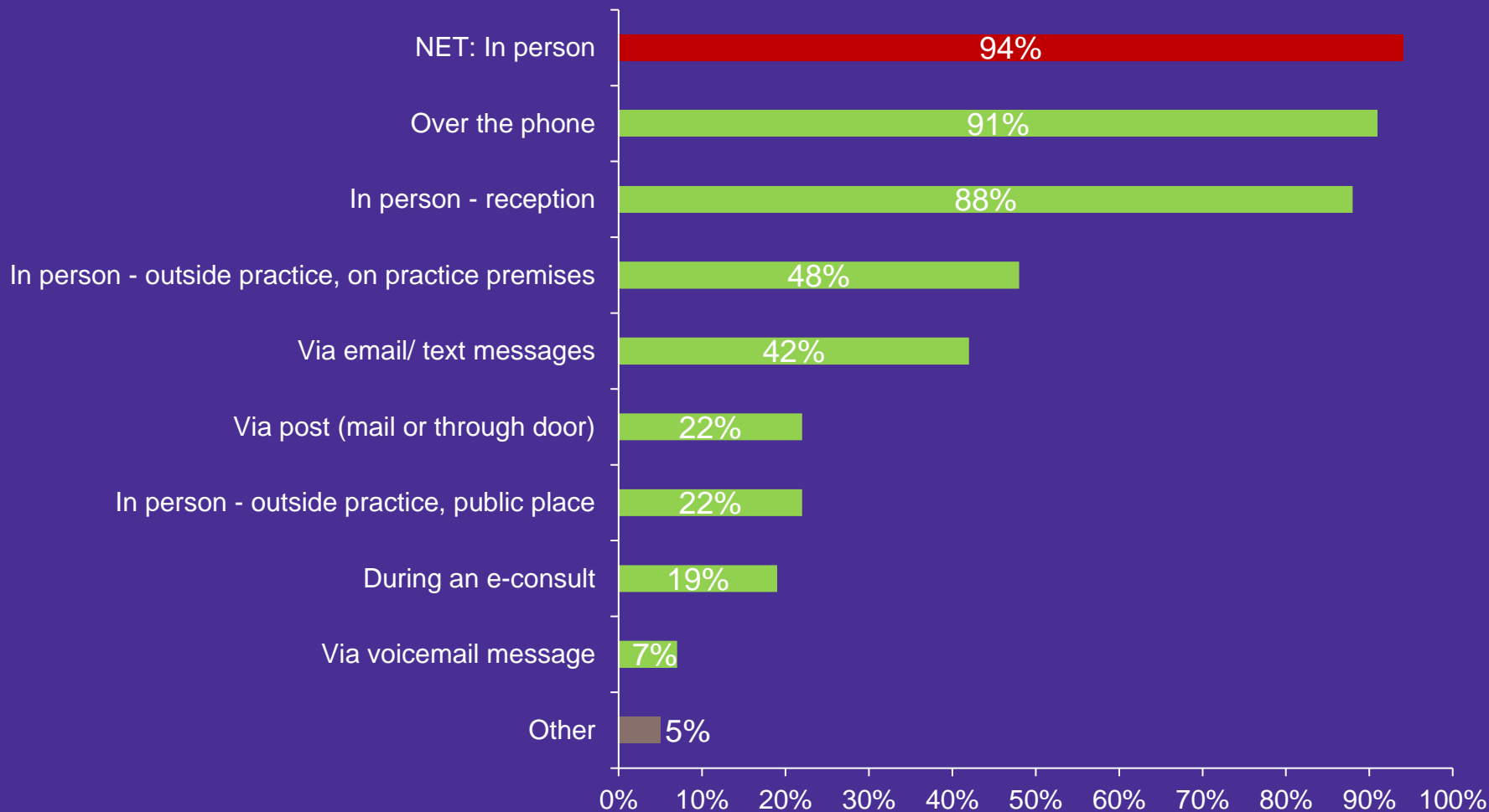
Almost all practices say they have experienced abusive behaviour or remarks from patients in 2021, an overwhelming majority. Only 3% have not experienced abusive behaviour.

■ Yes ■ No ■ Don't know



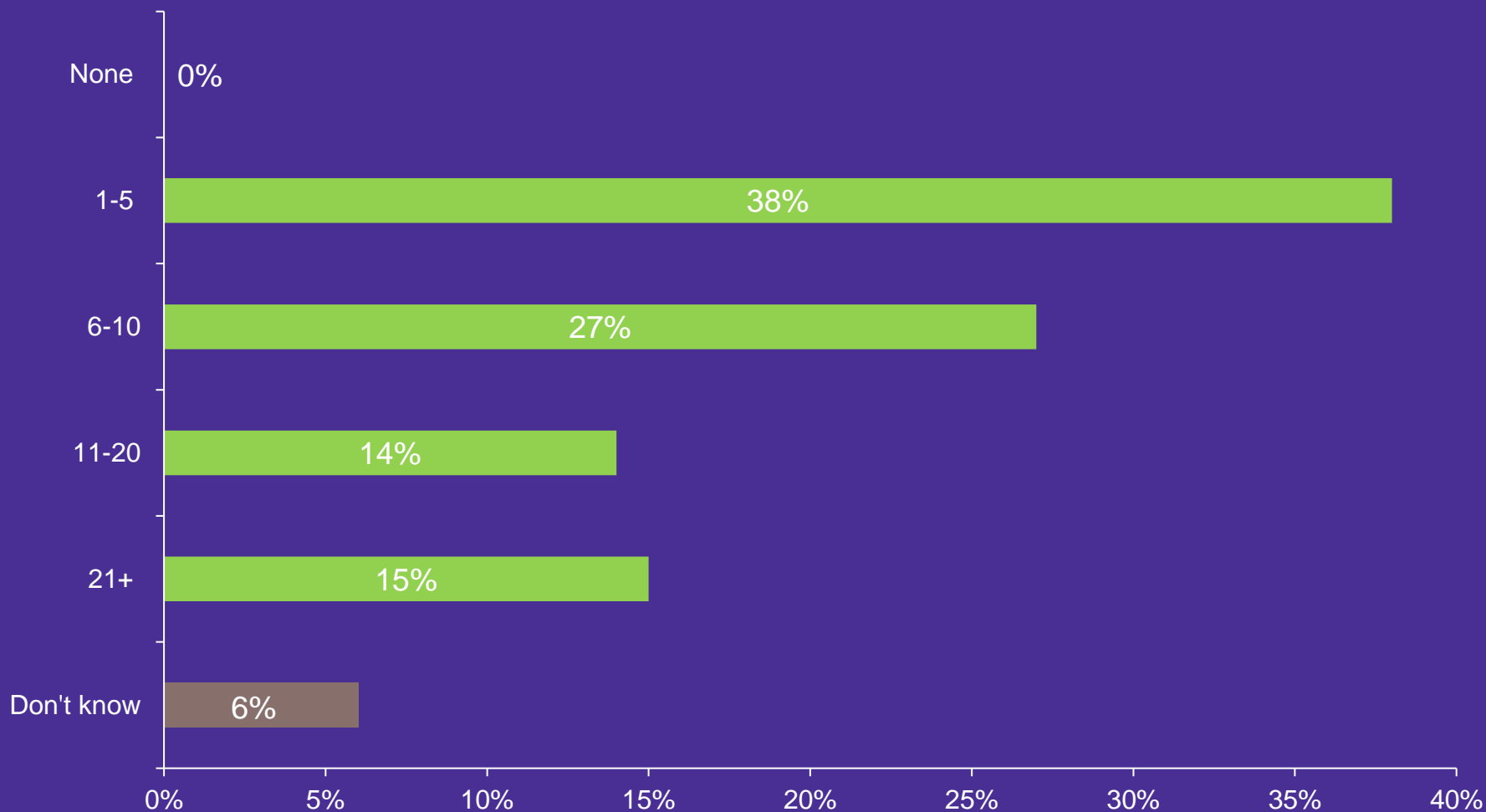
Q43. Have you/ your practice team experienced any abusive behaviour or remarks from patients in 2021? Base: All practices (n=277)

Those who have experienced abuse from patients in 2021 are most likely to say they received this abuse over the phone or in person at reception.



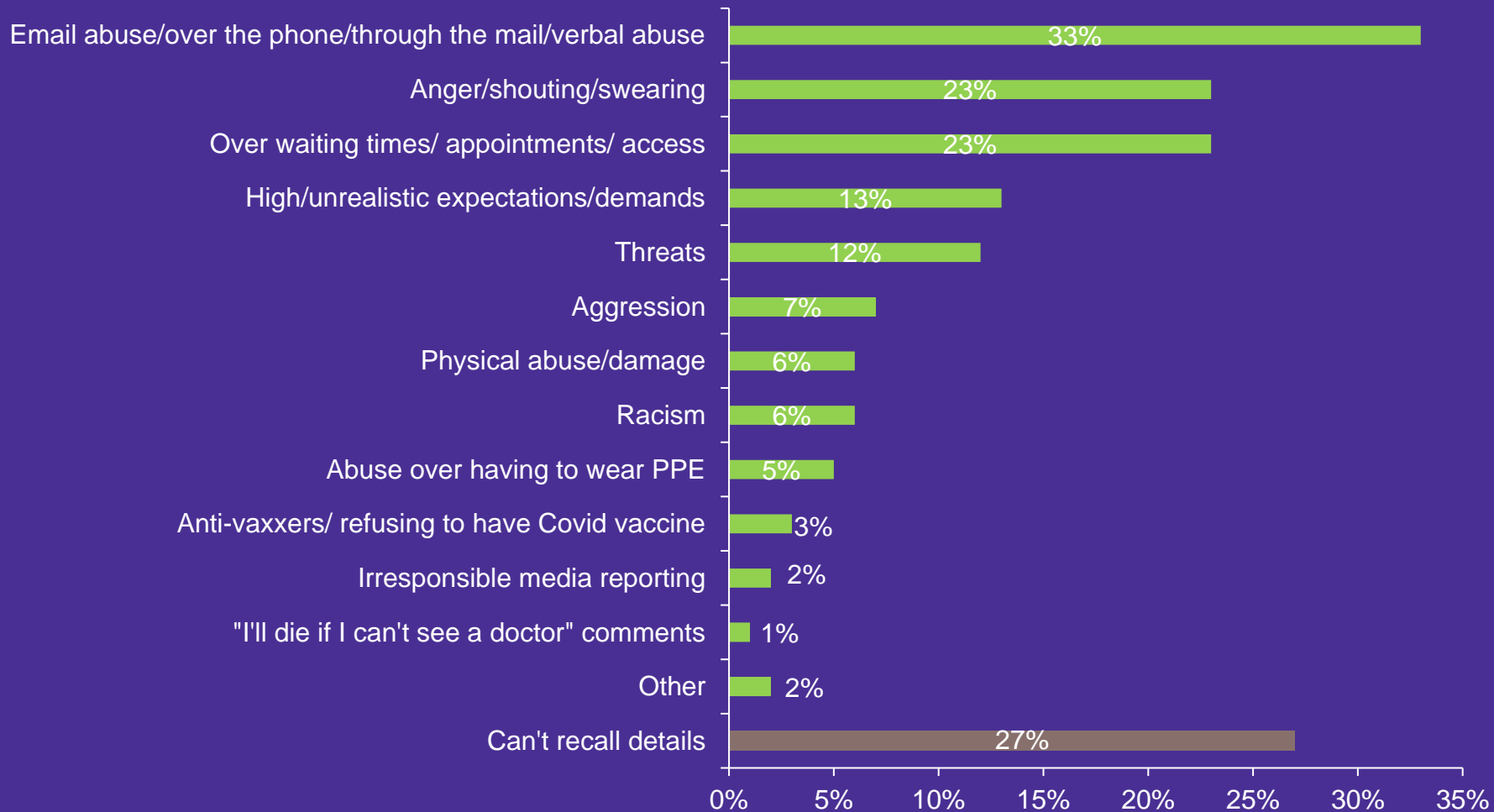
Q44. How did you/ your practice team experience this abuse? Base: All practices who have experienced abusive behaviour or remarks from patients in 2021 (n=259)

Those who say they or their team have experienced abuse from patients in 2021 are most likely to say they received between one and five instances of abuse in the last 3 months, although almost a fifth report twenty one or more incidences in this time.



Q45. How many incidents of abuse, if any, have you/ your practice team experienced in the last 3 months? Base: All practices who have experienced abusive behaviour or remarks from patients in 2021 (n=259)

Providing an example of past abuse, the most likely occurrence is to receive verbal abuse, either via mail, email, or over the phone. Almost a quarter have experienced anger, shouting, and swearing, or abuse over access to appointments and waiting times. However, a similar proportion also cannot recall details of the experience.



Q46. Please give a brief summary and/or example of the abuse, whether in-person, over the phone, via letters/leaflets or email/text messages. Base: All practices who have experienced abusive behaviour or remarks from patients in 2021 (n=259)