**Focus on the Workforce Minimum Data Set for GP practices in England**

**September 2016**

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**Introduction**

The Workforce Minimum Data Set (WMDS) is a national twice-yearly collection of data from NHS organisations in England on current workforce figures. Practices are legally required under the Health and Social Care Act (HSCA)[[1]](#footnote-1) to provide the information requested for the WMDS.

The collection is intended to allow the Department of Health (DH), NHS England (NHSE) and Health Education England (HEE) to understand the current NHS workforce picture and plan for future needs. The data collection replaces the annual GP census and is submitted through the Primary Care Web Tool (PCWT).

The first data collection took place in May 2015, with subsequent collections scheduled every six months. Data from previous submissions will be available for practices to confirm or update within the PCWT. Practices are asked to submit information on recruitment, vacancies and absences, as well as personal details for those working within the practice, such as date of birth, National Insurance (NI) number and gender.

Further information beyond this ‘focus on’, including the data to be collected, the process for submission, a specification overview and a set of FAQs, is available on the HSCIC (Health and Social Care Information Centre) website[[2]](#footnote-2). A short set of FAQs are also included in the Appendix below.

**Workforce and workload**

General practice is currently trying to cope with unsustainable workload, a workforce crisis and inadequate resources. Over the past 18 months, the BMA has been working with NHS England, HEE and the Royal College of General Practitioners (RCGP) to deliver the *GP Workforce 10 Point Plan[[3]](#footnote-3)*, which has resulted in important initial steps being taken to address the workforce issues. We will continue to work with these organisations on the *General Practice Forward View[[4]](#footnote-4)*, which was published by NHS England in April 2016 and sets out a broader primary care workforce plan.

Whilst the WMDS adds to the practice workload in the short term, we believe it is in the profession’s long-term interest to engage in this process. We would therefore encourage all practices to complete the data return, as collecting and analysing this information is essential for our work towards boosting the primary care workforce and, ultimately, helping to reduce GP workload. Ensuring that the data set is as comprehensive and accurate as possible will allow us to achieve maximum benefit from this statutory requirement, as we will be able to use it to demonstrate the severe workforce pressures currently experienced by GPs, and establish whether the workforce commitments made in the General Practice Forward View are being met.

Accurate data will also help HEE and its Local Education and Training Boards (LETBs) to identify gaps in skills and capacity and to make appropriate workforce commissioning decisions. Further information on the use of this data for workforce planning is available on the HEE website[[5]](#footnote-5).

The HSCIC published experimental primary care workforce figures[[6]](#footnote-6) using the WMDS data in April this year. Whilst the figures have been arrived at using two different data sets, the former GP practice workforce census and the new WMDS, and therefore do not reflect a truly accurate picture, there were 657 fewer full time equivalent GPs in England in 2015 compared with 2014.

Although the HSCIC had to estimate data for around 12% of practices who had not completed the data return, the figures further highlight the importance of accurate data. GPC made this clear in its press release following the publication of the figures[[7]](#footnote-7).

**Practice concerns**

Some practices have reported that recording details about their workforce is a significant workload burden, such as the requirement to enter all absences and vacancies during the previous six-month period. We have been in active dialogue with the DH, NHS England and HSCIC to address these concerns and minimise the burden on practices. The WMDS Team will be reviewing the data items on a periodic basis, and we have asked that only essential data items are requested. Nevertheless, much of what practices are being asked to report is important for future regional workforce planning, including absence and vacancy data. Resources cannot be targeted appropriately without a clear picture of regional workforce coverage.

We have also called upon local commissioners to provide funding to support practices contributing to the data set, particularly given that the data collected directly supports the delivery of the *General Practice Forward View*. We will of course continue to address any concerns practices have regarding the data collection.

**Information governance**

*Legal position*

Practices are legally required under the Health and Social Care Act 2012 (HSCA)[[8]](#footnote-8) to provide the information requested for the WMDS. This is because the collection has been enacted under Section 259 of the HSCA, which gives the DH (on behalf of the Secretary of State) or NHS England the statutory power to direct the HSCIC to require data collection from health or social care bodies or organisations in England.

The data set includes personal information about staff members, including their NI number, name, date of birth, gender and ethnicity. This information is anonymised and used to ensure every primary care workforce member is included in baseline data. Age, gender and ethnicity are all important indicators for monitoring the demographic of the workforce and for future planning.

Under Section 10 of the Data Protection Act 1998 (DPA), an individual is entitled to object to the processing of their personal data if they believe that the processing is likely to cause damage or distress. However, the legal obligation mandated by Section 259 of the HSCA overrides Section 10 of the DPA, meaning that staff members cannot refuse for their information to be collected. The HSCA also overrides the requirement under the common law duty of confidentiality to seek consent from staff members when releasing identifiable data about them.

The Information Commissioners Office (ICO) has stated that it would not consider practices to be in breach of the DPA in providing the WMDS, including staff information, to the HSCIC, as this is a disclosure required by law.

Although the right to object under the DPA is removed, **practices are advised to inform their staff about the data collection and the way information about them will be used**. This is to ensure practices comply with the fair processing principle of the DPA. The HSCIC website[[9]](#footnote-9) provides a template for fair processing notices, which is available for practices to use.

*National Insurance Number*

Practices have raised concerns about the inclusion of the NI number within the data set. The purpose of the NI number is to enable the HSCIC to assign a unique identifier to each member of the NHS workforce, to map the workforce across different sectors and to determine headcount. The NI number is used to produce a pseudonymised workforce identifier at the first stage of the data process, to link data from different NHS settings. The NI number is not retained once this has been done.

Following concerns raised by the BMA, the WMDS team committed to reviewing the use of the NI number, and made it a **desirable** rather than essential item while the review was undertaken. However, we believe initial use of NI numbers to assign unique identifiers is the best option to ensure workforce data is accurate. An accurate workforce picture will enable the BMA to hold the government and national commissioners to account with regard to the *GP Forward View* plans.

*Privacy impact assessment consultation*

The HSCIC undertook a privacy impact assessment (PIA) to inform stakeholders about the information governance and data protection risks associated with the WMDS, and proposed mitigating actions for the risks. Stakeholders were invited to respond to the PIA’s findings, and to raise any additional concerns not already addressed by the PIA.

Our response highlighted the concerns raised by practices, particularly around the length of data retention periods, and the perceived lack of adequate data security and information governance arrangements. We also challenged the HSCIC’s assertion that an individual’s right to object to the processing of their personal data is overridden by the direction under the HSCA, arguing that rights for a citizen under the NHS Constitution and EU law to object to the processing of their personal confidential data.

The HSCIC response to the consultation is available on their website[[10]](#footnote-10).

**Appendix**

**FAQs**

**How do I fill in ‘contracted hours’ for GPs?**

HSCIC advice to practices is to enter the number of hours that the GP is contracted to. Where it is difficult to enter this for partners who do not have set sessions and/or hours, HSCIC advice in this instance is to enter the total hours they work on practice activities in a normal week.

**Does the tool capture data on the actual hours worked by GPs as well as ‘contracted hours’?**

Yes. There is another field within the tool to enter “Actual Average working hours”. This captures the information for those GPs who are consistently working over/under their contracted hours.

**Should practices include all locum GPs working with the practice?**

The information on locums is required, however, the information submitted is a snapshot of GPs working at the practice on a specified date (to be confirmed by the HSCIC each time a collection opens). If the locum worked on the specified date, then they need to be included.

Including locums enables the HSCIC to understand the total number of GPs who are actively working at that practice and, indeed, establish locum workforce numbers across England. This information is not currently held at a national level, but it is vital that accurate data is available on this cohort of the GP workforce.

**Are there limits to the number of hours that can be entered into the ‘actual hours’ and ‘contracted hours’ fields?**

Figures of up to 140 hours per week can be entered into both fields.

**Should bank holidays be entered as ‘absences’ from the practice?**

No. There is no requirement to add bank holidays as absences in the WMDS. The absences that should be included are specified within the tool. Practices are reminded that the PCWT is permanently open and it is advisable to populate absences as and when they occur throughout the 6 month data collection period. This should reduce some of the workload burden associated with submitting this data.

1. Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> [↑](#footnote-ref-1)
2. <http://www.hscic.gov.uk/wMDS> [↑](#footnote-ref-2)
3. [www.bma.org.uk/tenpointplan](http://www.bma.org.uk/tenpointplan) [↑](#footnote-ref-3)
4. <https://www.england.nhs.uk/ourwork/gpfv/> [↑](#footnote-ref-4)
5. <https://hee.nhs.uk/our-work/planning-commissioning/workforce-planning> [↑](#footnote-ref-5)
6. http://www.hscic.gov.uk/catalogue/PUB20503 [↑](#footnote-ref-6)
7. <https://www.bma.org.uk/news/media-centre/press-releases/2016/april/bma-response-to-new-gp-workforce-figures> [↑](#footnote-ref-7)
8. Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted> [↑](#footnote-ref-8)
9. <http://www.hscic.gov.uk/wMDS> [↑](#footnote-ref-9)
10. <http://www.hscic.gov.uk/pia> [↑](#footnote-ref-10)