

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

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Introduction

The WMDS (Workforce Minimum Data Set) is a national quarterly extraction of workforce data from NHS primary care organisations in England. GP practices are both contractually and legally required under the terms of their 2017 GMS (General Medical Services) contract¹ and the HSCA (Health and Social Care Act)² to provide the information requested for the WMDS.

The data collection and extraction is intended to allow the DH (Department of Health), NHSE (NHS England) and HEE (Health Education England) to understand the current NHS primary care workforce picture and plan for future needs. This replaced the annual GP census and is submitted either through the Primary Care Web Tool (PCWT)³ or local regional tools operated by HEE. The four areas using the HEE tool are:

- HEE Kent, Surrey & Sussex – <https://gpworkforce.kss.hee.nhs.uk>
- HEE North East – <https://nww.gpworkforce.hee.nhs.uk/NE/>
- HEE North West – <https://gpdata.wrapt.org.uk>
- HEE Yorkshire & Humber – <https://nww.gpworkforce.hee.nhs.uk/>

The first data collection took place in May 2015, with subsequent collections initially scheduled every six months. Data from previous submissions are available for practices to confirm or update within the PCWT or the available regional HEE-operated tool. Practices are asked to submit information on recruitment, vacancies, staff turnover and absences, as well as details for staff 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 NHS Digital website⁴. A short set of FAQs are also included in the Appendix on page five below.

Workforce and workload

General practice is currently trying to cope with unsustainable workload, a workforce crisis and inadequate resources. Throughout 2015 and early 2016, the BMA worked with NHSE, HEE and the RCGP (Royal College of General Practitioners) to deliver the *GP Workforce 10 Point Plan*⁵, which resulted in important initial steps being taken to address workforce issues. We continue to work with these organisations on the *General Practice Forward View*⁶, which was published by NHSE in April 2016 and sets out a broader primary care workforce plan.

¹ <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations>

² Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

³ <https://www.primarycare.nhs.uk/>

⁴ <http://content.digital.nhs.uk/wMDS>

⁵ <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/workforce-10-point-plan>

⁶ <https://www.england.nhs.uk/ourwork/gpfov/>

Whilst the workforce data entry for the WMDS extraction is another thing for practices to do, we firmly believe it is in the profession's long-term interest to engage in this process. Consequently, we secured an additional investment of £1.5 million into Global Sum in the 2017 GMS contract agreement as a contribution towards quarterly practice data entry time / costs, and we encourage all practices to complete the data return. 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 severe workforce pressures, and establish whether the workforce commitments made in the General Practice Forward View have been met.

Accurate data will also help HEE, its local teams and Deaneries 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 website⁷.

NHS Digital published experimental primary care workforce figures⁸ using the WMDS data for the first time in April 2016. The figures were arrived at using two different data sets, the former GP practice workforce census and the new WMDS, so did not reflect a truly accurate picture. The dataset has been analysed, presented and published four times since then, with the latest figures being published in May 2017⁹.

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 three-month period. We remain in active dialogue with NHS Digital to address concerns and minimise the burden on practices. The WMDS Team reviews 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.

The 2017 GMS contract agreement¹⁰ included a contractual obligation on practices to keep workforce data up to date through the online web tools. Nevertheless, GPC secured a £1.5 million investment in global sum as a contribution to practice data entry time / costs.

Information governance

Legal position

Alongside the 2017 contractual requirement, practices are also legally required under the HSCA (Health and Social Care Act) 2012¹¹ to provide the information requested for the WMDS. This is

⁷ <https://hee.nhs.uk/our-work/planning-commissioning/workforce-planning>

⁸ [General and Personal Medical Services, England 2005-2015, as at 30 September, Provisional Experimental statistics](#)

⁹ [General and Personal Medical Services, England December 2016, Provisional Experimental statistics](#)

¹⁰ <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-current-issues/gp-contract-negotiations>

¹¹ Health and Social Care Act 2012: <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

because the collection has been enacted under Section 259 of the HSCA, which gives the DH (on behalf of the Secretary of State) or NHSE the statutory power to direct NHS Digital 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 DPA (Data Protection Act) 1998, 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 to have their information 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 Commissioner's Office has stated that it would not consider practices to be in breach of the DPA in providing the WMDS, including staff information, to NHS Digital, 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 NHS Digital website¹² 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 NHS Digital 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.

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* and other emerging workforce plans.

Privacy impact assessment consultation

Prior to implementing the new data collection, NHS Digital undertook a PIA (privacy impact assessment) 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 initially 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 NHS Digital's assertion that an individual's right to

¹² <http://content.digital.nhs.uk/wmDS>

object to the processing of their personal data is overridden by the direction under the HSCA, arguing that rights for a citizen to object to the processing of their personal confidential data exist under the NHS Constitution and EU law. We have, however, since been assured by NHS Digital and HEE that the data collected is both secure and anonymised before analysis.

The NHS Digital response to the consultation is available on their website¹³.

¹³ <http://content.digital.nhs.uk/pia>

Appendix

FAQs

How do I fill in 'contracted hours' for GPs?

NHS Digital's 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, the advice 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 NHS Digital each time a collection opens). If the locum worked on the specified date, then they need to be included.

Including locums enables NHS Digital 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 and HEE-operated local / regional tools are permanently open. It is therefore 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.