

Londonwide LMCs' Workforce Survey Wave 2 May/June 2016



Methodology

The Londonwide LMCs Workforce Survey was completed on behalf of London general practices by Practice Managers and Principal GPs from member practices across the 27 areas represented by Londonwide LMCs.

The survey was conducted online between 25th May and 10th June 2016, with a total of 813 responses from 628 individual member practices. Of Londonwide LMCs' 1,317 member practices that were invited to participate in the research, this represents a response rate of 48%.

The previous wave of research was conducted between 23rd November and 10th December 2015.

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

This survey was conducted on Londonwide LMCs' behalf by ComRes.

Sector	No of practices that responded
North Central East London	250
North West London	190
South London	188
TOTAL	628 (of 1317)

Where the number of practices in a group mentioned 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 10 or less.

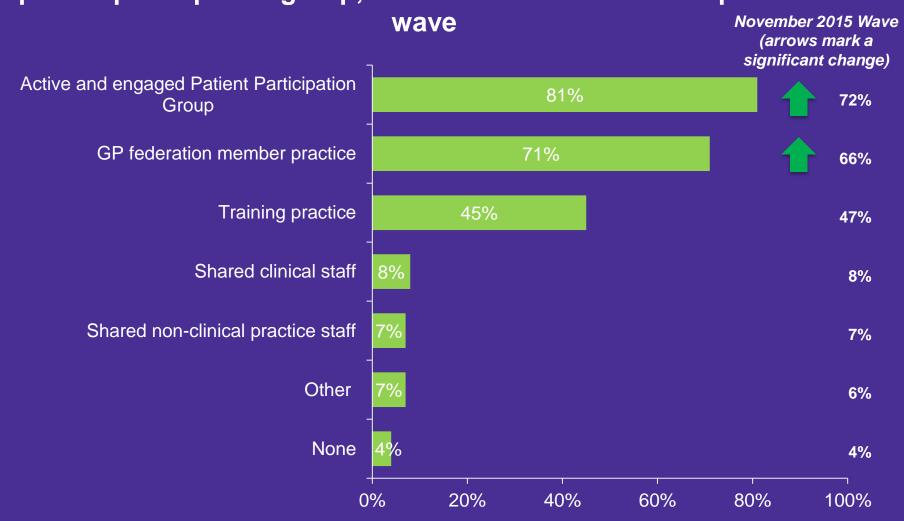


An Additional Note on Methodology

- 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 midpoint 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 previous wave of this research where such changes
 are at a level that is statistically significant, rather than as a result of sample variance.



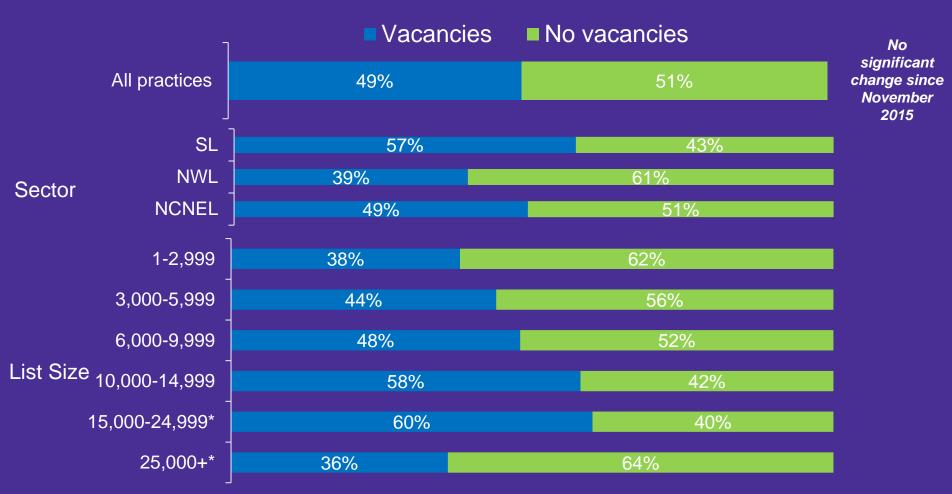
Eight in ten member practices say they have an active & engaged patient participation group, one in ten more than in the previous



In total, 508 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 4,377,934 registered patients.



Member practices in SL remain notably more likely than those in NWL or NCNEL to have vacancies

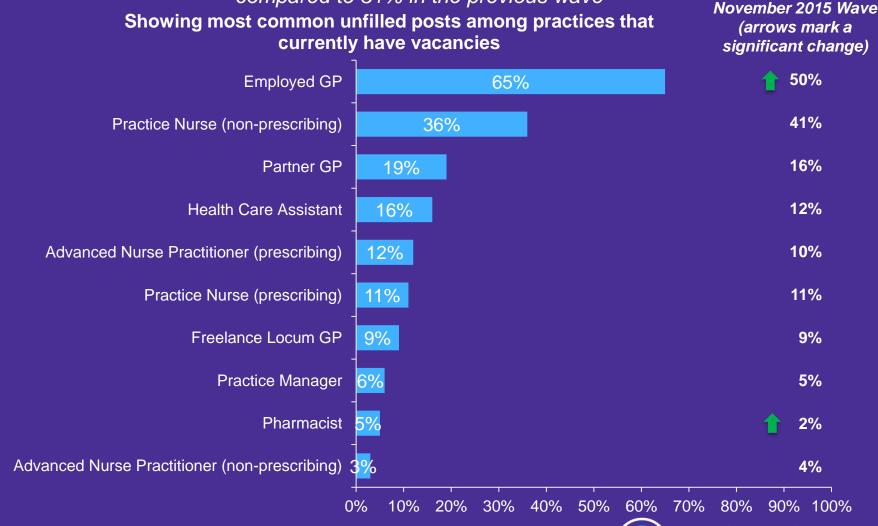


Q5. Does the practice currently have any GP / practice nurse vacancies, or other vacancies? Base: all practices (n=628), SL (n=188), NWL (n=190), NCNEL (n=250), 1-2,999 (n=51), 3,000-5,999 (n=174), 6,000-9,999 (n=224), 10,000-14,999 (n=141), 15,000-24,999 (n=33), 25,000+ (n=6)



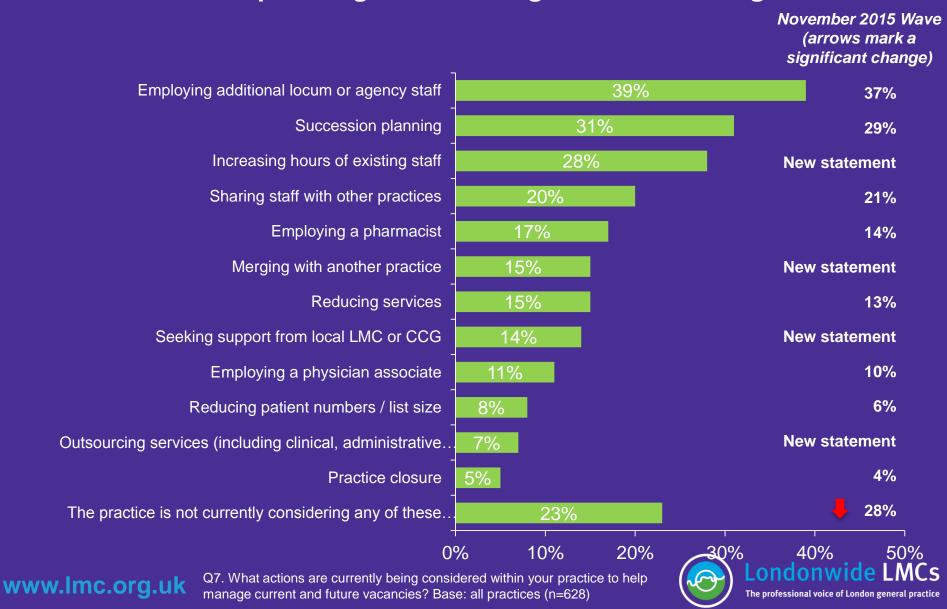
Where a member practice has vacancies, employed GP roles are the most likely positions to be unfilled. More practices report having employed GP vacancies this wave compared to the previous wave.

Over one in three member practices say they currently have <u>any</u> GP vacancy (37%) – compared to 31% in the previous wave





Four in ten practices are considering employing additional locum or agency staff to manage vacancies. Three in ten are considering succession planning or increasing hours of existing staff



Ealing has the largest number of practices considering (4) or planning (2) to close

Borough	# Practices Considering Closure	# Practices Planning to terminate GP Contract in next 3 years
Barnet	1	0
Bexley	1	0
Brent	3	2
Bromley	1	0
Camden	0	1
City & Hackney	0	0
Ealing	4	2
Enfield	1	1
Greenwich	1	0
Hammersmith and Fulham	1	0
Haringey	3	0
Harrow	0	0
Hillingdon	1	0
Hounslow	2	1
Islington	1	0
Kensington & Chelsea	2	2
Lambeth	1	2
Lewisham	0	0
Merton	1	1
Newham	0	0
Redbridge	2	1
Southwark	0	1
Sutton	0	0
Tower Hamlets	1	0
Waltham Forest	1	1
Wandsworth	3	1
Westminster	2	0

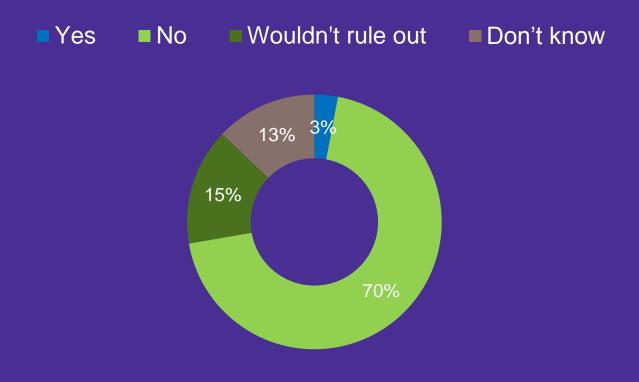
Sector	# Practices Considering Closure	# Practices Planning to Terminate GP Contract in next 3 years
SL	8	5
NWL	14	7
NCNEL	8	4
TOTAL	30	16

N.B. Due to weighting these numbers are not whole and have been rounded. Totals may therefore be different to the sum of results from the borough or sector level.

Q7. What actions are currently being considered to help manage current and future vacancies? Base: all practices (n=628). Q9. Does the practice have plans to terminate its GP contract in the next three years? Base: all practices (n=628), Barnet (n=39), Bexley (n=18), Brent (n=29), Bromley (n=25), Camden (n=21), City & Hackney (n=26), Ealing (n=41), Enfield (n=23), Greenwich (n=26), Hammersmith & Fulham (n=10), Haringey (n=26), Harrow (n=13), Hillingdon (n=18), Hounslow (n=28), Islington (n=23), Kensington & Chelsea (n=25), Lambeth (n=25), Lewisham (n=15), Merton (n=14), Newham (n=26), Redbridge (n=22), Southwark (n=21), Sutton (n=18), Tower Hamlets (n=23), Waltham Forest (n=20), Wandsworth (n=27), Westminster (n=25), SL (n=188), NWL (n=190), NCNEL (n=250)

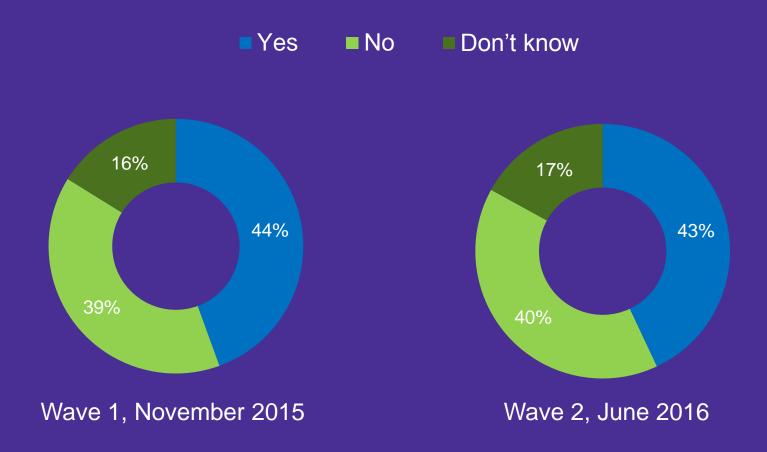
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3% of member practices say they have plans to terminate their GP contract in the next three years, while one in six say they would not rule out terminating the contract



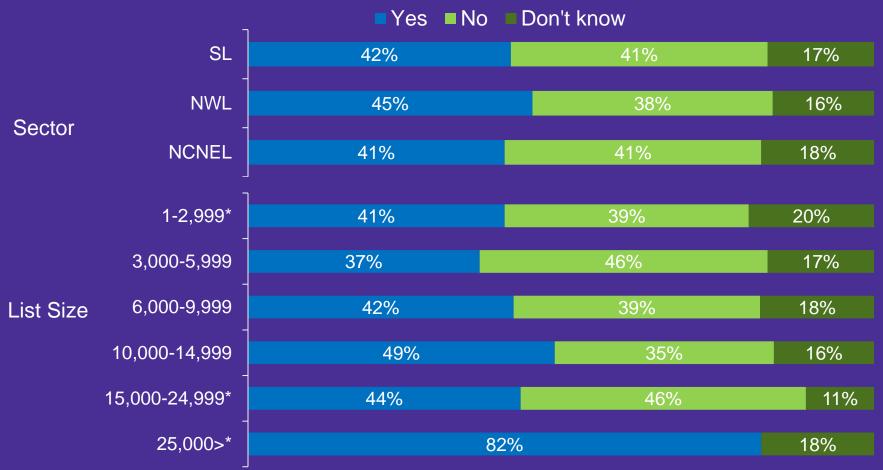


More than two in five member practices say they currently have GPs planning to retire in the next three years, a similar proportion to the previous wave





Mid-sized member practices (10,000-14,999 patients) remain most likely to say they have GPs planning to retire in the next 3 years

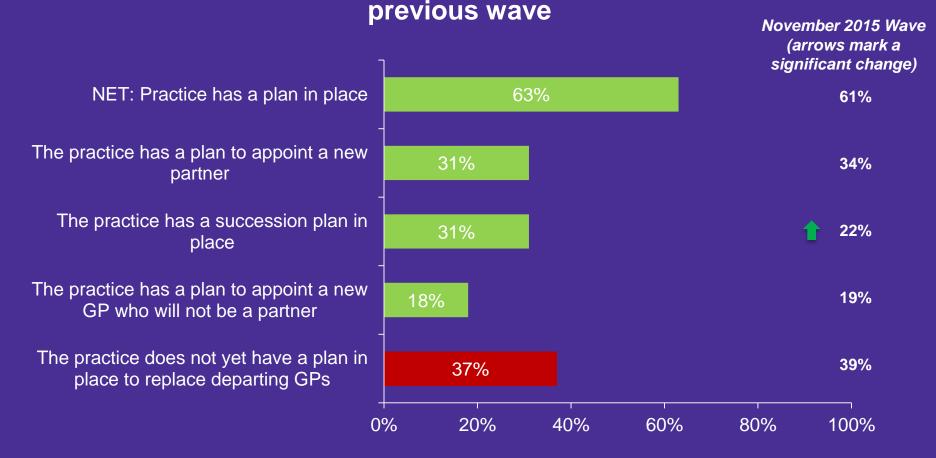


Q8. Does the practice currently have any GPs planning on retiring in the next 3 years? Base: SL (n=188), NWL (n=190), NCNEL (n=250), 1-2,999* (n=51), 3,000-5,999 (n=174), 6,000-9,999 (n=224), 10,000-14,999 (n=141), 15,000-24,999* (n=33), 25,000+* (n=6)

Londonwide LMCs

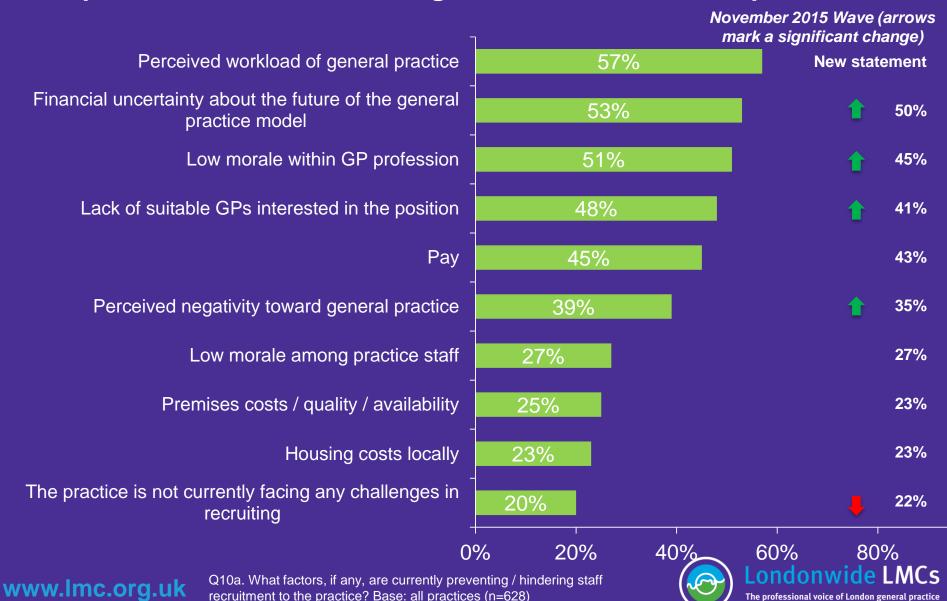
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The majority of member practices who have GPs planning to retire say they have plans in place to address this. Practices are more likely now to say they have a succession plan in place than they were in the



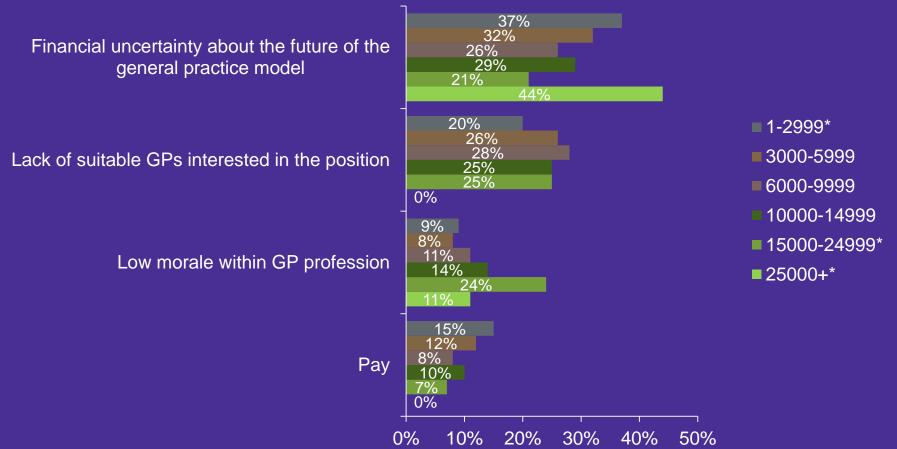


Over half of member practices say that perceived workload of general practice and financial uncertainty about the future of the general practice model are hindering staff recruitment to the practice



While financial uncertainty about the future of the general practice model is the main hindrance across different practice sizes, this is felt more among the smallest and largest practices (NB due to small base sizes this finding should be treated with caution)

Showing practices' top recruitment challenge, by list size

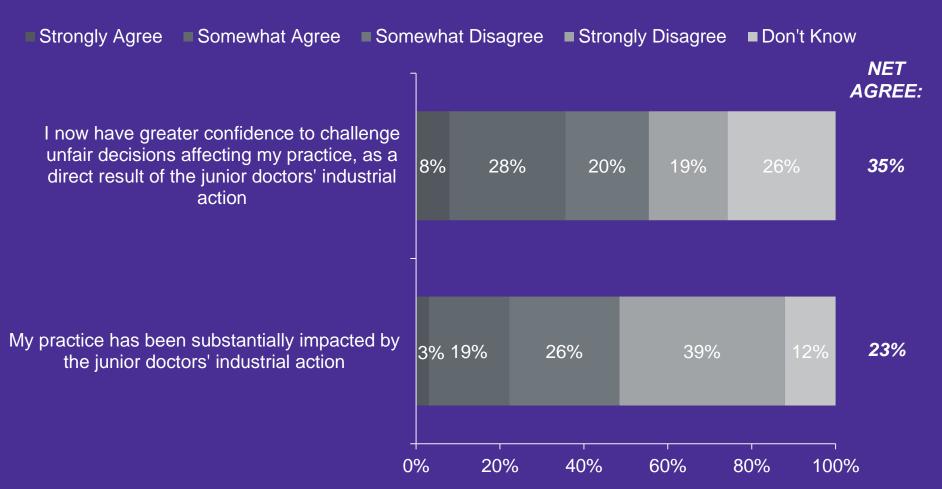


Q10b. Of the factors that you said are currently preventing / hindering recruitment to the practice, which would you say are the biggest challenges for the practice? Base: all practices indicating challenges in recruiting (n=503), 1-2,999 (n=38), 3,000-5,999 (n=137), 6,000-9,999 (n=179), 10,000-14,999 (n=117), 15,000-24,999 (n=27), 25,000+ (n=5)

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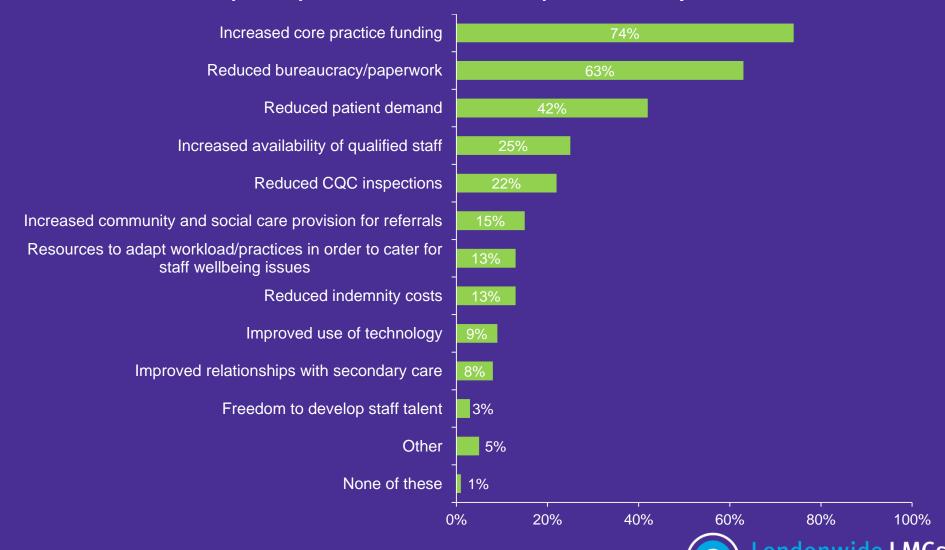
One in four practices say they have been substantially impacted by the junior doctors' industrial action, while one in three say they now have greater confidence to challenge unfair decisions affecting their practice, as a direct result of this industrial action





Three in four practices say that increased core practice funding is one of the top three priorities needed to ensure the stability of their practice

Top three priorities needed to ensure practice stability





Q13. What are the top three priorities that are needed to ensure the stability of your practice? Base: all practices (n=628)

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AUTHORED BRIEFING NOTES



Vacancies

49% of practices surveyed have a vacancy 32% have an employed GP vacancy (65% of vacancies are for an employed GP) 37% have an employed GP or partner vacancy (77% of all vacancies are for a GP)

Contract Termination

35 practices in total with patient lists est at 211,914 are considering either, or both of:

- Terminating their contract in the next three years.
- Closure as a way to manage current or future vacancies (see next page).

20 boroughs had **30** practices **considering closure**

- Of these 8 areas had more than one

12 boroughs had **16** practices **planning closure** in next 3 years

- Of these 4 areas had more than one

26 boroughs (all bar Merton) had **92** practices who **wouldn't rule out closure** in next 3 years. 2 areas had up to 7 practices (Westminster and Lewisham), 3 had 6 (Newham, Barnet, Lambeth), 4 had 5 (Greenwich, Hounslow, City & Hackney, Haringey).



Vacancies compared to planning contract termination

Planning Practice Closure	Number of practices	Of which have vacancies	% with vacancies
Yes	16	11	69%
Wouldn't rule out	92	59	64%
Don't know	80	35	44%
No	440	200	45%
Total	628	305	49%

Retirement

Q8 Does your practice have a GP planning to retire in the next three years?

GP planning to retire	Number / percent	Number / percent with succession plan	Number without a plan to replace departing GP
Yes	269 or 43%		
Don't know	108 or 17%		
No	252 or 40%		
Total		168 or 63%	101 or 37%

Mitigating vacancies and retirements

Q7 What actions are currently being considered to help manage current and future vacancies?

- 39% employing additional locum or agency staff
- 31% looking at succession planning
- 28% increasing hours of existing staff
- 20% sharing staff with other practices
- 17% employing a pharmacist
- 15% merging with another practice
- 5% practice closure (which would impact an estimated 194,914 patients)