REPORT ON RESEARCH INTO RECRUITMENT AND RETENTION OF GPs IN WALES

APPENDICES
## Contents of Appendices

<table>
<thead>
<tr>
<th>Appendix</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Researchers</td>
<td>40</td>
</tr>
<tr>
<td>2 Survey of senior GPs working in Wales to explore retirement issues</td>
<td>41</td>
</tr>
<tr>
<td>3 Survey into areas of Wales with the greatest shortages of GPs</td>
<td>52</td>
</tr>
<tr>
<td>4 Survey of GPS living in Wales who are not currently working</td>
<td>65</td>
</tr>
<tr>
<td>5 Review of the Flexible Career Scheme in England</td>
<td>70</td>
</tr>
<tr>
<td>6 Survey into use of skill-mix amongst Primary Care staff in Wales</td>
<td>73</td>
</tr>
<tr>
<td>7 Survey into childcare support needs of Primary Care staff in a shortage area of Wales</td>
<td>82</td>
</tr>
</tbody>
</table>
Welsh Assembly Government
   • Dr Jane Harrison (Office of CMO)

UWCM Postgraduate Dept of General Practice
   • Dr Eleri Roderick
   • Dr Bridget Osborne
   • Dr Kath Barrar
   • Dr David Wood
With thanks to Ms Maria Parry-Price for her assistance in distributing questionnaires

Manchester Business School
   • Professor Pete Barrar
   • Dr Roxane Gervais

RCGP (Wales)
   • Ms Nicola Edmund

PCSU, Rhonnda Cynon Taff
   • Dr Clare Benson
SURVEY OF SENIOR GPS WORKING IN WALES TO EXPLORE RETIREMENT ISSUES

QUESTIONNAIRE AND SURVEY RESULTS
GP Retirement Questionnaire

Age Male / Female

LHB Practice area ..........................................

Years in General Practice .........................

What post do you currently hold?  (please circle)

- Full-time Principal
- Part-time Principal
- Salaried GP (please specify post) ......................
- Freelance GP (please specify post) ......................

Are you a single handed GP?  Yes / No

How many hours do you work per week on average as a GP:

- in surgery..............................
- out-of-hours .........................

Are you involved in any other activities e.g. training, clinical assistant post, LMC? Yes/No (If yes please give details)

What age do you plan to retire? .........................

What factors in your working life currently influence your decision about when to retire? (please prioritise)

1.................................................................

2.................................................................

3.................................................................

Other factors:
Would a reduction in administrative tasks encourage you to stay in practice?  
Yes / No 
*(please give details)*

Would additional educational support would encourage you to stay in practice?  
Yes / No 
*(please give details)*

What form, if any, of financial inducement would influence your decision about when to retire?  
*(please quantify if appropriate)*

How many sessions would you ideally like to work as you approach retirement?

Are there any barriers currently preventing you from making a change in your working arrangements?  
*(Please give details)*

Would you consider working in a salaried post?  
*(Please give details)*

Would a flexible working scheme along the lines of the retainer scheme be attractive?  
Yes / No

Would you like the opportunity to develop other professional interests?  
Yes / No

43
Please list the areas you would like to develop:
Would you like to be more involved with teaching? Yes / No
If so, in what capacity? (please tick) Medical students
Vocational training
Retainer scheme doctors
Returners
Mentorship

If you would like a copy of the results of this survey, please complete the section below.
Name.................................................................
Practice Address ..............................................................
............................................................................Post code.................

Please return the completed questionnaire in the Freepost envelope provided to:

Name & Address (optional)

Thank you for your help.
Survey of Senior GPs working in Wales to explore retirement issues

1. Introduction
There is an increasing trend for GPs to retire earlier, with a consequent loss of their valuable expertise and experience from primary care. Retention of this group of GPs is essential to retain existing capacity within the primary care workforce in the short-term.

2. Objectives
The objectives of this project were to:

- Identify all GPs over 40 years working in Wales
- Contact these GPs to ascertain their retirement plans
- Explore factors contributing to early retirement of senior GPs
- identify incentives to assist the retention of senior GPs
- Investigate career opportunities likely to be attractive to senior GPs

3. Method
Postal questionnaires were sent to all GPs over 40 years of age (total number 1360) currently working in Wales to enquire into issues relating to their retirement.

The questionnaires incorporated close-ended questions to ascertain:

- age and demographic details
- hours worked in practice
- predicted age of retirement
- willingness to consider salaried post or flexible working scheme
- desire to be involved with teaching
- agreement to be contacted again
- contact details

Open-ended questions were used to ascertain:

- factors influencing retirement decisions
- incentives likely to encourage GPs to remain in practice
- barriers to making changes in working arrangements
- areas of professional interest

Responses were coded and tabulated prior to analysis, with descriptive statistics used for in-depth replies.

4. Results
521 responses were received from the 1360 questionnaires circulated.

4.1 Demographics of respondents

- Geographical area: South Wales (66%); North Wales (24%); mid-Wales (9%)
- 56% male; 25% female
- Age: 40-50 (30%); 50-60 (28%); >60 (6%); unknown (36%)
- Years in practice: <10 (5%); 11-20 (40%); 21-30 (42%); > 30 (12%)
4.2 Working commitments
- Fulltime (67%); part-time (25%)
- Single-handed (7%)
- Salaried post (3%); freelance (12%)

4.3 Involvement in other medical activities
'Are you involved in any other activities e.g. training, clinical assistant post, LMC?'
- Single-handed GPs (Yes - 28%); Group Practice GPs (Yes - 62%)
- Activities: Special Interest (23%); med. education (30%); med. politics (11%)
• Approximately even distribution of involvement in activities across LHB areas

4.4 Planned retirement age
‘What age do you plan to retire?’
• 50-55 yrs (9%); 56-60 yrs(53%); 61-65 yrs(20%); 66-75 yrs(6%)
• 62% respondents plan to retire before the age of 60 years

4.5 Geographical variation in retirement plans
4.5.1 LHB areas where over 40% respondents wish to retire within the next 5 years were: Monmouthshire, Powys, Bridgend and Torfaen.
4.5.2 Several LHBs stand to lose over 60% of responding GPs within the next 10 years: Anglesey, Gwynedd, Denbighshire, Pembrokeshire, Powys, Bridgend, Caerphilly, Neath, and Torfaen.
4.5.3 In Blaenau Gwent all GPs who responded plan to retire within the next five years.

Table 3: Planned age of GP retirement by postcode regions

Table 4: Planned Retirement of GPs by LHB area
4.6. Factors influencing retirement decision

‘What factors in your working life currently influence your decision about when to retire?’

*Numbers in brackets indicate % respondents prioritising this factor.*

4.6.1 Level of workload relating to:
- patient care (38%)
- administration (34%)
- wanting a better work/life balance (33%)

4.6.2 Financial issues (40%):
- level of income / incentives (25%)
- impact of family / home financial commitments (14%)

4.6.3 Pension issues (14%):
- value of pension (11%)
- pension arrangements (3%)

4.6.4 Features of job:
- job satisfaction (23%)
- ability to do job well (2%)
- practice problems (15%)
- lack of career opportunities (4%)
- lack of LHB support (7%)

4.6.5 Personal factors:
- stress / fear of litigation (20%)
- health issues (20%)
- age (1%)
- outside interests (1%)

4.6.6 Political factors:
- too many NHS changes (10%)
- new GMS contract (10%)

4.7. Incentives to defer retirement

4.7.1 ‘Would a reduction in administrative tasks encourage you to stay in practice?’

*Yes - 58%*

4.7.2 ‘What form, if any, of financial inducement would influence your decision about when to retire? (please quantify if appropriate)’

- increased finance would influence decision (Yes - 45%; No - 32%)
  - increased salary (22%)

Quantified: more money – no fixed amount (16%)
- £10 – 25,000 (4%)
- £26 – 60,000 (1%)
- £61 – 100,000 (1%)

- b) seniority pay (7%)
- c) better pension (15%)

4.7.3 ‘Would additional educational support would encourage you to stay in practice?’

*Yes - 32%*

Details: a) protected educational time (9%)  d) IT training (1%)
- b) updates (6%)  e) multidisciplinary issues (1%)
- c) sabbatical (1%)
4.8 Barriers to change

‘Are there any barriers currently preventing you from making a change in your working arrangements? (Please give details)’ (Yes-61%; No - 34%)

Details:  
- a) Lack of finance / resources (28%)
- b) Staffing difficulties (15%)
- c) Excessive workload / lack of time (15%)
- d) Problems within practice (11%)
- e) Issues relating to new contract (5%)
- f) Political issues (3%)
- g) Family issues (2%)

4.9 Career options

4.9.1 Involvement with teaching

‘Would you like to be more involved with teaching?’ (Yes – 44%; No – 54%)
‘If so, in what capacity?’ - see table 5

Table 5: Responses %

| Medical students | 173 | 33 |
| Vocational Training | 95 | 18 |
| Retainer Scheme GPs | 63 | 12 |
| Returners | 72 | 14 |
| Mentorship | 97 | 19 |

4.9.2 Salaried post

‘Would you consider working in a salaried post?’ (Yes - 47%; No – 48%) see Table 6

Table 6: Would consider working in a Salaried Post by LHB area

- Over 30% respondents from all LHB areas would consider working in a salaried post.
- Areas where over 50% respondents would consider working in a salaried post were:
Cardiff, Carmarthenshire, Newport, RCT, Merthyr Tydfil, Anglesey, Denbighshire, Monmouthshire, Powys, Swansea, and the Vale of Glamorgan.

4.9.3 **Flexible working scheme**

‘Would a flexible working scheme along the lines of the retainer scheme be attractive?’

(Yes - 45%; No – 50%)  

**see Table 7**

![Graph showing % of responses for flexible working scheme by LHB area]

**Table 7:** Would consider a Flexible Working Scheme by LHB area

- The only area where fewer than 30% respondents would consider a flexible working scheme was Monmouthshire.
- Areas where over 50% respondents would consider a flexible working scheme were: Swansea, Conwy, Bridgend, Newport, RCT, Torfaen, Wrexham.

4.9.4 **Opportunities to develop other professional interests**

‘Would you like the opportunity to develop other professional interests?’ (Yes -54%; No -41%)

Please list the areas you would like to develop - see Table 8 below

![Table 8: Other professional interests]

<table>
<thead>
<tr>
<th>Areas to Develop</th>
<th>Responses</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>Advising</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Anaesthetics</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Alternative Medicine</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Appraisal</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Cardiology</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Care of the Elderly</td>
<td>1</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Child Protection Services</td>
<td>2</td>
<td>&lt;1</td>
</tr>
<tr>
<td>Clinical</td>
<td>9</td>
<td>2</td>
</tr>
<tr>
<td>Counselling</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Dermatology</td>
<td>26</td>
<td>4</td>
</tr>
</tbody>
</table>
4.10 Ideal number of sessions

‘How many sessions would you ideally like to work as you approach retirement?’

- <6 sessions (42%)
- 6-10 (27%)
- fulltime / same (12%)
- fewer (9%)

4.11 Contact details

249 respondents gave contact details, indicating interest in the survey results.
APPENDIX 3

SURVEY INTO AREAS OF WALES WITH THE GREATEST SHORTAGES OF GPS

QUESTIONNAIRES AND RESULTS
QUESTIONNAIRE FOR GPs IN SHORTAGE AREAS

LHB area ..........................  Post code of practice .....................

Age range  20-30  30-40  40-50  50-60  60-70 yrs  
(please circle)

Sex  M/F

Total number of years in General Practice ................. years

Number of years in current post .............................. years

Type of post you currently hold  (please circle):  
   Principal - Fulltime / Part-time
   Retainer Scheme  Assistant  Associate
   Salaried post  Freelance locum

Type of practice (please circle):
   Group practice : number of whole-time equivalent GPs .........
   Single-handed
   Other (please specify) ........................................

Do you experience difficulties recruiting GPs in your Practice?  Y/N

If Yes:

Which of the following do you think would help recruitment?  (Please give details)

   • New type of post within practice  Y/N

   • Career opportunities for incoming GP  Y/N

   • Improved / enhanced resources for the practice (please give details)
     Financial incentives  Y/N  If Yes, how much? .........................
Educational       Y/N

Increase in Staff numbers       Y/N

Social support / advice for patients       Y/N

Environmental factors in locality       Y/N

Premises improvements       Y/N

Lifestyle issues affecting you and your family       Y/N

Any other suggestions to improve recruitment in your practice / LHB area?

Thank you for completing this questionnaire.

Unless you indicate otherwise, this data will be held in anonymised form on electronic file for research analysis purposes only.

If you would like a copy of the results of this survey, please complete the section below.

Name………………………………………………………………………………

Practice Address ………………………………………………………………………

…………………………………………………………………………………………Post code…………………………

Please return the completed questionnaire in the Freepost envelope provided to :
QUESTIONNAIRE FOR PRACTICE MANAGERS IN SHORTAGE AREAS

LHB area …………………… Post code of practice……………………

How long have you worked in your current practice ?……………………..years

Type of practice (please circle):

  Group practice : number of whole-time equivalent GPs…..
  Single-handed
  Other (please specify) ……………………………………………

Do you experience difficulties recruiting GPs in your Practice? Y/N

What is the average number of applicants per post?...............................

Have you had any feedback from applicants? Y/N (please give details)

Is there a high turnover of GPs in the practice? Y/N
If Yes, why do you think this is?

Do you experience difficulties in finding locum cover for GPs in your practice? (please give details)

Do you have any difficulties with out-of-hours arrangements? Y/N
(please give details)

What do you think would help GP recruitment? Please give details:
  • New type of post within practice Y/N
  • Career opportunities for incoming GPs Y/N
• Improved / enhanced resources for the practice (please give details):
  Educational
  Increase in Staff numbers
  Social support / advice for patients
  Environmental factors in locality
  Premises improvements
  Lifestyle issues affecting families

Any other suggestions to improve recruitment in your practice / LHB area?

Thank you for completing this questionnaire.

Unless you indicate otherwise, this data will be held in anonymised form on electronic file for research analysis purposes only.

If you would like a copy of the results of this survey, please complete the section below.

Name………………………………………………….
Practice Address ……………………………………………………………………
……………………………………………………………Post code………………...

Please return the completed questionnaire in the Freepost envelope provided to:
Survey into GP Shortage Areas

1. Introduction
There are regions of Wales where recruitment and retention of GPs and other Primary Care staff are particularly difficult, with the quality of services and patient care suffering as a consequence. The factors that contribute to these problems may vary between localities and it is essential that initiatives designed to enhance GP recruitment and retention are tailored to meet the needs of each local community and to the available workforce.

2. Objectives
The objectives of the survey were to:
- Identify the areas in Wales with the greatest shortages of GPs
- Determine the extent of their recruitment difficulties
- Explore possible solutions to the workforce shortages within each locality

3. Method
3.1 Areas of Wales with greater than 5% GP vacancies persisting for more than 6 months (so-called ‘shortage areas’) were identified from workforce census data provided by the Statistics Division of the Welsh Assembly Government.

3.2 Statistical data relating to other factors known to increase the workload and pressures on practices were analysed to determine whether these may contribute to recruitment and retention problems within shortage areas. These factors were:
- Practice list sizes
- Level of deprivation payments
- Numbers of single-handed GPs within the area

3.3 Two postal questionnaires were sent to practices within the identified areas: one to GP partners and the other to practice managers. The questionnaires were designed to explore issues which respondents would be best placed to answer.

The questionnaires incorporated close-ended questions to ascertain:
- contact details
- age and sex
- years in GP, years in current post
- type of post held, type of practice
- difficulties with GP recruitment
- possible solutions to recruitment problems

Open-ended questions were used to ascertain:
- details of solutions to recruitment problems
- other suggestions for improving recruitment

Responses were coded and tabulated prior to analysis, with descriptive statistics used for in-depth replies.

3.4 Focus groups and structured interviews were used to research the issues underlying recruitment and retention problems in more detail.
4. Results
Response rates: 54 responses from GPs; 36 responses from practice managers (PMs).

There was generally close correlation between the responses of GPs and PMs on the methods and initiatives likely to improve GP recruitment in their area.

The results of the questionnaires and focus groups were collated and summarised below.

4.1 Demographics of GP shortage areas

4.1.1 The areas identified with >5% GP shortages persisting for more than 6 months were:
North Wales - Flintshire, Denbighshire & Wrexham
[13/194 (6.7%) total WTE vacancies]
South Wales - Blaenau Gwent, Rhondda Cynon Taff & Caerphilly
[20.5/239 (8.6%) total WTE vacancies].

4.1.2 Areas with most vacancies for > 6 months also had the largest list sizes, received the highest deprivation payments and had the greatest numbers of single-handed GPs.

4.1.3 In the 6 shortage areas identified, GP recruitment difficulties were reported by 55% GP respondents, 52% Practice Manager (PM) respondents.

4.1.4 GP questionnaire respondents working within the shortage areas:
- Male (71%); female (29%)
- Age in years: <40 (26%); 40-50 (28%); 50-60 (35%); > 60 (11%)
- Partnerships: fulltime (80%); part-time (9%)
- Salaried posts (7%); Retainer GP (4%)
- Group practices (82%): 3-5 partners (71%). Single-handed practices (18%)
- Working in general practice for: <10yrs (26%); 11-20 yrs (41%); > 20 yrs (33%)
- In same post: <6 yrs (32%); 6-10 yrs (7%); 11-20 yrs (35%); >20 yrs (26%)

4.1.5 PM questionnaire respondents working in the shortage areas:
- Group practices (83%): 3-5 partners (62%). Single-handed (17%)
- Working in same post: < 6 yrs (28%); 6-10yrs (14%); 11-20yrs (44%); >20yrs (14%)
- No. GP applicants per post: 0 (17%); 1-2 (25%); 3-5 (29%); 6-10 (17%); >10(8%)
- High turnover of GPs in practice: yes (11%)
- Difficulties finding locums: yes (83%)
- Difficulties with OOH cover: yes (8%)

4.2 Geographical / cultural issues

4.2.1 GPs are often isolated professionally and socially in remote / deprived areas. The lack of support and resources for both patients and professionals is a significant deterrent to recruitment in these areas.

4.2.2 In both North and South Wales there is great diversity between geographical areas and patient populations: some are very remote and rural, some urban with high unemployment and social deprivation, others more affluent with good housing and schools. These factors have a significant impact on recruitment and retention of GPs.

4.2.3 The proximity of some areas in North Wales to other areas, e.g. Chester, with contrasting support, premises and funding makes recruitment in these localities particularly difficult.
4.2.4 The urban shortage areas of South Wales have greater numbers of single-handed GPs, many of whom are due to retire within the next 5 years.

4.2.5 Misconceptions persist around the working conditions within the South Wales valleys and Blaenau Gwent. These regions are often perceived as old mining communities, lacking the clinical advancements of more developed areas.

4.2.6 Travel time to work has an influence on recruiting GPs and employing locums. Practices located near to Cardiff have fewer problems in attracting GPs than those situated higher up the valleys.

4.3 Specific recruitment issues
4.3.1 The career aspirations of doctors are now significantly different from previous generations of GPs. Fewer young GPs want the financial commitment of buying into premises and there is a desire amongst GPs of all ages to achieve a better work-life balance. Practices with high workloads and inadequate cover for leave therefore have particular difficulties in recruitment.

4.3.2 A sharp rise in the number of GPs leaving the workforce is predicted in some areas of Wales within the next 5 years, when many of the GPs recruited in the 1970s are due to retire. Areas of Wales with current GP shortage problems will be seriously affected by this unless urgent action is taken to improve recruitment and retention in these regions.

4.3.3 Introduction of pension enhancements through GMS 2 in 2006 and plans to introduce changes to the national pension arrangements in 2013 are predicted to cause a bulge in retirement levels at that time.

4.3.4 Successful recruitment and retention initiatives in a locality can have detrimental effects on attempts to recruit GPs in other areas nearby due to:
   - Contrasting favourable terms and working conditions offered by the initiatives
   - Reducing the pool of GPs available for partnerships and locum work

4.3.5 There were reports of problems within a few practices including:
   - A reluctance to take on new partners, resulting in large list sizes and high deprivation payments - income is maximised but at the expense of quality care for patients. The new funding arrangements for practices through GMS 2 help to overcome this problem.
   - A culture of practising reactive general practice, directed at managing acute sickness only, without developing a foundation of preventative medicine. This creates a barrier to the recruitment of doctors who wish to offer proactive care.
   - Inequality of partnership arrangements within some practices, e.g. new partners denied access to practice accounts, unfair terms and conditions within the partnership.

4.4 Workload / environmental issues
4.4.1 Practices in the urban shortage areas of North and South Wales suffer from high workload with greater prevalence of:
   - Social deprivation and lack of social infrastructure
   - Chronic physical diseases
   - Complexity of patient physical / psychiatric / social conditions
   - Low grade psychiatric illness
- Family dysfunction
- Drug and alcohol problems
- Inappropriate use of services by patients
- High patient demand and dependency on primary care services

4.4.2 The pressures and recruitment problems are exacerbated by:
- Long waiting lists for secondary care
- Inefficient patient referral/investigation systems
- Excessive administration and bureaucracy within practices

4.4.3 Other barriers to the recruitment and retention of GPs include:
- Poor quality schooling in a region
- Pressurised working environment - often difficult for young, inexperienced GPs
- Insufficient time to enjoy family life
- Lack of development within primary care
- Inadequate support and funding for enhanced services
- Restrictions of full/closed practice lists

4.5 Premises
4.5.1 The standard of premises has a significant impact on the recruitment of GPs, with greater difficulties in attracting GPs experienced by those practices with poor accommodation compared to those working from modern premises with good facilities. In North Wales, a considerable number of premises in Wrexham and Flintshire are overcrowded and substandard, and in some areas of South Wales premises have been developed from old converted houses with limited space. The majority of practice premises in Denbighshire, however, have been renovated and in Blaenau Gwent most premises are of a good standard.

4.5.2 There is a significant issue around negative equity of premises in the shortage areas of both North and South Wales. This acts an additional deterrent to young GPs who are often unwilling to make the financial commitment of buying into premises.

4.5.3 The lack of space within many premises limits the use of skill mix and development of new patient services.

4.6 Staffing levels
4.6.1 There are deficits in professional and support staff within primary care across all shortage areas, with difficulties in recruiting practice nurses, health care assistants and support staff in addition to GPs. Well trained support staff are in particular demand by practices.

4.6.2 There is a need for training programmes to assist practice managers to facilitate implementation of GMS 2 and to develop the primary care team.

4.6.3 There are fears that the global sum funding arrangements may encourage some practices to reduce staffing levels, in particular the number of practice nurses, in order to become more profitable at the expense of providing quality patient care.

4.6.4 Competing with levels of pay offered by Trusts and the private sector for nurses and support staff is proving difficult for many practices.

4.6.5 Over 80% practices in shortage areas experience difficulties in finding locums to cover GP CPD, study time and annual leave.
4.6.6 There is currently a lack of resources to promote the CDP of practice staff, with a need for accessible and appropriate training courses including IT skills.

4.7 Financial issues
4.7.1 Income level does appear to have some influence on recruitment, especially amongst younger doctors with mortgages. Over 70% GPs respondents felt that a salary increase of £10-20K or a total salary of more than £75 K would be an appropriate financial incentive to attract GPs to work in shortage areas.

4.7.2 The results of the survey and focus groups indicate that simply increasing pay is generally insufficient incentive to attract GPs to work in shortage areas. Good working conditions, educational support and opportunities for career development are also important and offering these has been successful in increasing GP recruitment and retention in the salaried schemes set up in the South Wales valley areas.

4.7.3 There is a call for more financial resources to support practices with branch surgeries within rural regions of Wales, where expenses are high.

4.7.4 In urban areas patient populations are more reluctant to be involved in screening and immunisation programmes and therefore practices need larger list sizes to be financially viable relative to other localities.

4.7.5 The cost of advertising through the BMJ is prohibitive, especially for those practices with long-term vacancies.

4.7.6 Young GPs need more training in business management within their VTS to improve skills in running a practice and facilitate the implementation of GMS 2.

4.8 Support for GPs and Primary Care Teams
4.8.1 Improved working conditions and support for practice staff are important in the drive to enhance staff recruitment. Resources are required by GPs and primary care staff to support the development of:
   - Accessible childcare arrangements
   - High quality Occupational Health Services
   - Skill mix within practices
   - Cross-practice working and support
   - In-house patient support services, e.g. drug counsellors, physiotherapy
   - Pharmacy initiatives, e.g. for repeat prescribing systems within practices
   - Accessible IT resources, e.g. patient information leaflets for all practices
   - Systems to manage chronically ill patients

4.8.2 Practices reported a lack of funding to support innovation, including developing enhanced services. LHB funding arrangements, based on the previous year’s spending levels, constitute a further barrier to development.

4.8.3 Specific concerns expressed by GPs and practice managers included:
   - The lack of standardised arrangements for GP maternity pay across LHBs
   - The risk of failure of OOH cover arrangements by LHBs

4.9 Patient education and support
4.9.1 Problems in recruiting social services staff has resulted in patients living within shortage areas of both North and South Wales lacking social support and medical
advice services. This places a significantly increased burden on primary care teams. Resources are required to develop:

- Social work services
- Housing support
- Community care services
- Citizens Advice Bureau
- In-house counselling services

4.9.2 Secondary Care services are currently unable to cope with the high levels of demand, for example for psychiatric services and physiotherapy, and waiting times are long. This further increases the workload for primary care services.

4.10 Training and education
4.10.1 Recruitment of staff is more successful within practices that are organised, train their staff well and actively reduce the workload of professionals within the team.

4.10.2 Education and training courses are required by all practices in Wales, in particular those to promote:

- IT skills
- The developing role of practice nurses, including CDM
- Development of enhanced services
- CPD of all staff
- The role of practice managers
- GP skills in business management
- In-house training for ancillary staff
- Education in risk management

4.10.3 More than 70% GPs in the shortage areas felt that the provision of protected study time and access to educational courses were significant factors in improving GP recruitment and are necessary to prevent professional isolation.

4.10.4 There is currently a lack of accessible, structured educational programmes for many GPs working in North Wales. Regular contact with a postgraduate centre / university would provide an academic focus for doctors and offer opportunities to meet with colleagues.

4.10.5 Practices in South Wales regions reported that the training budget previously provided by the LHB for non-clinical staff had been successful in promoting their career development opportunities.

4.10.6 There were few training practices located within shortage areas. Research has shown that young GPs tend to stay in the areas where they train, provided they are supported professionally, and therefore providing training experience within regions with recruitment difficulties could be an effective strategy. In addition, the teaching role created by these training posts would offer interesting career opportunities for experienced doctors, providing an incentive to defer retirement.

4.10.7 Medical school placements could provide experience of working in shortage areas for students at a formative stage of their careers and may be beneficial to general practice recruitment in the longer-term.
4.10.8 Postgraduate Assistant and Postgraduate Fellowship schemes have proved very popular with young GPs in Wales and have increased GP retention, but at present the places on these schemes are limited and centralised geographically.

4.10.9 The provision of cover to enable GPs to attend educational courses within protected study time has proved attractive to GPs working in the PCSU and on Postgraduate Schemes. This resource should be considered when setting up initiatives in under-doctored areas of Wales.

4.11 Career options / career development opportunities

4.11.1 There is a trend towards GPs working as employees within practices and planning short 2-3 year career moves rather than embarking on longer-term commitments.

4.11.2 Around 60% of GPs and practice managers working in shortage areas felt that new types of post would assist in GP recruitment. Factors considered important for new posts were:
- The desire for a work-life balance
- Flexibility to move between posts and experience different types of practice
- The option of partnerships without financial commitment

4.11.3 Types of posts considered to be attractive for shortage areas were:
- Part-time, flexible partnerships
- Salaried posts with / without the option of partnership
- Flexible posts with cover for education & training; integral study leave
- GP with Special Interest posts
- Posts with opportunities to develop educational or research interests
- Retainer schemes

4.11.4 There is a need for a career structure within general practice, with opportunities for career progression and development that provide stimulation and challenge, in addition to enabling GPs to use their experience appropriately.

4.11.5 Job satisfaction for GPs usually results from the ability and opportunity to make a real change – not just to individuals but also to a community. Empowering and supporting primary care teams to be innovative and improve the lives of their patients are significant factors in staff recruitment and retention.

4.12 Current Recruitment and Retention initiatives

Several schemes outlined below are in operation within shortage areas of Wales and have been successful in the recruitment and retention of GPs.

4.12.1 The option to opt out of OOH cover has significantly reduced the workload of GPs and allowed them to live in areas further from the practice area.

4.12.2 The Retainer Scheme offers posts with flexibility, educational support and reduced workload to GPs who wish to continue working alongside other commitments. The GPs taking up these posts are often experienced doctors who make a valuable contribution to the practice workforce.

4.12.3 The GP Refresher Scheme offers clinical support to GPs returning to the workforce, with retraining programmes within Advanced Training Practices.
4.12.4 The **Postgraduate Assistant and Fellowship Schemes** provides opportunities for young GPs to extend their training and develop clinical / academic interests alongside their general practice experience.

4.12.5 The **Heads of the Valleys Project** is a salaried GP scheme in which practices are managed and supported by the LHB. New premises, education / training programmes and protected study time are provided for the doctors and GPs who are working towards training status are encouraged to apply. There are several models operating within this scheme and evaluation of their cost-effectiveness would be helpful for future planning.

4.12.6 **Succession planning** for practices has been successful in the proactive management of posts held by GPs approaching retirement age. Employing a team of salaried GPs, nurses and pharmacists to run a vacant practice has proved more effective than using successive / long-term locums.

4.12.7 The **Primary Care Support Unit** employs salaried doctors to work as a team and rotate between practices within the RCT area. The project has been successful in recruiting and retaining GPs through incentives which include protected study time, educational programmes tailored to individual needs of GPs and payment of medical defence fees. Many GPs on the scheme have developed special interests through diploma courses. Evaluation of the scheme to assess its cost-effectiveness, evaluate the effect on staff recruitment and retention in nearby practices and inform future initiatives would be beneficial.
Dear Doctor,

We are interested in exploring the reasons why trained GPs are not currently working in practice and establishing what support, if any, they would require to consider a return.

I am sure that you are well aware of the shortage of General Practitioners in Wales at the moment. The department of postgraduate general practice at UWCM are attempting to identify doctors who are in this category.

As an initial step I should be most grateful if you would be kind enough to complete the enclosed questionnaire and return it in the Freepost envelope provided. Completing the questionnaire will not commit you in any way, but will help us in determining educational priorities.

If you would like further information about this study, please contact Kath Barrar at the Deanery office on 01492 860663.

Many thanks,
Questionnaire for GPs who are not currently working

1. Name………………………………………………………………

2. Address

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………
Postcode…………………..E-mail ……………………………………..
Phone………………

3 Year of qualification 19…

4. How long is it since you were last in practice ？..........................

5. Please indicate as fully as possible the reason(s) which most closely explain why you are not currently in practice.

……………………………………………………………………………………………………
……………………………………………………………………………………………………
……………………………………………………………………………………………………

6. Do you have a valid JCTPGP certificate Yes/No

If you answered No to question 6:

7. Have you completed any training which would count towards vocational training for general practice such as paediatrics, psychiatry, general medicine or surgery, obstetrics or gynaecology?

Please.specify…………………………………………………………………………………………
……………………………………………………………………………………………………
………………

8. Would you consider undertaking further training to complete a vocational training scheme for general practice, if it could be organised to meet your needs ？

Yes/No

9. Would you like any more information about education opportunities available or about schemes for flexible or part time work ？ Yes/No

10. A follow-up survey will be conducted. Please let us know whether we may contact you again by circling a or b below:

a. I may be contacted again
b. I do not wish to be contacted again

Please return this questionnaire in the Freepost envelope provided, even if you have no current plans to return to practice.
If you would like to discuss this study further, please contact Kath Barrar in the Deanery Office on 01492 860663
1. Introduction
Qualified GPs who decide to leave General Practice represent a significant loss to the primary care workforce and NHS Wales, particularly if they choose not to return to General Practice in the longer term. A method was devised to contact these doctors and thereby ascertain their interest in returning to the workforce with appropriate educational and personal support.

2. Objectives
The objectives of the survey were to:
- contact qualified GPs living in Wales who have left the primary care workforce
- ascertain their reasons for not currently working in General Practice
- identify those GPs interested in returning to work
- build up a database of potential GP Returners

3. Method
3.1 Letters were sent to practice managers and GPs practising in Wales with a request to pass on enclosed questionnaires to qualified GPs living in Wales who are not currently working.
3.2 The questionnaires incorporated close-ended questions to ascertain:
- contact details
- year of qualification
- valid JCPTGP certificate held
- length of time out of practice
- desire for information about educational resources and flexible working opportunities
- agreement to be contacted again
3.3 Open-ended questions were used to ascertain reasons for not working in General Practice at present
3.4 Responses were coded and tabulated prior to analysis, with descriptive statistics used for in-depth replies.

4. Results
Valid responses were received from 59 qualified GPs.

4.1 Demographics of Respondents
- 51 held a valid JCPTGP certificate.
- Of 8 respondents without a valid certificate, 3 would consider further training as a GP
- Respondents were: 53% female, 42% male, 5% unknown sex
- Year of qualification: 15% up to 10 years ago, 37% 11-20 years ago, 27% 21-30 years ago, 20% 31-40 years ago, 2% more than 40 years ago
- Years since last practised: 67% <4 years, 30% 4-10 years, 3.5% >11 years
4.2 Reasons given for not working
‘Please indicate as fully as possible the reason(s) which most closely explain why you are not currently in practice’
   a) Pregnancy / young children (21%)
   b) Dissatisfaction with state of General Practice / GMS 2 / appraisal issues (17%)
   c) Working in another branch of medicine (17%)
      Other branches of medicine chosen:
      • psychiatry 21%
      • research / academic 21%
      • genetics 14%
      • neurology 14%
      • OH 7%
      • dermatology 7%
      • paediatrics 7%
      • public health 7%
   d) Career outside NHS (16%)
   e) Ill-health (12%)
   f) Unable to find suitable post (12%)
   g) Lack of confidence (3%)

4.3 Interest in educational opportunities and flexible working
‘Would you like any more information about education opportunities available or about schemes for flexible or part time work?’ Yes – 74%

4.4 Agreement to be contacted again
‘A follow-up survey will be conducted. Please let us know whether we may contact you again by circling a or b below’ Yes – 98%
APPENDIX 5

REVIEW OF THE FLEXIBLE CAREER SCHEME IN ENGLAND

METHOD AND RESULTS
Review of the Flexible Career Scheme in England

1. Introduction
It is imperative that funding for initiatives designed to increase recruitment and retention of GPs in Wales is used effectively and efficiently. Ideally before implementation there should be good evidence that the creation of a new scheme or the extension of an existing one will be successful in increasing capacity significantly within primary care.

The Flexible Career Scheme (FCS) was launched in England in November 2002 to increase the number of flexible and part time posts within general practice. The aim of the scheme was to recruit more doctors into General Practice by providing a career option with full employment rights, flexibility & protected time for education.

2. Objectives
The objectives of this project were to determine:
• The benefits of the Flexible Career Scheme (FCS) in England
• The extent to which the scheme has assisted in recruitment / retention of GPs in England
• Elements of the scheme which could be incorporated into flexible working schemes set up for GPs in Wales

3. Method
3.1 The DOH held two update meetings in May 2004 with Regional Directors of PG Education for GP from Deaneries across England, who had been involved in setting up and running the schemes.
3.2 The aims of the meetings were:
• to receive an update on the FCS in terms of uptake, benefits and problems from the regional directors
• to discuss possible changes to the FCS proposed by the DOH
• to feed back the opinions of the educationalists to inform future policy decisions
3.3 Those present at the meeting included:
• DOH officials Dr Peter Dickson (GP lead on Recruitment, Retention and Return Team), Nick Hope, Elizabeth Eddy, Debbie Nicholson and Emlyn Eddy
• Regional directors from Eastern, Wessex, West Midland, Trent, Oxford, Northern, Kent and Leicestershire
• Observer from the WAG and UWCM Postgraduate Department of GP.
3.4 The review of the FCS provided an opportunity for the WAG and UWCM observers to:
• assess the effectiveness of the scheme
• identify any difficulties that have arisen during implementation of the FCS
• identify valuable aspects of the scheme that could be incorporated into a flexible working scheme for GPs working in Wales

4. Results
4.1 Doctors joining the scheme had previously worked as Retainers, as locums or joined straight from their VTS. A FCS Network was set up to match doctors with available schemes.
4.2 Figures for the FCS: 963 joined from its commencement in 2002 to May 2004, at a cost of £16 million annually.
4.3 The potential benefits of the FCS were cited as follows:

4.3.1 Increased workforce capacity within primary care
- Enables GPs to fulfil their working potential through greater support and flexibility within their jobs.
- Provides a career option with reduced workload and increased flexibility for GPs nearing retirement, helping to retain the valuable expertise of these doctors.
- Increases the overall number of substantive posts in general practice and should involve a commitment by employers to the longer-term employment of FCS doctors.
- Enabling GPs to combine FCS with locum work increases the number of working sessions for GPs on the scheme.

4.3.2 Promotion of career continuity within general practice
- Extends the range of career opportunities for GPs who might otherwise fail to find suitable posts.
- Provides flexible part-time posts with educational support to enable doctors to continue working alongside other commitments, for example bringing up young families.
- Reduces the cost of retraining by encouraging GPs to stay in the workforce.
- Encourages GPs who have left the workforce to return by providing a structured and supported route back into general practice.

4.3.3 Attracts more doctors into general practice
- Enables GPs to keep their skills up to date and maintain contacts within the professions, thereby increasing job satisfaction.
- Promotes a cultural change towards family-friendly working arrangements with flexibility and promotion of work-life balance.

4.3.4 Encourages practice development
- Promotes the establishment of practices accredited to have a FCS
- Experienced FCS doctors often drive improvements within practices
- Innovative OOH schemes have been serviced by FCS doctors

4.4 Problems that have arisen for the FCS include the following:

4.4.1 Cost of scheme
- The FCS is expensive to implement and to run.

4.4.2 FCS has not proved beneficial in recruiting or retaining GPs in shortage areas
- The scheme is popular and over-subscribed in well-doctored areas, but not in areas with GP shortages
- Tendency for doctors to leave schemes in areas with high workload and lack of support

4.4.3 Lack of support / employment rights for doctors on FCS
- GPs on the scheme often lacked personal and professional support in the shortage areas
- Some practices did not adhere to contractual agreements, e.g. lack of educational supervision, maternity and sickness rights, commitment to longer-term employment
- Lack of childcare support and facilities for GPs on the FCS
SURVEY INTO USE OF SKILL-MIX AMONGST PRIMARY CARE STAFF IN WALES

QUESTIONNAIRE AND RESULTS
SKILL MIX QUESTIONNAIRE – LETTER TO PRACTICES

The implementation of the new contract, with the global funding arrangements, will allow primary health care teams to employ staff with a range of skills in a variety of ways. We are aware that some practices across Wales already employ their staff in new roles and we are interested in finding out more about these innovative ways of team working.

With the current recruitment and retention difficulties within Primary Care, it is essential that practices make the best use of all available trained staff and in addition are creative in designing new posts to assist with the workload.

By sharing our experiences in skill mix and role redesign within our primary health care teams, we shall be helping practices to find solutions to the current workforce difficulties.

We are interested in responses from all practices and would be grateful if you could return the completed questionnaire in the SAE provided. We shall distribute a report of this survey to all responding practices when the results have been analysed.
SKILL MIX QUESTIONNAIRE

Skill-mix can be defined as the employment of staff members in untraditional / unconventional ways for the provision of high quality patient care.

1. Please indicate which of the following staff are employed in your practice:

   Health Care Assistant
   Nurse Practitioner
   GP with special interest
   Area of interest ...................

   Other examples of 'skill-mix' within your practice, including retraining existing staff members for new roles:

2. Which if any of the above staff members have received special training for their new role(s). Please give length of training and brief outline of course content.

3. Do you experience difficulties in accessing education and training for your staff? If yes, please explain briefly.

4. Are there any other limitations or barriers to your use of skill-mix within the practice, e.g. lack of space, shortage of applicants for new roles

5. Anticipated effects of the new contract on your use of skill-mix
6. What support you would require in developing the use of skill-mix within your practice?

7. Would you be willing to share your experiences in the use of skill-mix with other practices?

8. Would you be interested in learning more about the successful use of skill-mix in Wales?

Name of practice .......................................................... ........................................

Address of practice .......................................................... ........................................

Tel number ............................................. e-mail .......................................................... ........................................

Thank you very much for completing this questionnaire.

Please send in SAE provided to: RCGP Wales office, etc
Survey into use of Skill-Mix within Primary Care Teams

1. Introduction
The term ‘skill-mix’ describes the pooling of the skills of members working within a team to facilitate flexibility and innovation of staff roles, enabling patient needs to be addressed more effectively and efficiently.

Experience within practices has shown that developing staff roles based on competencies promotes a more flexible approach to patient care, enabling team members to transfer their skills between posts and provide different models of service delivery in response to the changing needs of patients, communities and healthcare workers. This methodology promotes a move away from traditional practice to embrace innovative service design and is fundamental to the successful implementation of new GMS contract.

2. Objectives
The objectives of this survey were to:
- Explore the current extent of skill-mix within practices in Wales
- Identify barriers to the use of skill-mix
- Define the practical support needed by primary care teams to increase their use of skill-mix

3. Method
3.1 Postal questionnaires were sent to all practice managers in Wales explaining the research objectives (590 questionnaires in total, for 506 practices plus branch surgeries).

3.2 The questionnaires incorporated close-ended questions to ascertain:
- Contact details
- Practice demographics
- Extent and types of skill-mix used within practices
- Interest in learning more about skill-mix
- Willingness to share experiences in use of skill-mix

3.3 Open-ended questions were used to ascertain:
- Barriers / limitations to the use of skill-mix
- Support / resources required to promote skill-mix

3.4 Responses were coded and tabulated prior to analysis, with descriptive statistics used for in-depth replies.

4. Results
128 practices responded:

4.1 Demographics of responding practices
4.1.1 Geography of practices:
35% urban, 40% rural, 14% mixture rural/urban, 10% inner city.

4.1.2 Respondents representative of a spread of list sizes: from 3,000 to >11,000 patients.

4.1.3 Number of partners within responding practices:
Full-time: 1 (17%), 2 (27%), 3 (23%), 4 (16%), 5 (9%), > 6 (6%),
Part-time: 1 (13%), 2 (22%), 3 (12%), 4 (2%), 5 (1%)

4.1.4 No. WTE practice nurses in responding practices: 1 (8%), 2 (48%), 3 (29%), 4 (10%), 5 (1%)

4.1.5 Involvement in teaching: GP registrar training (36%); medical students teaching (45%).

4.2 Use of skill mix within practices
4.2.1 76% respondents use some skill-mix to some extent in their practices. No correlation between practice size and use of skill-mix.

4.2.2 Relating extent of skill-mix within practices to area by postcode, there was no significant difference between practices in North and South Wales. In most areas, practices use 1 or 2 different types of skill-mix and only practices in the Cardiff environs used up to 5 different types of skill-mix.
4.2.3 **Staff roles** within responding practices included:
- Health Care Assistant (56% practices)
- Nurse Practitioner (23% but ?definition of role)
- Nurse Prescriber (14%)
- GP with Special Interest (39% but ?definition of role)
- Physician's Assistant (2%)

4.2.4 Other **examples of skill-mix**
- Receptionists for phlebotomy, summarising records, data entry, BP measurement
- Project manager to assist in administration of GMS 2 contract
- Nurses undertaking more chronic diseases management
Quotes on examples of skill-mix in the practice:
“All receptionists in Practice are able to complete all practice work from entering data on to computers to hospital referrals, insurance reports etc.”

“We have trained all our receptionists to be data entry clerks. Employed a project manager to help with implementation of contract (admin).”

“Next intended step will be train non-clinical reception staff to use electronic ‘home-use’ BP machines to measure new patient BP values.”

“The new Health Care Assistant was our Computer Operator. She is in the process of being trained and started in post in April 2004.”

“All members of staff are able to skill-mix; no one person does the same role.”

“Summarising clerk trained to use N.S.F.- related read codes but responsible to lead G.P.”

“Nurses now carry out chronic disease clinics.”

4.2.5 **Externally funded resources** for staff in 41% responding practices, with 27% receiving permanent funding. Most posts were LHB-funded.

![Figure 7: Types of externally funded Clinical Resources in Practices](image)

Benefits to external funding include:
- Enhanced use of skill-mix
- Reduced pressure on existing staff
- Helps in implementing new GMS contract

Quotes on benefits of externally - funded resources:
“It helps to have Phlebotomist taking bloods which relieves Practice Nurse to concentrate on other specialised work.”

“Yes. Takes pressure off the Dr. and creates appointment slots.”
“Most definitely. The practice would not have enough nurses to cope with the demands of the surgery if we were not given additional support other than GMS, NSF & GP contact would not be possible.”

“Yes. The phlebotomist releases the practice nurses to carry out additional work. The counsellor is able to provide in house care and is able to liaise immediately with the GPs if there are any areas of concern.”

4.2.6 **Staff Training** by practices
- External training courses (47%)
- In-house training for staff (27%)
- Did not state had specific training for new roles (53%)
- Practices using skill-mix have no specific training for their staff (%)

4.2.7 **Difficulties in accessing education and training** for staff
- Courses too few / fully booked / not suitable (28%)
- Staff shortages / cover problems / insufficient staff time (21%)
- Insufficient funding (22%)

![Diagram](image.png)

**Figure 8:** Types of Training Available to Practices

The practices with list sizes 7,000 - 8,999 engaged most in providing/accessing staff training.

See Figure 8.

4.2.8 **Perceived effects of new contract** on use of skill-mix
- Increased use of skill-mix (52%)
- Increased workload / administration / staff training needs (27%)
- No effect (9%)

4.2.9 **Limitations / barriers** to use of skill-mix (see fig. 11)
- Lack of space (56%)
- Problems with staff recruitment or cover (18%)
- Financial constraints (11%)
- Issues around cultural changes or team working (8%)

**Figure 11**: Limitations or Barriers to Skill-Mix within Practices

4.2.10 **Support required** to enhance skill-mix within practices
- Increase in funding or time for training (30%)
- Access to specific / relevant staff training courses (21%)
- Training in use of skill-mix (14%)
- Increase in funding for premises (11%)
- Cross-practice working (4%)
- Staff cover / R&R issues (7%)

**Figure 13**: Types of Support Needed to Develop the Use of Skill-Mix within Practices

4.2.11 **Interest in survey**
91% respondents interested in learning more about skill-mix within primary care.
60% respondents willing to share experiences in use of skill-mix.

APPENDIX 7

SURVEY INTO CHILDCARE SUPPORT NEEDS
OF PRIMARY CARE STAFF
IN A SHORTAGE AREA OF WALES

QUESTIONNAIRES AND RESULTS
GENERAL PRACTICE CHILDCARE QUESTIONNAIRE
TO BE COMPLETED BY PRACTICE MANAGER PLEASE

Name of Practice

Total number of staff

What is your practice population approximately?

GPs (including principals, salaried, trainees and retainees)

<table>
<thead>
<tr>
<th>Total number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of men</td>
<td></td>
</tr>
<tr>
<td>Number of women</td>
<td></td>
</tr>
<tr>
<td>Approx number with children below school age</td>
<td></td>
</tr>
<tr>
<td>Approx number planning to have children in the next 5 years.</td>
<td></td>
</tr>
<tr>
<td>Approx number with school age children</td>
<td></td>
</tr>
</tbody>
</table>

Nursing staff

<table>
<thead>
<tr>
<th>Total number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of men</td>
<td></td>
</tr>
<tr>
<td>Number of women</td>
<td></td>
</tr>
<tr>
<td>Approx number with children below school age</td>
<td></td>
</tr>
<tr>
<td>Approx number planning to have children in the next 5 years.</td>
<td></td>
</tr>
<tr>
<td>Approx number with school age children</td>
<td></td>
</tr>
</tbody>
</table>

Auxiliary staff

<table>
<thead>
<tr>
<th>Total number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of men</td>
<td></td>
</tr>
<tr>
<td>Number of women</td>
<td></td>
</tr>
<tr>
<td>Approx number with children below school age</td>
<td></td>
</tr>
<tr>
<td>Approx number planning to have children in the next 5 years.</td>
<td></td>
</tr>
<tr>
<td>Approx number with school age children</td>
<td></td>
</tr>
</tbody>
</table>

Many thanks.
Please return to Dr. Clare Benson, 35 Cae Ty Mawr Whitchurch Cardiff CF14 2HB by 31st October 2004.
QUESTIONNAIRE 2 TO INDIVIDUAL STAFF IN RCT

GENERAL PRACTICE CHILDCARE STAFF QUESTIONNAIRE
TO BE COMPLETED BY INDIVIDUAL PRACTICE STAFF

Thank you for filling in this questionnaire. The Welsh Assembly is looking at ways of helping parents with young children stay in work in the NHS. This questionnaire will help us assess the demand for these services.

Are you □ Male □ Female Your age (optional) …………

Your job? □ GP Principal □ Nurse □ Phlebotomist □ Receptionist
□ Salaried GP □ GP retainer □ Secretary □ Physiotherapist
□ GP registrar □ Practice Manager □ Other practice staff

How many hours do you work per week? ………………………

Do you have children? Number of children aged 0-5 …………………
Number of children aged 5-16 …………………

Are you planning to have a child in the next five years? □ Yes □ No

If so, are you worried about childcare provision? □ Yes □ No

If you have children, who looks after them when you are at work?
□ School □ Other members of family □ Creche or nursery □ Childminder

How much does childcare cost you per week? £ …………………

If you were to have a child in the next five years, what would you plan to do?
□ I would plan to give up work
□ I would continue working, but less hours than I work at present
□ I would continue working the same number of hours I currently work

Would having a subsidised childcare service change your plans? (tick all that apply)
□ No
□ Yes – I would be more likely to stay in the Rhondda Cynon Taff than move elsewhere
□ Yes – I would continue working, but less hours than I work at present
□ Yes – I would continue working the same number of hours I currently work

What kind of childcare service would you use? (tick all that apply, and underline your preferred choice)
□ A voucher system to allow childcare of your choice to be subsidised
□ Creche or nursery close to home
□ Creche or nursery based in Royal Glamorgan
□ Creche or nursery based in Aberdare

Thank you. If you have any additional comments, then please write them on the reverse of this sheet.
Survey into Childcare Support Needs of Primary Care Staff

1. Introduction
Affordable and accessible childcare is thought to be a significant incentive for health professionals with young children to work in an area, but to date there has been a lack of research into the benefits of childcare support to improve recruitment and retention of primary care staff living in Wales. Support can take the form of:

- Provision of accessible, high quality childcare facilities such as crèches / nurseries
- Assistance with the payments for childcare whilst working

An evaluation of the most effective use of resources to assist primary care staff with childcare is important given:

- changing demographics of the GP workforce, with increasing numbers of female doctors qualifying
- need for more support to enable all staff to fulfil their working potential
- desire for a better work/life balance amongst primary care staff
- particular difficulties with childcare experienced by staff who live and work in remote rural parts of Wales

This project is designed to explore these issues and to design a system which is acceptable to staff, easy to administer and effective in supporting childcare needs of primary care staff.

2. Objectives
This scoping exercise aims to:

- bring together available research on the impact of childcare provision on the recruitment and retention of NHS staff
- to assess demand for childcare services amongst primary care staff working within a ‘shortage’ area
- to elicit staff preferences for childcare support

3. Background
3.1 Rhondda Cynon Taff
- Rhondda Cynon Taff is the second most populated authority area in Wales after Cardiff.
- It is a relatively deprived area and current average life expectancy is 1-2 years less than the average for Wales.
- Geographically the northern areas comprise steep narrow valleys, with urban and economic development along the valley floors. “The geography of the area makes access to services a real and pressing issue.” (Wanless Local Action plan for RCT)
- Primary care in the region consists of 42 GP practices, 14 of which are single handed.
- A number of the GPs currently working in practices are approaching retirement age and traditionally “the area has been very difficult to recruit to partly because of the deprivation and unattractive working environment." (RCT LHB Primary Care Development Plan).
- Many of the practices have very large list sizes

3.2 Primary Care Support Unit
- One solution to the recruitment problem in the area, helping to reduce GP and nurse shortages.
- Set up by the LHB in 2001 and employing 13 salaried GP’s and 7 nurses.
• Staff work in various practices with the local GPs to provide enhanced services in the practices and in primary care resource centres in the Rhondda and Cynon valleys.
• Of the 13 salaried PCSU GP’s, 9 are young married females and childcare is likely to become an important factor in their retention.
• There is currently no childcare specifically organised for this group. The local hospital crèche at Royal Glamorgan Hospital, Llantrisant, has a waiting list of 6 to 9 months and is not geographically well placed for easy access to the Cynon Valley. (See figure 1).

4. Method
4.1 A literature review was conducted into recent research into the impact of childcare support on the recruitment and retention of primary care staff.

4.2 Postal-based questionnaire surveys were sent to all practices and staff members in the Rhondda Cynon Taff, including staff working for the Primary Care Support Unit (PCSU). Two types of questionnaire survey were sent out to each of the forty-two Rhondda Cynon Taff practices and to the PCSU to establish demand for childcare from primary care workers.

4.3 Questionnaire 1 was designed for practice managers (PMs) to determine basic demographic information about the practices:
  • numbers of GPs, nurses and ancillary staff with children
  • numbers of workers planning to have children within the next five years.

4.4 Questionnaire 2 was designed for primary care staff and enquired into:
  • basic demographic information
  • current and planned childcare needs
  • concerns about childcare provision
  • the likely impact of the provision of childcare services on individual plans
  • staff preferences for the type of childcare services that would be helpful
  • whether the introduction of a subsidised childcare service would make a difference to work plans or to staff retention within the area.

5. Results

5.1 Literature review
5.1.1 On reviewing the literature, limited empirical work has been done on the impact of childcare provision on the recruitment and retention of staff.

5.1.2 The Royal College of General Practitioners reported in an article in 2002 that the UK is experiencing problems with medical staff recruitment and retention, with reduced numbers choosing careers in general practice or entering partnerships and increases in part time working. A qualitative research paper published subsequently in the RCGP journal suggested that a major reason for this was the difficulty perceived or experienced by those trying to balance work and family commitments.

5.1.3 The Health Service Journal published research in 1989 -“Mind that Child”, based on findings from questionnaires sent to 3,600 NHS staff working within Nottinghamshire Health Authority. Approximately half the respondents with children under 11 in this survey said that they had experienced problems with child minding. The research suggested a need for flexible working arrangements and for greater access to subsidised child care services. A more recent Health Service Journal article (July 2001) entitled ‘Keeping Mum’ concluded that
“The provision of good-quality accessible and affordable childcare for parents working in the NHS is an essential part of improving the recruitment and retention of staff”.

5.1.4 Nationally, the Childcare Strategy was launched as part of the NHS plan in July 2000. One of the national targets is for all NHS staff to have access to a childcare co-ordinator and to improve access to childcare facilities to assist employees in returning to work. The July 2004 issue of the NHS magazine ‘Primary Care’ reported research findings that 83% of all parents working in the NHS had found the NHS strategy helpful and nearly 1:3 felt that increased childcare provision had enabled them to remain at or return to work.

5.1.5 As outlined in a report ‘Caring for the Carers’ published in the NHS ‘Primary Care’ magazine (April 2003), the focus of input into childcare has been geared towards hospital based staff rather than those working in the community. “Unlike hospital-based staff, those working for PCTs may be spread around the district and so more flexible solutions are needed.”

5.1.6 One approach which is reported as successful in the above article is that adopted by the Ashton, Leigh and Wigan PCT in north-west England where the PCT introduced a childcare voucher scheme to subsidise childcare of parents choice (implemented using commercial voucher scheme “Busy-Bees”).

5.1.7 The British Medical Association has been vociferous in its demand to see similar schemes set up to offer financial reimbursement towards child care provision in the primary care setting. The BMA childcare policy 2001 stipulates that “in view of the stated aims within the NHS Plan to increase the amount of subsidised child care, this meeting demands that this immediately be extended to primary care.”

5.1.8 The King’s Fund report published in 2002: ‘Claiming the Health Dividend: unlocking the benefits of NHS spending’ was a report outlining the links between health and sustainable development. It focused on NHS development around several themes, one of which was the provision of childcare. The Welsh Assembly Government response to this report states that one of its aims for the NHS is ‘to buy childcare and invest locally in childcare facilities’ (CSCD 02-03). It states that ‘England’s childcare strategy developments present a clear challenge to the recruitment and retention strategy for NHS Wales which we need to do all possible to address’.

5.1.9 Overall, the research to date indicates that support for childcare will influence the success or otherwise of recruitment and retention initiatives, particularly for young female general practitioners.

5.2 Results of Questionnaires

5.2.1 Response rates
There were clear differences between both the response rates and the results of the surveys of the 42 practices within Rhondda Cynon Taff compared to the 20 GP staff working within the PCSU. The demographic differences between the two populations may account for the differences in the results.

- 14 PMs responded to questionnaire 1
- 58 primary care staff responded to questionnaire 2
Figure 1 Map showing geographical distribution and response rates of practices within RCT
5.2.2 Demographics of respondents
Figure 2 illustrates the female: male ratio of responders to Questionnaire 2, reflecting the high percentage of female staff working within Rhondda Cynon Taff.

[It is known that the majority of practice GP partners in the RCT area is male, whereas the majority of PCSU GPs (9 out of 13) is female].

Figure 2: Demographics of staff in RCT

5.2.3 Current and future demand for childcare
Figures 3 and 4 illustrate the estimated current and future demands for childcare from analyses of questionnaire 2 responses, differentiating Practice staff from PCSU staff replies.

Figure 3: Responses from Practice Staff on current and future childcare needs
Figure 3 illustrates the plans of Practice staff to have a child within the next 5 years:
- 16.6% of GP’s
- 9.57% of practice ancillary staff
- 0% of nurses

The main differences between Practice staffing groups lie in the higher percentage of practice nurses who currently have children but do not have future plans to increase their families, compared with GPs and ancillary staff.

Figure 4 illustrates the current and future childcare needs of GPs working within the PCSU.

Figure 4: Responses from PCSU staff on current and future childcare needs

The plans of PCSU staff to have a child within the next 5 years are as follows:
- 77% (10 out of 13) GP’s
- 29% of practice nurses

There was a marked difference in the numbers of PCSU GPs who plan to have children within the next 5 years compared to the nursing staff and to RCT practice GPs, who currently have more children of both pre-school and school ages.

5.2.4 Concerns about childcare provision
Responders expressing concern about childcare provision:
- 44% of Practice staff
- 100% PCSU staff

5.2.5 Plans for childcare
- RCT practice staff – 78% plan to use other family members
- RCT GPs – males: most plan to use wives/partners
  females: most prefer childminders/ crèches
- PCSU GPs – 80% (8/10) plan to use crèches or nurseries close to home
  most do not have family members living nearby
  most move between different practices
• PCSU nurses – 3/7 prefer to use crèches or nurseries near to home, work from different sites
  4/7 plan to use family members

5.2.6 **Effect of childcare on recruitment and retention**
Of RCT Practice staff planning to have child in next 5 years:
• 30% would continue to work same hours
• 46% would continue working but less hours
• 24% would stop work altogether
• 70% more likely to stay in RCT if a subsidised childcare service was available

Of PCSU staff planning to have child in next 5 years:
• 10 out of 13 PCSU GPs (all female) would work fewer hours
• 3/7 nursing staff would continue working but fewer hours
• 100% more likely to stay in RCT if a subsidised childcare service was available.

5.2.7 **Childcare preferences**
Responders to questionnaire 2 were asked to consider 3 options for childcare provision:
• A subsidised single site
• Multiple subsidised sites closer to staff homes
• A remuneration package e.g. voucher scheme for subsidised childcare of their choice

70% PCSU staff would prefer a voucher system to subsidise a crèche/nursery close to home

Figure 5 illustrates overall childcare support preferences amongst RCT and PCSU staff:
• 68% staff would prefer a voucher system
• 32% staff would prefer crèche or nursery close to home
• Staff using family members stated they would like to use vouchers in payment

5.2.8 **Costs of childcare**
Staff currently paying for childcare: average costs £20 - £30 per day
Randomised selection of 10 crèches / nurseries in RCT area: average cost £26 per full day.
5.2.9 Other factors relating to childcare

- Arrangements following implementation of the new GP contract have resulted in surgeries running until 6.30pm, causing difficulties for parents wanting to collect children from crèches with closing times of 6pm.

- The geography of RCT prevents the establishment of a single site as a childcare base that would be easily accessible for all staff.

- The PCSU workers often work in several surgeries and unanimously expressed a preference for childcare near to home rather than to their workplace.