ALFREDSON YORK
ASSOCIATES

Land at Erlas Park, Cefn Road Wrexham Healthcare Impact Assessment for Harworth Estates Investments Ltd.

28th January 2025

Report **v3-2** prepared by **John Powell**
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1. Introduction

1.1. Report Purpose & Scope

1.1.1. I have been asked to consider the proposed development for its likely impact on social infrastructure in the local area.

1.1.2. The purpose of this report is to act as a principal point of reference for future discussions with the relevant local authority to assist in the negotiation of potential Section 106 agreements pertaining to this site. This initial report includes an analysis of the request for contributions pertaining to local healthcare services against the prescribed tests for such contributions.

1.1.3. It is acknowledged that if the impacts of the proposed development legitimately call for a S106 contribution due to capacity problems, which meet the requirements of the Community Infrastructure Levy (CIL) regulations, then it is accepted that a contribution should be offered.

1.2. Intended Audience

1.2.1. The intended audience is the Client, as well as, potentially, the relevant local Councils.

1.3. Research Sources

1.3.1. The contents of this initial report are based on publicly available information, including relevant data from central government and the local authority and on information obtained through requests under the Freedom of Information Act. **Research for this report was conducted in January and February 2024**, although some information from FOI requests remains outstanding.

1.3.2. This report was updated in January 2025 to reflect the appropriate red line site boundary.

1.4. Community Infrastructure Levy Regulations

1.4.1. The Community Infrastructure Levy ("the levy") Regulations came into force in April 2010. The levy is intended to provide infrastructure to support the development of an area rather than to make individual planning applications acceptable in planning terms. As a result, there may still be some site-specific impact mitigation requirements without which a development should not be granted planning permission

1.4.2. However, in order to ensure that planning obligations and the levy can operate in a complementary way and the purposes of the two regimes are clarified, the regulations scale back the way planning obligations operate. Limitations are placed on the use of planning obligations in three respects.

1.4.3. The first of these, which is the relevant consideration in this matter, is putting the Government's policy tests on the use of planning obligations set out in Circular 13/97 Planning Obligations on a statutory basis for developments which are capable of being charged the levy.

1.4.4. The regulations place into law for the first time the Government's policy tests on the use of planning obligations. The statutory tests are intended to clarify the purpose of planning obligations in light of the levy and provide a stronger basis to dispute planning obligations policies, or practice, which breach these criteria. This seeks to reinforce the purpose of planning obligations in seeking only essential contributions to allow the granting of planning permission, rather than more general contributions which are better suited to use of the levy.

1.4.5. From 6 April 2010 it has been unlawful for a planning obligation to be required as a material consideration in order for a planning authority to lawfully grant permission when determining a planning application for a development, or any part of a development, that is capable of being charged the levy, whether there is a local levy in operation or not, if the obligation does not meet all of the following tests:

(a) Necessary to make the development acceptable in planning terms

(b) Directly related to the development; and

(c) Fairly and reasonably related in scale and kind to the development.

1.4.6. From 1st September 2019, revised regulations came into force. Amongst other things this introduces a requirement on CIL charging authorities to produce an annual statement regarding sums received both through CIL and planning obligations.

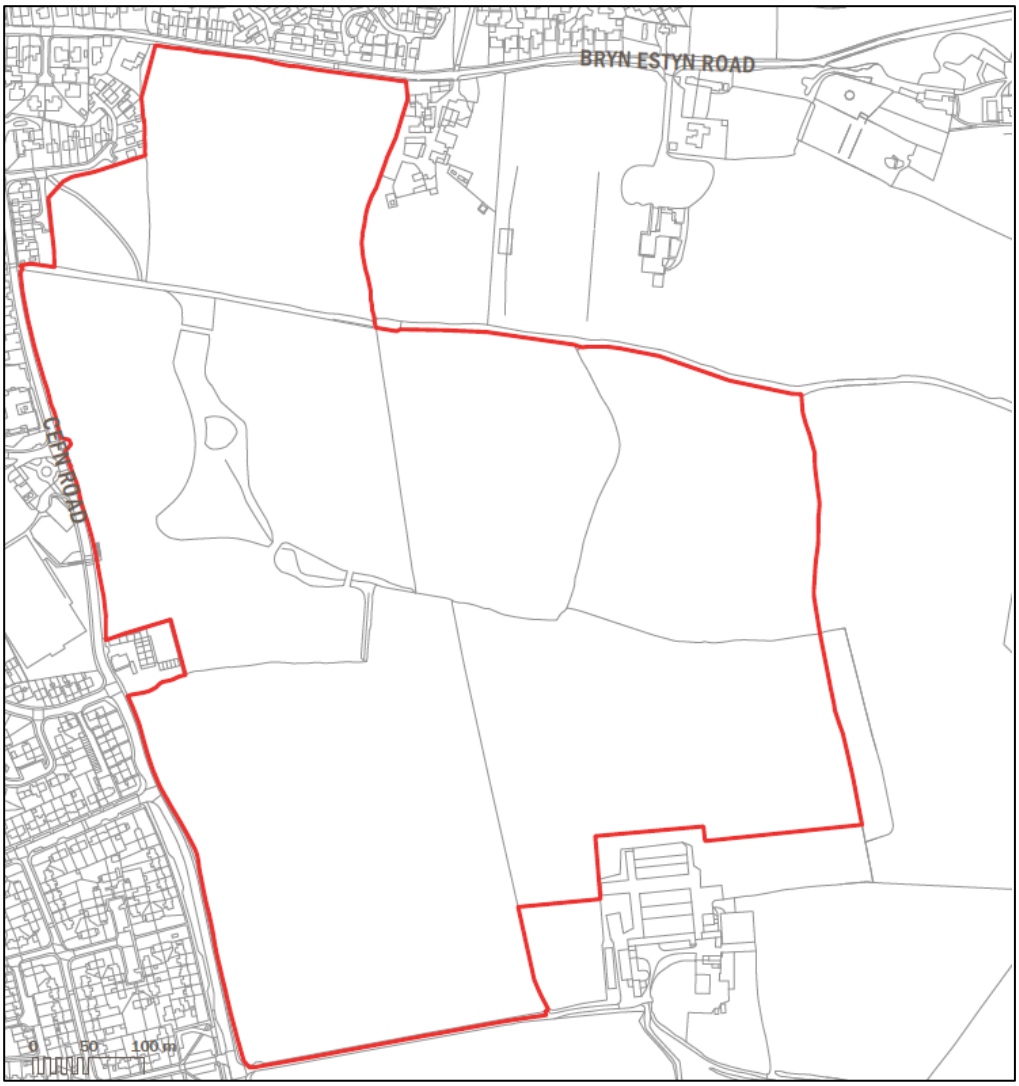
1.4.7. These regulations also remove the limit of pooling no more than 5 planning obligations towards one item of infrastructure, which has been a particular issue with regards to the provision of education infrastructure.

2. The Proposed Development

2.1. <u>The Site</u>

2.1.1. The proposed development site is at Erlas Park, Wrexham. The site lies within the planning remit of Wrexham County Borough Council (WCBC).

2.1.2. The location of the site is as indicated below:



[*source:* Site location plan, attached at Appendix AYA01]

2.1.3. This site forms part of the overall allocation identified as KSS2. KSS2 has been split into two parts, KSS2 North and KSS2 South, and this report is for the majority of the KSS2 South area.

2.2. Proposed Mix

2.2.1. The total number of units shown on the illustrative masterplan is 900 dwellings.

2.2.2. The indicative mix is set out below:

Mix						
Type	**1 bed**	**2 bed apt**	**2 bed**	**3 bed**	**4 bed**	**Total**
Market Housing	0	0	228	354	141	723
Affordable Housing	8	0	95	74	0	177
Totals	**8**	**0**	**323**	**428**	**141**	**900**

2.2.3. For the purposed of this report, distances to local healthcare providers have been measured using the LL13 9NH postcode.

2.3. Assessment of New Standard Occupants

2.3.1. Using the 2011 Census output data, we have been able to calculate an average household per dwelling size to calculate the likely population of the proposed development when completed.

2.3.2. The census output table, as calculated by AYA for the Wrexham area is:

Dwelling Type	**1bed**	**2bed**	**3bed**	**4bed**
Houses	1.38	1.87	2.61	2.87
Flats	1.20	1.65	1.98	2.80

2.3.3. On the above basis and using the mix at 2.2.2 above, the proposed development would yield **2,176** standard occupants.

2.4. Local Healthcare Authority

2.4.1. The site lies within the area for which the responsible local healthcare authority is Betsi Cadwaladr University Health Board (BCUHB).

2.4.2. As part of the changes to the NHS brought about by the Health and Social Care Act 2012, Primary Care Trusts (PCTs) and Strategic Health Authorities (SHAs) ceased to exist on 31 March 2013. Their responsibilities were taken over by NHS England and a range of new organisations.

2.4.3. From April 2013, groups of General Practitioners known as NHS Clinical Commissioning Groups have been commissioning health services for their local populations. Commissioning health services involves identifying the health needs of the population and 'buying' the appropriate high-quality services necessary to meet these needs within the budget allocated. These organisations are now known as Health Boards.

2.5. The NHS Betsi Cadwaladr University Health Board

2.5.1. Betsi Cadwaladr University Health Board is responsible for the delivery of health care services to more than **700,000 people** across the six counties of north Wales (Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire and Wrexham).

2.5.2. The Health Board coordinates the work of **96 GP practices**, and NHS services provided by **78 dental and orthodontic practices**, **70 optometry practices** and opticians and **145 pharmacies** in North Wales.

2.5.3. Areas commissioned by BCUHB include:

- Primary care services: they commission general practice services that provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS.
- Community health services: Services such as treatment by district nurses, advice from health visitors, rehabilitation, physiotherapy and occupational therapy to help people recover from illness or injury.
- Acute, or hospital, services: For people who are ill or injured and need more specialised input.
- Mental health services: Talking therapies for people with common mental health problems, and care from mental health teams for people with more complex needs.
- Medication: The medication which patients are prescribed by their GP, consultant or other NHS practitioner.

2.5.4. **BCUHB has no published policy relating to developer contributions.**

3. Site History

3.1. The Site

3.1.1. Land east of Cefn Road is part of the land allocated within the adopted Wrexham Local Development Plan 2013 – 2028. The overall allocation is to deliver a residential led mixed use scheme with a minimum of 1,680 new homes, of which 1,580 will be delivered within the plan period under Policy SP5: KSS2: Land east of Cefn Road, Wrexham.

3.2. Local Development Plan & Allocation

3.2.1. The allocation in the Local Plan, Policy SP4, is as follows:

Policy SP4: KSS2: Land East of Cefn Road, Wrexham

Land is allocated east of Cefn Road, Wrexham as shown on the proposals map to deliver a residential led mixed use scheme with a minimum of 1680 new homes, 1580 of which will be delivered within the plan period. Development will include an element of affordable housing and associated community uses, along with necessary infrastructure which will be delivered in a phased manner with specific details tied into planning consents:

Necessary Infrastructure:

- Highway improvements to address known infrastructure capacity constraints at the Greyhound roundabout;
- Ensuring connectivity between the land north and south of Bryn Estyn Road;
- Education: on site provision of a 420 place primary school, contributions towards secondary provision in the vicinity of the site and the retention of existing (65,393 m^2) of playing fields for Ysgol Morgan Llwyd;
- Public open space;
- Community and leisure facilities, including the retention of the Erlas Victorian Walled Garden;
- Active Travel; and
- Public transport.

Affordable Housing:

- The starting point for negotiation will be the delivery of 20% affordable housing.
- Affordable housing will be expected to be delivered on site in the first instance and only in exceptional circumstances will off site or commuted sum contributions be accepted in lieu of on-site provision.

3.2.2. As part of the Local Development Plan process, BCUHB was a statutory consultee. In this role BCUHB raised no objection to the sites in the Local Development Plan.

3.2.3. Indeed, the Inspectors Report makes explicit reference to this matter (at paragraph 4.17 of the Report), with my emphasis added:

"4.17. In relation to health, we heard during the sessions of shortcomings in the County Borough in the provision of health facilities such as doctors' surgeries. The local Health Board [Representor ID983282], which has not objected to the Plan, states in its consultation responses that ***it is not the provision of buildings for additional services which is the issue but the availability of the required workforce.*** *We have little evidence, therefore, that the availability of health services is a compelling reason to prevent or limit residential development."*

3.2.4. Further, the Inspector states in her report, again with my emphasis:

> *"6.11. The final reason for reducing the housing requirement was that the level of growth identified was considered to place too much strain on infrastructure such as highways, education, schools, council services and health providers. Again, we are not convinced that this is relevant to the assessment of the need for new housing* ***. Moreover, it is a requirement for developers to make provision, through planning obligations and commensurate with the scale of development, for infrastructure to be provided where existing capacity would not meet the additional demands and needs of new development****."*

3.2.5. If this were the case with health providers, one would expect to see this explicitly called out in the policy on Developer Contributions, SP5.

3.2.6. Policy SP5 states:

> ***Policy SP5: Planning Obligations***
> *Planning obligations will be sought to mitigate any impacts directly related to the development and will be assessed on a case by case basis in line with relevant planning legislation. Examples of the types of obligations that could be sought as a result of new development could relate to the provision of some of the following but are not*
> *necessarily limited to these:*
> *Education provision / facilities;*
> *Active travel, public transport and highway improvements;*
> *Public Open Space and Green Infrastructure;*
> *Community facilities;*
> *Affordable Housing;*
> *Ecological mitigation;*
> *Preservation and enhancement of heritage assets.*
> *Any attempts to sub divide sites to avoid thresholds for planning obligations will not be supported.*

3.2.7. Whilst there is a catch-all phrase in this policy of "*not necessarily limited to*", it is clear that there was no evidence of any shortfall in built form provision for Healthcare that required contributions.

4. The Local Position

4.1. Local Primary Healthcare Provision

4.1.1. Primary healthcare includes the services of General Practitioners (GPs), Dentists, Opticians and Pharmacists.

4.1.2. There is no defined acceptable travel distance to a GP practice due to the varying densities of provision between rural and urban areas. Personal preference is a significant factor in understanding any existing or future patterns of patient movement.

4.1.3. GP practices do not a have a defined maximum capacity; they publish details of whether they currently accept new charge-exempt adult patients.

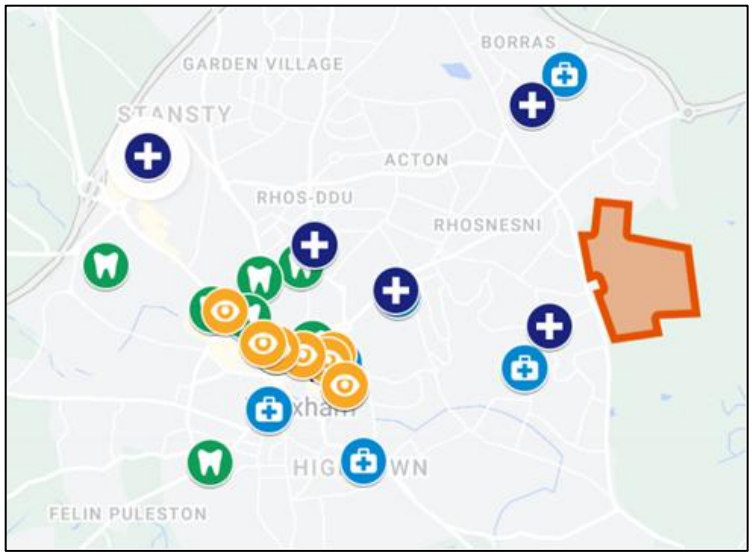
4.1.4. According to the latest data held by the NHS there are currently the following primary healthcare services local to this proposed development [*source:* NHS data sourced in February 2024, bcuhb.nhs.wales]:

- **7 GP surgeries** within 1.5 miles (two of which form part of a practice group); all of these currently accept new adult patients;
- **7 dental surgeries** within 2 miles.

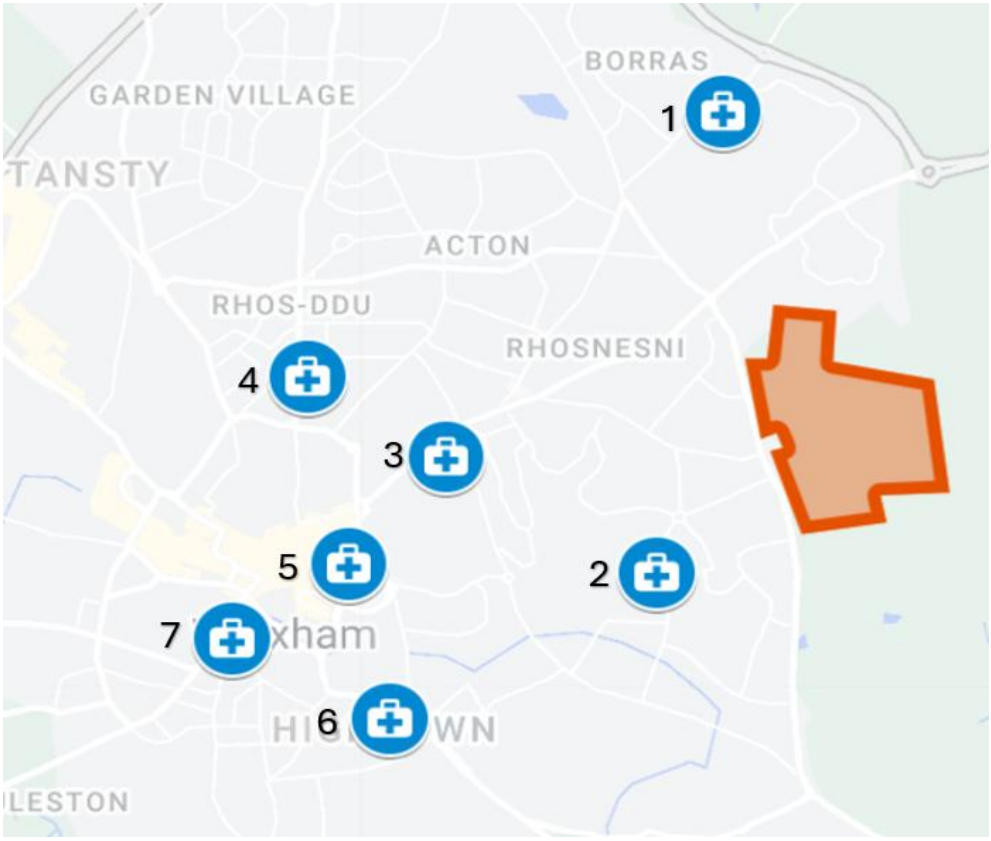
4.1.5. According to other data from August 2022 held by the NHS there were also the following primary healthcare services local to this proposed development [*source:* NHS data sourced in February 2024, bcuhb.nhs.wales]:

- **10 opticians** within 1.5 miles;
- **5 pharmacies** within 1 mile.

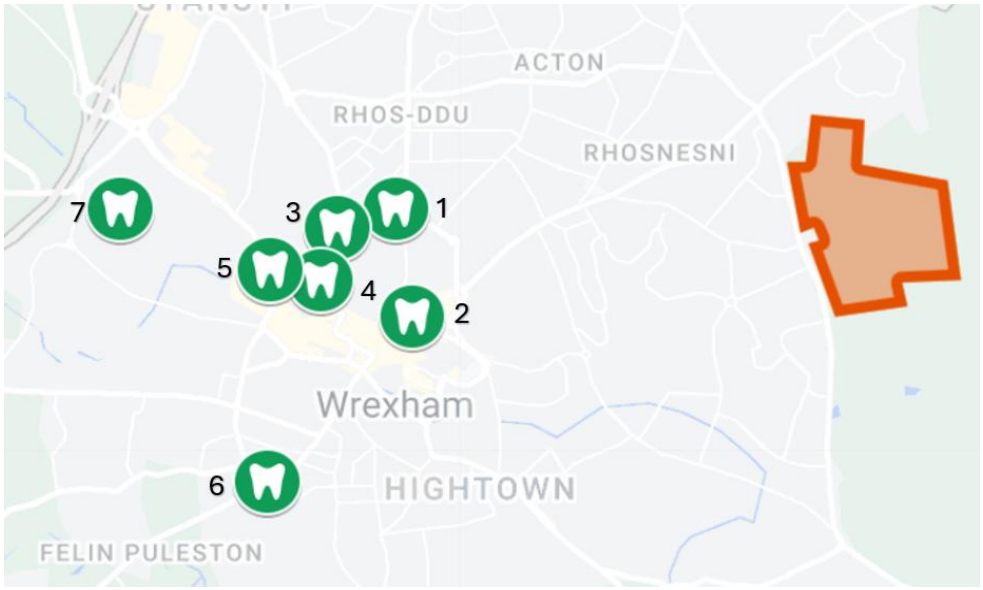
4.1.6. These facilities are shown on the following map, along with the site location:



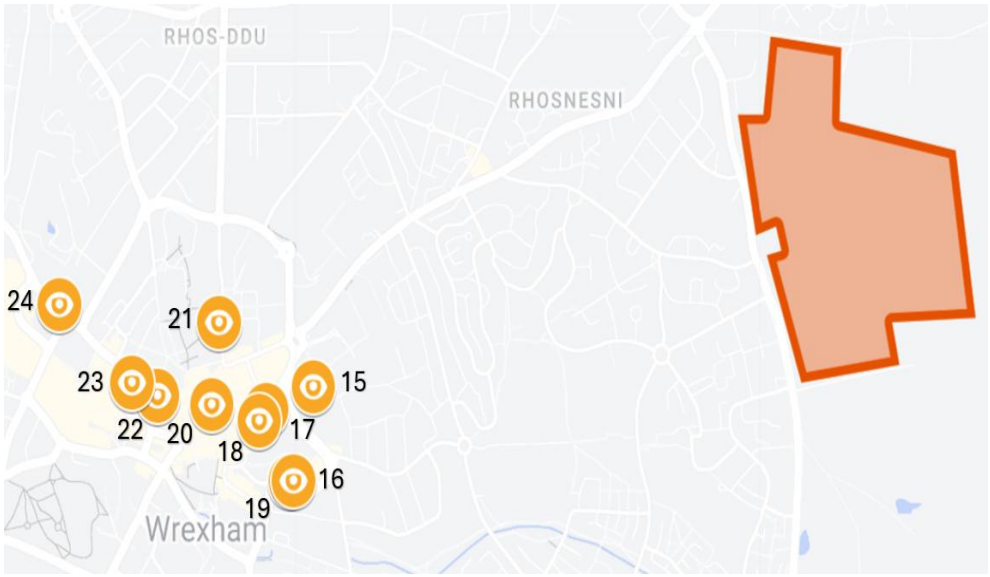
4.1.7. These facilities are named in the following tables, with individual maps for each provision type:



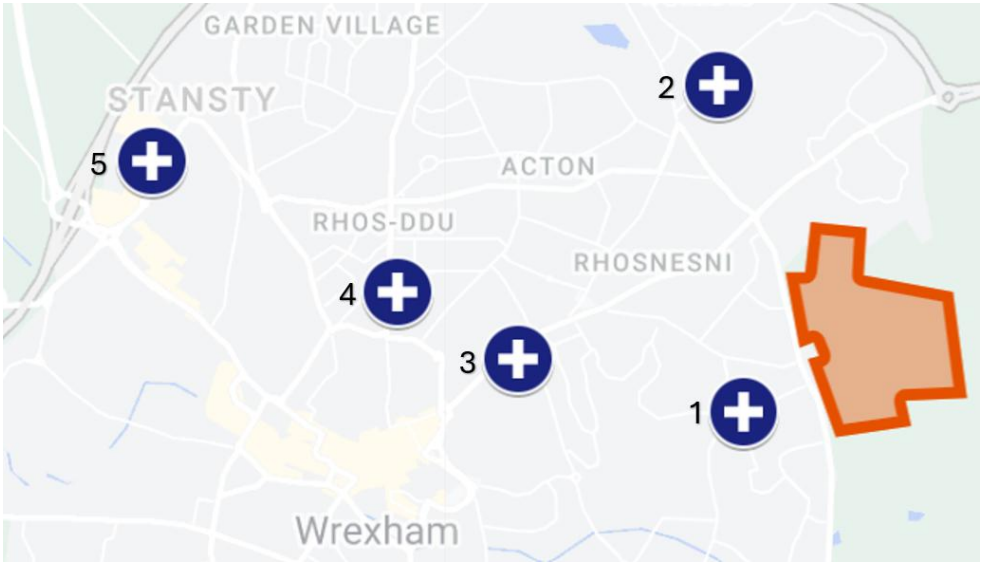
Map Ref	Provision Type	Name	Distance (miles)
1	GP Surgery	Borras Park Surgery	0.5
2	GP Surgery	Caia Park Surgery	0.51
3	GP Surgery	Hillcrest Medical Centre	0.65
4	GP Surgery	Strathmore Medical Practice	0.93
5	GP Surgery	St Georges Crescent Surgery	1.00
6	GP Surgery	Longford House Surgery	1.21
7	GP Surgery	Plas Y Bryn Medical Centre	1.31



Map Ref	Provision Type	Name	Distance (miles)
8	Dental Surgery	Wrexham Dental Centre	0.99
9	Dental Surgery	Talking Teeth Dental Practice	1.03
10	Dental Surgery	BUPA Dental Care	1.13
11	Dental Surgery	Coach House Dental Care	1.21
12	Dental Surgery	Toothoptia	1.34
13	Dental Surgery	Ruabon Road Dental Practice	1.57
14	Dental Surgery	Mydentist Whitecross Dental Care	1.88



Map Ref	Provision Type	Name	Distance (miles)
15	Optician	Vision Express Ltd	0.92
16	Optician	Boots Opticians Ltd	0.98
17	Optician	F A Schwarz Ltd	1.00
18	Optician	A1 Eyewear	1.00
19	Optician	Armstrong and North Opticians	1.06
20	Optician	I-Matters Eyecare	1.09
21	Optician	Vision Express Ltd	1.14
22	Optician	Boots Opticians Ltd	1.14
23	Optician	Specsavers	1.24
24	Optician	Jane Smellie Opticians	1.33



Map Ref	Provision Type	Name	Distance (miles)
25	Pharmacy	Alexander's Pharmacies Ltd	0.37
26	Pharmacy	L Rowland & Co (Retail) Ltd	0.50
27	Pharmacy	L Rowland & Co (Retail) Ltd	0.65
28	Pharmacy	L Rowland & Co (Retail) Ltd	0.93
29	Pharmacy	Boots UK Limited	0.98

4.2. Local Hospital Healthcare Provision

4.2.1. According to data provided by the NHS there are currently the following hospital services (including two with Accident and Emergency departments) within 15 miles of the proposed development:

Hospital	**Overview**	**Distance from Development Site (miles)**
Wrexham Maelor	A&E (Emergency Department), Access to Fracture Clinic, Assessment Of Eye Injury, Doctor Led Clinic, Emergency Contraceptive Pill, Sexual Health Clinic, Interpreter/Translation Available, Manipulation Of Fractures Dislocation, Maternity/Midwifery Services; Minor Injury Unit, Plastering, Suturing, Tetanus Vaccination, X-Rays	1.79
Chirk	Mental Health Hospital, Multidisciplinary Team, Outpatient Clinics	8.28
Deeside	Mental Health Hospital, Multidisciplinary Team, Outpatient Clinics	10.63
Mold Community	Multidisciplinary Team, Outpatient Clinics	11.08
Mold Minor Injuries	Minor Injury Unit, Plastering, Suturing, Tetanus Vaccination, X-Rays	11.08
Countess of Chester	A&E (Emergency Department), Maternity/Midwifery Services, Plastering, Suturing, X-Rays	11.03
Whitchurch Community	Minor Injury Unit, Plastering, X-Rays	13.41
Oswestry Medical Centre	Minor Injury Unit, Plastering, X-Rays	13.59
Ruthin	Maternity/Midwifery Services, Multidisciplinary Team, Outpatient Clinics	14.76

4.3. Comparing Local & Regional Primary Healthcare Provision

4.3.1. As at 31 December 2021, the most recent data available at the time or writing, statistics from the Welsh Government (attached at APPENDIX AYA02) shows that across Wales, the **average number of patients per FTE GP was close to 2,000.**

4.3.2. The latest available data for comparing GP numbers with the number of registered patients is from July 2023. The following table shows details of GP practices within 2 miles of the proposed development compared with those in the whole of the BCUHB:

Local GP Practices within 2 miles of the proposed development	**Number of Registered Patients**	**Number of Registered GPs (FTE)**	**Number of Patients per GP**
Caia Park Surgery	4,341	1.27	3,418.11
Hillcrest Medical Centre *	15,705	0.24	
Beechley Medical Centre	4,305	0.31	
St George's Crescent Surgery	6,651	2.65	2,509.81
Strathmore Medical Practice	13,616	8.07	1,687.24
Plas Y Bryn Medical Centre	13,193	9.11	1,448.19
Borras Park Surgery *	15,705	0.24	
All of the above (7 GP practices)	**37,801**	**21.10**	**1,791.52**
Whole of BCUHB area (all 96 GP practices)	712,680	398.32	1,789.21

Table 3: Number of Patients per GP in local Practices and in the whole of BCUHB, from latest available national data and FOI response June 2023

* - same practice group

4.3.3. There are two discrepancies in the table above, in the number of FTE GPs serving the Hillcrest and Beechley Medical Centres, and this practice and practice group has been excluded from the calculations pending confirmation of the correct FTE figures.

4.3.4. The above table indicates that there are local GP Practices within 2 miles of the proposed development that have the ability to accept all the population arising from the proposed development and still remain below the average patient per FTE for the whole BCUHB area.

4.3.5. This also shows that there are practices where additional FTE provision can be made without the need to increase any built area.

4.3.6. Using the yield set out in section 2.3 above, assuming that these would all be new to the area as a wort case scenario, and using the number of FTE GPs set out in the table above, the proposed development would add 103.13 patients to the overall average, a total of **1,894.65** patients per FTE GP.

4.3.7. These figures tend to support the position of the BCUHB during the Local Plan process of not requiring further built form for GP provision.

4.4. Recent Changes in Local Patient Numbers

4.4.1. The latest available regional data for patient numbers is from July 2023 . This can be compared with the same dataset from June 2021 as follows:

Local GP Practices within 2 miles of the proposed development	**Number of Registered Patients in July 2022**	**Number of Registered Patients in July 2023**	**Actual Difference in Patient Numbers**
Caia Park Surgery	4,131	4,341	+210
Hillcrest Medical Centre	15,785	15,705	-80
Beechley Medical Centre	4,091	4,305	+214
St George's Crescent Surgery	6,545	6,651	+106
Strathmore Medical Practice	13,809	13,616	-193
Plas Y Bryn Medical Centre	12,925	13,193	+268
All of the above (7 GP practices)	**57,286**	**57,811**	**+525**

Table 4: Number of Patients in local Practices in July 2022 and July 2023.

[*Source:* NHS Wales Statistical Analysis website].

4.4.2. The above table indicates that the local GP Practices within 5 miles of the proposed development:

a) Of the local GP Practices for which comparative data is available, all are still accepting new adult patients. These Practices had a combined increase of only 525 patients between July 2022 and June 2023;

b) Assuming no change in the number of FTE GPs, the change in the average list size has been an increase of only 25 patients per GP, and therefore the average remains well below the indicative guidance of **2,000** patients per fte GP.

5. Potential Mitigation

5.1. Evidence based mitigation requirement

5.1.1. As noted above **BCUHB does not have a published policy on requesting developer contributions.**

5.1.2. In its evidence to the Local Development Plan process, as referenced by the Inspectors in their Report, BCUHB stated that any **shortfall in provision was workforce related rather than due to a shortage of built form**.

5.1.3. This is supported by Policy SP5 of the Local Development Plan **not specifying any requirement for healthcare provision or contributions.**

5.1.4. Policy SP4, related to this site specifically, also makes no reference to healthcare provision or contributions being required.

5.1.5. On this basis, it is clear that there is **no evidence for any healthcare contributions.**

5.2. Potential Contributions to be offered

5.2.1. The policy and sustainability requirements for the site, including the desirability of locating new health provision within the site area (or relocating and re-providing existing centres on site) needs to be considered.

5.2.2. We have applied our revised view of the total population based on the calculation shown in section 4.1 above, but it is reasonable to assume that not all this population is new to the area, so this may also need to be explored further in discussions with the relevant authorities.

5.2.3. However, in considering the position, there are **very strong arguments that no healthcare contributions can be required under the CIL regulation tests**.

5.2.4. This is consistent with the evidence presented by BCUHB during the Local Plan process and with the absence of any adopted policy covering such contributions.

6. Conclusions

6.1. Commentary on the potential healthcare contributions

6.1.1. above **BCUHB does not have a published policy on requesting developer contributions.**

6.1.2. In its evidence to the Local Development Plan process, as referenced by the Inspectors in their Report, BCUHB stated that any **shortfall in provision was workforce related rather than due to a shortage of built form**.

6.1.3. This is supported by Policy SP5 of the Local Development Plan **not specifying any requirement for healthcare provision or contributions.**

6.1.4. Policy SP4, related to this site specifically, also makes no reference to healthcare provision or contributions being required.

6.1.5. The current patient to FTE GP ratio is below the national average for NHS Wales as a notional capacity for patient list size (of **2,000** patients per fte GP).

6.1.6. On this basis **there is no evidence, which would meet the tests set out in the CIL Regulations, that any contribution is necessary.**

6.2. Next Steps

6.2.1. It is recommended that, should a contribution be requested towards healthcare, a meeting be set up with BCUHB and WCBC planning teams to discuss these findings, with the view of clarifying all of the matters raised within this Report.

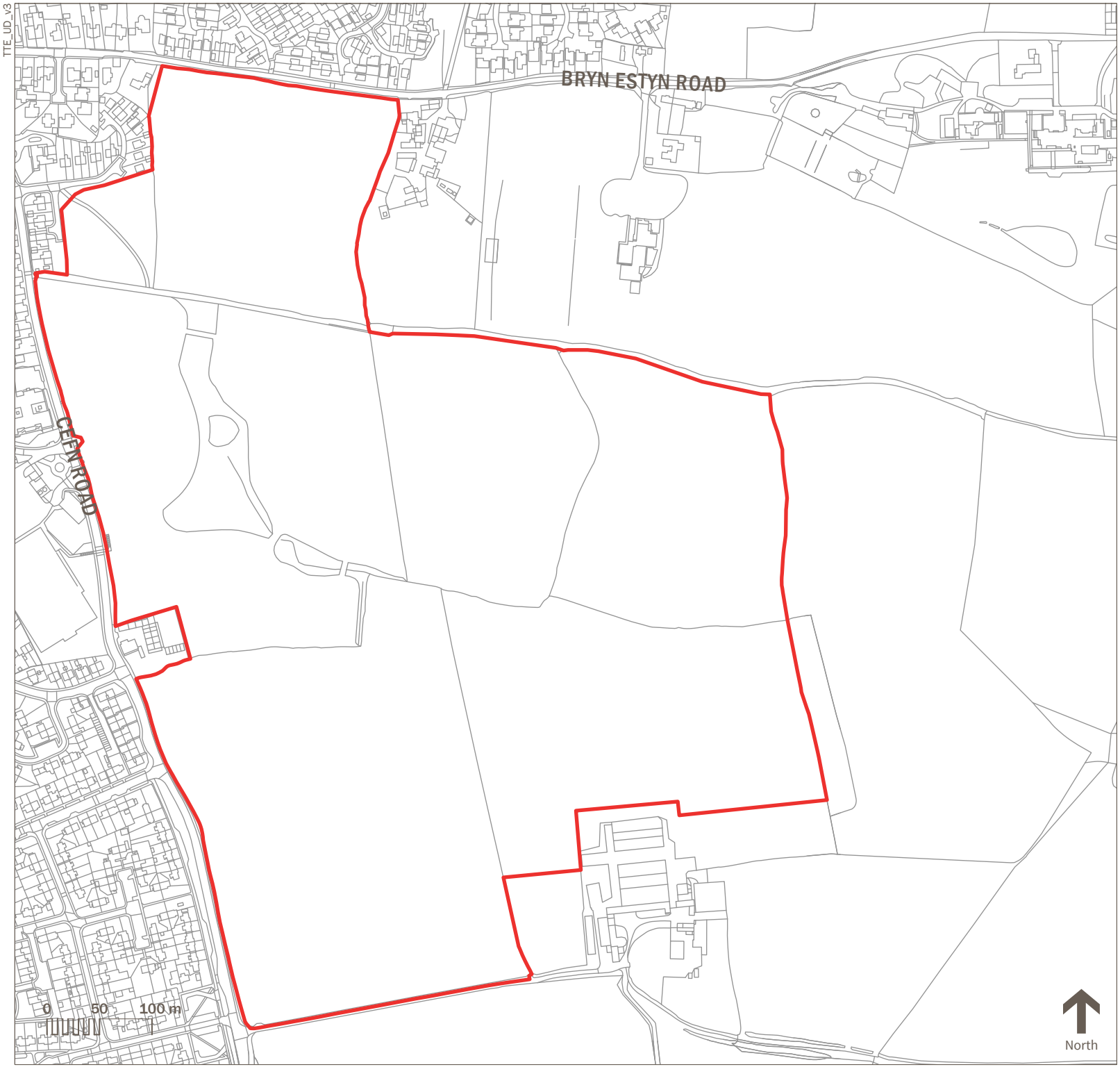
7. Appendices

7.1. The following Appendices accompany this document:

- APPENDIX AYA01 – Illustrative Masterplan
- APPENDIX AYA02 – Welsh Government statistical release – General Practice Workforce 31/12/2021;

APPENDIX AYA01

TTE_UD_v3



TETRA TECH

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Key

Site boundary (40.27 ha)

PRELIMINARY ISSUE

Document control

Rev	Description	Date	Dwn	Chk	App

Cefn Park Wrexham
Harworth Group

SITE BOUNDARY

TTE Proj No	Drwn / date	Ch'ked / date	Appr'd / date	Scale @ A4	Suitability
784-B024030	EI / Nov' 24	AC / Nov' 24	AC / Nov' 24	1:7,500	-

Client Proj No	Origin	Vol/System	Level/Loc	Type/Code	Role	Drwg no	Rev
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APPENDIX AYA02

STATISTICS, DOCUMENT

General practice workforce: as at 31 December 2021

Headcount and full-time equivalent of general practice (GPs) and other staff working in general practices across Wales, as at 31 December 2021.

First published: 14 April 2022 **Last updated:** 14 April 2022

Download document: 673 KB, PDF

This file may not be fully accessible.

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Introduction

Summary

Main points

Fully qualified GPs

Introduction

The purpose of this release is to provide timely statistics on the number and the characteristics of staff working in general practices across Wales.

Statistics are presented for different job types and all headcount data are for unique counts of people. This means that if a person works across multiple practices, they are only counted once. In addition, statistics on full-time

GPs by contract type

Characteristics of fully qualified GPs

Wider practice staff

Wider practice staff groups

Characteristics of nurses, direct patient care and administrative/non-clinical staff

Quality and methodology information

Contact details

equivalent (FTE) staff are presented for the first time.

This release also includes analysis of GPs and wider practice staff by age, sex, ethnicity and Welsh language skills. Additional data tables are published on **StatsWales**.

The main source of data is the Wales National Workforce Reporting System (WNWRS). Additional information is available in the **quality and methodology information section**.

Summary

There has been a slight upward trend in the number of GPs working in general practices across Wales in recent years. New and robust estimates show that the number of FTE of fully qualified GPs was around 68% of the headcount.

The majority of GPs had permanent contracts with part-time hours. Most GPs were partners or providers, though the number of salaried GPs has increased by 19% since March 2020.

In the quarter to 31 December 2021, locum sessions recorded through Locum Hub Wales accounted for 7.4% of the total full-time equivalent for fully qualified GPs.

There was close to one fully qualified GP (headcount) for every 1,350 people in Wales, or using full time equivalents, close to one GP for every 2,000 people in Wales.

The number of trainee doctors continues to increase with more registrars than ever before.

The number of wider practice staff (non-GP) also continues to grow, driven primarily by increases in direct patient care and admin staff. The number of nurses remains stable.

More than half of GPs were female and nearly 95% of wider

practice staff were female. A little over 80% of GPs were from a white ethnic background and 13% were from an Asian or Asian British ethnicity. Around one in ten of all staff employed in general practice speak Welsh to a high or proficient standard.

Main points

In Wales, at 31 December 2021, there were:

- 390 active GP practices
- 2,353 fully qualified GPs with an FTE of 1,611 (or 68.5%) of the headcount; this includes partners, providers, salaried, retainers and active locums only
- 427 GP registrars (trainee GPs) with an FTE of 385 (or 90.0%) of the headcount
- 7,955 wider practice staff (non-GPs) with an FTE of 5,728 (or 72.0%) of the headcount

When broken down by specific GP types and staff groups, there were:

- 2,033 GP practitioners with an FTE of 1,480 (or 72.8%) of the headcount; this includes partners, providers and salaried GPs only
- 28 GP retainers with an FTE of 11 (or 39.7%) of the headcount
- 410 GP locums with an FTE of 119 (or 29.1%) of the headcount (locums are only counted if they were active and had contracts recorded in the Locum Hub Wales system between 1 October and 31 December 2021)
- 1,410 registered nurses with an FTE of 1,015 (or 72.0%) of the headcount
- 1,264 direct patient care staff with an FTE of 876 (or 69.3%) of the headcount)
- 5,349 administrative or other non-clinical practice staff with an FTE of 3,837 (or 71.7%) of the headcount)

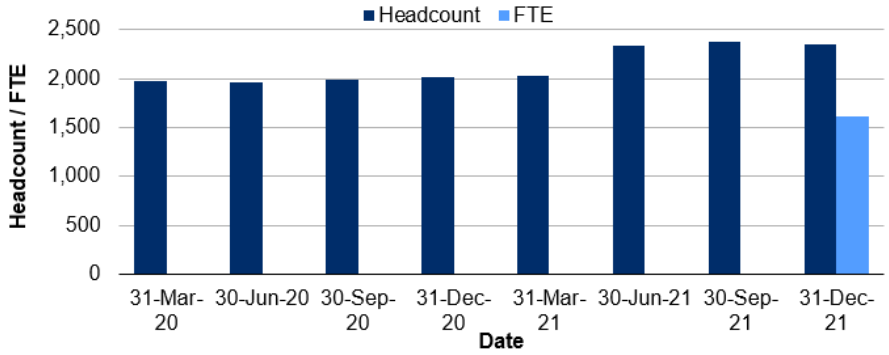
Fully qualified GPs

Full definitions of GP types are included in the **quality and methodology information section**. This section only includes data for GPs with contracts as a partner, provider, salaried, retainer or locum. Locums are only counted where they were active in the quarter and had contracts recorded through Locum Hub Wales.

If a GP has more than one contract type, they are only counted once in the headcount of a 'fully qualified GP' but all hours are counted towards the FTE number.

One FTE is the equivalent of a 37.5 hours, or 9 sessions of 4.167 hours, per week for fully qualified GPs. If a single fully qualified GP is contracted to more than 37.5 hours, their FTE will be greater than 1.

Chart 1: Number of fully qualified GPs, headcount and full-time equivalent (FTE), 31 March 2020 to 31 December 2021 (a) (b) (c)



Source: Wales National Workforce Reporting System
(a) FTE data is available from 31 December 2021.
(b) The FTE number is likely to be a slight underestimate as a small number of GPs had no contracted or working hours recorded. In December 2021, this affected 12 GP contracts.
(c) Locum data only available from 30 June 2021. Data prior to this date does not include locums.

The increase in the number of fully qualified GPs in June 2021 is explained by locum data being available from this point. The headcount of fully qualified GPs has been on a slight upward trend since 31 March 2020, even when the effect of including locums is discounted. There have been more than 2,000 fully qualified GPs in every quarter since 31

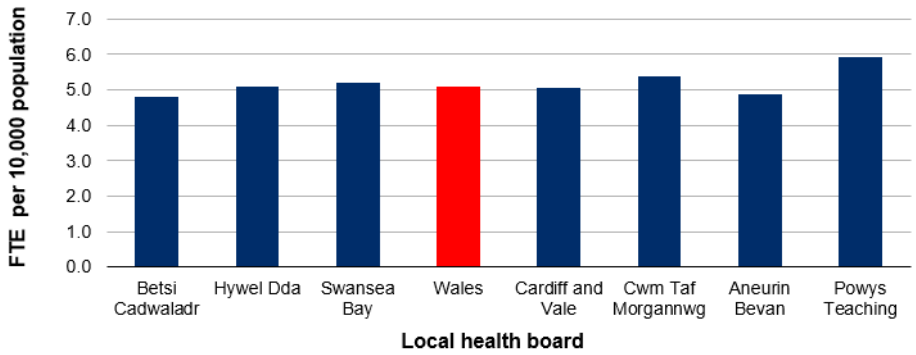
December 2020.

The latest data shows that there were 2,353 fully qualified GPs working in Wales as at 31 December 2021. This is a marginal decrease (1.0%) from the previous quarter, but an increase of 2.3% from the same quarter last year (with locums removed for fair comparison).

There were 1,611 FTE fully qualified GPs at 31 December 2021. This is equivalent to 68.5% of the headcount performing full-time hours.

Considering only fully qualified, permanent GPs, there was a headcount of 2,061 contracted to work a full-time equivalent of 1,492 GPs, or 72.4% of the headcount. This measure includes partners, providers, salaried and retainers, but excludes locums.

Chart 2: Full-time equivalent (FTE) fully qualified GPs per 10,000 population by local health board, 31 December 2021 (a)



Source: Wales National Workforce Reporting System, ONS mid-year population estimates (2020)
(a) The FTE number is likely to be a slight underestimate as a small number of GPs had no contracted or working hours recorded. In December 2021, this affected 12 GP contracts.

At 31 December 2021, there were 5.1 FTE fully qualified GPs per 10,000 population in Wales. The FTE number of fully qualified GPs per 10,000 population was relatively similar across all health boards other than Powys Teaching which had the highest FTE per 10,000 population at 5.9. Betsi Cadwaladr had the lowest at 4.8.

GPs by contract type

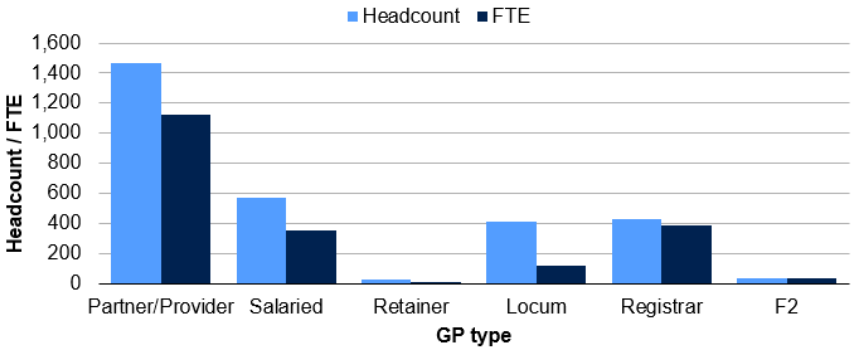
GPs can be categorised by the types of contract they hold. Definitions for each GP type are included in the **quality and methodology information section**.

If a GP has multiple contracts within the same type, they will be counted once in the headcount for that type but all hours will be counted in the FTE number.

If a GP has multiple contracts with different GP types, they will be counted once in the headcount for each type and the hours for each contract type will be included in the FTE number for the associated contract type only.

For these reasons, the FTE of 'fully qualified GPs' is equal to the sum of the FTE for partner/provider, salaried, retainer and locum. However the headcount is not equal to the sum of the component GP types.

Chart 3: Headcount and full-time equivalent (FTE) by GP type, 31 December 2021 (a) (b) (c)



Source: Wales National Workforce Reporting System, Locum Hub Wales, NHS Electronic Staff Record (ESR)

(a) The FTE number is likely to be a slight underestimate as a small number of GPs had no contracted or working hours recorded. In December 2021, this affected 12 GP contracts.
(b) Locums are counted if they had any work recorded through Locum Hub Wales at any point during the quarter ending in the the snapshot date (31 December 2021) only. For all the other GP types, it is based on the headcount and FTE as at the snapshot date.
(c) A standard contract for a registrar or F2 doctor is for 40 hours per week, therefore the FTE is based on a 40 hour week, whereas the FTE for all other GPs is based on 37.5 hours per week.

The majority of GPs at 31 December 2021 were partner/providers, with a headcount of 1,463. There were 1,127 FTE partner/providers, which is equivalent to 77.0% of the headcount performing full-time hours.

Salaried GPs typically performed fewer hours than

partners/providers, with their FTE being equivalent to 61.7% of the headcount. While, the FTE for retainers was equivalent to 39.7% their headcount.

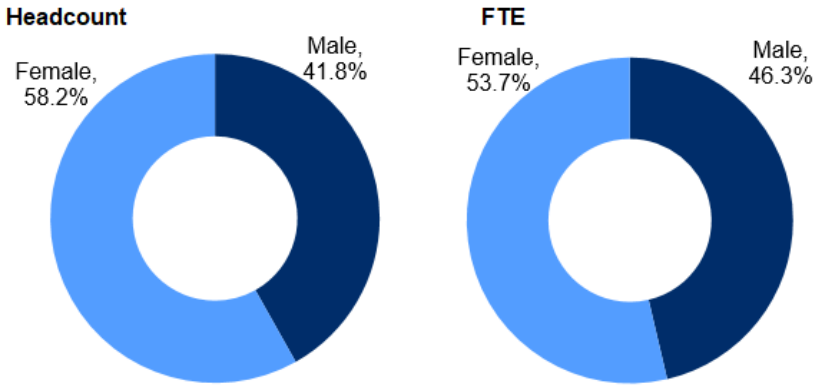
There were 410 locums, who had contracts recorded on Locum Hub Wales, who worked an equivalent of 119 full-time jobs (or 29.1% of their headcount). Any locum work which was not recorded on Locum Hub Wales will not be accounted for in this data. This may include locum work in health board managed practices.

There were 427 registrars with an FTE of 385 (or 90.0% of the headcount) and 38 F2 trainees with an FTE of 38 (or 100.0% of their headcount).

Characteristics of fully qualified GPs

This section only includes data on GPs with contracts as a partner, provider, salaried, retainer or locum.

Chart 4: Fully qualified GPs (headcount and full-time equivalent (FTE)), by sex, 31 December 2021 (a) (b) (c)



Source: Wales National Workforce Reporting System, Locum Hub Wales

(a) The sex was not known for 6% of fully qualified GPs. These GPs are excluded from the denominator in the percentage calculation of male and female.

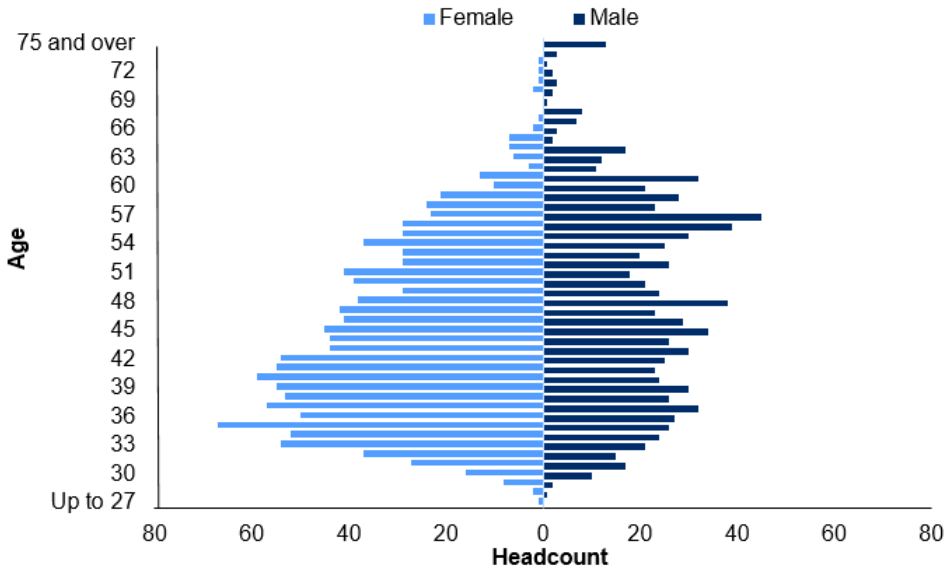
(b) Data only presented where values of male or female were reported. 35 GPs had their sex recorded as 'other/'unknown'. As we are not able to separate out these two categories, they are not included in the charts. A further 100 GPs, mainly locums, had missing data and are also excluded.

(c) Locums are counted if they had any work recorded through Locum Hub Wales at any point during the quarter ending in the the snapshot date (31 December 2021) only. For all the other GP types, it is based on the headcount and FTE as at the snapshot date.

Over half (58.2%) of the headcount of fully qualified GPs were female and 41.8% were male.

The FTE of fully qualified female GPs was 53.7%, 4.5 percentage points lower than the headcount; for males, the FTE was 46.3%, 4.5 percentage points higher than the headcount. This means that typically male GPs had longer contracted hours than females. When all contracted hours were summed for each GP, 90.8% of female GPs were part-time (less than 37.5 hours per week), compared to 74.9% of male GPs.

Chart 5: Fully qualified GPs headcount by age and sex, 31 December 2021 (a) (b) (c)



Source: Wales National Workforce Reporting System, Locum Hub Wales

(a) The sex and/or age was not known for 6% of fully qualified GPs. The majority of these were locums and they are excluded from Chart 5.

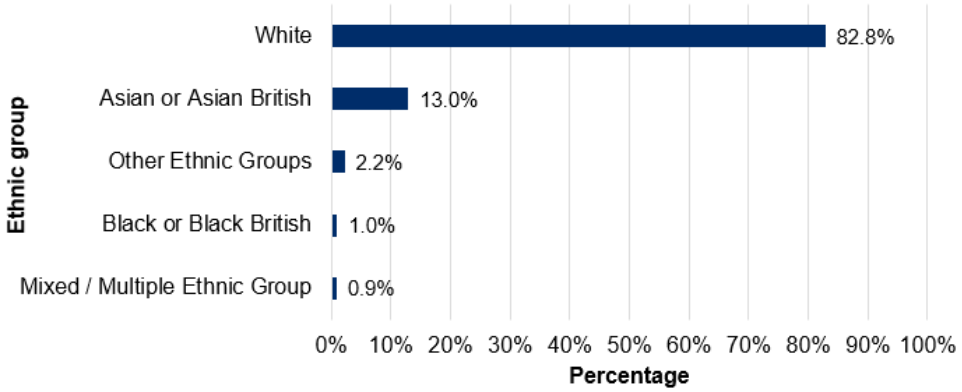
(b) There were a small number of instances where an individual's age changes by more than one from quarter-to-quarter. This should be noted when interpreting this chart.

(c) Locums are counted if they had any work recorded through Locum Hub Wales at any point during the quarter ending in the the snapshot date (31 December 2021) only. For all the other GP types, it is based on the headcount and FTE as at the snapshot date.

There was a higher concentration of younger, female GPs than male; and a higher concentration of older, male GPs than female.

Of the 1,437 fully qualified GPs aged up to 49, nearly two thirds (64.7%) were female. Of the 768 GPs aged 50 and over, a little over half (53.8%) were male.

Chart 6: Fully qualified GPs headcount, by ethnicity, 31 December 2021 (a) (b)

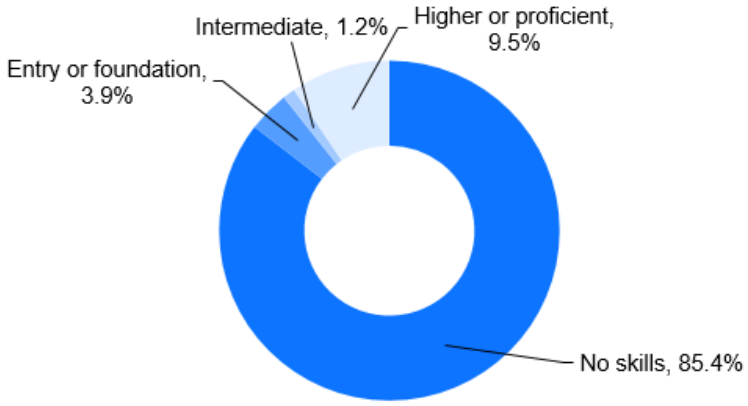


Source: Wales National Workforce Reporting System, Locum Hub Wales
(a) The ethnicity was not known for 15% of fully qualified GPs. The majority of these were locums and they are excluded from the denominator in the percentage calculation of the known ethnicity groups.
(b) Locums are counted if they had any work recorded through Locum Hub Wales at any point during the quarter ending in the snapshot date (31 December 2021) only. For all the other GP types, it is based on the headcount and FTE as at the snapshot date.

Eight out of ten (or 82.8% of) fully qualified GPs were from a white ethnic background. Asian or Asian British was the largest ethnic group within GPs of minority ethnic background (13.0% of all GPs).

There is greater ethnic diversity among GPs than the general population in Wales, where 4.8% of people are estimated to be from Black, Asian or minority ethnic backgrounds (year ending Sept 2021, **Annual Population Survey (StatsWales)**).

Chart 7: Welsh speaking skills of fully qualified GPs (headcount), 31 December 2021 (a) (b)



Source: Wales National Workforce Reporting System, Locum Hub Wales
(a) The Welsh speaking skill was not known for 21% of fully qualified GPs. The majority of these were locums and are excluded from the denominator in the percentage calculation of the known Welsh language categories.
(b) Locums are counted if they had any work recorded through Locum Hub Wales at any point during the quarter ending in the the snapshot date (31 December 2021) only. For all the other GP types, it is based on the headcount and FTE as at the snapshot date.

One in ten (9.5%) fully qualified GPs reported that they had higher or proficient Welsh speaking skills. Around one in twenty (5.1%) reported entry to intermediate level Welsh speaking skills, while 85.4% reported that they had no Welsh speaking skills.

The percentage of GPs who had any Welsh speaking skills is lower than the Welsh population. The **2011 Census (StatsWales)** estimates 27% of people in Wales had some Welsh speaking skills, and the **Annual Population Survey (StatsWales)** as at December 2021 estimates 30% of people in Wales had some Welsh speaking skills.

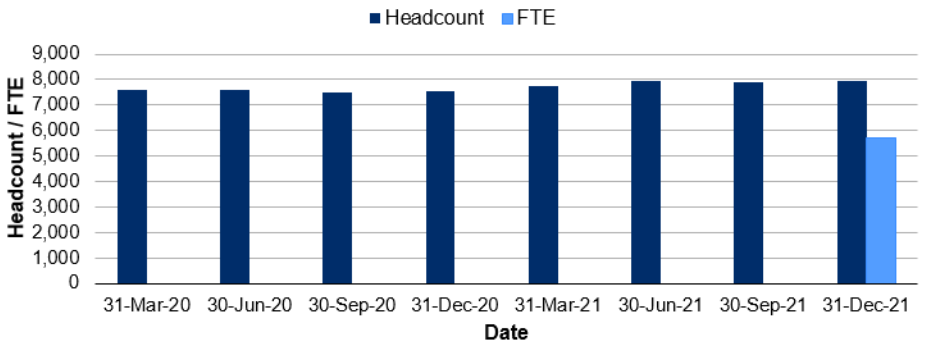
Wider practice staff

To deliver primary care services, GPs work closely with wider practice staff including nurses, pharmacists, managers, administrators and others involved in direct patient care. This section provides data on the number of staff employed in other job types within GP practices.

As with fully qualified GPs, one FTE is the equivalent to a contract of a 37.5 hours per week. If a member of staff is contracted to more than 37.5 hours, their FTE will be greater than 1.

If a person held multiple contracts at the same or different practices, they would be counted once in the headcount but all contracted hours would be counted in the FTE number.

Chart 8: Number of wider practice staff, headcount and full-time equivalent (FTE), 31 March 2020 to 31 December 2021 (a) (b)



Source: Wales National Workforce Reporting System

(a) FTE data starts from 31 December 2021.

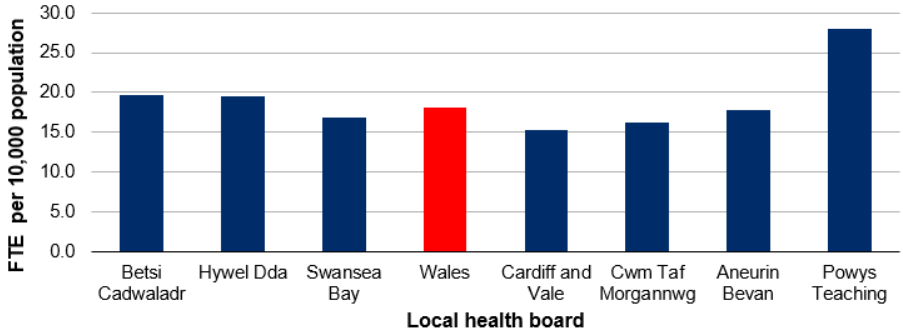
(b) A small number of wider practice staff records had no contract or working hours recorded. Therefore, the FTE number will be a slight underestimate.

The wider practice staff headcount has been on a broadly upward trend since 30 September 2020, reaching a peak of 7,955 in the latest available period (at 31 December 2021).

The latest data showed a small increase of 0.4% since the previous quarter (30 September 2021), and an increase of 5.2% since the same date last year (31 December 2020).

There were 5,728 FTE wider practice staff at 31 December 2021. This is equivalent to 72.0% of the headcount doing full-time work and similar to fully qualified permanent GPs.

Chart 9: Full-time equivalent (FTE) wider practice staff per 10,000 population by local health board, 31 December 2021 (a)



Source: Wales National Workforce Reporting System, ONS mid-year population estimates (2020)
(a) A small number of wider practice staff records had no contract or working hours recorded. Therefore, the FTE number will be a slight underestimate.

At 31 December 2021, there were 18.1 FTE wider practice staff per 10,000 population in Wales. This ranged by health board from 27.9 in Powys Teaching to 15.2 in Cardiff and Vale.

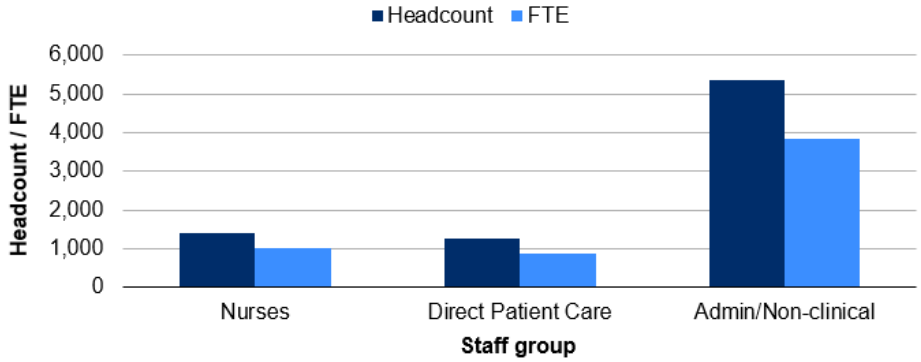
Wider practice staff groups

Wider practice staff can be categorised by their staff group. Data on **individual job types within each staff group are published on StatsWales**.

When an individual has more than one contract within the same staff group, they are counted once in the headcount but all contracted hours are counted in the FTE number.

When an individual has multiple contracts under different staff groups, they will be counted in the headcount for each staff group and their contracted hours will be counted in the FTE numbers for the associated staff group only.

Chart 10: Headcount and full-time equivalent (FTE) by wider practice staff group, 31 December 2021 (a)



Source: Wales National Workforce Reporting System
(a) A small number of wider practice staff records had no contract or working hours recorded. Therefore, the FTE number will be a slight underestimate.

The three groups of wider practice staff worked a broadly similar proportion of full-time hours, relative to their headcounts.

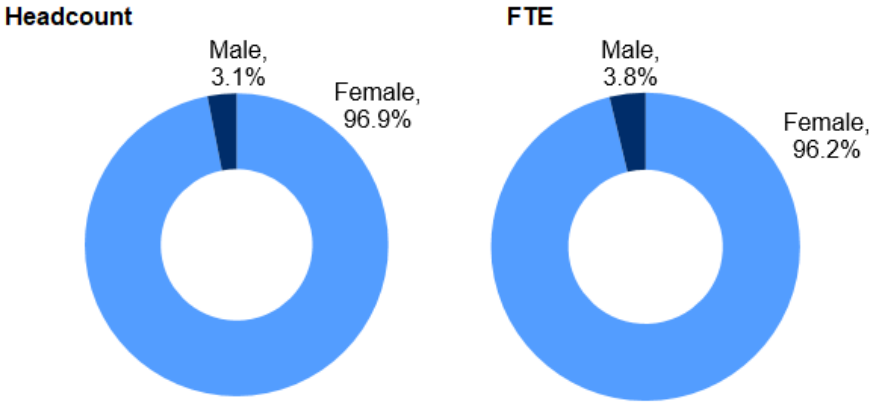
There were 1,410 nurses who worked the equivalent of 1,015 full-time equivalent (FTE) hours. This is 72.0% of their headcount.

There were fewer direct patient care staff to nurses (1,264). These staff also worked fewer full-time equivalent hours to nurses (876). This is equivalent to 69.3% of their headcount.

The largest staff group were admin/non-clinical staff, with a headcount of over 5,000 (5,349) at 31 December 2021. These staff worked 3,837 full-time equivalent hours, or 71.7% of the headcount.

Characteristics of nurses, direct patient care and administrative/non-clinical staff

Chart 11: Nurses (headcount and full-time equivalent (FTE)), by sex, 31 December 2021 (a) (b) (c)



Source: Wales National Workforce Reporting System

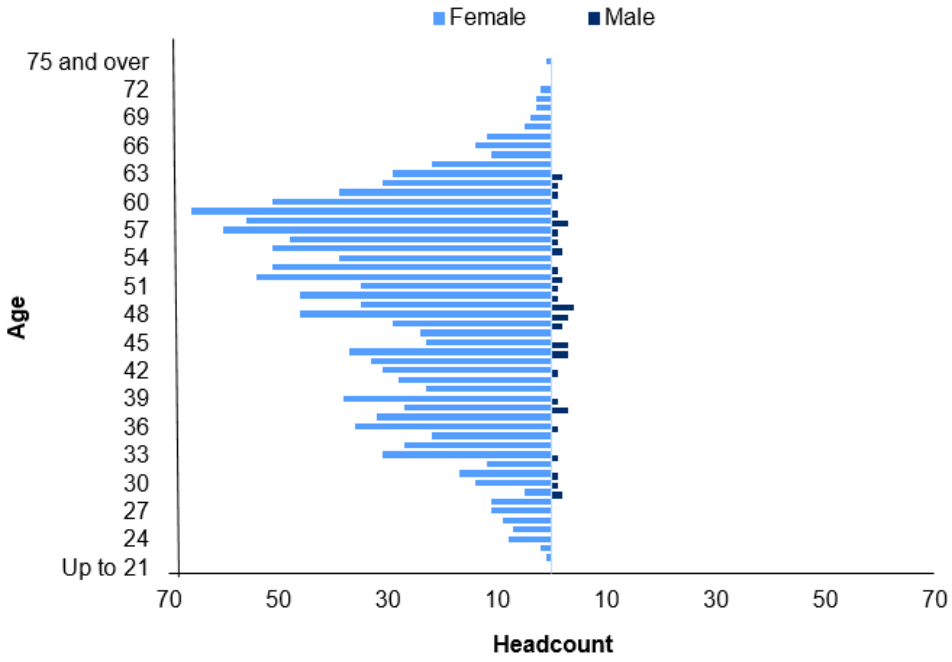
(a) The sex was not known for 1% of nurses. These nurses are excluded from the denominator in the percentage calculation of male and female.

(b) Data only presented where values of male or female were reported. 11 nurses had their sex recorded as 'other/'unknown'. As we are not able to separate out these two categories, they are not included in the charts. A further 4 nurses had missing data and are also excluded.

(c) A small number of staff records have no contract or working hours recorded. Therefore, the FTE number will be a slight underestimate.

The large majority (96.9%) of nurses in general practice are female. The percentage of FTE female staff is slightly smaller than the headcount, as male nurses typically had longer contracted hours.

Chart 12: Headcount of nurses by age and sex, 31 December 2021 (a) (b)



Source: Wales National Workforce Reporting System

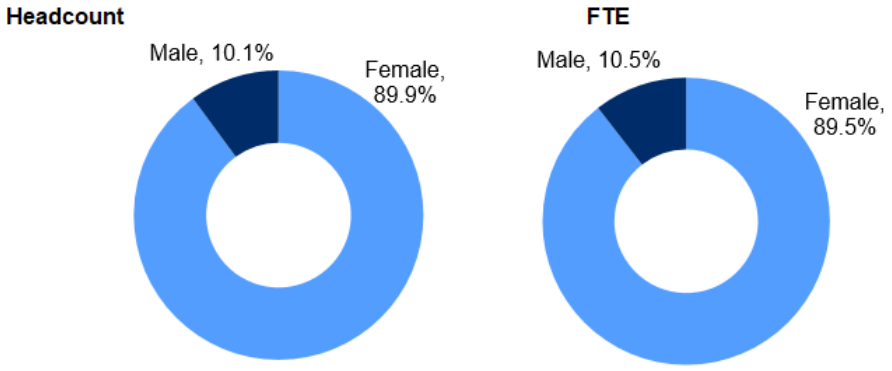
(a) The sex was not known for 1% of nurses. These nurses are excluded from Chart 12.

(b) There were a small number of instances where an individual's age changes by more than one from quarter-to-quarter. This should be noted when interpreting this chart.

The number of female nurses generally increases with age until around 60 years old. Less than one in twenty (4.0%) female nurses were 29 or younger; 41.8% were aged between 30 and 49; while over a half (54.2%) were aged over 50.

The majority (53.5%) of male nurses were aged between 40 and 55.

Chart 13: Direct patient care staff (headcount and full-time equivalent (FTE)), by sex, 31 December 2021 (a) (b) (c)



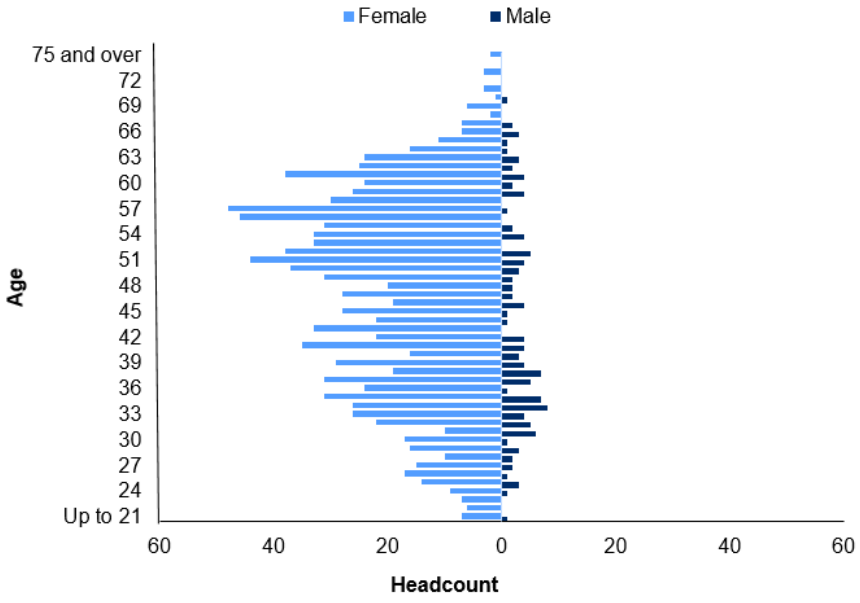
Source: Wales National Workforce Reporting System

(a) The sex was not known for 1% of direct patient care staff. These staff are excluded from the denominator in the percentage calculation of male and female.

(b) Data only presented where values of male or female were reported. 9 direct patient care staff had their sex recorded as 'other/'unknown'. As we are not able to separate out these two categories, they are not included in the charts. A further 4 direct patient care staff had missing data and are also excluded.

Nine out of ten (89.9%) direct patient care staff were female. The proportion of female FTE is only marginally lower than the headcount (0.5 percentage points). Broadly, male and female direct patient care staff had a similar number of contracted hours.

Chart 14: Headcount of direct patient care staff by age and sex, 31 December 2021 (a) (b)



Source: Wales National Workforce Reporting System

(a) The sex was not known for 1% of direct patient care staff. These staff are excluded from Chart 14.

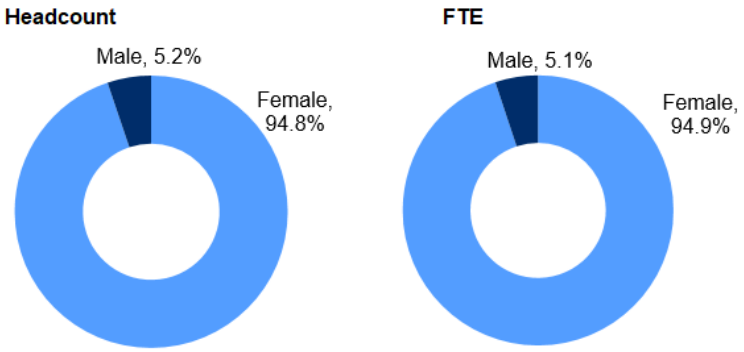
(b) There were a small number of instances where an individual's age changes by more than one from quarter-to-quarter. This should be noted when interpreting this chart.

The relationship between age and headcount is not as strong with direct patient care staff as it is with nurses, with a more evenly spread headcount by age group.

For female direct patient care staff, nearly one in ten (9.0%) were aged 29 or younger; 43.5% were aged between 30 and 49; while a little less than half (47.6%) were 50 or older.

Male direct patient care staff were spread more evenly than females, with a concentration of staff aged between 30 and 40 (40.5%).

Chart 15: Administrative/non-clinical staff (headcount and full-time equivalent (FTE)), by sex, 31 December 2021 (a) (b)



Source: Wales National Workforce Reporting System

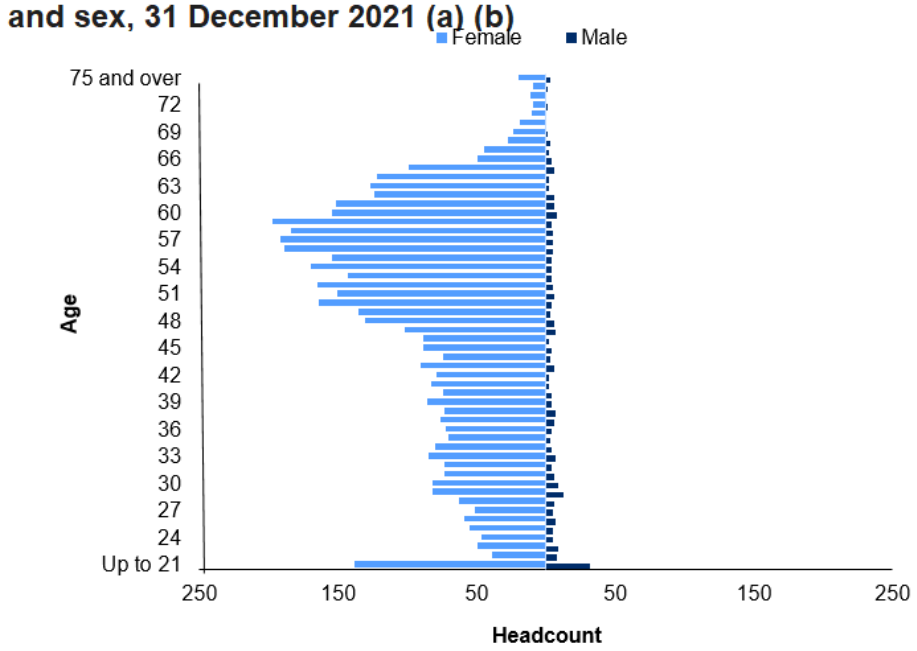
(a) The sex was not known for 1% of admin/non-clinical staff. These staff are excluded from the denominator in the percentage calculation of male and female.

(b) Data only presented where values of male or female were reported. 55 admin staff had their sex recorded as 'other/'unknown'. As we are not able to separate out these two categories, they are not included in the charts. A further 11 admin staff had missing data and are also excluded.

(c) A small number of staff records had no contract or working hours recorded. Therefore, the FTE number will be a slight underestimate.

Around nineteen out of twenty (94.8%) administrative or non-clinical staff in general practice were female. The proportion of female FTE was almost the same as the headcount, therefore there was little difference between the average contracted hours between male and female administrative/non-clinical staff.

Chart 16: Headcount of administrative/non-clinical staff by age and sex, 31 December 2021 (a) (b)

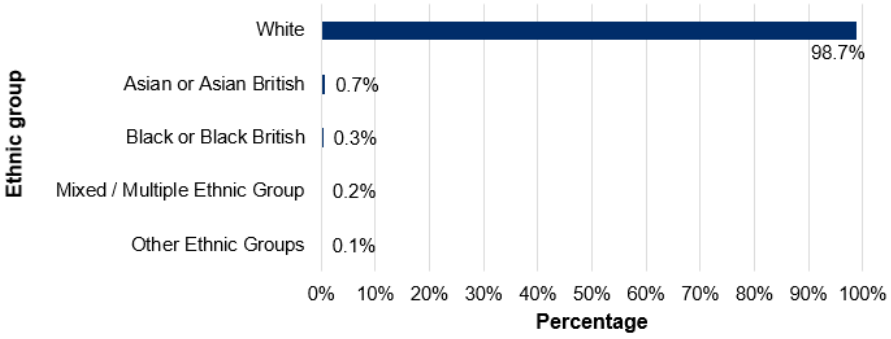


Source: Wales National Workforce Reporting System

(a) The sex was not known for 1% of admin/non-clinical staff. These staff are excluded from Chart 16.
(b) There were a small number of instances where an individual's age changes by more than one from quarter-to-quarter. This should be noted when interpreting this Chart.

Administrative/non-clinical staff were spread over all age groups but had a high concentration of staff aged 50 or over. For females, more than half (54.1%) of staff were aged 50 or over. The relatively few male staff were spread more evenly, with just over a third (36.1%) aged 30 or younger.

Chart 17: Nurses headcount by ethnicity, 31 December 2021 (a)

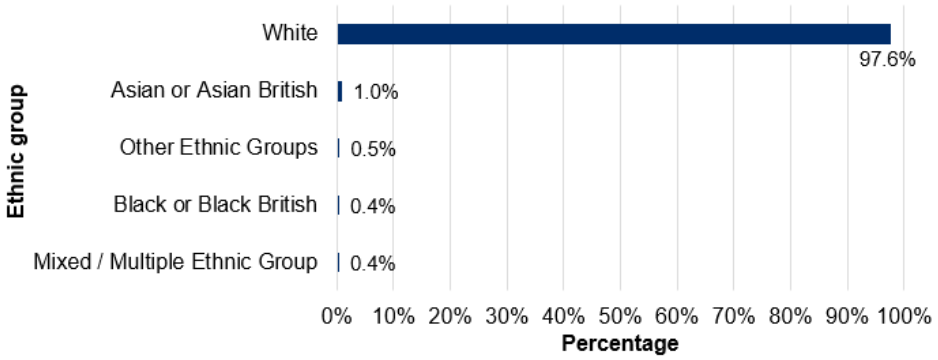


Source: Wales National Workforce Reporting System

(a) The ethnicity was not known for 11% of nurses. These nurses are excluded from the denominator in the percentage calculation of the known ethnicity groups.

Nearly 99% of nurses were from a white ethnic group. Of those from minority ethnic background, most were from an Asian or Asian British ethnicity (0.7%).

Chart 18: Direct patient care staff headcount, by ethnicity, 31 December 2021 (a)

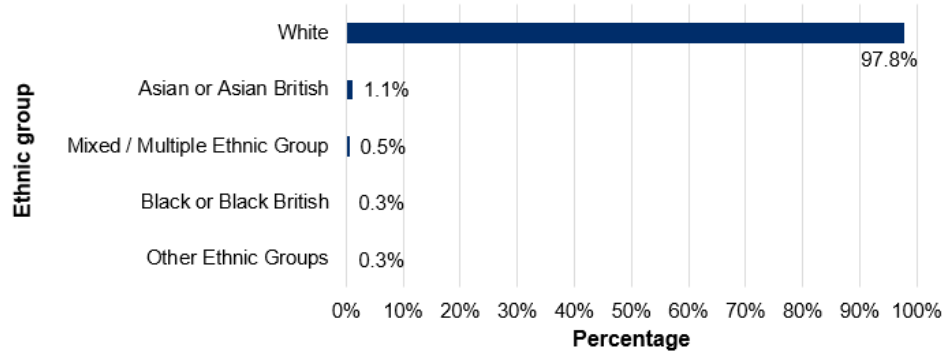


Source: Wales National Workforce Reporting System

(a) The ethnicity was not known for 10% of direct patient care staff. These staff are excluded from the denominator in the percentage calculation of the known ethnicity groups.

Nearly 98% of direct patient care staff were from a white ethnic background. Of those from a minority ethnic background, most were from an Asian or Asian British background (1.0%).

Chart 19: Admin / non-clinical staff headcount, by ethnicity, 31 December 2021 (a)



Source: Wales National Workforce Reporting System

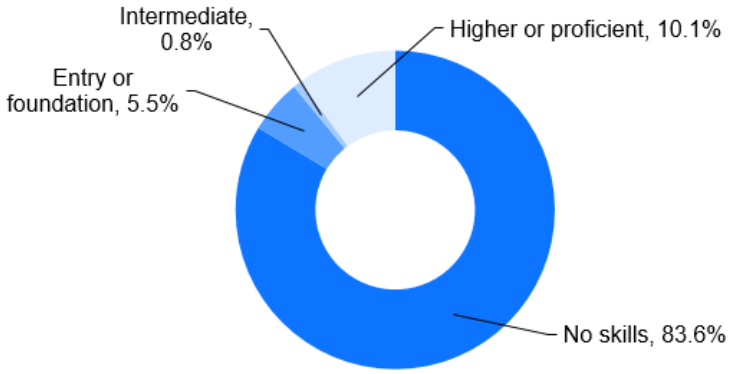
(a) The ethnicity was not known for 9% of admin/non-clinical staff. These staff are excluded from the denominator in the percentage calculation of the known ethnicity groups.

Nearly 98% of admin/non-clinical staff were from a white ethnic group. Of those from a minority ethnic background, most were from an Asian or Asian British background (1.1%).

All wider staff groups had a lower percentage of people from Black, Asian or minority ethnic backgrounds than the general population of Wales (4.8% year ending Sept 2021, **Annual**

Population Survey (StatsWales)).

Chart 20: Nurses headcount, by Welsh speaking skills, 31 December 2021 (a)

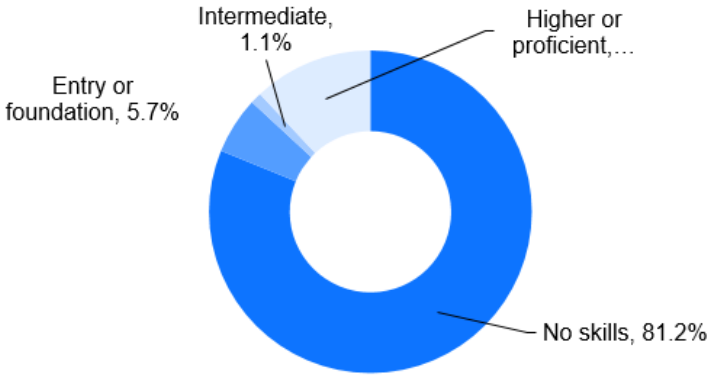


Source: Wales National Workforce Reporting System

(a) The Welsh speaking skill was not known for 27% of nurses. These nurses are excluded from the denominator in the percentage calculation of the known Welsh language categories.

One in ten (or 10.1% of) nurses were either recorded as having a high or proficient Welsh speaking skills. A further 6.2% reported skills between entry and intermediate level, while 83.6% had no Welsh speaking skills.

Chart 21: Direct patient care staff headcount, by Welsh speaking skills, 31 December 2021 (a)



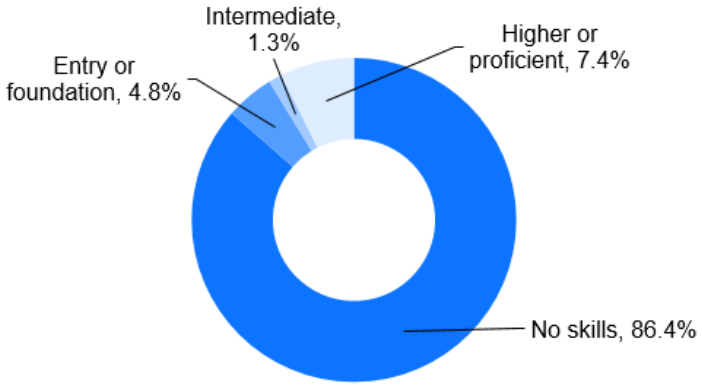
Source: Wales National Workforce Reporting System

(a) The Welsh speaking skill was not known for 29% of direct patient care staff. These staff are excluded from the denominator in the percentage calculation of the known Welsh language categories.

A greater proportion of direct patient care staff were recorded as having any Welsh speaking skills than any other staff group. 12.0% of staff had higher or proficient skills, and 6.8% had entry to intermediate level skills. 81.2% of staff

reported that they had no Welsh speaking skills.

Chart 22: Admin / non-clinical staff headcount, by Welsh speaking skills, 31 December 2021 (a)



Source: Wales National Workforce Reporting System
(a) The Welsh speaking skill was not known for 32% of admin/non-clinical staff. These staff are excluded from the denominator in the percentage calculation of the known Welsh language categories.

Fewer than one in ten (7.4%) administrative or non-clinical staff were recorded as having a high or proficient Welsh speaking skills. A further 6.2% reported skills between entry and intermediate level, while 86.4% had no Welsh speaking skills.

The percentage of wider practice staff who had any Welsh speaking skills is lower than the Welsh population. The **2011 Census (StatsWales)** estimates 27% of people in Wales had some Welsh speaking skills, and the **Annual Population Survey (StatsWales)** as at December 2021 estimates 30% of people in Wales had some Welsh speaking skills.

Quality and methodology information

Detailed information about the statistics in this release will be published in a quality report in spring 2022.

Glossary of terms

General practice

General practices provide primary care medical services on behalf of the local health board, with at least one qualified general medical practitioner who is able to prescribe medicine and where patients can be registered and held on a list. For the purpose of this release the term general practice refers to main surgeries only and excludes prisons, army bases, education establishments, specialist care centres and walk in centres.

Fully qualified GPs

Includes partners, providers, salaried, retainers and locums GPs only. These are fully qualified GPs registered on the Wales Medical Performers List, but some (retainers in particular) will have contracts with reduced hours and some (locums) will be temporarily contracted to work. Locums are only counted where they were active in the quarter and had sessions recorded through Locum Hub Wales. Therefore any locum who is registered on the All Wales Locum Register, but did not have any sessions recorded in the quarter, will not be counted in the headcounts or FTE.

Fully qualified permanent GPs

Includes partners, providers, salaried and retainers only. These are fully qualified GPs with permanent contracts.

GP practitioner

Includes partners, providers and salaried GPs only (i.e. excludes GP locums, GP registrars, and GP retainers). These make up the large majority of the workforce and has

historically been the most stable measure of the GP workforce. Retainers are excluded because they are a small number of GPs who work on specific contracts with reduced hours.

GP partner or provider

Are practitioners who have entered into a contract with a local health board to provide services to patients. These are typically the most senior GPs at a practice. Specifically, GP provider is either a sole practitioner; a partner in a partnership and that partnership is the contractor; or a shareholder in a company limited by shares and that company is the contractor.

Salaried GPs

Are GPs who are generally employed and remunerated by salary through the general practice. Salaried GPs can also be employed by health boards directly to work in health board managed practices.

GP retainer

Is a registered GP practitioner who has entered the GP Retainer Scheme. This is designed to help keep doctors working in general practice, and usually applies to GPs who are either approaching retirement or who require greater flexibility in their work in general practice. A retainer may only work up to 4 clinical sessions per week in practice.

Locum GP

Is a GP who deputises temporarily at a practice, usually to cover for an absent GP practitioner. In this stats release, locums are only counted if they have actively worked in the quarter and the sessions were recorded through Locum Hub

Wales. Any locum who is registered to work in Wales but did not provide any sessions in the quarter is not counted in the headcount or FTE.

Locum Hub Wales

Is a service that enables GP Practices across Wales to advertise their short-term vacancies, and choose and book a GP locum, whose preferences match those of the practice, quickly and efficiently. Locums are not required to book shifts through Locum Hub Wales if they do not wish to do so. However, GP locums must join the All Wales Locum Register (hosted on **Locum Hub Wales**) and must record details of their shifts worked on in order to be captured by The Scheme for General Medical Practice Indemnity (GMPI) from 1 February 2021.

The Scheme for General Medical Practice Indemnity (GMPI), is managed by NHS Wales Shared Services Partnership Legal and Risk Services as part of the Clinical Negligence Scheme for NHS Trusts and Local Health Boards (Administration) (Wales) Directions 2019 and The National Health Service (Clinical Negligence Scheme) (Wales) Regulations 2019.

GP registrar

Sometimes called a GP trainee, are qualified doctors who are training to become a GP through a period of training in general practice and hospitals. Historically, in Wales the training programme consisted of 18 months in approved hospital posts and 18 months in general practice; however from 2019 the training programme changed to 12 months in hospital posts and 24 months in general practice. This explains some of the increase in registrar numbers since 2019. A standard contract for a registrar is for 40 hours per week (rather than 37.5 hours), therefore their FTE is based on a 40 hour week.

F2 doctors

Are doctors with a full GMC registration in their second year of postgraduate medical training. They have completed their first foundation year and will be rotating through three specialties. They would typically undertake clinical work under supervision but they are not training to be a GP. A standard contract for an F2 doctor is for 40 hours per week (rather than 37.5 hours), therefore their FTE is based on a 40 hour week.

A partnership

Is a financial arrangement between two or more bodies of which one must be a general practitioner.

General Medical Services (GMS)

Is the contract by which all general practices in Wales provide services on behalf of the local health board.

Wider practice staff

Include all non-GP staff employed through a contract with a general practice. There are 3 wider practice staff categories: nurses, direct patient care and administrative/non-clinical staff.

Nurses

Includes practice nurse, advanced nurse practitioner, nurse specialist, extended role practice nurse, nursing partner, trainee nurse and nurse dispenser.

Direct patient care

Typically includes anyone who is directly involved in delivering patient care but who is not a nurse or GP. This includes: health care assistant, dispenser, pharmacy technician, paramedic, occupational therapist, pharmacist, phlebotomist, counsellor, physiotherapist, physician associate, apprentice health care assistant, other therapist, counsellor therapist, apprentice phlebotomist, dietician, health support worker, psychological wellbeing practitioner, social prescribing link worker and other direct patient care.

Administrative/non-clinical

Anyone who is involved in the administration or organisation of the practice. This includes: management partner, receptionist, apprentice, manager, medical secretary, telephonist, estates and ancillary, senior manager, finance director and other admin.

Ethnicity groupings

The table below shows the individual ethnicities that are included in the ethnic groups presented in this release.

Ethnic group	Ethnicity
White	White British
White	White Irish
White	White - Any other White background
Asian or Asian British	Asian or Asian British - Indian
Asian or Asian British	Asian or Asian British - Pakistani
Asian or Asian British	Asian or Asian British - Bangladeshi

Asian or Asian British	Asian or Asian British - Any other Asian background
Asian or Asian British	Malaysian
Asian or Asian British	Chinese
Black or Black British	Black or Black British - African
Black or Black British	Black or Black British - Caribbean
Black or Black British	Other Black background
Black or Black British	Black Nigerian
Mixed / Multiple Ethnic Group	Mixed - White & Black African
Mixed / Multiple Ethnic Group	Mixed White / Asian
Mixed / Multiple Ethnic Group	Mixed White / Black Caribbean
Mixed / Multiple Ethnic Group	Other Mixed background
Other Ethnic Groups	Other ethnic group
Not stated/Unknown	Unknown
Not stated/Unknown	Not Stated
Not stated/Unknown	Declined

Keeping Wales National Workforce Reporting System data up-to-date

The main source of data is the Wales National Workforce Reporting System (WNWRS). Data is also sourced from the Locum Hub Wales system (for locums), the NHS Electronic Staff Record (for registrars and F2 trainees) and Digital Health and Care Wales (for active GP practices).

Data was first sourced from the WNWRS at 31 March 2020 and is subsequently extracted quarterly at the last day of the month. Data for all staff, aside from locums, provides a 'snapshot' of the general practice workforce on that specific date. As locum work is temporary, the locum data in this release reflects the contracts record on Locum Hub Wales for the quarter ending in the snapshot date.

For every snapshot date, practices are expected to confirm their WNWRS data as being up-to-date during the quarter leading up to the snapshot. This should provide an accurate reflection of the workforce at the snapshot date. If a practice neither logs in to the WNWRS to view their data nor modifies data during the latest quarter, then they are counted as not confirming their data as being up to date.

- 31 Dec 2021 data: 30 practices out of the 390 active practices did not confirm their data was up-to-date in the quarter up to 31 Dec 2021.
- 30 Sep 2021 data: 11 practices out of the 391 active practices did not confirm their data was up-to-date in the quarter up to 30 Sep 2021.
- 30 Jun 2021 data: All active practices confirmed their data as being up-to-date in the quarter up to 30 Jun 2021.
- 31 Mar 2021 data: 9 practices out of the 396 active practices did not confirm their data was up-to-date in the quarter up to 31 Mar 2021.
- 31 Dec 2020 data: 36 practices out of the 396 active practices with staff did not confirm their data was up-to-date in the quarter up to 31 Dec 2020.
- 30 Sep 2020 data: 6 practices out of the 399 active practices did not confirm their data was up-to-date in the quarter up to 30 Sep 2020 (they last confirmed between

April and June 2020).

- 30 Jun 2020 data: 46 practices out of the 402 active practices with staff did not confirm their data was up-to-date in the quarter up to 30 Jun 2020 (they last confirmed between January and March 2020). An additional 50 practices did not modify data in the quarter up to 30 Jun 2020 (although they did view data in that quarter). 3 practices updated their data shortly after the snapshot date (on 2 July).
- 31 Mar 2020 data: 2 out of the 404 active practices did not supply data or did not confirm their data was up-to-date in the WNWRS. These practices did supply initial data through an Excel spreadsheet in late 2019, which was used to pre-populate the WNWRS before the system went live for practices. Therefore the data provided in the initial spreadsheet has been used for these two practices.

Calculation and limitations of FTE data

The full-time equivalent (FTE) measure is a measure of the workload of each staff member which is expressed as a full-time equivalent number and is aggregated for the total workforce. For all staff other than registrars and F2 doctors, 1.0 FTE is equal to full-time work of 37.5 hours per week, 0.5 FTE is equal to 18.75 hours per week. Registrars and F2 doctors have 40 hour per week contracts as standard, so 1.0 FTE is equal to 40 hours for these job types.

The FTE is calculated using the ‘contracted hours’ data item in the WNWRS. If this data item is blank, the ‘hours worked’ data item is used instead. Coverage of these two data items is very good across all job types, however there are some missing data and this is likely to mean that the FTE numbers in this statistical release are a slight underestimate of the true FTE.

Following extensive work by NHS Shared Services Partnership, only 12 GPs and 30 wider practice staff had no

hours recorded in the 31 December 2021 data extract. Some of these staff may genuinely have zero contracted hours, but some are likely to be incomplete records.

As the proportion of missing data was low in the 31 December 2021 extract, the contracted and working hours data items have been thoroughly quality assured and are of sufficient quality to publish in this statistical release.

Limitations of staff characteristic data

The age, sex, ethnicity and Welsh language skills has not been recorded for every person working in general practice. The analysis presented is therefore based on partial coverage of staff whose information is available. The percentage of missing data is published on each chart.

Note that locums are not required to enter this information when recording work through Locum Hub Wales, and therefore account for a large proportion of fully qualified GPs with unknown information.

For the sex characteristics, data where staff were recorded as ‘male’ or ‘female’ only has been included in the charts. At present the data collection system has options to report ‘other/unknown’ in the same category. This means that we are not able to robustly distinguish where the person chose not to disclose their sex and where the sex was reported other. Data for these categories are shown in StatsWales tables; however we aim to work with data providers to improve this in future editions.

Similarly there are some issues differentiating between unknown ethnic group and a not stated ethnic group. We also aim to improve this in future editions.

There are a small number of cases where characteristics are not consistent from quarter-to-quarter. For example, there are a small number of cases where a person’s age has changed by more than 1 from one quarter to the next. This

affects both GP practitioners and wider practice staff and should be borne in mind when using staff characteristics statistics.

Future plans

It is planned that this annual release will be updated using data for September 2022, which will likely be published in January 2023. This would then become an annual release on this cycle. Each quarter there will continue to be an update of the StatsWales tables which include the high level headcounts and FTE of GPs and wider practice staff.

Well-being of Future Generations Act

The Well-being of Future Generations Act 2015 is about improving the social, economic, environmental and cultural wellbeing of Wales. The Act puts in place seven wellbeing goals for Wales. These are for a more equal, prosperous, resilient, healthier and globally responsible Wales, with cohesive communities and a vibrant culture and thriving Welsh language. Under section (10)(1) of the Act, the Welsh Ministers must (a) publish indicators (“national indicators”) that must be applied for the purpose of measuring progress towards the achievement of the wellbeing goals, and (b) lay a copy of the national indicators before Senedd Cymru. Under section 10(8) of the Well-being of Future Generations Act, where the Welsh Ministers revise the national indicators, they must as soon as reasonably practicable (a) publish the indicators as revised and (b) lay a copy of them before the Senedd. These national indicators were laid before the Senedd in 2021. The indicators laid on 14 December 2021 replace the set laid on 16 March 2016.

Information on the indicators, along with narratives for each of the wellbeing goals and associated technical information is available in the **Well-being of Wales report**.

Further information on the **Well-being of Future Generations (Wales) Act 2015**.

The statistics included in this release could also provide supporting narrative to the national indicators and be used by public services boards in relation to their local wellbeing assessments and local wellbeing plans.

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