



PRIMARY CARE NURSING:

Workforce Census Report 14th February
2024

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Primary Care Nursing: Workforce Census Report undertaken 14th February 2024

Introduction

Primary Care nursing workforce data is not collated consistently or regionally in Northern Ireland as it is for the other United Kingdom nations. Neither the Department of Health¹ nor the General Medical Services for Northern Ireland annual statistics collect data on the nursing workforce².

Previous attempts to determine Primary Care staff numbers in Northern Ireland included a General Practice Nursing Workforce Survey Report³ undertaken by the Public Health Agency (PHA) in 2016. However, the response rate was only 54% and while providing valuable insights into the Primary Care nursing profile, it was not possible to determine an accurate workforce number.

In 2017/18, a capacity and demand review of General Practice (unpublished) was undertaken by the then, Health and Social Care Board (HSCB). This determined that there were approximately 732 Whole Time Equivalent (WTE) nurses employed at General Practice level across the range of the roles that existed at that time. This data was not collected for nursing workforce purposes and returns were variable.

The Delivering Care Policy Framework was implemented in 2014⁴ with Phase 7: Primary Care being commissioned and subsequently approved by the Chief Nursing Officer.

At that point, following benchmarking, evidence, consideration of strategic drivers and influencing factors, the model agreed was 1 WTE General Practice Nurse to 2222 population head count.

The indication at that point was that a further 153 WTE General Practice Nurse posts were required to meet that model and a 5year implementation plan was developed.

Due to funding constraints this number has only increased by 28 WTE General Practice Nurses and a further 1 WTE Federation Nurse Lead post (0.2 x 5 posts) as at 24/25 (a total 29 WTE investment). Funding for 10 nursing assistant posts was retracted due to challenges relating to governance and capacity to manage these staff at the time. Advanced Nurse Practitioners were not part of this Delivering Care phase but their role in Primary Care has grown as a successful and essential role supported by an investment for 38 WTE posts.

In light of the current refresh of the Delivering Care Policy Framework and also the launch of the Nursing and Midwifery Task Group Report (NMTG) 2020 a revised and comprehensive Primary Care nursing workforce plan will need to be determined. This will be required to further consider a number of strategic drivers:

¹ [Staff numbers | Department of Health \(health-ni.gov.uk\)](https://health-ni.gov.uk)

² [General Medical Services Statistics - Business Services Organisation \(BSO\) Website](#)

³ [GPN workforce Survey.pdf](#)

⁴ [Delivering Care: Nurse Staffing Levels in Northern Ireland | Department of Health](#)

- General Practice Nursing Now and the Future: A Framework for Northern Ireland (PHA 2016).
- Career Pathway for General Practice Nursing in Northern Ireland (NIPEC 2019).
- Specialist, Advanced and Consultant Nurse Frameworks (DOH, 2016- 2017).
- The need for a Primary Care professional governance and leadership infrastructure.

These drivers will assist the progression of a six-step methodology⁵ to workforce planning at a strategic level for Primary Care nursing which is linked to population health needs.

In order to inform the six-step model, a baseline workforce profile will be required. This paper details the outworking of a Primary Care nursing workforce census undertaken by the PHA on the 14th February, 2024. This work was overseen by the Primary Care Nursing Steering Group (Appendix 1).

Scope and methodology

The scope of the workforce census considered the following roles:

- Phlebotomists
- Health Care Assistants
- General Practice Nurses
- Treatment Room Nurses
- Nurse Practitioners
- Advanced Nurse Practitioners
- GP Federation Nursing Leads

Although phlebotomists are not part of the nursing workforce, it was important to understand their associated contribution to the workforce profile.

Correspondence requesting contribution to the workforce census was issued jointly by the PHA and the Strategic Planning and Performance Group (SPPG).

Data was requested from three sources commensurate with the three routes of nursing workforce employment in Primary Care:

- GP Practices (314)
- GP Federations (7)
- HSC Trusts (5- treatment room nursing workforce only)

⁵ [Six Steps Methodology to Integrated Workforce Planning® | Skills for Health](#)

A data collection template was co-designed with representatives from the three stakeholder groups and piloted with General Practices (Practice Managers and GPs). PHA staff were also available to assist with completion of the template as required.

Response Rate

The response rate from HSC Trusts and GP Federations was 100%. The initial response rate from GP Practices was 67.8% and this varied across the Federation Support Unit areas. Further correspondence was issued by the PHA and SPPG to promote engagement. Caitriona Carr, Primary Care/Delivering Care Project Lead (PHA) then targeted GP Practices in Federation Support Unit areas where the response was lower and successfully achieved a response rate of 83.1%.

Extrapolation

In order to determine an assumed workforce, extrapolation was undertaken for the remaining 53 (16.9%) of GP Practices, where there were no returns. Extrapolation parameters included matching GP practice returns with a similar GP practice where a return was available on the basis of:

- Practice patient population size
- Geography
 - Federation Support Unit area⁶
 - Urban or rural area⁷
- Northern Ireland Statistical and Research Agency Deprivation Rank (by GP Practice post code out of 890)⁸

The deprivation rank was cross referenced by the PHA data intelligence department to afford another layer of data accuracy.

Data relating to bank staff and age profile were excluded.

⁶ <https://www.gpnicareers.co.uk/what-are-gp-federation-support-units> accessed 19th July 2024

⁷ <https://deprivation.nisra.gov.uk/> typed in post code- accessed between 18th to 24th July 2024

⁸ <https://www.nisra.gov.uk/>

Workforce Overview

Total Workforce data

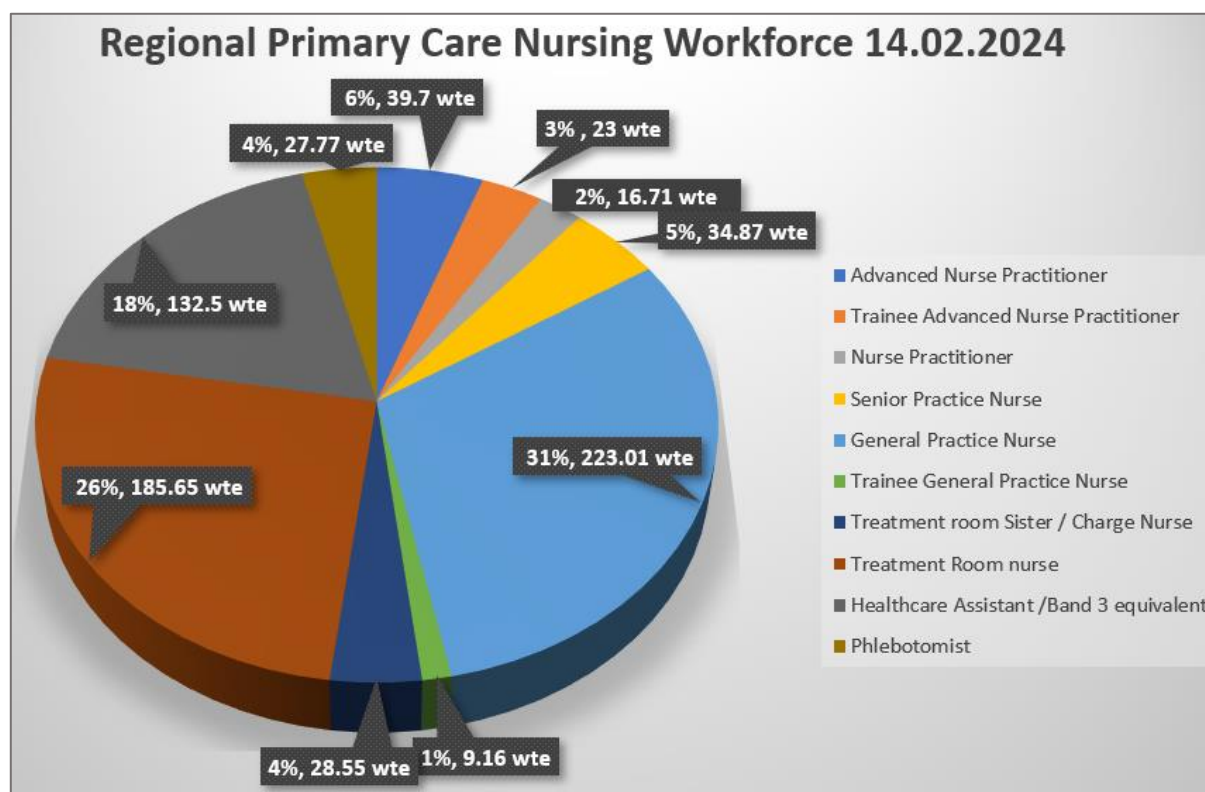
Table 1. Regional Staff in Post (SIP), measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust and GP Federation

Regional	Employer (WTE)				
Job Role/title	GP Practice	HSC Trust	GP Federations	Total	Total
Advanced Nurse Practitioner	23.2	0	16.5	39.7	62.7
Trainee Advanced Nurse Practitioner	0	0	23	23	
Nurse Practitioner	16.71	0	0	16.71	16.71
Senior Practice Nurse	34.87	0	0	34.87	267.04
General Practice Nurse	200.74	0	22.27	223.01	
Trainee General Practice Nurse	2.56	0	6.6	9.16	
Treatment room Sister / Charge Nurse	3.57	24.98	0	28.55	214.2
Treatment Room nurse	71.97	113.68	0	185.65	
Healthcare Assistant /Band 3 equivalent	97.94	34.56	0	132.5	132.5
Phlebotomist	27.77	0	0	27.77	27.77
Total	479.33	173.22	68.37	720.92	720.92
Percentage	66.5	24.0	9.5	100.0	

To support the Federation-employed nurses, there is a 1.0 WTE nurse lead for General Practice Nurses and 1.6 WTE nurse lead for Advanced Nurse Practitioners.

N.B. From the data returned, the variance between Funded Staffing Establishment and Staff in Post appeared to be minimal and therefore not reported here.

Diagram 1. Regional Primary Care Nursing Workforce by Role



Key facts:

- Excluding Phlebotomy staff (27.77), the overall WTE is 693.15
- Of this 693.15:
 - Registered nurses comprise 560.65 WTE
 - Non- registrants comprise 132.5 WTE
- GP Practice is the largest employer
- GP Federations are the smallest employer
- The largest role is the General Practice Nurse

Diagram 2 and 3. Eastern Federation Support Unit (EFSU) Nursing Workforce by Role and Northern Federation Support Unit (EFSU) Nursing Workforce by Role

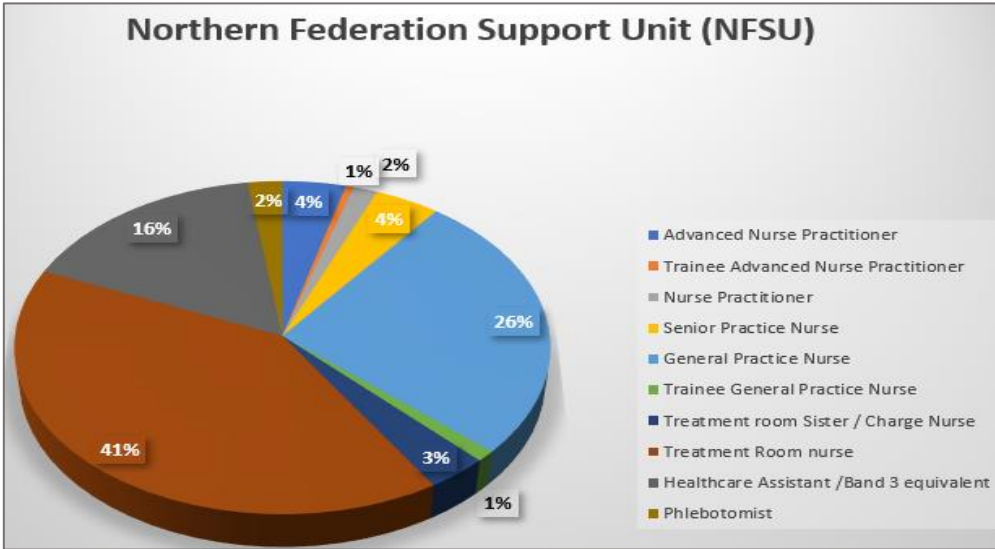
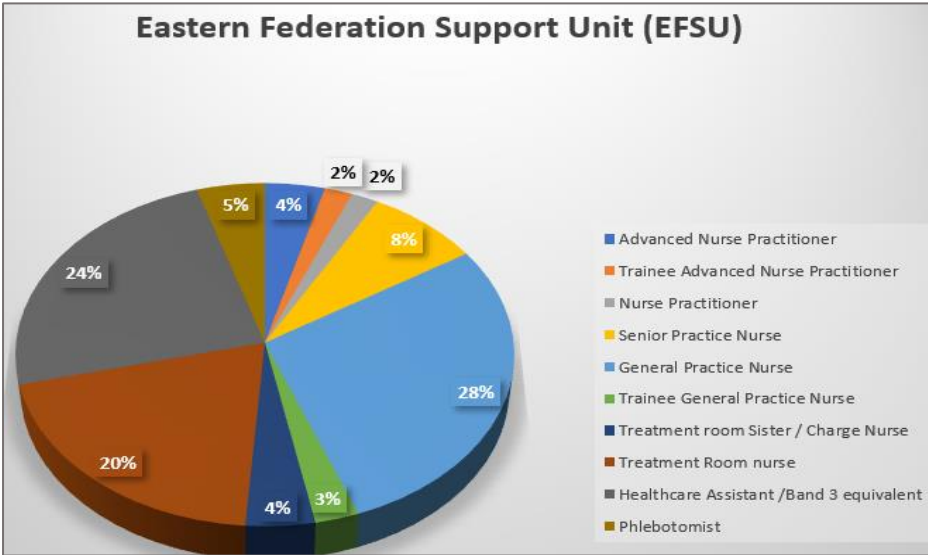
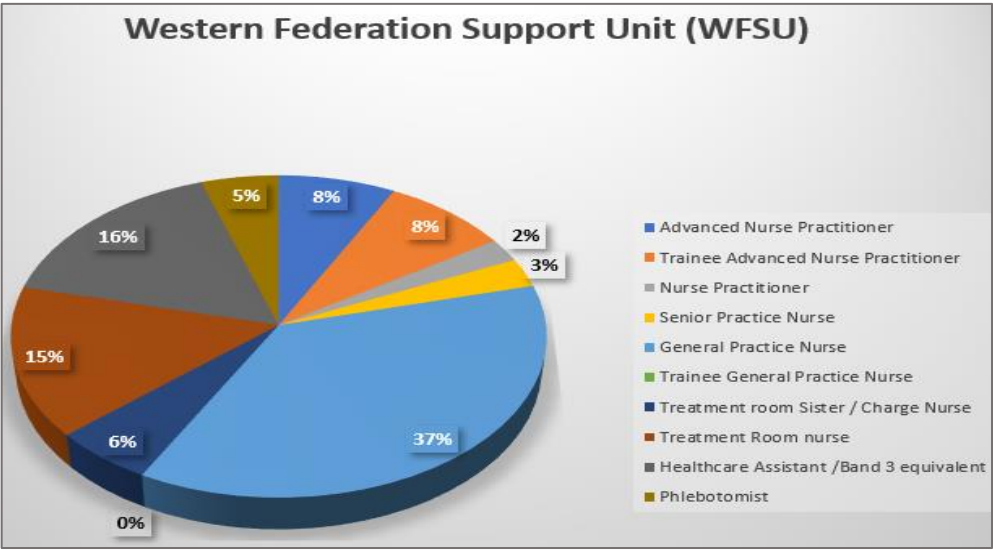
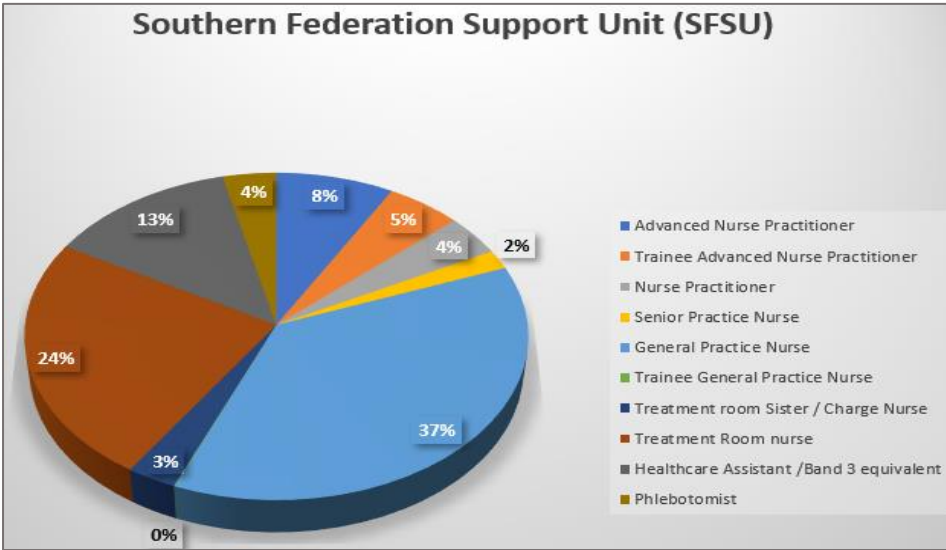


Diagram 4 and 5. Southern Federation Support Unit (EFSU) Nursing Workforce by Role and Western Federation Support Unit (EFSU) Nursing Workforce by Role

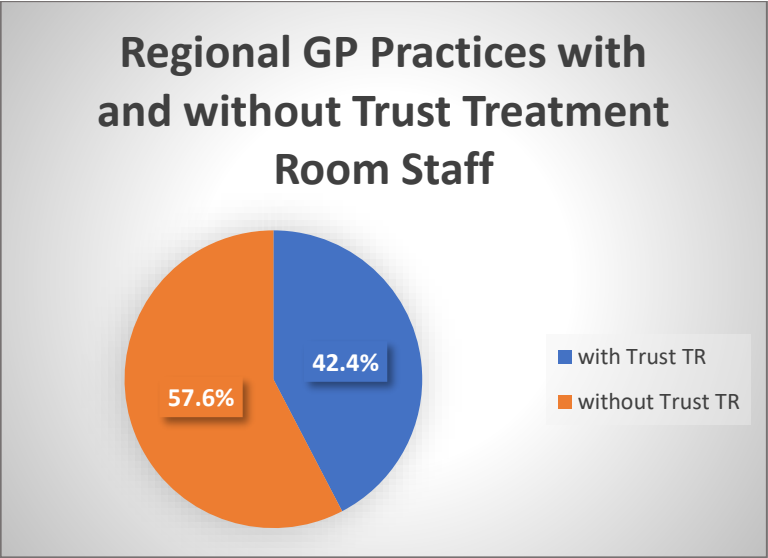


N.B. Please see Appendix 2 for further details pertaining to each of the Federation Support Units Staff in Post.

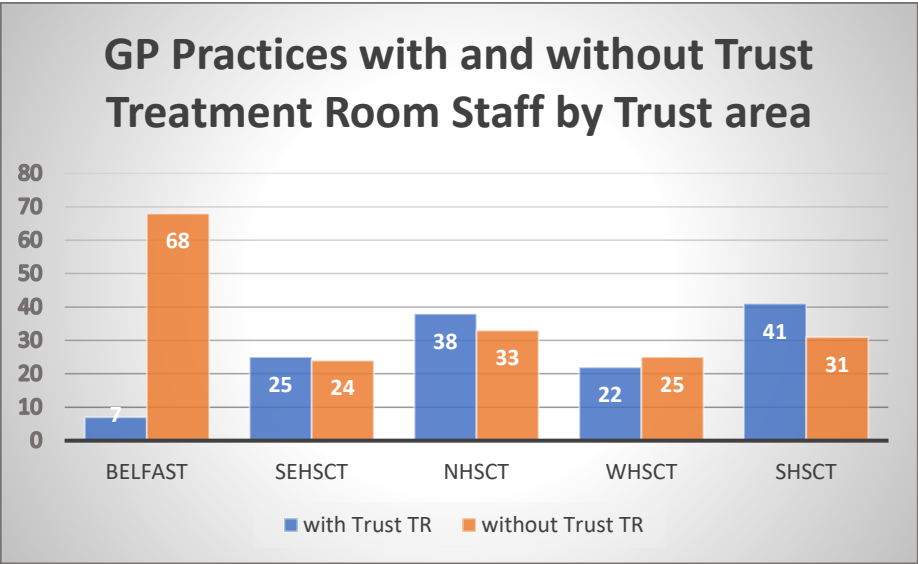
Key facts

- The NFSU area has a higher level of treatment room nurses and is the largest of all their roles. Other FSU areas have General Practice Nurses as the largest staff group.
- The WFSU area has a lower percentage of treatment room nurses of all their roles.

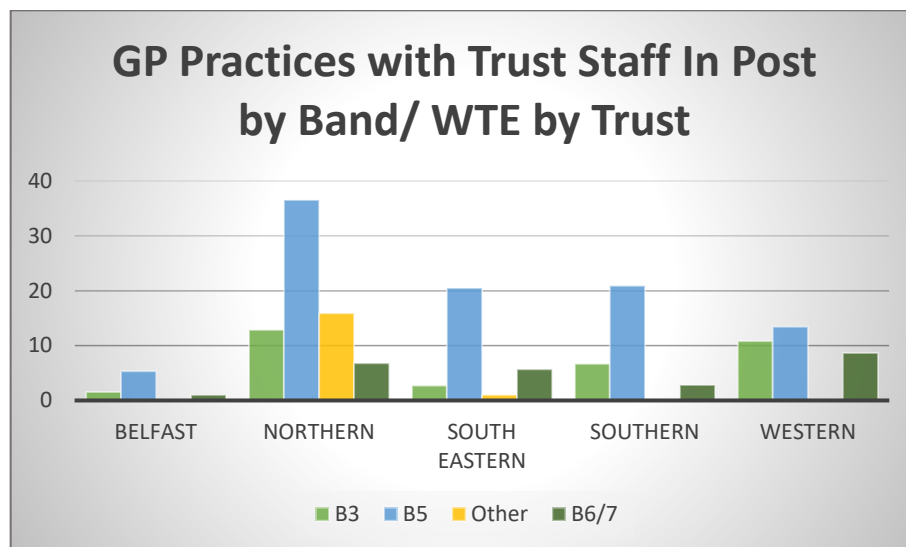
Diagram 6 a) Regional GP Practices with and without Trust Treatment Room Staff



6 b) Number of GP Practices with and without Trust Treatment Room Staff by Trust area



6 c) GP Practices with Trust Staff by Band/ WTE by Trust



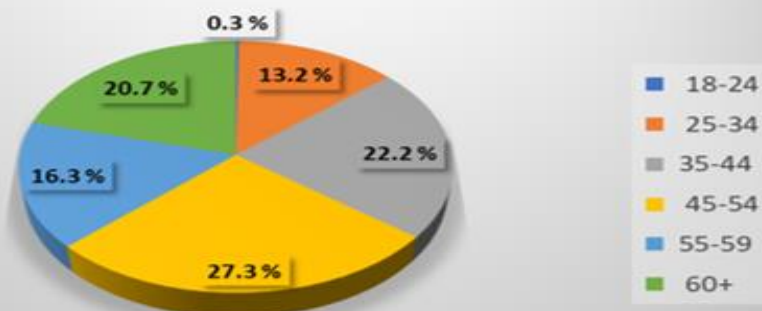
Key Facts

- There are more GP Practices employing their own treatment room staff than those who are supported by Trust treatment room staff.
- GP Practices within the Belfast Trust appear to have lesser Trust treatment room staff support.
- The Northern Trust has the highest number of Band 5 nurses supporting GP Practices within their Trust. In addition, they employ a higher number of peripatetic registered nurse support.

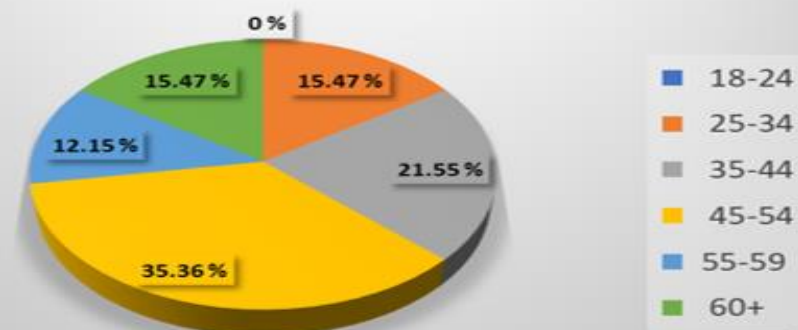
Workforce Demographics

Diagram 7. Registrant Primary Care Nursing Workforce Age Profile by Region, Trust, Federation and GP Practice.

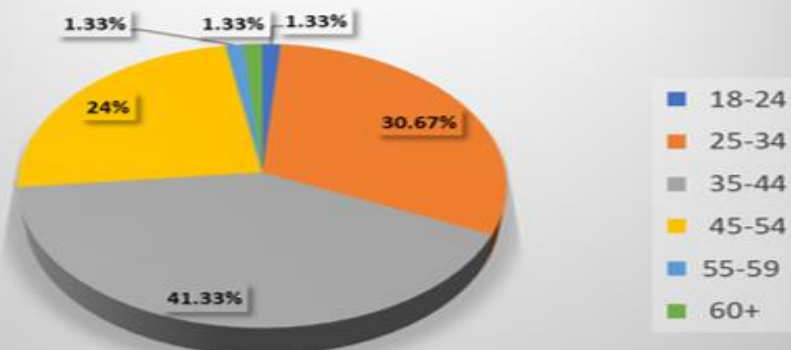
Regional Primary Care Nursing Workforce Age Profile (based on GP, Trust & Federation returns)



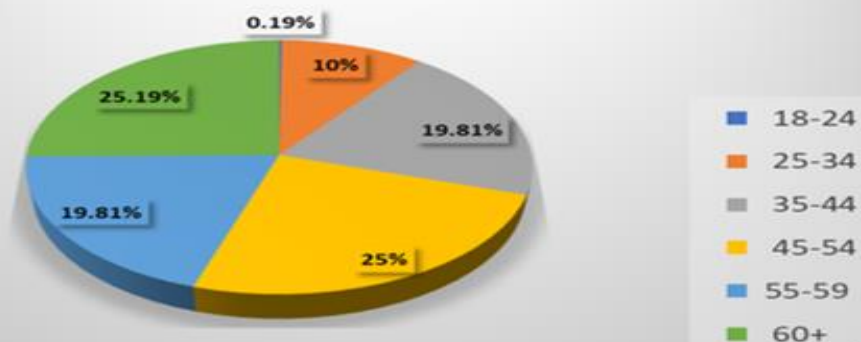
Trust Primary Care Nursing Workforce Age Profile



Federation Primary Care Nursing Workforce Age Profile



GP Practice Primary Care Nursing Workforce Age profile



NB: Non-registrant nursing workforce age profile is not represented as it was not collected as part of the census.

Key facts

- 18-24year-olds represent the lowest age profile given the fact that pre-registration/ undergraduate nursing programmes are three years duration.
- 37% of all registrants are currently eligible to retire.
- In the 45-54 age group, some will be eligible for retirement in the next 5 years.
- 45% of GP Practice employed nurses are currently eligible for retirement.
- GP Federation- employed nursing age profile evidences a younger workforce compared to Trust and GP Practice employed nurses.

Succession planning requires significant attention.

Limitations

- The response rate for GP Practices was 83.1% requiring an extrapolation exercise for the remaining 16.9%. While extrapolation parameters were agreed, this may result in some subjective decisions to determine an assumed workforce.
- The terminology used for roles can vary between employers which makes it difficult to accurately profile the workforce. Not all roles align with the banding of nursing staff employed by HSC.
- Although, stakeholders were involved in the development of the workforce census data collection tool (which also contained detailed descriptors) and information sessions were offered to all, there may be discrepancies in how employers completed the template.
- There will always be a margin of error to account for human factors in completion of the template.

Conclusion

The census was successful in determining a Primary Care nursing workforce, at a point in time albeit with some assumptions for a small percentage of non-returned templates. Led by the PHA, the census was labour intensive and required significant collaboration with GP Practices, GP Federations and HSC Trusts. This will act as a baseline for any future workforce planning. However, to sustain a process to maintain up-to-date data, a dedicated resource and organisational responsibility would be required.

The report will be shared with contributors and relevant Departmental professional and policy making personnel.

Acknowledgements

Gratitude is expressed for the members of the Primary Care Nursing Steering Group who supported the development of the work with particular thanks to Caitriona Carr; Project Lead (PHA) who led on

the completion of the workforce census. Particular gratitude is expressed to the individual GP Practices, HSC Trusts, GP Federations and GP Federation Support Units who gave of their time and commitment to all aspects of the census, without whom, this level of data would not be available. Finally, acknowledgment to Sheila Kinoult, Nurse Consultant, PHA who led on the data extrapolation exercise, and analysis and co-development of this report.

Amber McCloughlin

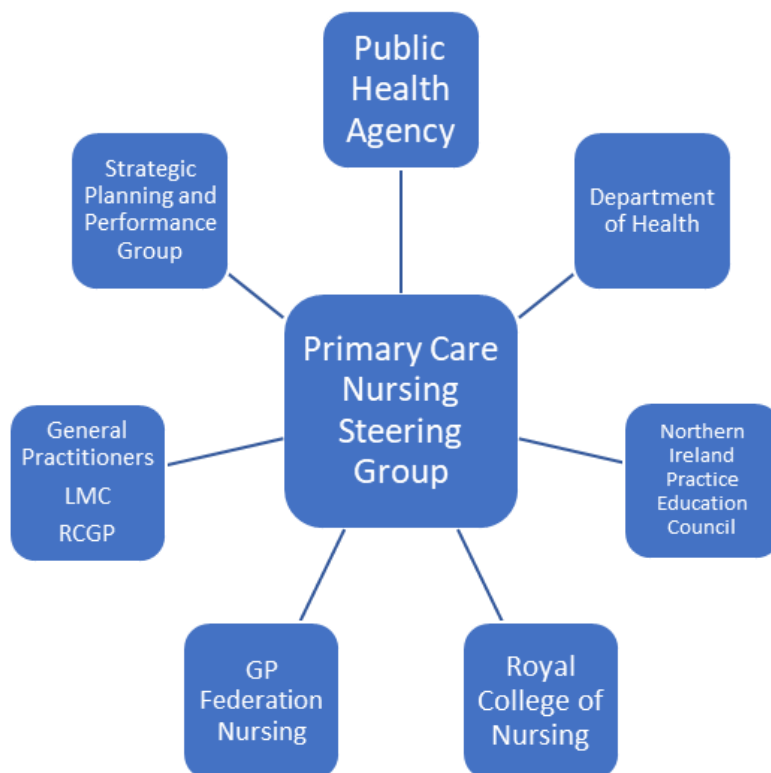
Nurse Consultant; Primary Care Workforce and Education

PHA

February, 2025

Appendix 1

The Primary Care Nursing Steering Group Membership



Appendix 2

Federation Support Unit (EFSU) Staff In Post (SIP), measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust

Table 2. Eastern Federation Support Unit (EFSU) Staff In Post (SIP) , measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust

EFSU	Employer (WTE)				
Job Role/title	GP Practice	HSC Trust	GP Federations	Total	Total
Advanced Nurse Practitioner	4.23		6.54	10.77	15.77
Trainee Advanced Nurse Practitioner			5	5	
Nurse Practitioner	4.9			4.9	4.9
Senior Practice Nurse	20.5			20.5	100.86
General Practice Nurse	68.096		5.3	73.40	
Trainee General Practice Nurse	2.36		4.6	6.96	
Treatment room Sister / Charge Nurse	5.2	5.7		10.9	62.46
Treatment Room nurse	25.86	25.7		51.56	
Healthcare Assistant /Band 3 equivalent	55.66	6.93		62.59	62.59
Phlebotomist	11.5	0.7		12.2	12.2
Total	198.306	39.03	21.44	258.776	258.78
Percentage	77	15	8	100	

Table 3. Northern Federation Support Unit (NFSU) Staff In Post (SIP) , measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust

NFSU	Employer (WTE)				
Job Role/title	GP Practice	HSC Trust	GP Federations	Total	Total
Advanced Nurse Practitioner	5.35		2.76	8.11	9.11
Trainee Advanced Nurse Practitioner			1	1	
Nurse Practitioner	3.1			3.1	3.1
Senior Practice Nurse	8.35			8.35	62.43
General Practice Nurse	46.275		5.7	51.975	
Trainee General Practice Nurse	0.1		2	2.1	
Treatment room Sister / Charge Nurse		6.8		6.8	87.04
Treatment Room nurse	13.97	66.27		80.24	
Healthcare Assistant /Band 3 equivalent	16.79	15.35		32.14	32.14
Phlebotomist	4.4			4.4	4.4
Total	98.335	88.42	11.46	198.215	27.49
Percentage	49.6	44.6	5.8	100	

Table 4. Southern Federation Support Unit (SFSU) Staff In Post (SIP) , measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust

SFSU	Employer (WTE)			Total	Total
Job Role/title	GP Practice	HSC Trust	GP Federations		
Advanced Nurse Practitioner	7.85	0	4.7	12.55	20.55
Trainee Advanced Nurse Practitioner	0	0	8	8	
Nurse Practitioner	6.2	0	0	6.2	6.2
Senior Practice Nurse	2.91	0	0	2.91	60.3
General Practice Nurse	51.22	0	6.07	57.29	
Trainee General Practice Nurse	0.1	0	0	0.1	
Treatment room Sister / Charge Nurse	1.3	3.35	0	4.65	41.89
Treatment Room nurse	13.75	23.49	0	37.24	
Healthcare Assistant /Band 3 equivalent	11.7	8.49	0	20.19	20.19
Phlebotomist	5.7		0	5.7	5.7
Total	100.73	35.33	18.77	154.83	154.83
Percentage	65.1	22.8	12.1	100	

Table 5. Western Federation Support Unit (WFSU) Staff In Post (SIP) , measured in Whole Time Equivalent (WTE) and by Employer Split i.e. General Practitioner (GP) Practice, Health and Social Care (HSC) Trust

WFSU	Employer (WTE)			Total	Total
Job Role/title	GP Practice	HSC Trust	GP Federations		
Advanced Nurse Practitioner	5.67	0	2.6	8.27	17.27
Trainee Advanced Nurse Practitioner		0	9	9	
Nurse Practitioner	2.51	0	0	2.51	2.51
Senior Practice Nurse	2.11	1	0	3.11	43.46
General Practice Nurse	34.65	0	5.7	40.35	
Trainee General Practice Nurse	0	0	0		
Treatment room Sister / Charge Nurse	2.4	3.8	0	6.2	22.81
Treatment Room nurse	11.61	5	0	16.61	
Healthcare Assistant /Band 3 equivalent	14.54	3.04	0	17.58	17.58
Phlebotomist	5.47		0	5.47	5.47
Total	78.96	12.84	17.3	109.1	109.10
Percentage	72.4	11.8	15.9	100	