

General Practice Staff Survey

Frequently Asked Questions



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Section One: General questions about the General Practice Staff Survey

1.1 What is the justification for an NHS General Practice Staff Survey?

The NHS Staff Survey is a key mechanism to provide our NHS people a voice and people working in general practice should be included. This commitment was made in the People Plan.

The NHS [Long-Term Workforce Plan](#) commits to encouraging all NHS organisations to have staff feedback processes in place to ensure staff feedback is listened to and acted upon.

The [Fuller Stocktake](#) reinforced this commitment recognising the opportunity of the survey particularly around enhancing understanding of equality, diversity and inclusion in general practice.

‘The NHS staff survey needs to be extended nationwide and considered for NHS-funded primary care... Workforce data, staff surveys and other feedback mechanisms for staff, should be used by ICSs and local leaders across primary care to take action to improve equality, diversity and inclusion across the primary care workforce’
(Fuller Stocktake, 2021)

This annual survey is an essential tool for robustly measuring improvements on staff experience, engagement, and equality issues. The survey is carried out on behalf of NHS organisations by an independent and impartial survey contractor, Picker.

1.2 What is the purpose of the General Practice Staff Survey (GPSS)?

The GPSS aims to give a voice to staff working in general practice organisations.

Implementing the staff survey in general practice will produce standardised, comparable, actionable staff experience data. This will support improvements to staff experience and in turn support recruitment, retention and efforts to mitigate the prevalence of burnout amongst staff. This is essential for individual practices, Primary Care Networks (PCNs), as well as to support a vision of a “one workforce” approach at ICS level, which have staff wellbeing as one of their top priorities. Knowing and understanding the experiences of staff locally and across systems, is an essential first step to inform continuous improvement and cultural change.

Establishing this essential dataset at sufficient detail to generate actionable insights is a critical step towards the implementation of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in primary care settings. National, ICB and PCN footprint reports include results against the survey questions, benchmarked against averages, as many of the WDES and WRES indicators.

1.3 Who can take part in the NHS General Practice Staff Survey (GPSS)?

Currently staff within a general practice, federation and PCN located within a participating system can participate in the survey according to the eligibility criteria.

Section Two: Questions relating to participation in the survey.

2.1 What is the value in taking part in the GPSS?

The GPSS provides a mechanism for staff to have their voice heard and share their experiences of working in general practice. The survey data is working towards status as a national official statistic which means it meets the highest standards of trustworthiness, quality, and value.

The survey is aligned to the People Promise which sets out, in the words of our NHS people, what is important in our working lives – like being able to look after our health and wellbeing, to work flexibly, and to feel we are included, whatever our background or our job. The survey responses will provide understanding on how staff are thinking and feeling in relation to these key metrics. Using this data means that actions to improve staff experience are evidence-based and can be prioritised. Research with the NHS Staff Survey shows that these questions are good indicators of organisational outcomes and patient care. The expectation is that we will see that by improving the experience of general practice staff we will see similar wider benefits for general practice organisations and patients.

2.2 Do staff have to complete the survey?

Participation is not compulsory, but staff are strongly encouraged to use the opportunity to voice opinions and views about the organisation in which they work by completing the questionnaire. This gives every member of staff equal opportunity to have their voice heard. It is important that as many people as possible complete the questionnaire to maximise staff voice.

2.3 How can I take part in the GPSS?

Access to the survey is coordinated by Integrated Care Boards (ICBs) who request staff information from practices, Primary Care Networks (PCNs) and federations within their systems. Only when an organisation has returned a complete staff list to their system lead can that organisation take part. Staff lists are provided to the survey provider as a mechanism to send out individual survey links via email. If you would like to participate in the GPSS, please talk with your system lead.

2.4 How are the survey questions chosen and developed?

The GPSS questionnaire has been developed to ensure sound understanding of working experience via robust and validated questions and indexes. There is a gold standard approach to developing the questions that includes identifying high quality questions used on other surveys wherever possible, extensive engagement with experts and stakeholders, and testing with staff from many different backgrounds and roles within general practice. The questions used are closely aligned with the existing NHS Staff Survey, though adapted to suit the general practice landscape. We test improvements each year, implementing those most appropriate – we don't wish to make too many changes as the trend data you get from

keeping the same question set for multiple years is very valuable to seeing the impact of your approach and progress.

2.5 Why take part in the GPSS when other survey requests have been made?

Survey requests are often made in the absence of a staff survey in general practice. The intention of the GPSS is to gather data from across general practice under the one umbrella. Once the GPSS has been running for a few years, the desire to commission alternative surveys will reduce. It also allows for robust benchmarking with your peers and therefore allows for the spread of good practice and ideas. Have results at local, system, and national level also means that the voices of staff can be heard in different parts of the NHS, all driving improvements.

2.6 Can the GPSS be completed in a language other than English?

Organisations should support all staff, including those who may struggle with written English or for whom English is not their first language, to complete the survey. This gives every member of staff equal opportunity to have their voice heard. For example, organisations may appoint champions or volunteers available to help staff understand and answer the questions. Line managers are encouraged to ensure that those who may need more time to answer the survey are given the time they need within their allocated working hours. The questions are tested to try and ensure that they are easily understood by those for whom English is not their first language.

2.7 Do staff need to have an email address to complete the survey?

For those staff without access to a work email address, a letter will be sent to the practice address with an individualised QR code that enables you to complete the survey online.

2.8 Can staff use a generic link to the survey rather than individual links on email?

Each staff member will receive a personalised email invitation and link to the survey. This approach supports a robust methodology which ensures all eligible staff members have been invited to have their views heard. Picker is also able to identify those who have not yet completed the survey and send out a follow-up reminder email. A generic link does not ensure all staff have had the opportunity to participate.

2.9 Can colleagues forward their link to their teams?

No, survey links should not be shared with other colleagues. Each link is unique and once used it will no longer be valid for additional use. Please do not forward individual links in any circumstance.

2.10 Will the CQC use the staff survey results?

The GPSS practice level results will not be publicly available. Practices may however wish to share this as evidence with CQC as part of the single assessment framework. It is an essential step towards understanding the experience of your staff and acting to improve it.

2.11 What difference has the NHS Staff Survey made?

The survey has been in place since 2003 in the English NHS. The survey includes 257 secondary health care organisations but does not include primary care organisations. The survey has the highest standards of quality and accuracy allowing organisational comparisons and trend data. It provides a rich and valuable data source to support and inform continuous improvement and cultural change at local, system, region and national level. Evidence feeds into the Pay Review Body and informs research on the experience of healthcare staff. See some examples on [Employee Experience and Engagement NHS Futures site - Case Studies](#)

2.12 Why haven't my staff received an invitation to the survey?

For individuals to receive an invitation to the survey, the ICB must have agreed to participate. The ICB must then request and collect staff lists from PCNs, practices and Federations to share with the survey provider. With this information, the survey provider can generate a unique survey invitation for an individual which will be sent the first day of fieldwork.

If you and your team have not received a survey invitation, it may be that your ICB is not participating in the rollout. Please check the list of participating ICBs.

If you returned a staff list but haven't received an invitation, please contact your ICB lead.

2.13 Why have some staff received more than one invitation to participate in the survey?

This could be due to their role and working arrangements. For instance, a member of staff who is employed at different practices, may receive a survey invite for practice A, B and C. If staff receive more than one survey invitation due to working at multiple sites, they are welcome to respond to each invitation or select one for which to provide a response.

2.14 How will the results of the survey be shared?

NHS England senior statisticians set a threshold on the number of responses required for a result to be reported (minimum 10 responses). Results are not reported if confidentiality may be compromised. This threshold serves two purposes:

- Disclosure control – to ensure respondent confidentiality is maintained.
- Statistical robustness – results based on low numbers cannot be interpreted as representative.

Data suppression for small numbers is applied on all NHS England surveys, including the NHS Staff Survey and the NHS Cancer Patient Experience Survey, and a threshold is applied to results reported at practice level on the GP Patient Survey. This is done to protect the survey respondent so what they say is kept confidential. It is important to encourage as many staff members as possible to respond to the survey so that the number of responses meet the requirement for practices to receive their results.

2.15 Why is the staff list inclusion criteria rigid?

The survey results need to be meaningful and useful. To achieve this, a rigorous consistency in the way eligibility is determined must be applied. Varying employment models in general practice often means one size does not fit all and so separate guidance has been created for those working in PCNs. It may be eligibility criteria are updated as some of the complexities are understood and a solution found that can be applied without compromising the robustness of the results and without causing an unrealistic burden on staff facilitating the process.

2.16 Our practice didn't take part last year, will we be able to take part this time?

Participation in the survey is entirely voluntary and we understand why some practices chose not to take part in the first year of national rollout. We encourage all practices in participating ICBs to take part in October 2024 and hope everyone is at least given the chance to respond.

Section Three: Questions relating to confidentiality.

3.1 Is the GPSS anonymous and how is it kept confidential?

One of the key barriers to achieving good response rates is concern among staff members about the confidentiality of the survey. The GPSS is run independently and is done to the highest standards of quality and accuracy. Responses to questions are kept confidential and anonymous.

As staff send their responses directly to an external survey contractor, there is no way that anyone in an NHS organisation will be able to link data with a particular individual. NHSE, ICBs, PCNs and general practices will not have access to the completed questionnaires, or any personal data linked to the survey.

Reports will not be provided where anonymity could be compromised. Picker will identify the minimum number of responses before suppression is applied to ensure anonymity is protected.

3.2 Why does the questionnaire need a personalised login/identification number/barcode?

Picker uses the personalised login/ID numbers to ensure that reminder emails or letters are only sent to staff who have not already completed the survey. The personalised login/ID numbers are to ensure each respondent can only respond once to give as accurate a picture of employee experience as possible. As staff return/submit their completed questionnaires directly to their organisation's external contractor, there is no way that anyone in a practice or PCN will be able to link data with a particular ID number or individual.

3.3 How can we justify the sharing and use of personal data such as staff email addresses?

Data is used to improve local working conditions for staff, and ultimately to improve patient care. The survey is administered annually so staff views can be monitored over time. Obtaining feedback from staff, and taking account of their views and priorities, is vital for driving real service improvements in the NHS.

There is a legal basis to allow organisations like ICBs to collate staff lists for the purposes of engagement, such as staff surveys. Staff lists, including name, work email address and practice code will be collated and shared with Picker to ensure all staff are given the opportunity to participate in the survey. Unique reference numbers will be created to track completion rates and send reminders to complete the survey.

Individual responses will be held by Picker alone, and only used by the contractor for analysis and reporting. Reporting will be restricted to minimum levels to protect and guarantee anonymity using minimum sample sizes, for instance.

3.4 How is the data risk managed?

A Data Protection Impact Assessment for the staff survey has established a very low risk on use of personal data. The independent survey provider, Picker, is a trusted research institute which has conducted work for many years on the NHS Staff Survey. The survey provider has internationally recognised robust data privacy and protection processes in place to securely process data on behalf of participating sites.

Individual responses will be held by Picker and available only to Picker analysts, with reporting restricted to meet confidentiality requirements.

3.5 Where will the survey responses be stored?

The survey responses are stored in accordance with the UK GDPR and the Data Protection Act 2018 and follow the principles of the NHS Confidentiality Code of Practice. Completed questionnaires are returned directly to an independent survey contractor. The data from each questionnaire are then entered into an Excel spreadsheet by the contractor and held in password-protected files. These are only accessible to a small number of analysts responsible for inputting the data. The information does not include details of the names of staff who completed the survey.