

Workforce Minimum Data Set - GPC position – March 2015

(Updated further to January 2015 position statement)

Introduction

The GPC has been active in dialogue with the Department of Health (DH), HSCIC and the Information Commissioner's Office (ICO) to address some of the concerns about the submission of the Workforce Minimum Data Set (WMDS), particularly around workload and information governance. Practices have been asked to supply data on their staff, including recruitment, vacancies, absences and personal details, such as date of birth, National Insurance (NI) number and gender.

The data collection is to allow the DH, NHS England and Health Education England (HEE) to understand the current NHS workforce and plan for future needs. The data collection replaces the annual GP census and practices have been asked to submit data through the Primary Care Web Tool (PCWT), with the first data submission due by the end of May 2015 (with the May submission to reflect the practice position as at the end of March 2015). Practices will thereafter be asked every six months to confirm the information held within the tool is correct.

This data collection is being exercised under legislative levers provided in the Health and Social Care Act 2012, and is considered by the DH as a contractual obligation by practices to provide necessary information "for the system to operate effectively".

GPC has also independently contacted the ICO which has stated that the provision of the WMDS does not breach the Data Protection Act (DPA).

Practices are therefore required by law to provide the information requested for the WMDS.

GPC has nevertheless taken a number of actions and is continuing in active dialogue to seek to address concerns.

Resourcing

The GPC position is that it is wholly unreasonable to expect practices to take on this additional work unresourced, given the increasing gulf between workload demands on practices and their capacity to deliver essential services to their patients.

It is our view that declining to resource this work is another example of the government's failure to understand the pressures faced in general practice. As such, GPC calls upon local commissioners to fund practices to undertake this work, and is raising this with NHS England, given this data will support the delivery of the 10 point workforce plan. A key purpose of this data collection is to allow CCGs and area teams to understand the local workforce and they should therefore facilitate practices in taking part by providing them with the necessary resources to do this additional work.

Reducing the burden

The WMDS team is not prepared to reduce the dataset, but has committed to reviewing the data items on an annual basis.

GPC has also negotiated a **phased approach** to the data collection. For the March 2015 collection (with the submission deadline of May), practices will be asked to complete additional data items for **clinical staff only**, rather than the whole workforce within a practice. This is likely to reduce the workload burden as much of the clinical workforce data will be pre-populated within the PCWT.

For all other staff, the deadline will be extended to the end of November 2015 (to reflect the practice position as at 30 September 2015).

Information governance

Legal position

GPC has written to the ICO to clarify the legal position for practices in providing this data. The ICO considers that providing this information required by the HSCIC would not be a breach of the Data Protection Act (DPA) as it is a disclosure required by law.

This is in line with the legal advice previously sought by the GPC. Under Section 259 of the [Health and Social Care Act](#) (HSCA), the Health and Social Care Information Centre (HSCIC) has the power to collect information considered 'necessary or expedient' for the purposes of any function it exercises. For the WMDS, the HSCIC is collecting this data under direction from the DH and NHS England. Practices are therefore required by law to provide the information requested for the WMDS.

With regards to personal data, information such as NI number, name, date of birth, gender and ethnicity will be collected. Under the DPA, Section 10, an individual is entitled to object to the processing of their personal data likely to cause damage or distress. However, the DH direction for this collection, under Section 259 of the HSCA, imposes a legal obligation on NHS bodies to provide the data, and this in turn overrides Section 10 of the DPA.

Although the right to object under the DPA is removed, practices are advised to inform their staff of this data submission, to comply with the fair processing principle of the DPA. The HSCIC will provide practices with a template fair processing notice and this will be made available soon.

National Insurance Number

Practices had raised concerns with the inclusion of the National Insurance (NI) number in the dataset. The purpose of the NI number is to act as a unique identifier to map the workforce across different sectors. Following GPC raising the concerns being expressed by practices, the WMDS team has agreed to make the NI number a **desirable** rather than essential item for the March collection only. This will allow time to consider options for a unique identifier to become mandatory from September 2015 across all sectors and a subgroup will be established to take this forward.

Privacy impact assessment consultation

GPC responded in detail to the privacy impact assessment consultation. The HSCIC are reviewing all responses and will be publishing a consultation response shortly.

Summary

The legal position is that practices are required under the HSCA to provide the information requested for the WMDS. The ICO has clearly stated that they would not consider practices to be in breach of the DPA in providing this information required by the HSCIC.

GPC remains concerned about the burden placed on practices in completing this collection and would reiterate our view that CCGs area teams should fund practices in taking part.

For the forthcoming May deadline, data items for **clinical staff only** are being requested, rather than the whole workforce within a practice. For all other staff, the deadline will be extended to the end of November 2015 (to reflect the practice position as at 30 September 2015). The PCWT is open now for data entry.

Where LMCs and practices have queries or concerns they can contact the GPC Secretariat at (info.gpc@bma.org.uk). Please note that any queries about accessing the web tool should be taken to the HSCIC. Further information on the dataset, including the data to be collected and the process for submission is available on the [HSCIC website](#), which includes a [specification overview](#) and set of [FAQs](#).