

# Healthcare Workforce Statistics: England March 2016

## Provisional, Experimental statistics

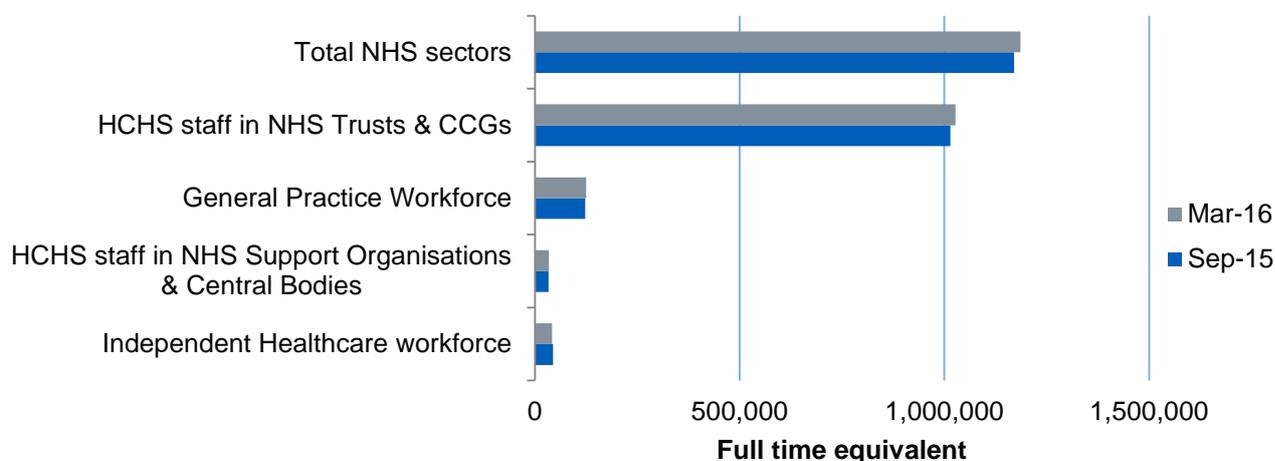
Published 27 September 2016

Provisional, experimental figures for combined full time equivalent (FTE) for Hospital and Community Health Services, General and Personal Medical Services and Independent Sector Healthcare Services

### Key findings

- The number of Full Time Equivalent (FTE) staff working in the NHS in England has increased by 1.3 per cent (13,770) from September 2015 to March 2016. This covers staff working in NHS Trusts and CCGs, Central Bodies and Support Organisations to NHS.
- 1,060,874 FTE staff were working for the NHS Hospital and Community Health Services in England in March 2016, compared to 1,047,104 in September 2015. This covers staff working in NHS Trusts and CCGs, Central Bodies and Support Organisations to NHS.
- The total General Practice FTE was 125,352 in March 2016. This is 2,485 (2.0%) more than in September 2015 (122,867).
- The figures presented for the Independent Sector have reduced from 43,648 to 41,573 FTE from September 2015 to March 2016. Despite an increase in the number of organisations submitting data, this is primarily due to improvements in data quality leading to the removal of some bank staff records and also the omission of non-clinical administrative staff by one organisation.

**Figure 1: Full time equivalent in each Healthcare Sector at 30 September 2015 and 31 March 2016**



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## This is an Experimental Statistics publication



**This document is published by NHS Digital,  
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Experimental statistics are official statistics which are published in order to involve users and stakeholders in their development and as a means to build in quality at an early stage. It is important that users understand that limitations may apply to the interpretation of this data. More details are given in the report.

All official statistics should comply with the UK Statistics Authority's Code of Practice for Official Statistics which promotes the production and dissemination of official statistics that inform decision making.

Find out more about the Code of Practice for Official Statistics at [www.statisticsauthority.gov.uk/assessment/code-of-practice](http://www.statisticsauthority.gov.uk/assessment/code-of-practice)

Find out more about Experimental Statistics at [https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics\\_1.0.pdf](https://gss.civilservice.gov.uk/wp-content/uploads/2016/02/Guidance-on-Experimental-Statistics_1.0.pdf)

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This report may be of interest to members of the public, policy officials and other stakeholders to make local and national comparisons and to monitor the quality and effectiveness of services.

## Introduction

The reforms set out in the Health and Social Care Act 2012 introduced new arrangements for commissioning healthcare services and a new system through which education and training is planned, commissioned, funded and delivered. The Workforce Information Architecture work stream was established by the Department of Health as part of the reforms to review, improve and test the arrangements for handling workforce data and intelligence that will be necessary for the reformed systems to operate effectively. The review recommended that a workforce Minimum Data Set (wMDS) be collected from all providers of NHS-funded care. The reforms also presented an opportunity to improve data quality, as well as data coverage and completeness, to support a step change in the effectiveness of workforce planning.

As a result of this review and in light of better understanding of the workforce data, the NHS DIGITAL have carried out a consultation on the Hospital and Community Health Service workforce with a wide range of users and stakeholders. One of the key outcomes of the review and consultations is to categorise the workforce more clearly to show where the workforce are working, whether in a hospital, a GP practice or in the Independent sector.

This publication document provides a summary of the Healthcare workforce in England as at 30 September 2015 and 31 March 2016 as experimental statistics. Included in this are:

- High level workforce statistics for all Healthcare services including Hospital and Community Health Services (HCHS), General and Personal Medical Services and a portion of the Independent Sector Healthcare Providers.
- The statistics for Independent Sector Healthcare Providers are a partial return not covering the whole sector. More detailed statistics for the Independent Sector Healthcare Providers will be made available in future publications as a greater proportion of this sector is included in the collection.
- Improvements in the completion and data quality of the information submitted has allowed for a greater breakdown in the statistics for the Independent sector, including a consideration of more characteristics of the workforce.
- Information on the re-categorisation of the workforce and methodological changes to the HCHS and GP workforce statistics and resulting data quality issues which need to be understood when considering these results, are available in the **Healthcare workforce Data Quality** document accompanying this publication.
- Details of definitions and methodology used in the collection and publication of these statistics are also available in the **Healthcare workforce Data Quality** document accompanying this publication.

### Definitions of who is included

Hospital and Community Health Service - The Hospital and Community Health Service workforce are staff working in NHS Trusts, Clinical Commissioning Groups (CCGs), Central and Support Organisations to the NHS receiving payment for service provision and have contracts to provide services.

General and Personal Medical Services – The General and Personal Medical Services workforce are staff working in General Practices contracted to the NHS in England. A General Practice is defined as an organisation which offers Primary Care medical services by a qualified General Practitioner who is able to prescribe medicine and where patients can be registered and held on a list. For the purposes of this bulletin the term General Practice does not include Prisons, Army Bases, Educational Establishments, Walk-In Centres or Specialist Care Centres including Drug Rehabilitation Centres.

Independent workforce - These statistics relate to the workforce directly employed in a range of Independent Sector Healthcare organisations in England as at 30 September 2015 and 31 March 2016. The data submitted via the workforce Minimum Data Set Collection Vehicle (wMDSCV) does not allow some of the refinements to be made that can be applied to Electronic Staff Record (ESR) data and therefore these figures may include staff on maternity leave and career breaks, for example. For September 2015 we have since been informed that some of the records returned actually related to bank rather than permanent staff, but it has not been possible to update the published data as it is not possible to separately identify the relevant records to exclude.

More detail on the coverage, definitions and data quality issues relating to the Independent Sector Healthcare workforce are included in the separate **Healthcare workforce Data Quality** document accompanying this publication.

## Main Findings

### Hospital and Community Health Services (HCHS)<sup>1</sup>

As at 31 March 2016

- The number of Full Time Equivalent (FTE) staff working in the NHS in England has increased by 1.3 per cent (13,770) from September 2015 to March 2016
- 1,060,874 FTE staff were working for the NHS Hospital and Community Health Services in England in March 2016, compared to 1,047,104 in September 2015. This covers staff working in NHS Trusts and CCGs, Central Bodies and Support Organisations to NHS.

### Overall NHS Trust & CCG staff totals

As at 31 March 2016

- There were 1,164,471 staff in the NHS Trust & CCG Workforce, an increase of 13,333 (1.2%) since September 2015.
- There were 1,027,100 FTE staff in the NHS Trust & CCG Workforce, an increase of 12,883 (1.3%) since September 2015.

### Hospital and Community Health Service (HCHS) Medical and Dental Staff

As at 31 March 2016

- There were 110,732 HCHS Medical and Dental Staff, a decrease of 395 (0.4%) since September 2015.
- There were 104,048 FTE HCHS Medical and Dental Staff, a decrease of 450 (0.4%) since September 2015.

Of which:

- There were 46,159 Consultants, an increase of 810 (1.8%) since September 2015.
- There were 43,632 FTE Consultants, an increase of 729 (1.7%) since September 2015.
- There were 51,460 Doctors in training, a decrease of 1,132 (2.2%) since September 2015.
- There were 50,126 FTE Doctors in training, a decrease of 1,182 (2.3%) since September 2015.

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<sup>1</sup> Some element of change between September and March figures may be due to normal seasonal variation.

## **Nurses & health visitors**

As at 31 March 2016

- There were 318,912 Nurses & health visitors, an increase of 3,946 (1.3%) since September 2015.
- There were 285,387 FTE Nurses & health visitors, an increase of 3,913 (1.4%) since September 2015.

## **Midwives**

As at 31 March 2016

- There were 25,971 midwives, an increase of 553 (2.2%) since September 2015.
- There were 21,464 FTE midwives, an increase of 530 (2.5%) since September 2015.

## **Ambulance staff**

As at 31 March 2016

- There were 19,406 Ambulance staff, an increase of 544 (2.9%) since September 2015.
- There were 18,395 FTE Ambulance staff, an increase of 515 (2.9%) since September 2015.

## **Scientific, therapeutic and technical staff (ST&T)**

As at 31 March 2016

- There were 148,076 ST&T staff, an increase of 1,284 (0.9%) since September 2015.
- There were 129,085 FTE ST&T staff, an increase of 1,163 (0.9%) since September 2015.

## **Support to clinical staff**

As at 31 March 2016

- There were 356,208 Support to clinical staff, an increase of 6,155 (1.8%) since September 2015.
- There were 305,280 FTE Support to clinical staff, an increase of 5,841 (2%) since September 2015.

## NHS Infrastructure Support

As at 31 March 2016

- There were 183,069 NHS Infrastructure Support staff, an increase of 1,108 (0.6%) since September 2015.
- There were 159,423 FTE NHS Infrastructure Support staff, an increase of 1,322 (0.8%) since September 2015.

Of which:

### Central functions

As at 31 March 2016

- There were 87,630 Central functions staff, an increase of 402 (0.5%) since September 2015.
- There were 78,896 FTE Central functions staff, an increase of 588 (0.8%) since September 2015.

### Hotel, property & estates

As at 31 March 2016

- There were 64,049 Hotel, property & estates staff, an increase of 149 (0.2%) since September 2015.
- There were 50,424 FTE Hotel, property & estates staff, an increase of 180 (0.4%) since September 2015.

### Senior managers

As at 31 March 2016

- There were 9,983 senior managers, an increase of 250 (2.6%) since September 2015.
- There were 9,511 FTE senior managers, an increase of 252 (2.7%) since September 2015.

### Managers

As at 31 March 2016

- There were 21,540 Managers, an increase of 321 (1.5%) since September 2015.
- There were 20,592 FTE Managers, an increase of 302 (1.5%) since September 2015.

## General and Personal Medical Services<sup>2</sup>

As at 31 March 2016

### All GPs

- There are 41,985 headcount GPs working in general practices. This is an increase of 108 (0.3%) since 30 September 2015.
- This represents 34,914 FTE GPs, an increase of 323 (0.9%) since 30 September 2015.

### GPs excluding Registrars (i.e. trainees), Retainers and Locums

- There are 35,578 headcount GPs, a decrease of 8 since 30 September 2015.
- This represents 29,336 FTE GPs, an increase of 65 (0.2%) from the 30 September 2015 FTE figures.

### Nurses

- There are 23,152 Nurses (headcount), an increase of 86 (0.4%) since 30 September 2015.
- There are 15,753 FTE Nurses, an increase of 355 (2.3%) since 30 September 2015.

### Direct Patient Care

- There are 14,998 Direct Patient Care staff (headcount), an increase of 529 (3.7%) since 30 September 2015.
- There are 9,693 FTE other Direct Patient Care staff, an increase of 544 (5.9%) since 30 September 2015.

### Admin/Non-Clinical

- There are 93,926 Admin/Non-Clinical staff (headcount), an increase of 625 (0.7%) since 30 September 2015.
- There are 64,992 FTE Admin/Non-clinical staff, an increase of 1,263 (2.0%) since 30 September 2015.

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<sup>2</sup> Figures for headcount and FTE include estimates for non-submitting practices unless stated otherwise. Submissions were provided by 88.1% practices in September 2015 and 92.7% practices in March 2016.

## Independent Sector Healthcare Providers

These statistics relate to the workforce directly employed in a range of independent sector healthcare organisations in England as at 30 September 2015 and 31 March 2016. The data for September 2015 is based on those records extracted from the ESR or provided via the wMDSCV as at 30 September 2015 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 16 organisations. The data for March 2016 is based on those records extracted from the ESR or provided via the wMDSCV as at 31 March 2016 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 17 organisations.

The information provided for the Independent Sector Healthcare workforce does not represent the entire workforce employed across the whole of this sector and does not only show the staff providing NHS commissioned services.

At 31 March 2016; 41,573 FTE Independent Sector Healthcare staff were working within the 42 providers, of which:

- 20,215 FTE were Professionally qualified clinical staff
  - 485 FTE were Doctors
  - 12,340 FTE were Nurses and Health Visitors
  - 7,367 FTE were Scientific, therapeutic & technical staff
- 12,822 FTE were Support to clinical staff
- 8,441 FTE were Infrastructure support staff. Of these 1,383 FTE were managers and senior managers
- 95 FTE were Other staff or those with an unknown classification

Improvements in the completion and data quality of the information submitted has allowed for a greater breakdown in the statistics for the Independent sector, including a consideration of more characteristics of the workforce. At this time, however, it is still not possible to provide an accurate de-duplicated Headcount figure, so information relating to the characteristics of the workforce (for example, age, gender and ethnicity), which would normally be shown as Headcount have been provided as FTE figures.

At 31 March 2016; of the 41,573 FTE Independent Sector Healthcare staff described within the main findings, where the relevant information was completed:

- 26,012 FTE were based on a full-time work pattern compared with 14,437 part-time
- 33,301 FTE were female and 8,268 FTE were male
- 6,266 FTE related to people aged from 50 to 54, whilst 2,233 FTE were related to people aged under 25

- 19,433 FTE related to people who had identified themselves as being from a white ethnic group whilst 4,639 FTE related to people who chose not to state an ethnic group and 15,705 FTE to records which were left blank or did not include a valid code.

## Revisions and Issues

### Independent Sector

Whilst it is not possible to directly compare different time periods within the information relating to the Independent Sector Healthcare workforce, due to it being an incomplete and developing data set, the two periods of data have been presented here for completeness. During the final validation of the data for March 2016 an issue relating to the data provided for September 2015 was uncovered as NHS Digital were informed that some of the records returned in September actually related to bank rather than permanent staff. It has not been possible to revise the published data as the information held by NHS Digital does not allow the separate identification of the relevant records to exclude.

More detail on the coverage, definitions and data quality issues relating to the Independent Sector Healthcare workforce are included in the separate **Healthcare workforce Data Quality** document

Details of previous revision and issues prior to March 2016 are also available in the **Healthcare workforce Data Quality** document accompanying this publication.

## Data Quality

### Relevant to all sectors

#### Background:

Healthcare workforce statistics in England are compiled from data supplied by around 500 NHS organisations and some independent healthcare providers. NHS Digital liaises with these organisations and their agents to encourage complete data submission, and to minimise inaccuracies and the effect of missing and invalid data.

Recent years have seen significant changes to the core IT systems which feed workforce statistics (NHS payroll, practice payments, etc.). These changes have presented opportunities to reduce the burden of collection, and improve the quality and timeliness of workforce data, both for formal statistical publication and for NHS management and planning. They also occasionally highlight shortcomings in previous systems, processes and practices.

NHS Digital seeks to minimise inaccuracies and the effect of missing and invalid data but responsibility for data accuracy lies with the organisations providing the data. Methods are continually being updated to improve data quality.

The full data quality report the “**Healthcare workforce Data Quality**” containing both recent and historical data quality information accompanies this publication.

#### Relevance:

Relevance of NHS workforce information is maintained by reference to working groups who oversee both data and reporting standards. Major changes to either are subject to approval by the Standardisation Committee for Care Information (SCCI).

Significant changes to workforce publications (e.g. frequency or methodology) are subject to consultation, in line with the Code of Practice for Official Statistics.

## Performance cost and respondent burden:

This collection has been through NHS Digital's Burden Advice and Assessment Service (BAAS) process. The burden assessment process forms part of the assurance processes that all organisations asking to collect health or adult social care data must complete. This includes acceptance by the Standardisation Committee for Care Information (SCCI). The assessment methodology includes panels, discussions, surveys and visits. This collection has been approved by SCCI.

## Confidentiality, Transparency and Security:

The standard NHS Digital data security and confidentiality policies have been applied in the production of these statistics.

## Hospital and Community Health Service (HCHS)

There have been changes to the overall status of the Data Quality for the HCHS which was not covered in the previous Healthcare Workforce Statistics publication. The Data quality information is therefore contained within the **Healthcare workforce Data Quality** document accompanying this publication.

HCHS information is published monthly and the latest Data Quality statement is available at <http://digital.nhs.uk/catalogue/PUB21381/nhs-work-stat-may-2016-pdf.pdf>

## General Practice

General and Personal Medical Service statistics in England are compiled from data supplied by around 7,600 GP practices. Information on all staff (GPs, Nurses, Direct Patient Care and Administrative staff) at individual level employed at the practice is collected.

### Accuracy:

The data collection method used for March 2016 has been, where possible, for the data provider to use information from their previous September 2015 submission with practices making changes to individual records as appropriate. Their completed submission was provided via an extract taken from the Primary Care Web Tool (PCWT) Workforce Census module or a CSV file format via the workforce Minimum Data Set Collection Vehicle (wMDSCV) for those practices providing a return via their Health Education England Region.

## 1. Source

In March 2016, the main data source for this collection was PCWT. Data was also received on behalf of some practices from 4 HEE Regions. This has increased from 3 HEE regions which provided data for September 2015.

**Table 1: Number of returns received through both of the possible submission mechanisms; PCWT and HEE Region, in September 2015 and March 2016**

Data Source	September 2015		March 2016	
	Number	Percentage	Number	Percentage
PCWT	5,561	82.2%	5,473	77.6%
HEE Region	1,208	17.8%	1,584	22.4%
<b>Total</b>	<b>6,769</b>		<b>7,057</b>	

Source: NHS Digital

## 2. Estimates

Estimates have been calculated for those practices which did not provide a submission, see Completeness section of this data quality statement for further details.

## 3. Missing Job roles

The workforce Minimum Data Set (wMDS) data items agree to national workforce standards as detailed in the National Workforce Dataset(NWD). This means all practices should follow these standards providing information broken down as per details contained with the standards. The PCWT contains and only allows NWD items, however 1 or more of the HEE regional tools allows for non-standard items to be entered. These data items where provided have been classified as 'Not Stated'.

'Not Stated' job roles have been shown for Nurses, Direct Patient Care and Admin/Non-Clinical staff groups for the March 2016 collection. In previous collections, where job roles provided in a submission could not be mapped to the agreed standard job roles included in this collection, these were mapped to and included in 'Other' figures.

Due to the increase in the number of practices who submitted via HEE Region in March 2016, there are a significant number of 'Not Stated' job roles per staff group. This is due to the job roles that were submitted via HEE regions not being mapped to NWD job roles permitted. For this reason, headcount and FTE counts at job role level for March 2016 are not comparable with September 2015 data. Note: The data is comparable at Staff Group level only.

**Completeness:**

In March 2016, 92.7 per cent of eligible general practices took part in this collection, with statistics for the remaining 7.3 per cent of practices estimated.

<b>Overall return rates by practices</b>	<b>September 2015</b>		<b>March 2016</b>	
	<b>Number</b>	<b>Percentage</b>	<b>Number</b>	<b>Percentage</b>
Practices providing a return in a category	6,758	88.1%	7,057	92.7%
Practices not providing any data	916	11.9%	556	7.3%
Total number of practices	7,674		7,613	

Estimations for the missing practice data by job role has been calculated and included in the overall results. The March 2016 estimates have calculated all high level information by job role for both FTE and headcount.

**Comparability:**

This publication is the second in the series using new data items, source data and is therefore comparable between September 2015 and March 2016.

There are some areas where data is not comparable as follows:-

- Breakdowns by job roles due to the greater number of practice information provided by HEE regions. The March 2016 HEE submissions contains information from practices which provided a return via the PCWT in September 2015. For the September 2015 submission job roles were known and included in the relevant job role figures but for the March 2016 submission job roles did not follow the National agreed standards and as such have been classified as unknown.

**Timeliness and punctuality:**

General and Personal Medical Services in England is a bi-annual publication which presents the results from the PCWT collection. The information is published in March for the previous September collection and September for the previous March collection. Due to the additional DQ work undertaken on the new data source, the September 2015 information was published in April 2016. NHS Digital is reviewing the time period from collection to publication and going forward may be able to publish this information earlier. A notice will be issued to inform users when this is possible.

## Independent Sector

### Background

As part of the Workforce Information Architecture work, NHS Digital is publishing workforce figures collected from Independent Sector Healthcare Providers as at 30 September 2015 and 31 March 2016 as part of this publication.

The data collected directly from the Independent Sector does not represent the entire workforce employed across the whole of this sector and does not only show the staff providing NHS commissioned services.

The data does not allow some of the refinements to be made that can be applied to ESR data and therefore may include staff on maternity leave and career breaks, for example. Therefore this is the workforce directly employed in Independent Sector Healthcare organisations and will be shown as 'Independent Sector Healthcare workforce'. Bank and casual staff are excluded where it is possible to do so.

These statistics relate to the workforce directly employed in a range of independent sector healthcare organisations in England as at 30 September 2015 and 31 March 2016. The data for September 2015 is based on those records extracted from the ESR or provided via the wMDSCV as at 30 September 2015 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 16 organisations based on the 15 providers which made valid submissions out of the 17 which took part in this collection, plus data (from March 2015) for 1 organisation which made a valid submission in March 2015 but was unable to complete a valid submission for the September 2015 collection. The data for March 2016 is based on those records extracted from the ESR or provided via the wMDSCV as at 31 March 2016 where the data providers made valid submissions. The ESR extract includes data for 25 Organisations; data provided via the wMDSCV is for 17 organisations.

### Accuracy

The data collected directly from the Independent Sector does not represent the entire workforce employed across the whole of this sector and does not only show the staff providing NHS commissioned services. Rather, the statistics relate to the workforce directly employed in a range of Independent Sector Healthcare organisations in England as at 30 September 2015 and 31 March 2016. The data submitted via the wMDSCV does not allow some of the refinements to be made that can be applied to ESR data and therefore the figures may include staff on maternity leave and career breaks, for example.

For a small number of organisations, where the contracted hours equalled the standard hours, a new full-time equivalent (FTE) was calculated based on 37.5 hours being one FTE and under 37.5 hours being a part-time FTE. For one organisation, no FTE, contracted hours or nature of contract data was available, so an FTE of 0.5 was assigned to all records to allow their inclusion in the figures, for both September 2015 and March 2016.

Where Occupation Code was missing or an incomplete Occupation Code had been provided, some substitutions were made based on available information, for example Job Role.

NHS Digital continues to work with the Independent Sector Healthcare Providers on the data quality of their submissions and this has resulted in an improvement in the completion of key fields for March 2016, leading to the ability to produce more detailed information than was possible for September 2015.

## **Comparability and Coherence**

No nationally recognised pay scale information has been included for data provided via the wMDSCV, therefore no indication of grade for medical and dental staff has been provided.

Due to the data quality and completeness issues described in the accuracy section, a direct comparison of the Independent Sector Healthcare workforce with the wider Healthcare workforce presented elsewhere in this publication is not possible at this time.

An aspect of the changes in this publication has been to move all published statistics on Social Enterprises and Community Interest Companies available through ESR from our NHS HCHS statistics and include them in the Independent Sector Healthcare workforce statistics from September 2015 onwards. This will reduce the figures that were traditionally quoted as NHS. This action will also apply to private companies that are using ESR as a payment system.

Whilst it is not possible to directly compare different time periods within the information relating to the Independent Sector Healthcare workforce, due to it being an incomplete and developing data set, the two periods of data have been presented in the publication for completeness. As the number of organisations included is set to increase over time and as issues with data submission and data quality are worked upon, it is expected that the numbers published will change. These changes should not be inferred to be a growth or decline in the size of the total Independent Sector Healthcare workforce. It is hoped that as the collection develops a much greater percentage of this workforce will be included and that comparisons may be possible then, but until that is the case NHS Digital advise against comparing different time periods within the data.

## **Timeliness and Punctuality**

This publication includes the results of the wMDS collections as at 30 September 2015 and 31 March 2016. One data provider was unable to make a valid submission as at 30 September 2015, we have therefore included data based on their successful submission as at 31 March 2015 to allow their inclusion the publication.

The Independent Sector Healthcare workforce data is made available as soon as possible after it has been validated and compiled. As the process matures and improvements are made, it is hoped that the publication process will be completed in a timescale closer to that of the HCHS monthly workforce information, ensuring that the data published is as timely as possible.

## Accessibility

Further detailed analyses of the Independent Sector Healthcare workforce data may be available on request, subject to resource limits and compliance with confidentiality and disclosure control requirements.

This publication is the first to begin to provide more detailed information on the Independent Sector Healthcare workforce beyond absolute numbers. NHS Digital plans to continue to increase the information which is available as part of this publication to give greater access to the data collected.

## General Points

Due to data quality issues, and specifically completeness of key fields which would allow the unique identification of individual members of staff, it has not been possible to provide Headcount Information for the Independent Sector healthcare staff whose data has been provided through the wMDS data collection (rather than extracted from ESR). As such the Independent Sector Healthcare workforce figures are provided as Full time Equivalent only, as was the case in the previous publication of this information.

As further improvements in data quality and completeness are made it is the intention to increase the amount of data provided for this element of the healthcare workforce and this may include providing some level of Headcount Information. At this time, however, it is still not possible to provide an accurate de-duplicated Headcount figure, so the additional information relating to the characteristics of the workforce which has been provided – for example, age, gender and ethnicity – which would normally be shown as Headcount has been provided as an FTE figure.

## Further Data Quality Information

The full data quality report the “**Healthcare workforce Data Quality**” containing both recent and historical data quality information accompanies this publication.

## UK Home Countries

Further NHS workforce information for other counties in the UK is available at:

Wales: <https://statswales.wales.gov.uk/Catalogue/Health-and-Social-Care/NHS-staff>

Scotland: <http://www.isdscotland.org/Health-Topics/workforce/>

Northern Ireland: <https://www.dhsspsni.gov.uk/topics/dhssps-statistics-and-research/workforce-statistics>

## Further Information

This bulletin and previous editions of the publication can be found on the [NHS Digital website](#) workforce section.

To help us ensure that our publications are as useful and informative as possible, we welcome comments on this publication. We will consider these comments to inform the production of future reports.

Please contact us with your comments and suggestions, clearly stating 'Healthcare Workforce Statistics: England March 2016' as the subject heading, via:

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