

Primary Care Indemnity Survey

GPs, nurses and pharmacists perceptions and awareness

November 2018

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1 Background

The Secretary of State for Health and Social Care publicly announced on 12 October 2017 the plan to develop a state backed indemnity scheme for general practice in England, subject to further work on relevant issues. This was in response to a growing concern amongst some primary care professionals around the cost of indemnity cover.

To date there has been little information publicly available regarding the cost of indemnity cover and what is included within this cover.

The aim of this survey was to gain a broad understanding of these issues and to explore the following objectives:

- What types of indemnity cover is currently held by primary care professionals?
- How is this indemnity cover held? E.g. at an individual or practice level?
- The current cost of indemnity cover and the number of clinical sessions that it covers?
- Who are the current indemnity providers and the types of contact healthcare professionals have with them?
- Current views on indemnity cover and confidence in cover?

The data from this survey will be used to help inform development of the new state backed indemnity scheme.

2 Methodology

The study was conducted between 7th March and 24th April, with a mix of GPs, practice nurses and pharmacists working in primary care settings. The survey was initially administered via telephone however, following feedback from respondents, it was moved to a mixed method approach where respondents could take part in the survey either over the telephone or via an online link. The nature of the study was explained to them and respondents were encouraged to have their indemnity details to hand when completing the survey.

To minimise potential time burdens on GPs, they were given the option of having their practice managers complete the *factual* questions on their behalf ahead of them completing the attitudinal questions which are covered in the section of this report on “confidence in indemnity provision”. This was a popular approach although not all GPs went on to complete the attitudinal questions which resulted in some partial interviews. Overall 1,062 interviews were completed with GPs however this was constructed of 395 full interviews completed solely by GPs, 121 full interviews completed by a combination of the practice manager and the GP and 546 partial interviews completed by practice managers. Please note that throughout this report where we show GP data this will include the responses made by practice managers on behalf of the GPs, as well as data provided by GPs.



3 Interpreting the results

Throughout the report 'not stated' responses, where respondents did not complete the question, have been removed from the data presented.

Where percentages in this report do not sum 100, this may be due to computer rounding.

An asterisk (*) indicates a percentage of less than 0.5% but greater than zero.

It should be noted that the survey was conducted among a sample of General Practice health professionals, rather than the entire population. As such, the results are subject to sampling tolerances.

The aim of the sampling approach was to obtain a responsive representative of the GP population by job role. The final sample was under representative of locums and over representative of GP providers, so results have been weighted accordingly.

For full details of the statistical reliability of the data presented in this report, the weighting applied and examples of sampling tolerances, please refer to the appendices.

All sub-group differences mentioned in the report are statistically significant or indicative of a wider trend. Where non-significant results are reported, this is stated.

When referring to GP results, please note that throughout this report where we show GP data this will include the responses made by practice managers on behalf of the GPs, as well as data provided by GPs. Exact base sizes can be found at the bottom of the slides.

4 Summary of results

Summary of findings from the General Practitioners' indemnity survey*

*Please note - when GP results are referred to this also includes results provided by practice managers responding on GPs' behalf.

The majority of GPs surveyed (65%) work under a General Medical Services contract and over half (58%) currently spending 30 hours or more per week carrying out scheduled care. The majority (68%) do not carry out any unscheduled care sessions.

There are three main indemnity providers used by GPs. The most common MDO reported within the sample is MDU (44%), followed by MPS (34%) and MDDUS (21%). A quarter of GPs (25%) have ever changed providers and less than one in seven (15%) would consider switching to a commercial provider. The decision on how to choose provider is most commonly based on annual cost (33%), choices during medical school (29%) and recommendations by colleagues (24%).

Awareness of actual cover held is low – over half of GPs (57%) are unaware of the types of cover they hold. However the most commonly reported cover is occurrence based cover (36%).

The average cost of indemnity cover is estimated at £7,452 for the current year, and this has gradually increased over the past few years. GP partners pay significantly more than salaried GPs for their cover (e.g. £8,354 compared to £6,374 for the current year). Half of GPs pay for their cover via personal cover (50%) and half (50%) have their costs reimbursed in some way – the most common being paid by the practice in addition to their salary (21%).

GPs are largely positive about their current indemnity cover but are less positive that current indemnity arrangements will continue to be suitable moving forward. For example, the majority of GPs agree that they have confidence in their cover (80%) and that it is comprehensive (81%) but slightly fewer (58%) agree that it meets the needs of general practice currently. Looking to the future, only 29% agree that cover will meet the needs going forward and 60% agree that current indemnity arrangements inhibit flexible working practices.

While attitudes towards indemnity cover are generally positive there is concern regarding costs generally; only a quarter (25%) agree that their cover is affordable and 28% are confident that their current indemnity offers good value for money.



Summary of findings from the nurses' indemnity survey

The majority of nurses (88%) are employed in a practice and four in five (80%) are currently spending between 20-40 hours per week carrying out scheduled care. The majority (79%) do not carry out any unscheduled care sessions.

There is a wide range of providers for nurses' indemnity cover. The most common providers are MDU (31%), followed by MPS (13%), their employer's provider (9%) and Royal College of Nursing (8%). Relatively few nurses (22%) have ever changed providers and only one in seven (13%) would consider switching to a commercial provider. The decision on how to choose provider is not based on costs – like GPs. It is more commonly based on recommendations by colleagues or GP Practice (35%), or through a professional body (12%). One in five report that it was chosen for them (19%).

Awareness of actual cover held is very low – four in five (79%) are unaware of the types of cover they hold. However the most commonly reported cover is occurrence based cover (15%).

The average cost of indemnity cover reported is £941 for the current year, and there has not been a significant change in the last three years. Three in five nurses have their indemnity paid via practice cover (60%) .

As with GPs, attitudes towards indemnity cover are generally very positive. The majority have confidence in their cover (86%) and that it satisfies the NMC's requirements to have appropriate cover in place for their role (90%). Agreement that cover meets the needs or nursing at the moment is high (78%) however there is less agreement that it will meet needs going forward (67%).

Nurses don't share GPs concerns regarding indemnity arrangements inhibiting flexible working practices (29% compared with 60%). Neither do they have the same levels of concern regarding costs; over half feel it is affordable (60%) and a higher proportion feel it is good value for money (67%).

The sample of nurses interviewed was relatively small and should be interpreted accordingly.



Summary of findings from the pharmacists' survey

Pharmacists work under a variety of different contracts; over half are employed directly by the CCG (51%), a third (35%) directly by a GP practice and 15% directly by another employer. Almost half (45%) are currently spending between 20-40 hours per week carrying out scheduled care. The majority (85%) do not carry out any unscheduled care sessions.

Around two thirds of pharmacists are using PDA as their indemnity provider. Very few pharmacists (12%) have ever changed providers and only one in seven (13%) would consider switching to a commercial provider. The decision on how to choose provider is most commonly based on recommendations by colleagues (28%), through a professional body (18%) and based on quality of service provided (13%).

Awareness of actual cover held is low, with three in five pharmacists (61%) unaware of the types of cover they hold. However the most commonly reported cover is occurrence based cover (26%).

The average cost of indemnity cover for pharmacists for the current year is £676 – the lowest out of the three health care professionals. The cost has increased significantly from two years ago when it was £563. Almost three quarters of pharmacists pay for their cover via personal cover (73%) and a similar proportion (77%) report that their costs are not reimbursed in any way.

Attitudes towards indemnity cover are mixed. While the majority of pharmacists agree that they have confidence in their indemnity cover (73%), far fewer agree that it meets the needs of general practice currently (42%) or that it will meet needs going forward (40%). A significant proportion also feel that current indemnity arrangements inhibit flexible working practices (44%).

Like nurses, pharmacists are more positive towards the cost of cover – reflecting the much lower annual costs facing them. Almost three in five (61%) agree that it is affordable and a similar proportion (56%) that it offers good value for money.

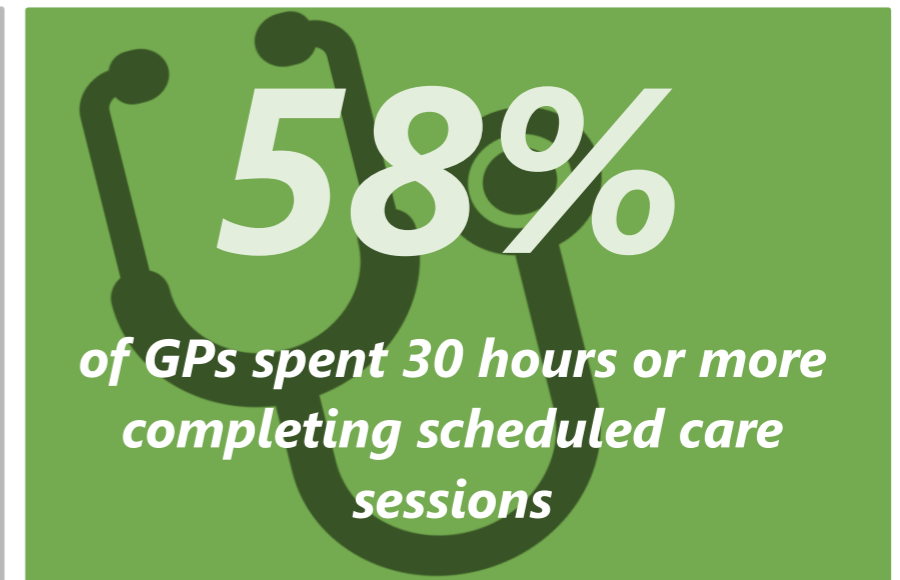
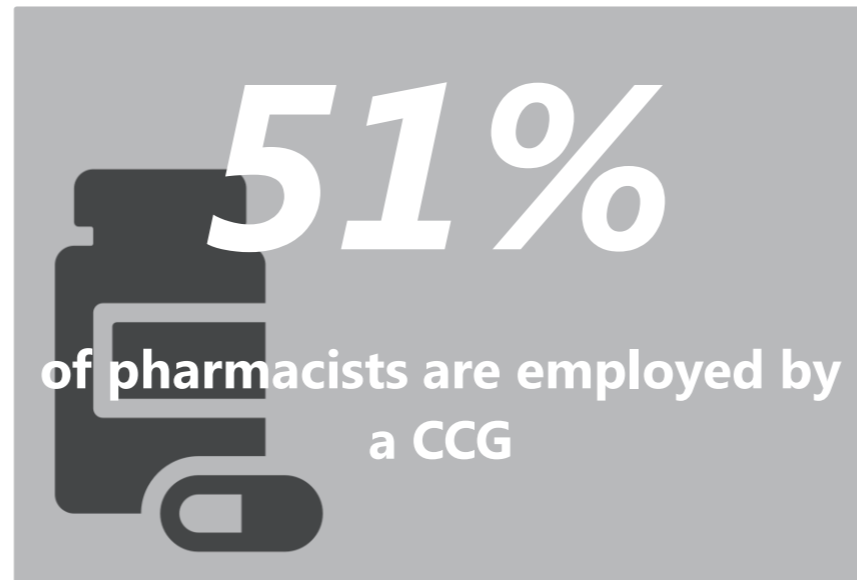
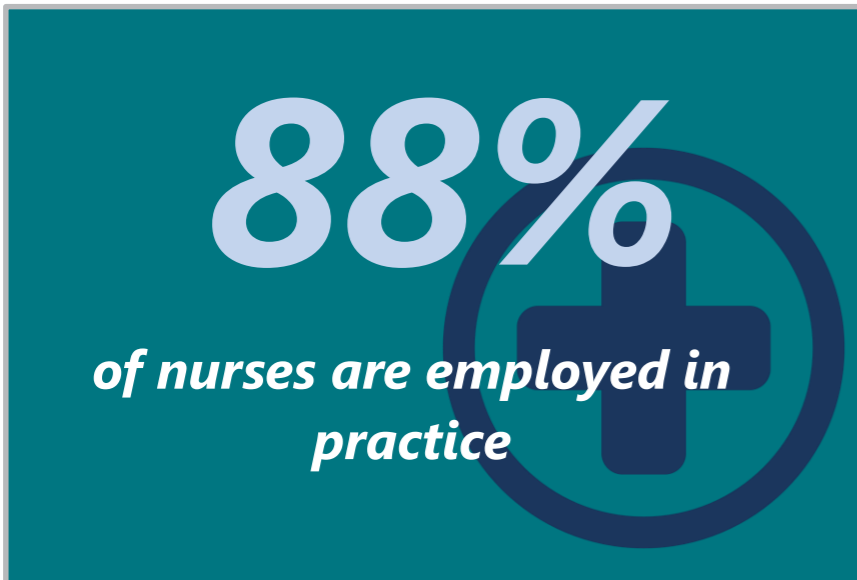
The sample of pharmacists interviewed was relatively small and should be interpreted accordingly.

5 Current working practices

Current working practices: Key findings from the survey

Working practices across all three healthcare professions varies widely. GPs interviewed mainly work under a GMS contract, with just over half being employed through a contract held in partnership with other GPs. Nurses are overwhelmingly employed in a practice, with almost nine in ten holding this type of contract. There is, however, a greater variation amongst pharmacist employment practices, with around a third employed by a GP practice and over half directly employed by a CCG.

There is also great variation in the amount of scheduled and unscheduled care completed by each healthcare profession. On a weekly basis GPs and nurses carry out a large number of scheduled care sessions, but only a minimal amount of unscheduled care. For pharmacists, weekly scheduled and unscheduled care is comparatively low, with around half carrying out scheduled care sessions of any kind.



What types of contract do GPs work under?

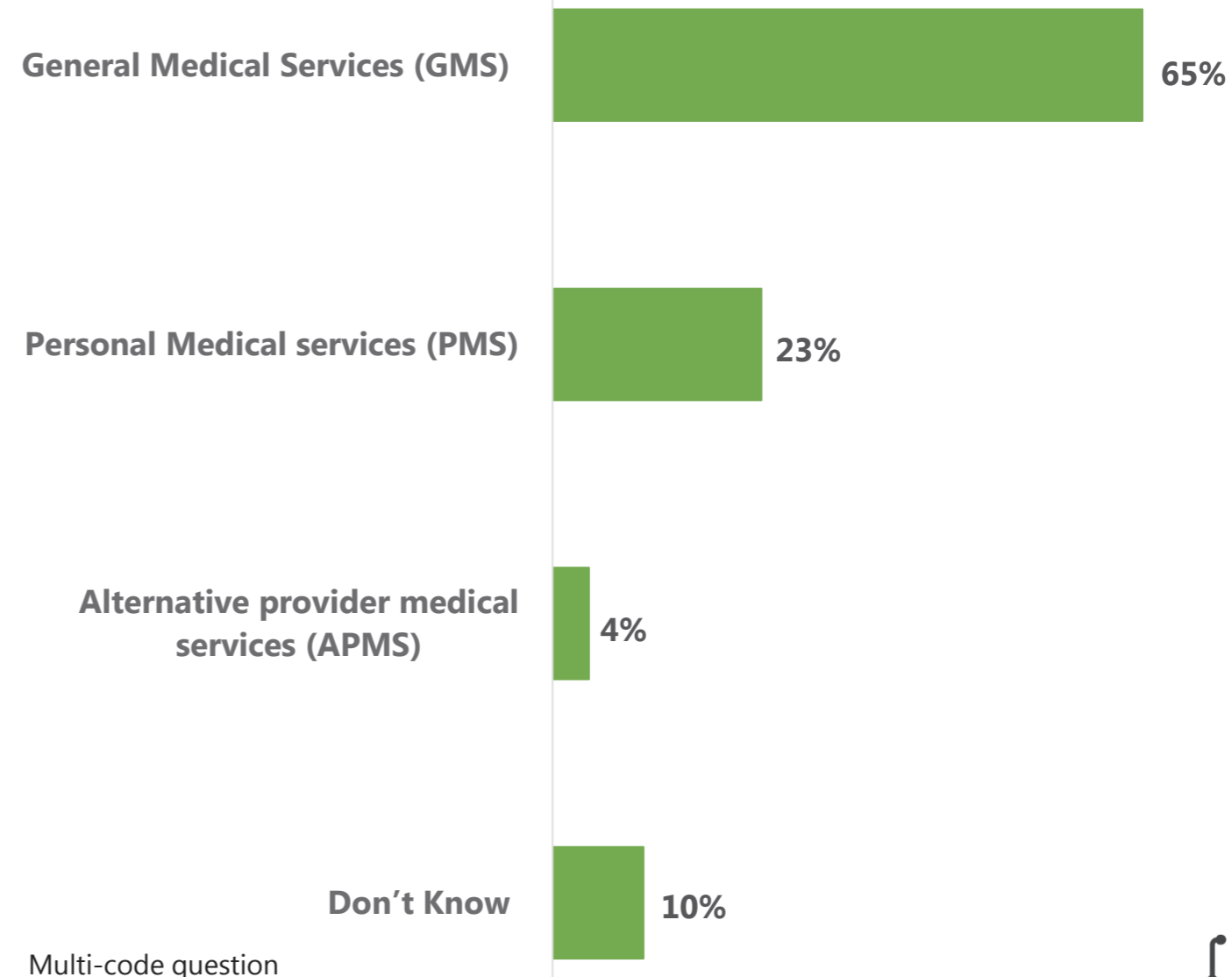
The majority of GPs interviewed (65%) reported that they work under a General Medical Services Contract (GMS), with a further quarter (23%) working under a Personal Medical Services (PMS) contract.

A relatively small proportion (4%) report that they work under an alternative provider medical services (APMS), and one in ten (10%) say they are unaware of the contract they work under.

There are no significant differences by type of role.

Working practices

What type of contract do you currently work under in your role?



Ipsos MORI

Social Research Institute 18-009474-01 | DHSC GP Indemnity Research | 2018 | v2 | Public

Source: Ipsos MORI

Base: All GPs exc. not stated (1,060) - GPs (394), Practice managers (666)



Who holds the contract GPs work under?

Over half of GPs (55%) interviewed hold their contract in partnership with others, while a much smaller number of GPs report they hold their contract solely (12%).

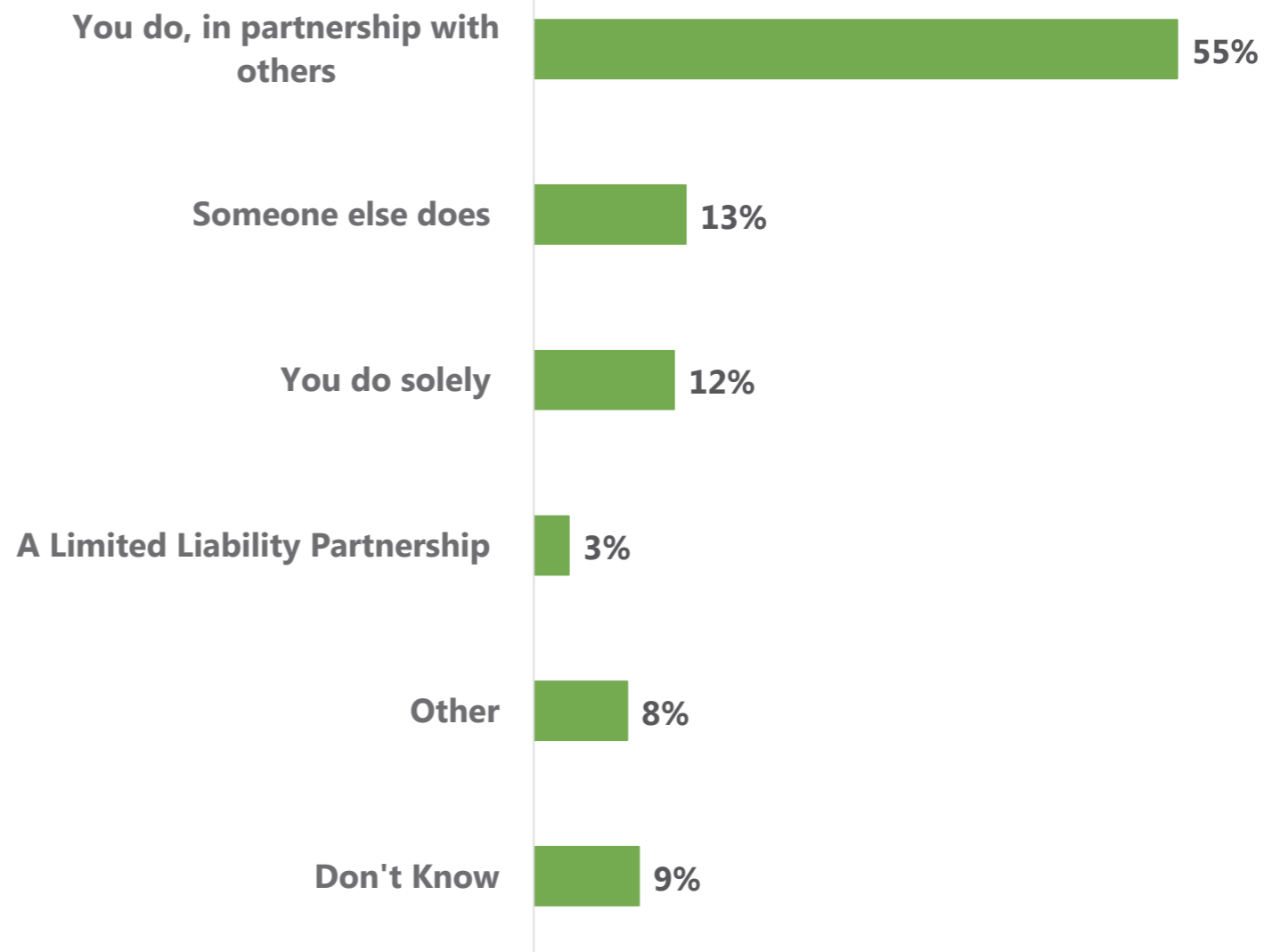
Around one in eight (13%) reported that someone else holds the contract.

A less common working arrangement is that a GP's contract is held by a limited partnership; less than one in twenty (3%) report that their contract is held in this way.

A small but significant number of GPs were unaware of who held the contract (9%).

Working practices

Who holds this contract?



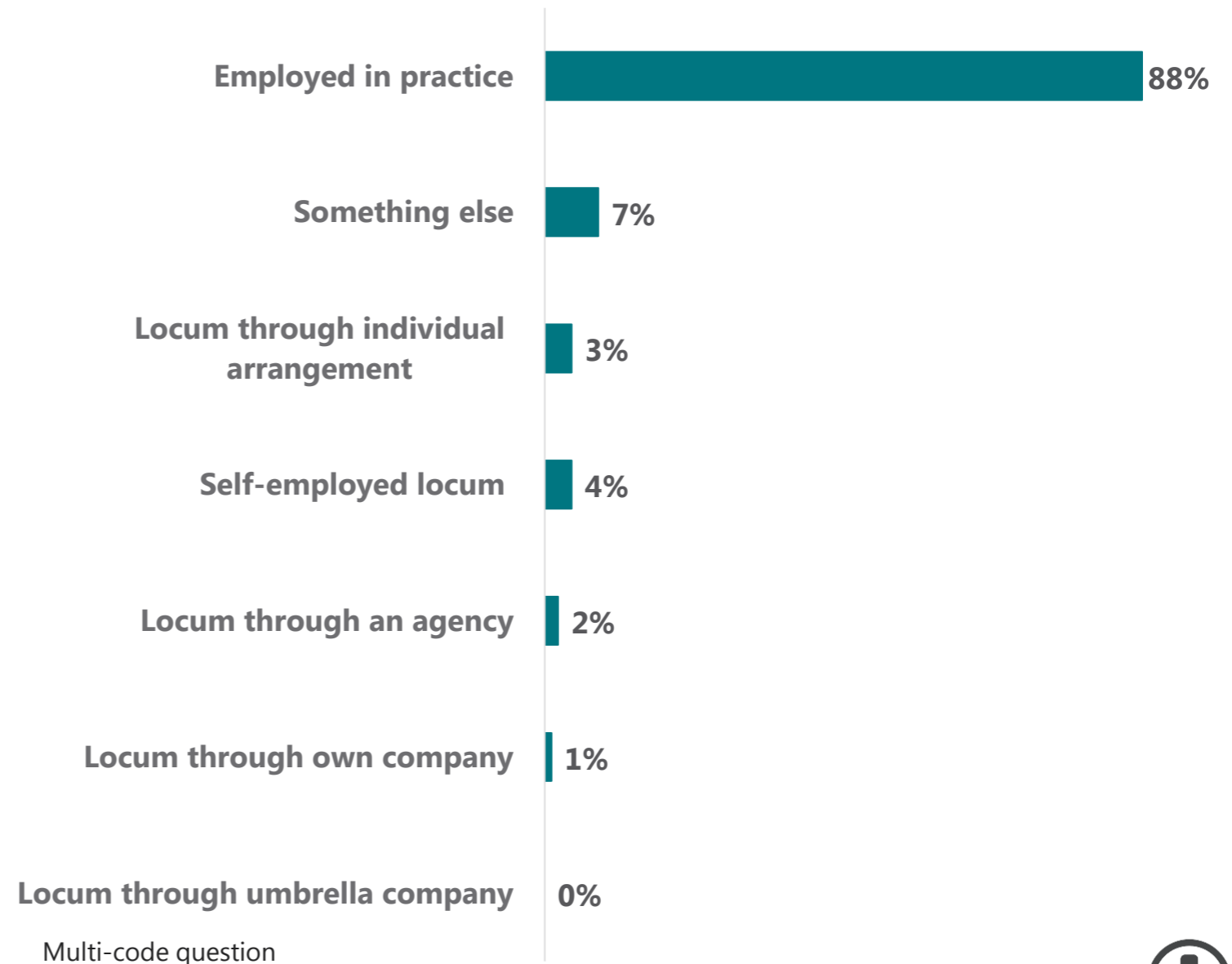
What types of contract do nurses work under?

The vast majority of nurses interviewed reported they are employed in a practice (88%), with a further 7% reporting they are employed via another type of contract (details not specified).

A relatively small number of nurses (4%) also reported being a self employed locum or a locum through an individual arrangement (3%). An even smaller proportion were also employed through an agency (2%) or through their own company (1%).

Working practices

What type of contract do you currently work under in your role?



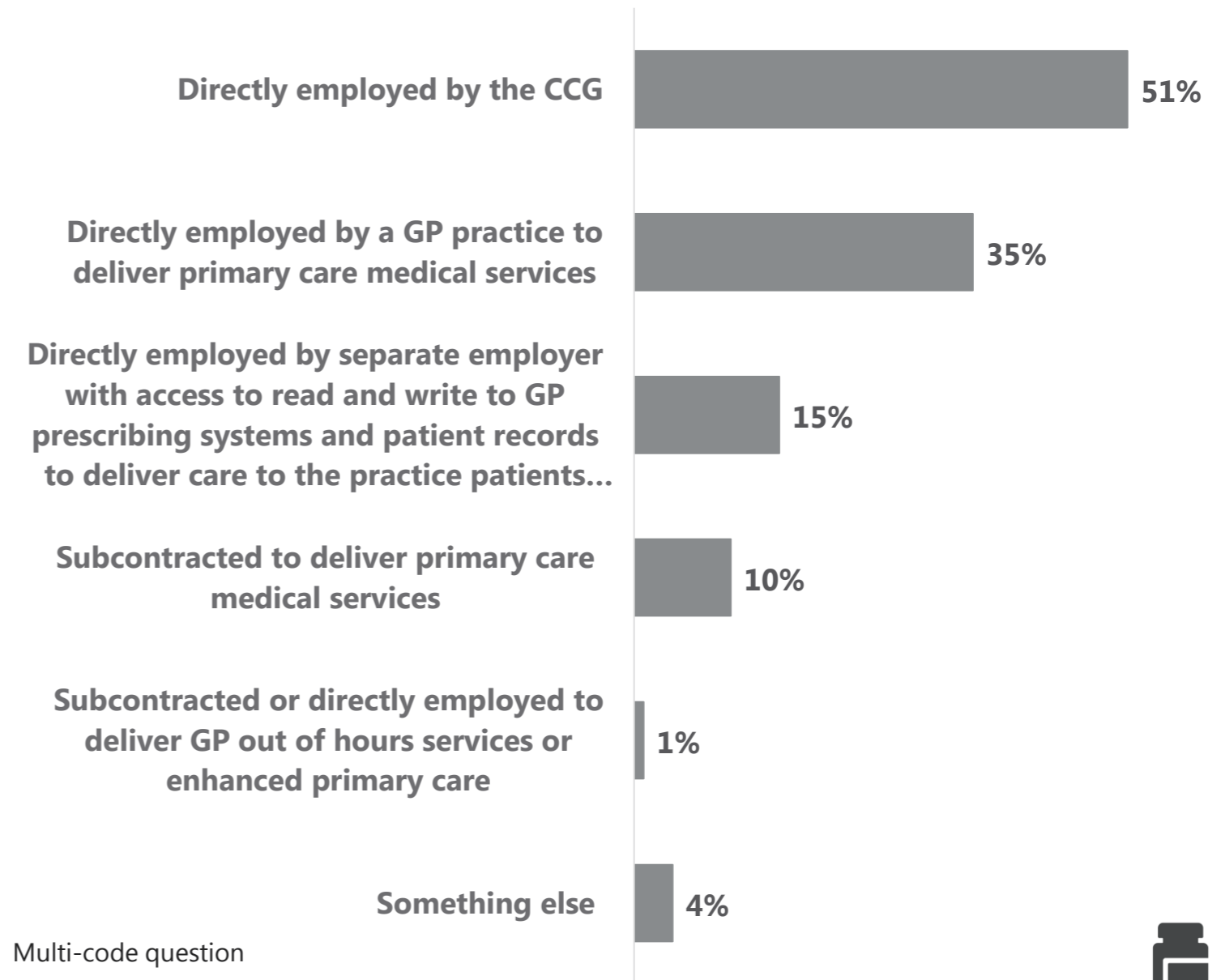
What types of contract do pharmacists work under?

Just over half of pharmacists interviewed (51%) are employed directly by a CCG, and a further third (35%) are directly employed by a GP practice. This is a much smaller proportion when compared with nurses employed in practice.

A relatively small number of pharmacists are also directly employed by a separate employer, with access to read and write to GP prescribing systems (15%). One in ten (10%) are also subcontracted to deliver primary care medical services.

Working practices

What type of contract do you currently work under in your role?



Ipsos MORI

Social Research Institute 18-009474-01 | DHSC GP Indemnity Research | 2018 | v2 | Public •

Source: Ipsos MORI

Base: All Pharmacists excl not stated (116)



How much time do GPs spend carrying out scheduled and unscheduled care sessions?

Over half of GPs interviewed (58%) spend 30 hours or more carrying out scheduled care sessions, while a further three in ten (31%) spending 15 – 29 hours carrying out scheduled care sessions.

Around two in three GP's (68%) complete no unscheduled care sessions at all. Out of those GPs who do however, 13% reported that they spent 1 – 4 hours each week completing unscheduled care sessions. One in twenty (5%) GPs also spent 5 – 9 hours each week completing unscheduled care sessions.

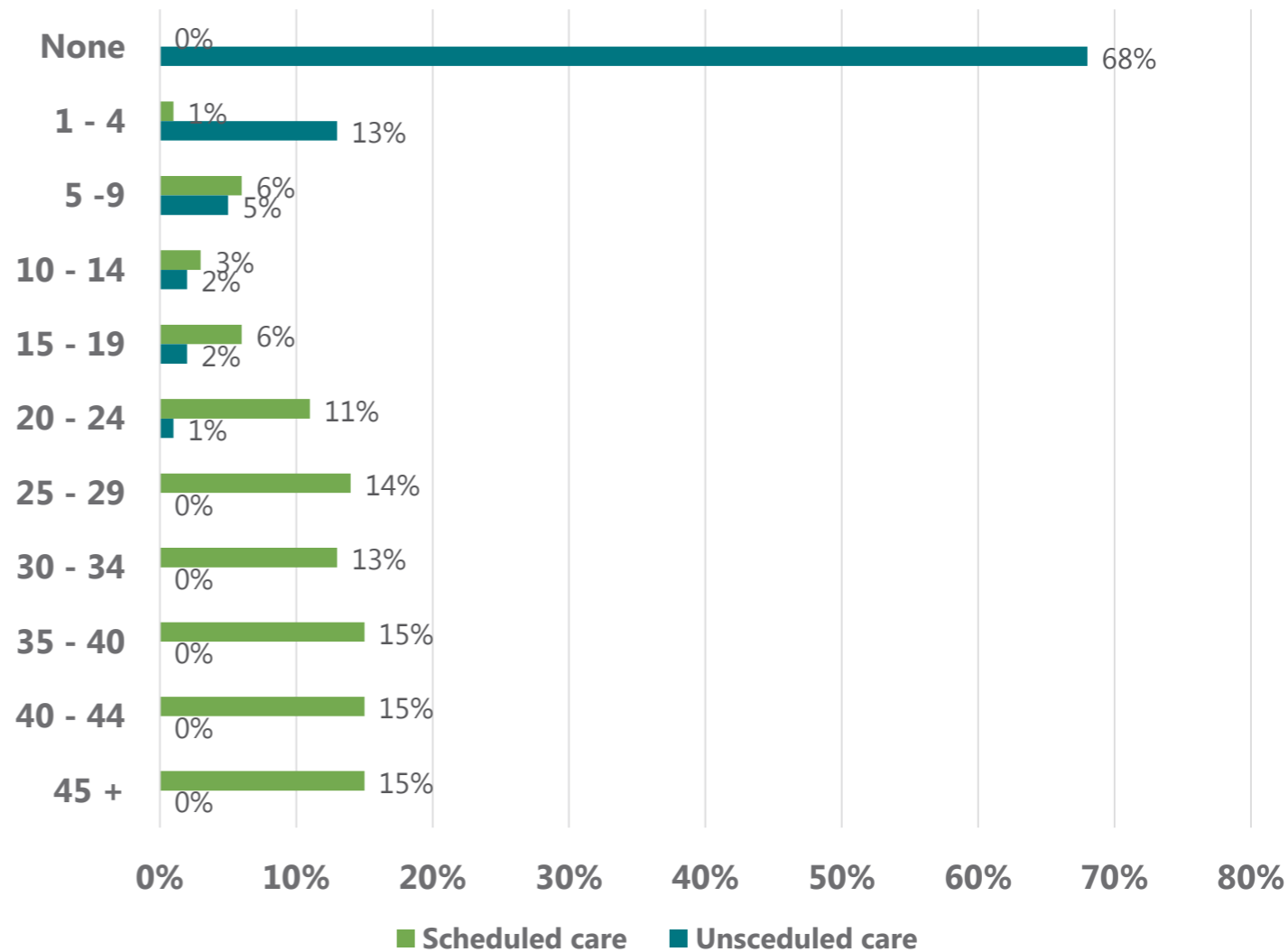
NB – Those who stated they “didn’t know” the number of hours have been excluded from the calculations.

Scheduled care: Weekday clinical sessions and any extended hours that the practice is open where you have access to the patient’s full records.

Unscheduled care: Any hours outside core hours and not including any extended hours sessions the practice provides.

Working practices

How many hours a week do you spend carrying out scheduled care sessions / unscheduled care sessions?



How much time do nurses spend carrying out scheduled and unscheduled care sessions?

At a glance, the majority of nurses (80%) spend 20-40 hours a week carrying out scheduled care sessions slightly fewer hours compared to GPs.

However, almost the same proportion (80%) of nurses report that they do not carry out any unscheduled care sessions. Out of those nurses who do, 14% report carrying out 1-9 hours of unscheduled care. A further 3% of nurses also said they spend 45+ hours each week carrying out unscheduled care - higher than both GPs and pharmacists.

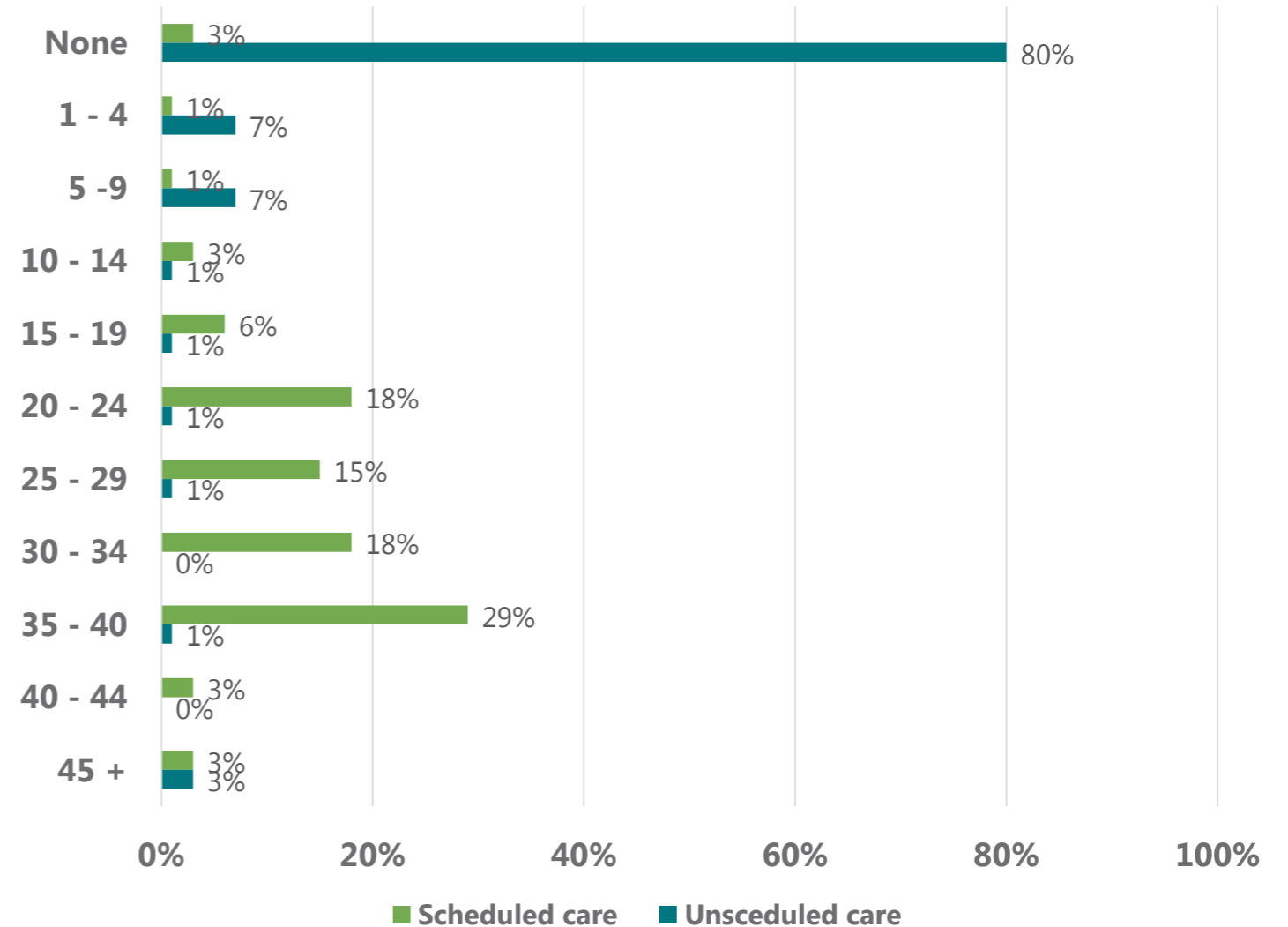
NB – Those who stated they “didn’t know” the number of hours have been excluded from the calculations.

Scheduled care: Weekday clinical sessions and any extended hours that the practice is open where you have access to the patient’s full records.

Unscheduled care: Any hours outside core hours and not including any extended hours sessions the practice provides.

Working practices

How many hours a week do you spend carrying out scheduled care sessions / unscheduled care sessions?



How much time do pharmacists spend carrying out scheduled and unscheduled care sessions?

Almost half of all pharmacists interviewed (45%) carry out 20 – 40 hours of scheduled care. While around nine in ten (85%) carry out no unscheduled care sessions, which is slightly higher than both GPs and nurses.

Three in ten (27%) pharmacists also carry out no scheduled care session each week - the fewest scheduled care sessions carried out across all three professions. In total only a small number of pharmacists, just over one in ten (14%) completed any unscheduled care sessions at all.

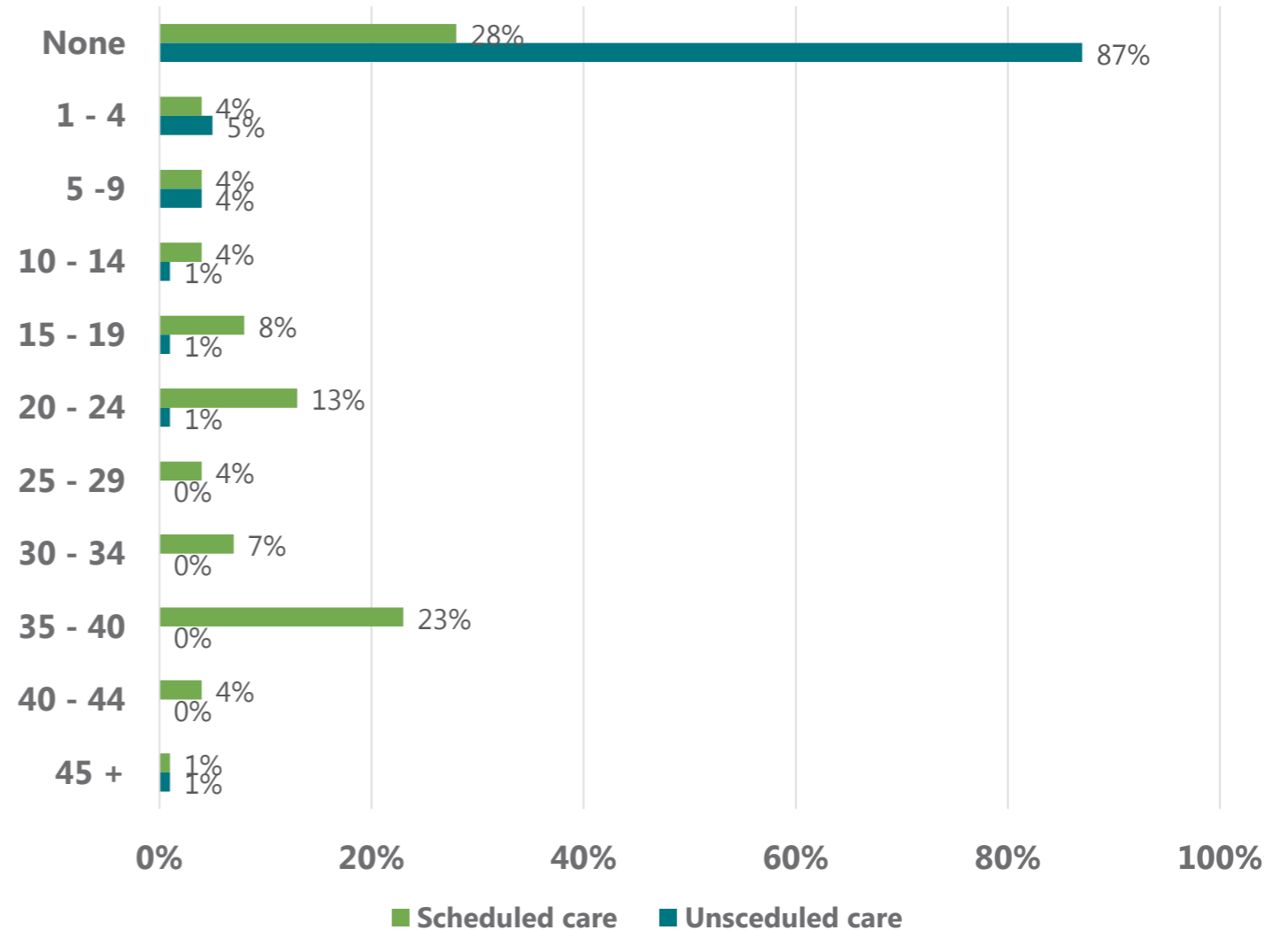
NB – Those who stated they “didn’t know” the number of hours have been excluded from the calculations.

Scheduled care: Weekday clinical sessions and any extended hours that the practice is open where you have access to the patient’s full records.

Unscheduled care: Any hours outside core hours and not including any extended hours sessions the practice provides.

Working practices

How many hours a week do you spend carrying out scheduled care sessions / unscheduled care sessions?

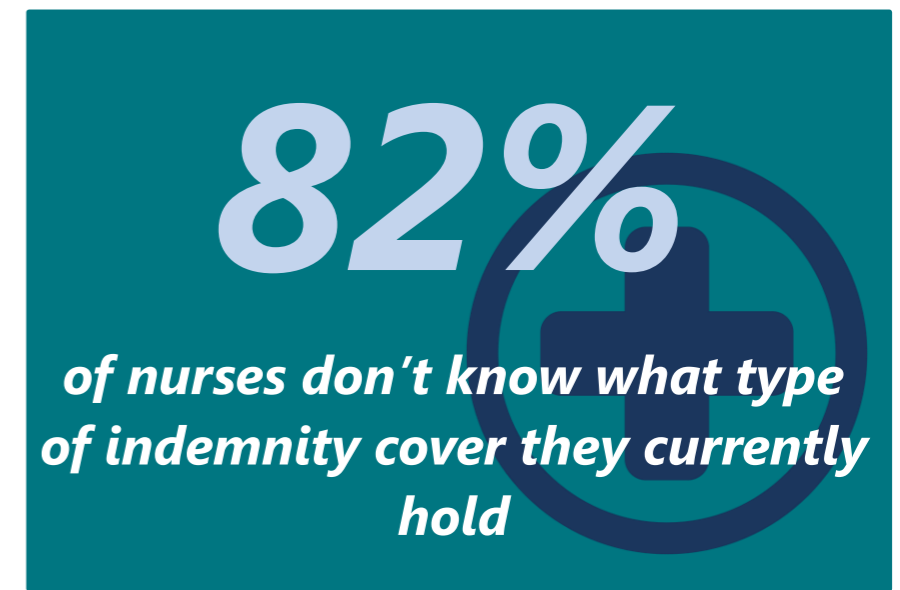
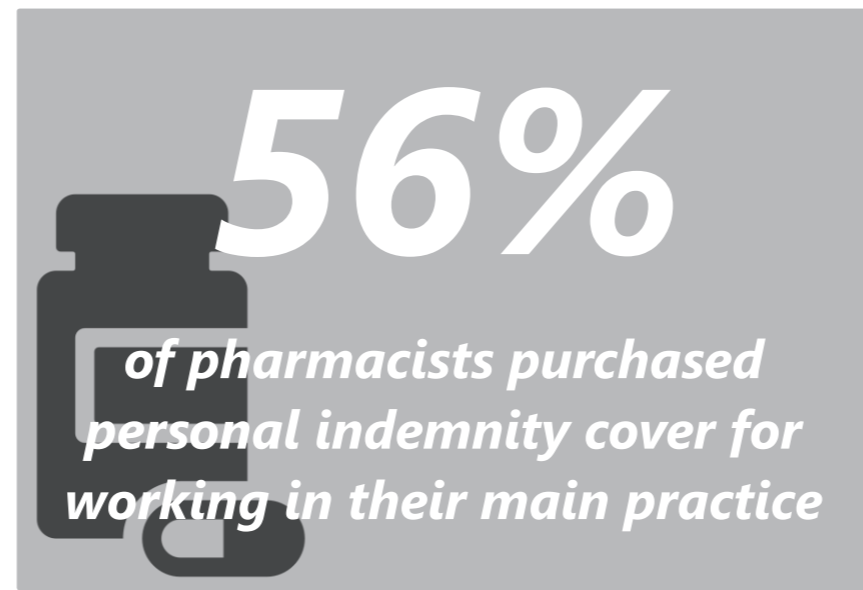


6 Current indemnity arrangements

Current indemnity arrangements: Key findings from the survey

The most common indemnity provider for both GPs and nurses interviewed is MDU, with around a third of nurses and over two fifths of GPs holding indemnity contracts with this provider. The majority of pharmacists use PDA as their indemnity provider. Across all three professions, personal indemnity cover was most common. However, nurses hold the largest proportion of practice level cover, a reflection of the large number of nurses employed directly in practice. Although participants know if they have practice or personal level cover, they are largely unaware of any other details about their indemnity cover, with three fifths of GPs and an even higher proportion of nurses and pharmacists unable to specify the type of cover they hold.

The context in which healthcare professionals purchase indemnity cover is also fairly consistent, with the majority of GPs and nurses, and over half of pharmacists purchasing indemnity cover to work within their main practice.



Which indemnity providers do GPs use?

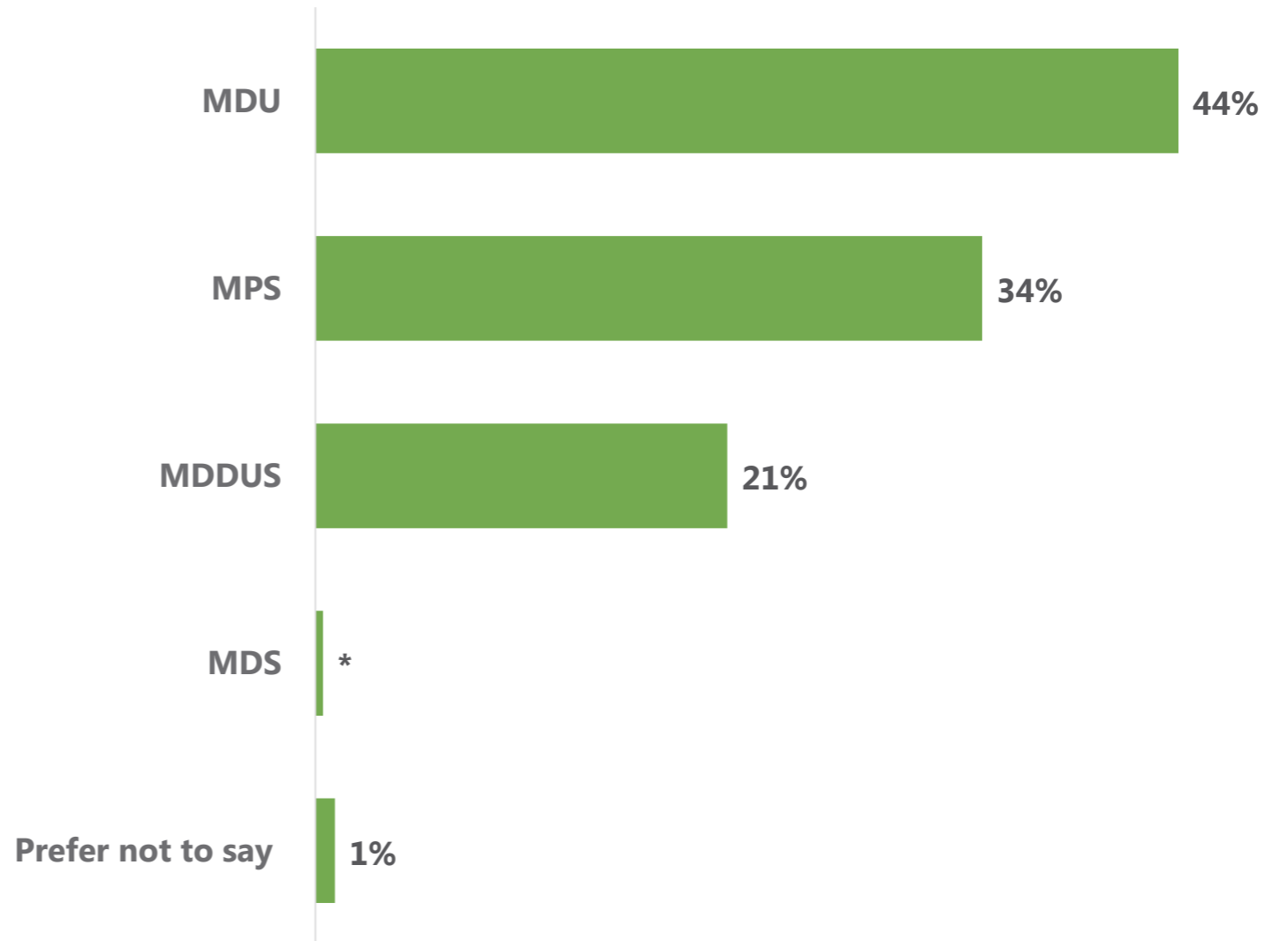
The number of indemnity providers currently being used by GPs are relatively few - a total of four, whereas nurses and pharmacists appear to have a much wider choice.

GPs most commonly report that MDU and MPS are their current indemnity providers, accounting for almost four in five (77%) of GPs interviewed. Over two fifths (44%) use MDU and a third (34%) use MPS.

A smaller proportion of GPs, around one in five (21%), use MDDUS as their indemnity provider.

Indemnity arrangements

Who is your indemnity provider?



Which indemnity providers do nurses use?

Nurses use a wider range of indemnity providers than GPs. However, MDU is still the most commonly reported with just over a third (34%) reporting they use it as their provider.

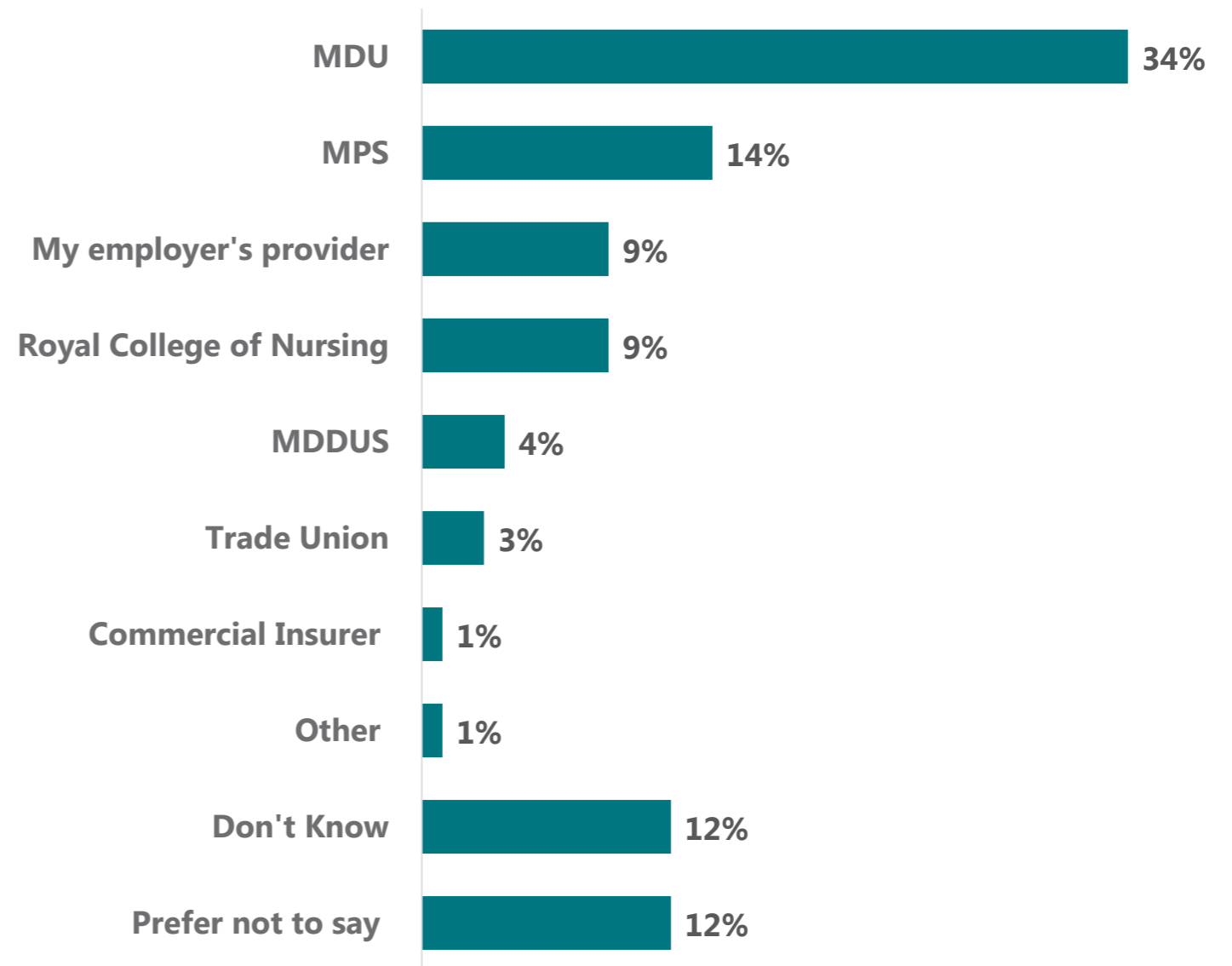
Around one in seven (14%) use MPS a relatively small number when compared with GPs. A similar proportion of one in ten (9%) also report that their employer acts as their provider.

At a glance, an even smaller number of nurses also access indemnity cover via MDDUS (4%) - again a much smaller number when compared with GPs. A less common indemnity provider for nurses is their Trade Union, with 2% being covered via this route.

Just over one in ten (12%) preferred not to say who their provider is.

Indemnity arrangements

Who is your indemnity provider?



Which indemnity providers do pharmacists use?

Compared to nurses, and to a lesser extent GPs, pharmacist indemnity provision is fairly concentrated, with PDA being the main provider of indemnity cover. Approximately three quarters (74%) of pharmacists hold contracts with this provider.

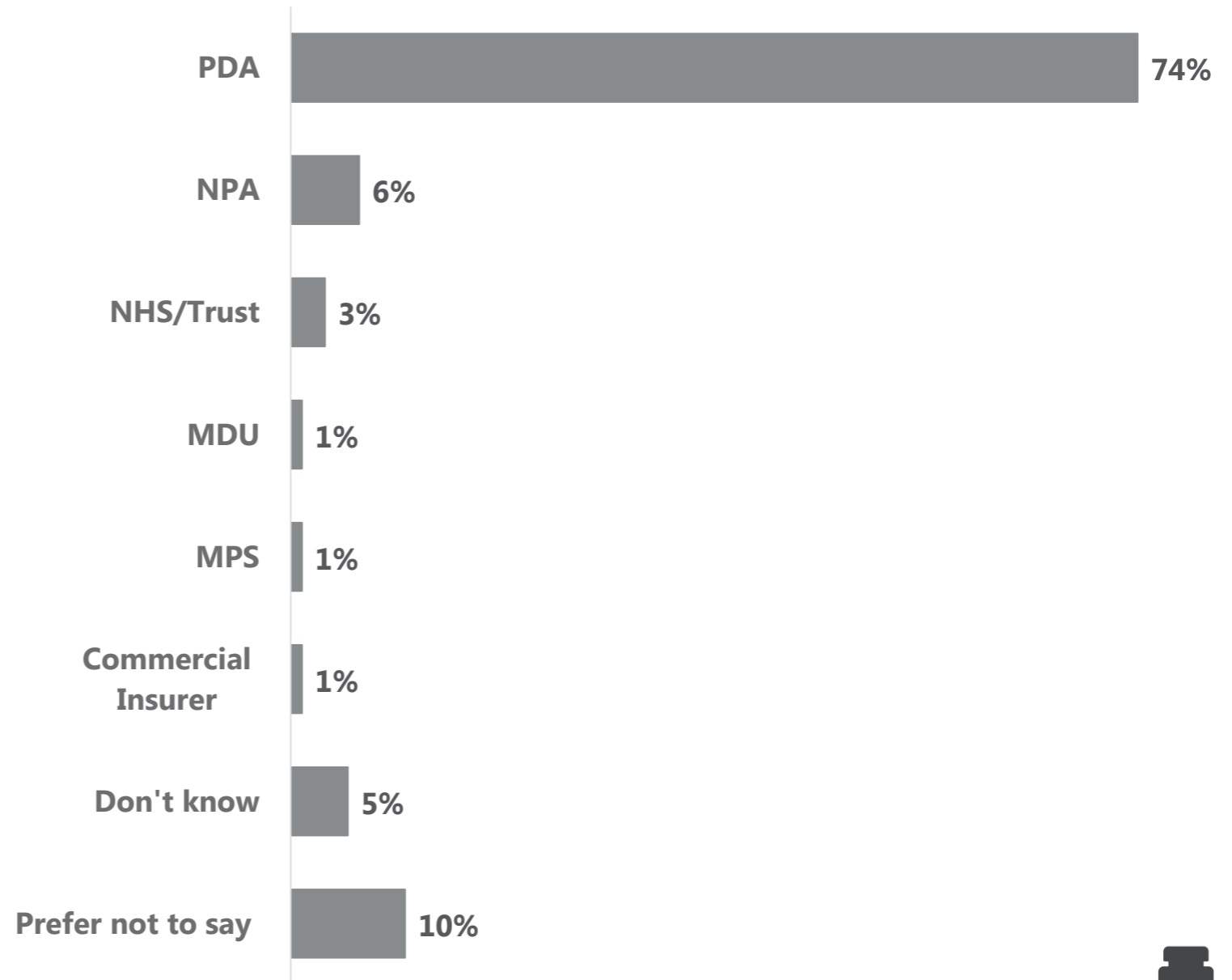
A small number of participants - one in twenty (6%) - also hold contracts with NPA or the NHS/Trust (3%) to provide their indemnity cover.

A small proportion of those interviewed also hold contracts with a commercial insurer.

Around one in ten (9%) preferred not to say who their provider currently is.

Indemnity arrangements

Who is your indemnity provider?



What type of indemnity cover do GPs, nurses and pharmacists hold?

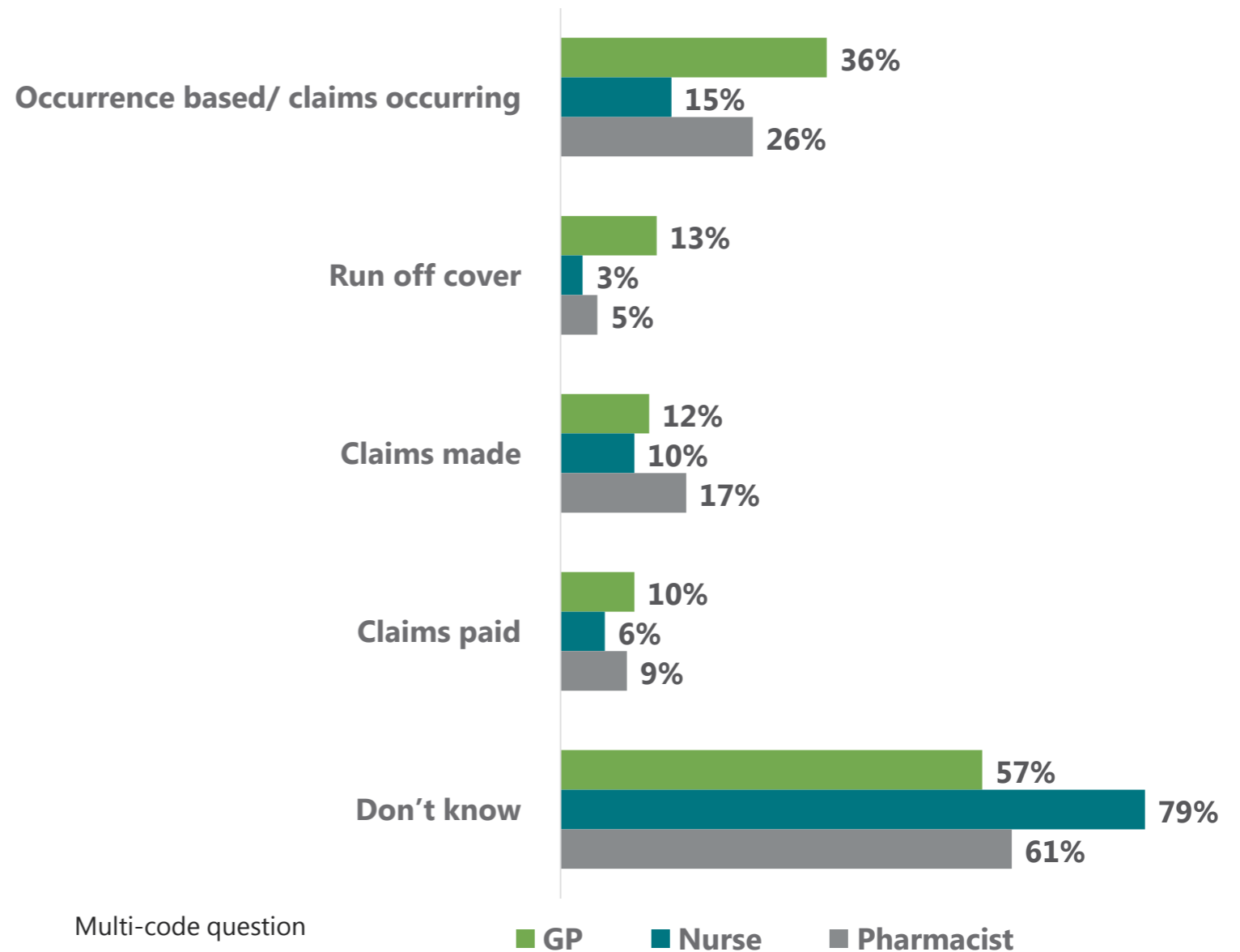
Awareness of indemnity coverage is low amongst the healthcare professionals interviewed with 82% of nurses, 61% of pharmacists and 57% of GPs not knowing what type of indemnity cover they hold. This includes those who were interviewed with their indemnity documents in front of them. Practice Managers were most likely to respond in this way, with 66% reporting 'Don't know'.

For participants who are aware of their type of indemnity cover, there is a wide variety of cover held. The most common was occurrence based/claims occurring with two fifths of GPs (36%), one quarter of pharmacists (26%), and over one tenth (15%) of nurses holding this type of cover.

Relatively small numbers held run off cover, claims made or claims paid cover, across all of the professions.

Indemnity arrangements

Can you please tell me what type of indemnity cover you currently hold?



Do healthcare professionals feel it is important to hold run off cover?

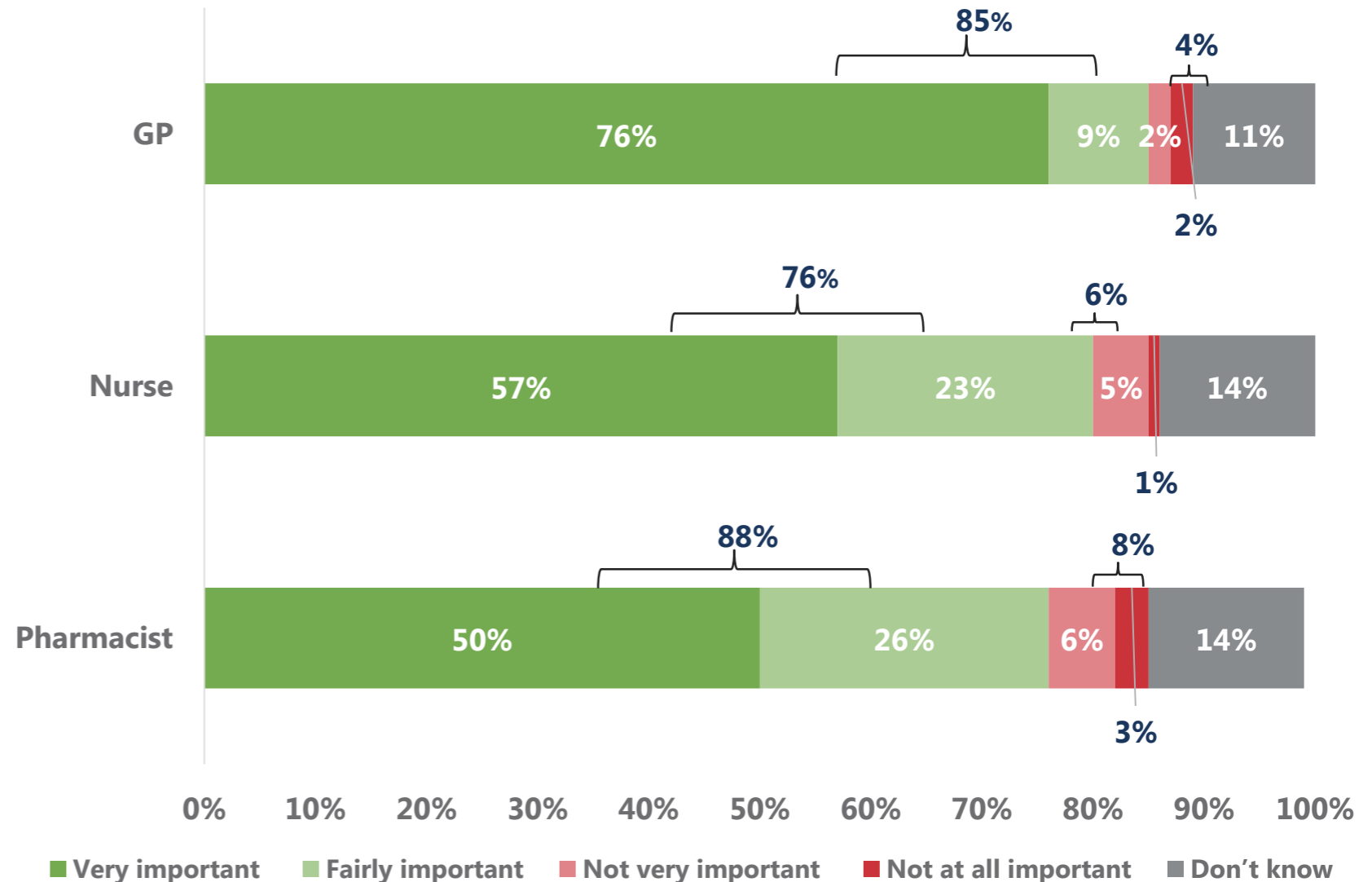
The majority of participants feel that it is important to hold run off cover but strength of opinion varies.

Three-quarters of GPs believe it is very important to hold run off cover, compared to around half of nurses and pharmacists. However, across all healthcare professions, just over eight in ten feel it is important to some extent.

Only a small proportion of all participants feel that it is not important to hold run off cover. Just over one in twenty GPs (4%) and nurses (6%) feel this way, with a slightly higher proportion of pharmacists (8%) reporting that they feel it is not important to hold run off cover.

Indemnity arrangements

How important do you think it is to hold runoff cover for any claims that may arise relating to incidents that occurred in the past, which would not be covered by your current indemnity arrangements?



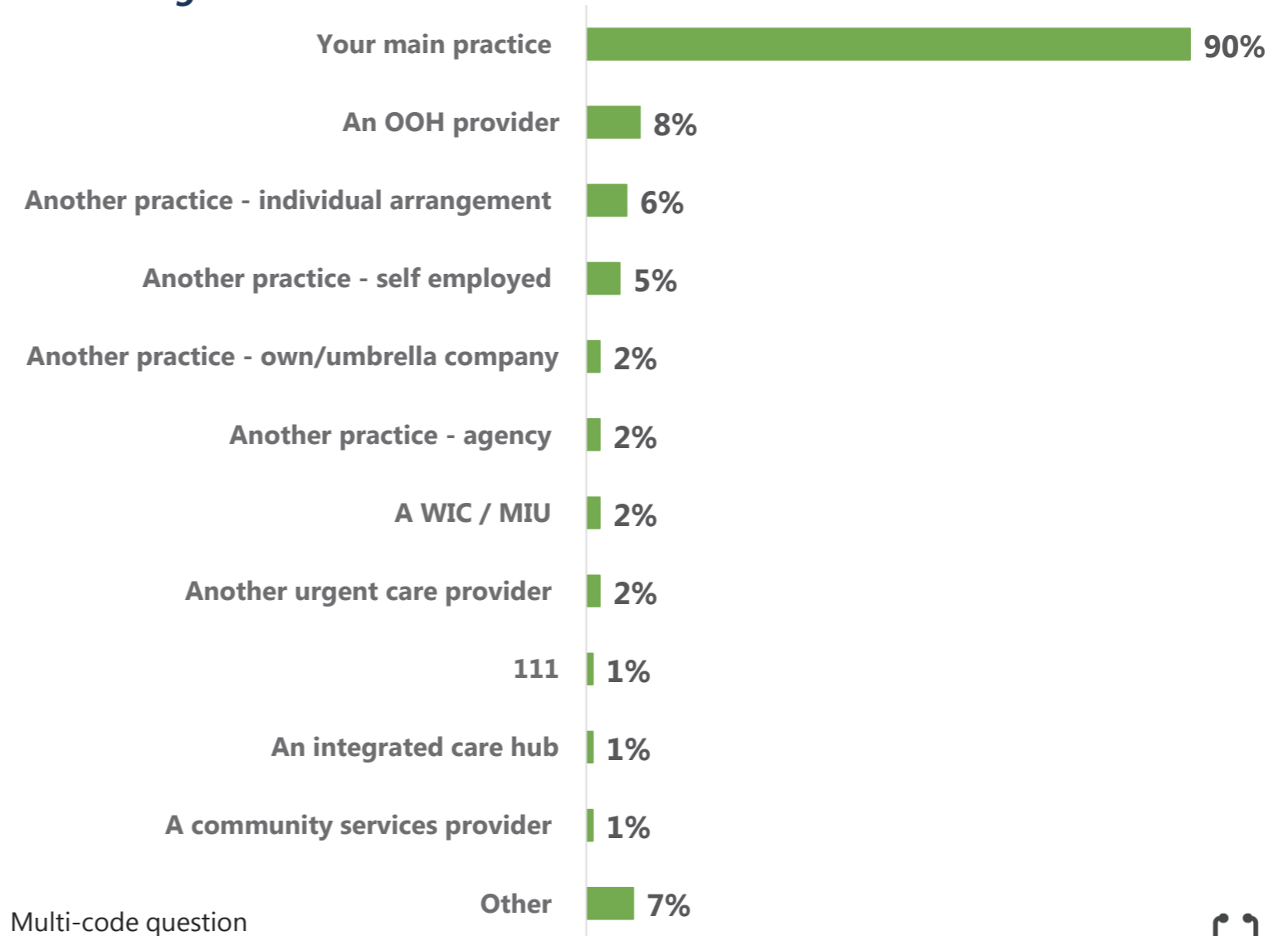
In what context do GPs purchase their personal indemnity cover?

Most GPs (90%) purchased personal indemnity cover in the past three years to cover working in their main practice. A small proportion of GPs (8%) also claimed they purchased indemnity cover working in an out of hours services. A slightly smaller proportion also purchased cover while working in another practice through their own arrangement (6%) or in an another practice through self employment (5%).

Outside of these categories there are a variety of settings in which GPs require personal indemnity cover, including through an umbrella company (2%), a WIC / MIU (2%) and whilst working for other urgent care providers (2%).

Indemnity arrangements

In the past 3 years, have you purchased personal indemnity cover for working in...



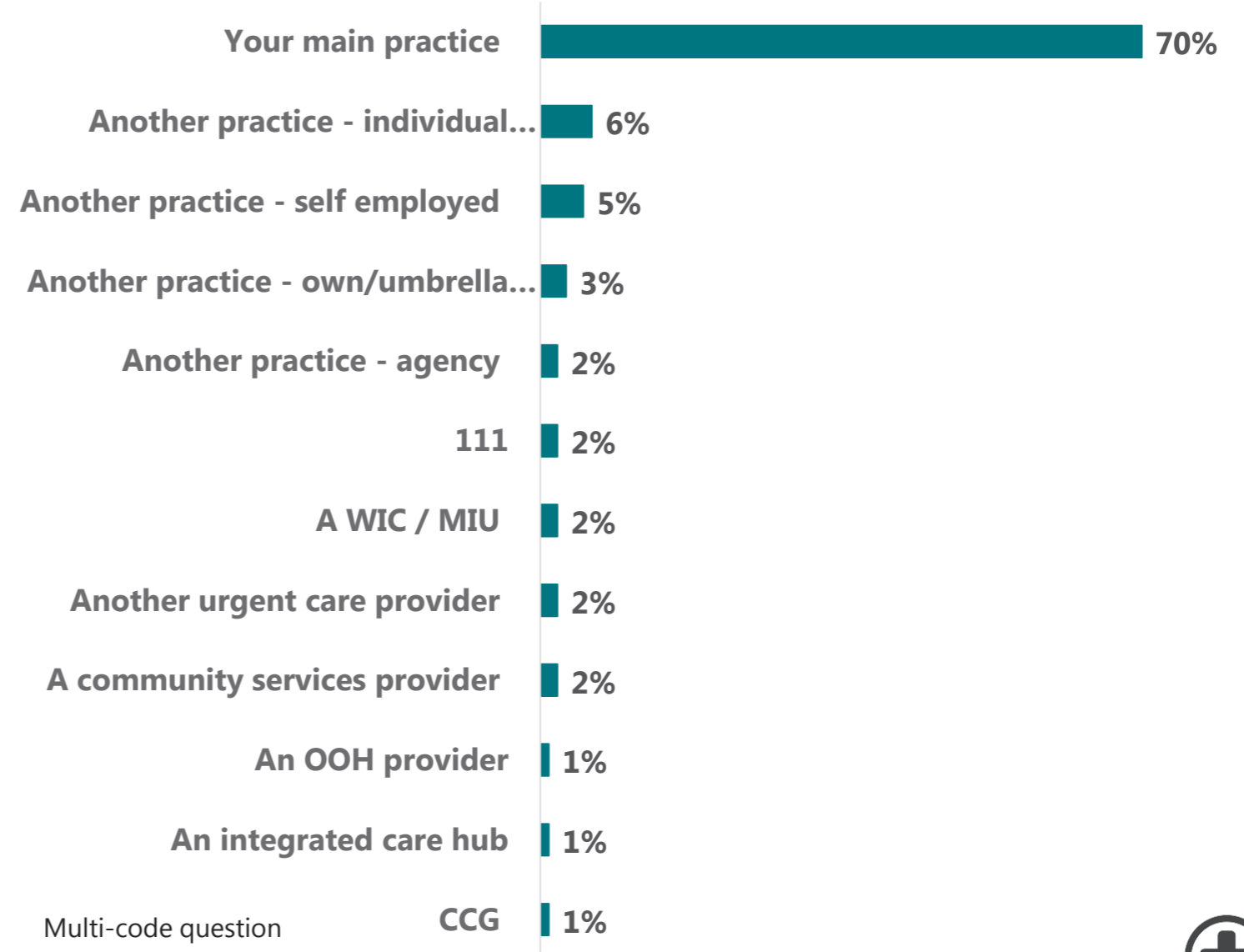
In what context do nurses purchase indemnity cover?

Around three quarters of nurses (70%) have purchased indemnity cover for working in their main practice. A small number of nurses - around one in twenty - have also purchased personal indemnity cover whilst working at another practice through their own arrangement (6%) or through self employment at another practice (5%).

This shows that the context in which nurses purchase personal indemnity cover is largely consistent with GPs who mostly purchase indemnity cover to work in their main practice.

Indemnity arrangements

In the past 3 years, have you purchased personal indemnity cover for working in...



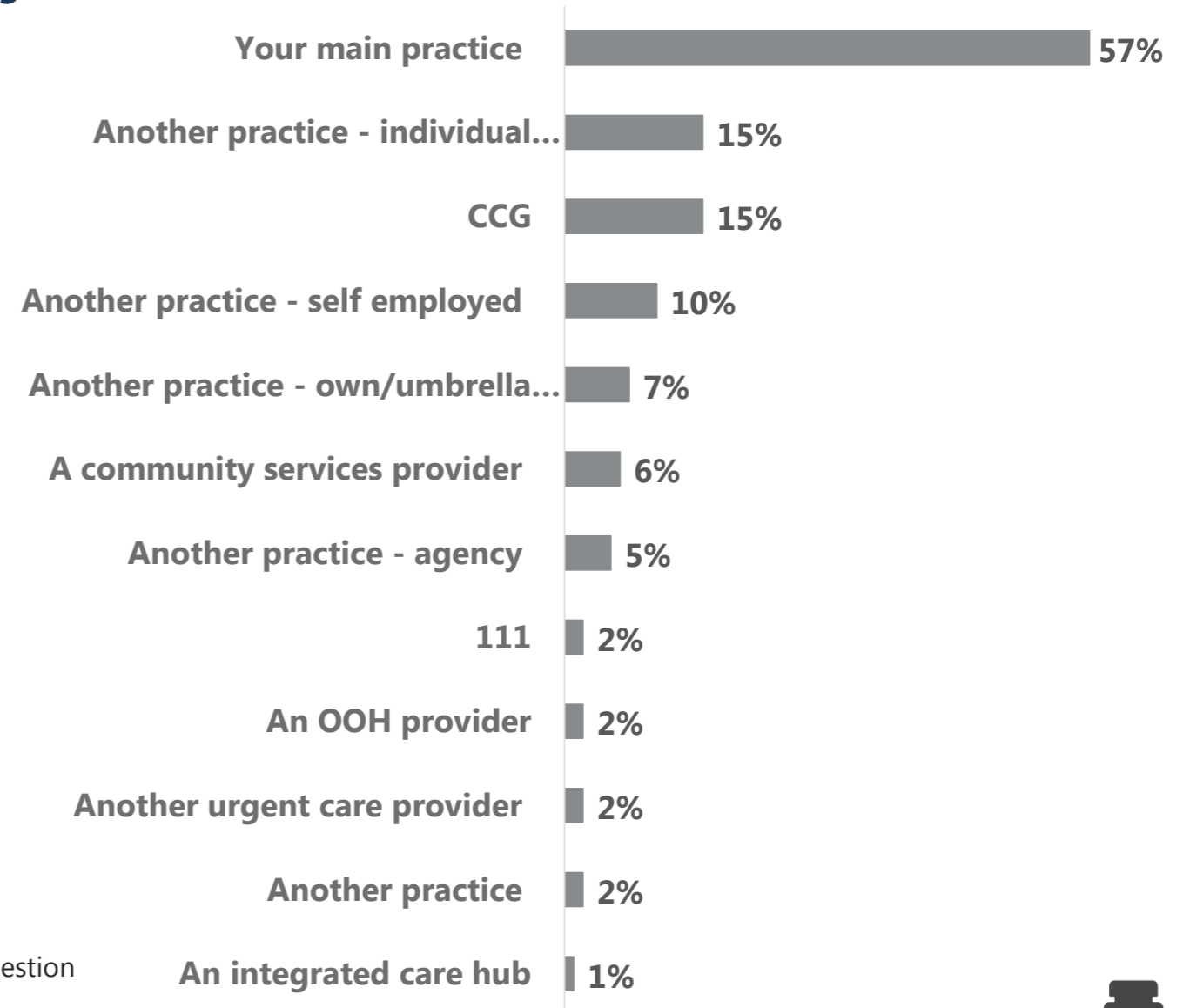
In what context do pharmacists purchase personal indemnity cover?

Over half of pharmacists (57%) purchased indemnity cover for working in their main practice - a relatively small number when compared with GPs and nurses, demonstrating a wider variety of contexts in which pharmacist purchase indemnity cover.

At a glance, around one in six (15%) pharmacists purchased indemnity cover within the last three years to cover working locum through an individual arrangement. The same number also purchased cover to work within a CCG. Around one in twenty (6%) pharmacists also purchased indemnity cover whilst working in a community services provider.

Indemnity arrangements

In the past 3 years, have you purchased personal indemnity cover for working in...



Multi-code question



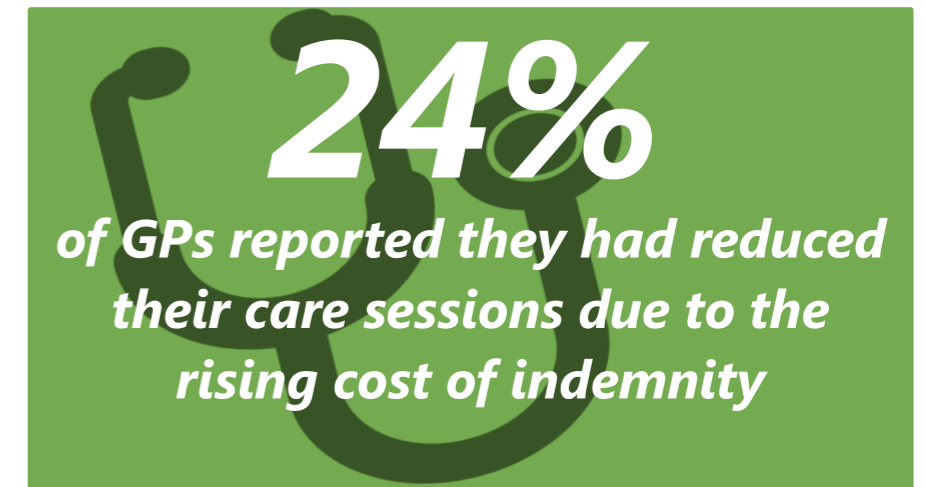
7 Cost and coverage of indemnity products

Cost and coverage of indemnity products: Key findings from survey

The average cost for GP's indemnity insurance has increased in the last three years – with a statistically significant difference between now and two years ago.

How indemnity arrangements are paid for differs by job role; However, the majority report paying for it via either individual or practice level cover. Similarly, whether or not costs are reimbursed in any way differs widely between job roles; half of GPs had their costs reimbursed in some way, with this figure dropping to under a third for nurses and around one in five for pharmacists.

Across all three job roles, the majority are covered for up to 100 unscheduled care sessions, with a greater range for scheduled care sessions. For GPs who had reduced their number of scheduled and out of hours sessions personal reasons are the most important contributor, followed by the rising cost of indemnity cover.



Are GPs aware of how much their indemnity cover actually costs?

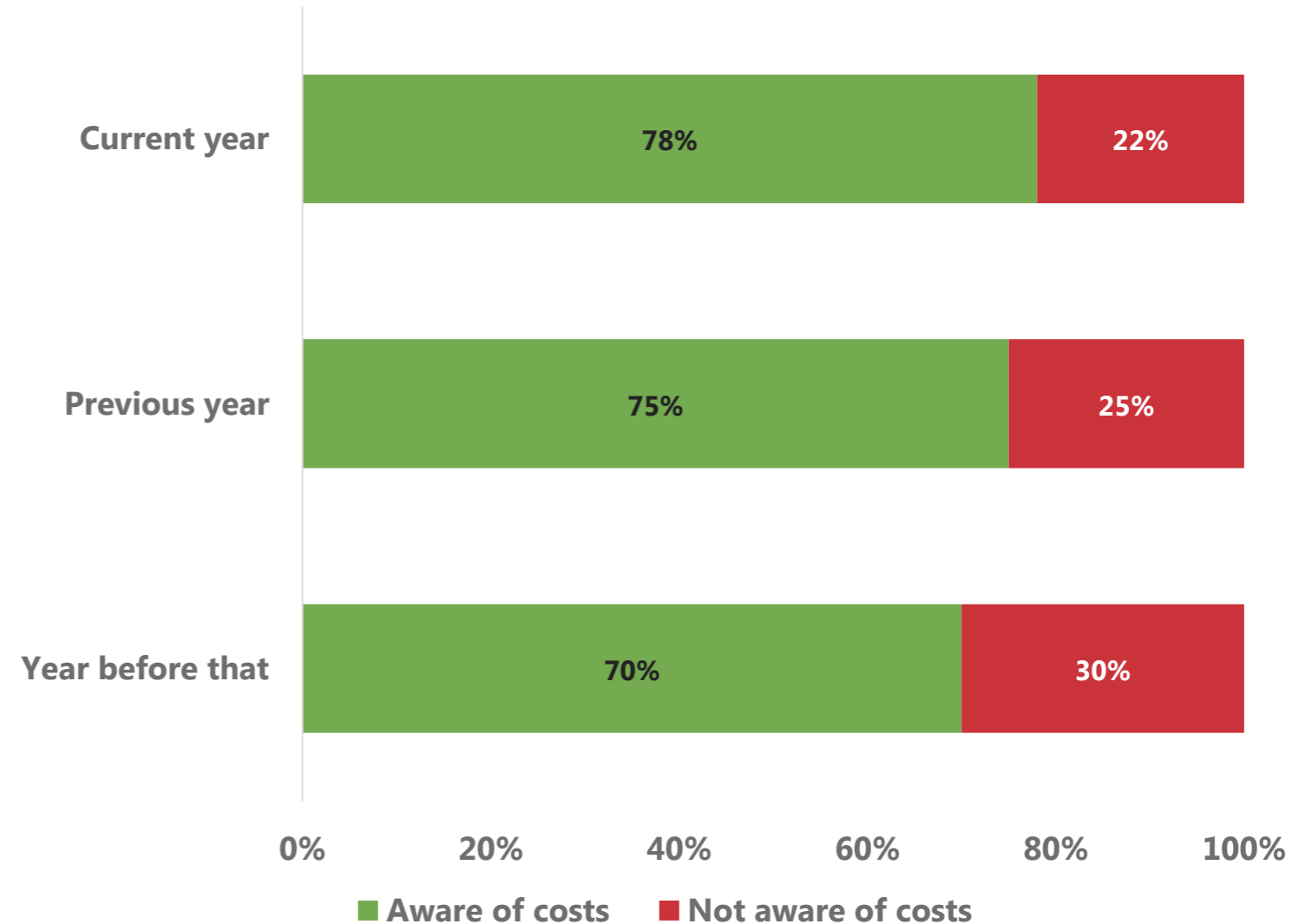
The majority of GPs are aware of how much their indemnity cover costs however a small group state that they don't know.

Around one in five (22%) are unaware of how much the costs are for the current year and this rises to 30% when people are asked about the costs from 3 years ago.

While this is not unexpected it is interesting, given that the average indemnity costs range from £6,972 - £7,452 over the past three years and 40% report that it is not reimbursed into their pay.

Awareness of indemnity cover costs

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before that?



Has the cost of GP indemnity cover changed over the past three years?

The average cost for GP's indemnity cover in the current year is £7,452*, this is an increase of three percent from the previous year when the average cost was £7,285 and an increase of approximately seven percent (a significant difference) from the year before that when the average cost was £6,972.

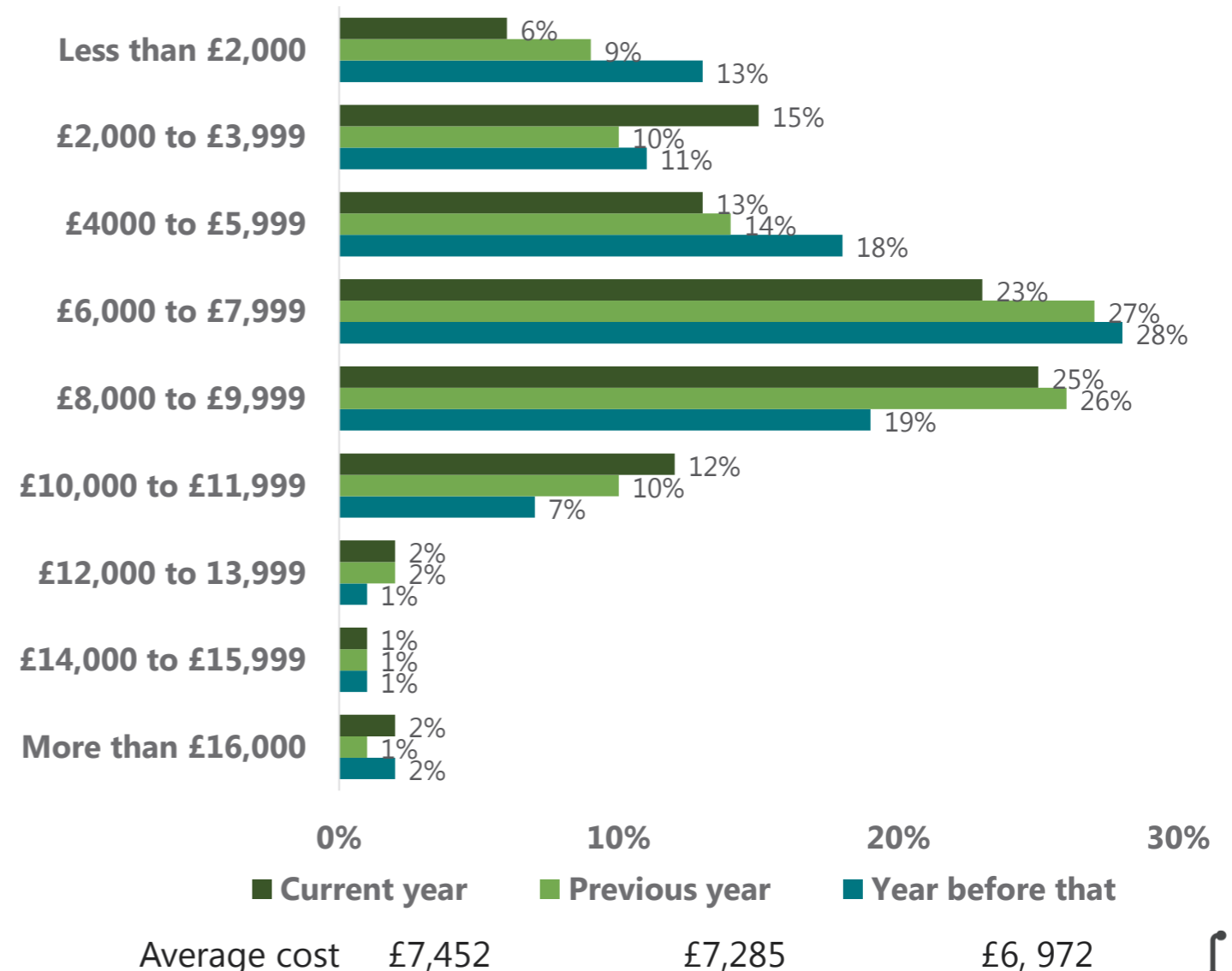
As can be seen in the chart the distribution of answers followed a similar pattern across all three years. The number of GP's paying less than £2,000 has consistently reduced over the three years from 13% two years ago to 6% in the current year. Just over three quarters (76%) of GP's pay between £2,000 and £9,999 with over one in ten paying between £10,000 and £11,999. A smaller proportion, around one in twenty (5%) pay over £12,000.

NB – Those who stated they “didn't know” have been excluded from the calculations.

*The average was calculated based on those GPs who provided an answer. Where possible, precise figure were used. However where GPs were unsure they were asked to choose from banded responses (e.g. £2,000-£3,000) and a mid-point was taken. The top 10 and bottom 10 outliers were excluded from the calculations before taking an average.

Indemnity Costs – GP Overall

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before that?



Has the cost of GP indemnity cover changed over the past three years for GP Partners?

The average cost for GP Partners' indemnity cover in the current year is £8,354*, this is an increase of three percent from the previous year when the average cost was £8,123 and an increase of approximately eight percent (a significant difference) from the year before that when the average cost was £7,682.

The average costs for GP Partners is higher when compared to salaried GPs. For example, when we compare for the current year GP Partners pay an average of £8,254 compared to £6,372 for salaried GPs. This is a statistically significant difference.

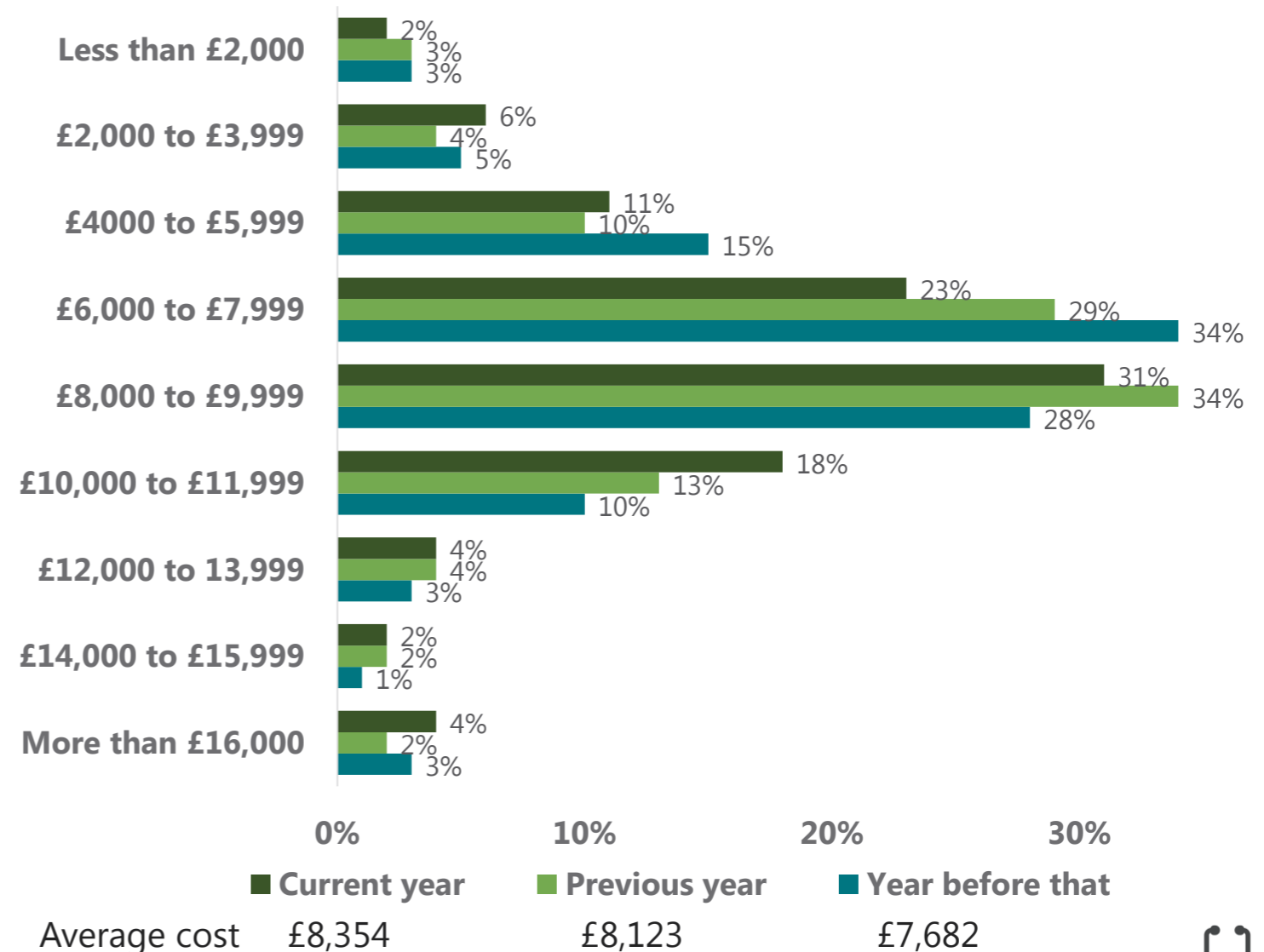
The chart shows the distribution is similar across all three years and is reflective of the distribution pattern for GPs overall.

NB – Those who stated they “didn’t know” have been excluded from the calculations.

*The average was calculated based on those GPs who provided an answer. Where possible, precise figure were used. However where GPs were unsure they were asked to choose from banded responses (e.g. £2,000-£3,000) and a mid-point was taken.

Indemnity Costs – GP Partners

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before that?



Has the cost of GP indemnity cover changed over the past three years for salaried GPs?

The average cost for salaried GPs' indemnity cover in the current year is £6,372*, this is an increase of two percent from the previous year when the average cost was £6,229 and an increase of approximately thirteen percent (a significant difference) from the year before that when the average cost was £5,630.

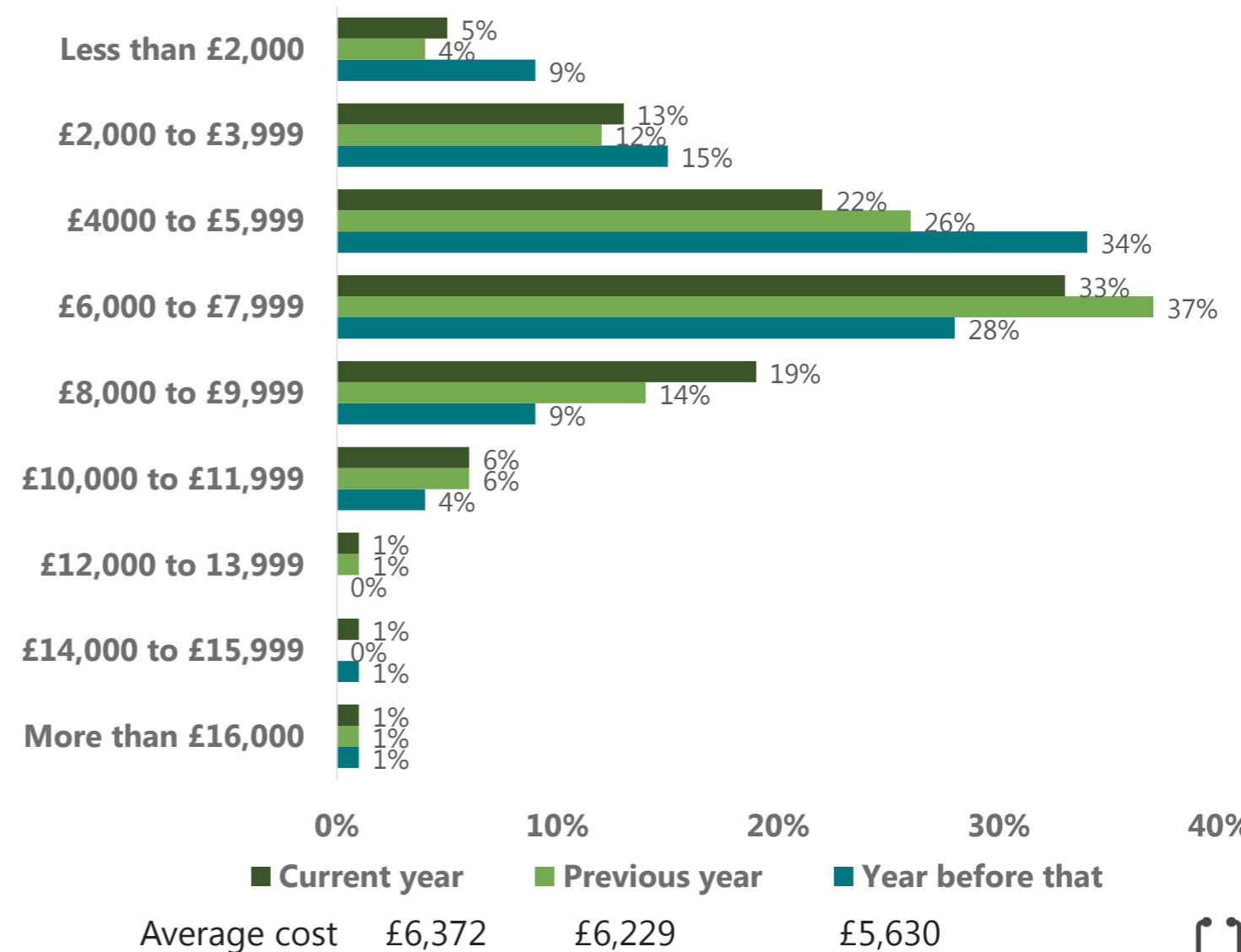
The cost of indemnity cover is significantly cheaper for salaried GPs when compared to the cost of GP Partners.

NB – Those who stated they “didn’t know” have been excluded from the calculations.

*The average was calculated based on those GPs who provided an answer. Where possible, precise figure were used. However where GPs were unsure they were asked to choose from banded responses (e.g. £2,000-£3,000) and a mid-point was taken.

Indemnity Costs – Salaried GPs

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before that?



Has the cost of nurses indemnity cover changed over the past three years?

The average costs of indemnity cover for the current year is £941* and this cost has remained relatively stable over the past few years with an average of £981 in the previous year and £974 for the year before that.

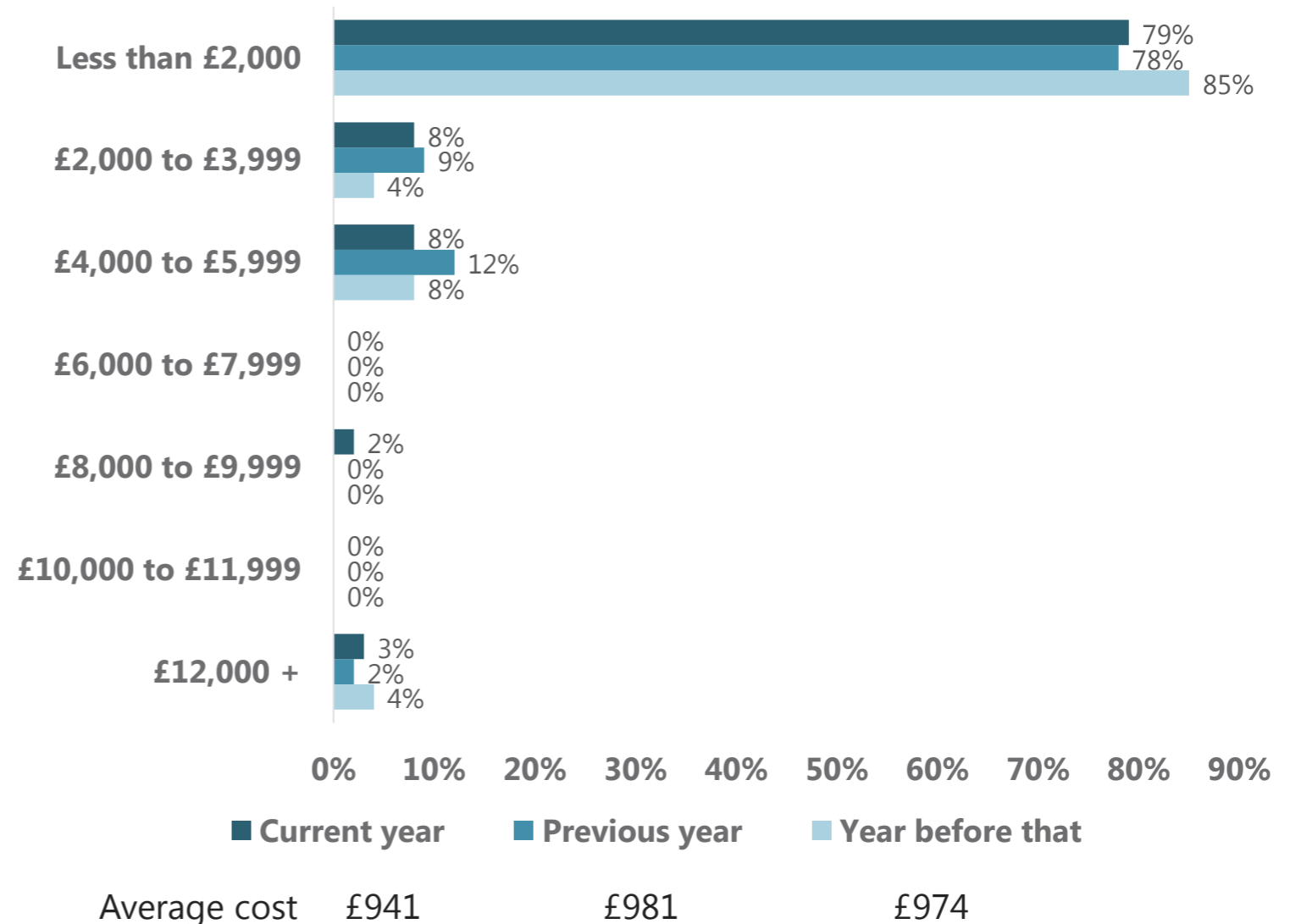
The majority of nurses report that their indemnity costs were under £2000 for the current year (79%), previous year (78%) and year before that (85%). Almost one in ten (8%) pay between £2000 and £3,999 for the current year with the same proportion paying between £4,000 and £5,999.

NB – Those who stated they “didn’t know” have been excluded from the calculations.

*The average was calculated based on those nurses who provided an answer. Where possible, precise figure were used. However where nurses were unsure they were asked to choose from banded responses (e.g. £2,000-£3,000) and a mid-point was taken. The top 5 and bottom 5 outliers were excluded from the calculations before taking an average.

Indemnity Costs

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before that?



Has the cost of pharmacist indemnity cover changed over the past three years?

The average costs of pharmacists indemnity cover for the current year is £676*. This is a 15% increase from the year before when the average costs were £573 and it is a 17% increase from the year before that when the costs were £563 (a significant difference).

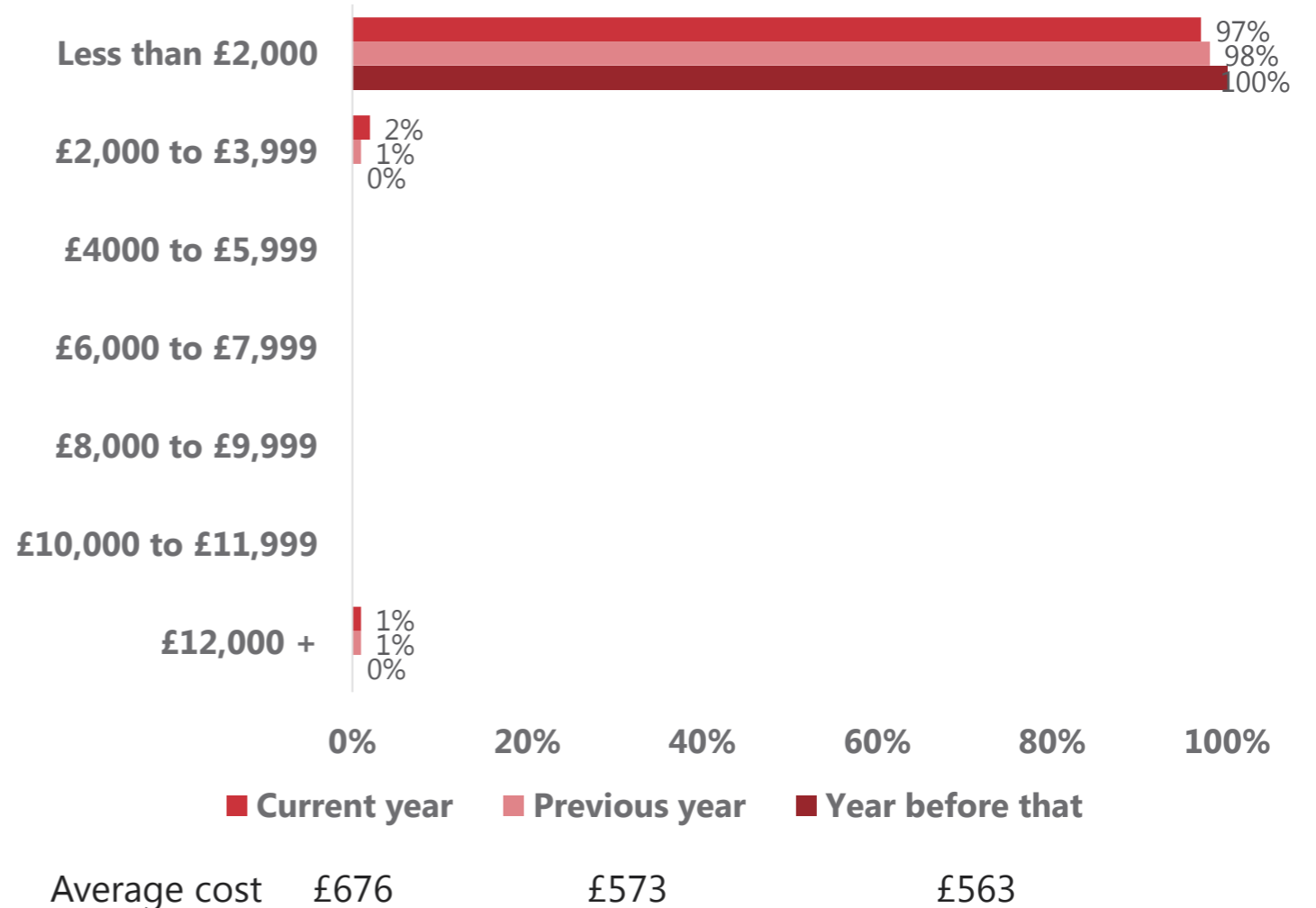
The majority of pharmacists paid less than £2,000 in the current year (97%) as well as the previous year (98%). All pharmacists reported they paid less than £2,000 the year before that.

NB – Those who stated they “didn’t know” have been excluded from the calculations.

*The average was calculated based on those pharmacists who provided an answer. Where possible, precise figure were used. However where pharmacists were unsure they were asked to choose from banded responses (e.g. £2,000-£3,000) and a mid-point was taken. The top 5 and bottom 5 outliers were excluded from the calculations before taking an average.

Indemnity Costs

Could you please tell us how much your indemnity cover cost for the current year / the previous year / the year before?



How are indemnity arrangements paid for?

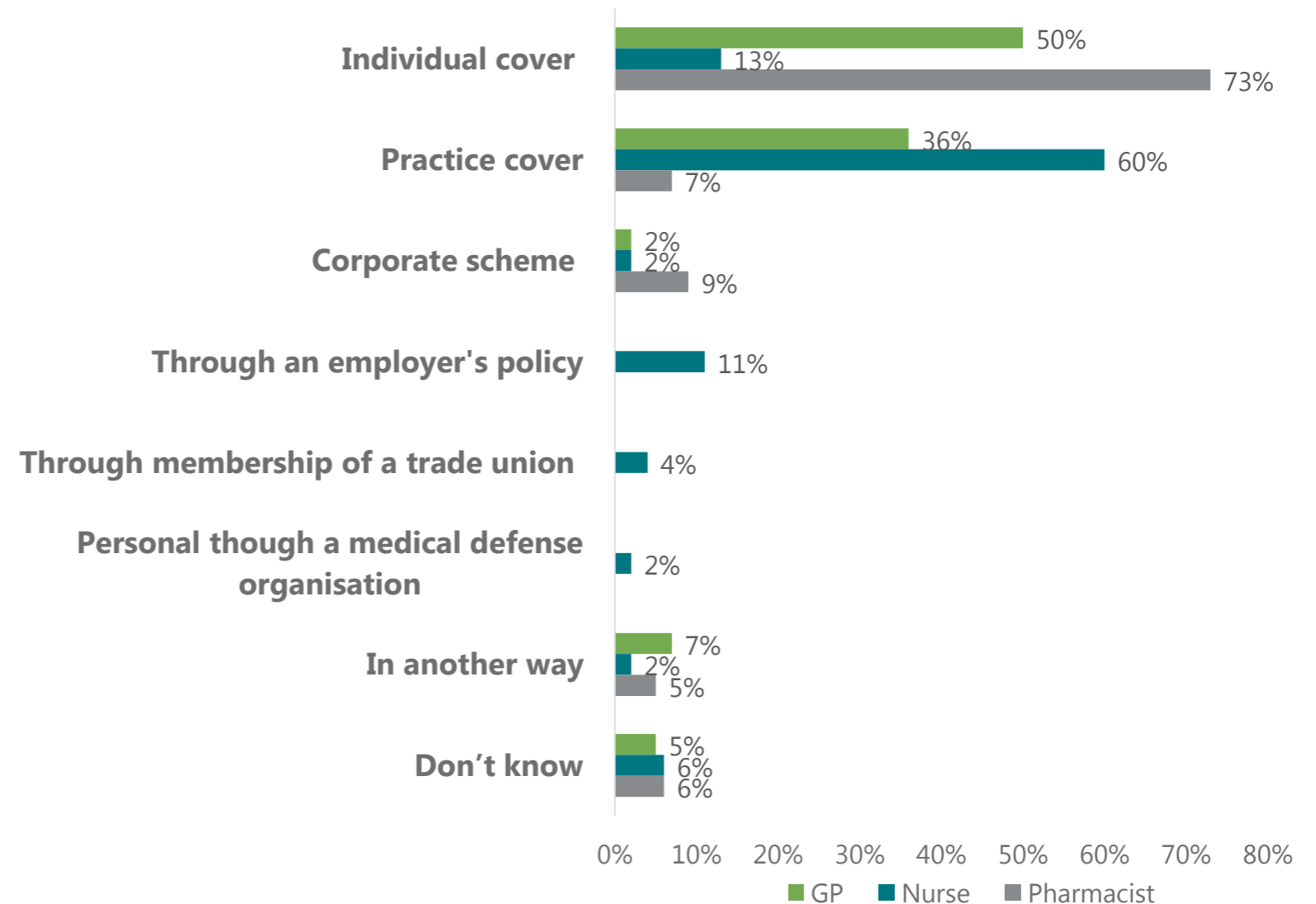
The way that indemnity arrangements are paid for differs by job role. However, the majority report paying for it via either individual or practice level cover.

Half (50%) of GPs hold individual cover, with 57% of these being salaried GPs, and 45% being GP partners. Over a third (36%) holding practice level cover and just two percent buying into a corporate scheme. Almost three quarters (73%) of pharmacists hold individual cover, with just seven percent opting for practice level cover and eight percent using a corporate scheme.

There is greater variation in indemnity payments with nurses. Three in five (60%) pay for their indemnity arrangements through practice cover. A smaller number of nurses paid for their indemnity arrangements via individual cover (13%) or through an employer's policy (11%).

Payment Methods

How do you currently pay for indemnity arrangements?



Are indemnity costs reimbursed?

Whether costs are reimbursed varies widely by role.

Approximately eight in ten (77%) pharmacists say their indemnity costs **are not** factored into their pay in any way, the highest proportion compared with GPs (40%) and nurses (59%).

Half of GPs (50%) had their costs reimbursed in some way with the most common option being paid in addition to their salary (21%), followed by whole practice arrangements with salary implications (7%) and whole practice arrangements without salary implications (6%).

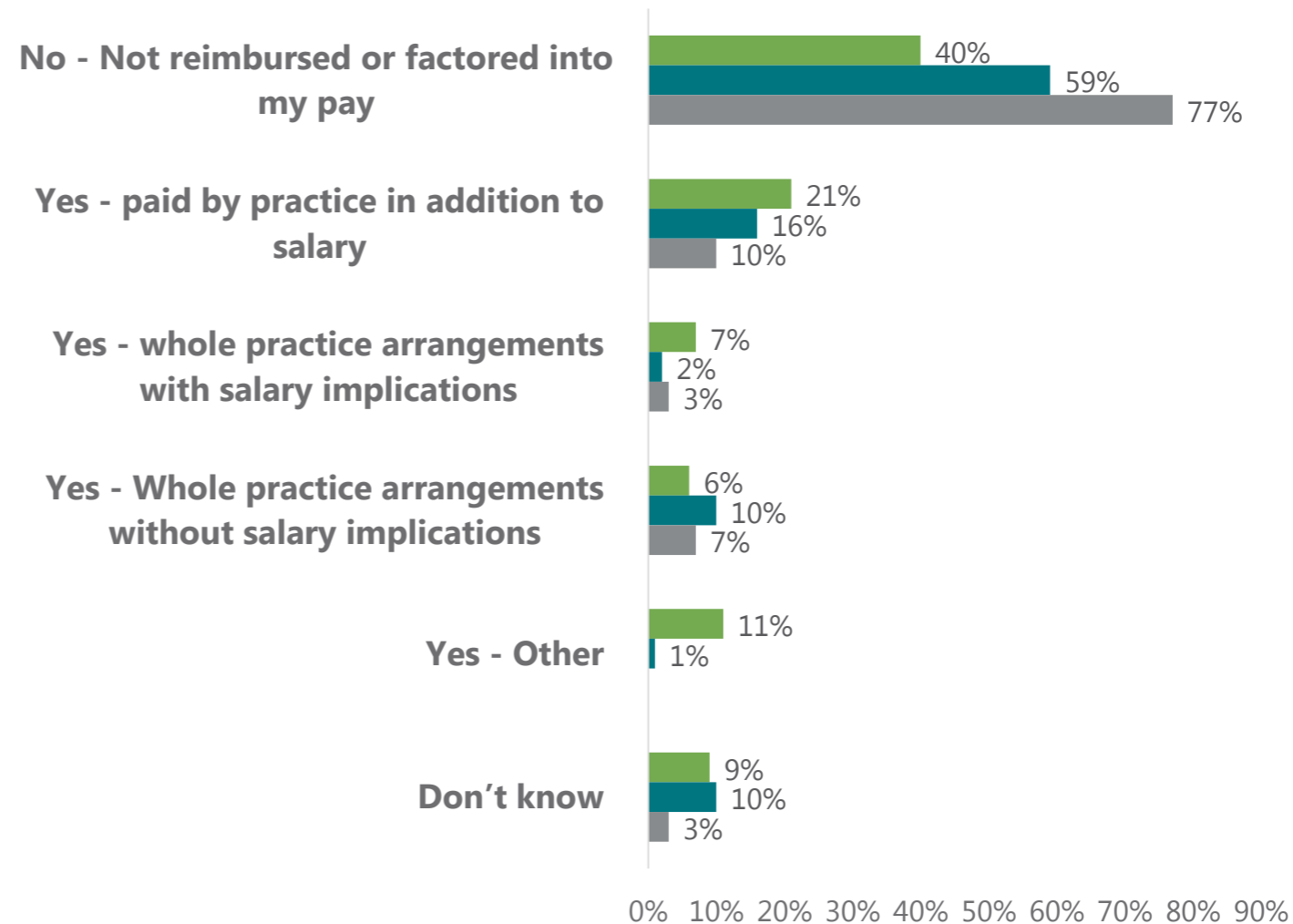
GPs who are paid by practice in addition to salary are mainly salaried GPs (39%) whereas only 18% are GP partners.

Where nurses are reimbursed (29%) this is most likely to be paid by the practice in addition to their salary (16%) or whole practice arrangements without salary implications (10%).

One in five pharmacists (20%) are reimbursed with the most common method being paid by practice in addition to salary (10%) or whole practice arrangements without salary implications (7%).

Costs Reimbursed

Are your indemnity costs reimbursed or factored into your pay in any way?



NB – this chart is based on the most common responses

■ GP ■ Nurse ■ Pharmacist

Why have GPs reduced the number of care sessions worked?

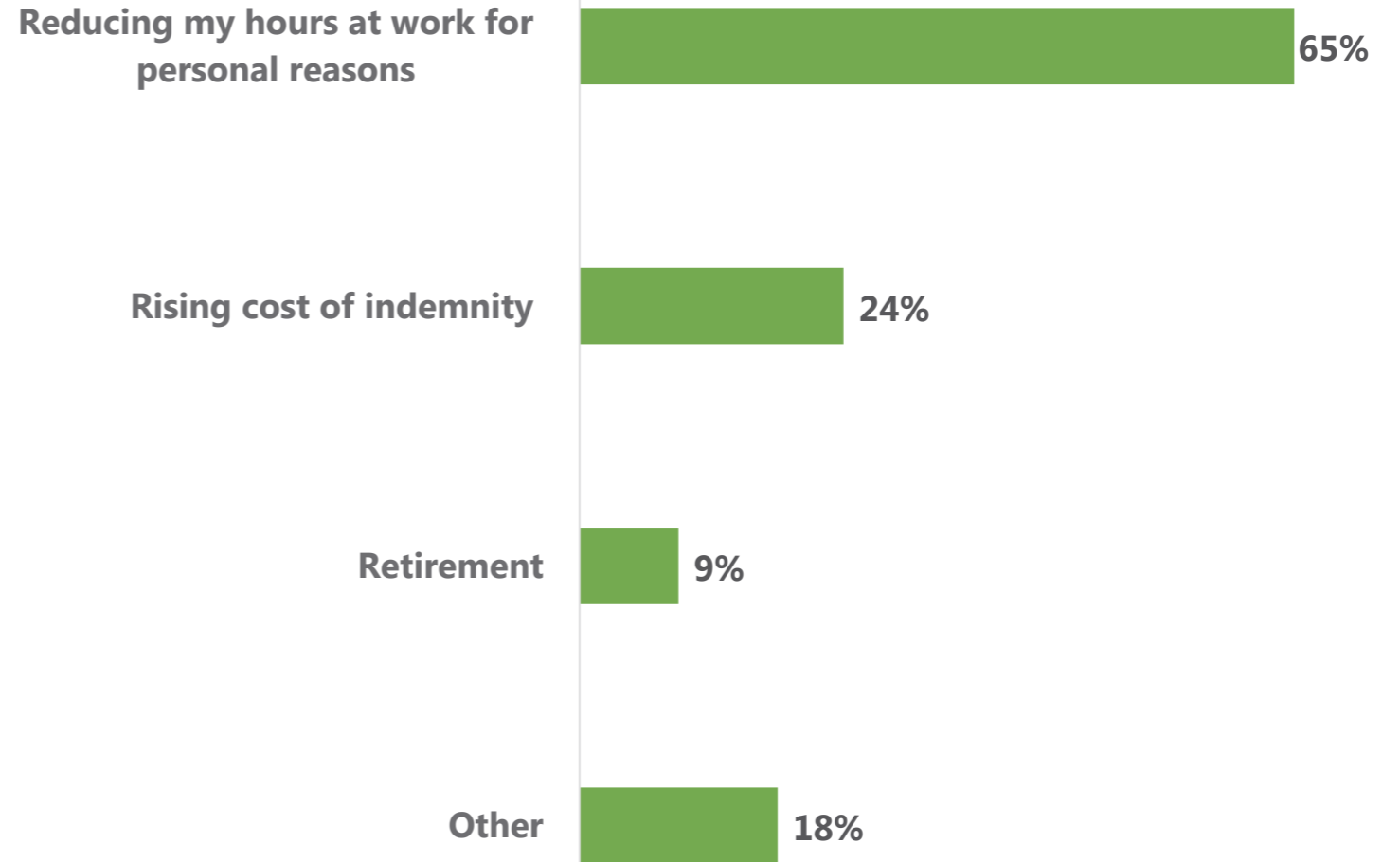
Around one in eight (12%) GPs reported that they had reduced the number of scheduled or out of hours care sessions that they had been indemnified for over the past few years. These GPs were asked the reason for this reduction.

Personal reasons are the most important contributor for reducing the number of scheduled and out of hours sessions carried out by GPs, with almost two thirds (65%) quoting this as their reason. Almost a quarter (24%) of GPs reported that the rising cost of indemnity is the reason for them reducing scheduled and out of hours sessions. **This equates to 3% of the total GP sample reducing the number of sessions they are covered for due to rising costs of indemnity cover.**

NB – Those who stated they “didn’t know” have been excluded from the calculations.

Indemnity Coverage

Can you please tell me why you have reduced the numbers of scheduled care/or out of hours sessions over the past few years?



Multi-code question



8. Contact with indemnity providers

How often do GPs contact their indemnity provider to discuss something other than their annual renewal?

Just under half of GPs (48%) report they have contacted their indemnity provider for something other than for arranging their annual renewal in the past 3 years.

Of those GPs who had been in contact, the most reason was for non negligence claims with just under half (46%) contacting them 1-2 times and a further one in five (21%) between 3-5 times. A smaller proportion (7%) have contacted them 6 times or more in the past 3 years.

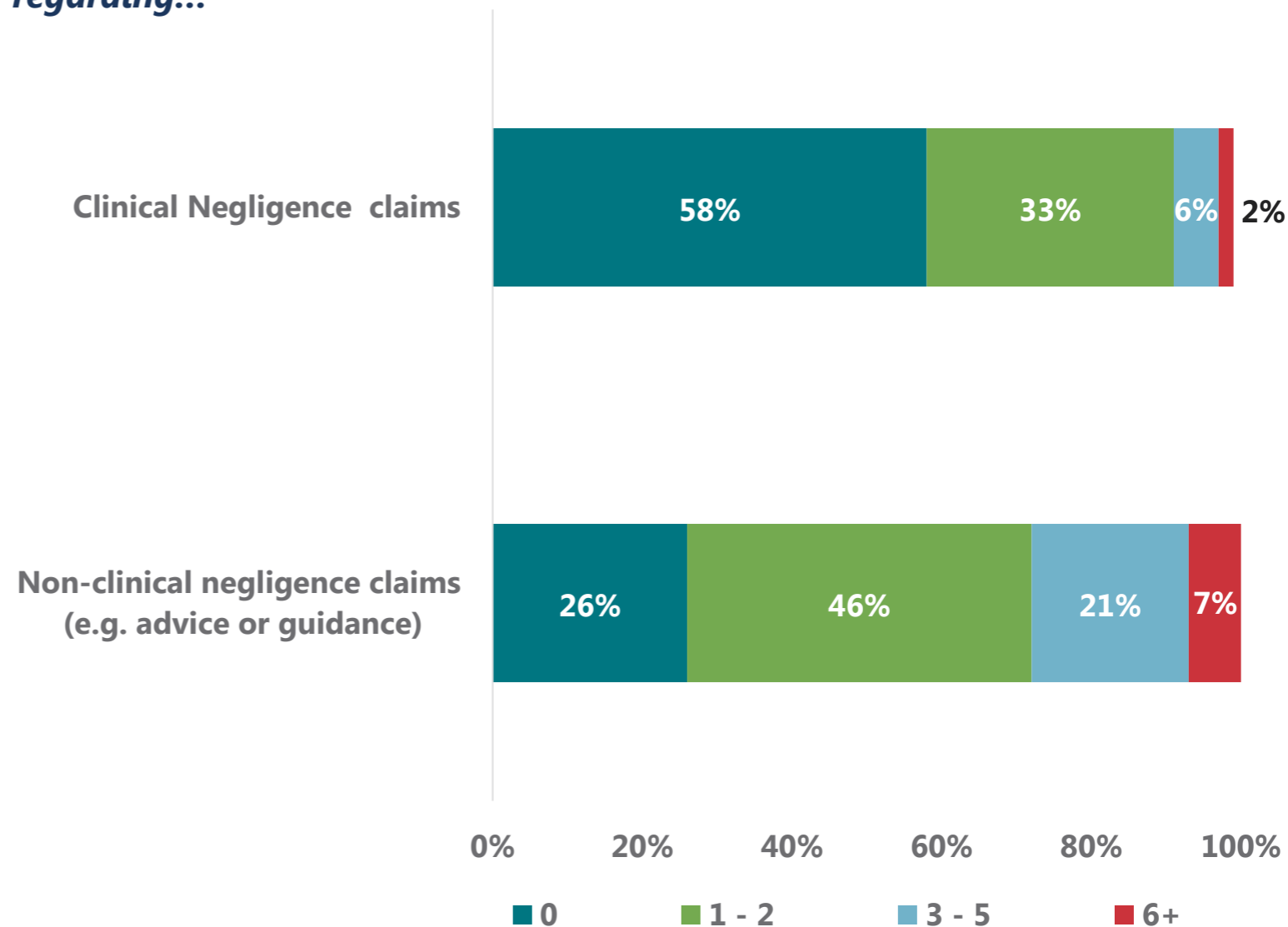
It is slightly less common for GPs to make contact with their provider regarding clinical negligence claims. Most GPs (58%) had not made contact however around one in three (33%) had contacted them 1-2 times and a further 8% had contacted them 3 or more times.

Around a quarter (27%) of those who had been in contact had done so for both clinical negligence and non clinical negligence claims.

NB – Those who did not state or stated they “didn’t know” have been excluded from the calculations.

Contact with indemnity providers

How many times have you contacted your provider in the last 3 years regarding...



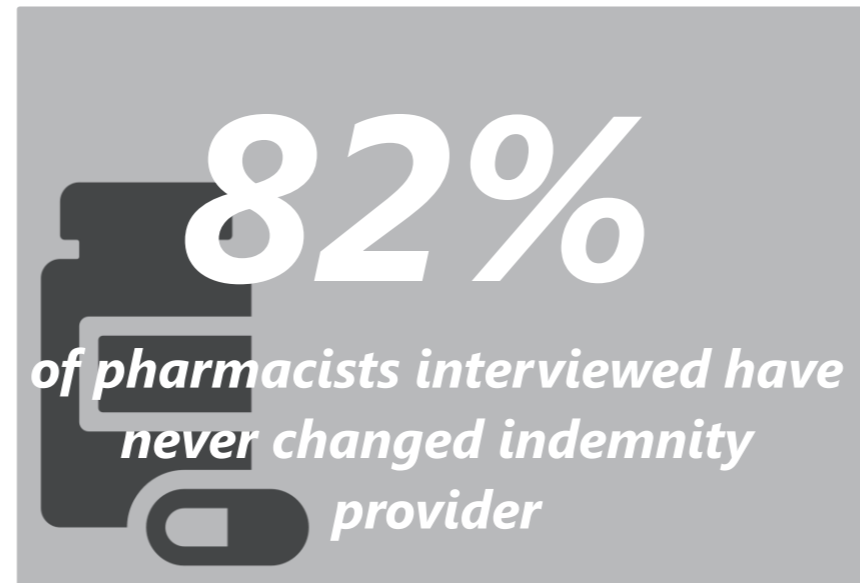
9. Changing indemnity provider

Changing indemnity provider: Key Findings from the survey

Most GPs choose their indemnity provider during medical school or by reviewing the annual cost of cover. Whereas nurses and pharmacists are more likely to choose their indemnity provider based upon a recommendation from a colleague or GP practice.

After selecting their indemnity provider, most healthcare professionals are unlikely to change. Two fifths of GPs, three quarters of nurses and eight out of ten pharmacists had not changed indemnity provider. Those interviewed who had changed provider, however, had done so fairly recently, with one in six GPs and just under one third of nurses having changed provider within the last 12 months.

The majority of participants had not considered a commercial insurer for their indemnity cover, although around one in six GPs had considered switching to a commercial insurer.



How do GPs choose their indemnity provider?

Just under one in six (15%) GPs who are not currently covered by a commercial provider would consider switching to a commercial provider.

GPs appear to be influenced by a range of sources when choosing their current indemnity provider. Financial factors appear to be the most important with a third (33%) of GPs reporting that they chose their provider based on annual cost.

Three in ten (29%) of GPs chose their indemnity provider during their time at medical school and just under a quarter (24%) made their decision based upon a recommendation by colleagues or GP practice.

A smaller proportion of GPs report making their decision based on quality of service (15%) and review of service (7%). A small proportion (4%) chose them through their professional body or had been with them for years so continued (6%).

Changing indemnity provider

How did you choose your current indemnity provider?



Multi-code question

Internet



How do nurses choose their indemnity provider?

When asked if they would consider switching to a commercial provider, all nurses (100%) report that they would not consider switching.

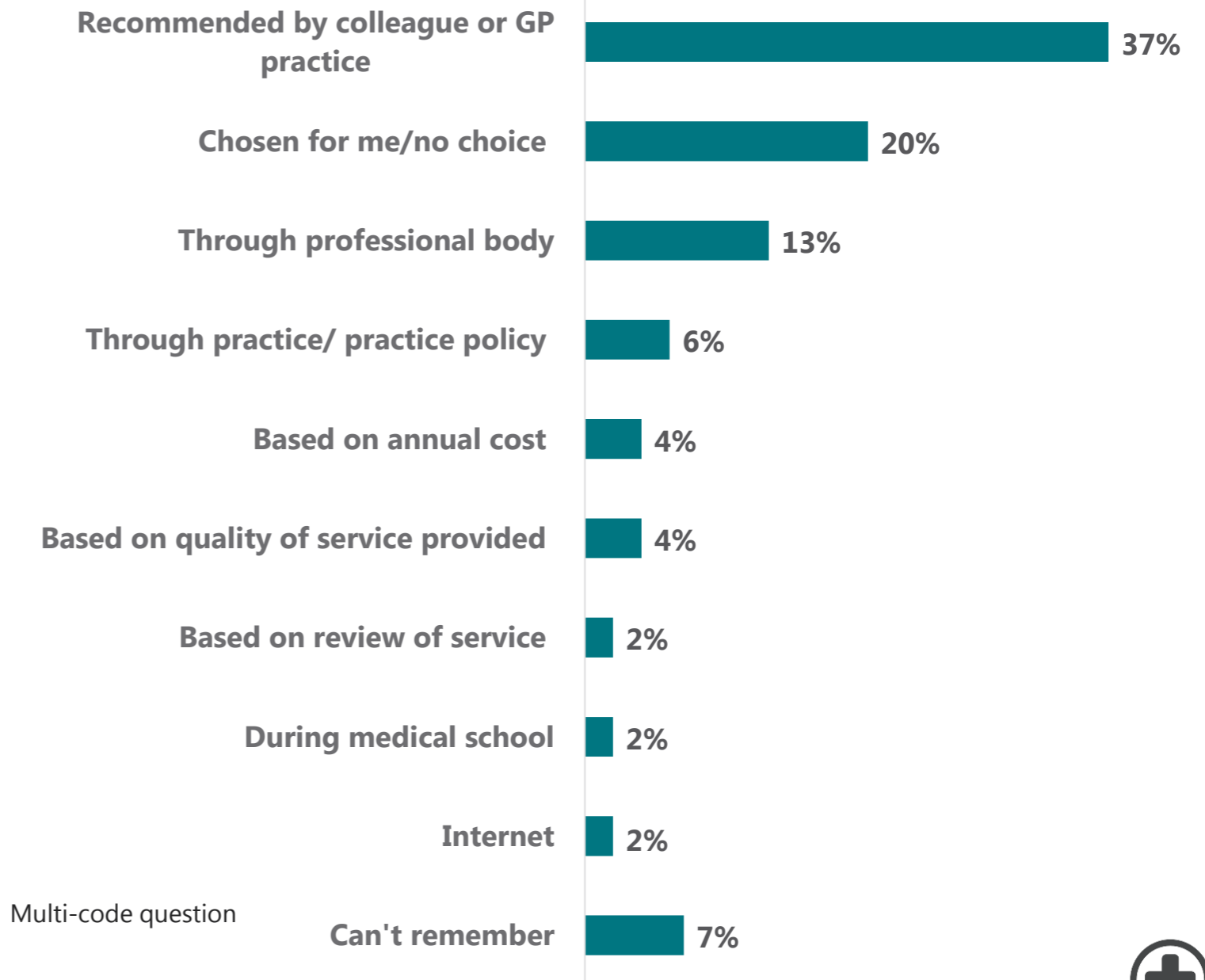
Nurses are the most likely to have chosen their indemnity provider based on a recommendation by a colleague or GP (37%). Around one in 10 (13%) chose it through their professional body.

A significant proportion of nurses report they had little choice as it was chosen for them (20%) or mandatory through their practice policy (6%).

Compared to GPs a small number of nurses based their selection on annual cost (4%) or on the quality of the service provided (4%).

Changing indemnity provider

How did you choose your current indemnity provider?



Multi-code question



How do pharmacists choose their indemnity provider?

When asked if they would consider switching to a commercial provider, only 13% report that they have considered switching.

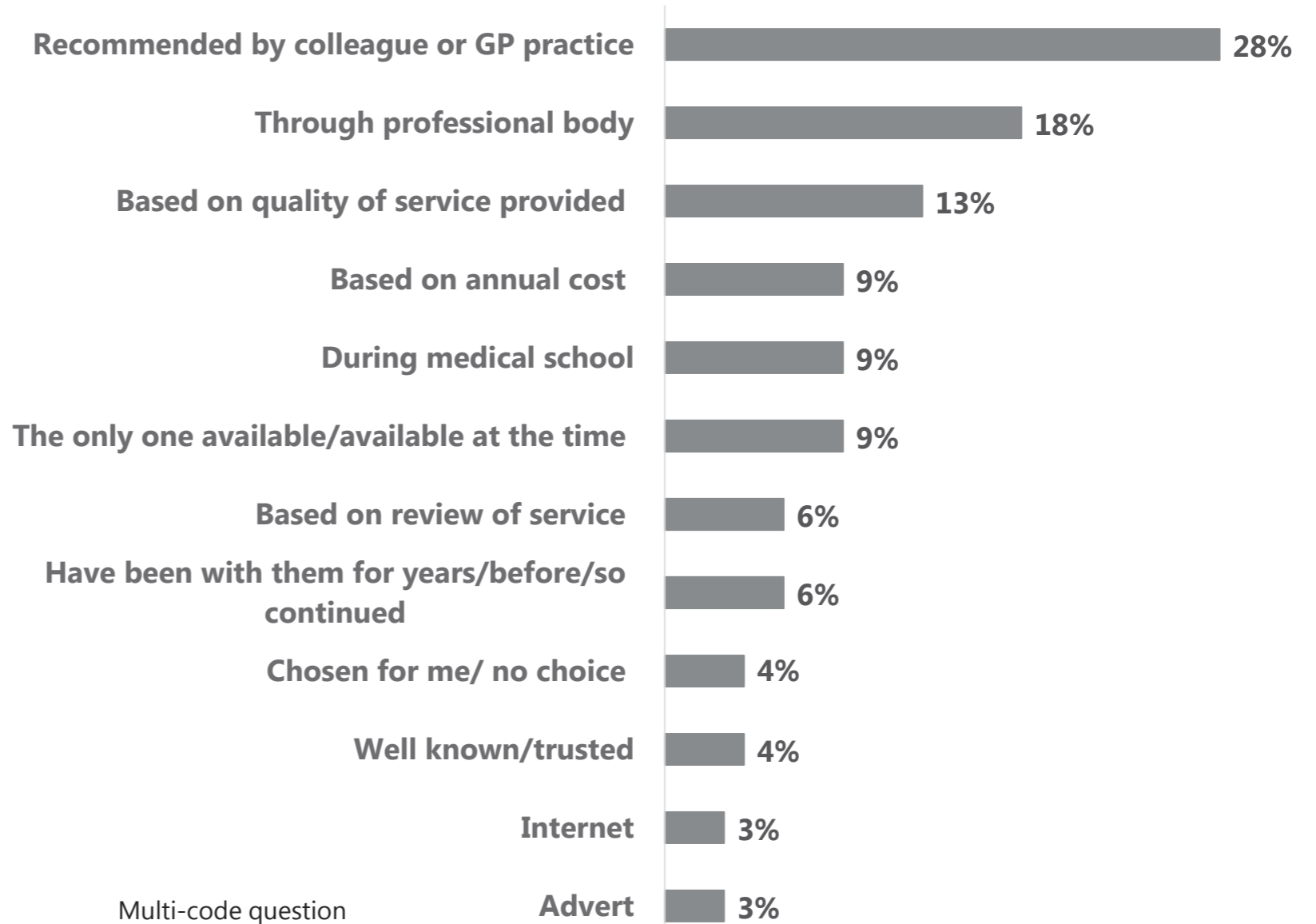
In a similar fashion to nurses, one third of pharmacists (28%) choose their indemnity provider based upon a recommendation from a colleague or GP practice.

Around one fifth (18%) choose their indemnity provider through a professional body and a further 13% base this on quality of service provided.

Again, in a similar way to nurses, 9% choose their indemnity cover based on annual cost. A similar proportion - almost one in ten (9%) - also select their indemnity provider during medical school.

Changing indemnity provider

How did you choose your current indemnity provider?



Ipsos MORI

Social Research Institute

18-009474-01 | DHSC GP Indemnity Research | 2018 | v2 | Public •

Source: Ipsos MORI

Base: All pharmacists (116)



How recently had respondents switched indemnity provider?

A quarter of GPs (25%) have switched indemnity providers.

Of those GPs who have changed, around one in six (17%) has done so within the last 12 months. Over a quarter (26%) have switched provider a year ago or more but less than three years with three in ten (30%) switching three years ago or more but less than five years. Finally, 14% have changed five years ago or more but less than ten years, with 11% changing ten years ago or more.

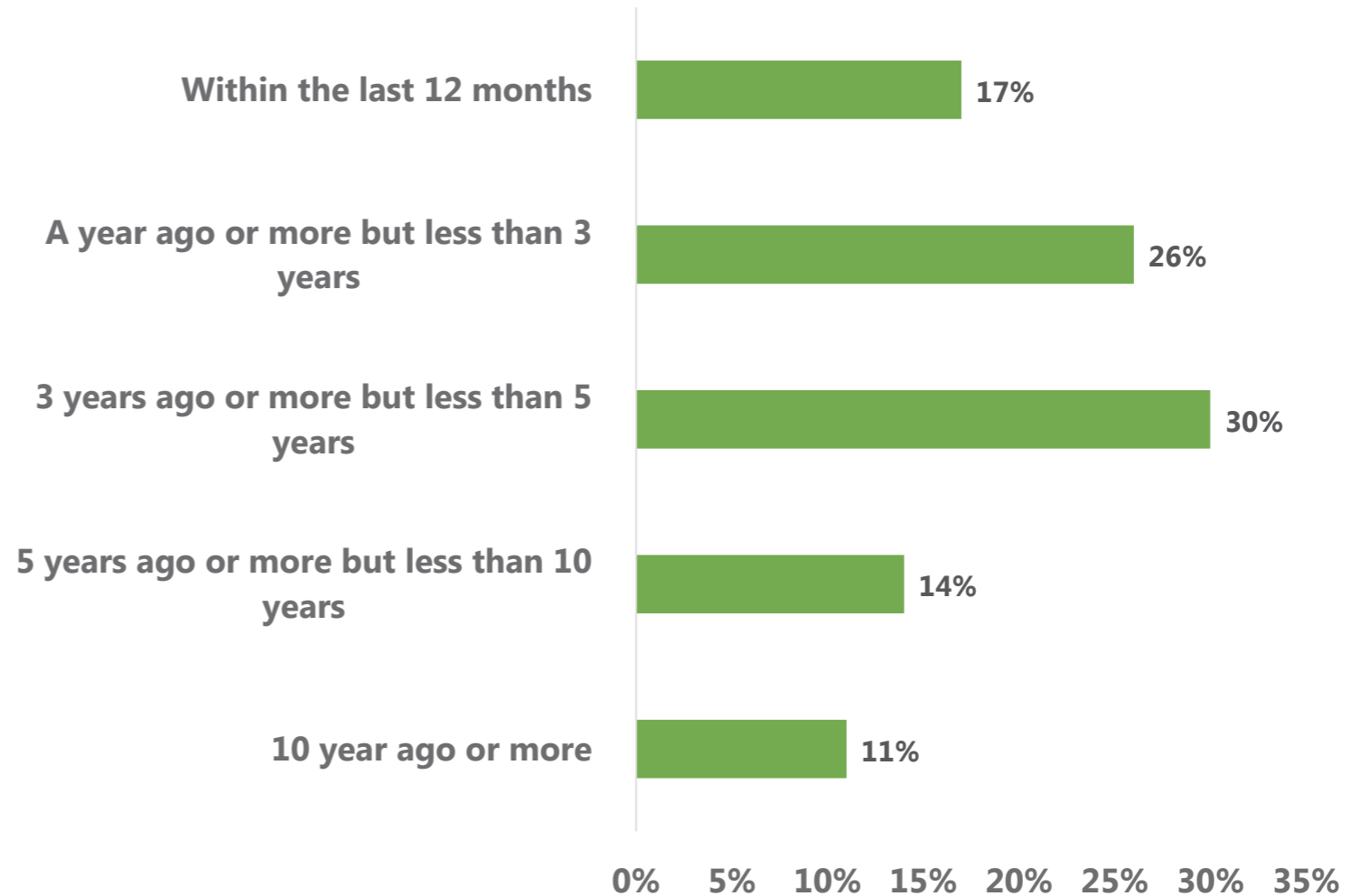
Around a fifth (22%) of nurses have changed provider (27). Seven have changed in the last year, 13 have changed more than a year ago but less than five years ago and 6 have changed 5 years ago or more.

A total of 15 pharmacists have changed providers - 7 within the last three years and 8 three years ago or more.

Changing indemnity provider

Have you ever changed indemnity provider - 25% of GPs said they had changed provider

You said you had changed provider, could you please tell us when this was?



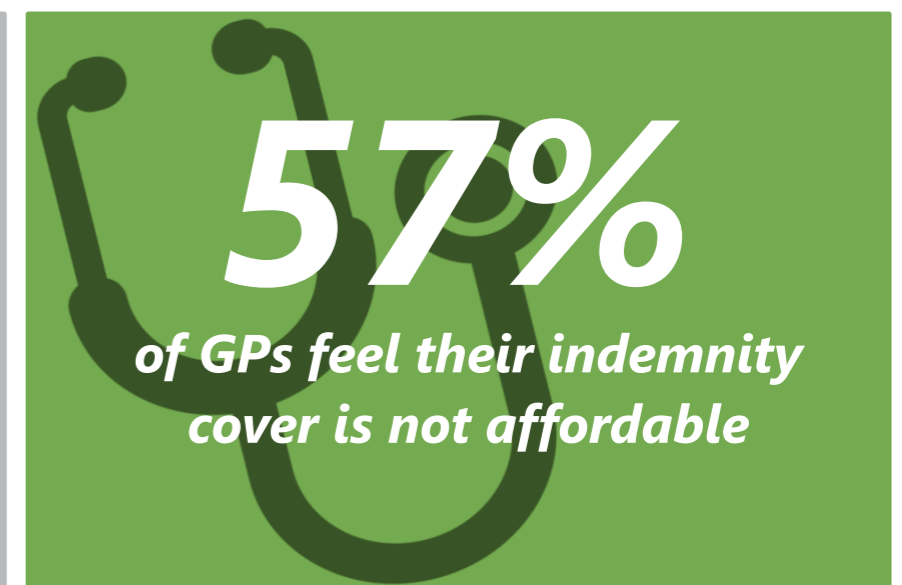
10. Confidence in indemnity provision

Confidence in Indemnity Provision: Key Findings from the survey

The majority of healthcare professionals interviewed are confident in their indemnity cover and largely agreed that their cover meets their needs at the moment.

However, differences between healthcare professionals are more evident around topics such as future coverage meeting their needs. Nurses and pharmacists are largely positive, whereas GPs are more pessimistic with around two fifths believing that indemnity cover in the future will not meet their needs.

Nurses and pharmacists also feel that their indemnity cover is affordable and represents good value for money. GPs, on the other hand, largely disagree, with over half stating that their indemnity cover is not affordable. Two in five GPs also believe that their indemnity cover does not represent good value for money.



How do GPs view their indemnity cover?

Attitudes towards indemnity cover are generally positive, with four in five agreeing that they have confidence in their indemnity cover (80%) and a similar number agreeing that their indemnity cover is comprehensive (81%).

However, views on the cost of cover are less positive. Around a quarter (25%) agree that indemnity cover is affordable and a similar proportion (28%) agree that their current cover offers good value for money.

Three in five GPs (60%) agree that their current arrangements inhibit flexible working practices with around one in five disagreeing (19%).

A quarter of GPs (25%) disagree that current arrangements meet the needs of general practice at the moment; this figure is even higher for future needs; 39% of GP's disagree that current arrangements will meet the needs of general practice going forward.

Attitudes towards indemnity cover

Can you please tell me how much you agree or disagree with the following statements

I have confidence in my indemnity cover



My current indemnity cover is comprehensive



My indemnity cover is affordable



I am confident that my current indemnity cover offers good value for money



Current indemnity arrangements inhibit flexible working practices



...meets the needs of general practice at the moment



...meets the needs of general practice going forward



How do nurses view their indemnity cover?

The majority of nurses interviewed agree that they have confidence in their cover (86%) and that it satisfies the NMC's requirements to have appropriate cover for their role (90%).

Around two in three (67%) nurses agree that their indemnity insurance offers good value for money. This falls when considering affordability with three in five (60%) agreeing.

Views on whether current indemnity arrangements inhibit flexible working practices appear divided - 29% agree while 42% disagree.

While confidence is high a slightly lower proportion (78%) agree that it meets the needs of nurses currently and that figure falls when consideration is given to the needs of nursing going forward (67%).

Attitudes towards indemnity cover

Can you please tell me how much you agree or disagree with the following statements

I have confidence in my indemnity cover



...satisfies the NMC's requirements to have appropriate cover for my role



My indemnity cover is affordable



I am confident that my current indemnity cover offers good value for money



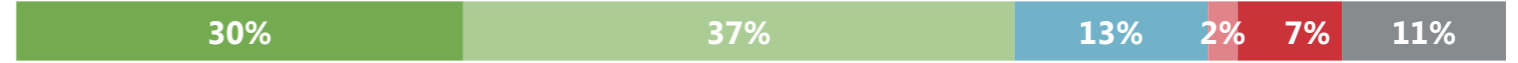
Current indemnity arrangements inhibit flexible working practices



...meets the needs of nursing at the moment



...will meet the needs of nursing going forward



How do pharmacists view their indemnity cover?

Similarly to GPs and nurses, pharmacists' confidence in their indemnity cover appears high; 73% agree overall that they have confidence in their cover and 7% disagree.

However, attitudes are more negative around costs. Around three in five (61%) agree that their cover is affordable and slightly fewer that it offers good value for money (56%).

Views on whether current indemnity arrangements inhibit flexible working practices appear split, 44% agree that their current arrangements inhibit flexible working practices with 36% disagreeing.

Despite relatively high levels of confidence, under half (42%) of pharmacists agree overall that their current arrangements meet the needs of general practice at the moment, while a quarter (25%) disagree. Similarly, 40% agree that their current arrangements will meet future needs, with over a quarter (26%) disagreeing.

Attitudes towards indemnity cover

Can you please tell me how much you agree or disagree with the following statements

I have confidence in my indemnity cover



My indemnity cover is affordable



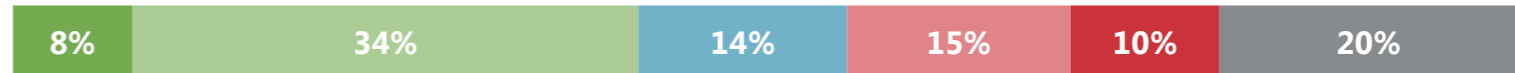
I am confident that my current indemnity cover offers good value for money



Current indemnity arrangements inhibit flexible working practices



...meets the needs of general practice at the moment



...meets the needs of general practice going forward



■ Strongly agree
 ■ Tend to agree
 ■ Neither agree nor disagree
■ Tend to disagree
 ■ Strongly disagree
 ■ Don't know

Appendixes

Confidence intervals

The following tables show the maximum confidence intervals for a range of survey findings and sample sizes. While confidence intervals shouldn't strictly be used for quota surveys it is often used as an approximate indicator.

For example, where 1062 GPs complete a question and the survey finding is 50%, the maximum confidence intervals are +/- X percentage points, at the 95% confidence interval. This means that if we were to conduct a census we could be 95% confident that the true figure would lie somewhere between xx% and xx%.

	10/90 percentage points	30/70 percentage points	50/50 percentage points
1062 (e.g. all GPs completing Q1A)	+/- 1.8 ppts	+/- 2.7 ppts	+/- 3 ppts
516 (e.g. all GPs completing Q20)	+/- 2.6 ppts	+/- 3.9 ppts	+/- 4.3 ppts
124 (e.g. all nurses)	+/- 5.3 ppts	+/- 8 ppts	+/- 8.8 ppts
117 (e.g. all pharmacists)	+/- 5 ppts	+/- 7.7 ppts	+/- 8.4 ppts

Weighting profile for GPs

The GP data was weighted to ensure that it was representative of the GP population. The target estimates are based on the GP workforce population data from December 2017 – as detailed in the table below. These weights have been adjusted to take onto account the 3.3% of GP who did not classify themselves as either GP providers, salaried GPs, registrars or GP locums BUT did however classify themselves as a GP working in a primary care setting.

The table below details the target weights, the unweighted profile and the sample adjustment weights.

	Population GP Workforce in England, Final data, December 2017			GP Indemnity Survey Sample (unweighted) (7 th March - 24 th April 2018)		Sample weights
Role	Number	Percentage	Percentage taking into account "other"	Number	Percentage	Weight
GP Providers	22,770	54.2%	52.4%	757	71.3%	0.7
Salaried/Other GPs	11,779	28.0%	27.1%	218	20.5%	1.3
GP Registrars	5,272	12.5%	12.1%	15	1.4%	8.6
GP Locums	2,212	5.3%	5.1%	44	4.1%	1.2
GP - other	-	-	3.3%	43	3.3%	1
Total	42,033	100.0%	100%	1062	100%	-

Age profile of sample

The following table shows the age profile of respondents. Please note that only the GP sample was weighted. No corrective weights were applied to the nurses or pharmacist data.

	Unweighted %	Unweighted total	Weighted %	Weighted total
GP - up to 39 years old	20%	212	32%	337
GP - age 40-49 years old	33%	351	26%	314
GP - age 50-59 years old	32%	342	30%	278
GP - age 60+	13%	136	11%	113
GP – refused	2%	19	2%	18
Nurse - up to 39 years old	23%	28	-	-
Nurse - age 40-49 years old	31%	38	-	-
Nurse - age 50-59 years old	39%	48	-	-
Nurse - age 60+	7%	9	-	-
Nurse - refused	1%	1	-	-
Up to 39 years old	41%	48	-	-
Age 40-49 years old	33%	39	-	-
Age 50-59 years old	20%	23	-	-
Age 60+	4%	5	-	-
Refused	1%	1	-	-

Questionnaire

Please see supporting document <TITLE TO BE CONFIRMED> for the full questionnaire