NHS England

General Practice Staff Survey

Frequently Asked Questions

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Section One: General questions about the General Practice Staff Survey

1.1 What are the changes for GPSS 2026?

From 2026, the General Practice Staff Survey (GPSS) is mandated through the GP contract, ensuring colleagues in general practice have opportunities to share their working experiences.

There are couple of changes within the GPSS 2026 questionnaire, please refer to the 'summary of questionnaire changes 2026' document on the NHS Staff Survey website.

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

The NHS Staff Survey is a key mechanism to provide our NHS people a voice and people working in general practice should be included. This commitment was made in the People Plan.
The NHS Long-Term Workforce Plan commits to encouraging all NHS organisations to have staff feedback processes in place to ensure staff feedback is listened to and acted upon. The Fuller Stocktake further supported this commitment, highlighting the survey's potential to strengthen understanding of equality, diversity and inclusion in general practice.

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

This annual survey is an essential tool for measuring improvements in staff experience, engagement and equality. It is delivered on behalf of NHS organisations by Picker, an independent and impartial survey contractor.

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

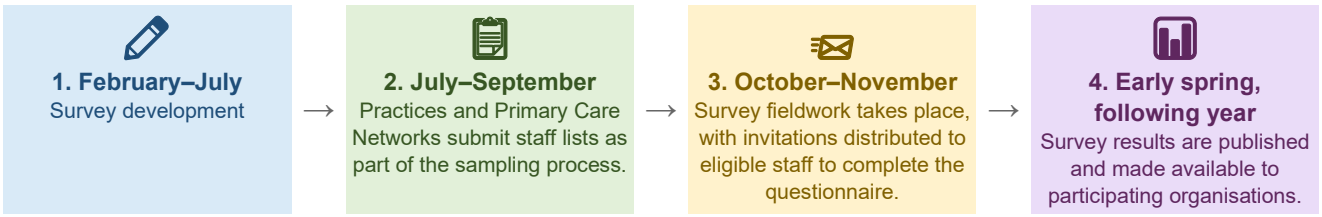
The GPSS aims to give a voice to staff working in general practice organisations. Implementing the staff survey in general practice will produce standardised, comparable, actionable staff experience data. This will support improvements to staff experience and in turn support recruitment, retention and efforts to mitigate the prevalence of burnout amongst staff. This is essential for individual practices, Primary Care Networks (PCNs), as well as to support a vision of a "one workforce" approach at ICS level, which have staff wellbeing as one of their top priorities. Knowing and understanding the experiences of staff locally and across systems, is an essential first step to inform continuous improvement and cultural change.
Establishing this essential dataset at sufficient detail to generate actionable insights is a critical step towards the implementation of Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) in primary care settings. National, ICB and PCN footprint reports include results against the survey questions, benchmarked against averages, as many of the WDES and WRES indicators.

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

Staff working in a general practice, federation or PCN within a participating system can take part in the survey if they meet the eligibility criteria.

Key timelines for the GPSS

The GPSS follows a consistent annual cycle to support year-on-year comparison of results.



Conducting the survey in the autumn helps ensure consistency with previous survey cycles and avoids the summer and winter periods, when NHS services are typically at their busiest. This approach supports robust and comparable results over time.

Please note: Exact dates for each stage of the survey cycle may vary from year to year. Detailed timelines, guidance, and communications will be shared nearer the time.

1.5 Is there any information / resource to support local communication?

There is a communications toolkit to support organisations in promoting the survey through internal communications and engagement channels. Building on positive feedback, the assets are regularly reviewed, and new supporting documents introduced.

In additional there is the top tips document tailed for GPSS.

All the resources assets are hosted on FutureNHS page.

If you have any queries, please get in touch with the NHSE Staff Engagement team at england.staffsurveyengagement@nhs.net

1.6 How can ICBs facilitate the survey rollout?

ICBs play an important role in supporting the successful delivery of the General Practice Staff Survey (GPSS) by promoting awareness of the survey, supporting employer organisations with survey processes, encouraging participation, and helping to interpret and respond to survey findings.

National support is available to assist ICBs throughout the survey cycle, including:

- Engagement and communication with national and regional stakeholders, including regulatory bodies and staff representatives.
- A new staff list submission portal for 2026, together with guidance and support materials.
- A national Data Protection Impact Assessment (DPIA) to support local information governance discussions and provide assurance regarding the low level of data protection risk associated with the survey.
- Guidance and support to help organisations understand eligibility requirements and the survey methodology.
- A communications toolkit containing key messages, promotional materials and communication assets to support local engagement activities.
- Template resources to help general practice review, communicate and act on their survey results.

ICBs are encouraged to work collaboratively with practices, Primary Care Networks (PCNs), federations and other stakeholders to maximise participation and ensure survey findings are used to support improvements in staff experience and workplace culture.

1.7 Do Practices have to participate in the GPSS if they have only a small number of staff (less than 10), as they will not receive practice level results?

Under the GP Contract, practices are required to participate in the GPSS regardless of staff numbers. Individual reports are not currently planned for very small staff groups, such as practices with fewer than 10 staff, to protect respondent confidentiality and prevent individuals from being identifiable in the results.
Where a practice does not meet the reporting threshold, it will not receive an organisational report. However, its responses will still contribute to ICB-level and national reporting, helping to build a wider picture of staff experience across general practice.

1.8 What difference has the NHS Staff Survey made?

The NHS Staff Survey has been running in the NHS in England since 2003 and currently covers 257 secondary healthcare organisations, but not primary care organisations. It is delivered to high standards of quality and accuracy, enabling organisations to compare results and track trends over time. The survey provides valuable insight to support continuous improvement and cultural change at local, system, regional and national levels. Evidence from the survey also informs the Pay Review Body and research into the experiences of healthcare staff. See some examples on Employee Experience and Engagement NHS Futures site - Case Studies

1.9 Can I support practices and PCNs in my ICB by submitting staff lists on their behalf?

Yes. If you have the capacity and the necessary information, you are welcome to submit staff list details on behalf of practices and PCNs. However, participation in the GPSS remains the

contractual responsibility of the individual practice or PCN, and they remain accountable for ensuring their staff list is submitted.

1.10 How should PCNs include ARRS staff who are employed by another organisation, such as a federation or CIC?

The GPSS aims to include all staff working within general practice settings on 6 July 2026. To minimise duplication, staff should be included by the organisation most closely associated with their day-to-day work:

- **Practices** should include staff working exclusively for that practice, which may include ARRS staff.
- **PCNs** should include staff who routinely work across multiple practices, but only on behalf of that PCN only.
- **Federations, CICs and other eligible organisations** should include staff who work across multiple PCNs.

Administrative and management staff employed by an organisation should be included on that organisation's list.

Where a PCN serves only a coordinating role (for example, providing staff to work exclusively at a single practice or coordinating the placement of staff from federations or CICs, but who also work across other PCNs) they may not be required to submit their own staff list. However, these PCNs will still be participating via their practices, and will still receive a PCN benchmark report. This shows how staff in practices aligned to the PCN responded compared to the national average.

1.11 How will Staff List submission updates will be provided to ICBs?

Updates on staff list submissions will be provided to ICBs through a weekly report. The SCC will begin issuing these reports to ICB leads. Going forward, you should receive an update each Thursday or Friday, which will show which practices have submitted their staff lists and help monitor progress throughout the submission period (6th Jul - 1st Sept).

Section Two: Questions relating to participation in the survey

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

The GPSS provides a mechanism for staff to have their voice heard and share their experiences of working in general practice.

The survey is aligned with the People Promise, which reflects what NHS staff say matters most in their working lives, including support for health and wellbeing, flexible working, and feeling included regardless of background or role. The survey responses will provide understanding on how staff are thinking and feeling in relation to these key metrics. Using this data means that actions to improve staff experience are evidence-based and can be prioritised. Research with the NHS Staff Survey shows that these questions are good indicators of organisational outcomes and patient care. The expectation is that we will see that by improving the experience of general practice staff we will see similar wider benefits for general practice organisations and patients.

2.2 Do staff have to complete the survey?

Participation in the GPSS is voluntary for individual staff, but staff are strongly encouraged to complete the questionnaire and share their views about the organisation they work in. This gives everyone an equal opportunity to be heard and helps ensure the survey captures as many staff experiences as possible.

2.3 How can I take part in the GPSS?

Practices, Primary Care Networks (PCNs) and other eligible organisations must submit their staff lists via an online portal **before** 1st September 2026 to participate.

Staff lists are shared with the survey provider so individual survey links can be sent by email. If you need support to take part in the GPSS, please contact your system lead.

When the survey goes live, staff will be sent a direct unique link to the survey via email. This allows the independent survey provider to monitor response and send reminders to complete the survey appropriately.

2.4 How are the survey questions chosen and developed?

The GPSS questionnaire has been developed to ensure sound understanding of working experience via robust and validated questions and indexes. There is a gold standard approach to developing the questions that includes identifying high quality questions used on other surveys wherever possible, extensive engagement with experts and stakeholders, and testing with staff from many different backgrounds and roles within general practice. The questions used are closely aligned with the existing NHS Staff Survey, though adapted to suit the general practice landscape. We test improvements each year, implementing those most appropriate.

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

Survey requests are often made in the absence of a staff survey in general practice. The intention of the GPSS is to gather data from across general practice under one umbrella. Once the GPSS has been running for a few years, the desire to commission alternative surveys will reduce. It also allows for robust benchmarking with your peers and therefore allows for the spread of good practice and ideas. Having results at local, system, and

national level also means that the voices of staff can be heard in different parts of the NHS, which all drive improvements.

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

Organisations should support all staff to complete the survey, including those who may find written English challenging or for whom English is not their first language. This helps ensure everyone has an equal opportunity to have their voice heard. Support could include appointing champions or volunteers to help staff understand and respond to the questions. Line managers should also ensure that staff who need additional time to complete the survey can do so within their working hours. The questions are tested to help ensure they are clear and accessible for staff whose first language is not English.

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

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

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

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

2.9 Can colleagues forward their link to their teams?

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

2.10 Will the CQC use the staff survey results?

Practices may wish to share this as evidence with CQC as part of the single assessment framework. It is an essential step towards understanding the experience of your staff and acting to improve it.

2.11 Why haven’t my staff received an invitation to the survey?

For individuals to receive an invitation to the survey, your organisation should have shared staff details with the survey provider prior to 1st September 2026. With this information, the survey provider can generate a unique survey invitation for an individual which will be sent the first day of fieldwork.

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

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

This could be due to their role and working arrangements. For instance, a member of staff who is employed separately at different practices, may receive a survey invite for practice A, B and C.

If staff receive more than one survey invitation due to working at multiple sites, they are welcome to respond to each invitation or select one for which to provide a response.

2.13 Does the survey account for staff working across multiple organisations or roles?

Yes. If a staff member's details are included on more than one staff list, for example because they work across multiple practices, Primary Care Networks (PCNs), or roles, they may receive more than one invitation to participate in the survey.

Individuals can choose whether to complete the survey for each organisation or role they work in, or to provide a response for only one organisation. This allows staff to share feedback that reflects their experiences in the different settings where they work.

2.14 Is there a minimum response rate required to receive the results?

There is no minimum response rate required for survey results to be produced. However, to protect staff confidentiality and ensure responses remain anonymous, results will only be reported where there are at least 10 completed responses. Where fewer than 10 responses are received, results will be suppressed and not reported.

2.15 Why is the staff list inclusion criteria rigid?

The survey results need to be meaningful and useful. To achieve this, eligibility must be applied consistently. Employment models in general practice vary, so one approach will not work for all settings, and separate guidance has been developed for those working in PCNs. The eligibility criteria may be updated as these complexities are better understood, and solutions are identified that maintain the robustness of the results without placing an unrealistic burden on staff supporting the process.

2.16 Why does the survey include a neutral option when this allows staff to avoid taking a clear position, and how can meaningful decisions be made when a large proportion of responses fall into the neutral category?

The GPSS is aligned to the NHS Staff Survey which uses a standard five-point response scale, including a neutral midpoint in line with established survey design best practice. This approach helps ensure that respondents can accurately reflect their views and experiences.

All survey questions undergo testing and review to ensure they are clear and understood consistently. In some cases, respondents may genuinely feel undecided, unsure, or have neither a positive or negative view. Providing a neutral option allows these respondents to answer honestly rather than forcing them to select an option that does not accurately represent their opinion.

Neutral responses are an important part of the results and can provide valuable insight into areas where staff may need more information, support, or engagement. When considered alongside positive and negative responses, they help organisations build a more complete understanding of staff experience and identify priorities for improvement.

2.17 Is there guidance available for the new staff list process?

Yes. Guidance for the new staff list process is available on the Sampling Portal itself. In addition, a training video is available on FutureNHS page to help organisations understand and complete the process.

If you experience any issues with the new staff list process, please email: gpss@surveycoordination.com

2.18 Who should be included on a practice's staff list?

Detail on who should or should not be included on the staff list is provided here: Sampling information (practices)

2.19 How Staff List submission updates will be provided to ICBs?

Updates on staff list submissions will be provided to ICBs through a weekly report. The Survey Coordination Centre will begin issuing these reports to ICB leads. Going forward, you should receive an update each Thursday or Friday, which will show which practices have submitted their staff lists and help monitor progress throughout the submission period (6th Jul - 1st Sep).

Section three: Questions relating to confidentiality and Data

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

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

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

Reports will not be provided where anonymity could be compromised. The Survey Coordination Centre, based at Picker, will identify the minimum number of responses before suppression is applied to ensure anonymity is protected.

3.2 If I have a question regarding the GPSS data, who should I contact?

If you have any questions about your survey results, or if you expected to receive a practice-level report but have not done so, please contact the Survey Coordination Centre at gpss@surveycoordination.com The team will be able to provide advice and support regarding your survey data and reporting.

3.3 How do we ensure the GPSS remains confidential?

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

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

Data suppression for small numbers is applied across NHS England surveys, including the NHS Staff Survey, NHS Cancer Patient Experience Survey and GP Patient Survey practice-level results. This protects respondent confidentiality by ensuring individual responses cannot be identified. Encouraging as many staff as possible to complete the survey helps practices meet the minimum response threshold needed to receive results.

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

The Survey Coordination Centre, based at Picker, uses the personalised login/ID numbers to ensure that reminder emails or letters are only sent to staff who have not already completed the survey. The personalised login/ID numbers are to ensure each respondent can only

respond once to give as accurate a picture of employee experience as possible. As staff return/submit their completed questionnaires directly to their organisation's external contractor, there is no way that anyone in a practice or PCN will be able to link data with a particular ID number or individual.

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

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

There is a legal basis to allow for the collection of staff lists for the purposes of engagement, such as staff surveys. Staff lists, including name, work email address and job role will be shared with the Survey Coordination Centre (SCC) at Picker to ensure all staff are given the opportunity to participate in the survey. Unique reference numbers will be created to track completion rates and send reminders to complete the survey.

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

3.6 How is the data risk managed?

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

Individual responses will be held by the Survey Coordination Centre at Picker and available only to their analysts, with reporting restricted to meet confidentiality requirements.

3.7 Where will the survey responses be stored?

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

3.8 What is the legal basis for collecting personal information?

The survey information is processed under Article 6(1)(e) UK GDPR (public task), as it is necessary for the NHS to carry out its official duties.

These duties are set out in the NHS Act 2006, including:

- Section 1 – promoting a comprehensive health service
    - Section 1A – securing continuous improvement in service quality
- Section 13E – NHS England's duty to improve service quality
- Section 13G – reducing inequalities

Additional powers to use data

- Under Section 2 of the NHS Act 2006, NHS England can process personal information where needed to support its functions, such as contacting staff and managing the survey.

Sensitive (special category) information

- Some questions (for example about ethnicity, disability or health and wellbeing) collect sensitive personal data.
- This is processed lawfully under:
    - Article 9(2)(h) UK GDPR – management of health and care systems
    - Article 9(2)(g) UK GDPR – substantial public interest (including equality monitoring), supported by the Data Protection Act 2018

Supporting legal responsibilities

The survey also helps the NHS meet wider legal duties, including:

- Public Sector Equality Duty (Equality Act 2010, Section 149): using evidence to identify discrimination risks and improve equality
- Employment law obligations (Article 9(2)(b) UK GDPR): supporting workforce-related responsibilities where relevant
- Health and Safety at Work Act 1974 (Section 2): ensuring the health, safety and welfare of staff

How information is used

- Personal information may be used to run and manage the survey, for example to contact staff about taking part.
- Survey results are usually reported in summary (anonymous) form, so individuals cannot be identified.