# NHS Calderdale Primary Care OPEL Reporting System

1. **Background**

The NHS England [Operational Pressures Escalation Levels (OPEL) Framework](https://www.england.nhs.uk/wp-content/uploads/2019/02/operational-pressures-escalation-levels-framework-v2.pdf) has been developed to bring consistency to local approaches; improve management of system-wide escalation; encourage wider cooperation and make regional and national oversight more effective and less burdensome.

A&E delivery board recognise that Primary Care are an essential partner in care delivery. All other partners within the acute care system have escalation plans in place, at present there is no method for the system to measure pressure within primary care. This reporting system has been developed to meet that need. By sharing this information more widely, system partners are made aware of pressures in primary care and, where possible can support care delivery at a system level.

# Approved Model

In conjunction with Calderdale LMC, CCG, Primary Care Network Clinical Directors and A&E Delivery Board the reporting system has been developed and approved for use from DATE TO BE CONFIRMED:

|  |  |  |
| --- | --- | --- |
| **OPEL Level** | **Definition** |  **Support required** |
| **Level 1**Low pressure (Green) | * Business as usual
 | None Required |
| **Level 2**Moderate pressure (Amber) | * Busier than usual but coping
* Managing within available resources
* Performance deterioration, mitigating actions taken at individual practice level
 | None Required |
| **Level 3**Severe pressure (Red) | * Busier than usual and struggling to cope
* Increased significant deterioration in performance and quality, majority of mitigating actions taken at individual practice level
 | PCN Level Support Required |
| **Level 4**Extreme pressure (Purple) | * Unable to cope, only able to meet urgent demand
* Risk of service failure, all available mitigating actions taken and potentially exhausted
 | Whole System Support required(CCG co-ordination role) |

# Process for Reporting OPEL Level

From 19/03/2020, GP practices are asked to:

1. Self-assess themselves against the broad definitions above and utilise the example escalation template provided at Appendix A to determine their OPEL level. In the event of a Calderdale wide incident frequency of reporting will be agreed with LMC and CCG.
2. Undertake the following actions:

**OPEL Level 1** GP practice to take appropriate mitigating actions if deemed necessary

**OPEL Level 2** GP practice to take appropriate mitigating actions according to practice business continuity plan

**OPEL Level 3**

GP practice notify LMC Rep and CCG: **Mon-Fri, 8.00am-pm Contact number**

CCG Director on Call 0844 5895915

**OPEL Level 4**

PCN lead notify CCG: **Mon-Fri, 8.30am-5pm** Contact Number to be added

**Out of hours**

CCG Director on Call 0844 5895915

Should OPEL level 3 or 4 be declared, this should be reported to the LMC **(07368 226128)** and CCG on **01422 307470 ideally before 10am or** the CCG Director on Call if out of hours. Level 3 – The other practices within the PCN will then work with practices to see if any alternative support can be offered (see below).

Level 4 – The LMC in partnership with the CCG will co-ordinate a system response through surge and escalation route.

# Offer of Support from the Wider System

The CCG recognises that GP practices will have well established business continuity/resilience plans, escalation procedures and mitigating actions and that these will vary from practice to practice depending on resources available.

It is expected that if a practice is at Opel level 3 the first response of support should be from within the PCN. Where this support is not possible the PCN would then move to Opel Level 4 and a CCG system response would be triggered.

Alternative services to be approached to consider whether flexible solutions can be offered may include:

* Mutual support from other practices within your locality
* Utilisation of improving access slots for Urgent Appointments only
* Pharmacies
* Urgent Treatment Hub
* Walk In Centres
* Reduction of number of surgeries within the PCN providing face to face appointments.

Should any changes to service access be necessary, the CCG will advise NHS 111 to temporarily update the Directory of Services accordingly and communications will be cascaded to system partners to advise them via the local A&E Delivery Board Surge and Escalation.

# Example Escalation Template

In order for GP practices to determine their own individual thresholds an example escalation template is provided at Appendix A. Whilst the OPEL levels remain the same, we recognise that individual practices will have different triggers at each of these levels e.g. multi-site GP practices typically have more capacity/capability to provide support for each other across sites versus smaller practices with fewer resources. This template should be adapted to suit your own practice in line with your business continuity plan.

# Next Steps

**Due to the COVID19 Outbreak we are asking all practices to provide a situation report (Sit Rep) for a baseline and then as the Opel level changes (either increases or descreases). This will usually simply be the Opel level you are at. We may need to ask for additional information on occasion. This is in order for us to understand where the pressures are across Calderdale within General Practice, to co-ordinate support for General Practice from the wider system and also ensure that safe delivery of patient care is continued.**

**Please could all practices send a sit rep report into**

**The LMC 'Marcus Beacham' (****marcus.beachamlmc@gmail.com****)**

**And**

**Transformation@calderdaleccg.nhs.uk**

# Appendix A – GP Practice OPEL Reporting System – Example Template

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Escalation Level** | **OPEL 1** | **OPEL 2** | **OPEL 3** | **OPEL 4** |
|  | **Low Pressure*** Business as usual
* Relevant mitigating actions taken if deemed necessary
 | **Moderate Pressure** | **Severe Pressure** | **Extreme Pressure** |
| **Definition** | * Busier than usual but coping
* Managing within available resources
* Performance deterioration, mitigating actions taken
 | * Busier than usual and struggling to cope
* Increased significant deterioration in performance and quality, majority of mitigating actions available taken
 | * Unable to cope, need to cancel some booked appointments
* Risk of service failure, all available mitigating actions

taken and potentially exhausted |
| **Level of CCG****support** | No supportrequired | No supportrequired | PCN & CCG supportrequired | System supportrequired |
|  | **Triggers** | **Triggers** | **Triggers** | **Triggers** |
| Staffing levels:GPs, Nurses, Admin, Reception,  | No Clinician Absences.Full admin team available.AND | Some unexpected staffing shortages AND | Significant unexpected staffing shortages AND | Severe unexpected staffing shortages at PCN levelAND |
|  Demand | Urgent and Routine demand met within expected timescales | Urgent demand able to be met within expected timescalesRoutine appointments booking longer than expected | Unable to meet urgent and routine demand at practice levelSevere delay for routine appointments | Only able to meet urgent demand at PCN level (e.g. Covid +ve Face to Face examinations increase)No ability to provide routine appointments |
|  |  | **OR** | OR | OR |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| Unexpected events: Examples: Extreme weather; Flood; Fire | No unexpected events | Unexpected event affecting one site but practice still able to work (diverted to another site if available). | Unexpected events causing whole practice closure where services are unable to be diverted within the practice. | Several sites closed due to unexpected events. |
|  |  | OR | OR | OR |
|  Infection controlAnecdotal reports (tel calls) GP reportsCare Homes | No infection trends | Outbreak of localised infection- e.g. Norovirus in community settings. | Outbreak of infection across multiple community settings. | Public Health pandemic declared and national guidance demanding change of approach |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **Actions** | **Actions** | **Actions** | **Actions** |
|  | None | Consider Implementation of Practice Business ContinuityPractice to inform LMC Opel lead**LMC Opel lead – inform CCG in line with contractual requirements****Check practice does not require external support** | Will be discussed at case by case basis dependent on available staffing mix. Options include:Suspend non-core activityLong term condition reviewsMaximising Improved Access Hub appointments for urgent appointments onlyPCN consider closing one or two practices to centralise resourcesCCG/NHSE to consider suspending QOF targets **Practice to inform LMC Opel lead.****LMC Opel lead inform CCG and PCN CD and plan for PCN support is agreed** | Suspend all routine appointmentsTelephone triage and remote consultations to be primary care delivery methodHome working plan to be initiatedCentralise delivery of care to one sites within a primary care network**CCG/NHSE to suspend QOF targets** **CCG to consider providing additional urgent on the day hub appointments****LMC Opel lead inform CCG and each PCN to agree mutual aid across PCNs** |

# Appendix B – GP Practice OPEL Reporting System – Operational Schematic

For OPEL Level 2-4

(OPEL 1 is assumed otherwise)

PCN x5

GP surgery

Clinical Lead

(LMC/CD)

OPEL co-ordinator

(LMC)

CCG