

GENERAL PRACTICE ALERT STATE (GPAS) - SITREP					
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		12 th December			
CALDERDALE LMC					
	GPAS STATUS	OPEL CONVERSION	CLINICAL ACTIVITY	RETURN RATES	
NORTH	RED	4	36 / 1000pts	100%	
CENTRAL	RED	4	25 / 1000pts	75%	
NO PCN	AMBER 1	2	29 / 1000pts	100%	
UPPER	AMBER 2	3	23 / 1000pts	100%	
LOWER	AMBER 2	3	25 / 1000pts	80%	
CALDER & RYBURN	RED	4	32 / 1000pts	100%	
Bold figures in	ndicate over 50% ret	urn rate.			
MIN NUMBER	201,490				
GPAS to OPE	4				
Indicative nun	5,595				
Respon	se Overview	submission Count	05/12/2022 09/12/2022		
		Calderdale			
		11-			
Alert Status Trend					
15	10				
Response Count on					
5	6	1			
0	15 December 2022 06 December	or 2022 07 December 2022 Date	08 December 2022		

GPAS – COMMENT / ANALYSIS

The county wide assessment this week is RED / OPEL 4 with all reporting practices assessed as covering a total patient population of 201,490, which is a decrease of 9,774 from last week's reporting. Eleven practices reported as red this week, which covers 124,573 patients. There are 76,917 patients who are covered by amber practices which is a decrease of 32,639 from last week's reporting. There were no practices who reported as green. The indicative number of patient contact has decreased to 5,595 which is 74 less than last week's reporting. The submission data for this week was derived from 19 practices submitting, which is a decrease on last week's

reporting. Currently there is 1 practice that identifies as not being in a PCN, which is outlined in the above table. Clinical activity has increased for North, Calder & Ryburn, Lower and the practice identifying as in no PCN. Clinical activity stayed the same for Central PCN and has slightly decreased for Upper PCN.

PRACTICE COMMENTS

The purpose of the weekly quotes, extracted from comments submitted in GPAS, is just to provide human context from the front line:

N/A this week – see issues raised in the below table.

SYSTEM ACTIONS/COMMENTS ON LAST SITREP

The return rate has decreased this week, with 2 practices not submitting data, therefore the clinical data such as number of patient contacts in practices and clinical activity/1000pts submitted this week may not be truly representative of actual for all of Calderdale.

The LMC continues to have direct dialogue with practices and offer their support to practices.

The overall OPEL assessment is a confident position though as an average across PCN and Calderdale.

SUMMARY – to be updated with current issues

The LMCs continue to be concerned about the resilience and forbearance of practice teams across the county; all the signs are that the exhausted workforce is under pressure and that is set to deepen.

The key issues summarised below remain extant.

ISSUE	FIRST RAISED	LEAD
Unauthorised Transfer of work from Secondary to Primary care		STP/CCP
Patient expectations Management (national)		NHSE
Practice capacity to sustain current rates of delivery above core contract		ССР
Workforce retention		System
Patient demand – A higher than expected level of patient contact with practices through both on-line access and telephones due to usual winter pressures has been exacerbated by the current Strep A concerns amongst the patient population, leading to, on average an increase of over 40% in initial patient contact.	12.12.22	System
Workforce – Due to a combination of staffing vacancies and sickness, administration / reception teams across Calderdale are down by around 20%. This has led to long delays in meeting the above demands, and in some cases severe delays in responding.	12.12.22	System
Clinical capacity – Again, vacancies/sickness levels amongst key clinical roles is now above manageable levels. This is now at a level where many of our GPs are delivering patient contacts at more than 50% of the anticipated number. This is also combined with a high level of shortfall in nursing/other clinical roles within general practice teams.	12.12.22	System

The LMC is happy to discuss informally with the CCP on the above to ensure we are coherent on context etc.