

	GEIVE	RAL PRACTICE ALERT STATI	E (GPAS) - SITREP	
		28 <sup>th</sup> December 202	2	
		CALDERDALE LI	ЛС	
	GPAS STATUS	OPEL CONVERSION	CLINICAL ACTIVITY	RETURN RATES
NORTH	RED	4	34 / 1000pts	100%
CENTRAL	RED	4	24 / 1000pts	100%
NO PCN	AMBER 2	3	25 / 1000pts	100%
UPPER	AMBER 2	3	25 / 1000pts	100%
LOWER	RED	4	22 / 1000pts	100%
CALDER & RYBURN	RED	4	33 / 1000pts	100%
Bold figures indicate	over 50% returi	n rate.		
MIN NUMBER OF PAT	TIENTS COVER	ED BY AMBER + PRACTIC	EES <sup>1</sup> .	222,877
SPAS to OPEL Conve	ersion for the co	ounty wide assessment		4
ndicative number of	patient contacts	s in General Practice this v	week².	5,995
Response Ov	rerview	submission Count	19/12/2022 23/12/2022	
		Calderdale		
		Calderdale 5		
Alert Status Trend				
Alert Status Trend				
Alert Status Trend  15  10  10  5  8  10  10  10  10  10  10  10  10  10				
Response Count  0		16-	1 2	

## **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 222,877, which is an increase of 34,343 from last week's reporting. Sixteen practices reported as red this week, which covers 179,797 patients, which is an increase of 66,168 from last week's reporting. There are 43,080 patients who are covered by amber practices which is a decrease of 31,825 from last week's reporting.

There were no practices who reported as green. The indicative number of patient contact has increased to 5,995 which is 809 more than last week's reporting. The submission data for this week was derived from 21 practices submitting, which is an increase 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 Lower and Calder & Ryburn PCN with Central PCN and the practice identifying as No PCN remaining the same. North and Upper PCN and has slightly decreased in clinical activity.

## PRACTICE COMMENTS

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

"Same as last week - demand extremely high. We have staff off with covid, respiratory symptoms and stomach bugs. Behind in admin with tasks. 1 receptionist has handed their notice in and another is about to as she's been offered another job. This is due to the stressful nature of the job."

"Still a very high demand due to the Strep A and scarlett fever outbreak."

"We have changed all our available GP/ANP appointments over next 2-3 weeks to urgent on the day only; we are not booking routine appts and have put this message on our telephone system and web-site.

"Yesterday the practice recorded 570 telephone calls in one day. This demand far exceeds our usual Monday total. The on-call GP had over 50 appointments booked by 1030 in the morning. As a result all clinicians increased their capacity and saw additional patients. We did not turn away any patients, however the demand on our clinicians and staff was unprecedented and clinically unsafe. "

"Severe staff shortage due to sickness/ annual leave/ inexperienced (new) reception staff. Gp's working when not 100% and the volume of extra appointments after the end of am and pm surgeries."

"1 Partner off with bereavement, 1 partner on leave abroad, ACP - off ill, no locum support available due to illness and bereavements. Demand extremely high and struggling to cope."

## SYSTEM ACTIONS/COMMENTS ON LAST SITREP

The return rate has increased this week, with all practices submitting data, therefore the clinical data such as number of patient contacts in practices and clinical activity/1000pts submitted this week is 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
<b>Workforce</b> – 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.