

GENERAL PRACTICE ALERT STATE (GPAS) - SITREP

17th April 2023

CALDERDALE LMC

	GPAS STATUS	OPEL CONVERSION	CLINICAL ACTIVITY	RETURN RATES
NORTH	AMBER	3	33 / 1000pts	100%
CENTRAL	AMBER	3	24 / 1000pts	100%
NO PCN			/ 1000pts	0%
UPPER	AMBER	3	31 / 1000pts	100%
LOWER	AMBER	3	22 / 1000pts	100%
CALDER & RYBURN	AMBER	2	30 / 1000pts	100%

Bold figures indicate over 50% return rate.

MIN NUMBER OF PATIENTS COVERED BY AMBER + PRACTICES¹.

178,542

GPAS to OPEL Conversion for the county wide assessment

3

Indicative number of patient contacts in General Practice this week².

5,689

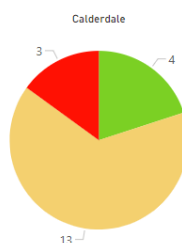


Response Overview

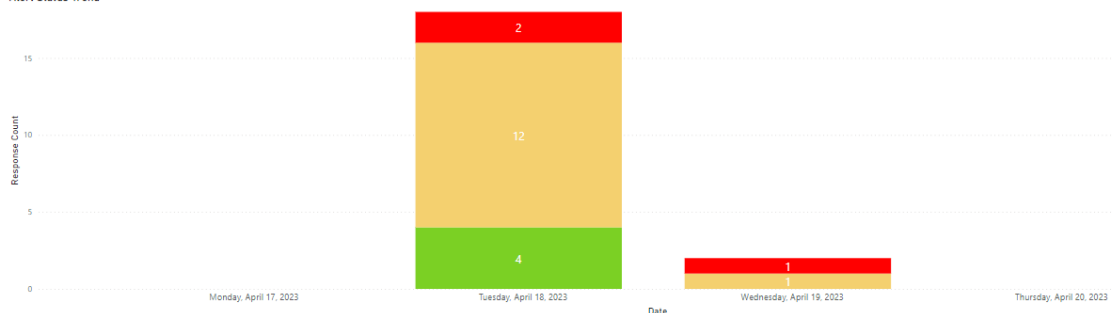
submission Count

20

4/17/2023 4/20/2023



Alert Status Trend



GPAS – COMMENT / ANALYSIS

The county wide assessment this week is AMBER / OPEL 3 with all reporting practices assessed as covering a total patient population of 214,376, which is an increase of 11,539 from last week's reporting. Three practices reported as red this week, which covers 37,627 patients, which is a decrease of 19,420 from last week's reporting. There are 140,915 patients who are covered by amber practices which is an increase of 6,805 from last week's reporting. Four practices reported as green, which covers 35,834 patients, which is an increase of 24,154 from last week's reporting. The indicative number of patient contact has increased to 5,689 which is 271 more than last week's reporting. The

submission data for this week was derived from 20 practices submitting, which is an increase from 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 and Central PCN's and remained the same for Lower PCN. Clinical activity has decreased for Upper and Calder & Ryburn PCN's.

PRACTICE COMMENTS

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

"Spike in absence due to covid positive results across clinical and non-clinical (not related), holiday absence and spike in time off due to Ramadan."

"Staff shortages and sickness."

"Staffing issues and sickness."

SYSTEM ACTIONS/COMMENTS ON LAST SITREP

The return rate has increased this week, with only 1 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		CCP
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	12.12.22	System

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