

## GENERAL PRACTICE ALERT STATE (GPAS) - SITREP

09<sup>th</sup> May 2023

### CALDERDALE LMC

	GPAS STATUS	OPEL CONVERSION	CLINICAL ACTIVITY	RETURN RATES
NORTH	AMBER	3	25 / 1000pts	75%
CENTRAL	AMBER	2	23 / 1000pts	67%
NO PCN			/ 1000pts	0%
UPPER	AMBER	3	30 / 1000pts	100%
LOWER	AMBER	3	22 / 1000pts	80%
CALDER & RYBURN	AMBER	2	31 / 1000pts	100%

Bold figures indicate over 50% return rate.

MIN NUMBER OF PATIENTS COVERED BY AMBER + PRACTICES<sup>1</sup>.

160,456

GPAS to OPEL Conversion for the county wide assessment

3

Indicative number of patient contacts in General Practice this week<sup>2</sup>.

4,678

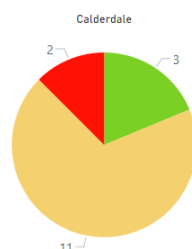


Response Overview

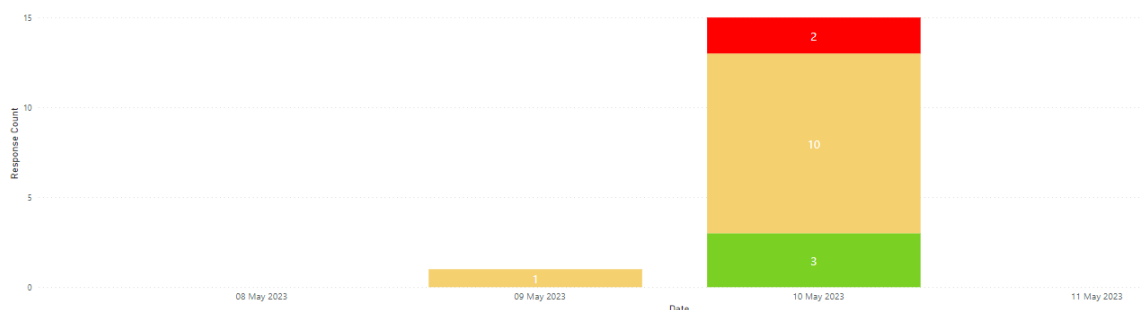
Submission Count

16

08/05/2023 11/05/2023



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 185,354, which is an increase of 10,704 from last week's reporting. Two practices reported as red this week, which covers 28,820 patients, which is an increase of 4,374 from last week's reporting. There are 131,636 patients who are covered by amber practices which is a decrease of 4,691 from last week's reporting. Three practices reported as green, which covers 24,898 patients, which is an increase of 10,704 from last week's reporting.

The indicative number of patient contact has decreased to 4,678 which is 12 less than last week's reporting. The submission data for this week was derived from 16 practices submitting, which is a slight 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 remained the same for Lower PCN and decreased for Central, Upper and Calder & Ryburn and North 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:*

*"Vacancies across reception impacting access performance, various IT issues since the merger we are ironing out."*

*"Staff sickness and annual leave."*

## SYSTEM ACTIONS/COMMENTS ON LAST SITREP

The return rate has slightly increased this week, with 4 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
<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
<b>Clinical capacity</b> – 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.