

September 2025

**England**

## General practice: demand and capacity and the importance of communicating operational pressures

General practice is in crisis. GPs are faced with increasingly unsafe workloads coupled with a rapidly diminishing and exhausted workforce. Longstanding structural under investment in General Practice and an ever-reducing share of total NHS spend, lack of GPs coupled with increasing hospital workload transfer and the ongoing impact of the COVID-19 pandemic, has generated a vast backlog of care. This is creating further pressure on a system that is already at breaking point.

With the well documented workload pressures and challenges from demand, there is a very real risk that, if the October 2025 online consultation contractual changes are implemented without the accompanying necessary safeguards, practices will find that the resultant workload and workforce pressure will cause them to significantly struggle, impacting upon their ability to deliver safe patient care and maintain good staff wellbeing.

### OPEL: INTEGRATED OPERATIONAL PRESSURES ESCALATION FRAMEWORK

The [NHS Constitution](#) outlines the importance of prioritisation of staff welfare as a key enabler of providing patient care. The [Integrated Operational Pressures Escalation Framework \(OPEL\)](#) was developed to enable the unified and consistent assessment and benchmarking of provider pressures, supporting a standardised format to communicate escalation with regional and national oversight.

Although it is widely used across hospital and community NHS settings, currently there are no agreed national parameters for use in primary care and general practice. Some LMCs, such as [Wessex](#), have developed regional systems. We would encourage you to consult with your LMC to ascertain whether an OPEL framework has been developed and if so, strongly recommend you use this. Alternatively, where no such local framework exists, we would recommend LMCs work with ICBs to develop and endorse such systems to help support practices.

ICBs should ensure that there is a formal escalation route for practices that have reached safe capacity. Operational Pressures Escalation Level (OPEL) measurement should be used, and escalation plans should be agreed by practices, LMCs, and ICBs to enable safe onward signposting of patients. Until formal escalation plans are agreed in localities, practices should signpost patients to where they feel clinically appropriate.

### OPEL FRAMEWORK CAPACITY RAG RATING

- **OPEL 1** – your capacity is such that you are able to maintain patient flow and are able to meet anticipated demand within available resources.
- **OPEL 2** – you are starting to show signs of pressure.
- **OPEL 3** – you are experiencing major pressures compromising patient flow.
- **OPEL 4** – you are continuing to experience escalating levels of pressure. There is increased potential for patient care and safety to be compromised.



## GPAS (GENERAL PRACTICE ALERT STATE): OPERATIONAL PRESSURES RAG RATING

**Green:** This implies low level of pressure; the practice is appropriately staffed and there is sufficient capacity to meet patient demand and expectations. GPs in the practice are working to BMA recommended safe working limits.

**Amber:** This indicates the practice is under moderate pressure. The practice is unable to fully meet patient demand or expectations. GPs in the practice are likely to be working beyond BMA recommended safe working limits meaning some patient demand cannot be met by the practice. This is unsustainable in the long term without action.

**Red:** This indicates the practice is under severe pressure and although it may be able to run safely for a very limited period, immediate action is required to mitigate the situation. The GPs in the practice are continuously working beyond BMA recommended safe working limits and significant levels of patient demand cannot be met by the practice.

**Black:** The practice is unable to provide safe care and there is a risk of service failure. Without intervention, it is likely the practice will be forced to close. The practice would be expected to declare this state to the commissioner and seek guidance from the LMC.

## NHSE: URGENT AND EMERGENCY CARE DIRECTORY OF SERVICES (DOS)

The NHSE DoS is a reporting tool which enables services to provide real time information on pressures, communicating them to wider system partners to help support patient flow and service providers.

We note that NHSE recently unilaterally changed the criteria and thus ability for practices to declare Red status on the Urgent and Emergency Care Directory of Services (DoS) earlier this year (June 2025). This has been changed from the previously agreed 'service has no capacity' to 'major business continuity event which results in the total inability to offer any service to patients.

We do not accept that this is safe, and it places patients and practice staff at significant risk. We would advise GPs and practices, to work safely, escalating matters to their ICB and utilise OPEL or other escalatory processes in place. We would strongly advise that clinical judgement is applied, and patients are diverted and signposted if this is felt to be the safest option.

### NHS RAG → DoS Capacity: One-Page Guide

Colour-coded quick reference for GP practices setting Directory of Services (DoS) capacity.

|  |
|--|
| <b>Green</b>   |
| <ul style="list-style-type: none"> <li>– Service has capacity available.</li> <li>– Accept referrals and likely meet any disposition timeframe.</li> </ul>   |
| <b>Amber</b>   |
| <ul style="list-style-type: none"> <li>– Service has capacity but issues may interrupt normal operation or limit capacity.</li> <li>– <b>Accept referrals and continue to triage all patients</b>, however there may be a delay.</li> <li>– Consider alternative services where possible.</li> </ul>   |
| <b>Red</b>   |
| <ul style="list-style-type: none"> <li>– <b>Do not present as an option</b> to Pathways-triaged patients; ensure alternative Primary Care services are available.</li> <li>– <b>Use only during a major business continuity event with total inability to offer any service</b> (e.g., workforce collapse, power outage, fire, flood).</li> <li>– Apply when unable to fulfil contractual obligations to meet reasonable needs, including: <i>no ability to triage or no access routes</i> into the practice, and other local arrangements are exhausted.</li> <li>– Note: 111 Online does not present specific GP practices and directs patients to their own GP in-hours, so setting Red will not prevent that.</li> </ul> |
| <b>At-a-Glance Triggers</b>  |
| <ul style="list-style-type: none"> <li>– <b>Green</b> → Normal operations; can meet timeframes.</li> <li>– <b>Amber</b> → Operating with constraints; triage continues but expect delays; consider alternatives.</li> <li>– <b>Red</b> → Total service inability; switch only during severe incidents and after alternatives exhausted.</li> </ul>   |

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## LEARNING FROM PATIENT SAFETY EVENTS

The [2025/26 GP contract changes](#) introduces new patient safety reporting systems:

### **Patient safety strategy**

16. The [primary care patient safety strategy](#) was published in September 2024. In 2025/26 GP practices will be required to have regard to the patient safety strategy and also register for an administrator account (unless their local risk management system is already connected) with the learn from patient safety events service (LFPSE) for the purposes of:

- a. recording patient safety events at the practice about the services delivered by the practice, thereby contributing to the national NHS-wide data source to support learning, improvement and learning culture.
- b. enabling the practice to record patient safety events occurring in other health care settings (for instance if a GP practice wished to record an unsafe discharge from hospital).
- c. individuals recording patient safety events being able to download a copy of the record for purposes of supporting appraisal and revalidation.

The [Learning From Patient Safety Events for \(LPSE\)](#) service is a national NHS system for the recording and analysis of patient safety events that occur in healthcare. The LFPSE service has been developed for use in all settings including primary care and general practice:

*All healthcare staff in England, including those working in primary care, are encouraged to use the system to record any events where:*

- *A patient was harmed, or could have been harmed*
- *There has been a poor outcome but it is not yet clear whether an incident contributed or not*
- *Risks to patient safety in the future have been identified*
- *Goodcare has been delivered that could be learned from to improve patient safety.*

We would strongly recommend that practices work closely with their LMCs and to help to inform the system of pressures within general practice and utilise the available processes such as those outlined above in communicating these challenges.

### **WHAT DO PRACTICES AND LMCs NEED TO?**

1. Continue to prioritise patient safety.
2. Register for a Learning From Patients Safety Event (LPSE) account (this is now contractual).
3. Report patient safety events using LPSE – especially where patient harm has or could have occurred.
4. Work to lobby for the recognition of the importance and development of system approaches in the identification of operational pressures within General Practice.
5. Liaise with ICBs to ensure system recognition and action on the pressures identified.
6. Utilise and build on established frameworks where available eg GPAS, OPEL, SITREP
7. Record operational pressures using the DoS (NHS Directory of services)
8. Lobby for access to DoS to enable operational pressure reporting.
9. Ensure ‘closing of the loop’ so that information and data is acted upon to enable the necessary changes and support to take place.