

GP Provider Board & Data

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SOMERSET
LMC

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LMC 

Clarification of Roles

- Local Medical Committee (LMC)
 - Statutory body
 - Represents interests of General Practice
 - Trade association for negotiating local contracts and funding for practices
- Somerset General Practice Provider Board (GPPB)
 - Promote value of General Practice in the system
 - Support development of General Practice services in the county
 - Represent strategic interests of all providers of General Practice services in Somerset

Vision



**To create an appropriate data set to
facilitate the delivery of successful
General Practice in Somerset**

Why is data important?

- Resilient General Practice
- Sustainable for general practice in Somerset
- Allows practices to measure own performance
- Identifies what developments are needed within their practice and the wider system
- Measure activity in General Practice, facilitating discussion at a local and national level for appropriate funding
- Early warning system for practices and the wider system to allow timely support

Data stream requests

GPAS
(General
Practice
Alert State)

ICB
Request for
data

NWRS
(National
Workforce
Reporting
Service)

QOF

GPAD
(General
Practice
Appointment
Data)

CQRS and CQRS Local
(Calculating Quality
Reporting Service) &
(Claims management
system to support
local service providers)

National
COVID data
extractions

General Practice Alert System (GPAS)

- Developed by Devon LMC as a simple operational system to collect a small amount of anonymised data
- Once weekly collection based on Monday activity in practice
- States the Opel status of General Practice to system partners
- GPAS National Dashboard (since April 2023) using data submitted by all LMCs

Data proposal

- LMC to hold data
- Dataset being developed
- Not onerous to practices
 - Using EMIS enterprise search & reports to save time
- Working hand in hand with Resilience
- DPIA being developed with Somerset ICB Governance and Data Protection Manager
- Sharing best practice & being more resilient as a team

Data proposal continued..

- What data sets could be extracted or provided by practices easily
- Working with practices that already extract similar data regularly

GP Data Measures

List Size	Target 23/24
Practice List Size	N/A
Growth rate	N/A

QOF/ES	Target 23/24
Asthma	70%
Cervical screening	80%
COPD	90%
Dementia	70%
Depression	80%
Diabetes foot checks	90%
Hypertension BP < 140/90	77%
LD Reviews	90%
Mental Health care plan	90%
Mental Health 6 elements	80%
VI-03: 2 & 3 years + seasonal influenza vaccination	>82%
QOF QI	RAG
Total QOF points	>95%

Activity/Workload	Target 23/24
Call Volume/working day	N/A
Average time for call queue	4 min
Missed calls from queue	<10%
Requests/working day	N/A
Turn off time of online systems	N/A
Outstanding tasks/1000 pts	N/A
Oldest outstanding task	RAG
Documents awaiting processing (workflow)	<30 per 1000 Pts
Days waiting for oldest outstanding document	5 working days
Count of Consultations	N/A
Count of Lab results	N/A

HR	Target 23/24
GP WTE vacancies	10%
Nursing WTE vacancies	N/A
%Turnover (monthly)	4%
% Absence	4%
% Appraisals completed	90%
% Mandatory Training completed	90%

Key for Data Sources	
EMIS (practice system only)	
EMIS (possible through enterprise reporting)	
Practice self-reported	
SFT	
ICB	
Online access provider	
X-on (phone provider)	
N/A - measure is a sum based on another measure	

Supportive

- Supportive intervention for practices
- Must work alongside LMC's Resilience package
- NOT a performance measure for practices
- Help the LMC / GPPB have more influence locally to increase funding / support to General Practice in Somerset

Finally

- The LMC's fundamental role is to support our practices
- The GPPB aims to progress the collaborative working of primary care providers
- We need data to help direct our resources to those that need it
- Only by working together can we SURVIVE AND THRIVE

Questions?