



Managing Extreme Workload Pressure

23rd December 2022

Dear colleagues,

The current pressures on general practice are extreme, and GPs are being faced with unmanageable, unsafe workloads. The LMC is being asked what practices can do within their contract to try and safely manage patient care. The BMA has revised its guidance on [Safe Working in General practice](#) and I'd encourage you all to look at this.

We have taken the unusual step of issuing this prescriptive guidance from the LMC in direct response to requests from practices and constituents. Please read this guidance carefully and in full to ensure your patients, staff and contract are protected and this advice is followed correctly.

What can our practice do to ensure patient safety?

Your contract contains a large amount of flexibility around how you deliver patient care. You do not need permission from anyone to make these changes – your focus should be on providing safe and effective patient care. If you are unable to do this, you must use other NHS routes to support patients. Always focus on patient safety and make this your first priority.

What does our contract say?

Practices must provide enough appointments to meet the reasonable need of their patients, but this must be done in a way that is **safe for patients and GPs**.

How do we know if we have reached a level that impacts patient safety?

If you currently have a practice ratio of >1 WTE : 2000 patients, you are operating at a level that impacts patient safety and automatically at OPEL 3/GPAS Red.

AND/OR

If an individual clinician is dealing with more than 25 patient contacts a day, you are operating at a level that impacts patient safety and automatically at OPEL 3/GPAS Red. *Please note, this includes all types of patient contacts and not only face to face appointments.*

We think this is the case for almost every practice in our region at present.

What should we do?

You should put in place all the actions recommended for **OPEL 2/GPAS Amber** (see below) and then report yourselves as **OPEL 3/GPAS Red** or **OPEL 4/GPAS Black**.

You should then put in place the following measures as recommended by the BMA's GPC:

- 1) Move to 15-minute appointments immediately** - The BMA strongly recommends practices take immediate measures to move to 15 minute appointments, which is permitted by the GMS contract. This could mean a reduction in the absolute number of appointments per session in order to remain at safe levels for clinicians and patients but is offset by being able to better manage the complex and sick patients we are now seeing every day.
- 2) Limit surgery lengths to no more than 3 hours at a time, twice a day** - The current BMA standards for a session of GP care is 4hrs 10 minutes, of which no more than 3 hours should be spent in consultation with patients. The European Union of General Practitioners and BMA have recommended a maximum number of patient contacts per day in order for a GP to deliver safe care at **no more than 25 contacts per day**.
- 3) Excess demand beyond these safe levels should be directed away from general practice** - Care co-ordinators and appropriately trained reception staff may safely direct patients to suitable alternative services including NHS 111, extended access, walk-in centres, overflow hubs or other providers.
- 4) Scrap duty doctor and triage** - The BMA recommends moving away from the 'duty doctor' system with uncapped demand, as this is where clinicians may be expected to maintain unsafe levels of patient contact in a day. You cannot currently and safely assess all patients via this system. Providing high quality, safe care to 25 patients a day and redirecting any other requests to recognised and safe NHS routes is in the best interests of patient care at this current time.
- 5) Move to a waiting system for non-urgent work** - The BMA advises practices to consider moving to a waiting system for non-urgent appointments as demand currently significantly outstrips capacity. Allocate half your clinics to routine care and begin booking them, advising patients it may be several weeks wait or longer for their appointment. Some practices have returned to sit and wait surgeries for routine care but you must ensure numbers are safely capped in the same way if you choose to do this.
- 6) Stop everything else** - Practices should consider stopping all non-contractual work and divert their resources to core services – this may include giving notice on enhanced services or stopping non-core work like phlebotomy, ECGs or spirometry. Do not undertake any private work – redirect patients to other providers which are easily found via the internet. [This link](#) will provide some additional information on enhanced services.
- 7) Don't automatically see patients from 111** - Although NHS 111 can book directly into GP slots, it is for the practice to re-triage these patients and decide how to manage them. Patients should be reviewed by your care co-ordinators or reception team in the same way as all other patient contacts are.
- 8) Communicate with your patients** – use your website, text messaging system, and any social media presence. Tell them you are operating beyond safe levels and patients will either be redirected to other services once the practice is full or added to a waiting list for routine appointments. Suggested text for this is below:

Suggested text for OPEL 3/GPAS Red

The NHS is currently under extreme pressure due to winter illness, flu and covid outbreaks, hospital backlogs and Strep A. Industrial action across the NHS has increased this. To keep patients safe, when there are no more appointments at the surgery our care navigators will help direct you to other NHS services. This may include NHS 111, walk-in centres or joining the waiting list for a routine appointment. If you are unsure if your problem is urgent, please contact us and our care navigation team can assist you.

Suggested text for OPEL 4/GPAS Black

The NHS is currently under extreme pressure due to winter illness, flu and covid outbreaks, hospital backlogs and Strep A. Industrial action across the NHS has increased this. To keep patients safe, when there are no more appointments at the surgery our care navigators will help direct you to other NHS services. This may include NHS 111, walk-in centres or joining the waiting list for a routine appointment. Due to extreme pressure, we ask that you only contact us if you have an urgent or serious medical issues or illness. If you are unsure if your problem is urgent, please contact us and our care navigation team can assist you.

Will I get in trouble for putting these measures in place?

- As long as you act in line with ensuring patient safety, no. None of these measures are anything that puts you in breach of your contract. They are recommended by the BMA and GPC, and as your LMC we are advising you take this action.
- The [GMC wrote to all doctors](#) last month – they highlighted that routes for raising and acting on concerns must be used. This means you cannot make these changes without also raising an alert so the system knows this is due to patient safety concerns. **You do this via OPEL and GPAS reporting** – see below.
- If you are being placed under pressure by anyone within our local system or told that you cannot put these measures in place, please contact us and direct them to the LMC. We will manage these conversations on your behalf.
- Ensure this document is included in your business continuity plan immediately.

Many practices already complete the OPEL and/or GPAS reporting, and if you are citing patient safety concerns as the reason to alter how you deliver care, you must complete this reporting. When a practice completes GPAS reporting, you are encouraged to contact the LMC if you need any support. Please do this via our email humbershire.lmcgroup@nhs.net highlighting your current difficulties and we will contact you ASAP to offer LMC support, guidance and signposting. While the LMC office is closed from 27-30th December, urgent emails will be monitored and responded to.

Practice actions for each OPEL level:

OPEL level 1/GPAS Green

- Report to OPEL level daily
- Continue with normal surgeries
- Monitor FTE: patient ratio and patient contacts per day

OPEL level 2/GPAS Amber

- Liaise with other PCN practices for mutual aid support
- Liaise with other practices/federations/LMC/ICB for support
- Consider increasing remote working, e-consults, use of e-prescriptions
- Explore locum cover and additional staffing
- Communicate with patients (website, social media, SMS messages)
- Review appointments according to workforce availability
- Communicate expected timescales of impact on urgent & emergency care with PCN and Place team

OPEL level 3/GPAS Red

- Reschedule non-urgent routine appointments and triage urgent patients via your care navigations/reception staff
- Request temporary branch closure or reduce hours of branch opening to match clinical capacity
- Release back un-utilised NHS111 slots for internal practice use
- Additional triage of F2F appointments to prioritise clinical need until maximum number of appointments has been reached
- Invoke Business Continuity Plan to manage demand from Primary Care to all provider services – enact all of BMA recommendations detailed above.

OPEL level 4/GPAS Black

- Request system support via the commissioner to redirect patients requiring urgent appointments to urgent care – this is when you are unable to provide the 25 patient contacts per clinician at all.
- Implement a temporary suspension of service (e.g., non-urgent routine appointments) – if you can no longer add patients to a waiting list for routine appointments, you should suspend the service.
- Request temporary list closure – this is not an immediate solution and may take several days or weeks.

The above recommendations are not exhaustive and should be tailored at practice level. We would encourage you to contact us should you wish to discuss any of these measures. The LMC has written to the ICB requesting QOF and IIF protection during this unprecedented time in general practice and will update practices once we have an outcome. While the ICB cannot make

contractual changes, they can provide funding so practices are compensated for these indicators which would free staff up to meet urgent patient demand.

There are a number of support offers available too, which can be found via the following link - [HumberSide LMC: Support](#) This support is for GPs, PMs and other practices staff and includes mentoring, coaching and mental health services.



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