Capacity and Demand in General Practice

National context

The BMA document **Workload Control in General Practice** (link below) calls for a cultural change within general practice from one of 'quantity overload' amid shrinking resources to one of efficient demand and workload management.

The aim of the strategy is to enable general practice to improve quality and safety, and to address the recruitment and retention crisis, by agreeing and publicising reasonable safe workload limits, and by providing practices with practical tools with which to achieve workload control.

Projected Benefits include

- Improved patient safety and care in general practice
- Improvement in the management of long-term conditions through more focused, less rushed appointments and greater levels of continuity
- Reduced hospital admissions
- Patients increasingly valuing the service as demand management requires more patient acceptance and co-operation
- Long-term recruitment and retention benefits by making general practice a safer and more manageable career
- Improved GP morale and wellbeing
- Practices and CCGs should together see the benefits of safe working at a locality level
- Locality working becomes supportive and practice focussed
- Practices increase their perceived and real value to the NHS
- An integrated primary care system gives general practice a stronger voice in any planning for an integrated care arrangement or similar strategic change

Local context

Along similar lines to the work produced by the BMA, in February 2020 the Derbyshire GP Alliance agreed that being able to measure activity and demand in General Practice would be beneficial to progress in Derbyshire.

As part of the response to COVID19 there has been the ability to do a central data extraction of COVID19 coded activity on General Practice systems. The data that has been extracted and presented to the Derbyshire System by General Practice has been extremely powerful in showing the valuable contribution that it makes and provides a strong voice in the planning of work. If we were able to produce data like this routinely for other work in General Practice it would give General Practice the ability to trigger OPEL levels like other providers in the system.

The recovery and restoration work is going to be challenging for General Practice. As well as having to 'catch up' on routine work, there is the added pressure of ensuring that Practices are adhering to the social distancing measures required – adding an additional time pressure.

There has been a significant shift in activity type in General Practice. A the height of the peak of COVID19, General Practice has transformed and moved to almost all of the patient contacts happening via remote consultations. This way of working has proven efficient and effective and should continue going forward, to enable General Practice to work more flexibility and adapt to the changed climate, thus enabling restoration, recovery and stabilisation. The example below shows how the activity in General Practice has shifted.
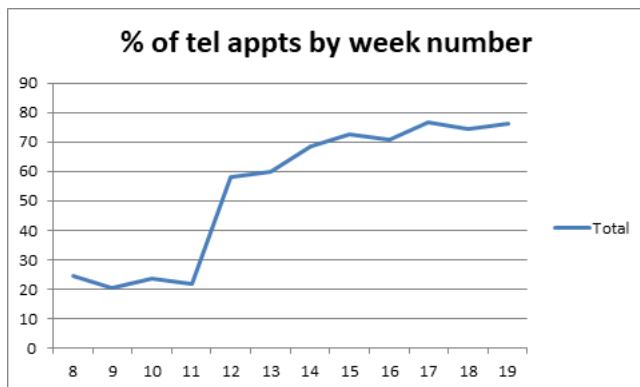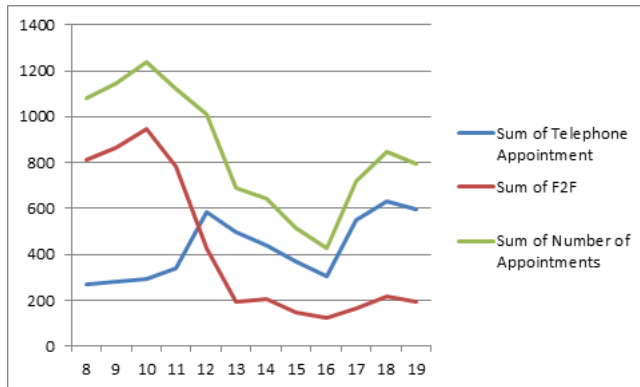
The Ask

With both the BMA work and the digital transformation that has happened locally, we would now like to work with some Systm1 practices across Derbyshire (aiming for approx. 100-150k population). We are restricting to Systm1 at this stage, in order to prove the concept over a consistent system. As described by the BMA, consistency in reporting and recording is key to success and we would like to work with these practices on their systems to develop an effective BI tool looking at how appointments are recorded, what can be extracted and what this tells us.

We are looking to recruit practices that are interested and have already done some work internally looking at capacity and demand.

By taking part in this piece of work, pilot practices will be provided with BI support to interrogate their systems and help understand the possibilities / limitations, as well as being able to shape the future direction of travel, including procurement of any digital systems. This is not a performance management tool for the CCG, it is to enable General Practice to build on the progress that has been

made through COVID19 and ensuring the workload of General Practice is safe, reasonable and more manageable.

To take part, practices would be required to authorise NECS Primary Care Staff to run the relevant query set on their Clinical Systems. Information detailing the data to be extracted from Practice systems will be shared in due course. Business intelligence support would be provided by NECS via the Primary care Team and Data Analysts. If your practice is interested in taking part in this collaborative piece of work, please email GP Task Force to confirm this at ddlmc.gptf@nhs.net by the 1st June 2020.

We look forward to working with you.

GP Alliance Executive Team

May 2020

https://www.bma.org.uk/advice-and-support/gp-practices/managing-workload/controlling-workload-in-general-practice-strategy