

Public Document Pack



Oxfordshire Joint Health Overview & Scrutiny Committee Thursday, 24 June 2021

ADDENDA

10. GP workloads (Pages 1 - 2)

An additional paper.

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GP Workload Brief – Oxon HOSC

Author: Dr Richard Wood, CEO, BBO LMC
Intended audience: HOSC (healthcare stakeholder)

Introduction & Methodology:

NHSE workload tools (such as GPAD) currently count clinical appointments. The BBO LMC search tool is different because it counts medical record entries. Complex consultations may generate many medical record entries over time, which is missed by the NHSE approach. The medical record entries captured by our search include: *clinical encounters* (F2F, telephone, home visits etc), *letters* read and filed (such as from the hospital or pts themselves), *investigation results* responded to, and other *administrative entries* manually created by any staff member. The search is still a significant under-estimate of GP workload because it does not capture *covid vaccination* administration or appointments, *text messages* sent to patients (such as from AccurRx), *E-consultations* submitted by patients from the practice website (unless manually entered as a medical record entry), *medication requests* responded to, *referrals* (unless manually entered by the clinician in the medical records as part of an encounter), *“task notes”* sent between practice staff around pt care, medical record entries for *patients who recently died, or moved out of area, and all work done outside of the patient’s medical notes*.

BBO LMC invites participating practices across BBO to run searches on a weekly basis and submit their activity. It is optional and data is received in confidence. Between 7th Nov 2020 and 13th June 2021 we received 336 useable submissions, across 37 practices. Results below are averages from Nov. to June.

Key Findings for Oxfordshire:

- The average GP list size in Oxfordshire in our sample was **321** patients per GP session. Across BBO it is 305 patients per session. In 2014, the national average was 178 per session¹. Published research suggests patient health is adversely affected for list sizes above 222 patients per GP session² (though this research does not take into account the potential contribution of the *additional roles reimbursement scheme* such as providing care coordinators, coaches, in-house physiotherapists, and paramedics in practice - the patient health impact of which remains to be established).
- The higher the GP list size (-viz., the fewer the number of GPs per practice population), the more likely a practice is to declare privately to us that they are unable to cope. Carr-Hill formula (which determines a significant portion of funding) does not appear to be directly related to vulnerability status.
- Only 20% of all medical records entries are clinical encounters directly with a patient (F2F, telephone consults, home visits, etc). **The remaining 80% of the medical record entries are workflow entries around patient care.** This activity (and more) is not captured by current NHSE workload searches.
- A typical Oxfordshire practice will make **200** medical record entries each day for each GP present. Each GP will personally make an average of **59** of those medical records entries. Some GPs in Oxfordshire are personally

¹ 2014 NHS/HSCIC figures; cited in BMA (2016). *Safe Working Levels in General Practice*.

² Cited in Van Den Homberg & Campbell (2013). *Is ‘practice size’ the key to quality of care?* British Journal of General Practice, September 2013; 459-460.

entering **97** medical record entries every day on average. Each one of these is likely to represent a single episode of furthering a patient's care (irrespective of whether or not it is a clinical consultation directly with a patient).

- Across the whole of BBO, whilst the number of clinical encounters performed by practices has remained comparatively static between November 2020 and June 2021, the total number of medical records entries has risen by **23%**³. This increase is most attributable to an increase in administration entries around patient care. Again, this is not captured by national reporting tools.
- The BMA's evidence-based guidelines specify that a sustainable consultation rate for a GP is between 15 and 25 consultations per day, depending on complexity⁴. The average number of clinical consultations performed by an Oxfordshire GP is **38** per day. In addition to this, GP Partners normally have clinical oversight of the consultations their allied health professionals are conducting. **88%** of all clinical encounters in General Practice in Oxfordshire are done by a GP. The remaining 12% are performed by allied health professionals (such as paramedics, practice nurses, *et al*).
- On average, every man, woman, and child in Oxfordshire has a clinical consultation with their GP practice **3.5 times per year**.

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³ There were not enough data submissions in November 2020 from Oxon practices to reliably generate this statistic for Oxon alone.

⁴ <https://www.bma.org.uk/media/1145/workload-control-general-practice-mar2018-4.pdf> Page 6