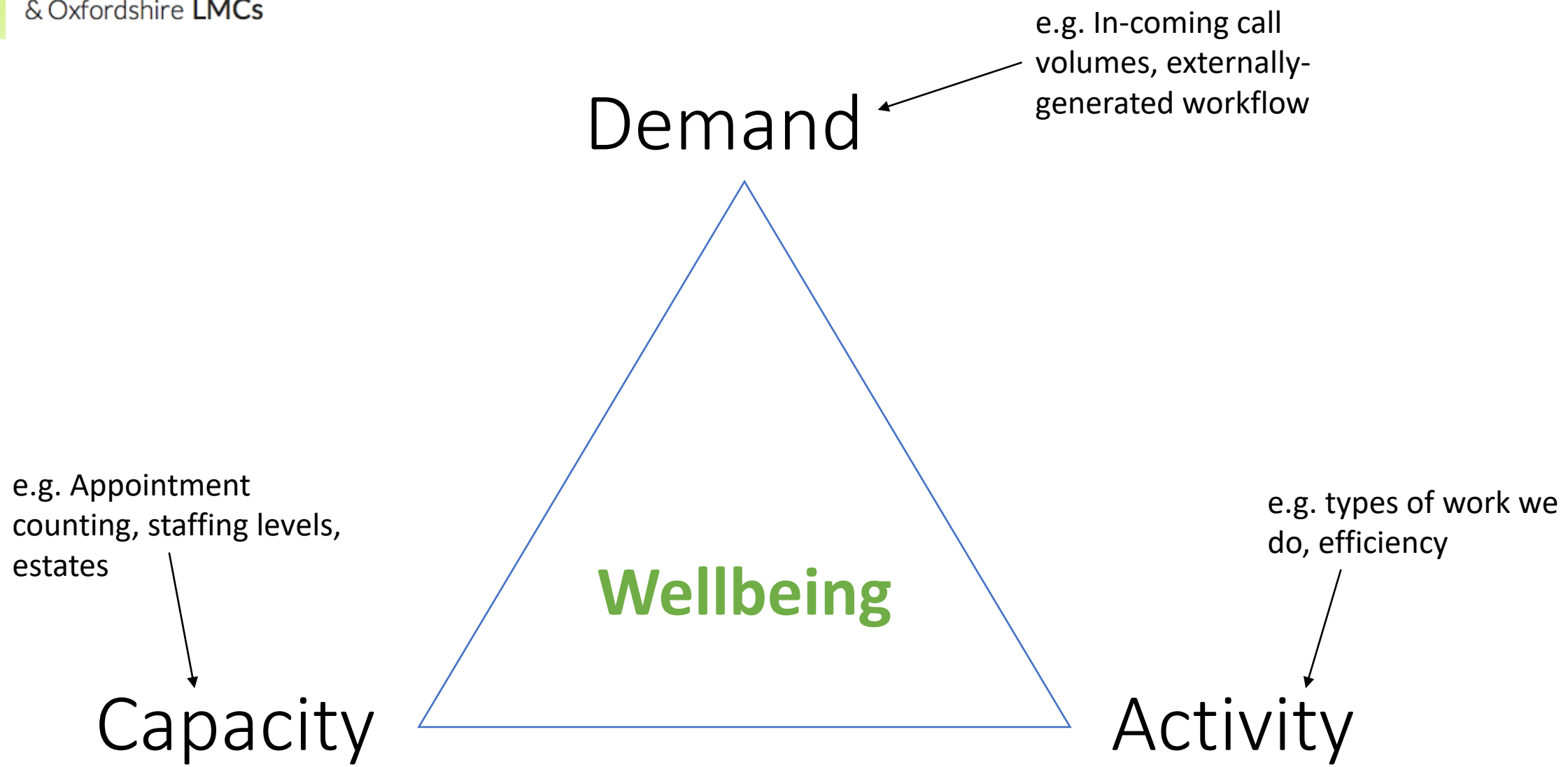


Demand, Capacity, and Activity in General Practice

Dr Richard Wood, CEO BBOLMC



The BBOLMC SitRep attempts to record measures in all three domains



Demand in General Practice

Estimating Demand

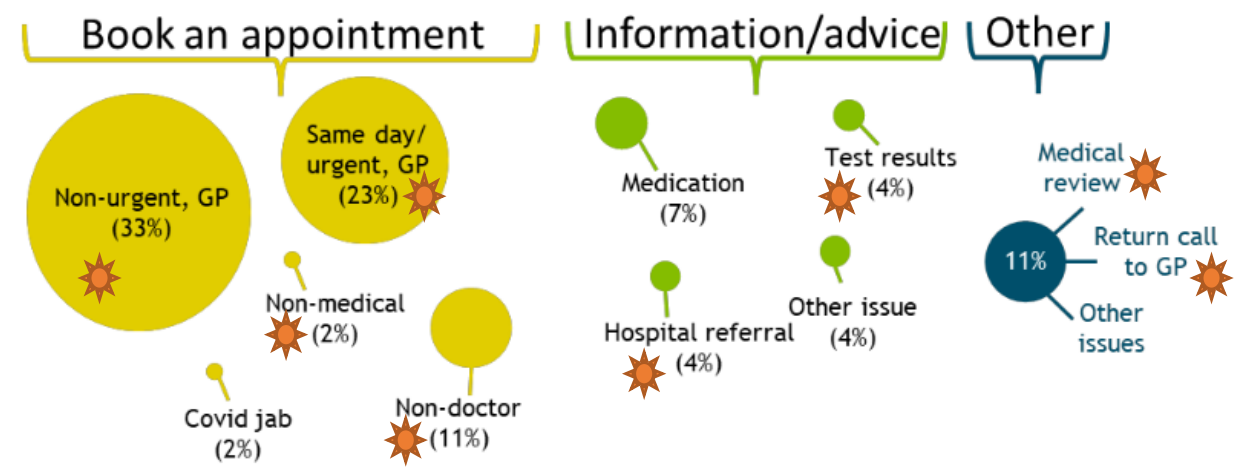
Broad-brush. Ten BBO practices (164K) – Jan to March 2022

- Equivalent of **3%** of the entire population contact their practice *every working day*
 - That's c. **69%** of the population per month
 - HW survey: 86% contacted their GP in one month

• *How many people who call need an appointment?*

• **80-85%**

3.5 What was your main reason for calling your GP surgery?





Estimating Capacity

1. Appointments given
2. GP bums on seats
3. Time logged in to medical records system

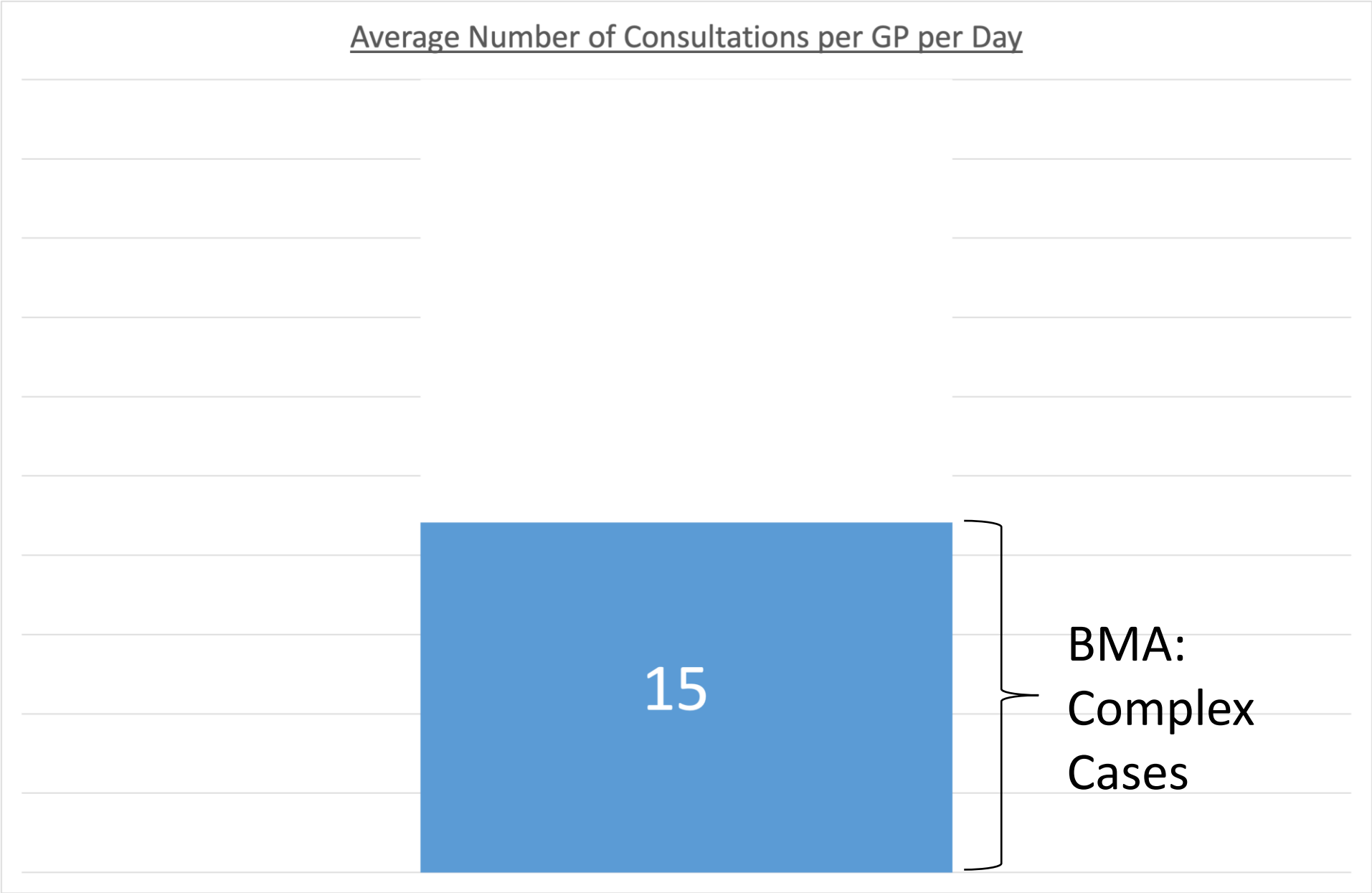
Capacity: Appointments

GPAD: NHS Digital Data for BOB (Jan – Sept 2022):

There were enough appointments for **57%** of the BOB population per month (Jan – Sept 2022)

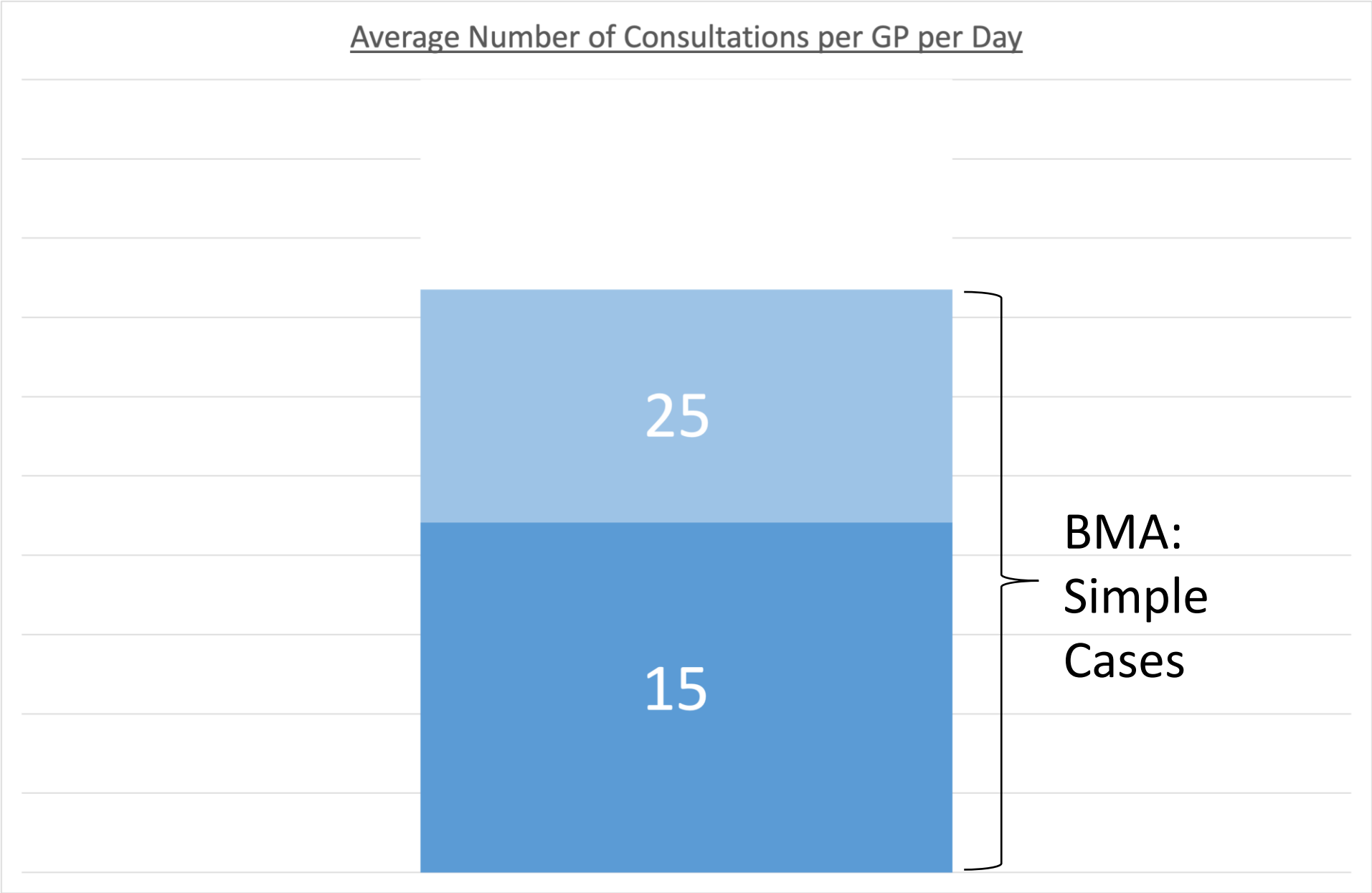


Capacity: GP Appointments



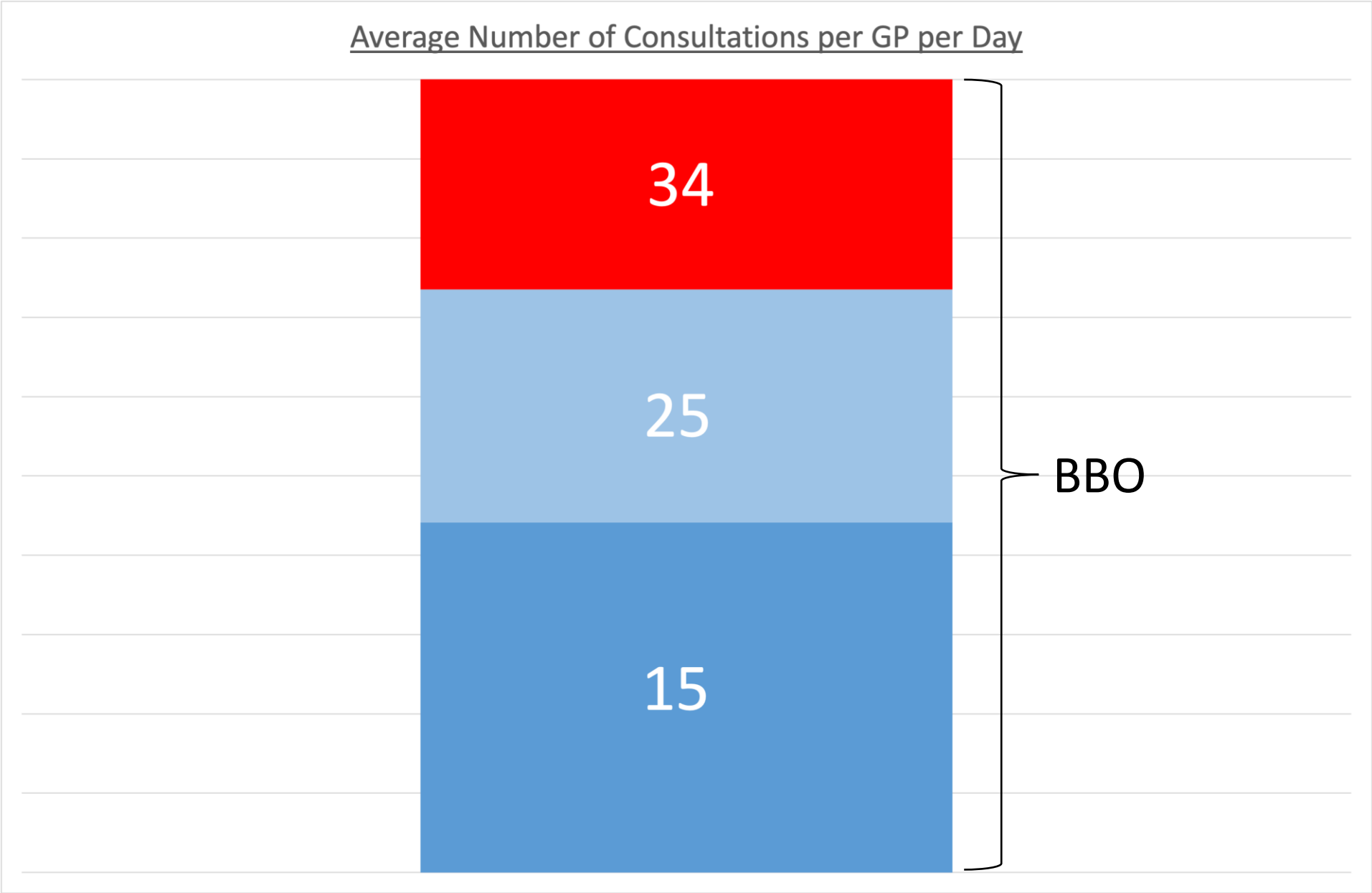


Capacity: GP Appointments



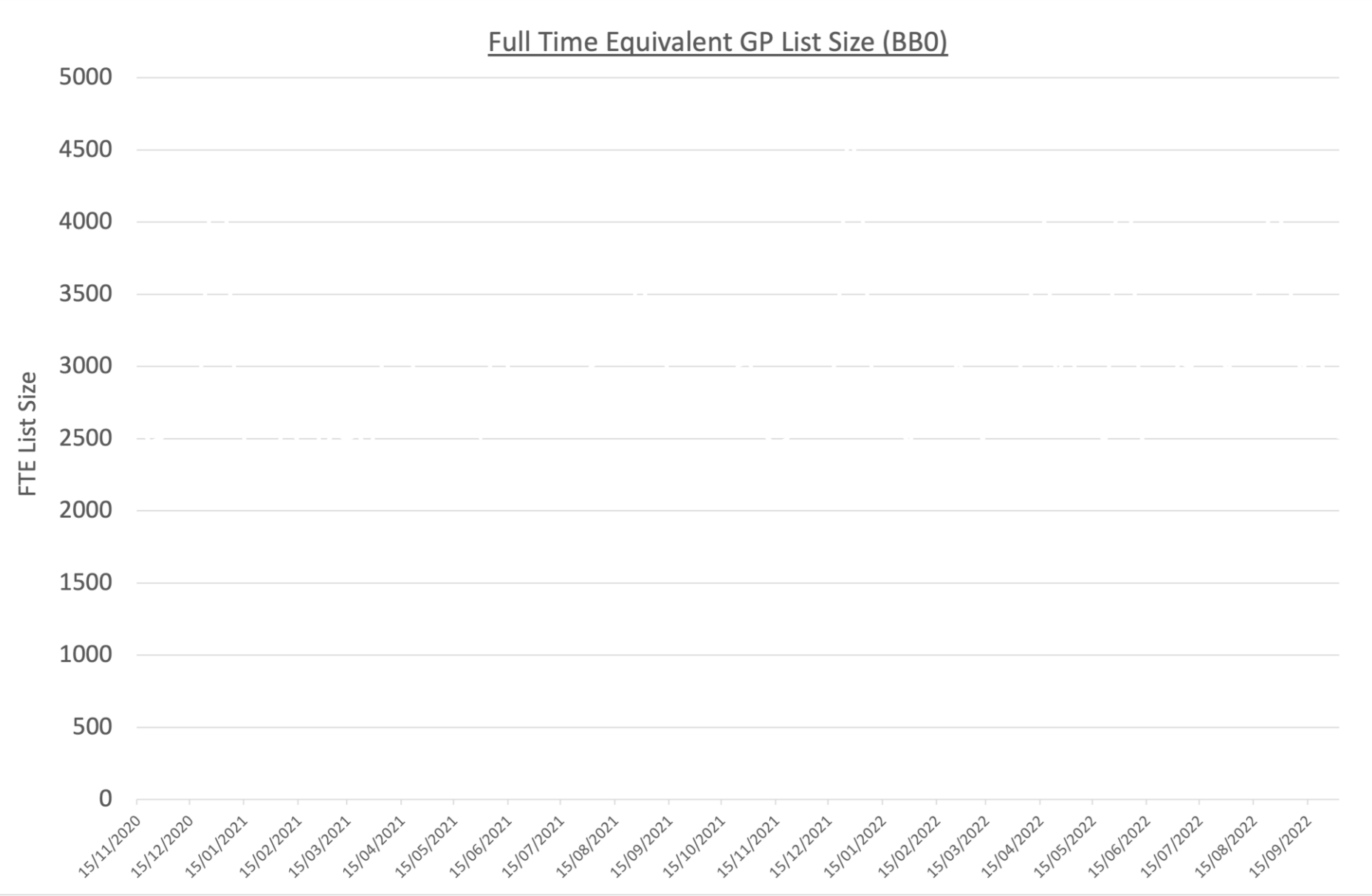


Capacity: GP Appointments



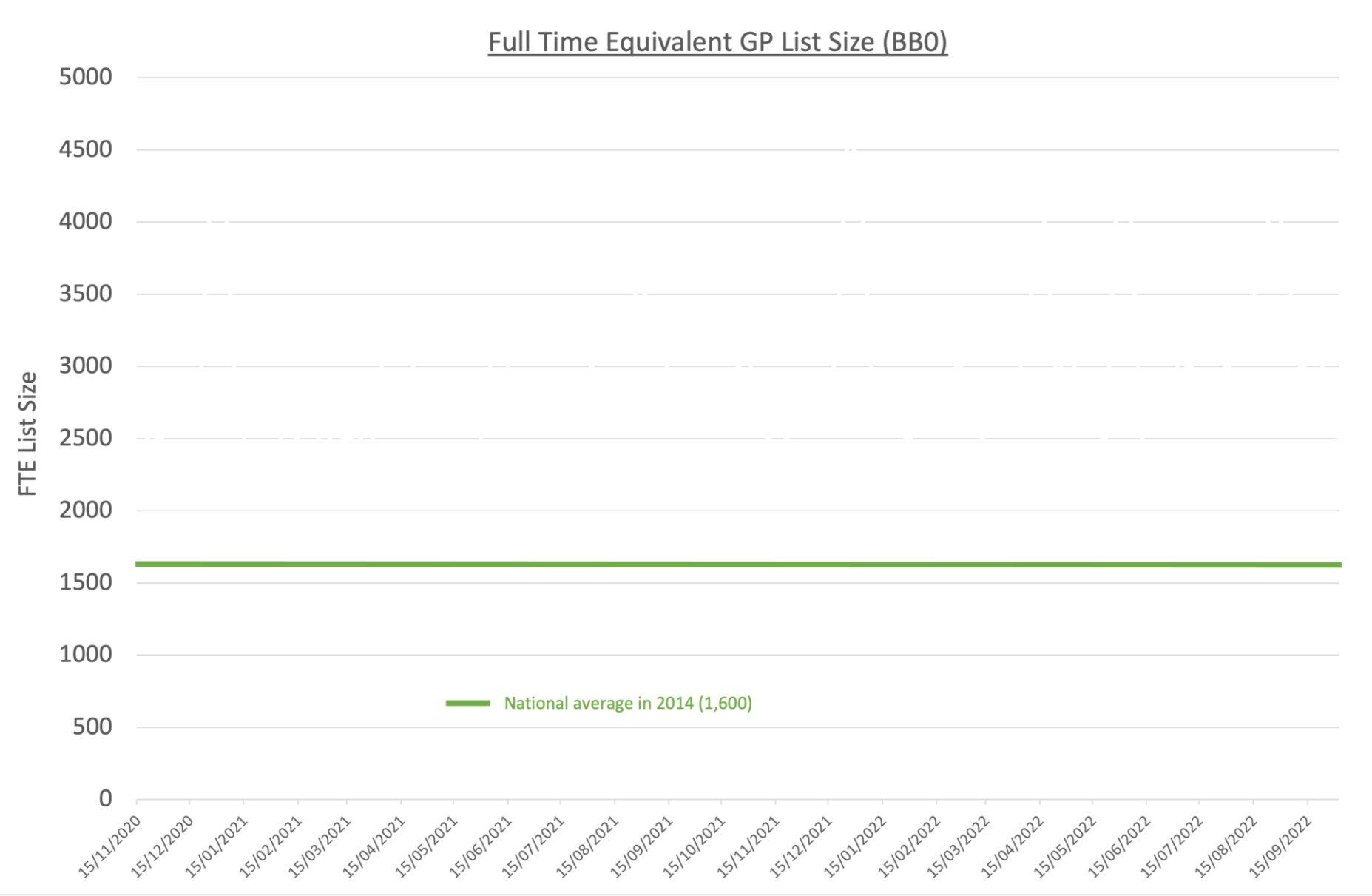


Capacity: GP Bums On Seats



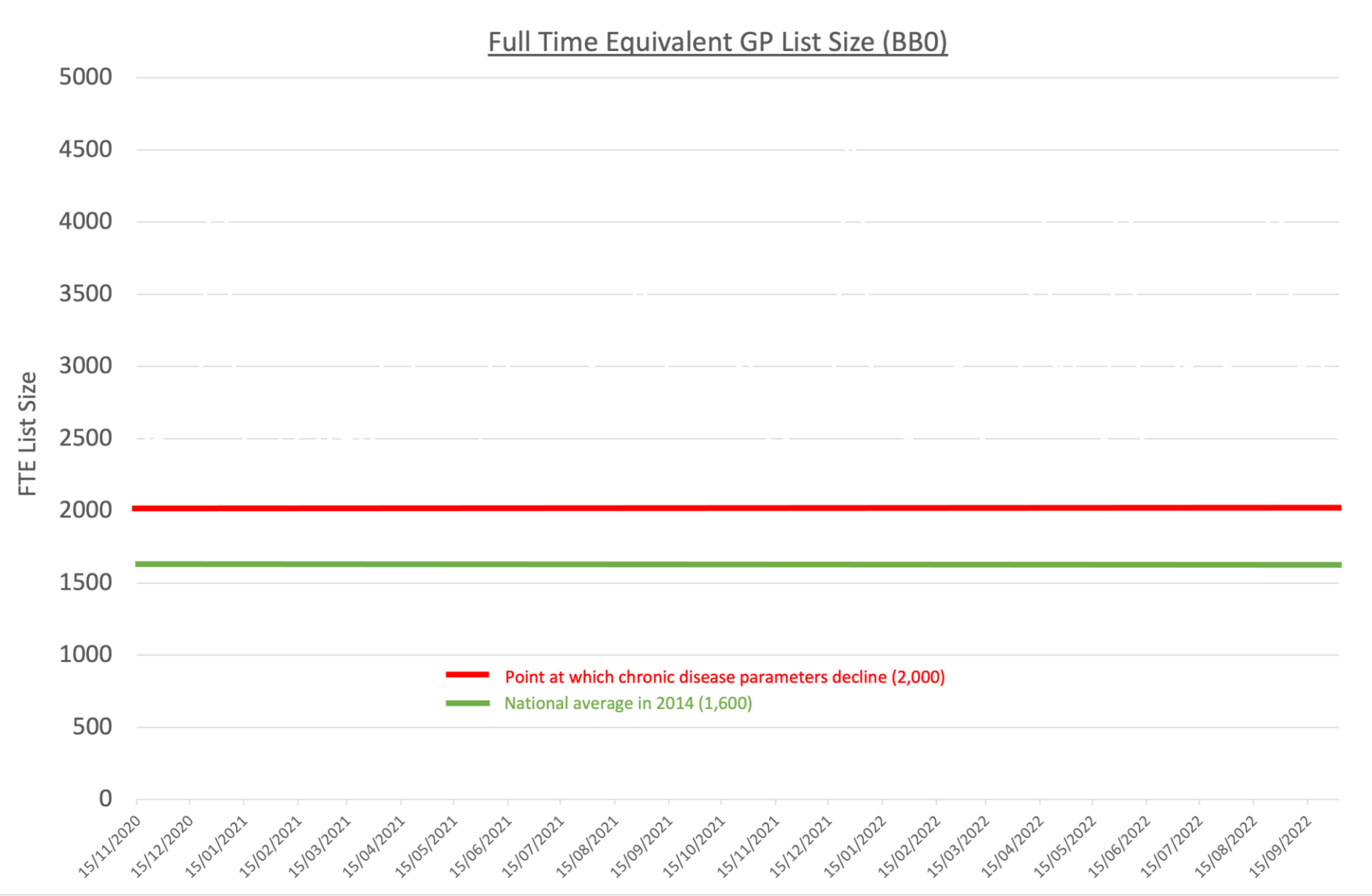


Capacity: GP Bums On Seats

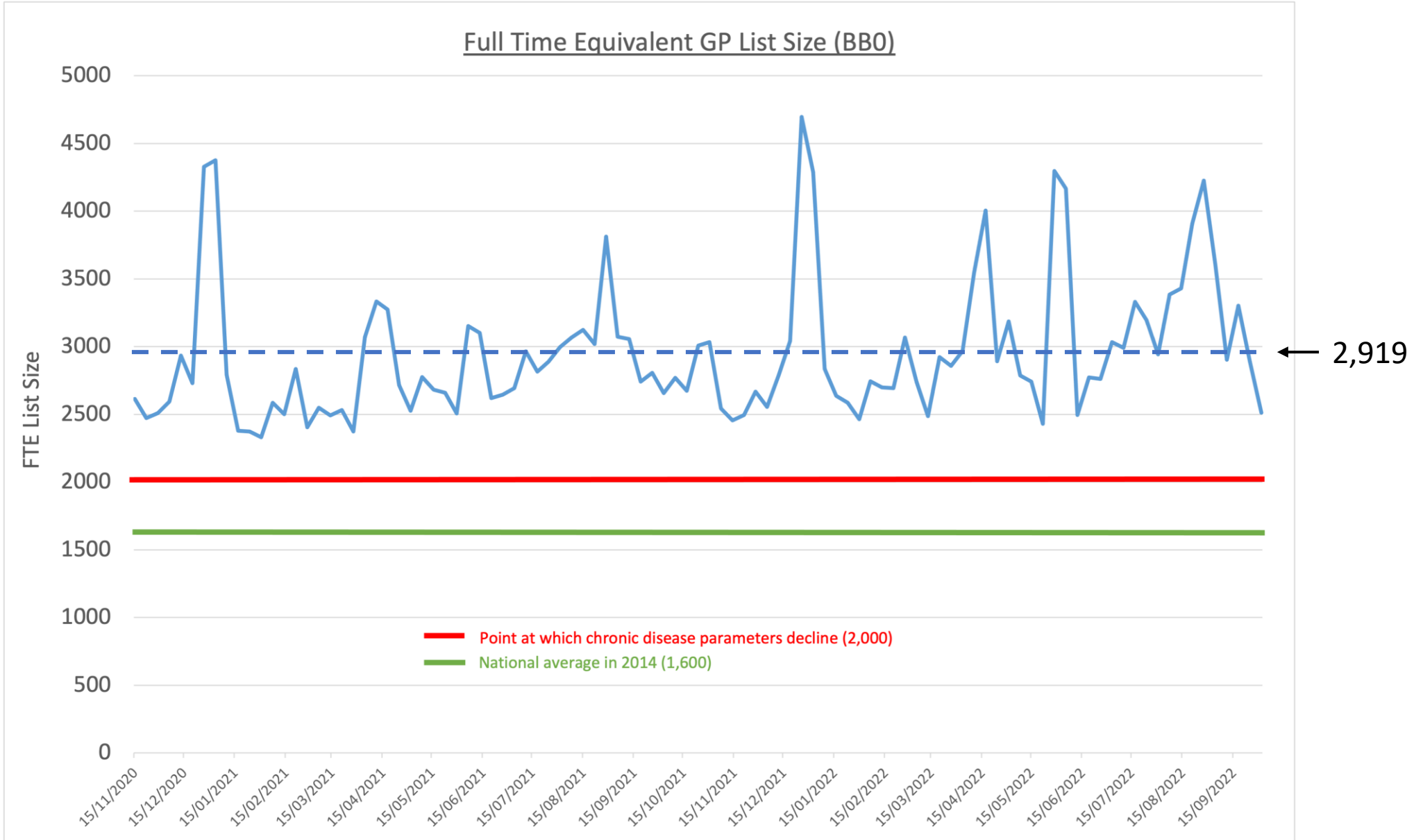




Capacity: GP Bums On Seats



Capacity: GP Bums On Seats



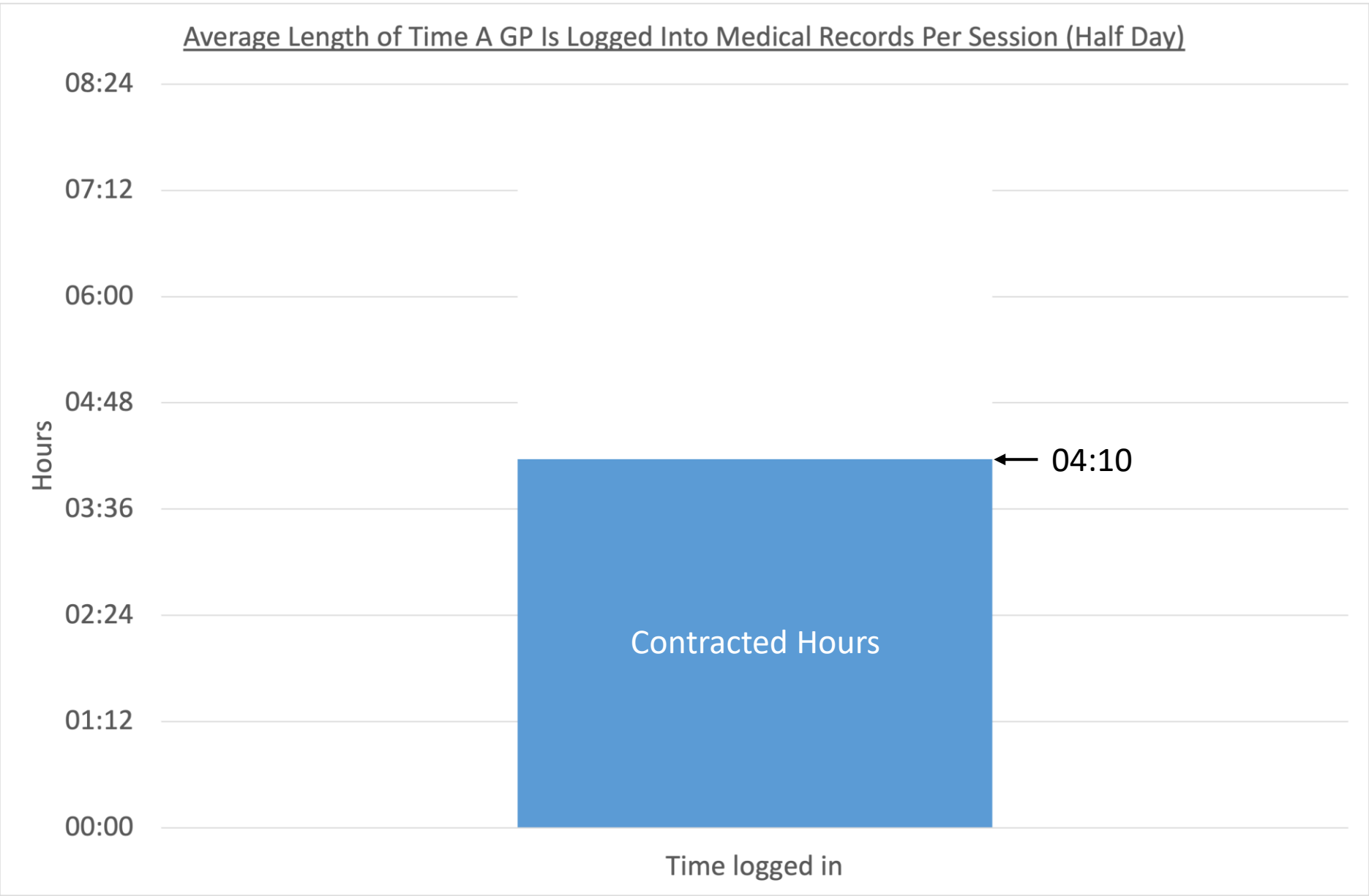
Capacity: Time in Medical Records

2014
15 Drs
1 month



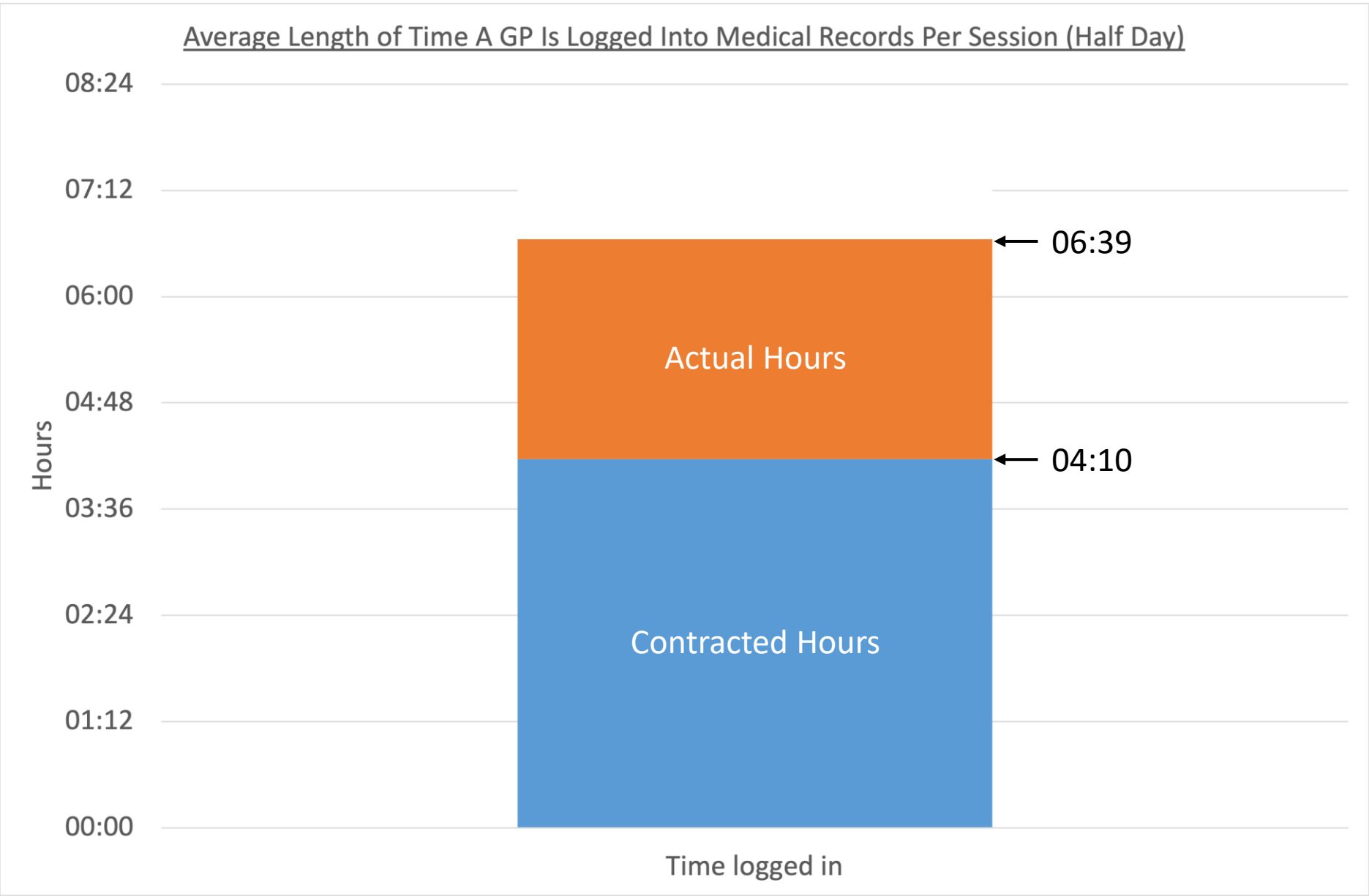
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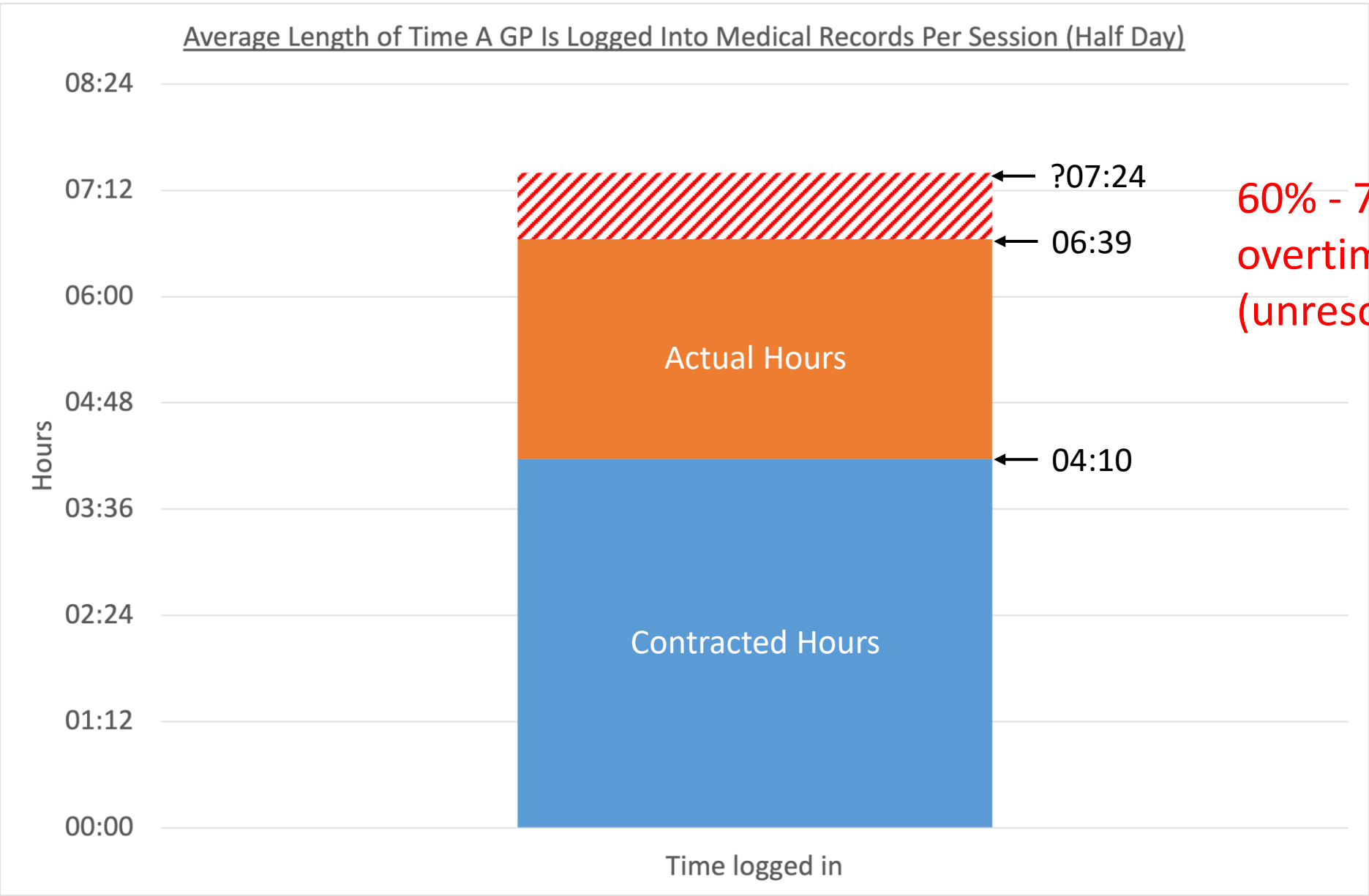
Capacity: Time in Medical Records

2014
15 Drs
1 month



Capacity: Time in Medical Records

2014
15 Drs
1 month





21-22: Across England there was NET loss of almost two GPs every day¹

By 2028 we will have an additional 110,300 pts (+/-16%) in Oxon²

This is not an access problem – this is a capacity problem

1. March 2021 – March 2022. <https://www.bma.org.uk/advice-and-support/nhs-delivery-and-workforce/pressures/pressures-in-general-practice-data-analysis>

2. <https://www.oxfordshireccg.nhs.uk/documents/work%20programmes/Oxfordshire%20Primary%20Care%20Estates%20Strategy%202020%20-%202025%20v19.pdf> (p7)



Activity in General Practice

Two years of data (Nov 2020 – Oct 2022)

Intro & Methodology

- We count **medical record entries** per practice per week
 - **Consultations** (telephone, Face-to-Face, home visits etc)
 - **Hospital letters** (and other written communications) received
 - **Blood tests** and other investigations read and filed
 - **Other (Administration)** Entries
- We also ask practices to submit:
 - Practice **list size**
 - Number of **GP ‘bums on seats’ sessions** that week (1 GP session = one GP for half a day)
 - **Self-RAG rating**
- Optional, confidential

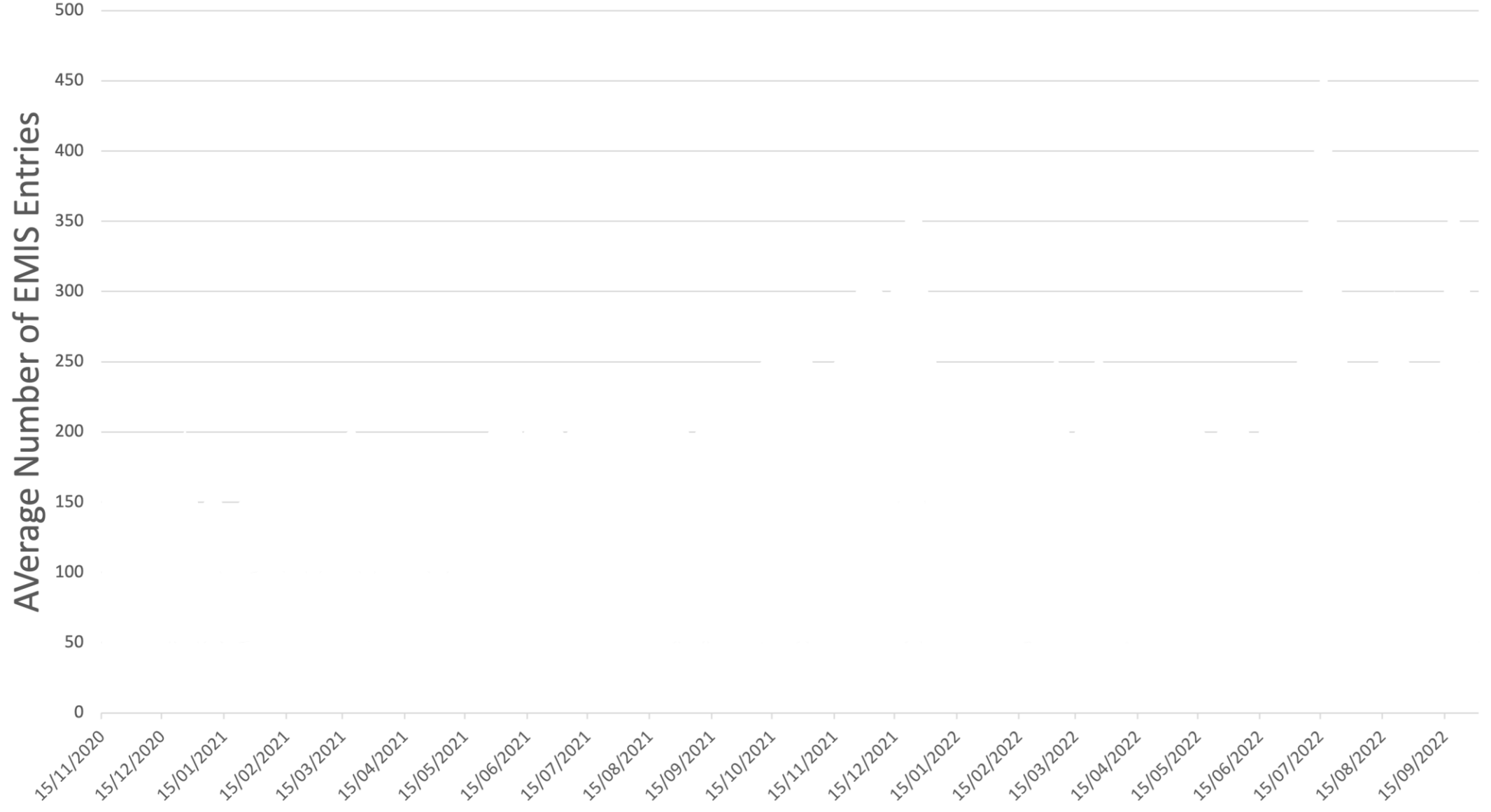
Our search still underestimates work. It does not capture:

- **Text messages** to patients
- **E-consultations** (unless manually entered as a medical record entry)
- Medical record entries for patients who left the practice's list before the search was initiated (e.g. recently died, or moved out of area)
- **Medication requests** processed
- **Referrals** (unless entered as a medical record entry in EMIS)
- **'Task notes'**
- **'Externally Entered' Work done outside of the practice – including CVP**
- **All practice work done outside of medical records**
- **Non-EMIS practices**

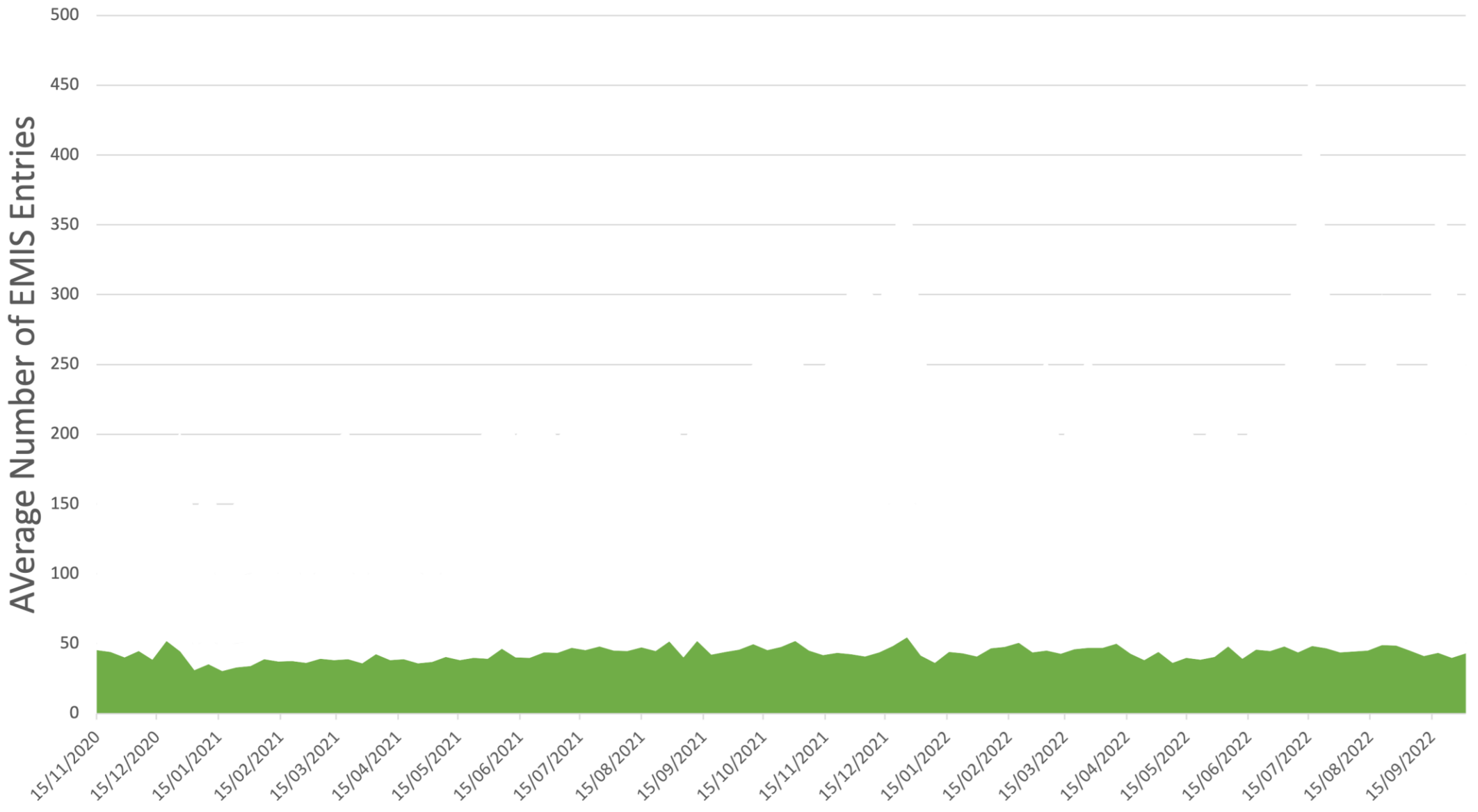


- 60 practices (25%), covering a population of 793,420 patients
- 1,602 weekly searches
- Data covering 15 Nov '20 to 02 Oct '22

BBO: Average Number of Each Type of EMIS Entry made across the whole Practice per GP present per day

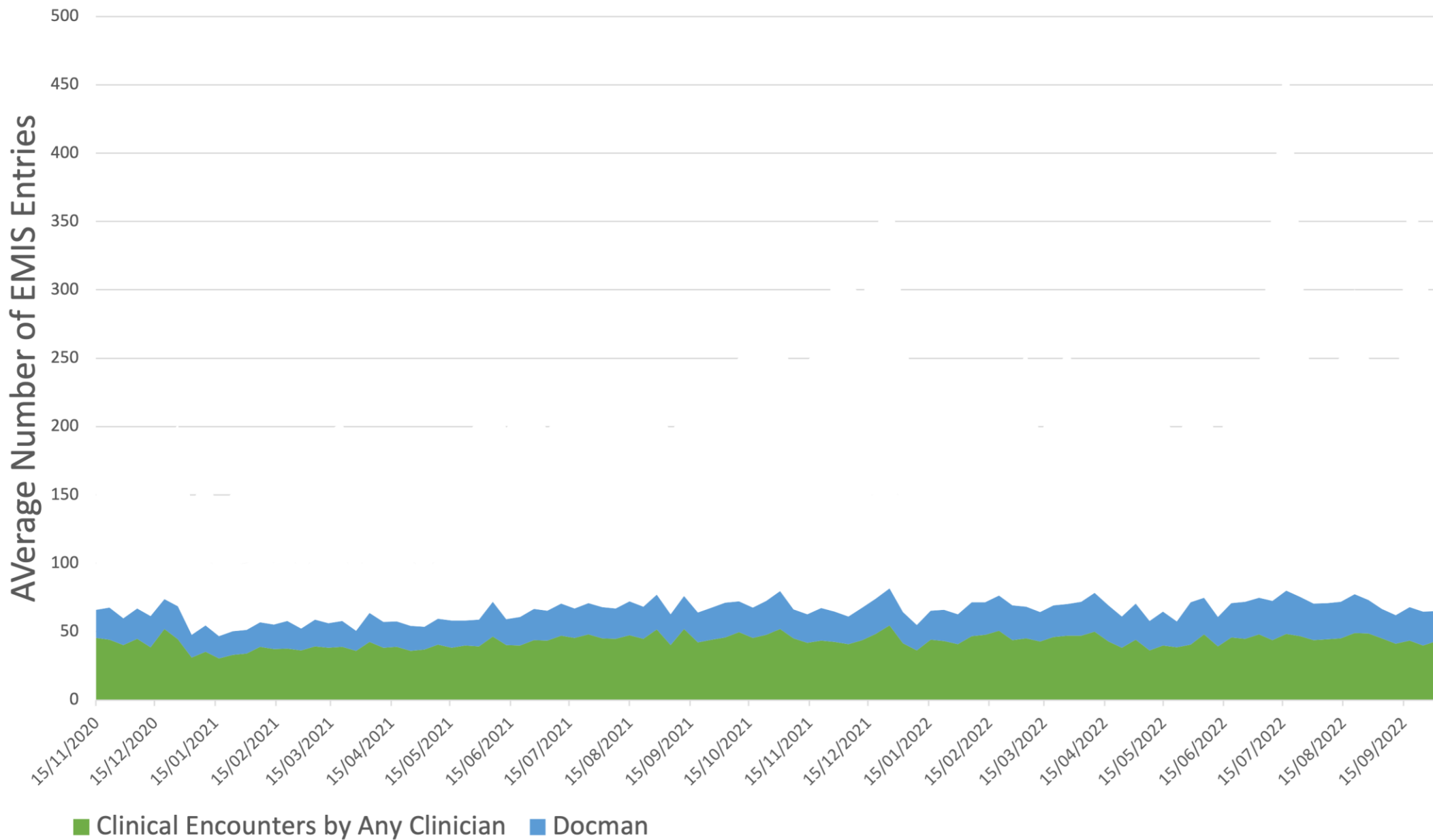


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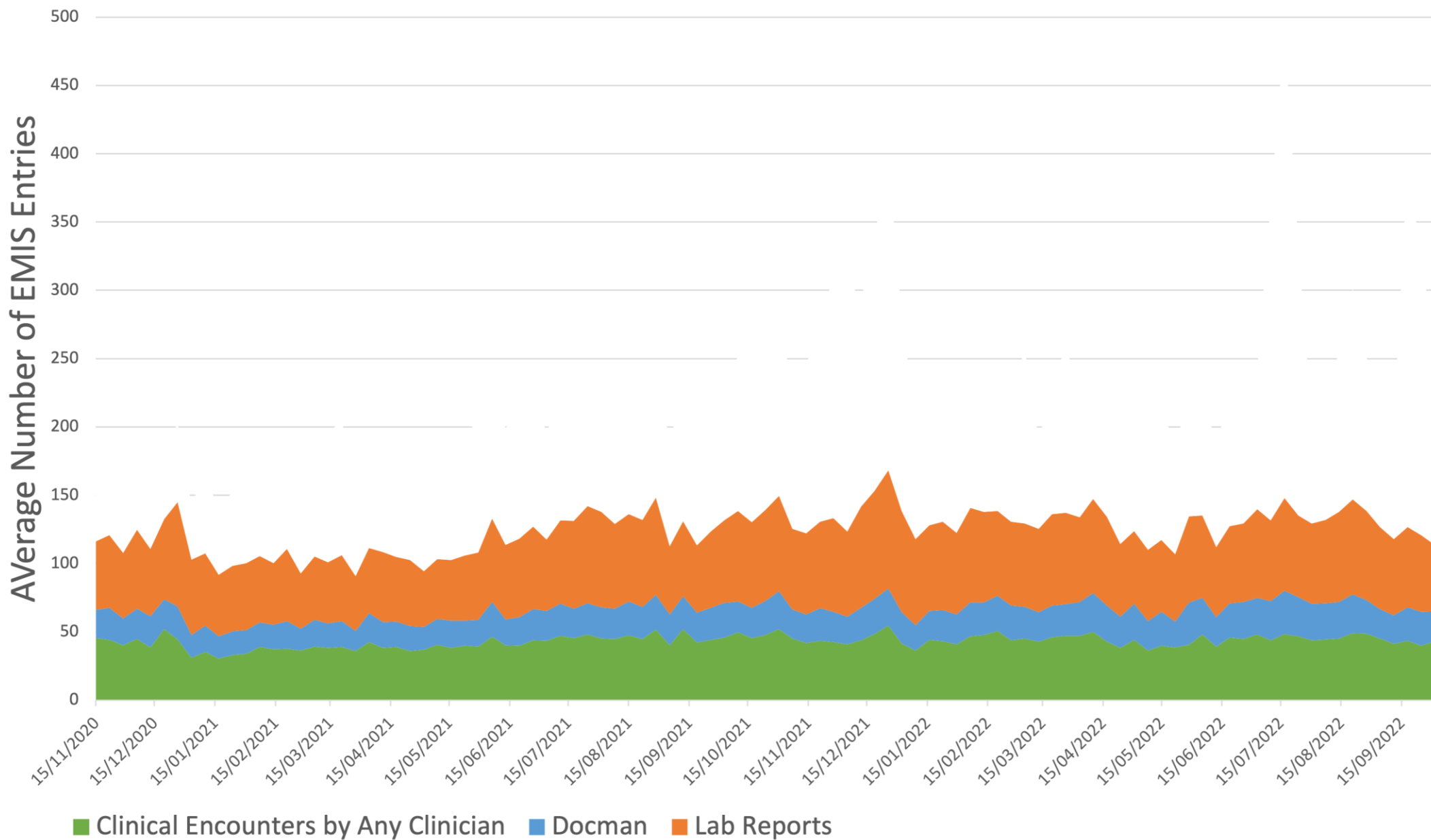


■ Clinical Encounters by Any Clinician

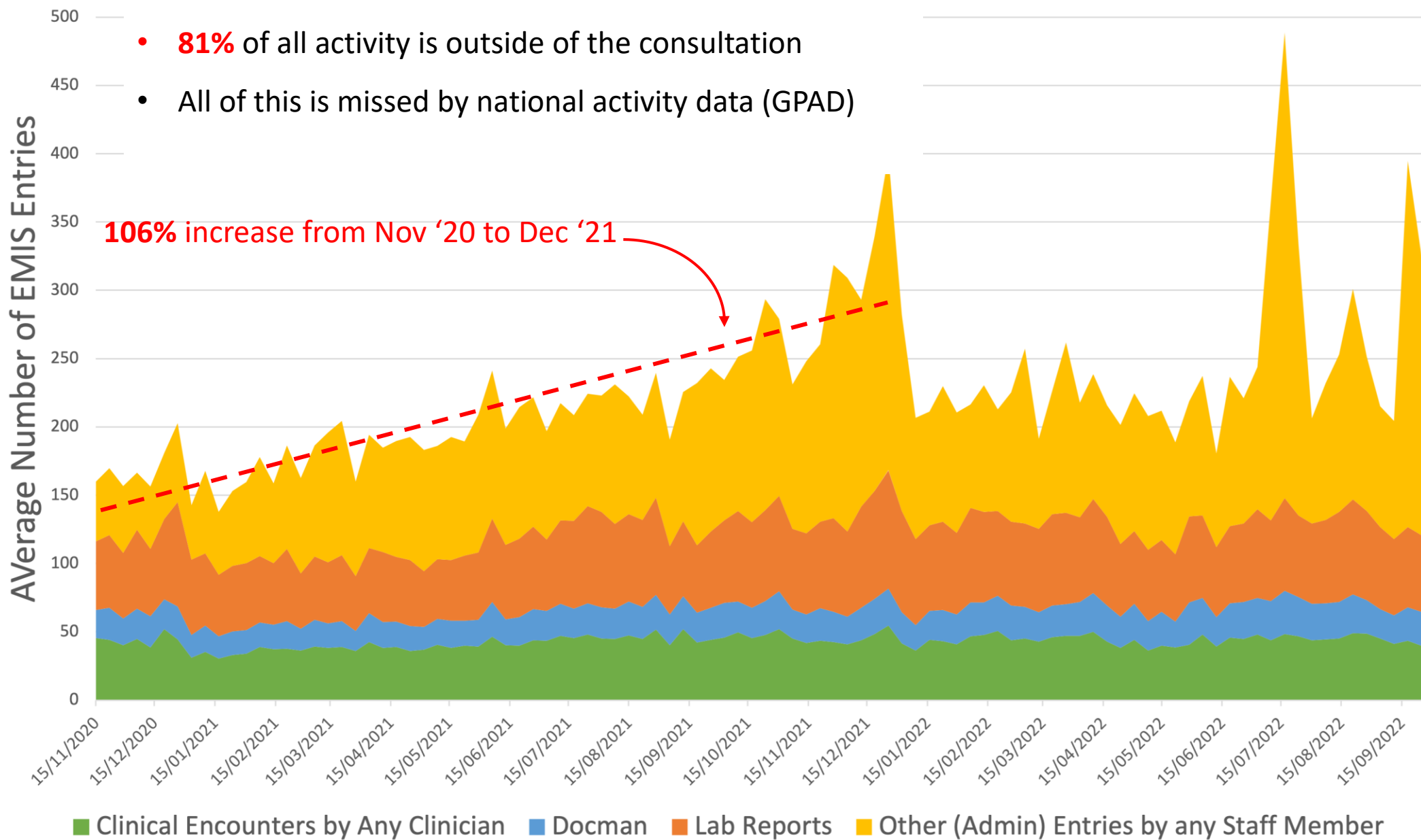
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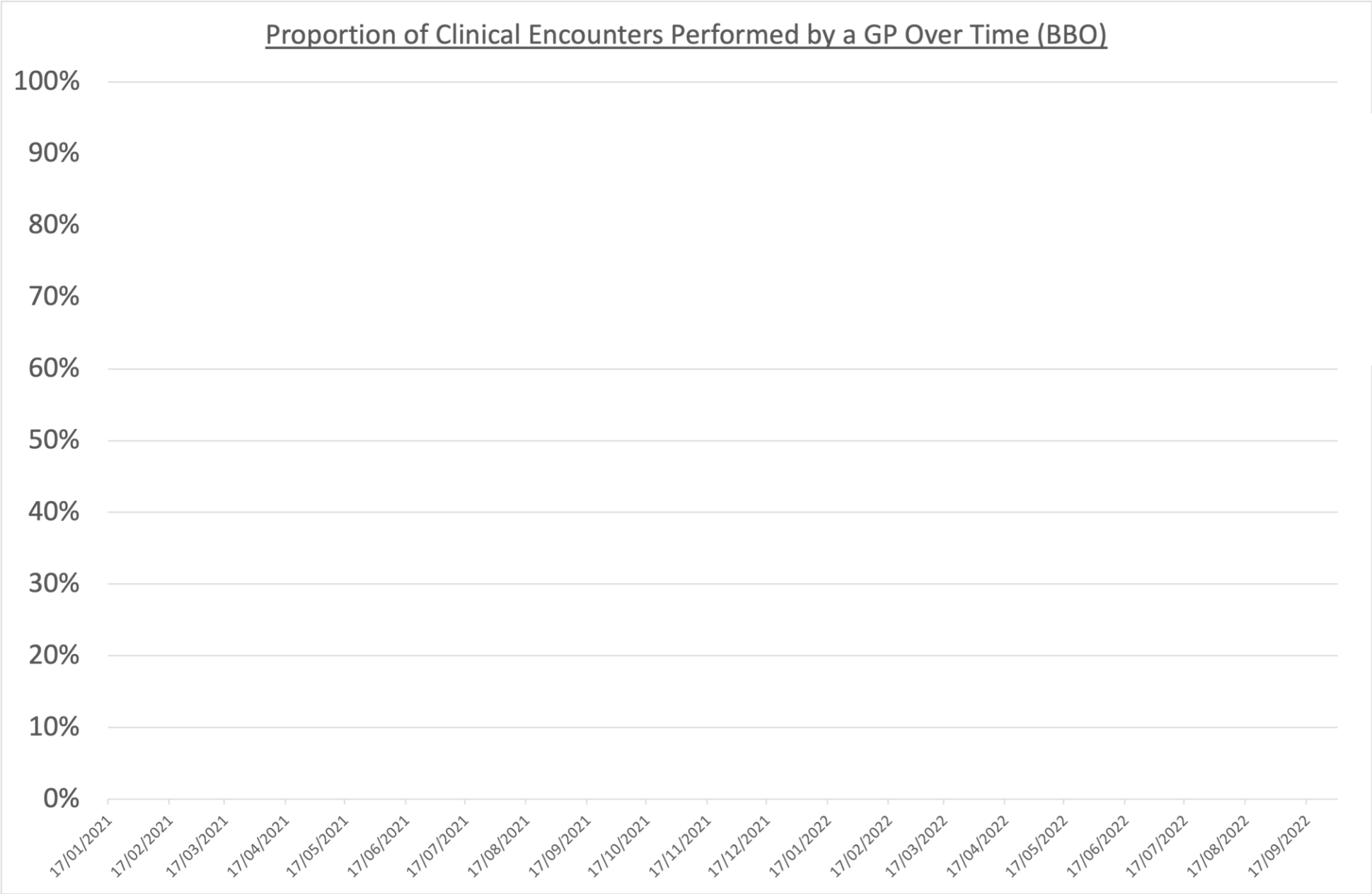


BBO: Average Number of Each Type of EMIS Entry made across the whole Practice per GP present per day





Allied Health Professional Input





- There are enough appointments for **57%** of the BOB population per month
- GP daily appnts are nearly double BMA-recommended (**34**)
- Average list size is **2,919**: **45%** larger than 'safe' (pre-additional roles scheme)

Capacity

Demand

3% of our population call their practice every working day (69% per month)



Wellbeing

- **81%** of all medical record entries take place outside of the consultation
- The proportion of allied health professional consultations has increased by **10%** over 2 years

Activity

When demand outstrips supply

1. **Reduce Demand** – education, (public health), *et al*
2. **Increase capacity** – make GP attractive, use additional roles, *et al*
3. **Change Activity**
 - i. **Clinical Triage**
 - *Adv*: prioritise the sickest and those who need a F2F
 - *Disadv*: Reason for attendance given in advance (apps, e-consult, receptionist), fewer set appointment times, not every request is honoured in the way the pt would like
 - ii. **Bottom-Slicing**
 - AHPs, Apps etc
 - iii. **Maximise Efficiency**
 - >90% of diagnoses are made on history alone. An exam rarely changes diagnosis or management plan
 - Telephone calls: 8mins; F2F 14-mins; Video consults somewhere in-between

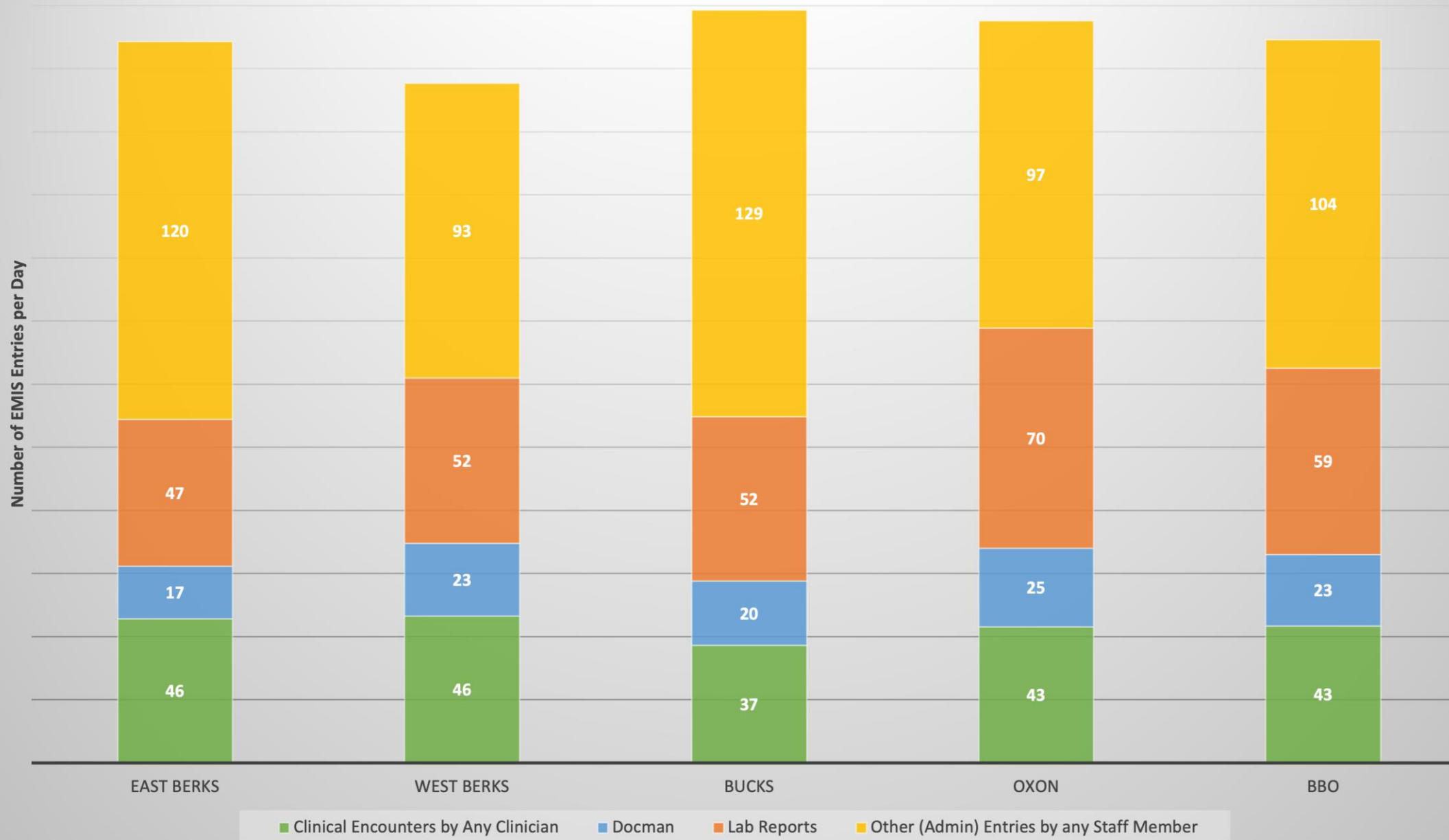


Effective Interventions Need to:

- 1. Reduce Demand**
- 2. Increase Capacity**
- 3. Make activity more efficient**

- END -

Average Number of the different types of EMIS Entries made by the practice, Per GP In The Practice, Per Day, For Each County (Nov '20 - Oct '22)





Healthwatch Recommendations

- 1) **Communications infrastructure** (e.g. telephone systems, online tools)
- 2) More **care navigators and reception staff**
- 3) **More staff at peak hours** (8am-11am)
- 4) **Allow more calls at other times** (including extended hours)
- 5) Enable **more booking ahead** for non-urgent appnts

HW Recommendations

Recommendation	Potential impact
Communications infrastructure (e.g. telephone systems, online tools)	Increases access into the practice but not capacity to meet it
More care navigators and reception staff	Would increase demand into the practice, and also some capacity to meet it
More staff at peak hours (8am-11am)	Would increase capacity (but difficult to employ)
Allow more calls at other times (including extended hours)	Increases demand into the practice but not capacity to meet it
Enable more booking ahead for non-urgent appnts	Reduces ability to triage and the potential to threatened clinical safety. Not enough for urgents: pr risk and staff burn-out

	<i>East Berks</i>	<i>West Berks</i>	<i>Bucks</i>	<i>Oxon</i>	BBO
Average No. of Pts in Practice Population FTE GP	3,288	2,792	2,651	3,032	2,919
GP Sessions per 10,000 Patients	28	35	40	32	34
*Average number of daily EMIS entries done by the practice per GP present per day	230	214	238	235	229
Total EMIS Entries by a GP per Day	58	51	49	57	54
Total Clinical Encounters by a GP per Day	34	32	31	36	34
Proportion of all practice Clinical Encounters Entered by a GP	64%	72%	83%	82%	77%
Proportion of EMIS entries that are admin-related	80%	78%	84%	82%	81%
Estimated No. of Clinical Encounters (by any clinician) per Pt per Year	3.3	3.8	3.5	3.5	3.6



	Red	Amber	Green
Proportion of Practice-Weeks Declaring RAG Rating	8.1%	57.9%	33.8%
Carr-Hill	0.9338	0.9563	0.9446
Pts per GP Session	407	336	303
GP Sessions per 10,000 Pts	27	34	35
Est. Number of Clinical Encounters per Patient per Year	4.6	3.6	3.2

In Summary

Demand:

- Equivalent of **3%** of our population call their practice every working day (69% per month)

Capacity:

- There are enough appointments for **57%** of the BOB population per month
- GP daily appnts are nearly double BMA-recommended
- Average list size is 2,919: **45%** larger than 'safe' (pre-additional roles scheme)

Activity:

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- The proportion of allied health professional consultations has increased by **10%** over 2 years



Agenda

- 1) Demand
- 2) Capacity
- 3) Activity
- 4) Adaptions and Solution Approaches