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## Managing Extreme Workload Pressures

The current pressures on General Practice are extreme, and GPs are being faced with unmanageable, unsafe workloads. The BMA has revised its [guidance on Safe Working in General Practice](#), and we'd encourage you all to look at this.

We are issuing this guidance as we have been receiving requests from constituents asking what practices can do within their contract to try and safely manage patient care. Please read this guidance 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 - 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 **RAG rating 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 is **RAG rating Red**.

### What should we do?

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

- 1) **Move to 15-minute appointments immediately** - The BMA strongly recommends practices take immediate measures to move to 15-minute appointments, which is entirely within your gift. This could mean a reduction in the absolute number of appointments per session, to remain at safe levels for clinicians and patients. It is offset by being able to better manage the complex patient consultations with a significant and worsening degree of need.
- 2) **Limit surgery lengths to no more than 3 hours at a time, twice a day** - The current BMA standard 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 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 coordinators and appropriately trained reception staff may safely direct patients to suitable alternative services including NHS 111, extended access, walk-in centres, overflow hubs etc.
- 4) **Duty doctor as conductor of the same day urgent care group** – If possible, try to split duty days between GPs into AM/PM sessions. Ensure GP-led oversight of the on-call list, but care navigator-delivered patient interactions. The job of the same day urgent care team led by the duty GP is to ensure same day access for those who require it, access within a week for those that need it, and routine access for those that want it, signposting to other avenues where and when appropriate.

- 5) **Amend your NHS Directory of Services entry** – Practices can remove themselves from the DoS temporarily if necessary. This will stop 111 booking into GP appointments slots for a certain amount of time and 111 will have to re-direct patients to other green options. Relevant guidance can be found [here](#).
- 6) **Move to a waiting system for non-urgent work** - The BMA advises practices to consider moving to a waiting system for routine appointments as demand currently significantly outstrips capacity. Allocate staff to review the waiting lists and ensure transparent communications to patients, e.g., a regular SMS update each month, whilst they await their appointment.
- 7) **Stop everything else** - Practices should consider stopping all non-contractual work and diverting their resources to core services – this may include giving notice on enhanced services if that is felt to be necessary. Carefully consider accepting 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. You can also find template letters to push back on inappropriate requests on [our website](#) and a list of [core and non-core work here](#).
- 8) **Re-triage patients allocated by 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.
- 9) **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 texts if operating at RAG rating RED**

Local General Practice is currently under extreme pressure due to rates of illness in the community, staff sickness and absences, industrial action, and hospital backlogs. To keep patients safe, when all possible slots and 'extras' in the surgery are full, our care navigators will help direct you to other NHS services. This may include NHS 111, walk-in centres, or joining a waiting list for a routine appointment. If you are unsure if your problem is urgent, please contact us and our care navigation team will assist you.

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

- So long as you act in line with ensuring patient safety, no. None of these measures put you in breach of your contract. They are recommended by the BMA GPC, and as your LMC we advise you take heed of the published advice as appropriate depending on your current pressures.
- The GMC wrote to all doctors – 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 your RAG rating reporting and updating your entry on the NHS DoS.
- 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.
- Many practices already complete the RAG rating reporting, and if you are citing patient safety concerns as the reason to alter how you deliver care, you must complete this reporting.

These recommendations are not exhaustive and should be tailored at practice level.

Please contact us should you wish to discuss any of these measures.

With thanks to Cambs LMC