

The following FAQ document has been developed to support the introduction of the General Practice Alert State or GPAS.

**Q: What is the purpose of GPAS and why are we doing it now?**

*A: GPAS has been designed to allow General Practice to report the state of pressure and resilience in local areas.*

*Other parts of the healthcare system can easily signal when they are at capacity, except for General Practice. NHS Grampian uses G-OPES to communicate demand and capacity issues, but General Practice’s uptake has been poor due to it being aimed at Secondary Care activity and therefore not truly representing pressures in General Practice. This new system is being rolled nationally and will be known as GPAS. The LMC is encouraging all Practices to submit data on a regular basis, to build a robust evidence base that will provide system leaders with better visibility of the pressures being experienced by General Practice at Health and Social Care Partnership and Grampian levels. It will also enable comparison with pressures in Secondary Care. This way we will be able to demonstrate to our colleagues the sheer scale of what General Practice does, and to demonstrate the case for extra support and investment.*

**Q: How can I be sure that the data I’m providing is consistent with the data others are providing?**

*A: We have developed guidance that you can follow to extract appointment data from EMIS and Vision. We want you to provide all appointments delivered by all members of your clinical team where this is simple for you to do.*

*We recognise there will be variation between what practices do due to, for example, the make up of your clinical teams and which Enhanced Services you are signed up to provide. This variation is not something you should be concerned about and reflects how practices have evolved to meet the needs of the diverse communities they serve.*

**Q: What are the criteria against which the Alert State rating has been designed?**

*A: You will be asked to consider two main criteria when selecting your Alert State: Patient Flow and Staffing Levels.*

*When thinking about patient flow there are a number of factors you can consider. The most important will be how long your patients wait for an appointment. However, you can also consider other factors such as, how long patients wait on the phone to speak to someone, or the volume of eConsults that need processing. You can consider any one or combination of these when deciding your Alert State.*

*Staffing levels is simply whether you are experiencing any staff shortages. This could be for any reason including carrying vacancies; annual leave; or staff sickness.*

*You could move up the Alert State scale for either or both factors. For instance, demand for appointments may be within normal parameters, but if you have had a covid outbreak and 1/3 of your staff are off sick you will be experiencing acute pressure.*

**Q: How will the data I provide be used?**

*A: The most important thing to note is that the collection of this data is not intended to be punitive in any way. It is about building an evidence base that the LMC can use to demonstrate the breadth and depth of General Practice services and the demands being made on it.*

*Each week the LMC will produce a report to inform system leaders about the Alert State in General Practice across all three Health and Social Care Partnerships and will monitor how it is changing over time. The report will also be shared with practices so that you can see what is happening too.*

**Q: Is the data I provide totally anonymous from the outset?**

*A: Yes. The LMC does not collect the names of Practices that submit data. We do collect your list size, and H&SCP area within which you operate. In combination this could make your practice identifiable however, this information is only visible to LMC officers. We will not share individual responses with anyone outside the LMC and the report we produce will contain aggregate data at Health and Social Care Partnership and Grampian level only.*

**Q: How confident is the LMC that the data it supplies will be used by system leaders?**

*A: Our discussions about GPAS with the Health and Social Care Partnerships and other system leaders to date have been very positive. They understand that the current G-OPES system is not working and they understand the importance of quality data. We anticipate therefore, that the evidence we collect through GPAS will evidence the pressure within General Practice and become an important source of intelligence to support resource allocation and improvement initiatives across Grampian.*

**Q: Will the data be shared across local practices to support local improvement?**

*A: With the data being aggregated at Health and Social Care Partnership level, Practices may find it more useful to discuss the individual data they submit with other Practices in their cluster.*

**Q: How can the LMC assure me that the data I provide will not be used for performance management?**

*A: The system which the LMC uses to collect and analyse the data submitted by Practices is independent from any NHS systems and is not being collected for performance management. The LMC will not be sharing practice level submissions with Health and Social Care Partnerships or NHS Grampian.*

**Q: Do I have to take part in GPAS?**

*A: Your participation is optional but the more Practices that submit data the more robust our evidence base becomes. We require at least 50% of practices to participate to create data that is valid.*

*We strongly encourage you to take part as GPAS will provide General Practice the opportunity to demonstrate to the rest of the system the tremendous contribution it makes. It will also help to build the case for additional investment and support and to understand how pressures differ across the different Health and Social Care Partnership areas.*

*If you’re not sure, we hope you will take up our offer of a practice visit so that we can answer any questions and alleviate any concerns.*