OPEL Guidance FAQs

What is OPEL?

OPEL stands for Operational Pressure Escalation Levels. It is a score from 1-4 to indicate how much pressure there is in the NHS system. It is used as a daily way of measuring this in hospitals, mental health and community services. OPEL has been slower to come into general practice, which has meant that we are often missed out of the picture when things are challenging.

Who should have access to it?

In Humber and North Yorkshire ICS, OPEL scores are self-reported by general practice using the UEC-RAIDR app, which can be downloaded from the Apple or GooglePlay stores for free. Every practice should have at least 2 identified individuals who are responsible for indicating the practice's OPEL level before 10am every day during core hours. They also should update the rating if things change throughout the day.

How do I access it?

If you don't already have access, please email necsu.uec-raidr@nhs.net who oversee the system. You can also download the app to your phone, select your organisation and then request to be added. Not all GP practices are listed, so it may be easier to email the address above. Ensure at least 2 individuals in your practice do this, to allow for reporting even in the case of illness or leave. This is usually the Practice Manager and one other colleague.

When do I need to report?

The designated contact in the practice should report your status on the app **before 10am** during core hours. The ICB and other providers meet at 11am daily, to review the OPEL ratings across the whole system and agree any actions or redeployment of resources that are needed. Crucially, if a GP surgery does not update their status on the

app, it is automatically reported as OPEL 1 – meaning there are no issues with meeting demand (something that is rarely true in general practice).

What should I expect if I report OPEL 2, 3 or 4?

While there is national guidance on what ICS' are expected to do in response to other parts of the NHS system declaring different OPEL levels, the situation when general practice reports OPEL 2-4 is much less clear. We know from practices that reporting OPEL 2 rarely causes any system response. OPEL 3 or 4 usually results in a phone call or email for a conversation with one of the ICB Primary care team. Practices often report that even if the ICB is supportive, there is little they can practically do to help with workload and demand. If there are longer term issues e.g. difficulty recruiting or long-term sickness absence, it is often worth a conversation with ICB colleagues to understand any extra support that they might suggest such as list closure.

The LMC receives all OPEL reports, and we always contact practices reporting OPEL 3 or 4 to see if they need help.

However, it is vitally important your practice still reports. While on-the-day help might be limited to removing your appointments from the NHS 11 system or flagging to a nearby UTC that they might see more patients being diverted, it helps to build a picture. Consistent high OPEL reports strengthen general practice's position for negotiating increased resources and allows the LMC to robustly advocate that there is no capacity within practices.

Will the practice be penalised for reporting higher levels?

It is important to be clear that the only opinion about what OPEL level your practice is on, is that of the practice. You should follow our guidance to see examples of what might trigger you to report a higher OPEL level, but no-one can disagree or tell you this is incorrect. **It is YOUR practice, YOUR patients, and YOUR staff**. While some practices report helpful conversations with supportive ICB colleagues, we have also received reports of practices being told to reduce their score down, or that their score is "wrong". If this happens, please contact the LMC.

What's the point in reporting if no practical help is available?

There are 2 reasons to report your OPEL status every day.

Firstly, when the hospital, mental health and community providers are all on OPEL 3 or 4, and general practice doesn't report accurately, we show up as a sea of green. The perception is therefore that we have capacity or aren't doing our bit and are sending patients to other parts of the system despite having the ability to see them. We all know this is not true, but we also know that this narrative stems from a total failure to understand general practice and the challenges and risk that we hold every day. Other providers turn up to meetings about money with slide after slide showing their activity, metrics and graphs, and succeed in securing extra money. We are then there with widespread OPEL 1 status and told that there is no evidence that general practice needs extra support. That needs to change. **OPEL is the language of the system – we have to speak in that language.**

Secondly, while we are still waiting for details of the new GP contract for 26/27, it is highly likely that this will include a requirement that practices must have clinical online tools on throughout core hours. If this is the case, it will cause enormous pressure on most practices. The only tool that would allow a practice to legitimately reduce their online access, would be as part of OPEL reporting. OPEL 3 and 4 both include suggested actions around stopping access for routine requests and prioritising urgent care. Practices are protected by using the OPEL system to flag their pressures and capacity issues. A practice reporting OPEL 1 or 2 that limits patient access will be at risk of receiving a contractual breach notice so **please**, use the system to help manage unsafe demand. If you are unsure, get in touch with us at humberside.lmcgroup@nhs.net

Humberside LMCs

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