

GPAD FAQ

This document is designed to address some common questions and issues received throughout the GPAD programme so far. Questions raised continue to be reviewed and these FAQs will be added to.

If you have any specific GPAD categorisation queries, or you need further support, please contact england.gpad@nhs.net so that one of the team can make contact.

Dashboard and Data Queries

I have a number of appointments that are showing in the GPAD Practice Dashboard as 'unmapped' even though I have mapped all my appointment slots, why is this?

Firstly, it's important that you check through your appointment book to ensure that all slots have been completely mapped, including Default slots. If this doesn't uncover any unmapped slots, it could be that there is some discrepancy between the data we're receiving from you and what is actually happening in your system. We know, for example, that in TPP SystemOne there is an issue with all squeeze-in appointments being reported as unmapped even if this is not the case. (You can find more information about this specific issue [here](#))

If you believe your data is being affected by these data discrepancies you should contact your ICB to let them know and also report these to the data team at primarycare.domain@nhs.net

What does 'inconsistent mapping' mean?

In your GPAD data dashboard, you may have a number of appointments showing under the heading of 'inconsistent mapping'. These appointments are those that have been flagged up in our data as potentially being mapped incorrectly. The criteria for an appointment to be flagged as inconsistent are as follows:

- It has been mapped into the 'Care-related encounter but does not fit into any other category' national category
- It has been mapped into either a Care-related activity or Admin and Practice Staff activity category, but has had a patient booked into it.

For the first of these, you should simply be able to locate the slot(s) in your system and amend the national slot category to a more appropriate option. We believe there are few, if any, circumstances in which the 'does not fit' category is more appropriate than any of the other options. Please refer to the published guidance for more information around this.

For the second contingent you will need to check whether these slots are indeed incorrectly mapped or not. No 'Admin and practice staff activities' slots should be booked as an appointment.

We understand that some practices like to book patients into some 'Care-related activity' slots as a way for the clinician to identify the patient they are currently working on. (For example, if a slot is mapped as 'Patient Clinical Admin' it can be useful for the clinician to see which patient they are dealing with). If this is the case, there's no need to amend your appointment slots, but due to the limitations of the data available to ICBs, you should let your ICB know that you will have a number of 'inconsistent mappings' because of this.

Categorisation Queries

What is the difference between an appointment (Care related encounter) and a Care related activity?

A 'Care related encounter' (Appointment) involves contact between a healthcare professional/clinician and a patient in real time. 'Care related activities' do not involve the patient directly but relate to a patient's care and treatment. There is no requirement to capture 'Care related activity' in your appointment book if you do not already do so.

Do I need to record all activities in the appointment book now?

No. Practices are not expected to use their appointment book to record all 'Care related activities' or 'Administration and practice staff activities'. The categories in these context types have been included not because you are expected to record these activities in appointment books, but because some practices do record these activities in their appointment the book. These categories have been made available to map the relevant slot types to, if these activities are currently being recorded it is important that they are correctly categorised to avoid erroneous recording and reporting of 'appointments' as per national agreed definitions. Some practices requested the level of breakdown seen. The most common is 'break' slots which certainly need distinguishing from true appointments.

By correctly mapping these slots we eliminate situations where these activities are counted as an unused appointment, which would incorrectly show practices having more capacity to deliver appointments.

Do I need to account for Clinician's time across the working day?

No. You do not need to account for Clinicians working time within your appointment book. The data collection is intended to record appointment activity, rather than all activity undertaken by Practices.

Is the 'mode' of the appointment recorded in the data. I.e., F2F, telephone, Video Consultation?

Yes. The mode of contact is recorded.

Do I need to update the appointment book if the slot is not used as planned? E.g., changed from VC to Telephone encounter during the consultation

Yes. To ensure total accuracy of your data, it is important that any changes to appointment slots (seeing additional patients, a different mode etc.) are added retrospectively to the appointment slot.

Does booking a slot as a textual appt (is booked but not linked to a record) count towards slots being classed as not used?

Yes. If an appointment slots is marked as 'bookable' and is mapped to one of the 'clinical encounter' national categories, it will appear in data submissions. If this type of appointment slot is not marked as attended, or DNA on data submissions they will appear as 'unused'.

Are 'embargoed', or 'blocked' appointment slots counted as unused appointments?

In SystmOne, if the slot is left as 'blocked', the patient facing activity undertaken during this slot will not be collected in the GP Appointments Data Collection and it will not show whether

the patient attended or DNA. A field in the data collection indicates whether a slot is bookable or non-bookable, but not whether a slot was 'embargoed' – that is, delayed/deferred from being made available for booking. Embargoed slots would be seen as unused appointments in collected data.

Should appts delivered under the PCN DES contract be categorised to the PCN Service Setting, for example Home Visits?

Yes. Any work conducted under a PCN DES contracts that is recorded in the GP appointment book should be categorised with the appropriate PCN service setting.

Does appointments data need to be categorised in separate clinical systems used for Extended Access, such as Federation, or PCN?

The data is only collected from GP clinical system appointment books. We are aware that there are other appointments books used in different service settings, such as EA services.

The functionality is not normally enabled in the version of the supplier system (e.g. SystmOne or EMIS) that is used in these scenarios. In addition, EA Providers haven't currently been requested to sign up to the DPN which allows NHS England to receive the information

How do I manage appointments that are undertaken by the GP Practice, but are recorded outside of the GP clinical system appointment book?

At this time there is no current way of getting accurate data that captures both the appointment slots recorded in the GP clinical system appointment book and other systems, or modules that capture appointments data. Some common examples where data is not recorded in the GP clinical system appointment book are:

- TPP Home Visit module
- askmyGP
- AccurRx

Until the functionality is available within these modules to categorise appointments, you will need to map these appointments both within their dedicated module and in your standard appointment book for these appointments to be shown in your data,