

GPAD

September 2023



Introduction to GP Appointment Data programme

- NHS Digital has been collecting and publishing data from general practice appointment systems, collated by CCG area, since 2018.
- Variation in how appointment books are used and in how the different IT systems function, means that the current GP appointment publication has a number of limitations. This could be, potentially giving an incomplete picture of overall activity and workload in general practice
- Benefits are:
 - Practice level: Accurate appointment data demonstrates the activity and need for different services and supports understanding of practice activity, workforce planning and identification of pressure points.
 - Local level: Accurate data is key for local decision making and workforce planning across the local health system.
 - Nationally: GP Appointment Data provides commissioners with an understanding of how capacity is changing in each locality and identifies different ways of working.
- The COVID-19 emergency has also demonstrated the importance of understanding appointment activity in general practice, informing our national response to the outbreak.

Focus on GPAD



- Also want to support practices/PCNs/ICBs to get the most out of GPAD using current capabilities, guidance and future updates when creating PCN/practice level access improvement plans.
- We have produced a consolidated guidance document currently on NHS Futures that demonstrates how to improve your GPAD quality. This document will be updated each time new guidance or GPAD is updated to ensure all users can get the most out of GPAD.
- This will update or pull-out relevant guidance in current published materials and their relevance to policies, e.g. PCARP, CAIP and 50 million appointment manifesto commitment.
- Updates will be made to a central repository hosted by Transformation which will go live in August.

GPAD Guidance / Upgrades to Clinical Systems



Since April 2023

- New functionality is now available on GP systems to allow users to accurately record the methods (sometimes referred to as mode) of an appointment. This will help improve how appointment data is recorded in general practice.
- System users will now need to select one of the standardised method options for every appointment:
- Face to face (home visit),
 Face to face (surgery)
- Telephone/audio,
 Video with audio
- Written (including online),
 Not an appointment.

These options will be displayed when users create a new slot type or amend an existing slot type. Practices should refer to the individual guidance provided by their supplier for further details.

GPAD Guidance / Upgrades to Clinical Systems



For 2023

Exception Reporting

Addition of flags when appointment booked were clinician or patient has indicated an appointment booked longer than two weeks.

Online Consultations / Submissions

Work is progressing on how we include activity in OC system (triage / appointments) into GPAD

ARRS roles

Discovery work progressing as to how we identify ARRS appointments in GPAD

Dashboard upgrades

Ongoing development of dashboards based on user feedback.

Links to Policy Metrics



- Capacity and Access Improvement Payment (CAIP)
 - Record all appointments in appointment books in line with the agreed definition of an appointment.
 - 2. Sign up to the General Practice Appointment Data (GPAD) Data Provision Notice.
 - 3. Improve the accuracy of appointment recording by referring to existing guidance.
 - 4. Improve the use of GPAD to differentiate urgent from routine appointments.

The most appropriate appointment categories for use for urgent needs are as follows:

General Consultation Acute, Unplanned clinical activity, Walk-in, Clinical triage

- Impact and Investment Fund (IIF) ACC-08
 - Routine appointments offered within two weeks of contacting the practice should be coded according to the guidance for IIF ACC-08, "percentage of appointments where time from booking to appointment was two weeks or less". The guidance describes the categories of appointments for which patients will frequently want the first available appointment and which are incentivised by IIF ACC-08.

Links to Policy Metrics



- Primary Care Access Recovery Plan (PCARP)
 - NHS England is asking and incentivising practices to refine their General Practice
 Appointments Data (GPAD), to help us more accurately track appointments and who is
 delivering them.
 - This will also enable practices to better track the commitment to action urgent clinical need on the same day and non-urgent needs within two weeks.

 Government manifesto commitment to increase number of appointments in general practice by 50 million by April 2024.

National Appointment Slot Categories

(as at 31/03/21)

1. Service Setting

- General Practice
- Primary Care Network
- Extended Access Provision
- Other

2. Context Type

- Care Related Encounter (1-17)
- Care Related Activity (18-20)
- Administration and Practice Staff Activities (21-26)

3. National Categories

<u> </u>	General Consultation Acute
2	General Consultation <i>Routine</i>
3	Planned Clinics
4	Planned Clinical Procedure
5	Unplanned Clinical Activity
6	Walk in
7	Clinical Triage
8	Home Visit
9	Care Home Visit
10	Group Consultation and Group Education
11	Structured Medication Review
12	Patient contact during Care Home Round
13	Care Home Needs Assessment & Personalised Care and Support Planning
14	Social Prescribing Service
15	Service provided by organisation external to the practice
16	Non-contractual chargeable work
17	Care Related Encounter but does not fit into any other category
18	Patient Clinical Admin
19	Multidisciplinary Team meeting / Patient Collaboration planning
20	Care Related Activity but does not fit into any other category
21	Providing training / mentoring / supervising
22	Receiving training / being the mentee / being supervised
23	Business/Practice Management Activities
24	Clinical Housekeeping/Admin
25	Break and Staff Absence
	Admin and Practice Staff Related Activities but does not fit into any other
26	category

Experimental statistics

This is an experimental statistics publication.

Experimental statistics are series of statistics that are in the testing phase and not yet fully developed for several reasons such as:

- poor coverage
- poor data quality
- data undergoing evaluation

This publication is classed as experimental statistics due to variations in the quality of data contained within a number of fields.

Users should be aware of the status and constraints of this data.

NHS England regularly ask for feedback from users of its publications, which are experimental statistics, to help further development.

The data shown to you in the ICB Dashboard should be treated as a signpost, not as a 100% accurate depiction of a practice's activities. If you have concerns about a practice based on their data in the dashboard, you should get in touch with them and go through their appointment book together to identify any areas of concern.

Unmapped appointments

Please check that all your slot types are mapped to a national category. If they are all mapped, then you have completed your assurance of this data quality flag and have no further actions.

If all your slot types are mapped within your appointment book system but the data quality flag on the dashboard is still showing that you have appointments which require attention this is likely due to issues with the system functionality which NHS England are working with suppliers to rectify. This is a known issue predominantly affecting TPP (SystmOne) due to an issue with receiving some data from squeeze in appointments.

'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 either a Care-related activity or Admin and Practice Staff activity category, but has had a patient booked into it as if it were an appointment.

For these 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 for them to amend their appointment slots.

Quick check sheet – things to look for that may indicate data quality issues

- Inconsistent mapping check each 'inconsistent' slot to see if these have been incorrectly mapped or are for the clinician's benefit
- >40% CRE but does not fit into any other category (may indicate inaccurate mapping)
- High number of 'unmapped' appointments practice likely hasn't completed mapping or has unarchived seasonal slots that have not been mapped
- <50% Care related encounters these should make up the majority of appointments
- Single Category usage if all, or most, appointments have been mapped to a single category this could indicate inaccurate mapping

Guidance and support available

- All relevant guidance to the GPAD programme can now be found on the GPAD Hub page here.
- Consolidated guidance is currently hosted on <u>NHS Futures</u>.
- This hub page will be updated with further FAQs and guidance as and when it becomes relevant.
- For GPAD dashboard enquiries and data enquiries should go through the Contact Centre at enquiries@nhsdigital.nhs.uk
- Any queries regarding the published GPAD data: <u>primarycare.domain@nhs.net</u>
- For anything else, feel free to contact your local PIRM team GPAD representative.
 Pirm.office@nhs.net

The Dashboards

- To support the GPAD Programme we have developed the following three dashboards:-
- GP Appointments Data Dashboard NHS Digital
- PCN Appointments Data Dashboard NHS Digital
- Integrated Care Board Appointments Data Dashboard NHS Digital

We will now provide a demo of the practice dashboard.

