North & South Essex Local Medical Committees Ltd

Standardised GP Appointment Categories

A Guidance Document for Practices

Dated: 23 April 2021

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Preamble

Preamble	Guidance
● NHS Digital has been collecting data from general practice appointment systems and publishing it, collated by CCG area, since 2018. This published data provides a picture of general practice appointments. There are, however, limitations to the insights that can currently be gained from this data due to the wide variation in recording between practices, driven by the use of multiple IT systems and different recording customs in practices. ● Last August, NHS England and NHS Improvement and the British Medical Association published "More accurate general practice appointment data – guidance", which for the first time established consistent principles for recording of patient-facing appointments in general practice (https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data/). This guide builds on that publication by introducing a new set of categories that seek to better capture GP appointments activity. ● These categories have been developed by a Local User Group consisting of practice clinical and administrative staff and other front-line colleagues, working with NHS Digital subject matter experts. A linked National Data and Reporting group considered the reporting requirements from categories and other data quality improvements. ● The proposed approach seeks to maximise data quality improvements while minimising recording burden. Mapping locally defined slot types to a standard set of GP Appointment Categories will allow local control over appointment system use whilst also providing a consistent view of GP Appointment data in aggregate. This is crucial to enable GP practices, Primary Care Networks (PCNs), Clinical Commissioning Groups (CCGs) and national teams to: • be confident that data collected from appointment systems reflects true activity • plan capacity and workforce to improve health and care delivery for patients • understand the impact of service changes, for example the use of triage, video contacts & online encounters, which were rolled-out during the COVID-19 response • inform national policy development by giving a true picture of how capacity is used	Standardised GP Appointment Categories
*Please see page 2 of the attached guidance link.	

The purpose of this guidance (part one)

1. The purpose of this guidance (part one)	Guidance
1.1 NHS England and NHS Improvement, in partnership with NHS Digital, has introduced a new set of GP appointment categories to better capture general practice workload and demand. These new GP appointment categories will be a superset of the existing 'slot type' field. **1.2** Practices are being asked to undertake a short one-off exercise to map each slot type it uses to one of the national categories. Piloting suggests that this exercise will take around one hour per practice. Functionality enabling practices to undertake this mapping exercise for an earlier set of categories used for piloting was introduced to EMIS, TPP/SystmOne and Informatica/FrontDesk in September 2020. By the end of March 2021, this functionality aligned to the categories set out in this guidance will be made available by GP system suppliers and your supplier will notify you in the usual way when this is available, providing instructions on next steps. **1.3** Once the mapping exercise has been completed, you will be able to use your appointment book in the same way as previously – the only difference will be that, whenever you create a completely new slot type, you will be asked to specify which appointment category it should be mapped to. **1.4** This guidance relates to prospective appointments from 1 April 2021 onwards. This guidance does not ask you to make wider changes to your behaviour or appointment books. While you may wish to make use of the mapping exercise as an opportunity to review how you use, and manage your appointment book or slots (e.g. archiving slots that you no longer use), this is not required or expected. The purpose of these new appointment categories, and the focus of the mapping exercise, is to better understand and articulate the full extent of activity undertaken in practices, not to ask them to do things differently. **1.5** When undertaking the exercise mapping slot types to categories, the flow chart in Section 3 can help practice staff to choose the right category, and for reference Section 2 provides an overview of the GP appointment categories.	[Standardised GP Appointment Categories](#)
*Please see pages 3 and 4 of the attached guidance link.	

The purpose of
this guidance (part two)

1. The purpose of this guidance (part two)	Guidance
GP practice involvement **1.6** A number of GP practices have generously supported the development of the national categories and provided their invaluable insight and experience. All their feedback has supported this guidance and the previous versions of the national GP appointment categories, to ensure it will be useful and practical for General Practice. **What support is available?** **1.7** NHS England and NHS Improvement, and NHS Digital, are keen to provide as much support as possible to practices and PCNs, to ensure that you understand what is being asked of you and are able to undertake the mapping exercise with minimum difficulty. This support will be provided in many forms, including the following: • Each local area will have champion users who can be contacted to support practices in their area with mapping. • System-specific guidance and e-learning, available via the NHS Digital website as well as via system suppliers' own communication channels, on how to undertake the mapping exercise. • A series of webinars to provide information on undertaking the mapping exercise with minimum difficulty and maximum benefit for practices and PCNs • A Frequently Asked Questions document will be circulated following publication of this guidance. **Appointment Definition** **1.8** When mapping your appointment types please also have regard to the newly agreed definition of an appointment, as set out in the August 2020 NHS England and NHS Improvement and the British Medical Association publication "More accurate general practice appointment data – guidance", available at: https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data/. For further enquiries please contact: england.gpad@nhs.net	Standardised GP Appointment Categories
*Please see pages 3 and 4 of the attached guidance link.	

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The GP appointment Categories (part one)

2. The GP appointment categories (part one)	Guidance
2.1 The mapping exercise will ask you to assign each slot type a 'service setting' and a 'category'. **2.2** There are four available 'service settings': i. **General Practice** – this should be applied to all appointments delivered by practice staff activity under the GMS/PMS/APMS contract. We expect that this will be used for most appointments. ii. **Primary Care Network** – this should be applied to : • Appointments delivered by staff employed or engaged under the Additional Roles Reimbursement Scheme (ARRS) • Appointments delivered in fulfilment of the service requirements of the Network Contract Directed Enhanced Service (DES) - e.g. Structured Medication Reviews, weekly care home rounds - with the exception of Extended Access services, for which the Extended Access Provision service setting should be used iii. **Extended Access Provision** – this should be applied to all appointments commissioned as part of extended access contractual arrangements (see footnote for handling of Extended Hours appointments) iv. Other – this can be applied to record appointments delivered in the practice by another provider (if the system appointment book is used to record this activity) or under a separate contract/commissioning arrangement, such as CCG-led sexual health services **2.3 The GP appointment categories are subdivided in three 'context types':** • **Care related encounter:** These categories involve the patient and can be any modality e.g. face-to-face appointments, telephone consultations, video and online consultations, home visits etc. • **Care related activities:** These categories do not involve the patient but are about the patient; clinical tasks and activities undertaken on behalf of the patient. • **Administration and practice staff activities:** These categories are for all activities and tasks required for managing a general practice and its staff.	[Standardised GP Appointment Categories](#)
*Please see pages 5 to 20 of the attached guidance link.	

The GP appointment Categories (part two)

2. The GP appointment categories (part two)	Guidance
2.4 The "More accurate general practice appointment data – guidance" publication, referred to in the previous section, provides guidance on how to use the 'Care related encounter' context type. There is no expectation of a standard or comprehensive approach to, recording 'Care related activities' or 'Administration and practice staff activities'. **2.5 Practices are not expected to use the appointment book to record all the activities captured by the 'Care related activities' or 'Administration and practice staff activities' context types.** 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 appointment books so categories have been made available to map the relevant slot types to. **2.6** Appointments recorded under the 'Care related activities' and 'Administration and practice staff activities' context types will not be used to measure the extent to which these activities are taking place. Rather, a primary purpose of these 'Care related activities' and 'Administration and practice staff activities' context types is simply to distinguish these activities from care-related encounters in order to form a better view of general practice workload – we want to be able to remove them from any count of patient-facing encounters in order to form a better view of demands on general practice.	Standardised GP Appointment Categories
*Please see pages 5 to 20 of the attached guidance link.	

Flowchart to map to the
right GP appointment category

3. Flowchart to map to the right GP appointment category	Guidance
3.1 For each slot type determine the: • Service Setting (four options) • Context Type (three options) • National Category (several options)	[Standardised GP Appointment Categories](#)
*Please see pages 21 to 24 of the attached guidance link.	

Default slots

4. Default slots	Guidance
4.1 Some practices use default slots for many different appointment types. We encourage reducing their use over time, and creation of slot types that are more meaningful, to support local and national reporting. We also recommend that practices and PCNs align any default slots to a single category that best fits most of their current use, to avoid reporting errors and confusion at local, PCN and national level.	[Standardised GP Appointment Categories](#)
*Please see pages 25 of the attached guidance link.	

Managing surplus appointments

5. Managing surplus appointments	Guidance
5.1 Unused appointments are appointments that were made available but not booked by patients. These are important as they help us understand utilisation of appointments in practices; see scenario 1 of worked example in the guidance link (page 27). **5.2 Surplus appointments** are appointments that were created in sessions or lists to ensure sufficient coverage (i.e. creation of contingency appointment slots) for an unknown number of patients; in effect creating more slots than you may require. **5.3** In these circumstances, the unfilled slots are not unused appointments but rather a function of creating contingency slots (i.e. slots created but not required), and therefore these surplus slots are ideally best removed should they remain unused at the end of a session. **5.4** Inclusion of these surplus contingency slots as unfilled appointments will result in inaccurate data and reporting, showing lower than actual utilisation; see scenario 2 in the guidance link (page 27) of worked example below. **5.5** This is important for flu vaccination and other scheduled mass immunisation purposes. **5.6** To avoid erroneous reporting of unused appointment capacity, you may wish to consider deleting unfilled contingency slots after the session ends. These most commonly arise in the following categories: • Unscheduled/unplanned clinical activity • Walk-in, Clinical Triage • Care Home Visit **5.7** We recognise the burden this poses and the user challenges involved. NHS Digital is working with system suppliers to scope out opportunities for an automated solution that will enable the identification of surplus appointments as distinct from unused appointments, which would eliminate the need for manual deletion of surplus appointments.	[Standardised GP Appointment Categories](#)
*Please see pages 26 of the attached guidance link.	

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Examples of applying a GP appointment category to existing slot types

6. Examples of applying a GP appointment category to existing slot types	Guidance
6.1 All slot types should be assigned to a single national category. Given the range of problems and individual circumstances that could present in each type of slot, practices will need to be pragmatic in deciding which category is the 'best fit' for planned and scheduled activity. Examples can be found further in the document on pages 28 - 34.	[Standardised GP Appointment Categories](#)
*Please see pages 28 of the attached guidance link.	

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Addendum: Data Quality Categorisation for COVID-19 Vaccine Clinics

Addendum: Data Quality, Categorisation for COVID-19 Vaccine Clinics	Guidance
GP Supplier System appointment module naming convention ● Given that alternative routes exist for booking and recording COVID-19 vaccination contacts, there is no expectation that all practices must record these contacts in appointment books. However, if you do decide to record COVID-19 vaccination contacts in appointment books, we ask that you do so using this guide prospectively, to enable accurate identification of these contacts in GP appointment data. ● Pre-booked COVID-19 vaccination clinics will be tracked and accurately reported through the existing GPAD collection if consistent naming is applied as per pages 35 and 36 in the attached guidance link.	[Standardised GP Appointment Categories](#)
*Please see pages 35 of the attached guidance link.	

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