

Guidance



- Network Contract Directed Enhanced Service Standardised GP Appointment Categories ([Link](#))
- More accurate general practice appointment data ([Link](#))

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What is GPAD?



NHS Digital has been collecting data from general practice appointment systems and publishing it, collated by CCG area, since 2018 (will continue with ICS).

This published data provides a picture of General Practice appointments. It includes details such as the number of appointments, the healthcare professional carrying them out, and where possible, the mode of delivery, e.g. face to face, or telephone.

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Why Engage at a Practice Level?



**Practice** - Different models of working are being embedded in many General Practices.

Differing Staff Types and needs of the Population.

Practices do not work the same, even if they are neighbours.

Ever changing expectations



**Accurate appointment data demonstrates the changes in activity and workload, and supports practices to:**

Understand their own practice activity and workload across the month and during the year. Identify pressure points that need mitigating for the benefit of staff and patients.

Plan deployment of extra and existing staff, as general practice undertakes its biggest ever workforce expansion.

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## Data at Locality / National levels?



Locality - Accurate data is key for local decision-making and workforce planning across the local health system to:

- help inform and understand demand and pressures in General Practice, not just hospitals.
- identify areas which do not have enough clinical resources and inform service planning, including new services and new service models.
- understand the use of ARRS roles to ensure optimum take up and utilisation across practices.
- to calculate likely workload if a Practice has to temporarily close for any reason, such as flood, fire, utility failure, sickness, or COVID-19.

National - Accurate GP Appointment Data helps better show the sheer scale of what General Practice does for us all.

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## What should be included?



"Discrete interactions between a health or care professional and a patient, or a patient's representative"



ALL RELEVANT STAFF (including ARRS)



ALL MODES (face-to-face, telephone, video and online)



ALL SETTINGS (including the practice, patient's home, care home, group consultations, extended access hub)

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## What can be excluded?



1. Purely administrative interactions between practice staff and patients. e.g. Practice Manager meeting a patient to complete a subject access request or a receptionist answering a query about opening hours.
2. Non-clinical triage or administrative signposting.
3. Online requests that do not result in an interaction between the patient and a health or care professional, for example automated online triage.
4. Work undertaken by a health or care professional that doesn't involve patient contact. e.g. team meetings, case conferences, palliative care list review, referral letters, writing repeat prescriptions, reviewing results.
5. All clinical administration activity including audit, training, supervision.
6. Interactions with patient participation reference groups.

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### SINGLE APPOINTMENT

Where a consultation mode changes during the interaction with the patient (e.g. a telephone consultation changes to video during the consultation), this will count as a **single appointment**.

Where a patient query/electronic consultation comes into the practice, is reviewed by a health or care professional, and is closed by message exchange with the patient, this will count as a **single appointment**.

Where a health or care professional proactively contacts a patient to discuss an issue e.g. after reviewing their results, or to pre-actively check in with a vulnerable patient, this will count as a **single appointment**.



### MULTIPLE APPOINTMENTS

Where a patient query/electronic consultation comes into the practice and is reviewed by a health or care professional (e.g. the duty doctor who then refers to a health or care professional for action at a later date e.g. a telephone call) in the patient, this should be recorded as an appointment.

If a practice are working off a block or a list of appointment activity with multiple patients, including for example care home consultations as part of care home visits, home care or group appointments, each patient should be counted as a **single appointment**. So if there were six patients in a group appointment, this should be recorded as six appointments.

If a duty health or care professional is carrying out 'virtual assessments/triage when patients call, each patient who is contacted for an assessment should be given a dedicated slot in the appointment list, for each time an appointment is made for the patient to consult.

If a practice is using unrefilled slots for which more than one patient can be added, for example 'single lists' then where each patient is provided with an unrefilled appointment, each patient should be recorded with an individual appointment slot on the unrefilled list.

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Where a session or list has a regularly defined number of appointments:

- The total number of appointments is recorded as AVAILABLE
- The number of appointments with patient interaction is counted as BOOKED
- The remaining appointments is recorded as UNFILLED

With this information utilisation can be calculated.

**Scenario 1 - Regular sessions with unrefilled appointments**

A session created with a regularly defined number of slots (appointments)

- Number of AVAILABLE appointments: 20
- Number of BOOKED appointments: 10
- Number of UNFILLED appointments: 2

% Utilisation = 10 ÷ 20 = 50%

**Scenario 2 - Triage list with surplus appointments**

A list or session created with contingency slots, as a way to manage unknown demand, e.g. clinical triage sessions, to accommodate patient lists and home visits.

- Number of AVAILABLE appointments: 40
- Number of BOOKED appointments: 20
- Number of UNFILLED appointments: 20

% Utilisation = 20 ÷ 40 = 50%

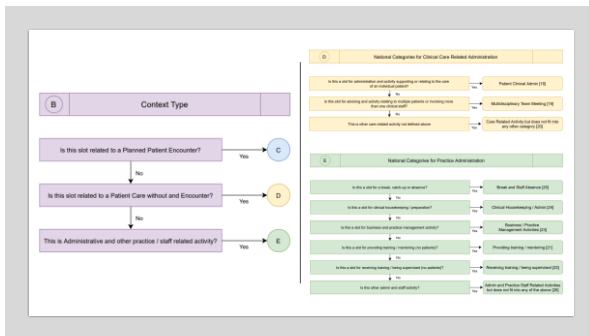
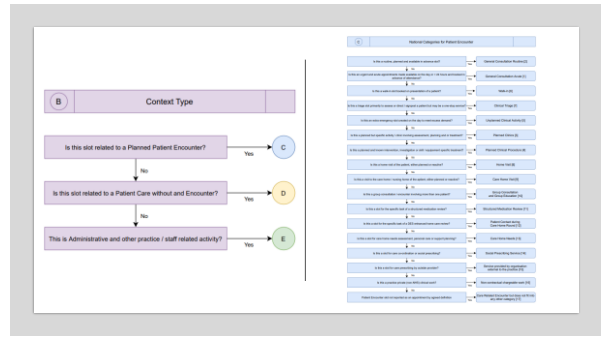
This is inaccurate as only 20 slots were required, the remaining 20 were unrefilled / surplus contingency (which is difficult to unrefill). It is important that these unrefilled slots are NOT reported and therefore clearly they should be DELETED from the list or sessions where possible.

## Appointment Utilisation

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The image shows several screenshots of a software interface used for managing appointments. It includes a main dashboard with various filters and data tables, a detailed view of appointment slots with columns for date, time, and status, and a settings or configuration screen for appointment types and staff assignments.

<p><b>Extended Access - Admins and Staff Activities</b></p> <ul style="list-style-type: none"> <li>Admins Activities doesn't fit into other category <li>Break and Staff Absence <li>Business/Practice Management Activities <li>Clinical Meetings/Training/ Admin <li>Providing training /teaching /supervising <li>Receiving training/being the instructor/being supervised <li>Care Related Activity doesn't fit into other category <li>Multidisciplinary meeting/Patient Collaboration/ planning </li></li></li></li></li></li></li></li></ul>	<p><b>Extended Access - Care Related Activity</b></p> <ul style="list-style-type: none"> <li>Patient Clinical Admin</li> <li>Assess Care Home Needs/Personnelised Care/Support Planning</li> <li>Care Home Visit</li> <li>Care Related Encounter doesn't fit into other category</li> <li>Clinical Triage</li> <li>General Consultation Acute</li> <li>General Consultation Routine</li> <li>Group Consultation and Group Education</li> <li>Home Visit</li> <li>Non contractual chargeable work</li> <li>Patient contact during Care Home Round</li> <li>Planned Clinical Procedure</li> <li>Planned Clinic</li> <li>Service provided by organisation external to practice</li> <li>Social Prescribing Service</li> <li>Structured Medication Review</li> <li>Unplanned Clinical Activity</li> <li>Web-in</li> </ul>
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## NHS Digital Dashboards - Getting access



- Have each practice on your smartcard along with one of the following activity codes:
- B0360 (view detailed health records) which also grants access through B8006 (execute clinical reports)
  - B0258 (execute contracting reports)
  - B0945 (execute management reports)
  - B0560 (perform patient admin)

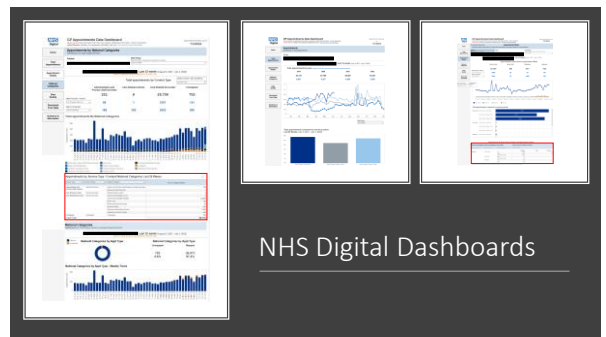
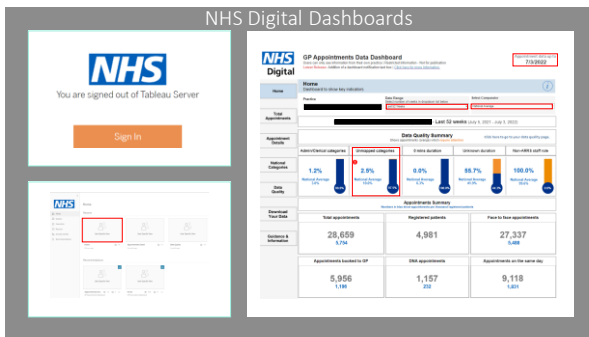
Useful Links: [Access the dashboard](#)

- <https://digital.nhs.uk/dashboards/gp-appointments-data-dashboard>
- [ssd.nationalservicesdesk@nhs.net](mailto:ssd.nationalservicesdesk@nhs.net) / 0300 303 5035 for assistance with any data related issues.

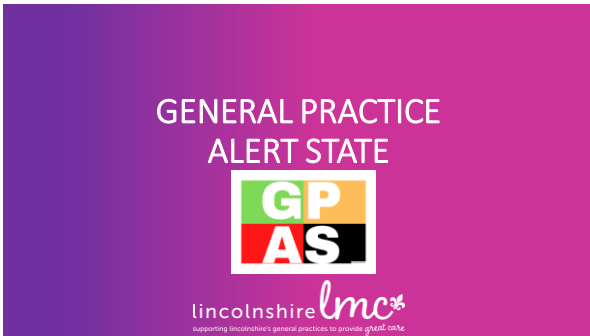
Support:

- User guide - [General Practice Appointments Data \(GPAD\) private dashboard user guide - NHS Digital](#)
- Training Video - [GP Appointments Data Dashboard 29th November 2021.mpd on Vimeo](#)

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## NHS Digital Dashboards



## GPAS open email from LMC



Email sent by LincInshirE LMC, on Tuesday for Monday data (unless BH)  
 This week's GPAS is open for your input. The form can be accessed directly and completed using this link: <https://forms.office.com/r/QbrJvWUbn>. We are very grateful for you taking the time to submit a return for your practice.

Please note we have updated the comments section on the GPAS form. We are now collecting data to show staff absences (including those due to COVID-19).

Please find attached the General Practice Alert State documentation. Contents include:

- About GPAS and Contact information
- GPAS Submission form
- Overview of the alert states
- Step-by-step guide for SystmOne GPAS returns
- Step-by-step guide for EMIS GPAS returns

We have produced this documentation as a resource to aid practices when completing the form. If you do have any further questions that are not covered within the documentation please let us know: E: [info@lincslmc.co.uk](mailto:info@lincslmc.co.uk) T: 01522 576659

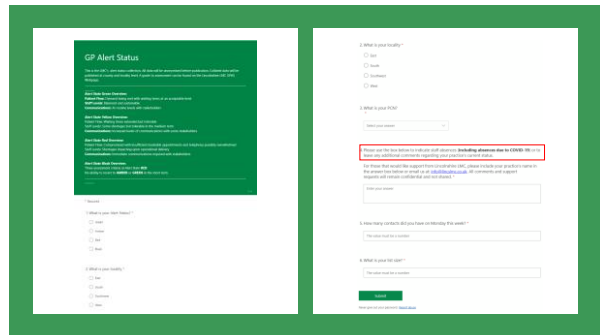
## GPAS reminder email



Email sent by LincInshirE LMC, on Wednesday for Monday data (unless BH)  
 This week's GPAS is open for your input. The form can be accessed and completed using this link: <https://forms.office.com/r/QbrJvWUbn>.

So far XX% of Practices have responded and the current response indicates GPAS Level / OPEL Level

If you need help completing the GPAS form, please refer to the documentation attached. If you have any further questions or concerns, please contact us - E: [info@lincslmc.co.uk](mailto:info@lincslmc.co.uk) T: 01522 576659



**Overview of alert states**

<p><b>Alert State Green Overview</b></p> <p><b>Patient Flow:</b> Demand being met with waiting times at an acceptable level</p> <p><b>Staff Levels:</b> Balanced and sustainable</p> <p><b>Communications:</b> At routine levels with stakeholders</p> <p><b>Alert State Red Overview</b></p> <p><b>Patient Flow:</b> Compromised with insufficient bookable appointments and telephony possibly overwhelmed.</p> <p><b>Staff Levels:</b> Shortages impacting upon operational delivery</p> <p><b>Communications:</b> Immediate communications required with stakeholders</p>	<p><b>Alert State Yellow Overview</b></p> <p><b>Patient Flow:</b> Waiting times extended but tolerable</p> <p><b>Staff Levels:</b> Some shortages but tolerable in the medium term</p> <p><b>Communications:</b> Increased levels of communications with some stakeholders</p> <p><b>Alert State Black Overview</b></p> <p><b>Three assessment criteria of Alert State RED:</b></p> <p>No ability to revert to AMBER or GREEN in the short term.</p>
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GPAS is Converted to Operational Pressures Escalation Levels (OPEL)

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**SystemOne**

**Step-by-Step Guide for SystemOne GPAS Return**

How do I access the Monday appointment data using SystemOne?

Please follow the steps below to access the Monday appointment data on SystemOne.

**Step 1:** Click on the 'reporting' tab at the top of the page

**Step 2:** Click 'Appointment reports' and then select 'Appointment report'

**Step 3:** Set the from and to dates to the Monday that you are reporting on.

**Step 4:** Click 'run report'

**Step 5:** The Number of appointments column is the number of contacts to be reported.

**Step 6:** Add the above number to the GPAS form (Question: How many contacts did you have on Monday this week?)

**GP Alert Status**

How many contacts did you have on Monday this week? \*

**EMIS**

**Step-by-Step Guide for EMIS GPAS Return**

How do I access the Monday appointment data using EMIS?

Please follow the steps below to access the Monday appointment data on EMIS.

**Step 1:** Go to your appointment book and click the sixth tab access "General Practice Workload Tool"

**Step 2:** On the left hand side you should see "Date Filter". Change the Range by choosing the day you wish to report as both the from and to dates, then hit apply.

**Step 3:** Click access to the Utilisation and Risk rates screen, looking for the "Utilisation". Underneath it is "Booked Appointments", the number here is the number you want to report for GPAS.

**GENERAL PRACTICE ALERT STATE (GPAS) - SHEFF**

4<sup>th</sup> April 2022

GPAS STATE	OPEL CONVERSION	CLINICAL ACTIVITY	REQUIREMENTS
Lincolnshire	AMBER	32 / 1000 pm	95%
EAST	AMBER	23 / 1000 pm	100%
SOUTH	AMBER	83 / 1000 pm	97%
SOUTHWEST	AMBER	24 / 1000 pm	70%
WEST	AMBER	22 / 1000 pm	76%

Build figures indicate over 50% veteran rate.

**NUMBER OF PATIENTS COVERED BY AMBER + PRACTICES:** 18,201

**GPAS to OPEL Conversion for the month wide assessment:** 8

Indicative number of patient contacts to Setup Practice this week! 8.8

**OPEL - CONSENT - ANALYSIS**

133 Reported Contacts

36

100%

100%

100%

100%

The number of consented contacts is 36 (26.3%) of 133 reported contacts. 100% of reported practices consented at least 1 contact, covering a total patient population of 26,102 patients. Actioned by: [Name]

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supporting Lincolnshire's general practices to provide great care

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