# General practice should record all appointments in their appointment system. Does your practice do this?

**MORE ACCURATE GENERAL PRACTICE APPOINTMENT DATA (GPAD): WE NEED YOUR HELP**

The largest and most comprehensive data repository of patient data in the world is held in British general practice that does c90% of NHS work. Yet all too often when we are trying to argue the case for more resources for primary care we are not able to support the argument with information about demand, capacity, workload and trends. Because of the closer monitoring of hospitals Trusts can produce data on ED activity, referrals, waiting times, admission numbers, length of stay etc. OOH can give number of calls, time taken to answer, calls abandoned and dispositions made. We have needed more general practice appointment data for years to help adequately quantify the current and future workload and the primary care workforce.

During 2020-21 improvements are planned to improve the quality of GPAD. To ensure all appointments are being recorded in general practice appointment and to fully capture the scale of workload in general practice, the GPC and NHS Digital have an agreed definition of an appointment and are asking general practice to start applying this now and systematically as an important first step to improve data quality**.** Please click here

NHSD has been collecting data from practice appointment systems and publishing it collated by CCG area since 2018. It includes details on the number of appointments, the healthcare professional (HCP) carrying them out and, where possible, the mode of delivery. But the information is only as accurate as the data that we add at practice level. If we all do this in different ways the result will be poor information which does not help the profession.

During CV-19 general practice has rapidly changed the way services are delivered highlighting that not all clinical interactions with patients are recorded as appointments and it is not always easy to identify what type of appointment is carried out. This has resulted in an under-recording of the activity in practices and probably under-reporting in the NHS Digital GPAD data publication. It is in all our interests to capture accurately the full scale of scale of what general practice is providing for patients all levels especially now new models of care are being used in response to CV19.

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.

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

- help inform and understand demand and pressures in general practice as well as in 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.

Accurate GP appointment data nationally helps better show the sheer scale of what general practice does for us all, demonstrate and make the case for extra investment in general practice and give insight about different ways of working and variation across the country.

Further technical system specific advice and guidance will be issued during the year to support practices with configuring appointment systems and applying a set of new, standardised national categories for appointment types. NHSE will be working closely with the GPC at each stage of the development of additional guidance.

What constitutes an actual appointment is not as well defined and well understood as it could be by all the different HCPs involved in general practice. To ensure consistency in counting actual appointments, the following definition has been agreed: "discrete interactions between an HCP and a patient, or a patient's representative"

This guidance reconfirms that the definition of an appointment includes:

- All relevant staff**.** Discrete interactions carried out by any health or care professional, including all roles in the Additional Roles and Reimbursement Scheme (ARRS).
- All modes**.** Discrete interactions that are delivered by all modes – face-to-face, by telephone, via video and online.
- All settings**.** Discrete interactions in any primary medical care setting (including the practice, patient's home, community, care home, group consultations, local GP extended access hub).
- As has always been the case, Did Not Attend appointments should continue to be recorded.

**Examples of single appointments**

- 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 a message exchange with the patient, this will count as a single appointment.
- Where an HCP with a vulnerable patient, this will count as a single appointment.

**Example of multiple appointments with the same patient**

- Where a patient query/electronic consultation comes into the practice and is reviewed by an HCP (e.g. the duty doctor) who then refers it to another for action at a later time e.g. a telephone call to the patient, taken together these will be counted as two appointments.

**Examples of appointments with multiple patients**

- If practices 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 rounds, home visits 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 HCP is carrying out instant assessments/triage when patients call, each patient who is transferred for an assessment should be given a dedicated slot in the appointment list; this can be in an untimed list if the practice is using one.
- If a practice is using untimed lists for which more than one patient can be added, for example triage lists, then when each patient is provided with an untimed appointment, each patient should be provided with an individual appointment slot on the untimed list.

*From "More accurate general practice appointment data" NHSE/BMA August 2020 & with acknowledgement to Wessex LMCs.*