PCN DES 2021/22
Standardised GP Appointment Categories

Updated: 29.6.2021

Tips on appointment mapping

It is a contractual obligation that practices will by 31 July 2021 map their appointments according to fixed categories. This is to enable data collection of standardised GP appointments. Note: this deadline was formerly 30 June, but extended by NHS England shortly before the end of June.

When considering the practice appointment system, it is worthwhile thinking about how the templates are set up. Remember that the data recorded as care related encounters is being used to provide national reports on GP activity. This will include reporting on unused appointments. It is not going to be accurately recording or measuring other essential GP activity including all the clinical administrative work which practices can record under care related activity or work essential for running the practice including staff supervision and training which practices can record under administration and practice staff activity.

To maximise the accuracy of the data we would suggest the following:

1. **Ensure that all care related encounters are recorded.** It is common practice that when a patient phones reception needing advice that if the GP is available the call is just put through, with no record of this in the appointment system. Or when GPs are reviewing letters/results, which need a consultation with the GP, that they just call the patient up to discuss the issues. We encourage practices to move to a system where all these types of unplanned contacts are added to the clinical system as extra or squeezed in appointments.
2. **Accurately capture clinical triage.** Where practices are undertaking clinical triage, these need to be recorded as they form part of the care related encounters data. If following triage, the patient needs to be booked into a planned or urgent appointment slot, this should be added as a separate appointment on the appropriate healthcare professional's appointment list.
3. **Remove surplus appointments.** Some practices set up their appointment systems so that there are sufficient appointments in the appointment system to manage whenever patients call. These are contingency slots and not actual appointment slots and may be utilised for triage lists, home visit lists etc. To prevent inaccurate reporting of capacity and utilisation rates these slots should be deleted at the end of a session. This is different from unused slots which are true appointment slots which have not been used.
4. **Accurately record the mode of consultation.** The appointment system is normally set up with a default appointment type, most frequently telephone or face-to-face but it could include video or online. If consulting and the mode of consultation is different from the default type, then this should be changed within the medical record. Accurately recording the mode of consultation is important not just for data collection but can also be relevant for medicolegal purposes.

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Purpose of mapping exercise

NHSE/I, in partnership with NHS Digital, has introduced a new set of GP appointment categories (full guidance), intended to better capture general practice workload and demand. Practices need to undertake a short one-off exercise to map each appointment slot type they use to one of the national categories.

- Piloting suggests that this exercise will take around one hour per practice.
- Functionality enabling this mapping exercise for an earlier set of categories used for piloting was introduced to EMIS, TPP/SystmOne and Informatica/FrontDesk in September 2020.
- The functionality aligned to the categories was made available at the end of March 2021. Please contact your supplier if you have not received a notification or instructions on next steps.

Definition of an appointment

The following definition has been agreed: **"discrete interactions between a health or care professional and a patient, or a patient's representative".** This definition **excludes:**

- Purely administrative interactions with patients, eg a practice manager meeting a patient to complete a subject access request, or a receptionist answering an opening hours query.
- Non-clinical triage or administrative signposting.
- Online requests that do not result in an interaction between the patient and a health or care professional, eg automated online triage.
- Work undertaken by a health or care professional that doesn't involve patient contact, eg multi-disciplinary team meetings, case conferences, palliative care list reviews, referral letters, writing repeat prescriptions, reviewing results.
- All clinical administration activity including audit, training, supervision.
- Interactions with patient participation reference groups.

This guidance reconfirms that the definition of an appointment includes:

1. **All relevant staff**. Discrete interactions carried out by any health or care professional, including all roles in the Additional Roles and Reimbursement Scheme.
2. **All modes**. Discrete interactions that are delivered by all modes – face-to-face, by telephone, via video and online.
3. **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).
4. As has always, "Did Not Attend" (DNA) appointments should continue to be recorded.

Standardised GP Appointment Categories: mapping process

For each slot type determine:

A. Service setting (four options)
B. Context type (three options)
C. National category (several options)

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A. Service settings

- **General practice:** This should be applied to all appointments delivered by practice staff activity under the GMS/PMS/APMS contract.
- **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), eg 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.
- **Extended access provision:** This should be applied to all appointments commissioned as part of extended access contractual arrangements.
- **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.

B. The GP appointment categories are subdivided in three "context types":

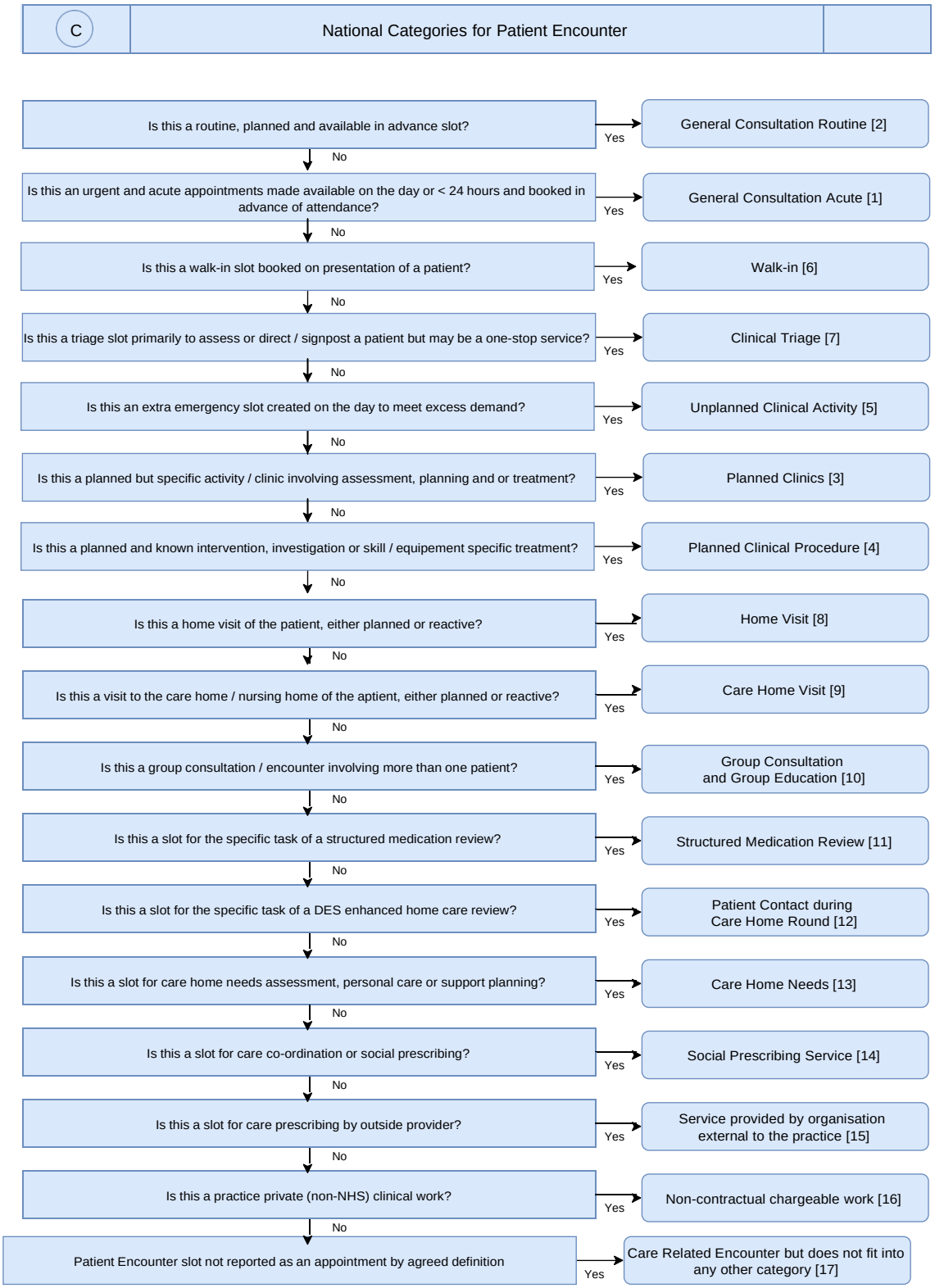
- **Care related encounter:** These categories involve the patient and can be any modality, eg face-to-face appointments, telephone consultations, video and online consultations, home visits etc.
    - There are 17 national categories within this context type (chart C).
- **Care related activities:** These categories do not involve the patient but are about the patient; clinical tasks and activities undertaken on behalf of the patient.
    - There are 3 national categories within this context type (chart D).
- **Administration and practice staff activities:** These categories are for all activities and tasks required for managing a general practice and its staff.
    - There are 6 national categories within this context type (chart E).

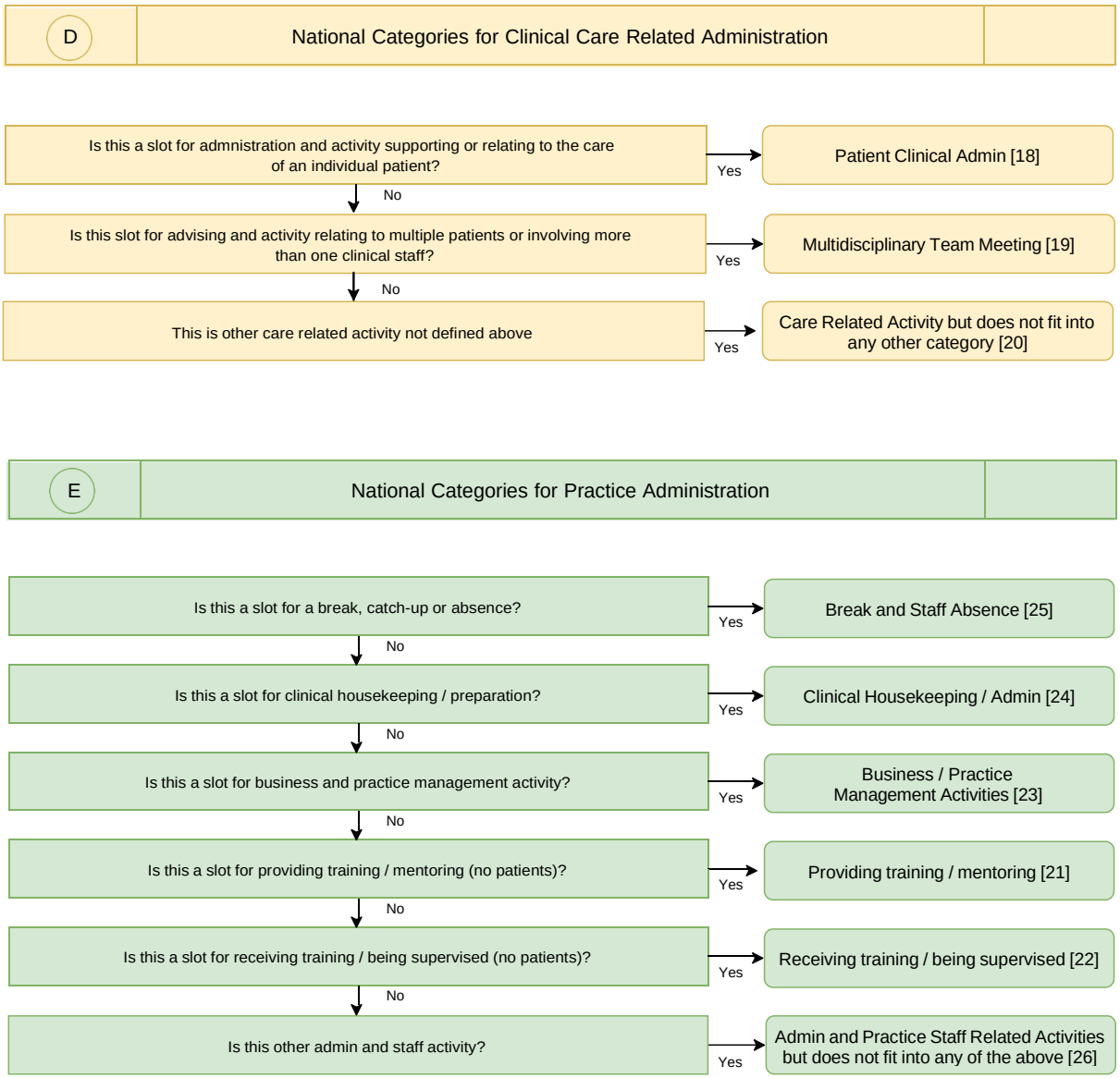
Practices are not expected to use the appointment book to record all the activities captured by the "Care related activities" or "Administration and practice staff activities" context types.

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.
Further information on setting:

- Data quality guidance for general practices using EMIS Web - NHS Digital
- GP appointment data: data quality guidance for general practice using SystmOne - NHS Digital

C. National categories




D
National Categories for Clinical Care Related Administration
Is this a slot for admnistration and activity supporting or relating to the care of an individual patient?
Yes
Patient Clinical Admin [18]
No
Is this slot for advising and activity relating to multiple patients or involving more than one clinical staff?
Yes
Multidisciplinary Team Meeting [19]
No
This is other care related activity not defined above
Yes
Care Related Activity but does not fit into any other category [20]
E
National Categories for Practice Administration
Is this a slot for a break, catch-up or absence?
Yes
Break and Staff Absence [25]
No
Is this a slot for clinical housekeeping / preparation?
Yes
Clinical Housekeeping / Admin [24]
No
Is this a slot for business and practice management activity?
Yes
Business / Practice Management Activities [23]
No
Is this a slot for providing training / mentoring (no patients)?
Yes
Providing training / mentoring [21]
No
Is this a slot for receiving training / being supervised (no patients)?
Yes
Receiving training / being supervised [22]
No
Is this other admin and staff activity?
Yes
Admin and Practice Staff Related Activities but does not fit into any of the above [26]