



# **Network Contract Directed Enhanced Service**

**Standardised GP Appointment Categories**

**31 March 2021**

# **Network Contract Directed Enhanced Service**

## **Standardised GP Appointment Categories**

Publishing approval number:

Version number: 1

First published: 31 March 2021

Prepared by: Primary Care Group

This information can be made available in alternative formats, such as large print, and may be available in alternative languages, upon request. Please contact the Primary Care Group at [england.gpcontracts@nhs.net](mailto:england.gpcontracts@nhs.net).

# Contents

Preamble .....	2
1. What is the purpose of this guidance? .....	3
2. The GP appointment categories .....	5
3. Flowchart to map to the right GP appointment category .....	21
4. Default slots .....	25
5. Managing Surplus Appointments .....	26
6. Examples of applying a GP appointment category to existing slot types .....	28
Addendum: Data Quality, Categorisation for COVID-19 Vaccine Clinics.....	35

# Preamble

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<sup>1</sup>. 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 and online encounters, which were rolled-out during the COVID-19 response; and
- inform national policy development by giving a true picture of how capacity is used.

<sup>1</sup> <https://www.england.nhs.uk/gp/gpad/more-accurate-general-practice-appointment-data/>

# 1. What is the purpose of this 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 We are asking practices 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/SystemOne 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.

## 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](mailto:england.gpad@nhs.net)

## 2. The GP appointment categories

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<sup>2</sup>:
  - 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<sup>3</sup>.
- 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)<sup>4</sup>.
- 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

<sup>2</sup> We understand that the distinction between GP activity and PCN activity is not always clear cut, and request only that you make a good faith attempt to map slot types to categories using the guide to what constitutes PCN activity set out here.

<sup>3</sup> We also ask that any patient contacts recorded in the appointment book for delivery of PCN-commissioned COVID-19 vaccination work be mapped to the PCN service setting. Given the alternative routes that exist for booking COVID-19 vaccinations, we are **not** requesting that **all** COVID-19 vaccination contacts be recorded in appointment books. Rather, we are only requesting that, **if** you are already recording COVID-19 vaccination contacts in the appointment book, you do so using the PCN service setting. See Addendum to this guidance for further information about recording COVID-19 vaccinations using appointment books.

<sup>4</sup> Extended Hours appointments can be identified using appointment time and day of week. It is not therefore necessary to have a separate category to record Extended Hours activity. Instead, you are encouraged to record this activity using the most appropriate category in the GP or PCN service setting.

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.

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.



### Care Related Encounter (involves patient contact)

These slot types involve the patient and can be any modality e.g. face-to-face appointments, telephone consultations, video and online consultations, home visits etc.

	Category	Example of slot names	Description
1	General Consultation Acute	Urgent, emergency, NHS 111, on the day appointment	<p>Urgent/acute appointments to provide care or advice to patient as soon as possible:</p> <ul style="list-style-type: none"><li>• Occurrence or escalation of an illness</li><li>• Significant worsening of a current illness(es) or disease(s)</li><li>• Other acute concerns about their health or well being</li><li>• Typically, this may be the first consultation for an illness or an escalation of existing illness</li></ul> <p>This is expected to be used for urgent and on the day appointments - embargoed slots that are released on the day (or after the end of the previous working day). May be directly patient bookable or reserved for practice use following triage.</p>
2	General Consultation Routine	A routine or follow up appointment, review appointment, planned telephone follow-up call, planned video consultation, general appointment	<p>A general consultation for a routine issue, or for a follow up appointment.</p> <p>May include patients with undifferentiated problems, those for ongoing general routine care or follow up review. <b>The activity which takes place may or may not be known in advance.</b></p> <p><b>Useful Tip:</b> Probably corresponds to the most common use of the 'Default' slot in EMIS or 'Slot' in TPP systems. These may be booked on the day of use if not previously allocated. May be subject to embargo - but not primarily for 'on-the-day' capacity.</p>

	Category	Example of slot names	Description
3	Planned Clinics	Antenatal bookings, child-health surveillance, dietician, chronic disease management (asthma, COPD, diabetes), annual checks, physiotherapy, counselling, occupational therapy, well-woman	<p>Specific and structured clinical activity for a patient with defined problems, healthcare issues or care pathway.</p> <p><b>The activity which takes place is <u>known</u> in advance.</b></p> <p>This is expected to be used for assessment and ongoing management of known conditions and health status such as long-term chronic illness which have specific clinical requirements/activity associated with them. These appointments would typically involve longer periods of time/double slots.</p> <p>The activity may involve history taking, care planning and delivery.</p>
4	Planned Clinical Procedure	Blood tests, blood pressure measurement, specific investigative tests (doppler, spirometry etc), minor surgery, dressing clinic, childhood and adult vaccinations, COVID-19 vaccination clinic, flu vaccination clinic, cervical smear	<p>Clinical procedure:</p> <ul style="list-style-type: none"> <li>• Performed by a Healthcare Practitioner</li> <li>• Involves a combination of special skills or abilities</li> <li>• May require drugs, devices, investigations, or dressings</li> <li>• Specific appointment time was given to a patient</li> </ul> <p><b>The procedure which will take place is <u>known</u> in advance</b>, and typically scheduled following a previous consultation or as part of an assessment / care plan.</p>

	Category	Example of slot names	Description
5	Unplanned Clinical Activity	Squeeze-in appointment, doctor squeeze-in, nurse squeeze-in, overrun, practice emergencies	<p>A squeeze-in appointment added on the day to supplement planned session to meet on the day demand. Either by splitting existing slot into 2 appointments or added new slots into session.</p> <p><b>To meet on the day demand and to be used to identify additional demand and over capacity.</b></p>
6	Walk-in	Walk-in, nurse walk-in, walk-in flu clinic, walk-in chest pain, walk-in emergency, drop in, walk-in bloods	<p>Planned walk-in clinic:</p> <ul style="list-style-type: none"> <li>• Patients do not have a specific personal appointment time</li> <li>• Open consultation session</li> <li>• Identity of patient may or may not be known before attendance</li> </ul> <p><b>Useful Tip:</b> If clinic runs over its planned duration, consideration should be given to creating an appointment slot which can be placed under the category 5: Unplanned Clinical Activity, or simple session extension (as deemed useful to the practice).</p> <p>Correctly mapping this allows for identification of excess demand.</p>

	Category	Example of slot names	Description
7	Clinical Triage	Clinical triage, GP telephone triage, acute same day triage, home visits triage, ANP triage, nurse triage, online triage, physiotherapist triage	<p>A slot primarily for the purpose of <b>clinically</b> triaging a patient.</p> <p><b>Triage performed by a health care professional.</b> This might be a simple response e.g. issuing a prescription but it <u>involves a clinician/healthcare professional and not performed by an administrative member of staff.</u></p> <p><b>Useful Tip:</b> Suitable category to be used for online consultation triage (effectively one or more work-off lists). Triage of online consultations typically will happen asynchronously (not in real time – the online consultation is submitted by the patient and then reviewed by a clinician later), in contrast with telephone triage which happens synchronously.</p> <p>This may be a 'one stop' encounter for some problems - but not planned to be a routine encounter to assess, diagnose and treat (that would be for example a Same Day or General Consultation via any modality – depending on embargo/release policy).</p> <p>The mode of the triage could take place by any means such as: Online Message, Video, Face-to-Face or Telephone</p> <p><u>This category should not be used to record admin triage where a practice is performing an administrative process and signposting that does not involve a clinical interaction with the patient.</u> This type of triage activity should be recorded in a category in the administrative section.</p>

	Category	Example of slot names	Description
8	Home Visit	Patient requested home visit, Home visit COVID-19 vaccination, home visit flu vaccination, home visit acute, home visit nurse home, home visit over-75 check, dementia review home visit	<p>A consultation in a patient's home. Can be in response to a request or at practice instigation for either a planned or an urgent/priority reason.</p> <p>Only include in-person visits to a patient's home. Virtual visits via video consultation should be recorded elsewhere according to the type / priority of the consultation.</p> <p>(NB: One entry per patient contact – should not be used to record a series of home visits as a single appointment).</p>
9	Care Home Visit	Care home visit, Care home COVID-19 vaccination	<p>An appointment slot for care home visits performed outside the <a href="#">Network Contract DES</a>. A consultation in a care home, palliative care and other out-of-practice settings including virtual care home visits. If multiple patients are visited, each patient should be given their own appointment slot. Can be in response to a request or at practice instigation for either a planned or an urgent/priority reason.</p> <p>In some cases, planned home visits are best recorded via other specific categories, such as Category 11: Structured Medication Review or one of the <a href="#">Network Contract DES</a> categories (Categories 12 – 14).</p> <p>Practices signed up to the <a href="#">Network Contract DES</a> should not use this category to capture delivery of the weekly care home round but should instead use Category 12: Patient contact during Care Home Round".</p> <p>(NB: One entry per patient contact – should not be used to record a series of care home visits as a single appointment).</p>

	Category	Example of slot names	Description
10	Group Consultation and Group Education	Lifestyle awareness, smoking cessation, parent and baby health awareness, drug and alcohol awareness training, exercise awareness, group asthma clinic	<p>Shared appointments.</p> <p>Health care professionals providing care to several patients at the same time in one appointment. Each patient to be separately listed and each will be counted as a discrete appointment.</p> <p>Should include video group clinics where multiple patients are participating at the same time in the same virtual appointment.</p>
11	Structured Medication Review	Structured medication review, SMR	<p>Structured Medication Review (SMR) delivered as part of the <a href="#">Network Contract DES</a> “Structured Medication Review &amp; Medicines Optimisation” service requirement.</p> <p>This category should be used if performing SMR under the <a href="#">Network Contract DES</a>, irrespective of whether the staff member delivering the SMR is employed or engaged under the Additional Roles Reimbursement Scheme (ARRS) or is directly employed by the practice.</p> <p>(NB. Practices not signed up to the <a href="#">Network Contract DES</a> that deliver an SMR should not use this category but should instead use a relevant corresponding category in the General Practice service type, e.g. General Consultation Acute or General Consultation Planned).</p> <p>Delivery of a SMR should always also be recorded via an SMR SNOMED CT code in the consultation module.</p>

	Category	Example of slot names	Description
12	Patient contact during Care Home Round	Care home round	<p>Patient contact occurring through care home round delivered as part of the <a href="#">Network Contract DES</a> “Enhanced Health in Care Homes” service requirement.</p> <p>(NB: One entry per patient contact – should not be used to record a care home round as a single appointment).</p> <p>This would include virtual care home / ward rounds conducted via video consultation. Again, there should be one entry per patient contact.</p>
13	Care Home Needs Assessment & Personalised Care and Support Planning	Needs assessment, Personalised care	<p>Needs assessment and/or personalised care and support planning provided to care home residents as part of the <a href="#">Network Contract DES</a> “Enhanced Health in Care Homes” service requirement.</p> <p>Care Home Needs Assessment &amp; Personalised Care and Support Planning (PCSP) description: Practices not signed up to the <a href="#">Network Contract DES</a> that deliver needs assessments and PCSPs to care home residents should not use this category but should instead use a corresponding category in the General Practice service type. Delivery of needs assessments and Personalised Care and Support Plans should always also be recorded via appropriate SNOMED CT codes in the consultation module.</p> <p>Includes delivery via any mode.</p>

	Category	Example of slot names	Description
14	Social Prescribing Service	Social prescribing, social prescriber, care co-ordination	<p>Social prescribing or care co-ordination appointment, usually delivered by a social prescribing link worker, health and wellbeing coach, or care co-ordinator.</p> <p>This category should be used to capture all activity delivered in fulfilment of the Social Prescribing Service requirement of the <a href="#">Network Contract DES</a>, including any services provided by organisations external to the practice to this end. Practices not signed up to the <a href="#">Network Contract DES</a> should not use this category, but should instead use a corresponding category in the General Practice service type.</p> <p>Includes delivery via any mode.</p>
15	Service provided by organisation external to the practice	Community link worker, community psychiatry, community geriatrician, Macmillan nurse, community work coach, Citizen's Advice Bureau, financial advice, housing support	<p>Services provided by organisations <b>external</b> to the practice and GP contract / Network Contract DES but that use practice facilities such as:</p> <ul style="list-style-type: none"> <li>• Physiotherapy</li> <li>• Community Health</li> <li>• Citizen's Advice Bureau</li> <li>• Financial help organisations</li> <li>• Housing</li> </ul> <p>This category should not be used to capture activity delivered by external organisations delivered in fulfilment of the Social Prescribing Service requirement of the <a href="#">Network Contract DES</a>. Instead, the category specific to social prescribing should be used (Category 14).</p> <p>Includes delivery via any mode.</p>



	Category	Example of slot names	Description
16	Non-contractual chargeable work	HGV drivers, pilots, bus driver PSV, taxi drivers, NHR and commercial research work	Health reviews /medical checks for which the patient pays: DVLA checks, other employer medical checks, insurance medical checks, and research work.
17	Care Related Encounter but does not fit into any other category		<p>This is a Care Related Encounter but does not fit into any other category.</p> <p>(N.B. Slot types/appointments set up for a clinical encounter but do not fit any of the other categories in the care related encounter section should be recorded in this category.)</p> <p>Slot types/appointments recorded in this category will be counted as appointment.</p>

### Care Related Activity

These categories do not involve the patient but are about the patient; clinical tasks and activities undertaken on behalf of the patient. Slot types assigned to these categories do not meet the definition of an appointment and will not therefore be used when counting appointment activity. There is no expectation to record activity captured by these categories in your appointment book – but if you do, we ask that you map the associated slot types to these categories.

	Category	Example of slot names	Description
18	Patient Clinical Admin	Admin, medical reports, insurance reports, referrals, hospital referral letters, prescriptions, sign prescriptions, repeat prescriptions, fit notes	<p>Clinical admin activity carried out by a single healthcare professional these should be mapped to this category such as:</p> <ul style="list-style-type: none"><li>• Preparation of referral letters</li><li>• Writing prescriptions</li><li>• Review of results</li><li>• Preparation of insurance</li></ul> <p><b>Not patient facing</b> <b>Not an appointment</b> <b>Not for business administration</b></p> <p><b>This category should NOT include clinical triage of online consultations (include in Category 7: Clinical Triage or Multidisciplinary Team Meetings/Collaborative without a patient present (Category 19).</b></p>

	Category	Example of slot names	Description
19	Multidisciplinary Team meeting / Patient Collaboration planning	Child and adult safeguarding, palliative care meeting, link social worker liaison meeting, MARAC meetings	<p>Multidisciplinary Team (MDT) meeting with a group of healthcare professionals about selected named patients:</p> <ul style="list-style-type: none"> <li>• Case conferences</li> <li>• Palliative care conferences/ planning discussions</li> </ul> <p><b>Not patient facing</b>  <b>Not an appointment</b>  <b>Not for business administration</b></p>
20	Care Related Activity but does not fit into any other category		This is a Care Related Activity but does not fit into any other category.

### Administration and practice staff activities

These categories are for all activities and tasks required for managing a general practice and its staff. Slot types assigned to these categories do not meet the definition of an appointment and will not therefore be used when counting appointment activity. There is no expectation to record activity captured by these categories in your appointment book – but if you do, we ask that you map the associated slot types to these categories.

	Category	Example of slot names	Description
21	Providing training / mentoring / supervising	Mentoring, coaching registrars/Foundation doctors, registrar supervision, joint surgery with registrar, registrar debrief, trainee being observed	Healthcare professional providing training and / or mentoring: <ul style="list-style-type: none"><li>• Acting as a trainer or mentor</li><li>• Sharing knowledge for development or mentoring of others</li><li>• This may be individual or to a group</li></ul> Not patient bookable appointments.
22	Receiving training / being the mentee / being supervised	Professional development, protected learning time, on-and off-site training, registrar sitting in, GP registrar/Foundation doctor supervision, GP registrar/Foundation doctor catch up slots	Undergoing training such as: <ul style="list-style-type: none"><li>• Receiving active coaching</li><li>• Guidance</li><li>• Self-study</li><li>• Attending training courses</li><li>• Self-development</li><li>• Mentoring</li></ul> Not patient bookable appointments.  This category should not be used for patient facing activities where you are being mentored or supervised.

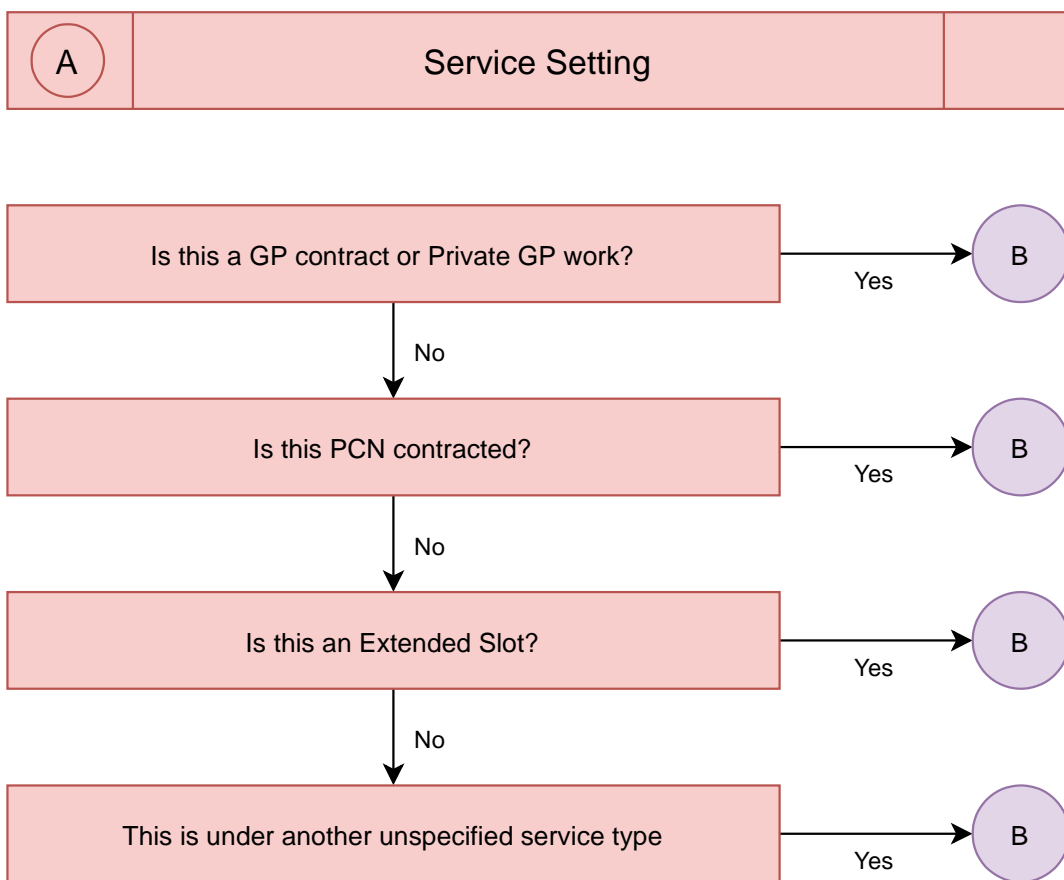
	Category	Example of slot names	Description
23	Business/Practice Management Activities	Team meetings, practice administration meetings, QOF preparation, supplier meetings, PCN, CCG and other NHS body meetings, drug representatives, commissioning, audits, projects, and system development	<p>Activities and administration to facilitate the running of the practice, and research administration and quality improvement programmes.</p> <p>Not patient bookable appointments.</p>
24	Clinical Housekeeping/Admin	Fridge checks, drug checks, room clean down, COVID-19 safe/infection control procedures	<p>Support function carrying out clinical activities not focused on a patient care or group of patients care, e.g. a significant event, audit, clinical governance, CQC.</p> <p>Aimed at improving the quality of patient care and care pathways in the practice.</p> <p>Not patient bookable appointments.</p>

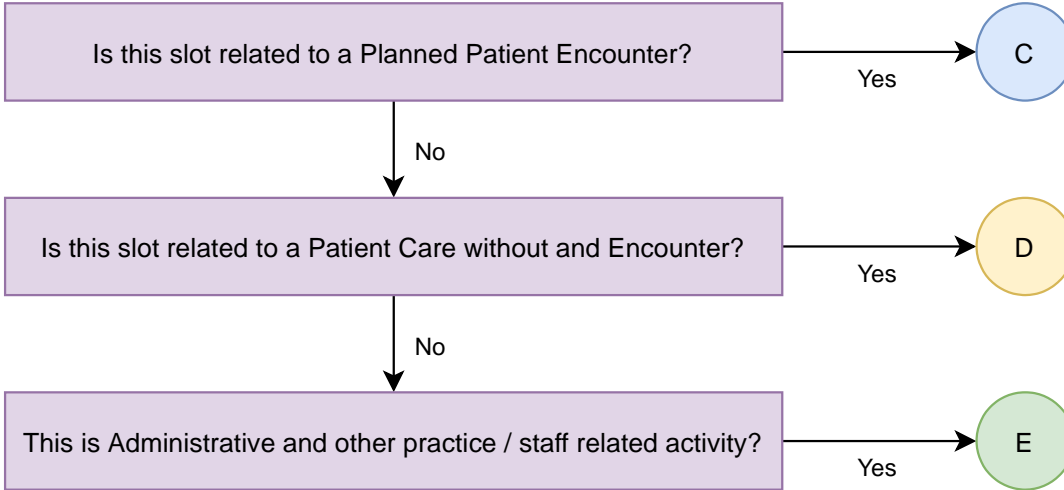
	Category	Example of slot names	Description
25	Break and Staff Absence	Coffee break, lunch break, tea break, time off in-lieu, staff annual leave, holiday, sick leave	A break in activity during a session, or a staff absence. Annual leave is not required to be collected in the GP appointment data, but some practices may find it useful to have leave information available in the practice appointment systems.  Modality not appropriate.
26	Admin and Practice Staff Related Activities but does not fit into any other category		This is an Admin and Practice Staff Activity but does not fit into any other category.

### 3. Flowchart to map to the right GP appointment category

3.1 For each slot type determine the:

- Service Setting (four options)
- Context Type (three options)
- National Category (several options)



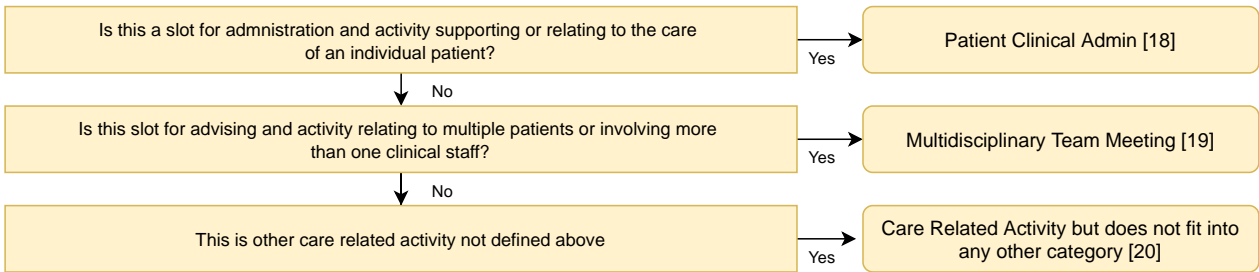




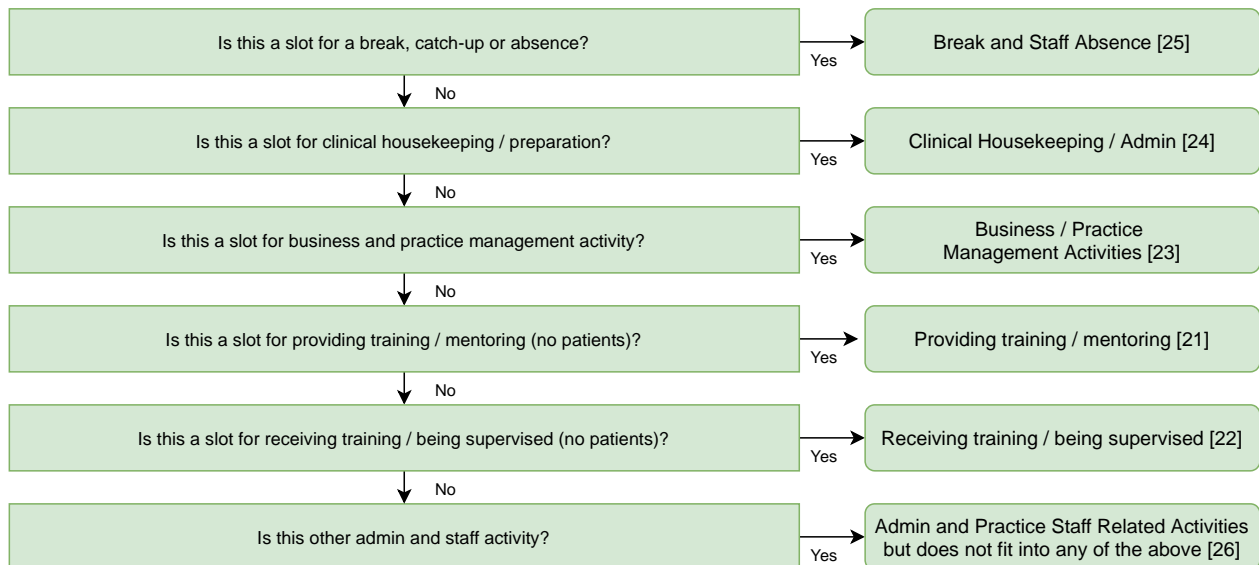
**C** National Categories for Patient Encounter



**D** National Categories for Clinical Care Related Administration



**E** National Categories for Practice Administration



## 4. Default slots

- 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.

## 5. Managing Surplus Appointments

- 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 below.
- 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 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.

## Worked Example

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 counted as UNFILLED

With this information utilisation can be calculated.

### Scenario 1. Regular sessions with unused appointments

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

- Number of AVAILABLE appointments 20
- Number of BOOKED appointments 18
- Number of UNFILLED appointments 2

$$\% \text{ Utilisation} = 18 \div 20 = 90\%$$

### 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, flu vaccinations, patient lists and home visits.

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

$$\% \text{ Utilisation} = 20 \div 40 = 50\%$$

This is inaccurate as only 20 slots were required, the remaining 20 were unfilled / surplus contingency (which is different to unused). It is important that these unfilled slots are NOT reported and therefore ideally they should be DELETED from the lists or sessions where possible.

## 6. Examples of applying a GP appointment category to existing slot types

- 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 are listed below.

Pre-booked flu clinic:

- service setting is General Practice
- context is care related encounter
- GP category is planned clinical procedure – GP category 4
- modality is face-to-face, duration and slot name as practice determines.

**Pre-booked COVID-19 vaccination sessions – See COVID-19 Vaccine Clinic addendum**

Routine appointment:

- service setting is General Practice
- context is care related encounter
- GP category is general consultation routine – GP category 2
- modality is face-to-face, duration and slot name as practice determines\*.

On-the-day appointment:

- service setting is General Practice
- context is care related encounter
- GP category is general consultation acute – GP category 1
- modality is face-to-face, duration and slot name as practice determines\*.

Nurse long-term condition clinic:

- service setting is General Practice
- context is care related encounter
- GP category is planned clinics – GP category 3
- modality is face-to-face or telephone, duration and slot name as practice determines\*.

GP phone triage:

- service setting is General Practice
- context is care related encounter
- GP category is clinical triage – GP category 7
- modality is telephone, duration and slot name as practice determines\*.

GP planned telephone slot:

- service setting is General Practice
- context is care related encounter
- GP category is general consultation routine – GP category 2
- modality is telephone, duration and slot name as practice determines\*.

Flu walk-in clinic:

- service setting is General Practice
- context is care related encounter
- GP category is walk-in – GP category 6
- modality is face-to-face, duration and slot name as practice determines\*.

Urgent extra nurse assessment:

- service setting is General Practice
- context is care related encounter
- GP category is unplanned clinical activity – GP category 5
- modality is face-to-face or telephone, duration and slot name as practice determines\*.

Patient requested home visits:

- service setting is General Practice
- context is care related encounter
- GP category is home visit – GP category 8
- modality is visit, duration and slot name as practice determines\*.

#### Catch-up slot/break:

- service setting is General Practice
- context is administration and practice staff activities
- GP category is break and staff absence – GP category 25
- modality is not applicable – non-bookable\*.

#### Repeat medication requests:

- service setting is General Practice
- context is care related activity
- GP category is patient clinical admin – GP category 18
- modality is not applicable – non-bookable\*.

#### GP registrar supervision:

- service setting is General Practice
- context is administration and practice staff activities
- GP category is receiving training/being the mentee/being supervised – GP category 22
- modality is face-to-face or telephone, duration and slot name as practice determines\*.

#### Open walk-in GP surgery:

- service setting is General Practice
- context is care related encounter
- GP category is walk-in – GP category 6
- modality is face-to-face, during and slot name as practice determines\*.

#### Practice meeting:

- service setting is General Practice
- context is administration and practice staff activities
- GP category is business/practice management activities – GP category 23
- modality is not applicable – non-bookable\*.



PCN contracted SMR:

- service setting is PCN
- context is care related encounter
- GP category is structure medication review – GP category 11
- modality is home visit, video or telephone, duration and slot name as practice determines\*.

Private medical examination:

- service setting is General Practice
- context is care related encounter
- GP category is non-contractual chargeable work – GP category 16
- modality is usually face-to-face, during and slot name as practice determines.\*

N.B. Modality is set by practices in the appointment template and is not selected as part of the categorisation mapping exercise.

## Online consultation

1. Slot planned and scheduled for review of requests/information submitted by patients via online consultation by a health or care professional (not administrative or clerical staff) who is expected to respond to the patient (conversation, clarification, action or instruction that may include booking of a follow-up appointment slot) via any appropriate modality. This includes review of overdue medication requests, EMed3 continuation certificates or other clinical decision making, requiring reference to the medical record and response to the patient.
  - Review of online consultation by a health of care professional:
  - Service setting is General Practice
  - Context is care related encounter
  - GP Category is 'clinical triage' – GP category 7
  - Modality is online; duration and slot name as practice determine

- Resulting encounter record may (accurately) reflect a different modality if clinician uses an alternative contact/interaction mode such as telephone/video to interact with the patient
  - This **is an appointment** according to current definition and will be correctly categorised and reported as such.
2. Slot planned and scheduled for review of requests/information submitted by patients via online consultation by administrative and clerical staff (not a registered and regulated clinician) who respond directly to the patient (booking of a clinical consultation slot or alternative signposting) or re-direct enquiry to an alternative service through use of a protocol or agreed pathway.
- IF appointment slots used, enquiry management / administrative triage by a non-health care professional:
  - Service setting is General Practice
  - Context is care Administration and Practice Staff activity
  - GP Category is Administration and Practice Staff activity that does not fit another category – GP category 25
  - Modality is online; duration and slot name as practice determine. Some practices label this activity / slot as 'triage' – but should be differentiated from clinical interaction that IS likely to need categorisation and reporting as an appointment
  - Resulting encounter record if made, may (accurately) reflect staff category and a different modality if clerical staff use an alternative contact/interaction mode such as telephone to inform the patient
  - This is NOT an appointment according to current definition and will be correctly categorised and reported as such
3. Care related activity slot planned and scheduled for use by a health or care professional (not administrative or clerical staff) who are NOT expected to respond to the patient. This includes for example review of routine repeat medication requests, diary entry reports/reminders, priority clinical communications or other clinical decision making, possibly requiring reference to the medical record but where clinician has no interaction with the patient and is expecting to perform a range of care related administrative activities.

- Review of clinical communication by a health of care professional:
- Service setting is General Practice
- Context is care related activity
- GP Category is 'care related activity, does not fit any other category' – GP category 20
- Modality is irrelevant; duration and slot name as practice determine
- This **is not an appointment** according to current definition and will be correctly categorised and reported as such
- Consultation module record may be used to record decision making and actions taken for medico-legal and clinical reasons, but not as an 'encounter'.

## Processing of secure messaging from patients to the practice

Practices utilise a variety of methods to collate and assess incoming communications and requests for assessment, action, advice etc. To comply with the agreed definition of appointments between the profession and NHS and the GMS contract, wherever possible the assessment of and interaction with patients by clinical staff should be recorded using the GP system appointment book functionality. This will ensure that planned service, modality and staff category is accurately recorded and made available for reporting to practices, PCNs and nationally.

Administrative staff activity to collate and assess incoming communications can use appointment book functionality, if that is the normal / preferred practice business process, but slot categorisation of this planned and scheduled administrative activity should not be assigned a care related category (1-17).

It is recognised that not all slots planned and scheduled as clinical encounters will conform to the agreed August 2020 definition of an 'appointment'. Conversely, slots planned and scheduled as administrative activity may involve informal clinical contribution and hence be eligible for consideration as a defined 'appointment'. This is an unavoidable implication of reporting currently derived only from appointment module data in GP systems.

# Addendum: Data Quality, Categorisation for COVID-19 Vaccine Clinics

## 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 the following 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 below.

The National Booking Service is configured to record COVID-19 vaccine appointment types as follows: [Vaccine name] [General/Shielded] [Dose number]

For example: Pfizer-BioNTech General Dose 1

For General Practice / PCN vaccine administration, the discriminator of 'general' or 'shielded' is not required for reporting, therefore can be omitted from slot names locally created on your appointment systems.

The dose section will be Dose 1 or Dose 2, and practices / PCNs can add additional slot name details AFTER the vaccine and dose if required for local administrative purposes.

With GP system appointment modules - for Pfizer Vaccine:

- Service setting is "**PCN**"
- Context is care related encounter
- GP Category is scheduled/planned clinical procedure – GP category 4

- Modality is **face-to-face**, duration as practice determined and patient bookable\*
- Slot name determined by practices, should follow the naming convention [Vaccine name] [Dose number] (Pfizer-BioNTech Dose 1 .....)
- Duration and embargo status as determined by practice

And for the Astra-Zeneca Vaccine:

- Service setting is “**PCN**”
- Context is care related encounter
- GP Category is scheduled/planned clinical procedure – GP category 4
- Modality is **face-to-face**, duration as practice determined and patient bookable\*
- Slot name determined by practices, should follow the naming convention [Vaccine name] [Dose number] (Oxford-AstraZeneca General Dose 1 .....)
- Duration and embargo status as determined by practice

For planned COVID-19 vaccine administration sessions in Care Homes, appropriate category is **Care Home Visit** (category 9), for domestic planned home visit for COVID-19 vaccination, appropriate category is **Home Visit** (category 8). For both these planned slots/sessions the service setting should remain **PCN**, the context is **Care Related Encounter**.

**National Booking Service naming details for future vaccines will be released and updated in guidance as soon as approved.**

\* Modality is set by practices in the appointment template and is not selected as part of the categorisation mapping exercise.