



Islington
Clinical Commissioning Group

Islington Primary Care Appointment Guidelines

2019/20

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1. Introduction

Primary care nationwide is under increasing pressure to improve and maintain good access to services whilst facing the challenges of a growing, aging population with complex multiple health conditions. Within Islington the average number of appointments offered by practices remains on par with national standards, however when examined more closely there is wide variation across the borough.

The Improved Access Local Incentive Scheme (LIS) aims to address this variation across Islington and increase patient access whilst working with practices to develop solutions tailored to their populations.

To ensure the effectiveness of the Improved Access LIS, it is important that appointment data collected from primary care is accurate and truly reflective of available patient access. Islington practices proposed the development of a set of local appointment guidelines to establish a consistent approach to appointment management and allow for an accurate measurement of booked appointments.

1.1 Guidelines aims

These guidelines have been co-developed with Islington GP practices to provide a framework for practice staff regarding the management of appointments and to address some of the nuances in the numerous ways in which appointments can be booked and recorded in primary care. Application of the guidelines in your practice will increase the accuracy of your appointment data.

Please contact Clare Driscoll, Primary Care Development Manager Islington CCG, with any queries relating to the guidelines – clare.driscoll1@nhs.net.

2. Executive Summary

Appointment data is recorded by the GP Workload Tool, an NHS Digital tool that sits within EMIS under the 'appointments tab'. To ensure the data collected is representative of the patient access offered by your practice, the following points should be noted. Full instructions are detailed in the relevant sections of the guidelines document.

1. All patient appointments should be booked in the EMIS appointment book, including telephone consultations.
2. Appointments booked at any time will be counted by the tool, even if they fall outside of core-hours.
3. Only timed appointments are counted by the GP Workload Tool, e.g. clinical appointment templates set up without timed slots will not be counted.
4. Only booked appointment data is analysed and included in the count for the Improved Access LIS payment. 'Available appointment' data will not be counted due to the issue of data being skewing by patient lists.
5. Appointments of any length of time will be counted, e.g. 5 minute flu appointments to 30 minute annual health check appointments.
6. Only appointments from practice-funded clinical staff are eligible to be counted. Practices will be asked to highlight non-eligible staff in submitted GP Workload Reports.

3. Primary Care Appointment Data – The GP Workload Tool

As part of the Improved Access LIS, from April 2018, practices will receive a percentage of a total available payment depending on how far above or below the Islington average their appointment count falls. Full details of the payment mechanism are detailed in the *PMS Access contract*.

Appointment data is recorded by the GP Workload Tool, a tool developed nationally in collaboration between NHS Digital and EMIS Health to provide practices with an overview of appointment capacity and utilisation.

The tool is located under the 'Appointments Tab' within EMIS and displays an appointment data dashboard, presenting the following information collected from the EMIS appointment book:

- Utilisation and DNA rates
- Weekly breakdown
- Appointments by mode (booked, not booked, DNA'd)
- Age / gender utilisation summary
- 3rd, 4th and 5th available appointment
- Appointments by session holder

4. Reporting appointment data to the CCG

The CCG does not currently have direct access to the data captured by the GP Workload Tool. Practices are therefore required, when prompted by the CCG, to export a report from the tool every two months and submit to the CCG Primary Care team (psc.secure@nhs.net).

Information on how to extract the excel report for designated time frames can be found in the GP Workload Tool Guidance Document:



GP Workload
Tool_Guidance_V2.pdf

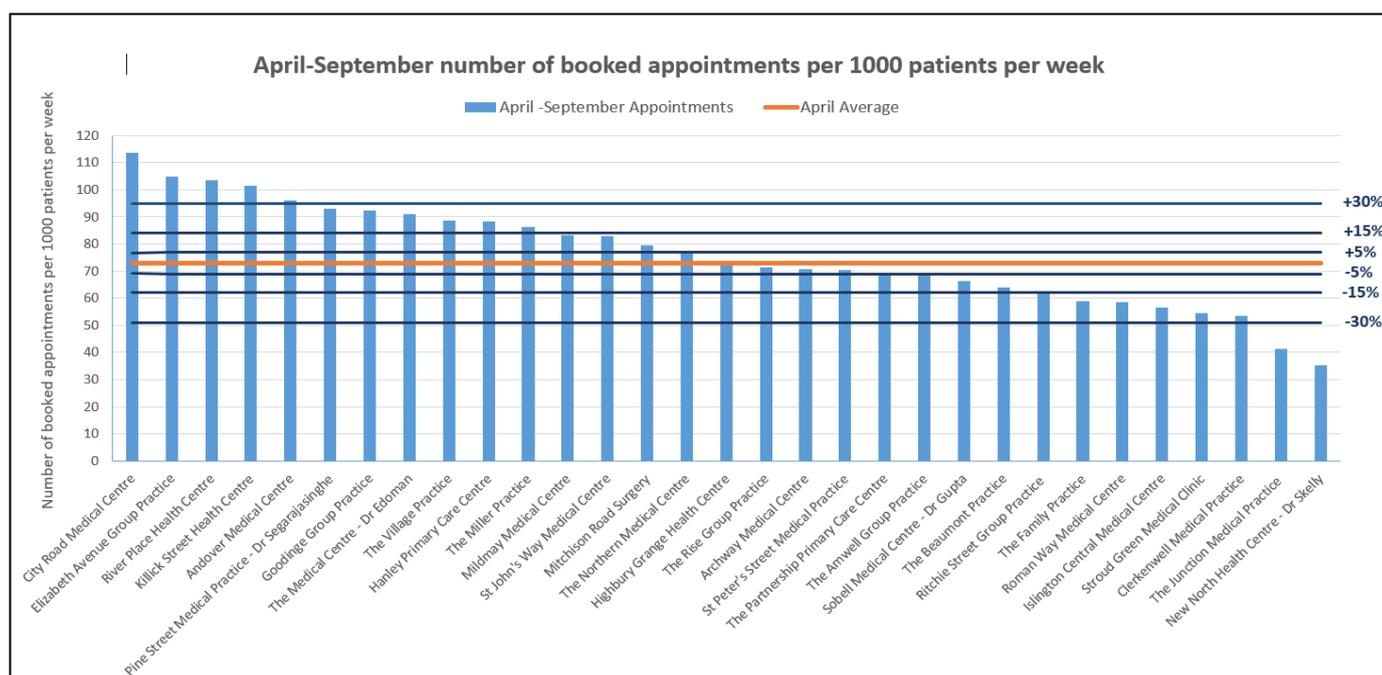
Requests for the report and date periods will be communicated via the GP bulletin, with reminders provided to practice managers. Practices are requested to highlight ineligible staff in the reports; section 7.1 of the guidelines provides further details on eligible and ineligible staff.

PLEASE NOTE: EMIS numbers must be removed from all reports before submitting to the CCG.

Practices will also have the opportunity to complete a template to report numbers of appointments which are eligible to be counted as part of the LIS, but not captured by the GP workload tool. Section 5.4 provides further details.

4.1 Reviewing the data

The data submitted by practices will be analysed and shared with practices in the GP bulletin to provide a bi-monthly overview of appointment data in relation to all Islington practices and the borough average (set using April data at the start of each financial year).



The regular sharing of data allows practices to monitor the likely performance in the Improved Access LIS payments and the opportunity to review how stretch target payments could be reached.

5. Management of Appointments

5.1 EMIS appointment book

Only appointment information recorded in your practice's EMIS appointment book will be captured by the GP Workload Tool. Appointment information expressed as 'Place of Consultation' added to a patient's EMIS consultation notes or recorded in EMIS messages will not be collected.

Only timed appointments are counted by the GP Workload Tool, e.g. clinical appointment templates set up without timed slots will not be captured by the tool.

All patient encounters, including telephone appointments should be recorded as an appointment in the EMIS appointment book with an appropriate consultation heading and linked to the correct member of clinical staff.

The GP Workload Tool counts the number of appointments booked at any time, i.e. not only within core-hours and of any appointment length, e.g. 5-minute flu appointments to 30-minute annual health check appointments.

5.2 Appointment groups

The GP Workload Tool groups appointments into the following categories:

- Booked
- Not Booked
- Available ('booked' plus 'not booked')
- DNA (also included in the 'booked' count)

Therefore, appointments are counted and grouped irrespective of the practices' assigned 'slot type'. Healthcare professionals are advised to ensure appointment slots are always updated with the correct status.

5.3 Booked and available appointments

The GP Workload Tool provides appointment data for both 'booked' and 'not-booked' slots. As part of the Improved Access LIS, only booked appointments are counted for the purposes of payment. The booked data extracted from the tool, includes DNA appointment numbers.

In many practices the 'not booked' appointment counts are skewed by the inclusion of empty slots counted from EMIS clinical session templates for patient lists, emergency appointment lists and triage lists etc. To prevent the Islington average being artificially inflated by these additional slots, only booked appointments are being reviewed.

5.4 Capturing additional appointment access / activity

5.4.1 Capturing additional eligible 'available slots'

Your practice may have appointments recorded in the EMIS appointment book that are not booked for a patient but should be included in the final appointment count as they contribute towards patient access. Examples of such appointments include learner support / supervision slots designated for training staff.

The number of such additional appointments should be submitted to the CCG every two months with the GP workload report. The appointments will be added to your final appointment count. A template for submitting additional slots will be provided to practices.

Practices are recommended to capture these additional appointments by running a slot type search (figure 1). The search will need to include:

- Practice specific slot types, e.g. learner support slot
- Search dates (provided by the CCG)
- Eligible clinical staff (detailed in section 6.1)

If you are unsure of whether a slot is eligible to be counted, or would like support setting up and running a search, please contact the CCG primary care team via pubc.secure@nhs.net.

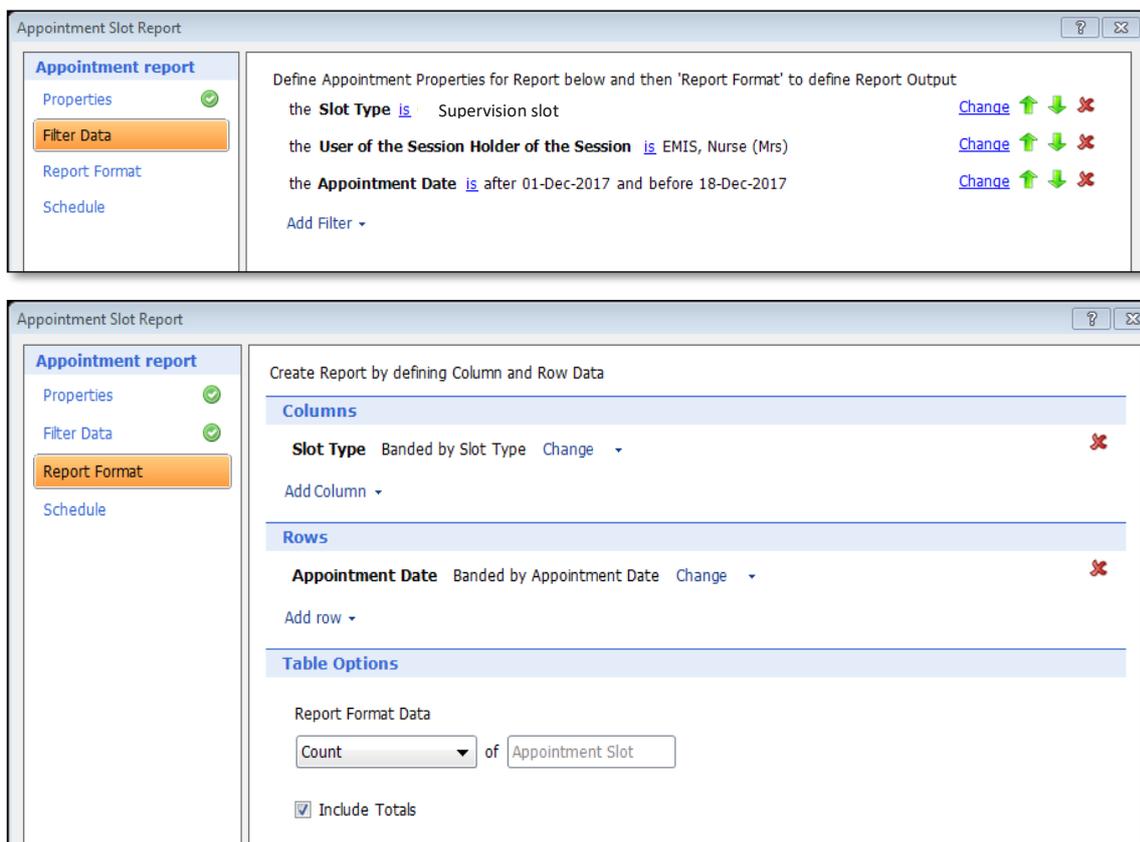


Figure 1. Slot-Type Appointment Search

5.4.2 Capturing slots not routinely recorded in EMIS

The GP Workload Tool only counts appointments recorded in the EMIS appointment book.

The CCG recognises that some eligible appointment-related activity may not be recorded in the appointment book due to additional administrative workload or to avoid possible confusion with clinical sessions available to be booked by reception staff.

Examples of possible non-EMIS recorded appointment activity include:

| Appointments not routinely recorded in EMIS |
|---|
| - Telephone consultations with other clinicians regarding patient care <i>Please note, patient telephone appointments are expected to be recorded in the EMIS appointment book</i> |
| - Care home appointments |

- | |
|---|
| - Learner support / supervision slots designated for staff training |
|---|

For some practices, each of the above examples, may routinely be recorded in the EMIS appointment book; this is dependent on individual practice processes.

The number of additional appointments should be submitted to the CCG every two months with the GP workload report. The appointments will be added to your final appointment count. A template for submitting additional slots will be provided to practices.

5.5 Patient Lists

Practices may keep patient lists in the EMIS appointment book, e.g. walk-in list, whereby patients are subsequently booked into a slot with an available GP. To ensure these appointments are not double counted, practices should either:

- Ensure lists are set up without timed appointments (only timed appointments are captured by the GP workload tool), OR
- Highlight the EMIS profile assigned to the list, e.g. DR WALK-IN, in the GP workload tool report as an 'ineligible staff' member so the appointments are not counted.

5.6 Merging appointments

The GP Workload Tool counts appointments of any length, e.g. a 5-minute flu slot and 30-minute annual health check both count as one appointment.

Patients requiring double or triple appointments because they wish to discuss multiple issues, or require additional time due to interpreter needs, should have two or three separate appointments booked in the EMIS appointment book.

When patients require a longer appointment, e.g. for a LTC health check, the appointment should also be booked as multiples of a single appointment within that clinic.

For example:

- If a GP is performing a 30 minute health check and has a usual appointment length of 10 minutes, three individual appointments should be booked in the EMIS appointment book.
- If a nurse is performing a 30 minute health check and has a usual appointment length of 15 minutes, two individual appointments should be booked in the EMIS appointment book

Merged appointments will only be counted as one appointment by the GP Workload Tool. Booking as single appointments ensure practices who provide longer appointments are not disadvantaged.

When booking multiple appointments for patients, the iPlato messaging function must be switched off where necessary. For support or training for iPlato, please contact Luke Grant, iPlato account manager at Luke.Grant@iPlato.com.

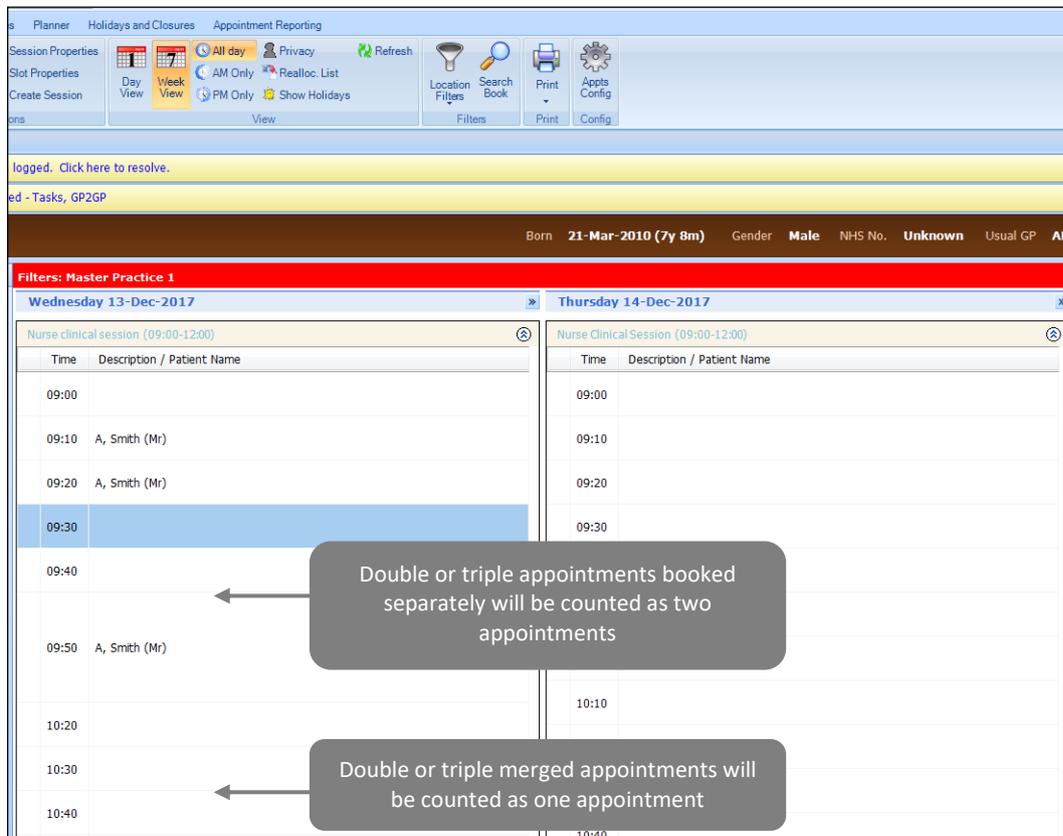


Figure 3. Separate and merged appointment slots

5.7 Two patients per appointment

If two patients are seen within one appointment slot, e.g. a mother and child, this should be booked as two separate appointments; otherwise it will only be recognised as one appointment. If possible, the health-care professional should add such additional appointments as 'squeeze appointments' to their clinic. Please note an appointment status must be also be applied to squeeze appointments.

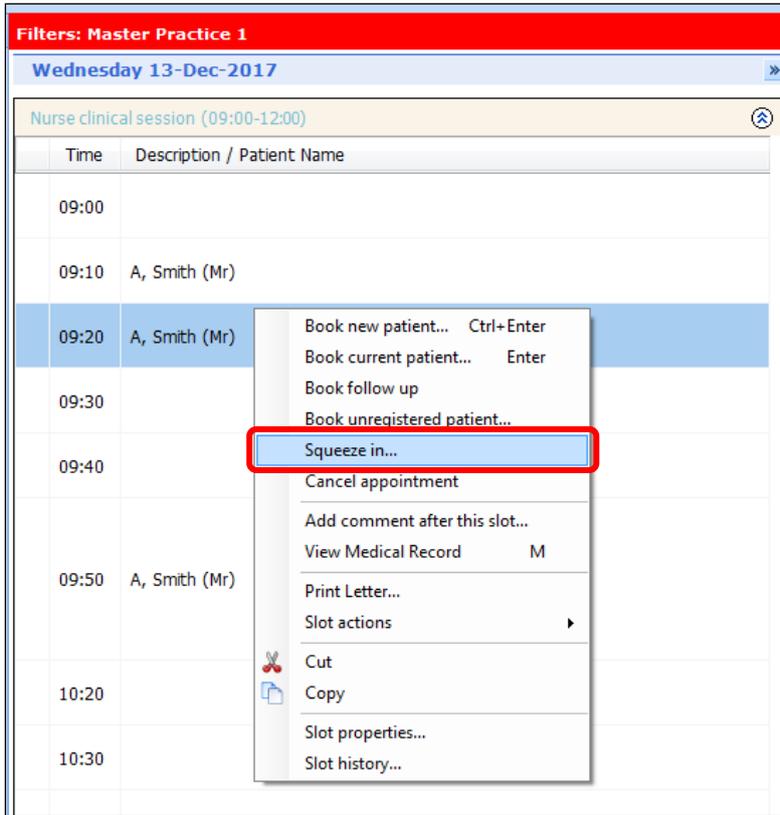


Figure 4. Additional appointments should be booked at squeeze appointments

5.8 Home Visits

All home-visits should be booked into the EMIS appointment book. When booking pre-planned home visits, the assigned slot type (e.g. Home visit – pre-planned only, Home visit – request or Home visit – confirmed) should have the status type set to ‘visit’ (Figure 5).

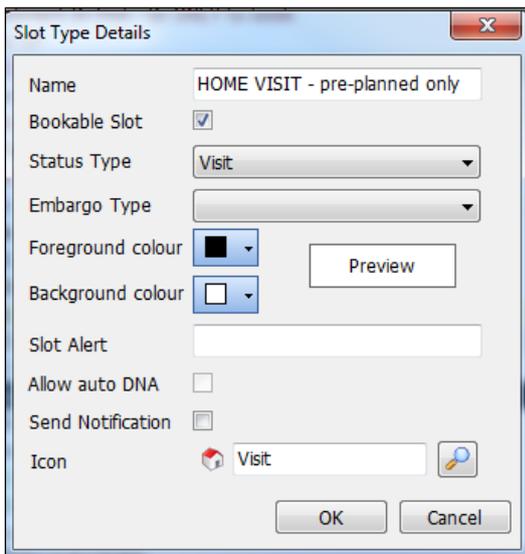


Figure 5. Home visit slot type

Setting the slot status type as *visit* means the slot status of the appointment can be changed to 'visited and patient seen' OR 'visited but patient not in' (Figure 6). This ensures that if the patient is not in at the time of the visit, the appointment will still be recorded in the practice appointment count.

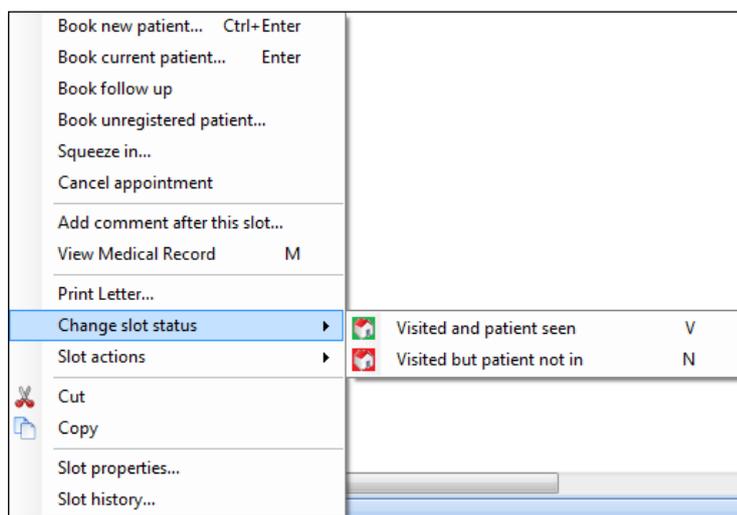


Figure 6. Slot status of home visits

6. Telephone Appointments

6.1 What counts as a telephone appointment?

Only telephone calls between clinical staff and patients (or relevant relative), or clinical staff and other clinical professionals (including social services) should be booked as a telephone appointment.

If a telephone appointment is booked and a patient does not answer the phone, this will be counted as a failed contact attempt and therefore marked as completed as the health-care professional has used the allotted appointment time to try and contact the patient.

6.2 Recording telephone appointments

To ensure each practice's complete telephone appointment activity is accurately recorded, it is key for telephone appointments with patient to be booked into the EMIS appointment book and assigned a telephone status, e.g. telephone complete. Telephone consultations added to a patient's EMIS consultation notes will not be captured.

As referenced in section 5.3 patient-related telephone calls to other members of clinical staff should either be recorded in the EMIS appointment book, or if preferred by the practice, captured separately and reported to the CCG using the provided template.

6.3 Telephone triage

Practices using full or partial telephone triage systems should ensure their telephone triage calls are booked as telephone appointments in the EMIS appointment book to ensure all activity is captured.

The following points for telephone triage and telephone appointments should be noted:

- Only calls between health-care professionals and patients, or between clinical staff and other clinical professionals should be counted as a telephone appointment; i.e. patient calls to admin staff are not included.
- A clinical phone call to a patient as part of a telephone triage service which results in a face-to-face consultation with the same patient will be counted as two appointments.

7. Practice Workforce

7.1 Eligible and non-eligible practice staff

Appointments offered by clinical practice staff funded by the practice should be included in the appointment count. Other staff, such as those from community services, or those provided via CCG or alternatively funded pilots should not be included.

Practices are requested to highlight ineligible staff members in the GP Workload Tool report submitted to the CCG.

| Examples of eligible practice staff |
|---|
| - GPs (partners, locums, salaried) |
| - Practice nurses |
| - Health-care assistants |
| - Pharmacists (if employed by the practice) |

| Examples of non-eligible practice staff |
|--|
| - Community services staff <ul style="list-style-type: none">○ E.g. clinical psychologists from the primary care mental health teams○ E.g. Drug and alcohol nurse from the primary care drug and alcohol team |
| - Pharmacists (if provided by the GP Federation) |
| - GP registrars and other training staff |

8. DNAs

The number of DNAs should be captured as accurately as possible, as they indicate practice appointment availability.

The following points for DNAs should be noted:

- If a double appointment slot is missed, as long as the appointment was booked as two separate appointments in the EMIS appointment book, this will be recorded as two DNAs
- If a patient arrives late to an appointment, this will automatically be converted to a DNA by EMIS. To avoid this, the DNA status should be changed to 'arrived'
- For appropriate slot types, e.g. walk-in and duty doctor slots, the auto-DNA option in slot properties should be un-ticked