

Access

This guidance note provides an overview of all elements of the contract agreement which will change how patients will access primary care going forwards and the impact of these changes on practices.



Access to bookings and appointments

Direct booking

From July 2019, practices will be required to make available 1 appointment per 3,000 patients per day for NHS 111 to book directly into practice appointments. This is provided that the functionality and governance exist.

| No of patients | Less than 3,000 | 3,000 to 5,999 | 6,000 to 8,999 | 9,000 to 11,999 |
|----------------|-----------------|----------------|----------------|-----------------|
| No of appts | 1 | 1 | 2 | 3 |

The appointments will be ringfenced for the sole use of NHS 111 and should be spread evenly through the day and may be freed for others to book if not booked within a set period before the appointment (further information about the set period will be provided in due course). This should not add a further appointment into practices' systems, but instead will simply mean an alternative route in to the practice for some patients. GPC England agreed that these appointments will be triaged by the NHS 111 Clinical assessment service before the appointment is booked so only patients deemed appropriate should be booked into these slots. To pay for this arrangement, £30 million additional funding will be added to the core contract.

NHS 111 will add a note to the patients record immediately after their interaction, clearly indicating their rationale for booking the appointment so that the practice has all relevant information prior to the appointment.

Practices can manage these appointments as they deem appropriate i.e. a practice may choose to retriage the patient before the appointment time.

This forms part of NHS England's plan to alleviate workload for practices. For example, NHS 111 will also direct patients away from general practice to pharmacists, so that patients are seen by the appropriate healthcare professional. We are aware of this process being trialled over the last few years, with a low level of calls being converted to appointments.

Online bookings

All practices will need to make at least 25% of appointments available for online booking by July 2019. Practices retain control of these appointments, meaning that they can choose which 25% of appointments are offered and what format they take – they do not have to be face to face. These are not new or additional appointments, they are simply 25% of a practice's current appointments, providing an alternative route for patients to access the booking of appointments.

These appointments can be booked by the patient or someone on their behalf. A consequence of this is that if these appointments are available then NHS 111, or others acting for the patient, may book this rather than telling the patient that they have to do it themselves. Again, it should be noted that the operability of appointment booking by 111 is reliant on the systems being capable of this.

It is for the practice to determine which appointments they make available online. These appointments could be focused on appointments for clearly defined purposes, such as cervical smear check, NHS Health checks, long term condition annual reviews, phlebotomy or may be released as part of the book on the day allocation to reduce the pressure on telephone lines and reduce work for receptionists. Some practices may choose to make telephone triage appointments available to book online.

Example of how practices can split appointments amongst practice staff per week:

| Type of appointments | Total available (per week) | Appointments available online (per week) |
|----------------------|----------------------------|--|
| GP appointment | 100 | 5 |
| Nurse appointment | 25 | 20 |
| HCA appointment | 25 | 10 |
| Flu clinic | 25 | 10 |
| Physiotherapist | 25 | 5 |
| Total | 200 | 50 |

Extended access scheme

From July 2019, the Extended Hours DES requirements and funding will be transferred into the network contract. This will be joined by the CCG commissioned extended access services as the respective contracts come to an end by 2021. The aim of this is to reduce fragmentation between the different access schemes that are currently in place.

This transfer will mean that the DES requirements to deliver evening and weekend appointments, will be available to 100% patients across the network and that the additional appointments can be spread across the constituent practices, as the network deems most appropriate. GPC England will work with NHS England to design the policies and procedures to support this transfer including ensuring any data sharing is GDPR compliant.

An Access Review will begin in 2019. NHS England and GPC England will work together to achieve four goals:

1. learn from the existing GP extended hours and enhanced access schemes;
2. in line with the NHS Long Term Plan, it will seek to improve urgent care in the community;
3. seek to improve patient access experience; and
4. take account of digital advances.

Access to information

The contract agreement has also made provisions to meet the needs of patients wanting to access more services digitally with the potential for practices to utilise these services to reduce workload pressures.

The requirement for practices to make these services available is predicated on appropriate and functional infrastructure being in place.

Patient personal information

Practices will be required from April 2019, to provide new patients with full online access to prospective data from their patient record. Work will commence to digitise all paper records so that patient records will be completely electronic. This means that from April 2020 all patients will be able to have online access to their full record, including the ability to add their own information. NHS England and GPC England will work together on the digitisation of records to ensure it has minimal impact on practices and is prioritised and by doing so free-up much needed space in many practice premises.

Online correspondence

All practices will provide patients access to online correspondence by April 2020, respecting decision toot-out depending on the patient's preferences. This means that test results, appointment details, etc. will be communicated more effectively with patients. This is another step to support patients managing their health better.

NHS App

The NHS App is now available for patients to download. It provides patients access to a range of healthcare services and in the future, it will be a platform whereby patients can access their GP record, book appointments, update data sharing preferences etc. Giving patients more control over their healthcare. As part of this agreement, practices will be required to provide specific information to the NHS App so that it provides appropriate information to the practice's patients.

Online presence

All practices will need to ensure their online presence is informative and kept up to date, by April 2020, to make sure that patients are fully informed about the services available to them and how they can access them, similar to the information available in a practice leaflet. More information about this will be made available in due course.

Access to care

Online consultations

Practices will be expected to offer online consultations by April 2020. Again, NHSE has committed to making the infrastructure available to all practices in order to be able to offer this service. GPC England will be working with NHS England to provide further guidance, ahead of April 2020, about what this means and how practices might wish to implement it.

