Practice guidance for continuation of the mapping of GP appointment data

Background

In 2021-22, 'GP Activity Data' was a mandatory project within the QI process. The guidance for the original project is included within this document in the annex for reference. The project had two requirements: one to map GP appointment data as extracted by Audit+; the other to submit a monthly proforma, quantifying administrative and other activity completed in GP practices.

For 2022-23, the activity from requirement 1 has been moved into the core contract, with the monetary value of the associated points transferred into the Global Sum. As a result, this is now a contractual requirement.

The design team is aware that the project was released late in the 2021-22 QAIF cycle, so to ensure that original project continues to provide valuable insight, and to enable a proper review of its use to take place, the new project for this year will be a continuation of the 2021-22 project. This document provides updated guidance to practices of the changes and actions needed to fulfil the core contractual requirement.

Aims

The aims of collecting this data are:

- To provide practices with data that quantifies their appointment activity, enabling them to compare their trends with those of their peers, their Health Board and Wales as a whole.
- To provide officials in Health Boards and Welsh government an aggregate view of activity in GMS to inform planning and policy design.
- To enable collaboratives to share best practice on how they design their appointment books, and to utilise the information provided in the way they deem appropriate.

Practice Requirements

1. **Mapping of appointment data to predefined categories**
    - This will have already been completed by practices as part of the original project. To maintain the relevance of the mapped data, and reduce the number of unmapped appointments, practices are required to continue to review the appointment categories by the 10th of each month.
2. **Housekeeping of data extraction practice server**

    The PC within the Practice that acts as the server needs to be on to ensure that the relevant software can extract the data. Should a

practice experience any issues with Audit+ submitting data then the following helpdesk should be contacted: support@ishealth.co.uk.

3. **Review of appointment definitions**
    - Practices should review the appointment mapping to improve correlation between the mapped data and the appointments provided and reduce the number of unmapped appointments.
    - NB, In EMIS these are the session types, as these are the most granular level that Audit+ can extract. For VISION, these are slot types.

Collaborative Level Requirements

4. **Practices to continue to discuss the output from the data at GP collaborative meetings**
    - Collaborative representatives and cluster leads to discuss how the data is used and work together to improve the standardisation of the data so that it is more useful for planning at practice, Collaborative, Cluster and Health Board level. It is hoped that greater sharing of information of this kind will enable improved signposting to schemes that provide access with alternative providers/contractors or planning services.

      The data is to be discussed as a formal agenda item in at least one professional collaborative meeting per year and the professional collaborative lead should take this to a cluster meeting for wider discussion.

Verification

Verification will take place within the portal, and the mechanism will be agreed with the Contract Assurance Framework.

Future developments

Data from the original project has only recently been made available to Welsh Government, Health Boards, and the design team. This, and future months' data, will be analysed alongside the QI feedback provided by practices in October 2022. Should it be apparent from this feedback that changes are required to the process, or any elements of the guidance/PCIP tile, then these will be communicated to practices by 31st March 2023.

Welsh Government, DHCW and GPCW representatives will hold engagement sessions with practices later in the year, to discuss the requirement, its output data in the Primary Care Information Portal, and to give practices the chance to again engage with the design team.

Annex

Practice guidance for completion of 'Activity Data Quality Improvement (QI) Project – Mandatory'

(This document is to be used in conjunction with the Quality Assurance and Improvement Framework guidance document issued 17.2.22)

Introduction

The aim of this QI project is to introduce a standard process for capturing the way GP practices record their appointment and non-appointment activity, to develop a means of quantifying overall General Medical Services (GMS) activity in Wales. This is needed to inform commissioners of trends in activity and to quantify the support GMS practices will require going forward.

There are two broad requirements for practices to record their activity. Firstly, there is an automated extraction of appointments completed from the GP system appointment books, using Audit+. To achieve this, practices will map their existing appointment sessions to pre-defined categories. Secondly, practices will manually upload administration and other data to the Primary Care Information Portal (PCIP).

These two requirements will feature new processes developed in collaboration between Welsh Government, Digital Healthcare Wales, GPC(W), Health Boards and individual practices, which aim to give practices a means of capturing activity. The processes are new, and as such may not enable a comprehensive data capture for each field requested. In these scenarios, the ask for practices is to use best judgement when completing searches of their systems to give the most accurate measure of activity, whilst ensuring the effort spent completing the monthly search is proportionate. More details can be found later in this document.

DHCW (Digital Health and Care Wales) will process the data and present it for practices within a tile in the PCIP. At a collaborative, Health Board and all Wales level, aggregate data views will be visible for users, but only practices will see their individual data. The purpose is to enable a comparative view for discussion between GP collaborative members.

Throughout the design and testing of this process, it is understood that data for individual practices will not be necessarily accurate, particularly the early submissions. The purpose of the project is to improve the quality of data for planning and communication purposes. Through discussions with your collaborative, it is anticipated that enhanced processes for collation and input of the data can be developed, and data will become more accurate and representative of GMS activity. These data will be used by LHBs and Welsh Government to improve understanding of activity in GMS, not to performance manage practices. You can also feedback on the data through your Collaborative discussions and year end Data Quality Report.

This document provides guidance of how to complete the two requirements.

Requirement One

Mapping of appointment data to predefined categories

NB. The PCIP will contain detailed technical guidance and user instructions on how to complete the exercise. This section provides an overview of the requirement.

To quantify and categorise GP activity, there will be a mapping exercise, which takes place within individual practice's sections of the PCIP. The agreed categories to which appointments are to be mapped are:

Level 1 - Mode of Consultation	Face to Face
	Remote
	Home visit
Level 2 - Professional Heading	GP (or other independent prescriber)
	Nurse/AHP/other clinical role
	Unable to map to professional heading
Level 3 - Type of Consultation	Chronic/Planned/Non-Acute
	Urgent/Acute

Note that this exercise maps the appointment book within the GP systems and does not record the clinical encounter. GPs should continue to code the mode of consultation as normal for each clinical encounter. There will be two parts to this exercise:

1. **An initial map of all descriptions used to schedule appointments. These appointments have been extracted from the systems dating back to October 2021 (start of QAIF cycle).**
   Completion date: end of July 2022.

   A dedicated section of the PCIP will become available to practices that lists all appointment descriptions used. These are to be categorised individually as per the headings described in the table above.

   Due to the diverse ways practices configure their systems, it is likely that for some, appointments and session will fall under multiple categories in each level. We ask that you make your best judgment in these circumstances.

   In EMIS practices, the level at which activity is extracted by Audit+ is the '***session type'*** description. This means that some of the appointment types may not fit exactly into the defined categories, as there may be multiple users or types of appointment contained within each 'session'. The practice will need to use their judgement as to the best fit in this scenario. For instance:

A ‘morning surgery’ session for GP Dr ‘A’ has been created containing 10 telephone slots, 4 face-to-face contact slots and 5 e-advice slots. Clearly this mixed session can be easily mapped to professional heading, but not easily mapped to mode of consultation. As a result, the practice will have to make a ‘best fit’ decision whether this session is best initially mapped to ‘Remote’ or ‘Face-to-Face’ based on the session mix at the initial mapping stage.

In VISION practices the level at which activity is extracted by Audit + is the appointment ***‘slot type’***. This means that some of the appointment types may not fit into defined categories. For example, if you have used 'telephone consultation' you may not be able to map this to a professional group. You can choose 'unable to map to professional heading'.
You may also be unable to map these slot types to the level 3 classification and will have to make a pragmatic assessment of which is most appropriate by volume.

For both systems there will also be categories for which mapping to the various activity descriptions is not possible, such as lunch breaks. These appointments will remain unmapped and be highlighted within the PCIP to practices. Also, for mixed sessions, it is understood that some admin slots may be built into these sessions.

2. **Maintenance of the map**

   At least once per month, practices are required to review their list of appointments for any additions or amendments, as these will also need to be mapped. The Portal will flag to practices the number of appointments unmapped. There may also be some redundant categories. If this is the case, the process will have highlighted an opportunity for improvement i.e., removing these from the GP appointment system.

Once the initial mapping exercise has taken place, the defined categories will be retrospectively applied to activity going back to October 2021 (start of the Quality Assurance and Improvement Framework cycle), to give an initial view of practice activity. This can then be analysed through the year, enabling trends and patterns to be scrutinised by practices and their collaborative colleagues. The accuracy of this data is dependent on how accurately the initial mapping process can categorise individual appointments in each practice, and data should always be viewed in this context.

The guidance in the PCIP will explain how to do the initial mapping exercise for your practice, and then how to update in subsequent months as and when new appointments appear in the list following updates to your GP systems.

As this is a QI process, it is then entirely up to practices to decide if and how they adapt or redesign their appointment books and processes, so that the GMS activity they undertake can be reflected more accurately in the PCIP outputs. This has some relevance when we consider the use of the data with regard sharing with their patient populations.

Requirement Two

Upload of administration and other data to PCIP

To quantify the large amount of 'non-appointment' activity, it is necessary for a manual upload of data to be made each month in the PCIP. The method for this will be a short form that practices complete each month that asks them a series of questions based on agreed activity types. The answer will be the number of each of the activities completed (technical guidance will be available in the PCIP).

The agreed data to be uploaded are (suggested processes for completing the search for this data is contained in the annex):

- **Telephony Data** – These data should be available to practices as it has been a requirement of QAIF in past years (e.g., Access Standards). Whilst there is no longer a target level to be achieved, for QI it is necessary to report on number of calls made to the practice, number answered within two minutes and number abandoned.

- **Data extracted by searches run on the clinical system**
  In the long term, the ambition is for these categories to be extracted centrally, however, to initiate the collection and collation process, currently this will be completed by manual practice searches (the table overleaf provides guidance on completing these).

    - Items issued on prescription
    - Referrals made
    - Med3s issued

- **Data extracted by searches, which may require some additional processes**

    - Administrative communications issued (letters/emails) - this can include all activity a practice deems relevant
    - Text messages sent and received
    - Total digital requests submitted to practice (via specific platforms, such as eConsult, or email)

The first upload will need to be completed by 10th July 2022, for activity in June 2022. It is known that not all the data fields for this exercise will still be available to practices for past months. Practices are therefore able to complete a return for these months, though this is not mandatory, and if data is unavailable, a nil return for these months can be submitted.

Subsequent uploads are to be made by the 10th of each month for activity in the previous month. If the 10th falls on a non-working day (i.e., weekend/bank

holiday) then the submission should be done on the last opportunity before this date.

The table below describes the process suggested to enable a standard search for the data under each category.

We understand that this may not comprehensively cover all activity in an individual practice, so we ask that practices use their best judgment when making such searches to capture accurately their own activity under these categories. Discussion within the collaborative may be able to solve queries generated by this activity and standardise collection processes.

Outputs

By September 2022, the data submitted by practices in their initial mapping exercises, and subsequent monthly uploads, will be available to view in the form of a dashboard contained in the PCIP. Practices will see the data at their own practice level, but will also be able to see collaborative, Health Board, and all Wales levels for purposes of comparison. Colleagues in Health boards and Welsh Government will be able to view aggregated level versions of this data.

A benefit for practices is that a selection of metrics will be collated and presented back, enabling them to choose the most relevant and create an infographic that communicates their activity to local communities. They will also be able to use the data to compare with other practices and Health Boards to improve the way they record activity.

The ambition is that the data facilitates improved understanding of the amount and complexity of activity in the system, enabling better interventions and better support and resourcing of GMS going forward.

Suggested process for completing searches of activity in practice systems

The table below contains suggestions for how practices can complete searches of their systems to fulfil the second requirement of the project.

The searches are to be completed every month for activity in the previous month (that is from the 1st of the month to the last day that month).

A variety of systems may need to be scrutinised – the telephony system, the GP system (EMIS/VISION), the practice email system, and any other system that practices can realistically and proportionately search each month.

It may be possible that for certain categories, practices develop different processes for recording their activity. This is not an issue, as practices should find the way that best enables them to capture their own activity in the most practical way to suit their own practice. Practices should include all activity under the various categories that they deem relevant and can accurately count. An example process for quantifying email communications is provided in the annex.

Data Category	Data Source	Process for data search
Telephony Data This may be the first attempt at quantifying telephony data for some practices. As with appointments, practices will need to use judgement as to how they categorise certain calls, depending on the processes they have locally.	Practice telephone reporting system	Three questions to be answered on PCIP: 1. Number of calls to surgery 2. Number of calls answered within two minutes 3. Number of calls abandoned
Items issued via prescription Acute, repeat and batch	GP Practice Systems	VISION = search on items and prescriptions EMIS = search of prescriptions issued, and number of items then counted from output excel report <1 month Process is to search for prescriptions issued and items issued (this can also include 8T hierarchy for social prescribing)
Referrals made	GP Practice Systems	Clinical system search of search of 8H hierarchy and referral codes, ensuring discharge codes are excluded
Med3s issued	GP Practice Systems	Clinical system search of Med3 related codes

Administrative communications issued (letters/emails) For the initial data upload, practices may have deleted or archived historical emails. The initial upload may therefore be incomplete. Future months' uploads should be accurate.	GP Practice Systems	Clinical system search on all 9N3 (and locally developed variations) but exclude 9N3G and 9N3H (plus locally developed variations). Historic counts of traditional mail communications will be difficult to capture. Ongoing, practices should find the most appropriate way to quantify this activity for their individual processes.
Text messages sent and received It is understood that Iplato automated texts will be captured in any search in addition to texts sent and received using accuRx etc.	GP Practice Systems	Clinical system Search on 9N3G& 9N3H (plus locally developed variations)
Total digital requests submitted to practice (via both specific platforms, such as eConsult, or email) It is understood that not all can be extracted solely by searches and practices may need to review other methods for capturing activity	Various	Manual search platform data, inbox counts, live chat count, MyHealth online requests, Mysurgery app and other digital platforms.

FAQ Section

- **What happens if I miss cut-off date?**
  - *If the cut-off date is missed, then the data will not be included in the associated analysis.*

- **What is meant by "nationally developed and pre-defined searches"?**
  - *Initially, searches will be completed locally by practices and uploaded monthly to the PCIP. In the background, DHCW will be working on developing automated searches and extraction processes so that monthly manual searches and upload are no longer necessary.*

- **Can I amend if I realise data incorrect?**
  - *It will be possible to remove mapping of categories and add new categories from Requirement 1. Please note that whilst a mapping of a category can be removed and the data then re-mapped to an alternative category this will not update retrospective months mappings and analyses. Any change will only be reflected prospectively in the PCIP.*
  - *Whilst practices can update/edit their submission via the 'edit' button in the PCIP prior to the monthly submission date, once the submission date has passed, the submission can no longer be amended.*

- **Can anyone in practice submit returns?**
  - *The Practice through the 'Practice Manager Administration' (PMA) function within the PCIP can authorise any suitable person employed by the Practice to submit returns*

- **How do I change the category of appointment slots after the initial mapping exercise?**
  - *These technical answers will be provided within the PCIP and associated 'How Do I?' documentation*

- **My recorded activity is significantly different to that of my collaborative peers. What should I do about this?**
  - *It is understood that this will be the case. The improvement sought in this project is in how activity is recorded to accurately articulate the levels for all of Wales. By discussing with your peers and identifying ways of standardising the way you record activity, a more accurate picture will be produced.*

- **How can we get training so we can review how we use slot types?**

- *There is no specific training as the task for practices is to find the 'best fit' to reflect their activity. Some practices may wish to amend their appointment sessions to better reflect the categories and improve data quality as the QI process proceeds.*

- **When should my practice publish the PCIP data in a patient facing Infographic?**
  - *Publication is to be encouraged as soon as you are confident the data are accurate and representative. Initially you may wish to review your figures with the collaborative and quality assure the data. Once you are happy a parameter is representative (e.g., overall number of appointments may initially be accurate whereas remote vs face-to-face subsets may not be), you should look to share this information. Initially this may be a limited dataset, but as the data quality improves it is expected that more detail and granularity is published to better inform the public of activity in GMS practices. The infographic that practices may wish to use to assist them with this will be available by September 2022.* There is no requirement to publish in the format presented in the PCIP and practices can choose to develop their own infographic if they wish.

- **Who do I contact regarding queries on how to complete searches or assign mapping categories?**
  - *For mapping queries, practices should discuss potential solutions amongst their GP collaboratives. It is understood that the processes for capturing activity are not necessarily comprehensive for each practice, but through working together with colleagues in the collaborative, it is anticipated solutions to improve and make the system more accurate will be developed.*

  - *If a practice requires specific assistance on how to run queries on their clinical systems, queries can be made to the Insight Solutions Ltd team via the client portal:*

    https://insight.fusemetrix.com/portal/login.php

    where practices in Wales have two members of staff who have centrally funded access to the client portal.

Queries

Any specific queries on the technical specifications of the process and operation of the PCIP should be directed to the DHCW Primary Care Information Services team at *DHCW.PrimaryCareInformationServices@wales.nhs.uk.*

Further queries should follow the normal QAIF queries process as set out in the Quality Assurance and Improvement Framework i.e.
HSS-PrimaryCareMailbox@gov.wales

Annex – Illustrative examples of searches

As practices will have configured their own systems and processes to best suit their individual needs, it is understood that ‘one size does not fit all’ in terms of capturing activity. To reflect this, below is one suggested process for quantifying email communications to practices. Please note that this is an example. And your practice may have a better way of completing this process that you wish to share with your collaborative.

Example – Total digital requests submitted to practice (via both specific platforms, such as eConsult, or email)

Practices receive a wide range of emails, and whilst some may be saved to patients records and read coded, others may be simply actioned but not imported into the clinical system.

If a practice wishes to count all actioned emails and not just those coded, then a practice can chose to save the emails for counting within outlook.

To do this, one dedicated folder can be created (or more if they want to do more detailed analysis) and all relevant mail can be moved there for counting. Outlook enables rules to be created that will automatically file certain messages to named files.

Once reported, mail should then subsequently be deleted in accordance with their email management policy. It will be for the practice to judge which emails they feel should be counted.

If they wish to use this approach, Managers should consider ensuring they are set up as a delegated viewer of the generic account(s) they use and know how to add the nominated email inbox to their own account.

Any additional requests to practice via other platforms such as apps should be added to the total and reported in the PCIP.

It is up to practices to decide how they report on the information on digital, but you may wish to discuss with your GP collaborative on a more consistent and coherent approach for QI data analysis purposes.