

Data Provision Notice

GP Appointments Data

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Contents

Change control	3
Background	3
Purpose	3
Benefits	4
Legal basis for collection, analysis, publication and dissemination	5
Collection and Analysis	5
Publication and Dissemination	5
Persons consulted	5
Scope of the collection	6
Form of the collection	6
Manner of the collection	6
Period of the collection	7
Data quality	7
Burden of the collection	8
Steps taken by NHS England to minimise the burden of collection	8
Assessed costs	8

Change control

This is a revision of this Data Provision Notice to reflect the legal and organisational changes which came into effect on 1 July 2022 and 1 February 2023 and to reflect changes to the data collection since the previous Data Provision Notice was published.

The last version of this Data Provision Notice was issued by NHS Digital in November 2020 pursuant to a direction under section 254 of the Health and Social Care Act 2012 (**the 2012 Act**) from NHS England.

On 1 February 2023, the statutory functions of NHS Digital transferred to NHS England under the [Health and Social Care Information Centre \(Transfer of Functions, Abolition and Transitional Provisions\) Regulations 2023 \(Transfer Regulations\)](#). Under these Transfer Regulations, the provisions of all directions from either the Secretary of State for Health and Social Care or NHS England to NHS Digital are now treated as if contained in directions from the Secretary of State for Health and Social Care to NHS England.

Consequently, the legal basis for this Data Provision Notice is still the direction identified below, with its status now treated as if contained in a direction from the Secretary of State for Health and Social Care to NHS England under section 254 of the 2012 Act.

Background

The 2012 Act gives [NHS England](#) statutory powers, under section 259(1)(a), to require data from health or social care bodies, or organisations that provide publicly funded health or adult social care in England, where it has been directed to establish an information system by the Secretary of State for Health and Social Care.

The data, as specified by NHS England in this published Data Provision Notice, is required to support a direction from the Secretary of State for Health and Social Care to NHS England. Therefore, organisations that are in scope of the Data Provision Notice are legally required, under section 259(5) of the 2012 Act, to provide the data in the form and manner specified below.

Purpose

The [GP Appointments Data \(GPAD\) collection](#) was started to collect information regarding appointments in general practice, now delivered through Primary Care Networks (**PCNs**). It is acknowledged that NHS services come under significant additional pressure across winter and other holiday periods and whilst there are regular flows of data regarding secondary care, the understanding of capacity and utilisation of primary care services is limited. Therefore, in support of this and other objectives originally set out in the [Five Year Forward View](#) (and more recently in the [NHS Long Term Plan](#)), NHS England has been directed by the Secretary of State for Health and Social Care, on behalf of the Department of Health and Social Care (**DHSC**), to collect this transactional level dataset.

The original GPAD collection was replaced in 2020 following the GPAD project work that NHS Digital undertook in 2017-18 and 2018-19. This project established that a further phase of work was required to introduce greater standardisation of appointment data in order to support national analysis of any developed general practice access or waiting time standard

and / or capacity and utilisation metrics. This was and continues to be required to support the NHS Long Term Plan and the commitment to improving access.

More recently, additional data is being collected in relation to the reporting of exceptions by general practices where they are unable to ensure that urgent appointments are seen within 2 weeks. This functionality only appears when booking an urgent appointment more than 2 weeks in advance. The new data around exception reporting will be used:

1. to monitor and review performance against the [Primary Care Recovery Access Plan](#) which requests that general practices ensure all urgent appointments are seen within 2 weeks
2. to provide additional context to an [Investment and Impact Fund \(IIF\)](#) scheme payment indicator to ensure general practices are not penalised when an urgent appointment type is booked more than 2 weeks in advance
3. by patients, general practices, Integrated Care Boards (**ICBs**) and nationally to monitor compliance with the patient access standard.

Furthermore, PCNs are now able to support general practices by carrying out appointments on their behalf. This activity is being included within the GPAD collection by capturing appointments stored in PCN appointment books. This PCN data will be used:

1. to give a more complete view of activity taking place in primary care to ensure all practice activity is being fairly reflected
2. to measure manifesto commitments such as the commitment to create 50 million more appointments in GP surgeries per year
3. to measure the impact the [Additional Roles and Reimbursement Scheme \(ARRS\)](#) has had on primary care activity.

Finally, to mitigate the ambiguity relating to the mode of appointment has previously been collected, system suppliers have aligned their naming conventions and definitions. NHS England is collecting this data from all suppliers throughout 2023-24.

NHS England has a statutory obligation to keep collections under review on an ongoing basis. As such a review date must be set at which point NHS England will review the continuing need for this collection.

Benefits

In addition to the purposes set out above, the GPAD extraction is needed because the data will:

- help improve understanding of appointment capacity and utilisation in general practice, PCNs and ICBs
- inform more effective planning and management of capacity at local and regional levels
- aid the understanding of seasonal pressures at a national level to inform wider strategy on the provision of services across primary and secondary care to help improve patient access to general practice

- help inform standardisation of the capture of appointment data which is currently inconsistent
- support national analysis of any developed general practice access / waiting time standard and / or capacity and utilisation metrics
- help assess the adoption of new digital approaches
- help measure workload pressure more accurately
- support evaluation of the impact of workforce diversification
- help measure patient experience of primary care services
- support evaluation of the impact of additional funding for primary care.

Legal basis for collection, analysis, publication and dissemination

Collection and Analysis

NHS England has been directed by the Secretary of State for Health and Social Care under section 254 of the 2012 Act to establish and operate a system for the collection and analysis of the information specified for this service: GPAD. The [direction](#) is published on the NHS England website.

This information is required by NHS England under section 259(1)(a) of the 2012 Act.

In line with section 259(5) of the 2012 Act, all organisations in scope, in England, must comply with the requirement and provide information to NHS England in the form, manner and period specified in this Data Provision Notice.

This Notice is issued in accordance with the procedure published as part of an NHS England duty under section 259(8) of the 2012 Act.

The [national data opt-out](#) will not apply to the submission of data to NHS England for this collection as the Data Provision Notice is a legal requirement with which the participating organisations must comply.

Publication and Dissemination

No legal basis for publication and dissemination is associated with the collection of GPAD as no patient-level data is collected.

Persons consulted

Following receipt of a direction to establish a system to collect GPAD, NHS England has, as required under section 258 of the Health and Social Care Act 2012, consulted with the following persons:

- DHSC, as the directing organisation
- The British Medical Association (**BMA**)
- The Royal College of General Practitioners (**RCGP**)

- The [Data Alliance Partnership Board \(DAPB\)](#) - DAPB acts with delegated authority from the Secretary of State as the main governance route through which all data collections and information standards, mandated for use in health and care in England, are scrutinised and approved.

Scope of the collection

Under section 259(1)(a) of the 2012 Act, this Data Provision Notice is served in accordance with the procedure published as part of the NHS England duty under section 259(8) on the following persons:

- General practices in England
- PCNs in England.

Under section 259(5) of the 2012 Act the organisation types specified above must comply with the Form, Manner and Period requirements below.

Form of the collection

DHSC requires NHS England to collect transactional appointment and utilisation data from all general practices and PCNs in England. GPAD is a record-level data collection (appointment-level) extracted from general practice appointment systems and submitted to NHS England via system suppliers. The data is processed and stored in Data Processing Services (**DPS**).

No personal identifiable data (**PID**) is intended to be collected for the purposes of GPAD. The data item 'appointment type' is however a free text, user definable field in some systems, which PID may be submitted under. The [latest GPAD specification](#) can be found alongside the Data Provision Notice is published on the NHS England website.

As of 2020, national categorisation standards have been implemented to support national analysis of any developed general practice access or waiting time standards and / or capacity and utilisation metrics. There are approximately 27 categories general practices can categorise appointments under.

General practices generally select 'appointment type' from a drop-down list. There is still the option for general practices to insert free text however. Work has been undertaken with general practices to support them in populating the field correctly and therefore mitigate the risk of them needing to use free text.

Where a general practice does insert free text, where it appears less than 50 times from a single practice (it would be highly unusual if the free text appeared more than 50 times) it is automatically flagged and the data suppressed. If the free text does appear more than 50 times from a single practice and therefore is not automatically flagged, NHS England will take all reasonable actions to ensure this is removed.

Manner of the collection

General practices are sent an invitation to participate via the [Calculating Quality Reporting Service \(CQRS\)](#). This invitation must be accepted as there is a direction in place for this data collection and it is a legal requirement for general practices to provide this data under section

259(1)(a) of the 2012 Act. All general practices in England are therefore mandated to comply with this invitation and approve the collection.

PCNs receive an instruction to accept the invitation participate in GPAD via NHS England's contact centre. This invitation must be accepted as there is a direction in place for this data collection and it is a legal requirement for PCNs to provide this data under section 259(1)(a) of the 2012 Act. All PCNs in England are therefore mandated to comply with this invitation and approve the collection.

A list of general practices and PCNs which have confirmed their participation in the data collection is provided to system suppliers each week. System suppliers will then extract the required data from only those general practices and PCNs that have accepted the invitation to participate in the collection. NHS England cannot collect information for any general practice or PCN which has not accepted the invitation to participate.

GPSS will transfer data to NHS England via Secure Electronic File Transfer (**SEFT**) or Message Exchange for Social Care and Health (**MESH**) as comma-separated value (**csv**) file(s). Due to the differences in the ways in which GP systems manage and record appointments and consultations, the precise manner by which the data is submitted and the format of this is discussed and confirmed with the relevant suppliers.

Period of the collection

Data is collected on a weekly basis to show a three month forward view of planned appointments capacity per general practice. Therefore, each week, there will be one additional week of new data looking forward and the remainder will be a delta of previous returns.

A backward look will also be collected to show the outcome and status of the planned appointments capacity going back to the start of the collection. However, it is anticipated that further back than one week, data will remain static and the data delta will predominantly be for the previous week only.

The [GP live collections timetable](#) provides further details of when this data collection will take place. Please note that this timetable is a live document and may be edited to reflect a change to the collection schedule; users are advised to check this regularly for updates.

Data quality

As data controllers for their patients' data, general practices are responsible for the quality of the patient data in their systems and for ensuring that it is accurate and up to date.

The data collection is extracted directly from the systems general practices use. Given the variation in how systems record and manage appointments, the opportunity for individual practice configuration of appointment slots and how practices use these systems will necessarily impact on data quality.

NHS England performs data quality checks on all data collections that are received. Data quality will be checked against the standard six data quality characteristics, which are: coverage, completeness, validity, default, integrity, and timeliness.

NHS England works with the GPSS, both during their development activities and after submission of the data to ensure they understand the requirements and that the data reported is as accurate as possible.

Burden of the collection

Steps taken by NHS England to minimise the burden of collection

NHS England has a statutory duty under section 253(2) of the 2012 Act to seek to minimise the burden it imposes on others. In seeking to meet these obligations in relation to this collection, NHS England has:

- scheduled submissions on a weekly basis only
- allowed for additional submissions only with the agreement of those providing data in appropriate circumstances, such as to correct significant data errors
- provided appropriate data quality reports to help with future submissions
- provided suitable submission methods to minimise the burden on data collection as well as to ensure data consistency and quality, and support organisations where they can in establishing processes to make those submissions.

In addition, in support of its obligation under 265(3) of the 2012 Act, NHS England has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This process is carried out by the [Data Standards Assurance Service \(DSAS\)](#) which assures burden assessment evidence as part of the overarching DAPB approval process. The DAPB, acting under authority of the Secretary of State, oversees the assurance, approval and publication of information standards and data collections for the health and social care system in England.

Assessed costs

Whilst there is no ongoing burden associated with this extraction, a one-off cost of £430k (based on 30 minutes per provider) was associated with the extraction of GPAD when the previous version of the Data Provision Notice was published in January 2020. This related to the burden on data providers to review and amend mapping of their appointments to the National Appointment type categories.

The burden imposed on general practices and PCNs to approve participation in the service does not apply as general practices and PCNs are not required to re-participate for the purposes of this re-issuing of the Data Provision Notice.

There are no system supplier costs as this is a scheduled roadmap delivery item under the [GP IT Futures Framework](#).