

General Practice Extended Access: March 2017



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March 2017

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1 Headlines

- 7,108 of 7,428 practices (95.7%) responded to the March 2017 collection, covering 56.18 million (96.6%) registered patients. The response rate has remained the same as the previous collection.

To note, the proportions of practices shown in the following points **in this headlines section** refer only to those practices which responded to the survey. For example, if a point states “50% of practices”; this should be read as 50% of the 7,108 responding practices.

- 3,695 (52.0%) practices are **members of a group**, an increase of 2.9 percentage points since the previous collection. A group is a collaboration of practices providing primary care services to their practices’ combined registered population, examples of a group are federations or hubs.

Extended access is the offer, to registered patients of a practice, of pre-bookable appointments outside of core contractual hours, either in the early morning, evening or at weekends. Throughout this commentary ‘provision of extended access’ refers to extended access appointments available to registered patients either through their practice, or through a group of which their practice is a member.

- **Full provision of extended access** is available at 1,675 (23.6%) practices, an increase of 5.1 percentage points since the previous collection. Full extended access is available at practices serving 12.88 million (22.9%) registered patients.
- 6,193 (87.1%) practices provide some extended access, **either partial or full extended access**, to their patients. This is an increase of 0.8 percentage points since the previous collection. 50.23 million (89.4%) patients are registered at these practices that offer some extended access provision.
- Availability of extended access is notably higher in the London region where over 97% of registered patients are with practices that offer either full or partial extended access. Over 49% of patients in London are registered with practices offering full extended access.
- 915 (12.9%) practices **do not provide any extended access**, a decrease of 0.8 percentage points since the previous collection. These practices provide care to 5.95 million (10.6%) registered patients.
- Of those practices which offer extended access the most common type of offer, at 23.6% of practices, is that extended access is available on all seven days of the week, which is provision of full extended access.
- Sunday is the least common day for practices to offer extended access either through their group or practice; whilst Monday is the most frequent day on which practices offer extended access.

2 Background

The government's mandate states that NHS England should:

“...ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends”

A data collection was established to gather data every six months from general practice on the availability of pre-bookable appointments outside of the contractually required core hours, Monday to Friday 8.00 to 18.30. This was announced as part of the [2016-17 GMS contract](#)¹.

The completion of this survey is a contractual requirement on general practices. The first collection took place during October 2016. Collections will continue bi-annually until March 2021.

This report presents experimental official statistics about the availability of extended access to general practice in **March 2017**. Where appropriate, comparisons are made to the previous collection: October 2016. The data in this report are published as experimental statistics as they are new and undergoing evaluation.

This publication is accompanied by an Excel workbook that provides data by practice, CCG and NHS England regional teams. Practice data is also available in a Comma Separated Values ('csv') file, a standard data format.

3 Methodology

GP practices in England were required to complete an online survey through the Primary Care Web Tool (PCWT). The PCWT is an online portal that is familiar to practices and is used by NHS England and NHS Digital to collect information from general practices.

The survey was open for general practices to respond during a one month collection period, from 1st March to 31st March 2017.

All currently open general practices in England were requested to respond to the survey. The list of current practices was generated using information from two NHS Digital data sources:

- [Epraccur \(General practices in England and Wales\)](#)², an NHS Digital publication of data from NHS prescription services, which provides information about every general practice in England and Wales. Epraccur is published quarterly; the data used for this survey were published on **24th February 2017**. To be included as an active practice for the extended access collection the following must be true within Epraccur: the practice's status must be 'active', there is date of closure and the prescribing setting must be 'GP practice'.

¹ <http://www.nhsemployers.org/gms201617>

² <https://digital.nhs.uk/organisation-data-service/data-downloads/gp-data>

- [Numbers of Patients Registered at a GP Practice](#)³, an NHS Digital publication of an extract from the GP Payments system. The extract gives a snapshot in time of the number patients registered with each GP practice. These data are released publically each quarter but monthly snapshots are available within the health service. Data used for this survey are the position at **1 February 2017**, the most recent data available when the list of currently open practices was compiled. To be included as an active practice for this survey, in addition to the Epracur conditions, a practice must have a count of registered patients greater than zero.

There are frequent changes to the set of practices which are open to patients, for example because of practice mergers. During the collection period, practices could apply to be added or removed from the list of currently open practices if changes were not yet reflected in the 'Epracur' publication or the latest extract of 'Number of Patients Registered at a GP practice'.

General practices were asked to answer the following questions about their practice and, if applicable, the group of which the practice is a member.

Table 1 - extended access collection questions

#	Question
1	Do patients have the option of accessing pre-bookable Saturday appointments at your practice?
2	Do patients have the option of accessing pre-bookable Sunday appointments at your practice?
3	Do patients have the option of accessing pre-bookable early morning appointments (before 8.00am) during the week at your practice?
3a	If "YES" to question 3, on which week days does your practice provide pre-bookable early morning appointments? (Tick those that apply).
4	Do patients have the option of accessing pre-bookable evening appointments (after 6.30pm) during the week at your practice?
4a	If "YES" to question 4, on which week days does your practice provide pre-bookable evening appointments? (Tick those that apply).
5	What is the name of the group of which your practice is a member, for example this could be the name of your federation?
6	Do patients have the option of accessing pre-bookable Saturday appointments through your group?
7	Do patients have the option of accessing pre-bookable Sunday appointments through your group?
8	Do patients have the option of accessing pre-bookable early morning appointments (before 8.00am) during the week through your group?
8a	If "YES" to question 8, on which week days does your group provide pre-bookable early morning appointments? (Tick those that apply).
9	Do patients have the option of accessing pre-bookable evening appointments (after 6.30pm) during the week through your group?
9a	If "YES" to question 9, on which week days does your group provide pre-bookable evening appointments? (Tick those that apply).

³ <http://content.digital.nhs.uk/gppatientsregistered>

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Responses to the survey have been used to classify practices into one of three categories of extended access availability:

- **Full provision** - patients have access to pre-bookable appointments on Saturdays, and on Sundays, and on each weekday for at least 1.5 hours: in the early-morning before 8am, in the evening after 6.30pm or both in the morning and evening; through the practice or a group of which the practice is a member;
- **Partial provision** - patients have access to pre-bookable appointments on at least one day of the week, through the practice or a group of which the practice is a member, but the extent of extended access offered is not sufficient to meet the criteria of full provision;
- **No provision** - patients have no access to pre-bookable appointments outside of core contractual hours either at their own practice or through a group of practices of which their practice is a member;

Practices which were invited to participate in the survey but did not submit a response are classified as "**No data**".

4 Findings

4.1 Response rate

7,428 practices, covering 58.15 million registered patients were invited to respond to the survey.

Data were collected from 7,108 (95.7%) practices, the same proportion of practices as the previous collection.

The South of England NHS region had the highest rate response: 98.3% of practices; London region had the lowest proportion of practices responding at 91.6%.

Data were collected from practices that provide services to 56.18 million patients, equating to 96.6% of patients registered with general practices in England, a decrease of 0.2 percentage points from the previous survey.

Data were not submitted by 320 practices; these practices provide services to 1.97 million patients or 3.4% of registered patients.

Table 2 – Collection response by NHS England region

NHS England region	Practices surveyed Mar 17	% Practices responding		Change in response rate Oct 16 to Mar 17
		Mar 17	Oct 16	
London	1,345	91.6%	91.0%	0.6%
Midlands & East of England	2,207	93.9%	95.4%	-1.5%
North of England	2,247	98.0%	96.5%	1.5%
South of England	1,629	98.3%	99.0%	-0.6%
Total	7,428	95.7%	95.7%	0.0%

4.2 Overall results

As shown in tables 3 and 4, and figure 1 overleaf, 22.5% of all practices (1,675) offer **full provision of extended access** to patients, through either their practice or their group, an increase of 4.9 percentage points since the previous collection. 12.88 million (22.1%) patients are registered at practices that offer full extended access.

The 4.9 percentage point rise in practices that offer full provision of extended access is mirrored by both a 4.1 percentage point decrease in practices offering partial provision, and a 0.8 percentage point decrease in the percentage of practices offering no provision.

50.23 million patients (86.4% of registered patients in England) are registered at one of the 6,193 practices (83.4% of all practices) that provide **at least partial extended access**. That is at least one day per week of access to pre-bookable appointments during extended hours, either on weekdays or at weekends through a group or through their own practice.

915 (12.3%) practices, covering 5.95 million patients, **do not provide extended access** either through the practice or through their group, a decrease of 0.8 percentage points since the previous collection.

No data were provided by 320 practices, which provide services to 1.97 million patients. This non response rate of 4.3% is unchanged from the previous survey.

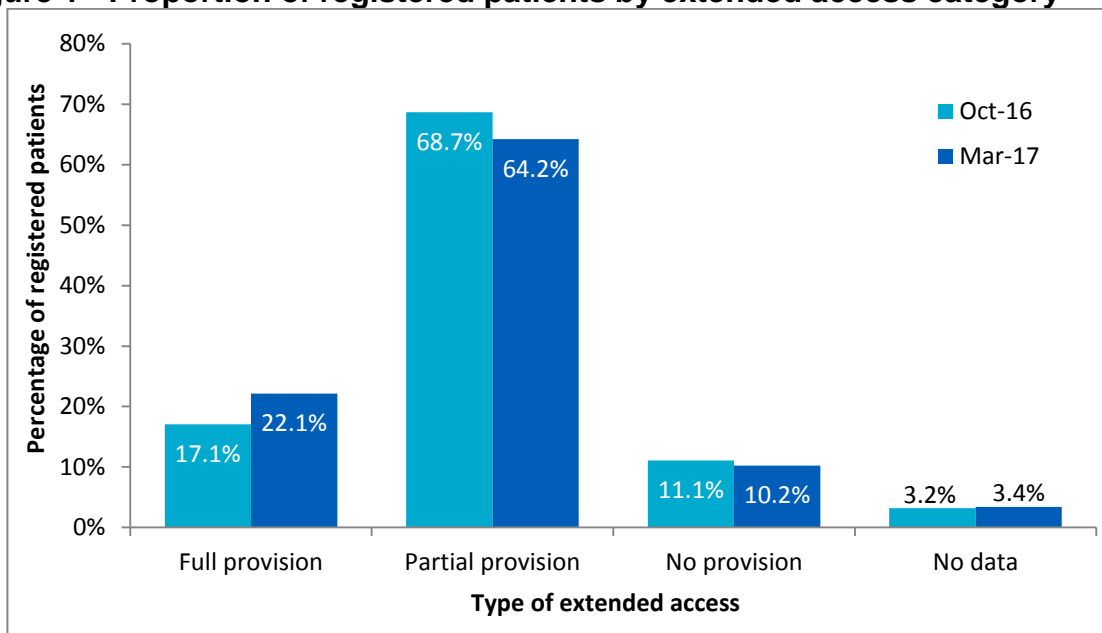
Table 3 – Proportion of practices by extended access category

Extended access category	Number of practices Mar 17	% of practices		Percentage point change from Oct 16 to Mar 17
		Mar 17	Oct 16	
Full provision	1,675	22.5%	17.7%	4.9%
Partial provision	4,518	60.8%	65.0%	-4.1%
No provision	915	12.3%	13.1%	-0.8%
No data	320	4.3%	4.3%	0.0%
Total	7,428	100.0%	100.0%	-

Table 4 – Proportion of registered patients by extended access category

Extended access category	Registered patients (millions) Mar 17	% of registered patients		Percentage point change from Oct 16 to Mar 17
		Mar 17	Oct 16	
Full provision	12.88	22.1%	17.1%	5.1%
Partial provision	37.36	64.2%	68.7%	-4.4%
No provision	5.95	10.2%	11.1%	-0.8%
No data	1.97	3.4%	3.2%	0.2%
Total	58.15	100.0%	100.0%	-

Figure 1 - Proportion of registered patients by extended access category



4.3 Results from responding practices

In this section the percentages presented are of the number of responding practices (7,108) or of the total registered patients of responding practices (56.18 million).

4.3.1 Overall provision of extended access

3,695 (52.0%) practices are **members of a group**, for example a federation; an increase of 2.9 percentage points since the previous collection. Practices that are members of a group cover 28.5 million (50.7%) registered patients.

As shown in table 5 below and figure 2 overleaf, 1,675 (23.6%) practices offer extended access through either their practice or their group on seven days of the week and hence meet the definition of **full provision of extended access**. This is an increase since the October 2016 survey of 5.1 percentage points in the number of practices offering full provision. As shown in figure 3, there are 12.88 million (22.9%) patients registered at practices that offer full extended access.

6,139 (87.1%) practices offer between one and seven days of extended access, that is **at least partial extended access**; an increase of 0.8 percentage points since the previous collection. These practices serve 50.23 million (89.4%) registered patients.

915 (12.9%) practices, covering 5.95 million patients, **do not provide extended access (0 days)** either through the practice or through their group. This is a decrease of 0.8 percentage points since the previous collection.

The most common offer from practices is that extended access is available on all seven days of the week (23.6% of responding practices), which is full provision of extended access. The most common offer in the previous collection was that extended access was available one day of the week (19.8% in October 2016).

2,413 (33.9%) practices are providing 1 or 2 days of extended access each week, covering 17.09 million (30.4%) registered patients.

Table 5 – Proportion of responding practices by number of days extended access.

Number of days extended access	Number of practices Mar 17	% of practices		Percentage point change from Oct 16 to Mar 17
		Mar 17	Oct 16	
0 (No provision)	915	12.9%	13.7%	-0.8%
1	1,321	18.6%	19.8%	-1.3%
2	1,092	15.4%	16.7%	-1.3%
3	741	10.4%	10.8%	-0.4%
4	522	7.3%	7.8%	-0.5%
5	484	6.8%	7.2%	-0.4%
6	358	5.0%	5.4%	-0.4%
7 (Full Provision)	1,675	23.6%	18.5%	5.1%
Total	7,108	100.0%	100.0%	-

Figure 2 – Proportion of responding practices by number of days extended access.

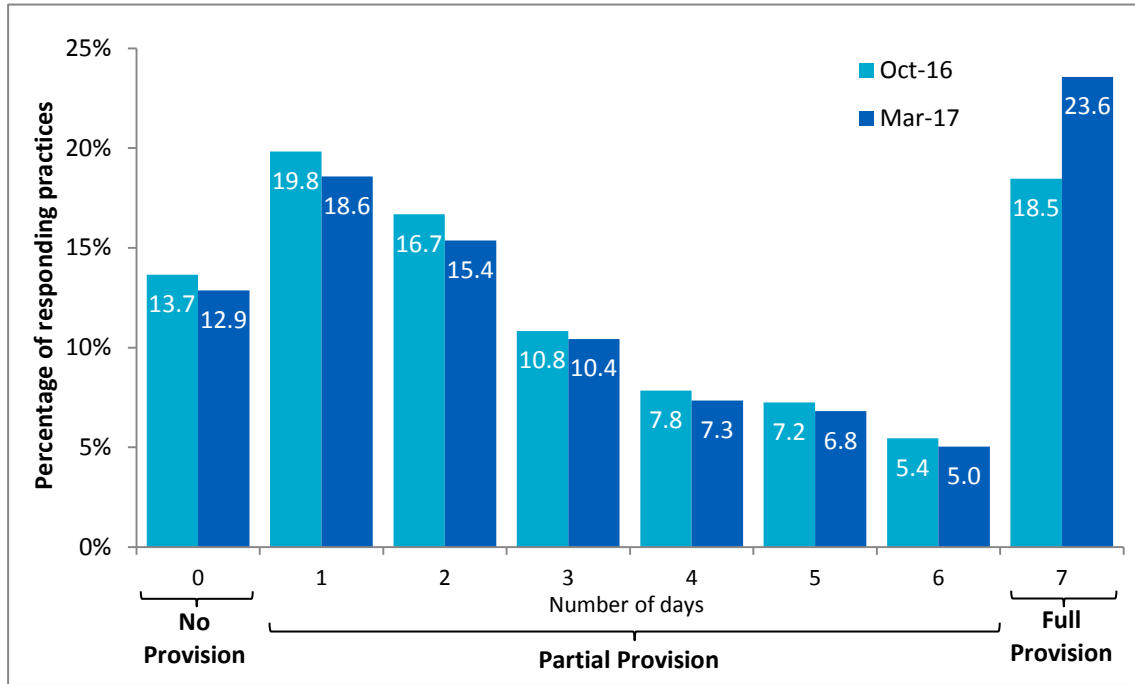
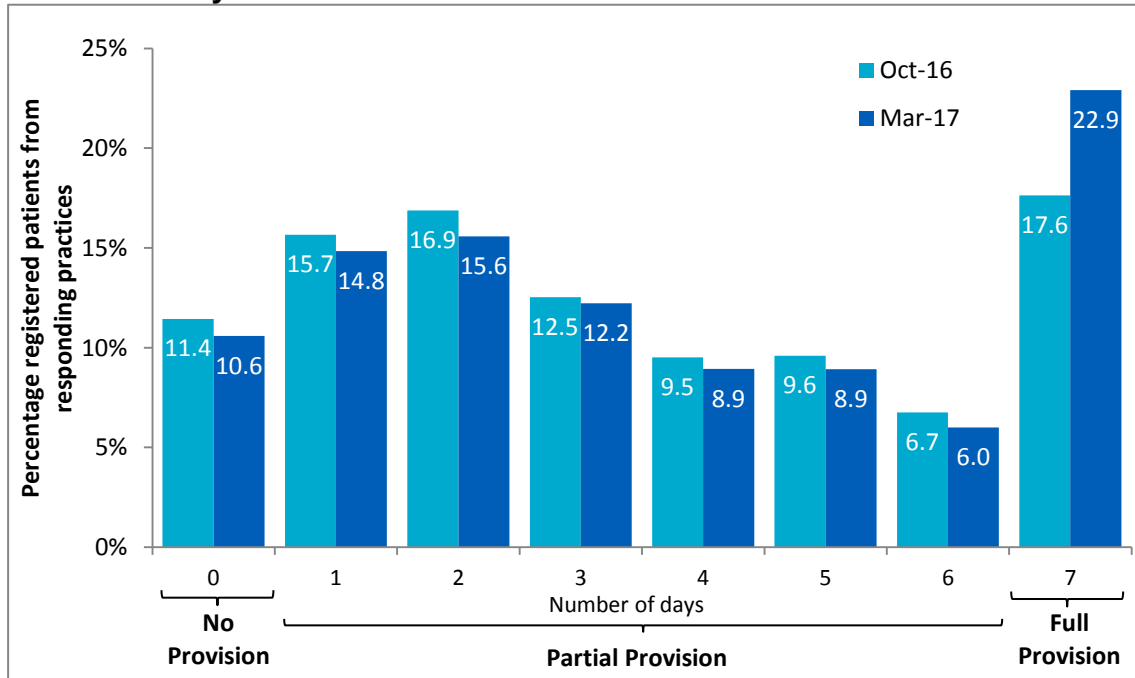


Figure 3 – Proportion of registered patients from responding practices by number of days extended access.

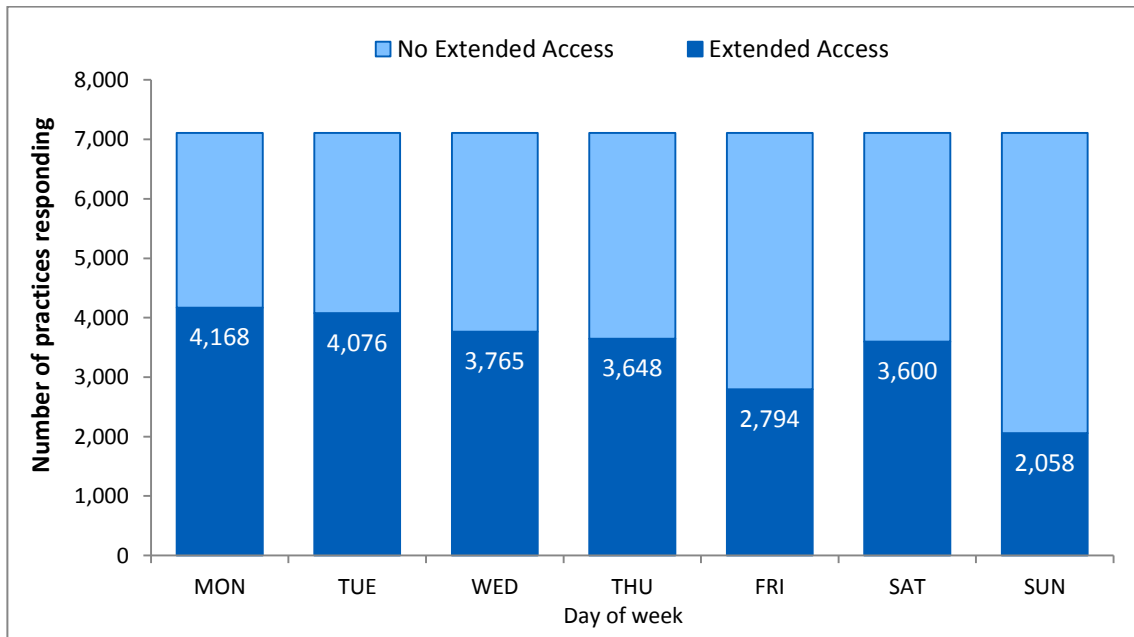


4.3.2 Days of the week

Figure 4 shows the number of responding practices which are providing extended access, either through their practice or group, on each day of the week.

Monday is the most frequent day for provision of extended access and Sunday the least common day. Friday is the least common weekday on which practices offer extended access.

Figure 4 – Number of practices offering extended access by day of week – March 2017



4.3.3 Extent of coverage at CCG level

Clinical Commissioning Groups (CCGs) are commissioning bodies constituted from the GPs in a geographic area. Patients register with a GP practice and the patients registered with all practices in a CCG can be referred to as the CCG registered population.

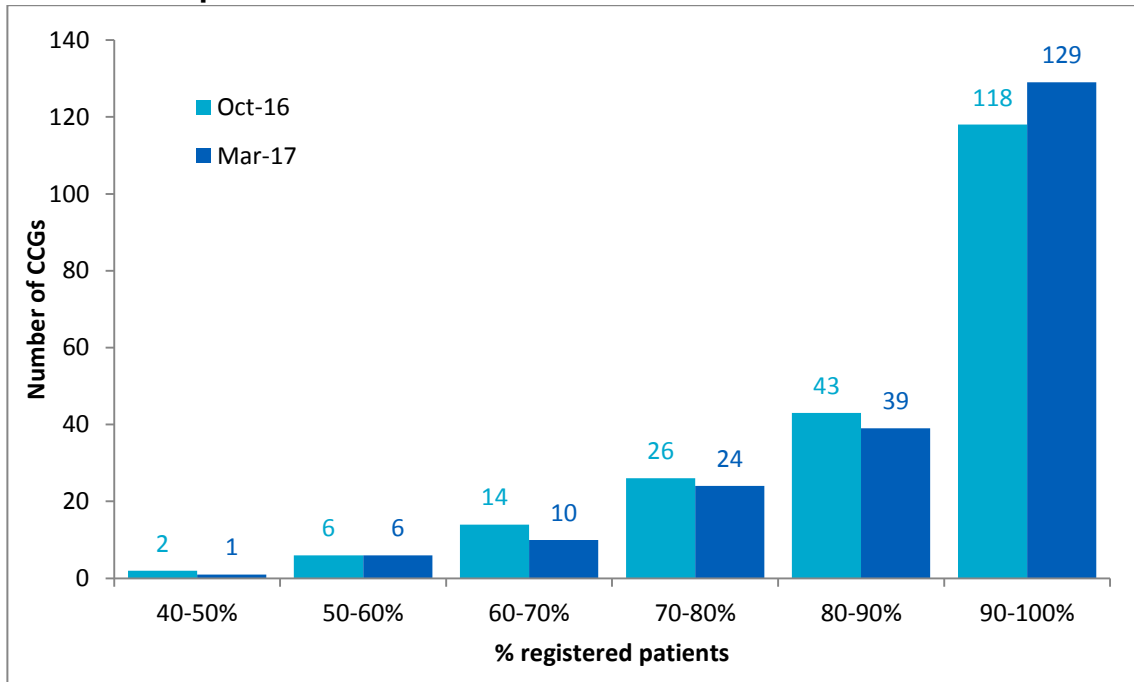
The availability of extended access to a CCG’s registered population can be assessed by looking at the offer of extended access made to their patients by the GP practices in the CCG.

The analysis below shows the proportion of the registered population within the CCG who have partial or full extended access available to them through their GP practice, either through their practice or their group.

In 129 CCGs, at least 90% of patients are registered at practices which are providing full or partial extended access. This is compared to 118 CCGs for the previous collection. Figure 5, overleaf, presents the number of CCGs by the proportion of registered patients offered either full or partial extended access.

In every CCG at least 40% of patients are offered **some provision of extended access** (either partial or full extended access).

Figure 5 - Number of CCGs grouped by the proportion of registered patients with access to partial or full extended access.



There is considerable variance between CCGs in the provision of full, seven day, extended access. The percentage of registered patients in a CCG who have **full extended access** available to them ranges from 0% to 100%.

113 CCGs contain at least one practice offering full extended access. In these 113 CCGs, full extended access is on average offered to 40.6% of the CCG's registered patients.

4.3.4 Patient weighted extended access provision by CCG

Figure 5 gives a view of the proportion of patients in a CCG who have access to some extended access, either full or partial extended access. However, partial extended access covers a variety of provision of extended access, from one day per week to six days.

A simple view of whether a practice offers full or partial extended access fails to track the progress of practices which are incrementally increasing provision, for example moving from one day to three days of extended access per week. In this case the practice would remain within the 'partial provision' category, but they have increased their extended access offer to patients.

The number of days on which extended access is offered, matched to the number of patients who may take advantage of this offer, can give a more nuanced view of the totality of extended access provision in a CCG.

The maximum total extended access provision in a CCG would be achieved if all practices offered extended access to their patients on seven days each week. A proportion of this maximum has been calculated by dividing the sum of practices'

'Weighted extended access days offered' by the maximum potential extended access provision in a CCG:

Weighted extended access days offered:

The number of patients registered with a GP practice multiplied by the number of days on which extended access is offered by the GP practice (either in the practice or through a group of which the practice is a member).

Numerator: The sum of 'Weighted extended access days offered' in all practices in a CCG.

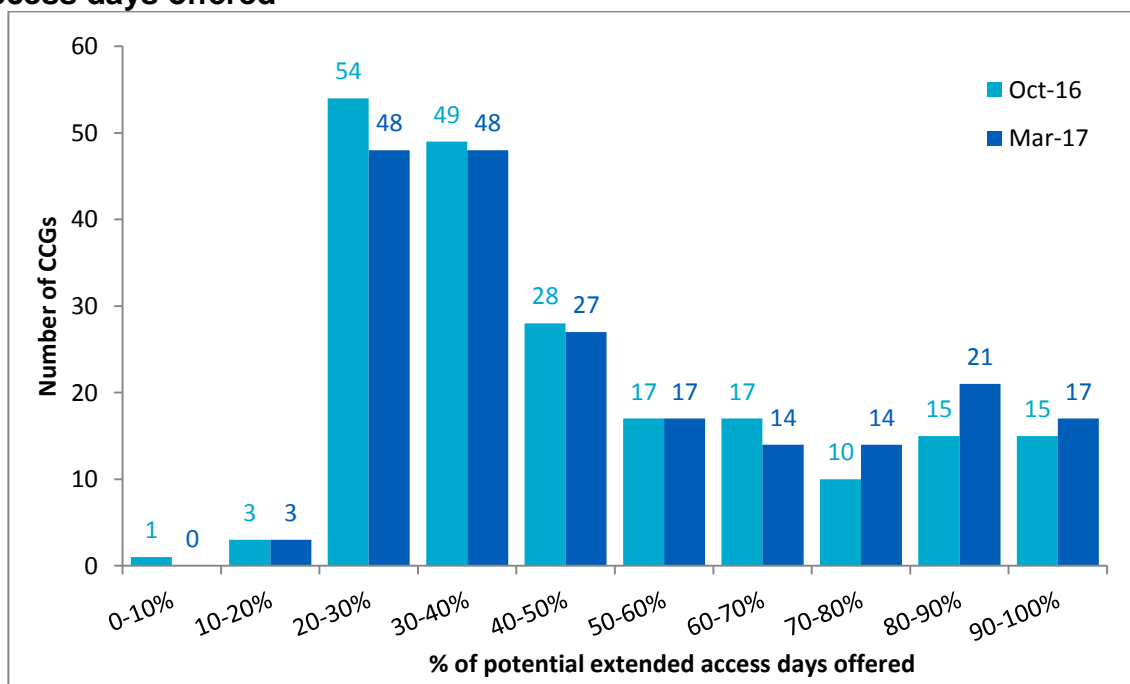
Denominator: The total number of patients registered with GP practices in the CCG multiplied by seven (the maximum number of days per week on which extended access could be offered).

$$\text{Percentage of potential extended access days offered} = \frac{\text{Numerator}}{\text{Denominator}}$$

Figure 6 shows the count of CCGs grouped by the proportion of the 'potential extended access days offered'. For this analysis we have only included practices which responded to the survey.

CCGs most frequently offer between 20% and 40% of the maximum potential extended access days. There has been a small shift in the number of CCGs offering greater than 50% of the maximum potential extended access days, 83 CCGs in March 2017 compared to 74 in the previous survey.

Figure 6 – Number of CCGs grouped by the proportion of potential extended access days offered



4.3.5 Coverage by NHS England region

Figure 7 below and table 7 overleaf shows the breakdown of extended access provision across the four NHS England regions.

London has the highest proportion of patients, 49.3%, who have full extended access to general practice, through either their practice or their group; while this rate is 13.7% for the Midlands and East of England region.

Figure 7 – Percentage of registered patients in each extended access category by NHS England region

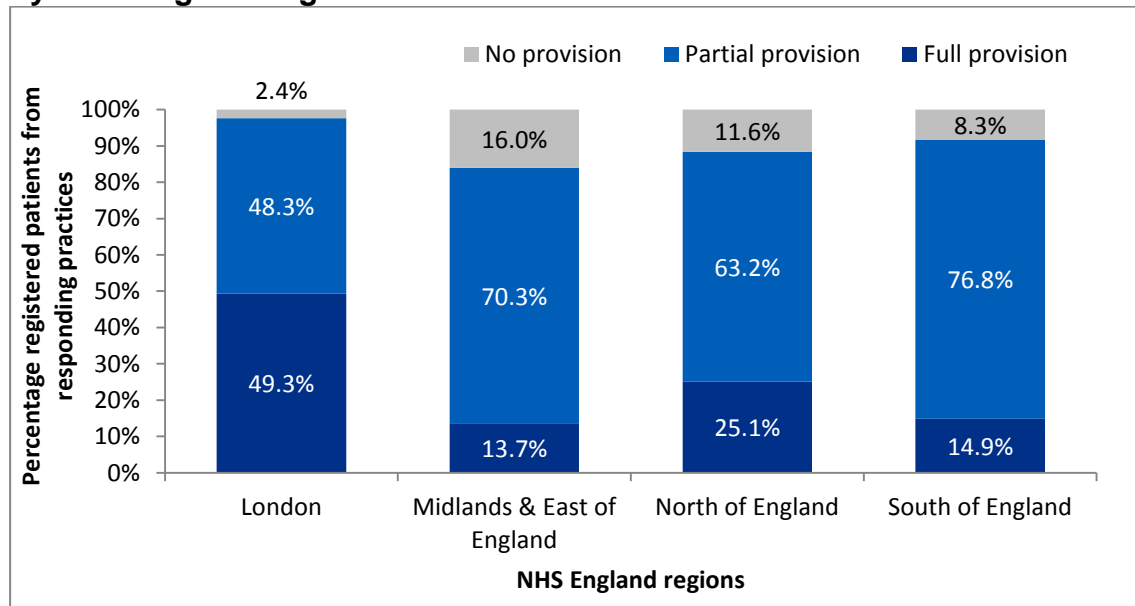


Table 6 shows the percentage of registered patients in each NHS region who have full extended access to general practice and the change in this since the previous survey. The London region shows the largest increase in the proportion of registered patients who have full extended access, from 32.2% in the previous collection to 49.3% in March 2017, a 17.2 percentage point increase.

Table 6 – Comparison of registered patient coverage of full extended access provision by NHS region

NHS England region	% of registered patients		Percentage point change from Oct 16 to Mar 17
	Mar 17	Oct 16	
London	49.3%	32.2%	17.2%
Midlands & East of England	13.7%	12.1%	1.5%
North of England	25.1%	21.0%	4.1%
South of England	14.9%	11.7%	3.2%
Total	22.9%	17.6%	5.3%

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Table 7 – Extended access category by NHS England region

NHS England region	Extended access category	Registered patients (millions)	% registered patients	Number of practices	% of practices
London	Full provision	4.41	49.3%	592	48.1%
Midlands & East of England		2.28	13.7%	287	13.8%
North of England		4.00	25.1%	557	25.3%
South of England		2.18	14.9%	239	14.9%
Total		12.88	22.9%	1,675	23.6%
London	Partial Provision	4.32	48.3%	602	48.9%
Midlands & East of England		11.73	70.3%	1,401	67.6%
North of England		10.08	63.2%	1,326	60.2%
South of England		11.23	76.8%	1,189	74.2%
Total		37.36	66.5%	4,518	63.6%
London	No Provision	0.22	2.4%	38	3.1%
Midlands & East of England		2.67	16.0%	385	18.6%
North of England		1.86	11.6%	318	14.4%
South of England		1.21	8.3%	174	10.9%
Total		5.95	10.6%	915	12.9%
London	All Respondents	8.95	100.0%	1,232	100.0%
Midlands & East of England		16.68	100.0%	2,073	100.0%
North of England		15.93	100.0%	2,201	100.0%
South of England		14.62	100.0%	1,602	100.0%
Total		56.18	100.0%	7,108	100.0%

4.4 Practice changes from previous collection

The provision of extended access in primary care is planned to increase; the extended access survey is the main method for tracking the changing provision of extended access. However, this view can be slightly blurred as the set of practices that submit a return changes slightly for each survey. In the October 2016 survey 7,139 practices returned data, compared to 7,108 practices in March 2017; however, only 6,877 practices submitted data to both collections.

The following data track the change in provision of extended access in the 6,877 practices which responded to both surveys. This enables a longitudinal view of practice provision and the net change in provision across a consistent set of practices. The set of practices which responded to both surveys is referred to as the 'matched practices subset'.

The set of practices that respond to the survey is expected to change over time: practices may have closed, merged or new practices opened between surveys. All practices are required to submit a return to the extended access survey and multiple efforts are made to communicate this requirement. However, some practices who do not respond to the survey may be choosing to do so because they do not offer extended access to their patients and do not believe the survey requirement applies to them. For this and other reasons, when interpreting analyses of the matched practices subset it is important to note that non-responding practices may not be an unbiased sample of the population of practices in England.

Table 8 shows the change in extended access provision by practices in the 'matched practices subset' between the October 2016 and March 2017 surveys. In March 2017, 23.5% (1,614) of 'matched subset' practices offer full provision of extended access to patients, through either their practice or their group, an increase of 5.1 percentage points since October 2016. This is very similar to the change seen in all responding practices, of full extended access provision increasing from 18.5% of practices in October 2016 to 23.6% in March 2017.

The 5.1 percentage point rise in matched subset practices that offer full provision of extended access is mirrored by both a 4.3 percentage point decrease in practices offering partial provision, and a 0.8 percentage point decrease in the percentage of practices offering no provision.

Table 8 - Proportion of 'matched subset' practices by extended access category

Extended access category	% of responding practices Mar 17	% of 'Matched practices subset'		Percentage point change from Oct 16 to Mar 17
		Mar 17	Oct 16	
Full provision	23.6%	23.5%	18.4%	5.1%
Partial provision	63.6%	63.9%	68.2%	-4.3%
No provision	12.9%	12.7%	13.5%	-0.8%
Total	100.0%	100.0%	100.0%	-

Of the 6,877 practices which submitted data in both October 2016 and March 2017, 1,729 altered the number of days of extended access offered to their patients. As shown in table 9, 1,113 (16.2%) practices increased the number of extended access days available to their patients and 616 (9.0%) practices decreased the number.

Table 9 – Change in extended access days from October 2016 to March 2017. Count of practices.

Number of days of extended access	Number of practices	% of 'Matched practices subset'
Decreased	616	9.0%
Remained the same	5,148	74.9%
Increased	1,113	16.2%

Figure 8 – Proportion of responding practices by number of days of extended access.

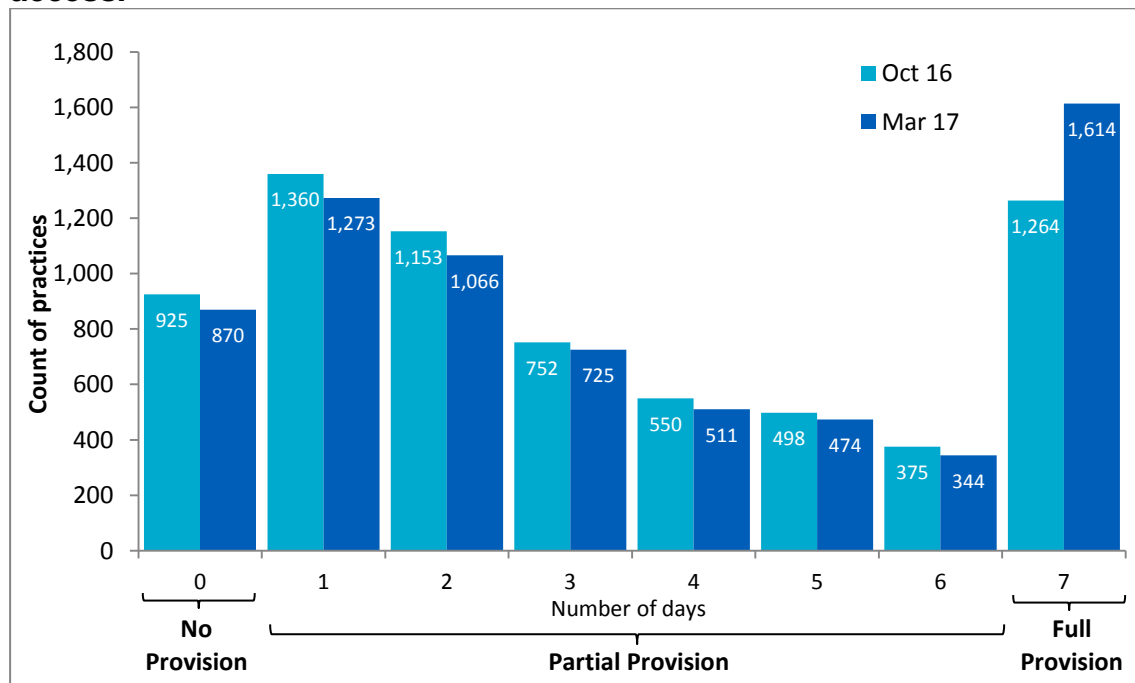


Figure 8 shows the change in provision of extended access for those practices which submitted data in October 2016 and March 2017. The change in provision is predominantly toward offering 7 days of extended access – the only level of extended access that increased between the surveys. The number of practices offering extended access fell for all other counts of days from zero to six days per week.

The percentage of potential extended access days offered by the set of practices that responded to both surveys has increased from 48.2% in October 2016 to 51.4% in March 2017. This measure of patient weighted extended access provision is explained in section 4.3.4 and reaches 100% when all patients registered with a set of practices are provided with seven day extended access, through either their practice or their group.

Of the 6,877 practices in the matched subset, **350 more practices (5.1%) were categorised as offering 'Full provision' of extended access in March 2017 than**

in September 2016. 295 fewer practices were categorised as offering 'Partial provision' (1 to 6 days per week) and 55 fewer practices offered no extended access provision.

888 practices of the 6,877 practices in the 'Matched practices subset' changed the number of days on which they offer extended access sufficient to change which category of extended access their practice is classified. 635 practices moved into or towards the 'Full provision' category and 253 moved out of or away from the 'Full provision' category. The **most common practice change was from 'Partial provision' to 'Full provision'**: 489 practices.

Table 10 – Practice extended access category changes from October 2016 to March 2017. Count of practices.

Number of practices in both datasets	Number of practices that changed category	Moved towards 'Full provision' category			Moved away from 'Full provision' category		
		NO TO PARTIAL	NO TO FULL	PARTIAL TO FULL	PARTIAL TO NONE	FULL TO NONE	FULL TO PARTIAL
6,877	888	108	38	489	76	15	162

5 Data Quality

The status of this publication is “experimental official statistics”. This reflects that these are new official statistics that are undergoing evaluation. Future collections will involve users and stakeholders in their development and quality improvement.

[Guidance](#)⁴ for the general practice extended access data collection has been published on the NHS England website. Since the previous collection, in October 2016, the guidance has been updated and a FAQ section has been added based on user feedback and common queries.

Data quality has been improved since the last survey by the introduction of an updated, validated list of group names and an improvement in the process for adding new group names. In the first survey, if a practice could not find in a drop down list the name of a group of which they were a member, the practice could enter the name of a group through a free text box. This was necessary as there was no available, current list of groups or federations in England. For the March 2017 survey, a process was put in place for practices to propose group names to be added to the existing list and these requests were then reviewed by a central team before approval. This has ensured that group names added to the selection list are not duplicates, are free of spelling errors and are otherwise valid. As a result 392 unique group names are present in the data (149 which were on the original fixed list), compared to 533 names submitted in the October 2016 survey.

The main points about the data quality for the March 2017 collection period are:

- 7,428 GP practices were open and invited to respond to the survey; this figure excludes practices that local teams identified as closed during the survey.
 - 320 practices that were invited to participate did not submit responses. These practices are classified as "No Data".
 - 95.7% (7,108) of practices responded.
- One practice participated but entered a contradictory response which was not stopped by the survey system validation checks. The practice answered ‘No Group’ to question 5 but answered the group questions 6 through to 9a, indicating that they offered extended access through a group. The practices responses to questions 6 to 9a have not been included in the published results. Further validation measures will be considered for implementation from the next collection to prevent this from re-occurring.
- Fifty nine practices were unable to submit group data because their group name was not available from the fixed list and they either:
 - Sent a request for their group name to be added to the list, but did not wait for the request approval before submitting their data;

⁴ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/09/ext-access-gp-guid.pdf>

- Or they sent a request for their group to be added to the list in the hours before the collection closed, when there was no longer enough time for approvals to be actioned.

Further refinement of the group name approval process will be considered for the next collection to reduce reoccurrence of these issues.

- Practices may not have submitted group data because their group name was not on the list of groups and they did not request for it to be added. The extent of this cannot be accurately determined. The list of group names from this collection will be used as a basis for the next collection, giving a larger list of group names from which practices may choose without requesting a new name be added to the survey system.
- Questions 6 through to question 9a ask about extended access provision by the group of which the practice is a member. Practices belonging to the same group were expected to submit identical responses as it was anticipated that all practices in a group would receive the same extended access offer from the group. However, analysis shows that of practices belonging to a group, there was an average of 2.4 different responses to these questions for every 10 practices belonging to the same group. The extent to which this is a data quality issue is not known as it may be the data reflecting the reality of provision within groups in which not all practices receive the same extended access provision through the group.

6 Additional Information

Data definitions are included within the Excel workbook which accompanies this publication.

The table below shows the expected dates of future extended access surveys.

Table 11 – Extended access data collection timetable

Year	Collection window open	Collection window close
2017-18	1 September 2017	29 September 2017
2017-18	1 March 2018	30 March 2018
2018-19	3 September 2018	28 September 2018
2018-19	1 March 2019	29 March 2019
2019-20	2 September 2019	30 September 2019
2019-20	2 March 2020	31 March 2020
2020-21	1 September 2020	30 September 2020
2020-21	1 March 2021	31 March 2021

The analyst with overall responsibility for the data in this report is:

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