

# General Practice Extended Access: October 2016



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October 2016

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**Contents**

1 Background ..... 4

2 Headlines ..... 4

3 Methodology ..... 5

4 Findings ..... 7

5 Data Quality ..... 14

6 Additional Information ..... 15

## 1 Background

- 1.1 The government's mandate to NHS England sets out:

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

A new general practice access collection has been established to gather data, every six months about the availability of evening and weekend opening for pre-bookable appointments. This was announced as part of the [2016-17 GMS contract](#)<sup>1</sup>.

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.

- 1.2 This report presents experimental official statistics about the availability of extended access to general practice in October 2016. The data in this report are published as experimental statistics as they are new and undergoing evaluation.
- 1.3 This publication is accompanied by an Excel workbook that provides data by practice, CCG and NHS England regional teams.

## 2 Headlines

- 2.1 7,139 of the 7,459 active practices (95.7%) responded to the first collection, covering 55.90 million (96.8% of) registered patients.
- 2.2 The South of England had the highest response rate with 99% of active practices responding. London had the lowest proportion of responses at 91%.
- 2.3 6,164 (86.3%) of responding practices provide partial or full extended access, covering 49.51 million of registered patients.
- 2.4 Of responding practices, full provision of extended access is available at 1,318 (18.5%) practices to their 9.86 million (17.6%) registered patients.
- 2.5 London has the highest proportion of patients (over 32%) who have full extended access to general practice. The South of England has the highest availability to patients of at least some extended access provision; that is either full or partial extended access.
- 2.6 975 practices, which provide care to 6.40 million patients, do not provide any extended access.

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<sup>1</sup> NHS Employers, GMS contract changes 2016/17, <http://www.nhsemployers.org/gms201617>

- 2.7 3,504 (49.1%) of responding practices are members of a group; which is a collaboration of practices providing primary care services to their practices' combined registered population. An example of this is a federation.
- 2.8 The availability of extended access varies greatly between practices. The most common offer from practices is that extended access is available on one day of the week. The second most common offer is extended access on all seven days of the week, which is full provision of extended access.
- 2.9 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.
- 2.10 120 CCGs are commissioning full or partial extended access to an extent which covers at least 90% of the patients registered at the practices in the CCG.

### 3 Methodology

- 3.1 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.
- 3.2 General practices were asked to answer the following questions about their practice and the group of which the practice is a member, if applicable.

**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).

#	Question
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).

- 3.3 The survey opened to general practices on 3<sup>rd</sup> October and was scheduled to close to submissions on 31<sup>st</sup> October 2016. The deadline for survey returns was extended to the 4<sup>th</sup> November 2016 to increase the participation rate.
- 3.4 The intent of the survey was to invite all currently open general practices in England to respond. A list of current practices was sourced from NHS Digital's general practice workforce collection which ran concurrently with the extended access survey. Approximately 99.4% of practices active at the time of the data collection were asked to respond to the survey.
- 3.5 A practice is defined as active if conditions were met across two data sources as outlined below:
- [Epraccur \(General practices in England and Wales\)](#), 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 these statistics were published on 25th November 2016. 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', with no closure date and the prescribing setting must be 'GP practice'.
  - [Numbers of Patients Registered at a GP Practice](#), an NHS digital publication of a quarterly extract from the GP Payments system which gives the number patients registered with each GP practice. The data used for the extended access statistics are those relating to October 2016 as published on 18th October 2016.

To be included as an active practice for the extended access collection, in addition to the Epracur conditions, a practice must have a total registered population of greater than zero within the Numbers of Patients Registered at a GP Practice.

- 3.6 Each active practice has been classified based on their response to the survey into one of three levels 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, either in the early-morning before 8 am, or in the evening after 6pm; through the practice or the group which the practice is a member of;
  - **Partial provision** - patients have access to pre-bookable appointments on at least one day of the week through the practice or the group which the practice is a member of, but the extent of extended access offered is not sufficient to meet the criteria of full provision;
  - **No provision** - practices that have no extended access arrangements in place on any day.
  - **No data** - the practice was invited to participate in the survey but did not submit a response.

## 4 Findings

- 4.1 There were 7,459 active practices surveyed, covering 57.74 million registered patients.
- 4.2 Data were collected from 7,139 practices, which provide services to 55.90 million patients. These responding practices cover 96.8% of the registered population.

**Table 2 – Collection response by NHS England region**

NHSE Region	Number of Active Practices	Number of Practices Responding	% Responding
London	1,349	1,227	91.0%
Midlands & East of England	2,212	2,111	95.4%
North of England	2,260	2,180	96.5%
South of England	1,638	1,621	99.0%
<b>Total</b>	<b>7,459</b>	<b>7,139</b>	<b>95.7%</b>

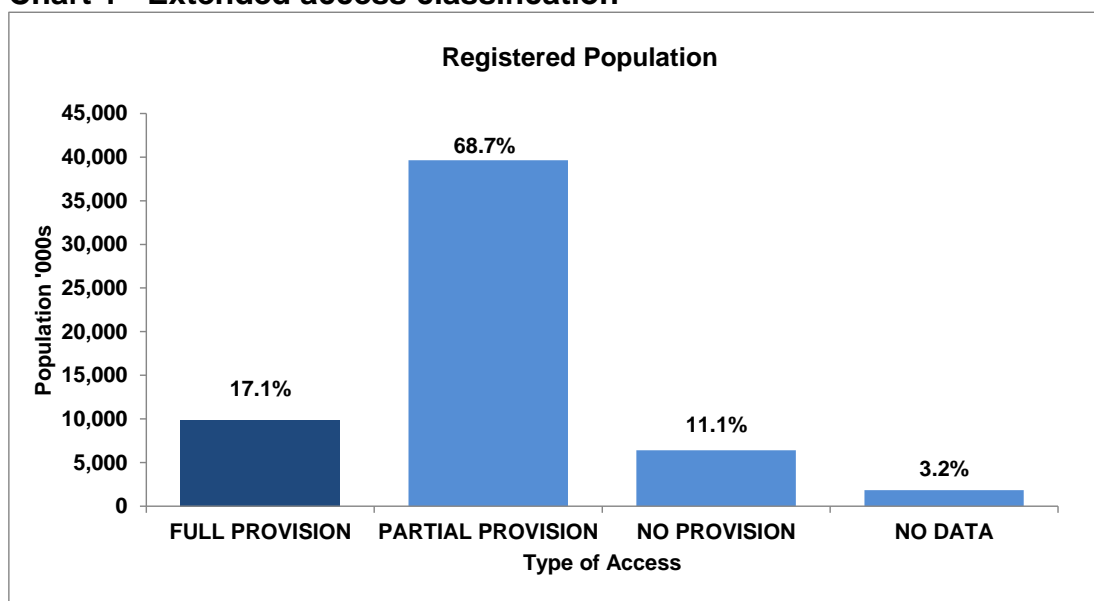
- 4.3 3,504 (49.1%) of responding practices are members of a group, for example a federation, these practices cover 26.79 million or 47.9% of the registered population.

- 4.4 1,318 (18.5%) of responding practices offered full provision of extended access to patients, through either their practice or their group. 9.86 million patients are registered at practices that offer full extended access; covering 17.6% of patients at practices that responded to the survey.
- 4.5 6,164 (86.3%) of responding practices provided at least partial extended access. That is patients were able to access pre-bookable appointments during extended hours on weekdays or at weekends either through a group or through their own practice. This is equivalent to 49.51 million (88.6%) of the registered population.
- 4.6 975 practices, covering 6.40 million patients, do not provide extended access either through their own practice or through their group.
- 4.7 Table 2 and Chart 1 show the breadth of extended access. Note that the table and chart show percentages of all active practices, including those practices that did not respond, whereas sections 4.3 to 4.6 show percentages from active practices which responded to the survey.

**Table 3 – Practice numbers and registered population by classification**

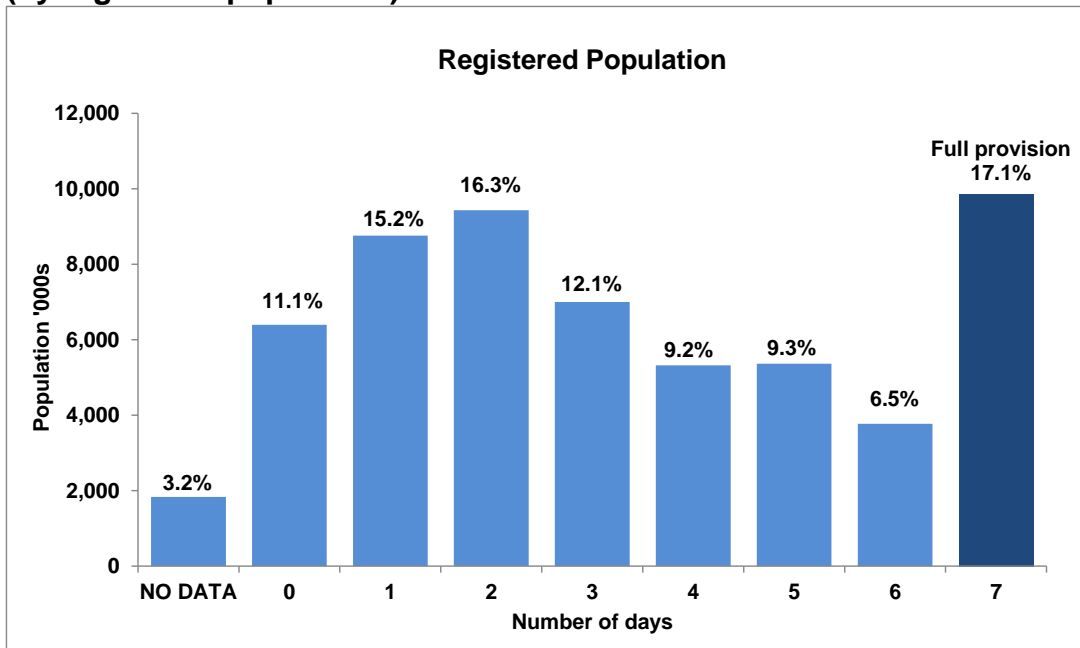
Extended Access Classification	Number of active practices	% Active Practices	Registered Population (millions)	% Population
Full provision	1,318	17.7%	9.86	17.1%
Partial provision	4,846	65.0%	39.65	68.7%
No provision	975	13.1%	6.40	11.1%
No data	320	4.3%	1.83	3.2%
<b>Total</b>	<b>7,459</b>	<b>100.0%</b>	<b>57.74</b>	<b>100.0%</b>

**Chart 1 - Extended access classification**

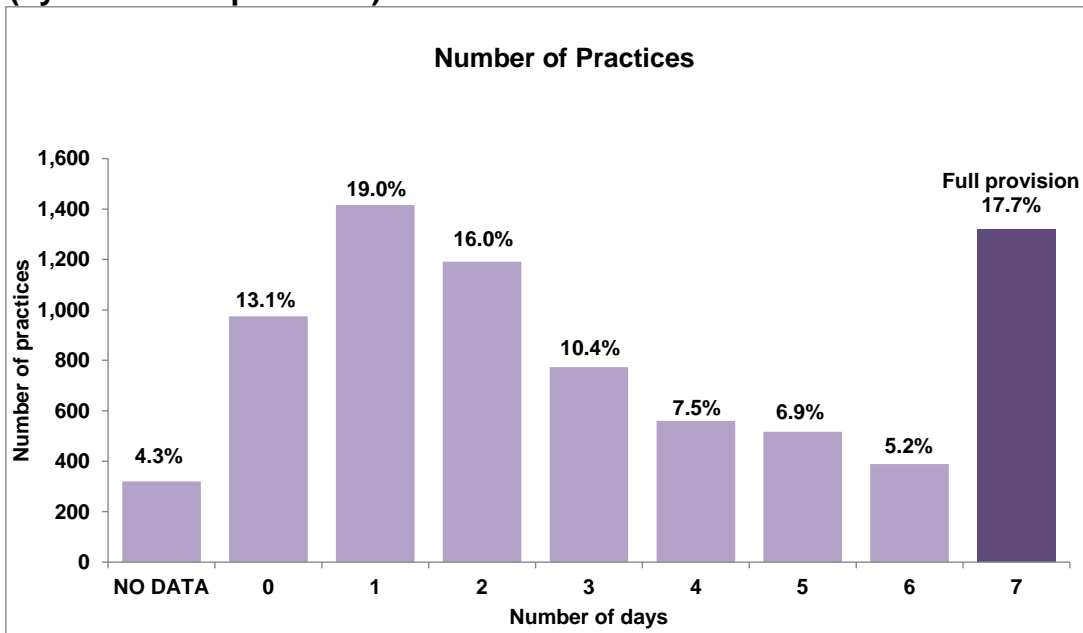




**Chart 2 – Number of days extended access is provided (by registered population)**



**Chart 2a – Number of days extended access is provided (by number of practices)**

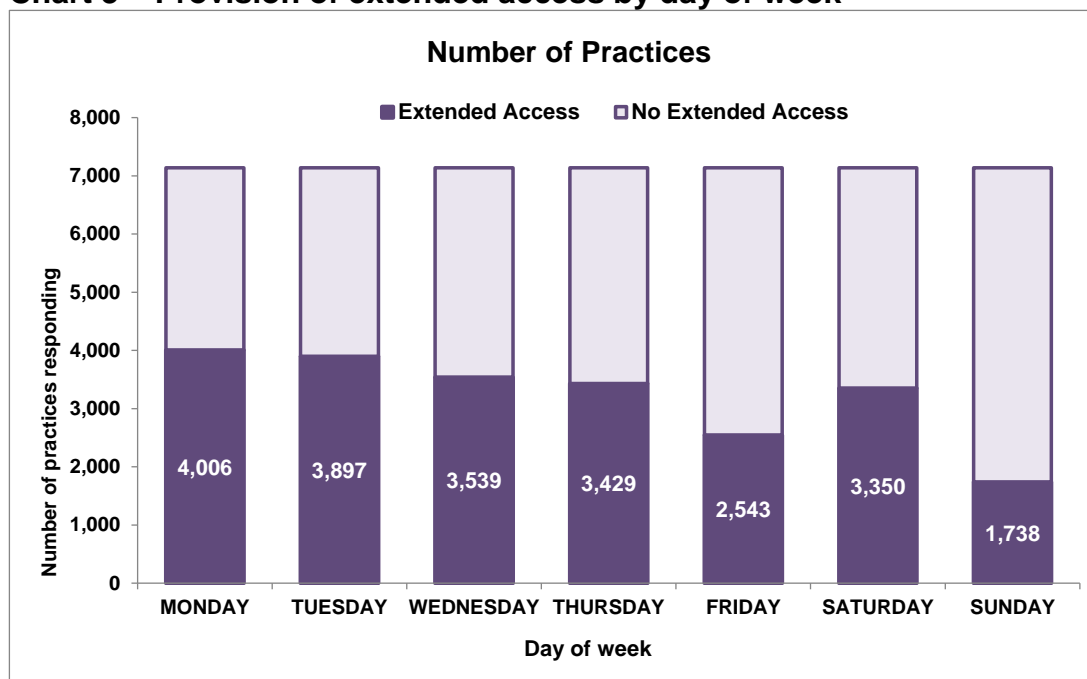


4.8 2,609 practices, covering 31.5% of patients of active practices, are providing 1 or 2 days of extended access each week.

4.9 In addition to the 17.1% of registered patients with access to full provision of seven day extended access, a further 6.5% of registered patients are offered 6 days of extended access.

4.10 The most common offer from practices is that extended access is available on one day of the week. The second most common offer is extended access on all seven days of the week, which is full provision of extended access.

**Chart 3 – Provision of extended access by day of week**



4.11 Chart 3 shows the number of responding practices which are providing partial or full extended access by day of the week.

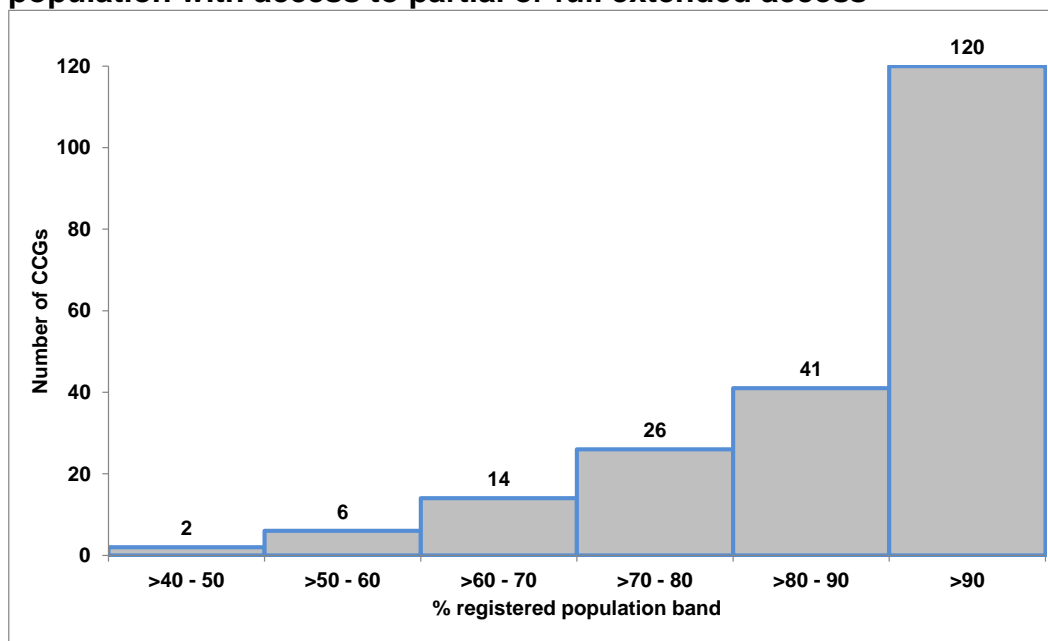
4.12 Monday is the most frequent day for provision of extended access. Sunday is the least common day for provision and Friday the least common weekday on which extended access is available.

4.13 Chart 4, overleaf, gives data on the proportion of registered patients within the CCG who have available to them partial or full extended access. The chart shows the number of CCGs within each of six population coverage bands.

4.14 120 CCGs are commissioning full or partial extended access to an extent which covers at least 90% of the patients registered at the practices in the CCG.

4.15 There are no CCGs in which fewer than 40% of patients (of responding practices) are offered at least some provision of extended access.

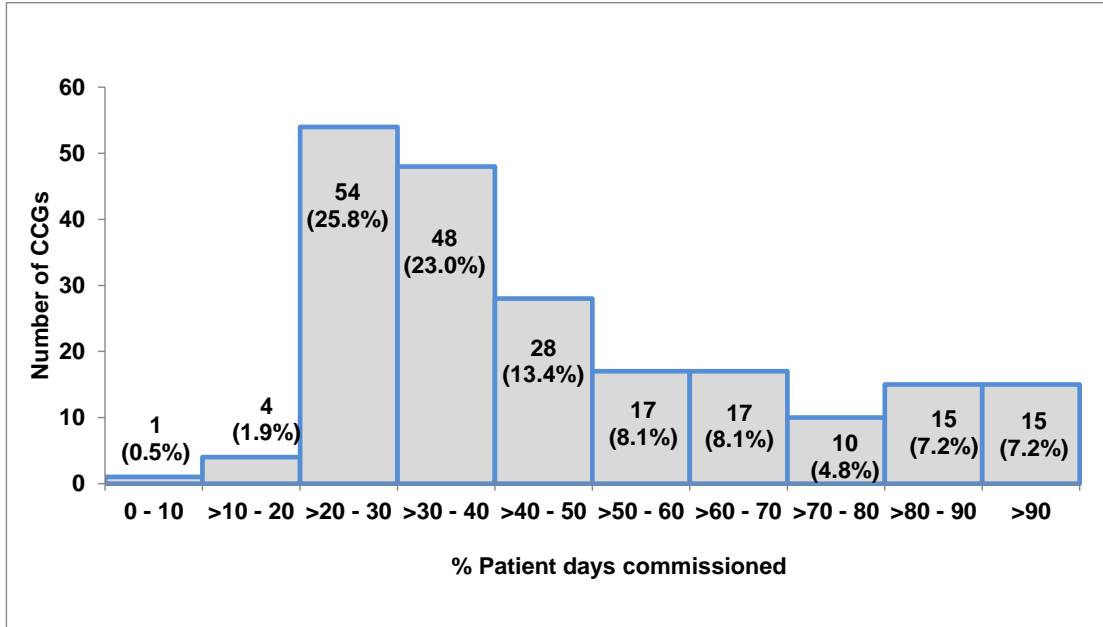
**Chart 4 - Number of CCGs grouped by the proportion of the registered population with access to partial or full extended access**



- 4.16 The percentage of the registered population of a CCG who have full extended access available to them ranges from 0% to 96.5%.
- 4.17 Of the 111 CCGs that are commissioning full extended access in at least one practice, they on average provide extended access to 29.8% of their patients.
- 4.18 To assess the extent of provision of extended access within a CCG or higher geography, a measure of the total patient-weighted provision has been developed. The number of 'patient days' of extended access offered by a practice is calculated as the number of days on which extended access is available multiplied by the number of patients registered at the practice. The maximum number of patient days for a CCG is seven times the number of patients registered at the practices in the CCG. For this analysis we have only included practices which responded to the survey.
- 4.19 The number of (extended access) patient days currently offered by a practice is divided by the maximum number of patient days to give a proportion of patient days commissioned.
- 4.20 Chart 5 shows the count of CCGs grouped by the proportion of patient days commissioned across all practices in the CCG that responded to the survey.
- 4.21 The most frequently seen provision of patient days at CCG level is between 20 and 30% of the possible days that could be commissioned.

4.22 The peak of the distribution seen in chart 5 should move towards the higher percentiles as more practices offer further provision of extended access.

**Chart 5 – Number of CCGs grouped by the proportion of patient days commissioned**



- 4.23 London has the highest proportion of patients, 32.2% who have full extended access to general practice; while this rate is 11.7% for the South of England.
- 4.24 The response rate to the survey ranged from 91% for London to 99% in the South of England. As London has the lowest response, the full access figure is least representative for this area. However, London provision of full extended access is 10 percentage points greater than the North of England region which has the second largest provision of full extended access.

Table 4 shows the breakdown of extended access provision by region.

**Table 4 – Extended access classification by region**

NHSE Region	Extended Access Class.	Registered Population	% Population	Number of Practices	% Practices
London	Full provision	2.82	32.2%	388	31.6%
Midlands & East of England		2.05	12.1%	263	12.5%
North of England		3.29	21.0%	479	22.0%
South of England		1.70	11.7%	188	11.6%
<b>Total</b>		<b>9.86</b>	<b>17.6%</b>	<b>1,318</b>	<b>77.7%</b>
London	Partial Provision	5.63	64.2%	786	64.1%
Midlands & East of England		12.06	71.5%	1,455	68.9%
North of England		10.33	65.9%	1,356	62.2%
South of England		11.63	79.7%	1,249	77.1%
<b>Total</b>		<b>39.65</b>	<b>70.9%</b>	<b>4,846</b>	<b>67.9%</b>
London	No Provision	0.32	3.6%	53	4.3%
Midlands & East of England		2.76	16.4%	393	18.6%
North of England		2.04	13.1%	345	15.8%
South of England		1.27	8.7%	184	11.4%
<b>Total</b>		<b>6.40</b>	<b>11.4%</b>	<b>975</b>	<b>13.7%</b>
London	All Respondents	8.77	100.0%	1,227	100.0%
Midlands & East of England		16.87	100.0%	2,111	100.0%
North of England		15.66	100.0%	2,180	100.0%
South of England		14.60	100.0%	1,621	100.0%
<b>Total</b>		<b>55.90</b>	<b>100.0%</b>	<b>7,139</b>	<b>100.0%</b>

## 5 Data Quality

- 5.1 [Guidance](#) to the general practice extended access collection has been published to the NHS England website.
- 5.2 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.
- 5.3 Data quality improvements required to remove the experimental banner include:
  - A validated list of “group” names in the responses to question 5. A fixed selection list is required as well as a process and resources in place to maintain the list of groups
  - Consistency of responses to questions 6 to 9 for all practices belonging to the same “group”.
- 5.4 The main points about the data quality are:
  - The survey was opened to 7,703 GP practices; this figure excludes practices that local teams identified as closed during the survey. 7,459 practices were found to be active and are included in the analysis.
  - 320 practices that were invited to participate did not submit responses. These practices are classified as "No Data".
  - 95.7% (7,139) of active practices responded.
  - 42 practices were found to be active but were not sampled in the survey. These account for 0.2% of the total registered population and are not included in the preceding analysis. Information relating to these practices is included in the CCG and England reports within the Excel workbook.
  - Three practices participated but entered some invalid responses. If a practice answered ‘No Group’ to question 5 having answered the group questions 6 through to 9a the responses to questions 6 to 9a have not been included in the results. Further validation measures will be implemented from the next collection to prevent this from re-occurring.
  - Question 5 asks for the name of the group. In total 590 group names were added to the collection by practices that submitted responses. The distinct names have been identified to remove more obvious

duplication due to for example, misspelling. This has reduced the number to 496 distinct groups.

- There are a number of entries which do not appear to be the actual name of the group, for example 'hub' has been entered against 6 practices. Names of CCGs have also been entered as an answer by 124 practices.
- Question 6 through to question 9a asks about extended access provision by the group of which the practice is a member. Practices belonging to the same group are expected to receive the same extended access group service as their peers and therefore the responses for these practices were expected to be the same. However, analysis shows that for every 10 practices belonging to the same group, there were 1.4 different responses to these questions.

## 6 Additional Information

- 6.1 Data definitions are included within the Excel workbook which accompanies this publication.
- 6.2 The table below shows the dates of future extended access surveys. A publication calendar will be published by January 2017.

**Table 5 – extended access data collection timetable**

Year	Collection window open	Collection window close
2016-17	1 March 2017	31 March 2017
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

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

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