

General Practice Extended Access: March 2018



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March 2018

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Contents

1	Headlines	4
2	Background	5
3	Methodology	5
4	Findings	8
4.1	Response rate	8
4.2	Overall results	8
4.3	Results from responding practices	10
4.3.1	Overall provision of extended access	10
4.3.2	Days of the week	12
4.3.3	Extent of coverage at CCG level	12
4.3.4	Patient weighted extended access provision by CCG	13
4.3.5	Coverage by NHS England region	15
4.4	Practice changes from previous collection	18
5	Data Quality	21
6	Additional Information	22

1 Headlines

- 6,892 of 7,153 practices (96.4%) responded to the March 2018 collection, covering 57.0 million (96.8%) registered patients. The response rate (of practices) has increased by 2.8 percentage points since 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 6,892 responding practices”.

- 4,849 (70.4%) practices are **members of a group**, an increase of 8.9 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. Where figures reported are specific to practice only provision, this will be specified.

- **Full provision of extended access** is available at 2,821 (40.9%) practices, an increase of 8.5 percentage points since the previous collection. Full extended access is available at practices serving 22.6 million (39.7%) registered patients.
- 6,087 (88.3%) practices provide some extended access, **either partial or full extended access**, to their patients. This is an increase of 0.5 percentage points since the previous collection. 51.6 million (90.5%) patients are registered at these practices that offer some extended access provision.
- Availability of extended access is notably higher in the London region where 97.9% of registered patients are with practices that offer either full or partial extended access. Over 76.6% of patients in London are registered with practices offering full extended access.
- 805 (11.7%) practices **do not provide any extended access**, a decrease of 0.5 percentage points since the previous collection. These practices provide care to 5.4 million (9.5%) registered patients.
- When examining the number of days of extended access provision per week, at 40.9% of all responding practices, extended access is most commonly offered on seven days of the week. This has increased from 32.5% in September 2017.
- Sunday is the least common day for practices to offer extended access either through their group or practice; whilst Thursday and Friday are the most popular days on which practices offer extended access. This is similar to what was reported in the September 2017 collection.

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 2018**. Where appropriate, comparisons are made to the previous collections: October 2016, March 2017 and September 2017. The data in this report are published as experimental statistics as they are relatively 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 (with a one week extension to avoid closure during the bank holiday weekend), from 1st March to 6th April 2018.

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 **23rd February 2018**. To be included as an active practice for the extended access

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

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

collection the following must be true within Epracur: the practice's status must be 'active', there is no date of closure and the prescribing setting must be 'GP practice'.

- [Numbers of Patients Registered at a GP Practice](https://digital.nhs.uk/data-and-information/publications/statistical/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 from 1 February 2018 were used in compiling the list of practices that the collection opened to, and once available, data from 1 March 2018 were used in refining the closing practice list. 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'. Regional Local Offices were also contacted for feedback regarding active GP practices. Organisations that were not GP practices that still remained in the list; such as walk-in centres, "Out of Hours" services or winter pressures schemes; were identified through searching for keywords and were also removed.

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

³ <https://digital.nhs.uk/data-and-information/publications/statistical/patients-registered-at-a-gp-practice>

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#	Question
	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).

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

7,153 practices, covering 58.9 million registered patients were invited to respond to the survey.

Data were collected from 6,892 (96.4%) practices, an increase of 2.8 percentage points compared to the previous collection (93.5%).

The South East of England NHS region had the highest rate response: 98.0% of practices; London region had the lowest proportion of practices responding at 95.0%.

Data were collected from practices that provide services to 57.0 million patients, equating to 96.8% of patients registered with general practices in England, an increase of 2.3 percentage points from the previous survey.

Data were not submitted by 261 practices; these practices provide services to 1.9 million patients or 3.2% of registered patients.

Table 2 – Collection response by NHS England region

NHS England region	Practices surveyed	% Practices responding			Change in response rate Sep 17 to Mar 18
		Mar 18	Mar 18	Sep 17	
London	1,288	95.0%	91.6%	91.6%	3.3%
Midlands & East of England	2,140	96.0%	92.6%	93.9%	3.4%
North of England	2,169	97.0%	94.8%	98.0%	2.2%
South West of England	621	95.5%	95.3%	97.7%	0.2%
South East of England	935	98.0%	93.9%	98.8%	4.1%
Total	7,153	96.4%	93.5%	95.7%	2.8%

4.2 Overall results

As shown in tables 3 and 4, and figure 1 below, 39.4% (2,821 practices) of all practices (including non-responding practices) offer **full provision of extended access** to patients, through either their practice or their group, an increase of 9.1 percentage points since the previous collection. 22.6 million (38.4%) patients are registered at practices that offer full extended access.

51.6 million patients (87.6% of registered patients in England) are registered at one of the 6,087 practices (85.1% 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.

805 (11.3%) practices, covering 5.4 million patients, **do not provide extended access** either through the practice or through their group, a decrease of 0.1 percentage points since the previous collection.

No data were provided by 261 practices, which provide services to 1.9 million patients. This non response rate of 3.6% has decreased by 2.9 percentage points compared to the previous survey (6.5%)

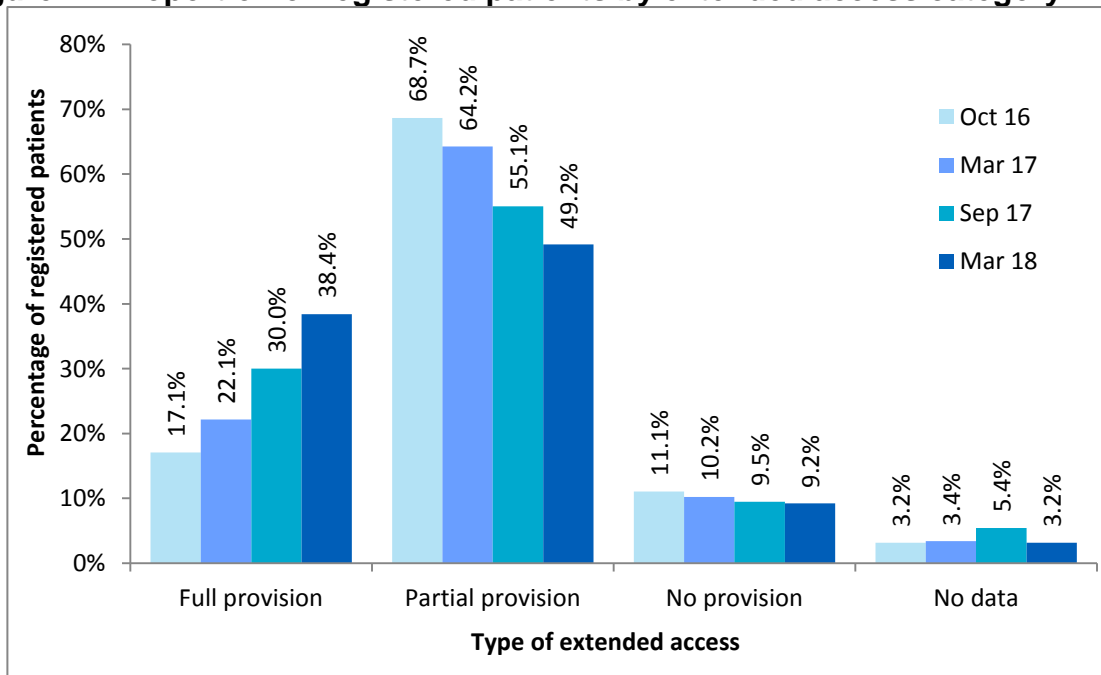
Table 3 – Proportion of practices by extended access category

Extended access category	Number of practices Mar 18	% of practices			Percentage point change from Sep 17 to Mar 18
		Mar 18	Sep 17	Mar 17	
Full provision	2,821	39.4%	30.3%	22.5%	9.1%
Partial provision	3,266	45.7%	51.8%	60.8%	-6.2%
No provision	805	11.3%	11.4%	12.3%	-0.1%
No data	261	3.6%	6.5%	4.3%	-2.8%
Total	7,153	100.0%	100.0%	100.0%	-

Table 4 – Proportion of registered patients by extended access category

Extended access category	Registered patients (millions) Mar 18	% of registered patients			Percentage point change from Sep 17 to Mar 18
		Mar 18	Sep 17	Mar 17	
Full provision	22.64	38.4%	30.0%	22.1%	8.4%
Partial provision	28.97	49.2%	55.1%	64.2%	-5.9%
No provision	5.44	9.2%	9.5%	10.2%	-0.3%
No data	1.87	3.2%	5.4%	3.4%	-2.3%
Total	58.92	100.0%	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 (6,892) or of the total registered patients of responding practices (57.0 million).

4.3.1 Overall provision of extended access

4,849 (70.4%) practices are **members of a group**, such as a federation; an increase of 8.9 percentage points since the previous collection. Practices that are members of a group cover 39.4 million (69.1%) registered patients.

As shown in table 5 below and figure 2 below, 2,821 (40.9%) 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 September 2017 survey of 8.5 percentage points in the number of practices offering full provision. As shown in figure 3, there are 22.6 million (39.7%) patients registered at practices that offer full extended access.

6,087 (88.3%) practices offer between one and seven days of extended access, that is **at least partial extended access**; an increase of 0.5 percentage points since the previous collection. These practices serve 51.6 million (90.5%) registered patients.

805 (11.7%) practices, covering 5.4 million patients, **do not provide extended access (0 days)** either through the practice or through their group. This is a decrease of 0.5 percentage points since the previous collection.

When examining the number of days of extended access provision per week, at 40.9% of all responding practices, extended access is most commonly offered on seven days of the week. This has increased from 32.5% in September 2017.

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

Number of days extended access	Number of practices Mar 18	% of practices			Percentage point change from Sep 17 to Mar 18
		Mar 18	Sep 17	Mar 17	
0 (No Provision)	805	11.7%	12.1%	12.9%	-0.5%
1	790	11.5%	15.1%	18.6%	-3.6%
2	684	9.9%	12.7%	15.4%	-2.8%
3	499	7.2%	8.5%	10.4%	-1.3%
4	356	5.2%	6.3%	7.3%	-1.2%
5	422	6.1%	6.6%	6.8%	-0.4%
6	515	7.5%	6.2%	5.0%	1.3%
7 (Full Provision)	2,821	40.9%	32.5%	23.6%	8.5%
Total	6,892	100.0%	100.0%	100.0%	-

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

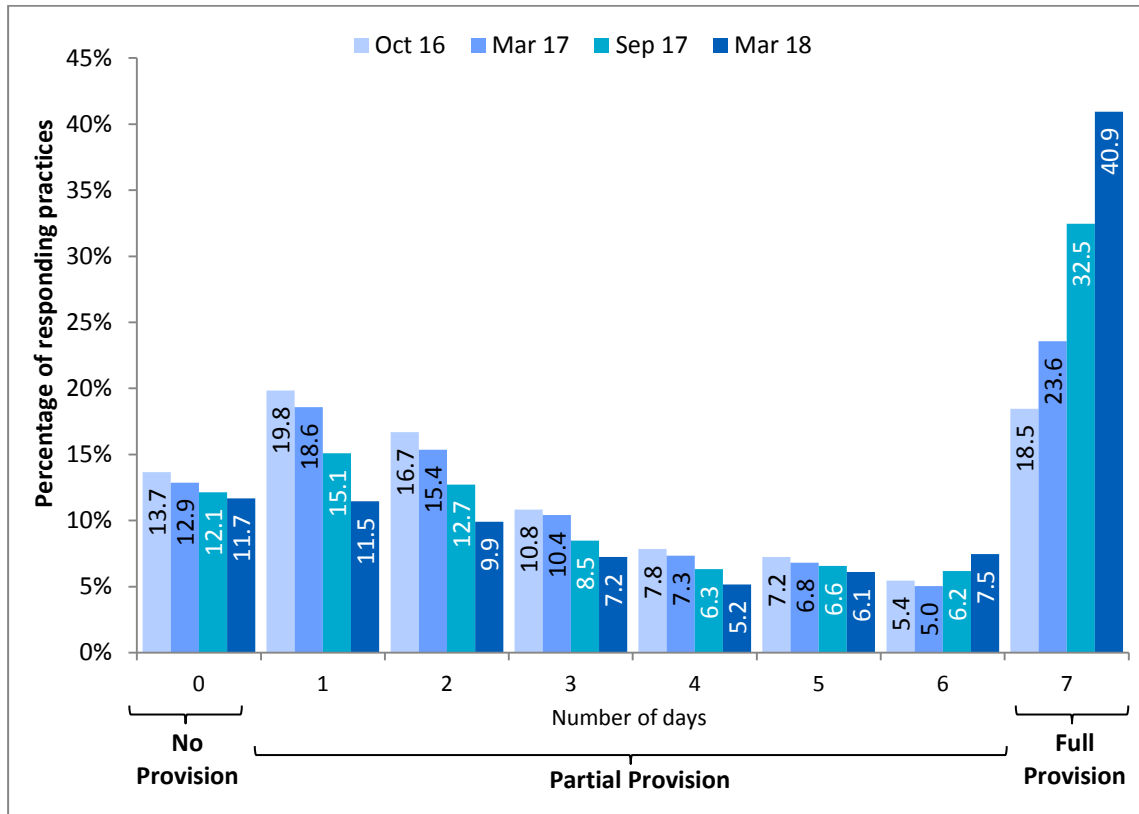
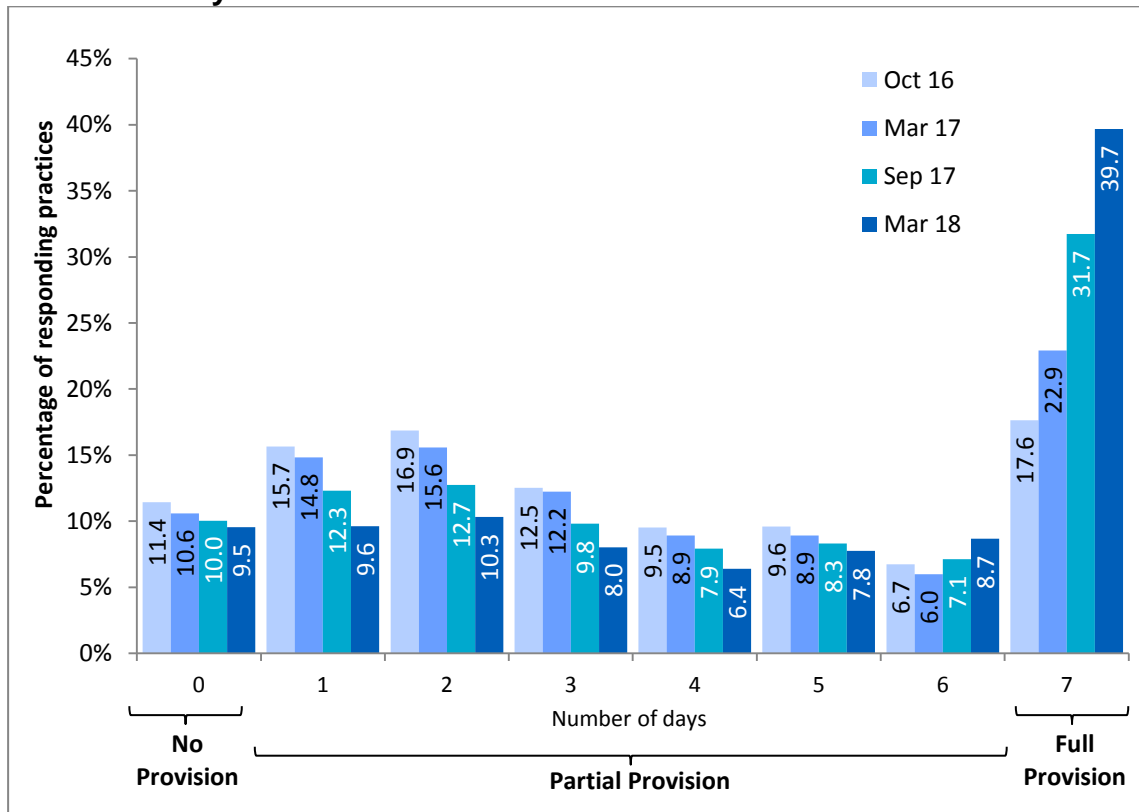


Figure 3 – Proportion of registered patients from responding practices by number of days extended access.

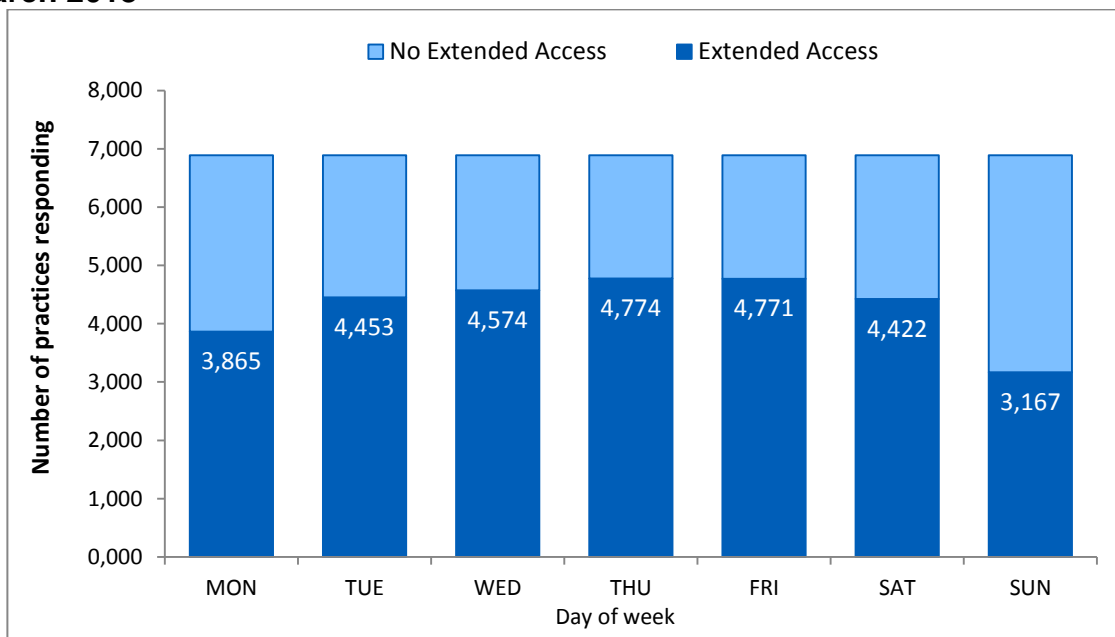


4.3.2 Days of the week

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.

Thursday and Friday are the most frequent days for provision of extended access and Sunday the least common day. Monday is the least common weekday that practices offer extended access on. This mirrors results from the September 2017 collection.

Figure 4 – Number of practices offering extended access by day of week – March 2018



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.

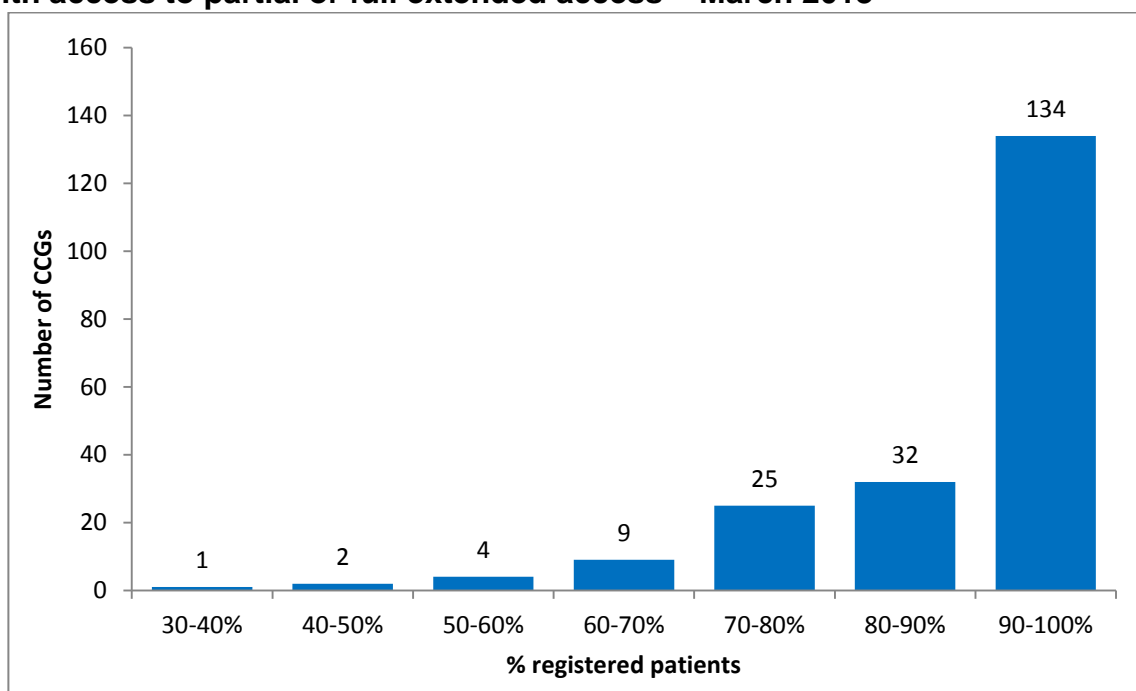
The analysis below shows the proportion of the registered population within the CCG who have partial or full extended access available to them through their GP practice, either through their practice or their group.

Data for the March 2018 collection was collected prior to April 2018 CCG mergers, and so has been presented based on the April 2017 CCG structure that was current at the time. For the September 2017 extended access publication, historic data was re-aligned to April 2017 CCG boundaries to allow for a more accurate comparison of change over time. For this publication (March 2018), all four data sets are aligned with April 2017 CCG structure.

In 134 CCGs, at least 90% of patients are registered at practices which are providing full or partial extended access. This is compared to 129 CCGs for the previous collection (following re-mapping of practices to April 2017 CCG boundaries). Figure 5, below, presents the number of CCGs by the proportion of registered patients offered either full or partial extended access.

The lowest percentage of registered patients within a CCG being offered **some provision of extended access** (either partial or full extended access) was **36.7%**.

Figure 5 - Number of CCGs grouped by the proportion of registered patients with access to partial or full extended access – March 2018



There is considerable variation between CCGs in the provision of full extended access (i.e. seven days per week). The percentage of registered patients in a CCG who have **full extended access** available to them ranges from 0% to 100%.

150 CCGs contain at least one practice offering full extended access. In these 150 CCGs, full extended access is on average offered to 51.7% 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

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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.

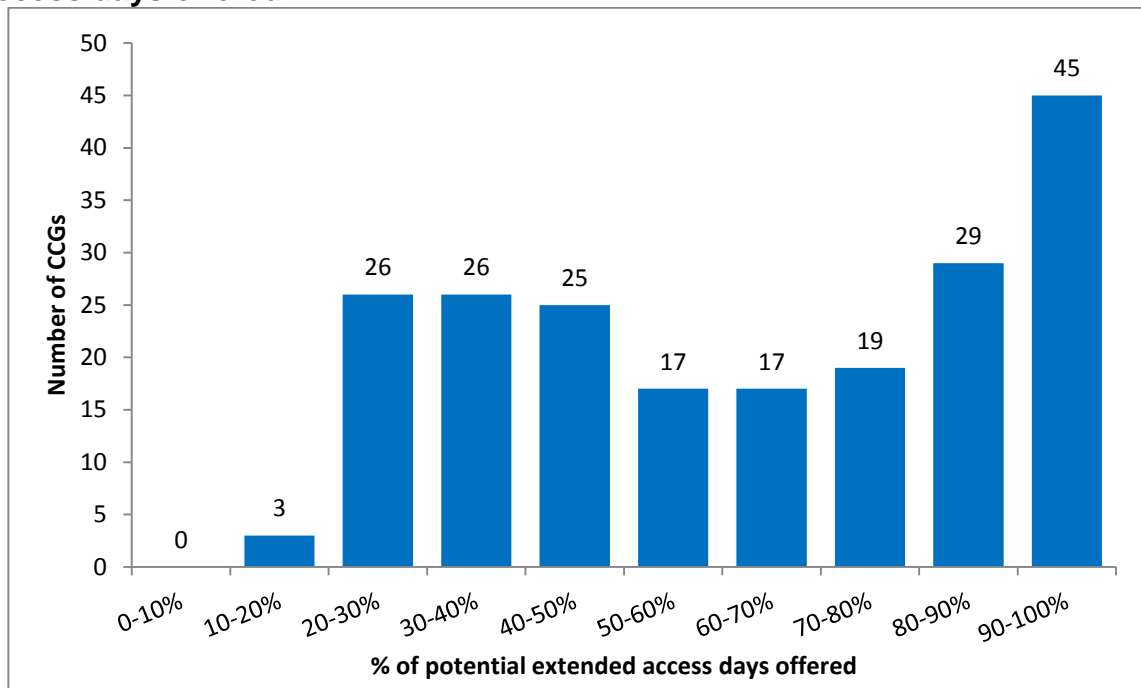
Denominator: The total number of patients registered with GP practices in the CCG multiplied by seven (the maximum number of days per week on which extended access could be offered).

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

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.

127 CCGs offer 50% or more of the maximum potential extended access days, and 80 CCGs offer less than this. The number of CCGs offering up to 50% of max potential extended access days (80 CCGs) has decreased (from 105 CCGs) since September 2017, which is mirrored by an increase in CCGs offering more than 50% of the maximum potential extended access days.

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 below show the breakdown of extended access provision across the five NHS England regions.

London has the highest proportion of patients (76.6%), who have full extended access to general practice, through either their practice or their group; while this rate is below 30% for the Midlands & East, South West and South East regions..

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

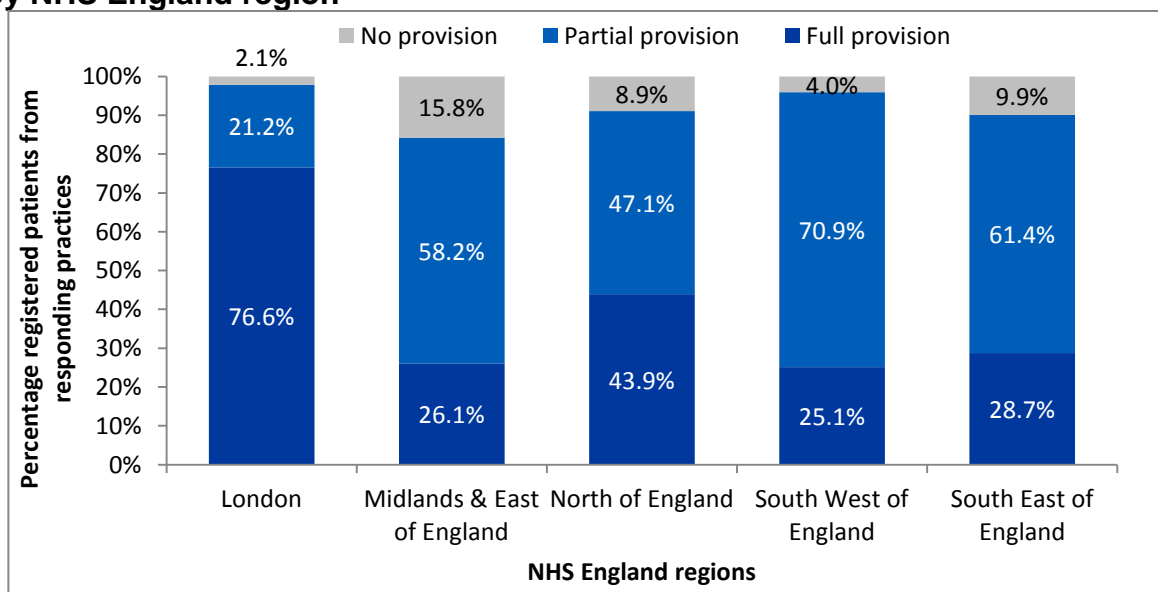


Table 6 shows the percentage of registered patients in each NHS region who have full extended access to general practice and the change in this since the previous survey. The North of England region shows the largest increase in the proportion of registered patients who have full extended access, from 34.2% in the previous collection to 43.9% in September 2017, a 9.8 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 Sep 17 to Mar 18
	Mar 18	Sep 17	Mar 17	
London	76.6%	69.7%	49.3%	6.9%
Midlands & East of England	26.1%	19.3%	13.7%	6.8%
North of England	43.9%	34.2%	25.1%	9.8%
South West of England	25.1%	15.9%	12.9%	9.2%
South East of England	28.7%	21.3%	16.1%	7.4%
Total	39.7%	31.7%	22.9%	8.0%

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	7.16	76.6%	927	75.8%
Midlands & East of England		4.46	26.1%	558	27.2%
North of England		7.03	43.9%	945	44.9%
South West of England		1.39	25.1%	145	24.5%
South East of England		2.60	28.7%	246	26.9%
Total		22.64	39.7%	2,821	40.9%
London	Partial Provision	1.99	21.2%	260	21.3%
Midlands & East of England		9.97	58.2%	1,114	54.2%
North of England		7.54	47.1%	923	43.8%
South West of England		3.92	70.9%	417	70.3%
South East of England		5.56	61.4%	552	60.3%
Total		28.97	50.8%	3,266	47.4%
London	No Provision	0.20	2.1%	36	2.9%
Midlands & East of England		2.70	15.8%	383	18.6%
North of England		1.42	8.9%	237	11.3%
South West of England		0.22	4.0%	31	5.2%
South East of England		0.89	9.9%	118	12.9%
Total		5.44	9.5%	805	11.7%
London	All Respondents	9.35	100.0%	1,223	100.0%
Midlands & East of England		17.13	100.0%	2,055	100.0%
North of England		15.99	100.0%	2,105	100.0%
South West of England		5.53	100.0%	593	100.0%
South East of England		9.05	100.0%	916	100.0%
Total		57.05	100.0%	6,892	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, 6,804 practices in September 2017 and 6,892 practices in March 2018. 6,521 practices submitted data to both the September 2017 and March 2018 survey.

The following data track the change in provision of extended access in the 6,521 practices that responded to the latest two surveys; September 2017 and March 2018. This enables a longitudinal view of practice provision and the net change in provision across a consistent set of practices over two collection periods. The set of practices which responded to both surveys is referred to as the 'matched practices subset'. This has changed from the September 2017 publication where the 'matched practice subset' consisted of practices common to all three collection periods that data had been collected for at the time, and means that the 'matched practice subset' will change with every new collection period.

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 practice subset' between the latest two surveys; conducted in September 2017 and March 2018. Practices were included in the figures where they were present in both data sets. In March 2018, 41.1% (2,679) of 'matched subset' practices offer full provision of extended access to patients, through either their practice or their group, an increase of 8.6 percentage points since September 2017. This is very similar to the change seen in all responding practices, of full extended access provision increasing from 32.5% of practices in September 2017 to 40.9% in March 2018.

The 8.6 percentage point rise in matched subset practices that offer full provision of extended access is mirrored by both a 7.9 percentage point decrease in practices offering partial provision, and a 0.7 percentage point decrease in the percentage of practices offering no provision.

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

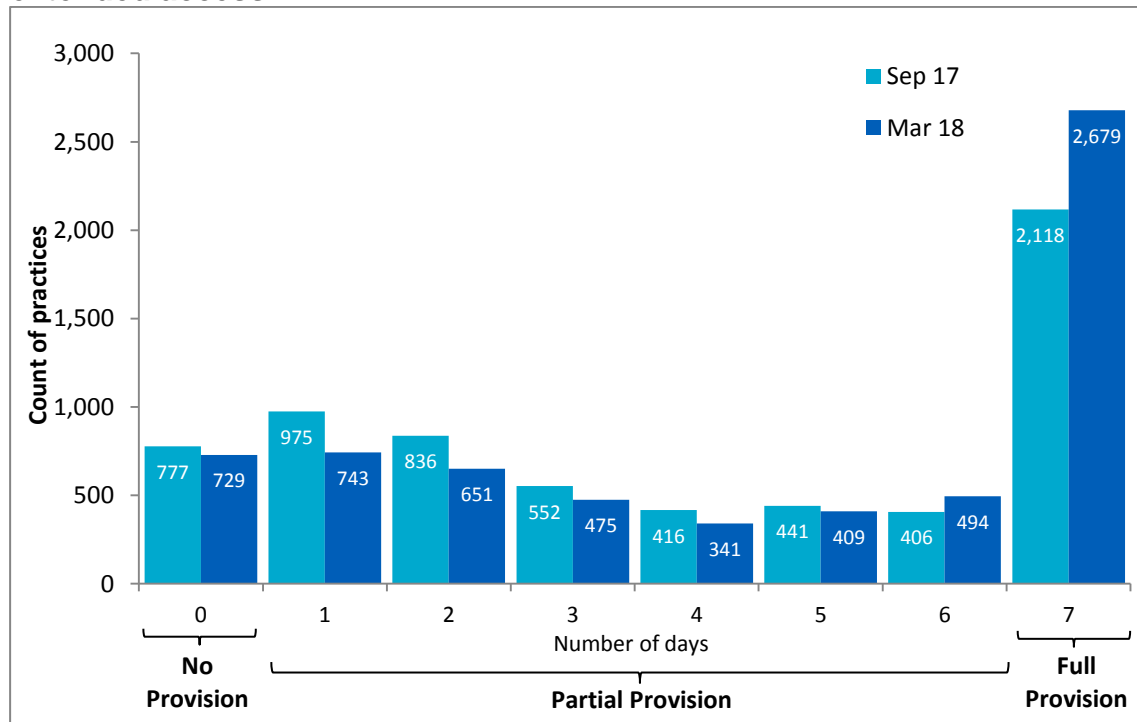
Extended access category	% of responding practices Mar 18	% of 'Matched practices subset'		Percentage point change from Sep 17 to Mar 18
		Mar 18	Sep 17	
Full provision	40.9%	41.1%	32.5%	8.6%
Partial provision	47.4%	47.7%	55.6%	-7.9%
No provision	11.7%	11.2%	11.9%	-0.7%
Total	100.0%	100.0%	100.0%	-

Of the 6,521 practices which submitted data to the latest two collections, 1,928 altered the number of days of extended access offered to their patients. As shown in table 9, 1,330 (20.4%) practices increased the number of extended access days available to their patients and 598 (9.2%) practices decreased the number.

Table 9 – Change in extended access days from September 2017 to March 2018. Count of practices.

Number of days of extended access	Number of practices	% of 'Matched practices subset'
Decreased	598	9.2%
Remained the same	4,593	70.4%
Increased	1,330	20.4%

Figure 8 – Number of 'matched subset practices' by number of days of extended access



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Figure 8 shows the change in provision of extended access for those practices which submitted data to the latest two collections. The change in provision is predominantly toward offering 7 days of extended access, with some increase in the number of practices offering 6 days of provision – these are the only two categories that showed an increase in number of practices.

The percentage of potential extended access days offered by the set of practices that responded to both surveys has increased from 58.0% in September 2017 to 64.3% in March 2018. 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 6,521 practices in the matched subset, **561 more practices (8.6%) were categorised as offering ‘Full provision’ of extended access in March 2018 than in September 2017.** 513 fewer practices were categorised as offering ‘Partial provision’ (1 to 6 days per week) and 48 fewer practices offered no extended access provision.

1,173 practices of the 6,521 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. 851 practices moved into or towards the ‘Full provision’ category and 322 moved out of or away from the ‘Full provision’ category. The **most common practice change was from ‘Partial provision’ to ‘Full provision’**: 656 practices.

Table 10 – Practice extended access category changes from September 2017 to March 2018. Count of practices from ‘matched practice subset’.

Number of practices in all datasets	Number of practices that changed category	Moved towards 'Full provision'			Moved away from 'Full provision'		
		NONE TO PARTIAL	NONE TO FULL	PARTIAL TO FULL	PARTIAL TO NONE	FULL TO NONE	FULL TO PARTIAL
6,521	1,173	98	97	656	130	17	175

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. No changes have been made to the guidance from the previous collections in March and September 2017.

Data quality has been improved since the initial 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. For March 2018, the same system remained in place, with the existing list of group names from September 2017 forming the basis of drop down lists. 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 497 unique group names are present in the data; 356 of which were present on the group list from September 2017. This can be compared to 533 names submitted in the October 2016 survey.

The main points about the data quality for the March 2018 collection period are:

- 7,153 GP practices were open and invited to respond to the survey; this figure excludes practices that local teams identified as closed during the survey.
 - 261 practices that were invited to participate did not submit responses. These practices are classified as "No Data".
 - 96.4% (6,892) of practices responded.
- Six additional practices were excluded from the results following collection closure (regardless of submission status) as they did not fit the definition of ‘active’ practices due to not having any registered patients (based on March 2018 data on the number of patients registered at GP practices that only became available after the collection opened).

Group data was retained for practices that 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. Such group names were marked as “pending approval” and were checked through following the closure of the collection.

Data on group provision was excluded from the results where the group name was invalid or could not be verified. Group data was removed from 47 practices that

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

submitted invalid group names (i.e. practices that submitted a CCG name or walk-in centre as their group name). Group names were also corrected where an incorrect name was submitted and the actual group name was known.

- 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, examination of the data shows that all practices within the same group may not necessarily provide the same level of extended access provision. 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. An example of this is where practices opt to contribute less towards funding arrangements for extended access within a group, and therefore offer lower extended access provision when compared to other practices in the group.

As extended access services commissioned by CCGs are delivered through hubs or federations, or by third party providers, practices may not always recognise when their patients are able to benefit from these services. The proportion of patients benefitting from full provision reported in this survey may therefore be an underestimate of the true position.

5 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
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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