

# General Practice Extended Access: September 2018



# **General Practice Extended Access**

**September 2018**

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## 1 Headlines

- 6,656 of 7,016 practices (94.9%) responded to the March 2018 collection, covering 55.68 million (95.8%) registered patients. The response rate (of practices) has decreased by 1.5 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 6,656 responding practices”.

- 5,299 (79.6%) practices are **members of a group**, an increase of 9.3 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 3,757 (56.4%) practices, an increase of 15.5 percentage points since the previous collection. Full extended access is available at practices serving 30.8 million (55.3%) registered patients.
- 6,122 (92.0%) practices provide some extended access, **either partial or full extended access**, to their patients. This is an increase of 3.7 percentage points since the previous collection. 52.10 million (93.6%) patients are registered at these practices that offer some extended access provision.
- 534 (8.0%) practices **do not provide any extended access**, a decrease of 3.7 percentage points since the previous collection. These practices provide care to 3.58 million (6.4%) registered patients.
- When examining number of days of extended access provision per week, at 56.4% of all responding practices, extended access is most commonly offered on seven days of the week. This has increased from 40.9% in March 2018.
- 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 March 2018 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](#)<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.

This report presents experimental official statistics about the availability of extended access to general practice in **September 2018**. Where appropriate, comparisons are made to the previous collections: March 2017, September 2017 and March 2018. 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, from 3<sup>rd</sup> September to 28<sup>st</sup> September 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 \(General practices in England and Wales\)](#)<sup>2</sup>, 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 **31<sup>st</sup> August 2018**. To be included as an active practice for the extended access collection the following must be true within Epraccur: the practice's status

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

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

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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](#)<sup>3</sup>, 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 March 2018 were used in compiling the list of practices. 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 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?

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

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#	Question
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

7,016 practices, covering 58.12 million registered patients were invited to respond to the survey.

**Data were collected** from 6,656 (94.9%) practices, a decrease of 1.5 percentage points compared to the previous collection (96.4%).

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 93.3%.

Data were collected from practices that provide services to 55.68 million patients, equating to 95.8% of patients registered with general practices in England, a decrease of 1.5 percentage points from the previous survey.

**Data were not submitted** by 360 practices; these practices provide services to 2.44 million patients or 4.2% of registered patients.

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

NHS England region	Practices surveyed	% Practices responding			Change in response rate
	Sep 18	Sep 18	Mar 18	Sep 17	Mar 18 to Sep 18
London	1,278	93.3%	95.0%	91.6%	-1.6%
Midlands & East of England	2,087	94.0%	96.0%	92.6%	-2.0%
North of England	2,128	94.8%	97.0%	94.8%	-2.3%
South West of England	603	96.4%	95.5%	95.3%	0.9%
South East of England	920	98.2%	98.0%	93.9%	0.2%
<b>Total</b>	<b>7,016</b>	<b>94.9%</b>	<b>96.4%</b>	<b>93.5%</b>	<b>-1.5%</b>

### 4.2 Overall results

As shown in tables 3 and 4, and figure 1 below, 53.5% (3,757 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 14.1 percentage points since the previous collection. 30.81 million (53.0%) patients are registered at practices that offer full extended access.

52.1 million patients (89.6% of registered patients in England) are registered at one of the 6,122 practices (87.3% 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.

534 (7.6%) practices, covering 7.6 million patients, **do not provide extended access** either through the practice or through their group, a decrease of 3.6 percentage points since the previous collection.

No data were provided by 360 practices, which provide services to 2.43 million patients. This non response rate of 4.2% has increased by 1.5 percentage points compared to the previous survey (3.6%).

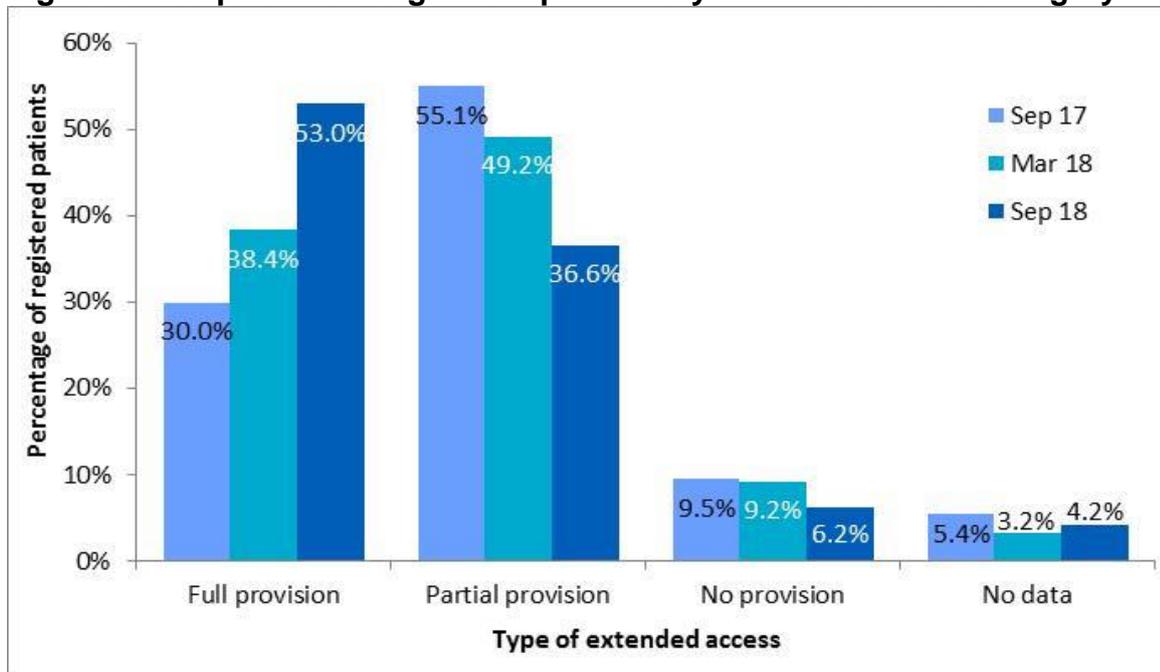
**Table 3 – Proportion of practices by extended access category**

Extended access category	Number of practices Sep 18	% of practices			Percentage point change from Mar 18 to Sep 18
		Sep 18	Mar 18	Sep 17	
Full provision	3,757	53.5%	39.4%	30.3%	14.1%
Partial provision	2,365	33.7%	45.7%	51.8%	-12.0%
No provision	534	7.6%	11.3%	11.4%	-3.6%
No data	360	5.1%	3.6%	6.5%	1.5%
<b>Total</b>	<b>7,016</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>

**Table 4 – Proportion of registered patients by extended access category**

Extended access category	Registered patients (millions) Sep 18	% of registered patients			Percentage point change from Mar 18 to Sep 18
		Sep 18	Mar 18	Sep 17	
Full provision	30.81	53.0%	38.4%	30.0%	14.6%
Partial provision	21.29	36.6%	49.2%	55.1%	-12.5%
No provision	3.58	6.2%	9.2%	9.5%	-3.1%
No data	2.43	4.2%	3.2%	5.4%	1.0%
<b>Total</b>	<b>58.12</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>

**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 (6,656) or of the total registered patients of responding practices (55.68 million).

#### 4.3.1 Overall provision of extended access

5,299 (79.6%) practices are **members of a group**, such as a federation; an increase of 9.3 percentage points since the previous collection. Practices that are members of a group cover 43.7 million (78.5%) registered patients.

As shown in table 5 below and figure 2 below, 3,757 (56.4%) 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 15.5 percentage points in the number of practices offering full provision. As shown in figure 3, there are 30.8 million (55.3%) patients registered at practices that offer full extended access.

6,122 (91.9%) 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 52.1 million (93.5%) registered patients.

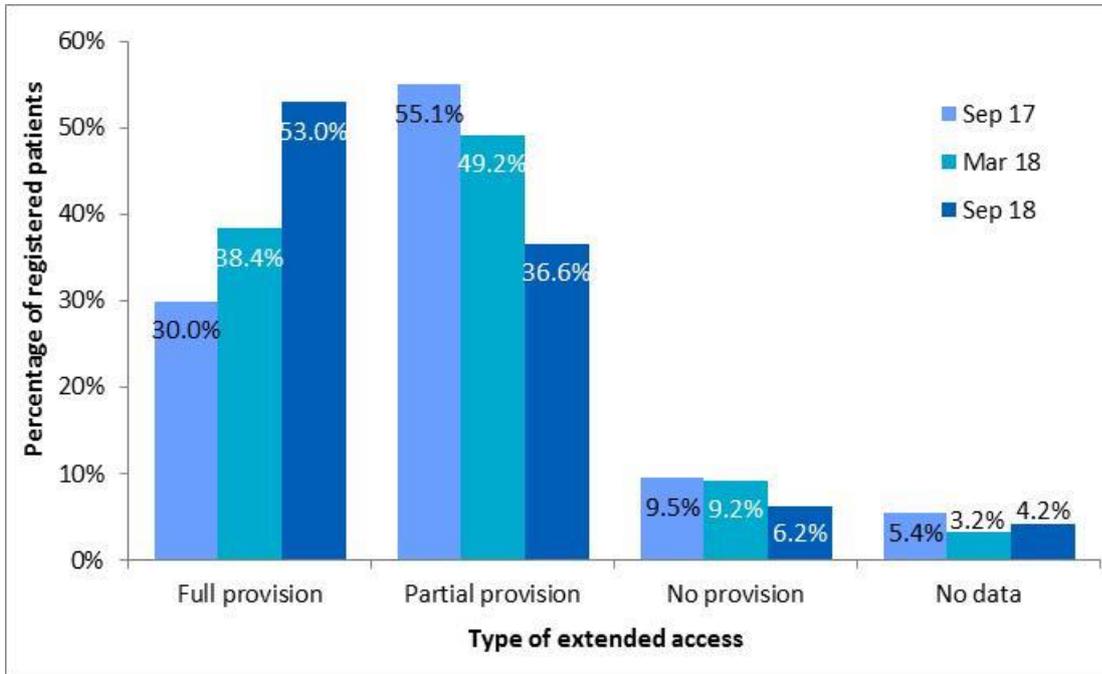
534 (8%) practices, covering 3.58 million patients, **do not provide extended access (0 days)** either through the practice or through their group. This is a decrease of 3.1 percentage points since the previous collection.

When examining the number of days of extended access provision per week, at 56.4% of all responding practices, extended access is most commonly offered on seven days of the week. This has increased from 40.9% in March 2018.

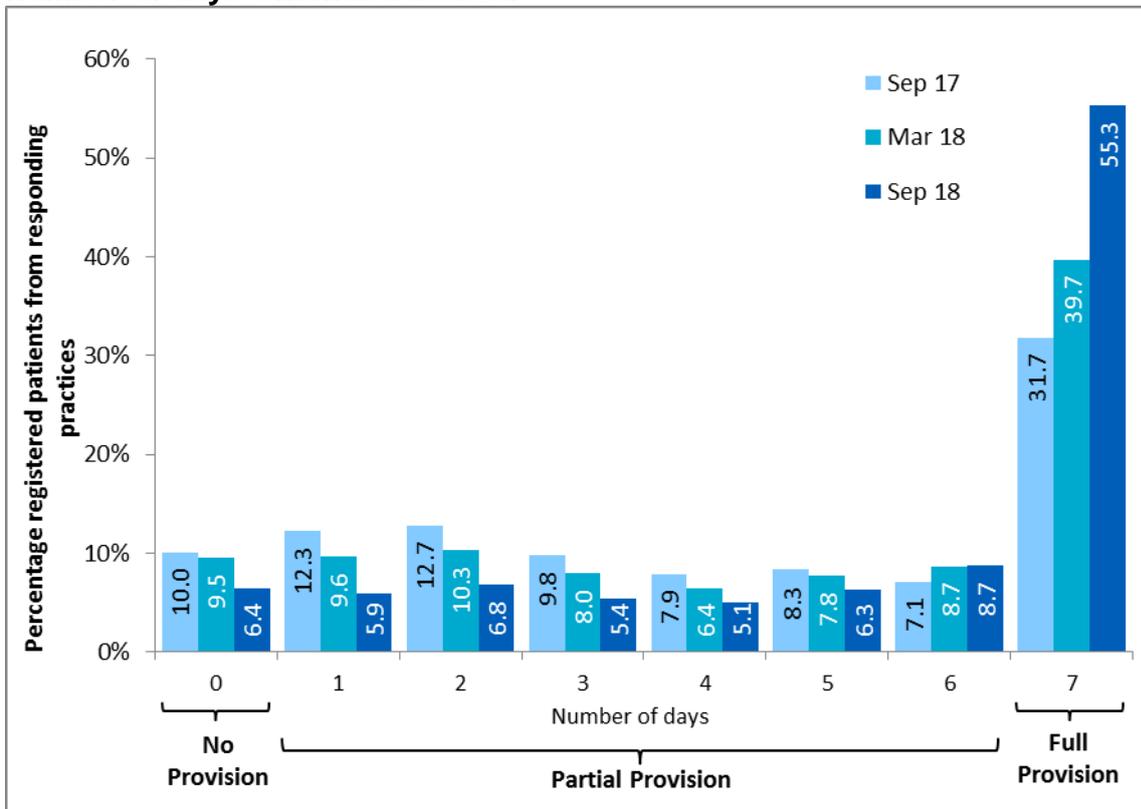
**Table 5 – Proportion of responding practices by number of days extended access.**

Number of days extended access	Number of practices Sep 18	% of practices			Percentage point change from Mar 18 to Sep 18
		Sep 18	Mar 18	Sep 17	
0 (No Provision)	534	8.0%	11.7%	12.1%	-3.7%
1	485	7.3%	11.5%	15.1%	-4.2%
2	435	6.5%	9.9%	12.7%	-3.4%
3	333	5.0%	7.2%	8.5%	-2.2%
4	265	4.0%	5.2%	6.3%	-1.2%
5	321	4.8%	6.1%	6.6%	-1.3%
6	526	7.9%	7.5%	6.2%	0.4%
7 (Full Provision)	3,757	56.4%	40.9%	32.5%	15.5%
<b>Total</b>	<b>6,656</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>

**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.**

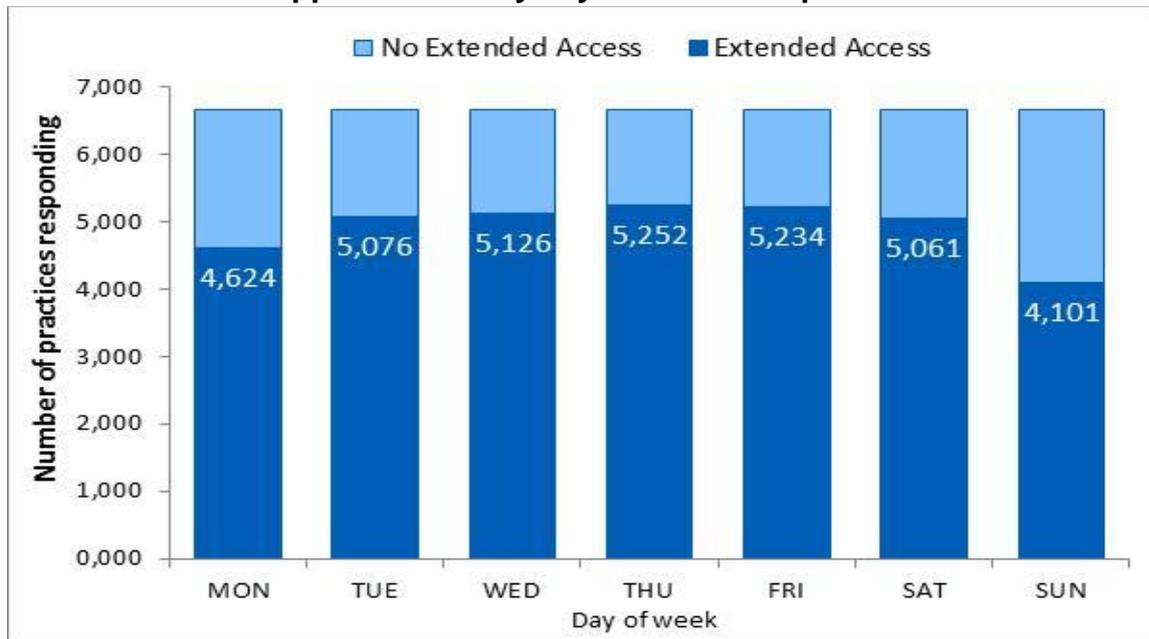


### Days of the week

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. This mirrors results from the March 2018 collection.

**Figure 4 – Number of practices whose registered patients have access to extended access appointments by day of week – September 2018**



### 4.3.2 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.

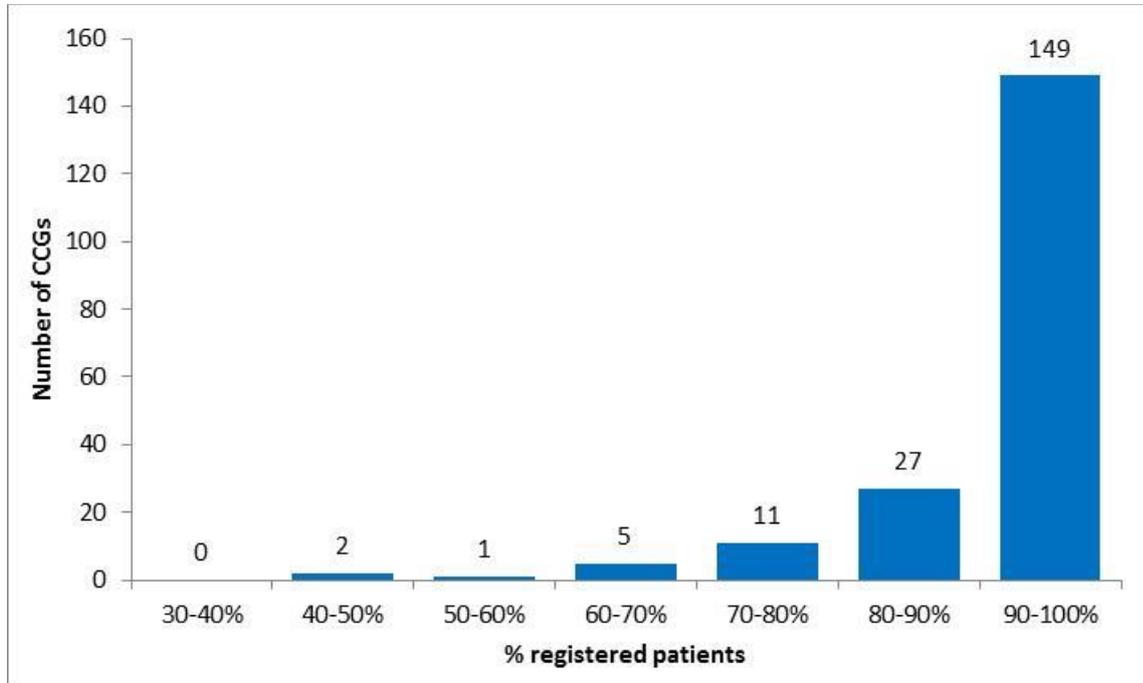
The analysis below shows the proportion of the registered population within the CCG who have partial or full extended access available to them through their GP practice, either through their practice or their group.

**Due to a number of CCG mergers in April 2018, the total number of CCGs has fallen from 207 to 195. For this publication (September, 2018), historic data from March 2018 and September 2017 has been aligned with the April 2018 CCG boundaries to allow for a more accurate comparison of change over time.**

In 149 CCGs, at least 90% of patients are registered at practices which are providing full or partial extended access. This is compared to 123 CCGs for the previous collection (following re-mapping of practices to April 2018 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 41%.

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

182 CCGs contain at least one practice offering full extended access. In these 150 CCGs, full extended access is on average offered to 59.7% of the CCG's registered patients.

#### 4.3.3 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.

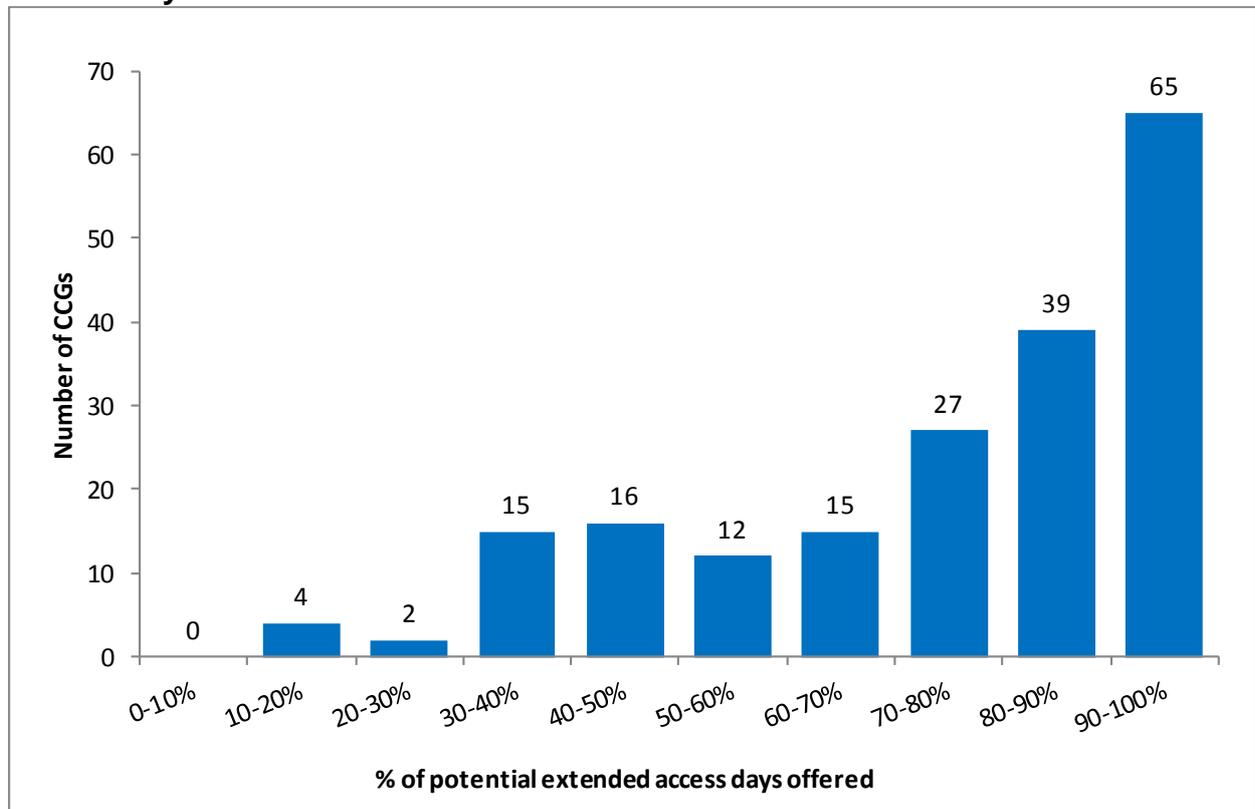
Denominator: The total number of patients registered with GP practices in the CCG multiplied by seven (the maximum number of days per week on which extended access could be offered).

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

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.

158 CCGs offer 50% or more of the maximum potential extended access days, and 37 CCGs offer less than this. The number of CCGs offering up to 50% of max potential extended access days (80 CCGs) has decreased (from 77 CCGs) since March 2018, 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**



#### 4.3.4 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 (78.9%), who have full extended access to general practice, through either their practice or their group; while this rate is below 50% for the South West and South East regions.

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

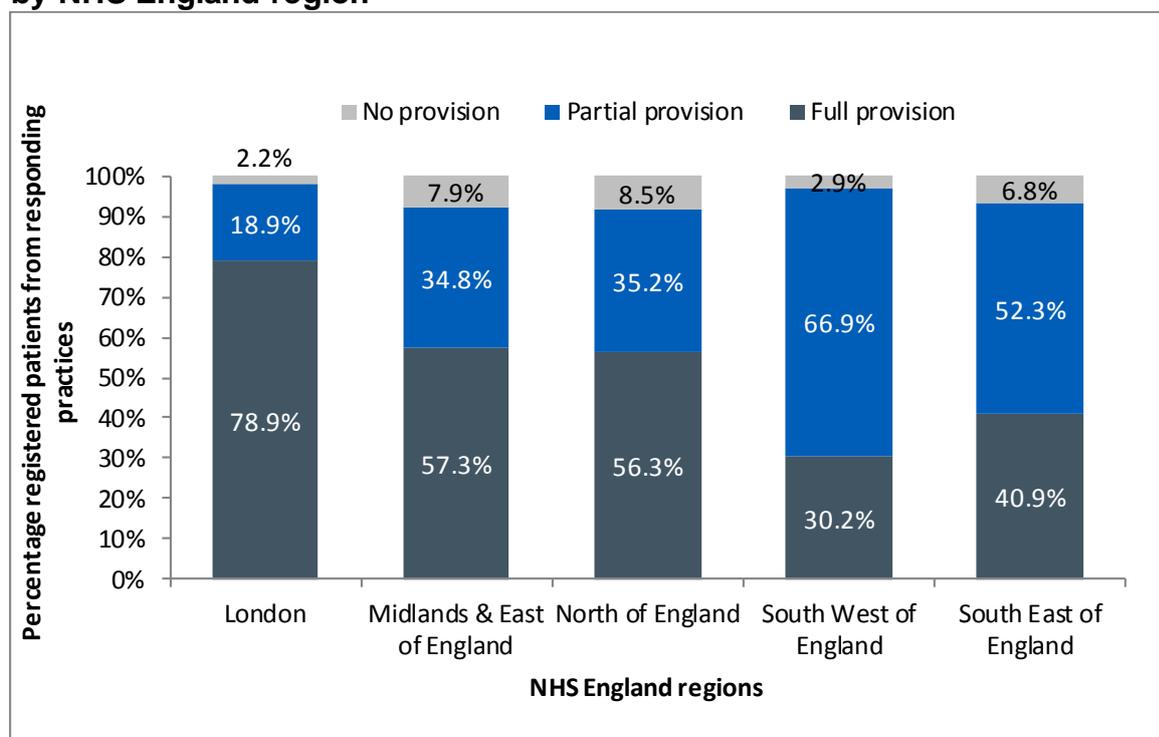


Table 6 shows the percentage of registered patients in each NHS region who have full extended access to general practice and the change in this since the previous survey. The Midlands and East region shows the largest increase in the proportion of registered patients who have full extended access, from 26.1% in the previous collection to 57.3% in March 2018, a 31.2 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 Mar 18 to Sep 18
	Sep 18	Mar 18	Sep 17	
London	78.9%	76.6%	69.7%	2.3%
Midlands & East of England	57.3%	26.1%	19.3%	31.3%
North of England	56.3%	43.9%	34.2%	12.4%
South West of England	30.2%	25.1%	15.9%	5.1%
South East of England	40.9%	28.7%	21.3%	12.2%
<b>Total</b>	<b>55.3%</b>	<b>39.7%</b>	<b>31.7%</b>	<b>15.7%</b>

**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	7.27	78.9%	922	77.3%
Midlands & East of England		9.55	57.3%	1,154	58.8%
North of England		8.67	56.3%	1,150	57.0%
South West of England		1.64	30.2%	171	29.4%
South East of England		3.68	40.9%	360	39.9%
<b>Total</b>		<b>30.81</b>	<b>55.3%</b>	<b>3,757</b>	<b>56.4%</b>
London	Partial Provision	1.75	18.9%	237	19.9%
Midlands & East of England		5.80	34.8%	626	31.9%
North of England		5.41	35.2%	660	32.7%
South West of England		3.63	66.9%	385	66.3%
South East of England		4.70	52.3%	457	50.6%
<b>Total</b>		<b>21.29</b>	<b>38.2%</b>	<b>2,365</b>	<b>35.5%</b>
London	No Provision	0.20	2.2%	34	2.8%
Midlands & East of England		1.31	7.9%	182	9.3%
North of England		1.30	8.5%	207	10.3%
South West of England		0.16	2.9%	25	4.3%
South East of England		0.61	6.8%	86	9.5%
<b>Total</b>		<b>3.58</b>	<b>6.4%</b>	<b>534</b>	<b>8.0%</b>
London	All Respondents	9.22	100.0%	1,193	100.0%
Midlands & East of England		16.67	100.0%	1,962	100.0%
North of England		15.38	100.0%	2,017	100.0%
South West of England		5.42	100.0%	581	100.0%
South East of England		8.98	100.0%	903	100.0%
<b>Total</b>		<b>55.68</b>	<b>100.0%</b>	<b>6,656</b>	<b>100.0%</b>

#### 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, 6,892 practices in March 2018, and 6,656 in September 2018. 6,452 practices submitted data to both the March 2018 and September 2018 survey.

The following data track the change in provision of extended access in the 6,452 practices that responded to the latest two surveys; March 2018 and September 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 March 2018 and September 2018. Practices were included in the figures where they were present in both data sets. In September 2018, 56.4% (3,669) of 'matched subset' practices offer full provision of extended access to patients, through either their practice or their group, an increase of 15.3 percentage points since March 2018. This is very similar to the change seen in all responding practices, of full extended access provision increasing from 40.9% in March 2018 to 56.4% in September 2018.

The 15.3 percentage point rise in matched subset practices that offer full provision of extended access is mirrored by both an 11.9 percentage point decrease in practices offering partial provision, and a 3.7 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 Sep 18	% of 'Matched practices subset'		Percentage point change from Mar 18 to Sep 18
		Sep 18	Mar 18	
Full provision	56.4%	56.9%	41.1%	15.8%
Partial provision	35.5%	35.4%	47.3%	-11.9%
No provision	8.0%	7.7%	11.6%	-3.9%
<b>Total</b>	<b>100.0%</b>	<b>100.0%</b>	<b>100.0%</b>	<b>-</b>

Of the 6,452 practices which submitted data to the latest two collections, 2,290 altered the number of days of extended access offered to their patients. As shown in table 9, 1,775 (27.5%) practices increased the number of extended access days available to their patients and 515 (8.0%) practices decreased the number.

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

Number of days of extended access	Number of practices	% of 'Matched practices subset'
<b>Decreased</b>	515	8.0%
<b>Remained the same</b>	4,162	64.5%
<b>Increased</b>	1,775	27.5%

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

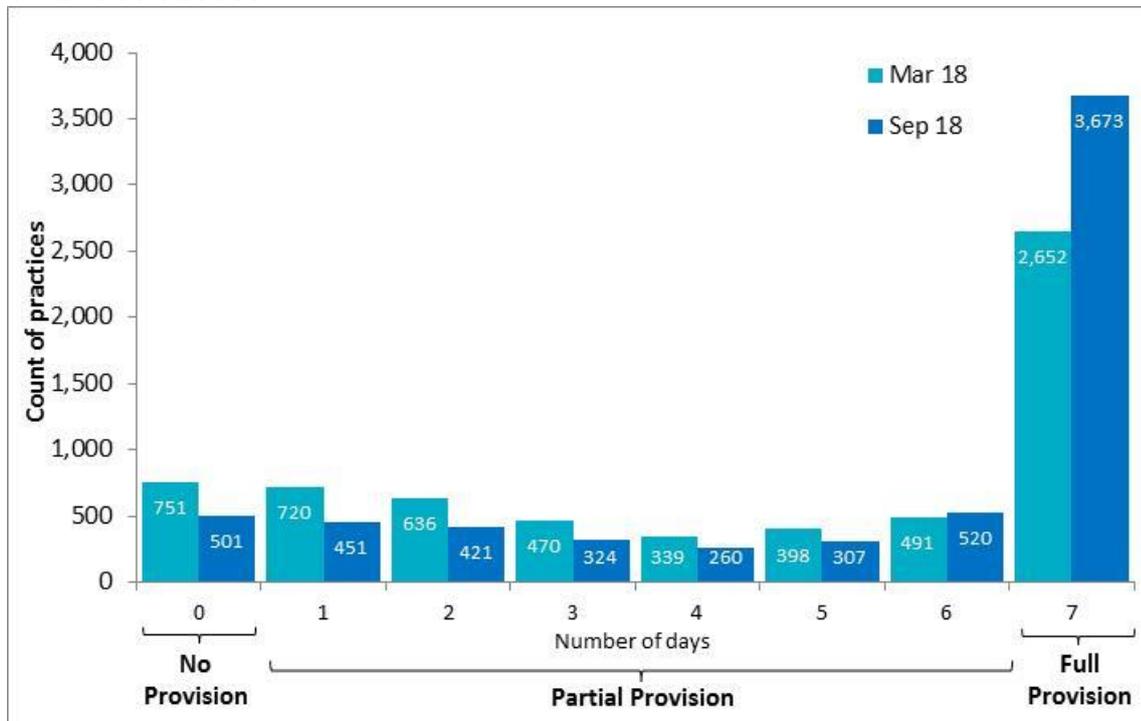


Figure 8 shows the change in provision of extended access for those practices which submitted data to the latest two collections. The change in provision is predominantly toward offering 7 days of extended access, with some increase in the number of practices offering 6 days of provision – these are 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 64.3% in March 2018 to 75.6% in September 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 6,452 practices in the matched subset, **994 more practices (15.8%) were categorised as offering ‘Full provision’ of extended access in September 2018 than in March 2018.**

1,1700 practices of the 6,457 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. 1379 practices moved into or towards the 'Full provision' category and 321 moved out of or away from the 'Full provision' category. **The most common practice change was from ‘Partial provision’ to ‘Full provision’**: 1,041 practices.

**Table 10 – Practice extended access category changes from March 2018 to September 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
6,457	1,700	109	229	1,041	72	16	233

## 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](#)<sup>4</sup> for the general practice extended access data collection has been published on the NHS England website.

The extended access collection is carried out at practice level. In March 2018 the level of extended access reported by practices was lower than that previously indicated by CCGs. When asked to comment on the reasons for the discrepancy, 49 out of 207 CCGs stated that their practices had misreported their positions, not taking into account the wider extended access available to patients. In light of this, the guidance was revised in order to eliminate these differences.

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.

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

- One GP Practice (Vesta Road Surgery, Practice Code G85105) informed us that they may have submitted data under the wrong Practice Code (Palace Road surgery, Practice Code G85041).

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 names were 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

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

group names from which practices may choose without requesting a new name be added to the survey system.

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.

The mandate commitment was for 100% of patients to have full 7 days a week extended access by 1st October 2018. The practice based survey was carried out during September 2018, meaning that a large number of practices aiming to have this complete by the 1st October could legitimately state that there was not a need to report full compliance until that date.

## 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	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

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