

GP Practice Guidance

Direct booking into general practice from NHS 111 and CCAS via GP Connect

version 1.3 | 05 May 2020 | FINAL DRAFT

1 Introduction

GP practices have been instructed to allow patients to be directly booked from NHS 111 and the COVID-19 Clinical Assessment Service (CCAS) to ensure that patients with COVID-19 symptoms receive appropriate, fast and streamlined care.

This guidance has been developed to explain to GP practices, how GP Connect direct booking for CCAS will function, how it impacts on current NHS 111 direct booking arrangements, and how GP Practices can access to help with the configuration of GP Connect within their clinical system.

GP Connect Appointment Management functionality is available for GP practices using EMIS Web and TPP SystmOne clinical systems. All GP clinical systems can make use of the GP Connect Access Record: HTML functionality to share their patient records.

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FINAL DRAFT

2 Context

2.1 National policy

During the current pandemic we need to expand booking capacity from NHS 111 into general practice to meet the needs of COVID-19 symptomatic patients alongside patients with non-COVID-19 conditions.

It is a key priority for management of the COVID-19 pandemic to establish an efficient triage system that is safe for patients and NHS workers. General advice is that people who feel unwell should first visit NHS 111 online, or ring NHS 111 and from there they will be triaged into the appropriate stream.

To ensure patient flows between services are as smooth as possible, and to take account of demand and system capacity, the following processes will be implemented:

- Patients who contact NHS 111 by phone or online will be triaged for COVID-19 symptoms
- Patients who receive a [COVID-19 disposition](#) will be:
 - a. transferred as an urgent hospital admission (cohort 1 - severe symptoms)
 - b. transferred for a clinical assessment to the COVID-19 Clinical Assessment Service (CCAS)** (cohort 2 - significant symptoms)
 - c. given self-care advice (cohort 3 - mild symptoms)
- CCAS will triage the patients and direct the patient into the most appropriate care pathway
- Clinically assessed patients with significant symptoms will be booked into their practice's NHS 111 CCAS prioritisation list (nominal appointment list)
- Clinically assessed patients with non-COVID-19 symptoms may also be booked into this list
- The practice must prioritise patients in their nominal appointment list based on the NHS 111 or CCAS assessment and arrange their ongoing management. The list should be regularly reviewed, and the appropriate care pathway determined.

2.2 GMS and PMS Regulations and APMS Directions

The GMS and PMS Regulations, and APMS Directions, have been amended to formalise the arrangements announced in the NHS England Primary Care Preparedness letter of 19 March 2020 to free up capacity in general practice. The amended legislation is called the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020. The Regulations can be found here <http://www.legislation.gov.uk/ukxi/2020/351/made>.

Previously, practices were required to make one appointment per 3,000 registered patients per day available for direct booking by NHS 111.

From 30 March 2020 until 30 June 2020 all practices in England must make 1 appointment per 500 registered patients per day available for direct booking by NHS 111.¹ This supersedes the previous requirement and is not in addition.

2.3 Policy into practice

Whilst the GMS and PMS Regulations, and APMS Directions provide the legal basis to deal with extreme pressures on the system during the COVID-19 emergency, this guidance describes practical approaches to implementation of the direct booking requirements.

It is recognised that demand for these appointments is likely to be low at first, however, we urge GP practices to act in line with the guidance set out in this document to ensure this functionality exists to help systems deal with any potential surges in demand.

¹ The amended Regulations give the Board and the Secretary of State the power to increase that number, in some cases extending to the whole appointments book.

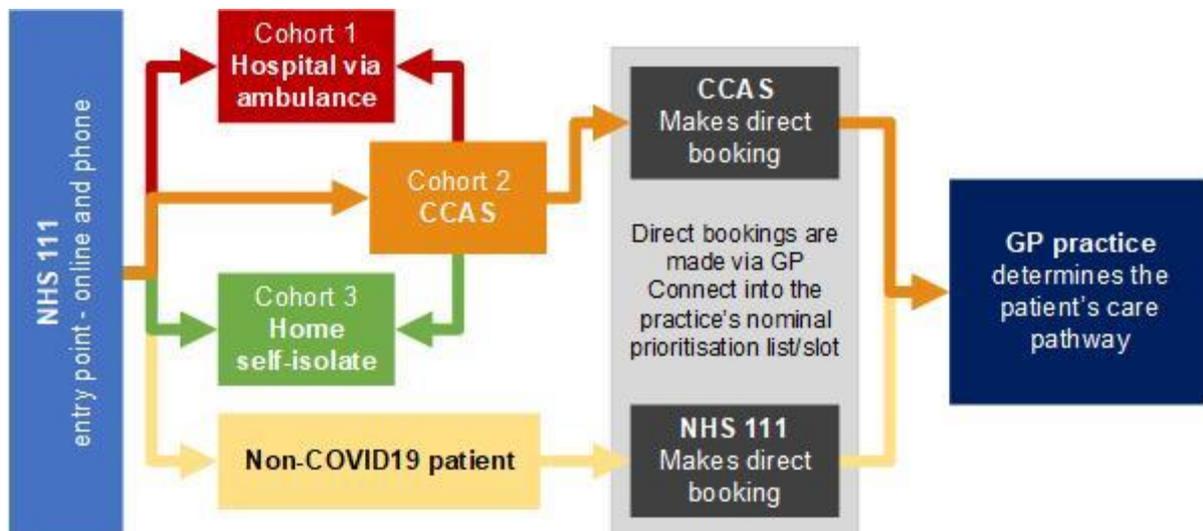
3 What is CCAS

The COVID-19 Clinical Assessment Service (CCAS) is a remote telephone-based service staffed by clinicians.

- It does not offer face-to-face assessments.
- It clinically assesses patients and determines the severity of their COVID-19 related symptoms.
- If GP Connect is used, the CCAS clinicians will have access to the patient's GP record via the GP Connect Access Record: HTML. All GP Practices have been enabled to share their records in this way.

4 How CCAS will work

4.1 Patient pathway



4.2 Patient contacts NHS 111

The patient is triaged to see if they have any COVID-19 symptoms. If they do, they are allocated into cohorts and provided with the most appropriate care and advice relevant to their symptoms.

Cohort 1	Severe symptoms	A patient with severe symptoms who requires urgent hospital admission.
Cohort 2	Significant symptoms	Patients displaying significant symptoms or patients displaying minor symptoms but also with an underlying condition or likely on the vulnerable patients list will require a primary care intervention.
Cohort 3	Mild symptoms	Patients with mild symptoms will be issued with self-care advice and safety netting advice to contact NHS 111 if symptoms worsen.

4.3 Cohort 2 - further clinical assessment required

Patients showing significant COVID-19 symptoms will be **transferred for a clinical assessment to the COVID Clinical Assessment Service (CCAS)**. CCAS will determine whether the patient should be transferred to hospital, issued with self-care advice, or be transferred to general practice for care.

4.4 Patients transferred to general practice

For the patients who need to be transferred to general practice, the referral will be accompanied by a referral message which will contain information about the CCAS assessment. This will be sent via ITK, in the same way as NHS 111 currently send referrals and Post Event Messages to General Practice. See [section 5.4 for local variations](#).

4.4.1 Direct booking for registered patients - EMIS Web and TPP SystemOne

- Patients showing significant symptoms will be transferred to general practice for further management
- Patients will be directly booked into the appointment slots by CCAS. GP practices should then contact patients based on clinical urgency. At the time of booking into the GP practice list, patients will be informed that their practice will contact them by phone or text, but not be provided with a time
- If there are not any appointments available the practice will be contacted directly, [see section 4.4.4](#)

4.4.2 What happens where direct bookings are not available?

- This applies for practices using Vision and Microtest, and other practices that have not yet configured their appointments to be shared via GP Connect.
- CCAS will either contact the GP practice and refer the patient to them or ask the patient to contact their own practice directly, using the same procedure as for non-COVID-19 referrals ([see section 4.4.4](#))

4.4.3 Non-registered patients

- CCAS and NHS 111 providers cannot directly book patients who are not registered with the practice on to the practice's prioritisation list.
- For non-registered patients, CCAS will phone the practice nearest to where the patient is located at that time and arrange patient registration and care.
- Practices should continue to register new patients, including those with no fixed address, asylum seekers and refugees.

- During the pandemic, GP registrations can be made by any means, including by post and digital options. A signed, scanned application or picture of a signed application emailed to the practice is acceptable.
- Absence of photo identification or a fixed address is not a reason to refuse a patient registration. Homeless patients should be registered either at a c/o address where one is available (e.g. a shelter/support service) or the GP practice address. We can assure practices using the GP practice address as a c/o does not place responsibility on the practice to repatriate correspondence (e.g. hospital letters). Homeless patients should be encouraged to keep in contact with the practice at regular intervals where they have ongoing health and care (primary and secondary) requirements.

4.4.4 What happens where there are not any available appointments?

If there are no available appointments either because the GP practice has not made appointments available via GP Connect or the patient is not registered locally

- CCAS will either ring the practice and make an appointment for the patient or instruct the patient to contact their practice directly
- Once the appointment is confirmed, CCAS will send an ITK message to the GP practice containing the clinical assessment information

5 What GP practices will need to do

Patients will be transferred with a disposition from CCAS. Based on this disposition, GP practices will need to

- review the cases and prioritise the patients in order of clinical urgency – not based on the appointment time
- arrange ongoing management

Patients who are referred will have already been clinically assessed.

The nominal prioritisation list/slots must be regularly reviewed by the GP practice.

To ensure that CCAS will work and patients are managed appropriately, each GP practice will need to

- Setup their clinical system, so that CCAS and NHS 111 providers can book into GP Connect slots to refer patients to them
- Implement new operational processes to ensure that once referred, patients are picked up and assessed

5.1 Working out your GP practice solution

GP Connect supports NHS 111, CCAS and GP practices to ensure that patients are identified and treated. It will be necessary for GP practices to adjust how they set up their appointments book and make available capacity for NHS 111 and CCAS to refer into.

5.1.1 Nominal prioritisation list/slots

All appointment lists are based on booking specific timeslots for patients to be seen, whether this is face-to-face, by phone, or using video consultation. It was designed for standard care and not to meet the new care pathways of a pandemic.

COVID-19 patients must be assessed based in clinical need.

This causes a tension between the new clinical need and the available clinical system functionality. The following solutions are imperfect best fits, but will ensure that patients, both COVID-19 and non-COVID-19, receive the care they need.

The operational process is as follows

1. CCAS and NHS 111 will book a patient into the GP practice's [nominal prioritisation list/slot](#). This will be shown as a timed appointment.
2. GP practice to review each referral based in clinical need. The practice will need to ignore the time slot attributed to the appointment, and frequently review the nominal prioritisation list/slots, as they would do if a patient contacted the practice directly. They must
 - a. Contact the patients in order of clinical priority.
 - b. All patients must be contacted on the day they are referred.

Each GP practice needs to select the most appropriate solution for them from the two options below and implement it.

5.1.1.1 Option 1 - Create a separate COVID-19 nominal prioritisation list

Create a new and separate NHS 111/CCAS nominal prioritisation list. This list will contain slots for all NHS 111 and CCAS bookings.

This option enables a practice to clearly see the new NHS 111 and CCAS direct bookings. It can be implemented providing the GP practice can allocate a clinician to oversee this list and ensure that all referrals are picked up and processed.

5.1.1.2 Option 2 - Add additional slots for COVID-19 prioritisation into the routine appointments list

Add dedicated slots which both NHS 111 and CCAS direct bookings into your routine appointment list. These will be for all referrals.

These slots should be available until the end of each clinical session to ensure that they remain bookable for NHS 111 and CCAS. These appointments should be checked regularly, ideally between each patient to ensure that new referrals are not missed.

This solution may be preferable for small or single-hander practices, for whom it would be difficult to maintain and access two appointment schedules. Flagging or colour coding can be used to make these appointments stand-out.

5.1.2 Number of slots

Increasing the number of appointment slots available at each GP practice for NHS 111/CCAS referrals to 1 in 500, **replaces** and is not in addition to 1 in 3000 appointments currently made available for NHS 111 referrals.

GP practices are asked to make **sufficient** slots available for the CCAS team and NHS 111 providers to refer into. Whilst demand remains low this could be fewer than 1/500.

Calculating demand is complex as it will differ for each GP practice, due to its demographics and where it is on the 'COVID-19 curve'. The number of available slots may need to be adjusted up or down to meet the number of referrals being made. Once the GP practice closes for the evening the next day's nominal prioritisation list/slots should be opened and be available for NHS 111/CCAS to use out of hours.

5.1.2.1 Calculating the sufficient number of slots

- If practices are already using direct booking for 111, use these as the baseline and then add a couple of appointments to their existing allocation. Assess this each day and adjust the number of appointments to keep ahead of the actual demand.
- If you are not using direct booking, start with making available between 2 and 6 appointment slots per session. Assess this each day and adjust the number of appointments to keep ahead of the actual demand.

5.2 Configuring GP Connect in your clinical systems

GP Connect Access Record: HTML and Appointment Management have been enabled centrally to allow CCAS to operate the service. Local configuration of the appointment book must be completed by each practice to share slots via GP Connect.

5.2.1 Clinical system instructions - EMIS Web and TPP SystemOne

Guidance on how to configure your GP clinical system is available via the GP Connect [Website 'Set up GP Connect in your GP practice clinical system.'](#)

5.2.1 Directory of Services (DOS) Configuration

Ensure that your Local DOS Lead has checked your configuration on DOS so that NHS 111 and CCAS are viewing up to date information.

5.3 Operational process management

Management of COVID-19 patients transferred patients and the nominal appointments list

	<i>Action</i>	<i>Summary</i>	<i>Detail</i>
5.2.1	Patient assessment	Assess patients in order of clinical urgency	When a patient has been referred to the GP practice from CCAS, they will review these cases and contact patients in order of clinical urgency – not based on the appointment time.
5.2.2	Patient care	Direct patient to appropriate care	Transfer the patient to the appropriate COVID-19 service, such as Hot Hub, secondary care, or home visit. Low risk patients told to self-isolate
5.2.3	Patient contacts the practice	Manage the patient do not refer to NHS 111	If patients with COVID-19 symptoms contact their GP practice, either because they are unable to speak to NHS 111, or because they have been advised to do so by NHS 111, they should be assessed by the practice.

5.4 Local variations

This guidance has been written from a two-solutions-fits-all perspective, however local variations can be accommodated, providing that they meet the requirements in [section 2](#).

Where there are locally commissioned services to support practices with the management of patients with COVID-19 symptoms (for example where local systems are working to pool clinical capacity across primary care) and the technical functionality exists to enable direct booking into these services, this can continue. This will be subject to local agreements.

5.4.1 Local hubs

Some localities have established hot hubs, where all patients registered with a specific group of practices will be referred to.

To avoid possible delays in care, CCAS could refer directly into the local hub rather than to the patients registered GP practice, where this is technically possible and locally agreed. GP Connect can be configured in Hubs, please refer to the guidance [in section 5.2](#).

5.4.2 Out of hours

During out of hours, the agreed NHS 111 processes should be followed, with Integrated Urgent Care (IUC) providers allowing direct bookings to be made.

6 Contacts

6.1 Technical and setup issues

If you are experiencing technical issues, you should contact your system supplier helpdesk in the first instance.

For GP Connect specific enquiries and assistance, please contact the team:

GPConnect@nhs.net