

eDEC Gap Analysis: Patient Access & Core Hours

Executive Summary

Assessment Date: 2024-10-23
Domain: Patient Access & Core Hours
Submission ID: TXuyWhvIUk2UgLGS1dtc

Domain Status

Area	Status	Risk Level
Appointment Availability & Modality Mix	● High risk	● HIGH
Care Navigation & Redirection Safety	⚠ Needs attention	● MEDIUM
Access Resilience & Continuity	⚠ Needs attention	● MEDIUM

Top 3 Quick Mitigations (This Week)

- Update website messaging on Face-to-Face (F2F) access** — Takes 15 minutes, addresses a high-risk communication gap by clarifying for patients how to request F2F appointments based on clinical need.
- Hold a 30-minute team huddle to review 2-day access data** — Takes 30 minutes, demonstrates proactive management of the high-risk gap where only 62% of urgent needs are met within two working days and begins the process of identifying root causes.
- Update and circulate the Business Continuity emergency contact list** — Takes 15 minutes, immediately reduces risk by ensuring the correct people and suppliers can be reached in an access-related emergency.

Disclaimer: This is a risk-based interim plan, not legal advice nor an instruction to mark 'yes' in eDEC.

Action Plan

Appointment Availability & Modality Mix

What you told us:

Based on what you told us, your face-to-face (F2F) appointment proportion was only 12% last month, the messaging on your website about this is unclear, and your appointment data shows only 62% of urgent requests result in an appointment within two working days.

The gap:

This isn't a strict interpretation of the NHSE Primary Care Access Recovery Plan, which requires that patients can access F2F appointments when clinically appropriate and that urgent needs are routinely met within two working days.

Risk level: ● HIGH

Why it matters:

ICBs and CQC are actively monitoring these metrics. A failure to demonstrate appropriate and timely access could be seen as a contractual breach and may trigger regulatory scrutiny or patient complaints.

Mitigate the risk (do this week):

- Update website messaging** (15 min):
 - Add a clear statement: *"All appointment requests are triaged by a clinician. You will be offered a face-to-face, telephone, or online appointment depending on your clinical need. If you have a preference, please let us know."*
- Schedule a clinical team meeting** (5 min to schedule):

- Book a 1-hour meeting for next week to analyse the 62% access figure, review triage criteria, and brainstorm solutions.

Get to full compliance (next 30–60 days):

You have two paths forward:

Option A: Genuine fix (closes the gap)

- Review and reconfigure your appointment book to protect capacity for urgent two-day follow-ups.
- Formally adopt and train staff on the **appointment system management policy** and **online consultation triage protocol** to ensure triage decisions consistently prioritise clinical need and modality choice.
- Start a weekly 'demand and capacity' huddle to flex resources based on data.

Option B: Defensible interim (formalizes current arrangement)

- Use the **online consultation triage protocol** to formally document the clinical rationale for your current F2F/remote appointment mix.
- Begin a simple audit of triage decisions where patients were not seen within two days to evidence that these were clinically appropriate delays.
- Document a formal action plan to improve the 2-day access metric, even if progress is slow.

If you choose to mark "yes" in eDEC, be prepared to defend:**Position you could take (if asked):**

"All patients are triaged by a clinician to determine the most appropriate appointment type and timeframe. Face-to-face appointments are always available based on clinical need. We are actively monitoring our two-day access metric and have a documented action plan in place to improve performance against this target."

Have on hand if questioned:

- Your documented triage protocol (online consultation triage protocol).
- Appointment data reports showing F2F availability and the 2-day access metric.
- Minutes from meetings where the access data and improvement plan were discussed.
- A copy of the action plan itself.

Residual risk:

High. The 62% metric is a significant deviation from the target and will be difficult to defend without a robust, documented improvement plan that is already being actioned.

Our recommendation:

This is a high-risk area to mark 'yes'. Focus on implementing Option A as a priority. Your position is only defensible if you can show you have already started taking concrete steps to address the 2-day access gap.

Care Navigation & Redirection Safety**What you told us:**

You told us that when you signpost patients to other services like NHS 111 or a local eHub, the outcomes are not logged consistently, which means you cannot evidence that you are reviewing these for clinical safety.

The gap:

This isn't a strict interpretation of clinical governance requirements, which mandate that you ensure patient safety when redirecting care and can demonstrate that the redirection was appropriate.

Risk level: ● MEDIUM

Why it matters:

If a patient comes to harm after being redirected, you will lack the records to demonstrate a safe process was followed, creating a significant clinical governance and medico-legal risk.

Mitigate the risk (do this week):

1. Start a simple redirection log (10 min to create):

- Create a shared spreadsheet or a simple template in your clinical system for staff to log: Date, Patient ID, Service Redirected To, and Reason.

2. Brief the team (10 min huddle):

- Inform all reception and clinical triage staff that all redirections must now be logged in this new central record, effective immediately.
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Get to full compliance (next 30–60 days):

You have two paths forward:

Option A: Genuine fix (closes the gap)

- Integrate the redirection log into your clinical system as a formal template.
- Update your **appointment booking procedure** to make logging mandatory.
- Add 'Review of Redirection Log' as a standing agenda item for your monthly clinical governance meetings to analyse trends and safety events.

Option B: Defensible interim (formalizes current arrangement)

- Continue using the shared spreadsheet log consistently.
 - Nominate a clinical lead to perform a documented spot-check of the log weekly to identify any immediate safety concerns or training needs.
 - This formalises oversight, even if the system isn't fully integrated.
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If you choose to mark "yes" in eDEC, be prepared to defend:

Position you could take (if asked):

"We have a protocol for redirecting patients to appropriate alternative services. These decisions are recorded centrally, and the log is reviewed regularly as part of our clinical governance process to ensure patient safety."

Have on hand if questioned:

- A copy of your redirection log (spreadsheet or system report).
- Minutes from a meeting where the log was reviewed.
- Your staff protocol or SOP that mentions the need to log redirections.

Residual risk:

Medium, reducing to low as you build a history of logging and reviewing. The key is demonstrating not just that you *record* the data, but that you *review* it for safety.

Our recommendation:

Defensible IF you start logging and reviewing immediately this week. We strongly advise pursuing Option A within 60 days to create a more robust and auditable process.

Access Resilience & Continuity

What you told us:

You told us your business continuity plan (BCP) is overdue for a test and still contains outdated information, such as legacy telephony providers.

The gap:

An untested and outdated BCP does not meet the requirement to have a workable plan to maintain safe patient access during a major disruption.

Risk level: 🟡 MEDIUM

Why it matters:

In a real incident like a total IT or phone outage, an unworkable plan would lead to a chaotic response, service collapse, and a potential major patient safety incident, attracting immediate CQC and ICB intervention.

Mitigate the risk (do this week):

1. Update critical contacts (15 min):

- Review and update the emergency contact list in the BCP, paying close attention to your current IT and telephony provider support numbers.

2. Schedule a BCP test (5 min):

- Book a 1-hour 'desktop' BCP test in the practice calendar for 3-4 weeks' time.

Get to full compliance (next 30–60 days):

You have two paths forward:

Option A: Genuine fix (closes the gap)

- Conduct a full review and update of the plan using the **business continuity and emergency preparedness policy** as a guide.
- Run a desktop simulation exercise based on a realistic scenario (e.g., "total loss of internet access for 4 hours").
- Use the **emergency activation and response** SOP during the test and document the outcomes, actions, and lessons learned in the **incident log** and **communications test log**.

Option B: Defensible interim (formalizes current arrangement)

- At a minimum, fully update the plan's contact details and critical system dependencies.
- Circulate the updated plan via email to all partners and the management team, requesting they confirm they have read and understood it.
- This is a weak interim step but is better than having a completely outdated plan.

If you choose to mark "yes" in eDEC, be prepared to defend:

Position you could take (if asked):

"We have a business continuity plan in place to manage access disruptions. The plan was fully reviewed and updated on [date of update this week], and its next scheduled test is on [date of scheduled test]."

Have on hand if questioned:

- The updated BCP document itself (showing the new version date).
- The calendar invitation for the scheduled desktop test.
- An email audit trail showing the plan was circulated to key staff.

Residual risk:

Medium until the plan is tested. A plan is only a document until it has been proven to work under pressure. The risk becomes low after a successful test.

Our recommendation:

Defensible IF you complete the update and schedule the test this week. To be fully confident, you must complete the test before your eDEC submission.

Regular Audits You Should Be Doing

- **Monthly:** Review appointment data against access targets (F2F %, 2-day urgent access, DNA rates).
 - **Monthly:** Spot-check the redirection log for a sample of 10 entries to ensure process is followed and decisions are safe.
 - **Quarterly:** Review online consultation demand, turnaround times, and outcomes.
 - **Quarterly:** Test one component of your business continuity plan (e.g., emergency call tree, backup internet).
 - **Quarterly:** Perform a "mystery shopper" check of your website and phone IVR to ensure access information is clear and correct.
 - **Annually:** Conduct a full desktop test of the **Business Continuity and Emergency Preparedness Policy**.
 - **Annually:** Review and re-ratify the **Appointment System Management Policy** with GP partners.
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How to Use This Report

- **Share and Assign:** Discuss this report with the Practice Manager, GP Partners, and Lead Nurse. Use the "Get to full compliance" sections to assign owners and deadlines in your practice action tracker.
 - **Focus on This Week:** Use the "Top 3 Quick Mitigations" as the agenda for your next team meeting to build immediate momentum.
 - **Prepare for eDEC:** Use the "Position you could take" and "Have on hand" sections to help draft your commentary for any areas you choose to mark 'yes' despite a gap. This is your defensive evidence file.
 - **Track Progress:** Revisit this report in 30 and 60 days to check progress against the action plan and re-evaluate your risk levels.
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Turn Your Action Plan Into Evidence

This report identifies your gaps and shows what "good" looks like. **Building the actual evidence pack** requires:

- **Compliance documentation** tailored to your practice
- **Task management** with clear owners and deadlines
- **Progress tracking** to stay inspection-ready

My Practice Manager provides all three.

Get started today: <https://app.mypracticemanager.co.uk>

Questions? Email us at contact@mypracticemanager.co.uk and our team will help you get set up.

Compliance Disclaimer

This gap analysis is based on the responses you supplied and is provided for general guidance. It does not replace legal, contractual, or professional advice. Confirm every action against NHS England requirements, ICB directives, and your local governance policies before implementation.