Bedfordshire & Hertfordshire Local Medical Committee Ltd

Working in partnership for excellence in General Practice

New NHSE Monitoring of Practice Access Data

- **Clinically Urgent Same Day Access**
- **Non-Clinically Urgent Patients Seen Within 7 and 14 days**

1st June 2026

What Does This Guidance Cover?

- An introduction to the new metrics
- Metric 1: Clinically Urgent Same Day Access
- Metric 2: Non-Clinically Urgent Patients Seen Within 7 and 14 days
- NHSE Mapping Codes that Sit Behind the Clinical System
- Mapping Clinical Triage

Introduction

From 1st April 2026 there are two new metrics NHSE will be measuring as part of their monitoring of general practice access. These metrics are:

- Clinically Urgent Same Day Access
- Non-Clinically Urgent Patients Seen Within 7 and 14 days

The NHSE guidance can be found here.

Please note that **neither of these metrics are contractual targets for practices this year**, but may become a specific contractual target within GMS in 2027/28.

Below we outline how each metric will be calculated and what (if any) target NHSE have set.

Metric 1: Clinically Urgent Same Day Access

The ICBs have been set a target by NHSE for practices to reach 90% of clinically urgent patients being seen on the same day by the end of March 2027. However, **this is not a contractual target for practices this year**, but will likely become a specific contractual target within GMS in 2027/28.

How will NHSE measure this?

The data will be pulled directly from practices' clinical systems as part of the General Practice Appointments Data (GPAD) dataset. We are aware that the ICB have written out to practices with their performance against this metric (although the data is likely to be a few months out of date).

NHSE have decided to use the mapping code "General Consultation – Acute" as the code to identify an appointment where it was deemed to be clinically urgent.

For all appointments coded as General Consultation – Acute, NHSE will calculate the practices percentage as follows:

$$\text{Practice Clinically Urgent Same Day Access \%} = \frac{\text{Number of appointments mapped to a national category of '\textbf{General Consultation - Acute}' which took place on the same day (time from booking to appointment)}}{\text{Total number of appointments mapped to a national category of '\textbf{General Consultation - Acute}'}} \times 100$$

What do we need to do as a Practice?

For the vast majority of practices, **this change does not mean that you need to do more work**, but it does mean that you need to look at the coding of your appointment slots to make sure they match what NHSE will be measuring.

Practices are already providing a significant amount of same day access for their patients. In February 2026, Beds & Herts practices collectively delivered 462,912 same day appointments (about 45% of all appointments delivered), however, only 125,587 were coded as General Consultation – Acute and therefore counted towards this target.

Some practices have no appointments coded as General Consultation – Acute, even though they are clearly seeing lots of same day appointments. Many practices code their same day appointments using the following mapping codes:

- General Consultation Routine
- Planned Clinics
- Unplanned Clinical Activity
- Walk In

Practices will need to review how their appointments are mapped (see guide to appointment book mapping below) and ensure that:

a. They are using the General Consultation – Acute code
b. That for clinically urgent patients they are seeing on the same day (i.e. the appointment takes place on the same day as the appointment is booked), the appointment is mapped to the General Consultation – Acute code.

Please remember, this isn't about doing more work, it is about making sure the work you are already doing is recognised.

Metric 2: Non-Clinically Urgent Patients Seen Within 7 and 14 days

How will NHSE measure this?

For this metric NHSE will be looking at the percentage of patients who are categorised as "non-clinically urgent" that are seen within 7 and 14 days.

While there are lots of mapping codes that could be classed as non-clinically urgent, NHSE will only be counting appointments that fall into the following two categories:

1. General Consultation Routine
2. Care Home Visit

NHSE have not set a target for the 7 and 14 day non-clinically urgent appointments metric. It is likely that they will gather the data over the course of 2026/27, with the aim of setting practices an 'improvement target' in 2027/28.

Therefore, practices should bear this in mind when considering any changes they make during 2026/27, as this data will likely form the baseline for future years.

Calculation for the 'within 7 days metric'

$$\text{Percentage of Non-Clinically Urgent that are seen within 7 days} = \frac{\text{Number of appointments mapped to a national category of '\textbf{General Consultation Routine}' \& '\textbf{Care Home Visit}' which took place within 7 days of booking}}{\text{Total number of appointments mapped to a national category of '\textbf{General Consultation Routine}' \& '\textbf{Care Home Visit}'}} \times 100$$

Calculation for the "within 14 days metric"

$$\text{Percentage of Non-Clinically Urgent that are seen within 14 days} = \frac{\text{Number of appointments mapped to a national category of '**General Consultation Routine**' \& '**Care Home Visit**' which took place within 14 days of booking}}{\text{Total number of appointments mapped to a national category of '**General Consultation Routine**' \& '**Care Home Visit**'}} \times 100$$

What do we need to do as a Practice?

As with the urgent on the day metric, for the vast majority of practices, **this change does not mean that you need to do more work**, but it does mean that you need to look at the coding of your appointment slots to make sure they match what NHSE will be measuring.

Practices need to ensure that their non-clinically urgent appointments are mapped in a way that will support this activity being captured correctly. The three following principles are worth bearing in mind:

1. If the patient is being seen on the day and you view them as clinically urgent, it should be mapped to the 'General Consultation – Acute' code (as this will support reaching the 90% urgent on the day target).
2. If the appointment is not deemed to be clinically urgent but routine, and will be seen within the next 7 or 14 days, then it should be mapped to 'General Consultation – Routine' for patients who live in their own home, or 'Care Home Visit' for those in a care home.
3. If the appointment is planned in advance, for things like chronic disease management, long term follow-up or a planned procedure, and therefore more than 14 days is likely to elapse between booking and the appointment taking place, it should not be booked into a slot mapped to 'General Consultation – Routine' or 'Care Home Visit', as this will negatively impact your routine appointments within 7 and 14 day metrics. Instead it should be mapped to one of the codes that will not be counted into these metrics, such as 'Planned Clinic'.

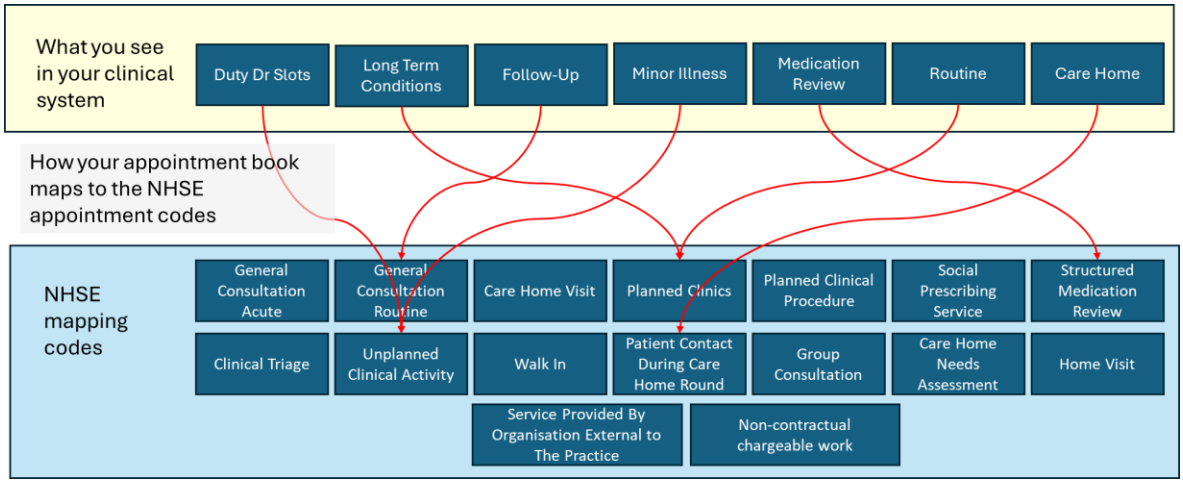
NHSE Mapping Codes that Sit Behind the Clinical System

Each practice is able to create its own set of appointment slots within the clinical system, dependent on the clinical model they are running. Every practice does this in a slightly different way. Some practices have descriptive names for their different slots (e.g. urgent, minor illness, pharmacist), while others use a more abstract system (e.g. having red, blue and green slots).

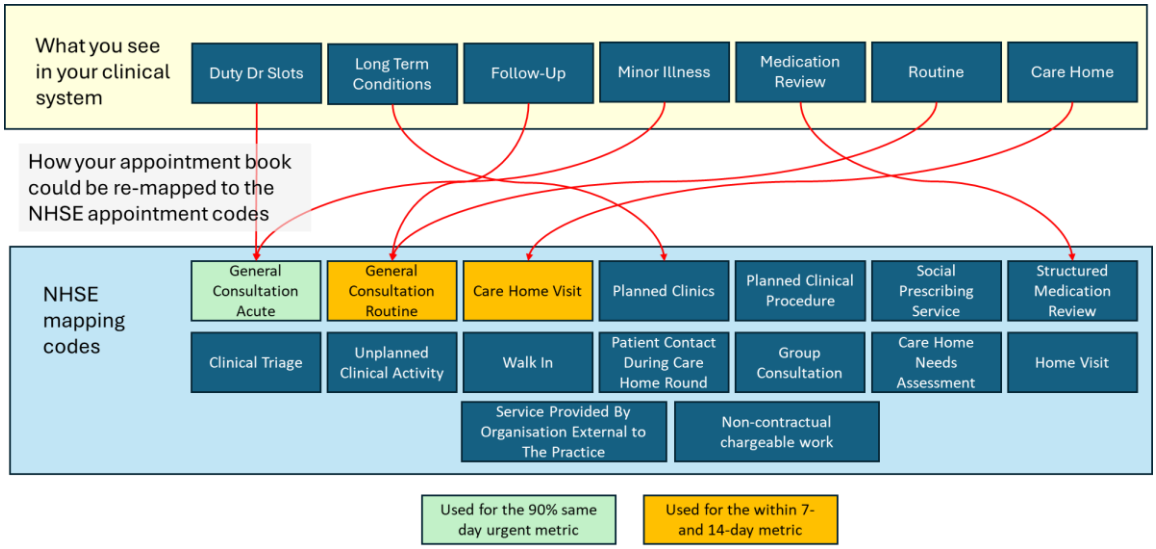
Regardless of the way the practice has designed its appointment book, each of those appointment slot types will be mapped to one of the NHSE appointment codes. All practices undertook a mapping exercise during covid, however, most practices have modified their appointment book during the intervening period, but not necessarily the mapping that sits behind their system. **It is good practice to review your mapping at regular intervals to ensure it is still fit for purpose, especially if you have made changes to the way your appointment book is managed.**

Below is an illustration of how a clinical system may be currently mapped to the NHSE appointment codes, and how the practice could remap its existing appointment book in order to help ensure that the mapping supports the new metrics.

Example of Existing Mapping



Example of Updated Mapping



Mapping Clinical Triage

One common issue practices are finding is how they should be mapping their clinical triage slots. There is no single right answer to this, as it is dependent on how the practice manages its triage process. Below we have outlined two possible ways practices use triage, but many practices may have a hybrid approach which encompasses bits of both methods.

Pure Triage. In a pure triage system, the person (or people) conducting the triage do not take any action to resolve the patient issues themselves but simply triage the patient's query/task to the most appropriate person. This is often the case for practices who have separated the roles of triage and duty doctor into two distinct roles.

In this case the triage slots should be mapped to the 'clinical triage' slot in the NHSE mapping. As the clinical triage appointment type is not included in either of new NHSE metrics, the activity going through these slots will not impact either of the metrics. If the patient is then consulted with by another member of the team post triage, this should be coded to the appropriate slot type (e.g. general consultation – routine, general consultation – acute, etc.).

Triage & Consultation. In this system, the person triaging may work to resolve the queries as they come in, for example, call a patient who has submitted an online consultation, to gather more information or give advice. They are therefore not just triaging patients but also consulting. This is often the case for practices where the roles of triage and duty doctor are done by the same person.

In this case, simply mapping all triage slots to the NHSE mapping code of "clinical triage" would mean that this activity would not be captured in the new metrics. A lot of this activity may be dealing with the urgent on the day activity, and if so, should be

mapped to General Consultation – Acute, so it counts towards the 90% urgent on the day metric.

For practices using a triage system like this, they will need to decide if patients are only coded into a slot once (e.g. general consultation – routine, general consultation – acute etc.) or are effectively coded into two slots, a triage appointment for the initial triage and then a second slot if they are consulted with by either the triaging doctor or another member of the team post triage. However, doing this will likely create an additional layer of bureaucracy.