NHS

Novel Coronavirus (COVID-19) standard operating procedure

Using the NHS Directory of Services to report general practice capacity

NHS England and NHS Improvement

Content

1. Summary

General

The NHS Directory of Services (DoS) provides real-time information to NHS 111, 111 Online and integrated urgent care (IUC). It enables signposting and supports the referrals process across the urgent and emergency care system.

DoS reporting provides intelligence on primary care capacity and any associated challenges. This information will in turn:

- support the COVID-19 primary care operating model and pandemic response
- provide oversight of service's capacity at a regional and national level
- require robust processes in place so that changes to DoS are reported
- enable service changes to be reviewed by commissioning teams and acted upon if required
- support (but not replace) commissioners' local escalation processes.

Key actions

Note: All reference to the 'commissioner' in this standard operating procedure (SOP) is referring to clinical commissioning groups, in the context of their joint or direct commissioning responsibilities for primary medical (general practice) services.
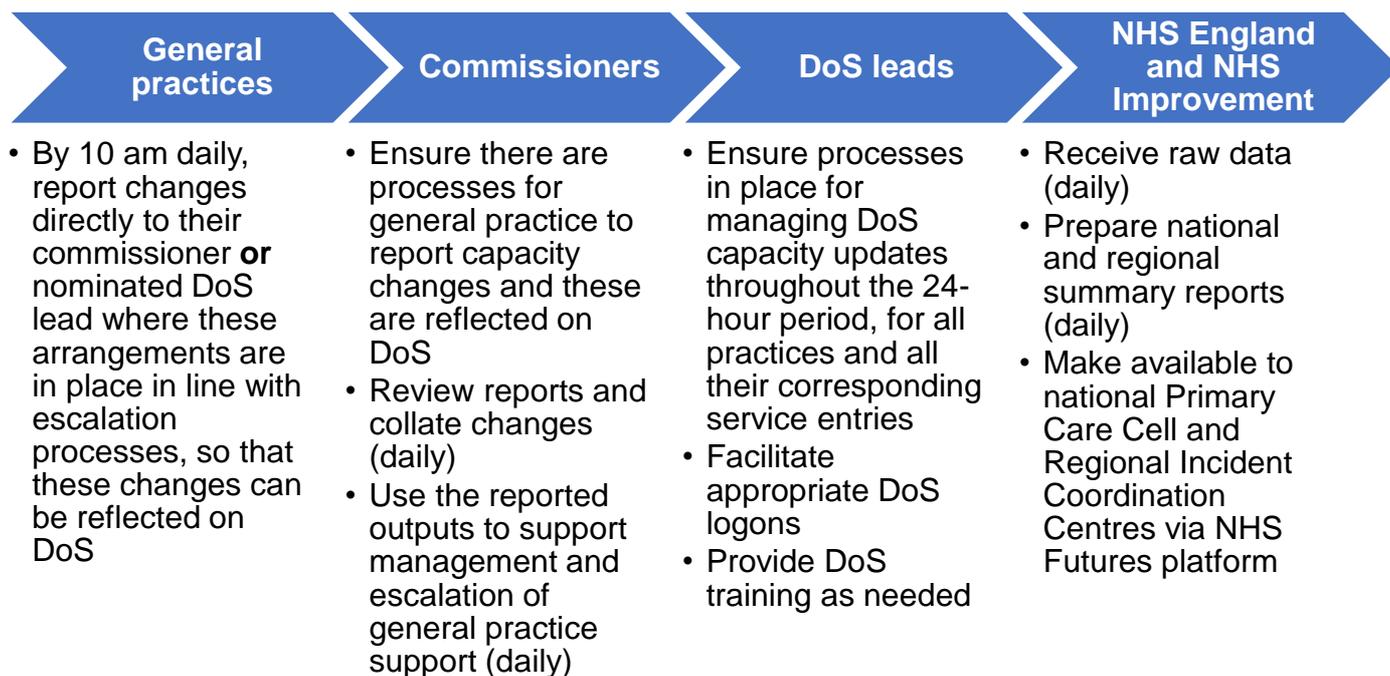
Commissioners should:

- implement the agreed approach as early as possible and by no later than 24 April 2020
- ensure prompt reporting of any capacity changes, eg by 12pm each day
- ensure action is taken (by the local DoS Lead) to provide responsible parties with DoS accounts and facilitate the required training to update the DoS system on line with local arrangements
- share with local medical committees (LMCs) the approach to facilitate service capacity updates.

From 27 April 2020, GP practices should:

- understand the approach to managing service capacity updates in their area
- report DoS capacity changes to their commissioner (or directly to their local DoS leads where this responsibility has been delegated) in line with the approach and any local escalation processes.

Reporting responsibilities: GP availability

General practices	Commissioners	DoS leads	NHS England and NHS Improvement
• By 10 am daily, report changes directly to their commissioner **or** nominated DoS lead where these arrangements are in place in line with escalation processes, so that these changes can be reflected on DoS	• Ensure there are processes for general practice to report capacity changes and these are reflected on DoS • Review reports and collate changes (daily) • Use the reported outputs to support management and escalation of general practice support (daily)	• Ensure processes in place for managing DoS capacity updates throughout the 24-hour period, for all practices and all their corresponding service entries • Facilitate appropriate DoS logons • Provide DoS training as needed	• Receive raw data (daily) • Prepare national and regional summary reports (daily) • Make available to national Primary Care Cell and Regional Incident Coordination Centres via NHS Futures platform

RAG definitions: updating temporary capacity changes

Red-amber-green (RAG) statuses (captured on DoS) indicate the capacity of the service and when the change would be used. In addition to this, reasons for a change in capacity are also listed below. The RAG definitions and scenarios for use in a general practice context are explained in Annex A.

RAG	DoS definitions
Green	Service has capacity available. The service can accept referrals and is likely to meet any disposition timeframe.
Amber	Service has limited capacity. The service can accept referrals but they are busy and may not be able to meet the disposition timeframe. Alternative services should be considered where possible.
Red	Service has no capacity. The service is not able to accept referrals or has run out of appointments. Services will not present as an option (apart from an emergency department in a catch all event).
	Services can also be suspended by changing the service status to show it is 'suspended'.

Suspended service status

Suspended should be for any DoS profile where the service is unavailable for a period of time, or until further notice, but is likely to be available again in the future.

This is likely to be used where a GP practice has closed as part of a planned (or unplanned) re-configuration, in response to local needs, eg to consolidate clinical resource in a single site to meet demand or workforce challenges.

Reasons for capacity amendment

The following information (DoS 'notes' field) captures the reasons for updating DoS RAG capacity status. This information is not currently made available to users when searching DoS but is captured as part of the reporting process to understand the reasons for RAG capacity changes.

Additional information can be provided as free text to indicate COVID-19 reasons. This may enable commissioners to use this data to identify GP practices to prioritise for future workforce testing/local resilience support, etc.

Reason for service status change/closure (copy and paste) including additional text eg 'COVID-19'	What this reason indicates
Technical	A problem with the IT service/clinical system
Training	A problem with the staff's ability to deliver the service due to a training or lack of awareness of the service issue
Significant demand	A significant increase or change in patient demand has led to problems in ability to deliver the service
Insufficient staff	A problem with staff availability to deliver the service NB Please indicate if staff self-isolating because of illness
Insufficient supplies	A problem with the staff's ability to deliver the service due to a lack of required supplies or equipment NB Please indicate if personal protective equipment (PPE) specific
Planned reconfiguration	A planned change to withdraw the service with alternative arrangements in place for registered patients as part of the COVID-19 response
Unplanned reconfiguration	An unplanned withdrawal of the service due to COVID-19 with alternative arrangements in place for registered patients
Force majeure	Unforeseeable circumstances that prevent the service from fulfilling the service specification (eg flooding, total power failure)
Withdrawn	Indicating some other unexplained reason for temporarily withdrawing from the service

2. Introduction

The challenges of the COVID-19 pandemic mean it is vital we measure acute pressures on capacity in primary care and have good information on where to direct patients. This will assist the NHS to:

- provide ongoing access to services for patients
- direct available staff resource and support to those providers who need most
- identify potential risks to the medicines supply chain
- plan for the impact on other parts of the health system

This standard operating procedure (SOP) has been developed to provide a consistent approach to the assessment and reporting of capacity in general practice on the Directory of Services. It sets out actions required from both commissioners and their GP practices to support daily exception reporting on capacity during the pandemic.

The principal aims are to:

- inform stakeholders of their responsibilities for reflecting service availability
- ensure the DoS is updated with any changes to general practice capacity, supporting implementation of the COVID-19 primary care operating model
- support (but not replace) commissioners' local escalation processes for general practices seeking support to manage the operational challenges of the pandemic
- provide oversight of general practice capacity at a regional and national level, supporting the pandemic response and doing so by using existing systems rather than introducing additional reporting burdens.

This guidance is applicable in England only.

3. Background

The NHS Directory of Services (DoS) is the central directory that is integrated with NHS Pathways and is the engine behind NHS 111 and 111 Online. It is automatically searched if a patient does not require an ambulance. The DoS supports clinicians, call handlers, commissioners and patients by providing real-time information about clinical services to support patients.

The COVID-19 primary care operating model is intended to help achieve three key aims.

1. Successful shielding of those identified as most at risk from complications of COVID-19 and actively managing their ongoing, often significant, health and care needs.

2. Supporting the rest of the population, including those suspected with COVID-19, by delivering primary care services, including those discharged from hospital.

3. Minimising health risks to GPs, practice staff and local multidisciplinary teams.

More detail on the primary care operating model can be found [here](#).

As detailed in the Integrated Urgent Care (IUC) Service Specification, it is a commissioner's responsibility to ensure that DoS is kept up to date.

General practice information is currently managed by DoS teams, in liaison with the provider and commissioner. Local DoS leads are kept informed on service availability and configure service provision for the area, so that the DoS identifies where treatment is available.

4. Capacity reporting

Capacity status updates

It is vitally important that DoS profiles accurately reflect the operating capacity of services. When operating-capacity is under pressure, the search return must change what is displayed to DoS users to appropriately direct patients.

This is achieved using the **capacity status tab**, where services can be set to Red/ Amber / Green RAG rating (see capacity status definitions below).

Service changes will be reviewed by commissioning teams and acted upon if required.

Commissioners may use reports on capacity status as a lead or lag indicator for escalation of support, supplementing any existing local processes. Failure to update capacity would result in:

- Patients being directed to a service which is unable to accept them and being misled that a service is available.
- Local commissioners assuming services are not impacted by staff shortages or increased patient demand.

The capacity updates process requires:

- A responsible person(s) with appropriate training and DoS access permissions:

  - Instructions must be given to manually update the DoS. A guide for updating capacity status directly on DoS is given in Annex A.

  - Changes would be made instantly rather than requiring any authorisation by the DoS Lead.

  - More than one responsible staff member is trained to update the DoS if required and staffing arrangements considered so that there is a member of staff available at any given time.

- Updates to be made throughout the 24/7 period as may apply. It will need to be considered who and how changes to services would be made on DoS outside of the office hours period. This may be by a Director-on-Call or other identified responsible person.

- Timely updates without delay so there is no to impact to patient care or safety. Changes should be made as soon as possible and then followed-up in accordance with local governance procedures.

Parties responsible for updating general practice capacity on DoS

While GP practices need to inform required changes to those responsible, it is not anticipated that staff at the practice would be enabled with DoS access to directly update the system. This is because of the number of practices that would require training and the risk involved in introducing new transactional burdens on practices at this time.

Instead it is suggested that updates are made by practices notifying commissioners, who then update the change on their behalf, where this is in place OR to a nominated DoS lead acting on behalf of practices, eg a GP Federation. This may be an addition to existing local processes, whereby timely updates are already being co-ordinated.

Once capacity issues are identified, responsible parties will need to update the DoS quickly using one of the following methods:

- The responsible person(s) updates DoS website directly where this system is already in place. This requires appropriate training and access permissions set up by the local DoS Lead.
- Updates requested via the local DoS Leads.
- The National DoS emergency telephone number **0300 0200 363** is available 24/7 to support if the user has trouble updating DoS. However, this should be on an exception basis, because this service does not have the capacity to make these changes across all primary care services.

Commissioners will discuss the intended process with Local Medical Committees (LMCs), taking account of existing local custom and processes, and the staff resource available to make updates for the area.

Commissioners should ensure the process (including who is responsible) for updating practice capacity status to the NHS England and NHS Improvement National DoS Team is agreed and in place on or before 24 April 2020.

Capacity status definitions

All services on DoS can currently be set to one of three RAG rated capacity levels. As a default the capacity level for each GP practice service is set at green.

The standard DoS definitions to apply to this RAG rating is detailed in the table below.

RAG	DoS Definitions
Green	Service has capacity available. The service can accept referrals and is likely to meet any disposition timeframe.
Amber	Service has limited capacity. The service can accept referrals, but they are busy and may not be able to meet the disposition timeframe. Alternative services should be considered where possible.
Red	Service has no capacity. The service is not able to accept referrals or has run out of appointments. Services will not present as an option (apart from an emergency department in a catch all event).
Services can also be suspended by changing the Services Status to show that it is 'suspended'.	

The triggers for changing the capacity status to amber or red may be supported by local escalation procedures for individual services. These may define circumstances where changes to a service's DoS capacity level are necessary.

Whilst changes to amber level may be necessary in view of challenges presented by the pandemic (and providing an accurate picture of a service and trigger escalation support), changes to red level should be made with caution as they prevent a service from presenting as an option on DoS. However, it is recognised pressures may quickly present during a pandemic.

Amber or red capacity levels will reset to green at the designated reset time within five working days to prevent services being permanently set to amber or red.

Service reconfigurations in response to COVID-19

It is recognised that as part of the local pandemic response, general practices may need to reconfigure services quickly to maximise use of available clinical resource to meet demand and consolidate workforce capacity/ availability.

This could see temporary GP practice closures (with CCG approval) so that services using available staff can continue to be delivered from another GP practice site. Status updates in such cases should be managed as follows:

Reconfiguration	Capacity status for period
Most if not all the original GP practice clinical profile remains separate from that of another GP practice, eg appointment booking is unchanged	**Green**
Most if not all their clinical profile now forms part of another GP practice service, eg appointment booking now through a nearby GP practice	**Red**

Changes should be made as soon as possible and then followed up in accordance with local governance procedures. Failure to do this would result in patients potentially being directed to a service which is unable to accept them.

Local governance and reporting arrangements

Appropriate governance procedures must be established (if not already in place) to plan and respond to when capacity updates or emergency changes are required. Plans should be shared with relevant stakeholders.

When a general practice identifies the need to change their service capacity status, they must notify those responsible for making the update in line with the approach confirmed by their commissioner.

The person making the capacity status change must seek assurances that appropriate local escalation procedures are being followed. Impact should be determined by considering alternative primary care services available to the patient. The decision to amend the DoS will be based on the local agreement and will be subject to correct level of authorisation.

Any changes to the DoS should be made in line with the locally agreed escalation process and operating model. Local escalation procedures should allow for this approval to be granted in a timely manner wherever possible.

An audit trail of any changes will be provided so that commissioners have an overall view of the changes made. This can be reviewed as per local governance arrangements and responded to as necessary.

National and regional reporting

A daily report will be produced directly from the DoS and will be available to commissioners/local resilience forums via the NHS Futures platform https://future.nhs.uk/connect.ti/system/userGroups. This will provide details of all RAG changes (including reasons) and list of 'inactive' services submitted in the previous 24 hours.

This information will also be reported to NHS England and NHS Improvement where the national analytical team will produce national and regional dashboard reporting to summarise RAG changes, number of inactive services and other relevant trend analysis. This will be published on the NHS Futures platform.

Further information

GP practices should contact their local commissioner in the first instance. Otherwise for technical queries on the Directory of Services, contact:

National NHS Directory of Services (DoS) team
NHS England and NHS Improvement
England.dos@nhs.net

Policy queries on this guidance document should be send to the national COVID-19 Primary Care Cell: england.cov-primary-care@nhs.net

Annex A: Guide to updating capacity status (RAG)

This guide explains how to directly update the NHS Directory of Services (DoS) to show capacity impact and reasons.

In emergency circumstances, colleagues who are unable to make these changes themselves can call the DoS emergency change number on 0300 0200 363.

Changes will be monitored by NHS England and NHS Improvement.

To temporarily update capacity status on DoS:

1) Go to https://www.directoryofservices.nhs.uk
2) Log in using account details (contact local DoS team for these details)
   Username xxxxx
   Password xxxxx
3) Your general practice service pages will be listed on the 'Home' page

4) Click on the DoS entry.
   Important: You will need to amend each DoS entry separately as follows:

5) Click on the 'Capacity Status' tab

6) Indicate 'status' using the relevant toggle button

7) The reset time allows the system to automatically revert the service at a desired time. The maximum reset time for the capacity status to default back to green is shown. Advise the reset time.

8) In the 'Notes' field indicate the following:

    1. Your name
    2. Name of the service provider manager who is authorising this closure
    3. Brief explanation for the service closure(s), as follows:
    4. Any other information which may be relevant

Reason for service status change/closure (copy and paste) including additional text, eg COVID-19	What this reason indicates
Technical	A problem with the IT service/clinical system
Training	A problem with the staff's ability to deliver the service due to a training or lack of awareness of the service issue
Significant demand	A significant increase or change in patient demand has led to problems in ability to deliver the service
Insufficient staff	A problem with staff availability to deliver the service NB Please indicate if staff self-isolating because of illness
Insufficient supplies	A problem with the staff's ability to deliver the service due to a lack of required supplies or equipment NB Please indicate if PPE specific
Planned reconfiguration	A planned change to withdraw the service with alternative arrangements in place for registered patients as part of the COVID-19 response
Unplanned reconfiguration	An unplanned withdrawal of the service due to COVID-19 with alternative arrangements in place for registered patients
Force majeure	Unforeseeable circumstances that prevent the service from fulfilling the Service Specification (e.g. flooding, total power failure)
Withdrawn	Indicating some other unexplained reason for temporarily withdrawing from the Service

9) You must enter the reset time and complete the notes field for the 'Save' button to become active. Click 'Save' and the record will be updated until the stipulated reset time, when it will revert to green.

10) Repeat for all services you wish to amend. You may need to go back to the services listed on the 'Home' tab.

You will need to update DoS again if capacity issues persist:

- If the closure is longer than indicated – redo the above process.
- If the closure is shorter than what you've previously indicated, the service will need to be manually reverted back to green.

Annex B: RAG status definitions

RAG	DoS definitions	How interpret for GP practice Updates	Example scenarios
Green	Service has capacity available. The service can accept referrals and is likely to meet any disposition timeframe.	**Important: Green is the default position** Practice is maintaining the delivery of services and is accepting appointments. This may include services operating with some reduced capacity or increased demands.	Infection surge is still manageable for the practice. There may be some staff sickness absence / isolation but again manageable (remote working mitigating/locum cover available). Clinical resource at practice may have expanded to accept patients from another site as part of local reconfiguration.
Amber	Service has limited capacity. The service can accept referrals, but they are busy and may not be able to meet the disposition timeframe. Alternative services should be considered where possible.	**Important: GP practice will still present as an option on the Directory of Services.** Practice is struggling to maintain service delivery. Appointments still available but with significantly increased waiting times. Performance/quality may now be significantly impacted.	Infection surge has significantly increased demands which the practice is struggling to meet and/or staffing significantly reduced due to sickness absence; with only limited clinical support via remote working. Locum cover not sufficient/available. PPE available but limited and impacting services that can be delivered with prioritising face-to-face services according to clinical need. Practice has exhausted its mitigating actions and additional support from PCN/commissioner may or may not have been anticipated and requested. Could be due to services reconfiguring into 'hot' and 'cold' sites or services being consolidated with another local provider to bolster resources.

Red	Service has no capacity. The service is not able to accept referrals or has run out of appointments. Services will not present as an option (apart from an emergency department in a catch all event).	**Important:** **GP practice does not present as an option on the Directory of Services.** Practice is not able to deliver services to patients and is not accepting any appointments currently (whether due to capacity or safety concerns or reconfiguration of services). Position is anticipated as temporary (< 5 days).	Practice currently has no clinical capacity to deliver services. Clinical capacity/escalation support may have been identified but not yet available. Challenges may have triggered plans to consolidate practice services through another local provider to maximise available resources in order to continue to deliver services to patients. Services or reconfigured service expects to be in place within the next five days.
Inactive	Service status is suspended	**Important:** **GP practice does not present as an option on the Directory of Services.** GP practice closures in excess of the five days with commissioner agreement.	Significant event / failure resulting in planned or unplanned closure. Planned closure may be part of the local service reconfiguration plan. It is unknown when service delivery will resume or is likely to go on longer than five days. Used to mitigate the risk that the service still needs to be closed after five days and would not be updated on DoS.