

GP Alert System (GPAS) FAQs

Here are some of the questions that have been raised so far;

Q1 – How easy it is to gather the number of contacts? Can it be done by a system search or is it manual?

A1 – Depending on how practices work, it might be possible to set up a standard search on Vision – an example that’s used in one practice is here [GPAS search.VisSrch](#) and practices may be able to tweak this to suit their position. In some cases manual counting may be needed if coding isn’t robust, but from our experience with the pilot this should only take a couple of minutes. A “Vision Clinical Recording Guidance” document is included in the Welcome pack.

Q2 - Are the contacts just related to GPs, or also additional staff such as paramedics, ANPs, nurses, etc?

A2 - We want to count all clinical contacts so we should include the wider practice staff too.

Q3 – If we telephone triage someone and then see them F2F the same day, how many contacts is this?

A3 – While we recognise that every practice will operate slightly differently, we would typically say that if it’s a short phone call followed by a F2F encounter, then possibly just count as one. But if it’s a more lengthy phone conversation and then it’s decided a F2F is needed, then this might warrant being counted as two.

Q4 - We sometimes encourage patients to accept an appointment later in the week as we don’t have enough staff on a Monday – should we count those that we put off to another day?

A4 - We should just capture the actual contact that happens on the Monday, so the telephone triage or similar (if appropriate).

Q5 - If some consultations happen off-site but are part of the daily workload e.g. CWIC in East Lothian, should these encounters be recorded in our practice Monday contacts?

A5 - If you’re able to identify which appointments had come directly through your practice or were for patients from your practice, yes these should be counted.

Q6 - If we’re recording the number of Monday contacts should we do this relative to the number of GPs/clinical sessions? If we’re including Duty Doctor this may be relevant as there’s often overspill?

A6 - The system is set up to just get the total data, the programme then works it out per population.

Q7 - Should practices with 2 sites submit 2 different sets of data?

A7 - It’s probably driven by how many clinical systems are involved – if both practices share the same clinical system then 1 return. If 2 separate clinical systems, then separate returns.

Q8 – Can I input our practice weekly return retrospectively?

A8 – No, the system is set to accept the data within a specific time window. Each week, the Monday data can be input at any point from the end of the Monday to the end of the Friday of that week. If you miss the submission window for any week, please don't input that missing week's data the following week, just move onto the next week.

Q9 - How long are we expecting this to run for?

A9 - We hope this will become an ongoing business as usual activity. The more data and evidence we can gather to support our cause and promote better investment in our services, the better.

Q10 – Where will the submission notifications and other system info for practices be sent?

A10 – The data return requests, reminders, Welcome packs and other GPAS data will be sent to both the PM's email address (as per EMIS and Vision distribution lists) and the clinical mailbox for each practice so that nothing is missed if the PM is off.

Q11 – Can I access the recording of the Launch call?

A11 – Yes, the call can be accessed via this link ;
https://us02web.zoom.us/rec/share/Ac1BgBLxjiccbE6G312v_jDPUDsZKhcJeB7uPp6d8062ZuJa4m1j1uNBXsWWxMU1.igFls7YY8OgOB87K?startTime=1662575605000 Passcode: x3xqkp=j