



Reference: FOI.ICB-2526/146

**Subject: GP and Choose and Book Data** 

I can confirm that the ICB does hold some of the information requested; please see responses below:

| QUESTION  | RESPONSE  |
|---|---|
| <ul> <li>a. How many Gp's currently work in BNSSG?</li> <li>b. How many are full time or part time?</li> <li>c. How many Gp's currently work on average on a daily basis, giving those who may work from home or surgery?</li> <li>d. How many Gp vacancies are there across BNSSG?</li> </ul>                | The data requested is available online here:  General practice data dashboards - NHS England Digital  |
| 2. Do you have a list that provides you with information as to when appointments are full i.e at 8am people ring their surgery only to be in a queue, and then get messages that all appointments have been allocated for that day at about 8.10am or 8.15am?   | No  |
| <ul> <li>i. In terms of 'choose and book'. Patients are given the details to make appointments. Across all directorates how many appointments are made available daily</li> <li>ii. And does the ICB hold a list of those patients who have been given choose and book, but are unable to make the</li> </ul> | <ul> <li>i. Provider data</li> <li>ii. No, patient referrals are automatically directed to the trust</li> <li>iii. Yes, as sent to preferred provider directly</li> <li>iv. Referral sent directly to preferred provider who take responsibility for managing appointment slot issues.</li> </ul> |





| iii. V<br>iv. V | appointments as the system says the list is now closed or ull?  Would they be shown on waiting list criteria?  What protocol is in place that they do not drop off the list only then to become an emergency patient? |  |
|-----------------|---|--|
|                 |   | In terms of capacity in the elective and diagnostic pathways in the BNSSG acute trusts:  |
|                 |   | BNSSG are actively involved in the national drive to expand GP use of Advice and Guidance from the acute hospital speciality teams, which allows care to continue within general practice rather than being referred into the acute hospitals, where this is appropriate. This helps increase capacity within the acute services, for those patients that need it. |
|                 | rms of the above, what plans does the ICB have to e capacity across the system?   | BNSSG are in the process of reviewing clinic templates, to ensure that clinics run optimally, which will optimise capacity through productivity and efficiency gains.  |
|                 |   | BNSSG acute hospitals are expanding the use of digital technologies, which include functions that allow patients to reschedule appointments if they are unable to attend and send text message reminders, therefore improving missed appointment rates and creating capacity for others to utilise.  |
|                 |   | PIFU (Patient initiated follow-up) is well established within BNSSG and is an area that supports capacity optimisation.  |





| In addition, there has been and continues to be a focus on     |
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| optimising estate and workforce capacity across the Trusts and |
| wider system.  |
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The information provided in this response is accurate as of 20 August 2025 and has been approved for release by Caroline Dawe, Deputy Director Performance and Delivery for NHS Bristol, North Somerset and South Gloucestershire ICB.