

4.4

General Medical Services (GMS) Access Forum and Access Questionnaire Data from QAIF Outcome

Presenter: Rhian Bond

PPPACAccessAugust20 FI

APPENDIX 1

APPENDIX 2



PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	27 August 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	General Medical Services Access Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Rhian Bond, Assistant Director of Primary Care

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Gwybodaeth/For Information

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

The General Medical Services (GMS) Contract changes, which came into force in September 2019, set new requirements on GP Practices under the Quality Assurance and Improvement Framework (QAIF) as well as placing additional responsibilities on Health Boards for the monitoring and reporting on accessibility to GP Practices.

Cefndir / Background

During the Red and Amber phase of the COVID-19 pandemic, normal GMS contract reporting has been suspended which has negated the need for GP Practices to provide quarterly updates as per the contractual requirements on their access position.

However, during this period, there was a further GMS Access Group meeting held on 14 May 2020, as well as the reporting of the Access QAIF achievement, the implementation of an Enhanced Service for Bank Holidays and the roll out of eConsult as part of the 2019/20 Pacesetter programme.

Asesiad / Assessment

Access QAIF achievement

The Access Standards were set out in two Groups; Group 1 which focussed on infrastructure and systems, and Group 2 focussing on understanding patient needs. For GP Practices who achieved all of the standards in both groups, a bonus payment of 25 points was awarded. 35 out of 48 GP Practices achieved all of the standards and the maximum points available. GP Practices were responsible for self-reporting their achievement against the indicator and in the spirit of the contract suspension there was no verification of achievement at Health Board level.

A 7 minute briefing is attached at *Appendix 1*, which sets out the criteria and achievement for Practices in Hywel Dda University Health Board (HDdUHB).

Bank Holiday Enhanced Service

Welsh Government (WG) issued a Directed Enhanced Service (DES), which was funded for the four day Easter weekend which was inclusive of two bank holidays. 31 GP Practices participated in the DES and whilst overall activity was fairly low, there was a general feeling that the commissioning of the DES had a positive effect on the overall access to services during the holiday period.

In consultation with the Dyfed Powys Local Medical Committee (LMC), it was agreed to convert the DES into a Local Enhanced Service (LES), with some minor amendments around staffing requirements and reporting, with a view to commissioning it for the first bank holiday in May prior to reviewing the uptake and activity. 20 GP Practices participated in the revised LES and as demand had not increased during this period, it was subsequently agreed with the LMC to not seek to commission the LES for the late May bank holiday. It was also recognised that as the numbers of patients contacting GP Practices during the pandemic were increasing, the further commissioning of the LES would add increasing pressure on the Practices.

eConsult

eConsult is an online consultation service that links patients to their own GP and allows them to submit consultation requests to their Practice. It also allows patients to access self-care, pharmacy, local self-referral service and appropriate signposting, without having to switch to a digital provider or register for additional services i.e. it is embedded within the Practice's existing website.

The eConsult project has been financed through Pacesetter. It was first piloted by a small number of GP Practices in North Ceredigion in late 2019, and was subsequently offered to all GP Practices in early 2020 (prior to COVID-19), fully funded by HDdUHB for the first year.

A 7 minute briefing is attached at *Appendix 2*, which sets out the criteria and achievement for Practices in HDdUHB.

Argymhelliad / Recommendation

PPPAC Members are asked to note the current contractual suspension which has negated the need for GP Practices to report in line with the contractual requirements, as well as noting the updates on GMS access in general.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference:
Cyfeirnod Cylch Gorchwyl y
Pwyllgor:

5.10 Ensure that best practice and national guidelines are adopted in service development plans and pathways.

5.13 On behalf of the Board, and subject to its direction and approval, develop and regularly review the performance management framework and reporting template, ensuring it includes meaningful, appropriate and integrated performance measures, timely performance data and clear commentary relating to the

	totality of the services for which the Board is responsible, including workforce performance matters.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	3. Effective Care 5.1 Timely Access
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. Improve the productivity and quality of our services using the principles of prudent health care and the opportunities to innovate and work with partners.
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2019-19	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Quality Assurance and Improvement Framework “Guidance for the GMS Contract Wales” 2019/20 Letter to GPs – GMS Contract Changes and Advice (17 th March 2020) Letter to the GP Profession – Recovery Plan June 2020 (5 th June 2020) GMS Contract Changes – Recovery Annex A
Rhestr Termiau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	GP Practices x 48 Access Forum Dyfed Powys Local Medical Committee (LMC)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Improved access for patients.

Ansawdd / Gofal Claf: Quality / Patient Care:	Improved access for patients. Improved patient experience.
Gweithlu: Workforce:	N/A
Risg: Risk:	N/A
Cyfreithiol: Legal:	Compliance with Welsh Language Standards
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

1

Background

In March 2019, the Minister for Health and Social Services made an announcement on access standards for GP Practices; which was subsequently considered as part of the GMS contract negotiations.

The standards are set out in the QAIF section of the contract changes and are optional for Practices to deliver.

The Access standards are set into two Groups; **Group 1** focussing on Infrastructure and Systems and **Group 2** Understanding Patient Needs (see full list of standards and their description on the reverse of this page).



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Access Standards as at 31st March 2020 Progress Report

2

What is the payment profile?

The Access domain comprises of 125 points.

Group 1	Less than 3 standards	= no payment (0 points)
	3 standards	= 60% payment (30 points)
	4 standards	= 80% payment (40 points)
	All standards in Group 1	= 100% payments (50 points)

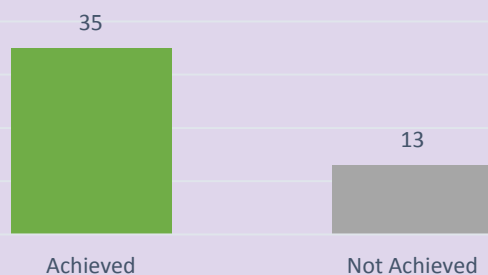
Group 2	Less than 3 standards	= no payment (0 points)
	3 standards	= 100% payment (50 points)

For those Practices that achieve all of Group 1 and Group 2 standards an additional **quality payment** of 25 points will be made:

7

Quality Payment

35 practices achieved all Standards in Group 1 and 2, and therefor achieved 25 bonus points.



3

Financial Achievement

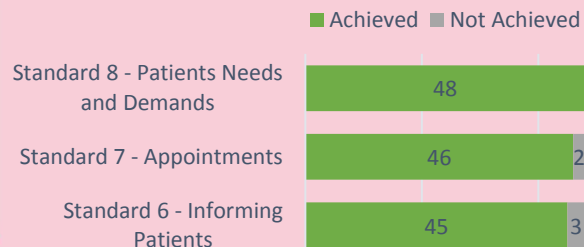
All 48 practices submitted a self-assessment in Hywel Dda. The total financial achievement for all practices was £965,363, broken downs as follows:

Group 1 Total	£396,409
Group 2 Total	£413,507
Bonus Achieved	£155,447

6

Group 2 Achievement

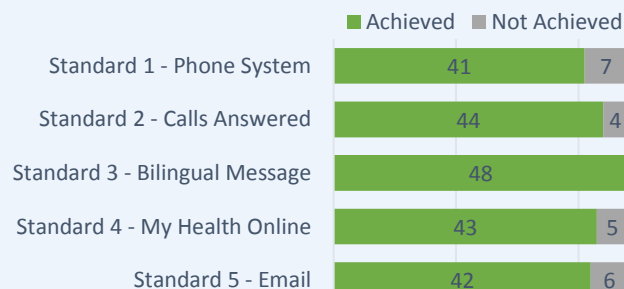
All 48 practices achieved standard 8 (Patients' Needs and Demands). Achievement of other standards in this group is as follows:



5

Group 1 Achievement

All 48 practices achieved standard 3 (Bilingual Message). Achievement of other standards in this group is as follows:



4

Payment Profile Achievement

Group 1 Achievement:

- 35 practices achieved all 5 standards, gaining 50 points
- 7 practices achieved 4 standards, gaining 40 points
- 4 practices achieved 3 standards, gaining 30 points
- 1 practice achieved 2 standards, gaining 0 points
- 1 practice achieve 1 standard, gaining 0 points

Group 2 Achievement:

- 44 practices achieved all 3 standards, gaining 50 points
- 3 practices achieved 2 standards, gaining 0 points
- 1 practice achieved 1 standard, gaining 0 points

Bonus Achieved:

- 35 practices the quality payment of 25 bonus points

Access Standards

<p>Standard 1 – Phone System (Group 1)</p> <p>Appropriate telephony and call handling systems are in place which support the needs of callers and avoids the need for people to call back multiple times. Systems also provide analysis data to the practice.</p> <ul style="list-style-type: none"> • A practice has a recording function for incoming and outgoing lines. • A practice has the ability to stack calls and are utilising this fully. • A practice can interrogate their phone systems and analyse the data provided. 	<p>Standard 2 – Calls Answered (Group 1)</p> <p>People receive a prompt response to their contact with a practice via telephone.</p> <ul style="list-style-type: none"> • 90% of calls are answered within 2 minutes of the recorded message ending. • Less than 20% of calls are abandoned 	<p>Standard 3 – Bilingual Message (Group 1)</p> <p>A practice has a recorded bilingual introductory message in place, which includes signposting to other local services and to emergency services for clearly identified life threatening conditions.</p> <ul style="list-style-type: none"> • A practice has a recorded bilingual introductory message that usually lasts no longer than 2 minutes.
<p>Standard 4 – My Health Online (Group 1)</p> <p>A practice has in place appropriate and accessible alternative methods of contact, including digital solutions such as SMS text messaging and email, as well as face-to-face.</p> <ul style="list-style-type: none"> • 25% of all pre-bookable appointments are bookable through a digital solution. This includes appointments with other healthcare professionals. • A practice offers access to repeat prescriptions through a digital solution. • A practice offers care homes access to repeat prescription ordering service through a digital solution. 	<p>Standard 5 – Email (Group 1)</p> <p>People are able to request a non-urgent consultation, including the option of a call back via email, subject to the necessary national governance arrangements being in place.</p> <ul style="list-style-type: none"> • A practice is contactable via email for patients to request non-urgent appointments or prescriptions. • A practice has in place the necessary governance arrangements for this process, which could include standardised and bilingual auto-responses. 	<p>Standard 6 – Informing Patients (Group 2)</p> <p>People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals. Practices will display information relating to these standards.</p> <ul style="list-style-type: none"> • A practice displays information on requesting a consultation in the surgery, in practice leaflets and on the practice website. • A practice publicises how people can request a consultation (urgent and routine). • A practice displays information on standards of access.
<p>Standard 7 – Appointments (Group 2)</p> <p>People receive a timely, coordinated and clinically appropriate response to their needs.</p> <ul style="list-style-type: none"> • Appropriate triaging (with relevant training undertaken) and appointment systems in place: • All children under 16 years of age with acute presentations are offered a same-day consultation. • People who are clinically triaged as requiring an urgent assessment are offered a same day consultation. • The offer of a pre-bookable consultation must be available and should routinely be within 2-3 weeks (could be up to 6 weeks in advance). • Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services. 	<p>Standard 8 – Patient Needs and Demands (Group 2)</p> <p>All practices have a clear understanding of patient needs and demands within their practice and how these can be met.</p> <ul style="list-style-type: none"> • An annual audit and subsequent plan to be discussed at cluster level and submitted to the health board. • Annual participation in the All Wales Patient Survey and reflection on findings. Discussion on findings and subsequent action plans to be held at a cluster level and shared with the health board. • A practice to undertake a demand and capacity audit on an annual basis. Findings are then to be considered. These will support the identification of how extended roles could support the delivery of care. • A practice participates in the annual All Wales Patient Survey and consider and act upon the findings. 	

1

What is eConsult?

eConsult is an online consultation service that links patients to their own GP and allows them to submit consultation requests to their practice. It also allows patients to access self-care, pharmacy, local self-referral service and appropriate signposting, without having to switch to a digital provider or register for additional services i.e. it is embedded within the practices existing website.

The eConsult project has been financed through Pacesetter. It was first piloted by a few practices in North Ceredigion in late 2019, and was subsequently offered to all practices in early 2020 (prior to COVID-19), fully funded by Hywel Dda for the first year.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board



Progress Report June 2020

2

How many practices use eConsult?

37 (77% of) practices are using eConsult across Hywel Dda. 11 practices (6 in Pembrokeshire and 5 in Carmarthenshire) either withdrawn or did not wish to participate.



7

What next?

Due to the withdrawal of two practices from this project, we have additional licences available to practices who may now wish to participate. Practices will be contacted to discuss options available to them.

There continues to be a significant differences in uptake between clusters, data will be shared with PCSMs and discussed to identify and understand the difference in uptake between practices.

eConsult offers clinical reviews i.e. asthma. The benefits of using these will be shared with practices.

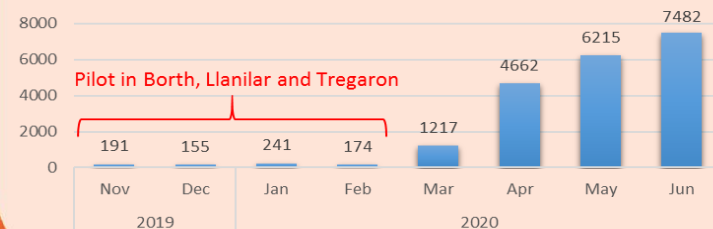
We will also contact clinicians and practice staff for their feedback.



3

How many visits has there been to eConsult?

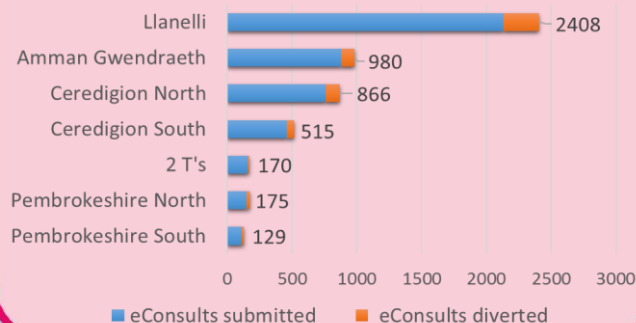
The number of patients visiting the eConsult platform continues to increase. In June 7,482 patients visited the eConsult platform. We may see a levelling off going forward.



6

Cluster analysis

Of the 5,243 consultations submitted in June, cluster volumes are as follows:



5

How many consultations were submitted?

Of the 4,652 online consultations that were submitted to the relevant practice (i.e. not diverted). 21% of queries were of an administrative nature (which is down from 34% reported to the end of April), 26% were seeking general advice and the remaining 54% were related to a specific concern (e.g. Earache, back pain etc.).

80% of online consultations are submitted during core hours (8am to 6pm, Monday to Friday).

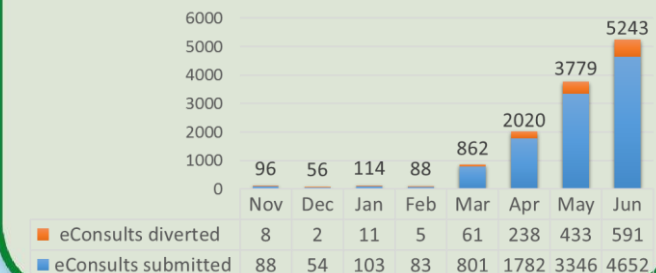
66% of online consultations are submitted for females.

Additional charts can be found on the reverse of this page.

4

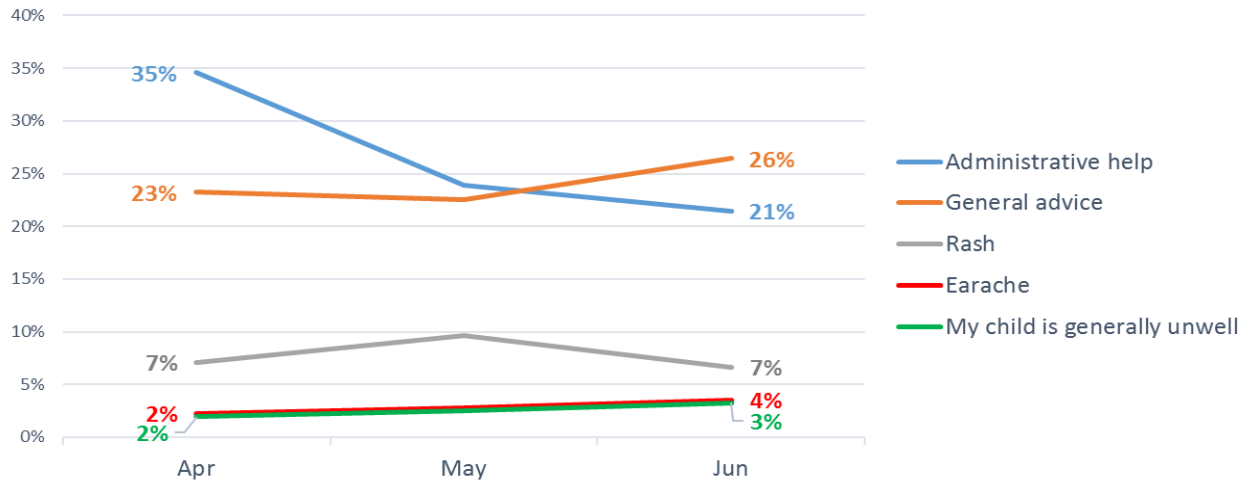
What activity resulted from those visits?

The number of patients visiting eConsult who then continue to submit an online consultation continues to increase. 5,243 patients submitted an online consultation in June. However, 591 of these were diverted to another service.



Further Analysis April – June 2020

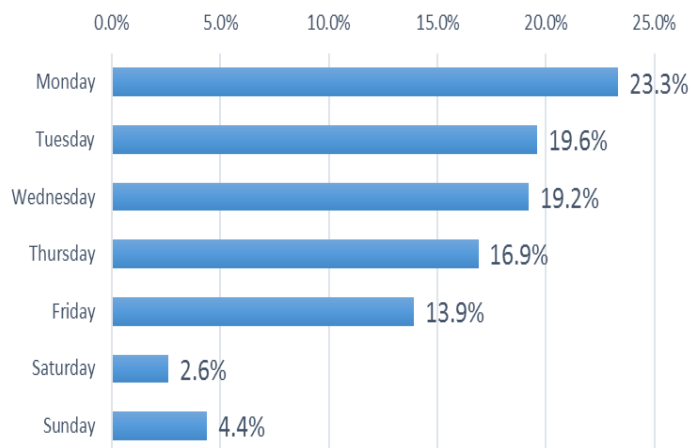
Reporting Condition - Top 5



On this chart we can see the top 5 conditions reported on eConsult from April to June 2020. We can see that more practices are using eConsult for clinical requests, as the administration requests have decreased from 35% in April to 21% in June.

Patients have used eConsult for 78 conditions over this timeframe.

Day of Submission



The chart to the left shows that the vast majority of eConsult's were submitted on weekdays. However, 7% of patients have used eConsult at the weekend.

The chart to the right shows at what time patients are submitting their eConsult. 20% of eConsult's are submitted outside of core hours (core hours are 8am – 6pm).

Time of Submission

