Reference:	FOI.21489.26
Subject:	General Medical Service (GMS) practices
Date of Request:	1 September 2026

Requested:

For the period 1st of April 2024 to the date of this request, I would be grateful if you could provide the following information in relation to GMS practices within your respective Health Boards:

1. The total number of complaints, concerns or other reports received by the Health Board relating to patient access to individual GMS practices within your health boards.

2. The number of individual GMS practices to which those complaints, concerns or reports related.

3. Of those practices, the number from which the Health Board subsequently sought additional formal assurance regarding patient access and/or adequacy of clinical cover.

4. The number of GMS practices that were subsequently required to provide copies of clinical staff rotas to the Health Board.

5. The number of GMS practices that were required to provide rotas identifying the individual clinicians operating at each practice site on each day.

6. The number of GMS practices that were required to provide an individual breakdown of their clinical workforce by post, professional role and WTE.

7. The number of GMS practices from which any of the information described at questions 4–6 was formally requested under Schedule 3, Part 8, paragraph 85 of the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023.

8. Copies of any policies, procedures, guidance, criteria or other recorded information used by the Health Board to determine when concerns regarding access or clinical cover require further assurance from a GMS practice, including when paragraph 85 is used to obtain such information.

9. Of the practices referred to in question 3, please provide the number of complaints/concerns relating to access received in respect of each practice before additional assurance was sought, using an anonymised practice identifier.

Where possible, I would be grateful if the information could distinguish between the number of concerns received and the number of individual practices concerned, as I am seeking to understand how frequently access concerns result in further formal assurance being sought from a practice.

I do not require patient information or the identity of any individual raising a concern. I am also content for practice identities to be anonymised where necessary.

If the information is held electronically, I would be grateful if numerical information could be provided in spreadsheet format where practicable.

Response:

1 - 7. Hywel Dda University Health Board (UHB) provides the requested numerical information within the attached Microsoft Excel Spreadsheet as requested, at Attachment 1.

8. The UHB adheres to the following written control documents (WCD) produced by Welsh Government (WG), to determine when concerns regarding access or clinical cover require further assurance from a GMS practice.

   - Unified contract assurance framework: health boards and practices | GOV.WALES
   - gms-access-commitment-guidance-2024-to-2025.pdf
   - Dealing with Concerns "PUTTING THINGS RIGHT" - An Information Leaflet for General Medical Practice in Wales. A copy of this leaflet has been provided at Attachment 2.
   - Putting Things Right, Raising a concern about the NHS in Wales. A copy of this booklet has been provided at Attachment 3.
   - Listening to People (LTP), The NHS Wales Complaints, Incidents and Redress Process. The new LTP complaints process was introduced on 1 April 2026 and has replaced the 'Putting Things Right' process. A copy of the LTP guidance has been provided at Attachment 4.

   Furthermore, the UHB also has a Primary Care Workforce Intelligence System (PCWIS) in place, which practices use to log their workforce data. Additionally, individual practices complete an annual return which is submitted to the Primary Care Information Portal, outlining compliance with a number of contractual requirements.

9. The UHB provides the requested numerical information within the attached Microsoft Excel Spreadsheet as requested, at Attachment 1.