

GMS Access Improvement

Organisation	Hywel Dda University Health Board	Date of Report	20 May 2025	Report Prepared By	Rhian Bond & Amanda Whiting
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In 2019 the GMS Access Standards put us on a path to improving access to GP services and ensuring consistency across Wales. The Standards aim to inform people what to expect when they need help or advice and what options are available to them. Achievement has increased year on year over the past 3 years and from 1 April 2023 maintaining these Phase 1 standards will become part of the core GMS contract.

We have continued to build on this approach: in April 2022, the GMS Access Commitment introduced a second phase of standards to ensure practices take a forward-looking and planned approach to managing patient need and take account of patient feedback in developing an action plan for improvement. The Access Commitment GP requires practices to adopt a blended model of access, offering a mix of remote, face-to-face, urgent, on-the-day and pre-bookable appointments, as determined by an assessment of clinical need.

Participation in the GMS Access Commitment is not mandatory for practices but carries up to 100 Quality and Improvement Framework points for achievement. Health Boards are responsible for verifying achievement and providing assurance to Welsh Government on progress with delivery of the Access Commitment. This template provides a structure for this assurance report.

Reporting Schedule: Progress is to be reported annually. This form is to be submitted on:

- 15 April 2025 (covering the period 1 April 2024 – 31 March 2025)

Completed form to be returned to: hss.performance@gov.wales

Progress with delivery of GMS Access Commitment: Phase 2 Access Standards:

Section 1: achievement of practice requirements		
Practice Requirement	Number of practices within the HB achieving this standard	Comments/ Further action taken
Service Delivery & Communication		
1. All existing patient facing staff to undertake the national care navigation training package and all new patient facing staff complete the national care navigation training package within 3 months of start date. Practices will	38 / 47	All Practices submitted details of the staff and the training date. Nine Practices have been asked to confirm staff start dates by 30 May 2025 for verification. Consideration could be given to building this requirement into future contractual guidance.

	supply names of new starters and date of training undertaken.		
2.	Appointments are available for advanced booking each day with declaration confirming that every patient contact is supported throughout the day. (Patients will be offered an appropriate consultation, whether urgently or through advanced booking consistent with the patient's assessed clinical need, without the need for the patients to contact the practice again).	46/47	Further evidence requested from one Practice.
3.	To maintain a planned and forward-looking approach to consultations, practices to undertake a regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable.	46/47	Further evidence requested from one Practice.
Patient Engagement			
4.	Practices must regularly maintain an automated and standardised public facing dashboard and make this available via a range of communication methods to meet the needs of their patients. (An Infographic will be made available via the PCIP for practices to use).	45/47	One Practice had Nov 24 data displayed and one Practice had Dec 24 data displayed. A contract breach process is in place. Practices will have been notified of their non achievement and the expectations of meeting contractual standards under the Regulations.

Section 1: achievement of practice requirements			
Practice Requirement		Number of practices within the HB achieving this standard	Comments/ Further action taken
5.	Practices to undertake the national patient experience survey which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods.	45/47	Two Practices did not achieve the minimum of 25 completed questions per 1000 registered patients.
Digital			
6.	Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.	47/47	
Section 2: Practice Reflective Reports – high-level summary of key findings and common themes under each of following sections:			
1.	Equality Impact Assessment	<p>Every Practice undertook an EqIA as part of the contractually required process. Some feedback was received about the availability of Welsh speaking staff at Practices, and some patients had made comments about access to car parking at GP Practices. Other issues included:</p> <ul style="list-style-type: none"> • Rural area meaning transport can be an issue • High demographic of elderly population • Digital exclusion a concern for the older patients • More online availability/digital inclusion required 	
2.	Patient Engagement	Every Practice has a process in place with the infographics displayed in a number of ways including Practice websites, social media and Practice waiting rooms.	
3.	National Patient Experience Survey	68% of Practices reported an improvement in patient satisfaction. All Practices used more than one method of making the survey available to patients with a paper version available at the Practice as well as an online method of accessing the survey. Practices have reported receiving an increase in digital responses.	
4.	Patient Survey Action Plan	Negative comments included patients wanting improved access to routine appointments and specifically face to face appointments. Continuity of care was also referenced across a number of Practices.	

		<p>Positive comments reflected on both clinical and non-clinical staff, with staff being considered, friendly and professional and patients reporting feeling well cared for.</p> <p>Some Practices reflected that despite a greater proportion of positive feedback and undertaking actions from the previous year's action plan there remain a small number of patients who report being dissatisfied with access.</p>
5.	Digital Requests	All Practices offer a range of digital access opportunities which are all subject to care navigation and had reflected on their patient experience feedback.
6.	Telephone System Intelligence	<p>All Practices had reflected on their telephone system intelligence although a number of them have actions in their action plans around reviewing the number of lines available, staffing at peak times etc based on the feedback received from patients.</p> <p>The “8am bottleneck” was still referenced by some patients in their patient experience survey feedback and Practices have reflected that their peak busiest times for telephone calls is between 8am – 10am.</p>