



**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	29 September 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Access to General Medical Services
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 Sicrwydd/For Assurance

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Improving access to General Medical Services (GMS) continues to remain a key priority for Welsh Government. Access Measures and Standards for the GMS contractual year 2021-22 have now been finalised through the Primary Care Information Portal.

This paper sets out a summary of the Access Standards end of year submissions made by GP Practices for 2021-22, summarises the position of current opening times and references the recent Access Survey undertaken by the Hywel Dda Community Health Council.

The paper also sets out the changes to the Access standards as per the outcome of the GMS Contract negotiations. It is important to note that, whilst Access remains a key priority, the Access standards are contained within the Quality Assurance and Improvement Framework (QAIF) which is not mandatory.

Cefndir / Background

Access Standards

The Access Commitment was introduced from 1st April 2022 as part of the GMS Contract negotiations, to demonstrate to the public what they can expect in terms of access from GP Practices.

1. A more planned and forward-looking approach, where contact is supported throughout the day to resolve the issues around the '8am bottleneck' and repeated attempts at contacting and/or obtaining a consultation or other help and support. The release of all appointments at 8am (or other narrow window of time) is no longer acceptable.
2. All practices must provide a telephony service (preferably Voice over Internet Protocol solutions or sufficient incoming and outgoing lines) that fully meets the needs of patients.
3. All practices must offer a digital means of access in addition to telephone and in-person. The digital platform is for non-urgent access and only necessary for use during core hours

It is important to note that the above form part of the high-level narrative supporting the Access commitment; however, there are no minimum standards agreed against which Health Boards can assess Practices.

In addition to the Access standards in QAIF, the Framework also includes a Quality Improvement project on demand and capacity data. This is a self-assessment with no data quality checks in place. Health Boards will have access to Cluster level data, and the Cluster will have individual Practice information made available to them.

Process

The nationally agreed contractual process for Access Standards 2021-22 Quarter 4 has been followed and a year-end submission screen was made available to all Practices within the Primary Care Information Portal (PCIP) for 31st March 2022 (Q4 year-end).

Practices had the ability to upload relevant evidence in relation to each standard by 29th April 2022 and the initial/preliminary results (points attained and associated payment) was made available for individual Practices and Local Health Boards (LHBs) to view. It is important to note that this is a voluntary self-assessment system and therefore there is no data quality assurance undertaken to verify the information provided by Practices, in line with the “light touch” spirit of the contractual agreement.

Following receipt of initial evidence submissions, Practice and LHB liaison was undertaken to agree any subsequent adjustments. During this period, Practices uploaded additional evidence to the PCIP which was subsequently reviewed by the Primary Care Team.

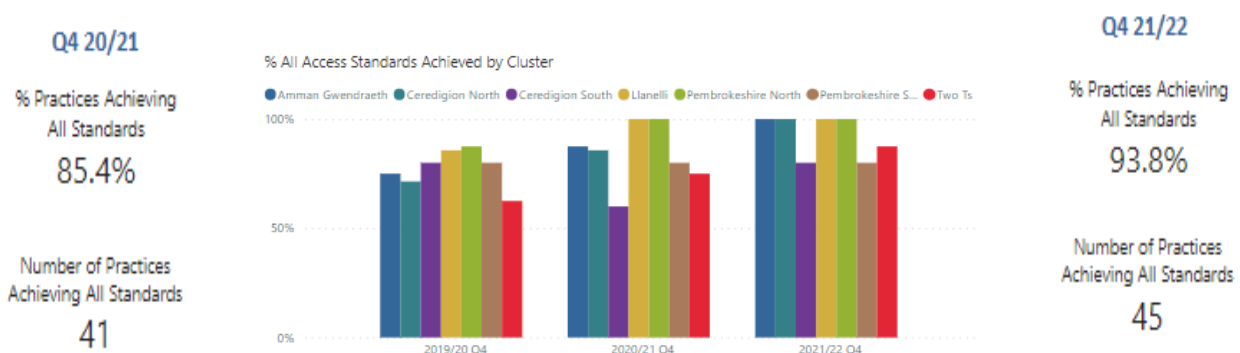
The Quarter 4 year-end submission screen within the PCIP was locked at 5pm on 8th June 2022, with the results being finalised at that point.

These results were submitted on 15th June 2022 to NWSSP (Contractor Services) to make Access Standards 2021-22 payment to General Practices.

Asesiad / Assessment

Access Standards

For GMS contractual year 2021-22, 93.8% of (45) Practices achieved all standards and the bonus, compared to 85.4% of (41) Practices in 2020-21. The breakdown by Cluster can be seen below.



Of the three Practices who did not achieve maximum points, one Practice in South Ceredigion did not achieve Group 1 / Standard 1, which is appropriate telephony and call handling systems being in place to support the needs of callers and avoids the need for people to call back multiple times (systems

must also provide analysis data to the Practice). Three questions were asked in relation to this Standard, only one was unmet by the Practice, being:

Standard 1	
Question	Answer
Does your phone system have a recording function for incoming and outgoing lines?	Yes
Does your phone system have the ability to stack calls?	No
Are you able to interrogate your telephone system to analyse data on calls?	Yes

Two Practices, one in South Pembrokeshire and one in Teifi Taf did not meet Group 1 / Standard 5, which is “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”. Two questions were asked in relation to this Standard, both unmet by the two Practices, being:

Standard 5	
Question	Answer
Can you confirm if your practice offers an email facility for patients to request non-urgent appointments or a call back?	No
Does the practice have the necessary governance arrangements in place for this process?	No

Within the agreed submission process, there was a two-week window where the Primary Care Team were required to review all the end of year submissions. The Primary Care Service Managers liaised with Practices where additional evidence was required to demonstrate the standard had been met. If this evidence was not available and/or forthcoming, then the standard was unmet.

Practices who submitted 100% of evidence required at first attempt – no additional work required	28
Practices where additional evidence was required	20

In the three Practices where standards have not been met, Practices will be supported to meet these Standards for 2022-23. This will be achieved by Primary Care Services Managers meeting with the Practices in the first instance to identify any barriers to delivery, agreeing an action plan and monitoring progress against this plan.

Open and Appointment Times

The analysis below provides an overview of all main site Practices.

Ref	Description	%	Yes	No
Open Times				
A	% open all day for daily core hours, (08:00 to 18:30, Monday to Friday)	35%	17	31
B	% open within one hour of daily core hours - no lunch closure	83%	40	8
C	% of hours Open per week ≥ 47.5	85%	41	7

D	% open after 9:00am any day	0%	0	48
E	% open after 8:00am any day	40%	19	29
F	% closed before 5:30pm any day	8%	4	44
G	% closed before 6:30pm any day	50%	24	24
H	% closed at Lunchtime any day	8%	44	4
Appointment Times				
I	% offering appointments at any time between 17:00 and 18:30 at least two week days	100%	48	0
J	% offering appointments before 08:30 at least two week mornings	25%	12	36
K	% offering appointments before 8:30am	29%	14	34
L	% offering appointments before 9:00am	81%	39	9
M	% offering appointments after 5pm	100%	48	0
N	% offering appointments after 5:30pm	83%	40	8
O	% offering appointments after 6pm	52%	25	23
P	% offering appointments after 6:30pm	8%	4	44
Q	Average appointment Hours per week	38:26		

Due to the Access standards being part of the QAIF, rather than being part of the core contractual terms, there is limited scope for Health Boards to contractually manage issues about concerns. Where there is evidence that the provision of essential services is not being met, then in line with the National Health Service (General Medical Contracts) (Wales) Regulations 2004, there is scope to serve a Practice a Remedial Notice. This sets out the terms of the identified contractual breach, along with the actions required within a defined timescale that need to be undertaken by the Practice to remedy the situation. Under the Regulations, there is a minimum timescale of 28 days from the issuing of the Remedial Notice to when the Practice is required to make the necessary changes to restore contractual compliance.

Community Health Council (CHC) Access Survey

Hywel Dda CHC undertook a survey of patients between September 2021 and March 2022; it is important to note that, during this time, Practices were reporting higher than average staff sickness rates due to the Omicron COVID-19 wave and therefore working practises were not always as Practices would want them to be.

Analysis and summary reports were provided for each County with the main issues identified summarised in the tale below, which have been discussed at each Cluster meeting, alongside a Health Board action plan. The key actions can be summarised as follows:

- Recommendation shared with Locality Leads for discussion with Practices during Cluster meetings
- Request to Head of Workforce Education & Development for support with identifying suitable training courses to address some of the staff/patient communication and relationship issues that the survey highlights.
- All Practices have been offered Care Navigation training in line with the GMS contract negotiations for 2022/23. Three Practices in North Ceredigion and one in Amman Gwendraeth did not participate.
- Recommendation on leaving messages to be shared with Locality Leads for further discussion with regards to clinical governance.

CHC Access Survey: Summary of Concerns by County

County	Issues identified
Carmarthenshire	<ul style="list-style-type: none"> • Choice to be provided on means of access e.g. telephone, F2F, video consult etc • To give an estimated time for patients waiting for a call back • Customer service training for receptionists • All Practices to use E-Consult • All Practices should offer advance booking for appointments
Ceredigion	<ul style="list-style-type: none"> • Pre-bookable follow up appointments should be made available when GP/Nurse requests • Customer service training for receptionists to include why they ask patients for detailed information • To give an estimated time for patients waiting for a call back • Equity of access across all Practices • Investment to be made for easy to navigate website that allows booking appointments and accessing results • Message and call back system to stop patients waiting for calls to be answered • More face to face appointments rather than telephone calls • All staff should listen and acknowledge patient concerns
Pembrokeshire	<ul style="list-style-type: none"> • Available routine bookable face to face appointments in all Practices • Customer service training for receptionists to include why they ask patients for detailed information • Receptionists shouldn't sign post patients to A&E when there are no appointments left unless in a life threatening emergency • Equity of access across all Practices • Investment to be made for easy to navigate website that allows booking appointments and accessing results • Ability to have video consultations and be able to pre-book them in advance • Pre-bookable follow up appointments should be made available when GP/Nurse requests

Concerns

During 2021/22 there were 18 concerns raised by patients with the Health Board around access to General Medical Services, five did not identify the GP Practice that they were raising a concern against.

County	Cluster	No. Concerns
Carmarthenshire	Amman Gwendraeth	
	Llanelli	1
	Teifi Taf (2Ts)	1
Pembrokeshire	North Pembs	1
	South Pembs	9
Ceredigion	North Ceredigion	
	South Ceredigion	1

Argymhelliad / Recommendation

The Board is asked to note and take assurance from the current position related to GMS Access and the work undertaken to continue to ensure that Access remains a key priority.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

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):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol:

Further Information:

Ar sail tystiolaeth: Evidence Base:	Contained within the body of the report
Rhestr Termiau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Not applicable

Effaith: (rhaid cwblhau)

Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	2021/22 Access Payments are made from GMS Budgets
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Ansawdd / Gofal Claf: Quality / Patient Care:	Improving access to General Medical Services (GMS) continues to remain a key priority for Welsh Government.
Gweithlu: Workforce:	GMS Independent Contractors remain responsible for their own workforce
Risg: Risk:	Health Board reputational risk if Access Standards are not met by Independent Contractors
Cyfreithiol: Legal:	Compliance with Access Standards is not a contractual obligation so no legal risk to non compliance
Enw Da: Reputational:	Health Board reputational risk if Access Standards are not met by Independent Contractors
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A