

Access to In-Hours GMS Services Standards

Guidance for the GMS Contract Wales

2019/20

Strategic Background

In June 2018, Welsh Government published *A Healthier Wales* the Welsh Government's long- term plan for health and social care, which sets out the aim to transform the way in which health care is planned and delivered, with a joined up and seamless approach as a central component.

Better access to GP services has been a goal in Wales for many years. Statistics published in March 2018 showed an improved trend over the last six years in relation to the availability of GP practice appointments during core opening hours, especially after 5:30pm. Results from the 2018-19 'National Survey for Wales 2018-19' show an increase in people's satisfaction with accessing GP services. However, 40% of people report that they find it difficult to make a convenient appointment to see their GP.

Improving access to services, delivered at or close to home, is a key strategic priority for Welsh Government and is central to the Primary Care Model for Wales. With a long and substantial history of media attention, ministerial correspondence and Assembly Questions around access, including the need for people to queue outside GP surgeries or to ring multiple times before their calls are answered, it is widely recognised that improvement in this area is needed. We hope to build on the positive results coming through in the National Survey to achieve this.

There are certainly age specific issues relating to access. The Old People's Commissioners report 2017 concluded that access varied across Wales, with some older people having good experiences of being to access a GP appointment, and others less so. The publication serves as a reminder to not lose sight of the needs of older people as work continues to further the *Taking Wales Forward* commitment "to continue to improve access to GP surgeries, making it easier to get an appointment".

Access plays a major role in the experience of a patient, with the ease, or indeed difficulty, of making an appointment being a key factor in how positively a patient will view the service. The Access Standards aim to build on existing good practice already in operation across Wales, and to provide practices with clear expectations to work towards.

With a clear need to better understand the barriers people face in accessing GP services, and to seek insight into what "good" looks like for the people of Wales, a number of strategic activities are underway to address the concerns raised by members of the public.

In 2018, Beaufort Research were commissioned to explore the results of the 2017-18 National Survey by carrying out more in-depth research with participants. Welsh Government will consider the recommendations to inform future targeted action in this area. Securing improvement to access to services has also been a key consideration throughout the GMS Contract Reform Programme for 2019-20.

Outside of this process, officials have also been tasked with looking at how improvement can be expedited in order to secure the rapid changes needed.

On 20 March 2019, the Minister for Health and Social Services announced the Access to In-Hours GMS Services Standards. Underpinned by clear measurables, expected achievements by March 2021 and supported by a delivery milestone under the Primary Care Model for Wales, the Standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering.

A set of national standards, informed by good practice, is a marked shift from the historical approach that improving access is simply a matter for individual GPs to address. Emphasis is placed on the role of the public and the health board in order to secure improvements in this area, alongside the role of the GP. The Standards serve to build awareness in the public domain around what people can expect from their practice, and create a baseline of service quality from which we can work over time.

It is also important to recognise the role of the public in making the right choice when seeking help and advice. A cultural shift is also required to recognise that a GP, or the GP surgery, is not always the most appropriate professional or location for the issue.

The Standards set out within this guidance will be developed over time and will assist practices in terms of setting out what 'good' access looks like. Support will also be offered through the GMS contract and via health boards to enable practices to make the necessary changes and achieve the level of service required.

Strategic Programme for Primary Care

The Primary Care Model for Wales sets out our agreed approach to health and well-being in Wales. The model focusses on informing people of the wider options available to them in order to stay as healthy and as well as possible, in line with *A Healthier Wales*.

We want a greater understanding of the environment and lifestyle of individuals to ensure that every opportunity is taken to maximise their health and wellbeing. Further, it is important to anticipate people's health needs and intervene before those needs become urgent. Under the model, we expect professionals to work together to provide people with a range of ways to access the right care and support, close to, or even in their home. This means that professionals such as GPs, pharmacists, physiotherapists, social workers and people working in the voluntary sector need to work together to assess, plan and deliver services for their population. However, it also means that individuals and communities are required to take responsibility for their own health and wellbeing. Careful consideration of how patients can be empowered and equipped to do so is required.

In order to work in this way, and to ensure that services are joined up and provided in a seamless and timely manner across the community, there is a need for individuals' information to be shared appropriately. Modern technology, local facilities and services can all be used to help people lead healthy lives and to support those who need care.

The local adoption and adaptation of the Primary Care Model for Wales, in line with the national delivery milestones set by the Welsh Government, is now the strategy for achieving accessible and sustainable care.

Health boards are working with GP practices, services offering care out of hours, and other local services to ensure that they have effective systems which direct people to the right source of help quickly. This includes signposting people to other local services, including non-clinical services. People who need clinical care are triaged, so that the most urgent needs are prioritised.

The National Director for Primary Care has established a Strategic Programme, designed to support the local implementation of the model. Priorities for action include prevention, a 24/7 service, the multi-professional workforce, data and digital technology, communication and engagement, and the reform of the national Primary Care contracts. Work streams based around the key priorities have been identified as follows;

- Prevention and Wellbeing
- 24/7 Service Model
- Workforce and OD
- Data and Digital
- Communication and Engagement
- Transformation and the Vision for Clusters

More information on the Strategic Programme can be found at:

<http://www.primarycareone.wales.nhs.uk/sitesplus/documents/1191/Strategic%20Programme%20for%20Primary%20Care.pdf>

Communication and Engagement

In order to support the introduction of the Access Standards, there is an intention to hold a national event. Consideration is being given to the format and timing of this.

The Communications and Engagement workstream for the Strategic Programme for Primary Care are currently developing a detailed delivery plan to support the first phase of the communication strategy. Where appropriate, the work stream will ensure the Access Standards are reflected in public-facing communications.

The delivery of Primary Care communications will include a national narrative and a communications toolkit for health boards to adapt and use locally to enhance any existing health board-led communications. A range of communication materials are being considered, alongside audience needs. All materials will include information on the range of Primary Care services available to individuals, and encourage patients to consider alternatives to a GP appointment.

An ongoing review of the existing *Choose Well* campaign will look at how best to coordinate a range of similar messages to the same audience groups. Consideration will also be given to how best to engage key frontline staff, such as receptionists, call handlers and alternative providers, in order to ensure the first patient contact with the service is positive and reassuring, and that patients are signposted appropriately.

Role of the Health Board

As part of optimising access in General Practice, the health boards will continue to work with practices in order to improve access and increase the capacity in GMS Services.

The introduction of the Access Standards serves to further align the role of the Health Board with that of the GP practice in ensuring the public have better access to GMS services (when this is the most appropriate care for their needs).

The health board will have a supportive role in assisting practices with achievement of the standards, alongside its responsibility for reporting on performance to Welsh Government and signing off on Access Standards achievement claims submitted by practices, which will then be paid through QAIF.

Achievement measures for each standard are included in the Access Standards table. The Digital & Data work stream of the Strategic Programme for Primary Care is looking at the data standards of these measures to ensure consistent reporting across Wales. Support will be provided to practices to undertake Quality Improvement Projects to improve access and achievement of the standards set out by the Minister for Health and Social Services on 20 March 2019.

Significant investment has been made available through the GMS contract agreement for 2019-20 to support practices in working towards these standards and as payments where practices are already delivering and meeting the standards.

All Health boards are expected to establish an “Access Forum,” which will review and monitor performance against the Standards, share best practice, and assist with the development of good access initiatives through clusters.

Health boards should ensure appropriate representation of the following on their Access Forum:

- Divisional Director for Primary Care and Community Services
Division/General Manager.
- Deputy Medical Director/Primary Care Clinical Director
- Head of Primary Care/Senior Primary Care Manager
- Cluster Lead
- Locality Manager or equivalent
- LMC Representative
- CHC Representative
- Co-opted members as and when required

The Forum will be required to report to the appropriate leadership group within the individual health board. Updates are to be provided at Executive and Board level on a quarterly basis. Assessment of performance against the Access Standards will

routinely feature at quarterly Quality & Delivery meetings, where the executive team will feedback on Access Standards achievements and ongoing progress.

Access Standards – Group 1

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
I	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.	Practices have the appropriate telephony systems in place to support the needs of people's needs and avoid the need to call back multiple times. Practices will check that they are handling calls in this way.	<p>A planned two year programme of implementation of appropriate systems resulting in:</p> <ul style="list-style-type: none"> • 100% of practices have a recording function for incoming and outgoing lines. • 100% of practices have the ability to stack calls and are utilising this fully. • 100% of practices interrogate their phone systems and analyse the data provided. 	<p>Patients will not be required to ring back multiple times in order to make contact with a practice and will experience an improved telephone service.</p> <p>Practices will be able to interrogate and analyse data in relation to telephony systems.</p>
II	People receive a prompt response to their contact with a practice via telephone.	People receive a prompt response to their contact with a GP practice via telephone.	<p>90% of calls are answered within 2 minutes of the recorded message ending.</p> <p>Less than 20% of calls are abandoned (REPORTED BUT NOT MONITORED)</p> <p>Data to be taken from analysis capability of telephony system.</p>	<p>A reduction in patient waiting times on telephone lines. No patient should need to ring multiple times in order to make contact with a practice.</p>

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
III	All practices have a recorded bilingual introductory message in place, which includes signposting to other local services and to emergency services for clearly identified life threatening conditions.	People receive bilingual information on local and emergency services when contacting a practice.	100% of practices to have recorded bilingual introductory message that usually lasts no longer than 2 minutes. (A national standardised message will be developed with the option of local development.)	Patients are able to be signposted quickly and appropriately without the need to speak directly with the practice. This will reduce the demand on telephone lines and the need for appointments.
IV	Practices have 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.	People can use a range of options to contact their GP practice and to make an appointment.	<p>By end of March 2021:</p> <p>25% of all pre-bookable appointments are bookable through a digital solution (e.g. MHOL). This includes appointments with other healthcare professionals.</p> <p>100% of practices offer access to repeat prescriptions through a digital solution (e.g. MHOL).</p> <p>100% of practices offer care homes access to repeat prescription ordering service through a digital solution.</p> <p>Targets to be reviewed on an annual basis with increases applied through</p>	<p>Patients are able to contact their GP practice through a range of communication methods that suits their needs.</p> <p>Improved digital access to GMS Services.</p> <p>Reduction in demand for telephone and face-to-face contact at the practice.</p>

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
			negotiated agreement.	
V	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.	People are able to email a practice to request a non-urgent consultation or a call back.	<p>100% of practices are contactable via email for patients to request non-urgent appointments or prescriptions.</p> <p>Practices have in place the necessary governance arrangements for this process, which could include standardised and bilingual auto-responses.</p>	<p>Patients are able to contact their GP practice through a range of communication methods that suits their needs.</p> <p>Patients will receive an improved digital access offer.</p>

Access Standards – Group 2

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
VI	<p>People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals.</p> <p>Practices will display information relating to these standards.</p>	<p>People are able to access information on how to get help and advice.</p>	<p>Practices display information on requesting a consultation in the surgery, in practice leaflets and on the practice website.</p> <p>100% of practices publicise how people can request a consultation (urgent and routine).</p> <p>100% of practices display information on standards of access.</p>	<p>Patients are aware of the different ways in which to book an appointment, and don't have to be in the practice to access important information.</p>
VII	<p>People receive a timely, co-ordinated and clinically appropriate response to their needs.</p>	<p>People receive the right care at the right time in a joined up way that is based on their needs.</p>	<p>Appropriate care navigation and triaging (with relevant training undertaken) and appointment systems in place:</p> <p>All children under 16</p>	<p>Patients receive the right care at the right time.</p> <p>Patients understand why they are being asked triaging questions and know that the</p>

			<p>years of age with acute presentations are offered a same-day consultation.</p> <p>URGENT – people who are clinically triaged as requiring an urgent assessment are offered a same day consultation (could be face to face, telephone, video call or a home visit).</p> <p>PRE-BOOKABLE – the offer of a pre-bookable consultation must be available and should routinely be within 2-3 weeks. However, it could be available up to 6 weeks in advance.</p> <p>Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services.</p>	<p>appointment they receive will be within a reasonable timescale.</p>
VIII	All practices have a clear understanding of patient needs and demands within their practice and	Practices understand the needs of their patients and use this information to anticipate the	An annual audit and subsequent plan to be discussed at cluster	Practices are more aware of their patients' needs and wants, and

	<p>how these can be met.</p>	<p>demand on its services.</p>	<p>level and submitted to the health board.</p> <p>Annual participation in a 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.</p> <p>100% of practices 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.</p> <p>100% of practices participate in an annual Patient Survey and consider and act upon the findings.</p>	<p>actively make changes to act upon these.</p> <p>Patients feel their voices are heard and the service they receive meets their needs.</p>
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Group 1 – Infrastructure and Systems

As part of the 2019-20 GMS contract, an investment of £3.7 million has been made available via Global Sum. This is to support practices in securing and implementing the necessary infrastructure in order to achieve the standards within Group 1, with a particular focus on telephony. The future allocation of this investment, which will be linked to specific activity, will be considered during negotiations.

One of the main concerns heard from the public when talking about access is the difficulty in contacting a practice for help and advice. Appointment systems vary across Wales with telephone, face to face, online and 'drop-in' all being options. Clearly, there is no single appointment system that will work universally on a national basis and practices should develop systems based on the needs of their own patients. However, in order to address the rising concerns of the public with regards to difficulty in contacting a practice, there baseline expectations need to be set.

I. Appropriate telephony and call handling systems are in place, which support the needs of callers and avoid the need for people to call back multiple times. These systems will also provide analysis data to the practice.

There are varying systems in place across Wales and practices have the autonomy to make their own business decisions regarding the procurement of systems and kit. However, it is anticipated that, in order to meet this standard, a significant number of practices will need to procure a new telephony system with the functions set out in the Standards, as a minimum.

Practices will need to make independent decisions on the procurement of any equipment. When making this decision, practices should consider how the system would assist with the achievement of the Standards as a whole.

As a minimum, we would expect to see telephony systems with the following functionality:

- Call queuing/stacking
- Recording function for incoming and outgoing lines
- Ability for recorded messages
- Call analysis and reporting

We recognise the requirement for a planned programme of implementation, which will include training for frontline staff. The level of support required will vary across practices, with some already having invested in the necessary systems and having a notably improved access offering.

Whilst it is accepted that factors such as staffing levels or call volumes can affect the efficiency of any call system, having appropriate telephony systems with effective call handling functionality could reduce patient waiting times and the need for

multiple calls. These systems will also provide data to the practice to assist with demand and capacity consideration and planning, and enable practices to better identify peak times of need. The range of data required should be considered when procuring any new system.

Expected Achievements (by March 2021)

- 100% of practices have a recording function for incoming and outgoing lines;
- 100% of practices have and use the ability to stack calls;
- 100% of practices are interrogating phone systems and analysing the data provided to inform service delivery and workforce planning.

II. People receive a prompt response to their contact with a practice via telephone

There is evidence and examples from people across Wales around the difficulty in contacting a practice via telephone, including significant waits on hold, the need to ring multiple times in order to get through, and experiencing a continued engaged line. In some areas, this has been shown to create distrust of the telephone system in patients, who then seek to queue outside the premises in order to be seen. It is accepted that, whilst queuing outside can, and does, suit some patient groups, for the majority it is not acceptable. This is especially true for vulnerable groups, such as the elderly.

Expected Achievements (by March 2021)

There is a strong link between the efficiency and the capability of telephony systems. Therefore, for some practices, achievement of this standard will be dependent on having the necessary systems and trained workforce in place.

By the end of March 2021, we would expect to see:

- 90% of calls answered within 2 minutes of the end of the recorded message;
- Less than 20% of calls abandoned*.

*call abandonment rates can signify both positive and negative developments. For example, as the public's understanding and confidence in wider Primary Care professions increases, coupled with appropriate signposting in recorded messages, patients may opt to end a call and seek appropriate care elsewhere. However, high levels of call abandonment could also suggest poor systems. Therefore, it is important to continue to report on this measure, but practices will not be held to account over performance.

III. Practices have in place a recorded bilingual introductory message, which includes signposting to other local services and emergency services for clearly defined life threatening conditions.

The Primary Care Model for Wales aims to achieve accessible and sustainable care with a focus on informed citizens who are supported to self-care. A core component of the model is the telephone first/clinical triage system, which encourages people to call first and to be directed to the right source of help for their needs.

Many requests for help and advice can be responded to promptly over the telephone. On some occasions, people may be able to receive more suitable care from professionals outside of the GP practice, such as pharmacists, therapists, dentists, audiologists, optometrists, social workers and people providing non-clinical care and support.

As part of the GMS contract for 2018/19, a commitment was made to standardise the Out of Hours (OOH) wording across practices in Wales. Bilingual messaging is also to be made available nationally. Taking this further, by March 2021 we would expect;

By March 2021 we expect:

- 100% practices to have an introductory bilingual message that includes signposting to relevant national services, local services and emergency services. This would usually last no longer than 2 minutes.

We would expect standard 3 to be achieved by end of March 2020 as a bilingual transcript will be provided. As such, it is expected that standard 3 be one of the three, four or five standards achieved when making any claim for payment under Group 1.

A national bilingual standardised message will be made available, with the option of local development in order to signpost to specific localised services.

Whilst not a measure initially, we would like to see progress made towards this type of signposting and bilingual information being provided at first point of contact, regardless of the initial contact method (e.g. face-to-face and digitally).

IV. Practices have in place appropriate and accessible alternative methods of contact, including digital solutions, SMS text messaging, email and face-to-face.

There should be flexibility in the way that the public are able to make contact with a GP practice. Patients should be able to contact their GP practice in a way that best suits their needs, such as via telephone, digital solutions, email, or face-to-face. As patients' needs will vary, practices should assess the needs of their patients in determining the methods of contact made available. Factors such as disability, impairment, or indeed physical access, should also be considered.

Alternative methods of contact can offer substantial benefits for patients and practices, particularly those patients with specific needs that make telephone contact at a specific time of day difficult. Where patients are able to make an appointment via

email or digital, there is likely to be a reduced need for telephone contact within set time parameters, thus freeing up the telephone system for those wishing to use that method of contact. The use of text messaging for appointment reminders and two-way text messaging is encouraged, and has shown to reduce DNA rates.

There is a range of products available which help to offer digital access to appointments. For example, within GMS is *My Health Online*, which is a patient facing website providing a degree of self-service for the patient. *My Health Online* is actively used across 90% of GP practices in Wales, with over 222,000 patients registered for the service. However, the number of practices offering the ability to book appointments online is much lower. Maximising the use of *My Health Online* is a deliverable of the Digital and Data work stream of the Strategic Programme. The practice should consider the needs of its patients in determining what product would best meet those needs.

Expected Achievements (by March 2021)

By the end of March 2021, we would expect to see:

- 25% of all pre-bookable appointments are bookable through a digital solution (e.g. MHOL). This includes appointments with other healthcare professionals within the surgery.
- 100% of practices offer access to repeat prescriptions through a digital solution (e.g. MHOL).
- 100% of practices offer care homes access to repeat prescription ordering service through a digital solution.
- Targets to be reviewed on an annual basis with increases applied through agreement in negotiations.

V. People are able to use email to request a non-urgent consultation or call back.

Patients should be able to contact their GP practice through a range of communication methods that suit their needs. Evidence suggests that a proportion of people would like to be able to contact their GP practice via email or digitally to arrange a non-urgent appointment, call-back or prescription.

There are practices across Wales which already utilise technology, e.g. E-Consult, to offer a digital service and have improved access to appropriate services. For other practices, this Standard may involve the setting up of an email function. This function is to be and is to include a standardised, bilingual auto-reply that conveys similar messaging to that of the telephone services, states the availability of the service, and also reinforces that that the service is for non-urgent issues only.

Expected Achievements (by March 2021)

By the end of March 2021, we would expect to see;

- 100% of practices are contactable via email/digital tool for patients to request routine (non-urgent) appointments or call-backs.
- Practices have in place the necessary governance arrangements for this process, which could include a standardised and bilingual auto-response and the transfer of information into the patient medical record. (This is subject to a national framework being put in place, which can be adapted at a local level where required).

*Achievement of this standard is subject to national governance arrangements around the use of e-mail being in place. Welsh Government will instruct the appropriate organisation to undertake work in developing this. Until then, practices will not be held to account over this standard and payment will be made against it on the assumption that achievement will be made at a future date.

Group 2 – Understanding patient needs

VI. People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals, as well as the level of service they can expect from their practice.

Practices will be responsible for ensuring that information relating to these Standards is displayed. The information should be displayed in a number of different ways; as a minimum, it should be displayed in practice leaflets and on practice websites. Practices will also be responsible for ensuring patients are aware of their opening times, and ways in which they can book a consultation. The different types of appointments (urgent and pre-bookable) should be shown in order for the public to familiarise and educate themselves and to ensure that they book the right appointment. People shouldn't have to physically visit the practice to access this information, it should be available on the practice website.

Expected Achievements (by March 2021)

- Practices display information on requesting a consultation in the surgery, in practice leaflets and on the practice website;
- 100% of practices publicise how people can request a consultation (urgent/soon and planned/routine);
- 100% of practices display information on standards of access.

VII. People receive a timely, co-ordinated and clinically appropriate response to their needs.

There is significant evidence to suggest that the public are positive about the Primary Care Model for Wales, but have a negative perception about their response being

clinically appropriate. There is concern amongst the public that it might take longer to get an appointment, as they have to explain their reason for calling to call handlers, and then again to the GP. There is also uncertainty over how qualified the call handler is and sometimes a concern that this person could miss a serious illness.

Work is underway to develop standardised in-hours messaging to assist with patient perceptions of the role of care navigation and the assistance this offers them in accessing the right care for their needs. More consideration will be given to any further work to increase patient understanding of why they are being asked questions, that the advice they receive is appropriate and that the appointment that they receive will be within a reasonable timescale with the appropriate practitioner.

Patients also need to know that they will receive the right care at the right time in a joined up way which is based on their presenting needs. Health Boards are required to facilitate the sharing of the learning from the experience of GP OOHs triaging to assist with public understanding of the triaging model.

Expected Achievements (by March 2021)

- Appropriate care navigation (with relevant training undertaken), triaging and appointment systems in place:
- All children under 16 years of age with acute presentations are offered a same day consultation, which could include options other than face-to-face.
- Pre-bookable consultations – the offer of a pre-bookable consultation should routinely be offered within 2-3 weeks, but could be available up to 6 weeks in advance.
- Active signposting for appropriate queries to alternative cluster based, health board wide and national services.

VIII. All practices have a clear understanding of patient needs and demands within their practices and how these can be met.

The Older People's Commissioner's Report 2017 found that practices didn't understand the needs of patients within their practice, and should be more aware of their patient's needs and wants, and actively make changes to act upon these.

Patients need to feel that their voices are heard, and the services that they receive meet their needs.

The practice should use this information to anticipate demands on its services. All practices have a clear understanding of patient needs and demands within their practices and how these can be met.

Practices understand the needs their patients and use this information to anticipate the demand on their services.

Demand and capacity analysis, consideration of which is being led by the Workforce work stream of the Strategic Programme, will be considered through clusters. Consideration is being given to a range of tools and support available.

Expected Achievements (by March 2021)

- All practices to undertake an annual demand and capacity audit. Subsequent plan and findings to be discussed at cluster level and submitted to the health board to support the identification of how extended roles could support the delivery of care.
- Annual participation in a Patient Survey and reflection on findings. Discussion and action plans on findings to be held at a cluster level and shared with the health board.

Payment Arrangements

Access achievement, verification and payment

Access is a new domain within the new Quality Assurance and Improvement Framework (QAIF). Achievement of the Access Standards will, however, not be assessed at the end of the QAIF cycle, which runs from 1 October to 30 September each year. The achievement of the published Standards, as highlighted in the detail above, will be assessed each financial year basis. Therefore, contractors must submit evidence in line with the requirements set out for each indicator to support their Access achievement by 31 March. Health boards will work to verify the achievement claim and confirm acceptance or otherwise within 6 weeks of this date. Health boards will authorise this Access achievement and make arrangements for payment to be made to the contractor by 30 June.

The QAIF points in respect of the Access Standards are valued at the amount set out in the Statement of Financial Entitlement in force at the time of achievement, i.e. 31 March. The points awarded to a contractor for achievement of the Access indicators are for an average practice, i.e. a contractor with a registered patient list size equal to the mean average for a Welsh contractor. Achievement payment will be calculated using the contractors registered patient list size at 1 January against the mean average of contractor registered patients also taken at 1 January.

The standards have been separated into two groups. Each Access Standard is a QAIF indicator; they have been grouped as follows:

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% payment (50 points)

Standard 3 relating to bilingual introductory messaging must be one of the achieved standards in order to receive any payment outlined above.

Group 2

Practices will be required to undertake all three standards in order to receive payment.

Quality Payment

A quality payment of 25 points will be awarded to a contractor for achievement of all Group 1 and Group 2 Standards.

Summary of Standards

	No. of Standards to achieve	Standards Achieved by 31 March	Points
Group 1 Investment of £3.7 million has been paid into Global Sum for 2019-20 to support practices in securing and implementing the necessary infrastructure to achieve the standards within this group, with a particular focus on telephony. Future allocation of this funding will be considered through negotiations.	5	3	30
		4	40
		5	50
Group 2 Practices will be required to undertake all three standards in order to receive payment.	3		50
Achievement Quality Payment A bonus of 25 points will be awarded to a contractor for achievement of all Group 1 and Group 2 Standards.			25