

Access to In-Hours GMS Services Standards

Amended Supplementary Guidance 2021/22

Background

The Access to In-Hours GMS Services Standards were introduced by the Minister for Health and Social Services on 20 March 2019. The Standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering.

It has always been important to recognise the role of the public in making the right choice when seeking help and advice. A cultural shift has been required to recognise that a GP, or the GP practice, is not always the most appropriate professional or location for the issue. Health boards have supported practices in adopting the principles of the Primary Care Model for Wales based around triage and signposting to ensure patients are seen by the right person at the right time in the right place.

The Standards have been amended from the initial 2019/20 guidance (<https://gov.wales/general-medical-services-gms-contract-2019-2020-access-gp-services>) to take account of changes in working practice necessitated by the Covid-19 pandemic. Further amendments have now been made to reflect the GMS contract agreement between Welsh Government, NHS Wales and GPC Wales of 1 December 2021.

We have seen significant improvements during the first and second phase of Access Standards, with high levels of achievement across Wales. We will continue to monitor this positive progress with current Access Standards remaining in place until end of March 2022.

With agreement reached for an Access Commitment from April 2022, new guidance will be developed and will be provided to all practices ahead of 1 April 2022.

Agreed Amendments to indicators to be assessed at 31 March 2022

- **Standard 2 – 2 minute telephone response**
Practices will not be assessed on their achievement of Standard 2 with achievement assumed and counting towards Group 1 payments (min. of 3 in order for payment to be made). However, similar to the approach taken with call abandonment, ongoing reporting against this measure will be required to inform understanding of system pressures.
- **Standard 8 – Demand and Capacity and Patient Satisfaction**
Practices will not be assessed on their achievement of Standard 8, with achievement assumed and counting towards Group 2 payments.

Please note that whilst Standard 8 has been relaxed within the Access Standards, updated Quality Assurance and Improvement Framework guidance for 2021-22 onwards will be published as soon as possible.

The GP collaborative requirements of QAIF (information on demand and capacity planning to be undertaken, CND015W) are to be completed by 30 September 2022.

Reporting Requirements

Practices are required to report quarterly to health boards against the standards using the Access reporting tool developed by DHCW. The functionality of the tool has been developed to assist the provision of evidence for year-end achievement purposes. The functionality does not allow evidence submitted throughout the year to be stored until the end of year submission, therefore evidence is only required to be submitted for the year-end achievement (31 March 2022). This will be used by Health Boards for verification purposes.

Funding

	No of standards to achieve	Points
Group 1 If less than 2 standards (in addition to automatic achievement of standard 2) are achieved in this group then no payment is achieved.	2 3 4	30 40 50
Group 2 Practices will be required to complete both standards in this group to achieve payment.		50
Achievement Payment A 25 bonus payment will be awarded to a practice for achievement of all Group 1 and Group 2 standards.		25

An amended table of the standards and measure can be found below;

Access Standards 2020/21

Group 1

#	STANDARD	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2022
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.	<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.
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.	100% of practices to have recorded bilingual introductory message that usually lasts no longer than 2 minutes. (Standardised message to include Covid local messaging to explain cluster solutions).
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.	<p>By end of March 2022:</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>
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.	<p>100% of practices are contactable via a digital package for patients to request non-urgent appointments or call backs. (For example; Email, E-Consult, Ask my GP)</p> <p>Practices have in place the necessary governance arrangements for this process, which could include standardised and bilingual auto-responses.</p>

Group 2

#	STANDARD	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2022
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>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>
VII	<p>People receive a timely, co-ordinated and clinically appropriate response to their needs.</p>	<p>Appropriate care navigation and triaging (with relevant training undertaken) and appointment systems in place:</p> <p>All children under 16 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>Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services.</p>