

Supplementary Guidance Note

Access Commitment 2022/23



Llywodraeth Cymru
Welsh Government

Introduction

The [GMS access commitment guidance](#) was published on 6 May 2022. This note provides a template for practices to use in order to submit their reflective report and provides additional clarity around the guidance.

Phase 1

The GMS access standards introduced in April 2019, will remain as pre-qualifiers for participation in phase 2 of the standards and to qualify for the QAIF Access Standard payment for 2022/23.

All practices are expected to achieve, maintain and embed those working practices in order to make any claim for achievement of the phase 2 standards. Achievement of these pre-qualifiers should be within the first 2 quarters. **Any practices who have not achieved all pre-qualifiers listed in phase 1 by the end of quarter 2 will be unable to move on, and report achievement on Phase 2.**

Practices will be required to report quarterly and will need to be prepared to supply evidence at the end of the year via the PCIP Access Reporting Tool.

Phase 2

HEIW are working on a National Care Navigation Package, and we would expect this to be made available to practices by the Summer, the evidence required for this standard [Standard 1] is that all new patient facing staff complete the training package within 3 months of it being made available to practices. Practices will need to supply names of new starters, start date and date of training undertaken.

Further clarity on evidence required for the Reflective Report is outlined below.

Reflective Report

The reflective report must include all sub-headings as listed below. Practices will be expected to discuss the report at collaborative level. The report must be completed and uploaded to the PCIP Access Reporting Tool on or before 31 March 2023.

Practice Name	
W Code	
Date	

Equality Impact Assessment

- Practices will need to evidence a review of population and access needs. Further guidance is available at annex a to support practices with this.
- Following the completion of the National Patient Experience Survey, reviewing patient digital requests and utilising telephone system intelligence will enable Practices to review population and access needs and undertake an Equality Impact Assessment to include any proposed changes to access. The Equality Impact Assessment needs to link in with the practices post survey action plan.

Patient Engagement

- Practices will need to confirm how they have made the public facing dashboard available to their patients which could include social media and how often it is updated to ensure information is up to date and/or what processes are used to decide that an update is required (e.g. discussion at practice meeting etc.)

National Patient Experience Survey

N.B. It is important that practices undertake the survey at a point which allows time to summarise the findings, create an action plan and evidence improvements.

Practices will need to evidence.

- National patient experience survey has been undertaken (which should include 25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods) [Standard 5]

- Practices will need to evidence how they have considered / reflected on the results of the national patient survey (at practice and collaborative level) and demonstrate any resulting changes, including how they have been implemented and communicated to patients.

Patient Survey Action Plan

- Practices will need to evidence their action plan in this section of the report.

Digital Requests

Practices will need to evidence.

- Care navigation is undertaken on digital requests in a similar and equitable fashion to telephone requests [Standard 6].
- Patients are able to access the practice digitally and that the practice has reflected on patient experience of using this method.

Telephone System Intelligence

Practices will need to evidence.

- 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) [Standard 2].
- A regular assessment of their scheduling appointment system to ensure a mix of remote, face to face, urgent, on the day and pre-bookable. [Standard 3].

URGENT is defined as those 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).

PRE-BOOKABLE is defined as an offer of an appointment which should routinely be within 2-3 weeks. However, it could be available up to 6 weeks in advance.

- Call demand comparisons, and a brief summary of intelligence taken from their telephone system, as practices fully implement the access commitment, they may see changes in demand at 8am, as more people may ring throughout the day.