



Llywodraeth Cymru
Welsh Government

Guidance for the GMS Contract

Access Commitment

2022/23

April 2022

2021-22 GMS Contract Agreement

The GMS Contract agreement for 2021-22 included the following details for an Access Commitment to be introduced from 1 April 2022.

- All patients telephoning the practice have their calls received by a standard recorded message, and subsequently calls are answered and care navigation undertaken. Where clinically appropriate, patients may be signposted to another appropriate service.
- Where access to a service is clinically appropriate and patients require access to GMS services, they 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.
- Available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. A more planned and forward looking approach should be taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day.
- 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.
- Longer term work is underway with a view to identifying a national solution to the ongoing provision of digital tools, with tools for GP practices forming part of that. In the interim, Health Boards will be encouraged make digital tools available or to support practices in securing these, to ensure all practices offer a digital means of access, in addition to telephone and in person. The digital platform is for non-urgent access and only to be used during core hours.
- Practices will be required to take a more open and transparent approach, through an automated and standardised public facing dashboard, to the sharing of information and reporting, at a practice or cluster level, on GMS activity. The approach to this will be enabled via the Data Project with support from HBs and DHCW.

The Access Standards have 2 phases;

Phase 1 - The GMS access standards introduced in April 2019, will remain as pre-qualifiers. 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.

Phase 2 – The reflective phase, this allows practices time to reflect, listen to patient experience and make improvements to access.

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 quality 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. Practices will be required to report quarterly, and be prepared to supply evidence via the PCIP Access Reporting Tool.

1. Does your telephone system have a recording function for incoming and outgoing lines?
2. Does your telephone system have the ability to stack calls?
3. Are you able to interrogate your telephony system to analyse data on calls?
4. Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes?
5. Can you confirm if your practice offers patients and care homes access to order repeat prescriptions through a digital solution?
6. Can you confirm if your practice offers a digital method for patients to request non-urgent appointments or a call back?
7. Does your practice have the necessary governance arrangements in place for this process?
8. Can you confirm that your practice publicises information for patients on how to request an urgent, routine and advanced consultation?
9. Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?
10. Can you confirm that your practice displays information on the Access Standards?
11. Does your practice offer same day consultation for children under 16 with acute presentations?
12. Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?
13. Does your practice offer pre-bookable appointments?
14. Does your practice actively signpost to alternative cluster based services, health board wide and national services?

Phase 2 of Access Standards

SERVICE DELIVERY & COMMUNICATION

- Where access to a service is clinically appropriate and patients require access to GMS services, they 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.
- All patients telephoning the practice have their calls received by a standard recorded message, and subsequently calls are answered and care navigation undertaken. Where clinically appropriate, patients may be signposted to another appropriate service.
- Available appointments must be a mix of remote, face to face, urgent, on the day and pre-bookable to reflect the blended model of access, as determined by the practice in discussion with the patient. A more planned and forward looking approach should be taken to the scheduling of appointments throughout the day, or for future dates, meaning it is no longer acceptable for all appointments to be released at 8am for that day.

PATIENT ENGAGEMENT

- Practices will be required to take a more open and transparent approach, through an automated and standardised public facing dashboard, to the sharing of information and reporting, at a practice or cluster level, on GMS activity. The approach to this will be enabled via the Data Project with support from HBs and DHCW.
- All practices have a clear understanding of patient needs and demands within their practices and how these can be met.

DIGITAL

- 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.
- The digital platform is for non-urgent access and only to be used during core hours.

PRACTICE REQUIREMENT

Practices will be required to report quarterly and be prepared to supply evidence (which could include but is not limited to practice's appointment system, patient experience survey outcomes and up to date data infographics) via the PCIP Access Reporting Tool.

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 [if virtual course is available from HEIW]. Practices will 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).
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.

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).
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.

Digital

6. Practices undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.

40 points for achievement of all of the above.

Reflective Report

Practices are required to produce a reflective report. As a minimum, the report should include;

- An Equality Impact Assessment to review population and access needs. National guidance will be produced to support practices with this.
- Utilise results of the national patient experience survey to develop an action plan which will demonstrate how practices plan to move forward with implementing and communicating change effectively.
- That they have reflected on patient experience and can demonstrate improvements made, improvements made are to be discussed at collaborative level.
- Intelligence from their telephone system to show how they have interrogated the data, and evidence call demand comparisons.

60 points (annex a includes further detail on the report requirements)

QI Project

The access commitment sits alongside the activity QI project. The output of the QI project will help inform practices to regularly assess their scheduling appointment system.

The activity QI project will use new process and systems to categorise and quantify GP activity. The accuracy of this data will vary depending on how practices currently organise their appointment books, and one of the aims of the project is to deliver improvements in categorisation such that activity can be more accurately articulated. Initially therefore, practices should only publish reliable data presented in the PCIP, such as (but not limited to) total contacts and prescriptions issued and will need to make a judgment as to what data they deem reliable for their practice. As the project evolves, it will be possible to publish more categories and more granular information, as improvements should lead the data becoming more reliable.

National Patient Experience Survey

The below questionnaire is available for practices to use, the core questions have been validated and are to be used in all NHS Wales organisations to obtain real time feedback.

Practices are encouraged to discuss at collaborative level, and agree on a specific date to carry out the survey to ensure that all practices within the collaborative have comparative data to discuss and use towards their reflective report.

English Version

[Framework For Assuring Service User Experience \(nhs.wales\)](#)

[Framework For Assuring Service User Experience \(Easy Read\)](#)

Welsh Version

[Fframwaith profiad defnyddwyr gwasanaeth calonogol \(GIG Cymru\)](#)

[Fframwaith profiad defnyddwyr gwasanaeth calonogol \(Hawdd ei Ddeall\)](#)

Role of the Health Board

Health Boards will continue to have a responsibility to support struggling practices through the escalation tool and sustainability framework, and they should adopt a reasonable and supportive approach to access concerns.

Role of Welsh Government

Welsh Government will provide national public messaging to inform and support the blended model of access to GMS. Messaging will inform patients that priorities will be managed by the GP practice, which may, for less urgent cases, result in an appointment being booked for a time in the near future.

Funding

100 QAIF points are available in total for achievement of the Access Commitment for 2022/23.

	Points
Phase 1 Pre-qualifiers Practices are required to achieve all 14 prequalifiers before they are able to claim achievement for Phase 2 of the access commitment.	0
Phase 2 Standards Practices are required to achieve all 6 measures in order to receive 40 points for this section of the commitment.	40
Reflective Report Practices are required to produce a reflective report, including all requirements listed in annex a.	60

Annex A – Template 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 national patient experience survey will need to be undertaken early in the year to ensure that practices have time to summarise, create an action plan and act on this to evidence improvements. The report must be completed, and uploaded to the PCIP Access Reporting Tool on or before 31 March 2023.

- Summary of Equality Impact Assessment
 - The aim of this section is to review population and access needs. Health Boards will produce guidance to support practices with this.
- Summary of national patient experience survey
 - The aim of this section is for practices to utilise the results of the survey to demonstrate how practices to move forward, this section should focus on implementing and communicating change effectively.
- Action plan based on findings from survey
 - The aim of this section is for practices to demonstrate that they have reflected on the survey results and put a short-term action plan in place.
- Improvements made from reflection of patient experience and action plan
 - The aim of this section is for practices to demonstrate improvements that have been made based on the action plan, and reflection on patient experience.
- Summary of digital requests to the practice
 - The aim of this section is for practices to provide a brief summary of digital requests made to the practice to reflect on patient experience of contacting the practice digitally, and how the practice responds to the patient request.

- Summary of telephone system intelligence
 - The aim of this section is for practices to provide 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. Practices will evidence call demand comparisons as part of this section.