Access to In-Hours GMS Services Standards

Supplementary Guidance for the GMS Contract Wales

2020/21

Amended January 2021

Background

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.

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. 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 set out within this guidance have been amended from the 2019/20 guidance, to take account of changes in working practice necessitated by the Covid-19 pandemic. All amendments have been agreed between Welsh Government, GPC Wales and NHS Wales. A full review will be undertaken as part of the development process for the 2021-23 Access Standards, to come into force from April 2021. This guidance is supplementary to the original Access Standards guidance published in September 2019 and focuses on the changes that have been agreed.

Summary of changes

Standard	Measure	Action
II	90% of calls are answered within 2 minutes of the introductory message ending.	Reworded
III	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).	Reworded
IV	25% of pre-bookable appointments to be available online.	Removed
V	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)	Reworded
VIII	100% of practices to undertake a demand and capacity review on an annual basis. Findings are then to be considered at cluster level. These will support the identification of how extended roles could support the delivery of care.	Removed Removed

	Annual participation in a local 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.	

Reporting requirements

Practices are required to report quarterly to health boards against the standards using the Access reporting tool developed by NWIS. The tool should be completed at the end of September, December and March. The deadline for the end of September reporting was 16th October 2020. The deadline for the end of December reporting is 16th January 2021 and the deadline for end of March is 23rd April 2021. 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 2021). This will be used by Health Boards for verification purposes.

Funding

The funding available to practices for achievement of the standards assessed at 31 March 2021 is in addition to payments practices received for achievement at 31 March 2020.

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 people's needs and avoid the need to call back multiple times. Practices will check that they are handling calls in this way.	A planned two year programme of implementation of appropriate systems resulting in: • 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.	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. Practices will be able to interrogate and analyse data in relation to telephony systems.
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.	90% of calls are answered within 2 minutes of the introductory message ending. Less than 20% of calls are abandoned (REPORTED BUT NOT MONITORED) Data to be taken from analysis capability of telephony system.	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.

#	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. (Message to include Covid local messaging to explain cluster solutions).	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.	By end of March 2021: 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.	Patients are able to contact their GP practice through a range of communication methods that suits their needs. Improved digital access to GMS Services. Reduction in demand for telephone and face-to-face contact at the practice.
V	People are able to request a non-urgent consultation, including the option of a call back via email, subject to the necessary national	People are able to use a digital package to request a non-urgent consultation or a call back.	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)	Patients are able to contact their GP practice through a range of communication

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
	governance arrangements being in place.		Practices have in place the necessary governance arrangements for this process, which could include standardised and bilingual auto-responses.	methods that suits their needs. Patients will receive an improved digital access offer.

Access Standards – Group 2

#	STANDARD	PUBLIC FACING DESCRIPTION (published)	MEASURE / EXPECTED ACHIEVEMENT BY MARCH 2021	DESIRED OUTCOME
VI	People are able to access information on the different ways of requesting a consultation with a GP and other healthcare professionals. Practices will display information relating to these standards.	People are able to access information on how to get help and advice.	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 and routine). 100% of practices display information on standards of access.	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.
VII	People receive a timely, co-ordinated and clinically appropriate response to their needs.	People receive the right care at the right time in a joined up way that is based on their needs.	Appropriate care navigation and triaging (with relevant training undertaken) and appointment systems in place:	Patients receive the right care at the right time. Patients understand why they are being asked triaging questions and know that the

			All children under 16 years of age with acute presentations are offered a same-day consultation. 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). Active signposting for appropriate queries to alternative cluster based services, health board-wide and national services.	appointment they receive will be within a reasonable timescale.
VIII	All practices have a clear understanding of patient needs and demands within their practice and how these can be met.	Practices understand the needs of their patients and use this information to anticipate the demand on its services.	This standard has been relaxed as of 22-01-2021. An annual audit and subsequent plan to be discussed at cluster level and submitted to the health board.	Practices are more aware of their patients' needs and wants, and actively make changes to act upon these. Patients feel their voices are heard and the service they receive meets their needs.

			100% of practices to undertake a demand and capacity review on an annual basis. Findings are then to be considered at cluster level. These will support the identification of how extended roles could support the delivery of care. Annual participation in a local 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.	