

Swansea Bay University Health Board	
<p style="text-align: right;"><b>Date of Meeting: 02/09/2021</b></p> <p style="text-align: center;"><b>Name of Meeting: Primary Care Access &amp; Sustainability Forum</b> <b>Agenda item:4</b></p>	
<b>Subject</b>	<i>Access Standards Report Quarter 1</i>
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## Situation

GP practices are required to report quarterly to Health Boards against the access standards using the access reporting tool developed by DHCW.

The reporting tool has been designed to support the provision of evidence for year-end achievement purpose. It does not allow evidence submitted throughout the year to be stored until end of year submission, therefore evidence is only required to be submitted for the year-end achievement as at 31<sup>st</sup> March 2022. The deadline for practices to report year-end achievement using the tool will be April 2022; at this stage evidence will be used by Health Boards for verification purpose.

The next payment to Practices will be based on achievement as per March 2022 submission, this is in addition to payments practices received for achievement at 31 March 2021.

Following the recent submission of access standards reported by GP practices as at August 2021, this paper has since been written to compare achievement from that reported at the year end, April 2021. This paper will also provide opportunity to highlight changes that have been made to the original access standards and guidance.

## Background

Following the contract reform programme, Access to In-Hours GMS Service Standards guidance was released in September 2019. The access standards strive to improve access to services, which is a key strategic priority for Welsh Government and is central to the Primary Care Model for Wales. The standards aim to provide practices with clear expectations to work towards, with a clear need to better understand the barriers people face in accessing GP services.

To take account of the changes in working practice as a consequence of the Covid-19 pandemic, it is important to highlight that the GMS access standards and guidance from 2019/20 has been amended. Later guidance will be supplementary to the original access standards published in September 2019.

In November 2020, some amendments made to the access standards were reported to Forum as per guidance issued in October 2020. With agreement between Welsh Government, GPC Wales and NHS Wales additional amendments have since been decided of which have been referenced within guidance issued in January and March 2021. A full review will be undertaken as part of the development process for the 2021-23 Access Standards, to come into force from April 2022.

A summary of access standard changes are set out below:

### **Changes to Group 1 standards**

**Standard II:** Achievement for this Standard at the end of March 2021 will be carried forwards with achievement for this standard being counted as the same as at March 2020, with practices retaining the ability to evidence achievement if they didn't last year. Full achievement will be required in 2022 to receive the payment for this standard.

**Standard III:** The part element of 25% of all pre bookable appointments are bookable through a digital solution under this standard has been removed on the basis this activity is contrary to Covid-19 advice.

### **Changes to Group 2 standards**

**Standard VIII** has been removed.

The last year has not provided a true platform to show how the current standards have improved access. It was agreed that a further year of the current standards would be maintained to 31 March 2022 to allow the measures to embed and a true measurement taken of how effective the standards have been in improving access for all.

Contractors will be paid annually for the standards completed during a QAIF (Access) year subject to evidencing that they have complied with the relevant access standards for at least one calendar month prior to the end of the financial year for which payment is being claimed. Contractors are expected to achieve standards 1 to 7 by 31 March 2022 and are required to report their achievement progress at the end of each quarter.

A list of the updated access standards issued in January 2021 can be found in **Appendix 1**.

### **Assessment**

In terms of achievement, the 8 Access Standards have been divided into Group 1 and Group 2. Each Access Standard is a QAIF indicator; points and payment awarded 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)

## Group 2

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

### Quality Payment (Bonus)

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

Table 1 below outlines practice achievement by Group and Quality Payment by Cluster, identifying the changes in achievement of standards reported as at April and August 2021.

**Table 1**

Cluster	Group 1*		Group 2**		Quality Payment***	
	Apr-21	Aug-21	Apr-21	Aug-21	Apr-21	Aug-21
Afan	8/8	8/8	5/8	7/8	5/8	7/8
Neath	8/8	8/8	7/8	7/8	7/8	7/8
Upper Valleys	4/4	4/4	3/4	4/4	2/4	2/4
Bay	8/8	8/8	7/8	8/8	3/8	5/8
City	7/8	8/8	7/8	8/8	6/8	4/8
Cwmtawe	3/3	3/3	3/3	3/3	2/3	1/3
Llwchwr	3/4	3/4	3/4	3/4	1/4	1/4
Penderi	6/6	6/6	4/6	6/6	2/6	1/6
<b>Total</b>	<b>47/49 (96%)</b>	<b>48/49 (98%)</b>	<b>39/49 (80%)</b>	<b>46/49 (94%)</b>	<b>28/49 (57%)</b>	<b>28/49 (57%)</b>

\*Achieving 3 Group 1 standards or more

\*\*Achieving all Group 2 standards

\*\*\*Achieving 100% of Group 1 & 2 standards

Group 1 illustrates a **2%** increase (1 practices), in the number of practices receiving payment for achieving at least 3 standards in August 2021 as compared with data recorded in April 2021.

The number of practices achieving payment for Group 2 standards in August 2021, has also increased by **14%** (7 practices) since April 2021,

The number of practices receiving a quality payment for achieving Group 1 (3 or more standards) and Group 2 (all standards) in August 2021 has remained the same.

The number of practices achieving each Group as at December reporting quarter are as follows:

The number of practices self-reporting achievement of **Group 1 - 48**

3 standards = 60% payment (30 points) - 4

4 standards = 80% payment (40 points) - 15

All standards in Group 1 = 100% payment (50 points) – 29

In addition, Less than 3 standards = no payment (0 points) - 1

The number of practices self- reporting achievement **Group 2 - 46**

### **Group 1 Access Standards**

#### **Standard 1 – Phone Systems**

In order to achieve Standard 1, Practices were asked to confirm the following:

- Does your phone system have a recording function for incoming and outgoing lines?
- Does your phone system have the ability to stack calls?
- Are you able to interrogate your telephone system to analyse data on calls?

#### ***Number of practices achieving standard 1:***

<b>April 21</b>	47/49 (96%)	<b>August 21</b>	49/49 (100%)
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**49 of 49 (100%)** practices confirmed in August 2021 that telephone systems are able to record calls, stack calls and analyse call data. This is an increase of **4%** in comparison with data recorded in April 2021.

#### **Standard 2 - Calls Answered**

In order to achieve Standard 2, Practices were asked to confirm the following:

- Are you able to demonstrate that 90% of your calls are answered within 2 minutes of the introductory message ending?
- Are you able to demonstrate if less than 20% of calls are reported as abandoned?

#### ***Number of practices achieving standard 2:***

<b>April 21</b>	41/49 (84%)	<b>August 21</b>	39/49 (80%)
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**39 of 49 (80%)** practices confirmed in August 2021 that they are able to demonstrate that 90% of their calls are answered within 2 minutes of the recorded message

ending. Achievement of this standard has slightly decreased between gradually quarterly submissions.

### **Standard 3 – Bilingual Message**

In order to achieve Standard 3, Practices were asked to confirm the following:

- Are you able to confirm if your telephone introduction message is recorded bilingually and lasts no longer than 2 minutes?
- if yes, please confirm if you have used the national bilingual message

#### ***Number of practices achieving standard 3:***

<b>April 21</b>	44/49 (90%)	<b>August 21</b>	47/49 (96%)
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**47 of 49 (96%)** practices confirmed in August 2021 that their telephone introduction message is recorded bilingually and last no longer than 2 minutes. This is an increase of **6%** (3 practices) in comparison with data recorded in April.

### **Standard 4 – My Health Online**

In order to achieve Standard 4, Practices were asked to confirm the following:

- Can you confirm if your practice offers patients access to order repeat prescriptions through a digital solution e.g. MHOL?
- Can you confirm if your practice offers care homes access to order repeat prescriptions through a digital solution?

#### ***Number of practices achieving standard 4:***

<b>April 21</b>	43/49 (89%)	<b>August 21</b>	47/49 (96%)
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**47 of 49 (96%)** practices confirmed in August that they offer access to order repeat prescriptions for both patients and Care Home residents. This is an increase of **7%** in comparison with data recorded in April.

### **Standard 5 – Email**

In order to achieve Standard 5, Practices were asked to confirm the following:

- Can you confirm if your practice offers an email facility for patients to request non-urgent appointments or a call back?
- Does the practice have the necessary governance arrangements in place for this process?

#### ***Number of practices achieving standard 5:***

<b>April 21</b>	40/49 (82%)	<b>August 21</b>	41/49 (84%)
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**41 of 49 (84%)** practices confirmed in August that they offer an email facility to request non-urgent appointments/call backs and have the necessary governance arrangements in place. This is an increase of **2%** in comparison with data recorded in April.

### **Standard 6 – Informing Patients**

In order to achieve Standard 6, Practices were asked to confirm the following:

- Can you confirm that your practice publicises information for patients on how to request an urgent, routine and advanced consultation?
- Can you confirm that your practice publicises information for patients on how to request a consultation via the practice leaflet and practice website?
- Can you confirm that your practice displays information on Standards of Access?

***Number of practices achieving standard 6:***

<b>April 21</b>	40/49 (82%)	<b>August 21</b>	46/49 (92%)
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**46 of 49 (92%)** practices confirmed in April that they publicise information on how to request advanced consultation and display information on Standards of Access. This is an increase of **10%** in comparison with data recorded in April.

**Standard 7 – Appointments**

In order to achieve Standard 7, Practices were asked to confirm the following:

- Does your practice use a triaging system?
- Does your practice offer same day consultations for children under 16 with acute presentations?
- Does your practice offer same day consultations for patients clinically triaged as requiring an urgent assessment?
- Does your practice offer pre-bookable appointments within 2/3 weeks and up to 6 weeks in advance?
- Does your practice actively signpost queries to alternative cluster based services, health board wide and national services?

***Number of practices achieving standard 7:***

<b>April 21</b>	45/49 (92%)	<b>August 21</b>	48/49 (98%)
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**48 of 49 (98%)** practices confirmed in August that they offer a triage system, offer same day appointment for under 16 year olds, offer pre bookable appointment 2/3 weeks in advance and actively sign post to alternative cluster based services. This is an increase of **6%** in comparison with data recorded in April.

**Summary of Findings**

Overall, there has been an increase in achievement across 6 of the access standards (1 – 7) according to data reported in August 2021 as compared with data recorded at year-end submission in April 2021.

Whilst standard 2 has seen a slight decrease in achievement since April 2021, it is important to recognise that during the pandemic the demand of calls made to practices have seen an unprecedented increase.

**Recommendation**

The Access and Sustainability Forum is asked to review the information received from the access standard reporting tool, recognising the improvement in achievement across 6 of the 7 standards. In addition, the Forum is asked to note that the number of practices achieving standards in August compared with year-end reporting as at April 2021 for Group 1 standards has increase by **2%** and Group 2 standards has increased by **14%**, but that the number of a quality payment has remained unchanged.

## 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.	<p>A planned two year programme of implementation of appropriate systems resulting in:</p> <ul style="list-style-type: none"> <li>• 100% of practices have a recording function for incoming and outgoing lines.</li> <li>• 100% of practices have the ability to stack calls and are utilising this fully.</li> <li>• 100% of practices interrogate their phone systems and analyse the data provided.</li> </ul>	<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 introductory 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. (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	<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>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>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>	<p>appointment they receive will be within a reasonable timescale.</p>
VIII	<p>All practices have a clear understanding of patient needs and demands within their practice and how these can be met.</p>	<p>Practices understand the needs of their patients and use this information to anticipate the demand on its services.</p>	<p>This standard has been relaxed as of 22-01-2021.</p> <p>An annual audit and subsequent plan to be discussed at cluster level and submitted to the health board.</p>	<p>Practices are more aware of their patients' needs and wants, and actively make changes to act upon these.</p> <p>Patients feel their voices are heard and the service they receive meets their needs.</p>

			<p>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.</p> <p>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.</p>	
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