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Bwrdd Iechyd Prifysgol  
Bae Abertawe  
Swansea Bay University  
Health Board



<b>Meeting Date</b>	<b>28 September 2021</b>	<b>Agenda Item</b>	<b>3.3</b>
<b>Report Title</b>	<b>Access to General Medical Services</b>		
<b>Report Author</b>	Sam Page, Head of Primary Care		
<b>Report Sponsor</b>	Sharon Miller, Associate Director		
<b>Presented by</b>	Brian Owens, Service Director		
<b>Freedom of Information</b>	Open		
<b>Purpose of the Report</b>	This reports provides an update to the Quality and Safety Committee on Access to General Medical Services (GMS).		
<b>Key Issues</b>	<p>The GMS contract does not specify the type of access model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation.</p> <p>There is no single definition of good access to general practice, and no one size fits all solution that all practices should implement. The Primary Community &amp; Therapies Services Group (PCTSG) Access and Sustainability Forum, oversee a programme of work on access with a key purpose to drive forward improved and sustainable access within primary care across the Health Board area and is cognisant of the workload pressures faced by primary care in the face of increased demands for access to services and sustainability issues.</p> <p>This report outlines key areas of that work, including the use and promotion of digital platforms.</p>		
<b>Specific Action Required</b> <i>(please choose one only)</i>	<b>Information</b>	<b>Discussion</b>	<b>Assurance</b>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Recommendations</b>	The Quality and Safety Committee are asked to note the position on Access to General Medical Services (GMS).		

## **Access to General Medical Services**

### **1. INTRODUCTION**

This reports provides an update to the Quality and Safety Committee on Access to General Medical Services (GMS).

### **2. BACKGROUND**

Swansea Bay University Health Board (SBUHB) is responsible for the commissioning of primary care services for the local population. There are 49 GP Practices across the SBUHB footprint of which one is a directly managed practice.

Over 90% of patient contacts take place in General Medical Practices which are responsible for providing General Medical Services [GMS] from 0800 to 1830, Monday to Friday with urgent cover outside these hours provided by SBUHB Urgent Primary Care Service. The General Medical Services (GMS) Contract for Wales specifies that GMS contractors are responsible for delivering care during core hours between 8am and 6.30pm. GMS contractors must provide services at such times, within core hours as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services in case of emergency.

The GMS contract does not specify the type of access model but does outline that the management of patients who believe themselves to be ill includes offering a consultation and, where appropriate physical examination for the purpose of identifying the need, if any, for treatment or further investigation.

There is no single definition of good access to general practice, and no one size fits all solution that all practices should implement. The Primary Community & Therapies Services Group (PCTSG) Access and Sustainability Forum, which includes representation from the Local Medical Committee (LMC) and Community Health Council, oversees a programme of work on access with a key purpose to drive forward improved and sustainable access within primary care across the Health Board area and is cognisant of the workload pressures faced by primary care in the face of increased demands for access to services and sustainability issues.

#### **2.1 General Medical Services Access Standards**

In September 2019 Access to In-Hours GMS Service Standards guidance was released. 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 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 is supplementary to the original access standards published in September 2019. In addition, with agreement

between Welsh Government, GPC Wales and NHS Wales additional amendments have since been decided of which have been referenced within the latest release of guidance. A list of the updated access standards issued in January 2021 can be found in **Appendix 1**.

It should be noted by the Committee that achievement of the Access standards are not contractual and GP practices are required to self-report quarterly to Health Boards using the agreed digital access reporting tool developed by NHS Wales Informatics Service (NWIS) now known as Digital Health and Care Wales (DHCW). This tool has the provision for the uploading of evidence to support validation of year-end achievement to enable authorisation of funding linked to achievement. The deadline for practices to report year-end achievement using the tool was the 23<sup>rd</sup> April 2021; at this stage evidence was used by Health Boards for verification purpose.

The Health Board has seen an increase in achievement across all the standards for the reported period which is outlined in table 1 below.

*Table 1*

Cluster	Group 1*		Group 2**		Quality Payment***	
	Mar-20	Mar-21	Mar-20	Mar-21	Mar-20	Mar-21
Afan	5 of 8	8 of 8	1 of 8	5 of 8	1 of 8	5 of 8
Neath	8 of 8	8 of 8	8 of 8	7 of 8	7 of 8	7 of 8
Upper Valleys	4 of 4	4 of 4	3 of 4	3 of 4	2 of 4	2 of 4
Bay	7 of 8	8 of 8	5 of 8	7 of 8	3 of 8	3 of 8
City	3 of 8	7 of 8	6 of 8	7 of 8	3 of 8	6 of 8
Cwmtawe	3 of 3	3 of 3	3 of 3	3 of 3	3 of 3	2 of 3
Llwchwr	1 of 4	3 of 4	1 of 4	3 of 4	0 of 4	1 of 4
Penderi	4 of 6	6 of 6	6 of 6	4 of 6	0 of 6	2 of 6
<b>Total</b>	<b>35/49 (71%)</b>	<b>47/49 (96%)</b>	<b>33/49 (67%)</b>	<b>39/49 (80%)</b>	<b>19/49 (39%)</b>	<b>28/49 (57%)</b>

In terms of achievement, the 8 Access Standards have been divided into Group 1 and Group 2. Each Access Standard is a QAIF indicator and the year end submissions would attract points and payment 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 were required to evidence achievement of standards 6 and 7 only 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.

The Access and Sustainability Forum has reviewed the year end position and have agreed areas for specific actions and deep dive including a review of telephone access, patient information and sharing of good practice.

Practices had until 7<sup>th</sup> August 2021 to upload their 21-22 Quarter 1 submission to the Primary Care Information Portal. A quarter 1 assessment is currently being taken for reporting to the Access and Sustainability Forum.

### **2.2 Access model position and sustainability**

The COVID-19 pandemic, required some GP practices to adapt their access models to ensure they could keep patients and staff safe. The telephone / online first model, supported practices to continue to deliver services safely. This was in line with Welsh Government guidance and supported by the national procurement of a video conferencing consultation function Attend Anywhere so that practices and patients could have the option for virtual appointments. It was acknowledged that there would still be the need for physical assessment on occasions, but this will be more targeted as a consequence. This was further enhanced locally in SBUHB by the offer of askmyGP an online digital consultation service.

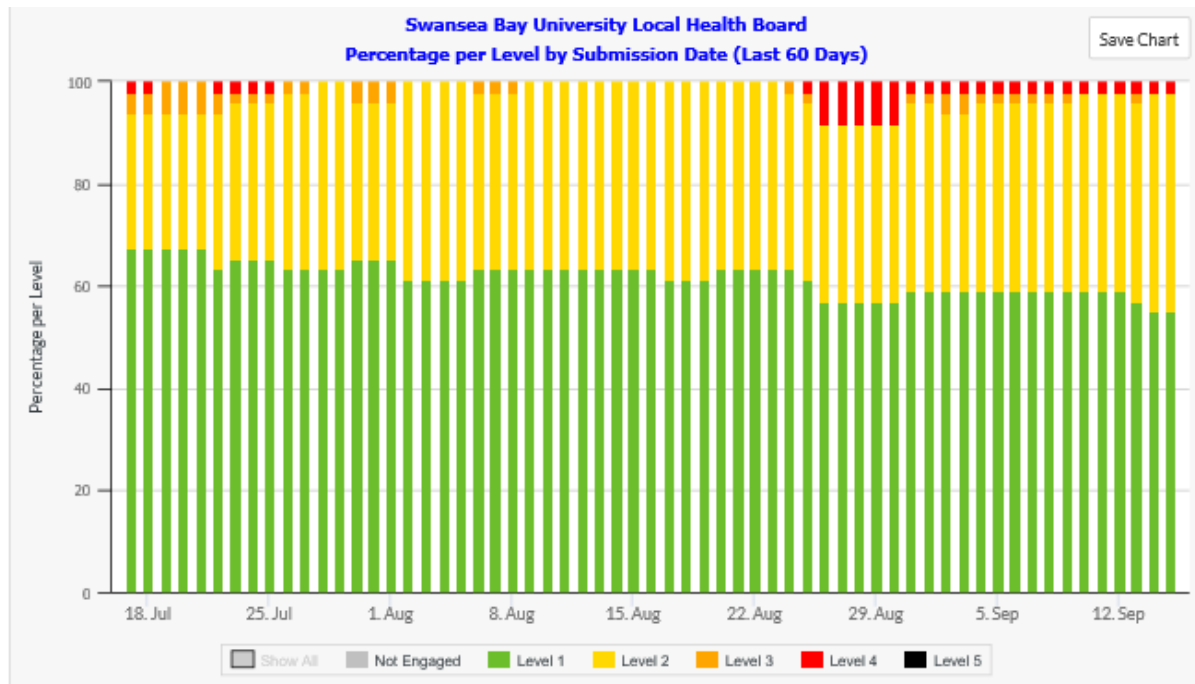
Through the Access and Sustainability Forum assurance is being sought on the access position across the Health Board footprint, this includes ensuring the reasonable needs of patients continue to be met and that practices are clear that they have and continue to see patients on a face to face basis when appropriate and safe to do so. An assessment of this position is currently being taken which will be reviewed by the Forum.

The Community Health Council are also undertaking a Telephone Access Survey across all 49 Practices, the scope has been agreed with the Health Board and the results will be presented to the Access and Sustainability Forum at the end of September for consideration.

This work is forming part of a wider sustainability review using the National Sustainability framework. The sustainability assessment criteria identify the potential for practices at risk of closure within 12 months and / or those at risk of a reduction in the range of services provided through external factors which may impinge on the sustainability of the practice. The Primary Care Team work closely with practices experiencing sustainability issues and this Framework also provides a mechanism for formal support.

Daily review is undertaken of self- reported GP escalation levels. At the time of writing, 55% practices are reporting level 1, 43% level 2, and 2% level 4. Over the last 6 weeks the primary care team have been supporting 4 Practices that have escalated to Level 4, this includes using agreed escalation action cards, support with sourcing locums, communication support, liaison with PHW and Environmental

Health and wellbeing signposting. Staff burnout, impact of increased cases and contacts with requirement to self-isolate on business continuity, increasing demands on services and patient expectations with increasing verbal aggression to practice staff remain self-reported concerns for Contractors.



## 2.2. Digital platforms

### 2.2.1 askmyGP

The Health Board has been actively supporting patients and contractors throughout the pandemic and one priority has been to minimise footfall into health board and contractor premises whilst maintaining standards of care.

Through the learning identified from the implementation of askmyGP in the Cwmtawe Cluster as part of the whole system cluster transformation, clusters were given the opportunity to consider options for the introduction of an online consultation platform. askmyGP was the preferred provider and was rolled out in 2020 and funded via transformation for the first 12 months. The current position stands at:

- 33 practices signed up to the service with 28 practices continuing to use the service in year two.
- This is a combined patient list size of 248k (c60%). Of this list 175k patients (71%) are signed up to askmyGP and this continues to grow each month.
- Practices have received nearly 1 million requests to date and median time for completion continues to be c.2.5 hours and this compares favourably with national data.

Patient satisfaction is currently at 75% of patients assessing the service as very good with a further 9% assessing as Good and this positive feedback is further highlighted in a recent Health Board article.

[http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin\\_id=14222](http://abm.cymru.nhs.uk/bulletins/bulletin.php?bulletin_id=14222)

Swansea Bay Community Health Council, conducted a survey which found “*people’s experiences of the system is mostly positive and the extra way of accessing GP services was welcome*”. The findings and recommendations from this report have been considered by the Access and Sustainability Forum and shared with all GP practices.

The primary care team is aware of the use of other digital platforms by practices which provides a similar function to askmyGP which includes e-consult. The full picture of the use of digital platforms across the Practices will be available following assessment of the sustainability and access returns. This assessment will be completed, subject to the receipt of all returns, by the end of September.

Through clusters and as part of the Access and Sustainability Forum work plan, the use of digital platforms to enhance access is promoted, by sharing best practice and providing service user and practice experience. The use of these digital platforms remain voluntary and are not a contractual requirement.

### **2.2.2 Attend Anywhere**

Attend Anywhere is a web-based communication platform that allows video appointments to take place between patients and clinicians. It is the approved NHS Video Consulting Service for Wales and is supported by DHCW.

It is accessible via any type of device that has internet access e.g. smart phone, tablet, Laptop or computer with a webcam running Chrome or Safari browsers. It allows for appointments to take place anywhere, such as at work, school or home, improving accessibility and patient choice.

In March 2020 Welsh Government rolled out Attend Anywhere to all Primary Care providers in Wales and by May 2020 of the 49 GP Practices in SBUHB 38 signed up for it.

## **3. GOVERNANCE AND RISK ISSUES**

GP access continues to be area of political and patient interest, and across Wales health boards are reporting increasing patient concerns about the ability to access a GP. The Access and Sustainability Forum provides a platform to review and monitor performance against the Access Standards, share best practice, and assist with the development of good access initiatives through primary care clusters.

#### **4. FINANCIAL IMPLICATIONS**

Overall, practices across SBUHB were paid £854,930 for their final year end access standards achievement. This is an increase of almost £200,000 on the 2020 year-end position.

#### **5. RECOMMENDATION**

The Quality and Safety Committee are asked to note the position on Access to General Medical Services (GMS).

<b>Governance and Assurance</b>		
<b>Link to Enabling Objectives</b> <i>(please choose)</i>	<b>Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities</b>	
	Partnerships for Improving Health and Wellbeing	<input type="checkbox"/>
	Co-Production and Health Literacy	<input type="checkbox"/>
	Digitally Enabled Health and Wellbeing	<input checked="" type="checkbox"/>
	<b>Deliver better care through excellent health and care services achieving the outcomes that matter most to people</b>	
	Best Value Outcomes and High Quality Care	<input checked="" type="checkbox"/>
	Partnerships for Care	<input type="checkbox"/>
	Excellent Staff	<input checked="" type="checkbox"/>
	Digitally Enabled Care	<input checked="" type="checkbox"/>
	Outstanding Research, Innovation, Education and Learning	<input type="checkbox"/>
<b>Health and Care Standards</b>		
<i>(please choose)</i>	Staying Healthy	<input checked="" type="checkbox"/>
	Safe Care	<input type="checkbox"/>
	Effective Care	<input checked="" type="checkbox"/>
	Dignified Care	<input checked="" type="checkbox"/>
	Timely Care	<input checked="" type="checkbox"/>
	Individual Care	<input checked="" type="checkbox"/>
	Staff and Resources	<input checked="" type="checkbox"/>
<b>Quality, Safety and Patient Experience</b>		
GP access continues to be area of politic and patient interest, and across Wales health boards are reporting increasing patient concerns about the ability to access a GP. The Access and Sustainability Forum provides a platform to review and monitor performance against the Access Standards, share best practice, and assist with the development of good access initiatives through primary care clusters.		
<b>Financial Implications</b>		
Overall, practices across SBUHB were paid £854,930 for their final year end access standards achievement. This is an increase of almost £200,000 on the 2020 year-end position.		
<b>Legal Implications (including equality and diversity assessment)</b>		
None		
<b>Staffing Implications</b>		
None		
<b>Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)</b>		
<b>Report History</b>	None	
<b>Appendices</b>	Appendix 1 Access Standards	