



Llywodraeth Cymru
Welsh Government

Guidance for the GMS Contract

Access Commitment

2024/25

Background

Initiatives to support access improvement in General Medical Services (GMS) have continued to develop year on year since the introduction of Phase 1 Access Standards in 2019.

These initial phase 1 standards focussed on systems and processes which would make it easier for patients to contact their GP practice. As a result of the GMS Contract agreement for 2022/23, the phase 1 access standards, transferred to Unified Services as of 1 April 2023 which were set out in the National Health Service (General Medical Services Contracts) (Wales) Regulations 2023. These came into force on 1 October 2023.

The contractor must self-declare the reported position quarterly (by the dates set out below), that the requirements have been met and if requested be prepared to provide the evidence to the Local Health Board.

Phase 2 access standards were introduced in April 2022 as a reflective phase where practices were required to make improvements to access based on patient experience and use care navigation to take a forward-looking and planned approach to appointments.

Embedding and maintaining this second set of standards will continue throughout 2024-25. Subject to evaluation, the intention is that these phase 2 standards will also move into Unified Services at a future point.

Quarterly reporting deadlines are as follows:

- Q1 30th June 2024 - 22nd July 2024
- Q2 30th September 2024 - 21st October 2024
- Q3 31st December 2024 - 21st January 2025
- Q4 31st March 2025 - 30th April 2025

Access Standards for 2024/25

The standards listed in this section were previously referred to as Phase 2 Access Standards and are now referred to only as **Access Standards for 2024/25**.

The access standards form part of the Quality Improvement Framework (100 QIF points in total) for the 2024/25 cycle. This will allow for evaluation of achievement and impact during 2024/25.

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.

ACCESS STANDARDS FOR 2024/25

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 level, on GMS activity.
- 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 supply evidence annually (which will 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 who have not previously undertaken the national care navigation training package provided by HEIW in the period beginning with 1 April 2022 and ending with 31 March 2024 are required to undertake that training, as well as all new patient facing staff completing this training within 3 months beginning with their start date. Practices will supply names of new starters and date of training undertaken.
2. All patients telephoning the practice are to have their calls received by a standard recorded message, and subsequently calls are answered with appointments made 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. Where clinically appropriate, patients may be signposted to another appropriate service.

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. 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 for that day to be released at 8.00am.

Patient Engagement

4. Practices must confirm each quarter that they 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 is available via the PCIP for practices to use).
5. Practices are required 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 are required to undertake care navigation on digital requests in a similar and equitable fashion to telephone requests.

Practices are required to achieve all 6 standards in order to receive 40 points for this section of the commitment.

Reflective Report

Practices are required to produce a reflective report and upload it to the PCIP Access Reporting Tool on or before 31 March of the Access year. The reflective report template is attached at Annex A, and covers:

- Equality Impact Assessment (EIA): An Equality Impact Assessment to review population and access needs. National guidance and a template are attached at Annex B.
- Patient Engagement: Information regarding how the practice has made their public facing dashboard available to patients, and how often it is updated.
- National Patient Experience Survey: summary of how the National Patient Experience Survey was distributed to the practice population via a range of methods, the total number of responses received and a summary of key findings.
- Patient Survey Action Plan: demonstrate how the national patient experience survey has informed an action plan, showing how the practice will respond to patient feedback, and move forward with implementing and communicating change effectively, discussing all improvements at collaborative level.

- Digital Requests: confirmation of process of care navigation for digital requests, and that practice reflects on patient experience feedback.
- Telephone System Intelligence: demonstrate how the practices has interrogated telephone system data and evidence of call demand throughout the day. Describe how this data has been used to develop the practice appointment system, including how appointments are released throughout the day (not just 8 am), and how urgent requests and routine are managed, without advising patients to ring back.

60 points is available for submission of a reflective report, including all requirements listed in the template at Annex A

ANNEX A

Access Standards 2024/25 – Reflective Report Template



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Introduction

This annex provides a template for practices to use in order to submit their reflective report.

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 2025.

Practice Name	
W Code	
Date	

Equality Impact Assessment

- The practice will need to evidence a review of population and access needs. Further guidance is available at Annex B to support practices with this. 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 practice's patient survey action plan.*

Patient Engagement

The practice will need to evidence as a minimum:

- How the public facing dashboard is available to patients which could include social media, websites, and other non-digital methods. (Standard 4)*

Confirmation of how often it is updated to ensure information is current 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. The report must be completed and uploaded to the PCIP Access Reporting Tool on or before 31 March 2025.

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.

Links to the National Patient Experience Survey are below 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.

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 \(Hawdd ei Ddeall\)*](#)

The practice will need to evidence as a minimum:

Confirmation that National patient experience survey has been undertaken to include number of responses and distribution methods (25 completed questionnaires per 1000 registered patients from a range of practice population and captured through a range of methods) [Standard 5]

- How the practice 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

- The practice will need to evidence their action plan in this section of the report.*

Digital Requests

The practice will need to evidence as a minimum:

- 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

The practice will need to evidence as a minimum:

- *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 the Practice scheduling appointment system to ensure an appropriate mix of remote, face to face, urgent, on the day and pre-bookable. [Standard 3].*
- *Call demand comparisons, and a brief summary of intelligence taken from their telephone system. Practices should see changes in demand at 8am, as more people may ring throughout the day.*

URGENT is defined as those people who are clinically triaged as requiring an on-the-day 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.

Annex B - Primary Care Equality Impact Assessment

Guidance and Template

Supporting notes and guidance

The following guidance note and template has been produced to support practices to undertake an Equality Impact Assessment (EIA).

The Access Standards for 2024/25 include a requirement for practices to complete a reflective report. The completion of an Equality Impact Assessment forms part of the reflective report requirement.

This supporting note and associated template can be used to complete other EIAs and is not specifically linked to the Access Standards, therefore some of the examples for consideration in the guidance may not be applicable to a particular EIA the practice is undertaking, however will be a useful reference tool for future EIAs a practice may undertake.

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.

Any organisation providing a public function is subject to the general duty under the Equality Act 2020. This therefore includes Primary Care Independent Contractors in relation to their public functions.

In summary, those subject to the general equality duty must have had due regard to the need to:

- a) Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act.
- b) Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

Equality Impact Assessments **must** be carried out for all new policies, strategies, service plans, new services and service change proposals.

Generally speaking, the majority of new policies, strategies, and plans, will be developed with the intention of improving conditions for members of staff and the public. They usually promote equality and seek to have a positive impact. The EIA template may prompt you to make further improvements to your document which you may not have considered previously. It could also highlight any possible omissions or issues which you may need to address before implementation of new service plans/service change proposals.

Significant new service proposals and service change will require a more in-depth consultation and engagement procedure and will require a more detailed EIA.

The following guidelines provide a simple template to help primary care independent contractors consider the general equality duty in relation to the services they provide, and particularly in relation to any plans for changes in the ways those services are provided.

It is good practice to engage with service users and other stakeholders (e.g. Practice Participation Group) in the development and ongoing review of your equality impact assessment. For example, by asking them what they think the impact might be, working with them to agree mitigation actions to address adverse impact, and continuing your dialogue to check that your actions are having the desired effect.

In addition to the statutory duties under the Equality Act and the nine protected characteristics it is also good practice for independent contractors to also consider the impact on:

- Welsh Language
- Carers
- People living in Socio Economic Disadvantage

Preparing your EIA document

1. Service Change Proposal / Strategy / Policy

You should state the title outline the nature of what you are equality impact assessing here.

2. Background / Introduction:

Use this section to give context to the EIA. You should introduce the EIA outlining the details of the proposal. This section should also include details about the nature of your service, the area it covers and the population it serves.

For example, consideration should be given to the following:

- General information on the primary care service – which areas does it cover? Who does it serve? It would be good to include some basic information about the local population and your service users if they are available to you, e.g. age range of service users / how many have a registered disability / any social deprivation / rural challenges, etc.
- Description of the proposal / Background situation e.g. why are you undertaking an EIA? What changes to services are you making? What do you propose? Why are you making these changes? How have demands on the primary care service changed and what changes are needed to incorporate them? What is your current capacity to deliver the required changes? What resources are available to meet the needs of your service users and implement the required changes? Is there any data / statistics / graphs to illustrate the type of services accessed over a set period of time to demonstrate any trends / changes in access to services? Is there any data that you can share to demonstrate how you have reached your decision to make the proposed changes?

3. Description of the EIA undertaken

What did you do? You should provide details about the level of consultation/ engagement you have undertaken. The feedback obtained from the consultation/engagement needs to inform your EIA, so giving details about the type of engagement you have done is paramount.

You should include precise details – dates, timescales, how people were invited to respond, etc.

You should provide more specific details of the consultation/engagement which took place e.g., give details of any public meeting events, social media engagement, letter correspondence, posters, notices, local press announcements, patient surveys etc. Did you consider any other form of consultation and engagement? Were there any restrictions such as COVID-19, inclement weather, etc, and what impact did this have?

How many responses were received? How were they received? How have you analysed them?

Do you have plans for any continued engagement / communication with service users?

What was the expected outcome of the EIA? Did this differ to the actual outcome?

Was there a mix of positive and negative responses to the proposals?

4. Common Themes

You should acknowledge and analyse any common themes arising from the responses received. It is important to demonstrate that you have listened and reflected on concerns/issues raised and have explored mitigating actions. What discussions have taken place after the consultation/engagement? How have you analysed the responses? Have you sought advice from external organisations? For example, sought support from Service Improvement Manager for Equality, 3rd Sector organisations, etc.? Do you intend to seek advice from other organisations to help put mitigating actions in place? Examples could be. Local Councils, , RNIB, local action groups, patient stakeholder groups, etc?

5. Lessons Learned / Mitigating Actions

You should look at each of the common themes identified and explain how you have or will address any concerns/issues.

For example, if a key theme appears to be miscommunication a mitigating action would be to develop clear communication channels between the primary care service and its service users in order to alleviate concerns. For example, you could work with Local Councils, other primary care services, 3rd sector organisations, the Citizen Voice Body etc, to help promote further communication to patients to help clarify your proposals and what this will mean to avoid any future misunderstanding and misinterpretation.

6. How does your service promote equality?

The protected characteristics under the Equality Act which must be considered, and other groups and individuals to consider as best practice are as follows:

Equality Protected Characteristic

- Age

- Disability
- Gender Reassignment
- Pregnancy and maternity
- Race
- Religion, belief and non-belief
- Sex
- Sexual orientation
- Marriage and civil partnership

Impact on other groups and individuals

- Welsh Language
- Carers
- People Living in Socio Economic Disadvantage

You should provide details of the procedures you have in place to deal with the specific individual needs of your service users, for example, how is your service accessible to those with a physical disability? How do you promote this accessibility? Does your service have alternative methods for communicating with individuals who have a sensory loss? Do you use interpretation services, emailing and text services for those who are hard of hearing? Do you use interpretation services for individuals whose first language is not English? Is your signage and documentation available in Welsh and English? Do you have any Welsh speaking staff? If you do not have any systems in place to cater for individual needs, you should state how you will mitigate these risks, and outline the actions you will take. You should approach this thinking about the protected groups as a whole but also take into consideration the specific comments received from individuals.

For example, if an individual has made comments on physical access to buildings, you could refer to any mitigating actions that you already have in place, or will put in place to resolve this issue. You should outline any further steps you could take e.g. methods of promoting accessibility to buildings. This could be included under the disability section of the EIA template.

Another example could be how your service deals with service users who have a sensory loss. You should state your intention to work with relevant 3rd sector organisations to introduce and promote available support such as the use of live sign / Relay UK, Type Talk, or establish an email / text system for Deaf/deaf patients. You could also look to source sensory loss awareness training for staff and specialist advice in the future to help improve accessibility to your services for those with sensory loss.

7. Conclusions

You should summarise all of the above and state your intentions whether you wish to continue with your proposed changes or not.

You should summarise what you feel the impact of the proposals will be upon your service users, in particular those who may face additional challenges due to a protected characteristic.

You should acknowledge any challenges which remain and how you will continue to address them. What impact should the mitigating actions have? How will you improve service delivery?

Did you consider any alternative service change proposals? Could they have had a worse impact upon service users than those which you propose?

You should reinforce your reasons for the proposed changes and outline how you intend to monitor the changes and how it will impact upon your service users in the future. Will you review the situation within a set timescale? Will you continue to monitor the impact the changes have upon those with a protected characteristic? For example, establish a service user stakeholder group? Work with local action groups? Repeat engagement activity at regular intervals etc?

Equality Impact Assessment Template

<u>For:</u>	<i>(Insert title of Service Change Proposal / Strategy / Policy/ Decision etc - (see guidance note reference 1)</i>
<u>Date form completed:</u>	
<u>Completed by:</u>	
Background / Introduction: <i>(see guidance note reference 2)</i>	
Description of the EIA undertaken: <i>(see guidance note reference 3)</i>	
Common Themes: <i>(see guidance note reference 4)</i>	

Lessons Learned / Mitigating Actions (see guidance note reference 5)

How does your service promote equality? (see guidance note reference 6)

Equality Protected Characteristic	Impact				Briefly describe what the impact is, and what steps you can take to address any negative impact
	Will it have an impact		Is the impact positive or negative		
	Yes	No	(+ve)	(-ve)	
Age					
Disability					
Gender Reassignment					
Pregnancy and maternity					
Race					
Religion, belief and non-belief					
Sex					
Sexual orientation					
Marriage and civil Partnership					
Impact on other groups and individuals	Impact				Briefly describe what the impact is, and what steps you can take to address any negative impact
	Will it have an impact Is the impact positive or negative				
	Yes	No	(+ve)	(-ve)	
Welsh Language					

Carers					
People Living in Socio Economic Disadvantage					
Any other comments, evidence, assessments, or information that relates to the impact of this proposal?					
Conclusions <i>(see guidance note reference 7)</i>					