AGENDA ITEM
6.2

PLANNING, PERFORMANCE & FINANCE COMMITTEE

ACCESS STANDARDS

Date of meeting	26/04/2022
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Sarah Bradley, Assistant Director for Primary Care
Presented by	Julie Denley, Director for Primary, Community & Mental Health Services
Approving Executive Sponsor	Chief Operating Officer (COO, DPCMH)
Report purpose	FOR DISCUSSION / REVIEW

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Access Forum Primary Care Board	Feb2022	NOTED

ACRONYMS	
GMS	General Medical Services
LMC	Local Medical Committee
CHC	Community Health Council
WG	Welsh Government
IPC	Infection Prevention Control

1. SITUATION/BACKGROUND

1.1 A paper describing the various access arrangements and key issues facing general medical services was presented previously to the

committee on 18th October 2021. This paper provides an updated position.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 Access standards for In-Hours GMS was introduced in March 2019 as part of wider contractual revisions to the GMS Contract Regulations (2004) 2019/20.

2.2 The standards set minimum expectations relating to access, which are aimed to raise and improve the level of service and patient experience in GP practices. There also includes an increased offering for patients to use alternative digital solutions to access their GP health care services. The Standards were rolled out over a two year period and there was an expectation all Standards would be implemented by 31st March 2022.

2.3 A comprehensive list of the standards for 2021/22 is provided in **Appendix 1**. In order to evaluate a practices achievement, GP Practices are required to submit their Access Standards achievement as at 31st March 2022, using an online assessment reporting toolkit.

2.4 A review has taken place to assess all practice initial submissions, taking account of any mitigating circumstances provided which may have hindered them achieving elements of the Standards due to Covid-19. This provides an opportunity to provide an explanation and therefore, not to be penalised due to circumstances beyond their control. Practices were not required in the contract regulations to submit evidence to validate achievement, but the Primary Care team have triangulated with other information to question information submitted that contradicted this. Final sign-off and payments to practices will be made on the 30th June 2022. Very little variation to this reported position is expected.

2.5 Overall, practices have performed extremely well again, with 45 out of 49 practices (98%) achieving all the Standards (before the expected target date of 31st March 2021). Table 1 below, shows a summary of achievement reported against each practice who has not fully met the standards. They are grouped by locality and identified using their Practice codes.

The standard most frequently not achieved is no 3, a bilingual message on the phone system. This should be achievable, our Welsh Language Officer has reached out and offered support to all the practices. One practice has a valid reason for not having achieved

this target - practice W95079. They have just embarked on a merger with a larger practice and did not wish to purchase or upgrade until the merger had taken place.

Table 1. Practices not yet achieving targets

Practice	ILG	Group Number	Standard Description	Achievement
W95009	Bridgend	1	Standard 2 - Calls Answered	No
W95079	Bridgend	1	Standard 1 – new phone system Standard 2 - Calls Answered Standard 3 – bilingual message	No (mitigation merger)
W95016	Cynon	2	Standard 5 - Email	No
W95025	Taff Ely	1	Standard 4 - My Health Online	No
W95027	Rhondda	1	Standard 3 - Bilingual Message	No
W95057	Rhondda	1	Standard 3 - Bilingual	No
W95062	Rhondda	1	Standard 3 - Bilingual Message	No
W95072	Merthyr Tydfil	1	Standard 2 - Calls Answered	No

2.7 Despite the high achievement, access is still the most common topic for concern being raised locally and nationally in relation to practices. There are a number of reasons for this. How people have changed since pre-pandemic and there are significant pressures facing general practice. The number of practices reporting level 3 and 4 via the national escalation tool has increased over recent weeks having been high since the omicron variant. At the time of reporting there were 13 practices at level 3 and 7 at level 4 (where the practice is at risk of maintaining service delivery and has made significant changes to the way in which services are delivered). The increased escalation is a result of high levels of workforce absence for both clinical and non-clinical staff. This position is challenged further by the continuing increased demand and expectations from patients. Practices have compared the number of contacts received prior to the pandemic to the number of contacts received during the same period during the

pandemic and they can evidence that contacts have risen up to 25-30%.

2.8 A number of actions are being taken. Practises regularly flex standard access appointments systems and urgent access only; Primary Care team contact all practices reporting level 3 and 4 daily to assess the position and offer support; practices are encouraged to clearly communicate to their patients any changes in access; the Primary Care team has worked with the communications team on key messages.

CHC telephone survey.

2.9 In October 2021 the CHC undertook an exercise to test the responsiveness of GP telephone access. The CHC wished to assess claims that patients were having difficulty accessing receptionists for advice and appointments. The survey and results reflected a similar exercise undertaken by the Primary Care team. The report is available from X:\Shared\RCT LHB\New System\LHB07 Primary Care\061 Locality Work\Temporary Docs\CHC\httpscwmtafmorgannwgchc.nhs.pdf

2.10 The results of the CHC survey were:

- 88% of surgeries (main and branch) connected first time. 1 surgery did not connect at all despite 4 attempts. 1 surgery took 52 attempts before connecting.
- 90% of calls connected to a recorded message in under 5 seconds.
- 90% of recorded messages were easy to understand, 1 was confusing and 1 did not connect at all.
- 62% of calls were answered within 2 minutes. The longest wait for a receptionist to answer following a recorded message was 1 hour and 23 minutes.
- 94% of calls were made without a termination being made during the call itself.
- 86% of surgeries had bilingual messages.

An investigation was undertaken into the practice who was unresponsive and they had a power 'outage' at the time the survey was undertaken. This survey has been shared, discussed and analysed by the Access Forum and it was deemed a useful exercise. The Primary Care team select a number of practices to call weekly to continue to check telephone access meets the standards expected.

2.10 Further action being undertaken:

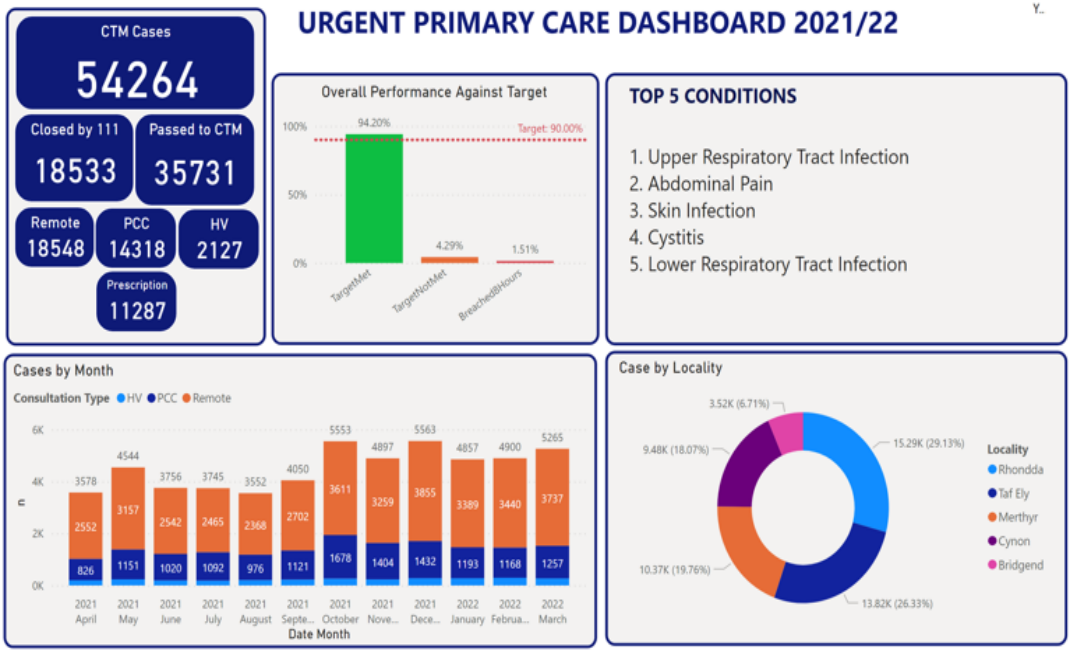
- All the practices who have not achieved standard 3 have been contacted to request plans and establish if they require support.

- The Health Board monitors achievement of standards via the quarterly Access Forum Group. There is representation from the CHC on this group.

- Continuous monitoring of access and triangulation with other factors such as concerns, incidents and CHC feedback will take place via the quarterly access forum.

Urgent Primary Care (OOH)

2.11 The dashboard below shows the access for Urgent Primary Care of GP Out of Hours over the last year.



The key points are:

a) It reflects all cases passed to the Out of Hours service from 111 that required GP OOH assessment for the last year.

b) 54264 cases have been dealt with by the service over the last year, of this 14,318 were seen face to face in an Out of Hours Primary Care Centre on one of the acute sites; 2127 received home visits and 18,548 were managed remotely over the phone. 11,287 resulted in a prescription being issued.

c) The top 5 conditions are noted. Upper respiratory tract infection is the number one reason for contact followed by abdominal pain.

d) Performance against the national target of 90% was exceeded at 94.20% (94.3% last year). The dashboard shows the percentage of cases where the targets were not met and there are a combination of reasons why this would be the case, namely;
   - Length of time that the call has been with 111 before being passed through to the GP OOH. This can be because the staffing in 111 does not meet the demand.
   - Clinicians booking in patients to PCC without taking into consideration travelling time for the patient – communication
   - Complex patient (both in PCC or HV) taking longer than average cases, sometimes having to call other services in to assist etc.

2.12 Shift fill into the primary care centres remains a challenge at certain times such as weekends and bank holidays. The Bridgend service transferred from Swansea Bay in 2021/22 and this is one of the sites where shift fill causes most concern.

2.13 Further action being undertaken:
Work has begun to explore options to align the service model across the CTM footprint and secure regular shift fill. This will be taken through PC governance July with a view to progressing to Board August 2022.

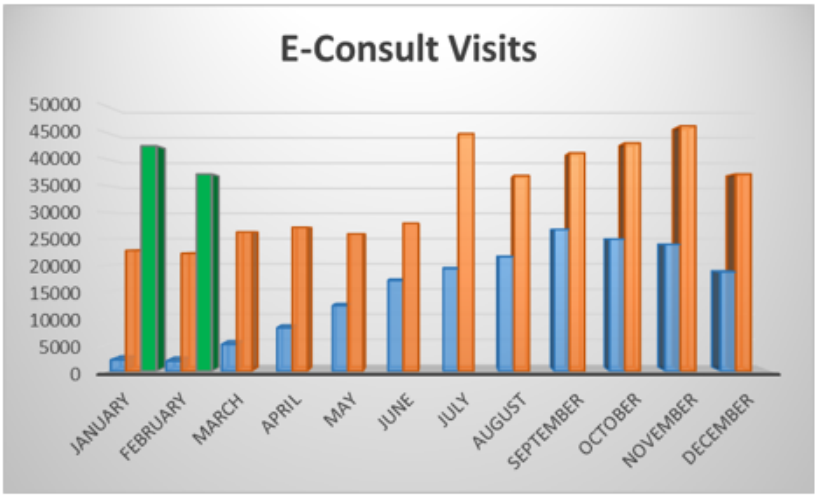
E-Consult Usage

2.14 E-Consult continues to be a feature of access to practices. The majority are utilising and embedding it. Graph 1 below shows the increased usage since 2019, there are record visits to the sites during January and February 2022. E-consult has been purchased for another year to help support access and offer an alternative to supplement traditional methods of access for simple l enquiries.

Graph 1 Number of annual visits to the e-consult site

E-Consult Annual Visits

Month	2020	2021	2022
January	2167	22785	42502
February	1933	22233	37165
March	5099	26270	
April	8211	27142	
May	12376	25912	
June	17114	27924	
July	19344	44784	
August	21578	36891	
September	26753	41164	
October	24934	43044	
November	23912	46236	
December	18738	37185	

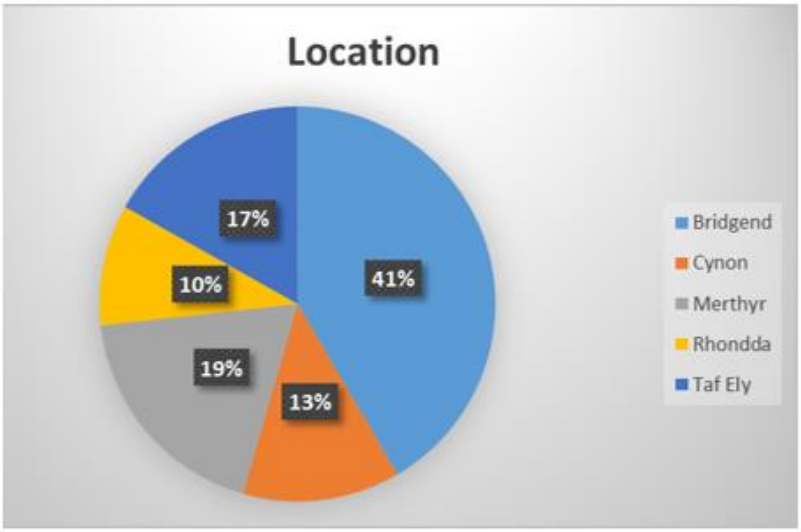


2.15 Graph 2 below illustrates the usage by Locality. Showing that Bridgend has significantly higher usage than the other localities.

Graph 2 Consults by Location

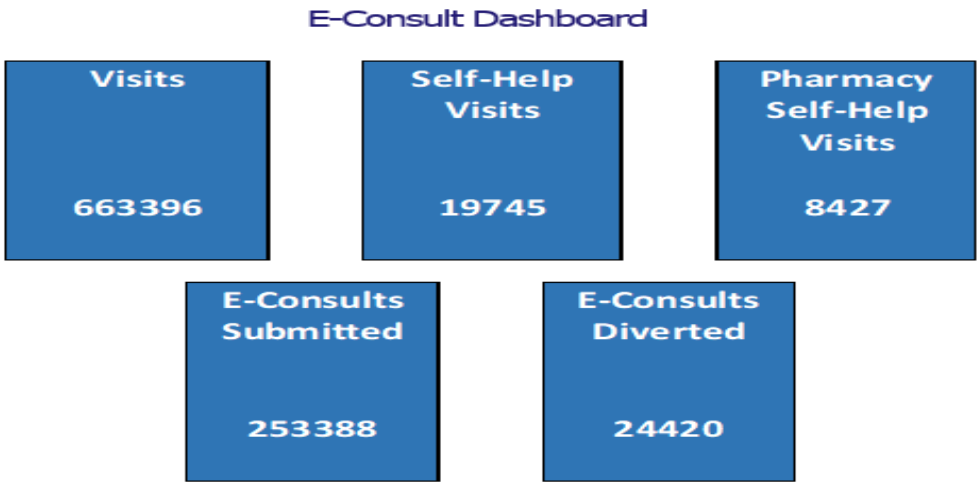
Consults by Location

Location	Quantity	Percentage
Bridgend	276,204	42%
Cynon	86,128	13%
Merthyr	124,019	19%
Rhondda	66,689	10%
Taf Ely	110,293	17%



2.16 Graph 4 below shows the number of total visits to the site between January 2020 and end of February 2022 the breakdown of the nature of the visits.

Graph 4 usage of E-consult platform



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Any appeals against the achievement against the Access Standards will be taken to the formal Access Forum Group in July 2022. The number of appeals are likely to be low.

3.2 A revised set of access standards are being introduced for 2022/23. Discussions are ongoing with Welsh Government regarding validation. Directors and Heads of Primary Care are strongly advocating submission of evidence as this is the only means of gathering meaningful information and measuring improvement as opposed to self-assessment.

3.3 Increasing demand for GP practice contacts and appointments and workforce challenges have been a key feature of 21/22 and is likely to continue into 2022.

3.4 Work supported by the Local Medical Committee to collate the detail of contacts is underway by practice, so that variance in face to face appointments offered by can be assessed. The first submission of this data will be received by the end of April 2022.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	Access is a key feature of patient experience
Related Health and Care standard(s)	Effective Care
	The more than one Healthcare Standard applies please list below:

Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Health

5. RECOMMENDATION

5.1 The committee is asked to **review** and **discuss** the information within this report.

Appendix 1

Access Standards 2021/22

Standard 1 - 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.	Suggested evidence to be submitted: Example of the telephone systems data analysis report
Standard 2 - People receive a prompt response to their contact with a practice via telephone. (RELAXED – NOT FORMALLY ASSESSED)	Suggested evidence to be submitted: Example of the telephone systems data analysis report showing 90% of calls answered within 2 minutes of the introductory message ending
Standard 3 - 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.	Suggested evidence to be submitted: • The GMS Team can verify Standard 3 due to daily contact with practices **NO EVIDENCE REQUIRED**. The GMS team will verify a recorded bilingual introductory message that usually lasts no longer than 2 minutes. (Standardised message to include COVID messaging, signposting, to explain cluster solutions).

Standard 4 - 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. (Taken out as not applicable to COVID - *25% of all pre-bookable appointments (total of pre-bookable appointments across the whole practice) through a digital solution (e.g. MHOL). This includes appointments with health care professionals.)*	a) Which alternative digital methods of contact does your practice provide to patients to book appointments? b) Which alternative digital methods are available for patients to order repeat prescriptions? c) Which alternative digital methods are available for care homes to order repeat prescriptions?
Standard 5 - People are able to request a non-urgent consultation, including the option of a call-back via email, subject to the necessary national governance arrangements being in place. *Other digital options included: Practice is contactable via a digital package for patients to request non-urgent appointments or call backs (for example: Email, E-Consult, Ask My GP*	Suggested evidence to be submitted: • Practices provide a brief description of how patients/others are able to request a non-urgent consultation, including the option of a call-back via email, subject to the necessary national governance arrangements being in place.
Standard 6 - 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.	How do you display information for patients to know what options are available to request a consultation (urgent or routine) with a GP or other healthcare professionals, taking account of the following areas: • Practice displays information on how to request a consultation in the surgery, in practice leaflets and on the practice website. • Practice publicises how people can request a consultation (urgent and routine)

	Practice displays information on standards of access.
Standard 7 – People receive a timely, co-ordinated and clinically appropriate response to their needs	Suggested evidence to be submitted: Practices provide a brief statement detailing how **care navigation**, **triage** (including information on training) and **appointment systems** are in place and is used for providing: • All children under 16yrs with acute presentations offered a same- day consultation • Patients who are clinically triaged as required an urgent assessment are offered a same day consultation (could be face to face, telephone, video call or home visit) • PRE-BOOKABLE - the offer of a pre-bookable consultation must be available and should routinely be within 2-3 weeks and could be available up to 6 weeks in advance Active signposting for appropriate queries to alternative cluster based services, health board wide and national services