

Primary Care Measures: indicator review

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① You are now reviewing the PCM indicator(s) for: **GP practice access**

① **Caution:** The information on this page is provided for testing purposes and may be subject to amendment. It may contain errors or not be fully reflective of consensus public health advice or relevant services, therefore should only be used with care.



Strategic context

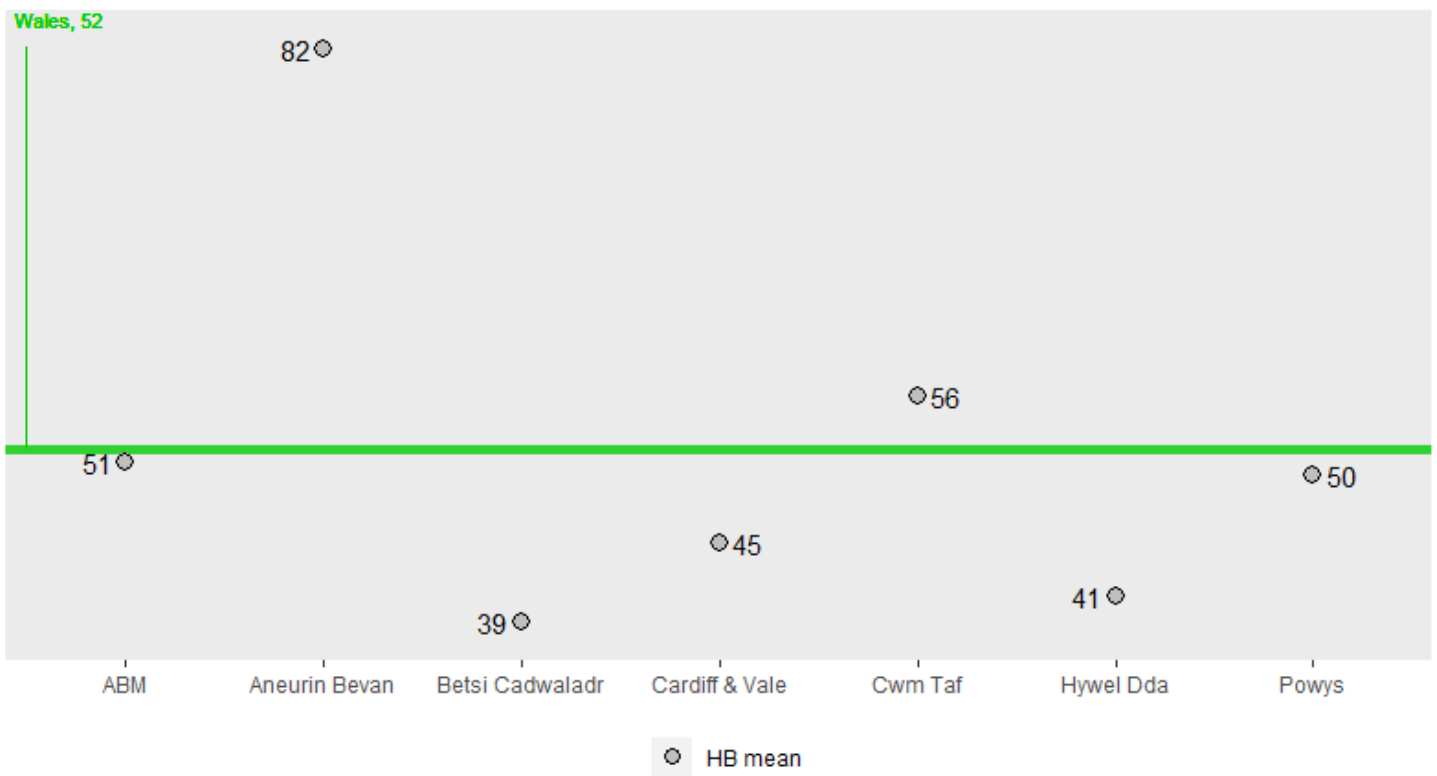
① Consider the national strategic context for prioritising improvement action in this area (in conjunction with your health board's IMTP and Regional Partnership Board's Area Plan):

- Timely access to GP services is a priority for Welsh public according to qualitative research commissioned by Welsh Government in 2019 ([link](#)).
- *A healthier Wales: our plan for health and social care* (June 2018; [link](#)) re-emphasises that when people need support, care or treatment, they will be able to access a range of services which are made seamless and delivered as close to home as possible; these services will be designed around the individual and around groups of people, based on their unique needs and what matters to them, as well as quality and safety outcomes.
- Access to services is a core component of the Primary Care Model for Wales.
- Indicators for this topic are reported via Primary Care Measures (although the rationale for selection of these indicators is not described within PHW's *Proposed Primary Care Measures: Phase 2 final report* (May 2017) or related documentation).

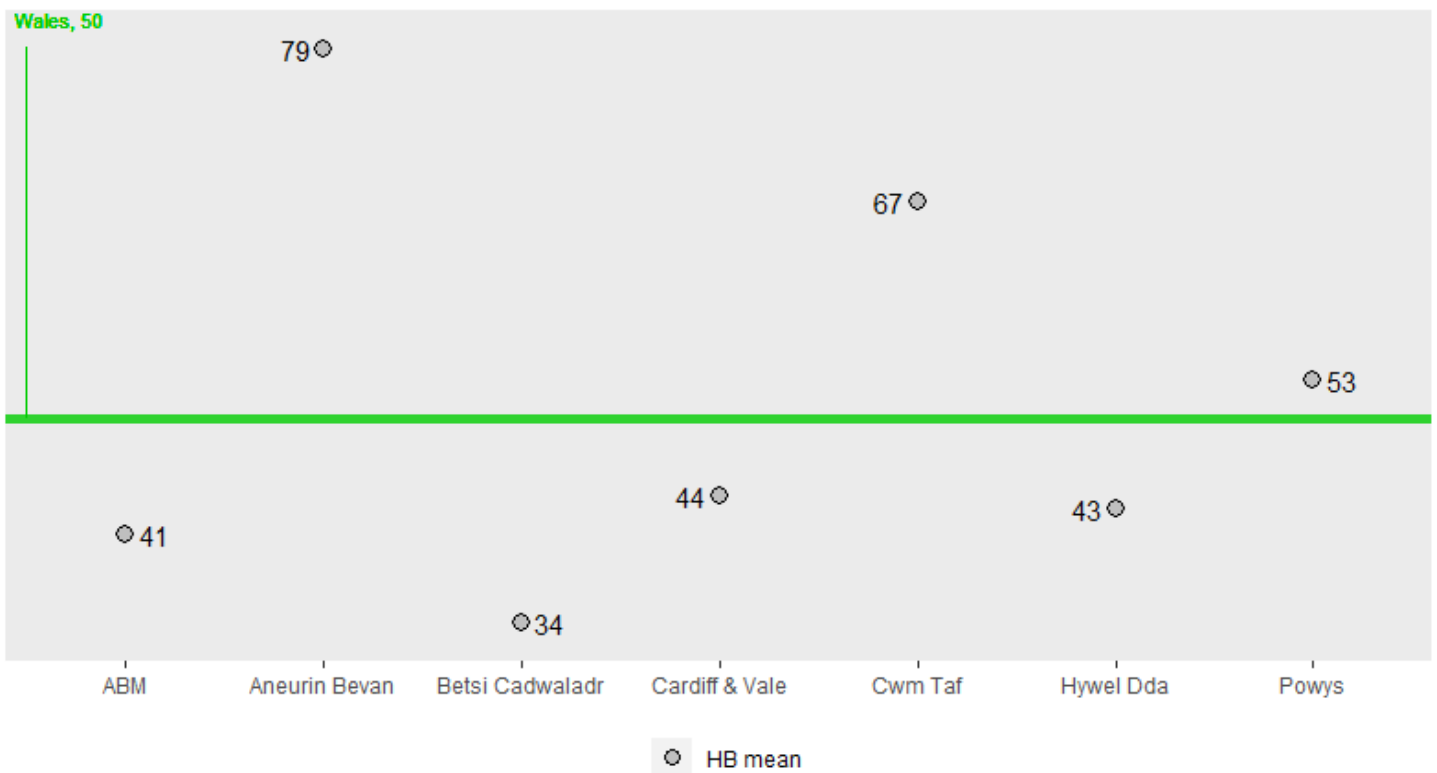
▼ PCM national variation

① Primary Care Measures (PCM) are a set of care quality indicators for primary care in Wales. The charts below emphasise variation between and within health boards; for further information see [here](#). Beneath the charts are improvement action options that may inform cluster IMTPs. Variation is a natural phenomenon and can be healthy e.g. it can be a deliberate result of innovation in primary care settings that seeks to test improvements in processes or deliver better care outcomes. Variation that is observed in a healthcare context may be referred to as *inequality*; inequality that is judged to be both avoidable and socially unjust is termed *inequity* (sometimes alternatively described as *unwarranted variation*).

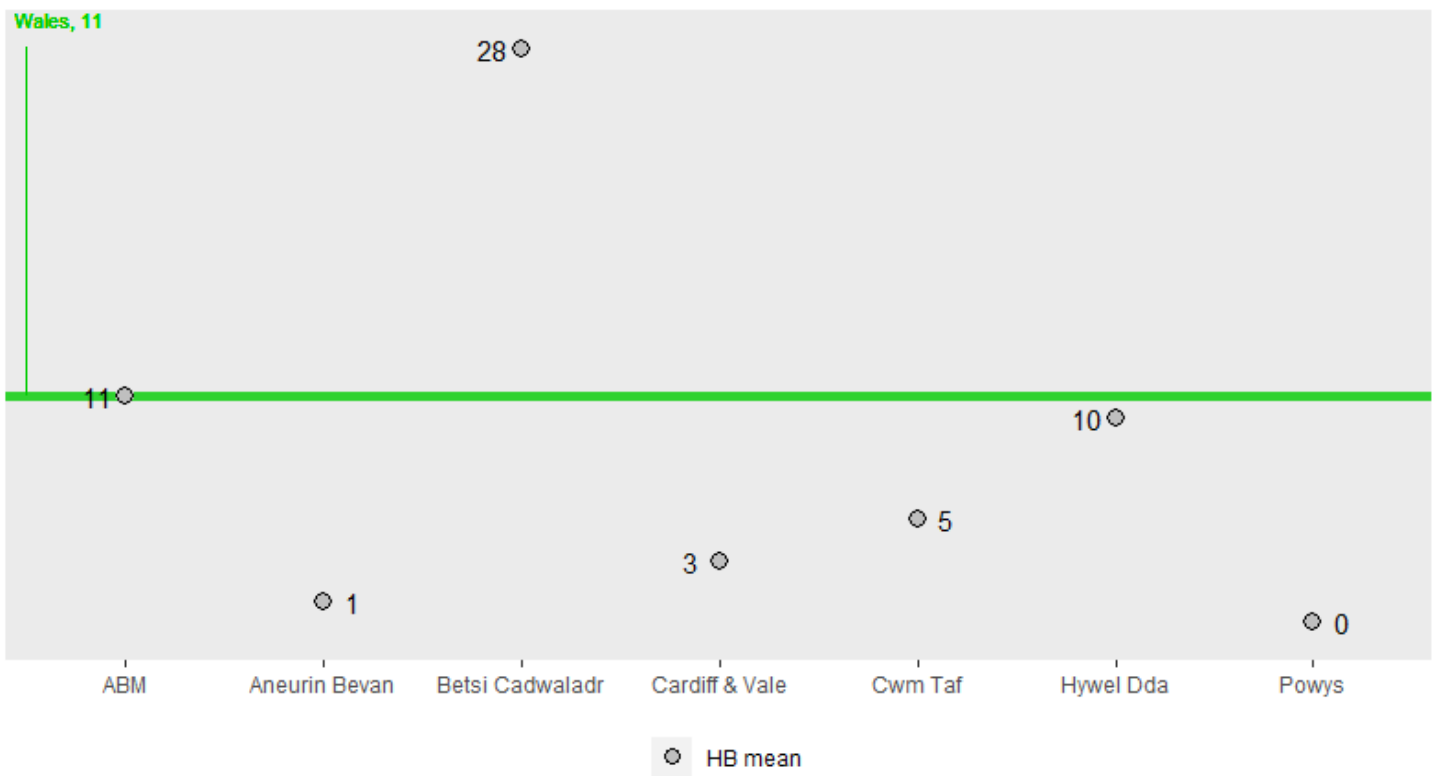
Variation in proportion of GP practices open during daily core hours or within one hour of the daily core hours Monday to Friday, by health board, 2018 (*Source:* Welsh Government, Nov 2019):



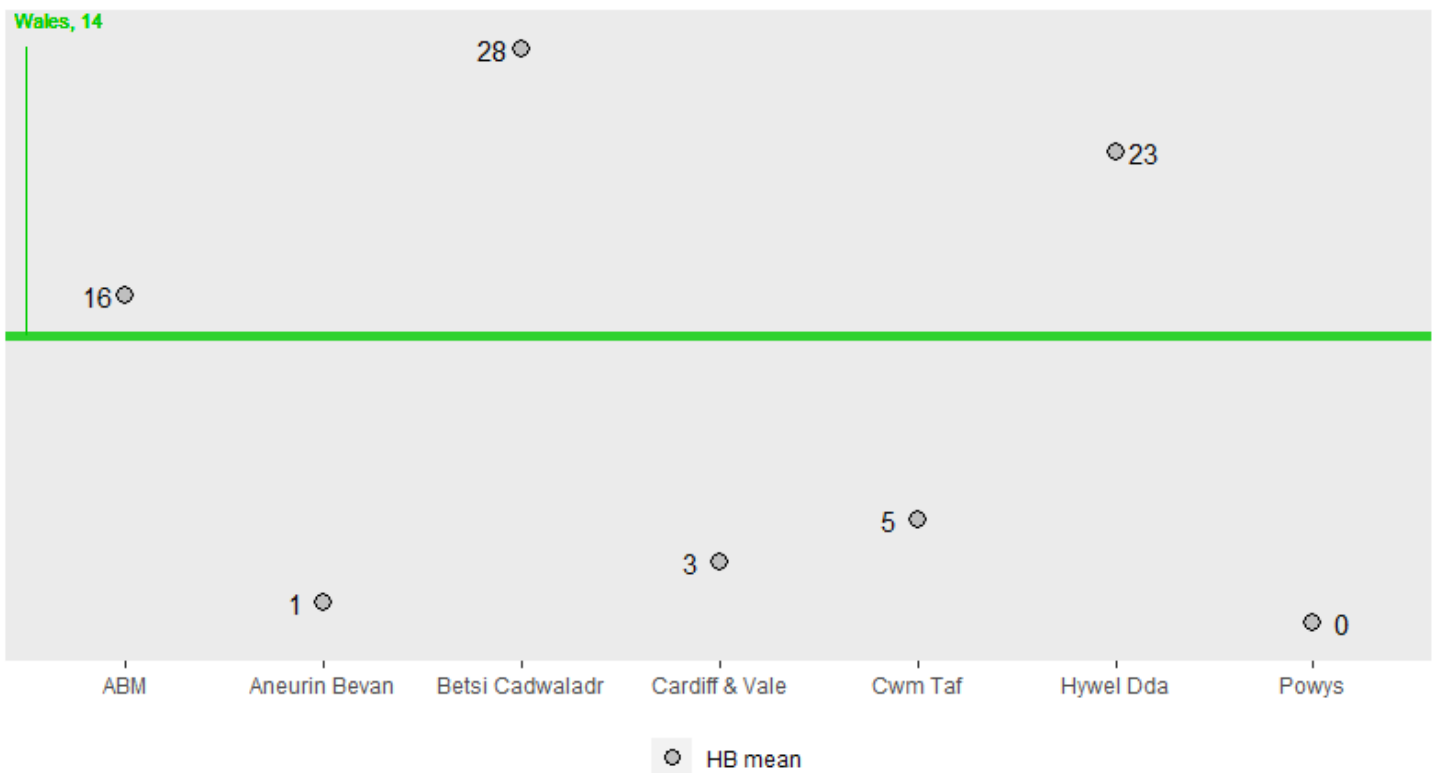
Variation in proportion of GP practices open during daily core hours or within one hour of the daily core hours Monday to Friday, by health board, 2016 (*Source: Welsh Government, Nov 2019*):



Variation in proportion of GP practices offering appointments between 1700h & 1830h 1–4 nights per week, by health board, 2018 (*Source: Welsh Government, Nov 2019*).



Variation in proportion of GP practices offering appointments between 1700h & 1830h at least 2 nights per week, by health board, 2016 (*Source: Welsh Government, Nov 2019*).



Improvement actions for GP practice cluster members

① Consider which of the following actions could be taken forward:

▼ Improve the patient experience of making contact with the GP practice

- Qualitative research into services provided via GP practices in Wales (2019; [link](#)) indicates patients would benefit from:
- A better phone queuing system which removed the need to constantly redial and gave patients an indication of how long they would have to wait to speak with staff;
- A system that reduces the wait to speak with the surgery by phone, given that phone contact is the preferred method overall. Several of the recommendations below may also contribute to this goal in terms of encouraging a shift to other contact channels;
- Exploring how the system can be developed to spread the time of day contact is made to make an appointment rather than patients focusing on calling when the surgery opens;
- Greater promotion of what alternative options are currently available at surgeries for accessing primary care services, particularly online and [My Health Online](#). Promotion should incorporate strong rationales for using these channels with clear examples of how other patients are benefitting from using them;
- A range of channels for contacting the surgery, i.e. phone, face-to-face and online options;
- Allaying concerns about online options' robustness and immediacy of contact;
- A convenient, well publicised app for making and cancelling appointments;
- As painless a system as possible for registering for online services;
- The ability to walk in to make an appointment and / or receive same-day care which remained important for some older people;
- Continued promotion of the [Choose Well](#) campaign including an emphasis on how a patient can receive swift and credible care via other means, for example stressing how highly qualified pharmacists are.

▼ Implement or refine a triage system

- Qualitative research into services provided via GP practices in Wales (2019; [link](#)) indicates services should:
- Continue to encourage the adoption of a triage system with a trained professional handling the contact. Continue to explore supporting online options like Skype and live chat;
- Promote the medical qualifications and expertise the trained professional has in patient communications. A nursing background was widely suggested. This move may also resolve the issue some voiced about disclosing health issues to a receptionist during first contact. The resulting referral would likely be more credible and accepted;
- Proactively offer the Welsh language so that Welsh-speaking patients are comfortable expressing themselves which will mean they are directed to the most appropriate care;

- Reassure patients that GPs will still be accessible and emphasise the purpose is to help them get the appropriate care more quickly;
- Stress the message that triage with a trained health professional will ultimately benefit all as patients are directed to the right care, freeing up GPs to focus on care for those who need it most. Consider whether messaging on the benefits of triage could be framed in the context of the challenges of an ageing population and increases in chronic health conditions;
- Ensure those making face-to-face contact feel that they cannot be overheard by others when discussing their health;
- Promote more widely the range of primary care services available at the GP surgery and continue to refer to health professionals as locally as possible.

▼ Review appointment times and opening hours

- Promote surgeries' current opening hours as some participants did not know what hours their practice operated;
- Consider how opening hours could be expanded further at the start and end of the day to support the needs of those who work and parents with school-age children, for example remaining open later on one day a week. A weekend option would also be welcome. Consideration could also be given to allocating earlier and later appointments to those restricted by work and school commitments;
- Improve patients' understanding and promotion of what would constitute urgent and less urgent reasons for an appointment via the GP surgery. Include guidance on when to choose different types of contact for the GP surgery and under what circumstances.



Improvement actions for wider cluster members

① Consider which of the following actions could be taken forward:

▼ Implement access to in-hours GMS services standards

- Support implementation of *Access to in-hours GMS services standards: Guidance for the GMS Contract Wales 2019/20* [[link](#)]. In summary:
- Group 1 access standards comprise: (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; (II) People receive a prompt response to their contact with a practice via telephone; (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; (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; (V) 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.

- Group 2 access standards comprise: (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; (VII) People receive a timely, coordinated and clinically appropriate response to their needs; (VIII) All practices have a clear understanding of patient needs and demands within their practice and how these can be met.

▼ Implement access to 111 and out-of-hours standards

- Support implementation of *New standards and quality indicators—111 and OOH in Wales* [[link](#)]. In summary:
- Part A are delivery standards and activity indicators (AIs) which are required to be reported monthly at either a national or local level. Standards relate to calls (abandoned; answered; language preference); clinical triage assessment timeliness; and face-to-face appointment timeliness.
- Parts B and C are quality and development indicators which require WAST and health boards to collect and report the information either monthly, quarterly, six monthly or annually.

STEP

D

What is happening in Wales?

① Consider whether shared learning/ local experience might guide your own implementation of the evidence:

▼ Placeholder project description

- *What problem was being addressed?* Placeholder.
- *What was done to address it?* Placeholder.
- *How does this evidence good practice?* Placeholder.
- *What key learning can be shared?* Placeholder.
- *Who did it or who can be contacted in the event of queries?* Placeholder.

① Have something to share? Please let us know [here](#).

① **Caution:** Any text entered into the following sections will not be saved if you navigate away from this page, or close the browser window before selecting PRINT.

STEP **E**

What do you know about community views on this?

① Consider any relevant citizen/ community voice information (e.g. from surveys, complaints, engagement events, or your health board's well-being or population needs assessments). Summarise this into the following box:

STEP **F**

What assets or partnership opportunities can you identify?

① Consider any relevant local assets or potential partner organisations that might facilitate co-production. Summarise this into the following box:

STEP **G**

Do you need more data before making a decision?

① If relevant, consider any additional data (or information) requirements that might ensure a more informed decision on determining action. Summarise this into the following box:

STEP **H**

What is your provisional decision?

① Having reviewed PCM indicator data and considered evidence-informed quality improvement options, please record initial thoughts on proposed actions. You may also wish to record related thoughts around potential service models, capacity requirements, workforce development or financial considerations. Ideally, discuss these with both the wider cluster and with your local public health team ([LPHT](#)). Summarise your proposals for action into the following box:

① Now this page (e.g. to PDF) so you have a record of your entries (Steps E-H). You may then close the Print view browser window and review another PCM indicator.