

Freedom of Information Request	FOI 21-329	23 rd August 2021
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1. Which department or body or officer is responsible for monitoring the number of appointments that are made available on a daily/weekly basis at Chapelwood Surgery, Western Valley Road, Rogerstone, NP10 9DU?

The Health Board is responsible for providing General Medical Services to residents throughout Gwent and commissions services from Independent Contractors through the National Health Service (General Medical Services Contracts) (Wales) Regulations 2004. The Primary Care Contracting Team manages the GMS contracts.

There is not a standardised appointment system across Wales. GP practices are independent contractors and are able to adopt varying systems.

2. Which measures, guidelines or parameters are in place to determine that the number of appointments offered are adequate and safe for the patient population at the surgery.

On 20th March 2019, the Minister for Health and Social Services announced the Access to In-Hours GMS Services Standards. The Standards set clear requirements on practices in terms of minimum expectations relating to access, including an increased digital offering.

A set of national standards, informed by good practice, is a marked shift from the historical approach that improving access is simply a matter for individual GPs to address. Emphasis is placed on the role of the public and the Health Board in order to secure improvements in this area, alongside the role of the GP.

#	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.
2	People receive a prompt response to their contact with a practice via telephone.
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.
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.
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.

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.
7	People receive a timely, co-ordinated and clinically appropriate response to their needs.
8	All practices have a clear understanding of patient needs and demands within their practice and how these can be met.

Standard 7 determines that people receive a timely, coordinated and clinically appropriate response to their needs.

The Health Board has a locally agreed benchmark of 1 clinical session (approximately 16 appointments per session) per 200 registered patients per week. This is not a National Position and is not a contractual requirement and is used only as a guide.

3. How many patients are currently registered to this practice?

As of 1st July 2021 – 12,854 patients.

4. Appointment breakdown - routine(typically 2 week wait)/ emergency or 'same day'/ face to face/ telephone consultations.

Following a recent review of access the Health Board is informed that patients call the practice between 8am and 10am if they require urgent, same day advice/treatment from a Clinician. Patients are Care Navigated on the telephone by the Receptionist.

The practice offers blocks of face to face appointments in a clinical session (along with remote appointments) alternating with other clinicians sessions in order to stagger the number of patients in the waiting area at any one time. If a patient needs to be seen face to face following a remote consultation, they will be given a time slot to attend.

5. What are the current guidelines within ABHB to encourage GP surgeries resuming 'business as usual' post Covid and GP's availability for face to face consultations with patients.

In response to the pandemic, Welsh Government announced a range of measures to be undertaken to ensure that GP practices were able to continue to provide care safely and support to the most vulnerable people in our communities and support the expected increase in the number of confirmed cases of COVID-19.

One of the first measures was that GP practices were asked to implement the 'telephone-first' model. This meant that all patient contacts were triaged, clinically assessed by phone and only offered a face to face examination when required, subject to clinical judgment and patient needs. The rationale for this approach was to minimize the risk to patients and staff of Covid transmission, as was the case in other health care settings.

These measures have been taken to protect patients and staff, however this undoubtedly has placed added pressure on the telephone infrastructure. To support this, various IT platforms are available to facilitate and support remote

consultations; *Attend Anywhere*, *AccuRX* and *E-consult* are the leading examples.

This direction from Welsh Government is still in place, with a continuing emphasis on telephone first. As circulating levels of Covid in the community have decreased, many practices have adopted a blended approach offering increased numbers of face to face consultations alongside remote consultations as appropriate.

The Health Board continues to work with practices to safely increase their face to face consultations where appropriate, whilst working within the current guidelines.