

ENHANCED SERVICE FOR ACCESS 2007/8

This new access LES will replace the current 2006/7 access DES that expires at the end of March 2007. The LES aims to build on the existing work that has been undertaken and further develop access to meet patient needs. The LES will run from 1 April 2007 to 31 March 2008.

Practices will be able to claim a payment of £5,000 per practice for producing and implementing a plan in accordance with this LES. This can be claimed from April 2007 on a similar basis to the 2003 Access Scheme.

Access Plans

The practice must be able to demonstrate in producing an access plan it has evaluated the outcomes from the previous access plan and taken appropriate action. The practice will also have reviewed and considered all patient complaints received in year about any aspect of access to practice services and taken appropriate action.

The plan **must** deliver an access system that includes:-

- the ability to access an appropriate member of the practice primary care team within 24 hours as defined in the Welsh Supplement to UK DES for Access issued in September 2003;
- the opportunity to pre book an appointment up to 2 weeks in advance;
- the opportunity to be seen by a GP of the patient's choice. This will normally be within 4 weeks, but subject to the doctor's availability taking account of annual leave, sickness and other absences;
- a telephone answering system that is adequate to cater for reasonable patient demand. In determining what is "reasonable patient demand", practices will be expected to take steps to cater for predictable bulges in demand by providing greater capacity to answer telephones during those periods. It may be helpful to warn patients that, for example, calls around 9.00 am may take longer to answer and deal with. Patients should not be expected to wait long periods of time without being given information on waiting time or available alternatives. Outside peak periods telephones should be answered promptly. Calls should be dealt with politely at all times and requests to ring back should be avoided.

LHBs may wish to evidence practices have implemented their action plan and that it complies with the requirements outlined above, during a routine annual practice visit. Alternatively LHBs may develop simple processes that require reasonable evidence to be submitted to verify achievement claims to meet audit requirements, such processes should be agreed with the LMC.