



GMS Contract Imposition Focus on Access and Safe Care

Dr Elliott Singer
Medical Director Londonwide LMCs

GMS Regulations Amendment—Schedule 3(4)

(1) The contractor must take steps to ensure that a patient who contacts the contractor—

- a. by attendance at the contractor’s practice premises;
- b. by telephone;
- c. through the practice’s online consultation system; or
- d. through any other available online system,

is provided with an appropriate response in accordance with the following sub-paragraphs.

(2) The appropriate response is that the contractor must—

- a. invite the patient for an appointment, either to attend the contractor’s practice premises or to participate in a telephone or video consultation, at a time which is appropriate and reasonable having regard to all the circumstances;
- b. provide appropriate advice or care to the patient by another method;
- c. invite the patient to make use of, or direct the patient towards, appropriate services which are available to the patient, including services which the patient may access themselves; or
- d. communicate with the patient—
 - i. to request further information; or
 - ii. as to when and how the patient will receive further information on the services that may be provided to them, having regard to the urgency of their clinical needs and other relevant circumstances.

(3) The appropriate response must be provided—

- a. if the contact under sub-paragraph (1) is made outside core hours, during the following core hours;
- b. in any other case, during the day on which the core hours fall.

(4) The appropriate response must—

- a. not jeopardise the patient’s health;
- b. be based on the clinical needs of the patient; and
- c. where appropriate, take into account the preferences of the patient.”.

Interpreting Clause 4(1)

- 'a patient who contacts the contractor'

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- 'a patient who contacts the contractor'
 - Contact can be made in person, by phone call, via online platforms or other online systems (NHS app, SMS etc)
 - If the patient tried to contact the practice but did not get through should not be considered a contact

Interpreting Clause 4(2)

- 4(2)(a) 'at a time which is appropriate and reasonable having regard to all the circumstances'
- 4(2)(b) 'provide appropriate advice'
- 4(2)(c) 'direct the patient towards appropriate services which are available to the patient'
- 4(2)(d)(i) 'request further information'
- 4(2)(d)(ii) 'other relevant circumstances'

Interpreting Clause 4(2)

- 4(2)(a) 'at a time which is appropriate and reasonable having regard to all the circumstances'
 - The circumstances would include capacity, urgency etc
 - No time-frame is associated with this, for non-urgent issues this may be an appointment in the distant future
- 4(2)(b) 'provide appropriate advice'
 - Another method may be sending advice digitally or signposting the patient to NHS online advice resources
- 4(2)(c) 'direct the patient towards appropriate services which are available to the patient'
 - This permits practices to direct patients to other services including 111, community pharmacists, UTCs or AE
- 4(2)(d)(i) 'request further information'
 - If the patient has not provided sufficient information to appropriately advise or triage them, the practice may defer the appropriate disposition/action until further information is received by the patient
- 4(2)(d)(ii) 'other relevant circumstances'
 - These would include lack of capacity or that the practice is dealing with more urgent patient requests

Interpreting Clause 4(3)

- 'The appropriate response'

Interpreting Clause 4(3)

- ‘The appropriate response’
 - Respond to the patient on the same day if received during core hours, or the following working day if received out of hours

Interpreting Clause 4(4)

- 4(4)(a) 'not jeopardise the patient's health'
 - If an appropriate response is made this clause is not relevant
 - If in the interest of patient safety, the practice was unable to meet the patient's need, or it was unknown if a delay would 'jeopardise' the patients health, the practice should divert the patient to another service including 111 and AE.



Duty to provide safe care

GMC (Good Medical Practice 2(25)(b))

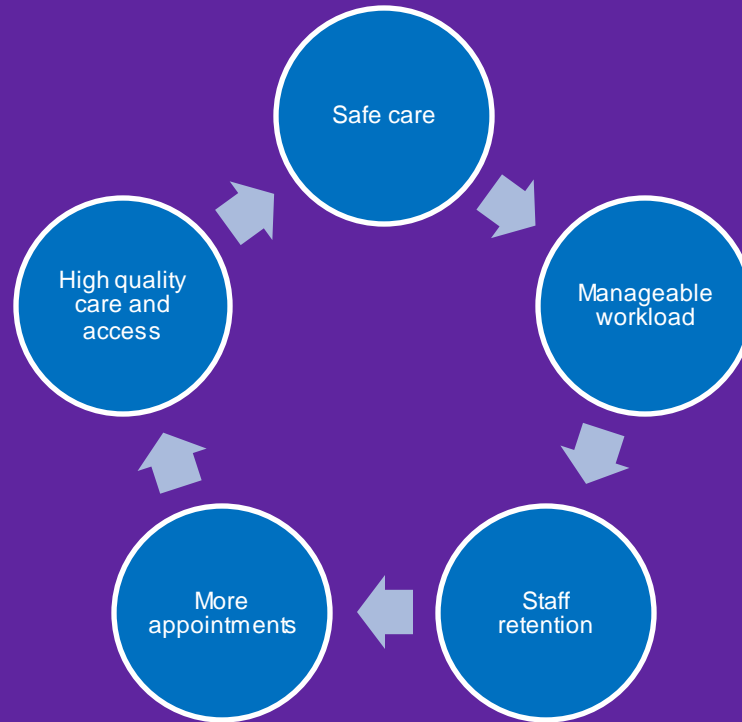
- If patients are at risk because of inadequate premises, equipment or other resources, policies or systems, you should put the matter right if that is possible. You must raise your concern in line with our guidance and your workplace policy. You should also make a record of the steps you have taken.

CQC (Safe quality statements)

- **Safe systems, pathways and transitions**
We work with people and our partners to establish and maintain safe systems of care, in which safety is managed, monitored and assured. We ensure continuity of care, including when people move between different services.
- **Involving people to manage risks**
We work with people to understand and manage risks by thinking holistically so that care meets their needs in a way that is safe and supportive and enables them to do the things that matter to them.
- **Safe and effective staffing**
We make sure there are enough qualified, skilled and experienced people, who receive effective support, supervision and development. They work together effectively to provide safe care that meets people's individual needs.



Why provide safe care?



How to provide safe sustainable care



Realistic rotas!



Capacity



WTE GP:patient ratio



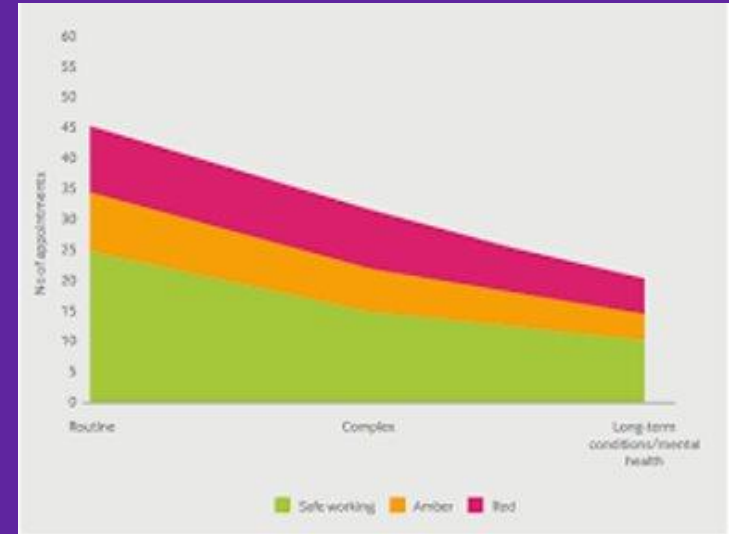
Involve and clearly communicate to patients



Care navigator training

Realistic rotas!

- BMA advice
 - [Safe working in general practice \(bma.org.uk\)](https://www.bma.org.uk/working-in-general-practice)
 - [workload-control-general-practice-mar2018-1.pdf \(bma.org.uk\)](https://www.bma.org.uk/workload-control-general-practice-mar2018-1.pdf)
- Why limit appointments per clinician?
 - Pros/Cons



Capacity



Appointments

Link appointments offered / available to the workforce, so that clinicians do not extend safe capacity



72 appointments per 1,000 patients

This is the rate within the standard London APMS contracts and is described in the BMA document *Safe Working in General Practice*



GP: Patient Ratio

- Patients perception of care decreases when a WTE GP is caring for more than 2,000 patients
 - A Dutch GP study from 2009 showed after list size adjustment, practices with more GP-time per patient scored higher on GP care
 - When GPs provided more than 20 hours per week per 1000 patients, patients scored over 80% on a questionnaire for quality of GP care
 - [High workload and job stress are associated with lower practice performance in general practice: an observational study in 239 general practices in the Netherlands - PMC \(nih.gov\)](#)
- The London Picture:

ICB	Patients per WTE GP
NCL	2442
NWL	2640
NEL	2615
SEL	2543
SWL	2156



Keep patients informed



Telephone

Update phone messages when only have emergency appointments or at full capacity



Website

Keep patients informed with numbers of appointments offered

Keep patients informed of staffing issues affecting capacity

Care navigators



Training



ICB DOS

Is this possible?

- Real life example practice
- More information (regularly updated):
<https://www.lmc.org.uk/news/new-access-requirements/>

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