TOWN GATE PRACTICE

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Policy Review

Policy Title:	Patient Access
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Policy Owner:	Kaylyn Hudson Practice Manager

Date	Author	Summary of Changes	Reviewed by

1. Purpose and scope

This policy sets out how Town Gate Practice provides patients with access to GP services within our finite capacity, while meeting our contractual obligations and prioritising clinical need. It applies to all staff involved in patient access (clinical and non-clinical) and covers:

- How patients can contact the practice
- How we respond to requests
- How we prioritise and schedule appointments
- How we use care navigation and signposting
- How we manage safe workload and waiting lists
- How we support patients with communication needs (Accessible Information Standard)

2. Principles

2.1 Reasonable needs within finite capacity

- We are required to carry out our obligations with reasonable skill and care and to provide for our patients' reasonable needs, within the limits of our available workforce and resources.
- Where demand exceeds capacity, we will prioritise care for those with the greatest clinical need.

2.2 Equitable access across modes

- Patients should be able to contact us by phone, online and in person, and have an equitable experience across these modes, subject to clinical prioritisation.

2.3 Clinical prioritisation and care navigation

- We will use trained non-clinical staff to care navigate and signpost patients to the most appropriate service, including other NHS Wales services, where clinically appropriate.
- Children under 16 with acute presentations and patients triaged as requiring urgent assessment will be prioritised.

2.4 Transparency

- We will clearly communicate our opening times, access routes, and what patients can expect when they contact us.

3. Modes of access

3.1 Telephone

- The practice main telephone line is available during core hours:
  08:00–18:30, Monday–Friday
- We will:
  - Ensure sufficient staffing of phone lines during peak times where possible.
  - Use care navigation scripts to direct patients appropriately.
  - Maintain a bypass line for other providers e.g. ambulance, secondary care.

3.2 Online access

- Patients can contact the practice via our website (email) or nhs.wales app: Online services – Town Gate Practice
- We keep our online access open for:
  - Non-urgent appointment requests
  - Medication queries
  - Administrative requests
- Safeguards:

- Clear website guidance that urgent or emergency problems should not be submitted online and should instead use 999/111/urgent care as appropriate.
- Triage processes to identify any urgent issues submitted online and redirect appropriately.

3.3 In-person (walk-in)

- Patients may attend the practice reception during opening hours to:
- Request an appointment
- Ask for administrative help
- Update contact or communication needs
- Reception staff will use the same care navigation principles as for telephone and online contacts.

4. Response to patient contact

In line with contractual requirements when a patient contacts the practice (by phone, online, or in person), they will receive an **appropriate response** which may include:

4.1 Invitation for an appointment

Face-to-face or telephone (video consultation may be offered during a pandemic) at a time which is appropriate and reasonable, having regard to:

- The urgency of the clinical need
- The patient's circumstances
- Practice capacity

4.2 Provision of advice or care by another method

For example, self-care advice, written information, or follow-up via text or email where appropriate.

4.3 Signposting to other services

Where clinically appropriate, patients may be directed to:

- NHS Wales 111 (including "Press 2" mental health service)
- NHS Wales pharmacy Common Ailments Service
- Welsh Eye Care Scheme
- General dental practitioners / 111 for dental issues
- Urgent Primary Care Centres (where available)
- GP out-of-hours services
- Accident & Emergency or the Welsh Ambulance Service for emergencies

4.4 Request for further information / deferred response

We may contact the patient to obtain more information or to explain when and how they will receive further information or an appointment, taking into account the urgency of their clinical needs.

5. Appointment types and booking

5.1 Same-day / urgent appointments

Reserved for:

- Clinically urgent problems
- Children under 16 with acute presentations
- Patients triaged as requiring urgent assessment

Accessed via:

- Telephone, online consultation, or walk-in.

If same-day capacity is reached:

- Patients will be care navigated to other appropriate services (e.g. 111, urgent primary care, A&E) where clinically appropriate.
- Where safe, patients may be offered the next available routine appointment.

5.2 Routine appointments

- Used for non-urgent issues, follow-ups and long-term condition reviews.
- May be booked:
  - In advance, up to 6 weeks ahead, balancing:
    - The need to manage demand
    - The risk that a patient's condition may deteriorate while waiting
- Patients with booked advance appointments will be advised to contact the practice again if their condition deteriorates.

5.3 Mode of consultation

- Appointments may be:
  - Face-to-face
  - Telephone
  - Video (where applicable)
- The mode will be determined by:
  - Clinical appropriateness
- Patient preference where feasible
  - Practice capacity and resources

6. Safe working limits

6.1 Safe capacity

- GP practice capacity is finite.
- The practice will:
  - Determine a safe level of working for all GPs and clinicians, taking into account:
    - Number and complexity of patient contacts
    - Non-patient facing clinical and administrative tasks
    - Evidence around decision fatigue and risk of error with excessive contacts
    - Avoid rigid numerical caps, but use a flexible, planned approach to capacity.

6.2 When capacity is reached

- If safe capacity for the day is reached:
  - Following care navigation, patients may:
    - Be offered an appointment on a future date that matches practice capacity, or
  - The practice will consider:
    - Directing patients to other Health Board services where appropriate.

7. Accessible Information and communication needs

In line with the Accessible Information Standard the practice will:

Ask - At registration and during contacts, staff will ask patients if they have any information or communication needs related to a disability, impairment or sensory loss.

Record - These needs will be recorded clearly and consistently in the clinical system.

Flag - Records will be flagged so that staff can easily see that a patient has specific communication needs.

Share - With the patient's consent, relevant communication needs will be shared with other NHS and adult social care providers.

Meet needs -

- We will take reasonable steps to ensure patients receive information they can access and understand, and communication support where needed, for example:
  - Large print, easy read, braille
  - BSL interpreter, STTR, deafblind manual interpreter
  - Use of appropriate rooms (good lighting, reduced noise)
- We will:
  - Inform patients about the Accessible Information Standard via posters/website
  - Brief staff on how to identify and respond to communication needs
  - Clarify processes for booking interpreters and producing alternative formats.

For more detail, see BMA guidance: "Following the Accessible Information Standard" (England-focused but principles applicable): https://www.bma.org.uk/advice-and-support/gp-practices/communication-with-patients/following-the-accessible-information-standard

8. Online access to GP records (where applicable)

- We recognise the contractual move towards prospective online access to GP-held records.
- Any implementation will:
  - Be preceded by a Data Protection Impact Assessment (DPIA) to identify and mitigate risks, including:
    - Potential harm from patients viewing upsetting results or diagnoses without support
    - Risks in abusive or coercive relationships
    - Third-party confidentiality and serious harm tests
    - Workload implications for the practice

9. Pushing back on inappropriate workload

- The practice will use BMA and All Wales Communication Standards to push back on inappropriate workload transfer from secondary care, prescribers and Health Boards.
- Template letters may be used where requested work is inappropriate, while considering whether individual patients might suffer adversely from any dispute.
- The practice will liaise with the Local Medical Committee (LMC) and BMA Cymru Wales where needed.

10. Patient information and engagement

We will:

- Display opening times and access routes (walk-in, telephone, online) on:
  - Our website
  - Practice leaflet
  - Within practice premises
- Seek feedback from patients and use it to refine our access processes.