

<b>Agenda Item 6</b>
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Report to (Board/Sub-Committee):	Joint Co-Commissioning Committee
Date of Meeting:	11 <sup>th</sup> July 2017
Subject:	Extended Access to General Practice
Presented by:	Sarah Dawson, Service Project Lead

**STATUS OF THE REPORT**

For Discussion √

<b>PURPOSE OF REPORT:</b>	<p>The attached report has been prepared to update the Joint Co-Commissioning Committee regarding the timeline and process for developing local arrangements for extended access to general practice.</p> <p>The local specification will reflect the NHS England core national requirements (set out in the attached report), but will also build in local requirements for a closer link to the Care Homes. It will also specify what is meant by practices being 'open' and that this must be the case during core hours in order to be eligible for the extended access service, as discussed at a previous Committee meeting. However, we have been advised by NHS England that national discussions may affect this, and this is therefore subject to further change.</p>
<b>Recommendations:</b>	The Joint Co-Commissioning Committee is asked to note the timeline and process for developing local arrangements for extended access to general practice, and to comment or provide feedback.
<b>Sub Committee Process and Assurance:</b>	The outline plan was shared with the GP Development Group on 17 <sup>th</sup> May 2017. The draft specification for extended access will be discussed at a specific working group with local practice representatives on 20 <sup>th</sup> July 2017.
<b>Implications:</b>	
<b>Risk Assurance Framework Implications:</b>	There is a risk to the CCG achieving its target of 50% of the population to be covered by extended access in March 2018 if this is not progressed.
<b>Legal Implications:</b>	N/A
<b>Equality Impact Assessment implications:</b>	<i>An Equality Impact Analysis / Assessment is not required for this report. <b>No</b></i>

<b>Finance Implications:</b>	The CCG has non-recurrent funding and some local new recurrent funding to support extended access to commence towards the end of 2017/18. New additional national funding will be received within the CCG allocations in 2017/18 and 2018/19, subject to NHS England being assured that the CCG plans will meet their 7 core requirements for extended access (detailed in the attached paper).
<b>Quality Implications:</b>	There is scope to improve quality in general practice services through collaboration between practices and sharing of best practice.
<b>Procurement Decisions/Implications (Care Contracting Committee):</b>	The Care Contracting Committee will be asked to consider any potential procurement implications prior to the plans being finalised.
<b>Engagement Implications:</b>	The outline proposal has been discussed with the GP Development Group. The 'Keeping the Door Open' Survey, which was carried out at the end of 2016, has helped to inform the local plans. Further engagement with their constituent PPGs/practice populations on the actual model will be a requirement of the federations as they develop their responses.
<b>Conflicts of Interest</b>	N/A
<b>Strategic Objectives</b> <i>Short summary as to how the report links to the CCG's strategic objectives</i>	<p>1. <i>Sustainable Services</i> Investment of the funding into the new practice federations to share resources and plan improvements would support sustainability of services and effective use of funding.</p> <p>2. <i>Empowering People</i></p> <p>3. <i>Supporting Communities</i></p> <p>4. <i>Delivering a fit for purpose organisation</i></p>
<b>NHS Constitution:</b>	 NHS_Constitution_WE B.pdf  <i>Does the report and its recommendations comply with the requirements of the NHS constitution? Yes</i>  <i>If Yes, please summarise key issues</i>
<b>Report exempt from Public Disclosure</b>	No

<b>Appendices / attachments</b>	No attachments (detail follows on pages 3 to 5).
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## Developing Local General Practice Extended Access Arrangements

### 1.0 Background

There has been willingness within the CCG area for some time to develop collaborative extended access arrangements. This was demonstrated through the NEL Docks Collaborative project, which submitted a bid through the Prime Ministers Challenge Fund process but was supported by NHS England through an alternative funding source. Whilst this was unable to continue in its existing form, as reported to the previous Committee, there have been some valuable lessons learnt and it has provided a good basis upon which to build new collaborative access plans. The newly formed GP federations are well placed to take this forward, alongside their 'at scale' service delivery plans for the management of chronic and complex conditions.

The NHS England planning guidance for 2017/18 set out plans for the expectations for extended access across England and the CCG's GP Forward View Delivery plan included the CCG's response to this.

This paper sets out the proposed requirements and process for taking forward collaborative general practice access plans across North East Lincolnshire.

### 2.0 Core Requirements

The NHS England national requirements for coverage of extended access are as follows:

50% of population covered for extended access	31 <sup>st</sup> March 2018
100% of population covered for extended access	31 <sup>st</sup> March 2019

There were a number of core requirements stipulated within the planning guidance by NHS England for extended access which must be met in order to secure the new additional funding. This is therefore a key part of the local specification. The core requirements are set out below.

Timing of appointments:

- commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs;
- provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; and
- appointments can be provided on a hub basis with practices working at scale.

Capacity:

- commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.\*

Measurement:

- ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

#### Advertising and ease of access:

- ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service;
- ensure ease of access for patients including:
  - all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
  - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

#### Digital:

- use of digital approaches to support new models of care in general practice.

#### Inequalities:

- issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

#### Effective access to wider whole system services:

- Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services.

\* National funding starts at £3.34 per head of population in 2018/19, rising to £6 per head of population in 2019/20. The minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population reflected this stepped implementation approach. However, the CCG is putting non-recurrent funding into the service in 2018/19 to enable a start at £6 per head of population and is therefore requesting 45 mins per 1000 population from the outset.

### 3.0 Local Requirements

NEL CCG's GP Forward View delivery plan included an expectation of 50% coverage of extended access by March 2018.

In addition to the core national requirements, the CCG is specifying that the federations include a co-ordinated Care Home response within their plans for extended access. It is also expected that their collaborative services for managing patients with long term conditions, including the complex patients, is a key part of the service offered, particularly for pre-bookable appointments: as the federations will be developing shared teams that work with each of the practices within the federation, this will assist with capacity to deliver extended access.

Furthermore, the CCG has drafted a statement regarding requirements for being 'open' in both core and extended hours (as a requirement to be eligible for this service), as follows:

*Within core hours: Practice premises are open 08.00 to 18.30 hours Monday to Friday (except bank holidays), with a manned reception desk and the practice telephone line is answered in person (where caller selects option to speak to somebody) with access to GP advice, including face to face if necessary. It is expected that there will be a GP presence and oversight of service delivery every week day, although it is recognised that on very limited occasions GP advice may be accessible only by telephone.*

*Within extended hours: Practice telephone line is answered in person (where caller selects option to speak to somebody) throughout extended hours. Patient is able to access face to face support from a GP, where required, within a nominated primary care centre that is easily accessible to them. It is expected that there will be a GP presence and oversight of service delivery within the extended access operating hours, although it is recognised that on limited occasions GP advice may be accessible only by telephone.*

This will clearly need further discussion with NHS England, and it is understood that there may be discussions nationally regarding this issue, which could change this definition.

#### **4.0 Timeline**

Draft specification discussed at working group	20 <sup>th</sup> July 2017
Care Contracting Committee paper regarding process	12 <sup>th</sup> July 2017
Final specification to be issued out to local federations	31 <sup>st</sup> July 2017
Expressions of interest to CCG from local federations	8 <sup>th</sup> September 2017
Confirmation to federations of approval to commence	25 <sup>th</sup> September 2017
Implementation planning	October 2017
Extended Access operating with 50% coverage of NEL population	31 <sup>st</sup> March 2018

#### **5.0 Engagement**

In terms of provider engagement, the CCG has discussed the high level plan with the GP Development Group on 17<sup>th</sup> May and has arranged a working group to discuss a draft specification on 20<sup>th</sup> July 2017, to help further shape the requirements. Updates will be discussed with the GP Development Group throughout the process.

The public engagement survey on access to general practice services – ‘Keeping the Door Open’ – helped to shape up the plans as they are now. However, it is recognised that further engagement with patients and the general public will be required as plans progress. It is expected that much of this will be done at federation level, but supported by CCG wide comms at specific points in time.

#### **6.0 Recommendation**

The Joint Co-Commissioning Committee is asked to note the plans and provide feedback or comments to support the process.