### PURPOSE OF REPORT:

This report has been prepared to provide the Co-Commissioning Committee with an update regarding local arrangements for extended access to general practice.

Previously, the intention was to offer the service to GP federations and this decision was supported by Care Contracting Committee (CCC) in July 2017.

Shortly following this decision, a national Urgent Care Specification was announced which would have implications for extended access and the decision was taken to pause any development until release of the specification. In addition, NHSE have released further guidance around procurement of extended access services.

A recent paper to CCC requested approval of a pilot with local practice groupings to support the latter end of winter 2017/18 and to provide data that would support a future procurement and this was supported by CCC.

### Recommendations:

The Co-Commissioning Committee are asked to note the pilot proposal for developing local arrangements for extended access to general practice and to comment or provide feedback.

### Sub Committee Process and Assurance:

The proposal was supported by CCC in January 2018

### Implications:

#### Risk Assurance Framework Implications:

The intention is to procure the service once local requirements are better understood following the pilot. There will be a review at 6 months.

#### Legal Implications:

The CCG, following Public Contract Regulations will need to procure a service in the future and the process we have set out to develop a service specification through a pilot should prepare the CCG for being able to carry out this requirement.

The attached paper provides an update on the progress of extended access delivery and proposal to deliver as a pilot in the first instance across practice groupings prior to a wider...
procurement for the service.

**Equality Impact Assessment implications:**

An Equality Impact Analysis / Assessment is not required for this report. **No**

If Yes:
An Equality Impact Analysis / Assessment has been completed in accordance with CCG policy. **Yes /No**

- There are no actions arising from the analysis / assessment
- There are actions arising for the analysis / assessment which are included in section in the enclosed report

**Finance Implications:**

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.

**Quality Implications:**

There is scope to improve quality in general practice services through collaboration between practices and sharing of best practice.

**Procurement Decisions/Implications (Care Contracting Committee):**

Future procurement may mean the provider being part of the Alliance Contract or being managed by the Alliance, as we anticipate that this service, particularly the urgent / on the day appointments, will form a key part of the local urgent care system.

**Engagement Implications:**

The original 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 PPGs/practice populations on the actual model will be a requirement of the service.

**Conflicts of Interest**

N/A

**Strategic Objectives**

Short summary as to how the report links to the CCG’s strategic objectives

1. **Sustainable Services**
   Securing the service ‘at scale’ across the larger population size will support sustainability of services.

2. **Empowering People**

3. **Supporting Communities**

4. **Delivering a fit for purpose organisation**

**NHS Constitution:**

[PDF](NHS_Constitution_WE_B.pdf)
<table>
<thead>
<tr>
<th><strong>Does the report and its recommendations comply with the requirements of the NHS constitution?</strong></th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>If Yes, please summarise key issues</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Report exempt from Public Disclosure</strong></td>
<td>No</td>
</tr>
<tr>
<td><strong>Appendices / attachments</strong></td>
<td>See attached paper</td>
</tr>
</tbody>
</table>
Considerations for Procurement of ‘At Scale’ General Practice Extended Access

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 the form used for the pilot, there have been some valuable lessons learnt which can inform local extended access plans.

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.

In July 2017, the CCG’s Care Contracting Committee (CCC) were asked to support the proposal to commission extended access at scale, across GP Federations and the proposal was shared with the Co-Commissioning Committee. Shortly following this decision, a national Urgent Care Specification was announced which would have implications for extended access and the decision was taken to pause any development until release of the specification. In addition, NHSE have released further guidance around procurement of extended access services.

This paper sets out the proposed requirements and process for taking forward extended access plans across North East Lincolnshire to pilot extended access in North East Lincolnshire General Practices, on the basis of collaboration across a larger list size, prior to a procurement process for the longer term service.

Service

Below is an outline of NHS England national requirements for coverage of extended access:

- 50% of population covered for extended access 31st March 2018
- 100% of population covered for extended access 31st March 2019

There are 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.

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 would like to include collaborative services for managing patients with long term conditions, including the complex patients, as a key part of the service offered, particularly for pre-bookable appointments.

The urgent / on the day appointments offered as part of the extended access arrangements should also align with the local integrated urgent care system.

Investment

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.

The CCG has some non-recurrent funding within 2017/18 to support early implementation, ahead of the national funding being released.

Revised proposal

Previously, the proposal was to offer the service for extended access, including both bookable and urgent appointments to local practices on the basis of collaboration with others, covering a population footprint of 30-50,000 population. Shortly after this proposal was supported by the CCC and shared with the Co-
Commissioning Committee, a national urgent care specification was announced which would likely impact on the urgent extended access. Therefore, further progress was paused in anticipation of this specification. Recent publication of the national Integrated Urgent Care specification has highlighted that urgent appointments might best be delivered as one service across the whole of North East Lincolnshire, linking in with the new urgent care service as defined by the national specification to maximise clinical utilisation.

The proposal for extended access has therefore evolved in line with this, meaning that the urgent care extended access appointments and capacity could also support the local urgent treatment centre.

As data regarding volumes of calls and appointments within general practice is not routinely collected, nor is there any intelligence regarding the split between on the day and pre-bookable requirements, there is still more work required to collate a more rich data set which will better inform the CCG’s ultimate specification for extended access.

**Procurement approach**

Previously, the proposal was to offer extended access to each of the GP practices within North East Lincolnshire, with a stipulation that they delivered this by working in collaboration with others. More recent guidance from NHS E advises procurement for extended access.

The revised proposal for North East Lincolnshire is to offer extended access as a pilot to practices working in collaboration for the latter winter period 2017/18 and through to September 2018, in line with the Integrated Urgent Care timescales. This would support urgent care access during the very busy winter period, providing support to the wider care system. It would also allow for robust data collection around utilisation allowing us to refine the requirements prior to future procurement.

**Recommendation:**

The Co-Commissioning Committee are asked to consider the proposed approach of a pilot for extended access within North East Lincolnshire General Practices, on the basis of collaboration across a larger list size as outlined above, prior to future procurement, and to provide comment or provide feedback.