

Agenda Item 08

Report to (Board/Sub-Committee):	Primary Care Commissioning Committee
Date of Meeting:	29 <sup>th</sup> May 2018
Subject:	Extended Access Plans Update
Presented by:	Sarah Dawson

**STATUS OF THE REPORT**

For Information	<input checked="" type="checkbox"/>	√
For Discussion	<input type="checkbox"/>	
For Approval / Ratification	<input type="checkbox"/>	

<b>PURPOSE OF REPORT:</b>	This is to provide an update as to the progress on implementing extended access in primary care in North East Lincolnshire.
<b>Recommendations:</b>	The Primary Care Commissioning Committee is asked to note the update for developing local arrangements for extended access to general practice, and to comment or provide feedback.
<b>Sub Committee Process and Assurance:</b>	Care Contracting Committee supported the approach to deliver the service initially via practice groups prior to a procurement commencing in March 2019.
<b>Implications:</b>	
<b>Risk Assurance Framework Implications:</b>	There is a risk of potential challenge if other providers are not offered the opportunity to deliver these services. However, at this stage it is an interim service is being taken forward and the CCG will be commencing procurement for the longer term delivery of this service from March 2019, once the specification has been further tested and refined. The Care Contracting Committee have reviewed the proposal and supported this approach.
<b>Legal Implications:</b>	As above.
<b>Equality Impact Assessment implications:</b>	<i>An Equality Impact Analysis / Assessment is not required for this report. No</i>
<b>Finance Implications:</b>	New additional national funding will be received within the CCG allocations in 2018/19, subject to NHS England being assured that the CCG plans will meet their 7 core requirements for extended access. CCG non-recurrent funds (identified through GPFV funding) will also be used in the first year.
<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 CCG will be undertaking procurement for the service from March 2019. Any 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 on the day appointments, will form a key part of the local urgent care system.
<b>Engagement Implications:</b>	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 has been undertaken in developing the interim solution service.
<b>Conflicts of Interest</b>	<i>Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available? Yes.</i>  All GPs on the Primary Care Commissioning Committee are involved in one of the local Federations.
<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> <i>Securing the service 'at scale' across the larger population size will support sustainability of services.</i></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>  Improved Access
<b>Report exempt from Public Disclosure</b>	No
<b>Appendices / attachments</b>	See attached paper (pages 3 to 5)

# Interim Extended Access service in Primary Care

## 1. Background

The NHS England planning guidance for 2018/19 sets out plans for the expectations for full rollout of extended access across England by 1<sup>st</sup> October 2018; this timescale is ahead of the original expectation of March 2019 and the CCG plans have therefore been adjusted to meet this timescale.

The CCG's Care Contracting Committee (CCC) has approved an approach to move forward initially with an interim service, working with the local federations, based on the rationale that it would support urgent care access during the busy winter period, providing support to the wider care system and allow for robust data collection around utilisation allowing us to refine the requirements prior to procurement. This paper sets out the progress to date for taking forward this interim solution across North East Lincolnshire, prior to a procurement process commencing in March 2019 for the longer term service.

## 2. Service

As noted above, there is now an expectation for 100% of population to be covered for extended access by 1<sup>st</sup> October 2018

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 where demand requires.

Measurement:

- ensure usage of a nationally commissioned new tool 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.

### 3. Progress

Following the decision of the CCC to support an interim extended access service through practice groupings in North East Lincolnshire, federations were invited to express an interest in delivering the service. All federations expressed an interest to take part, delivering the service for their patient population.

#### Key Milestones:

Milestone	Progress to date
Clinical System Unit Agreed	Agreed for all federations *
Hubs identified	All hubs confirmed
IT support for extended access agreed	Proposal received including timescales to implement
Prescribing arrangements to support extended access	Agreed for 2 federations and implementation commenced
Additional pathlab collections agreed	Proposal received and commencing with contract arrangements
Inequalities reviewed and actions considered	Inequalities reviewed through federations and through the GP Provider Group and actions identified
Specification revised, data sheet and agreement developed	Spec revised, data sheet agreed. Agreement developed.
Discussions and agreement with SPA to book into weekend appointments	Discussions taken place. Further development of steps to implement to take place over next 2 months (to commence once all federations are providing service)
Comms plan developed	Discussions commenced. Plans in place for staff comms within federations and plan to be developed for area wide launch to commence once dates confirmed for all federations

\*Recent changes following discussions between TPP (SystemOne provider) and NHS Digital have resulted in a change of unit type

Fortnightly meetings were arranged and have taken place with good attendance and input from all federations and the development of the interim service has progressed at pace. In addition, meetings have taken place with the federations and other providers whose services need to support the development of the interim solution (SystemOne, EMIS and EMBED).

Patient engagement has taken place including an update to the Community Forum, a workshop as part of the Accord Way Forward event and engagement with PPGs. This is in addition to the CCG's survey regarding GP access – 'Keeping the Door Open' – at the end of 2016.

There are a number of factors that impact on the timeframe for implementing extended access; in particular development of patient record systems (SystemOne and EMIS) to enable shared access to appointment rotas and patient notes, of prescribing arrangements to support the joint service, development of supporting services to enable extended access (pathlab collections) and development of IT support outside of core hours.

Actions to address the above have taken place over the last 3 months and are being finalised to support implementation. The interim service will now commence in a phased approach with the 3 federations likely to commence the service at different times over the coming months, with one federation planning to start in June and the remaining 2 by September.

Discussions have also taken place with the local Single Point of Access (SPA) who triage patients prior to arranging an out of hours appointment and the intention is that the SPA would have access to book appointments over the weekend into the extended access service.

Recent learning from the early adopters of extended access clearly indicate that sufficient time (up to 6 months) is required to develop and implement the service. It also highlighted that the service takes time to embed locally to be effectively utilised by patients and that changes to delivery may be required as the service develops to ensure the service meets local patient needs. A data set has been established and a collection process agreed across the 3 federations to inform the procurement process early in 2019, with the service commencing October 1<sup>st</sup> 2019. The current timeframe for delivering the interim solution should ensure sufficient data is available to support a fully developed specification prior to the procurement process commencing.

#### **4. Recommendation**

The Primary Care Commissioning Committee is asked to note the plans and provide feedback or comments to support the process.