

Agenda Item 13

Report to: (Governing Body/Committee): Primary Care Commissioning Committee

Date of Meeting: 30th July 2019

Subject: Provision of the Extended Access Service from October 1st 2019

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STATUS OF THE REPORT (auto check relevant box)

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure No Yes

PURPOSE OF REPORT:

This paper has been prepared to update the PCCC regarding the Extended Access service and to request that the PCCC considers the option to extend the interim service, which is currently commissioned until September 30th 2019, via the Primary Care Networks for a further 6 months from October 1st 2019.

The CCC previously supported the decision to commission an interim service to enable the service to be established within shortened national timescales and to allow for data collection and evaluation to inform the future service specification. As the CCG also wished to retain the link to the registered patient list, practices were asked to collaborate to deliver this service; the vehicle used to do this was the Federations. The interim service is commissioned until 30th September 2019 and prior to the development of PCNs the CCC agreed that this could be extended to March 31st 2020 if the Federations agreed to a number of requirements. Advice from the contracts team is to novate these interim arrangements across to the lead practices for the PCNs, now that there is a nationally recognised vehicle for commissioning from networks of practices, and this change has taken place. This does not represent any change in service, as the practices are continuing to deliver the service in the same way.

Since this decision, to extend the service, the Long Term Plan has been published and sets out the vision for the development of Primary Care Networks (PCNs), which will form the foundation for the delivery of integrated care to the local population. PCNs are groups of GP practices working more closely together, with other primary and community care staff and health and care organisations, providing integrated services to their local populations.

Previously, the CCG had been intending to undertake a procurement process at the end of the interim service. However, the national direction set out within the Long Term Plan and GP Contract requirements is that PCNs will be entitled to the Extended Access services by 2021, or sooner. When this happens is dependent upon the current contract arrangements in place. CCGs where the contract ends sooner than 2021, can choose to transfer the funding to the PCNs earlier.

The CCG's position is that it would not be reasonable to undertake a procurement exercise for the service for such a short term period when the entitlement for PCNs is due to come into effect. However, as part of a set of Frequently Asked Questions, NHSE has advised that where there is a short term contract "NHS England and NHS Improvement will be undertaking a review of extended access services this year. In the interim, it would make sense to only contract at £6 per head (or less) for the duration of the 2019/20 financial year, so as not to pre-empt the outcomes of the review".

	The interim service is commissioned until September 30th 2019 and therefore a decision on provision October 2019 onwards is required. Given the recent statement regarding the review by NHSE and NHSI, the recommendation is that the service is extended through the PCNs until March 2020 allowing opportunity to assess the outcomes of the review and any changes needed as part of this.	
Recommendations:	The PCCC is asked to: <ul style="list-style-type: none"> • Note the update regarding the current Extended Access service • Approve the proposal to extend the interim service from October 1st 2019 to March 31st 2020, commissioned from PCNs. 	
Committee Process and Assurance:	A discussion was held at the CCC meeting on 10 th July. The advice from the contracting team is that whilst there is still a potential risk of challenge from other providers for the period between the end of the current interim service and the time that the service will become an entitlement for PCNs, this is low risk. The benefits of maintaining the link to the registered patient list, and not causing disruption to the service in the meantime outweigh this risk.	
Implications:		
Risk Assurance Framework Implications:	There is a potential risk of challenge from other providers for the time between the end of the current contract and the 2021 date when the service becomes an entitlement for PCNs, but as highlighted above this is low risk, given national direction, and the benefits of the proposed approach outweigh this risk.	
Legal Implications:	As above	
Data Protection Impact Assessment implications (DPIA):	Are you implementing a new system, data sharing arrangement, project, service redesign or changing the way you work?	No
	If yes to the above – have the DPIA screening questions been completed?	Choose an item.
	Does this project involve the processing of personally identifiable or other high risk data?	Choose an item.
	If yes to the above has a DPIA been completed and approved?	Choose an item.
Equality Impact Assessment implications:	An Equality Impact Analysis/Assessment is not required for this report	<input checked="" type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and approved by the EIA Panel. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment	<input type="checkbox"/>
	An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section of the enclosed report	<input type="checkbox"/>
Finance Implications:	The service will continue to be funded at £6.00 per head of population.	
Quality Implications:	This report details a positive impact on quality. <input type="checkbox"/> The proposal put forwards, if agreed, would have a positive impact in terms of enabling providers to meet safe staffing targets. Retention and recruitment is forecast to be improved, which would have a positive impact on the safe delivery of local services. This report details a neutral impact on quality. <input checked="" type="checkbox"/> The report will not make any impact on experience, safety or effectiveness. This report details a negative impact on quality. <input type="checkbox"/> The report details the need for budgets to be significantly reduced. It is clear that the report summarises that quality will be negatively impacted by this as decisions to remove services/provide a lower level of provision to solely meet the ‘must do’s’ of provision in terms of meeting people’s needs has to be made. It is forecast that service user experience will be negatively impacted by this position.	

Extended Access Update and Post September 2019 Provision

Background

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

As the CCG wished to retain the link to the registered patient list, practices were asked to collaborate to deliver this service; the vehicle used to do this was the Federations. In December 2017, CCC was asked to support the proposal to commission an extended access pilot delivered via the practice federations, prior to procurement. The proposal was to commission the pilot commencing the latter winter period 2017/18 and was supported by the CCC in January 2018. Implementation of the service required further time than originally anticipated and in March 2018, the CCC supported an extension of the interim service until September 30th 2019 to allow sufficient time for data to be collected and the service to be reviewed.

The interim service is commissioned until 30th September 2019 the CCC agreed that this could be extended to March 31st 2020 if the Federations agreed to a number of requirements. Advice from the contracts team is to novate these interim arrangements across to the lead practices for the PCNs, now that there is a nationally recognised vehicle for commissioning from networks of practices, and this change has taken place.

This paper sets out the delivery of the service to date and the proposal for service delivery beyond September 2019.

Service Update

The commissioned interim service commenced October 1st 2018 and is now delivered by the 5 PCNs for their registered populations.

The service is currently delivered separately by 2 of the PCNs and jointly by the remaining 3 for their registered population, providing services during the evenings and on weekends (7 days a week). Weekend cover for one of the Primary Care Networks (Freshney Pelham) is provided by Core Care Lincs on behalf of the federation and is delivered from the GP Out of Hours base at the hospital. The remaining PCNs provide their own cover.

The service provides appointments 6.30pm-8.00pm Monday-Friday and between 8am-12.00pm, Saturday and Sunday, although each federation opens for different hours during this time over the weekend. The service also provides appointments on Bank Holidays and hours are revised to reflect expected demand before, during and following the Bank Holiday.

Currently patients are unable to book appointments when their own GP practice is closed. The option to book through the SPA was proposed and following the decision around extending the interim service, this will be reviewed with the PCNs.

Each service provides a range of clinics and utilises a range of staff including nurses, Health Care Assistants and GPs, offering both pre-bookable appointments and on the day and including Long Term Condition clinics.

The service is advertised on all practice websites, within practices as well as on social media and practice reception staff have received training and support to ensure they are offering the slots available. The CCG has also advertised through social media and on their website as well as through urgent care services.

Average utilisation rates vary both across the PCNs between 51-94% and on the day (over the last 4 months) with an average utilisation rate across the CCG in June of 74%. Where the average utilisation rate is low, PCNs have made adjustments to the types of services offered during extended access in order to increase uptake.

Service Delivery October 2019 onwards

Previously, the CCG had been intending to undertake a procurement process at the end of the interim service. However, the national direction set out within the Long Term Plan and GP Contract requirements is that PCNs will be entitled to the Extended Access services by 2021, or sooner. When this happens is dependent upon the current contract arrangements in place. CCGs where the contract ends sooner than 2021, can choose to transfer the funding to the PCNs earlier. The CCG's position is that it would not be reasonable to undertake a procurement exercise for the service for such a short term period when the entitlement for PCNs is due to come into effect. However, as part of a set of Frequently Asked Questions, NHSE has advised that where there is a short term contract "NHS England and NHS Improvement will be undertaking a review of extended access services this year. In the interim, it would make sense

to only contract at £6 per head (or less) for the duration of the 2019/20 financial year, so as not to pre-empt the outcomes of the review”.

Given that the PCNs will be entitled to the funding for Extended Access from 2021 and that the national requirements may change in 2020 following a review of services, the recommendation is that the interim service is extended to March 31st 2020 through the PCNs and a further decision is taken once the outcomes of the national service review are known.

Recommendation

The PCCC is asked to:

- Note the update regarding the current Extended Access service
- Approve the proposal to extend the interim service from October 1st 2019 to March 31st 2020, commissioned from PCNs.