

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

Date of Meeting: 4th February 2020

Subject: Provision of the Extended Access Service from April 1st 2020

Presented by: Sarah Dawson, Service Lead, LTC and Primary Care

Report Author: Sarah Dawson, Service Lead, LTC and Primary Care

**Agenda Item 12**

**STATUS OF THE REPORT *(auto check relevant box****)*

For Information

For Discussion

For Approval / Ratification

Report Exempt from Public Disclosure  No  Yes

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| **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 March 31st 2020, via the Primary Care Networks for a further 6 months from April 2020. This would allow time to make any necessary changes based on the findings from the pending National Access Review, whilst ensuring continuation of the service.  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. CCC and PCCC supported the decision to novate these interim arrangements across to the lead practices for the PCNs, now that that there is a nationally recognised vehicle for commissioning from networks of practices, and this took place, July 2019***.*** It did not represent any change in service, as the practices continued to deliver the service in the same way.  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 results of the review are not yet available and as the service is commissioned until March 31st 2020 a decision on provision April 2020 onwards is required. Given the statement regarding the review by NHSE and NHSI and that the results from the review are not yet available, the recommendation is that the service is extended through the PCNs until September 30th 2020 allowing opportunity to assess the outcomes of the review and any changes needed as part of this, whist ensuring continuation of the service. | |
| **Recommendations:** | The PCCC is asked to:   * Approve the proposal to extend the interim service from March 31st 2020 to September 30th 2020 commissioned from PCNs. | |
| **Committee Process and Assurance:** | A discussion was held at the CCC meeting on 10th 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 (2021), 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  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  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 | |
| **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.  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.  The report will not make any impact on experience, safety or effectiveness.  This report details a negative impact on quality.  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. | |
| **Procurement Decisions/Implications *(Care Contracting Committee):*** | There is a potential risk of challenge from other providers for the 12months between the end of the current contract and the 2021 date when the funding becomes an entitlement for the PCNs, but as highlighted above this is low risk. | |
| **Engagement Implications:** | There are no engagement implications associated with this proposal, as it does not affect the delivery of the service. | |
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| **Conflicts of Interest** | *Have all conflicts and potential conflicts of interest been appropriately declared and entered in registers which are publicly available?*  Yes  No | |
| **Links to CCG’s Strategic Objectives** | Sustainable services  Empowering people  Supporting communities  Delivering a fit for purpose organisation | |
| **NHS Constitution:** | <https://www.gov.uk/government/publications/the-nhs-constitution-for-england> | |
| **Appendices / attachments** | Please see | |

Extended Access Update and Post March 31st 2020 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. 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. With the development for PCNs following the publication of the NHS Long Term Plan in January 2019, PCNs became the nationally recognised vehicle for commissioning from networks of practices. CCC and PCCC supported the decision to novate the interim arrangements for extended access across to the lead practices for the PCNs and this took place, July 2019. It did not represent any change in service, as the practices continued to deliver the service in the same way.

The CCC and PCCC supported an extension of the service to March 31st 2020 to allow time for the results of the National Access Review. Advice from the contracts team was to novate these interim arrangements across to the lead practices for the PCNs, now that 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 March 31st 2020.

**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.

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.

Utilisation rates across the CCG vary between 61-71%, September to November 2019. Where the average utilisation rate is low, PCNs continue to make adjustments to the types of services offered during extended access in order to increase uptake.

**Service Delivery April 2020 onwards**

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 results of this are not yet available and as the service is commissioned until March 31st 2020 a decision on provision April 2020 onwards is required. 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 for a further 6 months to September 30th 2020 through the PCNs and a further decision is taken once the outcomes of the national service review are known. Any changes resulting from the National Access Review findings during the extended timeframe would look to be implemented during this time.

Recommendation

The PCCC is asked to:

* Approve the proposal to extend the interim service from April 1st 2020 to September 30th 2020, commissioned from PCNs.