

NHS Rotherham Clinical Commissioning Group

Primary care sub-group – 29 November 2017

LMC officers – Discussion

Primary care committee – 13 December 2017

Extended access arrangements update

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Purpose:

The purpose of this paper is to update the committee of the progress in relation to extended access since the November Primary Care Committee

Background:

The GP forward View set out how additional funding would be provided to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services including sufficient routing appointments at evenings and weekends to meet locally determined demand alongside effective access to out of hours and urgent care services. This made clear that this was not about every GP or every practice nurse having to work 7 days or that every practice would have to open 7 days per week.

More detail of the requirement for the funding was identified in the NHS operational planning guidance 2016-19. This identifies that recurrent funding to commission additional capacity and improve patient access would increase over time. In 2017/18 CCGs not currently with a General Practice Access Fund Scheme have not received any additional funding. From 18/19, we will receive £3.34 per head and in 2019/20 at least £6 per head extra recurrently. To be eligible for additional recurrent funding, CCGs will need to commission and demonstrate the following:

- Commission weekday provision of access to prebookable and same day appointments to general practice services in evenings (after 6.30pm) to provide an additional 1.5 hours per day; (*this was later clarified to include before 8am provision*)
- Commission weekend provision of access to pre-bookable and same day appointment 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;
- Appointments can be provided on a hub basis with practices working at scale
- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population;
- Ensure usage of a nationally commissioned new tool to be introduced during 17/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvement in matching capacity to times of high demand;
- 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 address these appointments and associated service;
- All practice receptions to direct patients to the service and offer appointment to extended hours

- service on the same basis as appointment to non-extended hours services;
- Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointment;
 - Use of digital approaches to support new models of care in general practice;
 - Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place

Analysis of key issues and of risks

At the last Primary Care Committee, the primary care team were asked to establish if there was capacity in the practices to undertake the extended access DES as well as a local extended access LES. It was therefore agreed that a survey would be sent out to all practices. This was completed and sent to practices with a return on 4 December. We have since been asked to extend the closing date to 12 December to enable the LMC to provide more information to practices to ensure their decisions are fully informed. A verbal update will be provided at the committee.

It was also agreed that whilst patient engagement had been undertaken at events and feedback being taken in relation to the hub arrangements. The primary care team would work with the RCCG Patient engagement lead to develop a short questionnaire for patients. This has been sent with a return of 11 December, a verbal update will therefore be provided at the committee.

Further to the discussions at Primary Care Committee, discussion has also commenced locally and with SYB regarding the potential of improving access via an 'App' and enabling remote consultations.

Because of performance issues in the system regarding the 4 hour access target, there is additional pressure regarding primary care extended access arrangements.

Financial Implications:

In 17/18, £48k funding for access was identified in our allocation notification however to date this has not been received and is being queried by NHS England, this could place a small cost pressure on the budget which is currently being offset by which has been utilised to fund the Saturday hubs. We have an additional pressure of £22k to provide extended access cover for the remaining practices and universal coverage which has been incorporated into the plan. As we have to achieve 50% cover by March 2018 this could be achieved via the hub providing universal cover.

In 18/19 we will receive funding of £938k for access.

Human Resource Implications:

N/A

Procurement:

Recommendations:

To note the actions undertaken since the last Primary Care Committee.