

NHS Rotherham Clinical Commissioning Group

Operational Executive (if relating to RCCG business, and not delegated) – 18 March 2022

Strategic Clinical Executive – 23 February 2022

Primary Care Sub Group – 23 February 2022

Primary Care Network Directors – 9 February 2022

Primary Care Committee – verbal discussion 9 March 2022

Extraordinary Primary Care Committee – 31 March 2022

Primary Care Committee – 11 May 2022

Title: Extended access arrangements – 2022-23

Lead Executive:	Ian Atkinson, Executive Place Director
Lead Officer:	Jacqui Tuffnell, Head of Commissioning
Lead GP:	Avanthi Gunasekera, SCE GP lead, Primary Care & David Clitherow, SCE GP lead, urgent care

Purpose:

To recommend a way forward for primary care extended access arrangements for 2022/23.

Background:

Rotherham GP practices currently provide over 1.5m appointments per year. In addition to this, since 2017 additional capacity has been added into the system in the form of additional extended access has been providing 27426 appointments per annum. During 2020 and 2021 extended access monies were also utilised to support the hot site, hot visiting and the PCN winter schemes.

Planning is now required to determine the arrangements for 2022/23. Commissioning arrangements for extended access have been extended to CCGs/ICB until October 2022, it is unclear as yet if a specification will be produced and the arrangements transferred to PCNs for delivery from October 2022.

There has been really positive feedback in relation to the impact the current hot site and visiting have had on practices whilst acknowledging it is important that all practices have their 'fair share' of these arrangements.

Options for 2022-23

Retain current extended access hours of 132 per week but with an improved spread of hours across PCNs (this is a current minimum requirement) **£667k full year** (this excludes Federation clinical leadership costs).

2 cars for home visiting **£21,204 per month**

Daytime GP/ANP/Receptionist – 10am-6pm, 7 days **£39,858 per month (this does not include any premise/service charge costs)**

PCN winter scheme **£264,000**

To note, that care navigation/telephonist support needs to be a key element of extended access to ensure there is sufficient capacity for telephone answering

A range of options (6 in total) have been discussed with a preference from the PCN Directors and LMC for the following:

Option 6:

Minimum 132 hours **£ 667,000**

PCN winter scheme **£ 264,000**

Same day/additional GP/ **£ 660,000**

Additional capacity/visiting

TOTAL **£1,591,000** Note there is reduced slippage for premises/service charges in this option

NHSE contract changes

Since commencing the discussions in relation to extended access for 2022/23, NHSE have cascaded the GP contract amendments for 2022/23 which changes the plans for 2022/23:

- the two funding streams currently supporting extended access will fund a single, combined and nationally consistent access offer with updated requirements, to be delivered by PCNs. This will bring together the current £1.44 per head Network Contract DES extended hours funding and the current £6 per head CCG-commissioned extended access services. This transfer to PCNs was delayed as a result of the COVID-19 pandemic and delivery will now start from October 2022, with preparatory work from April 2022
- currently there is a minimum requirement to deliver services 7 days per week but this is changing to Mon-Fri 6.30pm – 8pm and Saturday 9am-5pm
- currently there is a minimum requirement in the CCG commissioned extended access element to deliver 30 mins per 1000 population however this has been amended to 60 mins per 1000 population

It is therefore proposed to implement Option 6 and DES extended hours for April-September to allow discussion in relation to October- March to take place with such significant changes to the requirements.

April – September 2022

Minimum 132 hours **£ 339,000**

Extended hours in practices funded separately by NHSE) **£ 193,300 (this can be removed if**

Same day/additional GP/ **£ 292,000**

Additional capacity**50% of PCN winter scheme****£ 132,000****TOTAL****£958,000**

– we are now expecting to receive more funding than last year approximately £1.9m so hopefully will still be able to continue the additional capacity into the system.

We are expecting proposals from the PCNs/Federation in relation to the arrangements for the second half of 2022/23 by the end of March and will then revise the paper so that the full arrangements can be approved.

Primary Care Delegation Responsibility:

Does this paper relate to Rotherham CCG or delegated business?

Rotherham CCG	X
Delegated	
Both Rotherham CCG and delegated	

Please indicate which area of delegated responsibility this paper covers:

Commissioning, procurement and management of GMS,PMS and APMS contracts including taking contractual action	
Newly designed enhanced services (including DES)	
Local incentive schemes	
Discretionary payments	
Commissioning urgent care for out of area registered patients	
Planning Primary medical care services (PMCS)	x
Managing practices with CQC / quality concerns	
Decisions on premise cost directions	
Planning the commissioning of PMCS	
Manage the delegated allocation for commissioning of PMCS	
Assurance to the governing body on the quality and safety of PMCS	

Analysis of key issues and of risks

Ability to mobilise services for start/stop periods of time.

Premises for a 7 day site are limited, currently Ridgeway is being utilised however this belongs to St Anns – costs of Rawmarsh are prohibitive

RCCG/ICB potentially only commissioning until the end of September

Reference to NHSE Primary Medical Care Policy and Guidance Manual (PGM):

Not applicable.

Equality Impact:

None identified

Financial Implications:

The envelope of funding for improving access in 21/22 was - £1.631m (not yet known for 22/23 but expected to be £1.91m). We would be able to remove extended hours £190k which would bring the arrangements back within the £1.631m envelope (£815,500 for 6 months).

To highlight the risk in relation to RCCG only having responsibility/funding for 6 months this financial year.
Human Resource Implications:
Not applicable
Procurement Advice:
Not applicable
Data Protection Impact Assessment:
Not applicable
Approval history:
<p>Discussion with PCN Directors on 9 February 2022</p> <p>Feedback from PCN Directors on 24 February 2022 – requesting Option 6</p> <p>Discussion with LMC Officers on 28 February 2022 – supporting Option 6</p> <p>OE on 18 March 2022</p> <p>Extraordinary Primary Care Committee 31 March 2022</p>
Recommendations:
<p>PCC members are asked to approve Option 6 for the first 6 months of 22/23 subject to the increased funding being confirmed and OE support on 18 March as this meets the new national requirements and offers support to Primary Care with same day services while Covid-19 is still active in the locality, continues the extended access service in the evenings and weekends and provides enhanced extended access and an additional site. This option also allows the Federation to offer flexibility and an agile response to demand for services throughout the year therefore it is possible that the expenditure may alter between the categories in year.</p>
Paper is for approval