

NHS Rotherham Clinical Commissioning Group

Access task and finish group – 25 October 2017

Operational Executive – 27 October 2017

Strategic Clinical Executive – 1 November 2017

Primary care sub-group – 25 October 2017

LMC officers – By email

Primary care committee – 8 November 2017

Access arrangements

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Purpose:	
<p>The purpose of this paper is to update the committee of the progress of the Access Task and Finish Group in relation to meeting the requirements set out in GP Forward View and the NHS operational planning guidance 2016-2019 and seek approval to proceed with the proposed delivery model.</p>	
Background:	
<p>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.</p> <p>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:</p> <ul style="list-style-type: none">- 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; (<i>this was later clarified to include before 8am provision</i>)- 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

The Access task and finish group has therefore been working on the local requirements to comply with the above requirements:

1. Currently there is 111.5 hours provision of extended hours via the extended hours DES. Unfortunately we are not able to include these hours in the minimum requirements. It is therefore proposed to convert the DES to a LES to enable the hours provided to be incorporated. The key reason for this is that from experience to date, patients have not utilised the hub arrangements, preferring to attend their own practice. From feedback, patients would prefer to continue having the ability to attend their own practice therefore RCCG would wish to enable this arrangement to continue whilst enabling the hours to be counted. Broom Lane have agreed to provide a hub provision for those practices not providing extended hours:

Woodstock Bower
Treeton
Wickersley
Parkgate
Greasbrough
Manor Field
Broom Valley

Broom Lane will be providing an additional 8.5 hours of provision of extended hours via a new extended hours LES (15 hours including their own extended access hours). This is less than 30 minutes per 1000 patients on the basis of utilisation of the hub evidencing that less patients utilise the hub than attending their own practice.

However, this arrangement will not satisfy the requirement of daily access to extended hours for the whole population. We will therefore require a hub to provide daily provision of extended access for those who do not find their practice arrangements convenient. It is proposed that this is piloted this year from Broom Lane which provides the central hub.

Total hours for extended weekday access: 126.5 per week

2. Saturday provision is currently provided by 2 hubs with Broom Lane providing access for central and South and their Kimberworth branch site providing access for the North. From October 2017 a third hub will open in the South (Dinnington) and Broom Lane will return to providing access for central practices. Therefore all population have access to Saturday appointments. From December 2017, Broom Lane will provide Sunday hub access for all Rotherham population.

Total hours for extended weekend access: 12

3. We will start, in 2018, to collect and analyse information regarding the utilisation of extended hours in practices to ensure this reflects demand
4. We are providing full coverage via hub arrangements
5. We are required, in 2018 to provide a total of 130 hours per week extended hours and from 2019 195 hours (although this is now being advised as being subject to utilisation). Currently, as DES extended hours are excluded we are achieving 9 hours per week extended hours which will rise to 138.5 hours when all population are covered, we have a third hub and we introduce Sunday access.
6. We will roll-out the use of the national tool once it becomes available.
7. The Federation have re-marketed the hub arrangements during August 2017. There was an initial increase in utilisation however this has since reduced again despite offering 'urgent' appointments to all practices from Thursday afternoon. We will be including the requirement for practices to display all extended hours arrangements on their websites as part of the refresh of the access standard in the quality contract, along with reception teams signposting the same as their own capacity.
8. We have already introduced telehealth in Rotherham with all practices now utilising MJOG. We are, via the NHSE transformation team reviewing the options for patient online consultations with a view to commencing roll-out later this year.
9. As practices are now using MJOG for Friends and Family Test, the numbers of responses have increased significantly providing a more reliable information source, we will review and address concerns raised regarding access, particularly given how this is incorporated into the quality contract.

Analysis of key issues and of risks

The key issue relates to not being able to include the extended hours DES hours. This will increase the cost of the scheme overall (costs identified in financial implications) and could also cause a pressure if practices continue to undertake the DES rather than transfer to the new LES as we would have to procure the additional hours separately.

There is still potential that this way of delivering is not acceptable to NHS England who from reading have a preference for delivery by hubs. It is hoped that this will not be the case and that we will have utilisation evidence to support our delivery model.

When originally piloting these arrangements, no practices in Rotherham identified any interest in delivery and work had to be undertaken to achieve practice support to deliver. NHS England are requiring CCGs to procure the extended access arrangements. As it would not be feasible for an alternative provider to deliver from 25 locations which is the requirement for this arrangement. It is proposed to issue a notice to establish if there is alternative interest in the universal coverage for weekdays, Saturday and Sunday which equates to 20.5 hours per week, £2503 per week which is £130,511 per annum.

Financial Implications:

In 17/18 there is only £48k funding for access 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 will be achieved via the hub providing universal cover.

In 18/19 we will receive funding of £938k for access. The new arrangement to provide 138.5 hours of extended access will cost £814,554. This provides some residual funding for increasing the hub hours if these prove to be insufficient.

Human Resource Implications:

N/A

Procurement:

We will be issuing a notice to establish if there is alternative interest in the universal coverage for weekdays, Saturday and Sunday which equates to 20.5 hours per week, £2503 per week which is £130,511 per annum.

Recommendations:

To approve the outlined delivery model for access.