

# NHS Rotherham Clinical Commissioning Group

Primary Care Network Directors – 21 August 2019

Primary Care Sub Group – 25 September 2019

Operational Executive – 4 October 2019

Primary Care Committee – 9 October 2019

## Improving access funding arrangements

Lead Executive:	Chris Edwards, Chief Officer
Lead Officer:	Jacqui Tuffnell, Head of Commissioning
Lead GP:	Dr Avanthi Gunasekera, SCE GP Lead for Primary Care

### Purpose:

To agree the Rotherham response to the additional funding for access which has been received by RCCG in 19/20.

### Background:

Almost all practices in Rotherham have provided extended access as part of the extended access DES. In 2017, NHSE commenced funding an additional requirement to provide an additional extended access requirement of 30 minutes per 1000 patients (132 hours for Rotherham). This offer must be accessible by 100% of the population unlike the extended access DES which was practice specific.

All CCGs were required to procure and achieve 100% coverage of the 30 minutes per 1000 patients by October 2018 and this was achieved in Rotherham. At that point and until 19/20 allocation, RCCG received a maximum of £3.34 per patient to improve access.

To date this has primarily been utilised to fund the additional 132 hours but also supports the Rotherham Healthcare APP as this facilitates not only online consultation but also e-consultation, self-care and the ability of patients to access their medical records without contacting their practices.

RCCG has recently been advised that it will receive the full £6 per head this financial year. Therefore there is a further £700k to invest in schemes which support improved access for patients.

Investment and evolution requires 100% of Rotherham population to be incorporated into the extended access DES by July 2019 and is funded separately from the £6 per head.

By April 2021 the funding for the extended hours DES and wider CCG commissioned extended access services will fund a single, combined access offer as an integral part of the Network Contract DES delivered to 100% of patients including through digital services like the Rotherham Healthcare APP. NHSE are reviewing a single coherent access offer however are asking Integrated Care Systems and their PCNs to go faster. It is considered that this will enable our system to role model how services can be brought together to undertake safe, effective and efficient ways of working and reduce

current duplication.

It is therefore proposed that the additional funding is considered in this wider context and to ensure the aims of joining up services, reducing variation in patient experience of long waits for appointments and provision of digital offers to reduce impact on services.

### Delegation responsibility:

Please tick 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)	
Managing practices with CQC 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	

### Proposal for increased improved access funding:

Since the UECC opened, the number of primary care attendances has reduced from the previous walk-in centre levels but steadily increasing, we believe some of this to be related to NHSE advising TRFT that they are only able to deflect patients into a service and cannot stream to general practice unless an appointment is available. In turn this is then leading to more patients advising others that they have been able to receive care and patients therefore 'sit and waiting' in UECC. We are also aware that some practices (advised by patients and staff working in practices) advise patients to attend UECC when they have utilised all their same day slots, in some practices they have not utilised the extended access hubs before advising this. RCGP has been really clear that the UECC was never intended to be a walk-in centre. Pragmatically there are a few options which could be implemented to address this:

1 – Accept that there are cohorts of patients who prefer to sit and wait and will not use practice systems to book appointments and either provide the facility to sit and wait on site at TRFT or in the current extended access hubs (as TRFT will then be able to send the patient to an available service). This option is not wholly supported by SCE GPs

#### Option 1 – 8am-8pm 5 week days on top of current hub provision

Hub	Additional Cost	Affordable
1 Hub (Broom)	685k	Yes
2 Hubs (Magna & Broom)	1.35m	No
3 Hubs (Magna, Broom & Dinnington)	2.05m	No

2 – Extend the current extended access hubs to 8am-8pm 3 or 5 days per week on a booked arrangement to receive referrals from practices and TRFT – APPROXIMATE COST

**Option 2(a) - 8am – 8pm 3 week days on top of current hub provision**

Hub	Additional Cost	Affordable
1 Hub (Broom)	327k	Yes
2 Hubs (Magna & Broom)	714k	Yes
3 Hubs (Magna, Broom & Dinnington)	1.13m	No

**Option 2(b) -8am – 8pm 5 days a week on top of current hub provision**

Hub	Additional Cost	Affordable
1 Hub (Broom)	685k	Yes
2 Hubs (Magna & Broom)	1.35m	No
3 Hubs (Magna, Broom & Dinnington)	2.05m	No

3 – Extend the current extended access hubs Monday to Friday to 6am-8am and from 8pm to 11pm finish (it is currently only 6.30pm-8pm in Broom Lane) and extend weekends to 8am-8pm in all 3 hubs for both booked and sit and wait patients 8am-6pm

**Option 3 - 6am – 8am & 6.30pm – 11pm Weekdays and 8am – 8pm Weekends**

Hub	Additional Cost	Affordable
1 Hub (Broom)	494k	Yes
2 Hubs (Magna & Broom)	1.23m	No
3 Hubs (Magna, Broom & Dinnington)	1.92m	No

4 - Open 7-8am every morning and increase Friday provision. Double up on ANP during existing hours and increase at weekends. All appointments to be booked appointments only No appointments during core hours (already in place at 30 practices)

Hub	Additional Cost	Affordable
<ul style="list-style-type: none"> <li>7am – 8am 3 hubs</li> <li>Double ANP provision Monday – Friday 1 hub</li> <li>Increase hub provision on Friday to open hubs at Magna and Dinnington 6.30 – 8.30pm</li> <li>8am – 9pm – Saturday 3 hubs</li> <li>10am – 8pm – Sunday 1 hub</li> </ul>	726k	Yes

5 – Retain existing provision of extended access for general practice and provide an additional service in the central hub, Monday-Friday 4pm-10pm and 10am-8pm at weekends. This additional capacity will be ANP/GP and will initially be ringfenced for the UECC and 111 to stream patients to.

Hub	Additional Cost	Affordable
<ul style="list-style-type: none"> <li>Increase ANP provision at 1 hub 4pm-10pm Monday to Friday in</li> </ul>	Approx £400k plus costs for video consultation	

addition to current service • Increase ANP/GP provision at 1 hub 10am-8pm Saturday and Sunday Provide video/telephone consultations utilising the Rotherham Health APP		
<b>Patient, Public and Stakeholder Involvement:</b>		
Network Clinical Directors LMC representatives Connect Healthcare – GP Federation		
<b>Equality Impact:</b>		
These additional services are available for the whole Rotherham population		
<b>Financial Implications:</b>		
Any proposed scheme will have to be provided within the envelope of funding associated with improved access.		
<b>Human Resource Implications:</b>		
Not applicable.		
<b>Procurement Advice:</b>		
<p>It is proposed to increase the hours with the current provider from 132 to 182 per week to ensure the most efficient use of resources in accordance with the long term plan. It has taken over 2 years to improve utilisation of the current extended hours provision. If this was then confused further with another provider this capacity is highly likely to be under-utilised.</p> <p>It is proposed to procure extended access including the additional hours in readiness for October 2021 when the current extended access contract is due to cease.</p>		
<b>Data Protection Impact Assessment:</b>		
Not applicable.		
<b>Approval history:</b>		
Primary Care Sub Group: 25 September 2019 & then virtually with an additional option		
<b>Recommendations:</b>		
It is recommended that the committee approve Option 5 for use of improving access funding		
<b>Paper is for Approval</b>		