

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service	Enhanced Access
Commissioner Lead	Richard Bull
Provider	GP Confederation
Provider Lead	Claire Lister
Period	1 st April 2018 – 31 st March 2019
Date of Review	September 2018

1. Population Needs

Providing enhanced access to general practice is one of the national priorities for the health service for 17/18 and beyond. Local feedback from patients in City and Hackney CCG has highlighted the importance to patients of timely access to their GP and there has been specific feedback from the Health in Hackney Scrutiny Commission about the need to improve access to general practice outside of core hours.

There are 42 GP practices in City and Hackney which provide primary care to a registered population of 317,938 (CEG 31 Dec 2018).

This service will provide a bridge between the existing enhanced access service and the new specification for 8-8, 7-day per week enhanced access that the CCG is developing, in line with national and regional requirements. The local 8-8 service began in Nov 2017 and will continue until Mar 2019.

2. Outcomes

2.1 NHS Outcomes Framework domains & Indicators

1	Preventing people from dying prematurely	x
2	Enhancing quality of life for people with Long term conditions	x
3	Helping people recover from episodes of ill health or following injury	x
4	Ensuring people have a positive experience of care	x
5	Treating and caring for people in safe environment and protecting them from avoidable harm	x

2.2 Aims and Objectives

The aim is to give the registered population of City and Hackney greater access to general practice outside of its core operating hours. This is in addition to the national Extended Hours Access Directly

Enhanced Service (DES), the various access KPIs in PMS and APMS contracts as well as the new 8-8 service.

3. Scope of Service

There are 2 aspects to this service:

- 1) Lead provider to undertake the management of the contract
- 2) Provision of clinical sessions in primary care outside of core hours

The second aspect of the service includes clinical assessment, treatment and advice to all registered patients.

3.1 Service model

Population Coverage

- The aim is to give all of the registered population of City and Hackney greater access to general practice outside of its core operating hours (not including patients registered with the Greenhouse Practice which is exempt).

Hours Delivered and Appointments Provided

- The service will be paid according to the number of hours of consultations offered, subject to requirements set out within the specification and the following:
 - Consultations are measured in hours can be GP, nurse or HCA led
 - There should be at least 4 appointments per hour's consultation
 - At least 50% of consultations must be GP led
 - A GP must be on the premises during a nurse or HCA led-consultation

Opening Hours and Bookings

- Enhanced access hours provided under this contract must be any time outside the GMS core hours (08:00-18:30) or whatever hours are defined within local PMS or APMS contracts.
- Enhanced access hours can be delivered concurrently with any additional clinical sessions provided under the DES. However, where services are delivered concurrently they must be resourced separately and this will be subject to contract monitoring by the CCG.
- The service provider should ensure that the extended hours offered are distributed across the week, Monday to Sunday. The service provider is expected to give due regard to local patient and workforce feedback on the timing of additional consultations.
- Appointments can be pre-bookable (up to 14 days ahead) or same day. The service provider should not promote the service as a walk-in-clinic. Patients without an appointment can be offered the "next available appointment".
- The service provider is responsible for managing capacity and ensuring the prioritisation of appointment slots for patients with urgent care needs. The service provider must have robust contingency policies and systems in place for managing unexpected surges in demand. This may include signposting patients to the local community pharmacist for minor ailments services as well as providing patient education and advice on self-care management.
- The service provider should encourage practices to keep a number of slots available per day (according to the need/list size) for urgent Duty Doctor appointments as required and work with practices to understand the demand and cut off point for use, so that these can be released back to the practice for routine appointments at a given time.

4 Applicable Service Standards

The service must meet the CQC essential standards of care that are in place through the core GP contract.

4.1 Applicable Local standards

The basic quality requirements for suitability to provide the clinical aspects of this service are:

- ✓ The provider must be registered with the Care Quality Commission (CQC) with no conditions.
- ✓ Must be delivered in a suitable clinical setting where a primary care appointment can be delivered. This must be within the geographical constraints of NHS City and Hackney CCG.
- ✓ GP practices delivering the clinical aspects of this service must hold a GMS, PMS or APMS contract.
- ✓ Any provider delivering the service will need to have full access to patient records on EMIS for the cohort of City and Hackney registered patients which they are designated to provide extended hours appointments.

4.2 Review

NOT USED.

5 Payment

Payment terms for this contract is based on cost per hours offered. There are three hourly tariffs as set out below:

1. 1 hour of GP Consultation with a minimum of 4 appointments offered = £128 per hour
2. 1 hour of Nurse Consultation with a minimum of 4 appointments offered = £90 per hour
3. 1 hour of HCA Consultation with a minimum of 4 appointments offered = £50 per hour

Within the available budget it is the Lead Provider's responsibility to manage how the number of hours of consultation are distributed across GP practices and split by GP, Nurse, HCA appointments.

The service will be funded on a non-recurrent basis using a combination of quality premium and core primary care funding. The contract value for April 2018 to March 2019 is:

- £400,000 of the contract value is for practices that have previously been delivering Extended Access under this service

- £240,000 of the contract value is additional funding for other practices joining this Enhanced Access service this year

Payment will be made to the Lead Provider, subject to the receipt of proof of delivery against the specification, on a monthly basis in advance.

In addition the contract will include £38,367 for the contract period for Disaggregated overhead which will be paid on a quarterly basis with £9,591.75 paid each quarter.

The Expected Annual Contract Value for April 2018 to March 2019 is £678,367.

The provider confirms that pursuant to the VAT regime as at the date hereof the services provided under this agreement are exempt from VAT.

The Commissioner will pay the Provider on a quarterly basis following receipt of a valid invoice.

5 Reporting and Quality Requirements

5.1 Local Quality Requirements

Quality Requirement	Threshold	Method of Measurement	Consequence of breach	Timing of application of consequence
<u>Process:</u> Minimum number of appointments offered per hour provided	4	Quarterly data submission	Action Plan – General Condition 9	Quarterly Review
<u>Clinical:</u> % of hours which must be provided by a GP	50%	Quarterly data submission	Action Plan – General Condition 9	Quarterly Review

5.2 Local Reporting Requirements

Local Requirements Reported Locally	Method of Measurement	Reporting format	Timing of report
Number of hours offered in total and by practice (broken down by type of hour offered GP/Nurse/HCA)	Quarterly data submission	Written Report	Quarterly Report
Number of appointments offered, booked and attended (total and by practice)	Quarterly data submission	Written Report	Quarterly Report
GPFV: A log showing the time of day and day of the week that the additional appointments are being offered (early morning, evenings, weekends), and whether these were booked and attended (total and by practice)	Quarterly data submission	Written Report	Quarterly Report