Version Control Sheet

Service	**Extended access – neighbourhood based service**
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1	11/12/2018	Richard Bull	Nil
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Distribution History

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SERVICE SPECIFICATION

Service	**Extended access – neighbourhood based service**
Commissioner Lead	Richard Bull
Provider	City & Hackney GP Confederation
Provider Lead	Laura Sharpe
Period	1/4/2019 to 31/3/2020
Date of Review	1/10/2019

1 Population Needs

Extended access is defined in this context as essential and additional general practice provision that is delivered as an extension to the core contracted hours of 8.00am to 6.30pm, Monday to Friday.

The majority of C&H registered patients have for many years been able to benefit from extended access. This has been through a combination of the CCG's own locally enhanced service for extended access (the LES), the national Directed Enhanced Services for extended access (the DES) and extended access KPIs specific to some PMS and APMS contracts.

From April 2018 no C&H PMS practice was required to provide extended access as a KPI; practice could however elect to offer extended access through the LES.

The CCG wishes to commission a neighbourhood-based model of extended access delivering HLP's specification for London.

2 Outcomes

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

3 Scope of Service

Timing of appointments

To cover 8am to 8pm, every day, **at levels that meet local need.**
Same day and bookable appointments.

Capacity

At levels appropriate to local need.

Measurement

Capacity to match demand **as measured by a nationally commissioned tool.**

Advertising and Ease of Access

Patients are aware of how they can use extended access appointments.
Staff can direct patients to these appointments (with training as appropriate).
Staff can book patients into the service (with training as appropriate).
The service is expected to be an option for redirection from A&E and 111.

Digital

The London spec states that digital delivery is acceptable BUT at this point in time HLP say that phone and video consultations count but e-consultations don't. Phone consultations **do** count and should be part of the local C&H offer.

Inequalities

Inequalities in access are identified and resolved.

Effective access to the wider whole system

"Effective connection to other system services enabling patients to receive the right care with the right professional including access from and to other primary care and general practice services such as urgent care".

3.1 Service model

Focus is on neighbourhoods and practices providing as much of the activity as they can.
The neighbourhood offer is to be in proportion to local need.
Co-locate with other clinics/services (e.g. adult imms, childhood imms, cervical smears, etc) in order to share infrastructure (costs), etc.
Consider clinical and non-clinical triage before booking.
Number and location of hubs to be identified according to need.

Appointments to be available for 111 to book into:
Weekdays: one appointment per hub per day
Weekends: one appointment per hub per hour per day
To be reviewed in light of usage.

3.2 Care Pathway
NA.

3.3 Structural Support
NA.

4 Applicable Service Standards

4.1 Applicable national standards
The service must meet all standards as set out in the relevant guidance for London. Failure to meet all standards means that external funding is at risk of being withdrawn (by HLP). The guidance is attached here:

Summary of London standards:

- 365/366 day of the year service including all bank holidays
- 8am to 8pm every day
- On the day and booked in advance appointments available every day
- All C&H practices must be able to book appointments
- 111 must be able to book appointments as determined by local need
- Service must be on the DOS
- Service must be prioritised on the DOS
- Local Urgent and Emergency Care providers must be able to book appointments as determined by local need
- Service must have full read and write access to the patient medical record
- Face to face appointments must be provided but can also include phone and video
- “GP appointments should be part of the daily core provision of service but appointments can be provided in addition to GP appointments via other clinicians such as nurses, pharmacists and physiotherapists” (could also include HCAs etc)
- The service must have a contingency plan for surge period requirements (e.g. industrial action or pandemics)
- All appointments must be additional capacity
- “The provider must use national workload tools at GP practice and hub level to support management of capacity (when available)”
- 90% utilisation rate
- System or plan to keep DNAs to a minimum
- System for monitoring provision and uptake of appointments
- “Patient satisfaction and profile data must be collected and utilised to understand and improve services as needed and patient engagement should be built into service review and development”

- "The availability of additional GP extended access capacity must be advertised in all local GP practices including but not limited to GP practice premises, GP practice websites, CCG websites and NHS.UK (NHS Choices)"
- The provider "must demonstrate that all GP practices are aware of, promoting and referring into the service"
- Appointments should be advertised via digital and social media avenues, in urgent care centres and other community venues
- CCGs (and by extension providers) should be able to confirm and validate details of full and specific costs for services including any additional CCG investment into the service
- The service will have a business continuity plan

The provider should ensure that all sites meet CQC requirements for the delivery of medical services which, as a minimum, should be those required for the delivery of general medical services.

Service will meet any new national standards as these are published.

Respond to STP-led initiatives e.g., a standardised approach to data collection.

4.2 Applicable local standards
All appointments are open to any suitable patient registered with a C&H practice.

The provider should use local workload tools in the absence of any national tools.

The provider is expected manage practices to ensure they seek patients consent to access the patient's primary care record and will adhere to NHS guidance regarding confidentiality and information governance.

The provider is responsible for ensuring that the requirements of the specification are met through delivery by appropriately trained and effective practitioners. The provider will identify named clinical and operational leads to oversee the contract.

The provider is responsible for ensuring that it has appropriate governance systems in place that ensures the following is carried out:

- Ensure measures outlined in the reporting section are undertaken
- Clinical records and safety netting systems are developed and maintained
- An effective patient complaints and incidents procedure and policies are in place which meets NHS standards
- Safeguarding children and adults polices are in place
- Business continuity policy is in place
- Critical incidents are reported and managed appropriately

An information governance framework is in place that complies with NHS requirements, including management of security and confidentiality of patient information which meets key laws and codes of practices including:

- Freedom of Information Act 2000 (FOIA)
- The common-law duty of confidence
- Data Protection Act 1998 (DPA)
- NHS Code of Practice: Records Management (2006)
- Documents and Records Management Policy- NHS England (2014)
- Human Rights Act 2000 (HRA)

5 Key Performance Indicators

No	KPI description	Target
1	Deliver additional primary care activity per annum to meet or exceed 30 minutes per 1,000 population (+3% to account for in-year growth) a week Registered population at 31/12/2018 is 322,712 (332,393 with 3% uplift for growth)	≥518,533 minutes p.a.
2	Deliver minimum of 34,569 consultations p.a.	≥34,569 consultations p.a.
3	At least 70% of appointments to be delivered by a GP	70%
4	GPC report evidencing that all appointments are open to all C&H registered patients (where clinically appropriate)	Practice level report evidencing 100% compliance; report to include proportion of appointments used by patients of host practice and other practices/111, etc
5	GPC report evidencing that all GP practices are aware of, are promoting and offering a referral into the service	Practice level report evidencing demonstrating 100% compliance; report to include evidence of practice awareness and practice promotion
6	Practices are required to code offers of referrals into the service which have been declined by the patient as evidence that the practice is offering the service (code “declined extended access appointment”)	Practice level report evidencing demonstrating 100% compliance; report to include but not be limited to coded data
7	At least one hub staffed by a GP from 8am to 8pm each bank holiday in 2019/20 (19 Apr 2019; 22 Apr 2019; 6 May 2019; 27 May 2019; 26 Aug 2019; 25 Dec 2019; 26 Dec 2019; 1 Jan 2020)	100%
8	Utilisation of total number of appointments to meet or exceed 90%	90%

6 Reporting Requirements

No.		Frequency
1	KPI report	Monthly
2	GPFV report	Monthly
3	HLP dashboard	Monthly
4	Report to GPCOG	Bi-annual
5	Utilisation trajectory (TBC)	TBC
6	Patient satisfaction, patient awareness and patient profiling reports, at a practice and neighbourhood level (TBC)	TBC
7	Reports to formal contract monitoring meetings	Quarterly
8	Reports to Primary Care Quality Board	Bi-monthly
9	Any reasonable local ad-hoc reporting requests (including from the STP)	TBC
10	Any national ad-hoc reports	TBC

7 Financial and Procurement Summary

7.1 Budget and Payment

The budget for the service is £1,347,071.

Payment is on a block basis at £336,767.75 per quarter in advance.

The budget includes all provider costs, including overheads and VAT as appropriate.

The budget for the service is made up of an STP allocation from national GPFV monies (2019/20 allocation is to be confirmed) and a local CCG contribution which utilises the local PMS Quality Premium (£) (the latter might need badging in some way to keep spend against it identifiable).

8. Proposed Contractual Terms)

The intention is to contract with City and Hackney GP Confederation (variation to the current 7-year contract)

Type of contract proposed: NHS Standard contract

Service Commencement date: 1 Apr 2019

Initial term of service and expiry date: April 2019 – March 2020

Option to extend the initial term? If so, on what basis?: NO

Details of proposed sub-contractors: nil

Contractual interdependence with other existing services / providers: nil