Meeting of Primary Care Commissioning Committee

Date: 28th June 2022
Time: 9:30 – 11:25
Location: Meeting to be held virtually, please email bnssg.corporate@nhs.net if you would like to attend

Agenda Number :	9
Title:	Enhanced Access Update
Purpose: Decision	
Key Points for Discussion:	

In March 22, as part of the Primary Care Network DES, NHS England published the new model of 'Enhanced Access' for General Practice. The new service brings together the existing extended hours and improved access services and sets out to offer a more standardised offer to patients with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. This period of time is to be known as the 'network standard hours'.

An Enhanced Access Steering Group was established with representatives from the CCG, One Care, Avon LMC, and PCN representatives from localities to review the new specification and support PCNs to operationalise the service within BNSSG by October 22.

PCNs are required to submit plans to the CCG by the 31st July on the template in appendix 2. The PCN plans need to be signed off by commissioners by the 31st August. Panels will be set up during August to review PCN plans with the panel being made up from Heads of Localities, Primary Care Contracting and Primary Care Development.

As there is no PCCC meeting scheduled for August, the committee is asked to approve delegated sign off of these plans to the Primary Care Directors meeting on the 25th August 22.

Recommendations:	To note Enhanced Access progress and approve the delegated sign-off of PCN plans to Primary Care Directors meeting.
Previously Considered By and feedback :	Primary Care Locality Development Group Primary Care Operational Group
Management of Declared Interest:	No specific declarations of interest in relation to this item
Risk and Assurance:	There is a risk that not all PCNs will be able to deliver their network contract hours. In this situation, it will be the commissioner's responsibility to sub-contract the service for the PCN population.

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	There is a risk that the new Enhanced Access Service may destabilise the System CAS due to a shortage of available GPs to fill the rota.
Financial / Resource Implications:	PCNs will receive £7.46 per patient to deliver this new Enhanced Access Service.
Legal, Policy and Regulatory Requirements:	Not applicable
How does this reduce Health Inequalities:	PCNs need to make use of population health management tools and engage with their registered population to ensure the range of services offered takes into account patient need and preference. Patient engagement strategies need to link to their PCN Organisation Development plans which includes a focus on reducing health inequalities as part of PCN maturity.
How does this impact on Equality & diversity	As part of their Enhanced Access plans, PCNs need to engage with their population to understand any barriers to accessing services and help make changes to address these. The engagement plans are linked to the PCN maturity matrix, part of which is to design a program to improve access to an identified cohort with unmet need.
Patient and Public Involvement:	PCNs are required to engage with their population to ensure the range of services offered takes into account patient need and preference. This may be in the form of a survey about Enhanced Access or engagement via their local PPG for example.
Communications and Engagement:	Local communications are planned to support the commencement of the new Enhanced Access service from October 2022 to explain the new service and what is available.
Author(s):	Katie Handford, Models of Care Development Lead – Primary Care Development Louisa Darlison, Senior Contract Manager – Primary Care
Sponsoring Director / Clinical Lead / Lay Member:	David Jarrett, Area Director – South Gloucestershire & Bristol Lisa Manson, Director of Commissioning

Please Keep these front pages to a maximum of two

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Agenda item: 9

Report title: Enhanced Access Update

1. Background

A new Network Contract Directed Enhanced Service was published in March 22 which set out the requirements for the new model of 'Enhanced Access' for General Practice. This brings together the existing additional Primary Care capacity from Extended Access and Improved Access. Currently extended hours is already part of the PCN DES and is being delivered by all PCNs. The separately commissioned Improved access service has been contracted through One Care since its inception. Extended Hours requires an additional 30 minutes / 1000 to be delivered each week outside of core hours. Improved access is a minimum of 30 minutes / 1000 per week with a further 15 minutes to be delivered flexibly across the year. This allowed for capacity to be 'surged' at pressure points during the year such as the winter period. The original IA specification mandated delivery of additional capacity across evening (18:30-20:00), weekends and Bank Holidays. During Covid a number of relaxations were put in place and allowed the delivery of IA minutes to support the covid mass vaccination programme. To support delivery historically IA has been planned at a locality level, although each PCN has had its independent allocation. Locality models have supported delivery at scale on weekends or bank holidays in the past. The majority of IA activity continues to be delivered in practice locations. On average across 21/22, covid vaccinations accounted for approximately 23.5% of overall IA activity. The contracted number of minutes delivered was met and often exceeded in most PCNs with a CCG monthly average of 90 minutes per week being delivered.

The new service sets out to offer a more standardised offer to patients with Enhanced Access appointments available between 6.30pm – 8pm Monday to Friday and 9am to 5pm on Saturdays. Primary Care Networks (PCNs) are expected to deliver a minimum of 60 minutes of appointments per 1,000 adjusted patient population per week, within these times, known as the 'network standard hours'. To be compliant with the requirements of the specified activity should:

- Cover the network standard hours period
- Be available to all PCN patients
- For any GP services (can include immunisations, health checks, screening e.t.c)
- Bookable in advance or same day
- Available 2 weeks in advance
- Cross bookable meaning any patient could attend a practice for an EA appointment from within their PCN
- Suitable for MDT delivery – using the ARRS workforce, social prescribing, physio, dietitians can deliver EA appointments
- Mix of face to face and remote

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- Convenient location
- GP cover – dependant on clinical skill mix and supervision requirements that the PCN have deemed appropriate and safe
- Suitable communication made available to patients so that they are aware of their local offer

Access to primary care remains challenging with practices facing a significant increase in demand since the pandemic and many practices are experiencing workforce shortages. Practices need to focus their plans on addressing access inequalities with the use of population health management tools and by engaging with their registered population to ensure the range of services offered takes into account patient need. Primary Care Networks may work together to provide their network standard hours which need to be delivered from a hub that is at a location accessible to patients from all practices within the PCN. PCNs may also sub-contract the delivery of some of the network standard hours.

2. Enhanced Access Steering Group

In order to support PCNs to prepare their Enhanced Access plans a steering group was established in May 2022. This includes members across One Care, CCG, LMC and locality practice manager reps.   The role of the steering group is to act as a central function, providing clarification and interpretation of the requirements of the specification. Identifying the areas where local approaches can be agreed and communicated in a coordinated way. The group has developed a team net page which will host useful resources from PCNs including a workbook that contains the clarification in the specification, project timelines and planning / engagement templates. This will continue to evolve as further detail becomes available.

Nationally, NHS England are hosting a series of themed webinars focusing on specific areas of the specification such as communication and engagement and demand and capacity modelling.

Regionally, the local NHS England team have established an Access Implementation Group bringing together primary care leads across the South West to share ideas and information.

Meetings have been invited at locality level to discuss approaches to the delivery of the specification and identify any particular support needs. This is similar to the approach taken for mass vaccinations and received positive feedback from those involved. NHS England regional team will be supporting the process with a 'readiness' checklist.

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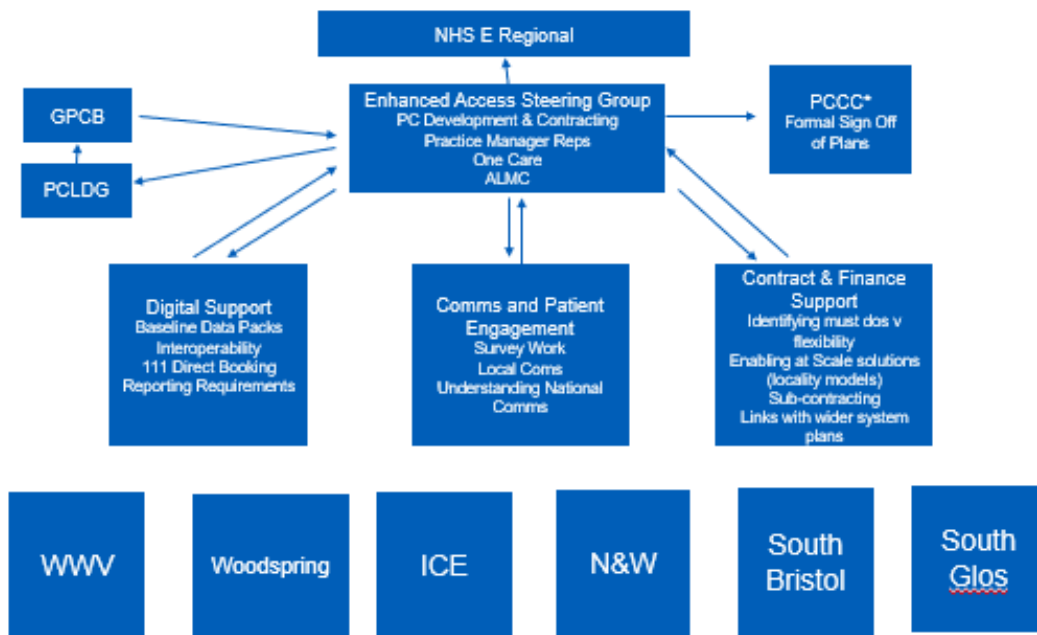
As described above a project plan was developed to support this process, see appendix 1.

3. BNSSG System Approach to Enhanced Access Delivery

In order to support PCNs and localities with planning for Enhanced Access we are working with partners to understand the opportunities to deliver capacity that supports both Primary Care and the wider system. To support addressing the pressures within the urgent care system and crowding in ED, the CCG commissioned a System Clinical Assessment Services (CAS). The System CAS is an integrated, co-located Clinical Hub, bringing together urgent care expertise from partner organisations to assess, triage and manage urgent care patients. System CAS clinicians undertake remote clinical assessments, using telephone +/- video +/- photos to understand patient's symptoms and concerns. The system CAS is currently operational between 2PM and 10PM Monday to Friday and 8am to 8PM on Saturday and Sunday and has been successful with 80% of cases being assessed as not requiring an outcome. The System CAS relies on local GPs to make up the team of clinicians operating the service.

The Enhanced Access Steering Group is working closely with the Urgent & Emergency Care (UEC) Minors Programme Team to create an offer to localities (PCNs) to support the CAS. It is anticipated that this will allow localities to use a proportion of their Enhanced Access capacity to staff the CAS and count towards their overall delivery. If this is successful it will also help to mitigate the risk that fulfilment of enhanced access plans will pull staff away that would usually support filling CAS or out of hours sessions. In addition we will need to ensure that any enhanced access offer will compliment out of hours delivery which will require liaison with Severnside.

4. Governance and Sign-off process

PCNs are required to submit plans to the CCG by the 31st July on the template in appendix 2. After submission there is a period of review and the final PCN plans need to be signed off by commissioners by the 31st August. It is proposed that Panels will be set up during August to review PCN plans with the panel being made up from Heads of Localities, Primary Care Contracting, Primary Care Development and the LMC. The panel will review plans and form recommendations for sign off.

As there is no PCCC meeting scheduled for August, the committee is asked to approve delegated sign off of these plans, based on recommendations from the panel, to the Primary Care Directors meeting on the 25th August. A panel approach will be common to that used for the original PCN applications and any PCN changes.

5. Financial resource implications

Funding for Enhanced Access flows through the PCN Network DES from 1 October 2021. It is the equivalent to £7.46 per patient paid on a monthly basis.

6. Legal implications

We will be supporting PCNs with their obligations in respect of any sub-contracting arrangements they may wish to enter. This will be supported by the LMC and NHS England regional teams. A common template for Data Sharing is also being developed nationally.

7. Risk implications

There is a risk that not all PCNs will be able to deliver their network contract hours. In this situation, it will be the commissioner's responsibility to sub-contract the service for the PCN population.

There is a risk that the new Enhanced Access Service may destabilise the System CAS due to a shortage of available GPs to fill the rota. The Enhanced Access Steering Group is working closely with the Urgent & Emergency Care (UEC) Minors Programme Team to mitigate this risk by developing a system response that would meet the requirements of the Enhanced Access service in tandem with the System CAS provision for some of the network standard hours.

As we enter discussions with localities and PCNs we will be in a better position to articulate particular risks in relations to workforce and system capabilities to deliver the core requirements of the specification. Any subsequent risks will be identified and highlighted through existing risk management processes.

8. How does this reduce health inequalities

PCNs will be encouraged to build on their previous work to reduce health inequalities through Improved Access delivery and we will be encouraging them to build on this work. PCNs need to

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make use of population health management tools and engage with their registered population to ensure the range of services offered takes into account patient need and preference. Patient engagement strategies need to link to their PCN Organisation Development plans which includes a focus on reducing health inequalities as part of PCN maturity by implementing a plan to improve access for a patient group experiencing inequalities of access in their area. Health Inequalities work will continue through the Primary Care Strategy board where we will review patient engagement approaches later in the year and review the Enhanced Access delivery model as required to ensure that services are accessible to the whole population.

9. How does this impact on Equality and Diversity?

As part of their Enhanced Access plans, PCNs need to engage with their population to understand any barriers to accessing services and help make changes to address these. The engagement plans are linked to the PCN maturity matrix, part of which is to design a program to improve access to an identified cohort with unmet need.

10. Consultation and Communication including Public Involvement

PCNs are required to engage with their population to ensure the range of services offered takes into account patient need and preference. This may be in the form of a survey about Enhanced Access (example questions included in appendix 3) or engagement via their local PPG and Healthwatch.

Local communications are planned to support the commencement of the new Enhanced Access service from October 2022 to explain the new service and what is available.

11. Recommendations

PCCC is asked to note the requirements from October and the approach being taken to develop the offer for BNSSG. PCCC is asked to approve the PCN Enhanced Access sign-off process via a panel as described in section 2 and to authorise delegated final approval to the Primary Care Directors meeting on the 25th August.

Appendices

Appendix 1 – project plan

EA project plan
20.6.22.xlsx

Appendix 2 – PCN template

PCN template v2
21.06.22.xlsx

Appendix 3 – Example patient survey questions

Example BNSSG
Enhanced Access Su

Introduction - how to use this template

As set out in the Network Contract DES, Contract Specification 2022/23 – PCN Requirements and Entitlements, a PCN, working collaboratively with the commissioner - must produce an Enhanced Access Plan. The draft Enhanced Access Plan must be submitted to the commissioner for agreement on or before 31 July 2022, by the method the commissioner has indicated.

This template is intended to support PCNs and commissioners to develop plans for the Enhanced Access service in accordance with the Network Contract DES. It is designed to provide a summary of the key requirements of the specification and further considerations and evidence which will be required to sign off the plan.

It is not intended to replace detailed planning at PCN level, and it is expected that this summary would be accompanied by a series of more detailed service delivery plans e.g. workforce planning and rotas, patient engagement and communications plans that should be made available on request.

Some elements which PCNs may wish to consider when developing their plans include:
•Utilisation of ARRS and other roles and consideration of staffing costs
•Consideration of where existing services will be discontinued and a rationale for the decision (where applicable).
•Capacity that will be made available for same day referrals.
•Indication of the intended location of services and where this is a change to an existing hub/site within the footprint, rationale for why including evidence of patient engagement.

Also providing evidence of engagement with key stakeholders including for example PPGs, Local Heath and Wellbeing Boards, Healthwatch, Patients, LMCs, OOH providers, 111 providers, ED and input from an appropriate number of patients.

For further information please contact bnssg.pc.contracts@nhs.net

PCN Enhanced Access Plan Template			Supporting Information
1.PCN details			
Region:	South West		
ICS/B:	Bristol, North Somerset, South Gloucestershire		
PCN Name/s:	[add name/s]		
PCN Code/s:	[add code/s]		
Key contact/s:	[add name/s and contact details]		Please provide a key contact for raising any queries in relation to this template
2. Planning and governance			
Does this plan cover a single or multiple PCNs?			If you are intending to deliver and EA services at a scale greater than your individual PCN please select 'multiple'
Has this plan been discussed and agreed with all practices in the PCN/s?			It is anticipated that all practices in the PCN will have been engaged in this process and that plans are signed off in line with governance set out in your network agreement - please ensure there is accurate record of this sign off as we may be required to see evidence at a later point
Who has signed off the plan to date e.g. governance board, PCN Clinical Director/s?	[provide further details]		It is anticipated that all practices in the PCN will have been engaged in this process and that plans are signed off in line with governance set out in your network agreement - please ensure there is accurate record of this sign off as we may be required to see evidence at a later point
3. Contracting			
Does the PCN intend to deliver the EA service itself?		[provide further details]	
If subcontracting to another provider, who has signed the subcontracting agreement?			Any sub-contracting arrangements need to adhere to the requirements of the Netowrk DES and the sub-contracting requirements set out in the core netowrk Primary Medical Care services contracts
If subcontracting, what is the name of the provider that the PCN is subcontracting to?	[provide further details]		Any sub-contracting arrangements need to adhere to the requirements of the Netowrk DES and the sub-contracting requirements set out in the core netowrk
Is the PCN subcontracting a part or all of the Enhanced Access service to the alternative provider?		[provide further details]	
Has the PCN confirmed that any subcontracting arrangements are compliant with member practices' primary medical services contracts?		[provide further details]	Each core network contract should be considered in respect of the requirements as these may vary dependant on type (GMS / PMS / APMS)
4. Service delivery model			
Does the service cover the Network Standard Hours (6.30pm - 8.00pm Mon-Fri and 9.00am - 5.00pm Sat)		[provide further details]	It is expected that plans demonstrate coverage of the entire network standard hours period
What is the intended number of mins/1,000 PCN adjusted population, per week?	60		It is expected that each PCN deliver at least the minimum 60 minutes [provide further details including a breakdown of minutes across the 6 days to include any early morning, Sunday or core hours capacity. Provide evidence for rationale of intended split across early morning, core and extended hours if
What proportion of capacity is proposed to be delivered outside of Network Standard Hours and why?	%	[provide further details and rationale including patient feedback.	Add % based on number of minutes outside of network standard hours / total number of minutes required per week
Please complete the capacity plan tab to show how the total minutes are broken down across the network standard hours			Please fill in the template on the capacity plan tab, if you have decided to deliver a proportion of your minutes outside of the network standard hours you can include this in the relevant columns
Have all practices confirmed they will not be closing for a half day at any time during core hours?		[if no, please provide further details]	It is expected that no practice should be closing for half a day
Are appointments bookable in advance (by at least two weeks as a minimum)?		[provide further details]	If you are not making appointments available two weeks in advance please explain the reasons for this and detail the maximum amount of time appointments are available in advance

Are same day appointments able to be booked?		[provide further details]	
Are mixed appointment modes available e.g. telephone, online, face to face?		[provide further details and rationale]	
Are the hubs/sites in convenient locations for patients to access face to face services and do these provide a minimum equivalent number of sites as offered by the existing CCG commissioned service?		[provide further details - if no, provide rationale for this]	
Has the PCN confirmed that all appointment types will be available through the EA service (in line with section 8.1.29 of the Network Contract DES)?		[provide further details and rationale]	
Please provide details of the type of appts to be made available e.g. general practice routine appts, screening and immunisations, health checks etc.	[provide further details]		Please list all appointments types that will be available
Is this service available to all patients in the PCN at all times?		[provide further details]	It is expected that all appointments are available to all PCN patients. Appointments should not be held for certain practices, cross booking should enable this
5. Workforce			
Is GP cover in place across all the Network Standard Hours?		[provide further details]	
Who will staff the service e.g. provide details of intended multidisciplinary workforce of GPs and ARRS roles etc.?	[provide further details or role types]		Please list all individual roles types rather than 'ARRS' as a blanket term
6. Digital requirements			
Are systems in place to provide online consultations across all Network Standard Hours?		[provide further details]	
Can all practices within the PCN access the EA appointment book?		[provide further details e.g. which systems are in use in the practices, which system does the EA service intend to use?]	Cross booking is enabled across all BNSSG practices
Are appropriate data sharing / data processing agreements in place to enable delivery of the EA service (including with all relevant practices in the PCN and with other service providers / subcontracted providers where appropriate)?		[provide further details]	
Are routine EA appointments available for same day online booking?		[provide further details]	
Are EA appointment reminders available e.g. text messages?		[provide further details]	
Are patients able to cancel their EA appointment at any time e.g. via text message or another digital service?		[provide further details]	
Are practice clinical systems interoperable with EA systems e.g. to ensure sharing of patient records etc.?		[provide further details]	
Can NHS 111 directly book patients into EA appointments (in line with requirements set out in section 8.1.29 of the Network Contract DES) ?		[provide further details]	
Is the PCN making the necessary preparations to enable EA appointment data to be included in the national GP Appointment Dataset (GPAD)?		[provide further details]	
7. Patient and stakeholder engagement			

Has the PCN engaged with their local population regarding the mix and availability of services, (in line with section 8.1.21 of the Network Contract DES) and has it taken patient preferences and feedback into account in this plan?		[If yes, please give details and provide evidence of response. If no, please add further details regarding plans]	
Has the PCN engaged with local stakeholder groups such as Healthwatch, PPGs, HOSCs, LMCs, NHS 111/OOH providers?		[provide further details including names of stakeholder groups e.g. local Healthwatch, PPGs, local Health and Wellbeing Boards, LMCs, OOH / NHS 111 providers]	
Does the PCN have communications plans in place to inform patients about the service?		[provide further details]	
Have general practice teams been trained/provided with the necessary information about the EA service to enable them to direct patients and book them into appts?		[provide further details]	If no please set out approach to ensuring this requirement is met and timescales for completion
Have communications materials such as posters, flyers, website content been made available or will be made available to member practices to advertise the service?		[provide further details/attach examples]	
8. Addressing health inequalities			
Has the PCN used appropriate population health management and/or capacity and demand tools in developing this service model?		[provide further details]	Ensure PCNs have reviewed the data packs supplied that show current IA delivery, review their own existing Extended Hours plans and any other data appropriate
9. Commissioner agreement			
Is this plan approved by the commissioner?		[provide further details including name of person giving approval and date when plan was signed off including minutes of meeting where appropriate]	To be completed by CCG for submission

Capacity		Network Standard Hours (these must be covered)						Non-Network Standard Hours where applicable (non mandatory)							
Please complete this table		**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Mon**	**Tue**	**Wed**	**Thu**	**Fri**	**Sat**	**Sun**	**Any further comments**
		6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	9am-5pm	[add timings]	[add timings]	[add timings]	[add timings]	[add timings]	[add timings]	[add timings]	[free text]
Total No. of minutes per day: Confirm the breakdown of minutes proposed to be provided per day, for an average week	Practices														
	Locality Hub														
Appointment mode: Confirm the percentage of appts that will be initially released by mode. It is understood this can change throughout the day based on need.	Face-to-face														
	Telephone														
	Video														
	Online														
	Other														
Confirm the services will be provided each day (add rows where applicable)	Service:														
	Service:														
	Service:														
	Service:														

<u>Enhanced Access Services Survey</u>

The government has set our plans for a new model of 'Enhanced Access' for General Practice and we need feedback from you, our patients, to ensure the new service meets the needs of the local population. The current core GP service hours are 8AM – 6.30PM Monday to Friday and the new service would be outside these times. The new service will commence from Oct 22.

1. **About you (this helps us understand cohort preferences and needs)**
   a. Age
      ☐ Under 18
      ☐ 18-24
      ☐ 25-34
      ☐ 35-44
      ☐ 45-54
      ☐ 55-64
      ☐ 65 or Above
      ☐ Prefer Not to Answer

   b. Gender
      ☐ Male
      ☐ Female
      ☐ Non-binary
      ☐ Prefer Not to Answer
      ☐ Other - ………………………………………………………………

   c. Ethnic Group
      ☐ Asian or Asian British
      ☐ Black, Black British, Caribbean or African
      ☐ Chinese
      ☐ Gypsy, Traveller or Roma community
      ☐ Mixed or multiple ethnic groups
      ☐ White
      ☐ Other ethnic group
      ☐ Prefer not to say

   d. Employment Status
      ☐ Employed Full-Time
      ☐ Employed Part-Time
      ☐ Self-employed
      ☐ Not employed but looking for work
      ☐ Not employed and not looking for work
      ☐ Homemaker
      ☐ Retired
      ☐ Carer
      ☐ Prefer Not to Answer

e. Preferred method of travel
   ☐ Car
   ☐ Bus
   ☐ Taxi
   ☐ Cycle
   ☐ On-foot
   ☐ Prefer Not to Answer

2. **Which of the following would you find the most useful?**
   Please rank preference with 1 as most preferred.

   a. Appointment times
      ☐ Morning (7am – 8am)
      ☐ Evening (6:30pm – 8pm)
      ☐ Saturdays 9:00 am – 1:00pm)
      ☐ Saturdays 1:30pm – 5pm)

   b. Appointment type
      ☐ Chronic Disease Management such as asthma, diabetes, COPD
      ☐ Medication reviews
      ☐ Screening such as smears, blood tests , blood pressure and pulse
      ☐ General health – stop smoking, health checks, wound dressing, baby checks
      ☐ Support groups such as Mental health , stop smoking , diet and weight management
      ☐ Physiotherapy
      ☐ Vaccination & Immunisations
      ☐ Green (social) prescribing
      ☐ Other (please specify)

   c. Location
      ☐ Would you be prepared to travel to another site for an appointment?
      ☐ If yes, how far?