Bristol, North Somerset and South Gloucestershire Clinical Commissioning Group

NHS 70 YEARS OF THE NHS 1948 - 2018

Primary Care Commissioning Committee (PCCC)

Date: Tuesday 29th January 2019
Time: 9-11am
Location: Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda number: 8

Report title: Improved Access Specification

Report Author: David Moss, BNSSG CCG
Report Sponsor: Lisa Manson, Director of Commissioning

1. Purpose

To update PCCC on the engagement of localities and development of a service specification, with regard an alliance contract model to deliver Improved Access from 1st April 2019.

2. Recommendations

The committee is asked to:

- Agree the proposed content of the specification for onward engagement with the locality provider boards

3. Executive Summary

The Primary Care contract team have reviewed the current service specification contained in the current Improved Access contract. Proposed amendments to the specification adhere to current national guidance and ensure delivery will provide sufficient assurance to NHS England of the CCG Improved Access offer to BNSSG patients.

4. Financial resource implications

BNSSG CCG has received notification from NHS England that the allocation for Improved Access for 18/19 is £5,671,404. The total weighted population is 964,976. A proportion of this group (44,530) were assessed as being eligible for £3.34 per head rather than the expected £6 figure. This was unsuccessfully challenged by the CCG and therefore the total budget equates to £5.88 per head (weighted population).

Improved Access funding is allocated annually by NHS England. Therefore, based on 2018/19 allocation it is estimated that the annual contract value for each year will be around £5,700,000.

5. Legal implications

Legal advice will be sought prior to making any contract offer to be sure that the CCG is complaint with all relevant statutory duties relating to procurement and contracting.

6. Risk implications

The potential some providers may not feel they can deliver all the requirements of the specification.

7. Implications for health inequalities

One of the core requirements for implementing Improved Access is to address issues of inequalities in patients' experience of accessing general practice, identified by local evidence with actions in place to resolve. The CCGs IA specification actively seeks new initiatives to reduce inequalities as well as improve access for all.

8. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The improved Access specification is designed to mitigate inequalities through a locality response at scale.

9. Implications for Public Involvement

It is intended the contract proposal will make provision for patient and public engagement to ensure service provision is aligned to the presenting need for access to services.

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1. Background

NHS England has committed to the provision of additional funding, on top of existing Primary Medical Care allocations to enable Clinical Commissioning Groups to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

CCGs are required to secure services following appropriate procurement processes.

Bristol, North Somerset and South Gloucestershire CCG will receive recurrent funding of £6 per head of population (weighted) to commission Improved Access. In order to be eligible for recurrent funding, BNSSG CCG will need to commission and demonstrate the following:

Timing of appointments:

- Commission weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day;
- Commission weekend provision of access to pre-bookable and same day appointments 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; and
- Appointments can be provided on a hub basis with practices working at scale.

Capacity:

- Commission a minimum additional 45 minutes per 1000 population.

Measurement:

- Ensure usage of a nationally commissioned new tool when introduced to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand.

Advertising and ease of access:

- 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 access these appointments and associated service;

- Ensure ease of access for patients including: all practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services and patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital:

- Use of digital approaches to support new models of care in general practice.

Inequalities:

- Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.

Effective access to wider whole system services:

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

2. Improved Access Specification

The current service specification held within the OneCare 2018/19 contract has been reviewed. The purpose of the review was to ensure that the specification from April 2019 is in line with current national guidance and improve the clarity of the relevant requirements. Initial amendments were drafted by the Primary Care contract team and have been shared with the CCG clinical lead and CCG urgent care leads for comment. The specification is contained in Appendix 1. Amendments are presented in 'green' and include:

- Confirmation that the budget for each locality (and practice) will be presented in line with that indicated by NHS England allocations. The budget will be fixed for the contract year and the associated population that determines the budget will be the basis for the calculation of the number of minutes each practice will need to deliver. The population figure will also be fixed for each contract year.
- More detail to outline the requirement that 100% of patients will need to have access to pre bookable and same day appointments from 18:30-20:00 every weeknight.
- Expectation of a locality offer for Saturday and Sunday provision between the hours of 09:00-16:30
- Expectation of an offer across all bank holidays including Christmas day
- Clarification that there must be a GP face to face provision available to patients at all qualifying times. If that criteria is satisfied then the offer can be enhanced by other skill mix (e.g. nurse, HCA or third party non GP)
- Providing the minimum criteria are met (evenings and weekends) an element of core hours can be planned, as long as it is specifically held for IA and the need is demonstrable.

- Expectation that all practices should be advertising in line with the nationally available communications pack (link provided) this includes waiting rooms and websites.
- Expectation that receptionists are able to sign post people to available services and that IA slots are offered on an equal basis to core
- Expectation that the provider will link in to the winter planning process and development of the integrated urgent care offer.

It is hoped that these amendments will support practices in the planning of delivery of IA going forward, and support BNSSG CCG in reporting progress of the IA scheme to NHS England.

3. Financial resource implications

BNSSG CCG has received notification from NHS England that the allocation for Improved Access for 18/19 is £5,671,404. The total weighted population is 964,976. A proportion of this group (44,530) were assessed as being eligible for £3.34 per head rather than the expected £6 figure. This was unsuccessfully challenged by the CCG and therefore the total budget equates to £5.88 per head (weighted population).

Improved Access funding is allocated annually by NHS England. Therefore, based on 2018/19 allocation it is estimated that the annual contract value for each year will be around £5,700,000.

4. Legal implications

Legal advice will be sought prior to making any contract offer to be sure that the CCG is complaint with all relevant statutory duties relating to procurement.

5. Risk implications

Potential providers may not feel they can deliver all the requirements of the specification.

6. Implications for health inequalities

One of the core requirements for implementing Improved Access is to address issues of inequalities in patients' experience of accessing general practice, identified by local evidence with actions in place to resolve. The CCGs IA specification actively seeks new initiatives to reduce inequalities as well as improve access for all.

7. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

The improved Access specification is designed to mitigate inequalities through a locality response at scale.

8. Consultation and Communication including Public Involvement

It is intended the contract proposal will make provision for patient and public engagement to ensure service provision is aligned to the presenting need for access to services.

9. Recommendations

The committee is asked to:

- Agree the proposed content of the specification for onward engagement with the locality provider boards

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Appendices

Appendix 1 Improved Access Service Specification

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations. .

5YFV	5 Year Forward View
APMS	Alternative Provider Medical Services
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
GMS	General Medical Services
GMS Regulations	The National Health Service (General Medical Services Contracts) Regulations 2015
GMS SFE	General Medical Services Statement of Financial Entitlements Directions 2013
GP	General Practitioner
GPVF	General Practice Forward View
LMC	Local Medical Committee
PCSE	Primary Care Support England (delivered by Capita on behalf of NHS England)
PMS	Personal Medical Services
PMS Regulations	The National Health Service (Personal Medical Services Agreements) Regulations 2015

SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	1
Service	Improving Access to General Practice
Commissioner Lead	Head of Contracts Primary Care
Provider Lead	
Period	1 April 2019- 31 March 2021
Date of Review	April 2020

1. Population Needs

1.1 National/local context and evidence base

The NHS England allocations for primary care (medical) were published for five years. This sets out that in 2017/18 and 2018/19 there will be an increase in funding for core local primary medical allocations of £231 million and then a further £188 million on top respectively. In addition to those allocations, other primary care funding is available for specific purposes as part of the £500 million plus sustainability and transformation package announced in the GPFV, as detailed below, as well as specific extra funding to support improvements in access to general practice, and improvements in estates and technology.

As part of this NHS England will provide additional funding, on top of existing primary medical care allocations to enable CCGs to commission and fund extra capacity to ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

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

2.2 Local defined outcomes

Successful delivery of the required outcomes to enable BNSSG CCGs to access the available NHSE recurrent funding.

Improved patient access to Primary Care out of core hours.

Effective connections to other local healthcare system services enabling patients to receive the right care from the right professionals.

45 minutes of additional access per 1000 population using the weighted BNSSG CCG population as confirmed by NHS England alongside the financial allocations. This figure will be fixed for the first year of the contract and will be the basis to determine the number of minutes that need to be delivered to hit the 45 minute target. For any subsequent contract year the population figure will be confirmed at the point at which the CCG receive notification of its allocation for the next year.

Provision of improved access service for BNSSG localities tailored to patient need and accessible for 100% of BNSSG patients.

General Practice to be the principle providers of each locality's improved access service. The service should complement and support the development of the local integrated urgent care service.

3. Scope

3.1 Aims and objectives of service

The provider will need to demonstrate successful delivery of the KPIs underpinning the 7 core outcomes to support the CCGs ability to deliver extra capacity to ensure that everyone has access to GP services as described in section 1.1:

Note a locality refers to a practice population of >100 thousand.

1 - Timing of Appointments	1.1 Provide weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day. Each practice will need to ensure 100% of its patients have access to both pre bookable and same day appointments across each day of the week (Mon-Fri) between 18:30-and 20:00. This can be available at the patient's own practice or at another site within the locality. Split of pre bookable and same day slots to be planned based on evidence of need and in adherence to national guidance which may be updated throughout the lifetime of this agreement. Providers are expected to respond to national requirements as they emerge. Providers will need to ensure that there is GP face to face provision planned and available at all qualifying times. If these criteria are satisfied further additional slots can be provided across other skill mix and services to supplement the Improved Access offer.
	1.2 Provide weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs.

	To be planned and delivered locally based on evidence of need. Saturday and Sunday service to be on a locality basis between the hours of 08:00-16:30 for a duration to be determined and evidenced by local need. Split of pre bookable and same day slots to be planned based on evidence of need and in adherence to national guidance which may be updated through the lifetime of this agreement. Providers are expected to respond to national requirements as they emerge. Providers will need to ensure that there is GP face to face provision planned and available at all qualifying times. If the criteria are satisfied further additional slots can be provided across other skills and services to supplement the Improved Access offer.
	1.3 Provision must be provided for all bank holidays including Christmas Day, Boxing Day and New Year's Day. Provision must be planned and can be delivered as per weekend services in line with demonstrable need. Any additional Bank Holidays (e.g. national events) will need to be planned for at the time. Providers will need to ensure that there is GP face to face provision planned and available at all qualifying times. If this criteria is satisfied further additional slots can be provided across other skills and services to supplement the Improved Access offer.
	1.4 provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week (appointments can be provided on a locality basis with practices working at scale) Providers must ensure robust reporting within required timescales to allow appropriate assessment of utilisation. Commissioners will review utilisation with providers during contract review meetings. Utilisation will be used to determine the appropriate disposition of services throughout the week. Depending on results, providers may be required to amend plans to ensure services are responsive to need. Some provision can be planned in hours as long as there is a demonstrable need and as long as this is specific Improved Access activity distinguishable from normal core in hours offer.
2- Capacity	2.1 Provide 45 minutes consultation capacity per 1000 population (weighted population as per NHSE allocation per week from 1 April 2019 (this should exclude any commitments in relation to extended hours DES). Population figures will be communicated for each contract year by the CCG. These figures will remain fixed across the contractual year and will determine the target number of minutes required. Provision of improved access outside of core hours (evenings and weekends) will need to be provided so that 100% of registered patients have access to the service.

	GP Practices are expected to account for the majority of Improved Access delivery. Use of a third party to supplement delivery is permissible with agreement by the CCG. Any proposed use of a third party will need to be supported by local evidence establishing need, and demonstration of expected outcomes.
3- Measurement	3.1 Ensure usage of a nationally commissioned new tool to be introduced during 2017/18 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand. As this is currently pending a national tool, local arrangements will be agreed in the interim. Locally, measurement will be via the monthly KPIs with a report to be provided to the commissioners in advance of the monthly contract meeting.
4- Advertising and Ease of Access	4.1 Ensure services are advertised to patients, including notification on practice websites and reception areas, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service. All practice websites and practice leaflets should include details of the improved access services available to patients in the locality. Information should be in line with messaging included in the NHS England communication pack: https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide/ Practices will need to provide the link to the information for embedding in the contract: HERE The information should be available on the homepage. If this is not possible under opening hours or appointments. This will be audited intermittently throughout the year. Practices should advertise services in waiting rooms, this can be either in poster form on walls, digital screen, leaflets or tent cards using the resources available: https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide/ A BNSSG CCG communications plan has been developed to support this core requirement EMBED The provider to ensure that 111, local Out of Hours services and local urgent care centres are advised of the services available and updated when provision changes, including through NHS Directory of Services.
	4.2 Ensure ease of access for patients including: All practice receptionists able to direct patients to the service and offer

	appointments to Improved Access service on the same basis as appointments to non-extended hours services. Compliance must be declared at start of contract. The expectation is that a receptionist would offer all available options and ask the patient to indicate their choice. An appointment at the patient's surgery should not be given as the first and only option on the hope this is accepted. A script will be provided as a guide. Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments. Provider to make full use of resources available through the NHS England Communications guide and resource pack available at: https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide/ Provider must adhere to changes in advertising requirements as they emerge from NHS England in order to remain compliant against this standard.
5 - Digital	5.1 Implement national digital initiatives to support new models of care in general practice as and when available. Providers must be responsive to these emerging initiatives as directed by NHS England. Providers must allow NHS 111 to directly book into Improved Access appointments using technological solutions to enable this. The provider will ensure that all un booked improved access slots will be made available for 111 to book into when IT systems allow. The time frame available can be determined by practices but should be for no less than 2 days ahead. Providers are expected to confirm if they are utilising any of the following digital technologies at the start of the contract term and monthly thereafter: • Online booking systems • E Consultations • Video Consultations • Apps for Smart Devices • Telephone booking System • Other
6- Inequalities	6.1 Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place. Evolving improved access services need to take account of local information such as, but not limited to, JNSAs, local needs assessments, GP patient survey and PRG and Friends and Family feedback. Services will also need to evolve to mitigate against the inappropriate use of A&Es and MIUs. KPI – 6 monthly report Provider will need to ensure that they review and implement any learning from the NHS England nationally published case studies available from December 2017.

	Provider will need to declare that they have acted on this and share an update when requested. https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-sep-2018.pdf

7- Effective Access to Wider Whole System Services	7.1 Effective connection to other system services enabling patients to receive the right care from the right professional, including access from and to other primary care and general practice services such as urgent care services. 111 (clinical assessment services (CAS), local Out of Hours services and local urgent care centres to be advised of the services available and updated when provision changes.

3.2 Service description/care pathway

The service should be delivered by the provider in a way that supports the achievement of the aims and objectives of the service with a balance of provision to at a locality level with GP practices being the principle providers unless there is a particular, demonstrable local need.

Delivery will be monitored through the supporting KPI spreadsheet and supporting report to be presented monthly.

Reporting will need to be received by 15th day following month end to feed in to the GPFV reporting cycle. This includes a daily breakdown for the previous month of the number of available appointments, booked appointments and DNAs .

Draft IA KPI Spreadsheet 1920.xl

Winter Planning

Providers will be required to engage in the CCG winter planning process. It is expected that Improved Access will be a mechanism to support winter pressures across BNSSG. Commissioners will request that provider plans across this period are in line with wider system plans and requirements will be outlined as required during the year.

In addition, the provider will need to support commissioners with future modelling of services based on system and locality need.

Providers will also be required to engage in development of Integrated Urgent Care specifications using knowledge of demand gained through Improved Access.

3.3 Population covered

The service will cover patients registered at GP practices in Bristol, North Somerset and South Gloucestershire.

3.4 Any acceptance and exclusion criteria and thresholds

As above

3.5 Interdependence with other services/providers

It is noted that providers may require the support of third party providers beyond GP Primary Care contract holders to deliver the aims and objectives of this service. The provider will ensure that commissioners are fully aware of the complete list and that those providers are fully compliant with contract terms and conditions. Any changes will be notified to the contract service representative as and when they occur.

INPUT THIRD PARTY HERE IF SUBCONTRACT

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

The provider will observe all applicable standards

4.2 Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

Third party suppliers beyond GP Primary Care contracts are expected to observe the standards of their relevant competent body

4.3 Applicable local standards

Contained within the KPI list.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

The provider is required to submit a monthly performance report to evidence achievement of the 7 core outcomes outlined in section 3.

Commissioners withhold the right to request amendments to the reporting format in light of any changes in national policy.

5.2 Applicable CQUIN goals (See Schedule 4D)

Not Applicable

6. Location of Provider Premises

The Provider's Premises are located at:

xxxxxxx