

Improving Access to General Practice

National slidepack
October 2017

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Why do we need to improve access?

APPENDIX 1

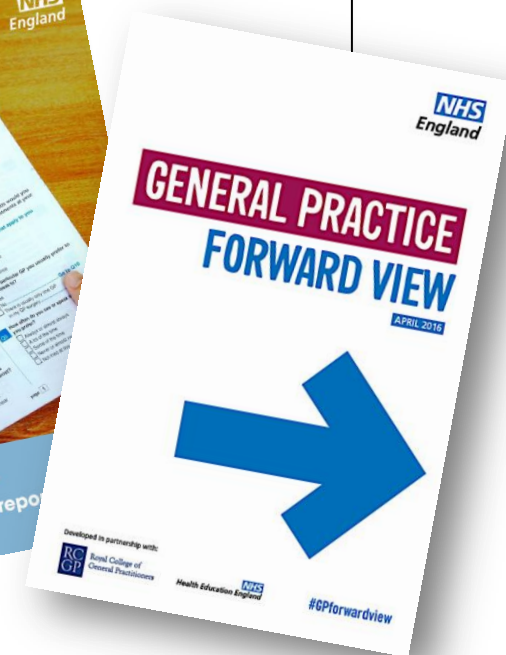
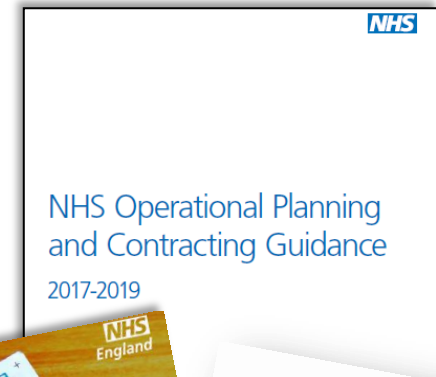


GP Patient Survey

- Good overall experience of making an appointment declined from 79.1% in 2011-12 to 72.7% in 2016-17.
- 11% (1 in 10) reported not being able to get appointment.
- Likelihood of getting convenient appointment lower if you are in work or young.

General Practice Forward View

- Represents a turning point in investment.
- Sets out support package.
- Sets out the ambition to strengthen and redesign general practice, including delivering extended access in primary care.
- Vision builds on the potential for transformation in general practice and GP Access Fund:
 - Enabling **self care** and direct access to other services.
 - Better use of the talents of the **wider workforce**.
 - Greater use of digital **technology**.
 - **Working at scale** across practices to shape capacity.





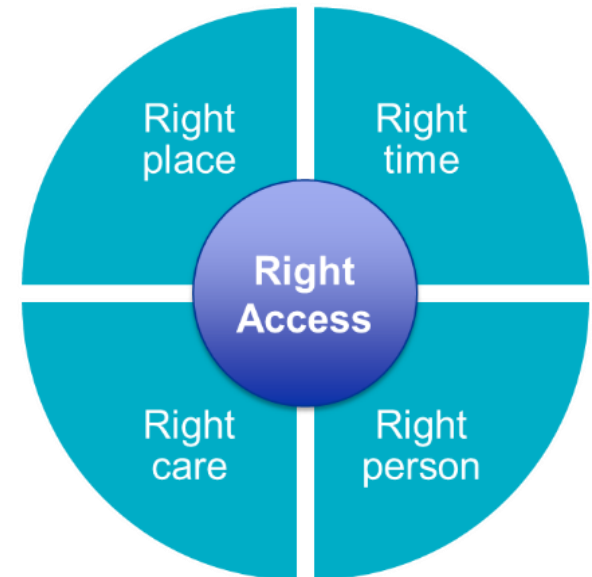
What are we trying to do?

“Ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends”

Make the most of ‘access’ ...

- offer a joined up service to patients
- effectively connect extended access to the wider system, especially urgent care
- use money across general practice to truly transform
- make the best connections for patients and staff

...and get the best outcomes we possibly can



This is within the context of considerable pressure in and on general practice.

In delivering improved access we will want to secure transformation in general practice, including a step change in our use of digital technologies, support for urgent care and changes in general practice services that lay the foundations for general practice providers to move to a model of more integrated services through delivery of new models of care as we describe in the General Practice Forward View and Five Year Forward View.



What will this look like for patients?

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Steven drops into his GP practice on a Friday morning to make an appointment for a routine check up.

The receptionist offers him a choice to see his own GP the following week or attend the local GP hub on Saturday. Steven is able to get an 8.30am appointment meaning he still enjoys the rest of his weekend - and he doesn't have to take time off work the following week to see his GP.

Angela has an on going condition which has flared up and needs attention, however it is not urgent.

Angela calls her GP practice and is able to book a same day appointment to see a GP in a local hub after work. The GP is able to access her patient record and provide some additional medication to help Angela manage her condition.

Tom has been ill during the night and has been managing his symptoms with medication he bought from his local pharmacy.

Whilst he knows his condition doesn't need urgent attention, he decides to phone NHS 111 to seek advice when his symptoms persist. The call handler triages Tom to the appropriate service and he is offered an appointment at the local GP access hub later that day. The GP reassures Tom that his condition isn't serious and advises him on managing the symptoms.

Seema has a long term condition which her GP practice has been helping her to manage

Her practice has provided her with a phone app which holds a raft of information about managing her condition, meaning she needs less appointments with her GP. She also attends a fortnightly group consultation where a number of patients with the same condition as Seema meet with the practice nurse. Seema feels she has her condition under control and is pleased with the support she is receiving from the practice. She enjoys meeting the other patients in her group.

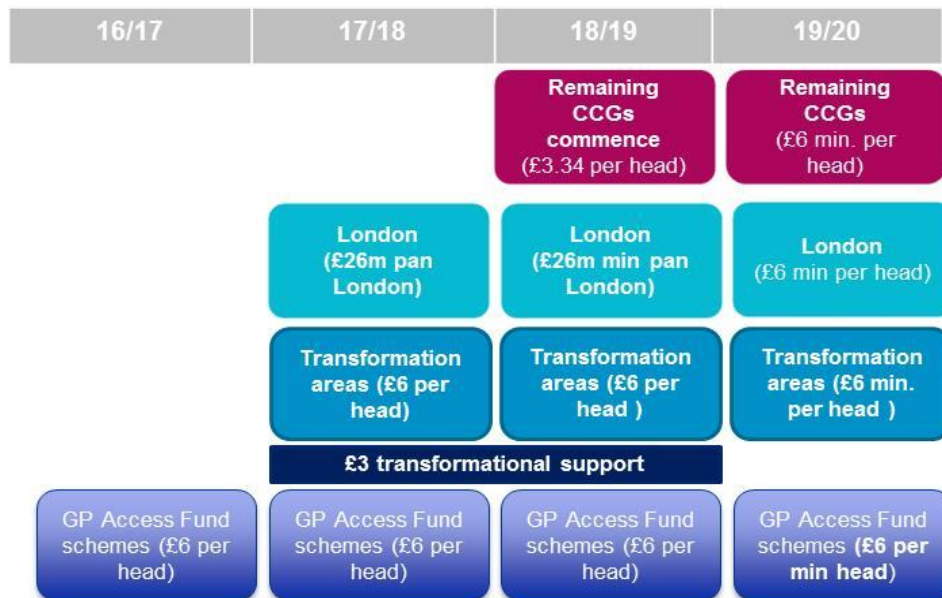


Delivering improved access to general practice – our ambition

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- Trajectory and requirements for Improving Access to General Practice are outlined in the **NHS Operational Planning and Contracting Guidance 2017-19**
- National coverage will reach: **50% of the population by March 2018** and **100% of the population by March 2019**
- London will offer 8am-8pm to over 9 million people across the capital by March 2018



CCGs will:

- receive funding per head of population (weighted)
- need to commission services that meet national requirements
- spend £3 per head non recurrent on practice transformational support (commencing 17-18 and can take place over two years, £3 in 17-18 or 18-19 or split over the two years)
- be required to secure services following appropriate procurement processes

In addition:

- In 2017-18 we will invest more than £138m and in 2018-19 this investment will rise to £258m as new recurrent funding
- We are working to assure CCG plans for improving access and ensure we have tracking in place to support delivery
- We are learning and sharing best practice to support providers and commissioners
- We are supplementing this throughout 2017-18 with further practical products and advice

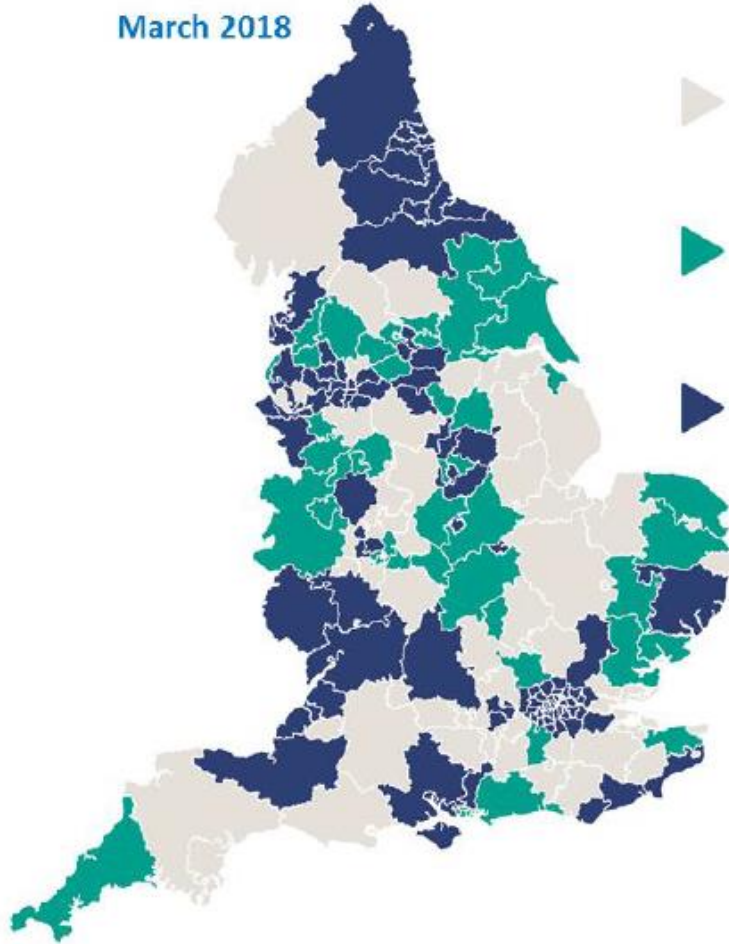


Rollout of improved access

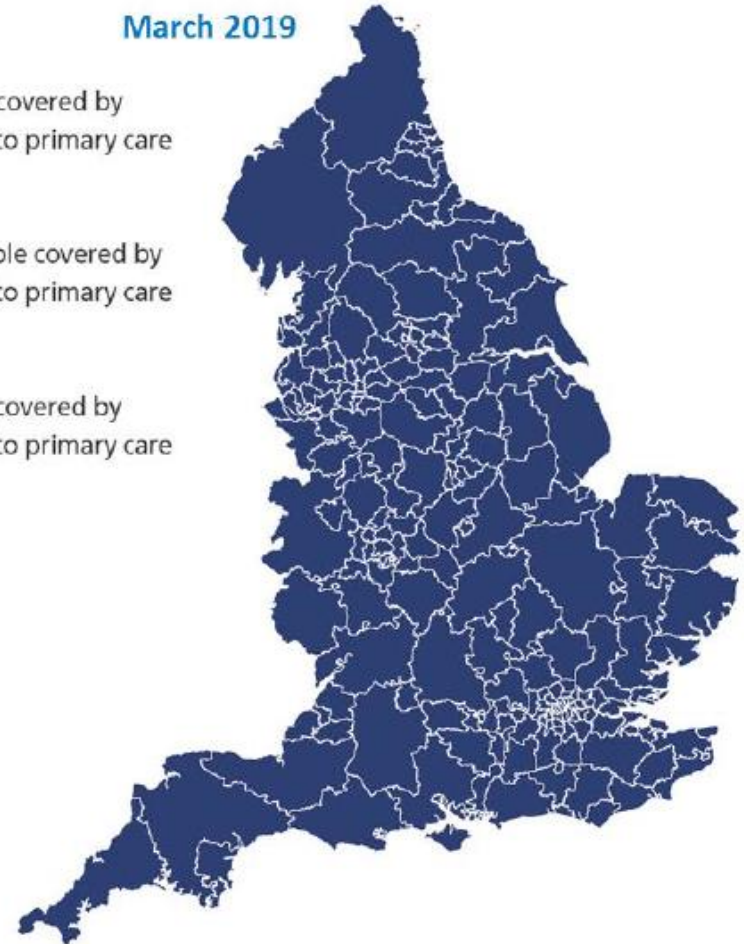
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March 2018



March 2019



-  <50% of people covered by extended access to primary care
-  50 – 99% of people covered by extended access to primary care
-  100% of people covered by extended access to primary care



What have we got to deliver: seven core requirements

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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 every evening**
- **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

Capacity

- Commission a **minimum additional 30 minutes consultation capacity per 1000 population per week**, rising to 45 minutes per 1000 population

Measurement

- 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 great 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
 - 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 the right professional including access from and **to other primary care and general practice services such as urgent care**

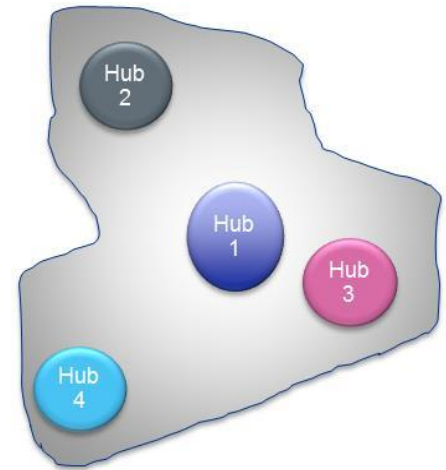


What have we got to deliver: an example of capacity:

Based on population 100,000 = 50 hrs (30 mins per 1,000 pop)



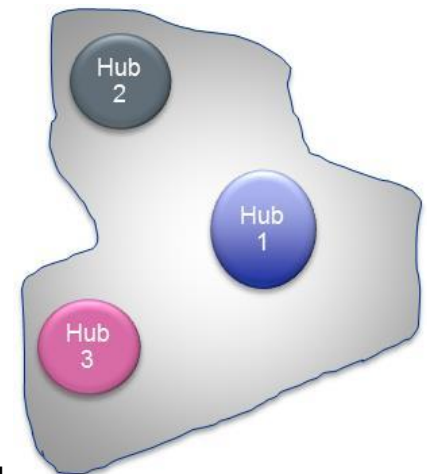
	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Total
Hub 1	1.5	1.5	1.5	1.5	1.5	6	4	17.5
Hub 2	1.5	1.5	1.5	1.5	1.5	-	5	12.5
Hub 3	1.5	1.5	1.5	1.5	1.5	5	-	12.5
Hub 4	1.5	1.5	1.5	1.5	1.5	-	-	7.5



Or:



	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Hub 1	3	1.5	1.5	1.5	3	12	8
Hub 2	1.5	1.5	4.5	1.5	1.5	-	-
Hub 3	1.5	-	-	-	1.5	6	-



There are multiple ways of delivering to meet local needs including for example some in hours and through Urgent Treatment Centres



- **This is not about every practice being open seven days a week:** needs to be provided “at scale”. This is about delivering additional capacity to and choice of appointments beyond what is provided at general practice level.
- **30 minutes per 1,000 population is per week:** this is *new capacity* and doesn't include existing provision e.g. the extended hours DES does not count or existing walk in centres. This DES is linked to the GP contract any future changes would have to be negotiated with the profession.
- **Appointments with clinical staff who would be routinely available within general practice count towards the 30 minutes per 1,000**, e.g. nurses/ANPs, pharmacists, physiotherapists etc. Appointments with non-clinical staff e.g. care navigators, VCS etc. would not count.
- **Service provision will be dependent upon local needs:** and should be commissioned to reflect this. We would expect capacity to grow to meet demand over time especially with increased advertising of the service. There is no requirement to deliver 45 minutes per 1,000 per week by 2019 but CCGs will need to demonstrate they are meeting local need and monitoring utilisation.
- **Extended hours services must be available to the whole population:** not targeted solely to one demographic in isolation e.g. under 5s. This cannot be the only offer.
- **Patients must be able to see a GP face to face:** if that is what they wish across the designated population for that service, but not necessarily in every access hub.





- **Must provide additional appointments on weekday evenings after 6.30pm and on a Saturday and Sunday:** actual disposition to be determined locally and be supported by good communications so patients know about the service and how to access it 365 days a year.
- **Not all capacity needs to be provided outside core hours:** some can be provided in core hours if supported by robust evidence of need.
- **50% target for coverage by March 2018 is a national not regional target.** Implementation is phased with CCGs 'going live' in 2017-18 and 2018-19. Because funding in 2018-19 is back loaded, implementation will be back loaded too.
- **Patients should be able to access pre-bookable and same day appointments on weekday evenings and at the weekend, which means:**
 - patients can book an appointment, in advance, via their own practice or other provider, or
 - patients can access a 'routine' appointment on the same day e.g. on a Saturday or Sunday if they choose to in premises available within the local area.





- **CCGs will need to secure services through appropriate procurement process which means they must adhere to the public contract regulations 2015:** these set out that contracts for clinical services that are above the threshold (£589,148) may need to be advertised in the Official Journal of the European Union (OJEU) dependent on whether one of the exemptions applies.
- **CCGs delivering a new improved access service in 2017-18 will receive £6 per head, in 2018-19, £3.34 per head and £6 per head in 2019-20:** CCGs are also investing £3 per head non recurrent on practice transformation support.
- **This is not simply about delivering more of the same:** but about making the most of our opportunity for transformation as part of the GPFV. That includes better integration between services such as NHS111 and urgent care services such as GP OOH.





Support to deliver core requirements

We are putting in place a number of specific actions to support CCGs in delivering access and the seven core requirements. Regional teams will support CCGs directly, with additional national support and products which include:

- ❑ **Communications Guide and Resource Pack** designed to support commissioners and providers to meet the core requirement to ensure services are advertised to patients, including featuring information on practice websites and ensuring practice receptionists can signpost patients.
- ❑ **Inequalities Resource** designed to support the core requirement to address issues of inequalities in patients' experience of accessing general practice and put actions to resolve in place.
- ❑ **Top Tips for General Practice Providers** guidance on key areas for establishing improved access to general practice services.
- ❑ **Case studies and innovation showcases:** sharing learning from the GP Access Fund pilot schemes.
- ❑ **Bespoke resources** e.g. procurement rules.

Improving Access to General Practice

Communications guide and resource pack

This document is an interactive PDF. Elements have roll over and clickable content to add more detail or help navigate to further information. You can use the arrow buttons to click through page by page or hover over graphics to see the link.

Improving Access to General Practice

Top tips for GP providers

Understanding your local population

This section of the resource will help providers and commissioners of general practice services understand the challenges faced by your local population. It provides tips on participation and identifies useful sources of local information.

Why patient and public involvement?
The patient pathway section identifies individuals and groups sharing one or more protected characteristics who do not currently experience easy access to general practice services, and subsequently do not experience the same health outcomes as the rest of the population. This may include those insecurely housed, Gypsy, Traveller, and Roma groups, refugees, asylum-seekers, migrants, sex workers and faith groups. Additionally, people with mental health problems, learning disabilities, low health literacy, and drug and alcohol problems may be similarly challenged. Those not registered with practices may also be subsequently 'invisible' in the primary care system.

Why patient and public involvement?
Commissioners of general practice services should also understand the perspectives of children and young people, carers, and patients and service users with disabilities and long-term conditions. Due to the diversity of those who may share one or more protected characteristics (for example, young asian men), it is crucial that commissioners of general practice acknowledge that 'one size doesn't fit all'.

Many CCGs have patient reference groups and support locality networks of patient participation groups (PPGs) as a way to involve local people in commissioning.

Patient and public participation is an essential component of commissioning, and should be considered at all stages of the commissioning cycle (planning, buying and monitoring health and care services).

From April 2017, over 97% of CCGs will have fully delegated authority and be commissioners of general practice services.

Top Tips for Participation

Resource
NHS England has supported The National Association for Patient Participation (N.A.P.P.) to produce 'Building better participation' a resource to support PPGs—whether long-standing or recently formed, large or very small, a single practice or as part of a federation of practices—to reflect on what they do.

This is a useful tool for GP practices and CCGs seeking to support effective PPGs.

Keep checking the NHS England website for further details: www.england.nhs.uk/gpaccess



General Practice Workload Tool

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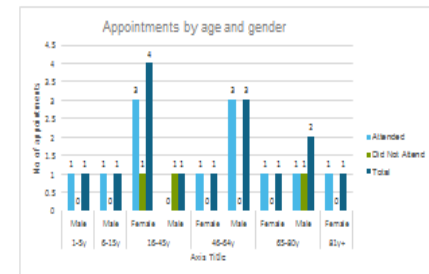
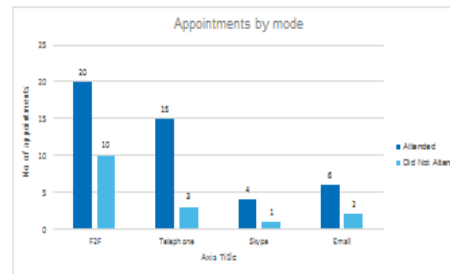
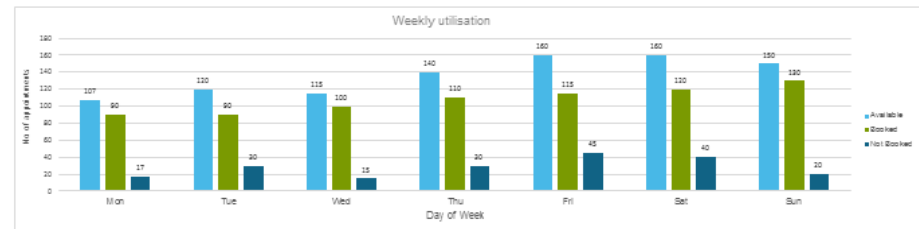
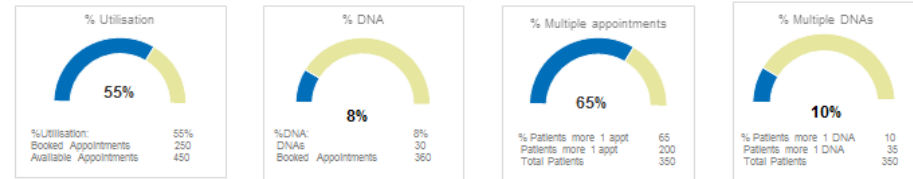


- ❑ As set out in the GP Forward View, rollout of a national GP Workload Tool to all general practices will begin in 2017.
- ❑ This will provide each practice with a workload report using their own data. This can be used to better understand appointment activity and how it varies over time and better match supply of appointments more closely to demand.
- ❑ Practice reporting functionality will be provided within existing GP clinical systems.
- ❑ Rollout to a small number of practices for user testing recently commenced with further rollout from the autumn for most practices.
- ❑ In addition, NHS Digital commenced a monthly national collection of general practice workload data in September 2017 which will provide GP appointment capacity and utilisation data aggregated at a CCG level.

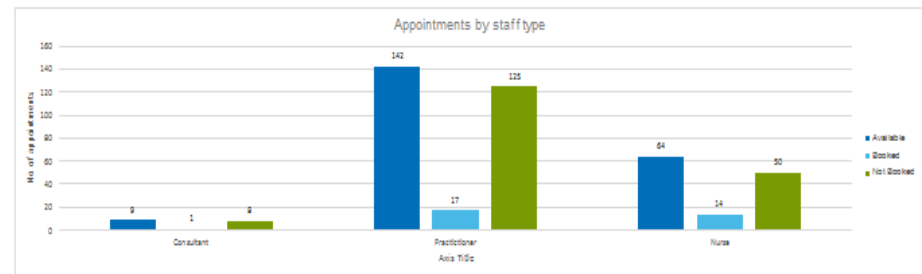
emis health

Appointment Utilisation Dashboard

Start Date: 01/03/2017 End Date: 31/03/17



Please note that age ranges and gender combinations which have no associated data for the captured time period are not shown.





Key messages to take away

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- We want to improve access in and out of hours and ensure we make the most of our opportunity for transformation as part of the General Practice Forward View and give the public confidence in general practice.
- Additional access funding is intended to develop general practice at scale as part of a wider set of integrated services, **not just deliver additional appointments.**
- It will be crucial to ensure **integration of extended access with out of hours and urgent care services**, including reformed 111, Urgent Treatment Centres and local clinical hubs.
- **It is acceptable for urgent and emergency care and extended access services to be integrated** e.g. UTC and extended access operating from the same place and working together.
- **NHS 111 should be able to book into extended access** as part of our NHS urgent care offer and we would expect commissioners to include these kind of initiatives in their requirements and specifications.
- The most important part of implementation is for us to **take the opportunity to invest in general practice to enable sustainability today and transformation tomorrow** and make the service better for patients and health practitioners (clinicians and staff) alike.

**Please send any queries or comments
to:**

england.gpaccess@nhs.net

Or visit our website:

www.england.nhs.uk/gpaccess

