

**HEALTH AND ADULT SOCIAL CARE  
OVERVIEW AND SCRUTINY COMMITTEE  
19 JUNE 2018**

**IMPROVING ACCESS TO GENERAL PRACTICE**

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**Summary**

This report aims to provide the Committee with an overview of Improving Access to General Practice and the mandated requirements from NHS England. It provides an update on the progress on its implementation.

**1. Budget and Policy Framework**

- 1.1 Under the Local Authority (Public Health, Health and wellbeing Boards and Health Scrutiny) Regulations 2013 the Council may review and scrutinise any matter relating to the planning, provision and operation of the health service in Medway.
- 1.2 The terms of reference for the Health and Adult Social Care Overview and Scrutiny Committee (Chapter 4 Part 5 paragraph 21.2 (c) of the Constitution) includes powers to review and scrutinise matters relating to the health service in the area, including NHS Scrutiny.
- 1.3 Improving Access to General Practice is a nationally mandated requirement. At a local level, it is fundamental to implementing the Medway Model which is part of the local interpretation of the Kent and Medway Sustainability and Transformation Plan.

**2. Background**

- 2.1 The GP Forward View (April 2016) outlined NHS England (NHSE) plans to provide additional funding, on top of current primary medical care, to enable CCGs to commission and fund extra capacity across England. The vision is that everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand.
- 2.2 There have been two waves of 'extended access' trials across England to date but the initial deadline for nationwide implementation was by 2020. Subsequently, the *NHS Operational Planning and Contracting Guidance*

2017-19 brought the deadline forward to March 2019 and this has been brought forward again to October 2018 in updated guidance contained within *Refreshing Plans for 2018-19*.

- 2.3 NHS Medway CCG (the CCG) confirmed with NHSE that there is no scope for movement on this implementation date and NHSE have advised that where there is insufficient time to go through a full procurement process CCGs should consider an interim solution.
- 2.4 On 28 March 2018, the Primary Care Commissioning Committee agreed to award a contract to meet the Improving Access to General Practice to Medway Practices Alliance, the local GP federation, as an 18 month pilot.
- 2.5 There are seven core mandatory requirements:

#### Timing of appointments

- Weekday provision appointments in evenings (18:30 to 20:00) – an additional 1.5 hours every evening.
- Weekend provision, both Saturdays and Sundays and on bank holidays.
- Face-to-face appointments where patients require this but across the designated population, not necessarily in every site.
- Mixture of pre-bookable and same-day appointments.
- Ability to book appointments through normal GP practice supported by good communications to patients on how to access extended hours.
- Not all capacity needs to be provided outside core hours: some can be provided in core hours if supported by robust evidence of need.

#### Capacity

- Minimum additional 30 minutes consultation capacity per 1,000 population per week. In Medway this equates to 150 hours per week.
- Does not include existing provision, for example where practices currently provide the extended hours through a Directed Enhanced Service or existing walk in centres.
- NHSE expect capacity to grow to meet demand over time. The trajectory is for an increase to 45 minutes per 1,000 population in the future (awaiting confirmation of future requirements).
- Appointments must be with clinical staff that would be routinely available within general practice.

#### Advertising 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 .
- 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.

## Digital

- Not all appointments need to be face-to-face.
- E-consultation and other technology enabled tools to support access.
- NHSE ambition that any models implemented should facilitate the step-change in the use of digital technologies and support new ways of working in General Practice.
- Challenges relating to interoperability of GP patient record systems, electronic referrals, electronic documentation and remote working.

## Measurement

- Must provide robust evidence, based on local need utilisation rates, for the proposed distribution of capacity throughout the week and across the area.
- Mandated usage of a nationally commissioned tool to automatically measure appointment activity by all participating practices, both in-hours and in extended hours.
- Improved Access will undergo close monitoring in first year to allow for model to be changed to match local demand.

## Equal Access

- Services must be available to the whole population and not targeted solely to one demographic in isolation.
- Services to take into account the needs of specific groups and issues of inequalities in patients' experience to be resolved.

## 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.
- Includes NHS 111.

2.6 It is important to note that the guidance allows the CCG flexibility in how these requirements are met and stresses the importance of designing services based on local need. For example, this does not mean that all practices must be open until 20:00 or that weekend provision must be provided in every hub.

2.7 The CCG has determined that the future model for the provision of Improving Access to General Practice should be based on the Medway Model. The following models represent ways to meet the additional 150 hours capacity. They act as a starting point for further analysis to engage with stakeholders:

### Option 1 – Six locality model

Based on the six localities described in the Medway Model, this option would see evening provision provided from healthy living centres (or alternative locations where these do not yet exist) each weekday evening. In addition, there would be provision for a full day on Saturday and half a day on Sunday.

## Option 2 – Three hub model

This is based on the six localities coming together in pairs creating three hubs. This option would see evening provision provided from three healthy living centres (or alternative locations where these do not yet exist) each weekday evening. Weekend provision would be the same as in Option 1.

## Option 3 – In-hours/ Out-of-hours model

This builds on the learning from the recent Minor Illness Clinic pilots and the option to provide some of the additional capacity in hours. This model would see longer afternoon/ evening clinics operating three days a week across three hubs. In addition, there would be half day provision on Saturday and on Sunday.

- 2.8 The CCG is working through the opportunities and challenges that relate to workforce, estates and infrastructure, IT and equal access and will produce a local service specification based on the preferred option.
- 2.9 At the same time, the CCG is working in partnership with the Medway Practice Alliance to ensure that the requirements can be delivered by October 2018.
- 2.10 Throughout the pilot, the CCG will monitor, evaluate and alter the model to ensure that the needs of the local population are being met. A full procurement process will begin in 2019 with the aim of an April 2020 go-live.
- 2.11 A Project Group has been established with a project plan and timeline to be agreed at the next Primary Care Commissioning Committee on the 27 June 2018.

## **3. Consultation**

- 3.1 In designing the model for improved access, the CCG will draw upon existing qualitative and quantitative intelligence, including the following:
  - The GP Patient Survey: - this tells us that there is room for improvement in how people access general practice and that in some areas, Medway is below the national average (from July 2017):
    - Overall experience of making an appointment – Medway 63%, England 73%.
    - Not being able to get an appointment – Medway 17%, England 11%
    - Satisfied with opening hours – Medway 67%, England 76%.
    - Nationally, the likelihood of getting a convenient appointment is lower if you are in work or young.
  - Medway Model engagement: - Throughout 2017 and continuing, the CCG is working with engagement partners, Involving Medway, on a range of issues relating to the Kent and Medway Sustainability and Transformation Plan and 'local care'.
  - Community Services Re-Procurement Programme: - the recent engagement on the future model for community services has provided

valuable insights into how local people would like to see the whole-system work.

3.2 In addition, the CCG plans to carry out targeted engagement over the coming months to allow stakeholders to refine the model. This will include:

- Attendance at Local Care Team meetings and Medway Practice Alliance meetings to engage directly with GPs.
- A dedicated meeting/ event with the Patient Participation Group chairs and other local stakeholders to gather views on the proposed model.

3.3 Throughout the 18 month pilot, mechanisms will be put in place in order to test the service. More in-depth stakeholder and market engagement will take place in 2019 in preparation for the full procurement.

#### **4. Risk management**

4.1 The Improving Access to General Practice Project Group has identified the following high risks that will be mitigated against over the coming months as the project progresses.

- Medway Practices Alliance are not ready to mobilise and run the new service by October 2018
- The workforce (clinical and non-clinical) available to staff the additional hours does not provide the capacity or skills mix to meet the mandated requirements.
- IT infrastructure and information sharing agreements are not set up to allow the service to operate effectively.
- A lack of synergy with other developments does not allow effective access to wider whole system services as mandated.

4.2 There are no specific risk implications for Medway Council arising directly from this report.

#### **5. Financial implications**

5.1 Improving Access to General Practice comes with ring-fenced funding of £3.24 per head of registered population for the period October 2018 to March 2019; and £6 per head of registered population for the period April 2019 to March 2020. This is in addition to the non-recurrent funding attached to the GP Forward View.

5.2 The CCG will determine the value of the contract for the provision of the service once project management, infrastructure and communications and engagement costs have been deducted.

#### **6. Legal implications**

6.1 Improving Access to General Practice is a nationally mandated requirement for the CCG. There are no specific legal implications for Medway arising directly from this report.

## **7. Recommendations**

- 7.1 It is recommended that the Committee notes and comments on the report and determines whether a further update should be brought to the Committee.

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### **Appendices**

Appendix 1 - Improving Access NHSE slide deck

### **Background papers**

[GP Forward View](#)  
[NHS Operational Planning and Contracting Guidance 2017-19](#)  
[Refreshing NHS Plans for 2018-19](#)