

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
IMPROVING ACCESS TO GP SERVICES (IAGPS)**

Date of the meeting	04/10/2017
Author	R Munro, Senior Programme Lead
Purpose of Report	The report provides details of plans to accelerate the Dorset GP Forward View access target achievement working with NHS England.
Recommendation	The Committee is asked to note the update on Improving Access to GP Services.
Stakeholder Engagement	NHS England / Local Medical Council / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices
Previous Committee Dates	

Monitoring and Assurance Summary

This report links to the following Strategic Principles	<ul style="list-style-type: none"> • Services designed around people • Preventing ill health and reducing inequalities • Sustainable healthcare services • Care closer to home 		
	Yes [e.g. ✓]	Any action required?	
		Yes Detail in report	No
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
I confirm that I have considered the implications of this report on each of the matters above, as indicated	✓		

Initials : RM

1. Introduction

- 1.1 NHS Dorset CCG has been identified as one of the sites to receive additional funding for the delivery of Improving Access to GP Services (IAGPS) across seven days within 2017/18. This forms part of plans to accelerate system transformation as part of the Dorset Accountable Care System.
- 1.2 The national requirement is for all CCGs to set a trajectory to achieve IAGPS to ensure 100% target population coverage by March 2019, to provide an additional 45 mins per 1,000 population per week. This paper provides an outline of accelerated plans to achieve the General Practice Forward View (GPFV) Access target for improving access to General Practice services. This work forms an initial phase of provider development to support the Integrated Access model procurement (IUCATS) from April 2019, the commissioning of which has been approved by the Governing Body.
- 1.3 As a result of our new Accountable Care System status we are accelerating these plans to achieve a 50% target population coverage by March 2018 and to then sustain this delivery with a phased increase to 100%. We have agreed to take up an offer of additional funding from NHS England (NHSE) of £1.50 per head for 17-18 to achieve this accelerated plan.

2. Report

- 2.1 An 'Award of contract without competition' proposal for an 18 month 'proof of concept' phase (October 2017-March 2019) has been submitted to the Governing Body (September), to enable us to work with existing local GP providers to deliver target working at scale to deliver new access models, in line with the service specification attached in Appendix 1.
- 2.2 The model that will be developed during the proof of concept phase will need to fully align with our IUCATS; Clinical Service Review (CSR) and Sustainability and Transformation Plans (STP). The main design principles include a focus on responding to needs in local communities with a Care Hub model and integrated locality health and social care teams. Market development is intended to foster greater collaboration between primary and community services, working in partnership with the wider health and social care system.
- 2.3 Through this accelerated process local GP providers have been encouraged to work with other providers including Acute and Community Trusts, in order to fulfil the national core requirement of 'Effective Access to Wider Whole System Services'.
- 2.4 Local GP Providers have submitted expressions of interest (EOI) for their respective geographical footprint, setting out how this service will help deliver the Dorset ambitions to deliver improved access to general practice services for all patients. These EOIs will be followed by business cases, which will include mobilisation plans.

- 2.5 An important element of this work is understanding the views of local people to inform the pattern of local provision, to achieve this, a patient survey has been completed, with over 1,800 responses received. The engagement plan associated with this work programme is continuing to take shape and will be implemented within the timelines of the programme.
- 2.6 This is a phased plan to test out proof of concept prior to a full procurement exercise for these services as part of an integrated access model which is subject to Public Contract Regulations 2015.

Key benefits of this Accelerated Plan

- 2.7 Acceleration of plans for Improving Access to General Practice Services will enable a period of provider development to establish General Practice delivery at scale working in partnership with health and social care. This is expected to support the wider IUCATS integrated access procurement planning for April 2019, building capacity and capability to deliver the national planning requirements. There are a number of key benefits to accelerating our plans that this first phase will help support:
- Delivery of the GP Forward View (GPFV) Access planning trajectory with accelerated achievement of 50% target 45/mins per 1,000 patients additional by March 2018 and 100% by October 2018;
 - Significant contribution to Dorset system resilience planning;
 - Provide real alternatives to A&E attendances and avoidable unplanned admissions through same day access for urgent care needs and pre-bookable appointments;
 - Achieve increased access to General Practice services in line with national policy and our local Primary Care Commissioning Strategy, plans for delivery of GPFV ambitions;
 - Develop a primary care led improved access offer with General Practices working in partnership with other existing local providers and at scale to deliver extended access requirements;
 - Ensure extended access plans fully align with new models of care including integrated health and social care teams, Frailty models, collaborative working with Care Homes and Social Care, to reduce variation and promote equity of service access;
 - Respond to local needs and gaps in services.

Plan

- 2.8 The plan includes an accelerated access trajectory and associated funding for this. In order to achieve this we need to:
- Agree a finance and activity trajectory to achieve and maintain 50% from October 2017 to September 2018;

7.2

- Agree a finance and activity trajectory to achieve and maintain 100% from October 2018 to March 2019;
- Agree a finance and activity trajectory to achieve and maintain 100% from March 2019.

Funding

- 2.9 NHSE are offering accelerator funds of £1.50 per head in 17-18. This will support achievement of a planned trajectory for GP Forward View for Improving Access to GP Services between October 17 and March 18.
- 2.10 In 18-19 the CCG allocation from NHSE is £3.34 per patient. This will enable work towards achievement of 100% of the GP Forward View target ahead of the expected £6 per patient to maintain these services from April 2019.
- 2.11 The Extended Hours Directed Enhanced Service (DES) continues and the value of this is £1:90 per patient. There are currently no plans for this DES contract to cease but we would plan to encourage delivery of this service at scale during the proof of concept phase so this can form part of the final access model.

Modelling to meet core requirements of GP Forward View (GPFV) NHSE Guidance

- 2.12 Finance and activity modelling has been undertaken to inform this plan. These are based on achievement of GPFV access planning requirements including:
- 45 mins / 1,000 x 800,000 population = 31,200 hours;
 - Finance modelling costs based on the model funded at £100 per hour;
 - If we aim to achieve 50% by March 2018 and 100% by October 2018, as part of the proof of concept phase, the costings for this are £3.12m:
 - * October 17 - March 18 = £0.78m;
 - * April 18 - September 18 = £0.78m;
 - * October 18 - March 19 = £1.56m.

Affordability

- 2.13 We have tested out affordability of the proposed model, our assumptions are based on achievement of the core access trajectory targets with funding allocated to achieve this:
- Based on the above we need £0.78m this year against an NHSE offer of £1.2m;
 - Based on the above we need £2.34m in 18-19 against a budget allocation of £2.6m

3. Conclusion

- 3.1 The Primary Care Commissioning Committee is asked to note the update to achieve the GP Forward View ambitions for Improving Access to General Practice Services.

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Date : 12 September 2017

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APPENDICES	
Appendix 1	Improving Access to General Practice Services Service Specification