SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service Specification No.	*TO BE COMPLETED BY CONTRACTING*
Service	Improving Access to General Practice Services in Dorset
Commissioner Lead	Dorset Clinical Commissioning Group
Provider Lead	*Federation or CCG Locality General Practice in Dorset*
Period	1st October 2017 – 31st March 2019
Date of Review	31st March 2018

1. Population Needs

1.1 National/local context and evidence base

In 2015 the Conservative Manifesto unveiled the proposals to provide all patients with access to 7 day GP care by 2020. This pledge was reinforced in April 2016 following the publication of the GP Forward View (GPFV).

It was announced in the GPFV that NHS England will provide over £500 million of additional funding, on top of current primary care allocations to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand.

The NHS Operational Planning and Contracting Guidance 2017 - 2019 was published in September 2016, setting out the requirements to deliver both the Manifesto and the GPFV commitments to improve access to GP services by 2020.

The guidance was influenced through the learning and experience of the GP Access pilot sites who received £150 million investment through the Prime Ministers Challenge Fund from April 2014. These sites will continue into 2017/18, in addition to a number of geographies identified to accelerate the delivery of improving GP services, expanding to all CCGs by 2018/19.

Transforming how UEC Services are provided across Dorset's acute and community settings, enhancing the community offer, reducing inappropriate A&E attendances, inappropriate ambulance conveyances and avoidable admissions, is a key component of the STP and Dorset CCG's Clinical Services Review which is subject to public consultation.

Dorset CCG have been identified as one of the sites to receive additional funding for the delivery of improving access to GP services across seven days within 2017/18. This forms part of plans to accelerate system transformation as part of the Dorset Accountable Care System.

The Dorset CCG commissioning intention is to procure a primary care led proof of concept phase to inform an integrated access model procurement from April 2019. This is intended to improve access to general practice services across Dorset to serve the registered population.

For the purposes of this proof of concept phase the CCG intends to use resources allocated from NHS England as part of the GP Forward View programme intended to develop improved access to general practice service outside of existing core hours. The CCG will continue to support extended hours directed enhanced services, practices can deliver for their own practice solely or choose to offer as a group of practices. The CCG will be encouraging providers to pool this resource in support of the proof of concept for an integrated access model.

Providers are expected to demonstrate how they will deliver improved access through the development of a skill mixed workforce, working in partnership with health and social care responding to local need.

The national guidance instructs CCGs to commission and fund extra capacity to ensure everyone has access to GP services. To ensure a transparent approach the term GP services has been defined by the project team as:

"A primary medical service delivered by a wide skill mix team with a GP having overall responsibility for patient care. Services are delivered by a range of professional and non-professional staff, not necessarily a GP, through online, telephone and face to face appointments in accordance with patient need."

Our vision is to improve access to general practice and wider primary and community services that offer convenience and choice, with fast, responsive and high quality care tailored to individual needs - helping people make informed lifestyle choices and maintain their health and well-being to lead as independent and fulfilling lives as possible.

Central to this is the development of general practice at the heart of integrated health and social care, with a greater focus on early intervention, prevention and the provision of increasingly more care in the community. To continue to meet growing demand of an ageing population, we need to transform the way in which care is delivered, to create a more resilient and sustainable model for the future, with general practices working in collaboration to provide 'primary care at scale.'

The Improving Access to General Practice Services proof of concept phase is in line with:

- NHS England 5 Year Forward View
- NHS England GP Forward View
- Prime Ministers GP Access Fund
- NHS Dorset CCG Primary Care Commissioning Strategy
- NHS operational planning and contracting guidance for 2017 -19

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

- Improving access to general practice services for the Dorset population.
- Reduction in the number of emergency admissions.
- Manage the demand on primary care services and reduce duplication through the delivery of joined up care.
- Support the future sustainability of primary care in Dorset through collaboration and resilience.
- Improved patient experience to demonstrate high levels of patient satisfaction with the service
- Improved Skill mixed workforce to demonstrate high levels of staff and referrer satisfaction with successful recruitment and retention of staff
- Avoidance of unnecessary admissions and use of hospital resource by demonstrating a reduction in Emergency Reduction attendances for minor illnesses and injury to Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, Poole Hospital NHS Foundation Trust, Dorset County Hospital NHS Foundation Trust, Salisbury NHS Foundation Trust, Yeovil District Hospital NHS Foundation Trust of patients from the participating areas.

The service provider is required to deliver the key performance indicators specified in Annex 1.

3. Scope

3.1 Aims and objectives of service

The service shall support a proof of concept phase to inform the Dorset integrated access service model by:

- Achieving the Dorset GPFV ambitions for improving access to general practice services;
- Achieving the NHS England targets for improved access;
- Ensure local plans align to specification to deliver an increase in access for all patients in a specific locality.

The foundation of the Dorset CCG improved access service is based on the NHSE seven core requirements and supported by key enablers:

Seven National Core Requirements:

- **Timing of appointments**
  - Provision of access to pre-bookable and same day appointments to Primary Care services in evenings (after 6.30 pm) to provide additional 1.5 hours a day.
  - Commission pre-bookable and same day appointments, on both Saturdays and Sundays to meet the needs of the local population.

- **Capacity**
  - A minimum additional 45 minutes' consultation capacity per 1000 population per week.

- **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 and NHS 111.

- **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 to enable improvements in matching capacity to times of great demand.

- **Digital**
  - Use of digital approaches to support new models of care in General Practice

- **Advertising and Ease of Access**
  - Use of websites, notices in local urgent care services and publicity into the community. Receptionists' ability to direct patients to the service and offer appointments to improving hours service as well as patients being offered choice of evening and weekend appointments.

- **Inequalities**
  - Patients' experience and feedback of accessing General Practice to resolve issues where they arise by utilising the practices' Patient Participation Groups (PPGs).

Enablers:

- Patient education and awareness of alternative health services available, helping patients identify the right care, at the right time, in the right place.

- Develop and pilot IT innovations to technology enable access to care and care delivery, meeting the needs of patients and delivering high quality outcomes.

- Develop collaborative and trusting relationships with provider organisations across the county, including hospitals, out of hours and community services.

- Develop robust clinical governance procedures to maintain patient safety and secure information sharing.

- Provide a responsive service to those patients who would benefit most (end of life, complex patients, frail elderly).

3.2 Service description/care pathway

Service Requirements

Practices shall provide the improved access service at Locality/Federation/Cluster level which takes account of the following factors:

- Geographical location
- Patient demographic
- Public transport links

Localities/Federations/Clusters shall agree to host services from one or more locations, ensuring equitable access for their specific population.

Localities/Federations/Clusters are encouraged to work in collaboration with other health care providers to share resources and work in partnership to deliver improved access and should include unscheduled care services such as 111, OOHs, SWAST, walk in services, Community Services, Secondary Care and the third sector (not exhaustive).

Wide use of healthcare professionals is encouraged and services should not be based purely around GPs and face to face appointments. However, a GP shall have clinical oversight of the service being provided in each Locality/Federation/Cluster.

Every patient registered with a Dorset GP practice will have access to the improved access service. The service has been defined as: Access to an additional 45 minutes' consultation capacity per 1000 population (weighted) on a weekly basis; this will include mandated access GP services between 6.30pm to 8pm each weekday, offering a sufficient number of pre-bookable and same day appointments, and access to pre-bookable and same day appointments on Saturdays and Sundays as required to meet local population needs.

It is for Localities/Federations/Clusters to determine how routine and same-day appointments will be allocated and apportioned as long as this meets the needs of the local population and fulfils the core requirements.

Patients should be offered improved access appointments, including evening and weekend appointments on the same equal footing as traditional in hour's appointments, wherever possible.

Localities/Federations/Clusters will need to demonstrate how services will be continuously developed to respond to local need and new models of care.

The service shall provide continuity of care to support those patients who would benefit most from access to Primary Care services (end of life, complex patients, frail elderly), whilst balancing convenience of access. This could include a proportion of pre-bookable appointments being made available to facilitate hospital discharges.

Localities/Federations/Clusters shall have in place processes to ensure health professionals provide a safe consultation by having appropriate access to the patient's medical records. The service shall have in place robust information sharing agreements.

Service Model

Service principles and core values:

- Care personalised and tailored to meet individual needs;
- Patients supported to set their own care goals;
- Patients empowered to access information, manage their own health and make informed health and care choices.

The phase one model builds on the current delivery of the extended hours Directed Enhanced Service (DES) under the national specification set out by NHS England. Localities/Federations/Clusters could deliver both the extended hours DES and improving access to general practice services at scale, whilst providing patients with equitable and consistent access through the use of technology and telephone consultations improving access across 7 days responding to local need.

The additional consultation capacity minutes calculated for improved access are in addition to the extended hours DES requirements.

The Service model is expected to demonstrate support for developing skill mixed teams in the Locality/Federation/Cluster to improve access to general practice services.

Patients will have improved access to a range of general practice services including on-line consultations, supported self-care, more flexible access to primary care advice and guidance with bookable appointments offered by a range of health and social care professionals delivered in partnership and with local community and voluntary sector services.

Localities/Federations/Clusters shall deliver new models of care supporting:

- Integrated team working;
- Primary care streaming;
- Technology enabling care delivery to patients – in line with the Dorset Sustainability and Transformation Plan;
- Dorset CCG Clinical Services review;
- Dorset Primary Care Strategy;
- GP Forward View improved access targets;
- Accountable Care system agreements to develop a 'one NHS' approach to care delivery;
- Integration of health and social care and respond to physical and mental health needs of the population served.

Appointments and Access (including Opening Hours)

Extended opening times will be as a minimum 6.30 p.m. to 8 p.m. Monday to Friday and Saturday, Sunday and bank holidays as required for the local population, according to the need identified by, but not limited to, the Improved Access patient survey.

Ensure ease of access for all patients including:

- All practice receptionists within the Locality/Federation/Cluster must be able to direct patients to the service and offer appointments to improving access to general practice service on the same basis as appointments to core hours;
- Patients should be offered a choice of evening, weekend or bank holiday appointments on an equal footing to core hours appointments;
- Providers will be expected to work towards improved integrated working across the health system including collaborative working with NHS 111 and the GP out of hours' provider to improve patients' experience and to ensure seamless, safe and effective patient care.
- Where a hub is co-located with an MIU, providers should consider partnership working with the MIU to improve safe handover of patient care. Where there is no co-location of services alternative arrangements must be in place to ensure safe handover including follow up of urgent results, arranging tests and referrals.
- Networks and links with the voluntary sector and community services must be formed to offer health and well-being advice and support, and to signpost people to appropriate community resources. The purpose of this is to reduce the medical response given to patients whose needs are more diverse. This will facilitate the development of a 'healthy community.'

Patient Experience

The provider will have a systematic process in place to regularly seek out, listen to and act on patient feedback on their experience of using the service, ensuring that they deliver patient centred care. This must include:

- Clear and well-publicised routes for both patients and health professionals to feedback their experience of the service;
- The provision of prompt and appropriate responses to that feedback;

- Regular surveys of patient and staff experience (using both qualitative and quantitative methods) to provide additional insight into the quality of the service provided;
- Systems in place to collate, aggregate and triangulate feedback from a range of sources such as complaints, surveys, social media and online resources including NHS Choices and www.nhs.uk or www.patientopinion.org.uk;
- Methods used to gather patient experience should be accessible to people with sensory impairments and/ or a need for accessible information so that a diverse range of experiences are gathered. Diversity of feedback can be evidenced by disaggregating feedback by age group, gender, disability, and ethnicity.

The whole patient feedback process must be fully transparent whilst recognising confidentiality.

Workforce

- Develop new skill mixed teams, with roles and ways of working which broaden the practitioners available to provide expert care to the patient. This involves both medical and non-medical staff groups as well as staff from the health, social and voluntary sectors;
- Roles which could be included within the model include the following (this list is not exhaustive) GP's, Nurse Practitioners, Pharmacists, Health Visitors and Physiotherapists supported by community nursing, social care, mental health services, diagnostic and imaging staff and the third sector;
- Facilitate a sustainable employment model linking with educational organisations to establish a training and education package addressing the skills gap existing in community and primary care;
- Care navigators should be accessible to patients offering signposting, advice and guidance regarding access to the following (this list is not exhaustive): housing, education and leisure advice and support. This may be provided in collaboration with partner organisations.

Training, Education and Research

- Develop an innovative, multi-disciplinary training package for the primary care workforce including the voluntary workforce, improving skills and achieving excellence through training.
- Create a workforce which achieves strong recruitment and retention of staff and embraces a culture of organisational learning. Develop new roles and ways of working including portfolio careers.
- Actively pursue opportunities to advance clinical care delivery by engaging in research.
- This must include disability awareness and inclusion training.

Clinical and Professional Leadership

Ensure robust Clinical Leadership of the service to ensure:

- Line management of all clinicians within the service and to provide clinical support. All staff must have dedicated time for monthly clinical supervision as a minimum;
- To lead the clinical governance processes for the service to ensure excellent clinical care;

- To work in collaboration with other providers towards implementing innovative workforce models;
- To develop programmes for mandatory training and ensure it is undertaken by all clinical staff and to develop and lead clinical learning opportunities to ensure GPs/clinical staff meet the requirements for revalidation and appraisal. Responsible for the content, updating and implementation of the induction plan for doctors, and their regular updates;
- Work with local practices to gain understanding of clinical variation and to support work to address areas where clinical improvement is identified;
- To work with other teams/organisations to promote and develop the role of the clinicians working as part of the service. Actively participate in local meetings where clinical representation of the service hub is required;
- To provide leadership for the investigation and resolution of complaints/significant events based on a duty of candour. To ensure the dissemination of learning from complaints, incidents, significant events and patient experience/feedback to all clinical staff;
- To review and develop processes which streamline and improve care for patients and working environment for staff. To ensure that new pathways and care models are integrated into the clinical environment of the service;
- To play an active role in developing and using new technological approaches to consulting patients including the move towards self-management for patients;
- To review prescribing quality and cost along with the CCG Prescribing Team to support good practice within the clinical teams;
- Involvement in recruiting other team members and help develop new innovative roles;
- To undertake a management role in the application of relevant medical HR policies such as annual leave, study leave, performance and sickness;
- Information governance relating to clinical issues and staff;
- Keep up to date with latest policy and professional guidance related to clinical care, strategy, and the wider NHS development;
- To ensure succession planning is in place;
- Appraisals and personal development plan for all staff;
- Safeguarding protocols should be in place and adhered to;
- Workforce plan to be maintained as a live document.

Information and technology

This is a key enabler of the improving access service to ensure safe, clinically effective services for patients whether they are seen in their own practice or as part of the service.

- The Dorset Care Record is established locally as the primary vehicle to share health and social care information to support clinical assessment and continuity of care;
- The service provider will ensure direct input to patient records on EMIS and TPP SystmOne as appropriate, enabling on-line read and write access to patients' medical records ensuring contemporaneous clinical notes;
- Bookings must be made via a single booking system accessed by participating practices of the service and NHS 111;
- Ensure the sustained delivery of a single VOIP telephony system enabling practices to transfer calls to the most appropriate point of service provision without redialling to ensure seamless appointment booking;

- Deployment (including patient consent considerations) will sit within robust and established information governance standards. Data sharing agreements will be in place between the provider and the participating practices. Patients must consent to sharing their notes prior to being seen by any element of the service. Any amendments to patients' consent must be administered by the home practice of the patient for reasons of indemnity;
- Innovative systems to support new ways of working such as online consultation systems must be considered and planned for;
- Interoperability with partner organisations – 111, GP OOHs, community, acute trusts, hospices etc. to facilitate integrated working and the safe electronic sharing of patient information avoiding the use of fax must be in place. Interoperability within the Integrated Urgent Care environment is detailed in the Interoperability Standards www.igt.hscic.gov.uk. The standards define the technical standards that must be used for the transfer of data where applicable, to and from NHS 111 application systems and the applications that integrate with NHS 111 service providers.

Contracting Model

The contracting model for this service will be an Alternative Provider Medical Services (APMS) for Federation providers. Localities/Federations/Clusters shall arrange a lead employing body within the Locality/Federation/Cluster who will be responsible for the Locality/Federation/Cluster and delivery of improved access. A Local Enhanced Service (LES) contract for Locality providers may be considered.

The Localities/Federations/Clusters shall be jointly accountable for ensuring the requirements of improved access are continuously delivered. Should an unplanned shortfall in provision occur, the CCG must be notified by the lead employing body. This shall take place before the event occurring.

The CCG will seek assurance that the group has exhausted all possible options (e.g. another practice or a locum covers a gap) before agreeing to the service not being provided at all.

If the situation of not providing the planned service does occur, there would be an expectation for any hours not delivered to be rescheduled on a different day as a last resort and the CCG would seek assurance from the group that provisions are in place to prevent the possibility of the situation re-occurring.

The CCG would want to support the group to ensure a full service can be delivered before taking any contractual action. In the event that an agreement between the group and the CCG can't be reached and there is an ongoing issue with service delivery or continuous episodes of non-delivery, the CCG would consider the mechanisms within the contract to manage performance.

Where a practice has not signed up to the Locality/Federation/Cluster contract or chooses to leave the Localities/Federations/Clusters contract, the practice will not receive the improving access to general practice services funding.

It is the responsibility of the lead employing body to re-arrange within the Locality/Federation/Cluster to re-allocate the delivery gap. In this circumstance, the patients registered at that leaving practice shall be given equitable access to the improved access service. This means the non-participating practice will need to agree and put in place a sharing agreement for the access to patient records.

Service Measurement/Reporting

The service will use the nationally commissioned tool to measure appointment activity, once it has been made available. In the absence of the tool being accessible before service delivery starts, the CCG will put in place a local reporting process.

The improved access service should consider working with other health care providers, enabling patients to receive the right care from the right professional or provider organisation.

As part of continuous improvement to the services, providers should highlight challenges and propose solutions.

A list of Key Performance Indicators and reporting requirements can be found in Annex 1.

3.3 Population Covered

The Services will be available to the registered population of Dorset, and those that are visiting.

Providers' service models should cover delivery at a minimum of locality level. However, providers are encouraged to propose service models that cover wider than a single locality.

Provider groups will clearly advertise the availability of the improved access service, including through the Directory of Services and 111, notification on practice websites, notices in local urgent care services and publicity into the community. The notices should be clear and concise so patients can understand how to access the service appropriately.

3.4 Any acceptance and exclusion criteria.

Patients whose care is not suitable for primary care management are excluded from this service.

3.5 Interdependences

The improving access to general practice services providers should consider working with other health care providers, enabling patients to receive the right care from the right professional or provider organisation.

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

- General Medical Service provision in line with APMS or LES contract, as appropriate
- All applicable NICE standards

4.2 Applicable local standards

See Section 5.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

The following quality requirements must be met by the provider:

- The Provider must be registered with the Care Quality Commission
- Complaints procedures - The provider must operate a complaints procedure that is consistent with the principles of the NHS complaints procedure. All complaints

must be audited for each individual staff member so appropriate action can be taken where necessary and to inform continuous quality improvement. This should include equalities monitoring of complainants.

- Significant events- The provider must operate an analysis of all significant events. These should be audited and action taken to inform quality improvement and service user experience. Lessons learnt must be shared with appropriate staff. The provider must submit Significant Events onto the Dorset CCG Ulysses system as per the guidance (under development).
- Serious Incidents (SI's) - The provider must have robust arrangements for recording and investigating serious incidents. All SI's must be reported to Dorset CCG via Ulysses.
- All incidents related to service user safety should also be reported to NHS England via the NRLS website (link can also be found on the Ulysess homepage).
- Undertake the Friends and Family Test (FFT) and associated reporting requirements
- All other quality requirements as set out in the contract.
- All staff to have enhanced DBS clearance.
- Action service user participation and engagement feedback.
- The provider must consider lone working policies where applicable.

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

Not applicable

6. Location of Provider Premises

The Provider's Premises are located at:

The service will operate from a number of varying locations determined by the provider's service model to best suit local need.

7. Individual Service User Placement

N/A

ANNEX 1: KEY PERFORMANCE INDICATORS AND INFORMATION REQUIREMENTS

Key Performance Indicators

Alongside the seven national core requirements detailed under section 3.1 of the main body of this document, the provider will be required to deliver the following key performance indicators:

No	Performance Indicator	Target	Method of Measurement	Reporting Frequency
1	**Patient Satisfaction**			
1.1	At least 90% of patients rating their experience of the service as excellent or good	90%	Friends and Family Test	Monthly
1.2	Increased awareness of the service and how to access it		Friends and Family Test	Monthly
1.3	At least 93% of patients feel that last time they wanted to see or speak to a healthcare professional they were able to get an appointment to see or speak to someone.	>93%	National GP Survey (improvement against current 'baseline' of participating practices	GP National Surveys: Jan – Mar 2017 July – Sept 2017
2.	**Workforce**			
2.1	High staff satisfaction	>75%	Evidenced via Staff satisfaction survey	Quarterly
3.	**Improved Access**			
3.1	Minimum delivery of additional consultation capacity of 45 minutes per weighted population per week in the evenings 6.30pm to 8.00pm and at weekends and bank holidays (in line with national guidance)	50% of the population covered by Mar 18 100% of the core requirements by Mar 19	Activity schedule	Monthly
3.2	Greater use of technology to improve access: At least 10% of consultations undertaken online	10%	Activity schedule	Monthly
4.	**System Measures**			
4.2	Reduction in primary care out of hours calls, primary care centre and home visits		Reduction in primary care out of hours calls, primary care centre and home visits (Baseline measure: tbc)	Commissioner provided report
5	**Finances**			
5.1	The service will be managed within the financial envelope.		Activity schedule	Quarterly

It is recognised that this proof of concept phase will be developmental; therefore the targets above are to be aspirational, with sanctions only being enforced in consideration and adherence to the contract.