

**NHS DORSET CLINICAL COMMISSIONING GROUP
PRIMARY CARE COMMISSIONING COMMITTEE
EXTENDING ACCESS TO PRIMARY CARE**

Date of the meeting	05/04/2017
Authors	E Wilson, Senior Primary Care Lead L Hill, Principal Primary Care Lead
Purpose of Report	To inform the Committee on work to extend access to Primary Care in response to Dorset's GP Forward View Delivery Plan.
Recommendation	The Committee is asked to note the report.
Stakeholder Engagement	Primary Care Reference Group IUCAATS Procurement Working Group GP Clinical Leads for access NHSE LMC

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 : EW/LH

1. Introduction

- 1.1 This report details the plans for commissioning improved extended access to General Practice. Dorset CCG are committed to delivering the national Mandate to “*ensure everyone has easier and more convenient access to GP services, including appointments at evening and weekends*”. The [NHS Operational Planning and Contracting Guidance 2017-2019](#), published in October 2016, provides more details on the trajectory and requirements for improving access.
- 1.2 The General Practice Forward View (GPFV) published in April 2016 committed over £500 million by 2020/21 to enable CCGs to commission and fund additional 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, alongside effective access to out of hours and urgent care services.
- 1.3 The 2017/19 NHS Shared Planning Guidance sets out the funding trajectory for delivering extended access as part of delivery of the GPFV. Dorset’s allocation is as follows and is recurrent:

Year	Funding £M
2018/19	2.8
2019/20	5
2020/21	5

- 1.4 For patients this will mean:
- Improved access to GP appointments;
 - Access to a wider range of health professionals / technologies;
 - Improved quality of care;
 - Increased patient satisfaction;
 - Reduced inequalities.

Legal / Procurement restrictions

- 1.5 Public Sector Procurement Law requires the CCG to advertise its requirements to ensure full transparency, openness and fairness. This is fully supported by NHS England.

2. Core requirements for Extended Access

Timing of Appointments

- 2.1 Commission provision of access to pre-bookable and same day appointments to General Practice services in evenings (after 6.30 pm) to provide additional 1.5 hours a day.
- 2.2 Commission pre-bookable and same day appointments, on both Saturdays and Sundays to meet the needs of the local population.

Capacity

- 2.3 A minimum additional 30 minutes consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population.

Effective Access to Wider Whole System Services

- 2.4 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.

Measurement

- 2.5 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.

3. Enablers

- 3.1 Digital: use of digital approaches to support new models of care in General Practice.
- 3.2 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 extended hours service as well as patients being offered choice of evening and weekend appointments.
- 3.3 Inequalities: Patients' experience and feedback of accessing General Practice to resolve issues where they arise by utilising the practices' Patient Participation Groups (PPGs).

4. Interdependencies

- 4.1 Integration of extended access with out of hours and urgent care services will be key to support access to the right care, in the right place at the right time. This will involve NHS 111, Single point of access (SPoA) and GP out of hours (OOH).

- 4.2 Current Extended hours National Enhanced service (DES) will currently continue, there has been no indication from NHSE on the future of this enhanced service.

5. Trajectory for Delivering Extended Access

- 5.1 It is the Dorset CCG ambition as part of the Dorset GP Forward View Delivery Plan to achieve full population coverage for extended access as part of an integrated access model by March 2019. Planning trajectories are currently under development to reflect population need, activity and costings. It is anticipated that coverage will reach:

- 100% of the population with extended access during the last quarter of 2018-19;
- Maintaining 100% of the population with extended access from March 2019.

6. Progress to-date

- 6.1 The Primary Care Team are leading the extended access project.

- 6.2 Meetings are taking place with:

- Dr Simon Watkins – A&E Delivery Board Chair;
- Dr Ben Sharland - GP lead for Access;
- Integrated Urgent Care (IUCATS) Programme Working Group;
- CCG Procurement lead;
- NHSE;
- Other CCGs.

- 6.3 Evidence gathering from Dorset practices, other CCGs and NHSE.

- 6.4 Mapping of existing extended hours Directed Enhanced Service – to understand to the number of appointments of extended access.

- 6.5 Some localities have been actively working together to explore both demand and gaps through their transformation plans by seeking more joined up services, for instance hubs hosting GP out of hours bases, community nursing teams and greater access to diagnostic services.

- 6.6 Local plans for delivery of the Dorset GP Forward View will need to reflect plans for extended access and progress to achieve full population coverage in line with the national mandate and ambitions.

7. Next Steps

- 7.1 On 15 March the Governing Body agreed a further 6 month contract extension period for the current contract held by South West Ambulance Services to deliver NHS 111, GP Out of Hours and Single point of Access. This will allow for a new integrated access model to be developed (IUCATS and GP extended access) and commissioned.
- 7.2 The alignment of these work streams will allow for the Strategy and Service Model which includes urgent care, to be clearly articulated, including activity and finance so that benefits realisation can be achieved.
- 7.3 The Primary Care team are now working closely with the Urgent Care commissioning team to commence a planned period of engagement to develop the model of care and market development to ensure provider partnerships are able to develop to respond to our commissioning intentions.
- 7.4 The intention is to design a model of care around patient need with a skill mixed team able to deliver improved local access to urgent care through a number of care hubs, to achieve better integration of the urgent care system.

8. Recommendation

- 8.1 The Primary Care Commissioning Committee is asked to **note** progress with plans for extended GP access and development of an integrated access model for Dorset which fully supports the Government mandate to NHS England and our Dorset GP Forward View Delivery Plan.

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