

## 3.6

**NHS DORSET CLINICAL COMMISSIONING GROUP**  
**PERFORMANCE MEETING**  
**IMPROVING ACCESS TO GENERAL PRACTICE SERVICES**

<b>Date of the meeting</b>	25/07/2017
<b>Author</b>	R Payne, Head of Primary Care
<b>Purpose of Report</b>	The report provides details of plans to accelerate the Dorset GPFV access target achievement working with NHS England.
<b>Recommendation</b>	Directors are asked to <b>approve</b> the recommendations in the report to seek Governing Body approval for award of contract without competition.
<b>Stakeholder Engagement</b>	NHS England / Local Medical Council / Clinical Leads / Primary Care Operational Group / Primary Care Reference Group / Member practices.
<b>Previous GB / Committee/s, Dates</b>	N/A

#### Monitoring and Assurance Summary

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b> [e.g. ✓]	<b>Any action required?</b>	
		<b>Yes</b> Detail in report	<b>No</b>
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	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials: RP

## 1. Improving Access to General Practice Services

- 1.1 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. As more detailed plans develop a further update will be provided to Directors.
- 1.2 The national requirement is for all CCGs to set a trajectory to achieve Extended Access services to ensure 100% population access by March 2019, to provide an additional 45 mins per 1,000 population per week. We have already set a trajectory to achieve this as part of our GPFV delivery plans. We also have agreed to commission an integrated access model (IUCATS) and this has been approved by the Governing Body.
- 1.3 As a result of our new Accountable Care system status we are now being asked to accelerate these plans to achieve 50% of target by March 2018 and to then sustain this delivery with a phased increase to 100%. We have been asked by NHS England (NHSE) to confirm whether we wish to take up an offer of additional funding of £1.50 per head for 17-18 to achieve this accelerated plan.

## 2. Proposal

- 2.1 The proposal is to work with NHSE to accelerate our access planning trajectory. To support this there is a recommendation to accept NHSE offer of £1.2m for 2017-18 based on agreement we can use to fund development and acceleration of our proposed integrated access model across Dorset, subject to successful engagement of the market to deliver early.
- 2.2 We would seek to place an 'Award of contract without competition' for an 18 month 'proof of concept' phase (October 2017-March 2019) to be agreed by Governing Body (September) – to enable us to work with Locality groups of general practice to deliver target working at scale to deliver new access models (see appendix 1).

### Access Model

- 2.3 The model that will be developed during the proof of concept phase will need to fully align with our IUCATS; CSR and STP plans. 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.

### Key benefits of this Accelerated Plan

- 2.4 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 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 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.

### Risks and Risk Mitigation

- 2.5 The Improving Access to General Practice services proof of concept plan will seek to manage the key risks to delivery:
- Finances – the plan is based on the release of agreed improving access funding from NHSE, the risk associated with this will be managed through a memorandum of understanding with NHSE;
  - Response from market / General Practice working at scale – the plan includes market engagement to develop expressions of interest from general practice groups working at scale;
  - Ability to develop the market to deliver on core requirements – the plan includes activity and finance modelling and support with workforce planning;

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- Workforce capacity – the proposal is to support delivery through skill mixed teams introducing new roles to reduce the risk of a General Practitioner only workforce model;
- Finance Modelling assumptions (requires further testing) – modelling is based on learning from other CCG's and Access fund sites;
- Exit strategy from Proof of concept phase to full procurement of IUCATS integrated access model – the initial phase will seek to address how the workforce and service models developed can be used to support the full integrated access procurement phase;
- Interoperability – there are national issues related to some operating systems. The risk associated with this will have to be managed as part of the first phase and form part of our Digital Dorset development plans.

### Plan

2.6 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;
- 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

- 2.7 The plan is to pool NHSE offer for 17-18 with 18-19 GPFV Access allocation to invest in this proposal - £2.8m + £1.2m = £4m. The proposed model costs for this period would be £3.12m. NHSE are offering accelerator funds of £1.50 per head in 17-18 equivalent to circa £1.2m (as at 31 March 2017 population 795,504 = £1,193,256).
- 2.8 In 18-19 the Extended Access expected allocation from NHSE is circa £2.8m = £3.50 patient (NB national guidance at least £3.34 patient = £2.656m). In 19-20 the Extended Access expected allocation from NHSE increases to circa £5m (recurrent) = £6.28 patient (NB national guidance at least £6 patient).
- 2.9 The Extended Hours Directed Enhanced Service (DES) continues and the value of this is £1,515.129 = £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 GPFV NHSE Guidance

2.10 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 population x 800,000 = 31,200 hours;
- Finance modelling costs based on the model funded at £100 per hour – we are further testing out this assumption with other CCGs / PM Access Fund sites.
- 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:
  - \* October 17 - March 18 = £0.78m;
  - \* April 18 – September 18 = £0.78m;
  - \* October 18- March 19 = £1.56m.

### Affordability

2.11 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 £2.8m.

## 3. Recommendation

3.1 Directors are asked to support the acceleration of plans to achieve the GPFV ambitions for improving access to General Practice services.

3.2 Directors are asked to approve the recommendations in this report to seek Governing Body approval for award of contract without competition.

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**Date:** 12 July 2017

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