Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care Commissioning Committee (PCCC)

Date: 30th May 2018
Time: 2-3:30pm
Location: David Baker Room, the Vassall Centre, Gill Avenue, Bristol, BS16 2QQ

Agenda item: 5

Report title: Specification for Improved Access

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Report Sponsor: Dr Martin Jones, Medical Director for Primary Care & Commissioning

1. Purpose

The purpose of this paper is to detail and gain BNSSG CCG approval of the Improved Access Service Specification for Primary Care.

2. Recommendations

Following detailed discussions with Primary Care Provider Vehicles, Commissioning Locality Leads, the Area and Medical Directorates, it is recommended that the draft service specification is approved for implementation across BNSSG, for plans to be made in June 2018, ready for implementation in October 2018.

3. Background

The General Practice Forward View published in April 2016 sets out plans to enable clinical commissioning groups (CCGs) to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved 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. The recently published Refreshing NHS Plans for 2018/19 requires all CCGs to provide extended access to general practice to their whole population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.
Locally, the CCG intends to commission Improved Access services from the Locality Provider Vehicles via the Locality Transformation Scheme. The development of primary care at scale at the heart of the integrated community model is a key priority for the BNSSG CCG/STP. Improved Access is a significant element of this model, linking primary care at scale to the overall BNSSG

system model for urgent and emergency care including development of services such as the Integrated Urgent Care Clinical Assessment Service (IUC/CAS). It will be crucial to ensure the integration of extended access with out of hours and urgent care services, as these reforms develop. The CCG are encouraging locality providers to develop ambitious proposals to address this specification but recognise that there is a need to transition from current working arrangements. We have agreed to work collaboratively with providers to support the development of this service.

The BNSSG area has been in receipt of the Prime Ministers' Challenge Fund (PMCF) for two years and is entitled to a higher rate of funding currently than elsewhere. In BNSSG the Improved Access funding amounts to up to £5.88 per head of weighted population. It is, therefore, expected to deliver significant transformation as well as delivering against the core national requirements. As a minimum for October 2018, the CCG expects the following requirements to be met whilst focusing on the overall aims of the specification through the seven national core requirements (Appendix 1):

- 111 booking into Primary Care
- Sunday appointments at locality level (including routine)
- Christmas and bank holidays to be included, excluding Christmas Day
- Winter and Easter planning demonstrated
- Same day access profiled to meet demand
- Movement and signposting towards integrated locality delivery demonstrated

Discussions and feedback have been thorough, by arranging regular meetings with Provider Locality Vehicle Clinical Leads, Commissioning Locality Clinical Leads, Area Managers and Directors and the Medical Directorate. The focus has been on addressing concerns and risks raised by providers about the impact and practicalities of working at scale in the manner requested by the specification for October 2018, whilst keeping a focus on what needs to be achieved overall. All provider localities have been supportive of this engagement and as such are on course to develop plans for June 2018 that meet their population needs and address the minimum requirements we have set. To ensure implementation in October 2018, this engagement work will continue regularly to ensure the key aims of integrated working at scale, across 7 days, to meet the needs of the population is achieved. The specification gives Provider Locality Vehicles the necessary structure to develop and implement plans that ensure a system approach to access for patients.

4. Key points from discussions with Providers

The following points have been raised and clarified as following:

- Working at scale - discussions have focused Provider Locality Vehicles away from an individual practice approach towards offering Improved Access at locality level
- Meeting population needs – Provider Locality Vehicles have asked for and are being assisted in accessing the information they need to best understand their population needs. This will then assist them to design and adapt services according to need.
- Seven-day access – concerns were raised about this initially and are being addressed by using minimum requirements for October 2018. Discussions will be ongoing with each Provider Locality Vehicle on potential future solutions to support urgent care through integrated working
- Primary Care Data – we are on track to ensure we have the correct data reporting for Improved Access ready for October 2018. This links to the broader work on Primary Care

metrics and understanding flow within the system

- Indemnity for hubs – clarification has been sought due to concerns that working at scale in hubs would cause an increase in indemnity payments for clinicians. Indemnity organisations have confirmed that there is no extra payment for working 8am-8pm 7 days a week with access to patient records and booked appointments.
- 111 booking into Primary Care – Provider Locality Vehicles have asked for clarification on the amount of direct booking and we have been advised that this will be 3 bookings per 10,000 patient population. Provider Localities will be in direct discussions with the provider of 111 to determine the best process for this ready for October 2018.
- Inequalities – each Provider Locality will determine 2-3 areas of inequality within their population that they will address through Improved Access. Details will be determined through the plan submissions in June 2018.

5. Financial resource implications

The plans for Improved Access were announced in addition to an increase in the NHS England five-year allocation for primary care (medical) of £231 and £188 million over 2017/18 and 2018/19 respectively, and form part of a national +£500 million sustainability and transformation package for general practice.
The allocation of potential funding for Primary Care is detailed in Appendix 1.

6. Legal implications

N/A

7. Risk implications

N/A

8. Implications for health inequalities

Improved Access ensures localities understand their population needs. Through the specification they are required to undertake work that specifically reduces identified health inequalities. NHSE has produced guidance on this https://www.england.nhs.uk/wp-content/uploads/2018/03/inequalities-resource-march18.pdf

9. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Improved access focuses also on ensuring services are accessible and equitable for all patients. This again links with understanding the local population e.g.: the need for translation services. NHSE has provided guidance on this which supports both providers and commissioners.

10. Consultation and Communication including Public Involvement

We have requested that practices not just use data from resources like the Joint Strategic Needs Assessment for their locality, but that they in addition consider feedback from patients, satisfaction surveys and Patient Participation Groups. Understanding the patient perspective combined with available data on need, will ensure Primary Care provides services in line with their local population.

11. Appendices

Appendix 1 – Service Specification

Service Specification

A. Service Specifications

Service Specification No.	
Service	Improved Access to General Practice
Commissioner Lead	Director of Commissioning
Provider Lead	One Care Ltd in support of agreed locality provider plans
Period	1 October 2018 – March 2019
Date of Review	December 2018

1. Population Needs

1.1 Purpose

The purpose of this specification is to set out the requirements and direction of Primary Care to work at scale across 7 days, using a variety of skill mixes in an integrated way with partners in the community and the whole system, to meet the needs of the local population.

1.2 National/local context and evidence base

The General Practice Forward View published in April 2016 set out plans to enable clinical commissioning groups to commission and fund additional capacity across England to ensure that, by 2020 everyone has improved 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. These plans were announced in addition to an increase in the NHS England five-year allocation for primary care (medical) of £231 and £188 million over 2017/18 and 2018/19 respectively, and form part of a national +£500 million sustainability and transformation package for general practice.

NHS England state that the key driver for Improved Access is public satisfaction with general practice, which remains high, but in recent years patients have increasingly reported, through the GP Patient Survey, more difficulty in accessing services including a decline in good overall experience of making an appointment in general practice. Improved Access also has the broader aim of:

"Testing innovative ways of increasing access and delivering wider transformational change in general practice. The fund will also support GPs to play an even stronger role at the heart of more integrated out-of-hospital services that delivers better health outcomes, more personalised care, and excellent patient experience." [1]

Nationally, pilots have responded to this aim, responding to specific population needs

[1] NHSE Improving Access to General Practice: Innovation Showcase series. Effective Leadership. July 2015

through addressing:

- The needs of a particular cohort - families with young children, deprived populations, those in care homes, populations who find it hard to access[2] services
- Extended weekday hours and urgent care at scale to support switching to longer appointments for those requiring more continuity of care based on an understanding of the need and preferences in an area
- Hub working, using estate and local resources efficiently including integrated working with out of hours services
- More systematic use of digital access e.g. Skype, eConsult, remote access

Locally, the CCG intends to commission Improved Access services from the Locality Provider Vehicles via the Locality Transformation Scheme. The development of primary care at scale at the heart of the integrated community model is a key priority for the BNSSG CCG/STP. Improved Access is a significant element of this model, linking primary care at scale to the overall BNSSG system model for urgent and emergency care including development of services such as the Integrated Urgent Care Clinical Assessment Service (IUC/CAS). It will be crucial to ensure the integration of extended access with out of hours and urgent care services, as these reforms develop. The CCG would like to encourage locality providers to develop ambitious proposals to address this specification but recognise that there is a need to transition from current working arrangements. We will work collaboratively with providers to support the development of this service.

The BNSSG area has been in receipt of the Prime Ministers' Challenge Fund (PMCF) for two years and is entitled to a higher rate of funding currently than elsewhere. In BNSSG the Improved Access funding amounts to up to £5.88 per head of weighted population. It is, therefore, expected to deliver significant transformation as well as delivering against the core national requirements.

As a minimum for October 2018, the CCG expects the following requirements to be met:

- 111 booking into Primary Care
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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**	✓

[2] NHSE Improving access for all: reducing inequalities in access to general practice services 27 July 2017

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 Nationally and locally defined aims and outcomes

The seven national core requirements for Improving Access are outlined in Section 3 (Scope) and include the delivery of 45 minutes of additional access per 1000 population using the weighted BNSSG CCG population at the start of the relevant financial year, across seven days a week including bank holidays. The additional consultation capacity minutes calculated for improved access are in addition to NHS England's Extended Hours DES requirements. This capacity should be profiled to meet known population demand, including Winter and Easter pressures/activity.

Whilst the delivery of the required minutes is essential, the locality improved access model is intended to:

- support movement towards a seven-day model of primary care in its widest sense which would involve a range of services and skill mix
- relieve pressure on current GP practice-based services by looking at demand and capacity in and out of hours and ensuring models of care that support in hours general practice, including the ability to use 15 of the 45 minutes required per 1000 population to support core hours access to respond to local population need
- direct services to locality population need including ensuring that inequalities of access are properly addressed and developing bespoke models of access for key patient cohorts where needed e.g. students, refugees
- look at ways of integrating in and out of hours care, regardless of provider so care is seamless, and resources are directed appropriately
- push the boundaries of integrated care provided out of the hospital so only those people who need care in a hospital are directed there

This is a new way of working and the BNSSG CCG expects to work with locality providers and others in support of the development of this model as part of the wider system.

For clarity, as a minimum, localities need to demonstrate evidence to support delivery of the 7 Core Requirements.

3. Scope

3.1 Aims and objectives of model

Localities must provide extended access to GP services, including at evenings and weekends, for 100% of the population registered with the practices within that locality. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods.

The seven national requirements are:

1 - Timing of Appointments	1.1 Provide weekday provision of access to pre-bookable and same day appointments to general practice services in evenings (after 6:30pm) – to provide an additional 1.5 hours a day. To be delivered on a locality basis and be based on agreed local need. Provision of pre-bookable and same day appointments to be determined by national guidelines, if available, and/or local need.
	1.2 Provide weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs. To be delivered locally and based on agreed local need. This should be delivered at locality level. Provision of pre-bookable and same day appointments to be determined by national guidelines, if available, and/or local need. NB This must include face to face appointments available at locality level 7 days a week.
	1.3 Ensure access is available during peak times of demand, this must include all bank holidays and across the Easter, Christmas and New Year periods. The provision must consist of pre-bookable and same day appointments to meet local population needs – this should be delivered at locality level. The Christmas and New Year period is defined as Wednesday 19th December 2018 – Wednesday 2nd January 2019 inclusive. Easter is defined as Wednesday 17th April 2019 – Friday 26th April 2019.
	1.4 Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week and across the year (profiled). This is to demonstrate an understanding of demand and matching this with the necessary capacity to meet population need, including the use of other providers and skill mixes of staff providing the service. Evidence for meeting population need can include local JSNA data, patient survey / feedback / Healthwatch views and how these have influenced the service offer. Providers must be able to demonstrate resilience including the ability to flex and meet demand.

2 - Capacity

2.1 Provide 45 minutes consultation capacity per 1000 population (weighted population as per NHSE allocation) from 1 October 2018 (this should exclude any commitments in relation to extended hours DES). In 2018/2019 this will equate to 964, 976 (weighted population) at BNSSG level. Funding available would therefore be up to:

	Funding Population	**Funding**
Bristol	502,742	2,960,583
North Somerset	220,800	1,262,217
South Glos	241,434	1,448,604
	964,976	5,671,404
Funding per weighted population	£5.8773	

Area	**Sum of Funding fully allocated equally per weighted population**
North & West Bristol	1,038,102
Inner City & East Bristol	898,552
South Bristol	954,231
Clevedon/Portishead	331,701
Weston	450,744
Nailsea/Rurals	339,319
Worle	207,334
Kingswood	598,661
Severnvale	475,562
Yate	377,199
Grand Total	**5,671,404**

3- Measurement	3.1 Ensure usage of a nationally commissioned new tool (originally planned to be introduced during 2017/18, awaiting national direction) to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of high demand. Locally, measurement will be via the monthly KPIs with a report to be provided to the commissioners in advance of the monthly contract meeting, as per the reporting template. In addition, the CCG requires the following data and will develop an approach to make this easily available: • Patient ID (all reporting would be pseudonymised) • Onward disposition • Diagnosis • Same day or pre-bookable A clear monthly capacity and activity plan must also be provided (see reporting template)
4- Advertising and Ease of Access	4.1 Ensure services are advertised to patients, including notification on practice, OneCare and BNSSG CCG websites, notices in local urgent care services and publicity into the community, so that it is clear to patients how they can access these appointments and associated service. All practice websites and practice leaflets should include details of the improved access services available to patients in the locality. The CCG will work with localities to consider the most effective and innovative approaches and to join this work with the communications associated with the rest of the urgent care system. Integrated Urgent Care/Clinical Assessment Service, local Out of Hours services and local urgent care centres to be advised of the services available and updated when provision changes, including through NHS Directory of Services.
	4.2 Ensure ease of access for patients including: 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. Evidence of training materials, including scripts for receptionists and attendee lists of training sessions should be made available if requested. Patients should be offered a choice of evening, bank holiday or weekend appointments on an equal footing to core hours appointments

	The localities should make full use of resources available through the NHS England Communications guide and resource pack available at: https://www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide/ Whilst provision is at a locality level, localities must demonstrate that they have taken into account all elements of access and have considered issues such as travel in relation to any at scale delivery.[3] See also inequalities - point 6 below.

5 - Digital	5.1 Implement national and local digital initiatives to support new models of care in general practice as and when available, including working with the CCG to support the roll out of online consultations and digital apps to support self-care. To participate in new work from NHS Digital to implement the NHS App. 5.2 Demonstrate full utilisation of integrated telephony solutions to support the model of care.

6- Inequalities	6.1 Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place. Evolving improved access services need to take account of national and local information such as, but not limited to, JNSAs, local needs assessments, GP patient survey and Patient Reference Group and Friends and Family feedback. 6.2 Localities will be expected, in discussion with the CCG, to provide 2-3 local measures that would indicate the benefits to their local population and services where services have been designed and provided with a specific population in mind or within core hours. E.g. addressing a specific inequality of access. The aim is genuinely to improve access and support integration of services for local populations and this element of reporting will enable us jointly to understand impacts and support innovation. 6.3 Localities should review and consider implementing any relevant learning from the NHS England published document 'Improving Access for all: reducing inequalities in access to general practice services https://www.england.nhs.uk/wp-content/uploads/2018/03/inequalities-resource-march18.pdf The resource includes learning materials for practice staff, case studies and examples of good practice.

[3] **NHSE Improving access for all: reducing inequalities in access to general practice services 27 July 2017**

7- Effective Access to Wider Whole System Services	7.1 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 (including shared telephony). The provider is t work with the existing providers of NHS 111 and Out of Hours and the new provider of Integrated Urgent Care to deliver the capability for direct booking to Improved Access appointments and to agree local criterion to support this (see Appendix 1 for overview) 111 clinical assessment services (CAS), local Out of Hours services and local urgent care centres to be advised of the services available and updated when provision changes. (See Appendix 2 for overview). Appointments (face to face) must be available to be directly bookable from the Integrated Urgent Care Clinical Assessment Service. It is anticipated that for a practice list size of 10,000 patients, a practice could expect 3 appointments to be book directly. Locality providers are to decide with the commissioner and the new service how th process will work e.g.: booking directly into Improved Access appointments or having an agreed process of triage. There must be provision of a shared, locality virtual hub arrangement and ability to book int slots at other practices and delivery of this model. Localities will need to demonstrate that t virtual hub arrangement is in place and utilised by patients in sufficiently significant number that demonstrates a new way of providing urgent primary care in that locality.

3.3 Emergency Planning / Business Continuity

Plans must be in place to ensure coverage of the entire population within a locality. This will include inbuilt resilience and risk share arrangements. Arrangements must be in place for sudden loss of capacity.

3.4 Population covered

The service will cover all patients registered at GP practices in Bristol, North Somerset and South Gloucestershire.

3.5 Any acceptance and exclusion criteria and thresholds

As above

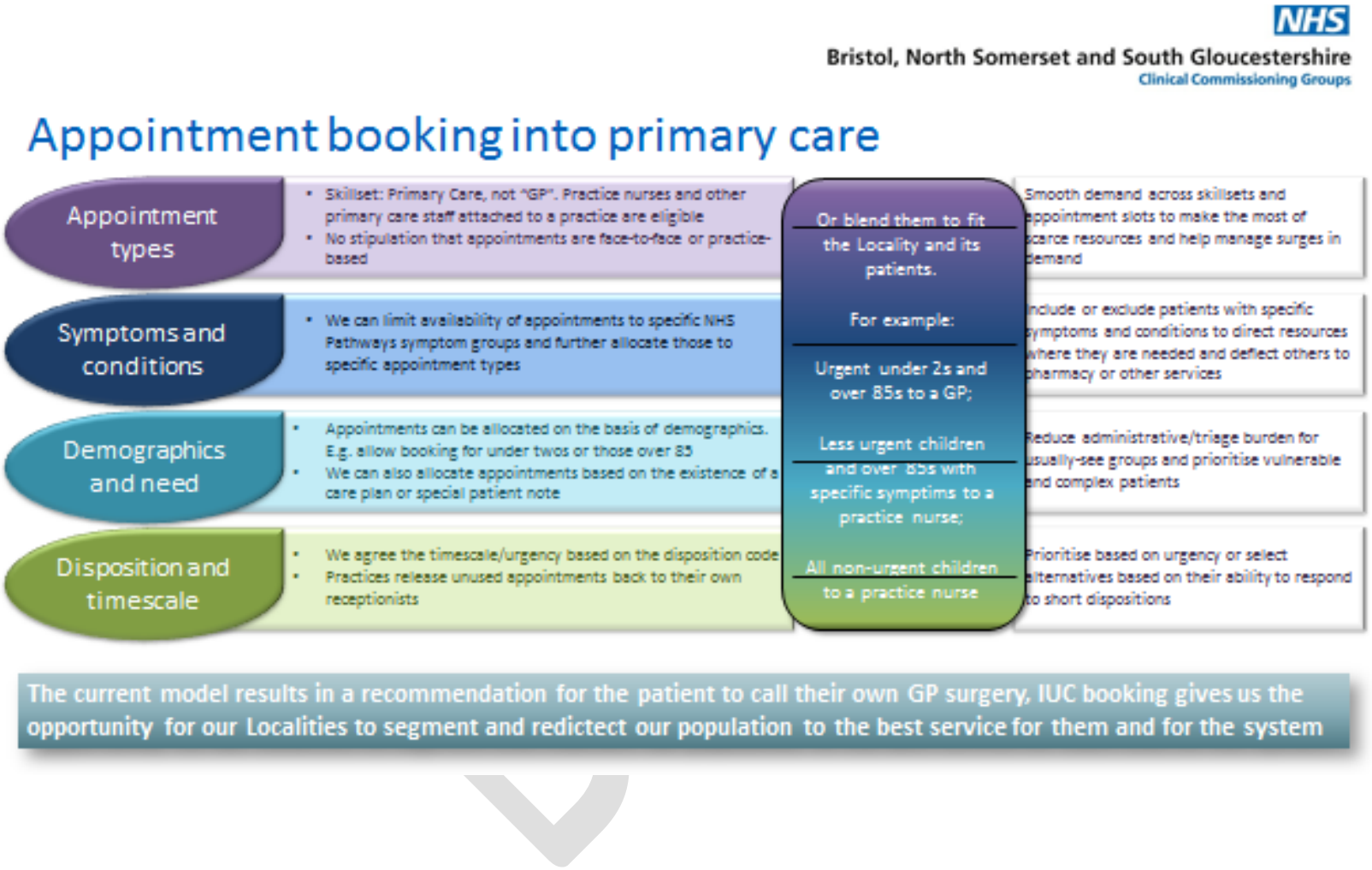
3.6 Interdependence with other services/providers

Integrated Urgent Care /Clinical Assessment Service
Urgent Treatment Centres
Walk In Centres

4. Location of Provider Premises

The Provider's Premises are located at: (please list all locations and providers of service delivery)

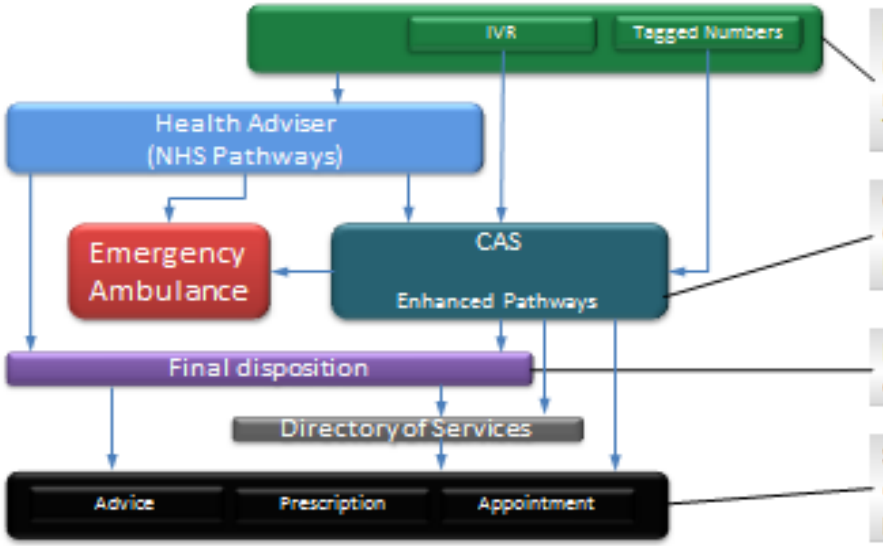
Appendix 1 – Summary of Appointment Booking into Primary Care



Appendix 2 – Summary of Future State Integrated Urgent Care

NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Groups

Future state: Consult and Complete not Assess and Refer



Interactive Voice Response (menu options) and Tagging (where the telephony system recognises a caller's phone number) allow some callers to by-pass the NHS Pathways Triage and access senior clinicians in the CAS

CAS Clinicians carry out the functions currently undertaken by Clinical Advisers plus non-NHS Pathways assessments of the BNSSG IUC "Enhanced Pathways"

Dispositions reached by through NHS Pathways assessments continue to utilise DoS including booking appointments.

Senior Clinicians use their clinical skill supported by DoS to either close the call with advice, issue an electronic prescription or book an appointment

The BNSSG IUC service will assess at least 70% of callers in the CAS; the service will directly book 100% of those needing an OOH primary care appointment and at least 20% of those needing an in-hours primary care appointment.