

Improved Access to GP Services

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1. Summary

- 1.1. In October 2016 it was announced that Somerset CCG was identified as a transformation area for improved access to GP services. The purpose of this paper is to provide the Somerset Overview and Scrutiny Committee with an update on the commissioning process for improved access. In January 2017 Somerset CCG Governing Body approved a proposed commissioning, financial and service framework for the delivery of Improved Access to the Somerset population.
- 1.2. The definition and requirements for the service are contained in Annex 6 of the NHS Operational Planning and Contracting Guidance. In summary, CCGs must:
 - ensure that everyone has access to GP services, including sufficient routine and same day appointments at evenings and weekends to meet locally determined demand, alongside effective access to other primary care and general practice services such as urgent care services
 - commission 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
 - commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs
 - provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week; appointments can be provided on a hub basis with practices working at scale
 - commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population per week in accordance with population need
 - use 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. This will enable improvements in matching capacity to times of high demand
 - ensure services are advertised to patients
 - ensure ease of access for patients
 - reduce inequalities in patients' experience of accessing general practice identified by local evidence
 - effectively connect other system services enabling patients to receive the right care

2. Issues for consideration / Recommendations

- 2.1. The Scrutiny Committee is asked to consider and comment on the commissioning process of the improved access service for the population of Somerset.

3. Background

- 3.1. 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.”

The foundation of the Somerset CCG improved access service is based on four primary objectives that are coherent with the Somerset Primary Care Plan and supported by key enablers;

Primary Objectives:

- Commission a sustainable and effective model of care that enhances the availability of primary medical services across the county whilst maintaining high quality services, increasing patient satisfaction, managing demand and reducing duplication
- To deliver joined up, collaborative and responsive out of hospital care for patients across 7 days, meeting population needs and reducing unnecessary demand through the use of patient education and awareness
- Increase the capacity of primary medical services through the delivery of at scale services, sharing of resources and utilisation of IT innovations
- Deliver an integrated and responsive primary medical service that is clinically led and supported by a multi-disciplinary team, providing care to population groups in collaboration with multiple provider organisations

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 meeting the needs of patients and delivering high quality outcomes
- Develop collaborative and trusting relationships with provider organisations across the county, including 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)

4 SERVICE MODEL

- 4.1 It is the ambition of the CCG to deliver the national requirements from April 2017, with the model for delivery being developed over the course of the contractual period. The intention is to learn from potentially different delivery models across Somerset and allow for the collaboration and integration between providers to take place.
- 4.2 A phased model has been developed to allow movement towards an integrated same day service across seven days, joining up service provision to deliver better care for patients and enhance the sustainability of services. Some federations were already considering or moving towards different ways of managing demand for primary care services. Having a phased approach prevents the CCG from unintentionally restricting any local innovations.
- 4.3 The specification for improved access does not stipulate the service delivery model for improved access. This is to recognise that primary care federations are best placed to design a model that meets the needs of their population and delivers the intended outcomes and requirements.

4.4 Phase One – 2017/2018

- 4.4.1 The phase one model of the service framework builds on the current delivery of extended hours by practices but at scale and in alignment with the improved access requirements.
- 4.4.2 The groupings of practices within federations will be required to deliver the combined extended hours and improved access hours at scale, whilst providing patients with equitable and consistent access through the use of technology and telephone consultations across seven days. This will mean health care professionals seeing patients that are registered at a different practice within the federation.

4.5 Phase Two – From April 2017

- 4.5.1 One of the main contributors to the instability of primary care services is the demand for same day care. There is an emerging theme that a key contributor to secure the future sustainability of the Somerset health system is to integrate same day services across seven days, joining up same day service provision within the health system to deliver better care for patients.
- 4.5.2 Phase two of the proposal is to deliver same day demand for services through hubs that are operational from 8am – 8pm, seven days a week. These hubs would be delivered by a collaboration of primary, community and urgent care providers, with patients being seen by the most appropriate person in a timely fashion.
- 4.5.3 Hubs could potentially be co-located in existing health care delivery sites with

primary care workforce input and full access to the primary care record, alongside appropriate and relevant community, urgent and secondary care resource input. Not only will the service contribute to the sustainability of primary care but also to the viability of other services across the county which we know are under pressure through increased demand and workforce retention.

4.5.4 The hubs will be responsible for the delivery of the improved access requirements across the seven days. Although the service will be focused on same day access, there will still be a requirement to offer pre-bookable appointments after 6.30pm on weekdays and 8-8 on weekends to meet the improved access requirements.

4.5.5 The service will continue to utilise the benefits of technology and continue to test innovations. A key priority of the service will be to ensure patients have equitable access to services and the existing workforce is configured to meet the rising demand.

4.6 Phase Three – 2019/2020

4.6.1 There is an acknowledgement that the NHS Standard Contract the CCG holds with practices for the provision of enhanced services expires in March 2018 and Somerset Health and Social Care organisations are also looking to move towards an Accountable Care System by April 2019.

4.6.2 It is not possible at this time to articulate what the Accountable Care System will mean for the health care providers in Somerset, including primary care and the CCG commissioned enhanced services. However, the Primary Care Improvement Scheme is a five year commitment and is due to expire in March 2021. It is envisaged that improved access will continue to be part of PCIS up until its expiry date and contracts will transfer into the Accountable Provider Organisation.

4.7 Regardless of the model being used to deliver improved access, the service does not replace the current Out of Hours (OOH) service. Practice phones lines will continue transfer to 111 at 6:30pm. Primary care will however continue to see those patients that were booked into improved access appointments during core hours. This is a message practices will need to clearly articulate to patients.

5. Consultations undertaken

STAKEHOLDER ENGAGEMENT

5.1 As a nationally mandated development there is limited opportunity to consult patients on the overall approach to GP improved access. However Federations will be required to evidence as part of the improved access delivery plan how patients have been and will continue to be involved. We envisage this primarily taking place through Patient Participation Groups.

5.2 The CCG has undertaken a range of engagement activities with a wide number of stakeholders to articulate what improved access means and how the CCG proposes to commission a service for the Somerset population.

- 5.3 Valuable feedback has been obtained from the various meetings and has contributed to the design of the improved access framework.

PRIMARY CARE WORKSHOPS

- 5.4 Upon receipt of approval from the CCG Governing Body In January 2017 to proceed with the proposed commissioning, financial and service framework, a series of workshops have taken place with each Somerset provider Federation.
- 5.5 The purpose of the workshops was to articulate the agreed framework and provide practices with a common understanding of what improved access means and most importantly, allow practices to make an informed decision on whether they would like to deliver improved access. The workshops also provided the opportunity for practices to raise any general concerns, challenge the framework and to test out possible delivery models.
- 5.6 The majority of practices have expressed interest in developing local proposals for improved access. These proposals are in varying stages of development. Key themes arising from the workshops include differing service models, finances, IT, practice collaboration, patient feedback.

6. Implications

- 6.1. The Overview and Scrutiny Committee is asked to note the commissioning process of the improved access service for the population of Somerset and the changes in service provision that will be taking place from 1 April 2017.

7. Background papers

- 7.1. CCG Governing Body report 'Improving Access to GP services' – January 2017