

IMPROVED ACCESS TO GP SERVICES IN SOMERSET

1 INTRODUCTION

- 1.1 In January 2017 Somerset CCG Governing Body approved the proposed service, commissioning route and financial plan for the improved access service.
- 1.2 The 71 Somerset practices have formed into 10 geographically based provider groups to deliver the requirements of improved access. The groupings will provide their collective population with access to same day and pre-bookable appointments from 6:30pm – 8pm on weekdays and at weekends as determined by local population needs. A map showing the local provider group areas is attached as Appendix 1.
- 1.3 Each provider group will be delivering an additional 30 minutes per 1000 weighted population to their collective population as per the national requirement. This will equate to an additional 288 hours a week being delivered across Somerset.
- 1.4 The purpose of this report is to provide the Scrutiny for Policies, Adults and Health Committee with an update on progress on the delivery of improved access across the County.

2 SUMMARY OF SERVICE PROVISION

- 2.1 Patients can book a routine evening and weekend appointment in advance or on the day by contacting their registered practice to find out about appointment availability and to book an appointment.
- 2.2 Appointments will be with a primary care clinician who has been identified at the point of booking the appointment to best meet the needs of the patient.
- 2.3 Not every practice in each group will be open until 8pm every weekday evening and at the weekend. Each group has developed and implemented a rota to collaboratively deliver the national and local requirements of improved access across the week. This does mean that patients may be seen by a primary care clinician at another local practice or have a telephone consultation with a primary care clinician who is not at the patients registered practice.
- 2.4 At the time of booking the appointment, patients are made aware of the location and the name of the consulting clinician and consent to share their record must be obtained. The patient does not have to accept this appointment and should be given the opportunity to book an alternative. If a patient declines for their record to be shared, this will be recorded on the system and by choice, they will be limiting their access to available appointments.

- 2.5 For all booked appointments the primary care clinician undertaking the consultation has the ability to access the patient's full primary care record. Only the consulting clinician will have access to that record and is granted access when the patient presents for their consultation and for 28 days after the scheduled appointment.
- 2.6 70 out of 71 practices are being commissioned by the CCG to provide an improved access service for their registered patients through the Primary Care Improvement Scheme (PCIS). The CCG has received assurance from the 1 practice not participating that they will work with the local provider group to ensure that their patients can access the improved access service.
- 2.7 All provider groups have opted to deliver the national and local requirements of improved access through a rotational model of delivery across the week. This model means that at least one practice in each provider group will be available to their collective population each weekday evening from 6:30pm to 8pm.
- 2.8 Provider groups have concluded that there is very limited demand on Sundays for access to GP services and that Sunday service provision would not offer value for money.
- 2.9 The GP national patient survey supports the position of provider groups that the demand for Sundays is very limited, with only 5% of the Somerset population stating that Sunday appointments would be convenient.
- 2.10 Sunday primary care provision is available in South Somerset and the CCG is currently examining options in Taunton as part of the requirement to implement GP streaming in Emergency Departments.

3 INTENDED OUTCOMES AND BENEFITS REALISATION

- 3.1 Improved access is part of the wider NHS England primary care agenda to build a safe, sustainable and integrated primary care system, whilst maintaining the delivery of high quality patient centred care and ensuring patients are seen by the most appropriate person in a timely fashion.
- 3.2 At a national level, the National Audit Office has raised concerns that the NHS England requirements have not been fully assessed for cost effectiveness. The national pilots through the GP Access Fund have shown mixed results and limited return on investment in many areas. However, improved access remains a key NHS England priority for local implementation.
- 3.3 Our local plans have been informed by national experience and we are confident that our local plan delivers best value possible within the nationally mandated requirements.

- 3.4 We would expect patient satisfaction to increase as a result of extending the access for patients to GP services in the evening and at weekends, utilising the skill mix available to achieve better outcomes for patients.
- 3.5 The CCG will review the data received in quarter two from provider groups to assess the early benefits of the service.

4 NEXT STEPS

- 4.1 The CCG will implement a communications and engagement programme to ensure that patients are aware of the availability of evening and weekend appointments.
- 4.2 There is also work in hand to understand the impact of the national requirement to establish GP-led Urgent Treatment Centres by December 2019.

5 RECOMMENDATIONS

- 5.1 The Committee are asked to consider and comment on the update report.