

GP Forward View: Improved Access

One of the goals of NHS Operational Planning and Contracting Guidance 2017-19 is that 100% of the population has access to weekend/evening routine GP appointments by 2020. All London CCGs have the opportunity to access “acceleration” funding ahead of the rest of the country to increase access to core primary care along the lines of NHS England’s access model for London.

London access model:

- 8 am to 8 pm
- 7 days a week
- Hub based
- Delivered by end of March 2018 (this is in advance of the national timescale of March 2019 set out on the NHS Operational Planning and Contracting Guidance 2017-19)

Outcomes:

- Improved patient satisfaction with access
- Reduction in inequalities in access
- Reduction in demand on core general practice services
- Patients and the population are able to ‘see the difference’, with clear advertising and promotion and clear routes to accessing these services

Structure:

- Hubs are integrated with the wider NHS system including primary care record, urgent and emergency care, A&E and 111
- Full interoperability and booking between services
- Technology is used to improve access for patients in core and extended hours

Technical definition of access in the GP Forward View

The definition of “extended access” is as follows:

- a) Timing of appointments:
 - 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; and
 - Appointments can be provided on a hub basis with practices working at scale
- b) Capacity:
 - Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.
- c) Measurement:

- 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. This will enable improvements in matching capacity to times of high demand.

Delivery of extended access to date

The CCG's Urgent Care Board has a contract for Enhanced Access with the City and Hackney GP Confederation which is set to expire 31st March 2017. This contract has enabled practices to offer extended access throughout the week as an alternative to or in addition to the national Directly Enhanced Service (DES) for Extended Hours or through the contractual requirements if they hold an PMS or APMS Contract (the latter requires Saturday opening, 9-1).

The CCG's Primary Care Quality Board wishes to extend the CCG's Enhanced Access Contract for a period of 3 months (Apr-Sep 2017) at a non-recurrent cost of £100,000 to allow time to transition to the new enhanced access model that is currently in development, pending agreement by NHS England and release and funding.

All but five practices offer some form of enhanced access either through a combination of the CCG's Enhanced Access Contract, the national DES or through PMS/APMS KPIs. The Primary care Quality Board will work with the GP Confederation to ensure full population coverage of access to enhanced services in advance of the new model commencing Jul 2017. Access to out of core hour's primary care has been raised as an issue by the City. The Primary Care Quality Board will endeavour to commission an extended access model that takes in the needs of the City, ensuring that any evening and weekend hubs are accessible to patients to the Neaman practice as far as it is practicable to do so.

The new plan will need to ensure that it does not destabilise other primary care initiatives such as CHUHSE and PUCC.

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