

Appendix A

Service	Extended Hours – Supplementary Network Service
Commissioner Lead	Somerset Clinical Commissioning Group
Provider Lead	GP Practices
Period	1 April 2021 – 31 March 2024 (reviewed annually)
Date of Review	June 2021

1. Population Needs

1.1 National/local context and evidence base

In 2015 the Conservative Manifesto unveiled the proposals to provide all patients with access to 7 day GP care by 2020. This pledge was reinforced in April 2016 following the publication of the GP Forward View (GPFV).

It was announced in the GPFV that NHS England will provide over £500 million of additional funding, on top of current primary care allocations to enable CCGs to commission and fund extra capacity across England to ensure that by 2020, everyone has access to GP services, including sufficient routine appointments at evenings and weekends to meet locally determined demand.

The NHS Operational Planning and Contracting Guidance 2017 - 2019 was published in September 2016, setting out the requirements to deliver both the Manifesto and the GPFV commitments to improve access to GP services by 2020.

The guidance was influenced through the learning and experience of the GP Access pilot sites who received £150 million investment through the Prime Ministers Challenge Fund from April 2014. These sites will continue into 2017/18, in addition to a number of geographies identified to accelerate the delivery of improving GP services, expanding to all CCGs by 2018/19.

In October 2016, it was announced that Somerset CCG had been identified as one of the early development sites to receive additional funding for the delivery of improved access to GP services across seven days by 2017/18. The decision was made because of the South Somerset PACS Vanguard status.

Since then, NHS England has set out their 7 core requirements.

SEVEN CORE NATIONAL REQUIREMENTS

This section makes practices aware of the seven core requirements of improved access which NHS England has defined nationally and will be used to measure CCG performance.

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.

Capacity

- Commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

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.

Advertising and ease of access

- Ensure services are advertised to patients, including notification on practice 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,
- 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
 - patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital

- Use of digital approaches to support new models of care in general practice.

Inequalities

- Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.
- Effective access to wider whole system services
- 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.

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 service aligns and contributes to all aspects of the Somerset vision for primary care; A resilient, flourishing primary care system as the foundation of joined up care, with the patient at the heart of all that we do

- A safe, sustainable, integrated primary care system
- Delivery of high quality patient centered care
- Patients seen by the most appropriate person in a timely fashion
- A safe, enjoyable working day for professionals

In March 2019 the national specification for Primary Care Networks was published by NHS England and includes the requirement to deliver Extended Hours. Whilst practices continue to have the option to sign up to the Network Directed Enhanced Service, the CCG has reviewed the commissioning arrangements and the relationship with the 'Improved Access' service commissioned via PCIS.

We also know from the national documentation published at the time of writing this specification that the funding allocation for Improved Access will form part of the Network funding from 2022/2023. NHS England is also undertaking a national access review which is likely to change the current Improved Access requirements set out in 2016.

Using all this information the CCG has taken the decision to treat the two services as one as opposed to two separate and independent services. This position is unique to Somerset as the majority of CCGs have commissioned their Improved Access services from providers other than GP practices.

This review has led to the decision to rebrand the existing 'Improved Access' specification as there was an acknowledgement that by having two separate, but very similar services with a different name was confusing.

From July 2019 onwards the title of this service will be known as "Extended Hours – Supplementary Network Specification". What this means is that practices signed up to the Network DES are required to meet the core Extended Hours requirements set out in the Network DES specification and the requirements set out in this supplementary specification. This is on the basis CCGs are not permitted to add or remove requirements set out in the national Network DES Specification.

CCGs can however commission supplementary services which are in addition to the Network DES and must be delivered by the network. The purpose of this document is to ensure Somerset continues to meet the requirements dictated by the current national improved access service which are over and above the core Network DES specification for Extended Hours.

Both the Network DES specification for Extended Hours and this supplementary specification should be read in conjunction to ensure Networks deliver the full requirements for the Extended Hours service.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	Preventing people from dying prematurely	<input type="checkbox"/>
Domain 2	Enhancing quality of life for people with long-term conditions	<input type="checkbox"/>

Domain 3	Helping people to recover from episodes of ill-health or following injury	<input type="checkbox"/>
Domain 4	Ensuring people have a positive experience of care	<input type="checkbox"/>
Domain 5	Treating and caring for people in safe environment and protecting them from avoidable harm	<input type="checkbox"/>

2.2 Local defined outcomes

- Better access to primary care services for the Somerset population.
- Reduction in the number of emergency admissions.
- Manage the demand on primary care services and reduce duplication through the delivery of joined up care.
- Support the future sustainability of primary care in Somerset through collaboration and resilience.

3. Scope

3.1. Aims and objectives of service

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

3.1.2. 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.

3.1.3. 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).

3.2. SOMERSET SERVICE REQUIREMENTS

3.2.1. This section sets out the main requirements on Primary Care Networks under this Supplementary Network Service. The requirements in this specification are over and above the requirements specified in the Network DES and add more detail to the core Extended Hours specification to ensure Somerset delivers and complies with both the national seven core requirements of improved access and the core Extended Hours requirements.

Timing of appointments

- Extended Hours appointments must provide access to GP Services for an additional 1.5 hours each weekday evening (6:30pm to 8pm.), offering a sufficient number of pre-bookable and same day appointments on each weekday (Monday – Friday).
- Provide access to both pre-bookable and same day appointments on both Saturdays and Sundays, meeting local population needs.
- It is for individual Networks to determine how routine and same-day appointments will be allocated and apportioned.

Capacity

- Provide the network population with access to an additional 30 minutes of consultation capacity per 1000 weighted or registered population (whichever is the collective greater population) on a weekly basis. The January 2020 population figure will be used for the purposes of this calculation.

Networks are not required to deliver 30 minutes under the core requirements and a further 30 minutes under this supplementary network specification. Networks should be delivering an additional 30 minutes in total. The purpose of this requirement is to reflect the Network DES is calculated using registered population and the national Improved Access requirements are calculated using weighted.

Measurement

- A designated practice within the Network should complete and return the data requested within the CCG enhanced services quarterly monitoring template and the data should reflect the work completed by the Network in that quarter.
- Every practice within the Network should use the nationally commissioned tool supplied by NHS England that will automatically measure appointment activity.

- Should the CCG be required to report information not being routinely reported e.g. a request from NHS England, the CCG reserves the right to request missing information from practices/Networks where it is considered appropriate to do so.

Advertising and ease of access

As per point 4.6.5 of the main specification, patients must be aware of the service availability. The following requirements add more detail to the core service specification.

- Every practice within the Network must ensure the service is clearly advertised to patients, including:
 - Clear notification on practice websites, which includes having a notice/link on the homepage to further information which informs patients on:
 - What the service is and how is it being delivered
 - Where the service is being delivered
 - When the service is available and who it is for (not just when the advertising practice is doing the appointments)
 - How patients access the service/book an appointment
 - Display of either the national or local communication tools (at a minimum the display of posters) within the practice and the wider community
- Ensure all practice receptionists are aware and trained on how to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services e.g. training on how to book the appointments.
- Practices within the Network should offer all patients a choice of evening or weekend appointments on an equal footing to core hours appointments (subject to local patient safety arrangements).

Digital

- Networks will have in place processes to ensure health professionals provide a safe consultation by having appropriate access to the patient's medical records. The service will have in place robust information sharing agreements.
- Networks should consider the use of digital innovations to support the delivery of Extended Hours e.g. online booking/consultations

Inequalities

- Every patient registered with a Somerset GP practice will have access to the Extended Hours service.
- Networks delivering this service should consider issues of inequalities in patients' experience of accessing general practice and review the local population diversity/needs using public health data and where appropriate, put actions in place to resolve them. <https://www.england.nhs.uk/gp/gpfr/redesign/improving-access/reducing-inequalities-in-access-to-gp-services/>

- Networks should evidence this by discussing both national and local access materials at a meeting and documenting the views and outcomes in the minutes of the meeting. This evidence and output e.g. action plan will be shared with the CCG upon request.
- Networks should engage in system developments to facilitate the 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.

3.3. SOMERSET DELIVERY MODEL

3.3.1. In addition to the main requirements set out under point 3.2, this section sets out in more detail how Extended Hours will be delivered in Somerset. Practices are free to innovate and the CCG would be willing to discuss different methods of delivery which deliver the requirements of this specification.

3.3.2. Networks

As per the Network DES core specification, all Network member practice will be expected to actively engage in planning of the service.

Networks can work across their boundaries to work with neighbouring Networks to deliver the Extended Hours service. However, before putting any arrangements in place Networks must consider the following to ensure patient access is not reduced by the service being extended across a larger geographical area:

- geographical location
- patient demographic
- public transport links
- existing groupings (e.g. federations)

The Network will identify a 'lead' who will act as the representative and point of contact on behalf of the Network.

Each Network will be asked to complete and return a service delivery plan. The purpose of the simple template is to confirm the delivery model within each Network and to ensure each core requirement is being met.

3.3.3. Rota

Networks will determine how the Extended Hours appointments will be delivered as part of the Network Agreement. However the CCG has defined some parameters to ensure consistency of the service offered across the county and to maintain ease of patient access and understanding.

Each Network will develop and share a rota with the CCG which articulates where and how many Extended Hours will be available on each day. This rota should aim to be consistent and it should ideally not repeat any more than 4 weeks. The number of hours delivered each week must equal the minimum number required based on the additional 30 minutes of consultation capacity requirement.

As a minimum, the CCG would expect Extended Hours to be accessible on the same days as year 1 e.g. Monday to Saturday.

Networks will agree to host services from one or more locations, ensuring equitable access for the defined population. The location can be consistent throughout the week or different on each day. Whilst this is for local determination, Networks are strongly encouraged to consider patient transport links and patient demographics.

Networks should continue to plan their rota on the understanding that where Extended Hours provision falls on a bank holiday, Networks either deliver the hours on that day or provide the scheduled hours on an alternative day. The expectation is that where hours are rescheduled, they are delivered within two weeks (point 4.6.5 of the core specification) either before or after the bank holiday in question. Should it not be possible to do this, a financial adjustment will be applied.

Patients must be notified of any changes as per point 4.6.6 in the core specification.

Networks must have an arrangement in place which allows patients to access the Extended Hours service. This includes providing patients across the provider group with equal access to any available appointments after “core hours”.

3.3.4. Collaboration and Workforce

Networks are encouraged to work in collaboration with other health care providers to share resources and work in partnership to deliver the requirements of Extended Hours. This could include; Out of Hours, Community Services, Secondary Care and the third sector.

As per point 4.6.3 of the core specification not every clinician or practice will be required to deliver a particular share of appointments. Wide use of healthcare professionals is encouraged and services should not be based purely around GPs and face to face appointments. However, a GP must have clinical oversight of the service being provided in each Network and patients should have the ability to see a GP if clinically required.

Where different staffing groups are being used for Extended Hours, the Network should determine locally which patients will be suitable for each appointment to match the individuals skill set. This is to avoid of practices hesitation when booking into cross organisational appointments.

3.3.5. Appointments

The service should provide continuity of care to support those patients who would benefit most from access to GP services (end of life, complex patients, frail elderly), whilst balancing convenience of access. This could include a proportion of pre-bookable appointments being made available to facilitate hospital discharges and complex packages of care at weekends.

In accordance with the both the national and local requirements, Networks should provide a route for patients to access appointments which can be booked on the same day, which includes at the weekend. Networks are also asked to consider putting in place an arrangement that allows patients to access un-booked appointments after 6.30pm during the weekday and at weekend.

Recognising the challenges of practices operating their phone line outside of “core hours”, the CCG considers the most pragmatic solution to meet the above requirement

is the direct booking by 111 into available Extended Hours appointments, where clinically appropriate.

Practices will be aware of the national contractual expectations and commitments to introduce direct booking by 111. The CCG supported practices over the 2020/21 contractual year to introduce direct booking, which includes fully evaluating the benefits and address any concerns about its implementation and potential consequences.

The following temporary change to the GP Contract in England will continue under the pandemic regulations until 30 September 2021:

- A continuation of the temporary increase in the number of appointment slots that practices make available for direct booking by 111 up to 1 slot per 500 patients per day. These slots continue not to be appointments in the traditional sense, but practices should clinically review patient referred by 111 and contact the patient to arrange appropriate follow-up. Practices should make slots available in line with demand, and for many practices this will be fewer than 1 slot per 500 patients per day.

The CCG will also support the introduction of local arrangements to meet the above requirement in the absence of direct booking being in place.

Appointments should be configured in accordance with local operating procedures but as a minimum, every practice and their respective patients within the Network should be given the option to book into Extended Hours appointments on each day the service is available.

Group appointments are permissible, where it is clinically safe to do so. The length of the session will dictate the contribution to the required 30 minutes of additional consultation capacity per 1000 population, not the number of attendees. Group sessions must not replace the ability for patients to access routine appointments on days when group sessions are taking place.

The Network should put arrangements in place (at least quarterly) to review utilisation of appointments and where appropriate, undertake agreed actions or make reasonable adjustments to maximise the use of human and financial resources. The CCG may contact Networks where there are concerns regarding utilisation to understand what actions are being taken to increase utilisation.

3.4. SOMERSET CONTRACTING MODEL

The service and the associated funding will continue to be encompassed into the Somerset Primary Care Improvement Scheme (PCIS). Practices will receive the £6 per head of weighted population, as at January 2020 to deliver the Extended Hours – Supplementary Network Specification on an individual basis, through the PCIS financial allocations as set out in schedule 3A of this contract.

Practices will have their £6 allocation offset against the £1.44 received as part of the Network DES payment in 2021/22 for delivering the core Extended Hours specification. This means the practice will receive £4.56 under the PCIS and £1.44 under the Network DES, both of which are paid by the CCG.

The Network will be accountable for ensuring the requirements of Extended Hours are continuously delivered. Should an unplanned shortfall in provision occur, the CCG must be notified by the Network. This should take place before the event occurring, where possible.

The CCG will seek assurance that the Network has exhausted all possible options (e.g. another practice or a locum covers a gap) before agreeing to the service not being provided at all.

If the situation of not providing the planned service did occur, there would be an expectation for any hours not delivered to be rescheduled on a different day as a last resort and the CCG would seek assurance from the Network that provisions are in place to prevent the possibility of the situation re-occurring.

The CCG would want to support the Network to ensure a full service can be delivered before taking any contractual action. In the event that an agreement between the group and the CCG can't be reached and there is an ongoing issue with service delivery or continuous episodes of non-delivery, the CCG would consider the mechanisms within the contract to manage performance.

Networks have the option to sub-contract the delivery of Extended Hours and must follow the core Network DES requirements in respect of sub-contracting.

Where a practice has not signed up to the PCIS or chooses to leave the PCIS within a Network, the practice will not receive the funding for the funding associated with this specification (Extended Hours - Supplementary Network Service). The funding will subsequently be allocated to the provider in that Network if they agree to provide the service to the practice's patients. In this circumstance, the patients registered at that practice will be given equitable access to the full Extended Hours service. This means the non-participating practice will need to agree and put in place a sharing agreement for the access to patient records.

3.5. Reporting

The practice identified as the reporting practice in the Network as required under point 3.2.1 in this specification will be required to submit on a quarterly basis the requested data within the CCG quarterly monitoring template on behalf of the Network. This will reflect the work completed by the Network in the quarter broken down by each month.

Practices will also use the nationally commissioned tool supplied by NHS England that will automatically measure appointment activity.

Should the CCG be required to report information not being routinely reported e.g. a request from NHS England, the CCG reserves the right to request missing information from practices/Network where it is considered appropriate to do so.

3.6. Population covered

The service will be available and accessible to patients registered at a Somerset GP practice.

3.7. Any acceptance and exclusion criteria and thresholds

Patients whose care is not suitable for primary care management are excluded from this service.

3.8.	Interdependence with other services/providers
	The Extended Hours service should consider working with other health care providers, enabling patients to receive the right care from the right professional.
4.	Applicable Service Standards
4.1	Applicable national standards (eg NICE)
	To be considered as appropriate.
4.2	Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)
	Not applicable
4.3	Applicable local standards
	The quality standards set out in the contract apply to this service.
5.	Applicable quality requirements
	The quality standards set out in the contract apply to this service.
6.	Location of Provider Premises
	As per the NHS Standard Contract Particulars