Improving Access to General Practice

Access questions raised on calls held on 3, 9 and 16 April.

Access questions:

1. **Some practices are looking at using group consultations to see specific patient groups and are considering social prescribers to provide this, would this be a way of meeting the extended access requirements?**
   Extended access (both via the DES and extended access programme) must be provided by a clinically trained member of staff and any patient needs to be able to book into an appointment. With group consultations, whilst we would encourage practices offer these appointments for relevant patients, as these sessions are targeted at specific patient groups (such as a diabetes clinic), they would not count towards the extended access requirements as they are not available for all patients to book into. Extended access appointments need to offer a routine bookable appointment for any patient.

2. **Does the workload tool work with EMIS remote consultation tool?**
   EMIS remote is a connection from other EMIS systems so if it is connected to EMIS web and there is a workload tool on that system then you will pick up that appointment. It is worth noting that EMIS remote is a gateway, so the dashboard will pick up the appointment if it is connected to EMIS web.

3. **Is there an expectation in the future for CCGs to report on in hours utilisation or will information be downloaded from the workload tool nationally if this is a requirement?**
   There is no expectation that CCGs will be required to report on in hours utilisation.

4. **Is there a timeline for the GP workload tool to be rolled out to extended access services?**
   This varies depending on the clinical system extended access services that used TPP SystmOne and Vision have the functionality now. It is not yet available for EMIS.

5. **Can sessions with social prescribing link workers count towards the extended access requirement?**
   Social prescribing does not count towards the 30 min per thousand requirements. The 30 mins per thousand can be provided by nurses, doctors, pharmacists, health care assistants and physiotherapists. This will be reviewed as part of the wider access review in relation to workforce mix and the current core requirements.

6. **One of our CCGs is going to increase to the 45 minutes per thousand, although the minimum is 30 minutes per thousand. For those extra 15 mins, could they use social prescribers as they are not being monitored on a national level for the 45 min per thousand?**
   The minimum national requirement is to be delivering 30 min per thousand weighted population. There is no requirement to deliver 45 mins, but CCGs should be monitoring take up of the appointments and increasing capacity where there is a need. if there is demand and need to 45 min provision this would need to be in line with the current requirements for extended access.

7. **Have conversations taken place nationally regarding the implications on extended access utilisation? There is concern that increasing the extended hours provision will cause pressure on a stretched workforce.**
   The expectation for extended access commissioned by CCGs is that they monitor utilisation and work with the chosen provider(s) to look at the best way of meeting local needs via face to face and telephone appointments and digital technology. This will include looking at the skill mix and how services can be integrated including with urgent care to deliver efficiencies and value for money. This will be considered further as part of the national access review taking place in 19/20.