

<b>Subject:</b>	Improving Access to General Practice in West Norfolk
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<b>Submitted to:</b>	West Norfolk Primary Care Commissioning Committee
<b>Purpose of Paper:</b>	For Information
<b>Executive Summary</b>	
NHS England mandated 7 days per week access to primary care services across the country, to be available to 100% of the population by 1 <sup>st</sup> October 2018. West Norfolk met the national deadline for phase one of the project, with phase 2 requiring adherence to 7 core requirements by 31 <sup>st</sup> March 2019. This paper provides an update on progress for West Norfolk towards meeting the phase 2 deadline.	
<b>KEY RISKS (in relation to CCG strategic objectives and statutory duties)</b>	
<b>Clinical &amp; Quality:</b> Any relevant issues included in the report by exception	
<b>Finance and Performance:</b> Financial impact included where relevant and data available.	
<b>Reputation:</b> The CCG routinely reviews any reputational risks associated with its work on Primary Care.	
<b>Legal:</b> The CCG ensures that it is acting within its statutory obligations in relation to primary care development.	
<b>Patient focus:</b> Aim to provide parity of services to all WNCCG patients.	
<b>Information Governance:</b> Compliance to policy	
<b>Conflicts of Interest:</b> The Committee has been set up to ensure that the CCG acts within the guidance on conflicts of interest.	
<b>Equality Impact Assessment:</b> Not applicable.	
<b>Reference to relevant risk on the Governing Body Assurance Framework:</b> Not applicable	
<b>RECOMMENDATION:</b> Paper is for information	

## Improving Access to General Practice in West Norfolk

The General Practice Forward View (GPFV), published in April 2016, set out plans for CCGs to improve access to GP services including sufficient routine appointments at evenings and weekends to meet locally determined demand, alongside effective access to out of hours and urgent care services. Funds were available to CCGs through delegated commissioning to enable local customisation, providing 7 core requirements were met.

West Norfolk CCG contracted with West Norfolk Health (WNH) to enable the current primary care workforce to deliver the service. A non-list based Alternative Provider Medical Services contract was utilised, held by the CCG, to enable delivery of the service. Through many discussions with national

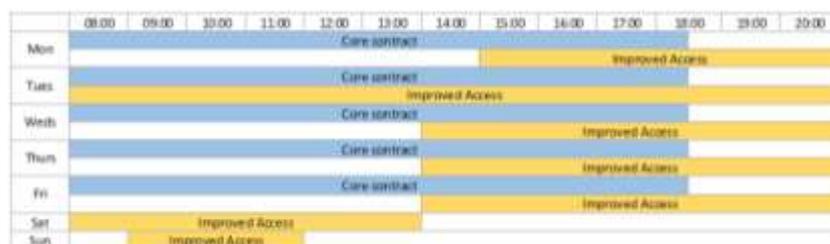
colleagues and the Care Quality Commission (CQC), it was established that WNH did not need to be registered in their own right, as the actual delivery of the service is through their General Practice membership, who themselves are all CQC registered. The service delivery partners are currently engaged under a Service Level Agreement but, following advice, WNH will transfer these to sub-contracts by 31<sup>st</sup> March 2019. The current arrangement will continue until October 2019, with the option to extend, depending on advice from NHS England Contracts team with regard the Improved Access (IA) Procurement process.

NHS England funded this scheme at £3.34 per weighted population for the delivery of this service during 18/19 (Oct – Mar), changing to £6.00 per head in 19/20. FY18/19 was front loaded to recognise the additional cost of setting up the service. All funds have been passed through to WNH for service delivery.

## 7 Core Requirements

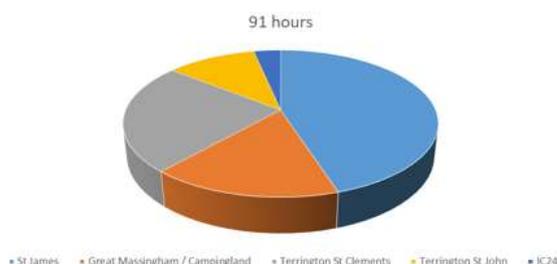
### Timing of Appointments

*Service must be provided across 7 days, with weekday access through until 20:00, providing additional 1.5 hours appointments to patients (current core contracts dictate service provision from 08:00 – 18:30), pre-bookable and same day; weekend provision must be in line with local demand and should be evidence based.*



WNCCG reviewed evidence supplied by both primary and secondary care services which demonstrated that there was an excess of demand for acute support across the week, both within core and extended hours. Thus WNH were commissioned to provide additional clinics, available to *all* patients across the West Norfolk footprint both in, and out, of normal hours.

The practices who provide the IA clinics were chosen as a result of analysis and physical capacity. A number of member practices are already experiencing pressures of workforce availability and physical constraints and were not able to volunteer to deliver services. These constraints are recognised both nationally and locally, and STP workstreams are in place to address. WNH have 5 IA hubs, including IC24, the Out-of-Hours provider, who deliver the service from their base in Queen Elizabeth Hospital on Sundays.



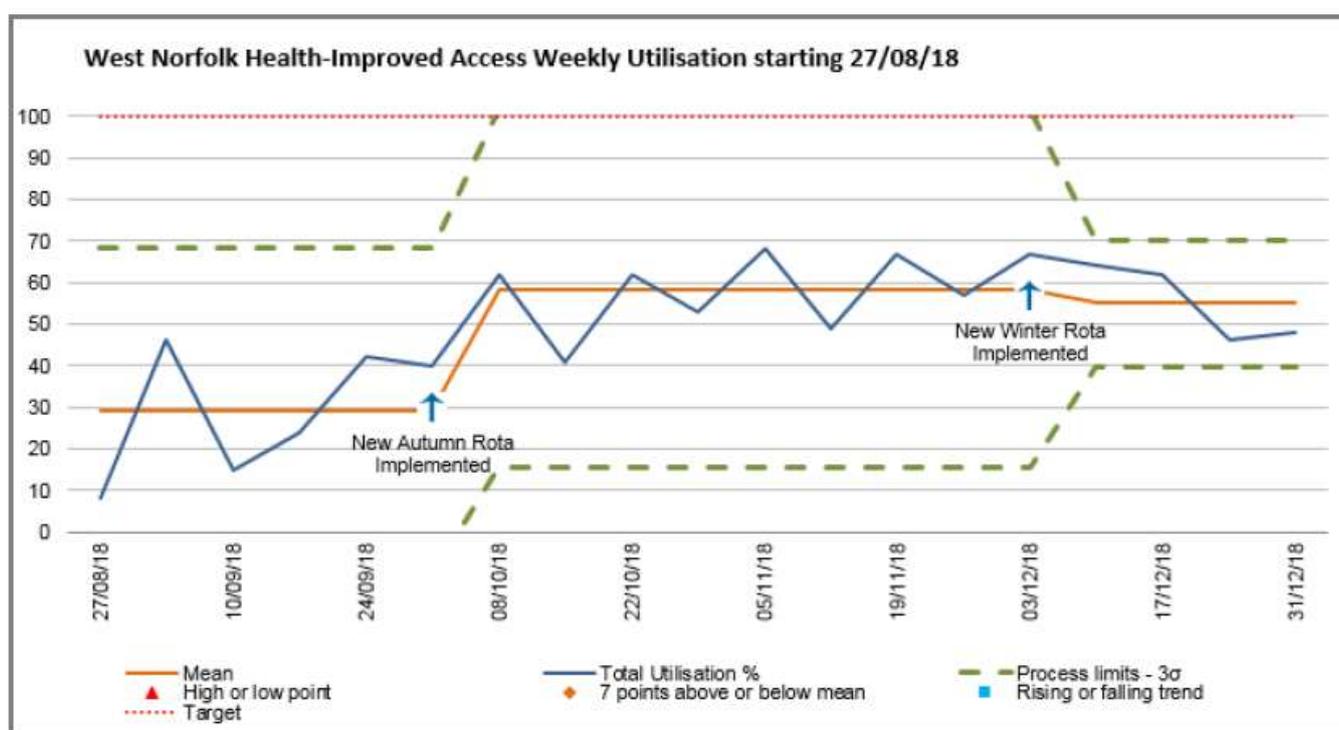
- 364 additional appointments
- 91 hours
- 5 locations
- Increased stability
- Increased resilience
- Partnership working

## Capacity

CCGs must commission a minimum of 30 additional minutes per thousand patient population.

WNCCG must provide additional appointments for a weighted patient population of 181,693, equating to 364 additional appointments. The guidance stipulates that appointments should be 15 minutes in length, in recognition of hubs seeing patients from practices other than their own, thus more time is required to enable an effective consultation. 91 hours were commissioned in total.

Each month, WNCCG complete the GPFV return to NHSE demonstrating the provision of service and current utilisation rates. During the week and Saturdays, WNCCG demonstrate high levels of utilisation across all clinics – provision ranges from GP through Advanced Nurse Practitioners, Practice Nurses and Healthcare Assistants. Saturdays are well utilised for pre-booked appointments, but due to IT constraints (see later interoperability), same day requests are not enabled. In contrast, Sunday pre-bookable appointments are not requested by patients, which coupled with the inability to offer same day appointments, though due to the Out-of-Hours contract rather than interoperability, overall utilisation on this day is poor.



## Advertising and Ease of Access

*Service must be advertised to patients in the practice, on websites, in urgent care and community facilities. Appointments must be offered in parity with in-hours appointments so patients are provided with choice.*

WNH undertook an audit prior to 1<sup>st</sup> October 2018 to ensure compliant with this requirement. Results demonstrated of 21 practices:

- 100% advertised on website
- 100% advertised through posters in the waiting rooms
- 100% receptionists know of service
- 100% receptionist understand how to book appointments into hubs

During November and December, the service is additionally advertised within the acute hospital Accident & Emergency department as well as outpatient waiting rooms. Parish magazines throughout the county

have been sent advertorials to enable those who do not regularly attend practices to be aware of the service, as well as CCG communications teams utilising social media.

### **Inequalities**

*CCGS must identify any inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.*

WNH have undertaken an Equality Impact Assessment and are continually monitoring the use of appointments across the area. Practices that are not regularly utilising the hubs are engaged to identify whether issues due to transport, patient reluctance to visit another location, lack of understanding and so forth. As issues are identified, elements are brought in to resolve, for example, the team are currently working on multi-language advertising for the non-english speakers.

### **Digital and Effective Access to Wider Whole System Services**

*The digital requirement stipulates that must use digital solutions to underpin new models of care, whilst the effective access to wider system element requires patients to receive the right care from the right professional including access to and from primary and urgent care colleagues.*

These two elements are tightly interwoven as it is imperative to utilise technology to ensure clinical safety and ease of access. It is recognised nationally that there is not an easy solution as many of the clinical systems do not interact with each other, similarly there are problems integrating with the OOH systems. There is a national project underway, GP Connect, which it is hoped will provide a common interface for connectivity. However, as the project has evolved, additional issues are identified and thus the delivery timeframe has slipped. IC24, our OOH provider, are intrinsically involved in this project working on the First of Type testers for Norwich CCG and SystmOne clinical system. Similarly their Kent arm are working with EmisWeb. It is hoped that once it is tested and evaluated, it will be available for all across the country. Members of our team are working closely with NHSE to support this process. In the meantime, a manual transfer of information process is in place, which has been reviewed by governance teams and the Data Protection Officer for WNH. This is recognised as a local workaround and sanctioned by the national team, until such time as a national solution is available.

### **Future**

WNCCG meet monthly with WNH to review the contractual delivery elements and ensure that the project is continually evolving to meet patient needs. A service development plan has been identified and will be regularly reviewed going forward.