

**Meeting: Buckinghamshire, Oxfordshire and Berkshire West CCGs Primary Care Commissioning Committees in common Meeting (In public)**

<b>Date of Meeting</b>	16 June 2022
<b>Title of Paper</b>	<b>Heads of Primary Care report</b>
<b>Lead Director</b>	Buckinghamshire – Kate Holmes Oxfordshire – Jo Cogswell Berkshire West – Debbie Simmons
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<b>Paper Type</b>	The report presented is for noting and decision making around the safeguarding proposals
<b>Action Required</b>	Members of the Committees are asked to note the updates provided by the Heads of Primary Care and agree the safeguarding proposal presented.

**Executive Summary**

This paper presents a summary update of key elements of work and the delegated activity undertaken by the three CCGs primary care teams between February 2022 and May 2022.

Key elements of update include

- Safeguarding – funding of GP reports
- Quality & Outcomes Framework (QOF) appeals
- General Practice sitrep reporting – JC
- Enhanced Access
- SMS, Video and Online Consultation procurement
- General Practice contract arrangements in 2022/23
- Appointment data
- Moving to an Integrated Care Board - JC
- Place updates

This is a single BOB wide report with place specific sections.

## **Heads of Primary care report February to May 2022**

This report provides an update on the issues arising and the work that has taken place by the Primary Care teams between February and May 2022. Work has been undertaken across the ICS and at place. Both types of work are included in this report.

### **1. Child Safeguarding – decision required for funding of GP reports**

Members will recall considering the need to fund GPs writing child safeguarding reports on behalf of local authorities at its meeting in September 2021.

In September Members were informed of a letter dated 11 July 2019 (ref.: 000565) from Dr David Geddes, Director, Primary Care Commissioning, requested that local systems take action to ensure children are effectively safeguarded through the sharing of information from GPs at the request of local authorities. The letter acknowledged that such requests for information is not resourced under national NHS contracts and that whilst statutory and professional duties apply on individual GPs to share information in a timely fashion, GP practices are entitled to seek payment for this. The letter considered that placed based arrangements provided the opportunity for review of local processes to take place and where necessary for changes to be implemented; the outcome being to assure safeguarding activity in general practice is supported to contribute efficiently and effectively to local decision making with best practice examples being where collaborative arrangement fees are introduced or a Safeguarding Local Enhanced Service.

At the September meeting an interim payment arrangement was agreed of £22.50 per report subject to further discussion with BBO LMC and consideration of the outcome of a pilot being conducted by Milton Keynes CCG. Discussions have therefore been continuing to agree an appropriate funding model taking account of other arrangements, particularly those in Milton Keynes and Berkshire East. The proposal reached is as follows:

*£40 fee can be charged by GPs for the writing of child case conference reports and S.47 reports (S.17 reports are not reimbursable) only with no restrictions on the number of reports per family (meaning, reports on any child needed to compile the overall report will each attract a fee of £40). It is not envisaged that a separate fee will be claimed for reports on parents. Reports that take longer than average (more than 45 minutes) to complete will receive an enhanced fee of £60 per report, reports taking 60+ minutes will receive an enhanced fee of £80. Practices will be expected to detail time taken on invoice / claim to generate this fee. This agreement will be managed as part of collaborative fee arrangements rather than as an enhanced service. The new payment rate will be backdated to 1 April 2022.*

BBO LMC have confirmed, in order to reach a timely and pragmatic way forward and in recognition of the effort made to-date to reach an agreement, they are minded to accept the proposal for S47 safeguarding work. The LMCs do however maintain their position that S17 (Child in Need) reports, reports on vulnerable adults or reports on parents of children who are the subject of S47 work should also be paid for as GPs are entitled to seek payment for these types of local authority requested work. They will therefore continue to negotiate with the ICB on these points.

The cost of the proposed collaborative arrangement will need to be funded from the primary care delegated budget. No alternative funding streams have been identified. It is estimated that the cost of the proposal being presented is £48,000 per annum.

**Committee in Common Members are asked to approve the collaborative arrangement for GPs carrying out safeguarding duties as described above.**

## 2. Quality & Outcomes Framework (QOF) appeals

A number of appeals have been received from practices regarding the final 2021/22 QOF achievement. The appeals relate to concern from practices that they have missed the very high (95%) childhood immunisations target for QOF. In the main the appeals are based on practices missing achievement by a very small number of eligible patients or patients who they would expect should be excluded from the denominator but are included. Where this is the case, practices who miss the target are not paid for any of the immunisations done. The sums can be very high and have previously been relied upon to meet overheads such as staffing costs.

Established QOF appeal processes are already in place and designed to accommodate such issues. The following criteria was developed across BOB against which immunisation appeals were considered

ICS Appeal Criteria										
Practice level factors:			Patient-specific factors, including number of patients affected:							
Practice significantly involved in COVID vacc programme	Workforce constraints linked to COVID sickness resulting in clinics being cancelled	< 2% diff. from target	Evidence of poor pt compliance following education of vaccine programme being given by practice	Pt out of country preventing vaccination being given in required timeframe	Pt vaccinated but outside of required timeframe	Patient /s not registered with practice at time vacc required	Pt vacc privately	Delay in pt records being received to establish vaccine requirements (particular issue for asylum seekers / refugees)	Coding issues	Other reasons provided

To date 59 of the 74 (see above table) appeals received have been accepted against this criteria.

### **3. General Practice sitrep reporting**

Practices have been completing the Regional sitrep that helps inform a picture of pressures across the system. There are occasions when the ability of practices to fulfil requirements to provide appointments to 111 is significantly challenged. At these times of significant pressure and capacity challenges a decision to amend the Directory of Services and suspend those appointments is an escalation measure that can be taken. A working group has been developing an approach and set of conditions that would enable a practice to make this decision.

This will form a part of the overall approach to system escalation and be managed in much the same way as the OPEL status declarations made by provider Trusts. The approach will include a confirmation process that includes the a discussion with the commissioner ahead of implementation.

### **4. Enhanced Access**

As part of the Network Contract for 2022/23, there is a move to allow PCNs greater ability to utilise Enhanced access capacity in a way which best meets their patient need. From October 2022 the Network contract will combine the extended access (30minutes per 1000 population) currently delivered through PCNs with the Improved Access scheme which has been a CCG separately commissioned service (also equivalent to 30minutes per 1000 population). All PCNs will then need to deliver Enhanced Access between the hours of 6.30pm and 8pm Monday to Friday and between 9am and 5pm on Saturdays. This will include the delivery of general practices services including planned care appointments such as vaccinations and immunisations, screening, health checks and PCN services which reflect the demand and preferences of the PCN 's patients' population. Working with the commissioners, PCNs will be able to define what they deliver and when.

Across BOB, each place currently commissioners Improved access from practices and PCNs and so the aim will be to build on what has worked well previously. Primary care teams will have a lead role in approving PCN plans and a process has been developed across BOB which can be found in Appendix 1

### **5. SMS, Video and Online Consultation procurement**

The SMS (text) and Video Consultation procurement across BOB has concluded with both contracts awarded to accuRx from 1st April 2022. These will be centrally funded. A further SMS procurement to bring some legacy elements into the bundled contract is taking place now with the award expected to be on the 1st July 2022.

The online consultation procurement also concluded, with contracts awarded from 1st April 2022 for 3 fully funded options across BOB for either AskFirst, eConsult or

Footfall. Practices also have the option to access partial funding for 10 alternative suppliers that met the BOB minimum standards. As part of the GP contract practices are required to 'offer and promote' the provision of an online consultation solution.

All procurements were managed via the national procurement framework in line with national guidelines and the requirements for all elements were informed by feedback from BOB GP practices via surveys and meetings. Patient feedback was also considered with Healthwatch engagement in the procurement process.

## **6. General Practice contract arrangements in 2022/23**

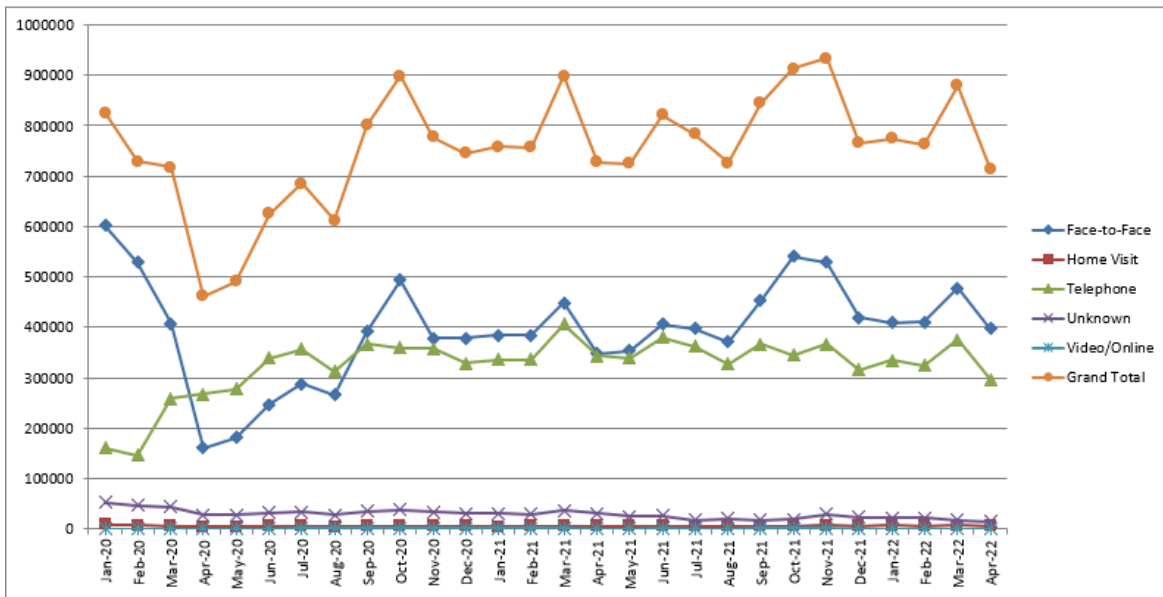
Updates to the General Practice contract arrangements were highlighted in an NHS E [letter](#) to general practice and include

- a more targeted requirement that all appointments which do not require triage are able to be booked online, as well as in person or via the telephone.;
- GP practices to respond to Access to Health Records Act (AHRA) requests for deceased patients and to remove the requirement for practices to always print and send copies of the electronic record of deceased patients to Primary Care Support England (PCSE).
- some minor changes to vaccinations and immunisations in 2022/23
- continuation of national funding in the Global Sum (£20 million) for one additional year (2022/23) to reflect workload for practices from Subject Access Requests (SARs). The original 5-year deal had assumed that this funding would cease beyond 2021/22;
- to support the modernisation of GP registration there will be a clarification of the ability for patients to register digitally.

## **7. Appointment Data**

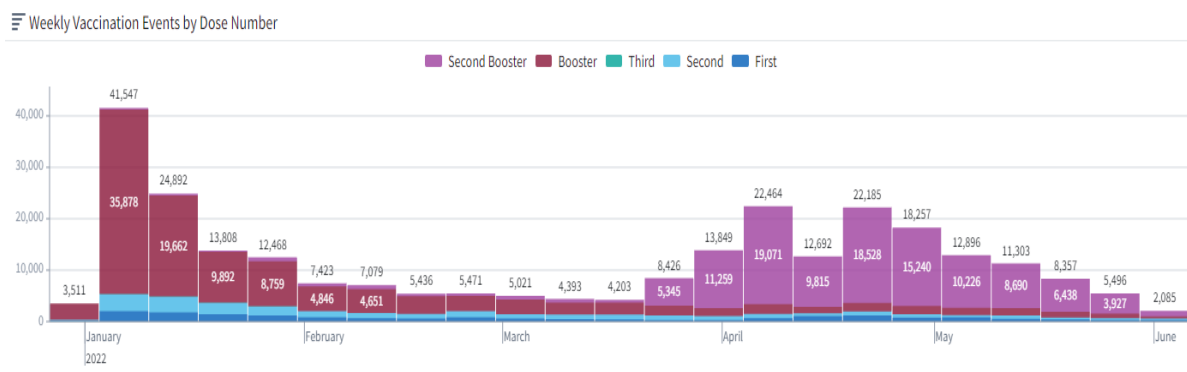
The number and types of appointments offered by general practice are monitored by NHS England and reported monthly. The latest data available (for April 2022) shows that there were 715,000 appointments delivered within the month. This is lower than in March 2022 due to the reduction in working days (19 (April) vs 23 (March)) due to the Easter weekend. COVID vaccinations are not counted as part of this data.

### **Primary care appointments by mode – BOB ICS**



Source [Appointments in General Practice - NHS Digital](#)

The following table summarises the numbers of vaccination events delivered by general practice and community pharmacy sites in the period January to May. During the Spring all sites have been focusing on the second booster for those aged over 75, immunosuppressed or in an older persons care home.



Source *Foundry Validated Vaccine Events*

## 8. Moving to an Integrated Care Board

On 1 July 2022 NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board will take on the delegated responsibility for primary care commissioning, currently undertaken by the CCGs. A programme of work to ensure that the new organisation and the functions within it are fully prepared to take on these responsibilities has provided assurance that the ICB is ready to be established.

This is an opportunity for our primary care teams to build on the good joined up working and good practice sharing that we have seen in recent years. Where there are opportunities to undertake work once or at scale these will be taken. Local relationships and working will remain a key part of the work of the team. Any open issues or live pieces of work will continue in the new organisation.

The ICB is constituted differently to CCGs and as such there is no requirement for a Primary Care Commissioning Committee. This will therefore be the last Primary Care Commissioning Committee meeting. Our thanks to members of the Committees past and present for their work to support and advance primary care services over the life of the CCGs.

## **9. Buckinghamshire place update**

### **9.1 Contract changes**

There are no new list changes, mergers or other contractual changes to report for Buckinghamshire for the period February to April 2022. It was previously reported that Berryfields Medical Centre and Meadowcroft Surgery would merge with effect from 1<sup>st</sup> April 2022, this has now happened. Their new premises on the North East side of Aylesbury will soon be complete.

### **9.2 Practice resilience**

Practice resilience continues to be monitored through regular weekly Sitrep discussion, this has given rise, where appropriate, to immediate supportive action by the primary care team. This has ensured that practices have remained able to provide a service at all times, despite the worst effects of staff sickness through Omicron during March/April. We are pleased to report that while workload remains high, all Buckinghamshire GP practices have returned to a sustainable and resilient position, sufficient to move forward with plans for workforce, premises, PCN, and service development.

### **9.3 Primary Care estates**

Work is near completion by NHS Property Services on urgent remedial work to Amersham Health Centre and the date for their move back to their building from portacabins will be Monday 20<sup>th</sup> June.

Regular dialogue has now been established with Buckinghamshire Council Planning Team to improve understanding of primary healthcare provision and estate in the context of developing the built environment and to maximise planning gain through e.g. Section 106 agreements. The first example of this has been through 3-way discussion with developers to enable the first stage of enhancements to the Poplar Grove Surgery in Aylesbury. Work has commenced and will initially create additional consulting rooms within the existing fabric of the building. At a latter stage it will deploy S.106 funds to build a surgery extension to absorb population growth from the nearby Kingsbrook development.

An opening date for the new primary care premises in Beaconsfield has yet to be fixed, but it is imminent.

The Outline Business Case for Lace Hill development in Buckingham has received approval from NHSE.

### **9.4 Internal Audit**

An audit of Delegated Commissioning was carried out in March 2022. The review assessed the CCG's compliance with the NHS England Internal Audit Framework as well as our compliance against the delegated functions.

The opinion of the internal audit was that taking account of the issues identified, the board can take reasonable assurance that the controls upon which the organisation relies to manage this area are suitably designed, consistently applied and effective.

The audit found that the arrangements were well designed and robust in respect of delegated commissioning with appropriate governance structures in place for overseeing commissioning. The review found minor exceptions with compliance with the control framework in relation to the completion of Equality Impact Assessments (EQIAs) for relocations and mergers, noting that action plans were not completed with responsible owners and completion dates, and that evidence of regular review of the EQIAs was not documented. It also noted a minor issue in relation to the approval and version control of the Engagement Steering Group Terms of Reference. The report identified management actions to address these issues.

## **10. Oxfordshire place update**

### **10.1 Deddington Surgery list closures**

Deddington Surgery applied to close their lists to new registrations in December 2021 due to the loss of GP and nursing sessions. They consulted both surrounding practices and Patient Participation Group (PPG) members, the CCG discussed the application with the LMC and all were supportive. It was agreed by virtual means that Deddington Surgery could close its list for 6 months with the condition that any new patients in an area not covered by any other practice would still be registered, this due to the rural nature of the geography. The list closure was due to expire on 4 July. The practice reported that during this time they have been undertaking a number of actions to recruit staff and retain current staff. They have now made an offer to a new GP who is relocating to the area this year and are expecting two GPs to return from maternity leave, the first of these due back in mid-December. They therefore requested an extension to their list closure which was approved by OPPCOG until 4 January 2023

Oxfordshire CCG currently has 3 practices with lists closed to new registrations – Hightown Surgery, Mill Stream Surgery and Deddington Surgery.

### **10.2 Primary Care Visiting Service review**

The Primary Care Visiting Service (PCVS) is designed to help balance some of the pressures that GPs and the wider health sector face as a result of increased demand for services. Directly supporting the aims set out in the Long-Term Plan it intends to provide a responsive service to patients and carers, enabling them to access the full range of ambulatory and support services required to maintain care at home, thereby preventing deterioration and reducing unplanned admissions.

In March 2021 following a comprehensive review the PCVS, which now comprises five separate contracts, was recommissioned for three years, with minor changes made to ensure a consistent specification was operational across the county.



A review during March 2022 concluded that the service works well with improved access and experience for housebound patients noted as well as GPs' increased ability to prioritise their time. Providers continue to work at capacity, with activity at an agreed level and in line with demand. The biggest challenge relates to recruitment, with the limited ability to currently secure paramedics.

### **10.3 Primary care estates update**

Much progress has been made on Oxfordshire Primary care estates namely

- Wantage Health Centre – planning has been granted for an extension to the existing Health centre which houses two practices (Church Street Practice and Newbury Street Practice). We expect building work to commence over the summer
- Northgate building – a completion date of the end of June has now been agreed with the expectation that the three practices (King Edwards Street Medical Practice, 27 Beaumont Street Medical Practice, 28 Beaumont Street) will be operating from the new building from July 2022. A well-attended public engagement event was held on 7 June run by the practices.
- Site on Great Western Park, Didcot – a pre- application planning submission for a new surgery on Great Western Park has been submitted to South Oxfordshire District Council. Engagement events for local residents are planned through the Great Wester Park Residents Association.

## **11. Berkshire West place update**

### **11.1 Winter Access Fund and continuation of key schemes post Mar22**

At its April 2022 meeting the Berkshire West Primary Care Commissioning Operational Group (PCCOG) agreed the continuation of key winter access funded schemes for Q1 22/23. The schemes continued were two Reading PCN Overflow Hubs, that the Royal Berkshire Hospital's Emergency Department is able book patients into, and the commissioning of additional appointments from Berkshire West GP practices. It was considered necessary to continue these schemes whilst a fuller evaluation of on the day demand and appropriate modes of access was conducted as part of a refresh of the Berkshire West Urgent Care Strategy. The schemes are being funded with savings from the Reading walk-in centre currently being suspended.

### **11.2 Brookside Group Practice & Wilderness Road Surgery contract merger**

In October 2021 Brookside Group Practice took over the delivery of GP services to patients registered at Wilderness Road Surgery. This happened through a process which allowed the Brookside partners to add their names to the Wilderness Road Surgery contract ahead of the Wilderness Road partners removing themselves. An application was subsequently made to formally merge the two contracts.

PCCOG at its May 2022 meeting formally considered and agreed the request for the contracts to be merged. It was considered that the merger would support Wilderness Road Surgery patients to have greater access to services in house and during enhanced access arrangements, access more appointments for existing services especially GP, nursing and on the day urgent appointments, have a wider choice and improved access to the multi-disciplinary team and access new services such as minor surgery and dermatology. The contract merger also allowed for the Practice to work more efficiently and supports sustainability / business continuity at the Wilderness Road Surgery site.

### **11.3 Hungerford Surgery resilience funding**

Hungerford Surgery had requested support with the cost of introducing remote consultations (via Push Doctor) which was needed to ensure appropriate capacity is available to meet patient demand. The Practice is experiencing workforce constraints and had also applied and been given approval to close its patient list to new registrations. A second meeting with the Practice in April to follow-up service delivery pressures highlighted those pressures were not easing. It has been agreed therefore agreed at its June meeting to provide resilience support to the practice to introduce Push Doctor as a way of building capacity and easing workforce pressures.

### **11.4 Local List Maintenance**

A set of actions had been identified on local list maintenance following an internal audit in 20/21 that raised there being no list cleaning programme outside of the statutory requirements. As a result, analysis of list size variation was undertaken which concluded the following:

- Practices with list size growth greater than 7% were contacted to understand in-house list management processes. Assurance was received that arrangements were in place to undertake practice list maintenance and that practices were following patient removal processes. Some practices also reported that by issuing invitations for the Covid vaccination programme, they had identified patients who could be removed from their lists and had therefore used the vaccine programme as a way of maintaining lists.
- Exercise was conducted to identify whether growth in list size is greater in male population aged 18 – 44. Analysis identified that there was a variance and Primary Care Support England (PCSE) was approached regarding commissioning a bespoke audit as this work was outside of the normal PCSE list maintenance programme. The initial costing from PCSE was considerable at £400k with additional costs of a minimum of £1 for each outbound and each inbound letter. List Maintenance Task and Finish Group set-up reviewed this. The Group identified that the data emphasised the gender inequalities and that this cohort of patients do not engage soon enough for their physical health. They were a group that are expected to start developing long term conditions but are likely to be diagnosed later. It was acknowledged that they have the highest suicide rate and mental health issues were increasing following Covid. The Task and Finish Group were concerned that by

removing these patients through a list cleansing audit, they would find it more difficult to engage with a GP and become harder to reach and therefore a targeted list maintenance programme should not be conducted.

- List cleaning exercise linked to immigrant checks was considered. It was acknowledged that Reading localities have the greatest list size growth and are likely to have a more transient population. The cost and time to commission a bespoke audit for this cohort by PCSE was also considered to be considerable and that the focus should therefore be on practices having robust in-house arrangements instead. Outlier practices will continue to be contacted to discuss their list maintenance review process and provide justification for variances in the data.

### **11.5 Improving Access Action Plan update**

The Berkshire West improving access action plan was reviewed:

- The requirement to submit Friends & Family Test (FFT) suspension had now come to an end and practices were required to report to commissioners from 1st April 2022. It was recognised that it will take practices time to get fully up to speed submitting their FFT returns
- Practices has been asked to confirm that regular Patient Participation Group (PPG) meetings will be reinstated.
- Building intelligence about activity in primary care was continuing through group discussion with Urgent Care Leads, PCN, Primary Care and Digital team colleagues. The Group is looking at how Connected Care is best developed/used to support a better capacity and demand of both services and the patient interactions between them and to explore how Connected Care can be developed to provide intelligence for primary care commissioning / transformation purposes for the ICS, ICP and PCNs.
- Enhanced access arrangements extended to end September 2022 and national guidance had been issued for the transfer of enhanced access into the PCN Network DES. PCCOG was advised that the Primary Care Team would be working with PCNs and across BOB to implement this for 1st October 2022.
- Meeting was held to discuss the 'Registration Project'. Leaflet issued to unregistered patients when attending A&E had been updated. The Communications and Engagement team were asked to work on a comms campaign targeted at unregistered young males to include message on why it is necessary to register with a practice. Data for unregistered patients who attended ED was being reviewed as part of a wider 'same day access' project. Quality LCS 22/23 had been updated to include an element for registering patients without proof of address, identification or immigration status.

## Enhanced Access

### BOB wide approach to Network Contract implementation May 2022

v0.5

## Network Contract Requirements

- The changes will **allow PCNs greater ability to utilise Enhanced Access capacity** a way which best meets their patient need
- The **new arrangements aim to remove variability** across the country, help improve patient understanding of the service, and address inequalities. They will bring the ARRS workforce more consistently into the offer, and support PCNs to use the EA capacity for delivering routine services. The requirements are based on PCNs:
  - providing bookable appointments outside core hours within the Enhanced Access period of **6.30pm-8pm weekday evenings and 9am-5pm on Saturdays**
  - utilising the **full multi-disciplinary team**
  - **offering a range of general practice services** including 'routine' services such as screening, vaccinations and health checks, in line with patient preference and need, with PCNs having control over how the EA capacity is used to manage the demand on practices
- PCNs are able to choose **to deliver the service themselves or subcontract delivery** to another provider. This could be by taking on the arrangements already in place with CCGs. Commissioners will help to support any transition of arrangements and planning.
- PCNs have **flexibility to use the EA capacity where it is most needed**. They will **be able to provide a proportion of Enhanced Access outside of EA hours** for example early morning or on a Sunday, where **this is in line with patient need locally** and it is agreed with the commissioner
- An aim of the changes is **to help PCNs to have greater control and flexibility over how EA capacity can support them in caring for their patients**. These changes are not about existing workforce needing to work more. Extended access services are already being provided. These changes aim to maximise the benefit of this capacity

## BOB Current position

Below is the current BOB access schemes and how they will morph into the new Enhanced Access provision

1 April 2022 to 30 September 2022		From 1 October 2022
<b>Extended access</b> 30mins per 1000 population	Currently part of Network contract (previously at practice level)	<b>Enhanced Access</b> Network Standard Hours 60 mins of appointments per 1000 PCN adjusted patients per week Between 6.30 and 8pm Monday to Friday 9am and 5pm on Saturday
<b>Improved access (£6 per head)</b> Various requirements - 30 working to 45mins per 1000 popn	Bucks – some delivered by PCNs and some from FedBucks Oxon – already commissioned from PCNS	
Including provision on Sundays and Bank holidays	BW – M to Th and Sat delivered by PCNs and Fri, Sun and BH commissioned separately	

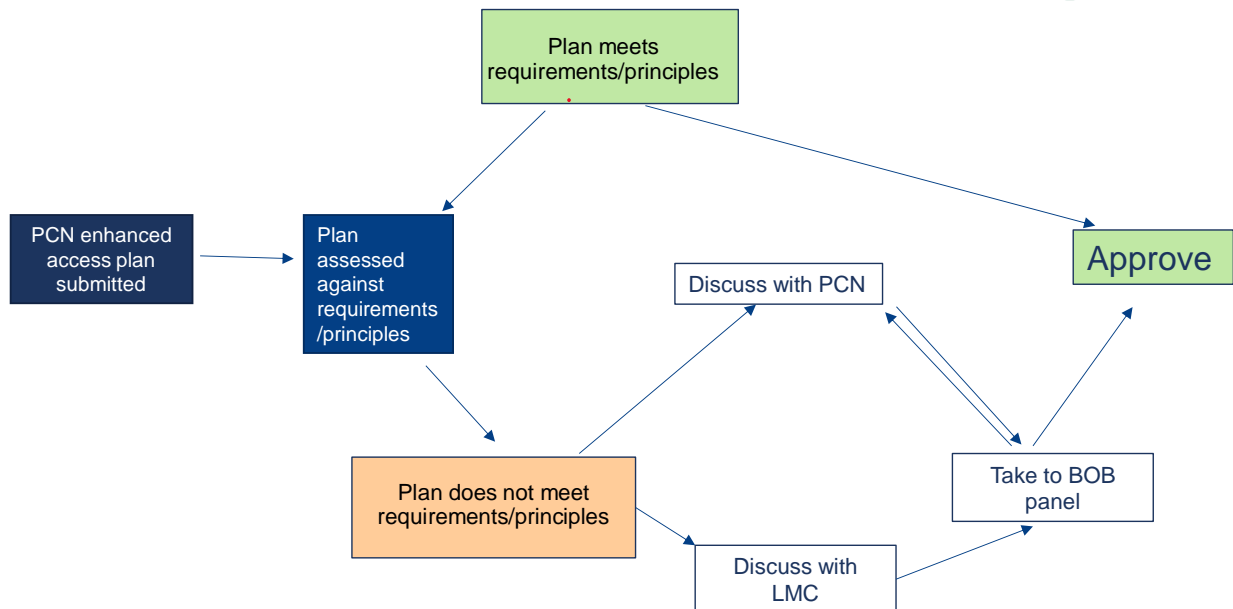
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## Approach

- BOB ICS delivered a webinar on 26 April 2022 alongside BBO LMC on the implications of the New Network contract for 2022/23. It covered the full requirements of the new contract including the requirements for Enhanced access from 1 October 2022
- As a result of the webinar a BOB FAQ document was prepared and circulated working with the LMC
- Local Primary care teams will meet with individual PCN teams to discuss implications of the enhanced service requirement for the local population and to ensure planning takes into account the BOB wide principles. This will also collect PCN early ideas so that, if necessary, wrap around services can be put in place (eg sample collection)
- BOB PCNs to submit their Enhanced Access plan to primary care in boxes by 31 July 2022 using a standard template
- Primary care teams to assess each plan against the national requirements and BOB wide principles - w/c 1 August 2022
- Any plan which does not describe all the components will be discussed at a BOB wide panel which will include representatives from LMC and Primary care – w/c 8 August and 15 August 2022
- Any gaps in provision / principles to be discussed with PCNs w/c 8 and 15 August
- Summary of plans to be discussed with system partners to ensure no unintended consequences w/c 15 and 22 August 2022
- Summary of plans to be presented to 'Primary Care Board' (TBC) for agreement w/c 29 August 2022

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## Process chart



## Requirement Summary

### Enhanced access service requirements



The Network Contract DES sets out the following requirements for the Enhanced Access service

<p><b>A more standardised offer for patients</b></p>	<ul style="list-style-type: none"> <li>• 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (the 'network standard hours')</li> <li>• A minimum of 60 minutes of appointments per 1,000 PCN Adjusted populations per week during the network standard hours</li> <li>• GP cover during the network standard hours.</li> <li>• Appointments must be bookable in advance and same day</li> <li>• PCNs must actively communicate availability of enhanced access appointments to patients</li> <li>• Must deliver a mixture of in person face to face and remote (telephone, video or online) appointments</li> <li>• Sites at which face-to-face services are to be provided must be at locations convenient to access for patients</li> </ul>
<p><b>An improved routine (planned care) and multidisciplinary offer</b></p>	<ul style="list-style-type: none"> <li>• PCNs must deliver general practice services, including appointments for planned care like screening, vaccinations (including COVID-19 vaccinations and boosters) and immunisations, health checks and PCN services</li> <li>• Appointments must be delivered by a multi-disciplinary team of healthcare professionals</li> </ul>
<p><b>A more integrated offer with IUC</b></p>	<ul style="list-style-type: none"> <li>• Must make available to NHS 111 any unused on the day slots during the Network Standard Hours</li> </ul>

# Requirement Summary

## Enhanced access service requirements (continued)



<p><b>A consistent and more digitally enabled offer</b></p>	<ul style="list-style-type: none"> <li>• <b>Support all modes of consultation, so there is no difference in the digital maturity of the EA services and core hours</b></li> <li>• make the EA appointments available for booking a <b>minimum of two weeks in advance</b></li> <li>• make the enhanced access <b>appointment book accessible by the member practices</b></li> <li>• make <b>same-day online booking for appointments available</b></li> <li>• operate a system of enhanced access <b>appointment reminders</b></li> <li>• provide patients with a simple way of <b>cancelling an enhanced access appointment</b> at all times</li> <li>• <b>have in place appropriate data sharing and, where required data processing arrangements</b></li> <li>• <b>Appointment data for that PCN can be incorporated into the General Practice Appointment Data (GPAD) set.</b></li> <li>• A PCN must ensure, when available, <b>appropriate telephony and IT interoperability will operate between the Core Network Practices within the PCN</b></li> </ul>
<p><b>Focused on addressing access inequalities</b></p>	<ul style="list-style-type: none"> <li>• The EA funding will be distributed using PCN adjusted populations based on the CCG Primary Medical Care weighted populations</li> <li>• PCNs should utilise <b>population health management and capacity/demand tools and engage with their registered population to ensure the range of services offered take account of patient preferences,</b></li> </ul>

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# BOB wide principles

- Service specification is as described in the Network Contract and summarised on the previous two slides
- Provision of Enhanced Access appointments should meet the needs of the local population
- Any core or additional primary care service can be delivered during the Network Standard Hours
- Each PCN must deliver 60 mins of appointments per 1000 PCN adjusted patients per week
  - For example: Three members of the MDT providing appointments during a three hour clinic will count as 9 Network Standard Hours
- Appointments delivered during Network Standard Hours should be offered to all PCN practices population
- Any delivery of appointments outside of Network Standard Hours (ie 6.30 to 8pm and 9-5pm on Saturday) will need to be evidenced
- Appointment length may vary and should be in accordance with clinical need
- There should be a regular offer made by PCNs each week although it is possible to change provision ie smear clinic one week; phlebotomy service next week etc
- There is no expectation that the practices need to take routine practice calls during Network Standard Hours
- PCNs are able to concentrate 10% of their weekly Standard Network Hours into the winter months to provided added access during times of most pressure for the NHS
- Local Patient engagement will be important
- We recognise that this will be an iterative process and plans may need to adapt over time
- GP presence during Standard Network Hours should be in line with that required for the delivery of Core GMS services
- CCG/ICB will aim to support Network Standard Hours with 'wrap around' services such as sample collection where deemed necessary

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# Gantt chart for delivery

		25-Apr-22	02-May-22	09-May-22	16-May-22	23-May-22	30-May-22	06-Jun-22	13-Jun-22	20-Jun-22	27-Jun-22	04-Jul-22	11-Jul-22	18-Jul-22	25-Jul-22	01-Aug-22	08-Aug-22	15-Aug-22	22-Aug-22	29-Aug-22	05-Sep-22	12-Sep-22	19-Sep-22	26-Sep-22	03-Oct-22
<b>Preparation</b>	BOB wide webinar jointly with LMC	26																							
	FAQs issued	5																							
	Local discussion with individual PCNS PCNS to submit plans																								
<b>Assessment</b>	Plans to be assessed by primary care teams																								
	Any issues to be discussed with individual PCNS																								
	BOB ICB/LMC panel to assess plans																								
	Summary of plans to system partners meeting																								
	Primary care Board sign off plans																								
<b>Implementation</b>	PCN implementation																								
	Comms in place																								
	Support services commissioning																								
<b>Delivery</b>	Delivery of enhanced access																								1

Red = national deadlines