

## Paper Summary Sheet

<b>Presented to:</b>	Governing Body - Public
<b>Date of Meeting:</b>	25 September 2018
<b>For:</b>	Decision

<b>Agenda Reference:</b>	GOV/18/09/11
<b>Title:</b>	Improved Access – Contract Award and Mobilisation Update
<b>Executive summary:</b>	
<p>WCCG'S GPFV Plans has always stated improving access to services in Wiltshire is integrally linked to the provision of wider access to services, both in and out of hours, through the Integrated Urgent Care service which will commence on 1st May 2018.</p> <p>The NHS Operational Planning and Contracting Guidance for 2017-19 set the target for areas, such as WCCG, which had not received Prime Minister's Challenge Funding or had been identified as GP Access Fund sites / Vanguards, for 100% population coverage by March 2019.</p> <p>The Refreshing NHS Plans for 2018/19 (Feb 2018) sets a refreshed target for providing Improved Access to GP services (including evenings and weekends) for 100% population by 1 October 2018. This is 30 minutes of consultation capacity per 1000 head of population, equating to 235 hours per week.</p> <p>Service provision will be dependent upon local needs: and should be commissioned to reflect this. NHSE expect capacity to grow to meet demand over time especially with increased advertising of the service; but there is no requirement to deliver 45 minutes per 1,000 per week by 2019 but CCGs will need to demonstrate they are meeting local need and monitoring utilisation.</p> <p>This is not simply about delivering more of the same: but about making the most of the opportunity for transformation as part of the GPFV. That includes better integration between services such as NHS111 and urgent care services such as GP OOH.</p>	
<b>Recommendations:</b>	The Governing Body is asked to ratify the decision made at Clinical Executive to support the plan set out in this paper with the proposed Contract Model construct as the direction of travel and award the Contract for Improved Access to Wiltshire Health and Care; and to note the update on the mobilisation of the service to date.
<b>Previously considered by:</b>	Primary Care Operational Group Local Medical Committee NHS England Improved Access Task and Finish Group Clinical Executive: 12.06.18; 10.07.18; and 14.08.18 Governing Body in Private: 27.03.18; 26.06.18: and 24.07.18
<b>Author(s):</b>	Jo Cullen, Director of Primary and Urgent Care, Group Director West Mark Harris, Chief Operating Officer
<b>Sponsoring Director / Clinical Lead/ Lay Member:</b>	Jo Cullen, Director of Primary and Urgent Care, Group Director West Mark Harris, Chief Operating Officer

<b>Risk and Assurance:</b>	<p>This is a nationally mandated delivery target and the CCG has taken procurement advice in order to mitigate challenge to our procurement process.</p> <p>The risk is securing a willing, capable and competent provider to agree to the terms of an 18 month Pilot, delivering service to 100% of our population.</p> <p>Under Regulation 32, the CCG will issue a PIN to notify the market of the award of this Contract, and notify NHSE.</p> <p>There is a significant operational risk in mobilising and delivering this Improved Access service without adversely impacting on either in hours GP services or Out of Hours services, at a time of planning for preparedness over winter.</p> <p>Regular updates will be provided to the Governing Body, and project documentation established to capture progress, milestones, risks and mitigations.</p>
<b>Financial / Resource Implications:</b>	<p>Funding for Improved Access from 2018/19 will be £3.34 per registered population (weighted) based on ONS predictions so for WCCG with a weighted population of 469,190, funding will be £1,567,094.</p> <p>From 2019/20, the funding will be £6 minimum per registered patient.</p>
<b>Legal, Policy and Regulatory Requirements:</b>	<p>Five Year Forward View          General Practice Forward View          The NHS Operational Planning and Contracting Guidance for 2017-19          The Refreshing NHS Plans for 2018/19 (Feb 2018)</p>
<b>Communications and Engagement:</b>	<p>NHS England has released an advertising toolkit to be used in every GP Practices (e.g. Posters) communicating how to access these appointments; further work needs to be undertaken to balance the requirement to advertise whilst not encouraging further demand for services.</p> <p>The Core Requirement is shown below.</p> <p>Advertising and Ease of Access:</p> <ul style="list-style-type: none"> <li>• 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;</li> <li>• Ensure ease of access for patients including:             <ul style="list-style-type: none"> <li>○ 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</li> <li>○ Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.</li> </ul> </li> </ul> <p>We have also been informed that there are plans for a national advertising campaign on Improving Access this winter.</p>
<b>Equality &amp; Diversity Assessment:</b>	<input checked="" type="checkbox"/>

## IMPROVED ACCESS

### 1. Background summary

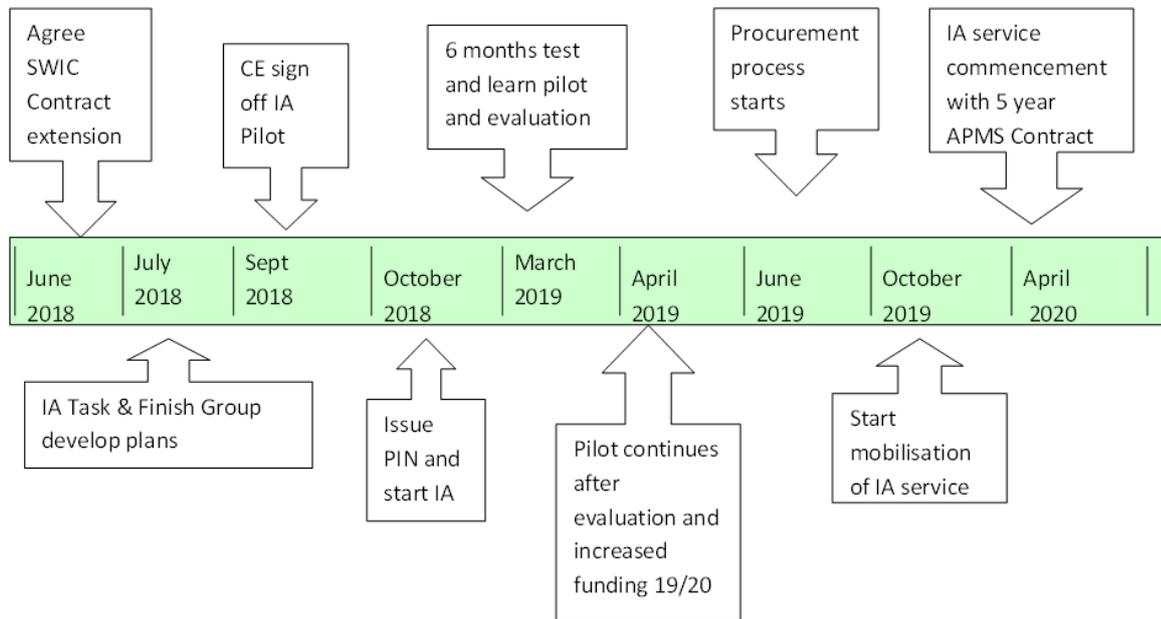
- WCCG's GPFV Plan - Improving Access (IA) to Primary Care services in Wiltshire is integrally linked to the provision of wider access to services, both in and out of hours.
- Refreshed target (Feb 18) for providing Improved Access to GP services (including evenings and weekends) for 100% population by 1 October 2018.
- 30 minutes of consultation capacity per 1000 head of population, equating to **235 hours per week of additional clinical capacity.**
- In addition to **Extended Hours** – currently all practices deliver (Directed Enhanced Service so must be commissioned by CCG)
- The CCG allocation for Improved Access for 2018/19 (expected July FYE) is **£1,567,094 - based on £3.34 per head weighted population.** From 2019/20, the funding will be £6 minimum per registered patient. This is **new funding to the CCG** – not badged to or top sliced from or recycled from GMS/PMS funding.
- Clear commissioning steer this needs to be delivered at scale – not practice level) or need 100% practice sign up)
- Service provision will be dependent upon **local needs:** and should be commissioned to reflect this.
- NHSE expect capacity to grow to meet demand over time (especially with increased advertising) but there is no requirement to deliver 45 minutes per 1,000 per week by 2019 but the CCG will need to demonstrate we are **meeting local need and monitoring utilisation.**
- This is not simply about delivering more of the same: but about making the most of **the opportunity for transformation for general practice** as part of the GPFV. That includes better integration between services such as the Integrated Urgent Care Service pulling together NHS111 and GP OOH.
- Lay foundations for general practice providers to move to a model of more integrated services and locality extended access hubs as per CCG Care Model

2. There are **7 core requirements** to be delivered with Improved Access in order for the CCG to receive the funding:-

<b>Timing of appointments</b>	<ul style="list-style-type: none"> <li>• Commission weekday provision of access to pre-bookable and same day appointments to general practice services <u>in evenings (after 6.30pm) – to provide an additional 1.5 hours</u></li> <li>• <u>Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs</u></li> <li>• Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week.</li> </ul>
<b>Capacity</b>	<ul style="list-style-type: none"> <li>• Commission a <u>minimum additional 30 minutes</u> consultation capacity per 1000 population per week, rising to 45 minutes per 1000 population</li> </ul>
<b>Measurement</b>	<ul style="list-style-type: none"> <li>• Ensure usage of a <u>nationally commissioned new tool</u> to be introduced during 2017/18 to automatically measure <u>appointment activity</u> by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand.</li> </ul>
<b>Advertising and ease of access</b>	<ul style="list-style-type: none"> <li>• 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;</li> <li>• Ensure ease of access for patients including: <ul style="list-style-type: none"> <li>• 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</li> <li>• Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.</li> </ul> </li> </ul>
<b>Digital</b>	<ul style="list-style-type: none"> <li>• Use of digital approaches to support new models of care in general practice</li> </ul>
<b>Inequalities</b>	<ul style="list-style-type: none"> <li>• Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place</li> </ul>
<b>Effective access to wider whole system services</b>	<ul style="list-style-type: none"> <li>• Effective connection to other system services enabling patients to receive the right care the right professional including access from and to other primary care and general practice services such as urgent care.</li> </ul>

### 3. Timeline

The CCG has previously agreed to operate a pilot for 18 months and agreed the following timeline that describes when a formal procurement would commence:

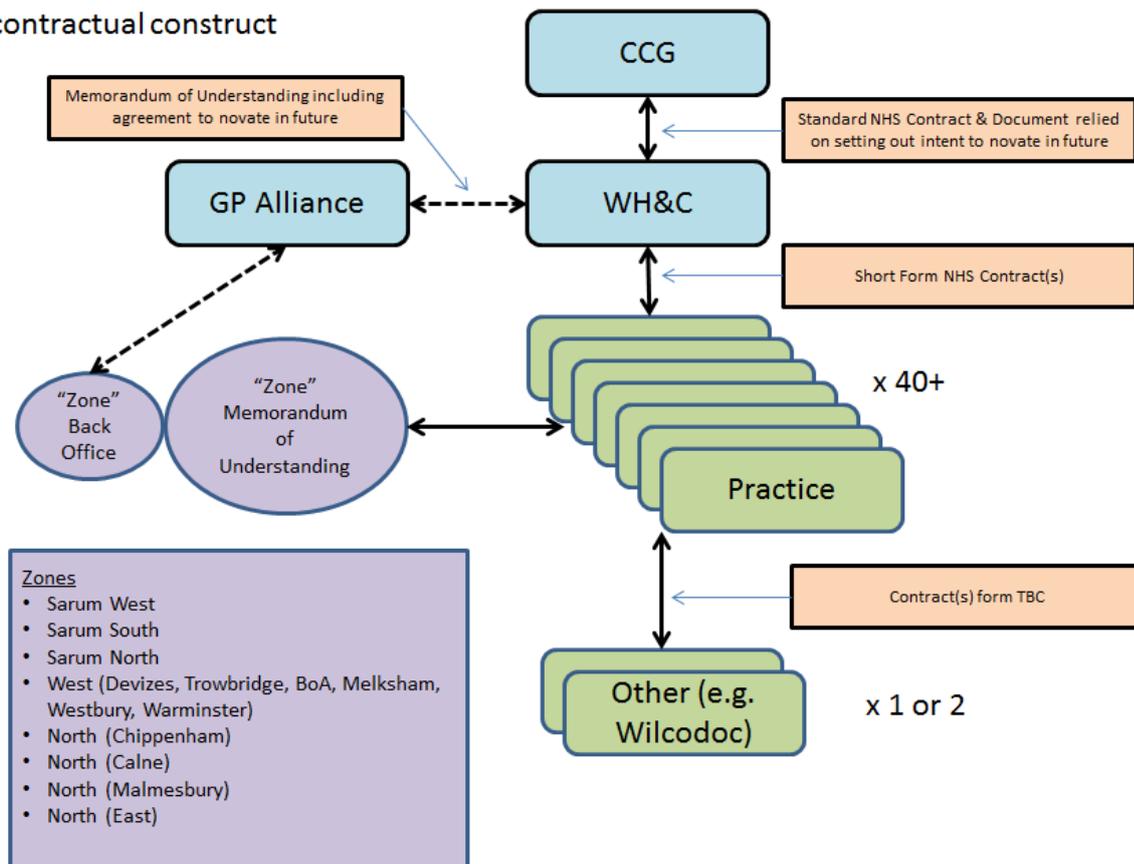


### 4. Proposed Contract Model construct

The proposed IA model has been developed with the Wiltshire GP Alliance (WGPA) and builds on the considerable work undertaken across all GP Practices so engagement and coverage of whole county as hub and spoke models based on locality plans and bases. This provides us the critical opportunity to support the development of the WGPA model, which is essential in our CCG out of hospital vision and implementation of the CCG Care Model; and to further develop during the pilot to support locality working / plans, with coverage of whole county providing the ability to consistently prebook from all practices and 111; and secures the funding across current primary care providers to develop resilience and opportunities going forward (such as WCCG's Primary Care Offer). This will be agreed as a 6/12 test and learn pilot and evaluation stage, and provide the foundation for delivery of locality hubs as per the CCG Care Model.

From discussion with the WGPA, the CCG has drawn out below what the contractual construct being proposed is and has used this as a basis for further discussion with the GP Alliance to ascertain the relationships between parties, the types of contractual documents required and how this translates operationally. This has been shared with both procurement and contracting teams within the CSU for advice.

Improved access proposed contractual construct



**5. Update on progress to date**

Since the Clinical Executive meeting on 14<sup>th</sup> August, a weekly Improved Access Mobilisation Oversight Board has been established with representation from WHC, WGPA, CCG and NHSE.

The NHS Standard Contract to be held by WHC is being finalised including the service specification, quality, monitoring and finance schedules. The sub contracts with the GP Practices are also being prepared.

A milestone plan has been developed

Key areas of focus:

- Ensuring IT solution (including all practices – TPP and EMIS)
- Consistent plans across the 8 localities
- Data sharing to ensure all patient records can be appropriately accessed when seen by the IA service
- Plans for 7 day coverage
- CQC registration

The PIN is being written to send through the formal procurement route to the market as notice of the award of this Contract by WCCG.

## **6. NHSE assurance**

NHSE are reporting to the national team on a weekly basis on the progress made towards mobilisation.

## **7. Risks**

A mobilisation risk register is developed and reviewed weekly.

## **8. Recommendation:**

The Governing Body is asked to ratify the decision made at Clinical Executive to support the plan set out in this paper with the proposed Contract Model construct as the direction of travel; and award the Contract for Improved Access to Wiltshire Health and Care.

## Equality Impact Analysis – the EIA form

**Title of the paper or Scheme:** Improved Access – Contract Award

<b>For the record</b>	
Name of person leading this EIA: Jo Cullen	Date completed: 10.09.18
Names of people involved in consideration of impact	
Name of director signing EIA: Jo Cullen	Date signed: 10.09.18

What is the proposal? What outcomes/benefits are you hoping to achieve?

This paper requests approval from the Governing Body to award the Contract for Improved Access to Wiltshire Health and Care, as supported by Clinical Executive on 14.08.18

Who's it for?

The proposal covers Improved Access commissioned for every patient registered with a Wiltshire CCG GP Practice.

How will this proposal meet the equality duties?

It covers all patients.

What are the barriers to meeting this potential?

None identified.

**2 Who's using it?**  
groups

Refer to equality

What data/evidence do you have about who is or could be affected (e.g. equality monitoring, customer feedback, current service use, national/regional/local trends)?

All patients will be able to utilise Improved Access as booked via their own registered GP Practice or booked via 111.

How can you involve your customers in developing the proposal?

Use of NHS England communication toolkit and work across all GP Practices and PPGs.

Who is missing? Do you need to fill any gaps in your data? (pause EIA if necessary)

None at this stage

**3 Impact** Refer to dimensions of equality and equality groups

Show consideration of: age, disability, sex, transgender, marriage/civil partnership, maternity/pregnancy, race, religion/belief, sexual orientation and if appropriate: financial economic status, homelessness, political view

Using the information in parts 1 & 2 does the proposal:

- a)** Create an adverse impact which may affect some groups or individuals. Is it clear what this is? How can this be mitigated or justified?

None identified

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What can be done to change this impact?

N/A

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**b) Create benefit for a particular group. Is it clear what this is? Can you maximise the benefits for other groups?**

The aim of Improved Access is to provide additional clinical capacity to GP services, specifically in the evenings and weekends improving access to those patients who find it difficult to access services within the working day.

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Does further consultation need to be done? How will assumptions made in this Analysis be tested?

Ongoing work and engagement to monitor the usage and impact of Improved Access.

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**4 So what?**  
process

Link to business planning

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What changes have you made in the course of this EIA?

None have been made

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What will you do now and what will be included in future planning?

Continue to monitor the Pilot stage and the impact and benefits, prior to formal procurement during 2019/20.

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When will this be reviewed?

On a monthly basis

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How will success be measured?

Various methods of which will be identified through local and nationally mandated measures.