Hambleton, Richmondshire and Whitby Clinical Commissioning Group

Harrogate and Rural District Clinical Commissioning Group

Scarborough and Ryedale Clinical Commissioning Group

Title of Meeting:	**HRW CCG Governing Body** **HaRD CCG Governing Body** **SR CCG Governing Body**	**Agenda Item:** 9
Date of Meeting:	**HRW CCG: 28 November 2019** **HaRD CCG: 5 December 2019** **SR CCG: 27 November 2019**	
Paper Title:	**Extended Access (EA) - Contract Review and Extension**	

Session (Tick)	
Public	X
Private	
Workshop	

Responsible Governing Body Member Lead: Wendy Balmain, Director of Strategy and Integration	**Report Author and Job Title:** Sam Haward, Head of Strategy (Planned Care and Primary Care)

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: Yes. North Yorkshire CCGs Joint Finance, Performance, Contracting & Commissioning Committee

Executive Summary

There is a national priority to ensure patients have access to primary care appointments during evenings and weekends. All CCGs were required to commission Extended Access (EA) services based on core national requirements. Arrangements are now the subject of a national review which should report in the next 6 months. This will describe the recommended approach from April 2021. It is assumed this will involve a single EA service, to be delivered through Primary Care Networks. Until this review is completed, commissioning EA services remains the responsibility of individual CCGs.

In the meantime, contracts for EA services are in place across North Yorkshire until end of March 2020. The focus of this paper is to agree the continued delivery of services for the period April 2020 to March 2021, when the national review takes effect.

Appendix 1 explains the summary position for local service contracts, delivery and performance. Appendix 2 provides greater CCG-specific information.
Each of the current EA contracts expires on 31 March 2020, leaving a 12 month gap before delivery through Primary Care Networks comes into effect. The North Yorkshire CCGs must ensure that EA continues to be delivered during 2020/21, with a decision required by December 2019 so sufficient notice can be given to existing providers about the CCGs' intentions.

The different options for service continuity have been considered as follows:

- **Option 1** - Continue service delivery through existing service providers to align with NHSE timeline for Extended Access funding to flow into PCNs through Network DES (from April 2021)

a) For SR and HRW, this would be achieved by extending the APMS contracts for a further 12 months, in line with clauses in the contracts.
b) For HaRD, this would be achieved by either extending the existing contract with Yorkshire Health Network for a further 12 months or by direct award of the

- **Option 2 -** Expedite the shift of funding for EA (scheduled for 1 April 2021 by

NHSE) to the PCNs in April 2020 to allow Networks to commence provision a year early

- **Option 3 -** Full procurement exercise for the current service model
- **Option 4 -** Redesign the 'out of hours' service delivery model
- **Option 5 -** Work with PCNs and current Extended Access service providers to explore whether a service could be developed over a North Yorkshire footprint

Preferred option: Option 1 (to continue service delivery through existing providers) is preferred for the following reasons:

- Discussions with the Clinical Directors of the Primary Care Networks for each CCG have indicated that they are still establishing themselves and would welcome a longer period to prepare before taking on the service
- The national review is likely to lead to changes in service requirements and model, so transferring services in April 2020 to either the PCNs or an alternative provider may lead to multiple changes in both service delivery and provider over a 12 month period
- It is highly unlikely that any other provider would be interested in providing the service given the time-limited nature of the contract and the current service provision relying on primary care premises. Full procurement would take significant management resource from the CCG. Previous procurement exercises did not lead to sufficient interest to justify a further procurement process
- While closer links to the GP Out-of-Hours (OOH) services are recommended in time, this is probably best achieved once the outcome of the national review is understood and further improvements in technology have been achieved
- While closer links between services across North Yorkshire would be beneficial, finding a single provider could prove difficult and may alienate GP Federations who are not in a position to work across a wider footprint. It would be more effective to use 2020/21 as a year to consolidate and share good practice across the emerging PCNs so that they are best-placed to deliver the new service model from April 2021.

Once the contracts are agreed, individual CCGs will engage with their Extended Access providers and Primary Care Networks to identify local issues affecting performance and delivery and agree a local service development plan for inclusion in the 2020/21 contract. This will respond to any areas where the national goals are not being fully achieved and respond to any general and local issues (Appendix 3).

A comprehensive time-line of the actions required to review and extend contracts and develop and implement a Service Development and Improvement Plan in each CCG area has also been developed (Appendix 4).

Recommendations

The Governing Bodies are being asking to:

- Note that the key national criteria for EA are being met in each CCG, although there are development issues in each area, particularly linked to technology and connectivity
- Approve Option 1 for service continuation for 2020/21: Continue service delivery through existing service providers, to align with NHSE timeline for EA funding to flow

into PCNs through Network DES and manage the handover period effectively • Note that a consistent approach to contract management and performance will be established across all contracts • Note the risk of Central Healthcare choosing not to extend the contract and the mitigating actions to be taken by SR CCG • Note that a Service Development and Improvement Plan will be agreed as part of the contract in each CCG area for 2020/21 to ensure full compliance with service requirements, respond to local issues, and help ready services for transition to PCNs. This will be supported by a review of contract management arrangements to ensure a more consistent approach across North Yorkshire • Approve the over-arching time-lines as set out in Appendix 4 for contract and future service development.	
Monitoring All three CCGs receive performance monitoring information from providers detailing activity by place, day and time, and clinical role. This includes overall utilisation and DNAs. All CCGs now have a system of contract review meetings with providers. However, these will be reviewed and strengthened to create a more consistent approach.	
Any statutory / regulatory / legal / NHS Constitution implications	Provision of Extended Access services is a national requirement. The form of these services is being reviewed at a national level. Guidance on future requirements linked to delivery through PCNs from April 2021 is expected in the coming months.
Management of Conflicts of Interest	These services are provided by GP Federations or groups of GP practices, so GP Committee members will be able to advise on service continuation but may also have an interest in the decision.
Communication / Public & Patient Engagement	A requirement to promote the service is built into all service contracts, including advertising the service on all practice web-sites.
Financial / resource implications	The CCG receives a financial allocation to cover the service cost equating to £6 per head of population. This national rate is used as the financial basis of the contract. Any change to this position would require significant negotiation with providers and may risk service withdrawal.
Outcome of Impact Assessments completed	The current impact and benefits of the service are listed in Appendix 1.

Name: Sam Haward
Title: Head of Strategy (Planned Care and Primary Care)

Title of Meeting:	**North Yorkshire CCGs Joint Finance, Performance, Contracting & Commissioning Committee**	**Agenda Item: 10.1**
Date of Meeting:		
Paper Title:	**Extended Access (EA) - Contract Review and Extension**	

Responsible Executive Lead and Job Title Wendy Balmain, Director of Strategy and Integration	**Report Author and Job Title** Sam Haward, Head of Strategy (Planned Care and Primary Care)

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
X			

Has the report (or variation of it) been presented to another Committee / Meeting?
If yes, state the Committee / Meeting: No.

Executive Summary

There is a national priority to ensure patients have access to primary care appointments during evenings and weekends. All CCGs were required to commission Extended Access (EA) services based on core national requirements. Arrangements are now the subject of a national review which should report in the next 6 months. This will describe the recommended approach from April 2021. It is assumed this will involve a single EA service, to be delivered through Primary Care Networks. Until this review is completed, commissioning EA services remains the responsibility of individual CCGs.

In the meantime, contracts for EA services are in place across North Yorkshire until end of March 2020. The focus of this paper is to agree the continued delivery of services for the period April 2020 to March 2021, when the national review takes effect.

Appendix 1 explains the summary position for local service contracts, delivery and performance. Appendix 2 provides greater CCG-specific information.

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The different options for service continuity have been considered as follows:

- **Option 1** - Continue service delivery through existing service providers to align with NHSE timeline for Extended Access funding to flow into PCNs through Network DES (from April 2021)
    a. For SR and HRW, this would be achieved by extending the APMS contracts for a further 12 months, in line with clauses in the contracts.
    b. For HaRD, this would be achieved by either extending the existing contract with Yorkshire Health Network for a further 12 months or by direct award of the

contract via single-tender waiver or VEAT notice if extension was not possible (procurement advice is required).

- **Option 2 -** Expedite the shift of funding for EA (scheduled for 1 April 2021 by NHSE) to the PCNs in April 2020 to allow Networks to commence provision a year early
- **Option 3 -** Full procurement exercise for the current service model
- **Option 4 -** Redesign the 'out of hours' service delivery model
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Preferred option: Option 1 (to continue service delivery through existing providers) is preferred for the following reasons:

- Discussions with the Clinical Directors of the Primary Care Networks for each CCG have indicated that they are still establishing themselves and would welcome a longer period to prepare before taking on the service
- The national review is likely to lead to changes in service requirements and model, so transferring services in April 2020 to either the PCNs or an alternative provider may lead to multiple changes in both service delivery and provider over a 12 month period
- It is highly unlikely that any other provider would be interested in providing the service given the time-limited nature of the contract and the current service provision relying on primary care premises. Full procurement would take significant management resource from the CCG. Previous procurement exercises did not lead to sufficient interest to justify a further procurement process
- While closer links to the GP Out-of-Hours (OOH) services are recommended in time, this is probably best achieved once the outcome of the national review is understood and further improvements in technology have been achieved
- While closer links between services across North Yorkshire would be beneficial, finding a single provider could prove difficult and may alienate GP Federations who are not in a position to work across a wider footprint. It would be more effective to use 2020/21 as a year to consolidate and share good practice across the emerging PCNs so that they are best-placed to deliver the new service model from April 2021.

Once the contracts are agreed, individual CCGs will engage with their Extended Access providers and Primary Care Networks to identify local issues affecting performance and delivery and agree a local service development plan for inclusion in the 2020/21 contract. This will respond to any areas where the national goals are not being fully achieved and respond to any general and local issues (Appendix 3).

A comprehensive time-line of the actions required to review and extend contracts and develop and implement a Service Development and Improvement Plan in each CCG area has also been developed (Appendix 4).

Recommendations

The Joint Finance, Performance, Contracting & Commissioning Committee is being asked to:

- Note that the key national criteria for EA are being met in each CCG, although there are development issues in each area, particularly linked to technology and connectivity
- Approve Option 1 for service continuation for 2020/21: Continue service delivery through existing service providers, to align with NHSE timeline for EA funding to flow into PCNs through Network DES and manage the handover period effectively

- Note that a consistent approach to contract management and performance will be established across all contracts
- Note the risk of Central Healthcare choosing not to extend the contract and the mitigating actions to be taken by SR CCG
- Note that a Service Development and Improvement Plan will be agreed as part of the contract in each CCG area for 2020/21 to ensure full compliance with service requirements, respond to local issues, and help ready services for transition to PCNs. This will be supported by a review of contract management arrangements to ensure a more consistent approach across North Yorkshire
- Approve the over-arching time-lines as set out in Appendix 4 for contract and future service development.

Monitoring

All three CCGs receive performance monitoring information from providers detailing activity by place, day and time, and clinical role. This includes overall utilisation and DNAs. All CCGs now have a system of contract review meetings with providers. However, these will be reviewed and strengthened to create a more consistent approach.

Any statutory / regulatory / legal / NHS Constitution implications	Provision of Extended Access services is a national requirement. The form of these services is being reviewed at a national level. Guidance on future requirements linked to delivery through PCNs from April 2021 is expected in the coming months.
Management of Conflicts of Interest	These services are provided by GP Federations or groups of GP practices, so GP Committee members will be able to advise on service continuation but may also have an interest in the decision.
Communication / Public & Patient Engagement	A requirement to promote the service is built into all service contracts, including advertising the service on all practice web-sites.
Financial / resource implications	The CCG receives a financial allocation to cover the service cost equating to £6 per head of population. This national rate is used as the financial basis of the contract. Any change to this position would require significant negotiation with providers and may risk service withdrawal.
Significant risks to Consider	The main risk associated with the preferred option is whether all the existing providers will agree to a contract extension. Initial feedback suggests that Yorkshire Health Network, Heartbeat Alliance and Derwent Practice would support an extension. However, Central Healthcare for SR may be less willing to extend. To mitigate the risk, active discussions between SR CCG and Central Healthcare are underway. Early contract certainty would be helpful. There is also potential for new roles to be utilised like clinical pharmacists to help reduce the risks of service provision largely depending on existing practice capacity.
Outcome of Impact Assessments completed	The current impact and benefits of the service are listed in Appendix 1.

Name: Sam Haward
Title: Head of Strategy (Planned Care and Primary Care)

Item 10.1 Appendix 1

Extended Access (EA) - Contract Review and Extension

Background Information on EA Contracts and Performance

1. Current Service Provision:

This national aspiration to extend access was approached in a number of ways:

- Prime Minister's Challenge Fund (PMCF) pilots tested new ways where primary care worked collectively to deliver extended access services
- An Extended Hours Directed Enhanced Service was commissioned by NHS England. From July 2019, this service is now mandatory for all practice populations within Primary Care Networks.
- Building on PCMF pilots, all CCGs were required to commission parallel EA services from 1 October 2018, at the very latest. NHSE advised CCGs that procurement for these contracts was required. Funding was provided using nationally set rates, culminating in £6 per weighted head available from 1 April 2019 – 31 March 2020.

Different EA services providers operate in each CCG area.

CCG	Provider(s)	Contract value
HaRD	Yorkshire Health Network	£891K
HRW	Heartbeat Alliance	£834K
SR	Central Healthcare	£571K
	Derwent Practice	£173K

Table 1A confirms that each of our existing providers broadly meet the original national service requirements. Digital connectivity and integration with out-of-hours services are the main over-arching areas of non-compliance, but these are dependent on broader system developments.

The three services are broadly similar in that they are guided by the same formal service requirements. However, there are a number of areas of difference:

- Both the HaRD and HRW services use a range of roles, including GPs, nurse practitioners, practice nurses, clinical pharmacists, healthcare assistants, and physiotherapists. In SR CCG, the model is primarily GP and nurse-based.
- The HaRD and HRW services are provided by GP Federations, whereas the SR services are provided through lead practices.
- In HRW CCG and SR CCG, the model is focused on patients accessing routine care through pre-bookable appointments. The HaRD service has a greater emphasis on urgent care through release of same-day appointments.
- In HaRD, 30-40% of appointments are provided in-hours, whereas the service is delivered exclusively outside of normal working hours in HRW and SR.

Further CCG-specific information is provided in Appendix 2.

2. Utilisation of North Yorkshire EA services:

Table 1B details the volume of appointments provided on a typical week by each of the four EA services. Total provision meets the minimum contract requirements of 30 min per 1,000 population in SR and HRW CCGs.

In HaRD CCG, additional provision in the in-hours period means the overall provision is closer to 42 minutes per 1000 population. However, declared typical provision in the Extended Hours period is 28 minutes per 1000 population (although in many months this is exceeded). The CCG is working with YHN to ensure that appointment provision is made up to meet the contractual requirement.

For info, 30 minutes per 1000 population equates to just 2-3 appointments per week, i.e. vastly less than those provided in mainstream general practice.

The utilisation of each of the EA services has generally increased since their inception. Current utilisation rates are typically in the region of 80% to 93%, depending on clinical role and CCG area.

These rates show EA services are reasonably well-utilised and respond to a need for services outside of normal working hours. However, rates are almost certainly below those for mainstream GP practice appointments. Although the CCGs do not receive direct information on day-time practice utilisation rates, our understanding is that normal appointment utilisation would typically be approaching 100%, based on heavy patient demand and steadily lengthening waiting times.

EA services are provided 7 days a week. EA are also expected to be delivered on bank holidays. In practice, all EA providers in North Yorkshire offer some bank holiday provision, but this is currently variable. Provision is dependent on finding clinicians willing to take up the slots offered. In particular, Christmas Day, Boxing Day and New Year's Day are the hardest to roster and also the days for which there is least demand for routine appointments. Urgent care on these days is effectively delivered through GP out-of-hours services. Capacity is therefore not always provided on these days.

3. Value for Money and system benefits:

The contract value is nationally set. As such, all four EA contracts can be seen as offering sufficient value for money because contract standards are being met and utilisation rates are reasonable. The Harrogate service is offering the greatest VfM, although this is achieved through additional in-hours provision.

Allowing additional provision during normal working hours, particularly periods of high demand like late afternoon, would help the HRW and SR services to provide additional VfM and potentially strengthen recruitment of staff to provide EA appointments. Certainty about a contract extension until March 2021 would also allow these services to take greater risks on directly employing additional staff.

Maximising the overall number of appointments offered towards 45 minutes per 1000 population would help ensure that EA services have a greater impact on helping GP practices manage demand and reduce waiting times.

Wider system impacts are as follows:

- The impact of EA contract on A&E activity in Harrogate Hospital was assessed at the outset of the contract and no significant difference was

identified. This analysis is now being repeated. No similar analysis has been undertaken at HRW or SR. However, since both these services are more focused on the delivery of routine rather than urgent primary care appointments, it would seem likely that impact on A&E has been minimal.

- The impact on mainstream GP practice services is difficult to assess, since demand for primary care is steadily rising. It is likely that the additional capacity has helped primary care to meet the rising demand, but no significant analysis has been undertaken.
- In all three CCGs, the collective delivery of Extended Access services has illustrated how new services can be delivered across practices. This is an important precedent ahead of the development of Primary Care Networks.
- For both HRW and HaRD localities, the award of a significant contract has been a major factor in strengthening the local GP Federations. In HaRD Yorkshire Health Network has been able to support the local development of Primary Care Networks. In HRW, Heartbeat Alliance is leading the development of local practice-based systems of structured education for patients with type 2 diabetes.
- EA services have been useful test-beds to demonstrate how demand in primary care can be met with new non-traditional roles. This approach will be further developed through Primary Care Networks as they begin implementation of the new national services in the Network Contract.

Table 1A

Extended access core requirements

	HaRD	HRW	SR
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	Yes - 1.5 hours on all evenings. A combination of book-in-advance and same-day appointments.	Yes – multiple hubs operating across all 3 localities throughout the week. Appointments are bookable from 6 weeks to 6.30 PM on the day itself, through the patient's GP practice. Appointments for same-day are not currently embargoed. Utilisation data suggests that currently patients can and do request same-day and are able to be accommodated.	Yes. Minimum 1.5 hours on weekday evenings. The service was not commissioned as same day service so appointments are not blocked out for 'urgent' purposes. However, appointments can be made 'same day' provided there is capacity in EA for that evening and the appointment is made in core hours.
Commission weekend provision of access to pre-bookable and same day appointments on both Saturdays and Sundays to meet local population needs.	Yes - Provision on Saturday morning and Sunday morning.	Yes - Saturday appointments available in all 3 localities. Sunday appointments from hub at Catterick Garrison (Harewood MC). Currently no mechanism for same-day booking at weekends, but it would be possible to incorporate this at the Harewood Hub.	Yes. Minimum 4 hours on a Saturday, 2 hours on a Sunday. Appointments to be booked in advance through GP practice, i.e. not "same day".
Provide robust evidence, based on utilisation rates, for the proposed disposition of services throughout the week. Appointments can be provided on a hub basis with practices working at scale.	Yes - Patient and staff survey pre-implementation. The model of provision has developed based on learning from patient feedback and utilisation by practice, e.g. reducing Sunday provision in Ripon.	Yes – monthly performance dashboard is provided showing utilisation rates by site. Evidence also exists from previous Prime Ministers Challenge Fund and GP Access Fund pilot work, written up in NHSE commissioned reports to support the disposition of services across the week and particularly Sundays. Multiple hubs model is an attempt to provide equity given dispersed communities across large geographical area.	Yes. Weekly appointments data is provided, which includes DNAs and overall utilisation of available appointments, but does not give detail of utilisation by specific consultation type

Commission a minimum additional 30 minutes consultation capacity per 1,000 population per week, rising to 45 minutes per 1,000 population.	Yes – currently providing 42 minutes per 1000 population, but only 27 minutes is during extended access period. For info, August 2019 averaged 89.75 hours pw – significantly above the minimum.	Yes – currently providing 31 minutes per 1000 population	Yes – currently providing 30 minutes per 1000 population
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 great demand.	No. The tool has never been made available. Apex Insights will be able to cover some if not all of this.	No - Efforts were made to establish reporting tool in practices in 2017, which were aborted due to national procurement and local practice systems issues. Locally, Heartbeat provides a comprehensive dashboard covering appointment activity. There have been discussions about setting up Apex Edenbridge on the Better Access unit (NHSE and eMBED).	No. The tool has never been made available. Apex Insights will be able to cover some if not all of this.
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: ○ 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.	Yes, with the exception that one practice is still not advertising on website. Issue picked up through contract meeting.	Yes - Widely advertised in practices using printed materials, including banner posters. Extensive advertising via practice websites and Heartbeat's use of social media, particularly Facebook. All practice staff are aware and the service has been incorporated in to active signposting training for practice staff.	Yes - All practices have reference on their website to EA. We have requested information be put up in every surgery waiting room, and in the UCCs at Malton and Scarborough hospitals.

Use of digital approaches to support new models of care in general practice.	No - Direct Booking and video consultations considered but barriers have meant lack of progress. It is an ambition.	No - this hasn't been a priority to-date. A proposal for a military veteran's remote consultation service is being reviewed currently.	No - Online Consultations has not yet been implemented in any but one of our practices. Telephone consultations are utilised as part of EA.
Issues of inequalities in patients' experience of accessing general practice identified by local evidence and actions to resolve in place.	Yes – service has done an equality impact assessment and patient survey.	Yes - Service is constantly reviewed and opportunities sought to include new practice areas where it is felt that there is demand and to offer a wide range of services to meet local need and specific demands of patient cohorts. Evidenced in range of services and personnel in the overall service.	Yes - A CCG provided patient survey has been implemented on 1 September and will run for 4 weeks. Results to be provided mid-October. A CCG patient survey was conducted across S&R prior to commissioning of EA service (November 2017) to inform the specification.
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.	Yes (in part) - Same day appointments available but links with other services (e.g. OOH) need to be strengthened.	Yes (in part) - The service has been developed in partnership with other providers, e.g. STHFT, which provides MSK practitioners. The Harewood hub is co-located with OOH service. It has always been the intention to enable OOH GPs to offer Better Access appointments for patients requiring follow-ups to their OOH appointment. There is currently no provision for NHS111 and OOH to directly book in. Development work can establish what might be offered to NHS 111, but this will be a challenge given the multi-site nature of the service and the large geography.	Yes (in part). The technology links effectively with GP practice systems. However, direct booking is not available on this footprint currently in relation to NHS111 or urgent care services.

Table 1B

Total number of extended hours provided by clinician type per day of the week for an average week

HaRD (76.5 hours), i.e. 28 minutes per 1,000 population.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
GP	4.5	2.5	3	4.5	3	8	4
ANP	0	1.5	1.5	0	0	4	0
Nurse	1.5	1.5	0	1.5	2	8.5	5.5
HCA	0	0	1.5	1.5	0	4	4
Phlebotomist	0	0	0	0	0	0	0
Pharmacist	0	1.5	1.5	1.5	0	4	0
Physiotherapist	1.25	1.5	1.25	0	0	0	0
Paramedic	0	0	0	0	0	0	0
Total (76.5 hours)	**7.25**	**8.5**	**8.75**	**9.0**	**5.0**	**24.5**	**13.5**

- Typical provision is just below the minimum requirement for Extended Hours at 28 minutes per 1000 population, which will require small adjustment to rotas by Yorkshire Health Network to ensure there is sufficient provision. However, the amounts also vary by month and during August provision averaged 89.75 hours per week – significantly above minimum.
- HaRD Extended Access service also typically provides additional activity during the in-hours period. This brings total provision up to c. 111 hours per week, equating to 42 minutes per 1000 population (i.e. an additional 15 minutes per 1,000 population during the in-hours period).

HRW (75 hours), i.e. equating to 31 minutes per 1,000 population.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
GP	3	3	3	3	1.5	7	3.5
ANP		3	3	3		3.5	
Nurse	1.5	1.5	1.5	1.5		3.5	3.5
HCA				1.5		7	
Phlebotomist							
Pharmacist						3.5	
Physiotherapist	1.5	1.5				10.5	
Paramedic							
Total (75 hours)	**6**	**9**	**7.5**	**9**	**1.5**	**35**	**7**

SR (61 hours in total), i.e. equating to 30 minutes per 1000 population

Scarborough service through Central Healthcare

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
GP		1.5			3	4.25	3
ANP		1.5	1.5	1.5			
Nurse	3		1.5	1.5		3	2.75
HCA	1.5	1.5	1.5	1.5	2	3.5	3.5
Phlebotomist							
Pharmacist							
Physiotherapist							
Paramedic							
Total (43 hours)	**4.5**	**4.5**	**4.5**	**4.5**	**5**	**10.75**	**9.25**

Ryedale service through Derwent practice

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
GP			1.5	1.5	1.5		
ANP							
Nurse	1.5			1.25		3.5	3
HCA		2.25				2	
Phlebotomist							
Pharmacist							
Physiotherapist							
Paramedic							
Total (18 hours)	**1.5**	**2.25**	**1.5**	**2.75**	**1.5**	**5.5**	**3**

Appendix 2

Detailed summary of current Extended Access arrangements by CCG:

Harrogate and Rural District CCG

- HaRD CCG had not been a recipient of the Prime Ministers Challenge Fund.
- HaRD CCG commissioned Yorkshire Health Network (YHN) to undertake an engagement exercise to plan the initial service delivery model
- The model was planned collaboratively with YHN, the CCG and NHS England to be flexible and adaptive in response to utilisation and staff / patient feedback
- Service delivery commenced in Dec 2017 through a pilot with YHN, initially lasting until March 2019. This was later extended by 12 months to continue for 2019/20
- As at June 2019, provision is delivered from 2 main hubs in primary care premises in Ripon and Harrogate, with more provision delivered in the Harrogate hub. In addition, appointments are delivered from rural GP practices in Nidderdale, Boroughbridge, Springbank and Masham to cater for patients living in rural areas
- The model has moved towards a greater skill-mix with the introduction of physios into primary care and promotes a different workforce model
- Delivery requirements are based on a weighted population of 148,500 patients, leading to a total of 74 hours per week of appointments.
- The service provides a regular contract management report and contract discussions occur with the provider at least quarterly.
- The main issues for the model have been equity of access between practices, patients being offered Extended Access appointments equally, same-day access and utilisation of certain types of appointments (particularly pharmacist appointments) and the use of locums in the service. GPs account for c. 40% of appointments.
- The use of locums is necessitated due to the cross-over of this service with 'general primary care', Extended Hours and GP OOH.
- The service is designed to include both routine care and also a considerable proportion of same-day urgent appointments. The service runs 4pm – 8pm Monday – Friday (therefore including in-hours appointments) and Saturday / Sunday mornings. Approximately 30-40%, of appointments is provided during the in-hours period.
- The service model cannot benefit from direct booking from NHS 111 due to a national issue; this has led to the introduction of walk-in appointments being made available to ensure same-day access for patients.
- Booking / access arrangements – The majority of appointments within the HaRD service are available at Mowbray Square, with fewer being available at North House Surgery and in the rural practices. Provision in the rural practices is over and above that provided as a part of Extended Hours, which practices directly provide themselves. Appointments are available on every day of the week, with Sundays only being provided at Mowbray Square, Harrogate. YHN have worked with clinical system providers to ensure that patients of any practice can be seen at Mowbray Square, Harrogate. This ensures 7 days a week access for all patients. The contract aims for the majority of patients to be able to access appointments within a half an hour drive, hence the provision from rural practices.
- In HaRD, the overall utilisation in May 2019 reached 93% with 82 DNAs throughout the month. Current utilisation rates compare favourably with the first 6 months, where utilisation rates were only 68.1%. The utilisation of pharmacists'

appointments has increased in recent months as the model has been embedded and staff become used to the various roles.

Hambleton, Richmondshire and Whitby CCG

- CCG were successful in a bid for Prime Minister's Challenge Fund money back in 2014 and received £4m
- Prior to the current model being implemented, HRWCCG conducted an engagement exercise across the localities to scope out the preferred service delivery model
- The model was planned collaboratively with Heartbeat Alliance (GP Federation) the CCG and NHS England to be flexible and adaptive in response to utilisation and staff / patient feedback
- The service is currently managed through an APMS contract.
- Contract performance information is provided on a monthly basis, but no formal contract management meetings are currently taking place.
- Service delivery commenced in Sept 2015 with a 3 year contract. The contract was extended for 6 months from Sept 2018 – March 2019, at which stage a full procurement exercise took place. No bids were received and following procurement advice, a further 12 month extension was granted which will take the service through to end March 2020.
- As at June 2019, provision is delivered from 8 primary care facilities across the CCG footprint, ensuring that no patients are compromised due to living in a rural setting.
- The model has progressed to include a greater skill mix included GPs, HCAs, Practice Nurses, Nurse Practitioners, Pharmacists and First Contact Physiotherapists. GPs account for c. 30% of appointments.
- The main focus of the service concerns enabling patients to book routine appointments in primary care during the extended access period, rather than focusing on urgent appointments / same day-booking. The totality of appointments is provided in the extended hours period.
- The service model currently doesn't benefit from direct booking from NHS 111.
- Booking / access arrangements - Appointments are available at all sites although access to different elements of skill mix are not the same. All sites are available Monday to Saturday with only Harewood Medical Practice being accessible on a Sunday. Work with system suppliers has enabled access to patient records even when patients are not attending their registered practice to be seen.
- In HRW, there has been a steady utilisation rate of 82-85% over the last 18 month period. Uptake for different staff groups varies from clinical pharmacist (71%) and practice nurse (76%), to GP (92%) and physiotherapist (93%).

Scarborough & Ryedale CCG

- SR CCG had not been a recipient of the Prime Ministers Challenge Fund.
- SR CCG conducted a public engagement survey prior to the commissioning of this service to establish patient needs, and help shape the specification
- Specification written locally in accordance with 7 core principles of Extended Access mandated by NHS, and with feedback from patient survey
- In June 2018, two General Practice providers were awarded APMS contracts via direct award to commence 1 October 2018. There was no challenge to this direct award, although the CCG had sought procurement advice and held informal conversations with other potential providers in the area

- Both providers had to complete assurance documentation on their ability to provide their service, and submit a financial model to accompany this.
- Total funded (weighted) population = 123,952 meaning requirement to provide **3720 minutes per week across S&R** on a capitated basis.
- Notional hubs in both Scarborough and Ryedale deliver a daily service on a rotational site basis. Split of capacity:
    - Scarborough hub (Central Healthcare plus 8 practices) – 2820 minutes per week
    - Ryedale hub (Derwent practice plus 2 practice) – 900 minutes per week
- The model is predominantly delivered through GP and nursing roles. GPs account for c. 25% of appointments, with the remainder provided by nurse practitioners, practice nurses, and healthcare assistants. It has proved difficult to recruit other roles like clinical pharmacists and physiotherapists.
- The main focus of the service concerns enabling patients to book routine appointments in primary care during the extended access period, rather than focusing on urgent appointments / same day-booking. The totality of appointments is provided in the extended hours period.
- No current direct integration or booking with NHS 111
- There is also an objective to improve health, with an increase in health checks being observed.
- A satisfaction survey has commenced in September 2019 for one month for all patients to evaluate patient experience with results expected in October.
- Each provider is contract managed on a monthly and quarterly basis, with weekly reporting on utilisation coming to the CCG.
- Booking / access arrangements:
    - Rydale hub - Each practice provides additional capacity proportionate to their size in terms of the overall hub size. All practices on TPP Systm1 clinical system, and use ‘remote booking’ to share patient record data. Each practice essentially sees its own patients, at its own sites, with its own clinicians. Each practice can book into the others EA rotas, with reserved slots held for each until the day prior, then released back to the host practice if not taken up. In instances of cross practice bookings, all referrals, lab tests and follow up care is tasked back to the registered GP from the EA host. This model appears to work well, because there are very few instances of cross practice booking.
    - Scarborough hub - 8 practices provides additional capacity proportionate to their size in terms of the overall hub size, 1 does not provide any EA services. 8 practices on TPP Systm1 clinical system, and use ‘remote booking’ to share patient record data. 1 practice is on EMIS, and do not provide EA for their patients. There is currently no interoperability clinical system solution in place. A workaround process has been put in place to enable EMIS patients to be seen in TPP practices, but this is not particularly robust or well utilised. Each practice can book into the others EA rotas, with reserved slots held for each until the day prior, then released back to the host practice if not taken up. In instances of cross practice bookings, all referrals, lab tests, prescribing and follow up care is dealt with in the EA hubs, and outcomes of each are configured to be sent back automatically to the registered GP.
- In SR, utilisation over the contract lifetime has been 84.6% (excluding DNAs) or 79.6% (including DNAs). Recent data (Q1 2019/20) has shown a slight dip in performance to 79.0% (excluding DNAs) or 72% (including DNAs).

Appendix 3

Summary of development issues

General issues:

These apply across all the three NY CCGs and will need to be built into the SDIP for any extended or new contract.

Continuing to deliver services through new clinical roles

A greater range of staff roles can be incorporated into the model as part of improving its overall resilience. This may be a particular challenge in SR, given difficulties in recruitment, but may also help make provision there more robust and hence enable the SR contract to continue for another 12 months.

Sharing learning across PCNs

As the North Yorkshire CCGs work increasingly together, there is an opportunity to for the emerging PCNs to build more similar models that reflect both local need and the emerging findings of the national review.

Links to NHS111 and GP Out-of-Hours (OOH) services

Greater integration with GP OOH could deliver time efficiencies for practices, support GP retention and deliver some cost savings in relation to GP OOH. The model may support the Extended Access service delivery model to not rely heavily on locum GPs and would allow a more flexible working day within routine general practice.

The main difficulty concerns technological links between NHS111, the GP OOH provider, and the Extended Access provider. NHS111 needs to be able to book urgent GP appointments into both GP OOH and Extended Access. The best way to do this would be for NHS111 to be able to forward suitable referrals for triage to GP OOH. The triaging GP could then book suitable patients directly into Extended Access slots if available. At the moment, the GP OOH service can neither see what Extended Access appointments are available, nor book into free slots.

The recommendation is to continue to commission GP OOH and Extended Access as two separate services while exploring the technological links necessary to allow integration in the future. Greater urgent care inclusion within Extended Access services locally will also be informed by the results of the national review.

Improving utilisation rates

While GP appointments are generally well-utilised, appointments with nurses and clinical pharmacists are less well-used. Given that GP practices are under significant pressure from patient demand, further work needs to be undertaken with Extended Access providers and practices to improve utilisation rates through better signposting to Extended Access, potentially through receptionist training in care navigation. Inclusion of video consultations may also be aware of improving and broadening utilisation.

Increasing capacity

As utilisation improves, services should keep building capacity towards the aspiration of 45 minutes per 1000 population, where this hasn’t yet been achieved. This will depend upon the type and costs of the different clinical roles providing services. Longer clinical sessions, covering both the in-hours and extended hours period, would be more effective for clinicians delivering the service and also ensures that more capacity is available at the peak late afternoon time.

Contract management

Each CCG should ensure that appropriate arrangements are in place to formally review performance with providers, at least on a quarterly basis, using a common agenda and approach.

CCG-specific development issues:

HaRD area development issues for 2020/21:

- Physiotherapy – the physio element of Extended Access needs to be aligned with the FCP model and the rest of the MSK pathway
- Hours – ensure the minimum number of contracted hours continue to be delivered consistently
- PCN – work with PCNs to ensure a smooth transition into April 2021
- Same day provision at weekends – process for booking appointments on a Saturday and Sunday (currently there are walk-ins available, but NHS 111 booking is the way to enable booking on a weekend)
- Advertising – to be included on every website
- Access for all patients – appointments to be available at every site for every patient

HRW area development issues for 2020/21:

- Establish quarterly contract management meetings
- Agree and extend bank holiday provision
- Support PCNs to work with Heartbeat Alliance to create a more integrated approach to service provision
- Increase total provision through additional capacity in the late afternoon in-hours period to achieve improved value for money and create a more attractive working model to engage providers
- Continue to develop additional clinical roles, particularly extending first contact physiotherapist provision

SR area development issues for 2020/21:

- One practice will transfer from Scarborough hub to Ryedale hub to reflect PCN configuration. This would happen on 1 April 2020 so would mean contract variation as part of contract extension.
- Implementation of ‘in hours’ capacity in order to improve utilisation rates and provide a model which suits both patients and the available workforce
- Full coverage of all practices (currently our single EMIS practice’s patients do not get the full benefit – this will be helped when they move to Systm1 in November)
- Ability to book available extended hours appointments within the EA period (currently if appointments are not booked by 6.30pm they cannot be booked)
- Implementation of other clinical skills and roles; e.g. physiotherapist or Mental health workers

Appendix 4

Development time-line

Continuation / Development of existing EA contracts up until end March 2021	**Timescale**	**Lead**
Advise existing providers that the emerging direction of travel will be to extend existing contracts until end March 2021	End September 2019	CCGs
Clarify any outstanding local issues affecting contract performance and delivery in each CCG area, e.g. volume, timing, and locations of provision; contribution to urgent care, including same-day appointments and bank holiday provision	End September 2019	CCGs
Sign-off approach to contract extensions and identified development requirements through Joint Finance, Performance and Commissioning Committee	End October 2019	CCGs
Formally confirm to existing providers: the CCG's contract intentions for 2020/21, the process by which contracts will be extended, and any key expected areas of service development	End October 2019	CCGs
Review emerging findings from national review of Extended Access (EA) and assess whether there are any immediate impacts on local requirements	End November 2019	CCGs EA providers
Ensure that existing EA providers have put sufficient capacity in place to help the system respond to winter pressures	End November 2019	CCGs EA providers
Engagement to review identified development areas and agree a local Service Development and Improvement Plan (SDIP) for 2020/21 in response to both national and local issues	End December 2019	CCGs EA providers PCNs
Issue appropriate contract documentation in each CCG area by each commissioning CCG for 1 April 2020 contract start, including agreed SDIP	End January 2020	CCGs
Contracts for 2020/21 signed by EA providers and returned to CCGs	End February 2020	EA providers
Updated contracts for EA for 2020/21 go live	From 1 April 2020	EA providers
2020/21 SDIP objectives delivered in line with agreed milestones	From April 2020 onwards	EA providers working with PCNs
Work with GP Out-of-Hours providers and Extended Access providers to ensure that EA appointment availability can be viewed by triaging OOH GPs and patients booked into the service if appropriate	April to September 2020	CCGs, OOH and EA providers
Establishment of new EA contracts to commence from April 2021		
Evaluate final recommendations of the national review (which brings together extended access and extended hours) and undertake local engagement to identify preferred delivery model for 2021/22 by PCNs	January to March 2020	PCNs EA providers NY CCG
Finalise preferred service model for 2021/22 and identify contract processes needed to establish the new service	April to June 2020	CCG PCNs
Establish / procure / design new service to commence from 1 April 2022	July to September 2020	CCG PCNs
Confirm service provider for new EA contract	October to December 2020	CCG PCNs
New EA service model / provider goes live	From 1 April 2021	EA provider PCNs