

To all practices in Surrey and Sussex LMCs

16th July 2020

Dear Colleagues

LMC Update: Extended Hours

I am writing to update all practices with the LMC's advice in terms of delivering Extended Hours appointments.

The contractual position is that Extended Hours Access is a component of the PCN DES, and as an Appendix to this letter I enclose the 2020/21 specification under which Extended Hours appointments are delivered. Last year (2019/20) this was the only PCN DES specification. Unlike some aspects of the PCN DES, delivery of the Extended Hours specification was not deferred or suspended by NHS England in the light of the Covid19 pandemic, but locally, in the light of the impact of the pandemic on practices capacity, the LMC agreed with all CCGs that Extended Hours appointments should be offered only if the practice had the administrative and clinical capacity to do so. Effectively almost all practices did not, but the Extended Hours specification has not been suspended and **therefore there is no formal recommencement date.**

In the light of NHS England having moved to Phase 2 of the Covid19 Incident, and the more recent NHS England update for General Practice giving details of the reinstatement of various contractual requirements that were suspended, it is now likely that CCGs as commissioners, although aware of the continuing challenges GP practices are facing, would be expecting a recommencement of the Extended Hours appointments, and the LMC recommends that practices now start to plan for this.

As will be seen in the attached Appendix, the Extended Hours specification gives considerable flexibility in terms of delivering Extended Hours appointments and as a result of the Covid19 incident the LMC recommends that instead of automatically restoring what occurred previously, the PCN reviews this service delivery to ensure it is tailored to changing circumstances. Patients need to be advised of any changes in Extended Hours delivery.

The LMC therefore notes (all references are to sections of the Extended Hours specification):

- Under 7.1.5 all member practices in the PCN engage in planning the delivery of Extended Hours Access, although there is no requirement for any individual practice or clinician to do so. Collectively however the PCN member practices must agree the delivery of the service as described in detail in 7.1.3

Local Medical Committees for
Croydon, Kingston & Richmond, Surrey,
East Sussex and West Sussex

The White House T: 01372 389270
18 Church Road F: 01372 389271
Leatherhead
Surrey KT22 8BB www.sslmcs.co.uk

- 7.1.3 describes the service parameters in detail and practices should note:
 - ~ Extended Hours appointments can be for emergency, same day, or pre-booked appointments (7.1.3(b))
 - ~ They should be with “a healthcare professional” (7.1.3(c))
 - ~ They must be provided in minimum blocks of at least 30 minutes (7.1.3(h)) but there is no reference to the length of each individual appointment time
 - ~ They need to be provided consistently, that is, at the same days and times of the week (7.1.3(i))
 - ~ They can be provided as face to face appointments, by video, by telephone, or by on-line consultation; however, “a reasonable number” of face to face consultations must be available, “where appropriate” (7.1.3(j))

Colleagues will note that the number of hours in which Extended Hours appointments must be offered is based on the PCN’s registered population, under the formula -

30 minutes per 1000 registered patients (as of 1st January 2020) rounding up or down to the nearest quarter hour (7.1.3(g))

and the availability of such appointments, and any changes, need to be publicised to patients (7.1.6) and (7.1.9) respectively. There are also sections within the specification whose aim is to ensure these appointments are outside core contact hours (7.1.3(d)), that sickness and holiday arrangements are covered by the PCN (7.1.3(i)) and that no PCN member practice is closed for a half-day without prior written CCG approval (7.1.11)

Although this is unlikely to be an issue in terms of delivering Extended Hours, colleagues should note that the LMC and GPC do not accept NHS England’s interpretation of “reasonable needs” mentioned in 7.1.11 (b) and Footnote 4. NHS England and CCGs are aware of this impasse but colleagues should not accept any reference to “reasonable needs” if this is passed to them from their CCG and should contact the LMC if this occurs

The LMC therefore suggests that, after the hiatus of the Covid19 pandemic, all PCNs’ member practices: -

- collectively review the previous arrangements that applied to delivering Extended Hours Access
- consider whether changes are appropriate, particularly bearing in mind 7.1.3 (j)
- if changes are made, amend the PCN Network Agreement to reflect these (7.1.4)
- publicise to patients the resumption of such appointments and details of how these can be accessed (7.1.6).

Commissioners (CCG) are entitled to ensure PCNs are delivering this section of the PCN DES specification in line with the requirements described in the Appendix in this letter.

I hope this background is helpful; please contact the LMC with any queries.

With best wishes



Dr Julius Parker
Chief Executive

APPENDIX

1. Extended Hours Access

7.1.1. A PCN must provide extended hours access in the form of additional clinical appointments in accordance with this Network Contract DES Specification regardless of whether any practices within the PCN are providing any CCG commissioned extended access services in 2020/21 (which are referred to in this Network Contract DES Specification as "**CCG Extended Access Services**").

7.1.2. Where a commissioner is not satisfied that a PCN is delivering extended hours access in accordance with the requirements of this Network Contract DES specification then the commissioner may take action as set out in section 8. If a commissioner determines to withhold payment^[1], the amount withheld will be an appropriate proportion of the extended hours access payment and the Core PCN funding payment.

7.1.3. To provide extended hours access, a PCN must provide additional clinical appointments that satisfy all the requirements set out below: a. are available to all registered patients within the PCN:

- b. may be for emergency, same day or pre-booked appointments;
- c. are with a healthcare professional or another person employed or engaged by the PCN to assist that healthcare professional in the provision of health services;
- d. are held at times outside of the hours that the PCN Core Network Practices' primary medical services contracts^[2] require appointments to be provided otherwise than under the Network Contract DES. For the avoidance of doubt, if a Core Network Practice was required under a General Medical Services ("**GMS**") contract to provide core services at its premises until 6:30pm, the additional clinical appointments under this Extended Hours Access requirement could be

^[1] Payment withheld in this context would be an appropriate proportion of the payments in relation to both extended hours access and Core PCN funding payments.

^[2] For practices with PMS and APMS arrangements, the additional clinical appointments provided in accordance with this Extended Hours Access requirement do not apply to any hours covered by core

provided after 6:30pm. If, however, another Core Network Practice in the PCN provided core services at its premises until 8pm, then:

- i. any additional clinical appointments provided after 6:30pm but before 8pm must not be provided at the later closing practice's premises (as these would not be additional hours appointments) but could be provided at the other practice's premises; and
 - ii. a proportion of the additional clinical appointments must be provided after 8pm;
- e. are demonstrably in addition to any appointments provided by the PCN's practices under the CCG Extended Access Services;
- f. are held at times having taken into account the PCN's patient's expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement;
- g. equate to a minimum of 30 minutes per 1,000 registered patients per week, calculated using the following formula:

$$\text{additional minutes}^* = \frac{\text{the PCN list size}^{**}}{1000} \times 30$$

*convert to hours and minutes and round, either up or down, to the nearest quarter hour

**this is the total number of person on the lists of patients of all Core Network Practices of the PCN as at 1 January 2020

- h. are provided in continuous periods of at least 30 minutes;
 - i. are provided on the same days and times each week with sickness and leave of those who usually provide such appointments covered by the PCN; and
 - j. may be provided face to face, by telephone, by video or by online consultation provided that the PCN ensures a reasonable number of

hours set out in the practice's primary medical services contracts. A PCN will be required to take consideration of this when agreeing the Extended Hours Access offer to the PCN Contractor

Registered Population. For practices with GMS arrangements, core hours are from 08:00 to 18:30. appointments are available for face-to-face consultations where appropriate.

- 7.1.4. A PCN must set out how the extended hours access appointments will be delivered in the Network Agreement.
- 7.1.5. A PCN must ensure that all practices in the PCN member actively engage in planning of the provision of the extended hours access requirements and acknowledges that nothing in this Network Contract DES Specification require an individual clinician or practice within

the PCN to deliver a particular share of the appointments. The exact number of extended hours access appointments delivered from each member practice premises will be for the PCN to determine subject to complying with the minimum additional minutes set out in section 7.1.3.g.

- 7.1.6. A PCN's Core Network Practices must ensure that their registered patients are aware of the availability of extended hours access appointments, including any change to published availability, through promotion and publication of the days and times of these appointment through multiple routes. This may include the NHS Choices website, the practice leaflet, the practice website, on a waiting room poster, by writing to patients and active offers by staff booking appointments.
- 7.1.7. Where a PCN cancels any extended hours access appointments or where appointments cannot be offered on the usual days and times (for example, but not limited to, due to a bank holiday falling on the usual day), the PCN must make up the cancelled time by offering additional appointments within a two week period. For the avoidance of doubt, any rescheduled appointments offered in a subsequent week are in addition to the minimum minutes that must be offered for that week as set out in section 7.1.3.g. The PCN must ensure that all patients within the PCN are notified of the cancelled and rescheduled appointments.
- 7.1.8. A commissioner must publicise information to help patients to identify which practices are offering appointments at given times.
- 7.1.9. Core Network Practices of a PCN must inform patients of any changes to the days and time at which extended hours access appointments are offered, providing reasonable notice to patients.
- 7.1.10. If any Core Network Practice of a PCN is providing out of hours services to its own list of patients, the PCN must, as part of the Extended Hours Access service provision offer routine extended hours access appointments in addition to the out of hours service.
- 7.1.11. A PCN must ensure that:
 - a. no Core Network Practice of the PCN will be closed for half a day on a weekly basis, except where a Core Network Practice has prior written approval from the commissioner; and
 - b. the PCN's Patients are able to access essential services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor.
- 7.1.12. For the avoidance of doubt, unless a practice has prior written approval from the commissioner, all PCN Core Network Practices will not close for half a day on a weekly basis.
- 7.1.13. The term "prior written approval" in section 7.1.11.a means an explicit agreement between the practice and the commissioner that specifically includes written approval to close for half a day on a weekly basis for the purposes of the Network Contract DES Specification. The agreement must take the form of either:
 - a. a new agreement which expressly states that:

- i. it is pursuant to the Network Contract DES Specification; and ii. it will expire no later than 31 March 2021; or
- b. an existing agreement with the commissioner to close for half a day on a weekly basis, which, instead of referring to the Network Contract DES, explicitly references the GP Extended Hours Access Scheme Directed Enhanced Service which came to an end on 30 June 2019. For the purposes of the Network Contract DES, existing agreements will be considered to expire no later than 31 March 2021.

7.1.14. Where a Core Network Practice does not have prior written approval to close for half a day on a weekly basis, a Core Network Practice that previously closed for half a day on a weekly basis will need to either:

- a. be open for that half a day in the same way that it is open on other days of the week, or
- b. have in place appropriate sub-contracting arrangements for the time the practice is closed - in line with Schedule 3, Part 5 para 44 (10) and (11) of the GMS Regulations⁴² or Schedule 2, Part 5 para 43 (5) and (6) of the PMS Regulations^[3], as applicable - so that patients continue to have access to essential services which meet their reasonable^[4] needs during core hours.

^[3] National Health Service (Personal Medical Services Agreements) Regulations 2015

^[4] NHS England's guidance is that it includes for example: the ability to book and cancel appointments, collect prescriptions, access urgent appointments/advice as clinically necessary, the ability to attend a pre-bookable appointment.