

All practices Surrey and Sussex LMCs

27th June 2019

Dear Colleagues

Delivery of the Extended Hours Access requirements of the PCN DES

The LMC has received and responded to numerous queries in relation to the delivery of the Extended Hours elements of the PCN DES; I hope by collating these and referencing the contractual position this will be helpful to all PCNs.

As background, the current Extended Hours DES specification has essentially been subsumed unchanged into the PCN DES; for NHS England, this achieves their aim of 100% population access to this service. As a quid pro quo, a proportion of the DES payment (45p of the £1.90) has been permanently transferred into Global Sum [Global Sum Equivalent for PMS contractors] leaving £1.45 to support the PCN-wide delivery of Extended Hours. It will be self-evident (see below) this does not pay for an entirely GP-led service, nor only a face-to-face service, but neither of these are requirements of the Extended Hours Specification.

The PCN DES commences on 1st July 2019; prior to that practices who have continued to deliver the Extended Hours DES for Q1 2019/20 have been paid at the £1.90 rate.

The detailed specification is described in Section 4.6 of the PCN DES (entitled 'Extended Hours Access') and this is included as Appendix A of this letter.

The following expands and comments on each part of Section 4.6.

4.6.1 Delivery of the Extended Hours Access is an integral component of the PCN DES and the one cannot be engaged in, by practices, without the other. They are not optional alternatives

4.6.2 The requirement is to provide:

- Additional clinical appointments outside contract core hours [which are 8.00a.m – 6.30p.m all weekdays except Bank Holidays]. By additional colleagues should not simply move a current in-hours commitment to an out-of-core hours' time period. Many practices are however already providing services to patients [such as telephone calls] outside core hours, which is a point to consider.

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- These appointments should, in aggregate, be available to all registered patients within the PCN, but individual practices can continue to simply deliver their own Extended Hours services as they do now. If there are practices within a PCN who do not currently deliver Extended Hours, there are several options (see below)
- The distribution of Extended Hours appointments should take into account patient preferences, available at practice or PCN level, if such information is available. At the current time there is likely to be little or no 'PCN level' information available, but many practices have, for example, sought PPG views. There may be other considerations to take into account, however, such as the availability of suitable clinicians.
- The additional period equates to a minimum of 30 minutes per 1000 registered patients per week:

$$\text{Additional minutes} = \text{PCN aggregate population} \div 1000 \times 30$$

Where: PCN population is that on 1.1.19

Minutes are rounded up or down to the nearest quarter of an hour.

Thus, for a PCN of 40000 patients this equates to a minimum of 20 hours per week. The LMC is unaware of any practices or PCNs planning to offer more than the minimum period of time required

- Each 'block' of Extended Hours appointments must be for a minimum of 30 continuous minutes, on a regular basis each week, with provision being made for sickness or leave absence.
- The PCN can determine the nature of these appointments based on guidance that "a reasonable number of these appointments [are] face to face, with the rest by telephone, video, on-line consultations or a mixture of these methods." This gives the PCN, and the constituent practices within it, considerable individual flexibility.
- Delivery of Extended Hours appointments can be subcontracted by the PCN to another organisation entirely or in part, via a subcontracting arrangement, but the latter will need to be approved by the CCG.

4.6.3 The delivery of the Extended Hours appointments are a matter for the PCN to collectively determine and all member practices should engage in this: there is however no request for any individual PCN member practice [or practice clinician] to deliver the services, the requirement relates to the aggregate required period being offered to the PCN population as a whole.

It may be individual practices will find it easiest to deliver their [that is, their capitation proportion] of the PCNs total requirement, especially initially and in the absence of the provided national PCN data-sharing agreement. However, the exact way the service is delivered is a matter for the PCN. The funding should be allocated on a proportionate basis to those delivering the service.

4.6.4 Any healthcare professional or others working under supervision in the PCN, may offer appointments, but a proportion must be offered by registered healthcare professionals.

4.6.5/6 PCN member practices should publicise the availability, times, and location(s) of Extended Hours appointments, including giving reasonable notice of any changes via multiple routes including, as examples, NHS Choices, practice leaflet, practice website, waiting room poster, and verbally by staff.

In addition, in normal circumstances, Extended Hours appointments that need to be changed, for example, because they fall on Bank Holidays, should be re-offered within a two-week period from the original appointment, with notification about this change being provided in advance

Colleagues should note however that in recent years the LMC has negotiated longer adjustments during the Christmas/New Year period.

4.6.8 As (see 4.6.1) the delivery of the Extended Hours service is integral to the PCN DES, the same position in relation to closure on a half-day on a weekly basis also applies; that is, unless a GP practice has written prior approval from their CCG, no PCN member practice should close for half-a-day on a weekly basis.

The LMC realises this may be both unexpected and unwelcome news for some practices: I would suggest any practice anticipating difficulties with this scenario contacts both their CCG and the LMC.

Colleagues should note that there is no explicit definition of an appointment time period to be offered in the current specification; in past iterations of the Extended Hours DES the expectation was of four patient appointments per hourly period. If this is seen as clinically appropriate, the LMC suggests this should continue, noting (4.6.2) there is no expectation that all appointments will be face-to-face.

As described in the 2019/20 GP Contract guidance (section 5.21) the intention by 2021 is that funding for the Extended Hours Access DES, and the CCG commissioned Increased Access service [funded at £6 per head] should be combined and be an integral part of the PCN DES. At that point it may be considered the eighth PCN DES National service specification. PCNs will doubtless wish to ensure, as with the Extended Hours Access DES, a service is provided commensurate with the resources being invested.

At the time of writing the promised national Data-Sharing Agreement within PCNs for member practices is not available: this was designed to support the delivery of Extended Hours services across PCNs, although if no data sharing is required, because GP member practices are individually delivering Extended Hours services to their registered patients, then CCGs will not need additional confirmation.

If intended arrangements after 1st July involve practices delivering Extended Hours services to patients registered at other practices, the PCN Clinical Director should contact the CCG and seek advice; in other areas of the GP Contract, delivery of services contingent on the appropriate IT functionality being available, which in this case it may not be.

I hope this background is helpful, but if it does not address any operational (or philosophical) queries colleagues may have please contact the LMC

With best wishes

A handwritten signature in black ink, consisting of a stylized 'JP' followed by a long horizontal line extending to the right.

Dr Julius Parker
Chief Executive