4.6 Extended Hours Access

4.6.1 Provision of extended hours access appointments is a requirement of the Network Contract DES from 1 July 2019. This is separate from the CCG commissioned extended access services in 2019/20. 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 it may withhold payment[[1]](#footnote-1)[1] as set out in Annex B to this Network Contact DES specification.

4.6.2 PCNs will be required to provide:

1. additional clinical sessions[[2]](#footnote-2)[2] (routine appointments including emergency or same day appointments), outside of PCN member practices core[[3]](#footnote-3)[3] contracted hours, to all registered patients within the PCN;
2. extended hours access appointments in opening hours which are held at times that takes into account patient’s expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement;
3. an additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week, calculated using the following formula:

 additional minutes\* = a network’s aggregate CRP\*\* ÷ 1000 × 30

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

\*\*contractor registered population (CRP) will be determined at 1 January 2019.

(for a PCN with 50,000 registered patients this equates to a minimum of

25 hours per week);

1. extended hours access appointments by the PCN’s member practices, or subcontracted appropriately, in continuous periods of at least 30 minutes on a regular basis in full each week, including providing sickness and leave cover; and
2. a reasonable number of these appointments face-to-face, with the rest provided by telephone, video or online consultations or a mixture of these methods.

4.6.3 PCNs will determine how the extended hours access appointments will be delivered as part of the Network Agreement. All PCN member practices will be expected to actively engage in planning of the service. The exact number of extended hours access appointments delivered from each member GP practice premises will be for the PCN to determine subject to complying with the minimum additional minutes set out in paragraph 4.6.2 above. Not every individual clinician or practice will be required to deliver a particular share of these appointments.

4.6.4 Extended hours access appointments may be offered with any healthcare professional or others working under supervision in the PCN[[4]](#footnote-4)[4].

4.6.5 PCN member practices must ensure that 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, in the practice leaflet, the practice website, on a waiting room poster, by writing to patients and active offers by staff booking appointments. Any cancellation of extended hours access appointments, including arrangements for re-provision (e.g. bank holidays) should be re-offered within a two-week period around the original appointments and all patients within the PCN must be notified. Commissioners will also consider how best to communicate extended hours access to their local populations by publicising information to help patients to identify which practices are offering appointments at given times.

4.6.6 PCN member practices will be required to inform patients of any changes to the pattern of extended hours access appointments, providing reasonable notice to patients.

4.6.7 If any PCN member practice is providing out of hours services to their own registered patients, they must offer routine extended hours access appointments in addition to the out of hours service.

4.6.8 Unless a GP practice has prior written approval from the commissioner, no PCN member GP practice will be closed for half a day on a weekly basis and all patients must be able to access essential services, which meet the reasonable needs of patients during core hours, from their own practice or from any sub-contractor. This means that unless a GP practice has prior written approval from the commissioner, all PCN GP member practices will not close for half a day on a weekly basis.

1. [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.   [↑](#footnote-ref-1)
2. [2] All appointments provided under the DES must be demonstrably in addition to appointments commissioned under the improving access arrangements. [↑](#footnote-ref-2)
3. [3] For PMS and APMS contractors within the PCN, extended access hours do not apply to any hours covered by core hours set out in their contracts. PCNs will be required to take consideration of this when agreeing the extended hours access offer to their registered patients. For GMS practices core hours are from 08:00 to 18:30.   [↑](#footnote-ref-3)
4. [4] With regard to sessions provided by healthcare assistants: “the arrangements must include the provision of a specified number of clinical sessions, provided by a registered health care professional or by another person employed or engaged by the contractor to assist that health care professional in the provision of primary medical services under the contract”. [↑](#footnote-ref-4)