

<b>NHS North Cumbria CCG Primary Care Commissioning Committee</b>	<b>Agenda Item</b>  <b>6</b>
<b>2 May 2018</b>	

### Extended Access

<b>Purpose of the Report</b>								
<p>To inform the Committee as to the CCG requirement to commission extended access to Primary Care (General Practice) services across North Cumbria by 1st October, 2018 and to ask for its approval for the process being undertaken to ensure this deadline is achieved.</p>								
<b>Outcome Required:</b>	Approve	X	Ratify		For Discussion	X	For Information	X
<p><b>Assurance Framework Reference:</b></p> <p><b>1, Better Health</b> – There is a need to ensure that Cumbria’s children &amp; young people (including children looked after are kept safe and transition into health adulthood.</p> <p><b>2, Better Care</b> – Commission services that ensure the delivery of high quality and safe care patients.</p> <p><b>3, Sustainability</b> – Commission services that ensure the delivery of high quality and safe care for patients in a manner that is sustainable for the whole health economy.</p> <p><b>4, Leadership</b> - The CCG needs to develop and implement robust governance and management arrangements to operate in a safe and sound manner.</p>								

<b>Recommendation(s):</b>
<p>The Committee is asked to discuss the content of the report and to approve the approach being adopted to ensure that extended access to Primary Care (General Practice) services is available to the population of North Cumbria by 1 October 2018.</p>

<b>Executive Summary:</b>
<p><b>Key Issues:</b></p> <ul style="list-style-type: none"> <li>- This is a requirement for the CCG to commission.</li> <li>- The service model needs to meet patient needs and be a clearly understood service.</li> <li>- The service needs to work as part of a wider health care system.</li> <li>- Every effort needs to be taken to implement extended access in a way that strengthens local services and supports the development of Integrated Care Communities (ICCs).</li> </ul>

<p><b>Key Risks:</b></p> <ul style="list-style-type: none"> <li>- Local providers of primary care are under significant pressure and recruitment is a serious concern.</li> <li>- Implementation may be complex both in relation to the service provision and also the impact on other local services.</li> <li>- The already scarce GP resource is spread too thinly making the system ever more fragile.</li> <li>- Avoiding confusion amongst the patient population and ensuring patients access the appropriate service.</li> <li>- Ensuring equity of access across the population.</li> </ul> <p><b>Implications / Actions for Public and Patient Engagement:</b></p> <ul style="list-style-type: none"> <li>- Engagement will be required and is planned during both the service design and the implementation and evaluation of the new service.</li> <li>- The CCG recognises the issue of equity of access and will ensure this is addressed in the equity impact assessment.</li> </ul> <p><b>Financial Impact on the CCG:</b></p> <ul style="list-style-type: none"> <li>- The CCG receives national funding for the service. The non-recurrent funding is confirmed until the end of 2019/20.</li> </ul>
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<b>Strategic Objective(s) supported by this paper:</b>	<b>Please select (X)</b>
Support continuous quality improvement within existing services including General Practice	
Commission a range of health services, including an increasing range of integrated services, appropriate to our population's needs	x
Develop our system leadership role (in the context of an integrated health and care system) and our effectiveness as a partner	
Continuously improve our organisation and support our staff to excel	

<b>Impact assessment:</b> (Including Health, Equality, Diversity and Human Rights)	To be undertaken as part of the commissioning process.
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<b>Conflicts of Interest</b> Describe any possible Conflicts of interest associated with this paper, and how they will be managed	The service will be procured by the CCG using a process that manages conflicts of interest.
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<b>Lead Director</b>	Caroline Rea
<b>Presented By</b>	Caroline Rea
<b>Contact Details</b>	<a href="mailto:caroline.rea@northcumbriaccg.nhs.uk">caroline.rea@northcumbriaccg.nhs.uk</a>
<b>Date Report Written</b>	24 April 2018

## **1. Introduction**

The CCG is required to commission extended access to Primary Care (GP services) from 1 October 2018 as per the briefing provided to the Committee on 8 March 2018.

The purpose of this report is to seek approval from the Committee as to the process being followed to procure these services.

The existing Out of Hours Service (OOH) will remain unaffected by this new service which is an addition to existing primary care services. The existing OOH service provides urgent rather than pre bookable appointments.

## **2. Funding**

In 2018/19 the CCG will receive £203,190 relating to extended access services provided by Workington Healthcare. This funding was calculated at £6 per head based on a weighted population of 33,865. A service was established in Workington as part of the “Prime Minister’s Challenge Fund” and agreement has been reached with NHS England that the service meets the national requirements.

In addition the CCG has received funding of £959,723 to introduce extended access across the remainder of the North Cumbria population from 1 October 2018. This funding was calculated at £3.34 per head based on a weighted population of 287,342. The CCG proposes to use £3 per head (equivalent to £6 per head full year effect, with a total value of £862,026) to commission services for the remaining North Cumbria population from 1 October.

The remaining funding of £0.34 per head will be set aside to support implementation and mobilisation costs.

## **3. What is the CCG Required to Commission**

In relation to timing the CCG is required to commission weekday provision of access to pre bookable and same day appointments to general practice services in evenings (6:30pm to 8:00pm). The requirement is to ensure general practice services provide an additional 1.5 hours every evening. The CCG is also required to commission weekend provision of access to pre bookable and same day appointments on both Saturdays and Sundays to meet local population needs.

In relation to capacity the CCG is required to commission a minimum additional 30 minutes consultation capacity per 1,000 registered population per week. This equates to an additional 145 hours per week over and above that already provided to the Workington population. The consultation capacity is to rise to 45 minutes per 1,000 registered population per week although as yet no timescale has been provided for this requirement.

## **4. Planning the Scope of Service to be Commissioned**

The extended access service already in place in Workington is provided to the patient population of the 5 Workington practices. This means that a service has to be commissioned for the registered populations of the remaining 35 North Cumbria GP practices.

In commissioning an extended access service for the North Cumbria population the CCG wishes to address the following local needs. The service will need to offer:

- Pre-bookable appointments for patients who cannot access their GP practice during existing opening times;
- Continuity of care for frail elderly patients with GP support as appropriate for community services across the full extended opening hours;
- Additional clinics where there is demonstrated need such as long term condition management or sexual health clinics where patients may not access services in core opening hours;
- Extended access should be offered to every patient in North Cumbria across 7 days per week.

The CCG is looking to commission a service that provides a model of care that:

- Helps to strengthen local GP practice. For example building on existing services or taking the opportunity to work more closely;
- Recognises the workforce challenges that we face;
- Uses the full skills of the primary care team. There is a requirement for GP availability but appointments and services can be offered by different primary care clinical staff;
- Is implemented in a way that 'joins up' with other service developments such as minor injury services or ICC hubs, making sense for patients and using the skills of staff across the system.

In developing its commissioning plan the CCG has undertaken the following steps:

#### 4.1 Market Engagement

In order to determine the scope of services to be commissioned the CCG has undertaken a wide market engagement. The CCG contacted all 40 GP practices in North Cumbria and all other local primary care providers inviting initial thoughts and potential expressions of interest in the emerging four options for the delivery of extended access in North Cumbria.

The four options presented were as follows:

1. Weekday services would be provided in 8 locations on an ICC footprint from 6.30pm-8pm. At weekends and bank holidays there would also be 8 service bases, the service would be available for 6 hours per day.
2. Weekday service would run as per option 1, but the number of weekend service hubs would be reduced – possibly to four. Each weekend hub would have greater capacity and the potential for longer opening hours should demand be evident.
3. Both the weekday and weekend service would be provided through possibly 4 hubs.
4. Funding for extended access could be utilised with investment for General Practice in ICCs. This new / additional investment for General Practice is to support practices to work differently to release GP time for the increasing numbers of older complex patients being cared for in the community.

The CCG received good feedback from practices with 80% of practices and other primary care providers responding and offering their thoughts.

#### 4.2 Evening Workshops

The CCG ran a series of evening workshops with local primary care providers invited to come and share their thoughts and discuss the potential options with the Primary Care Team.

#### 4.3 Practice Data

In addition to liaising directly with practices and considering their thoughts the CCG has reviewed a range of practice data including:

- Patient experience in relation to “ease of getting through to someone at the GP surgery on the phone.”
- Patient experience in relation to “overall experience of making an appointment.”
- A&E attendances by practice
- MIU attendances by practice
- CHoC contacts by practice
- Prevalence Rates

#### 4.4 Existing Service Providers

The CCG has taken account of the experience of establishing the extended access service currently delivered in Workington by Workington Health Limited and also the service now delivered across Morecambe Bay.

#### 4.5 Patient Participation Group (PPG)

The CCG attended a recent PPG Chairs Meeting to brief them on extended access for GP services and its implementation in North Cumbria.

### 5. Proposed Approach

As a result of the analysis and engagement the CCG has undertaken the CCG has decided that it would like to commission 10 service - lots (i.e. 6 weekday and 4 weekend and bank holiday). It is felt that this combination will best meet patient need.

The 6 weekday service - lots are set out below:

	Population Served: Patients Registered with Practices in:
1	Carlisle Network ICC
2	Carlisle Healthcare ICC
3	Carlisle Rural ICC
4	Solway ICC, Cockermouth & Maryport
5	Eden ICC and Keswick
6	Copeland ICC

Given the potential likely flow of patients towards Penrith it is proposed that Castlehead Medical Centre be grouped with Eden ICC.

As regards weekend provision the 4 proposed service - lots and potential site for delivery is set out below:

	Potential Site	Population Served
1	Carlisle	Carlisle Healthcare, Network and Urban
2	Penrith	Eden and registered Keswick patients
3	Workington	Workington, Cockermouth & Maryport and Solway (less Castlehead Medical Centre)
4	Whitehaven	Copeland

The existing service provided to the Workington population through Workington Health Limited will remain in place.

**6 Procurement Approach**

The CCG has developed a detailed local service specification that meets the national requirements and will meet local need. Potential providers will be asked to submit an application in line with the service specification.

It proposed to run each service - lot as a pilot for 18 months with a view to a potential formal procurement process following an impact assessment. This reflects the fact that there are a number of issues that require evaluation and the CCG would not like to run the risk of entering into a long-term contract until the impact of the pilots are known. However, within the local economy we recognise there are a number of existing providers who would have an interest in providing the service. It is therefore proposed to undertake a “mini-procurement” of local primary and community care providers for each of the service - lots, with the award being managed as a variation to existing contracts.

Given the need for flexibility it will be made clear that the CCG will effectively review each service - lot on a rolling basis after a six-month bedding in period. However, if the CCGs requires any change during the 18-month period this will be undertaken through the normal contract variation process but with a clear up-front agreement to work with providers to avoid “stranded costs”.

The following issues are key in terms of the intended approach to procurement and contracting:

- The CCG will assess all proposed services for impact & utilisation of each centre;
- The CCG will assess impact and linkages with other services, most notably out of hours and the developing ICCs as we pursue the integration agenda;
- In the initial stages the CCG would like to retain flexibility based upon patterns of activity.

The cost of each service - lot has been assessed based upon the funding available and is shown below:

	Potential Location	Weekday Funding (£)	Weekend & Bank Holiday Funding (£)	Weekday Funding (£)	Weekend & Bank Holiday Funding (£)
1	Carlisle Network	98,400	95,792	196,801	191,584
2	Carlisle Healthcare	98,400		196,801	
3	Carlisle Rural	42,172		84,343	
4	Solway, Cockermouth & Maryport	84,343	76,073	168,686	152,146
5	Workington	n/a	n/a	n/a	n/a
6	Eden and Castlehead Medical Centre	84,343	67,127	168,686	134,254
7	Copeland	112,458	102,918	224,915	205,836
	Total	520,116	341,910	1,040,233	683,819
	Weekday Hours	92.5			
	Weekend & Bank Holiday Hours		52.9		

## 6. The Next Steps

Once the Primary Care Commissioning Committee has endorsed the approach being undertaken then the CCG Primary Care Team would seek providers for the 10 service - lots as weekday and weekend / bank holiday service - lots as outlined in section 5 above.

It is intended that the service specification and a procurement timeline be fully developed by 30 April. An advert containing the specification, the proposed service - lots and their associated funding packages will be published on 11 May 2018.

The CCG would allow 4 weeks for potential interested providers to submit bids for the work and these bids would be evaluated in late June. The CCG would select a small panel to evaluate the bids including patient representation.

The CCG would inform successful bidders in early July so allowing a 3 month mobilisation period. This would allow an update to be brought to the Primary Care Commissioning Committee (include details of approved providers) at its meeting on 19 July 2018.

## 7. Recommendation

The Committee is asked to approve the approach being adopted by the CCG to ensure that extended access to Primary Care (General Practice) services is available to the population of North Cumbria by 1 October 2018.