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**Guidance: GP Extended
Hours Access Scheme
Directed Enhanced Service –
1 April 2011 to 31 March
2012**

4 April 2011

DH INFORMATION READER BOX

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Contact Details	Paul Betts Primary Medical Care Quarry House Leeds LS2 7UE 0113 254 6783
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Guidance: GP Extended Hours Access Scheme Directed Enhanced Service – 1 April 2011 to 31 March 2012

4 April 2011

**GUIDANCE FOR PCTS – GP EXTENDED HOURS ACCESS
SCHEME DIRECTED ENHANCED SERVICE (DES) - 1 APRIL
2011 TO 31 MARCH 2012**

Introduction

1. This guidance contains advice for PCTs to support them in implementing the Extended Hours Access Scheme Directed Enhanced Service 2011 to 2012 (the 2011 DES), as underpinned by the *Primary Medical Services (Directed Enhanced Services) (England) Directions 2011* (the 2011 DES Directions)¹ and the amendments to the *Statement of Financial Entitlements (SFE)*². It is effective for the duration of the 2011 DES Directions, which come into effect on 1 April 2011 and continue until 31 March 2012.
2. This Guidance supersedes that which the Department of Health issued on 31 March 2010 and any other or previous communications from the Department of Health on this subject.
3. Agreement has been reached with the BMA's General Practitioners' Committee that, for a further year from 1 April 2011, GP practices will continue to be able to provide extended opening

¹ The DES Directions were signed on 31 March 2011, come into effect on 1 April 2011 and are published on the Department of Health website at:
<http://www.dh.gov.uk/en/Healthcare/Primarycare/PMC/Enhanced/index.htm>

² The Directions amending the SFE were signed on 31 March 2011, come into effect on 1 April 2011, and are published on the Department of Health website at:
http://www.dh.gov.uk/en/Healthcare/Primarycare/PMC/contractingroutes/DH_4133079

hours but under a more flexible Extended Hours Access Scheme. The existing arrangements come to an end on 31 March 2011. The new arrangements under the 2011 DES will be a fresh, rather than a continuing scheme, which will provide greater flexibilities during extended opening hours:

- Concurrent working will be allowed;
 - Patients will be able to see any health care professional³, not just GPs;
 - Appointments can be made for urgent as well as routine care;
 - The minimum period of any one period of extended opening is reduced from 90 to 30 minutes; and
 - The arrangements will not be monitored centrally.
4. PCTs must ensure that all GMS and PMS contractors (GP practices) have the opportunity to enter into an extended hours access scheme under the 2011 DES Directions (or a scheme under local arrangements offering at least the minimum 2011 DES requirements).
 5. Extended opening hours should be set according to the needs and wishes expressed by patients. PCTs and GP practices should therefore continue to take into account results from the latest GP Patient Survey and any from other local surveys, including those

³ This is defined as any member of a profession regulated by a body mentioned in Section 25(3) of the National Health Service Reform Health Care Professions Act 2002. Please note that this does **not** include health care assistants.

resulting from participating in the Patient Participation DES when agreeing extended opening hours.

6. There is no set number of appointments that should be provided within any given period of time. However, on average, GP practices are likely to be able to offer no less than two appointments for every ½ hour of extended opening.
7. During core contracted hours, existing standards of access and availability should be maintained. PCTs should continue to support all GP practices in ensuring that they are meeting the reasonable needs of patients during core hours.

Implementing the Extended Hours Access Scheme under the 2011 DES Directions

PCT Offer of Arrangements for Extended hours Access under the DES Directions and Time Limits

8. A PCT must, by 30 April 2011, offer to all existing GP practices under the GMS and PMS contractual arrangements in its area the opportunity to enter into the scheme for extended hours access under the 2011 DES Directions. Where reasonably practicable, the PCT must, after considering and agreeing to GP practices' proposals (see below at Paragraphs 13 to 16), enter into these

arrangements with GP practices by 1 July 2011⁴. A PCT is not required to enter into an Extended Hours Access arrangement under the Scheme after 30 June 2011, apart from in the exceptional circumstances as set out in Paragraph 9 below. However, a PCT retains the discretion to do so if it wishes.

9. There are exceptions to the time limit in Paragraph 8 above are that:
- (i) the GP practice has not provided the PCT with its proposals to enter in the Scheme before 1 July 2011; and
 - (ii) the PCT offered the GP practice the opportunity to enter into the DES, but did so with less than 28 days to elapse before 30 June 2011; and
 - (iii) the GP practice has provided the PCT with its written proposals to enter into the Scheme within 28 days of the PCT's offer.

If all of these conditions are met, then the PCT must after 30 June 2011 consider the GP practice's proposals with a view to agreeing them and entering into arrangements with it for an Extended Hours Access Scheme under the 2011 DES Directions.

10. Agreements under the 2011 DES Directions will last until 31 March 2012.

⁴ It may be the case that the GP practice has made its written proposals within the time limits but the PCT seeks clarification of certain issues, if this is the case the GP practice retains the right to enter into the DES (subject to the PCT agreeing the terms of the proposals) after 30 June 2011.

Practice Mergers

11. Where two or more GP practices merge, then the PCT must within 28 days of the merger enter into a new arrangement with the newly formed GP practice if:
 - (i) it continues to provide extended hours access following the merger that are broadly comparable with services required under the Extended Hours Access Scheme under the 2011 DES Directions, and
 - (ii) its proposals for extended hours access meets with the minimum requirements of the arrangements under the 2011 DES Directions (see below at Paragraph 19 below).

Practice Splits

12. A similar principle as set out in Paragraph 11 applies where a GP practice splits. The PCT must within 28 days of the split enter into arrangements with the newly formed GP practice(s) if:
 - (i) it/they continue(s) to provide extended hours access following the split that are broadly comparable with services required under the Extended Hours Access Scheme under the 2011 DES Directions, and
 - (ii) its/their proposals for extended hours access meet with the minimum requirements of the arrangements under the 2011 DES Directions (see below at Paragraph 19 below).

PCT consideration of proposals by GP practices

13. The PCT is obliged to consider any proposals for the arrangement of extended hours access put forward by a GP practice in accordance with the time limits and exceptions set out above (in Paragraphs 8 to 9), with a view to accepting them.
14. This consideration should not be delayed unreasonably, nor should the PCT's agreement to such proposals be unreasonably withheld.
15. In making its decision, the PCT must take into account local circumstances, such as patient preferences and relevant guidance, principally the minimum requirements set out below at Paragraph 19 below.
16. The PCT does not have to consider or make a decision where:
 - (i) The GP practice has not submitted a written proposal within 28 days of the PCT's offer to enter into an arrangement under the 2011 DES Directions; or
 - (ii) The GP practice has not provided any information requested by the PCT which it would need in order to make a decision as to whether the proposal to enter into arrangements under the 2011 DES Directions meets its requirements (see below at Paragraph 19 below).

Requirements under the 2011 DES Directions

17. The 2011 DES Directions set the minimum requirements which must form part of the arrangements. All the requirements below form part of the contractual terms between the PCT and the GP practice. An existing contract must be varied accordingly so that the requirements are made conditions and form part of the contract.
18. Arrangements between GP practices and PCTs for the provision of extended hours access under the 2011 DES must be made in writing and include the following requirements set out in Paragraph 19 below.
19. The arrangements entered into under the 2011 DES Directions must include a written obligation by the GP practice to implement the agreed arrangements. The agreement must also set out the details of the arrangements for extended hours access in order to enable patients to attend face to face appointments with any health care professional outside of core times. The arrangements must include the following provisions:
 - (i) the clinical session(s) are provided at the GP practice's premises outside of core contracted hours. For GMS practices, core hours are from 8:00am to 6:30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays. For some PMS (and APMS) practices, core hours may already include opening at times outside these hours, and PCTs should treat the hours set out in such individual contracts as the core hours for these practices.

- (ii) these clinical sessions are held on a regular basis each week from the GP practice's premises. It is recommended that these are held at times that best match patients' preferences for extended hours access at that practice, based on the most recent GP Patient Survey results, and/or local survey information, to decide when (and where in the case of practices with branch surgeries) to open.
- (iii) these clinical sessions must be in addition to those provided within core hours. For example, a GP practice cannot provide sessions on a Saturday but then cut sessions on Wednesday afternoon within in-hours periods;
- (iv) the amount of the extended hours access is linked to a GP practice's patient list size (or a practice's registered population - CRP). The minimum required extra opening for each practice is based on an additional 30 minutes per 1,000 registered patients, using the following formula:

*A practice's CRP ÷ 1000 x 30 = Additional minutes –
convert to hours and minutes and round, either up or down,
to the nearest quarter hour.*

NB. CRP will be determined as at the start of the first quarter during which extended opening begins for individual practices. CRPs will be recalculated for this purpose (and for the purposes of payments – see below at Paragraphs 28 to 31) at the beginning for the 2010-11 financial year. The rules for this are set out in Section 7GB of the SFE Directions.

- (v) these clinical sessions must be for continuous periods of at least 30 minutes.
20. The GP practice must co-operate with its PCT in reviewing the arrangements to establish whether the pattern of additional hours is meeting the requirements of its patients. For example, to establish whether a practice is still meeting patients' needs, regard may be given to the results of the most recent patient surveys. Both the PCT and the practice should ensure that they fully understand how demand from patients might change at times over the course of the agreement – e.g. a practice might wish to alter its extended opening hours following results from a local patient survey and/or discussions with its Patient Reference Group where it is participating in the Patient Participation Directed Enhanced Service.
 21. Where a GP practice provides an out of hours service, it must not limit access to any of these clinical sessions to those patients it would have been obliged to see anyway under the out of hours arrangements. In general, this should be a matter for the practice to manage and communicate to its patients
 22. The arrangements entered into under the 2011 DES Directions must set out the requirements for a GP practice to provide to its PCT information that is reasonably necessary for the running of the arrangements. In agreeing these requirements, both parties may wish to have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information – see the link below:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107303

23. The arrangements entered into under the 2011 DES Directions must set out the arrangements by which the PCT will monitor performance and delivery of the provision of services under the Scheme. This may include doing so through NHS Choices.
24. The arrangements entered into under the 2011 DES Directions must set out the arrangements for changing or ending the agreed extended opening. This procedure should include an agreed notice period (for example, two weeks) for significantly changing or ceasing extended opening.
25. The arrangements entered into under the 2011 DES Directions must set out the arrangements for the GP practice and the PCT to ensure that patients are aware of the availability of extended hours access. The practice should promote and publicise details of the days and times of its additional clinical session(s), for example, on the NHS Choices website, the practice website, on a waiting room poster or by writing to patients. This should also be included in the practice leaflet.
26. The PCT should also consider how best to communicate extended hours access to their local populations by publicising information to help patients identify which practices are offering appointments at given times. This may include using local media or making information available in places such as NHS premises, libraries or community facilities.

27. The practice should maintain the agreed extended opening times by providing sickness and leave cover, and should also ensure that its patients are aware of any cancellation of extended hours sessions, which should normally be discussed with the PCT.

Payments

28. Payments to the GP practice in respect of services provided under the 2011 DES will normally be made by the PCT quarterly in arrears in accordance with Section 7GB of the SFE (as amended). A practice offering extended hours under arrangements entered into under the 2011 DES will be paid £1.90 per annum per registered patient (CRP). Payments will be made pro-rata where the arrangement does not cover a full quarter.
29. Extended hours offered under the previous scheme up to 31 March 2011 will continue to be payable under Section 7GA of the SFE. However, the 2011 DES is a new scheme and, from April 2011, entitlement for payments will generally begin on the start date for extended hours specified in the new agreement between the PCT and GP practice under the new arrangements.
30. In the case of PMS practices, the scheme must set out the payment arrangements. These must have regard to the provisions in the SFE (which will already apply to GMS practices).

31. The PCT should not be paying any PMS (or APMS) practice under the 2011 DES for any extended hours they are already offering as part of their core contract.

Other issues relevant to extended hours access

Non-NHS Work

32. The GP practice should not use extended opening hours to deliver non-NHS work.

Safety and Security

33. In drawing up arrangements for extending opening hours, the PCT and GP practice should consider how identified risks to the safety and security of both practice staff and patients could be mitigated as a consequence of the arrangements entered into under the 2011 DES.

Religious and Cultural Sensibilities

34. When agreeing opening times and days of opening under the arrangements for extended opening hours, the PCT should be sensitive to the religious and cultural requirements of both the GP practice staff and its patients.

Disputes – Conciliation, Arbitration, and Appeals

35. In the event of disagreement or dispute, the PCT and the GP practice will use best endeavours to resolve the dispute without recourse to formal arbitration. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution procedure.

Commissioning Other Services

36. When commissioning extended opening hours, the PCT should consider whether there is a requirement to review the commissioning of other services. This might for example include pharmacy, diagnostic and pathology services as well as the out of hours service. When the opening hours of GP practices are extended, there is likely to be a change in the pattern of demand for these services. Demand may fall at some times as well as rise during the extended hours period. The PCT should therefore bear in mind the change in GP practices' opening hours in making overall commissioning decisions.

Discussions with LMCs

37. The PCT may wish to discuss with its Local Medical Committee any plans it has for arrangements for offering extended opening hours to its patient population.