Walker Ann

From: Peter Higgins [peter.higgins@nwlmcs.org]
Sent: 20 April 2011 14:57
To: Bolton; Bolton Secretary; Cheshire; Liverpool; Manchester; Manchester Secretary; Mid Mersey; Rochdale & Bury; Salford & Trafford; Salford & Trafford Secretary; Sefton; Stockport; Stockport Secretary; West Pennine; Wigan; Wigan Secretary; Wirral
Subject: QIPP Primary Care
Attachments: Primary Care QIPP Access Recommendations FINAL March 2011 (2)1.doc

Dear Colleague,
You no doubt have seen this paper from the SHA attempting to renegotiate the national contract. We have taken a dim view of it locally but wondered whether we just ignore it or need to mount a concerted North West response?

Peter

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Primary Care QIPP

Primary Medical Services Access & Responsiveness Recommendations

1.0 Introduction

As part of the regional work on Primary Care QIPP, Senior PC leads have been working with the SHA to make recommendations at Level 4 QIPP, to be implemented at Level 1 and 2 QIPP on a number of work stream areas to gain maximum QIPP gains from the contractual arrangements within primary medical care.

The work streams for primary medical care cover the following areas;

- Access & Responsiveness
- Enhanced Services Best Value
- Quality and Performance
- List Validation
- Contractual best value reviews, particularly for PMS and APMS

After undertaking outline benchmarking and good practice reviews regionally, the work stream leads and the SHA have a number of recommendations under the access and responsiveness to primary medical services element, under existing contractual arrangements, in order to maximise access arrangements for patients during core hours and under the extended hours DES, while ensuring commissioners are achieving value for money from these services in the light of QIPP.

2.0 Context

Under clause 46 of the standard GMS contract (and equivalent provisions in PMS), practices are required to fulfil the following;

> 46. The Contractor must provide the services described in clauses to (*essential services*) at such times, within *core hours*, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the *core hours* in case of emergency.

Access requirements to meet the ‘reasonable needs’ of registered patients has historically been a grey area without a standard definition. However, increasingly PCTs have worked with PBCs, LMCs and GP practices to establish core standards and metrics to be able to ensure optimum access to patients under the contractual requirements. The PC QIPP Access work stream has therefore, made a number of recommendations and set out minimum expected standards for access in all PCTs in the North West to

establish best value and best practice access. It is anticipated that this work will also be an important consideration for GP Commissioning Consortia in taking forward performance delivery of primary care in the near future.

3.0 Core Hours

Practices must ensure that they are providing adequate and 'reasonable' access to core services during the 8am – 6.30pm, Monday to Friday, 'in hours' period, including access to these services in case of emergency. Particular assurance is needed for the peripheral and lunchtime periods, in order to ensure that patients can access the practice surgery during these hours either by telephone or face to face.

Practices should provide, as a minimum, a range of appointments during core hours, including appointments during the peripheral hours (e.g. 8.00am – 9.00am and 5.00pm – 6.30pm, Mon - Fri) to meet reasonable needs of patients.

In order to establish a minimum benchmark of appointment availability, it is recommended that practices provide a minimum of;

- 70 GP appointments per week per 1000 patients (equivalent to 118 appointments per week per WTE GP)[1],

In reality, many practices provide more than this, but in order to 'raise the bar' for those that do not, this is to ensure a minimum access offer to all patients in the North West.

PCTs and GP Consortia will want to have local discussions with practices that use skill mix particularly including Nurse Practitioners, to reflect how this may be included in the minimum access benchmark recommendation.

3.1 Potential Productivity Gain

On the assumption made by McKinsey & Co in their analysis of GP appointments (See Appendix 1), the North West could potentially benefit from **£31.4 - £57.8M** productivity gains in GP appointment capacity per year if all WTE GPs delivered the McKinsey reported 'standard' of 126 appointments per week **(approx £800,000 for BwD)**. Working on the same principles, and using the NW recommendation of equivalent to 118 appointments per week per WTE GP, this still equates to potential productivity in GP appointment capacity in the range of **£22.2 - £41.5M** per year (see Appendix 2).

4.0 Half Day Closures

Half day closures should not be seen as the norm. Historically, many practices closed a half day per week as they provided a half day Saturday surgery pre-new GMS contract introduction in 2004. As weekend access is no longer seen as 'core hours' and many practices are remunerated in addition to their core

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[1] Equivalent to 118 appointments per week per WTE GP (including GP Registrars and GP Retainers), based on NW average list size of 1686 (*NHS Information Centre, Sept 2009*). See Appendix 1 for rationale and alternative measure of no. of appointments per week per WTE GP based on McKinsey & Co Report to DH in March 2009

contractual arrangements under extended hours DES/LES, the recommendations from the PC QIPP group is that half day closures during Mon-Fri should be eradicated in general practice under the current contractual arrangements.

The majority of practices across the NW do not have a mid-week half day closure. GP Practices in Blackpool and Western Cheshire PCTs have ceased all half day closures across and the SHA would strongly encourage commissioners to work with all practices, emerging GP Consortium and LMCs to achieve this same position.

5.0 Extended Hours DES

The DH has confirmed recently that the extended hours DES will continue into 2011/12, but with greater flexibilities in how PCTs commission the service and how practices provide it to reflect how best to meet their registered patient needs.

Following a NW benchmarking exercise looking at best practice approaches and value for money of extended hours late last year, the QIPP access work stream have a number of recommendations for commissioners to review current and any future arrangements.

1. As the DES is no longer part of the performance regime for PCTs, there is no requirement to ensure a minimum coverage for the DES, although as a directed service, it must still be offered to practices and commissioners will want to ensure equity in patient access and delivery reflects need locally.

2. In the light of QIPP, however, it is recommended that commissioners ensure that any extended hours services that are commissioned provide VFM. It is recommended therefore that the following criteria be used by commissioners in setting out their specifications and monitoring arrangements to ensure this;
    i. Practices must first demonstrate that they are providing reasonable and adequate core hours before they can provide the extended hours DES, including no half day closures during Mon – Fri and providing a minimum of 70 GP appointments per week per 1000 patients, and 25 practice nurse appointments per week per 1000 patients, including offering some appointment times during peripheral hours as set out above.
    ii. PCTs need to set out a minimum number of appointments made available during the extended hour period - e.g. max 10 min appointments and practices need to monitor utilisation
    iii. Full utilisation of the service must be demonstrated by practices – that is a minimum of 75% of the available appointment slots being utilised.
    iv. If utilisation is less than this, PCTs may design a specification for a lower payment level for the service (e.g. a maximum payment per appointment), and further still if utilisation is below a certain threshold (recommended at 50%) consistently, then PCTs may

want to issue a remedial notice. If utilisation does not increase, then PCTs might want to consider decommission the service under VFM measures.

3. Alternatively, commissioners may want to look at alternative models of provision that better reflect patient needs and VFM, such as federated or cluster provision within localities.

A number of model specifications are available locally that reflect some of the above recommendations.


Cumbria Improved Access LES 10-11.doc


Trafford Extended Opening Hours LES 1(

6.0 Recommendations of key measures of access

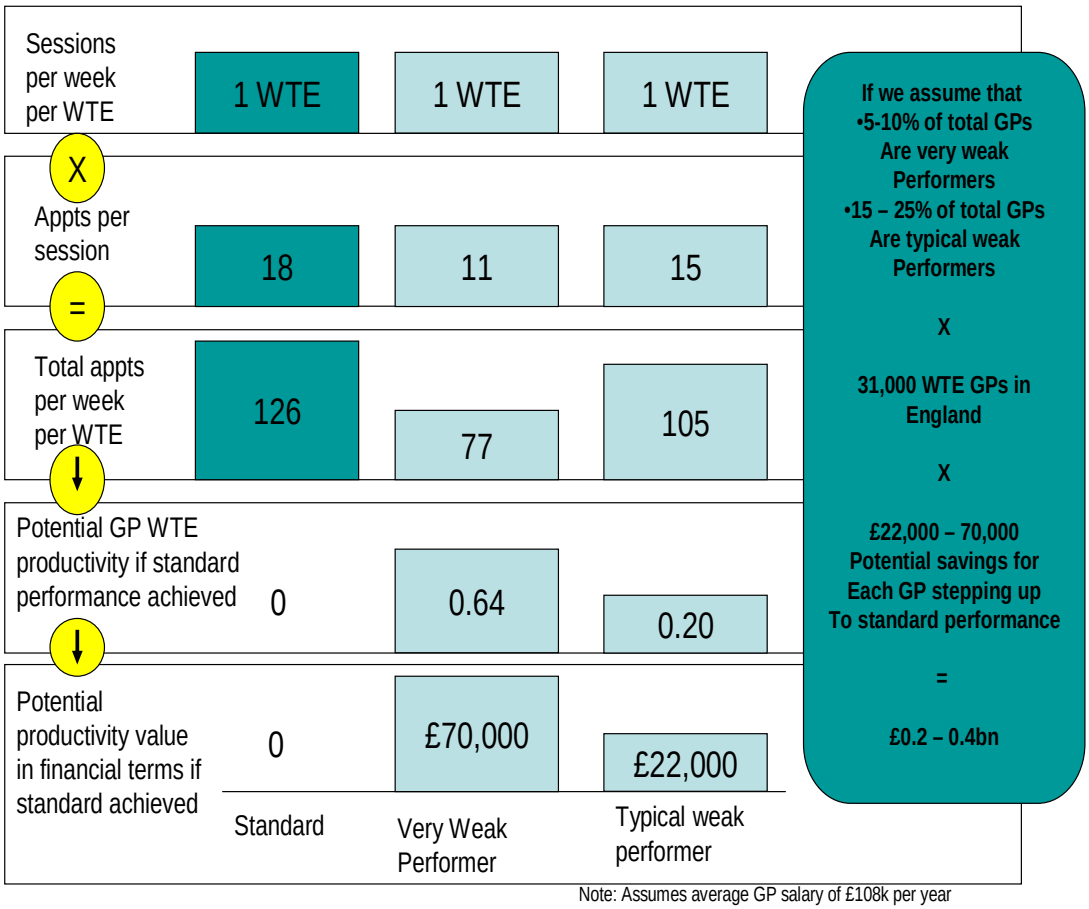
Access is a key element of general practice performance and commissioners and GP Consortia will want to ensure a consistent and adequate access offer for all patients. Practices and commissioners will be interested in considering robust monitoring arrangements for GP access. Examples of indicators that form part of primary care performance frameworks developed and agreed by commissioners and primary care medical providers in the North West include;

- Apps per 1000 patients for GPs (equivalent to 118 appointments per week per WTE GP)
- A & E attendances during core hours on a practice basis
- WIC attendances during core hours on a practice basis
- Availability of access (telephone and face to face) during ‘peripheral hours’ of the core hours period
- GP Patient Survey results

It is suggested that PCTs work with their emerging GP Commissioning Consortia to identify what key measures best meet their local arrangements for monitoring access and agree implementation arrangements.

Appendix 1: McKinsey & Company Analysis of Productivity Potential in England

Appendix 1: National Potential GP productivity improvement if weak performers achieve standard performance



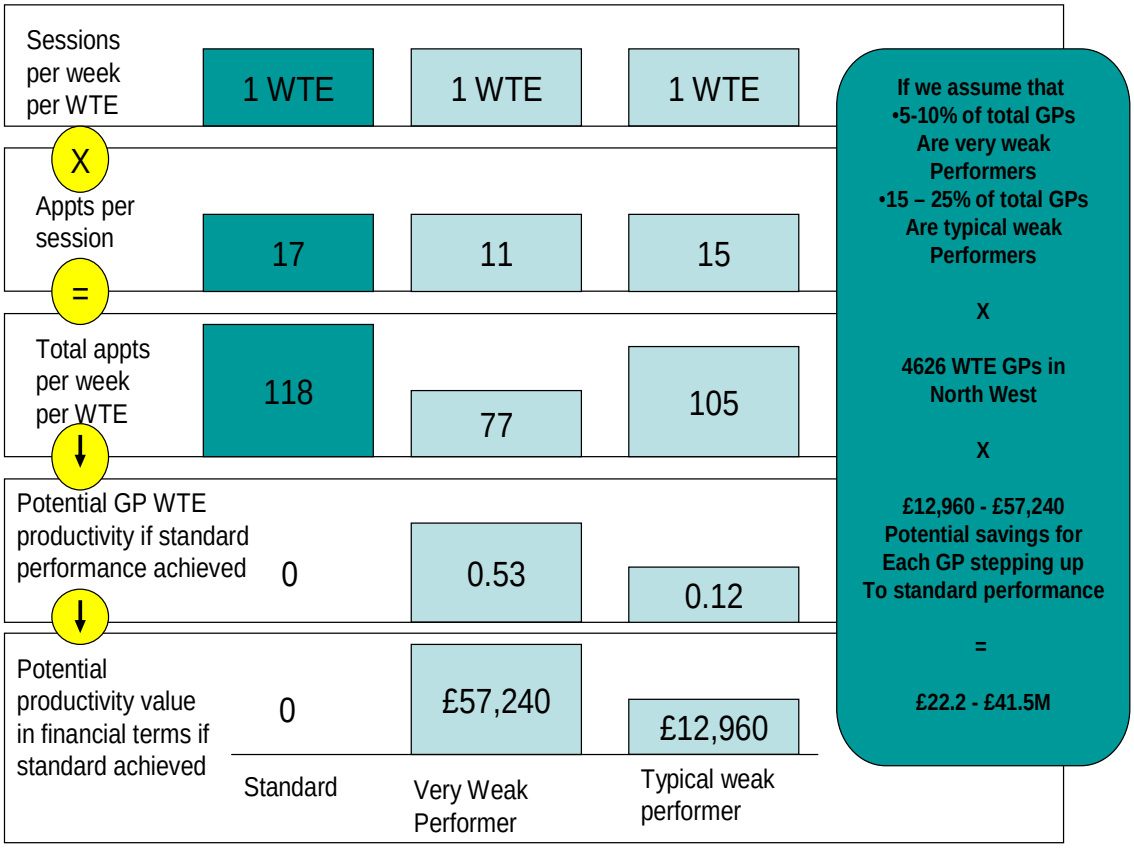
Note: Assumes average GP salary of £108k per year

Source: Data extracts from GP systems; McKinsey analysis

Reproduced from McKinsey & Company

Appendix 2: North West Potential Productivity using McKinsey & Company Modelling

Appendix 2: North West Potential GP productivity improvement if weak performers achieve standard performance



LOCAL ENHANCED SERVICE FOR IMPROVED ACCESS 2010-2011

Specification and Agreement

Contents:

1 SPECIFICATION:

Background

General Practice in Cumbria has traditionally performed well in access surveys. NHS Cumbria wishes to further improve public and patient satisfaction with primary medical services by incentivising practices to continually improve and maintain high quality standards in this area.

Practices that are demonstrating high levels of satisfaction with access through the GP Patient Survey will be supported to innovate further to ensure that services are responsive to current and future access demands.

Practices that are demonstrating lower levels of satisfaction with access through the GP Patient Survey will have the opportunity through this enhanced service to produce a robust development plan to allow higher access targets to be achieved.

Eligibility Criteria

The following entry criteria must be fulfilled if practices are to be eligible for this enhanced service:

- Practices must be available to patients throughout core service hours (8.00 am to 6.30 pm)
- Practices with a list size of greater than 2500 patients must not close for a half day or close their doors and/or phones to patients at lunchtimes (excluding PLT sessions)
- Practices must operate an open list, except with prior agreement of the PCT to close.
- Practices wishing to provide extended opening hours in the current financial year must have achieved at least an overall 20% usage of their extended hours sessions in 2009-2010 (evidenced via the audits submitted in October 2009 and March 2010) to qualify for Option 1 or Option 2.

2 KEY CRITERIA:

NB: To meet the criteria for Extended Access, appointments must be offered outside of core hours (8.00 am to 6.30 pm, Monday to Friday).

Option One

- Provide extended opening hours at times which reflect patients' expressed preferences, based on patient participation group feedback and/or national survey results, in line with the Directed Enhanced Service (30 minutes per registered 1,000 patients per week).
- Ensure a spectrum of appointment availability across the working week which allows access to both "urgent" appointments and enables patients wishing to do so to book an appointment in advance.
- Promote and publicise availability of extended hours sessions through NHS Choices website, practice website (where available), in the practice leaflet and via posters in the surgery. The PCT reserves the right to further publicise extended opening sessions available within the Cumbria area.
- Practices will be required to complete and submit two extended opening hours reviews (October 2010 and March 2011) using the extended access review template provided by the PCT.

Practices may choose to provide the service independently from their own premises, or by working collaboratively with neighbouring practices to share resources. Plans for collaborative working should be shared with the PCT prior to commencement of the service.

£3.00 per registered patient, paid on sign up.

Option Two

- Provide extended opening hours at times which reflect patients' expressed preferences, based on patient participation group feedback and/or national survey results, but at less than the level required by the Directed Enhanced Service.
- Ensure a spectrum of appointment availability across the working week which allows access to both "urgent" appointments and enables patients wishing to do so to book an appointment in advance.
- Promote and publicise availability of extended hours sessions through NHS Choices website, practice website (where available), in the practice leaflet and via posters in the surgery. The PCT reserves the right to further publicise extended opening sessions available within the Cumbria area.
- Practices will be required to complete and submit two extended opening hours reviews (October 2010 and March 2011) using the extended access review template provided by the PCT.

£1.95 per registered patient, paid on sign up.

Enhanced Level

Practices should develop an improvement plan which describes in broad terms how patient care will be improved.

Practices may choose to submit a joint plan, working collaboratively with neighbouring surgeries.

The plan should include 4 of the following:

- Use of technology for patients:
  - On-line automated appointment booking system
  - Appointment reminder system
  - Regularly updated practice website with links to NHS Choices
- Pre-bookable telephone consultations
- E-mail consultations to manage Long Term Conditions
- Telephone triage systems
- Patient Education/Engagement:

- Improved information about appointment system
- Clear system for receiving test results
- Identification/responsive system for carers
- Better understanding of doctor/nurse appointments

- Targeting "hard to reach" patients

- Demonstrate that the practice reviews and monitors capacity and demand

Practices must also monitor practice patient use of A&E and Out of Hours Services and produce a plan to reduce attendances where appropriate. (Practices can expect support with this in terms of data and advice from PCT sources, e.g., Referral Support)

£2.00 per registered patient paid in two instalments:
£1.00 per registered patient paid on production of an agreed development plan to be submitted by 31st July 2010

£1.00 per registered patient paid on submission of an achievement report to be submitted by 31st March 2011, showing progress of actions and achievement of identified targets.

Note: Practices may sign up to any of the above three options individually, or may sign up to option one or option two plus the enhanced level.

3 FINANCIAL DETAILS:

This agreement is to cover the 12 months commencing 1 April 2010.

Option 1 £3.00 per registered patient – paid on sign up

Option 2 £1.95 per registered patient – paid on sign up

Enhanced Level £2.00 per patient

£1.00 payable on receipt of agreed improvement plan (to be submitted by 31st July 2010)

£1.00 payable on submission of achievement report (by 31st March 2011) showing progress of actions and achievement of identified targets.

Completed development plans and achievement reports should be forwarded to your Locality Primary Care Manager.

Audit templates will be circulated in September 2010 and February 2011 and are also available on the Primary Care section of the intranet.

Please note: Practices wishing to receive full year payment should ensure that the signed agreement is sent to Anne Steer, Primary Care Business Manager by no later than 31st July 2010. Practices signing up to this LES after this date will receive only part payment proportional to the remainder of the current financial year.

The deadline for sign up to this 2010-2011 LES will be 30th September 2010.

4 DISPUTE PROCEDURE

In the event of a dispute either party must contact the other party in writing advising the concerns being experienced. Written confirmation from the other party would be needed within 10 working days of the original letter.

A Dispute Procedure Panel will be convened as required.

Contractors and PCTs will have access to formal dispute resolutions procedures where local resolution proves impossible.

4 SIGNATURE SHEET:

Details:
This document constitutes the agreement between the practice and the PCT in regards to this enhanced service.

Practices providing this enhanced service must complete and return this Service Level Agreement, which constitutes commitment to the service plan. As commissioner of this enhanced service the PCT needs to satisfy itself that the practice meets all of the criteria as part of its duty of care role i.e. ensures that commissioned services are of high quality, safe and are cost effective.

Termination
The Primary Care Trust reserves the right to withdraw a practice from being involved in the Local Enhanced Service and to cease payments if it is considered that the requirements of the scheme are not being met. Such action will only be taken following consultation with the practice and the Local Medical Committee.

The practice wishing to withdraw from the scheme will need to inform the PCT in writing. The PCT must ensure that appropriate arrangements have been made with regard to the future care of patients from that practice under this scheme.

If the PCT wishes to terminate a contract or a practice wishes to withdraw from providing a service, notice should be given in both circumstances of 3 months.

Signature on behalf of the Practice:

Please tick which option you wish to provide:

Option 1 ☐

Option 2 ☐

Enhanced Level ☐

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

Practice Stamp:

Appendix 1

Trafford PCT

Local Enhanced Service (LES) for Extended Opening Hours 2011

Service Level Agreement

Contents:

Background

The aim of this LES is to increase patients' access to GPs at times outside current contracted hours, whilst standards of access and availability during core contracted hours are maintained.

Duration

This Service Level Agreement is in respect of the period from provision of Extended Opening Hours by the Practice up to and including 31st March 2011.

Service Specification

Core hours for General Practice are defined as 08.00 to 18.30 hours, Monday to Friday.

Extended hours are defined as any additional GP-led sessions that take place outside General Practice core hours and will include early mornings before 08.00, week day evenings after 18.30 and weekends.

In principle, extended hours are simply an extension of core hour's nGMS services and will be subject to the same expectations with regard to quality of service and standards of practice within GMS, PMS, PCTMS and APMS contracts.

The minimum service specifications for the provision of extended access are as follows:

- Practices will need to demonstrate that extended hours offered are representative of patients' expectations either through local patient surveys or some other form
- Practices will need to provide a minimum of 30 minutes of extended opening per 1,000 registered patients per week, rounded to the nearest 15 minutes
- Extended opening should be in minimum blocks of 1 hour. Practices wishing to provide blocks of less than 1 hour will need the agreement of the PCT
- Practices agreeing to provide extended opening hours under this LES cannot reduce the total existing availability of GP consultation time during core hours
- Practices wishing to provide concurrent appointments will need the agreement of the PCT. It is anticipated that under these circumstances a practice would provide a minimum two hour session with no more than two GPs consulting at the same time.

- Practices should make arrangements to ensure that patients that have already pre-booked into an extended hours session are able to contact the surgery during extended hours to cancel and/or re-book their appointments. This should be via a dedicated land line number, mobile number or other pre-agreed arrangement such as an e-mail address.
- It is expected that extended hours will be for routine pre-bookable appointments and will not, as a rule, cover patients wishing to access urgent appointments. Treatment of urgent cases will continue to be supplied by the Out of Hours service and practices will need to ensure that they have appropriate measures in place to transfer such cases to the Out of Hours Service if necessary. However, the PCT recognises that in some situations it will be difficult for practices to turn away patients needing urgent attention and where a practice is experiencing significant numbers of 'emergency' requests the PCT will discuss with it how this can be managed within extended hours.
- Once extended hours have been agreed and implemented any changes to availability should be discussed and agreed with the PCT. The PCT recognises that practices will need flexibility to be able to make changes in skill mix and to cover holiday and sick leave and this requirement is not intended to restrict that flexibility.
- All consultations must be a maximum 10 minutes in length
- Consultations must be provided outside core hours, before 8.00am and after 6.30pm
- Delivery days and times must be consistent every week
- Practices who deliver Extended Hours on a Monday or Friday must offer additional Extended Hours slots on a week where a Bank Holiday falls
- All sickness and absence must be covered or for exceptional circumstances where extended hours cannot be offered this must be pre approved by the Head of Primary Care
- A maximum of 10 minutes administration time per hour of service delivery
- A minimum of 5 consultations offered per hour
- Extended Hours appointments must be advertised within the practice and must be open to all patients
- Practices booking out 75% or more of their available appointments within extended hours will continue to be paid as they are now, i.e. £3 per patient
- Practices booking out less than 75% of their available appointments within extended hours will be paid £20 per appointment booked (please see payment structure).

Price, Validation and Payment

Currently practices participating in the Extended Access Local Enhanced Service are paid at a rate of £3 per patient regardless of the number of patients seen. A recent audit carried out on data submitted by practices between January and December 2009 indicated that utilisation of available appointments during extended hours ranged from 4.8% to over 100%, the latter being where practices were offering more than the minimum number of appointments required.

This variability in performance within a service for which payments do not reflect delivery is clearly unfair to practices performing at the higher levels and does not represent value for money for Trafford patients.

Therefore from 1st January 2011:

- Practices booking out 75% or more of their available appointments within extended hours will continue to be paid as they are now, i.e. £3 per patient.

- Practices booking out less than 75% of their available appointments within extended hours will be paid £20 per appointment booked.

The number of appointments booked out includes appointments booked but subsequently not attended by patients. However, where patients do not attend appointments during extended hours,

practices are expected to follow these patients up as they would patients not attending booked appointments during core surgery hours.

Practices will have their utilisation monitored on a monthly basis and practices currently at less than 75% usage will need to demonstrate utilisation of 75% or greater for three consecutive months before payments are changed. Practices with utilisation rates of 75% or above which fall below the 75% threshold for three consecutive months will have their payments reduced to £20 per appointment until such time as they can demonstrate improvement back up to the 75% level for three consecutive months.

Where payment changes are made, these will be backdated to the first month in which the change occurred.

When the new payment structure commences on 1st January 2011, practices will be initially assessed for payment based on the most recent audit data currently held by the PCT which will be no earlier than the period January to December 2009. Data will be updated on a monthly basis from 1st January 2011. Practices therefore need to ensure that data is submitted each month to the PCT to validate their claims. Failure to do so will result in payments being suspended until data is provided.

The value of £20 per appointment is based on the average cost to the PCT per appointment for those practices booking out 50% or more of their available appointments during extended hours.

Termination

Both the Practice and the PCT may terminate this agreement by giving three months written notice.

Agreement and Signature Sheet

This document constitutes the agreement between the practice and NHS Trafford in regards to the delivery of the Extended Hours Local Enhanced Service during the period 1st January 2011 and 31st March 2011

Signature on behalf of the Practice:

Signature	Name	Date

Signature on behalf of the PCT:

Signature	Name	Date

Please return this signed signature sheet to:

Charlotte Edwards
Primary Care Operations Officer
Trafford PCT
Oakland House
Talbot Road
Old Trafford
M16 0PQ

Appendix 1

Month:

Week commence	Appointments available	Appointments booked	Utilisation
e.g. Monday 3rd January	12	9	75%

Practice Name……..

Completed by……

Please return to: Charlotte Edwards

by fax: 0161 873 6147

by post: Trafford PCT
Oakland House
Talbot Road
Old Trafford
M16 0PQ