

Title of meeting: Governing Body							
Date of Meeting		09/07/2019		Paper Number		5.1e	
Title		East Berkshire On the Day Urgent Care – Removal of Improving Access to General Practice from programme scope					
Sponsoring Director (name and job title)		Rachel Wakefield Associate Director for Urgent & Emergency Care and Specialist Services					
Sponsoring Clinical / Lay Lead (name and job title)		Annabel Buxton, Priya Kumar, Adrian Hayter, Jonathan Brudney, Rohail Malik					
Author(s)		Matthew Staples					
Purpose		<p>To inform Governing Body that Improving Access to General Practice services (weekday evening and weekend GP practice based primary care) will be removed from the scope of the On the Day Urgent Care programme and in particular from the financial envelope (removing £2.51m) to support a future model of care within ODUC.</p> <p>Current spend across all Urgent and Emergency Care services that <i>could</i> fall within the scope of a same day care service = £31.57m.</p> <p>The Network Contract Directed Enhanced Service (DES) Contract specification 2019/20 published in March provides arrangements for the funding and provision of the DES extended access, and subsequently the Improving Access to General Practice services by 2021/22.</p> <p>The ODUC programme will ensure appropriate integration with the future provision of extended access to provide a seamless service for patients seeking same day care. The CCG Primary Care team will manage the implementation of the Network DES and associated contract requirements.</p>					
The Committee is required to (please tick)							
Approve	<input type="checkbox"/>	Receive	<input type="checkbox"/>	Discuss	<input type="checkbox"/>	Note	<input checked="" type="checkbox"/>

Executive Summary

This paper advises Governing Body of a change to the programme for On the Day Urgent Care (ODUC) across East Berkshire, following publication of the five-year framework for GP contract reform and the service specification for Primary Care Networks (PCNs), with subsequent local consideration of requirements within this for delivery of primary care extended access.

The responsibility and funding for providing DES for extended access, outside of core 'in-hours' General Medical Services provision (0800 to 1830 weekdays), will transfer to the newly forming PCNs from 1st July 2019 as set out in the Network Contract DES.

In addition to this the current services in the Improving Access to General Practice (IAGP) programme will be included in future Network contracts as part of a 'same day access in general practice' services, the specification of which should be available to commissioners in 2020/21. Therefore the financial envelope developed for the ODUC service will remove the IAGP investments from further consideration within the ODUC programme.

Network DES summary for the Extended Hours DES from July 2019

PCNs will be required to provide:

- a. additional clinical sessions (routine appointments including emergency or same day appointments), outside of PCN member practices core contracted hours, to all registered patients within the PCN;
- b. 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;
- c. an additional period of routine appointments that equate to a minimum of 30 minutes per 1,000 registered patients per week
- d. 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
- e. 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.

The formation of Networks will be known by June 2019.

The CCG Primary Care team is supporting the establishment of Primary Care Networks and will ensure the delivery of the Network DES and associated contractual changes..

The ODUC Programme will work with Networks across East Berkshire and the CCG Primary Care team to ensure a seamless response to patients seeking same day care.

Financial summary

The financial envelope for an On the Day Urgent Care service is yet to be determined. The GP Extended Access (IAGP) spend for 18/19 was £2,513,000.

The cost of all relevant on the day urgent care services within East Berkshire (including 'minor' activity within Emergency Departments and 111 telephony support) for 2018-19 is shown below.

The financial and activity model developed in support of the ODUC programme will allow for consideration of the channel shift possible away from these settings to support a new service. The total potential spend on On the Day Urgent Care is shown although it should be noted that the anticipated envelope for the new service will not be this full amount.

Provider	EBPCOOH	FHFT	One Medicare	EBPCOOH	EBPCOOH	EBPCOOH	FHFT	RBFT	RBFT
Setting	Out of Hours	Wexham Park Hospital	Brants Bridge UCC	Slough WIC	St Marks UCC	St Marks UCC - Radiology	Frimley Park Hospital	Royal Berkshire Hospital	Prince Charles Eye Casualty
TOTAL COMMISSIONER COST	£4,645,306	£11,994,434	£1,153,000	£1,325,000	£399,960	£80,000	£3,199,214	£2,067,563	£926,567

Provider	Central Surrey Health	ASPFT	LNWUHT	NHUC	BHFT	Virgin Care	FedBucks (via BHT)		SCAS
Setting	Ashford WiC	Ashford & St Peter's Hospital	London NWU HT	North Hampshire UC OoH	District Nursing OoH	Reading Walk-in Centre	High Wycombe Urgent Treatment Centre	GP Extended Access (PMCF/GP AF)	111
TOTAL COMMISSIONER COST	£131,544	£627,778	£60,106	£158,800	£540,112	£19,462	£60,603	£2,513,000	£1,669,000

TOTAL COMMISSIONER COST - All on the Day Urgent Care services 18-19	£31,571,450
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Recommendation(s)

To note that the provision and funding of primary care Improving Access to General Practice will be removed from the scope of the On the Day Urgent Care programme.

Extended Access DES will be implemented in line with the Network DES and will be overseen by the Primary Care team from July 2019 as a continuation of current arrangements.

The ODUC programme will ensure appropriate integration with Primary Care Networks and extended access to provide a seamless service for patients seeking same day care.

Risk and Assurance
(outline the key risks / where to find mitigation plan in the attached paper and any assurances obtained)

Limited risks anticipated in agreeing the formation of Primary Care Networks and for transference of responsibility for delivery of extended access to these Networks from existing GP practices.

Legal implications/regulatory requirements

The CCG will implement the Network DES in line with the required national standard contract and the requirements therein.

All appropriate legal requirements will be addressed through contract management and

	oversight from the CCG Primary Care team.
Public Sector Equality Duty	Equality of access for the whole population of East Berkshire is a key requirement of the Network DES.
Links to the NHS Constitution (relevant patient/staff rights)	<ul style="list-style-type: none"> • Improving Patient Outcomes • Reducing Health inequalities • Improving access
Strategic Fit	<p>The implementation of Primary Care Networks and extended access DES, and subsequently the IAGP services through these is in response to the publication of the NHS Long Term Plan and the GP five-year framework.</p> <p>Development of on the day urgent care via PCNs is being considered within the ODUC programme. Alignment with the national specification for same day access to general practice expected in 2020/21 to be implemented through the Network DES supported by the CCG primary care team.</p>
<p>Commercial and Financial Implications <i>(Identify how the proposal impacts on existing contract arrangements and have these been incorporated?</i></p> <p><i>Include date Deputy CFO has signed off the affordability and has this been incorporated within the financial plan. Include details of funding source(s)</i></p>	Existing contract values for 18-19 as described above.
<p>Quality Focus <i>(Identify how this proposal impacts on the quality of services received by patients and/or the achievement of key performance targets</i></p> <p><i>Include date the Director of Nursing has signed off the quality implications)</i></p>	<p>The aim of the CCG is to improve access to and the quality of the following access points to urgent care:</p> <ul style="list-style-type: none"> • Improving Access to General Practice services, offering convenient access at evening and weekends to multi-disciplinary care, allowing continuity of care to patients with long term conditions in addition to those seeking same day demand through booked appointments. • Out of Hours primary care, offering urgent on the day management to patients overnight and at weekends when their usual GP practice is not available • Urgent treatment centres (UTCs), offering booked appointments and management of walk in patients with minor illness and injury in locations that meet the NHS England standards for UTCs. • Integration with Integrated Urgent Care and 111 Online, offering seamless access to primary care management when 111 has determined that this is

	<p>clinically appropriate to a patient's need</p> <ul style="list-style-type: none"> • Integration with frailty and social care services, offering holistic management of need <p>Quality of the existing services will be monitored through the relevant Contract Review and Quality Improvement Meetings.</p>
<p>Clinical Engagement <i>Outline the clinical engagement that has been undertaken</i></p>	<p>An ODUC programme board is well established which features a range of clinical representation across the CCG. This meets monthly.</p> <p>Clinicians are well engaged through the monthly locality meetings in regard to development of Primary Care Networks and the Network DES.</p>
<p>Consultation, public engagement & partnership working implications/impact</p>	<p>Extensive public engagement has been undertaken across the localities as part of development of the On the Day Urgent Care service model. Extensive provider engagement has also occurred.</p> <p>There has been extensive prior engagement with the public in the development of the initial programme for GPAF and the Integrated Urgent Care service through surveys, PPGs, public events including STP and co- design sessions, patient feedback analysed from the GP Patient Survey, HealthWatch feedback, friends and family test and extended hours providers satisfaction surveys.</p> <p>Public representation forms part of the Programme Board and the extended Programme Board that met to review and refine the Options Appraisal Framework. The latter also included local elected representation in addition to CCG lay members.</p>
<p>NHS Outcomes <i>Please indicate (highlight) which Domain this paper sits within by highlighting or ticking below: Please note there may be more than one Domain.</i></p>	<p>Domain 1 Preventing people from dying prematurely;</p> <p>Domain 2 Enhancing quality of life for people with long-term conditions;</p> <p>Domain 3 Helping people to recover from episodes of ill health or following injury;</p> <p>Domain 4 Ensuring that people have a positive experience of care; and</p> <p>Domain 5 Treating and caring for people in a safe environment; and protecting them from avoidable harm.</p>