EXTENDED HOURS IN PRIMARY CARE – PROPOSAL FOR NEW HUB AND SPOKE SERVICE MODEL

1) Background and context

The Prime Minister's Challenge Fund (PMCF) requires CCGs to ensure availability of primary care services 7 days a week for local residents.

To ensure achievement of this requirement across CWHHE, relevant CCGs have worked collaboratively to develop a service specification for Extended Hours Primary Care “Hub” provision as part of the Out of Hospital services (OOHs) portfolio being commissioned from newly established GP Federations. In West London there will be 4 Hubs, each covering a population of approximately 50-60k population.

The CCG has also developed a local Extended Hours Primary Care “Spoke” specification to complement Hub provision, ensuring that service coverage across its boundaries is as comprehensive as possible, and that local residents have the opportunity to access extended hours primary care services as close to home as possible.

The emphasis of both the Hub and Spoke services is on increasing access to routine, planned primary care services. There will also be scope for unplanned care / walk-in service provision, and flexibility will be applied regarding the specific balance of appointments available, based on demand.

The overall business case for CWHHE-wide Extended Hours expenditure, for both Hub and Spoke services, was approved at the April 2015 CWHHE Investment Committee, following extensive discussion and scrutiny. The relevant expenditure figure approved for WL CCG is £2.8m.

This paper provides detail of the proposed West London service model, associated costs, and the commissioning approach proposed.

2) Service model

Summary detail of the service specifications for both the Hub and Spoke services is provided below.

A number of aspects of the specifications are still under discussion with local GP Federations. However no major changes are anticipated, and both specifications were signed off at the CCG Transformation Board on 11/8/15 subject to this being the case.

Copies of the full service specification documents are available on request.

2.1 Hub specification

The CCG will commission 4 Hubs across its boundaries. A key requirement is that each Hub service is delivered by a network of GP practices working collaboratively. Appendix 1, attached, illustrates the identified locations – the rationale for these locations is as follows;

2 of the Hubs (labelled A and B) will be located in the new Out of Hospital hubs – i.e. St Charles Hospital and Violet Melchett Health Centre respectively, in line with the CCG's Out of Hospital strategy.
The 2 remaining Hubs will be located in practices which lie within the areas labelled C and D – one per area. These areas have been selected to ensure the service model provides the most comprehensive geographical coverage for local residents.

The CCG will commission the service from the West London GP Federation. The Federation will seek expressions of interest from its members to deliver the service, and assess proposals against relevant criteria.

Key aspects of the specification include the following:

- Provide 7.5 hours of consultations each week Monday to Friday, (1.5 hours / day), outside of GMS core contracted hours.
- Provide 12 hours of consultations per week on Saturday and Sunday, including a minimum 20 minutes rest break for staff when the working day is in excess of six hours (in line with national terms and conditions).
- The service will be delivered by a GP and nurse, supported by two receptionists, as a minimum requirement, which may be flexed to meet local circumstances and get closer to meeting national ambition.
- Provide the service on all weekday public/bank holidays.
- Provide bookable appointments up to 14 days ahead. The provider should not promote the service as a walk-in clinic, however, patients without an appointment can be offered the next available slot.
- A minimum of one GP slot per hour will be allocated for NHS 111 and other redirections (not from other GP practices), which may be increased, according to demand.
- Telephone consultations may be included (2 telephone consultations = 1 appointment).
- A reception and phone service must be available throughout the opening period.
- Provide a minimum of five GP appointments per hour (10 minutes with a blank slot to allow for overruns) and 4 appointments per hour per Nurse, which will deliver 19.5 hours additional capacity per week.
- The service must provide access for patients from all practices in the CCG area.
- As the service is an extension of the GMS contract, services delivered under the core contract must be provided to patients during extended opening hours, including cervical cytology.
- Providers will be required to meet a KPI of 75% appointment usage to ensure VFM.
- The service price will be £205 per hour (GP, nurse, 2 receptionists (or 1 reception 1 HCA)).
- Target annual activity per hub: 1,048 hours or 9,432 appointments.
2.2 Spoke specification

The CCG will commission individual practices which express an interest and meet relevant criteria to deliver Spoke services – key points to note include;

- The service specification is largely based on the Hub specification.
- There are no geographical constraints on practices wishing to provide the service.
- Every practice providing the service must see patients registered with any GP practice in West London.
- Practices will not be required to open on Bank holidays.

3) Finance

The CWHEE Extended Hours business case, including West London-specific funding requirements of £2.8m per annum, was approved from a value for money perspective at the CWHHE Investment Committee in April 2015, following a rigorous assessment process.

The CCG has identified a budget for the relevant amount as part of its 2015/16 budget setting.

The table below details funding historically expended on Primary Care access services by the CCG, and compares it to the cost of the new model.

Figures are based on the target launch date of the new service of 1st November 2015.

<table>
<thead>
<tr>
<th>Service</th>
<th>14/15 £k</th>
<th>15/16 (PYE) £k</th>
<th>Service</th>
<th>15/16 (PYE) £k</th>
<th>16/17 £k</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extended Hours – Spoke</td>
<td>1005</td>
<td>586</td>
<td>New Extended Hours – Spoke</td>
<td>775</td>
<td>1860</td>
</tr>
<tr>
<td>Weekend opening - Hub</td>
<td>536</td>
<td>313</td>
<td>New Extended Hours – Hub</td>
<td>548</td>
<td>940</td>
</tr>
<tr>
<td>Enhanced access</td>
<td>1266</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>2807</td>
<td>899</td>
<td></td>
<td>1323</td>
<td>2800</td>
</tr>
</tbody>
</table>

The figures demonstrate that whilst overall investment is maintained over time, the CCG will achieve an increase in planned access outside core hours as a result of decommissioning Enhanced access (in-hours, walk-in provision), in April 2015, and using the associated funding to commission the new service model. This is in line with national policy to increase access for patients to routine primary care in evenings and at weekends.

As detailed above the value for money of the identified investment has already been tested and approved by the CWHHE Investment Committee, on the basis of
improved access to planned primary care outside core hours, and enhanced quality of service.

Additionally the CCG envisages that there will be financial efficiencies delivered through reduced A&E and UCC activity. Whilst it is not possible to quantify the level of efficiency delivered at this stage, assumptions will be made as part of 2016/17 QIPP planning and detailed in-year monitoring undertaken to assess the impact.

The proposal to commission the service for the specified amount was approved at the August CCG Finance and Performance Committee.

4) Quality

The investment will deliver improved service quality for local residents in a number of ways including the following;

- Quality of care is increased through improved access to GP services outside core hours, and delivery of care as close to the patient’s home as possible.

- The ‘Hub’ model:
  - ensures safety and operational effectiveness through two receptionists;
  - and
  - provides higher quality from the nurse service, as appointments are longer in length (15 mins) than standard (10 mins).

- SystmOne ensures that clinicians are able to review and update patient records in real time, providing a more effective service to patients. The recording of patient information directly into one record is time efficient for health professionals and reduces the clinical risk arising from handwritten/re-recorded notes or delays in the transfer of information between providers.

- Quality monitoring is greatly enhanced compared to the scrutiny applied to existing DES / LES / PMS / APMS contracts. Providers will be liable for ensuring equality of service to all patients and the new contracts have clear quality indicators.

- Availability of an increased level of extended hours at Spoke level ensures increased continuity of care for patients.

Conclusion

The Governing Body is asked to note the approach and progress to date in developing the new Primary Care Extended Hours service.