

DIRECTED ENHANCED SERVICE
EXTENDED HOURS ACCESS SCHEME

Part 1: Activity and Resources

1.1 AIMS OF THE SERVICE

- 1.1.1** To extend GP Practice opening hours beyond the core hours of 8.00 a.m. and 6.30 p.m.
- 1.1.2** To provide services before 8.00 a.m. and/or after 6.30 p.m. Monday to Fridays and/or at weekends.
- 1.1.3** To improve access to patients who currently experience difficulty in accessing GP services during core hours.

1.2 SERVICE TO BE PROVIDED

- 1.2.1** Any clinical session or sessions provided must be in addition to the contractor's normal provision of clinical sessions during core hours. Extended hours will include evenings (after 6.30 p.m.) early morning (before 8.00 a.m.) and weekends.
- 1.2.2** The arrangements must include the provision of a clinical session or sessions, provided by a health care professional¹, on a regular basis each week from the contractor's practice premises which are held at time other than during the core hours specified in the contractor's primary medical services contract.
- 1.2.3** The additional hours required during extended sessions are linked to the Contractor's patient list size (Contractors registered population - CRP). The minimum required amount of extra opening for each GP Practice is based on an additional 30 minutes per 1000 registered patients using the formula below:

Contractors CRP ÷ 1000 X 30 = additional minutes
Converted into hours and minutes rounded up or down to the nearest 15 minutes.

¹ 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.

Each Contractor is supplied with a Monitoring Tool Spreadsheet which calculates the number of minutes to be delivered under this contract per week.

- 1.2.4** Any clinical session or sessions provided must be provided in continuous periods of at least 30 minutes.

The bandings below illustrate the **minimum sessions** required for each practice based on list size. **Sessions will be designed dependant upon the number of hours rounded up or down to the nearest 15 minutes as per the Monitoring Tool Spreadsheet and calculation set out in 1.2.3.**

Bandings – based on Practice List Size 1 January 2011	Minimum <u>Sessions</u> to be delivered per week
Less than 1750	1 session of less than 1 hour
1750 to 5749	Minimum 1 session of 30 minutes or more dependant upon where the practice sits in the banding
5750 to 11749	Minimum 2 sessions of 30 minutes or more dependant upon where the practice sits in the banding
11750 to 19749	Minimum of 3 sessions of 30 minutes or more dependant upon where the practice sits in the banding
19750 +	Minimum of 4 sessions of 30 minutes or more dependant upon where the practice sits in the banding

NB. The actual session length will be different for each practice depending upon the number of hours to be delivered in the week overall - rounded up or down to the nearest 15 minutes depending on the outcome of the calculation.

- 1.2.5** The agreed period of time of any additional clinical session or sessions must be provided in full and may be met by a clinical session or sessions consisting of concurrent appointments which, when added together, provide the equivalent of the agreed period of time. GP Practices will be required to record this data on the data collection sheet (tailor-made Monitoring Tool Spreadsheet).
- 1.2.6** The Contractor is required to devise their extended sessions based on patient feedback (via local and national questionnaires and Patient Forums) for either early mornings, late evenings or weekend working.

The Contractor will be required to evidence their decisions and cooperate with the PCT in any review of the arrangements designed to establish whether the pattern of additional hours provided under the arrangements is meeting the requirements of the contracted registered patients.

- 1.2.7** Contractors operating branch surgeries and providing extended hours in branch surgeries will be required to ensure their allocated hours are split across the sites in line with patient split. Where Contractors do not want to open both branch and main surgery for extended periods, the Practice will need to evidence that the services will be accessible for the whole registered list and identify the delivery site. Practices should also take into account patient feedback in making this decision and state the reasons for operating from one site on the application.
- 1.2.8** The Contractor must co-operate with the 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' need, 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 Patients Reference Group where it is participating in the Patient Participation Directed Enhanced Service.
- 1.2.9** The Contractor is required to advertise extended hours sessions in all relevant promotional material and inform their patient forum if appropriate and update NHS Choices/any other websites that it currently uses.
- 1.2.10** Contractors will need to ensure that contingency plans are in place to cover annual leave, sickness absence, and other leave (excluding Bank Holidays) to ensure the agreed opening times remain unaffected. The GP Practice is required to deliver on the appropriate hours per week on a regular basis unless there are extenuating circumstances which must be reported to the PCT and recorded on the Monitoring Tool Spreadsheet.
- 1.2.11** The Contractor must set out 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.
- 1.2.12** 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.

1.2.13 GP Practice telephone systems at the site providing extended hours will be in operation during the extended periods. Patients requiring urgent care should be advised to contact the OOH providers. The exceptions to this are:

- Where there are free appointments available at the GP Practice during the extended session.
- Where there is a clinical reason why the patient should not be passed over to another provider e.g. cases of emergency.

1.2.14 Appointments will be available for both pre-bookable and walk-in patients (subject to appointment availability) for the delivery of those essential, additional and enhanced services, which are usually provided in hours by the health care professional working extended hours.

1.2.15 Contractors that would normally be delivering extended hour sessions on **Saturday, 24th December 2011** (Christmas Eve) and / or **Saturday, 31st December 2011** (New Year's Eve) may re-schedule these sessions at other times to be recorded on the Monitoring Tool Spreadsheet.

1.2.16 Contractors that have opted not to work on Saturdays linked to Bank Holidays and would normally be delivering sessions can re-schedule their appointments for another time.

List of Saturdays linked to Bank Holidays

Saturday, 23rd April 2011

Saturday, 30th April 2011

Saturday, 28th May 2011

Saturday, 29th May 2011

Saturday, 17th December 2011

Saturday, 7th January 2012

1.2.17 Contractors are required to complete the attached proforma detailing closures on the Saturdays linked to Bank Holidays to enable patients to be notified well in advance of service provision.

1.3 ELIGIBILITY CRITERIA

This DES is available to all Contractors that:

- Are not currently delivering extended hours.
- Those Contractors not yet participating but wishing to deliver extended hours with a cut-off date set at **1st July 2011** in line with Primary Care Directions.

- Maintain their current level of service during core hours (e.g. prior to **1st April 2011**). For example GP Practices should not substitute extended hours periods for current sessional work.
- Contractors continue to take part in the Primary Care access surveys.

1.4 ACTIVITY LEVELS

Activity will be commissioned on the basis of **£1.90** per registered patient as at **1st January 2011**.

Part 2: Payment Mechanism

- 2.1** The Contract type is block based on **£1.90** per registered patient as at **1st January 2011**.
- 2.2** The Contractor will receive monthly payments of one twelfth of the annual contract value (pro rata where the service commences part way through a month).
- 2.3** Where the Service agreed under the arrangements ceases to be provided at any time before **31st March 2012** a Contractor will not be paid for extended hours sessions that are not delivered. This will result in a recovery of funding.
- 2.4** If the Contractor does not fulfil the required minutes for the year, funding will be recovered based on the formula below:
- Total minutes ÷ Extended hours contract value × Minutes owed.
- 2.5** If the Contractor breaches any of the conditions of the contract, the PCT may in appropriate circumstances withhold the payment of any or any part of the extended hours scheme payment, otherwise payable until remedial action is taken.

Part 3: Performance Management

3.1 ACTIVITY FOR SUBMISSION TO THE PCT

Contractors are required to complete a Monitoring Tool Spreadsheet supplied electronically by the PCT and to submit this electronically 2 weeks after the end of each month.

The PCT reserves the right to suspend any payment to the GP Practice where the information required is not submitted in a timely manner.

Part 4: Excluded Services

- 4.1** For Contractors that are not contracted to deliver extended hours on Saturdays, clauses 1.2.15 to 1.2.17 are not applicable.

Part 5: Other Provisions

- 5.1** Contractors scheduled to carry out extended hours sessions on Christmas Eve and New Years Eve are able to reschedule sessions for another time.
- 5.2** The Contractor must make written application to the PCT to change the pattern of extended opening times at least one month before the change becomes effective. The PCT will only give approval where such changes reflect the views of the Contractor's patients. The Contractor will be responsible for notifying any approved changes to patients via Patient Forums, NHS Choices and any other websites used as set out in clause 1.2.9.