The Governing Body is asked to:

1) Ratify its decision to approve the Extended Hours Business Case and Service Specification, as agreed at the July 2015 Governing Body Meeting, Part II.

2) Ratify its decision to replace current weekend opening arrangements with the Extended Hour ‘hub’ model, as agreed at the July 2015 Governing Body Meeting, Part II.

Summary of purpose and scope of report

The Extended Hours Business Case and Service Specification were approved by the CWHHE Investment Committee on 23rd April 2015 for inclusion in the Out of Hospital Service Contract. The Extended Hours Service (EHS) specification was developed with clinical and patient input to support national and local commissioning intentions for improving and transforming patient access to General Practice, in line with the Prime Minister’s Challenge Fund.

For Central London CCG, the proposed service specification builds on existing weekend opening arrangements and will see the commissioning of three ‘GP extended hour service delivery points’ or ‘hubs’. GP practices delivering EHS will provide an extra 19.5 clinical hours in addition to core contracted hours for urgent and convenient care provision, ensuring equitable access and quality of service to patients registered or resident in Westminster.

Please note that a letter was sent to Clare Parker on the 16th June 2015 by the INWL GP Federations which outlined some comments and concerns regarding the Extended Hours service specification. Some of the concerns related to other services and systems outside of the service specification but that were necessary to support its delivery. Another concern related to the inclusion of the extended hours service in the Out of Hospital Services...
A response to the INWL GP Federations has been drafted and the CCGs will be addressing the operational concerns raised. As Out of Hospital Services are NHS Standard Contracts but the EHS is a primary care service, NHS England has requested that the extended hours be contracted via an APMS arrangement. The Out of Hospital Programme Team will be liaising with the legal team to integrate the terms of both the APMS and Out of Hospital Services contract; the expectation is that the contract for the EHS will be varied into the Out of Hospital Services contract.

Sue Jeffers, Managing Director of Hounslow CCG, and the Out of Hospital Programme Team are working with the INWL GP Federations to address the operational concerns raised and the hope is that in doing so, the existing specification will continue. Our target date for go live is early September 2015.

As there is no Governing Body in August and the target go-live date is the beginning of September, this business case and service specification are being submitted to part two of the Governing Body as the above discussions have not concluded. While the hope is that the specification will continue as is, there is a chance there may be a change; in light of this, it may be appropriate to delegate to Chair’s Action for final approval or, if any change to the specification is made in light of the concerns raised by the INWL GP Federations.

### Quality & Safety/ Patient Engagement/ Impact on patient services:

A task and finish group which comprised of patient representatives, clinicians and commissioning managers from across the CWHHE Collaborative was established to support the development of the service specification. Members of the Central London User Panel Executive Team have also provided input.

The proposed service will provide additional clinical capacity in general practice, at a time when there is considerable pressure on healthcare services as a result of rising patient demand. This will enable patients to receive high quality urgent and convenient care in a location closer to home and at a time more convenient for them.

### Finance, resources and QIPP

The CCG has an annual budget of £787,000 for initiatives relating to access in Primary Care (i.e. weekend opening). The total cost of Extended Hours can be absorbed within the existing budget providing that the commissioning of Extended Hours replaces current weekend opening arrangements. However if both services are commissioned in tandem this will result in a cost pressure of £724,857.

The commissioning of EHS is expected to result in a shift of urgent care activity to Primary Care. A QIPP plan has been established for the 2015/16 financial year with an estimated cost saving of £121,132 against an activity reduction of 1594.
### Equality / Human Rights / Privacy impact analysis

EHS providers will be required to ensure that all staff are aware of and can access interpretation and translation services for patients who are non-English speaking during extended hours. Appropriate provisions will also be made for patients with impaired hearing or sight ensuring equitable access to care.

Home visits are not included in the specified service, however urgent, convenient and continuity of care for housebound patients will be provided under other contracts (i.e. Rapid Response Nursing, District Nursing etc).

### Risk

<table>
<thead>
<tr>
<th>Risk</th>
<th>Mitigating actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>There is a risk that the INWL GP Federations will not sign up to the existing service specification, delaying the introduction of an Extended Hours Service.</td>
<td>Discussions to address the concerns raised are on-going with the INWL GP Federations and LMC with a view to resolving the operational and contractual issues in order to go-live with the existing specification in September/October.</td>
</tr>
<tr>
<td>It may not be possible to integrate the APMS arrangement into the existing Out of Hospital Services NHS Standard Contract.</td>
<td>The current weekend opening service would continue until the Extended Hours Service starts.</td>
</tr>
<tr>
<td>The required level of activity to utilise the additional capacity may not be met.</td>
<td>Alternative contract arrangements would be required.</td>
</tr>
<tr>
<td>Individual GP practices may not have the</td>
<td>While the activity levels are lower than anticipated for weekend opening, the model for the EHS is different e.g. introducing pre-bookable appointments, therefore it is envisaged it will support an increased level in activity. Following the six month review, if it is clear that patient behaviour indicates specific times are more popular and others are not utilised, there is flexibility in the specification to retarget capacity to different times based upon patient’s behaviour.</td>
</tr>
</tbody>
</table>

The Out of Hospital Contract requires GP
appetite to deliver Extended Hours (12 hours per week, 12 hours over the weekend).

There are not enough clinicians available within the workforce to deliver the additional extended hours services.

GP providers may reduce/substitute core hour or DES activity as a result of extended hours.

Potential savings identified under QIPP may not be realised in 2015/16

Increased prescribing activity and expenditure may result in a cost pressure.

federations/network to ensure 100% population coverage of all 19 OOHS services including Extended Hours; Central London Health is currently undertaking a service mapping exercise.

GP practices have been encouraged to work collaboratively within their networks; sharing staff resources to support the delivery of EHS.

The EHS specification requires providers to maintain existing standards of access and availability during core contracted hours or DES hours; EHS will be subject to joint monitoring by the CCG and NHS England.

SystmOne Out of Hour Module has been procured and will enable the separate reporting of extended hours activity from core hour/DES activity for monitoring purposes.

EHS providers are expected to reserve a minimum of one GP appointment slot an hour for NHS 111 /UCC patient directions/redirection; CCG will work with NHS 111 and Urgent care providers to design a safe pathway for directing patients into EHS. Promotional campaign will be carried out to publicise and encourage use of the service.

Prescribing activity will be monitored via the SystmOne Out of Hours Module; there will be a six month OOHS contract review to test initial OOHS activity and financial assumptions.
Supporting documents

<table>
<thead>
<tr>
<th>Governance and reporting</th>
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<tbody>
<tr>
<td>Committee name</td>
</tr>
<tr>
<td>Governing Body, Part II</td>
</tr>
<tr>
<td>CWHHE Investment Committee</td>
</tr>
<tr>
<td>Finance and Performance Committee</td>
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</tbody>
</table>
OUT OF HOSPITAL SERVICES:
CWHHE EXTENDED HOURS BUSINESS CASE

OVERALL STRATEGY

1. **SaHF – ‘Care Closer to Home’**

This Extended Hours Business Case is developed within the context of ‘Shaping a Healthier Future’ (SaHF), a clinically led programme that seeks to transform the quality of the NHS across North West London; delivering more care closer to patients’ homes and ensuring consistently high quality services are available from out of hospital services. The work requires radical changes to the settings of care within the NHS to respond to the challenges faced in providing consistent, high levels of healthcare for an ever-changing population.

The recently produced SaHF Implementation Business Case recognises that the delivery of a new model of care for patients - from home care through to specialist hospital care - is interdependent on CCGs’ Out of Hospital Strategies, which have primary care at the heart of the change.

The proposal for delivering better out of hospital care is based on:
- delivering more services closer to patients’ homes;
- improving quality and patient experience; and
- extending the range of services available to the whole population.

Investment in primary care, through the Out of Hospital Services range, includes the provision of Extended Hours Services (EHS) which is critical to enabling real alternatives for patients.

Without this investment in general practice, CCGs will not be able to deliver the primary care transformation which is core to the delivery of our Out of Hospital strategies.

Therefore, in line with national and local strategies, the collective ambition of the CWHHE CCGs is to move forwards, not backwards, with increasing access to primary care services.

2. **PMCF – ‘Convenient Care, Continuity of Care and Urgent Care’**

In 2014/15, NWL CCGs were awarded £5 million from the Prime Minister’s Challenge Fund (PMCF) to pilot innovative ways for improving patient care and access in general practice.

PMCF funding has provided the infrastructure to enable improved access to general practice. Through investing in EHS, the CCGs are building on this infrastructure investment recurrently. The EHS delivery models are expected to vary between CCGs, recognising differing historical delivery models and financial situations.
In line with PMCF ambitions, EHS will deliver more flexible and accessible primary care through the provision of Convenient Care, Continuity of Care and Urgent Care. The EHS service specification requires:

- Service providers to provide GP network-based 7 days working per week (12 hours per weekday, 12 hours per weekend), accessible by the whole CCG patient population, for the intended purpose of delivering improved outcomes through routine and urgent care provision.

- EHS will be delivered in addition to core hours (as defined in the existing GMS, PMS and APMS contracts), for which providers are required to be fully compliant, and in addition to any other additional clinical sessions delivered outside core hours under the Extended Hours Directed Enhanced Service (DES). In addition, CCGs will work with NHSE to ensure that EHS will not be commissioned from any practice for whom NHSE has issued a contractual notice regarding non-adherence to core contractual hours. (Currently no CWHHE GP practices have been served with a breach notice for core hours).

- EHS will be delivered by a group of GP providers to all patients registered with their constituent practices, hence ensuring equitable access and quality of service to the entire population group.

- The EHS Business Case presents a real opportunity to align proposals currently being developed under the Urgent Care System SAHF project. This project will see urgent care services operating as part of the wider Primary Care offering, maximising the use of primary care capacity.

- Additional clinical capacity will be provided in general practice, using nurses as well as doctors, at a time when there is considerable pressure on healthcare services as a result of rising patient demand. This will enable patients to receive continuity of care as well as urgent care in a location closer to home and at times more convenient for them. The old GP weekend opening LES and Extended hours LES provided out of hours GP provision to deliver urgent care at convenient times. The new OOH Extended Hours specification ensures that care provision also provides continuity for those that require and need it.

- The majority of practices across CWHHE are now using one clinical system (SystmOne) which is also used by other providers, ensuring timely and accurate recording of primary care, A&E, UCC and other healthcare information on the patient record; in addition, ‘real time’ reporting will enable greater scrutiny and quicker response to adverse variations in delivery from providers.

- CCGs will work with NHS England to jointly monitor access across the respective NHS England and CCG contracts through regular monthly meetings.

3. **Behaviour Change – building patient confidence**

The aim is to build the confidence of the public in using primary care services, recognising that previous investment in one-off services resulted in piecemeal, ad hoc coverage.
In addition, lack of publicity due to the non-recurrent nature of the services, has further undermined the public’s knowledge of such services, in contrast to well-known accessible NHS services, such as A&E.

It is recognised that this awareness raising initiative will be a long term exercise but CWHHE already has examples of successful models of care where communication to the public through traditional media advertising, as well as the use of social media, has delivered results. The practices developing the new EHS must take an active role in promoting them to patients.

CURRENT POSITION

1. Significant Variation

Due to differing commissioning approaches in the past, CWHHE practices currently deliver a range of differing EHS through LES contracts commissioned by individual CCGs at variable skill-mix, prices, practice/population coverage and hours, as well as DES contracts commissioned by NHSE\(^1\). There is not a NHSE core contractual requirement for GMS practices to provide core clinical hours there is just a requirement for reception to be open.

A summary of the LES and DES coverage given below illustrates these significant variations.

**LES & DES Coverage by CCG**

**Table: 2014/15 LES Coverage**

<table>
<thead>
<tr>
<th>CCG/LES</th>
<th>Weighted List Size</th>
<th>14/15 No. of LES/Total Practices</th>
<th>14/15 Capacity (Hours)</th>
<th>14/15 Capacity (Clinical Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CL Weekend</td>
<td>186,386</td>
<td>4/35</td>
<td>3,328</td>
<td>5,824</td>
</tr>
<tr>
<td>WL Weekday</td>
<td>220,147</td>
<td>33/52</td>
<td>8,961</td>
<td>8,121</td>
</tr>
<tr>
<td>WL Weekend</td>
<td>4/52</td>
<td>3,328</td>
<td>6,656</td>
<td></td>
</tr>
<tr>
<td>H&amp;F Weekday</td>
<td>184,712</td>
<td>20/31</td>
<td>6,915</td>
<td>11,451</td>
</tr>
<tr>
<td>H&amp;F Weekend</td>
<td></td>
<td>4/31</td>
<td>1,848</td>
<td>1,848</td>
</tr>
<tr>
<td>Hounslow Weekend</td>
<td>277,838</td>
<td>27/54</td>
<td>3,060</td>
<td>2,420</td>
</tr>
<tr>
<td>Ealing Weekday</td>
<td>373,869</td>
<td>74/79</td>
<td>4,414</td>
<td>4,414</td>
</tr>
<tr>
<td>Ealing Weekend</td>
<td>16/79</td>
<td>576</td>
<td>432</td>
<td></td>
</tr>
<tr>
<td>CWHHE</td>
<td>1,242,955</td>
<td></td>
<td>32,430</td>
<td>41,166</td>
</tr>
</tbody>
</table>

**Table: 2014/15 DES Coverage**

\(^1\) DES funded at £1.90 per registered patient per annum, with sessions provided, as a minimum, equating to 30 minutes per registered 1,000 patients

\(^2\) Ealing EHS is for 4 months’ activity
2. Moving forwards

CWHHE CCGs are committed to moving forwards, with increasing access to primary care services.

Further to the short term pilots conducted by CCGs to increase access, the learning from the various initiatives has informed the proposed standardised model for EHS to be deployed across CWHHE, as well as the development of specific CCG schemes to meet local population needs.

This approach ensures that a high quality service model is implemented as standard for all CCG populations, whilst allowing for local variation to reflect local demand and circumstances.

Over time, service coverage is expected to increase for all CCGs, and with effective publicity and growing confidence from patients using the new services, we would expect to see a high take up of services.

FUTURE POSITION

1. Principles

- The EHS will provide clinical assessment, treatment and advice to patients at a time more convenient to them, with all CWHHE patients having access through EHS delivery points or 'hubs' in each CCG area, as well as local EHS where the CCG chooses to invest in additional schemes.
- As well as Urgent Care, the EHS will provide continuity of care.
- The pricing will be consistent and in line with the approach approved by the CWHHE Investment Committee for OOHS, i.e. bottom up pricing, appropriately reflecting service costs.
- In line with all OOHS, SystmOne to be used to support referrals between GP practices and the EH service providers in the CCG area a critical factor in providing continuity of care and ensuring the networked hub service is clinically safe.

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3 Includes activity from a practice which started the service Dec 14
2. Proposal

CWHHE Service Delivery Points or ‘Hubs’

The provision of networked hub additional clinical capacity across 7 days a week and 12 hours per day is the only way that CCGs and practices can deliver the national aspiration. To have every practice open 7 days a week and for 12 hours per day would be unaffordable to CCGs and the practices would not be able to find the workforce to deliver it.

Service providers will deliver additional clinical capacity at primary care locations across the CCG, by extending primary care opening hours to 12 hours a day (generally 7am to 7pm or 8am to 8pm, depending on local demand) during weekdays and a total of 12 hours at the weekend.

The service will be delivered by a GP and nurse, supported by two receptionists, as minimum requirement, which may be increased to meet local circumstances and get closer to meeting national ambition.

Specifically, the service provider will:

- Provide an extra 7.5 hours of consultations each week Monday to Friday (i.e. 5 x 1.5 hours), which must be provided in the early morning and/or early evening outside of GMS core contracted hours. These hours could be delivered concurrently with any additional clinical sessions provided under the existing PMS/APMS contracts and/or the Extended Hours DES. N.B. Practices offering EHS to all patients, in addition to DES to their own patients, must be separately resourced to deliver both services, which will be subject to monitoring by the CCG and NHSE.

- Provide 12 additional hours of clinical consultations each 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).

- 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.

- CCGs can determine their own level of provision, with a minimum requirement of one provider per network/locality.

- The service must be provided not only for the respective GP practice’s own population, but must also provide access for patients from other 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.

Prior to the commencement of the contract, the service provider and commissioning CCG will need to agree service opening times, including bank holidays, in line with known patient preferences, whilst taking into account UCC/A&E usage data (i.e. peak patient arrival times).

The service provider will be expected to review opening times as part of on-going service improvement; any proposed changes to opening times will need to be agreed and signed off by the commissioning CCG before implementation.

Other OOH services may be delivered by the EHS to meet demand, for example, wound care by the nurse, and will be included in the activity plan.

Providers will be required to meet a KPI of 75% appointment usage to ensure VFM.

The service price will be £205 per hour.

Target annual activity per hub: 1,048 hours or 9,432 appointments\(^4\).

Each EHS delivery point will have an activity plan detailing the expected type and level of activity to be delivered and skill-mix to be deployed.

**Individual CCG EHS Schemes**

- CCGs may choose to invest in additional CCG specific EHS with GP practices as part of the contract with the Federation/Locality.
- For local extended hours ‘spoke’ schemes, the clinical skill mix and price may be varied to meet capacity requirements, in line with agreed standard staff costs.
- The CCG EHS must be in addition to core contract hours.
- All CCG registered patients must be able to access the CCG EHS.

**3. Communications**

Effective communication of services is vital: CCGs will work with NHSE to identify and map all EHS, including hubs, ‘spokes’ and DES, for each CCG and publish to the public to ensure clear and accurate information about all primary care opening hours.

The OOHS Patient Engagement and Communication Working Group is developing a communications plan, working with local patient groups to publicise services.

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\(^4\) 1,014 hours (19.5 hours per week x 52 weeks) + 34 hours (6 hours x 8 days) for bank holidays @ 9 appointments per hour (5 GP; 4 Nurse)
4. Contract Monitoring

NHSE has confirmed that it will work with CCGs to jointly monitor access across the respective NHSE primary care contracts (GMS/PMS/APMS/DES) and CCG EHS contracts through regular monthly integrated contract monitoring meetings.

The technical capability and functionality of SystmOne includes reporting on the number of completed appointments. This data will be included in integrated performance reports which will also include DES hours appointments. This will enable systematic identification of any access breaches by both NHSE and the CCGs.

To avoid the risk of double payment, the Federation plans for EHS will be monitored in comparison to the DES delivery information from NHSE. CCGs will ensure that, where plans include practices delivering both the DES and EHS, both services are appropriately resourced.

This information will provide a baseline against which commissioners will monitor the increase in GP (principally) and nurse appointments with associated benchmarking and a rolling programme of audit. The purpose of this will be to identify the extra GP capacity being created, as well as any shortfall in both the GP and nurse workforce to meet the NHSE DES specification and CCG EHS specification, which would inform workforce development requirements.

In line with the approach to OOHS contract monitoring, there will be a six months’ moratorium on the contract sanctions process to allow time for the bedding in of the contract, with a discretionary approach taken towards the next 6 months.

4. Evaluation

In line with other OOH services, a six month review of the EHS will be conducted. This will include data from the contract monitoring, as well as information from patient experience surveys, being developed by the OOHS Patient Engagement and Communications Group. The report will therefore deliver both quantitative and qualitative analysis of the service.

BENEFITS SUMMARY

1. Quality

- Quality of care is increased through improved access to GP practice services for patients, helping to realise the aim of delivering care as close to the patient’s home as possible, as opposed to large acute providers, and at times convenient to patients.

- 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/rerecorded notes or delays in the transfer of information between providers.
- Equality of access within the CCG geographical area is ensured by: 1) EHS being provided, not only to those who attend the provider practice, but also for the population; and 2) addressing the inequality that existed with DES/LES, where if a patient’s practice did not deliver a DES/LES, they may have to access the hospital for this service. However, equity of access may not exist between CCGs where differing levels of extended hours access is commissioned.

- 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.

- CCGs will not commission a hub which is not meeting core contract hours\(^5\).

2. Capacity & Value for Money

- Investment in CWHHE EHS in 2015/16 is planned to increase by 39%, with EHS clinical activity increasing by 59%, as summarised below by CCG:

Central London
- The current EHS scheme is limited to weekends only. The planned service will deliver additional capacity in the evenings as well as at the weekends, where the opening hours will be extended beyond the standardised ‘hub’ model. The 2015/16 investment is planned to deliver an additional 18% clinical capacity.

West London
- The CCG is planning further investment from 2015/16 in EHS through the deployment of both ‘hubs’ as well as local schemes. Additional investment of 75% is planned with the aim of delivering increased clinical capacity of 80%.

Hammersmith & Fulham
- Although the CCG commissioned more hours under the 14/15 LES, they were not fully utilised and therefore it has been a value for money decision to reduce the hours. However, the 2015/16 budget of £1,371,000, still represents the highest population coverage rate in CWHHE (based on weighted population figures).

Hounslow
- The current EHS scheme is limited to weekends only. The CCG has increased its investment from £560k in 2014/15 to £1,154k in 2015/16 to ensure delivery of an EHS hub in each of its five localities, providing evening and weekend access.

Ealing
- The CCG was not satisfied that value for money from the LES extended hours services had been evidenced, as well as having the workforce to deliver a sustainable position. The CCG is therefore proposing to start with three EHS ‘hubs’ and extend this as needed, balanced with affordability.

\(^5\) N.B. There is not a NHSE core contractual requirement for GMS practices to provide core clinical hours there is just a requirement for reception to be open.
COMMITTEE ACTION

As the national ambition to have all practices open 7 days a week and for 12 hours per day is unaffordable and there is not the workforce, the proposed Out of Hospital Extended Hours Service, at a total cost of £7,109,572 enables the CWHHE to commission services to meet the national strategic direction of travel and our Out of Hospital strategy.

For Central London CCG specifically, the Governing Body is asked to:

1) Ratify its decision to approve the Extended Hours Business Case and Service Specification, as agreed at the July 2015 Governing Body Meeting, Part II.

2) Ratify its decision to replace current weekend opening arrangements with the Extended Hour ‘hub’ model, as agreed at the July 2015 Governing Body Meeting, Part II.
Commissioning Objective

- Reduce avoidable attendances to A&E/UCC through the provision of GP weekend walk-in service
- Improving patient experience of primary care

Number and location of service delivery points

- 4 GP weekend opening delivery points;
  - North West London Medical Centre (North Locality)
  - Third Floor Medical Centre (North Locality)
  - The Connaught Square Practice (Central Locality)
  - Pimlico Health @ The Marven Surgery (South Locality)

CWHHE EXTENDED HOURS

- Improving patient access to high quality urgent and convenient care
- Improving patient experience of primary care
- Promoting the appropriate use of unscheduled and primary care services through the redirection of patients to the right service for their health need

3 Extended Hours service delivery points (one per locality network)

The location of the delivery points will be agreed by the CCG on receipt of service mapping from Central London Healthcare. Consideration will need given to the population coverage of A&E/UCC activity and areas with good transport links.
As NHS contractors, GPs have a duty to provide immediately necessary treatment to any patient, regardless of whether or not that patient is otherwise entitled to NHS care. GPs are entitled to use their clinical judgement to determine what constitutes immediately necessary care (Department of Health, 2013).

### Acceptance Criteria

- The service does not exclude on the basis of GP registration or residency; all patients with an urgent care need will be seen by a GP/Practice Nurse.
- Patients who are registered with a CCG constituent practice
- Patients who are resident within the commissioning CCG’s geographic coverage who are not registered with a constituent practice

### Service Opening Hours

- Open Saturday and Sunday including seasonal periods (i.e. Easter and Christmas).
- The service provider will:
  - Provide an extra 7.5 hours of clinical consultations each week, Monday to Friday (1.5 per day) outside of GMS contracted hours;
  - Provide 12 additional hours of clinical consultations each week on Saturday and Sunday;
  - The service is expected to open six hours per day every public/bank holiday
<table>
<thead>
<tr>
<th>Clinical Slot Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ The annual activity per practice: 832 hours or 7280 appointments;</td>
</tr>
<tr>
<td>▪ GP and each nurse are expected to see a minimum of 10 patients per hour between them</td>
</tr>
<tr>
<td>▪ Service operates on a walk-in or same day appointment basis.</td>
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</table>

<table>
<thead>
<tr>
<th>Staff/skill-mix</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Minimum requirement includes x1 GP, x1 Practice Nurse and a receptionist</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Clinical Scope</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Clinical assessment, and treatment service for patients presenting with minor injuries and mild to moderate illnesses</td>
</tr>
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<tbody>
<tr>
<td>▪ The annual activity per EHS delivery point: 1,048 hours or 9,432 appointments.</td>
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<tbody>
<tr>
<td>▪ The service provider can offer a range of appointment options including pre-bookable slots (14 days ahead), NHS 111 patient redirection slots as well as telephone consultations.</td>
</tr>
<tr>
<td>▪ Local practices will have visibility of extended hour appointments via the SystmOne Out of Hours Module, which will facilitate direct booking into EHS slots.</td>
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<tbody>
<tr>
<td>▪ Clinical staffing/skill-mix may be flexed to need but must include a GP as a minimum requirement and may include a nurse and a receptionist/HCA.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>The service provider will provide:</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ A clinical assessment and treatment service for patients presenting with both urgent and convenient care needs;</td>
</tr>
</tbody>
</table>

7 1,014 hours (19.5 hours per week x 52 weeks) + 34 hours (6 hours x 8 days) for bank holidays @ 9 appointments per hour (5 GP; 4 Nurse)
The CCG’s allocated budget for primary care ‘enhanced access’ services = £787,000

- Self-care management information and advice
- Cervical screening and contraceptive services
- Seasonal influenza and pneumococcal immunisations
- Childhood vaccines and immunisations
- Wound care management and phlebotomy services; the provider will charged for this as additional items of service during extended opening hours.

### Key Performance Indicators (KPIs)

- None specified.
- The number of patients seen during extended hours per month (75% appointment usage target)
- The number of patients seen during extended hours per month who are not registered with the provider practice (% target to be agreed)
- The number patients satisfied with extended hours provision in relation to service accessibility and quality of care (Based on survey results, % target to be agreed)
- The number patients who stated they would have attended A&E/UCC had the intervention not taken place in primary care (Based on survey results, % target to be agreed)

### Service Cost

- **Hourly Service Cost**: £180 per hour. This has been costed to includes 1 GP, 1 Nurse and 1 Receptionist
- **Hourly Service Cost**: £205 per hour. This has been costed to include 1 GP, 1 nurse and 2 Receptionist/HCA

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[8] The CCG’s allocated budget for primary care ‘enhanced access’ services = £787,000;
- **Estimated Annual Cost**: £736,424

- **Estimated Annual Cost**: £724,857; the remaining balance of £62,143 can afford the CCG an additional 303 extended hours per annum (equivalent to 2 hours per week for each EHS practice) = 1,295 hours per annum.

**IT costs:**

- **SystmOne Out of Hours Module**: the non-recurrent set up cost £5000 per delivery point will be funded via the PMCF budget.

- **IT support during the weekend**: estimated at £60,000 p.a. per CCG is included in costings (see Appendix 3).