SCHEDULE 2 – THE SERVICES

A. Service Specifications

This is a non-mandatory model template for local population. Commissioners may retain the structure below, or may determine their own in accordance with the NHS Standard Contract Technical Guidance.

Service Specification No.	
Service	Improving Access 2018-19
Commissioner Lead	Sarah Southall, Head of Primary Care
Provider Lead	
Period	April 2018- March 2019
Date of Review	March 2019

1. Population Needs

1.1 National/local context and evidence base

The General Practice 5 Year Forward View is a national response to the challenges that are faced in General Practice. The NHS needs to transform how care is delivered due to demographic changes increasing demand for healthcare services, and the available resources are not increasing at the same rate. Services provided in primary care, and particularly those offered by local GPs, are already under severe pressure. So that local people can continue to receive the same (or better) levels of service than they currently enjoy, the CCG needs to support new ways of working that help GPs and primary care become sustainable in the longer term.

The *General Practice Forward View* provides the support for practices to build the capacity and capabilities required to meet these needs, including support to adopt new ways of working (at individual, practice and network or federation level) and to develop different ways of managing clinical demand. In addition to increasing self-care, this includes the use of different triage methods and development of the broader workforce, or alternative services.

In delivering improved access we will want to secure transformation in general practice, including a step change in our use of digital technologies, support for urgent care and changes in general practice services that lay the foundations for general practice providers to move to a model of more integrated services through delivery of new models of care as we describe in the General Practice Forward View and Five Year Forward View.

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	√
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	
Domain 4	**Ensuring people have a positive experience of care**	√
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	√

2.2 Local defined outcomes

The following outcomes are taken from the CCG Primary Care Strategy

• promote the health and wellbeing of our local community
• ensure that our population receive the right treatment at the right time and in the right place
• reduce early death and improve the quality of life of those living with long term conditions; and
• reduce health inequalities
• Access to a range of standard primary medical services 8am to 8 pm 7 days a week through a combination of GP practice, extended Hours and Out of Hours Services provision with full access to a patient's notes irrespective of how or where access occurs.

3. Scope

3.1 Aims and objectives of service

In Wolverhampton we have been supporting the development of new models of care that enable practices to work together at scale to improve access to primary care services. Our primary care strategy is built on the foundations as detailed in the General Practice Forward View and sets out how we will transform primary care in Wolverhampton.

Over the past year, substantial progress has been made in developing new models of care groups. All Practices in Wolverhampton are now aligned to a primary care group, and commissioning of transformation fund work streams has been happening on a group level.

Hub working within these groups has been established, with practices sharing patient records under data sharing agreements using EMIS remote. Extended access aims to build on this work, so that capacity meets the national requirements set out in this specification.

Drivers for this Incentive scheme:	
Our Vision for Primary Health Care in Wolverhampton as per the Primary Health Care Strategy 2016-2021 is to deliver universally accessible high quality out of hospital services that:- • promote the health and wellbeing of our local community • ensure that our population receive the right treatment at the right time and in the right	Treating Patients in the Community from 2016-2021 the CCG will prioritise developing:- • access to a range of standard primary medical services 8am to 8 pm 7 days a week through a combination of GP practice, • Extended Hours and Out of Hours Services provision with full access to a patient's notes irrespective of how or where access occurs.

place • reduce early death and improve the quality of life of those living with long term conditions; and • reduce health inequalities	• This will include use of technology to develop a number of non-face- to-face consultations including emails and telephone triage of the majority of appointment requests.

3.3 Core Requirements
National allocations for improving access are designed to be used to stimulate development of at scale providers for improved access, stimulate implementation of the 10 high impact actions to free up GP time, and secure sustainability of general practice.

In addition to the 10 High Impact Actions NHS England have identified 7 core requirements to delivering improved access to primary care.
It is acceptable for urgent and emergency care and extended access services to be integrated. For example, UTC and extended access operating from the same place and working together. It will be crucial to ensure integration of extended access with out of hours and urgent care services, including NHS 111, UTCs and local clinical hubs. NHS 111 should be able to book extended access as part of the urgent care offer. Additional access funding is intended to develop general practice at scale as part of a wider set of integral services, not just deliver additional appointments.

These 7 requirements would be the initial priorities for practice groups implementing Improved Access:

Timing of appointments:
Commission weekday provision of access to pre-bookable and same day appointments to general practice services in **evenings (after 6.30pm)** to provide an additional 1.5 hours.
Commission **weekend provision of access to pre-bookable and same day appointments** on both Saturdays and Sundays to meet local population needs.

Practices will be required to provide robust evidence, based on utilisation rates, for the proposed disposition of services at quarterly intervals to confirm progress against their agreed model of delivery within a specified format.

Capacity
In order to manage the workload effectively practices are encouraged to **work at scale within their practice group to share their resources**. Central to this will be discussion not only at practice level but also with patients' involved to ensure their suggestions are given consideration and the proposed delivery model is co-produced between both parties.

Practices are required to **provide incremental additional minutes per 1000 patients during 2018/19 as set out below**, to be achieved through working at scale. 100% of the population will need to be able to access this provision, and will need to be on a 7 day basis continuously throughout the year (including bank holidays). This is now mandated and that practice groups need to submit a plan for how they will seek to deliver this extended access. Working from the group lists we will be able to calculate the additional time per practice group.

2018/19

Q1	Q2	Q3	Q4
20 mins/1000 patients	20 mins/1000 patients	30 mins/1000 patients	30 mins/1000 patients

Measurement
Ensure usage of a nationally commissioned new tool to be introduced during 20171/8 to automatically measure appointment activity by all participating practices, both in-hours and in extended hours. This will enable improvements in matching capacity to times of great demand.

Local reporting will also be required.

Advertising and ease of access

Ensure services are advertised to patients, including notification on practice websites, notices in local urgent care services and publicity into the community , so that it is clear to patients how they can access these appointments and associated service;

Ensure ease of access for patients including:
All practice receptionists able to direct patients to the service and offer appointments to extended hours service on the same basis as appointments to non-extended hours services
Patients should be offered a choice of evening or weekend appointments on an equal footing to core hours appointments.

Digital

Use of digital approaches, such as online consultation and two way texting, to support new models of care in general practice will be pivotal to the success of working at scale and achievement of the 10 High Impact Actions. Therefore, **suitable and sufficient interoperability within clinical systems to enable information sharing must be in place.** The CCG's GP Forward View Implementation Plan seeks to ensure this is achieved as a priority.

Inequalities

Practices will be required to demonstrate that they have not **only involved patients in the delivery plan** but also on an ongoing basis demonstrate how they have **collected and reviewed patient feedback**. This will of course assist them in identifying early indications of patient satisfaction levels and areas that may require change/ intervention. Any inequalities in patients experience can then be identified as an early warning and addressed.

Practices will need to demonstrate that an assessment of population requirements has taken place, and that work has been done to identify and plan pathways for vulnerable patients.

Almost all practices are able to fulfil this requirement at the time of this specification being compiled.

Effective access to wider whole system services

Whilst working towards the 10 High Impact Actions the practice team will **navigate the patient to the most appropriate professional** within the practice team and/ or via social prescribers that will be readily available in the city. This will enable effective connection to other services **enabling patients to receive the right care at the right time in the right place**.

Care Navigators will play a key role in achieving this requirement.

3.4 Improving Access for All

The General Practice Patient Survey suggested that some groups of patients are experiencing barriers in accessing primary care services and the National Audit Office has proposed that new initiatives should work towards reducing these inequalities as well as improving access overall.

The Equality Act 2010 prohibits unlawful discrimination in the provision of services on the grounds of age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. These are the "protected characteristics".

Under the Health and Social Care Act 2012, CCGs must, in the exercise of their functions, have regard to the need to reduce inequalities between patients with respect to their ability to access health services, and reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.

One of the seven core requirements for implementing improved access is to address issues of inequalities in patient's experience of accessing general practice, identified by local evidence, and put

actions in place to resolve this. Greater emphasis is being placed on inequalities and improving access for harder to reach groups. Practices will need to be able to demonstrate that work has taken placeto identify individuals and groups sharing one or more protected characteristics that do not currently experience easy access to general practice services, and subsequently do not experience the same health outcomes as the rest of the population. Guidance from the NHS Planning and Contracting guidance 2017/19 identifies the areas where this needs to be addressed below, as outlined below. Further explanation can be found at https://www.england.nhs.uk/wp-content/uploads/2017/07/inequalities-resource-nov17.pdf

1) staying healthy/ identification of the problem- poor health literacy

Health literacy is defined as "The personal characteristics and social resources needed for individuals and communities to access, understand, appraise and use information and services to make decisions about health." World Health Organisation (WHO), 2015. It defines a person's ability to know when and where to seek support.

Some groups are more at risk of developing a health and wellbeing problem due to an experience such as drug and alcohol addiction, gang or serious youth violence, harmful sexual practices, domestic violence or harmful cultural / religious practices such as female genital mutilation and modern day slavery. For these groups it can be difficult to identify health issues which require intervention or to make a decision to seek help.

Consideration is needed for health materials, as 43% do not understand health information in the format that NHS provides it in.. other methods that may be considered include Health Champions- utilizing volunteers to engage other patients, organise activities and provide support.

2) self care/ decision to seek help

Personal factors such as literacy and educational status, expectations of aging, stoicism and self-esteem can all affect an individual's decision to seek help at an appropriate time resources available (such as finances, support from friends and family, transport) carer responsibilities; perceptions of health services (such as perceived limited resources in healthcare) and historic experience of healthcare, all play a role in supporting or hindering an individuals decision to seek help.

New migrants, refugees and asylum seekers may struggle, especially if they feel uncertain about their entitlements, perceive a lack of need for healthcare or hold any fears about an overlap between health and immigration services

Limited knowledge of what services are available and referrals to specialist services also impacts on an individuals choice to seek help.

Practices will be expected to consider the significance of their planned activity on these groups, and the impact that it may have.

The waiting room environment/ experience can have an impact on these principals, so consideration should be given to Signage, information about apt timings, and information on other services that are available. Jayex screens should be utilised for a number of different promotions.

3) actively seek help

Patients need to feel a sense of belonging to the practice with which they are registered, in order to be engaged with their provider and be active about seeking help when needing it.

For example, newly arrived migrants may have no previous experience or knowledge of the health care system, so may require support to access and navigate the process.

The homeless, offenders, Gypsy, Traveller, and Roma communities and people in some rural

communities experience health inequalities. These people are at an additional disadvantage because of their potential lack of internet access or broadband.

NHS England's "Inclusion Health" definition includes groups of people who are not usually well provided for by healthcare services and have poorer health outcomes. ** include link4) obtain an appointment

There are barriers to accessing Gp registration for example inability to provide paperwork. There are also barriers in the booking process that disadvantage certain characteristics and communities. For example, these with hearing impairments, difficulty in using the system/ phone, short time frames offered such as on the day only appointments.

Consideration needs to be given to internal processes that will enable a better access route for appointments.

4) get to an appointment

There are various issues that may influence attendance to appointments, including

Family commitments, Geographical location, Access to transport and Work/ school commitments. These issues need to be considered when developing access and services. Different types of consultation may be suitable in these circumstances, and may enable access.

3. 4 Service description/care pathway

Practices and their respective model of care should consider each of the 10 High Impact Actions and develop a series of actions to undertake during the period to demonstrate how individual practices and their respective practice groups will work collaboratively to achieve improvements against the 10 high impact actions and demonstrate at Q4 (Jan- Mar 2019) what the extent of success has been.

As part of the development and monitoring of the delivery plan the CCG expects practices/ practice groups to demonstrate how the patients voice has been encouraged, heard and acted upon so that it is duly reflected in the success that is reported.

Practice groups can consider other outcomes that they wish to deliver for their practice population, however Practice groups should refer to the 7 Core Requirements where appropriate when describing the actions to deliver the 10 High Impact Actions and the expected outcomes.

3.5 Payment

Practice groups taking part in the scheme will receive payment based on their practice list size. Payment will be made at a rate of £3.34 per patient.

3.6 Monitoring and Reporting Requirements

Practice groups will be required to produce a quarterly assurance report to the CCG detailing the progress made on their delivery plans within the quarter.
A reporting template is attached in appendix A, and will need to be completed by each practice/ clinical network participating in the scheme to allow the CCG to monitor progress.

Practices will be required to use the national tool supplied by NHSE to report progress, workload, and appointment capacity so that appointment activity can be better matched to supply demand.

3.7 Population covered

This service specification can be adopted by all practices within Wolverhampton. Therefore all patients registered with a practice in Wolverhampton can benefit from the interventions proposed herein.

3.8 Any acceptance and exclusion criteria and thresholds

Practices must be open during core hours (between the hours of 8:00 am and 6:30 pm). Practices that regularly close for half a day on a weekly basis will not ordinarily qualify for the DES. Practices must ensure they are open with a level of reception and medical cover also available. Practices should be offering an minimum of 70 appointments per 1000 patients per week, where this is not being achieved an improvement trajectory will be required to achieve the standard within the financial year.

3.9 Interdependencies with other services/ providers

Practices have already opted out of providing GP out of Hours. Close liaison between the commissioned out of hours provider, 11 provider and GP access hubs should be maintained via the CCG.

4. Applicable Service Standards

4.1 Applicable national standards (e.g. NICE)

All practices taking part in the scheme are expected to work within usual contractual terms and conditions.

4.2 Applicable standards set out in Guidance and/or issued by a competent body (e.g. Royal Colleges)

4.3 Applicable local standards

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4A-C)

5.2 Applicable CQUIN goals (See Schedule 4D)

N/A

6. Location of Provider Premises

The Provider's Premises are located at:

This will be confirmed within the individual delivery plans.

Appendix A

Improving Access Hub Monitoring													
Date of session-													
			Patient registered practice										
		TOTAL	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)	(group practice name)
Availibility	Appointments available through 111												
	Appointments pre-bookable through practice												
	Appointments availible to walk ins												
	Total number of appointments available												
Take up of appointments	appointments booked by 111 directly.												
	appointments booked by practice directly.												
	Appointments utilised by walk ins												
	Appointmets utilised from other areas (please state in comments)												
	Total appointments where a patient was seen.												
	percentage take up of practice appointments												
Clinic Type	GP f-2-f												
	Nurse f-2-f												
	Clinical Pharmacist												
	GP (telephone)												
	Other												
Did Not Attend (DNA)	GP f-2-f												
	Nurse f-2-f												
	Clinical pharmacist												
	GP (telephone)												
	Other												
	TOTAL												