

**Islington Borough, NCL CCG
Laycock Street, London N1 1TH**

Report of: Clare Henderson, Director of Integration, North Central London Clinical Commissioning Group (CCG)

Meeting of: Health and Wellbeing Board

Date: 28th June 2022

Ward(s): All

Subject: National change to primary care enhanced access services

1. Synopsis

- 1.1. The attached slide pack provides an update on upcoming national changes to 'enhanced access' to general practice. Enhanced access is the additional provision of appointments outside of a GP practice's core hours of 8am to 6.30pm (e.g. evenings and weekends).
- 1.2. There are currently two forms of 'enhanced access' provision in general practice: Extended Access Hubs (weekday evenings 6.30-8pm, and weekends and bank holidays 8am-8pm): The CCG currently commissions a number of extended access GP hubs in each borough, which can be accessed by any registered patient in that borough. In Islington this is known as 'iHub' and operates out of three GP premises (Andover Medical Centre, Islington Central Medical Centre, Ritchie Street Medical Centre), run by Islington GP Federation. iHub offers both pre-bookable and on the day appointments, and NHS 111 can also book patients in. Over 30,000 appointments are provided per year via iHub. London is the only region to consistently offer Sunday provision.

Extended Hours access: Groups of GP practices (Primary Care Networks) currently receive funding to provide 'extended hours' to expand each practice's core opening hours and provide additional early morning, evening and weekend sessions. The timing of these sessions is determined by the practice and must include emergency, same day and pre-bookable appointments

- 1.3. NHS England has announced that from October 2022, Primary Care Networks will take over the responsibility for providing enhanced access appointments for the patients in their area. This will bring together Extended Access and Extended Hours services. A national specification, released by NHS England at the end of March 2022, describes the enhanced access service that must be provided by Primary Care Networks (PCNs).
- 1.4. There are some differences between the national specification and current provision. In London, while the required service level (number of minutes of care) remains the same, current service opening hours exceed those set out in the national specification. There is also a greater emphasis in the national specification on pre-bookable 'planned' care, and less emphasis on same-day care.
- 1.5. We are working with NHS England and our PCNs to develop plans in line with the national specification. We are engaging with patients, and stakeholders over the coming months. As each PCN's proposals develop, we will be assessing the implications for our current services and arrangements.

2. Recommendations

- 2.1. The Health and Wellbeing Board is asked to note this national change to service provision. We will provide a further update when we have received and approved PCN plans for providing enhanced access services to their population.

3. Background

- 3.1. When the new GP contract was issued in 2019, it included an intention to deliver a single, combined access offer through the Network Contract Directed Enhanced Service (DES), bringing together: Extended Hours access funding and CCG commissioned Extended Access Hub services under a single national specification. The national aim is to remove variability (across England).
- 3.2. During the COVID pandemic, the planned start date for this was delayed. In March 2022 NHS England released the national specification for Enhanced Access and confirmed that this transition will take place in October 2022.
- 3.3. From 1 October 2022, national funding for these two forms of access will be combined and given to Primary Care Networks (PCNs) to provide an enhanced access service for their patients. PCNs are groups of practices working together – with each other and with other partners - to deliver nationally set services (we have 32 PCNs in North Central London, and 5 in Islington).
- 3.4. The national specification describes the enhanced access service that must be provided by PCNs. PCNs need to submit plans to show how they will deliver this access for patients by 31 July 2022 (draft plans) which must be agreed between the PCNs and the ICB (formerly the CCG) by 31 August 2022.

- 3.5. PCNs are required to show that the plans that they develop are based on engagement with patients, are responsive to known patient views, and reflect the patient need in their area.
- 3.6. The CCG is responsible for assuring the PCN plans and ensuring that they form part of a cohesive Integrated Care System (ICS) approach.

4. Implications

4.1. Implications

4.1.1. The following aspects of the service are likely to remain broadly similar to current provision, based on the requirements of the specification:

- **Capacity:** the overall number of hours that need to be provided for patients is similar to what's provided now.
- **Hub locations:** need to be convenient for the PCN's patients to access and, as a minimum, equivalent to the current number of hub sites.
- **Type of appointment:** PCNs will need to provide a mixture of face-to-face and remote (telephone, video, online) appointments and the ability to pre-book appointments in advance, as well as booking on the same day.
- **Staff that people will see:** Appointments will continue to be available with GPs and Practice Nurses in addition to other roles

4.1.2. The national specification introduces some areas of difference from current provision:

- **Hours of operation required:** 6.30-8pm Monday to Friday, 9-5pm Saturday. The national specification does not include any requirement for services to be provided on a Saturday evening 5-8pm, or on Sundays and Bank Holidays. This would be a change for patients in London, even though the overall quantity of provision would be similar to what patients have now.
- **NHS 111:** Removal of the 'ring-fenced' appointments for NHS 111 to book into, but much more focus on PCNs providing more pre-bookable appointments for their patients for more 'planned' care.
- **Telephony and IT** and how these work together between the GP practices within the primary care network may improve. The specification asks PCNs to make sure that all practices and the PCN have the ability to book into/cancel appointments, make referrals/request tests; view/update patients' records. This generally exceeds the digital capabilities of current provision.

4.1.3. As this is a national specification, it does not fully reflect the approach that we have been taking in London and NCL over the last few years. Some of the risks we are aware of, are sharing with NHS England, and are trying to mitigate include:

- The national specification does not include any requirement for services to be provided on a Saturday evening 5-8pm, or on Sundays and Bank Holidays. This would be a change for patients in London, even though the overall quantity of provision and hours of care they would receive would be similar. This could

impact services like 111 or emergency departments over the weekend, or increase demand on individual GP practices on Monday mornings.

- Timeframes do not allow for us or PCNs to engage as thoroughly as we would like and full consultation with patients if there are significant changes proposed would be very difficult within the national timeframe.
- A move away from a borough-wide model poses a risk of fragmentation and lack of clarity for patients and system partners about access points for general practice.
- Some workforce challenges – for example, PCNs may need additional staff to extend the working week, at a time when recruitment is particularly challenging.

4.1.4. To address these challenges, we are linking with NHS England and our London colleagues to escalate risks and develop some shared approaches for mitigating them. We are also supporting our PCNs, along with our LMC and Federation colleagues, to consider fully the different options available for delivering the specification. We are also working with our Healthwatch colleagues and placing strong emphasis on responding to known patient feedback on access to services alongside supporting PCNs to engage with patient groups where possible.

4.2. **Financial Implications**

4.2.1. There are no financial implications arising from this report. The measures and recommendations proposed in this report are not currently quantifiable. Any recommendations from this report, if adopted, will need to be expanded upon and reviewed with the financial implications assessed.

4.3. **Legal Implications**

4.3.1. No legal Implications.

4.4. **Environmental Implications and contribution to achieving a net zero carbon Islington by 2030**

4.4.1. No environmental implications.

4.5. **Equalities Impact Assessment**

4.5.1. The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

- 4.5.2. An audit is underway with current providers to provide more detail, where possible, about whether particular groups of patients are higher users of Extended Access services currently, on a Sunday. This will inform a programme Equality Impact Assessment.

5. Conclusion and reasons for recommendations

- 5.1. This national change has set a challenging timeline for PCNs to plan for implementation of the national specification, and for CCGs to assure the plans. The attached slide set provides an outline of our approach to supporting PCNs and to supporting communications and engagement on this change, during this period.
- 5.2. The Health and Wellbeing Board is asked to note this national change to service provision. We will provide a further update when we have received and approved PCN plans for providing enhanced access services to their population.

Appendices:

- Appendix A Enhanced Access' to General Practice

Final report clearance:

Signed by:



Clare Henderson, Director of Integration, Islington

Date: 07 June 2022

Report Author: Rebecca Kingsnorth, Assistant Director for Primary Care, Islington Borough, NCL CCG

Email: rebeccakingsnorth@nhs.net

Financial Implications Author: Shalem Miah, Senior Finance Officer

Tel: 020 7527 6737

Email: Shalem.miah@islington.gov.uk

Legal Implications Author: Stephanie Broomfield, Principal Lawyer

Tel: 0207 527 3380

Email: Stephanie.broomfield@islington.gov.uk