April 2008

Focus on extended access 2008/09 - Commencing 1 April 2008

Guidance for GPs

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This guidance has been produced by the General Practitioners Committee (GPC) to help GPs and Local Medical Committees (LMCs) understand the changes that have been made to the GMS contract for 2008/09.

Provision for extending access is in the form of a Directed Enhanced Service (DES); the terms of which differ between England, Scotland and Wales. This document provides guidance to each of these nations. Extended access is not considered to be a priority in Northern Ireland. **It is important to remember that practice participation in the DES is not compulsory.** Whilst this DES is specific to General Medical Services (GMS) contractors, it is likely that the DES will also be offered to the majority of Personal Medical Services (PMS) contractors (Section 17c practitioners in Scotland).

In England, PCTs are required within their operating framework to ensure that at least 50 per cent of GP practices in their area offer extended opening to their patients. This does not mean that 50% must take up the DES.

Background

Extending access to general practitioners is one of the government's main policy objectives at the moment, despite the GPC's concerns about the lack of genuine evidence to support claims that it is a high patient priority. The government provided the GPC with two alternatives, neither of which was deemed acceptable by GPC or the profession at large – and both included the provision of extended access.

In an analysis of the contracts on offer, the GPC recognised the government's first alternative to be less damaging to the future of general practice, a notion that was overwhelmingly confirmed by GPs responding to the recent GPC poll of opinion. This contract maintained the current value of the GMS contract and prevented money being handed over to PCOs to make alternative arrangements for the provision of extended access. This does mean, however, that practices in England and Wales will receive no extra funding for providing extended access. £9.5m of new funding has been made available in Scotland.

The GPC continues to have concerns about the DES and this Focus On document is intended to advise practices and LMCs how to address some of these concerns. There will be no funding for any support services, whether in the practice or provided by other parts of the NHS.

Separate guidance will be issued by the Department of Health (DH) and NHS Employers

Concerns about the DES

Some parts of the DES have caused concerns about the practicality of meeting the criteria, and the quality of the service that will be on offer.

In England, with the exception of larger practices, the DES does not allow for extended access appointments to be carried out concurrently by more than one GP at one location. Combined with the lack of provision for other practice staff, this could potentially mean a GP working alone in the practice late into the evening. Cleary, there are very real safety concerns surrounding this for both doctors and patients. The DES also fails to acknowledge the value many patients place on nurse appointments by only recognising GP appointments as counting towards the total time.

In Scotland concurrent appointments will be an option, so that two GP-led parallel surgeries carried out for two hours in the extended hours period will count for 4 hours towards their extended hours requirements. This is also true of Welsh practices, and they will also be able to have up to 50% of the extended access time provided by nurses as long as a GP is present at the surgery. In Scotland there will also be the option to shift a core (daytime) surgery to parallel an extended hours surgery. In these circumstances only the extended hours surgery will count towards the extended hours requirements. The same degree of flexibilities will not be an option under the English DES and it certainly appears that the Scottish and Welsh governments are more determined to make the DES a realistic and workable option.

The GPC is also concerned about the provision within the DES which states there should be no reduction of services in-hours and that extended hours should be additional. Whilst the GPC accepts that the times at which practices offer hours should be additional to core hours, allowing the terms of a DES to determine the requirements of the contract in-hours goes against the fundamental principle of a practice-based contract that allows a practice freedom to provide services in a manner to best meet the needs of its patients.

In the DES, the government have explained that patients requiring urgent care should attend the out of hours provider and that most or all of the appointments should be for pre-booked patients.

There is no provision for support services such as sample collections, diagnostics and pathology services. It will be at the discretion of PCTs as to whether they review how such services are currently provided.

Negotiating a LES (In England and Wales)
In England it is a government requirement for PCOs to ensure that at least 50% of their practices offer extended hours appointments in an evening or on a Saturday morning. This does not mean that 50% must take up the DES. In order to reach this target it is hoped that PCOs will use the flexibilities that the wording of the DES now offers. Alternatively they should be encouraged to develop a more flexible and locally appropriate LES. If you do not feel that the DES is workable or appropriate for your practice this may be worth consideration. In negotiating a LES, practices may be able to seek allowances that make the provision of extended access safer and more likely to be appreciated by patients, such as the following:

Concurrence - Giving GPs the option to provide extended access appointments concurrently would ensure more than one staff present in the building and provide a safer environment for patients and doctors.

Core Hours - If concurrence is not acceptable, the problem of GPs working alone could be solved if it were possible to move existing core hours shifts alongside those taking place in extended hours, although not counting towards the total required provision of extended access. This could only be a realistic option if there are sufficient numbers of GPs within the practice willing or preferring to work extended hours shifts.

Funding for nurses - This would allow practices to provide a less limited service than under the DES, more akin to that available in core hours. Alternatively some nurse consultation time could count towards the required provision of extended hours, possibly in line with the Welsh agreement.

Access times - A LES may provide the opportunity to gain more flexibility on when the extended access is provided. For example, it may be more practical to provide more hours before the practice

regular opening time, rather than in evenings or on Saturdays. If a practice currently closes before 6.30pm, it may be possible to negotiate extended access to begin at the end of the current core hour period (as in Scotland).

In-hours service - Practices should seek assurance from the PCO that they will maintain the freedom to change and amend in-hours services – i.e. to meet changing patient demand or revised practice skill-mix.

Other services – The DES does not mention urgent care or what to do with patients who walk in. Practices may wish to consider seeking clarification on these matters in a LES. Smaller practices may wish to seek a LES that allows more than one practice to share extended access provision.

Salaried GPs and practice staff

It will be important for salaried GPs and practice staff to have discussions with GP partners about the ways that extended access may affect them. While this will differ from practice to practice, guidance has been produced specifically relating to the implications of extended access for salaried GPs. The guidance for salaried GPs will be available shortly.

The DES makes no provision for any practice staff. It will be up to individual practices to decide what is most appropriate for them in terms of staff presence and the availability of telephone contact during extended hours. Practices should ensure they reward practice staff fairly for their time.

If Practices wish to employ practice staff during extended access period, they should communicate their business proposal to them at the beginning of the process. It is important that Practices are clear that any changes in terms and conditions are a proposal and that they are not being enforced. This should be set out individually with each employee in order to establish whether they are prepared to agree to contractual changes. A collective consultation, rather than individual meetings, must be held if a practice employs 20 or more staff.

If a staff member is not willing to agree to contractual amendments and the correct consultation process has been followed, dismissal will be an option.

AskBMA provides an employment contract checking service for BMA members.

Details – England

- Payment of £2.95 per patient per annum to be made quarterly in arrears.
- Requirements of the DES will not be met by concurrent appointments, other than in circumstances as agreed by the PCT.
- Core hours surgeries cannot be moved to run concurrently with extended hours shifts.
- Extended hours can only be provided through GP appointments and not by nurses or other practice staff.
- 30 minutes of pre-booked extended access should be provided for every 1,000 registered patients, with the resultant figure should be rounded to the nearest quarter hour.
- Additional sessions to be provided in blocks of at least 1.5 hours
- Extended access to be provided based on a survey of patient preference. Where this data is not available priority should be given to Saturday mornings.
- Expectation that between 6 and 7 consultations would normally be offered in a 1.5 hour period.

Details – Scotland

- Payment of £2.95 per patient per annum to be made quarterly in arrears.
- Concurrent appointments can count towards the extended hours requirements.
- A core hours surgery can be shifted to operate parallel to an extended hours surgery. In these circumstances only the extended hours surgery will count towards the extended hours requirements.
- 30 minutes of pre-booked extended access should be provided for every 1,000 registered patients, with the resultant figure should be rounded to the nearest quarter hour.
- Extended hours can only be provided through GP appointments and not by nurses or other practice staff.
- Additional sessions to be provided in blocks in blocks of at least 1.5 hours for weekday evenings and Saturday mornings, and 1 hour for early weekday mornings. For GPs working concurrently, at least 4 hours of GP availability should be provided in one session.
- As a minimum, practices with list sizes between 1,000 and 3,000 patients will be required to provide extended hours one week in two.
- As a minimum, practices with list sizes of less than 1,000 patients will be required to provide extended hours one week in four.
- Contractors operating from multiple premises would be entitled to count hours from each location towards the extended hours requirements.
- Expectation that between 6 and 7 consultations would normally be offered in a 1.5 hour period.
- Evening extended access to begin from the time that current core hours end.

Details – Wales

The DES in Wales is a package. Welsh Ministers will direct LHBs to spend the recycled Access DES money on a "basket" of clinical priorities as determined by the Minister. Extended access is one of the services in the "basket." LHBs have discretion to choose which services they commission in line with local health priorities.

- Payment is still under negotiation.
- 20 minutes of pre-booked extended access per 1000 registered patients to be rounded to the nearest ten minutes.
- Concurrent appointments can count towards extended hours requirements.
- Nurses can provide up to 50% of extended access time providing that a GP is also present.
- Additional sessions to be provided in blocks of at least half an hour. Practices with over 6000 patients will provide at least a one hour block with practices with less than 6000 patients providing at least a half hour block.
- Extended access to be provided based on a survey of patient preference. Where this data is not available priority should be given to evenings.
- Expectation that between 6 and 7 consultations would normally be offered in a 1.5 hour period.