NHS
Mansfield and Ashfield
Clinical Commissioning Group

NHS
Newark and Sherwood
Clinical Commissioning Group

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Background

General practice services are commissioned through one of three types of contracts; General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS). Access is governed as follows:

- Core GMS services.
- Extended access enhanced service.
- GP Forward View extended access.

The Public Accounts Committee (PAC) report into GP Access, March 2017, set out a number of recommendations. One was to ensure that no practice that was closed weekly for half a day should be in receipt of additional funds to provide 'extended hours' i.e. outside 'core hours' and secondly that patients should know what they can 'reasonably' expect of their GP practice during core hours.

NHS England is developing a more specific definition of what services patients at all practices can expect during core hours to meet the reasonable needs of patients. NHS England has tested this definition with patient groups and representatives.

Core GP Services

The General Medical Services (GMS) and Personal Medical Services (PMS) Regulations require general practice contractors to provide essential and additional services at such times within core hours, "as are appropriate to meet the reasonable needs of patients," and require the contractor to have in place arrangements for its patients to access those services throughout core hours in case of emergency.

Core hours for GMS and PMS practices locally are 08:00 to 18:30, Monday to Friday, excluding weekends and Bank Holidays. Opening hours for APMS practices are set out in their contract and largely mirror GMS opening hours or longer.

Core services are supplemented by the Extended Access Enhanced Service and the GP Forward View Extended Access.

Extended Access Enhances Service (ES)

The ES became available in 2011 and was designed to secure access to routine appointments at times outside of practices core contracted hours to allow patients to attend the practice at a time when it is more convenient for them (e.g. at weekends, early mornings and evening). All practices are invited to participate in the ES. And as such is not mandated.

Thirty practices across NHS Mansfield and Ashfield and NHS Newark and Sherwood CCG area provide the ES. This provides an additional 120 hours per week of routine pre-booked appointments at a range of early mornings, late evenings and Saturday mornings.

Opening hours for providing those routine appointments must be in line with patient-expressed preferences, which can be through the GP Patient Survey or preferences expressed through Patient Participation Groups (PPGs), the Friends and Family Test (FFT) or other recorded feedback.

GP Forward View Extended Access

The GP Forward View, published in April 2016, set out a commitment to further enhance access to general practice widening it to evenings and weekends by March 2019. Mid Nottinghamshire has made significant progress in gradually implementing this from April 2017. The National requirement on CCGs to commission this is October 2018.

To date 100% of NHS Mansfield and Ashfield CCG's population and 53% of NHS Newark and Sherwood CCG's population are able to access evening and weekend appointments. Practices in Newark are in the final phase with extended access available from March. In total, practices have provided over 10,000 additional appointment slots between 18.30 and 20.00 Monday to Friday and on Saturdays and Sundays.

Access to Appointments and Waiting Times

The CCGs monitor access and waiting times through the GP Patient Survey and, in future, workload data.

GP Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices; it is undertaken by Ipsos MORI on behalf of NHS England.

The latest published data is based on the July 2017 GPPS publication; the survey is carried out annually from January to March.

- In NHS Mansfield and Ashfield CCG, 7,363 questionnaires were sent out, and 3,007 were returned completed. This represents a response rate of 41%.

- In NHS Newark and Sherwood CCG, 3,612 questionnaires were sent out, and 1,665 were returned completed. This represents a response rate of 46%.

Results from the July 2017 National Patient Survey show that NHS Mansfield and Ashfield and NHS Newark and Sherwood CCGs have an 85% satisfaction rate with access which has been consistent for the past four years and is in line with the national average.

GP Workload Data

NHS England has commissioned NHS Digital, under the Health and Social Care Information Centre Directions 2017 to collect a suite of data on GP Workload. NHS Digital is collecting the GP Workload Collection which will result in NHS Digital collecting an increased amount of data from general practices specifically around appointments.

This GP Workload Collection will comprise the collection of the following:

- Appointments - demographics, status and dates to calculate the TNA (Third Next Available Appointment).
- Electronic Prescriptions - orders and repeats.
- Functionality of GP systems - access for patients to their medical records and test results.

The four principal general practice system suppliers will provide non-identifiable data to NHS Digital on a monthly basis.

This data collection will enable the NHS to better articulate general practice workload, understand appointment activity and utilisation and demonstrate the use of general practice across the month.

To date, there has been a partial collection but not all system suppliers have been able to provide full data. Analysis on this data is currently pending.

Practice Mergers and GP at Scale

NHS England's Five Year Forward View (5YFV) sets out a clear direction for the NHS looking at new models of care that encourages practices to come together to explore new, innovative ways of delivering Primary Care at scale.

Larger practices typically benefit from economies of scale, improved resilience, job enrichment with the ability for clinical and non-clinical staff to specialise and often larger, better equipped premises. This has direct benefits for patients.

To access these benefits practices have traditionally merged. Mergers traditionally involve two or more neighbouring practices that were confronted with similar limitations and the CCGs have a formal process for consideration and approval. (See Appendix 1). The CCGs have no formal mergers currently in train.

Although no formal mergers are being considered all 41 practices are working more closely together through the development of a single provider infrastructure. This will enable all practices to access the benefits of working at scale while retaining local ownership, clinical leadership, decision making and back office functions.

Mid Nottinghamshire practices have started to take this concept forward and started to deliver services as localities during 2017/18. There are six localities in mid Nottinghamshire; each serving circa 30-50K populations. A significant example of this is the GP Forward View extended access where locality working has made it possible to roll out the evening and weekend appointments for all patients in the locality whatever the size of the practice. This contrasts with the old ES, which practices provided individually putting a significant burden on smaller practices, and creating inequity across the patch. Locality working provides universal population coverage.

In 2018/19, our practices will continue to work together in developing new ways of providing care outside of hospital. Linking better with community and mental health teams to deliver more care closer to people's homes. Working in localities will mean patients have fewer hospital journeys and will be able to access services within their locality.

Appendix 1: Practice Merger Process

NHS England's Primary Medical Care Policy and Guidance Manual (PGM) provides a framework for CCGs to consider applications for practice mergers. NHS England has recognised four different models for practice undertaking a practice merger, which require differing levels of contractual approval and engagement with patients. None of the identified models are prescriptive on the future proposed models and do not mandate a closure of premises.

Where practices propose a merger of contracts that includes a closure of a premise, this will be considered by the CCG Joint Primary Care Commissioning Committee which is responsible for decision-making surrounding primary care in the future, under delegated authority from NHS England.

On considering such a request, the Committee, as directed by the Policy and Guidance Manual, will consider:

1. The benefits to patients including how patients would access a single service (if so proposed).
2. What the proposed practice boundary changes being proposed are; including geographical changes to location if applicable.
3. The proposed premises arrangements and accessibility of those premises to patients.
4. The proposed arrangements for consulting patients about the proposed changes.
5. The proposed communication to registered patients including how they will support patient choice.

The Committee will also seek assurances that all patients of the newly merged practice will experience consistency across provision, i.e. home visits, booking appointments, essential and additional services, opening hours, extended hours, and so on.

Each merger application is considered on its individual merits.