

CCG REPORT COVER SHEET

Meeting Title:	Governing Body in Public	Date: 14 January 2020								
Report Title:	Commissioning Extended Access 2020-21	Agenda Item: 5.4								
Chief Officer:	Mark Sanderson, Medical Director									
Clinical Lead:										
Report Author:	Sue Oakman, Head of Contracting (Delegated Commissioning & Urgent care)									
Document Status:	FINAL									
Report Summary:	This report highlights that the current contracts for the Extended Access Providers (three GP Federations plus Granta Medical Practices) expire on the 31.3.20. Funding of £1.5M has been identified as a funding source in the interim while NHS England and NHS Improvement complete their Access Review and issues the interim report which is expected to set the national direction for Extended Access and Extended Hours services.									
Report Purpose:	<table border="1"> <tr> <td>For Assurance</td> <td></td> <td>For Decision</td> <td></td> <td>For Approval</td> <td>X</td> <td>For Recommendation</td> <td></td> </tr> </table>	For Assurance		For Decision		For Approval	X	For Recommendation		
For Assurance		For Decision		For Approval	X	For Recommendation				
Recommendation:	Approval is sought to extend all existing Extended Access Provider contracts by a further 3 months, with the expiry date moving from 31.3.20 to 30.6.20. This would be funded through the recurrent Improving Access funds already in the CCG baseline for 2020-21.									
Link to Corporate Objective:	Objective 1 – Ensure clear patient voice in everything we do									
	Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’		X							
	Objective 3 – Use data and information to prove everything		X							
	Objective 4 – Deliver the prioritised performance standards									
	Objective 5 – Deliver the 6 transformation programmes		X							
	Objective 6 – Deliver the CCG Financial Plan									
CAF (Strategic Risk) Reference	Description of Risk	Current Risk Score								
CAF5	Potential for poor quality, safety and patient experience in the services that the CCG commissions in primary, community and integrated care	16 (R)								
CAF10	Risk that GP providers will fail to engage with the proposed system changes and development of neighbourhoods across the STP footprint.	6 (Y)								
CAF11	Risk that the business models for delivering primary care services become unsustainable.	12 (A)								
NHSE CCG IAF Links	IAF 1 Domain 1 - Better Health	✓								
	IAF 2 Domain 2 - Better Care	✓								
	IAF 3 Domain 3 - Sustainability:	✓								
	IAF 4 Domain 4 - Leadership									
Resource implications:	Contracting resources required to issue required contract variations.									
Chief Officer/ SRO Sign Off:	Mark Sanderson									
Chief Finance Officer Sign Off: (if required)	Louis Kamfer/Rachel Pilsworth									
Legal implications including equality and diversity assessment:	No legal implications. Health inequalities are addressed as a core requirement of the currently commissioned service.									
Conflicts of Interest	None									
Report history:	Not applicable									
Next steps:	Contract variations to be issued to all Extended Access Providers once approval has been received from COT.									

MEETING: GOVERNING BODY IN PUBLIC

AGENDA ITEM: 5.4

DATE: 14 JANUARY 2020

TITLE: COMMISSIONING EXTENDED ACCESS SERVICE 2020-21

**FROM: MARK SANDERSON
MEDICAL DIRECTOR**

1 ISSUE

- 1.1 NHS England and NHS Improvement (NHSE/I), working with stakeholders, have been undertaking a review to evolve and implement a coherent access offer for both physical and digital services. The review started this year, in readiness for full implementation by 2021-22 and incorporates both the Extended Access and Extended Hours services within the review. The access review has one main objective which is to improve patient access both in hours, at evenings/weekends and reduce unwarranted variation in experience.
- 1.2 Purdah has held up the release of the provisional findings from this review, along with confirmation of any continued funding at £6.00/weighted patient to support the commissioning of the Extended Access service for 2020-21.
- 1.3 The Extended Access service is currently delivered by the three GP Federations and from January 2020, Granta Medical Practices, for Cambridgeshire and Peterborough CCG (CPCCG). The contracts with the current Providers expire on the 31 March 2020, and the CCG has been unable to signal any clear commissioning intentions for beyond this period due to the lack of direction from NHSE/I as outlined in 1.2.

2 KEY POINTS

- 2.1 Extended Access services are commissioned from the three GP Federations using APMS contracts which expire on 31 March 2020. The three GP Federations are:
 - Greater Peterborough Network (GPN) – Services provided to Peterborough and Wisbech practices
 - West Cambs GP Federation (WCGPF) – Services provided to Huntingdon and Fenland practices
 - Cambridge GP Network (CGPN) – Services provided to Cambridge and Ely practices

- 2.2 From January 2020 to March 2020, Granta Medical Practices (Granta) will also deliver this service to their patients via an APMS contract. A contract variation has been agreed with both CGPN and Granta to transfer funding to Granta from the existing CGPN contract. There is no financial impact on the 2019-20 budgets.
- 2.3 Extended Access services are commissioned based on the core requirements issued by NHSE/I. The service delivers pre-bookable and same day appointments 365 days a year, with a weekly requirement for 30 mins appointment capacity per 1000 weighted population. Providers must deliver a 75% utilisation target (by 31 March 2020) and be able to evidence that services are advertised to 100% of patients in practices and the wider community. GPN who were part of the Prime Ministers Challenge Fund must deliver 85% utilisation by 31 March 2020.
- 2.4 The Extended Access service is included in the financial envelope for the Urgent & Emergency Care Out of Hospital (UEC OOH) service for 2020-21. Discussions held with the Urgent Care Commissioners have indicated a preference that the Extended Access contracts are extended by 6 months (April -Sept 2020), after which time, the service would be incorporated into the Urgent and Emergency Care Out Of Hospital service from October 2020. If the CCG approves the recommendation in this paper, the service will have been extended to June 2020 already, and therefore, a further three-month variation would be required.
- 2.5 The GP Federations have been seeking clarification as to whether CPCCG would extend the contracts. The GP Federation in West Cambs has indicated that all directly employed staff will have their contracts extended to 30 September 2020. Cambridge GP Federation have advised they will put their staff on a 3-month notice period commencing 1 January 2020. GP Network in Peterborough have expressed concerns about meeting service liabilities from April 2020 without agreed funding. To mitigate these concerns, a letter of 'comfort' was sent to all the Extended Access Providers from the CCG's Accountable Officer on the 23 December 2019, while CPCCG undergoes the required governance to approve funding for the extension of any contracts.
- 2.6 At the time of writing this report, there has been no written letter of confirmation from NHSE/I regarding the funding for the extended access service. However an email from the NHSE/I Senior Consultant - Primary Care Transformation Team on the 11 December 2019 advises that *'It remains NHSE's understanding that the provision of extended access services will continue to be commissioned in 2020/21 by CCGs and that the funding will remain at £6 per head, however as you note this is still very much subject to the outcome of the National Access Review, which have been delayed due to purdah. As noted back in September at the regional access review event in Peterborough, it is still expected that PCNs will take on the responsibility for extended access service from April 2021 via the network contract DES, although this could be earlier but would not be through the PCN DES and therefore CCGS should be considering the option to extend current contract(s) through until 2021'*
- 2.7 The pressing issue for CPCCG is the expiry of the GP Federation and Granta contracts on the 31 March 2020, and the significant risk this poses to the

continued delivery of the service once key staff working in the GP Federations are given notice. These services took months to mobilise to the levels currently delivered (utilisation of 75%, delivery of services 365 days a year), and as rotas are offered up to three months in advance, there could be serious disruptions to service provision beyond 31 March 2020 if the CPCCG does not extend contracts. There have been quality and contractual concerns with WCGPF identified after a Care Quality Commission (CQC) visit in July this year, but CPCCG has worked closely with the CQC in monitoring the agreed improvement plan, and a recent announced visit to the Acorn hub in late November has confirmed that concerns about governance have been remediated.

- 2.8 The Primary Care Finance lead has identified £1.5m in the CCG Primary Care budget called Primary Care Investments/Improved Access (277662). This has been included in the financial plan for 2020/21 as part of the CCG recurrent funding allocation for Extended Access, and forms part of the total allocation for the Extended Access service along with the funding to come based on the £6.00/weighted patient. It is proposed that this budget is used to extend all current extended access contracts by 3 months while the CCG awaits the confirmation of the rest of the extended access funding which is expected along with the provisional report from the national extended access review. Based on the existing monthly contract values for each of the four Extended Access Providers, the cost of the three-month extension has been modelled at £1.356M, so well within confirmed budgets.

Provider	Monthly contract value		Quarterly contract value
CGPN	£179,628.00	3	£538,884.00
GPN	£151,597.00	3	£454,791.00
WCGPF	£100,993.00	3	£302,979.00
Granta	£19,824.00	3	£59,472.00
			£1,356,126.00

3 RECOMMENDATION

- 3.1 The Governing Body is asked to approve that:

All existing Extended Access Provider contracts are extended by three months with the contract expiry date moving from 31 March 2020 to 30 June 2020.

4 REASON FOR RECOMMENDATION

- 4.1 The recommendation should be approved because:

1. The Chief Operating Team supported the recommendation at their meeting on 6 January 2020.
2. There is an identified funding stream to pay for the three-month extension and this is specifically for extended access services.

3. Providing assurance to the GP Federations as soon as possible that the service will be extended will prevent disruption to the existing extended access services from April 2020 onwards.
4. This will buy time for the CCG while we wait for the outcome of the national extended access review and understand its impact on the CCG's commissioning intentions for extended access for 2020-21.
5. It is expected that during the period of the extension, the weighted population and associated funding for Extended Access services will be confirmed by NHSE/I.

5 BACKGROUND INFORMATION

- 5.1 The Extended Access service is a CCG commissioned service which provides routine primary care to patients in the evenings and weekends. This includes bank holidays and across the Easter, Christmas and New Year periods. The additional capacity commissioned is based on an additional 30 minutes of consultation capacity per 1000 population, and Providers must deliver core requirements such as delivery of the service 365 days a year, with promotion and advertisement of their services.
- 5.2 This service is in addition to the Extended Hours service which is delivered via PCNs as part of the network agreement. While there are similarities in the service, the requirements for the Extended Access service are more stringent, and each currently have their own funding stream. The plurality of provision is one of the drivers behind the NHS England service review.

6 IMPACT ASSESSMENT

- 6.1 All Impact Assessments were undertaken for this service when first commissioned by the CCG.

7 CONCLUSION

- 7.1 The Extended Access service contracts expire on the 31 March 2020 and the current Providers urgently require a decision from the CCG as to commissioning intentions for 2020-21. A budget has been identified which will fund three months provision while the CCG waits for confirmation from NHSE/I regarding ongoing funding for 2020-21.

Author **Sue Oakman**
Head of Contracting (Delegated Commissioning)
8 January 2020