

**CCG REPORT COVER SHEET**

|  |  |  |                               |  |                     |          |                           |                           |
|--|--|--|-------------------------------|--|---------------------|----------|---------------------------|---------------------------|
| <b>Meeting Title:</b>  | Governing Body in Public   |  | <b>Date:</b> 8 September 2020 |  |                     |          |                           |                           |
| <b>Report Title:</b>   | Extension of Extended Access contracts to 31.3.21  |  | <b>Agenda Item:</b> 3.3       |  |                     |          |                           |                           |
| <b>Chief Officer:</b>  | Jessica Bawden, Director of Primary Care   |  |                               |  |                     |          |                           |                           |
| <b>Clinical Lead:</b>  | Dr Abby Richardson   |  |                               |  |                     |          |                           |                           |
| <b>Report Author:</b>  | Sue Oakman, Senior Contract Manager (Delegated Commissioning & Urgent Care)  |  |                               |  |                     |          |                           |                           |
| <b>Document Status:</b>  | <i>Final</i>   |  |                               |  |                     |          |                           |                           |
| <b>Report Summary:</b>   | The paper discusses the expiry date of 30 <sup>th</sup> September 2020 for the current Extended Access contracts which are delivered by Granta Medical Practices and the 3 GP Federations, and recommends that these contracts are extended until 31 March 2021. The expressed interest from St Neots PCN to deliver the Extended Access service themselves is also considered, with a further recommendation that this request is agreed to, and Lakeside is offered a 6 month contract to deliver Extended Access on behalf of St Neots PCN until 31 March 2021. |  |                               |  |                     |          |                           |                           |
| <b>Report Purpose:</b>   | <b>For Assurance</b>   |  | <b>For Decision</b>           |  | <b>For Approval</b> | <b>X</b> | <b>For Recommendation</b> |                           |
| <b>Recommendation:</b>   | Approval is sought to -<br>1. Extend the Extended Access contracts until 31 March 2021 for Cambridge GP Network, West Cambs Federation, Greater Peterborough Network and Granta Medical Practices.<br>2. Extend the Extended Access contract until 31 March 2021 for West Cambridge Federation, but exclude the St Neots PCN population.<br>3. Offer a 6 month contract to Lakeside Healthcare to deliver Extended Access on behalf of St Neots PCN until 31 March 2021.   |  |                               |  |                     |          |                           |                           |
| <b>Link to Corporate Objective:</b>                                    | <b>Objective 1 – Ensure clear patient voice in everything we do</b>  |  |                               |  |                     |          |                           |                           |
|  | <b>Objective 2 – Deliver improvements that make best use of the public pound and save system ‘cost’</b>  |  |                               |  |                     |          |                           | <b>X</b>                  |
|  | <b>Objective 3 – Use data and information to prove everything</b>  |  |                               |  |                     |          |                           | <b>X</b>                  |
|  | <b>Objective 4 – Deliver the prioritised performance standards</b>   |  |                               |  |                     |          |                           |                           |
|  | <b>Objective 5 – Deliver the 6 transformation programmes</b>   |  |                               |  |                     |          |                           | <b>X</b>                  |
|  | <b>Objective 6 – Deliver the CCG Financial Plan</b>  |  |                               |  |                     |          |                           |                           |
| <b>CAF (Strategic Risk) Reference</b>                                  | <b>Description of Risk</b>   |  |                               |  |                     |          |                           | <b>Current Risk Score</b> |
| <b>CAF1</b>  | Impact on the delivery of health services as a result of the Covid-19 Pandemic and further risk of a second wave of Covid-19 Pandemic occurring in the CCG area post relaxation of national lockdown measures.   |  |                               |  |                     |          |                           | <b>25 (R)</b>             |
| <b>CAF3</b>  | Risk that there will be an outbreak of Covid-19 both inside and outside the STP/CCG organisations which result in substantial impact either from patients needing hospital care or from disruption to services as a result of contact tracing and staff isolation.   |  |                               |  |                     |          |                           | <b>20 (R)</b>             |
| <b>CAF11</b>   | The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in primary care.   |  |                               |  |                     |          |                           | <b>16 (R)</b>             |
| <b>NHSE CCG IAF Links</b>  | <b>IAF 1 Domain 1 - Better Health</b>  |  |                               |  |                     |          |                           | <b>✓</b>                  |
|  | <b>IAF 2 Domain 2 - Better Care</b>  |  |                               |  |                     |          |                           | <b>✓</b>                  |
|  | <b>IAF 3 Domain 3 - Sustainability:</b>  |  |                               |  |                     |          |                           | <b>✓</b>                  |
|  | <b>IAF 4 Domain 4 - Leadership</b>   |  |                               |  |                     |          |                           |                           |
| <b>Resource implications:</b>  | Workforce implications for contracting resources to issue contract variations.   |  |                               |  |                     |          |                           |                           |
| <b>Chief Officer/ SRO Sign Off:</b>                                    | Jessica Bawden, Director of Primary Care   |  |                               |  |                     |          |                           |                           |
| <b>Chief Finance Officer Sign Off: (if required)</b>                   | Louise Jinks, Primary Care Finance Lead  |  |                               |  |                     |          |                           |                           |
| <b>Legal implications including equality and diversity assessment:</b> | Potential challenge from other providers who may want to provide Extended Access Services.   |  |                               |  |                     |          |                           |                           |

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| <b>Conflicts of Interest</b> | Governing Body GPs should declare an interest in this agenda item. They will be able to comment on the paper as part of their corporate role but will not participate in the decision-making process. <b>As the Chair of the Board is a GP, to further manage the conflict of interest issue, this agenda item will be led by the Deputy Chair who is a Governing Body Lay Member.</b> |
| <b>Report history:</b>       | Paper to the Governing Body on 14 January 2020 where approval was granted to extend all existing Extended Access Providers contracts to 30 June 2020.<br>Paper to the Governing body on 28 April 2020 where approval was granted to extend all existing Extended Access Providers contracts to 30 September 2020   |
| <b>Next steps:</b>           | Once approval has been received from Governing Body -<br><ol style="list-style-type: none"> <li>1. Contract variations will be issued to all current Extended Access Providers to deliver Extended Access until 31 March 2021.</li> <li>2. An APMS contract will be issued to Lakeside Healthcare to deliver Extended Access on behalf of St Neots PCN until 31 March 2021.</li> </ol> |

**MEETING: GOVERNING BODY IN PUBLIC**

**AGENDA ITEM: 3.3**

**DATE: 8 SEPTEMBER 2020**

**TITLE: EXTENSION OF EXTENDED ACCESS CONTRACTS  
TO 31 MARCH 2021**

**FROM: JESSICA BAWDEN  
DIRECTOR OF PRIMARY CARE**

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## **1 ISSUE**

- 1.1 The current contracts in place for the delivery of the CCG commissioned Extended Access service expire on the 30 September 2020.
- 1.2 Lakeside Healthcare have expressed interest on behalf of St Neots Primary Care Network (PCN) to deliver the Extended Access service themselves.
- 1.3 The CCG has been waiting for confirmation of the funding at £6.00 per weighted patient to support the commissioning of the Extended Access service for 2020-21. NHS England and NHS Improvement (NHSE&I) confirmed in writing on the 30 July 2020 that funding for Extended Access service for 2020/21 would be on the same basis as it was in 2019/20, uplifted for population increases. At the time of writing this paper, the CCG is still waiting for the actual weighted population figures to be advised.
- 1.4 NHSE&I has been undertaking a review to evolve and implement a coherent access offer for both physical and digital services. The review will impact on the shape of the service commissioned, as this will look to improve patient access both in core hours, at evenings/weekends and reduce unwarranted variation in experience. It is also expected to dictate any service core requirements which will inform any future service specification. The funding confirmation letter received on the 30 July 2020 confirms that details of the Access Improvement programme for 2020/21 will be shared shortly.

## **2 KEY POINTS**

### **Current service**

- 2.1 The CCG Extended Access service is commissioned based on national core requirements issued by NHSE&I. The service delivers pre-bookable and same day appointments 365 days a year, with a weekly capacity requirement of 30 mins/per 1000 weighted population. Providers had to deliver a 75% utilisation target by 31 March 2020 and be able to evidence that their services are advertised and available to 100% of patients in practices and the wider community. GPN who were part of the Prime Ministers Challenge Fund

needed to deliver 85% utilisation by 31 March 2020. Providers succeeded in delivering their utilisation targets.

- 2.2 The CCG currently commissions Extended Access services from our three GP Federations and from Granta Medical Practices, using an Alternative Provider Medical Services (APMS) contract. Funding for these contracts are based on £6.00 per weighted population. The four providers are:
- **Greater Peterborough Network (GPN)** who provide services to Peterborough and Wisbech practices.
  - **West Cambs GP Federation (WCGPF)** who provide services to Huntingdon and Fenland practices.
  - **Cambridge GP Network (CGPN)** who provide services to Cambridge and Ely practices
  - **Granta Medical Practices (GMP)** who provide this service to their c.43,000 patients.
- 2.3 During the COVID-19 pandemic, the GP Federations have stepped in to support practices and Primary Care Networks (PCNs) around resilience (directly providing primary care services for patients of Waterbeach Practice when COVID-19 forced a shutdown in March for 48 hours, and Nightingale Medical Centre when nursing capacity was reduced due to the need for staff self-isolation) and back-office support. In addition, they have supported the wider health system by providing clinical capacity to support the HUC COVID call queue, sourcing/delivering Personal Protective Equipment (PPE), undertaking the daily sitreps calls with GP practices as well as various asks from the CCG around Test and Trace, setting up hot/cold sites and supporting primary care in business continuity planning.
- 2.4 A condition of the contract extension to 30 September 2020 was the agreement by all Providers to the inclusion of a COVID-19 Pandemic clause into the service specification, which allows the CCG to repurpose any available capacity to support the wider system at times of need. This flexibility around the use of commissioned capacity is now contractually in place and would be carried over with any future contract extensions.
- 2.5 There are two issues for the Governing Body to consider in relation to these contracts –
- 1) The looming expiry of the GP Federation and Granta contracts on 30 September 2020, and the significant risk this poses to the continued delivery of the service should key staff working in the GP Federations be given notice in line with the 30 September date. Clinical rotas are filled up to two/three months in advance and there could be serious disruptions to service provision beyond September 2020. This loss of capacity would hit this system just as the CCG needs to prepare for winter pressures and the possible resurgence of COVID-19.
  - 2) The five year framework for GP contract reform issued in January 2019<sup>1</sup> has always signalled that the funding and responsibility for providing the current CCG-commissioned enhanced access services would transfer to

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<sup>1</sup> Investment and evolution: A five-year framework for GP contract reform to implement *The NHS Long Term Plan* (31 January 2019)

the Network Contract Directed Enhanced Service (DES) by April 2021 at the latest, and that this will fund a single, combined access offer as an integral part of the Network Contract DES, delivered to 100% of patients. The guidance also encourages local Integrated Care Systems and their PCNs to move ahead of this date if there is appetite to do so. Lakeside Healthcare have signalled that they wish St Neots PCN to begin delivering the extended access service themselves from 1 October 2020. This would be in line with the referenced guidance.

### **3 RECOMMENDATION**

3.1 Governing Body is asked to approve that:

- The Extended Access contracts for the Cambridge and Peterborough Federations are extended by a further six months with the contract expiry date moving to 31 March 2021. The core requirements would be unchanged, including the inclusion of the Pandemic repurposing clause. The contracts would be funded based on the weighted populations attributed to the GP practices within the Cambridge/Ely, Peterborough and Wisbech.
- Extend the Extended Access contracts for Granta Medical Practices by a further six months with the contract expiry date moving to 31 March 2021. The core requirements would be unchanged, including the inclusion of the Pandemic repurposing clause. The contracts would be funded based on the weighted populations attributed Granta Medical Practices.
- Extend the Extended Access contracts for the West Cambridge Federation by a further six months with the contract expiry date moving to 31 March 2021. The core requirements would be unchanged, including the inclusion of the Pandemic repurposing clause. The contracts would be funded based on the weighted populations attributed to the GP practices within Huntingdon and Fenland excluding the practices aligned with St Neots PCN.
- As PCNs cannot hold contracts, offer a 6 month contract to Lakeside Healthcare to deliver Extended Access on behalf of St Neots PCN. The contract would be aligned with the core requirements, including the inclusion of the Pandemic repurposing clause. The contracts would be funded based on the weighted populations of the GP practices within St Neots PCN.

### **4 REASON FOR RECOMMENDATION**

4.1 The recommendations should be approved because:

1. The Chief Officer Team supported the recommendations at their meeting on the 10 August 2020.
2. The GP Federations have evidenced during the recent COVID-19 crises that they have played a key role in supporting local GP practices to remain resilient and continue delivering general medical services. They have flexed their commissioned capacity to deliver on requests from the CCG and the wider health system in response to the COVID-19 pandemic by supporting primary care business continuity and through the provision and delivery of PPE.
3. The 6-month extension period provides assurance to the GP Federations of continued funding and prevents disruption to the existing Extended

- Access service from October 2020 onwards. This is important with winter pressures pending and a possible resurgence of COVID-19.
4. This period of time will allow the GP Federations to further consolidate themselves while working towards a more sustainable business model which is not entirely reliant on the Extended Access income stream.
  5. Making the Extended Access service available now to St Neots PCN is in line with national guidance, which encourages local Integrated Care Systems and their PCNs to move ahead of the April 2021 transitioning of Extended Access to PCNs if there is appetite to do so. It mirrors actions already taken with Granta Medical Practices (operating as a PCN) who already deliver Extended Access services.

## **5 BACKGROUND INFORMATION**

- 5.1 The Extended Access service is a CCG commissioned service which provides pre-bookable and same day appointments for routine and urgent 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 paper discusses the expiry date of 30 September 2020 for the current Extended Access contracts which are delivered by Granta Medical Practices and the 3 GP Federations, and recommends that these contracts are extended until 31 March 2021. The expressed interest from St Neots PCN to deliver the Extended Access service themselves is also considered, with a further recommendation that this request is agreed to, and Lakeside is offered a 6-month contract to deliver Extended Access on behalf of St Neots PCN until 31 March 2021.

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*17 August 2020*