

**Gateway Ref: 9410**

**To: SHA Chief Executives**

**Cc: SHA Commissioning Directors  
SHA Performance Directors  
SHA Primary Care Leads**

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**30 January 2008**

**IMPROVING ACCESS TO GP SERVICES:  
PROPOSED CHANGES TO GMS CONTRACT 2008/09**

1. Ben Dyson wrote to SHA Commissioning Directors (copied to you) on 21 December to provide an update on developments in the negotiations between the General Practitioners Committee (GPC) of the BMA and NHS Employers (NHSE) on possible changes to the General Medical Services (GMS) contract.
2. Barbara Hakin, the lead NHS negotiator for the GMS contract, is writing to all PCTs and SHAs to set out in more detail the package of proposals on which the GPC will be polling its members.
3. This letter sets out a range of action that we recommend PCTs take in preparation for implementing extended hours arrangements, pending the outcome of the GPC's poll. I would be grateful if you could support your PCTs in taking this recommended action.

**Background**

4. In the interim NHS Next Stage Review report, the Government announced a commitment to improve access to GP services, particularly at weekends and evenings.
5. In support of this objective, NHS Employers put proposals to the BMA that would pay for an average of an extra three hours opening per week, achieved through reinvesting the money currently spent on access and choice incentive schemes. In return for this, the Government offered a 1.5% increase in investment for primary care, worth just over £100 million. This would be a major boost in investment, provide greater convenience for patients and be a good deal for GPs. The GPC has chosen to poll its members on these proposals.
6. **Annex A** contains a short summary of the package offered to the GPC and a summary of the alternative proposals on which the Department is consulting the GPC in case GPs do not accept the proposed package. Barbara Hakin's forthcoming letter to the NHS will set out the proposals in more detail.

## **Delivering extended opening in GP practices**

7. The NHS Operating Framework for 2008/09 indicates that each PCT needs to ensure that at least 50 per cent of GP practices in its area offer extended opening to their patients, with the additional opening hours based on patients' expressed views and preferences on access.
8. We recognise that the precise arrangements for extended opening cannot be resolved until we know the final BMA decision (following its poll). However, there is still much useful preparatory work that PCTs and practices can begin now, without prejudice to the outcome of the poll, specifically to:
  - discuss extended opening with GP practices
  - conduct a baseline audit of current GP appointment availability that will serve as the basis for subsequent monthly monitoring
  - consider patient needs and preferences for extended opening
  - prepare a specification for a local enhanced service (in case this is needed).

### Resources

9. PCTs currently have a national total of £158 million in baseline allocations to fund the Access and Choice Directed Enhanced Services. It was always intended that these schemes would end on 31 March 2008. PCTs therefore have these funds available to meet the cost of commissioning extended hours. These funds equate to £2.95 per registered patient per annum.

### Discussions with GP practices

10. PCTs should start to discuss with their practices whether they wish to provide extended hours, either under the terms of the proposed national framework, or – failing that – as part of locally negotiated arrangements.
11. PCTs are likely to want to establish not only whether practices wish to provide 30 minutes per 1,000 registered patients per week (in line with the proposed national framework), but whether in principle they would be interested in providing more than this where there is evidence of patient demand and if resources permit. In pursuit of the wider Public Service Agreement (PSA) objective of delivering year-on-year improvements in patient satisfaction with GP services, PCTs will clearly wish to ensure that extended opening arrangements make a tangible difference to patient experience.

### Baseline audit and monthly monitoring

12. PCTs are asked to carry out a baseline audit of current availability of GP appointments to ensure that extended hours are genuinely additional. This

may also help to highlight practices where discussion may be needed to improve levels of in-hours appointment availability in pursuit of the wider PSA objective of improvements in patient satisfaction. **Annex B** contains a suggested template for baseline audits.

13. This audit will also enable PCTs to provide baseline data for the trajectories due to be reported through Unify by 3 March 2008. PCTs will then be asked to report through the Unify system on a monthly basis:

- the total number of GP practices in their area
- the number of practices offering extended hours arrangements.

Please note that the monthly monitoring arrangements are subject to Review of Central Returns (ROCR) clearance.

14. In the event of a nationally agreed framework, the definition of 'extended hours arrangements' will be any scheme that conforms to the terms of the national Directed Enhanced Services agreement. In the event that the national framework is not agreed, we will consider whether there needs to be any adjustment to this definition, but the same broad principles are likely to apply.

#### Patient needs and preferences

15. It is important that additional appointments reflect patient needs and preferences. GP Patient Survey results for 2007 indicated that, in a majority of practices, the most common preference (amongst patients dissatisfied with current opening hours) was for Saturday opening, but in some cases it was evenings. Where practices are going to provide more than (say) three hours of extended opening, they may need to consider having both a Saturday surgery and an evening surgery if survey results show demand for both.
16. PCTs should ensure that they and their GP practices have a robust understanding of patient preferences for extended opening. This will typically be based on the results of the 2007 GP Patient Survey.

#### Local Enhanced Services

17. PCTs will also wish to start thinking about developing draft local enhanced services (LES) agreements in case a national Directed Enhanced Service is not agreed. We will issue guidance in the coming month to help PCTs draw up LES agreements.

#### **Wider improvements in access, responsiveness and choice**

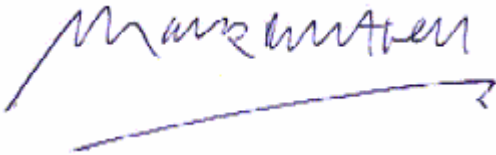
18. Action to deliver extended GP opening hours should form part of wider plans to improve access, responsiveness and choice in primary care, in line with

the overarching Public Service Agreement objective of improving patient satisfaction with GP services. This will include sustaining and, where necessary, improving performance on existing access indicators, particularly 48 hour access to GP appointments and the ability to book advance appointments.

19. The Department is also working with the NHS and other stakeholders to identify ways of using future patient surveys to capture wider measures of patient satisfaction with GP services.
20. As part of the World Class Commissioning programme, the Department is currently working with a range of NHS organisations and other stakeholders to provide support in developing commissioning of primary care services. This will incorporate learning from the work of the National Improvement Team, led by David Colin-Thomé, and from Professor Mayur Lakhani's review of access for people from black and minority ethnic communities.

### **Conclusion**

21. SHAs should now be working with PCTs to plan the work needed to extend opening hours in GP surgeries. These opening hours should be based on GP patient survey results and should make a material difference to the patient experience in primary care.

A handwritten signature in blue ink that reads "Mark Britnell". Below the signature is a long, horizontal blue line that tapers to an arrowhead on the right side.

**Mark Britnell**  
**Director-General**  
**Commissioning and System Management Directorate**

**Package on offer (negotiated package)**

- A framework for extended opening which provides 30 minutes of GP consultation time per 1,000 patients per week outside the current core hours of 8am to 6.30pm, Monday to Friday
- The precise nature of how these services are offered would be agreed with PCTs, based on the needs and wishes of local patients (subject to the terms of the Directed Enhanced Services agreement).
- These new arrangements to be supported by the reinvestment of the £158m currently spent on access and choice incentive schemes (Access and Choice 'Directed Enhanced Services'), which are due to come to an end in March 2008.
- 58.5 points (around £64m) from the Quality and Outcomes Framework for out-of-date indicators (38.5 points) and local patient surveys (20 points) recycled to reward practices that have high levels of patient satisfaction with patient access, including ability to book advance appointments and swift access to GP appointments.
- On top of this, a guaranteed national offer of an additional 1.5% investment in general practice in 2008/09 (worth just over £100m).

**Alternative proposals for consultation**

- In each of the last two years, we have invested £158m in access and choice incentive schemes, but these are due to come to an end in March 2008. PCTs would agree with GP practices how to reinvest these £158 million resources in ways that support extended access for patients in evenings and at weekends.
- At present, GP practices can earn over £80m nationally for undertaking local patient surveys and producing action plans based on the results of the surveys. We propose to develop a new, improved GP patient survey that will capture patient views on a wide range of aspects of GP services, which would prevent the need for local patient surveys. PCTs would reinvest these resources in rewarding GP practices on the basis of levels of patient satisfaction, as measured by the new survey.
- We have identified just over £65m of indicators in the Quality and Outcomes Framework that we consider out-of-date or duplicate other requirements (similar to a list of over £40m of indicators that the BMA have agreed in principle could be released). PCTs and GP practices would agree how to reinvest these resources to improve services.
- We would uprate the current QOF threshold payments, so that practices are rewarded for delivering continuous improvements in patient services. (There are no changes to thresholds in the negotiated package.)

## **Extended Opening Hours – Baseline Template – Guidance on use**

The purpose of this suggested template is for PCTs to establish a baseline to monitor progress against the target set in Lord Darzi's Interim Report *Our NHS, Our Future* and the *Operating Framework for the NHS in England 2008/09* of at least 50% of their GP practices offering extended opening hours.

The data collected will enable PCTs to identify:

- Total opening hours for each GP practice,
- Each GP practice's core contracted hours where patients can make appointments with clinicians, and
- Each GP practice's current extended opening – outside of the contractual arrangements - where patients are able to make appointments with clinicians.
- Whether any current extended opening would go towards meeting the 50% target.

It will also identify any closures during core hours (e.g. lunchtimes, afternoons, etc.) which would negate against any extended opening.

The data should be recorded for each practice with a list of registered patients. Where appropriate, separate data should be included for branch surgeries.

NHS Choices does provide data on GP practices' opening and surgery times. However, not all GP practices have direct access to its database. Although the numbers that can do so are increasing, its accuracy cannot currently be guaranteed. This exercise would provide a good opportunity to ensure the accuracy of the data available to the public on the NHS Choices website.

The baseline template provided – as a separate attachment - is in Microsoft Excel format. There are four tabs which need to be completed:

### **1 - Reception Open**

This tab asks for the practice's current opening times for each day of the week. Start and end times should be entered (e.g. 08:00 to 12:00) setting out when the reception is available to take the booking of GP appointments or where telephone calls will be answered.

This provides for up to three sessions for each day. This will enable any closures during the day (e.g. lunchtimes, afternoons, etc.) to be identified, and it falls in line with (and could be compared with) the data available on NHS Choices. It should be noted that only additional opening will count towards the 50% target – i.e. where a practice

opens for three hours on a Saturday morning, but closes for the same length of time on a Thursday afternoon.

The final column should indicate the total of the practice's opening hours for each day - as numbers.

## **2 - Core Clinical Hours**

This tab asks for the times that the GP practice is contracted (whether under GMS, PMS or APMS contractual arrangements) and actually provides clinical appointments – for both doctors and practice nurses. Start and end times should be entered in the appropriate columns in this tab.

Again, to establish any core time gaps, and to fall in line with NHS Choices, this has been arranged to take into account of up to three sessions in each day. Each session should include the start and end times, the number of GPs and nurses available and the number of appointments provided each day in a typical week.

The final column should indicate the total of the core clinical hours where the practice is open and providing doctor and nurse appointments for each day, as numbers.

## **3 - Extended Clinical Hours**

This tab is in the same format as the Core Clinical Hours tab, asks for the same data setting out when the practice is providing GP and nurse appointments outside of its normal contracted core clinical hours.

The final column should indicate the total of the practice's extended clinical hours where the practice is open and providing doctor and nurse appointments for each day, as numbers. This data can be fed into the Summary tab (see below).

## **4 - Summary**

This tab allows the summarising of all the GP practices in each PCT. It sets out the hours of extended opening expected from each GP practice, the extended hours actually provided, and whether or not these hours fall within the definition of extended opening for the purposes of meeting the 50% target.

For that reason, a column asking for list size has been included. Should GPs accept the negotiated settlement, this would count each half-hour of extended opening per 1,000 patients. A definition of extended opening as counting towards the 50% target will be set out in due course. However, the negotiated settlement represents the minimum levels of extended opening what will count – e.g. a practice a list size of 6,000 would need to open for an at least additional 3 hours, and a practice with a list size of 9,000 would need to open for at least an additional 4.5 hours.

It is this final tab which will form the basis of any future monitoring of progress.

The template does not need to be returned to DH, but is for PCT internal purposes only in order to be able to complete the “Vital Signs” return via Unify 2.

Subject to ROCR approval, PCTs will be asked in a separate exercise to return to DH via Unify 2, two items of data – (i) total number of practices, and (ii) number of practices which meet the definition of extended opening – as part of the monitoring of the “Vital Signs”.

If PCTs have any queries on completing this template, please get in touch with Paul Betts – on 0113 254 6783, e-mail [paul.betts@dh.gsi.gov.uk](mailto:paul.betts@dh.gsi.gov.uk) or Simon Rhea – on 0113 254 5182, e-mail [simon.rhea@dh.gsi.gov.uk](mailto:simon.rhea@dh.gsi.gov.uk).