

Enhanced Service Specification

Extended Hours Access

Introduction

1. The NHS Outcomes Framework requires practices to provide routine appointments at weekends and/or evenings, to reflect patient needs.
2. The current extended hours access enhanced service (ES) will be re-commissioned for a year effective from 1 April 2014. This ES is underpinned by the 'Primary Medical Care Services (Directed Enhanced Services) England) Directions 2014' (the 2014 DES Directions) and the 'Statement of Financial Entitlements' (SFE) 2014.
3. The 2013/14 ES has been revised to allow area teams and practices more flexibility in providing arrangements which reflect the needs of the practice population.
4. This guidance supersedes extended hours access directed enhanced service (DES) 2013/14 and any other or previous communications from the DH on this subject.

Purpose

5. The aim of this ES in 2014/15 is for practices to provide appointments at times outside of core contracted hours to allow patients to attend the practice at a time when it is more convenient for them.

Requirements

6. The requirements under 2014/15 ES Directions for practices participating in this Enhanced Service in 2014/15 are as follows:
 - a. The clinical sessions are provided outside of core contracted hours. For GMS core hours are from 08:00 to 18:30 and for PMS practices it is the core hours as set out in their contract. For some PMS (and APMS) practices, core contracted hours may already include opening at times outside this period.
 - b. The clinical sessions must be for continuous periods of at least 30 minutes. It is expected that practices offer no fewer than two appointments for every 30 minutes of extended hours.
 - c. The amount of the extended hours access remains 30 minutes per 1,000 registered patients, using the following formula:

$$\begin{array}{l} \text{*additional minutes} \\ \text{required to participate} \end{array} = \begin{array}{l} \text{**a practice's Contractor registered} \\ \text{population (CRP)} \div 1000 \times 30 \end{array}$$

*convert to hours and minutes and round, either up or down, to the nearest quarter hour

**CRP will be determined at the start of the first quarter during which extended opening begins for individual practices. NHS England will use Exeter data to confirm CRP.

- d. Opening hours must be in line with patient expressed preferences, either through
 - The GP patient survey
 - Preferences expressed through patient participation groups (PPGs),
 - Friends and Family Test (FFT)¹
 - Other feedback from patients.
- e. The practice should promote and publicise details of the days and times of its additional clinical session(s), e.g. on the NHS Choices website, the practice website, on a waiting room poster or by writing to patients. This should also be included in the practice leaflet.

Further options

7. Practices can deliver for their own practice solely or choose to offer as a group of practices.
8. For example, three practices currently each provide 3 x 1 extended hours sessions throughout the week with poor utilisation but patient preference is for weekend opening, practice plans submitted instead propose 1 x 3 hour session on a Saturday morning with each practice delivering the service on a rotational basis.
9. Practices will be required to provide a detailed proposal within their extended hours application if they wish to choose this option.
10. Appointments can be offered with all practice staff not just those registered with appropriate professional bodies, i.e. health care assistants and may be provided in a manner which is in line with patient expressed preferences i.e. face-to-face, telephone consultations, using other technology or a mixture of these methods.
11. Practice's will need to provide a details within their extended hours application form of the appointment type that they intend offer and identify the staff who will deliver the service.

¹ Implementation due from December 2014

Monitoring

12. The practice must cooperate with NHS England in reviewing the arrangements to establish whether the pattern of additional hours is meeting the requirements of its patients.
13. Practices must return the quarterly monitoring form by 15th of the month preceding the end of each quarter (15th April, 15th July, 15th October and 15th January).
14. Where the monitoring form is not received by the deadline, the full value of that quarter's payment will be recovered. If the monitoring form is then subsequently received, the practice will receive payment for that quarter in July 2015, as part of the end of year reconciliation process.

Payment Arrangements

15. No changes have been made to the payment of this scheme, which will remain the same as that applied for the period 1 April 2013 to 31 March 2014.
16. Payments to practices in respect of services provided under the ES will be made by NHS England in accordance with Section 7 of the SFE.
17. Extended hours access payments will be calculated at the start of the service provision either for the full financial year or for the remainder of the financial year during which the service commences.
18. A practice offering extended hours access under this ES will be paid £1.90 per registered patient (CRP) per annum.
19. Where the service provision commences in year then the payment will be made on a pro-rata basis for the number of days remaining in the relevant financial year.
20. Payments will be made in quarterly instalments during the last month of the quarter, until 31 March 2015.
21. Payments are only payable in respect of periods during which the service is provided, i.e. payments will be recovered at the value of any underprovided hours.
22. The following conditions are applicable to any payments:
 - the practice makes available any information which NHS England does not have but needs and that the practice either has or could reasonably be required to obtain, in order to establish that the practice has fulfilled the requirements of the scheme

- the practice makes any returns required of it (either computerised or otherwise) including to the Exeter Registration System and do so promptly and fully.

23. All information supplied in respect of these points should be accurate.

24. NHS England will not remunerate PMS (or APMS) practices under the 2014 DES for any period of extended access hours which is currently covered by the core hours set out in their contract. Nor will remuneration be approved for extended hours that are funded already by a CCG commissioned scheme.

Notice Periods and Requests to Amend Agreed Provision

25. If a practice wishes to terminate its agreement to provide extended hours, they must notify NHS England in writing giving 3 months notice of the intended change.

26. Where there is evidence that appointments are consistently underutilised, NHS England may decide to decommission the service at that practice. Where this decision has been taken, NHS England will communicate this, in writing to the practice, giving 3 months notice.

27. If a practice wishes to amend their current extended hours provision, they will need to give 28 days notice of the proposed change. Details of the proposal must be in writing and submitted together with a revised application form. To establish whether a practice is still meeting patients' needs, consideration may be given to the results of the most recent patient surveys.

28. Any agreed changes will come into effect in the quarter following approval of the application.

29. If the practice breaches any of the conditions of this specification, then NHS England may withhold payment.