

SCHEDULE 2 – THE SERVICES

A. Service Specifications

Service	Improved Access Local Incentive Scheme (LIS)
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Period	1 st April 2018- 31 st March 2022

1. Background

1.1 National/local context and evidence base

Primary care nationwide is under increasing pressure to improve and maintain good access to services whilst facing the challenges of a growing, aging population with complex multiple health conditions.

Building on the work that was undertaken in the Improving Access LIS in 2017/18, practices are asked to work towards achieving all elements of this specification by 31 March 2022.

Islington CCG is committed to investing in General Practice, and will reinvest any PMS funded, underspend in year. If an underspend is identified too late in the financial year, the money will be made available in the following year.

This specification contains the commissioning intentions of Islington borough, NCL CCG in relation to the PMS transitional period. Where national and local policy impacts on services provided by GP practices, NCL CCG reserves the right to amend the requirements. Any changes will take place in consultation with local GP practices and with agreement from the LMC.

1.2 Key Benefits to Patients

- a. A consistent offer of in hours access across all Islington practices
- b. Consistent availability of extended access

1.3 Key Benefits to Practices:

- a. Current requirements have been modernised to reflect that many consultations are not always the result of formal appointments, and the skill mix of the workforce is developing;
- b. Reporting will be made less onerous.

1.4 Alignment with NCL CCG and National Objectives:

- a. GPFV;
- b. NCL CCG Primary Care Strategy.

2. Service Commencement and Mobilisation

This Local Incentive Scheme shall commence on 1 April 2018. Mobilisation has taken place during 2017/18, facilitated by the Improved Access LIS for 2017/18 which includes the development of standardised guidelines for recording appointments.

3. Service Termination

- This Local Incentive Scheme shall terminate on 31 March 2022 unless an alternative date is mutually agreed between the Commissioner and the Contractor.
- Whether this Local Incentive Scheme terminates on 31 March 2022 or on any other date the Commissioner must serve 6 months' notice of Termination (unless an alternative period of notice is mutually agreed between the Contractor and the Commissioner).
- When this Local Incentive Scheme terminates there is an understanding between the Commissioner and the Contractor that the funding associated with this scheme will remain available to the Contractor but under a different local scheme (with potentially different clinical focus and service obligations).

4. Service Requirements

4.1 The Practice Premises are open.

4.2 The Contractor must open the Practice premises:

4.2.1 During core hours of 8am to 6.30pm Monday to Friday, excluding Bank Holidays.

4.3 The Contractor may, with prior written permission from NHS England (not to be unreasonably withheld), close the Practice premises during the practice opening hours in order for all staff to participate in practice learning.

4.4 The Contractor must ensure that clinical appointments (as defined below) are available with a general medical practitioner, registered nurse, nurse practitioner, physician associate, pharmacist, health care assistant or other appropriate healthcare professional during the practice opening hours.

4.5 For the purpose of this agreement, the Practice premises are considered “open” when:

4.5.1 The Practice premises front door is unlocked/open;

4.5.2 Patients are able to access the Practice premises, and have face to face/telephone/virtual contact for a minimum of 52.5 hours per week (excluding Bank Holidays) with a person, who is able to:

4.5.3 Respond to enquiries;

4.5.4 Take messages;

4.5.6 Receive pathology samples;

4.5.7 Provide/process prescriptions, and

4.5.8 Answer the telephone.

4.6 The Contractor must advertise on NHS Choices website (as per contractual obligation), the Practice website and Practice leaflet that the Practice premises are open at the times set out in paragraph 4.2 above.

4.7 The contractor must ensure the latest NHS communications materials about COVID-19 are available on or linked to from the practice website and that telephone messages convey accurate and current information about access to care.

4.8 Availability of Consultations:

From April 2018 practices will receive a percentage of the total available payment based on the number of booked appointments (including both face to face, online and telephone appointments) provided relative to a maximum capped value. Consideration will be given to practices with a different skill mix of Healthcare Professionals and the appointments provided to patients by them.

Targets will be based on Islington average data, and will include stretch targets so as to challenge practices achieving over the average value. Percentages of payments will be determined according to the following tiered structure:

Number of appointments achieved per 1,000 weighted registered patients per week	% of incentive received
$x < \text{Islington Average (Mean)} - 50\%$	0
$\text{Islington Average (Mean)} - 50\% < x \leq \text{Islington Average (Mean)} - 30\%$	50
$\text{Islington Average (Mean)} - 30\% < x \leq \text{Islington Average (Mean)} - 15\%$	60
$\text{Islington Average (Mean)} - 15\% < x \leq \text{Islington Average (Mean)} - 5\%$	70
$\text{Islington Average (Mean)} - 5\% < x \leq \text{Islington Average (Mean)} + 5\%$	80
$\text{Islington Average (Mean)} + 5\% < x \leq \text{Islington Average (Mean)} + 15\%$	90
$x > \text{Islington Average (Mean)} + 15\%$	100

The Islington average (mean) will be comprised of the annual average number of booked appointments per 1000 patients per week offered across all Islington practices from the previous financial year. The Islington average (mean) will be recalculated each financial year throughout the duration of the Local Incentive Scheme.

Both the Islington average and the numbers of appointments offered per 1000 patients per week throughout the year will be calculated using practice's weighted list sizes.

4.9 Covid-19 pandemic

Practices have had to change their working patterns during the Covid-19 pandemic, providing a much greater number of telephone and online appointments. It is expected that this will significantly change the Islington baseline for 2021-22.

4.10 Islington appointment guidelines for practices

The Islington appointment guidelines have been updated to reflect the Guidance produced by the BMA and NHS England and NHS Improvement "More accurate general practice appointment data" (GPAD). The guidance introduces an agreed definition of an appointment, requesting general practice start applying this now and systematically, to improve appointment data quality. See Islington appointment guidelines for further information.

4.11 Standardisation of national appointment categories in General Practice, It is recommended that all practices align all EMIS slots types to the new standardised slot categories.

4.12 For the purpose of the LIS appointments are counted and grouped irrespective of the practices' assigned 'slot type'. Therefore the national slot types would not affect the LIS as all booked appointments will be counted, regardless of slot type. Although there are some appointment types, which are currently manually submitted such as Telephone consultations with other clinicians regarding patient care, these do not need to be mapped to the national slot types, prior to submission. Refer to the appointment guidelines for full inclusion and exclusion criteria.

4.13 The Contractor must offer persons who wish to have a clinical appointment, any available clinical appointments (i.e. any appointments that have not been booked

in advance or a clinical appointment that is free because a patient has cancelled) during Practice opening hours.

- 4.14 The Contractor must have, and be able to implement, a Business Continuity Plan (BCP) as needed to ensure that access to the services is available at all times during Practice opening hours.
- 4.15 The contractor must facilitate access for patients to the local Extended Access I:Hub services as appropriate and in line with local protocols. This includes displaying information for patients about the I:Hub services as requested by the CCG (including advertising the service on the practice website) and booking consultations for patients into the hub electronically as appropriate to a patient's clinical need.
- 4.16 Contractors can choose to partake in either or both of the proposed activities; i.e. they will be incentivised to increase in hours appointments even if they do not remain open during core hours as stipulated in 4.5 and vice versa.

5. Data Collection

- 5.1 Practices are required to submit appointments data extracted from the GP Workload Tool bi-monthly to the CCG.

6. Capturing additional eligible 'available slots'

Some eligible appointment-related activity may not be recorded in the appointment book – If practices have additional appointments that are not recorded in the EMIS appointment book, these should be submitted to the CCG every two months with the GP workload report. The appointments will be added to each practice's final appointment count (see Improved Access LIS: "Capturing additional eligible 'available slots'template" for further information).

7. Monitoring Requirements

- 6.1 Practices will receive a bi-monthly report of their progress on offering appointments.
- 6.2 Evidence of Business Continuity Planning (BCP) upon request.

8. Payment and Validation

- 7.1 The Commissioner will make a payment of £1.80 per weighted patient per annum in respect of this Local Incentive Scheme:

7.1.1 Part 1: £0.60 per weighted patient to remain accessible during core opening hours (as detailed in sections 4.1 – 4.6)

7.1.2 Part 2: £1.20 per weighted patient to improve the number of appointments offered (as detailed in sections 4.7 – 4.10)

7.1.3 The PMS premium in each year is detailed below along with how practices will be able to obtain it in each of the 4 years of the transition:

Year	2018/19	2019/20	2020/21	2021/22
Improved Access LIS total budget (PMS Transition + CCG contribution)	£442,000	£442,000	£442,000	£442,000
PMS Transition Amount	£20,900	£62,701	£125,402	£167,202
Total available funds for Access LIS part 1: £0.60 / pt (remaining accessible during core hours)	£147,332	£147,332	£147,332	£147,332
Additional Funding available to practices over and above PMS transition amount	£126,432	£84,631	£21,930	£-19,870
Available funds for Access LIS part 2: £1.20 / pt (50% achievement for offering no. of appointments 30% or more below Islington mean)	£145,860	£145,860	£145,860	£145,860
Additional Funding available if meeting part 1 and part 2	£272,292	£230,491	£167,790	£125,990

In years 1-3 (2018-21) of the transition period, practices will be able to access the full PMS transition amount by meeting part 1 of this specification (remaining accessible during core hours as detailed in sections 4.1 – 4.6) only.

In year 4 (2021/22) practices will have to meet the minimum requirement for the number of appointments being offered of 15% or more below the Islington mean. Consideration will be given to the impact of Covid-19 and the income protected payments that continued in Q1 2021-22.

7.2 Any annual uplift to the price is at the complete discretion of the Commissioner.

9. Glossary

BCP	Business Continuity Planning
CCG	Clinical Commissioning Group
CPD	Continuing Professional Development
EPS	Electronic Prescribing System
FYFV	Five Year Forward View

GPFV	General Practice Forward View
IT	Information Technology
KPI	Key Performance Indicator
MDT	Multi-Disciplinary Team
PLT	Protected Learning Time
PMS	Personal Medical Services
Q1	(Quarter) April 1 st – 30 th June
Q2	July 1 st – 30 th September
Q3	October 1 st – 31 st December
Q4	1 st January – 31 st March
Read Code	A coded thesaurus of clinical terms
SNOMED	Systematized Nomenclature of Medicine
'The Commissioner'	Islington borough, NCL Clinical Commissioning Group