



## Specification for a Locally Enhanced Service for Extended Hours

### 1. Introduction

All practices are expected to provide essential services and those additional services they are contracted to provide to all their patients under the GMS contract. The specification of this service therefore outlines the general and more specialised service to be provided that is beyond the scope of essential services. No part of the specification by commission, omission or implication defines or redefines essential or additional services.

It is recognised that in certain parts of the Health Board, patients find it increasingly difficult to attend the GP Practice during core contractual hours. In order to meet these needs practices can submit a plan for offering extra opening hours and appointments.

### 2. Eligibility Criteria

It is NOT expected that all practices would deliver Extended Hours as not all areas would have sufficient patient demand. To qualify for the extended level the Practice MUST :

- Fully meet all the Foundation Principles see Appendix 3
- Fully meet all the Positive Principles see Appendix 3
- Provide evidence to demonstrate significant patient need, the minimum being a patient survey undertaken within 6 months of the application. Significant patient need will be demonstrated where more than 10% of the practice population identify that they find attending during core hours very difficult due to their own personal circumstances rather than due to the appointment structure of the practice.
- Provide evidence that the model proposed meets the patient need identified.

Accreditation will be dependent on receipt and validation of a Practice Plan to be received no later than **1<sup>st</sup> March** for service commencing the following financial year. The practice plan (Appendix 1) should address the following :

- A statement that additional opening hours offer additional capacity and not replacement activity from elsewhere in the core contractual day.
- Times and days where additional opening hours are proposed based on identified patient need.
- Appointments of no less than 10 minutes in length and no less than 4 appointments every hour.
- Appointments may be with a GP, Practice Nurse/Nurse Practitioner or Healthcare Assistant.
- A GP presence across all additional opening hours to provide clinical supervision
- No lone working as part of additional opening hours.
- Statement of networked agreements where more than one practice in a locality plans to deliver additional opening hours together.

Following receipt of the Practice Plan the LHB will review against the eligibility criteria and make a decision within 30 days of receipt.

### 3. Funding

Payments will be as follows (includes reception cover and overhead costs):

- Each additional hour of GP-led appointments: ██████ per hour
- Each additional hour of Nurse-led appointments: ██████ per hour
- Each additional hour of HCA-led appointments: ██████ per hour

Each hour of provision should be available for no less than 46 weeks per annum in order to offer consistency to patients, payment will be made based on the number of weeks the service will be offered.

All plans must be agreed with the Health Board in advance of commencing the service.

Where there are a large number of Practice Plans submitted the Health Board will prioritise funding based on:

- Practices where there is the most patient need demonstrated.
- Practices who are seeking innovative ways of delivering excellent access both within and beyond core contractual hours.
- Practices who are considering the whole needs of their population and working with other service providers to deliver this.
- Plans which offer the most effective value for money.

Payments will be made quarterly in arrears following receipt of Quarterly return demonstrating uptake and delivery.

### 4. Review

The Extended Hours LES will be commissioned by Hywel Dda University Health Board for no less than two years to enable improvements to patient access to be made. During this time full evaluation of service delivery will be undertaken and consideration given to further funding required for Extended Access.

Should Practices seek to withdraw from this LES they should give the Health Board NO LESS than one month's notice in writing.

Where the Health Board identifies that the practice/cluster is not utilising the extended hours funding to full effect (i.e. appointments are not being filled) discussions with the Practice will commence within one month of quarterly submission to consider the circumstances; following which 3 months notice of cessation of funding may be given if deemed appropriate.

Where the Health Board identifies that the practice/cluster is no longer meeting the eligibility criteria, the practice/cluster will no longer be able to claim payment for the LES until remedial changes are effected and the criteria are again being successfully delivered. Evidence must be provided of the changes made.

## Appendix 1 : Extended Practice Plan

**GP Practice :** .....

Responsible GP .....

Practice Manager .....

The Practice is applying to the Health Board to deliver Extended Hours LES. We understand that :

- The additional opening hours will offer additional capacity to the patients and not replacement activity from elsewhere in the core contractual day.
- Appointments will be no less than 10 minutes in length and no less than 4 appointments every hour.
- A GP presence will be on site during all additional opening hours in order to provide clinical supervision
- There will be no lone working as part of additional opening hours.

### Extended Hours Plan

Please complete the form below indicating for each clinician and day of the week the Extended Hours that will be offered.

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
<b>GP</b>						
Times of provision						
Number of hours						
<b>Practice Nurse</b>						
Times of provision						
Number of hours						
<b>HCA</b>						
Times of provision						
Number of hours						
<b>EXAMPLE</b>						
<i>Times of provision</i>	6.30 – 7.30		6.30 – 7.00			<i>Saturday</i> 10.30 – 12.00
<i>Number of hours</i>	1		0.5			1.5

## Funding Application

	Number Hours Per Week	Weeks Offered Per Annum (minimum 46)	Total Hours Per Annum	Remuneration Applied for
GP ( [REDACTED] ph)				
PN ( [REDACTED] ph)				
HCA ( [REDACTED] ph)				
<b>TOTAL</b>				

If this proposal is to provide Extended Hours to a group of Practices please give details of the practices, their populations and how patients will be informed of this service in the table below.

Practices in Group		List Sizes:		Patient Information:
Total:		Total:		

Please provide any further information to support prioritisation of this application, the results of the Patient Survey and Capacity and Demand Audit should be submitted, as well as a statement covering the Foundation and Positive Principles outlined in the Improving Access guidance.

### Checklist:

- Patient Survey results attached.....
- Capacity and demand results attached.....
- Evidence to support delivery of foundation principles attached.....
- Evidence to support delivery of positive principles attached.....

## Agreement and Declarations

The Practice will deliver the Principles of Good Access contained within the Improving Access in Hywel Dda guidance.

The total number of patients registered with the Practice/Group are .....

We declare that we :

- Have read and will meet the requirements of the Practice under the LES service specification.
- We have provided the agreed and completed Patient Satisfaction Survey and Capacity & Demand Audit to the Health Board.
- The information on this form is correct.

An audit trail will be available at the practice for inspection by the LHB's authorised officer or officers acting on its behalf by Shared Services Partnership and auditors appointed by the LHB and Audit Commission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Practice Stamp(s):

## Appendix 2

### Extended Access Quarterly

Return

**GP Practice :** .....

Responsible GP ..... Practice Manager .....

Quarter FROM ..... Quarter TO .....

### General Patient Access

Total Number of Patients Registered at END of Quarter .....

Total Number of ALL booked appointments for a GP in Quarter .....

Total Number of DNAs for a GP in Quarter .....

Total Number of ALL booked appointments for Nursing Team in Quarter .....

Total Number of DNAs for Nursing Team in Quarter .....

Total Number of ALL booked appointments for HCAs in Quarter .....

Total Number of DNAs for HCAs in Quarter .....

Number of patient concerns re: access in Quarter .....

### Extended Hours Access

Please complete the table with all extended hours appointments for the reported quarter. These should be totals for the whole quarter. Partial hours can be claimed for and should be entered as a fraction not as the number of minutes i.e. a half hour (30 mins) should be entered as 0.5 not 0.30 (e.g. half hour is 0.5; quarter hour is 0.25; 45 mins is 0.75; 20 mins is 0.333; 40 mins is 0.667; 10 mins is 0.1667 etc.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
<b>GP</b>						
Number appts booked						
Number appts empty						
Number hours claimed						
<b>Practice Nurse</b>						
Number appts booked						
Number appts empty						
Number hours claimed						
<b>HCA</b>						
Number appts booked						
Number hours claimed						
Number appts empty						

#### Declaration:

I/we confirm that the hours claimed have been offered to patients as extended hours outside of the Practice's contractual core hours;  
 I/we confirm that the hours claimed was additional capacity and not replacement activity from elsewhere in the core contractual day;  
 I/we confirm that the appointments offered during this additional capacity were of a duration of 10 minutes or more and that each hour claimed contained at least 4 appointments;  
 I/we confirm that a GP was present on site during all the hours claimed and that there was no lone working as part of the hours claimed;  
 I/we claim the appropriate payment for the Enhanced Service Scheme. An audit trail is available at the Practice for inspection by the Health Board's authorised officers or officers acting on its behalf by NWSSP and auditors appointed by the Health Board and Audit Commission.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Practice Stamp:



## Appendix 3 : Foundation & Positive Principle Criteria

### Foundation Principles

Principle	LHB Assessment Criteria
<p><b>Appointment systems should be easy to understand and use by patients:</b> Patients should be able to book appointments at least by phone and at the reception desk. Consideration should be given to alternative forms of booking e.g. My Health On Line etc. Where a practice offers part of their service as “open access”, patients should be appropriately guided in how to access the doctors and nurses in both emergencies and for routine treatment.</p>	<p>Practice will publicise its appointment booking policy in it’s practice booklet and website.</p>
<p><b>Positive call handling for appointment requests:</b> Practices should deal with appointment requests in a professional manner in one call.</p>	<p>Report on significant events and/or review of patient complaints, both internal (made directly to the practice) and external (made to the LHB or CHC), every year (EDU001W).</p>
<p><b>Answering the phone in a timely manner:</b> When phoning the practice, patients should be able to speak to a person on the phone within a reasonable timeframe without incurring undue personal expense through the practice use of higher-rate telephone numbers.</p>	<p>Health Board staff will monitor telephone access on a monthly basis and record the amount of time it takes to connect to receptionist. This information will be shared with practices and included on the GMS dashboard.</p>
<p><b>Accessible telephone advice or triage:</b> Patients should be able to EITHER access:</p> <ul style="list-style-type: none"> <li>• telephone advice OR,</li> <li>• telephone triage / clinical assessment from a suitably qualified clinician</li> </ul> <p>Telephone advice and triage can be considered like an appointment which may be booked same day or in advance.</p>	<p>Practice will publicise its telephone advice policy in practice booklet and on website.</p> <p>Annual Contractual Return includes a statement on telephone access.</p>
<p><b>Standard Opening Hours:</b> The practice should be open for a minimum of 5 mornings and 4 afternoons per week.</p>	<p>Annual Contractual Return includes a statement on opening hours.</p>
<p><b>Prioritising access and response for clinically urgent patients:</b> The practice ensures all patients expressing an urgent need for an appointment receive advice or treatment from an appropriate clinician within 24 hours.</p>	<p>Practice will publicise its urgent access policy in practice booklet and on website.</p> <p>Practice will publicise the range of clinicians within the practice, including what they can and cannot offer patients in the practice booklet and on website.</p>

## Positive Principles

Principle	LHB Assessment Criteria
<p><b>Open to patients throughout core hours:</b> Practices should aim for doors and telephones to be open for patient enquiries throughout core hours* for a minimum of 47.5 hours per week.</p> <p>*There are 52.5 core hours per week during which the Practice is contractually responsible for the care of their patients.</p>	<p>Annual Contractual Return includes a statement on opening hours.</p>
<p><b>Responsive to patient need, feedback and experience:</b> Each GP practice is different and therefore the model of access should meet the needs of the patients specific to the practice.</p> <p>Practices should regularly monitor their capacity, demand and patient views on access and services. Adjustments to access would then be made as appropriate.</p>	<p>Annual capacity, demand and patient need/experience audit with action plan.</p> <p>Examples of patient surveys and capacity &amp; demand mapping tools are available on request.</p> <p>The patient survey can either be :</p> <ul style="list-style-type: none"> <li>• GPAQ3, or</li> <li>• Approved by LHB before use IF it will be used to evidence patient demand for extended hours.</li> </ul> <p>Examples of external support for appointment and access redesign are available.</p>
<p><b>Positive about Patient Education:</b> Practices support the Choose Well patient education campaign or equivalent and work with their local community pharmacies to deliver a consistent local message.</p>	<p>Patient literature in waiting room.</p>
<p><b>Appointments available throughout the Core Hours:</b> Practice should offer late appointments to meet the needs of patients who find it difficult to attend earlier in the day – GP and / or appropriate clinician.</p> <p>Appointments available after 5.00pm (for at least 30 mins) for at least 2 days per week.</p>	<p>Annual Contractual Return includes a statement on appointment times to be updated throughout the year as changes are implemented.</p>