

**Primary Care Contracting
Primary Medical Care
PCC/PMC/FAQ/Web/010908**

FAQs

Extended Hours Access Scheme Direct Enhanced Service:

The Government's Position

1. Why is GP extended opening a priority for the Government?

The first national GP Patient Survey (conducted in 2007, and results published on 23rd July 2007) indicated that there are around six and a half million patients who are unhappy with their GP practice's opening hours. This was further emphasised in the 2008 Survey where there were approximately 360,000 responses in the 2008 Survey (results published on 16th July 2008) saying they were dissatisfied with their practices opening hours – equating to 18% of all respondents. This national average figure which, if multiplied by the national adult population in England (41,545,000), suggests that seven and a half million people are now dissatisfied.

These patients would find it easier to access services if they could make appointments at the weekend, in the evening or early in the morning.

The survey data shows that young working men and some members of black and minority ethnic communities are more likely to express concern about access to GP services. We must ensure that access to health care does not create inequities for particular groups in society.

Lord Darzi's interim report (published on 4th October 2007) gave a commitment that we would ask PCTs to work with all GP practices to develop greater flexibility in opening hours.

2. Is there a target for extended opening?

The Operating Framework for the NHS 2008/09 (published on 13th December 2007) set out the aim of at least half of all GP practices in each PCT area providing extended opening hours based on patients' expressed desires, as measured through patient surveys.

3. Do you have any idea how many practices currently offer extended opening?

DH collects data relating to extended opening via UNIFY2 on a monthly basis, and figures are published on the DH's website each month. Currently (as at July 2008) 38% of practices are offering extended opening hours. We are confident that the target of 50% will be achieved by the end of December 2008.

4. Government action is just a token - it doesn't meet real public expectation

The Extended Hours Access Scheme DES sets out the minimum requirements for extended opening. Clearly, where there is a demand and practices are willing, additional hours or other services may be commissioned from the practice to meet local patient expectations. These will vary and it is right that local PCTs have the flexibility to respond, working with practices that have agreed to meet the minimum national requirements.

5. When will you be issuing Directions on this to PCTs?

Final Guidance which accompanies the legal Directions to PCTs on the DES were issued on 2nd September 2008. All PCTs should already have been discussing offering extended opening with their practices and outlining the features of the DES. There is nothing to stop PCTs entering into local agreements with their GP practices to offer extended opening immediately. We would encourage them to do this and we know that many already are.

Financial

6. Where's the money coming from for this?

Funding to reward practices that offer extended opening has come from existing resources from within GP contractual arrangements. For the previous two years, we had invested £158 million in incentive schemes to reward practices for improving access and choice (the Improved Access Scheme and Choice & Booking Directed Enhanced Services). These were time-limited schemes, which were always due to end on 31 March 2008. We therefore agreed with the BMA to reinvest this £158 million in new arrangements to recognise practices that provide extended opening.

GP practices will also have an increasing part of their NHS income linked to patient satisfaction with access to services. This means rewarding practices, through the QOF, that make sure patients can get swift access to a GP when they need it, but can also book ahead for less urgent appointments.

7. If 100% of practices wish to provide extended hours, will PCTs support them all financially?

Yes – the central funding for extended hours will provide funding for all practices to offer extended opening which meets the minimum DES requirements.

8. What if a GP practice refuses to extend its hours?

The 152 new health centres across the country will offer all patients (regardless of where they are registered) access to GP services 8am to 8pm, seven days a week. All patients will also continue to have access to out-of-hours GP services for urgent care. PCTs have a budget of £158 million to pay GPs for evening and weekend opening. The average practice can expect to receive about £18,000 a year for three extra hours opening each week. Practices who choose not to offer the DES will not receive this funding.

9. What about the double funding – PCTs are already paying for out of hours services?

Not every practice will be open every evening or weekends, therefore the out of hours service is still required during evenings and weekends.

GPs' Views

10. GPs think evening and weekend opening is unnecessary and expensive

The Government has responded to the patient survey results. GPs can choose whether to take up the DES and be paid for doing so.

11. The BMA say patients – the elderly and families - will miss out on day time surgeries. Is this the case?

No. Extended opening will provide additional hours. Practices must not reduce their core hours provision as a result of offering extended opening. This is why we suggested that PCTs should undertake a baseline audit, to ensure that extended opening is truly additional, and not simply substituting a Saturday morning surgery for an existing in-hours surgery.

12. Extended opening will be voluntary and GPs will just decline to do it

GPs recognise that their patients want to be able to access them at times that are more convenient. When the BMA conducted their own survey of GPs last October, more than 11,000 GPs responded and the majority said that they were willing to provide extended opening for their patients if resources were made available to do this. Already, according to the monthly UNIFY returns, 38% (as at July 2008) of GP practices across England are offering extended opening. However, if practices do decide, for whatever reason, not to provide extended opening for their patients they will see a drop in income. Furthermore, some patients may as a consequence choose to register with another practice that is willing to provide this additional flexibility which would also see the practice's income drop.

Core Hours

13. Is there a requirement for practices to fulfill core hours commitment before undertaking the DES and what levers can PCTs use to impose this?

This is not part of the DES requirements. PCTs should already be ensuring under the standard GMS contract terms or the PMS contract that is in place that practice opening times are appropriate to meet the needs of practices' patients.

14. What levers do PCTs have to get audit information on core hours appointment delivery (in view of the BMA stance on this?)

Our advice is that (again under the terms of the standard GMS contract) practices (if requested) should provide PCTs with information about their opening times and surgery availability. This should be also available to patients. It will be difficult for a PCT to determine if a practice meets the DES requirements unless it can be sure that the extended hours being offered are truly additional and will not lead to any reduction in core hours opening.

Practicalities for Practices Offering the Service

15 Is concurrent or concurrent working allowed and does it meet the DH Operational Framework aim for extended access?

It is up to PCTs and practices to deliver extended opening which meets patients' needs. It is, of course, a matter for individual practices to decide how their GPs staff the extended hours period contracted to deliver so long as there is at least one GP available during that time. However, the outcome should be that the period of extended opening meets the minimum requirements of the DES:-

- *30 minutes for every 1,000 registered patients (3 hours for a practice with a list size of 6,000).*

16. Flexibility - if a practice opens for three hours would it be OK for two doctors to do 1.5 hours each?

Yes, if the practice is open for three hours. The point here is that three hours means three hours, not two GPs working 1.5 hours. However there is flexibility for PCTs to agree some degree of concurrent working only in exceptional circumstances where they are satisfied it meets the needs of patients (e.g. for larger practices). The important factor is the total time the practice is open and routine appointments available rather than the total additional clinical time. Six doctors doing an extra half hour each at the same time does not mean three hours' extra opening time.

17. Do local agreements (LESs) count towards achievement of the Operating Framework aim?

Local arrangements that do not meet the minimum DES requirements should not be included in the Unify returns sent every month to monitor progress against this aim.

The intended outcome is for at least half of all practices to be offering extended opening, not half of all practices to be signed up to the DES. DH does not want to force PCTs and practices to abandon already successful local schemes nor to prevent further innovation.

The DES, of course, has to be offered by PCTs, and practices have a mandatory right to accept the terms of the DES. A more flexible scheme, providing it delivers the same, broadly similar or a better outcome as the DES, particularly in terms of meeting patient needs and priorities, can be commissioned instead of or alongside the DES and still count towards the 50% target.

18. What about the safety of doctors working on their own at night?

We expect practices to take into account the preferences of their patients in deciding when to open, but we also expect that practices and PCTs will consider other factors in making decisions, including the safety and security of doctors, practice staff and patients.

19. Can practices group together to offer extended opening on a rota basis?

To meet the DES requirements, extended opening must be provided by the patients' own practice.

20. Define 'being open' – does it have to be face to face?

Yes, at a minimum there have to be face to face appointments between GPs and patients, and the appropriate number of appointments per hour will be determined locally. However, it may also be appropriate to offer telephone consultations and practices should discuss this with PCTs if they are interested in taking this approach.

21. What if only 10% of a practice's patients say they want extended hours?

This service is about extending availability to those who struggle to get to the doctor in normal hours, so even if only 10% say they want this, practices should consider how they can meet their needs. However, the DES is voluntary and practices can choose not to take part.

22. How does it work for practices with branch surgeries – does extended opening have to be available at both sites?

Practices will need to make sure that extended hours service is accessible to all of their patients, so should consider opening branch surgeries as well as main sites.

There is no requirement to provide the full amount of extended hours access at both sites. For example, a practice with 10,000 patients, where 7,000 were at the main site and 3,000 at the branch, would need to offer 5 hours (300 minutes) of extended hours per week. They might choose to offer 3.5 hours of these at the main site and 1.5 hours at the branch – it is not necessary to offer 5 hours at both. But, if the public transport and security was better at the branch surgery, it might be preferable to offer most of the extended hours at the branch, but make appointments available to patients from both sites.

23. Do practices have to provide the same level of service during annual leave?

Extended opening should be available to patients 52 weeks per year.

24. Is there a split between pre-book and embargo/walk-in appointments?

The intention is that extended hours should be primarily made up of pre-bookable appointments. However, practices cannot – and should not – refuse genuine patient requests for urgent appointments. Practices will therefore need to agree a balance of appointment types with their PCT.

25. Are practice nurse appointments allowed during the extended hours period?

Extended hours should mean that patients are able attend appointments with a GP as a minimum. There is nothing to prevent practices from offering nurse appointments during this period too. However, it would not meet the DES requirements or count towards the Operating Framework aim if only nurse appointments were available during this period.

26. Can practice nurse appointments be offered instead of GP appointments during extended opening hours?

No, practice nurse appointments during extended opening hours cannot be substituted for GP appointments, and it would not meet the DES requirements or count towards the 50% target if only nurse appointments were available during this period. Practice nurse appointments can be offered in addition to GP appointments, and we would encourage PCTs to commission these in addition to the DES.

27. How will working during the extended hours period be split amongst the staff in a practice – the equity between full time and part time staff?

It is for practices to agree amongst their staff how they will work the extended hours.

28. Is the DES for extended hours or emergency (same day capacity)?

The DES is intended to make it easier for patients to see the GP, who find it difficult to get to the surgery in normal working hours. There may also be a need for some emergency (same day) capacity, and it will be for individual practices to agree the appropriate balance with their PCT.

29. Will practices be penalised if the doctor available during extended opening hours is not the doctor of the patient's choice?

No. It is understood that if patients want to see a particular doctor they may have to wait longer to do so.

30. Can practices restrict who the extended hours are for (eg "commuter only sessions")?

It would not be appropriate for a practice to prevent any patient making an appointment at any time, whether during the day or in extended hours.

Other Services

31. What additional services should be provided – smoking cessation? Blood testing?

The DES requires availability of GP appointments. PCTs might also wish to support extended availability from, for example, practice nurses and health care assistants. In setting up their services, practices should consult patient need – so if there is a need for an evening/weekend smoking cessation service, for example, a practice should discuss with their PCT how it might be possible to provide this.

32. What other services need to be commissioned to support extended opening?

It would not be possible to set this from the centre for each area or for each practice - PCTs are best placed to know what would be required, based on the number of practices opening, their geographical locations, and the availability of other services in the area. PCTs should certainly be thinking in terms of the "normal patient experience" on a weekday and trying to replicate this as much as possible - so it should at a minimum always be possible to cash a prescription, for example.

34. What about the problem of no evening blood collections, access to pathology testing or access to specialties at hospital?

PCTs should consider the availability of pathology services in the evening, and discuss with providers whether services could be offered later in the day.

33. Is extended opening likely to affect OOH services?

We did consider, very carefully, what the impact might be on out of hours services before introducing extended hours. In particular, we looked at the experience of Tower Hamlets PCT where extended hours have been on offer for a number of months, and where almost all practices offer some form of extended opening to their patients. They have not seen disruption to their out of hours services, and to some extent, the availability of bookable appointments at local practices may have helped to reduce pressure on both the out of hours service and accident and emergency.

For most practices in England, the expressed patient preference is for opening times other than Saturday mornings. While we are unlikely to see stress on out of hours services at national level, it is possible that this could occur at local level. We therefore encourage PCTs, when commissioning extended hours arrangements, to take into account possible impacts on other services, including out of hours. More advice is included in the extended hours commissioning guidance.

34. Do PCTs still have to do PCAS?

Yes, PCAS will continue to be used as part of the Healthcare Commission's 2008/09 performance indicator for 48 hour access. PCTs should therefore continue to conduct the survey and send in UNIFY returns on a quarterly basis throughout 2008/09.