

Extended hours access directed enhanced service (DES) 2013/14

Guidance and audit requirements

May 2013



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Section 1. Introduction

As part of the General Medical Services (GMS) contract changes for 2013/14 in England, the Department of Health (DH) announced that the extended hours access directed enhanced service (DES) would be re-commissioned for a year effective from 1 April 2013. This DES is underpinned by the 'Primary Medical Care Services (Directed Enhanced Services) (England) Directions 2013' (the 2013 DES Directions) and the 'Statement of Financial Entitlements' (SFE) 2013¹.

From 1 April 2013, the organisation legally responsible for the commissioning of primary care in England is the NHS Commissioning Board, this body operates under the name NHS England.

NHS England must ensure that all practices have the opportunity to enter into an extended hours access scheme under this DES (or a scheme under local arrangements offering at least the minimum requirements of this DES). However, NHS England will not remunerate Personal Medical Services (PMS) (or APMS) practices under this 2013 DES for any period of extended access hours which is currently covered by the core hours set out in their contract.

Extended opening hours should be set according to the needs and wishes expressed by patients. NHS England and practices should therefore continue to take into account results from the latest GP Patient Survey and from other local surveys, including those resulting from participating in the Patient Participation DES when agreeing extended opening hours.

There are no set number of appointments that should be provided within any given period of time. However, on average, practices are likely to be able to offer no less than two appointments for every 30 minutes of extended opening.

During core contracted hours, existing standards of access and availability should be maintained. NHS England should continue to support all practices in ensuring that they are meeting the reasonable needs of patients during core hours.

About this guidance

This guidance contains advice for NHS England and its area teams and practices in implementing the extended hours access DES.

This guidance supersedes that which the DH issued on 4 April 2011 and any other or previous communications from the DH on this subject. No changes have been made to the requirements and payment of this scheme, which will remain the same as that applied for the period 1 April 2012 to 31 March 2013.

¹ DH. SFE and DES Directions 2013. <https://www.gov.uk/government/publications/nhs-primary-medical-services-directions-2013>

Section 2. Implementing extended hours

Offer of extended hours access under this DES and time limits

NHS England must, by 30 April 2013, offer to all existing practices under their contractual arrangements the opportunity to enter into this DES under the 2013 DES Directions. Where reasonably practicable, the NHS England must, after considering and agreeing to practices' proposals (see section on practice proposals) enter into these arrangements with practices no later than 1 July 2013². NHS England is not required to enter into extended hours access arrangements under this DES after 30 June 2013, except in exceptional circumstances as set out below. However, NHS England retains the discretion to do so if it wishes.

There are exceptions to the time limit mentioned above, if the following conditions are met:

1. that the practice has not provided NHS England with its proposals to participate in this DES before 1 July 2013; and
2. NHS England offered the practice the opportunity to participate in the DES, but did so with less than 28 days to elapse before 30 June 2013; and
3. the practice has provided the NHS England with its written proposals to participate in the DES within 28 days of the NHS England offer.

If all of the above conditions are met, then NHS England must after the 30 June 2013, consider the practice's proposals. This will be with a view to agreeing them and entering into arrangements with the practice to deliver extended hours access under this DES.

Agreements under this DES are effective up to and including 31 March 2014.

Practice mergers

Where two or more practices merge, then NHS England must, within 28 days of the merger enter into a new arrangement with the newly formed practice if:

1. the practice continues to provide extended hours access following the merger that are broadly comparable with services required under the 2013 DES Directions; and
2. the practices proposals for extended hours access meets with the minimum requirements of the arrangements under the 2013 DES Directions.

² It may be the case that the GP practice has made its written proposals within the time limits but NHS England seek clarification on certain issues. If this is the case, the practice retains the right to enter into the DES (subject to NHS England agreeing the terms of the proposals) after 30 June 2013.

Practice splits

Where a practice splits NHS England must within 28 days of the split enter into arrangements with the newly formed practice(s) if:

1. the practice(s) continue(s) to provide extended hours access following the split that is/are broadly comparable with services required under the 2013 DES Directions; and
2. the practice(s) proposals for extended hours access meets with the minimum requirements of the arrangements under the 2013 DES Directions (see section on 2013 DES Directions).

NHS England consideration of practice proposals

NHS England is obliged to consider any proposals for the arrangements of extended hours access put forward by a practice in accordance with the time limits and exceptions explained under the 'Offer of extended hours access under this DES and time limits' section. This consideration should not be delayed unreasonably, nor should NHS England agree to such proposals be unreasonably withheld. In making the decision, consideration should be given to local circumstances such as patient preferences and relevant guidance (see requirements below).

Consideration does not have to be given, nor do decisions have to be made where:

1. the practice has not submitted a written proposal within 28 days of the NHS England offer to enter into an arrangement under the 2013 DES Directions; or
2. the practice has not provided any information requested by NHS England in order to make a decision as to whether the proposal to enter into arrangements under the 2013 DES Directions meets its requirements (see requirements under 2013 DES Directions section).

Requirements under 2013 DES Directions

The 2013 DES Directions set out the minimum requirements which must form part of the arrangements. All the requirements set out form part of the contractual terms between the NHS England and the practice. An existing contract must be varied accordingly so that the requirements are made conditions and form part of the contract.

Arrangements entered into under this DES must include a written obligation by the practice to implement the agreed arrangements. The agreement must also set out the details of the arrangements for extended hours access in order to enable patients to attend face-to-face appointments with any healthcare professional outside of core times. The arrangements must include the following provisions:

1. The clinical sessions are provided at the practice premises outside of core contracted hours. For GMS practices, core hours are from 8:00am to 6:30pm, Monday to Friday, except Good Friday, Christmas day or bank holidays. For some PMS (and APMS) practices, core hours may already include opening at times outside these

hours and NHS England should treat the hours set out on such individual contracts as the core hours for these practices.

2. The clinical sessions are held on a regular basis each week from the practice's premises. It is recommended that these are held at times that best match patient's preferences for extended hours access at the practice, based on the most recent GP Patient Survey results and/or local information, to decide when (and where in the case of practices with multiple branches) to open.
3. The clinical sessions must be in addition to those provided within core hours e.g. a practice cannot provide sessions on a Saturday but then cut sessions on Wednesday afternoon within in-hours periods.
4. The amount of the extended hours access is linked to the practice's registered list size (or a practice's registered population - CRP). The minimum required extra opening for each practice is based on an additional 30 minutes per 1,000 registered patients, using the following formula:
additional minutes* = a practice's CRP** ÷ 1000 × 30
5. *convert to hours and minutes and round, either up or down, to the nearest quarter hour
6. **CRP will be determined at the start of the first quarter during which extended opening begins for individual practices. CRP will be recalculated for this purpose (and for the purposes of payments - see payments section) at the beginning of the 2013-14 financial year. The rules for this are set out in the SFE.
7. The clinical sessions must be for continuous periods of at least 30 minutes.

The practice must co-operate with NHS England in reviewing the arrangements to establish whether the pattern of additional hours is meeting the requirements of its patients. For example, to establish whether a practice is still meeting patients' needs, consideration may be given to the results of the most recent patient surveys. Both NHS England and the practice should ensure that they fully understand how demand from patients might change at times over the course of the agreement e.g. a practice may wish to alter its extended opening hours following results from a local patient survey and/or discussions with its patient reference or patient participation group.

Where a practice provides out-of-hours services, it must not limit access to any of these clinical sessions to those patients it would have been obliged to see anyway under the out-of-hours arrangements. In general, this should be a matter for the practice to manage and communicate to its patients.

The arrangements entered into under this DES must set out the requirements for a practice to provide to NHS England with information that is reasonably necessary for the running of the arrangements. In agreeing these requirements, both parties may wish to have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information³.

The arrangements entered into under this DES must set out the arrangements by which

³ DH. Code of Practice on Confidentiality and Disclosure of Information [archived].
http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_4088615

NHS England will monitor performance and delivery of the provision of services under the scheme. This may include doing so through NHS Choices.

The arrangements entered into under the DES must set out the arrangements for changing or ending the agreed extended opening. This procedure should include an agreed notice period (e.g. two weeks) for significantly changing or ceasing extended opening.

The arrangements entered into under the DES must set out the arrangements for the practice and NHS England to ensure that patients are aware of the availability of extended hours access. 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.

NHS England should also consider how best to communicate extended hours access to their local populations by publicising information to help patients identify which practices are offering appointments at given times. This may include using local media or making information available in places such as NHS premises, libraries or community facilities.

The practice should maintain the agreed extended opening times by providing sickness and leave cover and should also ensure that its patients are aware of any cancellation of extended hours sessions, which should normally be discussed with NHS England.

Payments

Payments to practices in respect of services provided under the DES will be made by NHS England in accordance with Section 7 of the SFE.

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. A practice offering extended hours access under this DES will be paid £1.90 per registered patient (CRP) per annum. 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.

Payments will be made in quarterly instalments, payable on the last day of the quarter until 31 March 2014. Payments are only payable in respect of periods during which the service is provided. The following conditions are applicable to any payments:

1. 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.
2. The practice makes any returns required of it (either computerised or otherwise) to the Exeter Registration System and do so promptly and fully. And
3. All information supplied in respect of these points should be accurate.

If the practice breaches any of the above conditions, then NHS England may, in appropriate circumstances withhold payment.

Practices who currently offer extended hours access under the previous DES (effective up to 31 March 2013), will be paid under section 7.5 of the 2012 SFE. However, the 2013 DES is a new scheme and from 1 April 2013, entitlement for payments under this DES will begin on the start date for when agreement is reached between NHS England and the practice to deliver extended hours access.

In the case of PMS practices, the scheme must set out the payment arrangements. These must reflect the provisions in the SFE (which will already apply to GMS practices).

NHS England should not remunerate PMS (or APMS) practices under this 2013 DES for any period of extended access hours which is currently covered by the core hours set out in their contract.

Section 3. Other issues relevant to extended hours access

Non-NHS work

Practices should not use extended opening hours to deliver non-NHS work.

Safety and security

In developing arrangements for extending opening hours, NHS England and practices should consider how identified risks to safety and security of both practice staff and patients could be mitigated as a consequence of the arrangements entered into under this DES.

Religious and cultural sensibilities

When agreeing opening times and days of opening under the arrangements for extended opening hours, NHS England should be sensitive to the religious and cultural requirements of both the practice staff and its patients.

Disputes - conciliation, arbitration and appeals

In the event of disagreement or dispute, NHS England area teams and practices will be expected to use their best endeavours to resolve the dispute without recourse to formal arbitration. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution process.

Commissioning other services

When commissioning extended opening hours, NHS England should consider whether there is a need to review the commissioning of other services e.g. pharmacy, diagnostic and pathology services as well as out-of-hours services. When the opening hours of practices are extended, there is likely to be a change in the pattern of demand for these services. Demand may fall at some times as well as rise during the extended hours period. NHS England may wish to discuss with its Clinical Commissioning Groups whether there is a need to review the commissioning of these services.

Discussions with Local Medical Committees (LMCs)

NHS England may wish to discuss with any relevant LMCs any plans it has for arrangements for offering extended opening hours to its patient population.

Section 4. Queries process

Queries can be divided into two main categories:

1. those which can be resolved by referring to the DES Directions, guidance or local agreement.
2. those where scenarios have arisen which were not anticipated in developing guidance.

Within these categories, there will be issues relating to payment, technical, administration and policy issues and in some cases the query can incorporate elements from each of these areas.

If there are queries which cross the above areas, the recipient will liaise with the other relevant parties in order to resolve/respond. In addition, where a query has been directed incorrectly, the query will be redirected to the appropriate organisation to be dealt with.

Queries should be directed as follows:

1. Payment, technical, administration should be sent to:
 - NHS Employers for NHS England Area Teams via gmscontract@nhsemployers.org
 - GPC for general practice via info.gpc@bma.org.uk
2. Policy, clinical and miscellaneous queries
 - NHS Employers for NHS England Area Teams via gmscontract@nhsemployers.org
 - GPC for general practice via info.gpc@bma.org.uk
3. NHS England Area Teams (AT) can also contact Primary Care Commissioning (PCC) for assistance in relation to payment, technical, administration and miscellaneous queries. Practices should contact their AT who can contact PCC on their behalf:
 - PCC can be contacted only via the helpdesk
<http://helpdesk.pcc-cic.nhs.uk/>
4. Queries relating to local agreement should be sent to the relevant CCG or NHS England Area Team.

NHS Employers

www.nhsemployers.org

GMScontract@nhsemployers.org

General Practitioners
Committee

www.bma.org.uk

info.gpc@bma.org.uk

NHS England

www.nhs.uk

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