SCHEDULE 2 – THE SERVICES

STRICTLY CONFIDENTIAL

A. Service Specifications

Mandatory headings 1 – 4: mandatory but detail for local determination and agreement
Optional headings 5-7: optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement

Service Specification No.	2015/16
Service	Developing Primary Care Access Borough Model and Out of Hospital Medical Model
Commissioner Lead	Sharon Martin, Director of Performance and Delivery
Provider Lead	GP Practices
Period	1 September 2015 – 31st March 2016
Date of Review	January 2015

1. Population Needs

1.1 National/local context and evidence base

This LES describes support the CCG will offer to practices in 2015/16 to develop their response to the primary care vision outlined below. The CCG will offer 50 pence per head of population to resource Practices to secure the capacity to develop the Vision. Once the model has been developed the CCG will assess future funding required to resource the model.

The Primary Care Development Strategy is clear that in order to deliver the transformational change required to meet the challenges facing the local health care system *a step change in the organisation, capacity and capability of Primary Care is required.* The Primary Care Development Strategy identifies a number of key priorities including:

- Primary Care Workforce Development
- *Improving equitable access to a range of responsive, quality, primary care services.*
- Supporting GP Practices to work collaboratively together and as part of an integrated neighbourhood team.

Work began in 2013/14 to review capacity and demand in Primary Care and to support GP practices to develop practical solutions to improving access to appointments and services. During the summer of 2014 the CCG significantly expanded the Improving Access to Primary Care project to focus on wider 24/7 *access to primary care services.* Over the last 10 months the CCG has been working with patients, GPs and other providers who provide health care to consider how we can improve access to health and care services outside of hospital, in the community, in GP Practices and closer to patient's homes.

We have listened to a wide range of views about these services and have worked together with patients from each of the five boroughs to put together a range of key principles or values that are considered to be important. These principles were approved by the CCGs Governing Body in January 2015 and discussed with Practices on the 22nd July 2015. The principles fall into three main areas including:

- Access to appointments and services
- Access to information
    - about services
    - to support self-care and self-management
    - about patients by health care professionals
- The Primary Care Workforce

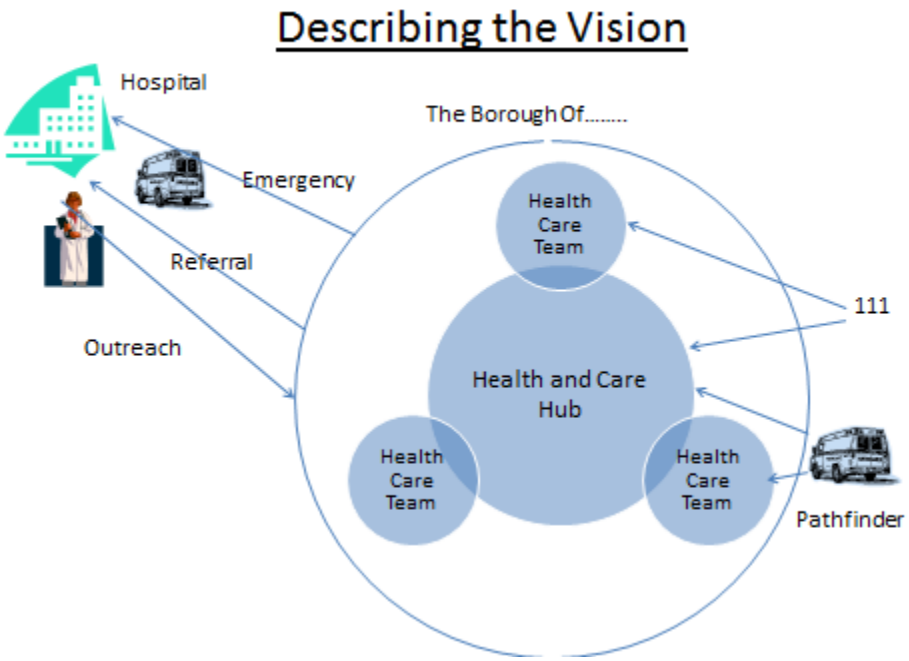
The 'Better Care Fund Vision' describes a model for delivering patient centred out of hospital care. This is based on GPs, who are responsible for organising and coordinating peoples care, being at the centre of an integrated neighbourhood team which includes wider primary, community and social care and voluntary sector providers working together to deliver seamless care to people in the community. In East Lancashire the plan initially focuses on planning the development and implementation of integrated neighbourhood teams with a particular focus on those deemed most at risk of hospital admission including the frail elderly, patients with long term conditions and with complex needs.

The delivery model for improved access to primary care will build upon this vision by supporting the provision of equitable extended routine access to coordinated health and care service closer to home on site, on the phone, online or in a patient's own home as appropriate including but not limited to:

- Long term conditions management and monitoring
- Supported self-care including structured self-management programmes for people with long term conditions
- Primary and secondary prevention
- Screening and immunisations
-

The diagram at figure 1 shows one or more of these health and care teams within each borough providing routine access as described above and in line with the Better Care Fund Vision.

Figure 1



Not all care is routine and bookable in advance. Sometimes patients need to be able to access services urgently and we know from our engagement work that patients sometimes struggle to get

urgent or same day access at their GP practice and/or in the community.
Primary Care is a vital part of the urgent care system and needs to be supported and developed to deliver this effectively in the face of increasing demand. The vision for improve primary care access will provide equitable urgent same day access to coordinated health and care services closer to home onsite, on the phone, online and in the patient's own home as appropriate. It will bring together providers from across primary, community and social care and the voluntary sector and provide access as appropriate to:

- Pharmacist
- Volunteers
- Primary Care Nurses
- Treatments
- Minor Injuries
- GPs

It will not be possible to deliver this from all 58 GP practices in East Lancashire so a larger footprint will need to be considered but should provide at least one Health and Care Hub in each borough. These Health and Care Hubs should be front ended by a highly skilled care navigator who is able to access on behalf of the patient the most appropriate service.

If provided on a larger footprint it may be possible to provide a significant number of coordinated services onsite ensuring that wherever possible patients are managed appropriately at the first point of access rather than being deflected or deferred. Right person, right care, first time, every time with no one turned away.

The hubs will also provide a point of access for other services including ambulance pathfinder and 111. This will reduce the number of people who are referred or transported, sometimes significant distances and possibly inappropriately, to hospital services.

The key timescales for this are outlined below:

- December 2015 – Submission of draft Borough plans
- March 2016 – Test model in one Borough. The CCG will work with practices to define this Borough. This will be based on other contracts in the Borough and their expiration date

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	✓
Domain 2	**Enhancing quality of life for people with long-term conditions**	✓
Domain 3	**Helping people to recover from episodes of ill-health or following injury**	✓
Domain 4	**Ensuring people have a positive experience of care**	✓
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	✓

2.2 Local defined outcomes

The outcome required of this LES is a plan for each Borough on the model of Primary Care which

delivers the outcomes below. These models must be standardized as much as possible across the East Lancashire Health Economy. Where models are different practices must clearly demonstrate the rationale for this and benefits to the economy.

The objective of the LES will be that Practices develop a model of Enhanced Primary Care which delivers:

- Defined and measurable Improved Outcomes for patients which are standard across East Lancs CCG.
- Extended access to primary care which is delivered, 8 – 8 Monday to Friday, ensures 7 [1]day access to primary care and is:-
  - Delivered from a hub in boroughs to be close to patients home
  - Developed with patients and local providers
  - Co-ordinated and delivers continuity of care, take into account and integrates with other similar providers
  - Simple and easily accessible and addresses need without generating inappropriate demand, this should be better access not necessarily more access
  - Consistent across the CCG, sustainable and affordable
  - Include Care Navigation and the medical model primary care will be able to deliver to support enhanced care out of hospital.
  - Support independence rather than creating dependence
  - Ensure timely and appropriate advice and information.
  - Deliver the vision as described in section 1 of this document.

3. Scope

3.1 Aims and objectives of service

The aims of this model are to:

- Enhance and complement existing service provision within Primary Care
- Ensure consistency in service provision across all Practices in East Lancashire
- Ensure that patients are seen and treated in an environment most appropriate to their need
- Enhance the quality of life for people with long term conditions
- Improve outcomes from planned treatments
- Meet the needs of the local population are value for money and improve the patient journey/experience
- Outcome focused rewards on which to measure and incentivise providers

During February and March we sent the principles, in the form of a survey out to GP Practices asking them to share and discuss these at their patient participation groups and with their staff and colleagues at team meetings. The survey was also made available online.

The response to the principles was overwhelmingly positive with agreement from the majority of respondents. Key messages from the survey include:

- Use plain English, avoiding acronyms and terminology.
- Services provided closer to home in a place that is easy to access with good transport links.
- Extended routine access but concerns were raised about the capacity of the workforce to deliver.
- Ability to be able to access services in a variety of ways e.g. onsite, on the phone, online

[1] Initially this could be a 6 day service at Borough level, and a 7 day service at CCG level initially.

or at home for people who are housebound. No one method suits everyone.
- Need to meet the needs of the population while being careful not to generate unnecessary demand.
- Right person, right place, first time, every time.
- Continuity is important.
- Easy same day access is also important.
- Access to easy to understand, quality information to support self-care provided at the time of accessing services when it is relevant – 'Near patient information'.
- Locally sourced and trained workforce.

Feedback from the survey suggested that patients are unsure what we mean when we talk about localities and/or neighbourhoods. As the five CCG localities are based on borough council boundaries we will refer to these as boroughs rather than localities for the purpose of this paper.

Closer to Home - It was no surprise to hear that patients wanted to access services closer to their own homes. Many would prefer to access services at their own GP Practice but recognise that it is not possible to deliver all out of hospital services within each of the 58 GP Practices in East Lancashire. It was therefore suggested by patients, as part of the initial engagement and seems to be acceptable to patients when asked as part of the wider engagement, that GP Practices work together with each other and wider out of hospital services to share skills and expertise to ensure that services are provided closer to home within the patients' borough. This may be at a health facility that is in a central location within the borough which is easily accessible with good transport links. It is important that both patients and professionals agree this central location in order to ensure it is acceptable to both and therefore more likely to be appropriately utilised.

Accessible - The way people access services differs and depends upon the person and the situation. It is important to ensure services are accessible in a variety of ways as each one will suit different people in different situations. What is clear is that there is no one method that suits all. Some services are currently only available via a telephone triage system. Many patients find these to be complicated or confusing or see them as a barrier to receiving the service they feel they need. These are particularly difficult for people who don't have English as their first language. Some patients would like to see more online access and the use of alternatives to face to face consultations such as telephone, skype or email consultations. But again this wouldn't suit everyone and feedback suggested these alternatives should only be used as appropriate and not as a replacement for face to face contact.
Therefore access to appointments and services should be available:
- Onsite by attending the premises where the service is delivered
- On the phone
- Online and
- At home for those patients who are housebound and unable to attend in person.

Extended Routine, Planned, Pre-bookable Care
Routine care is care that is planned and usually appointments are booked in advance. It may include things like:
- Long Term Conditions monitoring and management for conditions such as Asthma, Heart Disease or Diabetes.
- Follow up appointments with a GP or Nurse
- Tests or investigations
- Screening and illness or disease prevention such as immunisations

Continuity of care is important and many patients, particularly older patients, patients with ongoing or long term health conditions and or complex health and care needs prefer to pre-book an appointment with the health care professional of their choice. During our engagement campaign patients talked fondly about "my GP" or "my nurse". Currently routine access to a GP Practice is variable and is generally only available between 8am and 6.30pm on weekdays. Some GP Practices do provide extended access to routine appointments between 6.30pm and 8pm and or

on a Saturday morning but this is very often inconsistent and not available equitably for everyone. Extended routine access is something that patients tell us they would like particularly until 8pm on weekday evenings and on Saturday mornings. However they also have concerns about the affordability of extended access and the capacity of the workforce to deliver.

We also know, as a result of offering extended access schemes in the past that at an individual GP Practice level the utilisation of extended hour's appointments can be very variable. It may therefore be more appropriate for extended routine access to be provided by a group of GP practices working together in order to ensure a consistent, cost effective and sustainable approach. There are currently a few small groups of GP Practices already providing extended access in this way.

Easier Same Day, Urgent Access - NHS England and the CCG commission GP services 24 hours a day, 7 days a week in order to ensure patients are able to access urgent same day care from a GP if required. However we know that accessibility to urgent same day appointments varies considerably between GP Practices between 8am and 6.30pm weekdays during a GP practices contracted hours. We also know that a significant proportion of patients are not aware of the GP out of hour's service which is available from 6.30pm to 8.00am weekdays and 24 hours a day at weekends and bank holidays when a patients GP Practice is usually closed.

For almost 70% of hours during a week (7 days) urgent access to GP services is only available through the GP 'out of hours' service which is only accessible via the 111 telephone service. This is out of step with the need to provide a variety of ways to enable patients to access services as mentioned in paragraphs 3.6 – 3.10 above. It is therefore necessary to think carefully about whether the balance between in and out of hours is correct and if not what this should look like in the future.

Better Advice and Information - Access to good quality information to support the choices patients make in accessing health and care and to support them in taking care of their own health was considered to be extremely important. This needs to be available at the point of access.

Simplification
Patients generally find accessing health services to be complex, confusing and frustrating with numerous contact points, multiple service providers and divisions between services that they don't fully understand. They describe very variable experiences of accessing care with many often making numerous attempts to access the service they feel they require.
Patients also tell us that they are very often unsure whether a complaint is an illness, injury or ailment, whether it is urgent or routine and that this coupled with the many different services that all appear to offer something similar sometimes results in them presenting at a service which may not best suit their needs. Is it therefore reasonable for us to expect patients to be able to navigate what has become an extremely complex system and access appropriately without support? It is clear that the current system is fragmented with significant duplication and a lack of standardisation that is leading to significant variation in patient experience. A new access model for primary care must address the issues including reducing:

- Variation
- Duplication and
- Fragmentation

The new model also needs to ensure that it is able to meet the needs of the population without generating unnecessary demand by supporting self-care and promoting independence rather than dependence.

Workforce Development - A well trained, sustainable workforce with sufficient capacity is required to effectively deliver services now and in the future. We need to explore the use of new roles within primary care and alternative service providers who are able to support effective delivery. For example Local Pharmacies.

3.2 Population covered

All Patients registered with East Lancashire GP Practices

3.3 Any acceptance and exclusion criteria and thresholds

- Practices must develop proposals on a Borough base
- Proposals must be tested across east Lancashire to ensure standard outcomes for patients
- The CCG will commission this enhanced service in a federated way to ensure 100% of the population is covered. If you are not in a position to provide this and do not want to join a federation the CCG will commission this model from existing federations on your behalf.

3.4 Interdependence with other services/providers

- Secondary care providers
- Care establishments
- Community Services
- Pharmacists
- Other GP Practices
- GP Federation
- ELMS
- Local Authority
- Third Sector Providers

4. Applicable Service Standards

NA

5. Applicable quality requirements and CQUIN goals

5.1 Applicable Quality Requirements (See Schedule 4 Parts [A-D])

Practices must be able to demonstrate their models include the following:

- All services must be delivered within suitable premises and be DDA compliant.
- All services must be delivered by appropriately skilled clinicians
- National and local standards and procedures for sterilisation, infection control and disposal of contaminated material are adhered to
- There is a policy in place for obtaining the patients informed consent to examination and treatment
- Adequate information is included within the patient's electronic medical record *(if sub contracted details of treatment must be held by both the patient's own GP and the subcontractor)*
- Proof of appropriate training/competencies
- All national standards are included in the model

5.2 Applicable CQUIN goals (See Schedule 4 Part [E])

This specification is not subject to any CQUIN payments.

6. Location of Provider Premises

The providers will develop models provided on a Borough basis.

7. Individual Service User Placement

Not applicable.

8. Reimbursement

The CCG must commission an equitable service. What is clear is that the outcomes described above cannot be delivered by each and every Practice, and the development of Primary Care Hubs (probably associated with Borough's, maybe CCG wide) for some services will be necessary.

The CCG feels that the Federations have a key role in working up options for the delivery of the enhanced model for Primary Care, which may include the setting up of new services as Multi Specialty Providers. All of this needs to be jointly worked through, no one person has the right answer for East Lancashire. The CCG will therefore work directly with General Practices and Federations to agree the organisational form they will take for the CCG to commission this service. In the interim, rather than each Practice submitting an individual plan, we are asking practices to use this payment to secure the support of your Federation to deliver the plans with you. These being:

- Pendle Care Direct
- Ribblesdale Federation
- East Lancashire Union of GPs

The Federations can then secure the appropriate expertise on your behalf to pull plans together.

Where Practices are not members of a Federation, they will individually be required to develop plans. Failure to do so will result in the repayment of this LES.

What will the CCG offer?

The CCG will support the practices and federations with the development of the models through:

- Executive support to the Borough's
- Managerial support to the Borough's
- Business Intelligence and Data Quality support to the federations to secure information.
- Support from the finance team to model options.
- Support from the communications team to engage patients and review options for advice and information.
- Support from the contracts team on contracting options.
- Support to the federations on models and options through bringing them together with other federations who are delivering these models.

9. Key Performance Indicators

This LES should deliver Borough plans which are consistent across the CCG and deliver the outcomes in section 2.2.

Key metrics must include how the models developed contribute towards a reduction in A&E and Non-elective admissions.

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