



# Funding to deliver Extended Access and Primary Care at Scale in 18/19

SWL Committee in Common  
27<sup>th</sup> March 2018

**Start** well, **live** well, **age** well

## Purpose of paper

The objective of this paper is to:

- Set out the background information regarding extended access and primary care transformation, as context for the decision that needs to be made by the Committee in Common
- Summarise the requirements for extended access and primary care transformation in 18/19
- Present a recommendation for apportioning the funding across CCGs in 18/19

## Background

- The General Practice Forward View set out a requirement for each CCG to deliver Primary Care Extended Access; 8-8 7 days a week access to additional GP appointments
- In 17/18, SWL received £4.58m to implement extended access in primary care. Apportionment of this funding across CCGs was agreed by the previous SWL Chief Officers Group; the split was based on business cases submitted by CCGs and did not reflect weighted population
- Across SWL, CCGs have delivered the extended access requirement via a range of at-scale models and approx. 18,000 appointments per month have been created across the patch
- Moving forwards, CCGs will work with providers to fully embed the extended access services within the wider system (e.g. direct booking into services from 111 and ability for A&E to redirect patients into primary care)
- In addition to finalising the extended access specification, the national and London focus is moving onto transformation of primary care through at-scale working, which was also included as an ambition in the General Practice Forward View

## The 18/19 specification for extended access

This slide summarises some of the additional requirements of extended access services in 18/19. STP funding is dependent on the STP meeting this specification.

1. Coverage of a full 8-8 7 day a week GP primary care service must be in place – this as a minimum allows for an extended access GP service that is open weekday evenings 18:30 to 20:00 and 08:00-20:00 on the weekend. Appointments must be available each day for both in advance and same day booking. The service should support the provision of both additional routine and urgent primary care provision
2. Appointments in the extended access service must be directly bookable via; all local GP practices, 111 provider(s) (with services effectively prioritised on the DOS) and local urgent and emergency care provider(s), supporting the appropriate direction of service users
3. Provide 30 minutes of additional appointments per 1000 registered population per week, as a minimum
4. Providers of extended access services must have full access to patient medical records including read and write access, and have integrated systems which allow for transfer of patient information to support safe and effective care
5. The expectation is that service utilisation should be 90% as a minimum. It is noted that it may take time from the launch date of a new service to increase utilisation rates and the age of service delivery will be considered when assessing the reported utilisation figures

## The 18/19 requirement for primary care transformation

This slide summarises some of the requirements of primary care transformation through at scale working. The funding is dependent on the STP demonstrating tangible progress against this framework in 18/19.

1. Comprehensive population based care, operating on a scale large enough to support economies of scale, aligned with boundaries of the local care system and arranged into 'primary care networks' – groupings of practices with combined registered lists of 30-50,000
2. Responsibility for the delivery of core medical services, patient outcomes and continuous improvement across all practices
3. Developing organisational capabilities to support delivery including; access to legal, HR and financial advice, workforce planning and recruitment strategy, training and development programmes for staff
4. Effective governance and stewardship including; strategic direction, accountability, and creating a culture based on NHS values, trust, sharing of risk and patient safety
5. Building collaborative system partnerships; primary care demonstrating participation in and leadership of networks of providers within an Integrated Care System

## Key funding messages for SWL STP

- **SWL's funding for 18/19, to deliver extended access and transformation of primary care, is £8million**
- **The STP can determine the spread of allocations within their patch**
- SWL has some **flexibility** in using the money across extended access and primary care transformation
- The funding is provided on the basis that:
  - STPs are using this money for the purposes of continued delivery of extended access services. STPs must meet the core standards requirements as set out in the London 2018/19 Extended Access Guidance document and any noncompliance will lead to a review of commitment to access this funding
  - An element of the funding will be used as a transformation fund to support primary care transformation work focussing on accelerating collaborative working and new models of working 'at scale'
  - CCGs commit to continue to invest in primary care services at the same level as they did for the previous year to achieve access and transformation
  - The STP will be expected to develop and present plans on planned spend to deliver the shared vision. The STP will be expected to present this to London in April or May

## Proposed split of funding for 18/19

It is recommended that the STP split the funding across SWL CCGs based on the following principles:

- As the starting point, CCGs receive the same funding that they received in 17/18
- Additional funding is split across CCGs to level up the £/head funding that each CCG receives
- The table below shows how the 18/19 funding would be split by CCG, based on these principles

CCG	18/19 funding	£/head
Croydon	£2,036,353	£5.41
Kingston	£987,034	£5.41
Merton	£1,065,322	£5.41
Richmond	£1,040,450	£5.41
Sutton	£977,512	£5.41
Wandsworth	£1,893,330	£5.41
<b>SWL Total</b>	<b>£8,000,000</b>	-

## Recommendation

**The CCG Governing Body is asked to consider approving this approach** for apportioning funding across SWL CCGs:

- CCGs will all receive **£5.41 per head funding in 18/19**
- **CCGs will follow local governance arrangements to oversee the development of local plans**
- SWL STP will have a QA process aligned to the London process; money will be released upon **evidence of investment and assurance** that plans meet the London specifications and will deliver required benefits
- **Spend and delivery will be monitored on an ongoing basis by the Alliance SMT.** The STP will in turn be monitored at London level; 50% funding will be released upon demonstration of robust plans, and 50% will be released at Month 6, upon assurance that delivery is to plan
- **The SWL Transforming Primary Care Delivery Group should review progress and options** for accelerating primary care transformation over the next six months to get maximum advantage from 19/20 funding

**Does the CCG Governing Body agree with the recommended approach for apportioning funding across SWL CCGs?**