

London Enhanced Access Service Plan Template

June 2022

LONDONWIDE LMC COMMENTS

We understand that practices are experiencing pressure to complete and return enhanced access plans. These plans must, according to guidance, be submitted to the commissioner for agreement on or before 31/7/22 “by the method the commissioner has indicated”.

The NHS England London regional team has produced a template that can be used. If you have received the London template and are considering completing it, please see our comments below which outline which areas of the template need completing according to the PCN DES specification and which areas are optional to complete.

There is also a national template, and we are aware that there are local templates being developed in some ICS areas.

16 June 2022

Primary Care Network Enhanced Access Plan Template

In the absence of a nationally mandated template, the London region, working in partnerships with ICS leads, has developed a template to support PCNs develop and submit their plans in a consistent way to commissioners. It has also been designed to support the timely commissioner review of plans, and to support discussions around the development of a cohesive¹ service across the region. This agreed PCN Enhanced Access template should be used by all London PCNs (or groupings) when submitting their plans to commissioners by 31st July 2022. This template should be considered alongside the [London Enhanced Access Service Supporting Guidance for PCNs & ICSs](#).

1. PCN details	
LONDONWIDE LMC COMMENTS:	
This is consistent with clause 8.1.17 “EA plan must be submitted to the commissioner for agreement on or before 31/7/22 by the method the commissioner has indicated”.	
ICS/B.	[add name]
Name of PCN (where more than one PCN is forming a grouping to commission this service, list each PCN in section 2).	[add name]
Key contact from PCN (grouping).	[add name, role and contact details]

2. PCN Grouping (if applicable)		
LONDONWIDE LMC COMMENTS:		
Complete this section.		
	Where more than one PCN is working together to commission or deliver the Enhanced Access service, please list each PCN in the grouping.	PCN Clinical Director
1	[add name]	[add name]
2	[add name]	[add name]

¹ Section 8.1.18 of the [Network Contract DES](#) states: ‘In reviewing the PCNs’ Enhanced Access Plans, the commissioner will need to ensure they form part of a cohesive ICS approach’

3	[add name]	[add name]
4		
5		
6		
7		

3. Support for Enhanced Access Plan

LONDONWIDE LMC COMMENTS:

Not explicitly required in the PCN DES specification, but if delivering enhanced access as a group of PCNs all the involved PCNs would need to have agreed it.

The commissioner will need to ensure the enhanced access plans form part of a cohesive ICS approach (clause 8.1.18).

Please confirm whether the following individuals and groups have considered and are supportive of your below plan. Where support is provided, it is agreed that the plan meets the requirements of the specification, is clinically safe, meets patient need, is accessible for all patients within the PCN (grouping), and represents value for the NHS.

PCN CD(s) within the PCN (grouping).

Forum/date

Other e.g. local Governance Groups (if applicable).

Forum/date

Borough Based partnership.

Forum/date

Please provide any comments around local support for your plan where necessary (e.g. if there is not universal support for the plan).

Free text

4. Commencement date for the Enhanced Access Service

LONDONWIDE LMC COMMENTS:

Complete this section.

A service that meets the requirement of the enhanced access specification must be operational from 1st October 2022.

Commencement date for the Enhanced Access Service.

Date

Is there an intention to have an interim or bridging arrangement in place from 1st October 2022, for instance for PCNs to subcontract the existing provider to deliver the service in the short term, with an intention of moving to an alternative service model at a later date? If so, please consider national guidance on subcontracting.

Yes/No

If yes, please provide further details below.

Free text

5. Existing access service

LONDONWIDE LMC COMMENTS:

There is no requirement to provide a split between urgent/ pre-bookable or to make capacity available for 111.

The CCG currently contract GPES from other providers. The only requirement on practices is in delivering the specifications within the extended hours access clauses of the PCN DES (8.1.1-8.1.14) which is the £1.44pp component. This is for 30 minutes per 1,000 patients.

This should be the combination of PCN Enhanced Access Hours (£1.44pp) & CCG Extended Access services (£6pp) that is being delivered up until October 2022. This will be useful for understanding the scale of any potential changes to the service provided to your local populations. You may wish to ask your commissioner to populate this section.

Describe the existing service available to your population up until October 2022 (including split between urgent and proactive care).

Free text	
What are the existing service levels (e.g. 60/mins/week per 1000 PCN adjusted population)?	
Free text	
What capacity is currently offered outside of the new Network Standard Hours (e.g. any provision currently offered in-hours, outside of 18.30 - 20.00 weekdays and 09.00-17.00 Saturdays)?	
Free text	
How many slots are currently being made available to NHS 111 to book into per week?	Number

6. Patient engagement

LONDONWIDE LMC COMMENTS:

There are no requirements in the PCN DES to engage with any other patient representative groups in developing the plan, including Healthwatch and Local Health & Wellbeing Boards.

Clause 8.1.17(i) states that the plan will include “how the PCN will engage or has engaged with its patient population and will or has considered patient preferences, including consideration of levels of capacity and demand”.

Please summarise the patient engagement that has taken place to inform your service as well as the results of that engagement, and how those results have informed your service design. It is expected that engagement will have been undertaken via a range of methods including discussions with patient representative groups, surveys and patient forums. You may wish to supply a separate document.

Free text	
Engagement has taken place with all PPGs within PCN (grouping).	Forum/date
Engagement has taken place with Local Heath & Wellbeing Boards within PCN (grouping).	Forum/date
Engagement has taken place with local Heathwatches.	Forum/date
Number and demography of patients whose feedback on EA services has been received, where known.	Free text

7. Stakeholder engagement

LONDONWIDE LMC COMMENTS:

PCNs completing this template should complete the section on ICS engagement but are not required to complete the other parts of this section.

The only requirement within the PCN DES specification is clause 8.1.18 “A commissioner must review the draft EA plan and agree a final iteration on or before 31/8/22. In reviewing the PCNs’ EA plan, the commissioner will need to ensure they form part of a cohesive ICS approach”.

Please summarise the stakeholder engagement that has taken place to inform your service. You may wish to discuss the potential facilitation of stakeholder engagement with your commissioner,

Free text

Borough based partnerships have been engaged in the development of your plans.

Forum/date

OOH providers have been engaged in the development of your plans.

Forum/date

111 providers have been engaged in the development of your plans (such as through a joint discussion with commissioners).

Forum/date

Local UTC / ED have been engaged in the development of your plans.

Forum/date

Commissioners have been engaged in the development of your plans.

Forum/date

8. Enhanced Access Service from October 2022

Please ensure that your service model outlined within this section aligns to your patient engagement and any local intelligence gathered

LONDONWIDE LMC COMMENTS:

Complete some sections. You may choose not to complete others.

Is this service available to all patients in your PCN (grouping) at all times?

Yes/No

LONDONWIDE LMC COMMENTS:

Complete figure must be at least the minimum additional minutes = PCN adjusted population (Wt population as at 1/1/22) / 1,000 x 60 (to nearest quarter hour).

What are the service levels in terms of mins/week per 1000 PCN adjusted population (e.g. 60/mins/week per 1000 PCN adjusted population) of your new service?

Free text

LONDONWIDE LMC COMMENTS:

Covered by clause 8.1.39 of the specification.

Has the PCN used appropriate population health management and/or capacity and demand tools in developing this service model? Please provide details.

Free text

LONDONWIDE LMC COMMENTS:

No requirement to complete this section.

Has at-scale working been considered for all / parts of your service?

There is no requirement for a PCN to provide a service above a PCN level. However, at-scale working can enable a greater variety of services for patients and ease workforce pressures. Please outline any services intended to be delivered at scale, or a rationale behind any reason for not delivering services at scale?

Free text

LONDONWIDE LMC COMMENTS:

No requirement to complete this section.

Clause 8.1.33 states that if cancelled (eg. due to bank holiday) the additional appointments must be offered within a two week period.

Please outline any intention for your services over bank holiday periods.

There is no requirement to deliver services on bank holidays.

Free text

LONDONWIDE LMC COMMENTS:

No requirement to have completed an equality impact assessment.

Clause 8.1.29e(i) requires that within the Network Standard Hours there are a mixture of appointment types which seeks to minimise inequalities in access across the patient population.

Has an equality impact assessment been completed as part of the development of your service? Please provide details.

Free text

Please summarise how your plan aligns with patient feedback received and local intelligence. You may wish to expand on this in subsequent sections of this form.

Free text

8.1a Capacity

Network Standard Hours (these must be covered)

LONDONWIDE LMC COMMENTS:

The specification does not require this level of detail (see also section 8.2 of this document).

Clause 8.1.29e(i) refers to a reasonable number of appointments are available for face-to-face but does not define what is reasonable. Confirming that appointments will be offered throughout network standard hours and the split between the modes of consultation will be dependant on patient need will fulfil the specification requirement.

Clause 8.1.32 requires communication to patients of services offered. PCNs will need to consider how they classify these as the specification only uses examples (vaccs & imms, screening, health checks, PCN services).

Please complete this table		Mon	Tue	Wed	Thu	Fri	Sat
		6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	9am-5pm
No. of minutes per day: Confirm the breakdown of minutes proposed to be provided per day, for an average week.	Practice site						
	Hub (e.g. non-practice site)						
Appointment mode: Confirm the percentage of appts that will be initially released by mode. It is understood this	Face-to-face						
	Telephone						
	Video						

can change throughout the day based on need.	Online						
Confirm the services that will be provided each day (add rows where applicable).	Service:						
	Service:						
	Service:						

<p>8.1b Capacity</p> <p>Non-Network Standard Hours (the below fields are non-mandatory and included if you plan to deliver some capacity outside these hours)</p>							
<p>LONDONWIDE LMC COMMENTS:</p> <p>No requirement to complete this section.</p> <p>You may wish to consider completing if appointments are being offered outside the Network Standard Hours.</p>							
<p>Please complete this table if you intend to deliver aspects of your service outside of Network Standard Hours</p>	Sun	Mon	Tue	Wed	Thu	Fri	Sat
	Time	Time	Time	Time	Time	Time	Time
<p>No. of minutes per day: Confirm the breakdown of minutes proposed to be provided per day, for an average week.</p>	Practice site						
	Hub (e.g. non-practice site)						

Appointment mode: Confirm the percentage of appts that will be initially released by mode. It is understood this can change throughout the day based on need.	Face-to-face							
	Telephone							
	Video							
	Online							
Confirm the services that will be provided each day (add rows where applicable).	Service:							
	Service:							
	Service:							
	Service:							

8.2 Service

LONDONWIDE LMC COMMENTS:

This information is not required in the specification, however patients will need to be made aware of this information and as such it would be advisable to record this information within the plan (see also section 8.1a of this document).

The information required is covered by clause 8.1.32. This includes actively communicating the availability of enhanced access appointments to patients, including details of how they can be accessed, what and when specific services are available, and what and when different members of the MDT are available.

If subcontracting this should be noted and the sub-contracting requirements set out in the core network practices' primary medical care services contract (clause 8.1.29).

Service	Staffing / Skill mix to deliver the service	Location of service		Provider		Clinical oversight
Outline each service being provided below (e.g. same day or advance screening, health checks, immunisations etc):	e.g. GP, nurse, or any specific ARRS role (including blend of roles where applicable)	Address of site / hub delivering service including postcode	Is this service location reasonable for patients to access via face-to-face appointment from across the PCN / grouping?	Is the PCN(s) providing this service itself or subcontracting this service?	If subcontracted, please detail the provider	Who provides clinical oversight for this service?
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Name/role
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Name/role
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Name/role

8.3 Changes from existing service

LONDONWIDE LMC COMMENTS:

There is no requirement in the specification to complete this section.

If there is a reduction in service levels from the existing / pre-October 2022 service levels, please outline what mitigations have been considered. For instance, have ARRS roles that have a separate funding stream been considered?

Free text

Are any clinical services previously delivered being reduced or that will not be taken forward as part of the new service? If yes, please provide a rationale for the decision. This should include existing utilisation rates and patient feedback.

Free text

Existing extended access hubs had been selected following previous patient engagement and/or because of considerations such as proximity to UTC/ED. If estate utilised for existing services will not be used beyond October 2022, or new estate is being proposed, please provide a rationale for the decision, referencing utilisation rates and patient feedback.

Free text

Slots available to NHS111 / week

There is no requirement to ringfence slots for NHS111 (but same day unused slots must be made available). However, if it is your intention to ringfence a number of slots, please outline the number here.

Free text

9. IT interoperability	
<p>LONDONWIDE LMC COMMENTS:</p> <p>This section should be completed.</p> <p>Note clause 8.1.35 states that a PCN must ensure, when available, appropriate telephony and IT interoperability.</p> <p>If answering no to any of these questions, it should be clearly stated if this is due to this interoperability not being available.</p>	
Please outline what telephony and IT interoperability solution will be employed across your new system	
Free text	
Does the solution enable online consultations across all Network Standard Hours?	Yes/No
Can all practices within the PCN access the EA appointment book?	Yes/No
Are practice clinical systems interoperable with EA systems e.g. to ensure sharing of patient records etc.?	Yes/No
Does the solution enable appointments to be booked into all services offered, by all practices in the PCN / grouping?	Yes/No
Does the solution enable same day online booking into all services offered?	Yes/No
Does the solution enable appointments to be booked in advance (at least 2 weeks) or on the same day.	Yes/No
Does the solution enable NHS 111 to book into any unused on the same day slots?	Yes/No
Does the solution enable appointment reminders to be sent?	Yes/No
Does the solution enable the simple cancellation or rearrangement of appointments?	Yes/No
The PCN is making the necessary preparations to enable EA appointment data to be included in the national GP Appointment Dataset (GPAD)?	Yes/No

10. Costing

LONDONWIDE LMC COMMENTS:

There is no requirement to complete this section.

Please outline your costing model for the service. This should include a full itemisation of costs including, but not limited to:

- *Staffing costs (this should factor in staff breaks)*
- *Non-staffing costs:*
 - *Overheads*
 - *Cleaning*
 - *Estate rent (if applicable)*
 - *Administration*
 - *Clinical oversight*
 - *Governance (including reporting)*
 - *Information Technology*

Free text

11. Governance

LONDONWIDE LMC COMMENTS:

This requirement is not within the DES specification.

However clause 8.1.29c(vii) does require appropriate data sharing and where required data process arrangements to be in place.

And clause 8.1.31 does require GP cover during network standard hours providing in person face-to-face consultations, remote consultations, leadership, clinical oversight and supervision of the MDT.

Please outline the governance arrangements of the new service. This should include both clinical and operational management. You may wish to highlight how the following will be managed: information governance; subcontracting (where applicable); service monitoring; risk management; reporting (to commissioners); and cyclical service review.

Free text

Please confirm that appropriate information governance systems (including data processing protocols and sharing agreements) will be in place by the service commencement date?	Yes/No
Clinical lead with overall responsibility for the Enhanced Access Service.	Name/role/contact details
Managerial lead with operational responsibility for the Enhanced Access Service (if different).	Name/role/contact details
Safeguarding lead for the Enhanced Access Service.	Name/role/contact details

12. Implementation

LONDONWIDE LMC COMMENTS:

You may wish to consider completing this section as it is important to consider these issues as part of the implementation plan.

Will General Practice teams been trained/provided with the necessary information about the EA service to enable them to direct patients and book them into appts prior to the commencement date?	Yes/No
Will communications materials such as posters, flyers, website content be made available to member practices to advertise the services following ICB sign-off?	Yes/No
Will patients be provided with information on the access routes to the service with details of how to book prior to the commencement date?	Yes/No
Will all practices within the PCN / grouping have access to the EA appointment book prior to the commencement date?	Yes/No

13. Risks / issues**LONDONWIDE LMC COMMENTS:**

You may wish to consider completing this section.

Please outline any risks or issues that may impact upon your PCN(s) ability to implement a compliant service from the commencement date, and the mitigations in place to address them.

Free text

14. ICB support for plan**LONDONWIDE LMC COMMENTS:**

This section should be completed by the ICS officer once the plan has been reviewed.

Support is provided for this enhanced access service plan?

Yes/No

Name (ICS/B officer)

[add name]

Role (ICS/B officer)

[add role]

Date

[add date]

Comments

Free text