

Primary Care Commissioning Committee

23 November 2016

Details	Part 1	X	Part 2		Agenda Item No.	6
Title of Paper:	Extended Working Hours and Vulnerable Patient service					
Board Member:	If report is mainly clinical in nature then the supporting member should be a clinical member					
Author:	David Latham					
Presenter:	Margaret O'Dwyer					
Please indicate:	For Decision	x	For Information		For Discussion	

Executive Summary

Summary	Redesign of Extended Working Hours to incorporate a new Vulnerable Patient Service providing a broader service offer for patients across Bury. PCCC received a draft specification in September 2016. The service specification has since been further modified into a final version.					
Risk	High		Medium		Low	x
	Please indicate above the overall level of risk associated with the paper then state here what the risks are and how this paper aims to address them. If the above summary itself is around managing risk etc. state "Included in Summary". NB Risks can include failure to act and lost opportunities.					
Recommendations	<p>The Board is asked to:</p> <ul style="list-style-type: none"> • PCCC are asked to support the proposed service redesign • PCCC are asked to support the proposal for a 2 year pilot period • PCCC are asked to recommend the proposed sites for the pilot • PCCC are asked to note that the funding source will continue to be the Better Care Fund. 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	x
To deliver service re-design in priority areas through innovation	x
To develop primary care to become excellent and high performing commissioners	x
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	
Supports NHS Bury CCG Governance arrangements	

Extended Working Hours (EWHs) and Vulnerable Patient Service (VPS) Pilot

1 Introduction

Access to GP services in Bury is based on the national criteria. GP practices are required to provide core contract services 8.00am – 6.30pm, Monday to Friday (except Bank Holidays) Between 6.30pm and 8.00am Out of Hours services are commissioned to deliver cover. In addition to this requirement some local practices have chosen to extend the time period that they deliver GP services via the National Direct Enhanced Service.

2 Background

From December 2014 until December 2015 EWHs has been delivered in Bury. This was via contract with NHS England and funded as part of the Prime Minister's Challenge Fund pilot. Bury CCG took over the contractual and funding arrangements, via the Better Care Fund, for this service from 1st December 2015. Bury CCG has committed to the future delivery of EWHs but wishes to further develop the offer of extended access for the Bury registered GP population.

3 General Overview

Bury CCG wishes to pilot, over 2 years, a new service which will deliver extended access to Primary Care Services during non-core hours across Bury. The current contract holder for extended access is the Bury GP Federation. This new service is considered to be a pilot building on the previous nationally defined Prime Minister's Challenge Fund Pilot. The attached specification describes the new locally developed pilot service which will be delivered via the Bury GP Federation. As a new pilot service, it will be reviewed and amended by mutual agreement as the service is implemented.

Bury CCG has worked closely with the current contract holder to co-produce a more patient and system sensitive pilot model that complements the wider health care economy. This new EWHs pilot has been developed in the overall context of access to primary care and on the learning from the Prime Minister's Challenge Fund initiative. This new approach to the delivery of EWHs sees the model enhanced by the addition of a Vulnerable Patient Service (VPS). This addition will target non-core hours support to some of the most vulnerable and those at risk of hospital admission patients across Bury. The VPS will bridge the gap between core and non-core hours ensuring that individualised primary care support remains as a constant offer to some of the most vulnerable patients in Bury. The new arrangements need to be flexibly implemented in order to allow for engagement with the developing Locality Care Organisation and neighbourhood locality plans.

The new EWHs pilot supports the GP Forward View and provides the capacity required within the NHS Planning Guidance. The planning guidance requires CCGs to commission a minimum additional 30 minutes consultation capacity per 1000 population, rising to 45 minutes per 1000 population.

4 The new Service specification

The service specification has been shared widely resulting in several draft versions. The specification has been presented to all GP sectors by the CCG and in parallel the GP Federation has discussed it with member practices. A number of helpful comments have been received from sector meetings and have been incorporated into this final version. (appendix a)

5 The Proposed Sites for the Pilot

The service specification states the following:

In discussion with the membership practices the Provider Lead will confirm the service to be delivered from three of the existing premises. These have been initially been proposed as:

- Radcliffe Primary Care Centre
- Moorgate Primary Care Centre
- Prestwich Health Centre

As part of the co-production the GP Federation has indicated that the ruction sites should help to ensure a fuller GP rota. The provider lead (GP Federation) has not however held a debate with GP practices about the locations and as such a decision is now required. PCCC is asked to consider the following and decide on locations:

- The CCG has initially proposed 3 sites.
- For the new model to be affordable only 3 sites can be used.

- PCC is asked to note that representation has been made by the Townside practices to retain one of the town centre sites at Townside. To be considered:
 - With only 3 sites available we cannot continue to deliver out of 2 sites in the town centre
 - Based on appointments offered at Moorgate in 2015/16, 80% were actually delivered.
 - Based on appointments offered at Townside in 2015/16 77% were actually delivered.

- PCC is asked to note that representation has been made by the North Sector practices to retain one of the sites in the North, considerations:
 - Tottington saw the lowest number of appointments delivered in 2015/16 across the five sites, 1,401, (27 per week).

6 Recommendations

- **PCCC are asked to support the proposed service redesign.**
- **PCCC are asked to support the proposal for a 2 year pilot period.**
- **PCCC are asked to recommend on the proposed sites for the pilot.**
- **PCCC are asked to note that the funding source will continue to be the Better Care Fund.**

Name: Margaret O'Dwyer
Job Title: Deputy Chief Officer / Director of Commissioning and Business Delivery
Date: 23.11.16

Service	Extended Working Hours (EWHs) and Vulnerable Patient Service Pilot
Provider Lead	Bury GP Federation
Commissioner	Bury CCG
Pilot Period	The pilot will run for a maximum of 2 years from service commencement date. Within the two years there will be an evaluation of a full 12 months activity. Based on the outcome of the evaluation the CCG will make future service commissioning/procurement decisions.

1. Purpose

1.1 Introduction

Access to GP services in Bury is based on the national criteria. GP practices are required to provide core contract services 8.00am – 6.30pm, Monday to Friday (except Bank Holidays) Between 6.30pm and 8.00am Out of Hours services are commissioned to deliver cover. In addition to this requirement some local practices have chosen to extend the time period that they deliver GP services via the National Direct Enhanced Service. This service specification describes a new pilot service which builds upon previous pilot work. The service being piloted is above and beyond that which CCGs are nationally mandated to commission. As such the level of service detailed within this specification should be considered as additional service provision.

1.2 Background

From December 2014 until December 2015 EWHs has been delivered in Bury. This was via contract with NHS England and funded as part of the Prime Minister's Challenge Fund pilot. Bury CCG took over the contractual and funding arrangements for this service from 1st December 2015 to 31st March 2016. Bury CCG has committed to the future delivery of EWHs but wishes to further develop the offer of extended access for the Bury registered GP population.

1.3 General Overview

Bury CCG wishes to pilot a new service which will deliver extended access to Primary Care Services during non-core hours across Bury. The current contract holder for extended access is the Bury GP Federation. This new service is considered to be a pilot building on the previous nationally defined Prime Minister's Challenge Fund Pilot. This specification describes the new locally developed pilot service which will be delivered via the Bury GP Federation. As a new pilot service, it will be reviewed and amended by mutual agreement as the service is implemented.

Whilst it is acknowledged that the Bury GP Federation may sub contract for the operational delivery of the service, as described in this specification, the associated contract will be between Bury CCG and the Bury GP Federation. The Bury GP Federation is responsible as the **Provider Lead** for the delivery of the content of this service specification.

Bury CCG has worked closely with the current contract holder to co-produce a more patient and system sensitive pilot model that complements the wider health care economy. There have been changes in the current landscape in respect of both, in and out of hour's access in primary care including developments such as the introduction of NHS111, GM clinical standards and the introduction of a local Primary

Care Quality Scheme. If every practice delivered fully the requirements of the Primary Care Quality Scheme, this could lead to a potential increase of in hours access by circa 210 hours a week during 2016/17. This new EWHs pilot has been developed in the overall context of access to primary care and on the learning from the Prime Minister's Challenge Fund initiative. This new approach to the delivery of EWHs sees the model enhanced by the addition of a Vulnerable Patient Service (VPS). This addition will target non-core hours support to some the most vulnerable and at risk of hospital admission patients across Bury. The VPS will bridge the gap between core and non-core hours ensuring that individualised primary care support remains as a constant offer to some of the most vulnerable patients in Bury. The new arrangements need to be flexibly implemented in order to allow for engagement with the developing Locality Care Organisation and neighbourhood locality plans.

1.4 Service Aim

This specification describes the service Bury CCG requires the Provider Lead to deliver across Bury to ensure:

- arrangements for providing Extended Access to Primary Care Services in Bury – as part of the extension of routine general practice arrangements, including a new Vulnerable Patient Service.

1.5 Provider Lead Commitments

This specification is developed to support the Provider Lead in designing and putting forward effective plans to ensure the delivery of an appropriate service as detailed in this document.

- All delivery plans will need to be shared and approved by Bury CCG.
- The EWH and VPS service is expected to operate to the same levels of quality and safety as services within core hours.
- No part of this specification by commission, omission or implication, defines or redefines essential or additional services.
- The medical cover requirements will be provided by GPs in the main. In part appointments should also be delivered by other clinicians with the appropriate advanced clinical support. Depending on circumstances and need, **other clinicians**, might include, those with prescribing rights, Practice Nurses, Pharmacists and Advance Nurse Practitioners.
- The service is available to all patients registered with a Bury GP practice.
- The service is to be delivered in multiple settings as agreed with commissioners.
- Robust and flexible approach to reporting and measurement will be required.
- The Provider Lead will be required to ensure submission of monthly reporting.
- Formal updates will be required at the monthly GP Federation Contract Board.
- The service will be reviewed on a quarterly basis from the start date.
- The provider Lead will protect patients through systems that:
 - a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and
 - b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required timescales.

- The Provider Lead will apply the principles of sound clinical and corporate governance;
 - a) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources;
 - b) undertake systematic risk assessment and risk management (including compliance with the controls assurance standards);
 - c) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources;
 - d) challenge discrimination, promote equality and respect human rights.
- The Provider Lead will:
 - a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and
 - b) require that all employed professionals abide by relevant published codes of professional practice.
- The Provider Lead will ensure that staff concerned with all aspects of the provision of health care:
 - a) are appropriately recruited, trained and qualified for the work they undertake;
 - b) participate in mandatory training programmes;
 - c) participate in further professional and occupational development commensurate with their work throughout their working lives.
- The Provider Lead will ensure health care services are provided in environments which promote effective care and optimise health outcomes by being:
 - a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation;
 - b) supportive of patient privacy and confidentiality.

This is a single service with two defined but inextricably linked elements as detailed in sections 2.1 and 2.2 below.

1.6 Expected Service Principles

The expected service principles will include:

1. **Increased Access To GP Services:** An increase in the level of access to Primary Care Services beyond that which is nationally required for the CCG to commission. All segments of the Bury patient population, including working population, school age, frail and elderly, etc. can conveniently access the appropriate GP services over a greater period of time.
2. **Reduction In Variation In Quality Of Care:** Equitable access to

commissioned core GP services and a high quality standard of care for all the Bury GP practice registered population, irrespective of place of residence.

3. **Reduction In Unnecessary A&E Attendance and Hospital Admissions:** The CCG has a range of schemes which in part might all contribute to a reduction in the above. No one scheme is charged singularly with this requirement. The CCG will measure reductions in unnecessary hospital admissions or unnecessary presentations at A&E, should these increase then this scheme as with others will be further reviewed.
4. **Increased Patient Satisfaction:** Patient satisfaction increasing as a result of having and exercising greater choice in accessing GP services above and beyond those which CCGs are nationally mandated to commission.
5. **Sustainable GP Service:** Effective EWHs service that enables clinicians to offer more clinical time to meet patient demand, in a manner that leads to better health outcomes for the population, is cost effective and financially sustainable. Services need to be responsive to the emerging Locality Care Organisations.

1.7 Service Vision

The long term vision for the EWHs and VPS is to provide the Bury GP practice registered population with greater access to Primary Care Services beyond core hours in a manner that:

- accurately services the needs of the local population, ensuring that the right Primary Care Services are available and accessible in the right place delivered by the right clinician based on a hub model of delivery. The CCG would expect the Provider Lead to discuss the hub location proposals with membership practices.
- is seamlessly integrated with existing services and avoids all duplication and waste (of time, effort and resources).
- ensures that the Bury GP practice registered population have equal and consistent access to the same levels of high quality Primary Care Services irrespective of where they live through a hub delivery model.
- is responsive to patient needs and convenient (easy to understand, engage and access), ensuring patients have access to more scheduled/unscheduled care consultations outside core hours.
- results in extra capacity in primary care, represents value for money and is sustainable, helping to ensure that increasingly limited NHS financial resources are optimised for the benefit of patients.

2. Scope

2.1 EWHs Service Description

As a pilot it is acknowledged that there may need to be some flexibility in requirements which may not yet be recognised. The Provider Lead will ensure the delivery of the EWHs as detailed below:

EWHs Service Delivery Principles

- The Provider Lead will ensure the delivery/access to the service for every Bury GP practice registered patient through formal agreements with Bury GP practices.
- EWHs GP appointments are to be available from 6:30pm – 8.00pm weekdays

and 8.00am – 6.00pm on weekends. Alternative timings may be negotiated with the commissioner.

- EWHs non GP appointments (other clinician) are to be available on weekends 10.00am – 3.00pm. Alternative timings may be negotiated with the commissioner.
- Deliver a 100 hour per week EWHs model mixing GP (circa 70%) and other clinician (circa 30%). Alternative weightings may be negotiated with the commissioner.
- Deliver the service weekday evenings, weekends and all bank holidays. The service to be delivered on Bank Holidays is to replicate the weekend service provision.
- All GP and other clinician appointments, to be delivered at 3 local hub sites.
- The service will be located in community hub sites that are accessible to the majority of the population and have amenities that reflect the needs of the vulnerable members of society including the frail and elderly. Access constraints such as Transport and parking must be considered.
- The service should be provided by a consistent staff base (where possible resourced from local GP practices) to ensure there is continuity of service and patients are able to build familiarity and rapport.
- Capacity to be available within GP and other clinician appointments for VPS patients as required.
- GP appointments to be available for 10 – 15 minutes duration as required and as appropriate.
- Other clinician appointments to be available for 10 – 15 minutes duration as required and as appropriate. Due to the nature of these appointments a longer time may be required.
- The service will include a mix of pre-bookable appointments and acute urgent appointments.
- The service is to be available to all Bury GP practice registered patients from all GP practices across Bury (circa 200,000).
- Ensure that service details are correctly reflected on the NHS111 Directory of Services.

Services to be provided with EWHs appointments

- The Provider Lead will liaise with practices to ensure that all are clear of how to access the service and the level of cover provided to ensure patients receive the most optimal service.
- Online booking of EWHs appointments direct by patients' needs to be monitored to ensure that access remains equal to all. The service available within EWHs are to be considered as those delivered during normal GP services however it is important to ensure that all practices are using the service equitably.
Where appointments are booked via the GP Practice, GP Practices should be encouraged to prioritise appointments to allow:
 - Rapid access for patients with a care plan
 - Rapid access for patients with a LTC
 - Patients with a LTC follow ups and management of plan
- As the service develops the Provider Lead (with the CCG as required) will make

arrangements to access all ancillary services such as Blood work, ECG (electrical Heart trace) and Lung testing (spirometry) required to deliver the service.

Capacity

As a pilot it is expected that there will be an element of ebb and flow with regards to exact numbers but the following working assumptions have been made:

- The EWHs element of the service is required to deliver 100 hours per week per week through a mix of GP and other clinician appointments.

Process

- The Provider Lead will ensure patients are able to call up their respective practices to book appointments (as they currently do) and are given the choice of booking an appointment during either core hours or extended hours as appropriate.
- The Provider Lead to ensure through respective practices that when booking the extended hours appointment, the patient is first to be asked what location they would like to attend. Where a preference can be accommodated all efforts will be made to do so.
- The Provider is to ensure systems in place to allow patients to book appointments directly online.
- The Provider to ensure appointments are released 1 week in advance and made freely available to all Bury GP practice registered patients.
- The Provider Lead is to ensure through liaison with the GP practices that patients are given the opportunity to book appointments at any EWHs location.
- Whilst patients may seek to access services within their own local vicinity, it is important to ensure patients have the choice to access the service at alternative sites across Bury.
- The Bury GP Federation will actively monitor the service utilisation rates to ensure practices and patients are accessing the service in an equitable and appropriate manner. It is by default the measurement that will in part help to establish a service definition for 'equitable'.

Practices

- As patients will have the ability to book appointments via the online portal, there is a risk that patients may book multiple appointments to increase the likelihood of being seen, creating strains on the service. There is also a risk that practices may inadvertently encourage patients to use the EWH service as a means to manage work load during core hours therefore placing additional strains on the service.
- The Provider will be required to produce monthly statistics to be shared with the CCG and member practices showing the levels of use of the service including the number of their respective patients accessing the service.

Premises

In discussion with the membership practices the Provider Lead will confirm the service to be delivered from three of the existing premises. These have been initially been proposed as:

- Radcliffe Primary Care Centre

- Moorgate Primary Care Centre
- Prestwich Health Centre

As a pilot it is possible these locations may have to be varied. The arrangements for premises are already established as part of the current EWHs service model. The Provider Lead will be responsible to ensuring all issues with regard to premises are addressed with NHS Estates and those staff delivering operational services.

Staffing

- The Provider Lead will be responsible for ensuring the workforce required to deliver a safe and effective service. The delivery plans to be developed need to demonstrate the proposed approach to recruiting and retaining staff to ensure a safe and effective service, and provide the necessary continuity of service.
- The Provider Lead will be required to ensure that there is an appropriate level of clinical supervision via an accountable GP at all times.
- The Provider Lead will be responsible for co-ordination and filling of the rota.

Records

- The Provider Lead will liaise with system providers and practices to ensure access to clinical records for consultations. It is envisaged this will be via, Federated Vision Anywhere.

2.2 VPS Service Description

Where applicable the arrangements for the EWHs delivery, as described above, will apply to the delivery of the VPS and as such are not repeated below. As a pilot it is acknowledged that there may need to be some flexibility in requirements which may not yet be recognised. The Provider Lead will ensure the delivery of the VPS as detailed below:

VPS Delivery Principles

- Patients to be proactively identified by GP practices for proactive contact.
- Service to be delivered by GPs and Nurses.
- Proactive support delivered to patients on Saturdays (circa 20 patients) & Sundays (circa 20 patients), circa 40 patients in total.
- Proactive contact with each care home in Bury (35) on both Saturdays & Sundays.
- Practices will book patients for the VPS via Federated Vision Anywhere.
- Nurse initial call to individual patients as requested by booking clinician.
- The Provider Lead will describe all sub-contracting arrangements for home visits in advance of the contract sign up and any changes to this will require due notice in accordance with NHS contract requirements. It is expected that there is capacity within EWHs to accommodate mobile patients.
- Home Visits delivered by OOHs services, capacity within the OOHs service and EWHs service for mobile patients to be seen face to face.
- The service is to be available for Bury GP practice registered patients only.
- Deliver the service from the 3 Community Hubs for mobile patients where face to face appointments are required.
- Working assumption of circa 2,000 GP patient contacts per year to be covered with a working assumption, to be measured, that circa 40% of these may need further interventions.
- The Provider Lead is to ensure that service details are correctly reflected on

NHS111.

Services to be provided with the VPS appointments

The following services will be offered as part of the VPS service:

	Service
	Telephone consultations
	Face to Face GP appointments
	Face To Face Nurse appointments
	Home visits
	Follow up calls as required
	Feedback to General Practice

It is anticipated that the service will utilise the Federated Vision Anywhere system in order to negate the need for a formal GP referral.

Activity Assumptions

As a pilot it is expect that there will be an element of ebb and flow with regards to exact numbers but the following broad simplistic assumptions can be made:

- The VPS is initially designed to accommodate circa 2,000 patient contacts per year and Saturday/Sunday Care Home contacts.
- It is agreed to consider this as 40 patient contacts per week. Circa 20 contacts on Saturday and 20 contacts on Sunday.
- Additionally the VPS will also ensure direct contact with each of the 35 care homes in Bury on both Saturday and Sunday.
- In total there will be approximately 110 contacts per weekend across care homes and patients.
- It is a working assumption, to be tested as part of the pilot, that up to 40% of contacts may result in some further action being required.

2.3 Accessibility/Acceptability

All patients registered with one of the 31 General Practices in Bury.

2.4 Whole System Relationships

This new pilot service is designed to complement the wider health and social care environment across Bury. As such it is essential that the service integrates with other services and groups such as:

- GP Practices in Bury
- BARDOC primary care out of hours provider
- Pennine Care FT
- Bury Social Services
- Pennine Acute NHS Trust
- Bury CCG
- NWAS
- NHS111
- Bury Urgent Care Partnership Group
- Bury GP Federation Contract Group
- Bury Integrated Health and Social Care Partnership Board

2.5 Responsibilities of the Medical Provider(s)

In the event that any part of service delivery is sub contracted to another medical

provider the Provider Lead, via such arrangements, will be responsible for ensuring:

Payment of own VAT, Insurance, contributions etc. which does not include or constitute in any way, payment for employment services.

The Provider Lead must satisfy itself that the any sub contracted medical provider is able to ensure sufficient and appropriate medical provision to meet the needs of the service according to the requirements of the agreed service specification.

This includes ensuring:

- the allocation and management of medical work in the Hubs;
- cover for sessions re-allocated and / or sub-contracted to other medical providers, whilst ensuring that service quality, safety and performance standards are fully met;
- recruitment, training, remuneration and clinical supervision for any medical staff deployed within the service as part of this medical provision.

3. Service Delivery

3.1 Service Model

Please see appendix one.

4. Referral, Access and Acceptance Criteria

4.1 Referral Criteria and Sources

The following is considered as guidance for General Practices and patients when choosing an EWH appointment:

For patients: Anything that you would normally book an appointment with a GP for.
For practices: GP Practices should be encouraged to prioritise appointments to allow:

- Rapid access for patients with a care plan
- Rapid access for patients with a LTC
- Patients with a LTC follow ups and management of plan

The following is considered as guidance for GP practices when choosing a patient (or patients) for the VPS:

For practices: Any patient at risk of hospital admission over the weekend where primary care support could prevent the admission.

As a pilot only limited numbers of patients per week can be supported via the VPS across all GP practices in total, circa 20 on Saturday and circa 20 on Sunday.

4.2 Referral Route

The service will be able to receive referrals by Federated Vision Anywhere. Other systems of referral may be developed between services on mobilisation if required. Links to be established with NHS111/BARDOC to allow for patients to be booked into available EWH appointment slots via contact with NHS111.

4.3 Exclusion Criteria

- Patients not registered with a Bury CCG Practice.
- Children are to be excluded from the VPS as vulnerable children should be under the support of the Bury CCNT.

5. Discharge criteria and planning	
5.1 Discharge Criteria	
<ul style="list-style-type: none"> For all components of the EWHs and VPS, the Provider Lead will ensure next working day feedback to GP practices. 	
6. Information for Patients, Carers and Healthcare Professionals	
6.1 Information for Patients and Carer	
The Provider Lead will develop and make available clear and up to date information relating to the service, which is appropriate for patient and carer needs.	
6.2 Information for Healthcare Professionals	
The Provider Lead will ensure suitable communications for health care professionals to explain the service and how to access.	
6.3 External Promotion	
The Provider Lead will act as a Pilot Champion and support all communications required with regard to pilot performance.	
7. Quality Requirements (also requirements detailed in section 1.5)	
Quality and Performance Indicator	Method of Measurement
The quality requirements reflected below are subject to further amendments as the pilot progresses, in agreement with the Provider Lead. Bury CCG is currently reviewing a range of potential future quality requirements which may further inform the quality requirements below, in agreement with the Provider Lead.	
The service to be delivered 100% for all days of the pilot period	<ul style="list-style-type: none"> Advanced/real time reporting by exception to Commissioner. Data also to be reported in monthly report requirements, see section 8
Reductions in A&E attendance	<ul style="list-style-type: none"> The CCG has a range of schemes which in part might all contribute to a reduction in the above. No one scheme is charged singularly with this requirement. The CCG will measure reductions in unnecessary hospital admissions or unnecessary presentations at A&E, should these increase then this scheme as with other will be further reviewed. Measures will include actual numbers of A&E attendance and a quarterly snapshot review asking patients where they would have gone if EWH appointments were not available.
Provider Lead will be required to appoint an operations manager who will be responsible for ensuring the service is set up and being run effectively, and for managing all day to day matters relating to the service.	<ul style="list-style-type: none"> Appointment made (CCG would like to asset in the interview or selection process)
Number of EWHs appointments made available by the GP Federation (100%)	<ul style="list-style-type: none"> Data also to be reported in monthly report requirements, see section 8

Number of EWHs appointments made available used (100%)	<ul style="list-style-type: none"> • Data also to be reported in monthly report requirements, see section 8
Number of VPS GP practice patient contacts (expected 2,000 per annum)	<ul style="list-style-type: none"> • Data also to be reported in monthly report requirements, see section 8
8. Reporting Requirements	
<p>As pilot it is essential that the Provider Lead and Bury CCG ensure a monthly monitoring and measurement in order to inform future service developments. Whilst there are list of reporting requirements identified below and within the associated contract, it is acknowledged that these may need to be amended or adapted as the pilot progresses:</p>	
<p>Monthly reportable to the CCG</p>	
<p>EWHs:</p>	
<p>The following measures are required to be reported as a total and split by sites:</p>	
<ul style="list-style-type: none"> • Total number of possible appointments (based on 15 minute appointments) • Number of appointments staffed and made available • Number of appointments booked • Number of DNA's • Number of patients actually seen • Numbers seen broken down by day of the week • Numbers of patients using the service broken down by GP practice • Method of booking: It is noted that there are some technical challenges to measuring the method that appointments are book, the Provider Lead and the Commissioner will continue to explore methods of measurement against an aim to measure: <ul style="list-style-type: none"> • Number pre-booked • Number booked on the day 	
<p>In addition to the above monthly reporting the Provider Lead will be expected to perform a Friends and Family Test at least twice a year. Also in addition to the above the Provider Lead will be required to perform a quarterly 'Snapshot Audit' over a 2-4 week period. The Audit will include no more than 5 questions which will be agreed with the Commissioner in advance.</p>	
<p>VPS:</p>	
<ul style="list-style-type: none"> • Operational hours • Staffing establishment • Number of referrals received • Practices from which referrals are received • Summary of actions taken (advice/visit/attendance) • Average length of call Care Home/GP patient • Number of patients admitted to hospital over the weekend • Delivery clinicians view on impact of the service 	
9. Service Costs	
9.1 Annual Budget Available	
<p>The financial envelope for the cover is £1,220,000 per annum.</p>	

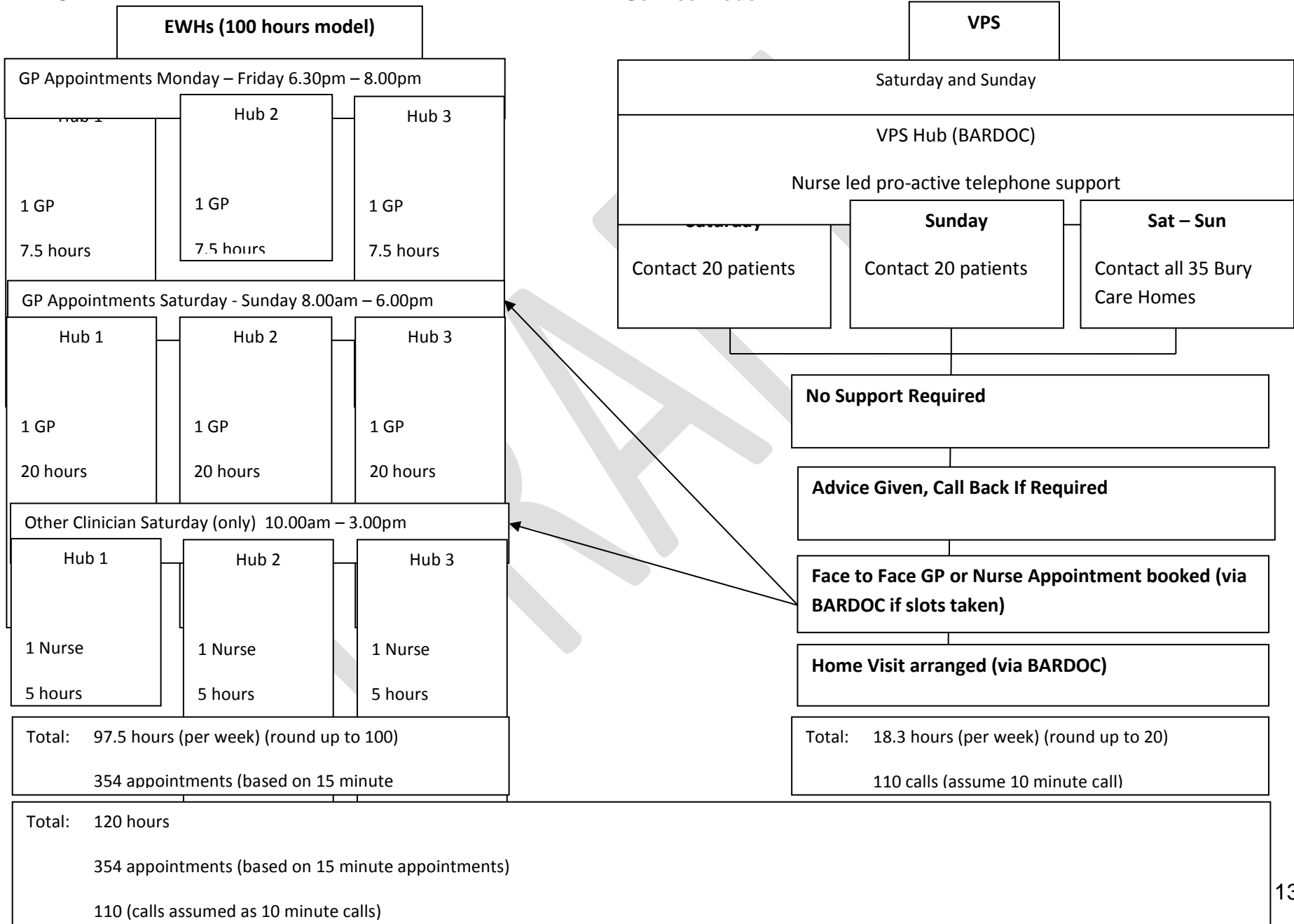
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The pilot service will be commissioned to provide services as per this specification. The specification may be altered in accordance with the needs of the patients and the service, only with prior agreement between the Commissioner, NHS Bury and the Provider Lead, Bury GP Federation.

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DRAFT Service Model



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