

## Meeting: Primary Care Commissioning Committee

<b>Meeting Date</b>	24 November 2021	<b>Action</b>	Receive
<b>Item No.</b>	8	<b>Confidential</b>	No
<b>Title</b>	Winter Access Fund Proposal October 2021 – March 2022		
<b>Presented By</b>	Rachele Schofield, Senior Commissioning Manager - Primary Care		
<b>Author</b>	Rachele Schofield, Senior Commissioning Manager - Primary Care		
<b>Clinical Lead</b>	Dr Catherine Fines, Chair and Primary Care Clinical Lead		

### Executive Summary

The following paper has been written to provide Primary Care Commissioning Committee with an overview of the Winter Access Fund (WAF) and Bury's proposal to utilise this funding with the aim off increasing the resilience of general practice whilst also increasing the number of urgent face to face appointments available for patients by 31 March 2022.

### Recommendations

We ask that the Primary Care Commissioning Committee:

- Note the tight timeframe for delivery of the Winter Access Fund (WAF)
- Support the draft WAF proposal submitted for Bury
- Support the Expressions of Interest (EOI) process for practice bids
- Note the potential risks identified
- Note the cloud based telephony improvement recommendations
- Note that further updates will be provided to PCCC as the WAF and Safety and Security Fund progresses

### Links to CCG Strategic Objectives

<b>SO1 - To support the Borough through a robust emergency response to the Covid-19 pandemic.</b>	<input checked="" type="checkbox"/>
<b>SO2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery.</b>	<input checked="" type="checkbox"/>
<b>SO3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision.</b>	<input checked="" type="checkbox"/>
<b>SO4 - To secure financial sustainability through the delivery of the agreed budget strategy.</b>	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
N/A		

## Winter Access Fund October 2021 – March 2022

### 1 Introduction

- 1.1 On the 14<sup>th</sup> October 2021 NHS England published its proposal to support General Practice and improve access for patients<sup>1</sup>. The paper set out steps to increase and optimise capacity, address variation, encourage good practice and improve communication with the public, including tackling abuse and violence against NHS staff.

### 2 Background

- 2.1 To do this, a £250m national Winter Access Fund (WAF) has been made available and Bury Clinical Commissioning Group (CCG) has been allocated a proportionate amount of this fund totaling £876, 385 to spend between now and March 2022.
- 2.2 There are a set of conditions around the use of the WAF which address variation, increasing access and represents value for money. The funding can be spent on increasing capacity for same day appointments at practice or Primary Care Network (PCN) level, face to face and/or expanding the same day urgent care capacity including urgent treatment centres, hubs or 111.
- 2.3 In order to address variation and encourage good practice, an additional national requirement of the funding required us to identify 20% of our practices where we can take immediate steps to support improved access. This initial list of practices to receive enhanced support, takes into account the need to address healthcare inequalities whilst also concentrating on those practices who could improve appointment numbers now and pre-pandemic, face to face vs remote consultations, significant levels of 111 calls during GP hours, significant rates of A&E attendances and CQC status (where applicable).
- 2.4 Despite this national directive, it is worth noting that we feel that all Bury practices should be able to access support should they need it and therefore all proposed schemes we intend to take forwards will be guided by this principle.
- 2.5 The following paper has been written to provide Primary Care Commissioning Committee with an overview of that proposal and to highlight next steps.

### 3 Bury Winter Access Fund Proposal

- 3.1 The WAF template contained a number of deliverables against which CCG's could create corresponding programmes of work. In light of the tight timeframe for submissions, the CCG, the GP Federation (the GP Fed) and the Local Medical Committee (LMC) worked together to determine that the likely mode of delivery, and evidenced increase in access, was through our existing Extended Working Hours

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<sup>1</sup> <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

(EWH) service and practices themselves. A number of assumptions were then made and funding requests mapped accordingly to the relevant deliverables as per the below table.

**Table 1: Draft Funding Allocations**

Winter Access Deliverables	Total Investment
a. Funding additional sessions from existing staff	£208, 024
b. Locum banks/digital booking	£258, 024
c. Expanding extended hours capacity	£228, 024
d. Funding additional administrative staff	£104, 102
e. Employing other physicians in surgeries	£0
f. Increasing the resilience of the urgent care system	£78, 301
g. Using / developing primary care hubs	£0
h. Other actions to support the creation of additional appointments	£0
i. Other actions to support improvements to patient experience of access	£0
	£876, 385

- 3.3 It should be noted that, given the short turnaround for this return, the proposals were not discussed widely and therefore were kept high-level in order to be flexible in our interpretation in future iterations as required conversations take place.
- 3.4 Since our submission an expressions of interest (EOI) document has been sent to all Practices in Bury asking for their proposals to increase face to face access. We have stated that their EOI must articulate the cost of the proposal and provide both baseline and additional capacity activity created as a result of the investment noting that, if successful in their bid, practices and/or PCNs must also be able to provide a robust audit trail including invoices to aid reimbursement.
- 3.5 The guidance also sets out further detail in terms of the expectations of the WAF to increase and optimise capacity. This ask is currently being scoped and progress is outlined in Table 2:

**Table 2 - Increase and Optimise Capacity**

The National Ask	CCG Response
Move to cloud based telephony – a rapid and full adoption by practices including a possible short term solution	CCG IT have been working with practices on this submission and have submitted a response summarizing the needs of Bury GP practices need from a telephony perspective: <ol style="list-style-type: none"> <li>1. Cloud based solution to enable more throughput when required.</li> <li>2. Replacement of landlines with VOIP internet technologies</li> <li>3. Softphones so that clinicians can work away from the office when required (e.g. test and trace pings)</li> </ol>

	<ul style="list-style-type: none"> <li>4. Integration with the GP clinical system (EMIS)</li> <li>5. Integrated into Active Directory/MS teams, so there is one directory for Bury.</li> <li>6. Enable PCN working, enabling joined up services at practice, PCN or locality level.</li> <li>7. Call recording system</li> </ul>
Sign up to the GP Community Pharmacy Consultation Service, participation is a condition of access to the Winter Access Fund (by December 2021)	<p>GMHSCP are reviewing this requirement at present to assess the benefits of taking a GM approach to avoid unnecessary pressure on community pharmacy</p> <p>Guidance is awaited</p>
Secondary care providers to assess and address certain processes that generate avoidable administrative burdens on GPs	Support of the wider system will be needed to address this, possibly through the Primary/Secondary Care Interface Group
Extend current CCG commissioned extended access services until October 2022	A contract variation will be issued to the GP Fed to extend current provision
A new National Advisory Group to be established to support GP recruitment and retention	Further details awaited
Ensure systems meet their share of the National ARRS recruitment targets	The GP Fed are working with the PCNs to ensure the allocation is utilised, further rigor will be put around this process.
Review of requirements for GPs to provide medical evidence, e.g. fit notes/DVLA	This has been done locally in the past and we have had feedback from practice that a reduction in this type of activity would reduce the burden on primary care. The CCG will feed this in at a GM level for review
GP Appraisals continue to take a simplified approach	The CCG is not involved in this area
No changes to QOF and no income protection	The CCG is not involved in this area
Localities to work with their LMCs and PCNs in development of their plans	This is being encouraged

## 4 Risks

4.1 Table 3 outlines the risks associated with this project:

**Table 3**

Risk Area	Risks	Mitigating Action
<b>WAF Deadlines</b>	The timelines for production and submission of Bury's WAF schemes has been extremely restrictive and has meant that engagement with practices / PCNs has not been as robust as we would like	<p>The CCG has engaged with the GP Fed and the LMC to put a plan forward that is purposely high-level in order to be flexible in our interpretation in future iterations as those required conversations take place.</p> <p>Practices have since been written to</p>

		explaining this and seeing feedback/EOIs
	GMHSCP advised that drawing down of the money should have commenced in October however, given the lateness of the information reaching local level for review, Bury have not currently begun spending against this allocation (please see Table 4)	Work has commenced alongside the GP Fed to plan our investment of WAF funding against the selected winter access deliverables.  A detailed project plan is in development
	If the WAF fund is not invested by 31 March 2022, it will be lost	
<b>Funding</b>	The WAF funding is non-recurrent which does pose a risk when asking practices to submit proposals against winter access deliverable to increase staffing levels as any such increase will be short term and unsustainable	Practices have been advised to look at any investment beyond locum or increase hours for existing staff as a “pump prime” basis into schemes that are self-sustainable beyond March 2022
<b>Estates</b>	Practices are at capacity and unlikely to have clinical rooms available for additional staff to offer an increased number of face to face appointments.	We are accepting EOIs on a PCN footprint to decrease the estates burden on individual practices  Practices will also be encouraged to consider who can work remotely to free up space given the digital resources provided as part of our covid response
<b>British Medical Association (BMA) disagreement with WAF Proposals</b>	The BMA <sup>2</sup> has launched an indicative ballot asking GPs what action they are prepared to take against NHSEI and the Government to withdraw its ‘plan for improving access for patients and supporting general practice’ (WAF), with GPs given until 14 November to vote.	Until the details of the vote are made public, there is little we can do to mitigate against this, however, we have engaged with the LMC locally to co-produce our plans and have pushed the message out to practices that the WAF is there for the benefit of patients and to invest in practice to do this throughout winter.

## 5 Next steps

- 5.1 In addition to the WAF, a further £5m has been made available nationally to support immediate security issues in General Practice. Greater Manchester Health & Social Care Partnership (GMHSCP) have sought confirmation of the security arrangements currently in place at each practice in order to coordinate a GM response.
- 5.2 Only 7 out of 31 practice sites across in Bury have returned this information by the required deadline therefore, the Primary Care Team will support GM in gaining this information as quickly as possible in order that Bury does not miss out on the opportunity this funding brings to ensure practices remain as safe as possible giving the growing levels of abuse and violence towards staff.

<sup>2</sup> [https://www.bma.org.uk/media/4731/bma\\_gp\\_indicative\\_ballot\\_supporting\\_info\\_oct2021\\_v2.pdf](https://www.bma.org.uk/media/4731/bma_gp_indicative_ballot_supporting_info_oct2021_v2.pdf)

5.3 Deadlines for this, along with those for the WAF, are outlined in Table 4:

**Table 4 WAF Deadlines**

<b>Improving Access for Patients and General Practice</b>	<b>30/11/2021</b>
<b>Winter Access Fund</b>	<b>30/11/2021</b>
Additional information around WTE and appointments needed	03/11/2021
Engagement with stakeholders to work up fully costed plan	08/11/2021
Fully costed plans expected by the national team	08/11/2021
Final decision on funding to systems	19/11/2021
Discussion with finance around how claims will be managed/processed and validated	ASAP
Monthly reporting - non-ISFE (Template and Return must tally)	31/03/2021
<b>Upgrades to practice security measures</b>	<b>30/11/2021</b>
Consider potential EOI	30/11/2021
Initial expressions of interest required at regional level	30/11/2021
<b>Cloud Based Telephony</b>	<b>???</b>
Scoping	29/10/21
Scoping return required at GM level	05/11/21
Further actions/deadlines TBC following return	

## 6 Recommendations

6.1 We ask that the Primary Care Commissioning Committee:

- Note the tight timeframe for delivery of the WAF
- Support the draft WAF proposal submitted for Bury
- Support the EOI process for practice bids
- Note the potential risks identified
- Note the cloud based telephony improvement recommendations
- Note that further updates will be provided to PCCC as the WAF and Safety and Security Fund progresses

Rachele Schofield  
 Senior Commissioner Primary Care  
**November 2021**

## Appendix 1

Practice interventions	Detail of funding		Benefits and comments				
	8) Total expected spend for the ICS flowing to other practices - please provide a single total figure for the expected spend for the ICS, covering the remaining (at least 80%) who are not being offered enhanced additional support. This should equal the total of column H.		11) Expected benefits - please outline the expected benefits from the interventions (250 words Max). This will need to quantify the additional clinical (FTE) and appointment capacity expected to be achieved.				
	£876,475						
7) Winter access deliverables - to select multiple items (which will almost always be necessary), please make sure that you enable macros or you will not be able to select more than one item. Please select from the drop down an item you want, and if you need to provide another, please click on the drop-down and it will be added to the list	9) Funding required - Please provide a £ number against the total funding for how much money will be spent to support the specific practice	10) How will any funding required be used? - Please outline the steps that will be taken to improve the performance of this practice (250 words Max)	250 word summary rationale		No. of additional clinical FTE	No. of additional appointments	12) Narrative comments – please provide any further information that you wish to convey concerning this practice
a) Funding additional sessions from existing staff	£208,024	- Increasing capacity by investing in existing practice staff to increase working hours from part time to full time where possible, upskilling, training, job shares across different practices / roles - Expansion of Extended Access at a practice level - Possible Hub type working - Practices will be required to submit an EOI which includes evidence of the intended additionality created as a result of any approved investment	Responding in this way enables practices to develop their own solutions (with our support). Benefits will be articulated within the Practices EOI but as a minimum we would anticipate: - Increase in f2f appointments across the borough - Increase in on the day urgent access - Reduced activity in urgent care	Not known	Not Known	Bury Winter Access Plans are system wide and inclusive of all practices including those that may be in need of additional support. Expressions of interest once received will inform columns I and J	
b) Locum banks/digital booking platforms	£258,024	- Increased use of locum staff to support additional activity to take place. - Practices will be required to submit an EOI which includes evidence of the intended additionality created as a result of any approved investment	Responding in this way enables practices to develop their own solutions (with our support). Benefits will be articulated within the Practices EOI but as a minimum we would anticipate: - Increase in f2f appointments across the borough - Increase in on the day urgent access - Reduced activity in urgent care - Reduced reliance on an already overstretched workforce	Not known	Not Known	Bury Winter Access Plans are system wide and inclusive of all practices including those that may be in need of additional support  Expressions of interest once received will inform columns I and J	
c) Expanding extended hours capacity	£228,024	Increase Extended Working Hours model by 2.5hrs Mon-Fri • Both F2F prebookable and on the day appointments • Annual reviews (Asthma/COPD/BP/Smears etc) • Bloods • Pead's	Extending capacity within EWH will enable: - patients overdue their annual reviews to be reviewed quicker, preventing possible presentation in urgent care - Increase opportunities for face to face appointments both within EWH and within the practices as a result of managing annual reviews - a weekend paediatric respiratory clinic to take place, again reducing presentations at urgent care	4	5880	These figures are purely theoretical given the service is already in place and assumes it is merely a case of increasing the contracts of existing part time workforce across a range of skill mix.  All practices will have access to this additional capacity	
d) Funding Additional Administrative Staff	£104,102	- Potential to encourage practices to employ additional administrative staff or to change working patterns/models within general practice - Practices will be required to submit an EOI which includes evidence of the intended additionality created as a result of any approved investment	Responding in this way enables practices to develop their own solutions (with our support). Benefits will be articulated within the Practices EOI but as a minimum we would anticipate: - Increase in f2f appointments across the borough - Increase in on the day urgent access - Reduced activity in urgent care - Clearing backlog created as a result of Covid - an opportunity to navigate patients through the system better - amore responsive service	Not known	Not Known	Expressions of interest once received will inform columns I and J	
f) Increasing the resilience of the urgent care system	£78,301	- Expansion of EWH and Practice provision will reduce the need for patients to present in Urgent Care. We would like to ensure we have some flexibility to respond to specific needs of the system within this model by including additionality such as Paediatric respiratory, diagnostic testing including phlebotomy etc. these need to be worked through in more detail	Funding would enhance the offering available through EWH 7 days a week for example: - Respiratory input into the community - Wider access to diagnostics/phlebotomy etc	1.6	480	Figures are theoretical and assumes 2 x 0.8 WTE new nurses working both Sat and Sun for 20 weeks	