



# Horsham & Mid Sussex CCG/ Crawley CCG Extended Access Service - Market Engagement Event

**6<sup>th</sup> February 2018**

**ATTENDEES:**

<b>Potential Bidders</b>		
Nina Graham (NG)	Managing Partner, Charter Medical Centre,	Brighton and Hove Primary Care Federation
Clare Oatridge (CO)	Head of Business Development	PHL Group
Dr Pramit Patel (PP)	Chief Executive	Alliance for Better Care Ltd.
Lyndsey Reeves (LR)	Service Integration Manager	Alliance for Better Care Ltd.
Jim Rehill (JR)	GP Partner, Beaconsfield Medical Practice	Brighton and Hove Primary Care Federation
Denise McSween (DMcS)	Service Manager	HERE, Care Unbound Ltd.
<b>CCG</b>		
Bob Allan-Burns (BAB)	Procurement Project	Crawley and Horsham and Mid Sussex CCGs
Clare Allcock (CA)	Head of Strategy and Transformation (Primary Care and Community Development)	Crawley and Horsham and Mid Sussex CCGs
Rachel Harrington (RH)	Director of System Transformation	Crawley and Horsham and Mid Sussex CCGs
Louise Murphy (LM)	Programme Manager	Crawley and Horsham and Mid Sussex CCGs
Wendy Young (WY)	Head of Commissioning	Crawley and Horsham and Mid Sussex CCGs
Sara Doughty (SD)	Interim Urgent Care Programme Manager	Crawley and Horsham and Mid Sussex CCGs
<b>Other</b>		
John Steele (JS)	Lay Member	
Darren Tymens (DT)	Chair RGPA	

CCG Presentation given, followed by open floor question and answer session.

## Questions and Answers:

### Q1. UTC, is there an age limit?

A. No age limit on attendances at our current UTC.

### Q2. What are expectations for weekend access?

A. Potentially we are looking at a smaller start for weekend access from October 2018, which would then increase to include the current weekend OOH base visit activity, at a date to be confirmed. Initial thoughts regarding the model would see 2 hubs open at weekends.

### Q3. How many IT systems are there to deal with?

Local general practice IT systems are EMIS, System One and one practice using Vision. Current access hubs have an arrangement in place for EMIS and a workaround for System One.

### Q4. What IT systems are used in UTCs ?

A. Horsham MIU and Crawley UTC and CAU use System 1, Queen Victoria Hospital MIU has an internal PAS system used for booking and recording.

### Q5. Is there direct booking with NHS 111 in Richmond?

A. Richmond hubs are in the process of developing this. Locally we will be testing/piloting NHS111 direct booking into Crawley UTC.

### Q6. Question regarding workforce diversity in the Richmond model, for example using Advanced Nurse Practitioner's, Paramedic Practitioner's, as some areas face problems getting GPs to fill shifts.

A. Not a specific problem in Richmond, however aware that other PMCF sites have found it difficult to fill shifts. Need to develop a workforce that can deliver the specification, need to look at what is reasonable within this, skill mix etc. The CCGs are developing other primary care roles such as Paramedic Practitioners; there may also be skill mix opportunities if working with UTCs. Essentially, reasonable Terms and Conditions help team members to feel valued and satisfied in their role, Richmond for example work on a 15 min appointment slot, allowing clinicians' time to complete consultation actions etc. *(Please note part of this response is based on the experience of providing an Extended Access Service in Richmond).*

### Q7. How would onward referrals work?

A. The draft spec includes the requirement for onward referrals to be worked up and sent on to patients practice for review and then onward management via the demand management process. 2 week waits are **excluded** from this.

### Q8. There are UTC's in this area, was this similar in Richmond? There are no UTCs/hubs in Brighton.

A. Initial prohibitive costs in Richmond did not allow for co-location with community services therefore embarked on a process of identifying appropriate locations within the locality at local practices with

assistance from local patient groups. One Richmond hub is currently provided from a community hospital setting. *(Please note this response is based on the experience of providing an Extended Access Service in Richmond).*

**Q9. Is there data to show how much this would save in A&E attendances?**

**A.** On the whole there is little national evidence to suggest that there is a significant reduction in A&E attendances when an extended access service is available. There is some evidence on the number of attendances required to reduce A&E attendances. The development of this service is primarily to support current primary care provision, but does provide opportunity to simplify the urgent care system and make it easier for patients to make the right decision when seeking help. Focus needs to be given to making sure the service is advertised properly and addresses local myths regarding appointment availability, for example in Richmond they promoted appointment availability at the hub for under 5's to address high numbers of A&E attendances for this age group. *(Please note part of this response is based on the experience of providing an Extended Access Service in Richmond).*

**Q10. What is split of routine/urgent on the day appointments in Richmond?**

**A.** Initially in Richmond two hubs offered routine appointments up to 2 weeks in advance, the other hubs offered 2 days in advance. The current draft extended access specification states up to 5 days in advance and we would welcome comments on this via the RFI process. *(Please note part of this response is based on the experience of providing an Extended Access Service in Richmond).*

**Q11. What marketing/other strategies were used in Richmond?**

**A.** Bus shelter hoardings, adverts on buses, local press, local CCG and Council communications. Richmond has also developed an App for local services. Marketing plans also sought involvement from PPGs, Residents Association, and Newsletters etc. NHSE have produced communications resources on improving access in primary care, which can be found at [www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide](http://www.england.nhs.uk/gp/gpfv/redesign/improving-access/communications-guide) *(Please note part of this response is based on the experience of providing an Extended Access Service in Richmond).*

**Commissioners' Comments**

In the interests of preparing for a formal regulated procurement, please note that the responses given to questions raised during the event, including ancillary commentaries and discussions:

- Are rendered in good faith, based on limited and specific experience of examples of preparing for and establishing Extended Access services;
- Must not be taken to be recommendation(s) of specific business models or practices or preferred solutions to the Horsham and Mid Sussex & Crawley CCGs' specification requirements;
- Do not obviate the need for bidders to rely on their own due diligence including, for example, around information received during this event.