



Final Guidance

**Extended Hours Access Scheme Directed
Enhanced Service**

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Contact Details	Paul Betts Primary Medical Care Quarry House Leeds LS2 7UE 0113 254 6783 extendedopeninghours.des@dh.gsi.gov.uk
For Recipient's Use	

Final Guidance

Extended Hours Access Scheme Directed Enhanced Service

Introduction

1. This guidance contains advice for PCTs and GP practices on the implementation of the Extended Hours Access Scheme Directed Enhanced Service (DES) through the Primary Medical Services (Directed Enhanced Services) (England) Directions 2008 (the Directions) and the consequential amendments to the Statement of Financial Entitlements (SFE).
2. This guidance is effective for the duration of the DES. It should be read in conjunction with the Directions and the SFE. The DES came into force on 2nd September 2008 and continues until 31st March 2010.
3. This guidance supersedes the Interim Guidance issued on 18th April 2008 and other previous communications from the Department of Health on this subject.
4. "Frequently Asked Questions" are also available via the NHS Primary Care Contracting website and can be accessed via the link:
<http://www.primarycarecontracting.nhs.uk/accessgp/issue2/issue2.html>.
5. The intended outcome of the Extended Hours Access Scheme DES is an increase in patients' access to primary medical services, through face to face appointments with a GP at times outside practices' current core contracted hours, in line with patients' expressed needs and

wishes. Appointments may be booked ahead or booked at the last minute. On average, it is expected that a practice will provide six to seven GP appointments per 90 minutes of extended opening time.

6. During core contracted hours, existing standards of access and availability should at the least be maintained. PCTs should continue to support all GP practices in ensuring that they are meeting the reasonable needs of patients during core hours. PCTs should not take this to mean that practices are, for the duration of the DES, prevented from using flexibilities for in-hours opening times where it is appropriate given the reasonable needs of practices' patients.

7. The Government's aim, as set out in the Operating Framework for the NHS 2008/09, is to achieve a minimum of at least half of all practices in each PCT area offering extended opening hours by December 2008. PCTs may contract for extended hours with GMS and PMS contractors using this DES or a local agreement which is the same, broadly similar to or exceeds the minimum requirements set out in this guidance (at Paragraphs 19 to 31 below). This guidance acknowledges that substantial numbers of local schemes already exist, and that PCTs have been working hard to ensure that these comply with the minimum specification set out in the previous Interim Guidance

Offer of DES and time limits

8. PCTs must offer all GMS and PMS contractors in their areas the opportunity to enter into the DES (but see Paragraph 11 below). Such offers must be made within 28 days of the date of the Directions coming into force, or the date the GMS or PMS contract commenced whichever is the later. This deadline applies to PCTs for initiating the process for making agreements, not for them to have been finalised.

9. Agreements under the DES will last until 31 March 2010 (unless revoked earlier).
10. PCTs are not required to enter into the DES with any contractor after 31st December 2009. This is to ensure that contractors have a reasonable chance of providing the service before the DES comes to an end.

Existing Local Schemes

11. PCTs do not have to offer the DES to a GMS or PMS contractor where an agreement for an existing local scheme offering extended hours is the same, broadly similar to or exceeds the minimum requirements set out in this guidance (at Paragraphs 19 to 31 below). The decision not to offer the DES must be made in consultation with the contractor by the PCT within the 28 day limit of the offer of the DES (see above – Paragraph 8). PCTs must within 10 weeks of the Directions coming into force notify their SHA of such a decision, stating the name of the contractor concerned and their reasons for doing so. This notification might, where appropriate, also include any variations to a local agreement (see below – Paragraph 13).
12. PCTs should not therefore feel obliged to dismantle a successful local scheme because of the introduction of this DES. “Local schemes” include contracts with individual practices, as well as schemes open to all of the practices in a PCT’s area. The assumption is that practices engaged in a local scheme are already being resourced for delivery against any local schemes. A general principle is that no practice should be paid twice for the same work.

13. Although a decision may be made not to offer the DES to a contractor (see above – Paragraph 11), in order to ensure that no contractor is disadvantaged, PCTs must review any existing local schemes and, with the agreement of the contractor, vary them so that they meet the following criteria:
- The length of the agreement should be lengthened or shortened so that it terminates on 31st March 2010;
 - The level of payment should not be less favourable than that set out in the SFE of £2.95 per registered patient (or contractor's registered population - CRP); and
 - The scheme's requirements and obligations are of an equivalent standard to the DES.
14. This review must be completed within two months from the date of the Directions coming into force.
15. Where a practice is operating a scheme which does not comply with the three areas set out in Paragraph 13 above, and it does not agree to a variation to the arrangements, the PCT cannot insist on this. In such cases, the existing scheme will continue under the arrangements already agreed.

PCT consideration of proposals by contractors

16. PCTs are obliged to consider any proposals for the arrangement of extended opening put forward by GMS or PMS contractors, which can be accepted or declined. The implication is that, since PCTs have

offered to enter into arrangements, GMS and PMS contractors will have responded saying either:

- That they do not wish to participate – in which case the process goes no further; or
- That they are interested in participating and put forward proposals – in which case PCTs are then obliged to consider their proposals.

17. This consideration should not be delayed unreasonably, nor should PCTs' agreement to such proposals be unreasonably withheld.
18. In making their decision, PCTs must take into account local circumstances, known patient preferences and relevant guidance – principally the minimum requirements set out below at Paragraphs 19 to 31. PCTs, therefore, are expected to take a positive approach by trying to agree to a contractor's proposals, but they must also have regard to these factors, and not agree where they would run counter to them.

Minimum Requirements of the Scheme

19. Arrangements between GMS or PMS contractors and PCTs for the provision of extended opening must be made in writing and include the following requirements set out in the following Paragraphs 20 to 31.
20. The scheme requires an obligation on the contractor to implement and fulfil its obligations set out in the agreement.
21. The scheme must set out the details of the arrangements for extended opening, enabling patients to attend face to face appointments with GPs. These GP appointments cannot be substituted with nurse or

other health care professional appointments. The arrangements must include the following provisions:

- (i) That the clinical session(s) are provided outside core contracted hours. For GMS practices these are from 8:00am to 6:30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays. For some PMS practices, core hours may already include opening at times outside these hours, and PCTs should treat the hours set out in such individual contracts as the core hours for these contractors.
- (ii) That these clinical sessions are held at the contractor's practice premises. It is recommended that these are held at times that best match patients' preferences for extended opening at that practice, based on the most recent GP Patient Survey results. With the agreement of the PCT, practices may use local survey information to decide when (and where in the case of practices with branch surgeries) to open, where this is both more recent and a better guide to determining patient needs.
- (iii) That these clinical sessions must be in addition to those provided within core hours. For example, a practice cannot provide sessions on a Saturday but then cut sessions on Wednesday afternoon, or substitute clinician type (eg replace doctor sessions with nurse sessions) within in-hours periods;
- (iv) The length of the extended opening hours are linked to contractors' patient list size (or contractor's registered population - CRP). The minimum required amount of extra opening for

each practice is based on an additional 30 minutes per 1,000 registered patients, using the following formula:

Contractor's CRP ÷ 1000 x 30 = Additional minutes – convert to hours and minutes and round, either up or down, to the nearest quarter hour.

CRP will be determined as at the start of the first quarter during which extended opening begins for individual contractors. CRPs will be recalculated for this purpose (and for the purposes of payments – see below at Paragraph 32) at the beginning for the 2009/10 financial year. The rules for this are set out in the SFE.

- (v) That subject to sub-paragraph (vi) below the agreed extended opening hours must be provided in full i.e. the extra chronological hours the practice opens rather than the total extra clinical time. Therefore, a practice opening from 6:30pm to 8:30pm would generally as two extra hours irrespective of the number of GPs working in the practice during that period or the number of appointments available. Normally, therefore, concurrent working will not be allowable - for example, where, according to the formula above, a contractor is supposed to provide three additional hours, it is not acceptable to count the availability of two doctors each offering appointments for an hour and a half at the same time (i.e. effectively providing a total of three hours worth of sessions).
- (vi) Notwithstanding the general position in sub-paragraph (v) above, PCTs have discretion to allow concurrent working in certain relevant local circumstances, for example:

- Where there is demand for appointments during certain sessions, which could be met by two or more GPs. For example, a practice which opens between 10:00am and 12:00pm on Saturdays, experiences demand from patients for the appointments available during that period which consistently exceed capacity. The PCT might therefore agree with the practice that deploying two GPs to deliver concurrent appointments during that period will count as four hours opening rather than two.
- A previous existing arrangement has allowed concurrent working and its continuation can be justified;
- For practices with large list sizes; or
- A combination of any, or all, of the above.

(vii) That these clinical sessions must be for continuous periods of at least one and half hours. However, PCTs, again, have discretion to depart from this requirement in certain relevant local circumstances, for example:

- Where it is in line with patient preferences;
- For pre-8:00am appointments;
- For practices with fewer than 3,000 registered patients; or
- A combination of any, or all, of the above.

22. The contractor must co-operate with PCT in reviewing the arrangements, for example to establish whether they are still meeting patients' needs as expressed through the most recent patient surveys. Both PCTs and practices should ensure that they fully understand how demand from patients might change at times over the course of the

agreement and in particular where peaks and troughs of demand may occur.

23. Where a contractor provides an out of hours service, there is potential for confusion between the “routine” extended hours service and the “urgent” out of hours service. Such a contractor must not limit access to any of these clinical sessions to those patients they would have been obliged to see anyway under the out of hours arrangements. Extended hours sessions should be reserved in the main for routine bookable appointments. In general, this should be a matter for the practice to manage and communicate to its patients.

24. The scheme must set out the requirements on the PCT and the contractor to provide information that is reasonably necessary for the running of the arrangements. In agreeing these requirements, both parties may wish to have regard to the principles in the Code of Practice on Confidentiality and Disclosure of Information – see the attached link:
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4107303

25. The scheme must set out the arrangements by which PCTs will monitor performance and delivery of the DES. This may include doing so via NHS Choices. The Department of Health will be monitoring progress on take up nationally – see below at Paragraph 41. In order to ensure that there is no reduction in the overall availability of GP consultations and clinical care, PCTs should have established the availability of GP consultation times during core hours. This information is required to ensure that payments for extended opening hours under the DES are made only where the practice has actually extended its hours.

26. The scheme must set out the arrangements for changing or ending the agreed extended opening. This procedure should include an agreed notice period (for example, four weeks) for significantly changing or ceasing extended opening.
27. The scheme must set out the arrangements for the contractor and the PCT to ensure that patients are aware of the availability of these additional clinical session(s). Practices should promote and publicise details of additional sessions, for example on the NHS Choices website, on a waiting room poster and in the practice leaflet. PCTs will wish to publicise extended opening to local populations and help patients identify which practices are offering appointments at given times. Practices should maintain the agreed extended opening times by providing sickness and leave cover. Practices should ensure that their patients are aware of any cancellation of extended hours sessions, which should normally be discussed with PCTs.
28. In the case of PMS contractors, the scheme must set out the payment arrangements. These must have regard to the provisions in the SFE (which will already apply to GMS contractors). In particular, these must specifically provide that payment cannot be made for a period other than when the PMS contractor is actually providing the service.
29. All the above arrangements, in Paragraphs 19 to 28 are to be part of the contract between the PCT and the contractor (subject to the limitations set out below at Paragraphs 30 to 31). The contract must be varied accordingly and any requirements made conditions of the contract.

Limits on the DES

30. No variation to the contractor's primary medical services contract to implement these arrangements can be made in a way that requires practices that are not providing an out of hours service to offer and undertake home visits (under Paragraph 3 of Schedule 6 to the GMS Contracts Regulations and Paragraph 4 of Schedule 5 to PMS Agreements Regulations) to their patients during extended opening hours. Practices may, of course, choose to offer or undertake home visits during extended hours but doing so is not a condition and should not be made a condition for undertaking the DES. Where a home visit would have been required had the need arisen during core contracted hours the practice can refer the patient to the appropriate out of hours contractor.

31. Additionally, the primary medical services contract cannot be amended to make a Saturday count as a working day where the definition of working day is needed to calculate a period for doing something, i.e. within X working days. While a practice may, under these arrangements, be providing a service on a Saturday or a Sunday, the definition of "working day" remains as per contractors' core contracts.

Payments

32. Payments to practices will normally be made by PCTs quarterly in arrears. Practices offering extended hours under this arrangement will be paid £2.95 per annum per registered patient (CRP). Payments will be made pro-rata where the arrangement does not cover a full year.

33. Entitlement for payments will commence on the start date for extended hours specified in the agreement between PCT and practice.

Urgent Presentations

34. Where an urgent presentation occurs, the practice will need to decide whether to refer the patient to the appropriate out of hours contractor or is able to deal with the presentation itself. The practice may wish to set aside a small number of appointments for last minute bookings. If, in the contractor's clinical opinion, the patient needs treatment that cannot wait until the next available surgery or for the out of hours service, they should deliver any immediately necessary treatment.

Non-NHS Work

35. Practices should not use extended opening hours to deliver non-NHS work.

Safety and Security

36. Ensuring the safety and security of both NHS staff and patients is a priority for PCTs and practices. In drawing up agreements under the DES or in coming to local agreements on extending opening hours, PCTs should consider how identified risks can be mitigated as a consequence of the agreement entered into with practices.

Religious and Cultural Sensibilities

37. When agreeing opening times and days of opening under the DES and when making local arrangements to deliver extended hours PCTs should be sensitive to the religious and cultural requirements of both practice staff and patients.

Disputes – Conciliation, Arbitration, and Appeals

38. In the event of disagreement or dispute, the PCT and the practice will use best endeavours to resolve the dispute without recourse to formal arbitration. If unsuccessful, the matter will be determined in accordance with the normal contractual dispute resolution procedure.

Commissioning other services

39. When commissioning extended opening hours, PCTs should consider whether there is a requirement to review the commissioning of other linked services. This might for example include pharmacy, diagnostic and pathology services. When the opening hours of GP practices are extended, there is likely to be a change in the pattern of demand for these services. Demand may fall at some times as well as rise during the extended period. PCTs should therefore bear in mind the change in GP opening hours in making overall commissioning decisions.
40. This will be included in the “How to Improve Access to Primary Medical Care“ Guidance which we plan to publish as part of the World Class Commissioning “How to” guides. This will include sharing learning from PCTs who have already commissioned additional services in the extended hours period.

Arrangements for monitoring nationally via UNIFY

41. Arrangements for the national monthly monitoring of extended opening hours via UNIFY2 have been established by the Department of Health. The ROCR approval number for this collection is ROCR/OR/0225 and details are set out at Annex A. Figures are published on the Department’s website shortly after each collection.

EXTENDED OPENING HOURS: UNIFY2 DATA COLLECTION REPORTING USER GUIDE

Reporting Arrangements

1. The NHS Operating Framework for the NHS in England 2008/09 sets out the Government's key priority for improving routine access to GP services in evenings and at weekends, requiring PCTs to ensure that at least half of their practices offer extended opening to patients.
2. In order to monitor progress against this aim, PCTs should submit monthly monitoring returns via UNIFY2, where a collection has been designed to obtain data on:
 - The number of practices in each PCT area; and
 - The number of practices offering extended opening hours under schemes which fall in line with the minimum requirements set out in this guidance at paragraphs 19 to 31.
3. Data should be collected relating to practices, not their individual surgeries. Where a branch surgery offers extended opening, then it will count towards the practice of which it is part.
4. The census date for the each collection is 21st day of each month or the next working day if this falls on a weekend or public holiday. The table at paragraph 16 below provides census dates, and PCT and SHA deadlines up to March 2009
5. Each PCT's monthly monitoring return must be validated and signed off by its appropriate SHA.
6. Guidance and detailed instructions on how the returns are to be made via UNIFY2 are set out below.

Logging In

7. On entering the Unify2 homepage (<http://nww.unify2.dh.nhs.uk/unify>) users will need to login in order to able to access the collection. If users do not know these login details, they should click on "contact us" in the top right hand corner for their SHA lead.



Unify2

Login

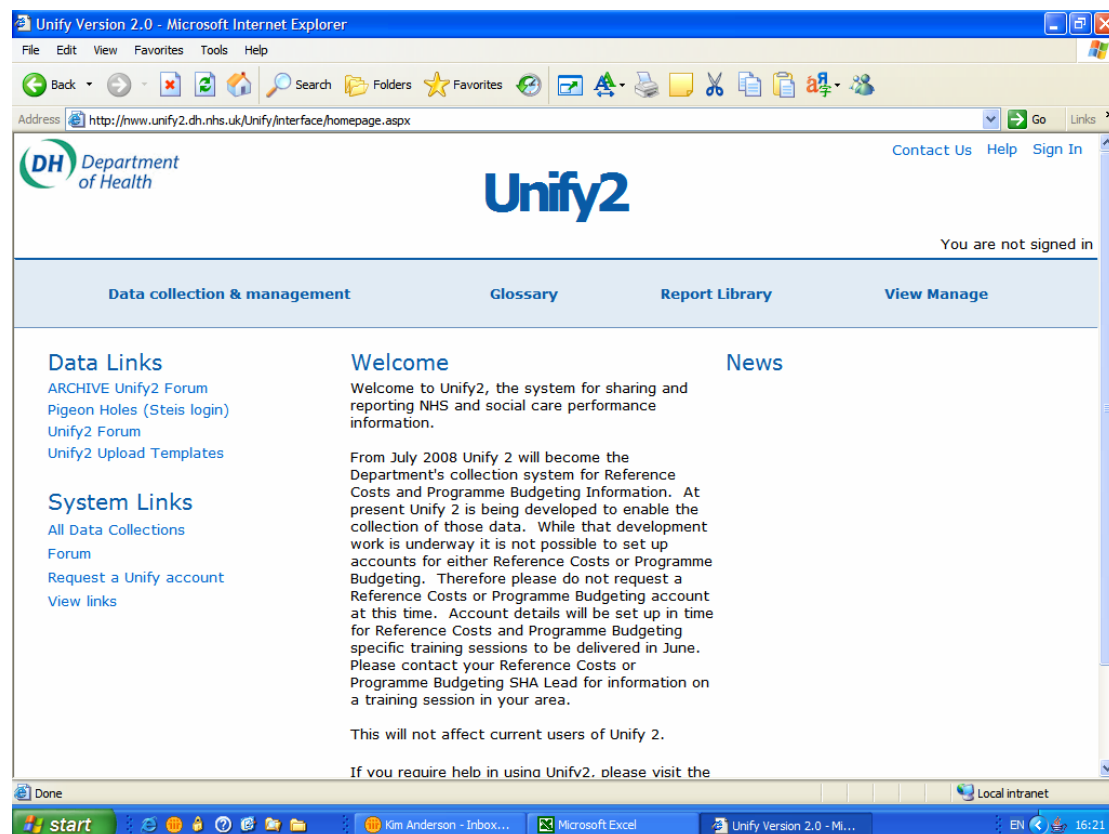
Username

Password

Note: Password is Case Sensitive.

Home page

8. An example of the home page appears below. At the top right, underneath the Unify2 logo, the user's login id and organisation's name are displayed.



The screenshot shows the Unify2 home page in Microsoft Internet Explorer. The browser title is "Unify Version 2.0 - Microsoft Internet Explorer". The address bar shows the URL: <http://www.unify2.dh.nhs.uk/Unify/interface/homepage.aspx>. The page features the Department of Health (DH) logo and the Unify2 logo. A navigation menu includes links for "Data collection & management", "Glossary", "Report Library", and "View Manage". The main content area is divided into three columns: "Data Links" (with links to ARCHIVE Unify2 Forum, Pigeon Holes (Steis login), Unify2 Forum, and Unify2 Upload Templates), "System Links" (with links to All Data Collections, Forum, Request a Unify account, and View links), and "Welcome" (with a message about the system's purpose and a notice about changes starting in July 2008). A "News" section is also visible. The status bar at the bottom shows the system tray with the start button, taskbar icons for Kim Anderson - Inbox..., Microsoft Excel, and Unify Version 2.0 - Mi..., and the system clock showing 16:21 on 16/07/2008.

Submitting a return

9. PCTs should complete their return by going into the Data Collection & Management link, which navigates to the DCT side of Unify2.

10. In the DCT homepage of Unify2, all the collections available for the logged-in user's organisation will be displayed.
11. To complete the collection via the online form – from the DCT homepage – users should click the link under the reference title PCT Collection of Extended Hours Practices. Users can then enter data in the two cells. Once users have entered their data, they should press the 'save version' button at the top of the screen.

Making a replacement return

12. If users wish to resubmit/update data before the deadline (and the return has not been signed off), they can visit their return from the DCT home page and go into the online form to update the data. When the deadline has expired, the system will close this return and not permit any subsequent data uploads or deletions.
13. In order to sign-off a collection, users should use the View & Manage functionality. The View & Manage screens will differ slightly depending on the type of collection, the signoff requirements of the collection and user access rights. To sign off the return users should click in the selection tick box next to the return and click the 'Sign off selected' button.
14. If users have signed off their return but still need to resubmit/update their data they should contact their SHA to request that their return be 'Uncollected'.

SHA sign off

15. Once PCTs have completed and signed off their returns SHAs will be expected to login to UNIFY2 and validate the information. They should contact PCTs to discuss any queries and uncollected returns for amendment where necessary, through View & Manage. Once the data is finalised SHAs should sign off the data for each PCT. To sign off the PCTs returns, click in the selection tick box next to each PCT and click the 'Sign off selected' button.

16. Submission dates for both PCTs and SHAs are:

Return period label on UNIFY2*	Census Date	PCT deadline	SHA deadline
August 2008	22/09/2008	25/09/2008	30/09/2008
September 2008	21/10/2008	24/10/2008	31/10/2008
October 2008	21/11/2008	26/11/2008	28/11/2008
November 2008	22/12/2008	29/12/2008	30/12/2008
December 2008	21/01/2009	26/01/2009	30/01/2009
January 2009	23/02/2009	26/02/2009	27/02/2009
February 2009	23/03/2009	26/03/2009	31/03/2009

* - n.b. A quirk of the UNIFY2 system is that a collection cannot be released until the end of the period of that collection. This means that although the system indicates that it is the collection for the previous month, it is, and will be, reported as the collection for the current month. Unfortunately, despite the confusion this causes, UNIFY2 cannot be modified and must continue to use the previous month as the system period.

Support

17. For queries on the new data collection and any other general queries related to extended opening hours, e-mail: extendedopeninghours.des@dh.gsi.gov.uk
18. For any technical queries, please contact Unify2@dh.gsi.gov.uk, or telephone: 0113 2545822.