



Interim Guidance

Directed Enhanced Service – Extended Opening Hours

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For Recipient's Use	

Interim Guidance

Directed Enhanced Service – Extended Opening Hours

Extended Opening Hours Minimum Specification

1. This interim guidance contains advice for PCTs and practices on the minimum specification for the Extended Opening Hours agreement between practices and PCTs subject to the 2008 Extended Hours Directed Enhanced Service (DES). A final version of the guidance will be produced when the Directions and Statement of Financial Entitlements are published. This guidance supersedes previous communications from the Department of Health on this subject.
2. This guidance is effective for the duration of the DES. It needs to be read in conjunction with the Directions on the DES and the Statement of Financial Entitlements. This DES will commence following its publication later in 2008 and continues until 31 March 2010.
3. The final guidance will be supported by an on-line series of “Frequently Asked Questions”.

Outcome

4. The intended outcome is an increase in patients’ access to GPs at times outside current contracted hours, while standards of access and availability during core contracted hours are at least maintained.

5. The aim is to achieve a minimum of at least half of all practices in each PCT area offering extended hours. PCTs may contract for extended hours using this DES or a broadly similar local agreement.

Local Flexibility

6. All GMS and PMS contractors in a PCT area should have the opportunity to take up this DES to deliver extended opening for their patients. However, some PCTs and some practices are and have been operating successful local extended hours schemes. The circumstances in which practices are already offering extended hours to their patients differ and in making commissioning and funding decisions, PCTs need to consider each case on its merits. The views of patients at each practice will be of prime importance.

Existing Local Schemes

7. PCTs should not feel obliged to dismantle a successful local scheme, delivering extended opening meeting the needs of local patients, because of the introduction of this DES.
8. The concept of a “local scheme” here includes one-off contracts with individual practices – eg under PMS or under a local enhanced service – 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 contract. A general principle is that no practice should be paid twice for the same work.
9. Where a local scheme is in existence or is introduced, PCTs should discuss the relative merits of their local scheme and the DES with practices. PCTs should particularly assess whether their scheme

delivers the same or a broadly similar outcome to that expected from the DES, and discuss their conclusions with practices. Where local schemes are broadly similar, it would be open to PCTs to agree with practices:

- a. to continue with the local scheme or schemes (including a revised local scheme) and not offer the DES to participating practices, or
- b. to offer its practices a choice of a local scheme or the DES, or
- c. to withdraw the local scheme/s and offer the DES alone.

Where there is no formal agreement, practices should have the option of taking up the DES.

10. In making this assessment, PCTs should refer to the criteria in this guidance and to the DES Directions and the SFE to ensure that they properly understand, compare and evaluate the outcomes and resourcing of the alternative schemes. Where a PCT has previously commissioned extended opening hours arrangements funded locally, PCTs should consider using the equivalent sum the practice would have received in respect of this DES to commission further tangible improvements for patients in accessing improved care from that practice.

Payments Under Interim Local Arrangements

11. Practices and PCTs may be unwilling to enter agreement on the DES until final publication of the DES Directions and the Statement of Financial Entitlements. We encourage PCTs and practices to enter into interim local arrangements while publication is pending. Funding for the DES may of course be used to support this process. Such local arrangements should include a payment methodology covering the

period in which the local arrangement is running prior to its replacement by the DES. PCTs should use the DES price of £2.95 per registered patient per annum as a benchmark price for these local arrangements.

Existing Unresourced “Extended Opening”

12. Some practices currently offer surgeries outside core contracted hours without additional resource by closing the practice for a commensurate period, or by reducing surgery times, during the day. Such practices may ask PCTs to consider converting this voluntary opening into a DES or similar local enhanced service. Before agreeing to this, PCTs should satisfy themselves that the practice’s overall opening pattern meets or would meet the requirements of the DES and the needs of its patients particularly in respect of clinical availability during core contracted hours.

Practices Retaining Responsibility for Out of Hours Services

13. Some practices retain responsibility for the provision of out of hours services to their patients. There is therefore potential for confusion between the “routine” extended hours service and the “urgent” out of hours service. In general, this should be a matter for the practice to manage and communicate to its patients. However, PCTs should note that it would be unacceptable for practices in these circumstances to limit access to the extended hours appointments to those patients seeking an urgent “out of hours” consultation – extended hours should be reserved in the main for routine bookable appointments.

Related Issues for PCTs

14. When commissioning extended 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 as well as the out of hours service. 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 the change in GP opening hours in mind in making overall commissioning decisions.

Safety and Security

15. 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

16. 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 both the religious and cultural requirements of both staff and patients.
17. 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.

Guidance on Extended Opening Hours Directed Enhanced Service - Minimum Specification

Intention

18. The intention is to provide access to a GP during the extended hours period. It is expected that a significant majority of the extended access would be delivered through booked appointments, available to any patient registered with the practice.

Definition

19. Under the DES the practice will be providing extended hours clinical sessions on a regular basis each week outside its core contracted hours – for GMS practices, 8.00-6.30, Monday to Friday. For some PMS practices, core hours may already include opening at times outside 8.00-6.30. For the purposes of the DES, PCTs should treat the hours agreed by individual contracts as the core hours for these practices.
20. PCTs should agree with practices the proportion of the additional appointments offered during each extended hours period which are normally bookable more than two days in advance. 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 extra 90 minutes.
21. The sessions provided during extended opening hours must be in addition to the normal core practice sessions. The minimum required amount of extra opening for each practice is based on an additional 30 minutes per 1,000 registered patients:

$$30 \times (\text{the contractors CRP} \div 1000) = \text{Additional minutes}$$

22. This figure should be rounded to the nearest quarter hour. For existing contractors, the initial CRP used for 08/09 will be that established on 1 April 2008. A different CRP will apply for contractors who do not begin delivering extended hours under the DES until after 1 April 2008 and who are new contractors (eg following a practice merger). The rules for this are set out in the Statement of Financial Entitlements.
23. Practices must provide additional sessions from the contractor's approved practice premises at times that best match patients' preferences for extended opening at that practice, based on the most recent GPPS results. With the agreement of the PCT, practices may use local survey information to decide when to open, where this is both more recent and a better guide to determining patient needs.
24. Additional extended opening hours sessions should be provided in sufficiently tangible 'blocks' of at least 1½ hours (ie around 6-7 appointments) for Saturday and evening periods. This allows a reasonable number of appointments in each additional session and gives patients confidence that they will consistently be able to book. With the agreement of the PCT, practices are able to reduce the length of the 'block':
 - a. when offering extended hours for pre-8am appointments
 - b. when practices with fewer than 3,000 registered patients offer extended hours.
25. Clearly, under these arrangements, practices must be providing clinical sessions during extended hours in order to count as being open. The overall amount of extended hours being delivered by each practice

should be calculated by PCTs and practices based on the total of extra chronological hours the practice opens rather than the total extra clinical time provided. A practice opening from 18.30 – 20.30 would always count as two extra hours irrespective of the number of GPs / nurses working in the practice during that period or the number of appointments available.

For example:

Practice A opens from 18.30 to 20.00. One GP works during this time and delivers 9 appointments. Total time for the purpose of the DES = 1.5 hours.

Practice B opens from 18.30 to 20.00. Two GPs work during this time and deliver 18 appointments. Total time for the purposes of the DES = 1.5 hours.

26. An exception to the procedure in paragraph 25 is allowable (with PCT agreement) where:
- a. a practice is delivering extended GP consultation availability under a prior existing agreement ; and
 - b. patient demand in a given time period is such that it is more reasonably met rather than at other times; and
 - c. an additional GP or GPs need to be deployed in that period.
27. “Stacking” extended hours in this way may often be required (for example) in larger practices.

Example: Practice A opens under the DES between 10 and 12 am on Saturdays. Patient demand for the appointments available consistently exceeds capacity. Patient demand at that practice is overwhelmingly concentrated on Saturday morning appointments, so the PCT agrees with the practice that deploying two GPs to deliver concurrent

appointments between 10-12am will count as four hours opening rather than two.

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

Monitoring and Evaluation

29. Practices will provide evidence of the work undertaken as part of the agreement to the PCT if required. PCTs will also need to establish the current availability of GP consultation times during core hours. It remains a matter for the practice to decide the times when individual GPs hold surgeries but there should be no reduction in the overall availability of GP consultations and clinical care. PCTs should continue to support all GP practices in ensuring that they are meeting the reasonable needs of patients during core hours.
30. 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. 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 this is appropriate given the reasonable needs of the practice's patients.
31. PCTs should agree with practices the arrangements they will use for monitoring performance and delivery of the DES, which may include doing so via NHS Choices.
32. Arrangements for the monthly monitoring of extended opening hours via UNIFY2 are set out at Annex A, subject to ROCR approval.

Changing Arrangements

33. Practices should co-operate with any review of the DES carried out by the PCT. This may be required when the results of patient surveys in successive years are announced.

34. PCTs should agree with practices a procedure for altering the pattern and number of extended hours. This procedure should include an agreed notice period (eg 4 weeks) for significantly changing or ceasing extended opening.

Exclusions

35. A practice taking up the DES cannot reduce the number of sessions or capacity available to its patients within core contracted hours as a consequence of offering extended hours, nor, as a consequence of offering extended hours, substitute clinician type (eg replace doctor sessions with nurse sessions) within in-hours periods. Funding provided for extended opening is to secure additional capacity overall.

36. Extended hours should be reserved in the main for routine bookable appointments. 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.

37. Practices will not be expected, as part of this agreement, to offer and undertake home visits (under paragraph 3 of Schedule 6 to the GMS Contract Regulations) to their patients during extended 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 this agreement. Where a home visit would have been required had the need arisen during core contracted hours the practice should refer the patient to the appropriate out of hours contractor.

Saturdays and Sundays- definition of “working day”

38. While a practice may, under these arrangements, be providing a service on a Saturday or a Sunday, Saturdays and Sundays are not, for the purposes of the contract, defined as “working days”. This exemption also similarly applies to the criteria for assessing success against the 24/48 hour access target.

Communications

39. The practice should promote and publicise availability of additional sessions, at a minimum on the NHS Choices website, on a “waiting room poster” and in the practice leaflet. PCTs will publicise extended opening to local populations and help patients identify which practices are offering appointments at given times.
40. Practices should maintain agreed extension of services by providing sickness and leave cover or by providing sessions on alternative days. Practices should ensure that their patients are aware of any cancellation of extended hours services and these should be discussed with the PCT.

Payments

41. 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. Payments will be made pro-rata where the arrangement does not cover a full year.

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

43. The last date for entering into an agreement under this DES will be 31 December 2009, and agreements under this DES (unless revoked earlier) will last until 31 March 2010.

Disputes – Conciliation, Arbitration, and Appeals

44. 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.

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 our 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 which fall in line with the definition set out in this guidance at paragraphs 19 to 28.
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 first data collection is 21st April 2008. Thereafter, the census date will be the 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 be 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

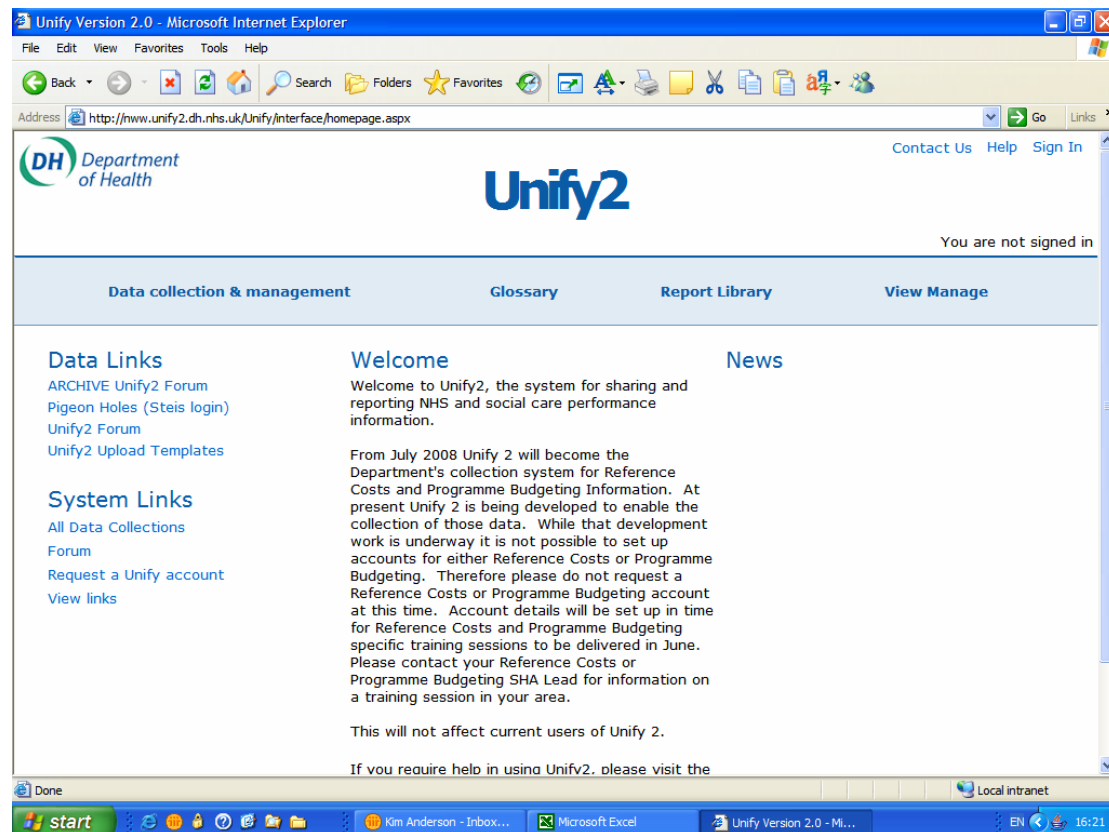
Username

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 "Done" and "Local intranet".

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:

Census Date	PCT deadline	SHA deadline
21/04/2008	24/04/2008	30/04/2008
21/05/2008	27/05/2008	30/05/2008
23/06/2008	26/06/2008	30/06/2008
21/07/2008	24/07/2008	31/07/2008
21/08/2008	27/08/2008	29/08/2008
22/09/2008	25/09/2008	30/09/2008
21/10/2008	24/10/2008	31/10/2008
21/11/2008	26/11/2008	28/11/2008
22/12/2008	29/12/2008	30/12/2008
21/01/2009	26/01/2009	30/01/2009
23/02/2009	26/02/2009	27/02/2009
23/03/2009	26/03/2009	31/03/2009

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.