BMA

England

Focus on use of enhanced access appointments

Summary
The Network contract DES: Contract specification 2024/25 sets out the obligations of GP practices with regard to enhanced access.

A PCN must provide enhanced access between the hours of 6.30pm and 8pm Mondays to Fridays and between 9am and 5pm on Saturdays (the "Network Standard Hours"), in accordance with the Network Contract DES Specification and with the plan it agreed with the commissioner to deliver Enhanced Access ("the Enhanced Access Plan").

PCNs are required to deliver or sub-contract enhanced access in full in accordance with the requirements of DES Specification and the subcontracting requirements set out in their Core Network Practices' primary medical care services contracts.

The requirements to be satisfied in the delivery of bookable clinical appointments during the Network Standard Hours are set out in part eight of the specification.

Using enhanced access appointments for continuity of care of registered patient lists
GPCE regularly receives about wastage across EA hours, and this national funding (£483m) and the appointments offered during these hours could be deployed in more effective and different ways that strengthen and improve patient continuity of care at a practice-level, as well as bringing greater choice and flexibility for patients:

- Continuity of care close to home is 'highly valued by many patients and GPs'2
- It is widely recognised as the most effective/efficient clinical way to work, given the benefits to patients and the NHS more broadly
- High quality of care for patients with one or more complex conditions and choice/flexibility for those with minor ailments are also priorities for ministers, MPs and their constituents
- LMC (local medical committee) representatives and grassroots GPs report that PCN-level enhanced hours clinics or sessions can be underutilised, leading to wastage and, in one example, not having access to the necessary supplementary services, e.g. phlebotomy services

Alternative proposals
Flexibility could be added to the PCN DES EA specification to allow a proportion (to be determined) of EA appointments in a PCN, to be ringfenced for the practice's own patients within core hours based upon the needs of the registered population by:

- Amending 8.1.4 a) from “are available to all PCN Patients” to “are available to all PCN Patients except for those appointments which have been ring-fenced for allocations of patients requiring continuing care at and by their registered practice”

- Amending 8.1.5 from “Unless otherwise agreed with the commissioner, a PCN must deliver the minimum 60 minutes per 1000 PCN adjusted patients per week within the Network Standard Hours. For the avoidance of doubt, a commissioner may agree to a proportion of the 60 minutes per 1000 PCN adjusted patients per week being provided outside of the Network Standard Hours where it is evidenced by the PCN that such appointments would better meet the needs of the PCN’s patients. For example, through the provision of a morning clinic between 7am to 8am. Where this is agreed locally, the minutes must be provided in continuous periods of at least 30 minutes. By exception, the commissioner may also agree that a proportion of the minutes may be provided during core hours, where it can be demonstrated that such additional appointments would better meet the needs of the PCN’s patients”

- to “Unless otherwise agreed with the commissioner, a PCN must deliver the minimum 60 minutes per 1000 PCN adjusted patients per week within the Network Standard Hours. For the avoidance of doubt, a commissioner may agree to a proportion of the 60 minutes per 1000 PCN adjusted patients per week being provided outside of the Network Standard Hours where it is evidenced by the PCN that such appointments would better meet the needs of the PCN’s patients within core hours. Where this is agreed locally, the minutes must be provided in continuous periods of at least 30 minutes”

The above change could be audited to show proven additionality by assessing the baseline and then measuring the increase in the number of GPs working in these clinics and the appointments provided.

Flexibility could also be added to the PCN DES specification to ringfence a proportion of the CAP (capacity and access) IIF (investment and impact fund) monies to allow practices/PCNs to recruit GPs to improve capacity, access, and continuity of care in the extended access setting (see GPCE proposal ‘Adding GPs with Extended Roles to the ARRS’).