



Guidance: GP Extended Hours Access

30 March 2010

Guidance for PCTs – GP extended hours access

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Guidance: GP Extended Hours Access

30 March 2010

Introduction

1. This guidance contains advice for PCTs on ensuring that as many patients as possible are able to access routine general practitioner (GP) appointments outside the normal opening hours of GP practices. In particular, Part 1 contains advice for PCTs to enable patients to consult a GP, face to face, at times other than during the core hours as specified in the contracts agreed with the PCT.
2. This Guidance should be read in conjunction with the *Primary Medical Services (Directed Enhanced Services) (England) Directions 2010* (the DES Directions)¹ and the amendments to the *Statement of Financial Entitlements (SFE)*². It is effective for the duration of the DES Directions in 2010-11, which come into effect on 1 April 2010 and continue until 31 March 2011.
3. This Guidance supersedes that which the Department of Health issued on 2 September 2008³ and any other (i.e. the Interim Guidance issued on 18 April 2008⁴), or previous communications from the Department of Health on this subject.
4. The last published data show that just over 77% of GP practices in England were offering an extended hours access service for their patients in accordance with the Extended Hours Access Scheme as provided under the DES Directions or through a locally agreed arrangement such as a Local Enhanced Service (LES) that meets the minimum requirements of the DES.

¹ The DES Directions were signed on 3 March 2010, come into effect on 1 April 2010 and are published on the Department of Health website at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_113692

² The Directions amending the SFE were signed on 3 March 2010, come into effect on 1 April 2010, and are published on the Department of Health website at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Directionsfromthesecretaryofstate/DH_113705

³ Gateway Ref 10465

⁴ Gateway Ref 9790

5. The 2010-11 NHS Operating Framework sets out a clear expectation that PCTs will continue to make progress in ensuring that extended opening matches local needs. The NHS Constitution consultation document proposes that patients should be able to choose a GP practice offering extended access to evening and weekend appointments.

6. On 7 January, Gary Belfield and David Flory wrote to SHAs asking PCTs to continue to progress extended opening hours in GP practices⁵. This letter highlighted that, if there is less than 100% take up of the DES or equivalent local arrangements, PCTs need to consider how they will use the balance of the available £161 million investment for extended opening to achieve comparable improvements in GP access.

7. This document provides further guidance on the key objectives of:
 - maximising the number of GP practices providing extended opening for their patients through the DES (or equivalent local arrangements);
 - expanding extended opening in other ways, where less than 100% of practices are providing the DES, in particular by expanding the extended hours at practices already providing this service; and
 - communicating information about availability of extended opening hours to patients.

Key objectives

Maximising uptake of the DES

8. The PCTs should encourage as many GP practices as possible to enter into an extended hours access scheme under the DES Directions (or equivalent local arrangements). Agreement has been reached with the BMA's General Practitioners' Committee that the Extended Hours Access Scheme will continue for a further year from 1 April 2010. The main material change from the existing arrangements will be that practices will be required to indicate by 30 June 2010 whether they are proposing to

⁵ Gateway Ref 13342

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participate in the new Extended Hours Access Scheme (or equivalent local arrangements) for the year 2010 to 2011, so that PCTs are clear early in the financial year which of their practices plan to do this.

Further expansion in extended opening

9. When PCTs have firm commitments from practices on take-up of these DES Directions (or equivalent local arrangements) for 2010/11, they should then determine how best to use the balance of the available investment to achieve comparable improvements in GP access. PCTs may wish in particular to expand the extended hours access available at practices already providing extended opening, so that patients get a wider choice of appointments.

10. PCTs are encouraged to look at practices' GP Patient Survey results to determine whether patients have expressed a wish for Saturday opening (nationally, of those people wanting additional opening hours, the majority wanted Saturday opening). Where a practice currently offers extended opening in line with the DES requirements on weekdays only, PCTs could, with the agreement of the practice concerned, commission Saturday opening in addition to the hours it already offers. The practice's entitlement to DES funding is unaffected by whether it agrees to provide such additional hours.

11. This additional capacity would allow practices to offer patients a wider range of convenient appointment times as well as increasing the number of appointments being offered.

Communications

12. PCTs should look at how best to communicate information about availability of extended hours access availability to patients, and demonstrate a robust communications strategy for this as part of their 2010-11 NHS Operating Framework Delivery Plans. Some

patients are still not aware of their own practices' opening hours and whether they offer routine appointments outside normal surgery hours. PCTs should ensure that all practices providing extended hours access publicise details of the days and times of additional clinical session(s), for example on the NHS Choices website, on the practice website, on a waiting room poster, on the practice leaflet and by writing to patients.

13. PCTs should also continue to consider how best to communicate extended hours access to their local populations and help patients identify which practices are offering appointments at given times. The approach will depend on what PCTs decide best meets the needs of their local population. However, it may include using local media or making information available in places such as NHS premises, libraries or community facilities.

Extended Hours Access Scheme Achievements So Far

14. Figures published last July (2009) showed that just over 77% of GP practices in England were offering their patients access to routine appointments outside of normal surgery hours in line with the arrangements as provided for by the DES Directions. It is expected that this will have further increased.
15. At least half of all GP practices in every PCT area are now offering extended hours access under the scheme. Some PCTs have 100% take-up from GP practices in their area.
16. Published data on extended hours access can be found on the Department's website at: www.dh.gov.uk/en/Publicationsandstatistics/Statistics/Perfomancedataandstatistics/PrimaryCare/DH_089459

Further guidance

17. The remainder of this document covers:
- Part 1: further guidance on implementing the Extended Hours Access Scheme under the DES Directions and its requirements
 - Part 2: further guidance on expanding extended hours access to GP services in other ways
 - Part 3: guidance on other issues relevant to any form of extended hours access.

PART 1

Implementing the Extended Hours Access Scheme under the DES Directions

18. An Extended Hours Access Scheme was first introduced in September 2008. The intended outcome of the 2010 Extended Hours Access Scheme under the DES Directions is to increase patients' access to primary medical services. The purpose of the Scheme is to enable patients to consult a GP face to face appointments for routine care outside practices' current core contracted hours. Extended opening hours should be set in accordance with patients' expressed needs and wishes. Appointments may be booked ahead or booked at the last minute. On average, GP practices are likely to be able to provide six to seven GP appointments per 90 minutes of extended hours access time.
19. During core contracted hours, existing standards of access and availability should be maintained. PCTs should continue to support all GP practices in ensuring that they are meeting the reasonable needs of patients during core hours.

PCT Offer of Arrangements for Extended hours Access under the DES Directions and Time Limits

20. PCTs must, before 30 April 2010, offer all existing GMS and PMS contractors (GP practices) in their areas the opportunity to enter into arrangement for extended hours access under the DES Directions. Where reasonably practicable, PCTs must, after considering and agreeing to GP practices' proposals (see below at Paragraphs 25 to 28), enter into these arrangements with GP practices before 1 July 2010⁶. Except in the circumstances set out in Paragraph 21 to 24 below, a PCT is not required to enter into an Extended Hours Access arrangement under the Scheme after 30 June 2010. However, PCTs retain the discretion to do so if they wish.

⁶ It may be the case that the GP practice has made its written proposals within the time limits but the PCT seeks clarification of certain issues, if this is the case the GP practice retains the right to enter into the DES (subject to the PCT agreeing the terms of the proposals) after 30 June 2010.

21. There are exceptions to the time limits:
- (i) the contractor has not provided the PCT with its proposals to enter in the Scheme before 1 July 2010; and
 - (ii) on 30 June 2010, it is less than 28 days since the PCT offered the contractor the opportunity to enter into the DES; and
 - (iii) the contractor provided the PCT with its written proposals to enter into the Scheme within 28 days of the PCT offer.

If all of these conditions are met, then a PCT must after 30 June 2010 consider the contractor's proposals with a view to agreeing them and entering into arrangements with the contractor who wants to enter into an extended hours access Scheme under the DES Directions.

22. Agreements under the DES Directions will last until 31 March 2011.

Practice Mergers

23. Where two or more GMS or PMS contractors merge, then the PCT must within 28 days of the merger enter into a new arrangement with the newly formed contractor if:
- (i). the contractor continues to provide extended hours access following the merger that are broadly comparable with services required under the Extended Hours Access Scheme as provided for in the DES Directions, and
 - (ii). its proposals for extended hours access meets with the minimum DES Directions requirements (see below at Paragraphs 29 to 37).

Practice Splits

24. A similar principle as set out in paragraph 23 applies where a GMS or PMS contractor splits. The PCT must within 28 days of the split enter into arrangements with the new contractor(s) if:

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- (i). the contractor(s) continue(s) to provide extended hours access following the split that are broadly comparable with services required under the Extended Hours Access Scheme as provided for in the DES Directions, and
- (ii). Its/their proposals for extended hours access meet with the minimum of the DES Directions requirements (see below at Paragraphs 29 to 37).

PCT consideration of proposals by contractors

- 25. PCTs are obliged to consider any proposals for the arrangement of extended hours access put forward by contractors in accordance with the time limits and exceptions set out above, with a view to accepting them.
- 26. This consideration should not be delayed unreasonably, nor should PCTs' agreement to such proposals be unreasonably withheld.
- 27. In making their decision, PCTs must take into account local circumstances, such as patient preferences and relevant guidance, principally the minimum requirements set out below at Paragraphs 29 to 37.
- 28. A PCT does not have to consider or make a decision where:
 - (i) A contractor has not submitted a written proposal within 28 days of the PCT's offer to enter into an arrangement under the DES Directions; or
 - (ii) The contractor has not provided any information requested by the PCT which it would need in order to make a decision as to whether the proposal to enter into arrangements under the DES Directions meets its requirements.

Requirements under the DES Directions

- 29. The DES Directions set the minimum requirements which must form part of the arrangements. All the requirements below form part of the contractual terms between

the PCT and the contractor. An existing contract must be varied accordingly so that the requirements are made conditions and form part of the contract.

30. Arrangements between contractors and PCTs for the provision of extended hours access must be made in writing and include the following requirements set out in Paragraph 31 below.
31. The arrangements entered into under the DES Directions must include a written obligation by the contractor to implement the agreed arrangements. The agreement must also set out the details of the arrangements for extended hours access in order to enable patients to attend face to face appointments with GPs outside of core times. These GP appointments cannot be substituted with nurse or other health care professional appointments. The arrangements must include the following provisions:
 - (i) the clinical session(s) are provided at the contractor's premises outside of core contracted hours. For GMS contractors, core hours are from 8:00am to 6:30pm, Monday to Friday, except Good Friday, Christmas Day or bank holidays. For some PMS and APMS contractors, 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) these clinical sessions are held on a regular basis each week from the contractor's premises. It is recommended that these are held at times that best match patients' preferences for extended hours access at that practice, based on the most recent GP Patient Survey results. With the agreement of the PCT, contractors 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) these clinical sessions must be in addition to those provided within core hours. For example, a contractor 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 hours access is linked to a contractor's patient list size (or a contractor's registered populations - CRP). The minimum required amount of extra opening for each contractor is based on an additional 30 minutes per 1,000 registered patients, using the following formula:

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

NB. 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 Paragraphs 38 to 41) at the beginning for the 2010-11 financial year. The rules for this are set out in Section 7GA of the SFE Directions.

- (v) subject to sub-paragraph (vi) below, the details of the agreed extended hours must be provided in full, that is the extra chronological hours the contractor opens rather than the total extra clinical time. Therefore, a contractor opening from 6:30pm to 8:30pm would always count as two extra hours irrespective of the number of GPs working in the practice during that period or the number of appointments available. Generally, 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) PCTs have discretion to agree to 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 contractor 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 contractors with large list sizes; or
- A combination of any, or all, of the above.

(vii) these clinical sessions must be for continuous periods of at least 90 minutes. However, PCTs, again, have discretion to depart from this requirement having had regard to any relevant local circumstances, for example:

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

32. Contractors must co-operate with PCTs in reviewing the arrangements to establish whether the pattern of additional hours is meeting the requirements of the contractor's patients. For example to establish whether a contractor is still meeting patients' needs, regard may be given to the results of the most recent patient surveys. Both PCTs and contractors 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.

33. 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 access sessions should be reserved in the main for routine bookable appointments. In general, this should be a matter for the contractor to manage and communicate to its patients.

34. The Extended Hours Access agreement must set out the requirements for a contractor to provide to PCTs 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
35. The agreement under the Extended Hours Access Scheme must set out the arrangements by which PCTs will monitor performance and delivery of the provision of services under the Scheme. This may include doing so via NHS Choices.
36. The agreement under the Extended Hours Access 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.
37. The agreement under the Extended Hours Access Scheme must set out the arrangements for contractors and PCTs to ensure that patients are aware of the availability of extended hours access. Contractors should promote and publicise details of the days and times of additional clinical session(s), for example, on the NHS Choices website, the practice website, on a waiting room poster or by writing to patients. This should also be included in the practice leaflet. PCTs should also publicise extended hours access to local populations and help patients identify which practices are offering appointments at given times. Contractors should maintain the agreed extended opening times by providing sickness and leave cover. Contractors should also ensure that their patients are aware of any cancellation of extended hours sessions, which should normally be discussed with PCTs.

Payments

38. Payments to practices in respect of services provided under the Extended Hours Access Scheme will normally be made by PCTs quarterly in arrears in accordance with Section 7GA of the SFE (as amended). Practices offering extended hours under this arrangement will be paid £3.00 per annum per registered patient (CRP). Payments will be made pro-rata where the arrangement does not cover a full quarter.
39. Entitlement for payments will generally begin on the start date for extended hours specified in the agreement between PCT and contractor. However, where a contractor was delivering extended hours access under a former Extended Hours Access Scheme on 31 March 2010 and continues to deliver those services pending finalising its 2010 arrangements with the PCT its payments under the 2010 scheme shall start on 1 April 2010.
40. 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).
41. PCTs should not be paying PMS (or APMS) contractors under the DES for any extended hours they are already offering as part of their core contract. PCTs might therefore want to consider how they can further incentivise these contractors to improve on the access they are already offering.

Arrangements for monitoring nationally via UNIFY

42. The national monthly monitoring of extended opening hours under the DES (or equivalent LES) via UNIFY2 are currently carried out under ROCR approval number ROCR/OR/0225 and details are set out at Annex A. This collection is due for review in May 2010 and its continuation after that time will be subject to further ROCR approval. Figures are published on the Department's website shortly after each collection.

PART 2

Expanding extended hours access to GP services in other ways

43. PCTs are encouraged to maximise the number of practices offering extended hours access under the DES Directions (or LES equivalent) arrangements so as to ensure that this service is available to as many patients as possible at their own practice. Once PCTs know which practices are participating in providing extended opening, they can determine how best to use the balance of the available investment to achieve comparable improvements in GP access.
44. PCTs could seek to expand the extended hours at GP practices already providing extended hours access, so that patients get a wider choice of appointments (see Paragraphs 45 to 47 below). Alternatively, PCTs might seek to provide access to evening/weekend appointments for patients whose practices are not providing extended opening (see Paragraphs 48 to 56 below); or a combination of these measures. This will depend on what PCTs consider best meets local needs. PCTs are therefore encouraged to use local innovation to overcome some of the agreed barriers to preventing the availability of extended opening to all, supported through the funding available.

Expanding the Existing Extended Hours Access Scheme

45. To improve services available to patients, PCTs should consider commissioning additional hours from practices already offering extended opening under the DES Directions or equivalent local arrangements. This should be done in such a way that it best meets local needs.
46. The latest GP Patient Survey results⁷ showed nationally that where people want additional opening hours, the majority were in favour of Saturdays. PCTs should

⁷ Published at: <http://www.gp-patient.co.uk/200809results/>

therefore consider commissioning additional extended opening on a Saturday from those practices which currently offer this service on weekdays only.

Delivering Extended Hours Opening to Patients of Practices not Participating in an Extended Hours Access Scheme under the DES Directions (or Equivalent Local Arrangements)

47. PCTs could consider using the balance of the funding available to them for extended opening to implement schemes which enable patients from non-participating practices to have access to routine GP appointments outside normal surgery opening hours.

Options

A: Using Other GP practices

48. PCTs could commission this service from a neighbouring practice or practices. This option is likely to be more suitable for patients in urban areas where the alternative practice could be easily accessible to patients not on their list.
49. PCTs would need to follow an open and fair process in commissioning these appointments from other GP practices and ensure they were not paying twice for fixed costs.

B: Using GP Health Centres

50. GP Health Centres already offer their own patients and walk-in patients longer opening hours as part of their contractual arrangements. PCTs might want to commission additional capacity from them to provide routine appointments for patients of specific GP practices not offering extended opening. PCTs would need to consider if this provides a reasonable option for patients, depending on geographical location.

51. PCTs would need to follow an open and fair process in commissioning these appointments from GP Health Centres and ensure they were not paying twice for fixed costs.

C: Using an Out of Hours Service Provider

52. Many PCTs have good relationships with existing Out of Hours (OOHs) service providers and might wish to approach them with a view to commissioning routine GP appointments outside normal GP surgery opening hours for patients of specific GP practices.
53. PCTs would need to ensure that any commissioning of OOHs service providers to offer a service providing routine access to GP appointments was in addition to the existing services they offered as part of the OOHs contract, and that the two should be demonstrably separate in any contracting arrangements.
54. PCTs would also need to assure themselves that they had robust mechanisms in place for monitoring these extra slots, and methods for distinguishing these from the appointments offered as part of the OOH service. The use of an OOH service provider for routine appointments would need careful communication to avoid sending out mixed messages to patients.
55. Commissioning of routine GP appointments during extended hours from an OOHs service provider would need to follow an open and fair process, and ensure that PCTs were not paying twice for fixed costs.
56. PCTs would need to be assured of the quality and safety of any existing services offered by an OOHs service provider before they considered commissioning more.

Issues to consider when commissioning extended hours services

Access to Medical Records

57. PCTs will need to identify whether and, if so, how patients' medical records can be accessed during routine appointments that take place away from their own practice. This tends not to be an issue for presentations with minor illness of a kind already dealt with in GP Health Centres or NHS Walk-in Centres, as patients recognise they are not seeing their GP or practice.
58. The simplest approach would be for PCTs to encourage the GP practices and other providers to work closely together or through agreements within PBC clusters to share information.
59. In some cases, IT and technology used locally may offer a solution, for example, a mechanism for co-ordinating appointment availability centrally within an area. However, such arrangements should only be considered suitable for minor illness if there is two-way communication of information between providers, and the provider commissioned to provide extended opening has real time access to patients' medical records.
60. Communication with patients is key to this. Patients from one practice might book an appointment during an extended opening hours period with a GP in another practice/service provider and, where they have a long-term condition and/or need repeat prescriptions, might expect that other service to be able to access their medical records. PCTs and practices need to make clear when publicising this service whether or not this is the case. The PCT and practice might need to make it clear to patients that these appointments are only suitable for the treatment of minor illnesses, rather than for more complex presentations or the maintenance of long-term conditions where the patient will still need to be seen by his or her practice. PCTs may wish to flag up to these patients that there are other practices in the area that provide extended opening with whom they could consider registering.

61. Whatever solution a PCT adopts, consent should be taken from the patient to obtain their medical record, where practicable, and other patient confidentiality must be taken into account when considering or implementing a local system where access to medical records could be granted to organisations where the patient is not registered.
62. Following a consultation with a provider other than the patient's own practice, a minimum requirement should be that the provider sends a clinical report to the registered practice following the appointment unless the patient objects.

Payment Mechanisms

63. As set out at Paragraph 31(iv) in Part 1 above, payments to those practices providing extended hours access to their own patients under the Scheme in accordance with the DES Directions will be set out in Section 7GA of the SFE. However, any scheme commissioned by PCTs outside the DES Directions would be subject to local negotiation between PCTs and GP practices/providers. In commissioning such services, PCTs may wish to consider payments based on:
 - (i) patient face to face contacts (cost per case);
 - (ii) payments based on the provision of sessions - paid per session (15 minutes or multiples linked to the number of patients to whom the service is to be offered);
 - (iii) an annual sum for meeting the demand that arises from the identified population (a block contract), which might avoid individual transaction costs or reconciliation;
or
 - (iv) a combination of these to suit local circumstances.

PCTs will wish to ensure that they are able to audit the utilisation of the services they put in place to ensure they offer value for money.

Patient Choices and Preferences

64. PCTs should take into account patients' preferences for the days and times when additional hours are delivered, as demonstrated through the GP Patient Survey.

65. As part of managing the patient registration process, PCTs will receive requests from patients to be assigned to a GP practice. In selecting an appropriate practice, the PCT must, amongst other things, have regard to the wishes and circumstances of the patient. It is therefore appropriate to have regard to any preference that the patient expresses to have access to routine appointments outside core hours.

Monitoring

66. PCTs should have received via their SHAs a template which should set out their plans to use the balance of the DES funding to improve access to routine GP appointments in evenings and at weekends, which should be submitted to the Department of Health (via SHAs) by 26 March as part of the 2010/11 planning round. For ease of reference, and for the sake of completeness, the template is included at Annex B.
67. PCTs should monitor usage of any such commissioned extended opening and review the arrangements as necessary in conjunction with the GP practice or service provider concerned.

PART 3

Other issues relevant to any form of extended hours access

Urgent Presentations

68. Where an urgent presentation occurs, GP practices or other commissioned service providers will need to decide whether to refer the patient to the appropriate out of hours provider, or is able to deal with the presentation itself. If, in the clinical opinion of a health care professional, 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

69. GP practices or other service providers should not use extended opening hours to deliver non-NHS work.

Safety and Security

70. Ensuring the safety and security of both NHS staff and patients is a priority for PCTs, GP practices or other commissioned service providers. In drawing up arrangements for extending opening hours, PCTs should consider how identified risks could be mitigated as a consequence of the agreement entered into with practices or other service providers

Religious and Cultural Sensibilities

71. When agreeing opening times and days of opening under the arrangements for extended opening hours, PCTs should be sensitive to the religious and cultural requirements of both staff of GP practices and other commissioned service providers and patients.

Disputes – Conciliation, Arbitration, and Appeals

72. 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

73. When commissioning extended opening hours, PCTs should consider whether there is a requirement to review the commissioning of other 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 hours period. PCTs should therefore bear in mind the change in GP opening hours in making overall commissioning decisions.

Discussions with LMCs

74. PCTs may wish to discuss with their Local Medical Committees any plans they have for arrangements for offering extended opening hours to their patient populations.

EXTENDED OPENING HOURS: UNIFY2 DATA COLLECTION REPORTING USER GUIDE

Reporting Arrangements

1. The 2010/11 NHS Operating Framework sets out clear expectations that PCTs will make ongoing progress, building on what has already been achieved with extended opening.
2. In order to monitor progress against this aim, monthly monitoring via UNIFY2 will resume (this was suspended after the July 2009 data collection) from April 2010, using the collection which will 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 Part 1 of this Guidance at Paragraphs 29 to 37.
3. The national monthly monitoring of extended opening hours under the DES (or equivalent LES) via UNIFY2 are currently carried out under ROCR approval number ROCR/OR/0225. This collection is due for review in May 2010 and its continuation after that time will be subject to further ROCR approval.
4. 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.
5. 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 2011
6. Each PCT's monthly monitoring return must be validated and signed off by its appropriate SHA.
7. Guidance and detailed instructions on how the returns are to be made via UNIFY2 are set out below.

Logging In

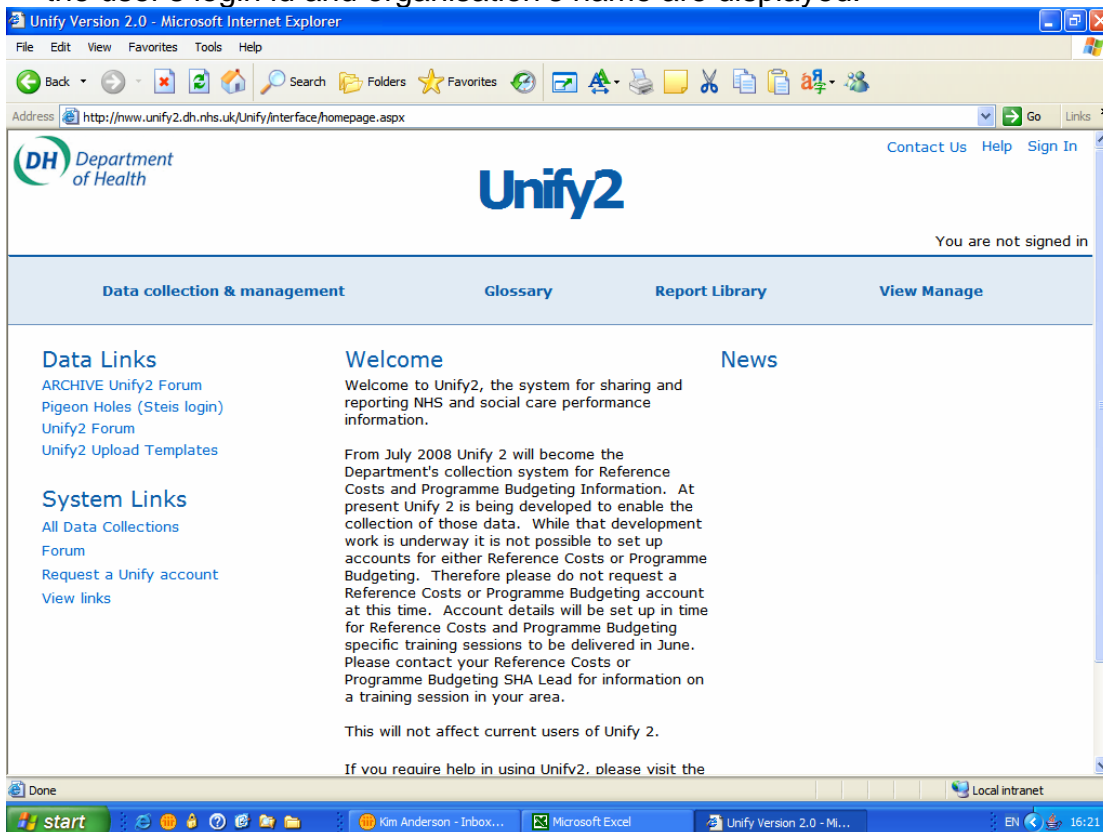
8. On entering the Unify2 homepage (<http://nww.unify2.dh.nhs.uk/unify>) users will need to login in order to be able to access the collection. If users do not know these login details, they should click on "contact us" in the top right hand corner for their SHA lead.



The image shows a login form for Unify2. At the top, the 'Unify2' logo is displayed in blue. Below the logo is a light blue box with the title 'Login'. Inside this box, there are two input fields: 'Username' and 'Password'. A 'Login' button is positioned to the right of the password field. Below the login box, a note states: 'Note: Password is Case Sensitive.'

Home page

9. 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.



Submitting a return

10. PCTs should complete their return by going into the Data Collection & Management link, which navigates to the DCT side of Unify2.
11. In the DCT homepage of Unify2, all the collections available for the logged-in user's organisation will be displayed.
12. 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

13. 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.
14. 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.
15. 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

16. 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.

17. Submission dates for both PCTs and SHAs (indicative beyond May 2010) are:

Return period label on UNIFY2*	Census Date	PCT deadline	SHA deadline
April 2010			
May 2010			
June 2010			
July 2010			
August 2010			
September 2010			
October 2010			
November 2010			
December 2010			
January 2011			
February 2011			
March 2011			

* 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

18. 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

19. For any technical queries, please contact Unify2@dh.gsi.gov.uk, or telephone: 0113 2545822.

SHA:

PCT:

Please provide a brief description of the PCT's plans to use the balance of the DES funding to improve access to routine GP appointments in evenings and at weekends:

[e.g. For GP practices where it has not been possible to secure extended opening, will patients be able to access routine appointments provided by another provider such as an OOH service, GP-led Health Centre or another GP practice? Will any practices already offering extended opening hours in accordance with the DES (or other equivalent local arrangement) be offering additional appointments? When will these arrangements come into effect?]

Does the PCT expect to utilise all of its share of the available funding in 2010/11 by implementing these plans?

Yes/No (delete as applicable)

Has the PCT put in place a robust communications strategy, including updating information on NHS Choices, to ensure patients are aware that they can access routine appointments in evenings and at weekends?

Yes/No (delete as applicable)

When the PCT has implemented its plans, how many of its GP practices will have arrangements in place to be able to offer its patients routine appointments in extended hours, either through its own facilities or by patients accessing services in an identified other provider?

[Number of practices providing extended opening to own patients + practices with access to extended hours provided by another provider] / [Total number of practices]