

Your Comprehensive Guide to Planning New Enhanced Access Services

With the deadline to draft Enhanced Access plans fast approaching, there are a lot of areas to cover and include in your implementation strategy. This guide will walk you through each of the points you should consider when drafting your plan, enabling you to successfully implement your new Enhanced Access services.



Core considerations

Below we have listed the full considerations for new Enhanced Access services, however, here are the core points your plan **must** cover:

- ✦ How you will consider patient preferences including capacity and demand, and how services will evolve in line with patient population needs.
- ✦ The mix of services that will be provided, e.g. long-term conditions, cervical cytology, immunisations, 111 redirection appointments.
- ✦ The appointment types and channels that will be made available to patients, including how the PCN will ensure a reasonable number of appointments for face-to-face consultations are consistently available.
- ✦ Your proposed staffing and skill mix.
- ✦ Where you intend to base site(s) for patients to access in person face-to-face services, taking account of reasonable travel times for local patients as agreed with the commissioner.
- ✦ Proposals for how you will deliver the necessary system interoperability.

Enhanced Access planning in full

Below are all of the considerations you should have when finalising your new Enhanced Access services, including questions to ask and points to focus on.

Federation or PCN?

Would you like your current provider to continue delivering and operationally owning the service?

How will you collaborate to ensure cohesion and delivery of KPIs with membership practice oversight and inclusion?

Which sub-contractual agreements and arrangements will need to be in place from a PCN and Federation perspective?

Operating hours of service and back-office operational support

Which days and hours will you be delivering the appointments?

You will need to provide bookable appointments from 6.30pm-8pm on weekday evenings and 9am-5pm on Saturdays.

You will be able to provide a proportion of Enhanced Access outside of these hours, for example early morning or on a Sunday, where this is in line with patient needs locally and agreed with the commissioner.

Appointment types and duration

Depending on workforce, appointment type, skillset and supervision requirements what will the appointment booking setup be?

Appointments should use the full multi-disciplinary team, and offer a range of general practice services, including 'routine' services in line with patient preference and need.

The duration of appointments must equate to 60 minutes per 1,000 registered patients per week and must be in continuous periods of at least 30 minutes.

These should be the same days and times each week, and may be provided face-to-face, by telephone or by video online consultation - provided that you ensure a reasonable number of appointments are available for face-to-face consultations where appropriate.

111 appointment allocations

You must be able to offer 111 appointments at 6.30pm on weekday evenings and between 9am-5pm on Saturdays, unless it is agreed with the commissioner that the timing for when these unused slots are made available is outside of these hours.

Documentation standards

Would you like to create and use templates for standardisation?

How will the codes be entered into the practice home notes for DES, QoF and other GP targets?

Will the practice need to transcribe?

Clinical leadership, QI, education, learning, and safety netting systems

Who will lead the service, undertake audits and ensure quality assurances are adhered to?

Who will be the safeguarding lead for the service, and escalate with member practices when required?

Is supervision remote or on-site?

What will be the process for complaint handling, feedback and SEA management?

SOPs and regular reviews will be required, and training, education and a learning circle should be set up for QI and continuing improvements.

CQC considerations

If using an external premises, does CQC need to be notified?

Premises and IT infrastructure

Where will the service operate?

What IT and security needs are required?

Infection control

This is essential and should be in line with IPC and CQC standards.

Staffing (Bank / use of flexipool scheme)

Have you considered using a staffing platform to create and expand your existing staff bank, inclusive of admins, ARRS, GPs and seasonal clinicians?

Does your ICS have a flexipool scheme in place?

Clinical governance, workforce deployment

You need to answer the following questions across GPs, ARRS, FY2s, trainees and AHPs outside of ARRS roles:

Are indemnity and liability included?

How will you meet CQC clinical governance requirements?

What is the pay / hourly rate and the scale for bank holidays and weekends?

Filling shifts, rota management and payment solutions

Could you benefit from using a centralised rota scheduling tool?

How will payments and rotas be managed?

Are NHS pension contributions included?

Patient engagement and communications

The appointments should be held at times having taken into account patients' expressed preferences, based on available data at practice or PCN level and evidenced by patient engagement.

PCNs must actively communicate availability of these Enhanced Access appointments to their patients, including informing patients how they can be accessed, what and when specific services are available and what and when different members of the MDT are available.

This can be delivered through promotion and publication through multiple routes, including the [NHS website](#), the practice leaflet, the practice website, on a waiting room poster, by writing to patients and active offers by staff booking appointments.

Appointment cancellation line

You should operate a system of Enhanced Access appointment reminders and provide patients with a simple way of cancelling Enhanced Access appointments at all times.

Online booking system or nearest workaround

You should have in place an online appointment booking system or nearest workaround. NHS Digital are asking suppliers to optimise functionalities for existing electronic healthcare records and appointment booking platforms.

Budget management

Your plan should include a business case for budget management, and fixed and flexible operating costs need to be forecasted and mapped out within the agreed budget.

Online consultation Hubs

You may already have e-hubs or online consultation hubs, which can be leveraged for demand management support.

Where do your patients want Sunday appointments?

Have you considered setting up an online consideration Hub, and what are the operational requirements for this?

IT and telephony Infrastructure

You must ensure that, when available, appropriate telephony and IT interoperability will operate between the Core Network Practices, any non-participating practices the PCN is providing Enhanced Access cover for and other relevant providers as necessary.

Once consistently available, this must include the ability to:

- ✦ View, book into, and cancel appointments
- ✦ Make referrals and request tests
- ✦ View and update patients' records
- ✦ Allow all relevant staff to access medical records within the PCN
- ✦ Cover other points in the core digital offer provided by member practices as part of their primary medical services contract⁵³

Further guidance on IT interoperability will be made available.

Practice inclusion

You must ensure that all practices in your membership actively engage in this planning.

The planning should include:

- ✦ Appointment quotas and utilisation
- ✦ Booking rules
- ✦ Transparency and reporting of utilisation and outcomes

Release of appointments 2 weeks ahead – rolling

Appointments should be available a minimum of two weeks in advance, with Core Network Practices using appropriate triage and/or navigation as required to book and offer patients available appointments.

You should make the Network Standard Hours appointment book accessible to the Core Network Practices to enable efficient patient bookings into slots following patient contact.

KPI tracking and reporting is key here.

When you cancel any Enhanced Access appointments, or when appointments cannot be offered (for example, when there's a bank holiday), you must make up the cancelled time by offering additional appointments within a two-week period, unless an alternative time period is agreed with the commissioner.

For the avoidance of doubt, any rescheduled appointments offered in a subsequent week or agreed timeframe are in addition to the minimum minutes that must be offered for that week.

You must ensure that all patients are notified of the cancelled and rescheduled appointments.

Next steps

The deadline to submit your Enhanced Access plans is the end of July.

As well as this guide, you should refer to the [NHS England and NHS Improvement cover note](#), as well as the [NHS England Requirements and Entitlements document](#).

Should you have any questions about this guide, or the new Enhanced Access model, please don't hesitate to get in touch with the team here at Lantum. We've helped Extended and Enhanced Access providers across the country deliver successful services, and can advise you on how to do the same.

To speak to one of our team, please email enquiries@lantum.com.