

Focus on access (England) - 2006/07

This guidance note has been produced by the General Practitioners Committee (GPC) to help GPs and Local Medical Committees (LMCs) understand the changes and developments that have been made to the GMS contract for 2006/07. We would advise all GPs to read the contract guidance 'Revisions to the GMS contract 2006/7 – delivering investment in general practice' available on the BMA website www.bma.org.uk. This guidance note should be read in conjunction with the other 'focus ons' that have been, or will be, published following the contract review.

Please note that this guidance note deals with changes to the access arrangements in England. The final details of changes to similar arrangements in the other three countries are still being completed and we will update this guidance when they are available.

Background and summary

Improving access to primary care is one of the Government's major policy objectives at the moment, as it sees this as a key to tackling health inequalities. It is a policy being enforced not just from the Department of Health, but directly from the Prime Minister. An entire chapter of the recent *White Paper "Our Health, our care, our say: a new direction for community services"* is dedicated to this very subject. The other political parties are highly unlikely to oppose this in parliament. The word "access" is used broadly to cover both ease of registration with practices but also the responsiveness of practices i.e. the ease with which registered patients can access a practice's services. This guidance note concentrates primarily on the second of these, as it is the subject of a new Directed Enhanced Service negotiated with NHS Employers, as part of the GMS contract review, to replace the 2005/06 Access DES, together with the 50 additional QOF points for access. Chapter three of the White Paper is appended as further information for readers interested in the broader policy context. The GPC believe it is important to understand this context, given the considerable political weight it currently carries.

The current provisions for an improved access scheme, the previous DES, will be removed from the 2006/07 SFE. It will be replaced by Directions implementing the new access DES, the value of which, assuming maximum achievement, in England, is £108 million (the value of the 50 QOF points associated with access plus the value of the 2005/06 DES).

The 2006/07 access DES consists of 4 areas

- Opportunity to consult a GP within 2 working days
- Opportunity to book appointments more than 48 hours in advance
- Ease of telephone access to the practice
- Opportunity to be seen by a practitioner of preference

This covers more access areas than the 2005/06 DES, but given the intense pressure to deliver improvement, the investment tied to this DES was strictly conditional on its expanding the range of access markers for which practices could be paid. The 2 working days target, however, now refers to "consult a GP", rather than "see a GP", a small but significant difference as this can now include telephone or e-mail consultations.

Another condition was that the investment would only be released if the majority of it was tied to achievement measured by patient survey. The GPC fully realises that this is controversial and understands the problems that this approach may cause, but took the decision that it was better to secure the availability of this investment for GMS and PMS practitioners, rather than seeing it diverted entirely to APMS providers, which would have been the likely alternative.

A patient experience survey project board, on which the GPC and the GPC/LMC axis group are represented, has been set up to develop the survey. The GPC understands the many potentially controversial and complex factors associated with determining achievement payments in this way, such as confidentiality, language, what happens if no valid sample is returned, and will seek to address these thoroughly through its participation in this group.

As with all DESs, participation in the access DES is voluntary. The GPC appreciates that the terms of the DES are not ideal but believes that it is for individual practices to decide whether or not to participate, given the anticipated workload and the level of reward on offer.

Payments

The DES consists of 2 payments

Component 1 represents a third of the total investment available and is equivalent to 0.69p per patient. It is payable in two halves;

- 1) on agreement of a practice plan showing how the practice aims to work towards delivery of improved access in the first three areas above
- 2) on receipt of a the practice's written commitment to continue participation in the Primary Care Access Survey (PCAS). However, payment will no longer be dependent on the level of achievement in this survey

Component 2 is paid according to the results of the national patient experience survey, to be carried out in the fourth quarter of the year, which will seek patients' views on a practice's performance in all four access areas above.

The weightings for each area and minimum and maximum thresholds for payment are set out in the agreed DES specifications at appendix 1. Again, we appreciate that some of the minimum thresholds will be considered high, but these were negotiated down from even higher levels.

The GPC will be keeping LMCs informed of developments regarding the patient experience survey.

Appendix 1

SPECIFICATION FOR A DIRECTED ENHANCED SERVICE IN ENGLAND: ACCESS TO PRIMARY CARE

Introduction

1. It is the Government's continuing priority to improve patient access to primary medical care in England.
2. PCTs will have a duty in 2006/07 to work with local practices (and other providers) to develop and implement plans to secure improvements in access. This DES focuses on four key dimensions of access to general practice for patients:
 - (i) Opportunity to consult a GP within 2 working days
 - (ii) Opportunity to book appointments more than 48 hours in advance
 - (iii) Ease of telephone access to the practice
 - (iv) Opportunity to be seen by a practitioner of preference
3. This specification is for 2006/07 and will be reviewed for 2007/08. The maximum investment for 2006/07 will be the value of 50 QOF points associated with access and the value of the 2005/06 Access DES. This equates to £108 million for England.
4. Payments to participating general practices will comprise two components:
 - **Component 1:** This will represent one third of the total investment available equivalent to £0.69 per registered patient. Half of this will be awarded to practices upon agreement of a written practice plan demonstrating how the practice will work towards delivery of access areas in respect of the first three dimensions - i.e. within 2 working days, advance booking and ease of telephone access. The other half will be awarded for upon receipt by the PCT of the practice's written commitment to continue participation in the monthly Primary Care Access Survey (PCAS). For 2006/07 the PCAS survey will be developed to include a number of improvements including randomised survey date and third available appointment. If the practice does not subsequently participate in PCAS then the appropriate amount of the component 1 payment will be repayable by the practice.
 - **Component 2:** This will be paid at the end of the year based on the results of a national patient experience survey which will be conducted in quarter 4 seeking feedback from patients on all four access dimensions. This will represent two thirds of the total investment available as shown below.
5. From 2007 onwards the focus will continue on improving access to general practice. However, this current DES will be reviewed in the light of experience, developing policies and the appropriateness of the award thresholds.

The Survey

6. The Department of Health is developing a new national patient experience survey to help understand how well Government priorities in primary care are being implemented across England. Initially, this survey will focus on access to general practice and the offer of choice of secondary care provider (the subject of a separate enhanced service).
7. Currently, the QOF provides for a practice survey to be carried out that has a focus on patient access. The ultimate intention is to incorporate this survey into the national patient experience survey. However, given the timescale for 2006/07, the QOF patient questionnaire will remain in place for a further year.

Validation and Payment

8. The budget for Component 2 will be weighted as follows:

Target Area	Weighting	Budget	£ per head
48 Hour	30%	£21.6m	£0.41
Advance Booking	30%	£21.6m	£0.41
Telephone Access	30%	£21.6m	£0.41
Preferred GP	10%	£7.2m	£0.14

(n.b. £ per head based on total population of 52.5m)

9. The proposed threshold targets and associated rewards as a percentage of the above are attached at Appendix A. These are based on a number of principles including:
 - The financial reward for achieving the minimum satisfaction levels for each target recognises the up-front work which practices may need to undertake to start providing these levels of service
 - The maximum reward of 100% for each target is payable at a satisfaction level below 100% to allow for the principle of continuous improvement in future years
10. The minimum and higher satisfaction levels for reward payments are as follows:

	Minimum Satisfaction Level at which Reward becomes Payable	% of maximum possible reward payable for minimum satisfaction level	Satisfaction Level at which 100% of Reward becomes Payable
Within 2 working days	50%	50	90%
Advance Booking	40%	40	90%
Telephone Access	30%	50	80%
Practitioner of Choice	20%	40	80%

11. Schedule 1 attached provides details of the % financial reward payable to practices for patient satisfaction levels between the minimum and maximum.

12. Payments to practices will be based upon practice list size in line with the £ per head figures shown above.
13. In line with the principle of continuous improvement agreed across other areas of the nGMS contract, the above performance thresholds will be realigned annually to incentivise continued improvement year-on-year.
14. Payments will be made manually by PCOs based on the survey results as soon as they are received. For planning purposes, PCTs should note that this may be during the first quarter of the following financial year.

