



Derby and Derbyshire  
Local Medical Committee  
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Ms Hannah Belcher  
Derby and Derbyshire CCG  
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13<sup>th</sup> February 2020

Dear Hannah

## **Provision of GP Services Christmas 2020**

### **Issue**

Historically, the demand for GP services at practices across Derbyshire has been at significantly reduced levels during the afternoon of Christmas Eve and New Year's Eve. While it is accepted that when they fall on a weekday, they are part of the contractual core hours, many practices are keen to explore options about how to provide a suitable service to patients in a more efficient way. In order to inform the debate Derby and Derbyshire LMC conducted an analysis of patient demand on Christmas Eve and New Years' Eve 2018. We repeated this exercise in 2019.

### **Recommendation**

Derby and Derbyshire CCG are asked to note the contents of this paper to simplify the process in the event of practices wishing to notify the CCG of their intention to sub-contract essential services under their GMS/PMS contract between 13:00 and 18:30 on 24<sup>th</sup> December 2020 and 31<sup>st</sup> December 2020. It is requested that similar consideration is given to any APMS contract holders who wish to pursue this option (dependant on the exact terms of their contract).

### **Details**

**Background.** Over the past few years, general practices have increasingly been working together in a range of ways, from informal collaborations to full scale practice and contract mergers. This direction of travel has been enshrined in the recently published NHSE 10 Year Plan and the GMS/PMS contract changes for 2019/2020 have resulted in 100% take up of the Primary Care Network (PCN) DES across Derbyshire. A good example of collaboration in Derbyshire has been the delivery of extended access which has been achieved in a variety of ways across the CCG footprint; the one common feature has been that all practices have done this collaboratively to a greater or lesser extent with other practices in their area.

This collaborative approach gives practices an opportunity to enable patients to have access to appropriate essential services during the afternoon of 24<sup>th</sup> and 31<sup>st</sup> December, without the need for every practice to be physically open. This mirrors the approach that is taken during QUEST training when many practices physically close on some Wednesday afternoons for staff training and DHU deliver the service to patients.

**Statistical Evidence.** Historically GP practices have been quiet in the afternoon of both Christmas Eve and New Year's Eve and this presents an opportunity for practices to meet the demands of their patients (and within their GMS/PMS/APMS contractual obligations) in a



different way. In order to quantify patient demand, we asked practices to record information for the periods 13:00-16:00 and 16:00-18:30 on both Christmas Eve and New Year's Eve 2018 and again in 2019. In 2018, 38 (50 in 2019) practices responded, covering a representative proportion of practices across Derbyshire in terms of size, location and rural/urban demographics and the key results are summarised below. The table shows the average number and the range in each category as follows - number (range):

		Christmas Eve 13:00-16:00	Christmas Eve 16:00-18:30	New Year's Eve 13:00-16:00	New Year's Eve 16:00-18:30
<b>Phone Calls</b>					
Patients	(2018) (2019)	17.2 (0-48) 13.9 (1-89) <i>10.9 (1-33)</i>	3.7 (0-24) 2.9 (0-10)	22.5 (1-73) 19.4 (2-90) <i>18.0 (2-48)</i>	7.2 (0-43) 4.6 (0-23)
Others (Healthcare providers, CCG, NHSE etc)	(2018) (2019)	3.4 (0-12) 2.2 (0-20)	0.8 (0-4) 0.4 (0-3)	2.9 (0-11) 2.8 (0-13)	0.8 (0-5) 0.8 (0-5)
<b>Walk in patients</b>					
To see clinician	(2018) (2019)	2.3 (0-16) 1.3 (0-12)	0.4 (0-9) 0.3 (0-7)	3.0 (0-15) 1.6 (0-15)	0.7 (0-8) 0.4 (0-3)
To collect prescription	(2018) (2019)	8.6 (0-39) 5.3 (0-25)	2.8 (0-22) 1.1 (0-13)	6.6 (0-35) 5.2 (0-15)	1.6 (0-13) 1.4 (0-15)

In 2018 it is worth noting that in each category the averages were pushed up by 1 or 2 significant outliers. It is also worth noting that calls from the CCG and NHSE were minimal with a total of 29 calls to 38 practices during the entire period of the survey.

In 2019 the figures were also skewed by 1 or 2 significant outliers and I have included the incoming phone calls from patients for 13:00-18:30 on both days without the one large practice that took 89 and 90 calls respectively during these periods. *These figures are shown in italics.*

In both years we asked about home visits to patients (separately for care homes and at home) and all 4 periods averaged less than 1 per practice.

**This illustrates that not only is demand very low during these periods but has decreased year on year in every category (except the statistically very small number of phone calls after 16:00 on New Years Eve which is the same). N.B 2019 saw 50 responses compared to only 38 in 2018 and is therefore (arguably) higher quality data.**

**Contractual Position.** Schedule 3 Part 5 of the GMS regulations<sup>1</sup> contains the provisions which allow GMS Contract holders ("the contractor" i.e. the practice) to subcontract clinical matters under its contractual duties. Providing the contractor has taken reasonable steps to satisfy itself that,

- (i) it is reasonable in all the circumstances to do so, and
- (ii) the person to whom any of those rights or duties is sub-contracted is qualified and competent to provide the service; and
- (iii) the contractor has given notice in writing to the Board of its intention to sub-contract as soon as reasonably practicable before the date on which the proposed sub-contract is intended to come into effect.

then the contractor must not proceed with a sub-contract only where the Board gives notice in writing of its objection to the sub-contract on the grounds that the sub-contract would—

- (i) put the safety of the contractor's patients at serious risk, or
- (ii) put the Board at risk of material financial loss.

The PMS Regulations<sup>2</sup> are broadly similar but add the requirement in Schedule 2 Part 5 that the person to whom they are sub-contracting holds adequate insurance in accordance with

<sup>1</sup> The National Health Service (General Medical Services Contracts) Regulations 2015

<sup>2</sup> The National Health Service (Personal Medical Services Agreements) Regulations 2015

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regulation 83. The PMS Regulations are silent on the circumstances in which the Board can raise objections.

Both sets of regulations allow the Board to request further information which is reasonable in relation to the sub-contract, and the contractor must provide this information. Since the options for the proposed arrangements are well proven and this paper provides detailed statistical evidence, plus a list of pre-conditions that practices would be expected to meet in making their application, then it is envisaged that such requests for information from the CCG should be minimal.

Since individual APMS contracts will vary, it is requested that the CCG give similar consideration to these contract holders.

**Options.** If a contractor wishes to sub-contract its essential services for some or all of the period between 13:00 and 18:30 on 24<sup>th</sup> and 31<sup>st</sup> December 2020 then this paper will consider 3 options:

1. Sub-contract through OOH. This would mirror the current process for practice closures during QUEST training.
2. Sub-contract through collaborative working with other local practices in PCNs. This would allow practices to meet their patient needs with a more efficient use of resources.
3. No Change.

### **Pre-Conditions.**

If practices wish to exercise their right to sub-contract their services using option 1 or 2, then they will be required to notify the CCG of their intentions. We have produced a template at Annex A that practices may wish to use for this purpose. By signing this notification, practices confirm that they have arrangements in place for the following:

1. Time. Practices will indicate the exact time (1300 or later) that they wish to start the subcontracting period on 24<sup>th</sup> and 31<sup>st</sup> December 2020. Normal arrangements for OOH will commence as usual at 1830 regardless of which option is preferred.
2. Telephones. For option 1 this would entail a straightforward switch over to DHU at the chosen time. For option 2, this may be more complex if it involves a switchover at the chosen time followed by a further switchover to DHU at 18:30. Practices will include detail on how they plan to achieve this.
3. Patient Engagement and Communication. Practices will undertake to communicate the revised arrangements to patients (through the same means they use for QUEST sessions) by no later than 1<sup>st</sup> December 2020 to give sufficient notice.
4. If choosing option 1, practices will have entered into a binding agreement with DHU to provide this service.
5. If choosing option 2, practices will include details on the notification template to the CCG about the arrangements they have put in place.

We would ask the CCG to give an early indication that they would be supportive of this approach to enable practices to have sufficient time to make the necessary arrangements.

Yours sincerely

**David Gibbs**

**Director, Practice Liaison and Contracts**

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To: Head of GP Commissioning  
Derby and Derbyshire CCG

From: (Insert name of practice)

**INTENTION TO SUBCONTRACT ESSENTIAL SERVICES UNDER GMS/PMS CONTRACT**

Under the terms of our GMS/PMS/APMS\* we hereby notify the CCG of our intention to subcontract essential services in line with the "Provision of GP Services Christmas 2020" paper by DDLMC dated 5<sup>th</sup> February 2020.

We are using Option 1/Option 2\* and the subcontract will commence at:

*Insert time (after 1300)* on 24<sup>th</sup> December 2020 and  
*Insert time (after 1300)* on 31<sup>st</sup> December 2020.

We confirm that we will meet all the criteria stipulated in the "Provision of Service Christmas 2020" paper.

*If using option 2.*

The arrangements for delivering the service are:

*Complete as appropriate.*

The arrangements for switching over the telephones are:

*Complete as appropriate.*

Signed:

On behalf of:

*\*Delete as Appropriate*

