

Dr Peter Williams
Chair, Derby and Derbyshire Local
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19th February 2018

Dear Peter,

Thank you for your letter and for providing information regarding the discussions taking place between commissioners and the local practices in Derbyshire in relation to placement of general practice access hubs. I apologise for the delay in replying to you.

As you know, NHS England is delivering a mandate commitment to ensure improved access to general practice, including appointments in the evenings and weekends, is available to the whole population by March 2019. The recently published update to the NHS Operational Planning and Contracting Guidance 2017-19 – [Refreshing NHS Plans for 2018/19](#) - confirmed the need to accelerate delivery to ensure that commissioners provide extended access to GP services for 100% of their population by 1 October 2018. This must include ensuring access is available during peak times of demand, including bank holidays and across the Easter, Christmas and New Year periods, as well as delivering against a number of core requirements, including addressing inequalities in access and ensuring services are appropriately advertised to patients.

The GP Access Fund pilots clearly demonstrated that no one model of delivery fits all. Therefore no particular delivery model has been specified in order to provide commissioners with flexibility to plan services which meet their local patients' needs. We expect that commissioners will engage with local providers - and crucially, with patients and the public in their local communities - to develop the most appropriate model for access services, so that any local hubs are placed in accessible and appropriate locations and take into account any local travel or access restrictions. There are a number of case studies available on the NHS England website at www.england.nhs.uk/gp which provide examples of hub and spoke and other models of delivery which you may find it useful to consider in your discussions with commissioners, including examples of delivery in more rural areas, such as Devon and Cornwall and Cumbria. In addition, we will shortly be publishing a range of resources which provide further examples of good practice from GP Access Fund schemes and have established a buddying network to provide direct peer to peer support and a forum for sharing learning. Full details are available from the improving access to general practice team via email at england.gpaccess@nhs.net. Evidence from the GP Access Fund pilots clearly demonstrated that providing one hub across a locality was not always the best model for delivery. However it was also recognised that the most value could be gained by practices working together at scale to provide a service beyond

what is currently provided at practice level.

It will also be possible to use existing infrastructure to contribute towards delivery of the access provision, for example using urgent treatment centres or existing walk in centres as access hubs, providing the provision meets the national requirements and can offer routine, pre-bookable appointments and access to a GP at one of the locations across the area, should a GP consultation be required. We expect commissioners to use this opportunity to work with providers and transform local services to provide a seamless, joined up offer for patients so that as well as improving access to general practice, they are ensuring there is better integration between primary care and other services including NHS111 and out of hours. This forms one of the seven core requirements we have set nationally.

I would be very happy to discuss the above in more detail or provide further examples should this be helpful.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Arvind Madan', with a stylized, flowing script.

Dr Arvind Madan
Director of Primary Care and Deputy Medical Director
NHS England