**Provision of GP Services Christmas 2019**

29th January 2019

**Issue**

The demand for GP services at practices across Derbyshire has historically been at significantly reduced levels during the afternoon of Christmas Eve and New Year’s Eve. With the advent of PCNs 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.

**Recommendation**

The CCG[[1]](#footnote-1) agree to support practices in exploring different ways of delivering a service to patients in the afternoon on Christmas Eve and New Year’s Eve.

**Details**

Over the past few years, general practices have increasingly been working collaboratively with other practices 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 will require all practices to be in some form of collaboration/PCN. 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.

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. 38 practices, covering a representative proportion of practices across Derbyshire in terms of size, location and rural/urban demographics, responded and the key results are summarised below. The table shows the average number and the range in each category:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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 |
| **Telephone Calls** From Patients  From Others (Healthcare providers, CCG, NHSE etc) | 17.2  (Range 0-48)  3.4  (Range 0-12) | 3.7  (Range 0-24)  0.8  (Range 0-4) | 22.5  (Range 1-73)  2.9  (Range 0-11) | 7.2  (Range 0-43)  0.8  (Range 0-5) |
| **Walk in patients**  To see clinician  To collect prescription | 2.3  (Range 0-16)  8.6  (Range 0-39) | 0.4  (Range 0-9)  2.8  (Range 0-22) | 3.0  (Range 0-15)  6.6  (Range 0-35) | 0.7  (Range 0-8)  1.6  (Range 0-13) |

It is worth noting that across the board 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.

With this representative, quantifiable evidence, which proves that patient demand during these periods is low, the LMC view is that practices should be supported in looking at 3 broad options:

1. Through collaborative working with other local practices. This may be in the same groupings as the extended hour’s hubs and would allow practices to meet their patient needs with a more efficient use of resources.
2. Through OOH. With sufficient notice and engagement DHU have indicated that they may be able to cover these periods with practices handing over to DHU at a pre-arranged time for a fee. This would mirror the current process for practice closures during QUEST training and was successfully implemented in parts of Leicestershire in 2018.
3. No Change.

We understand that options 1 and 2 would need early engagement with the CCG to allow for the minor contract variations to enable some practices within a group to be physically closed during these periods. This engagement would include evidence of how practices would deliver services and engage with their patients to ensure they are informed about the changes to the service. With early engagement and a willingness of the part of the CCG, there are no contractual reasons why this should not be supported. In parts of Leicestershire this was successfully negotiated and implemented during the 2018 festive period with DHU providing the service for a number of practices.

Option 1 would seem to be the preferred option since this would demonstrate compliance with the contractual requirements for practices to work collaboratively as part of a PCN. It would also be tailored to meet the needs of the local population, taking into account geography and patient demand and could mirror the delivery of extended hours across the CCG footprint. While option 2 could also clearly be contractually compliant, as evidenced by the existing QUEST arrangements, this would be less tailored to specific local differences and in our view is therefore slightly less favourable than option 1. Some practices may consider option 3 is most suitable for their patients. What is clear is that practices should be allowed to consider their own patients’ needs in delivering a service and all three options should be open to them.

We would ask the CCG to give an early indication that they would be supportive of this collaborative working to enable practices to have sufficient time to submit more detailed plans.

1. We have referred to a single CCG throughout, assuming that the planned merger of the 4 Derbyshire CCGs will go ahead in April 2019. [↑](#footnote-ref-1)