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(via email)

Dear Colleagues,

### **GP Practice opening times – Christmas and New Year**

Further to recent discussions, I am writing to clarify on our thinking regarding Christmas opening. Please feel free to pass this letter on so it can be shared more widely.

You will have seen a letter that related to NHS England's stance on maintaining opening hours on both Christmas and New Year's Eve. The content of this letter was agreed by all area teams at a national meeting held on 6<sup>th</sup> November, where we agreed we needed to develop a common approach to help area teams maintain a consistent approach.

Planning for winter pressures is a particularly high priority this year as concerns mount regarding capacity in the system to manage demand, particularly in A&E. We have received communication from a number of OOH providers who have expressed concern about early closing of general practice on the 24<sup>th</sup> and 31<sup>st</sup> of December, and one of our priorities has been to ensure that patients and the public have confidence in the availability of their primary care services.

As you know, we are seeking to introduce some degree of national consistency in our approach to the commissioning and contract oversight of primary care services so that we can advertise to patients what services they should expect and of equal importance, so that we can be seen to be behaving equitably in our relations with providers themselves.

Our collective commissioning opinion is that the GMS contract details when core services should be available to patients and when they can be serviced through a sub contracted mechanism. Christmas Eve and New Year's Eve are not as you know bank holidays and as such practices should be available for their core contracted hours. The letter that was distributed made allowance for a reduced service in recognition of the 'reasonable needs' of patients so we are not expecting to see a full service operable until 6.30 each day except of course where that may indeed be necessary.

In considering whether area teams should accept subcontracting to an alternative provider (assuming the provider willing) as a suitable alternative to opening core hours, we have felt that:

1. That the assessment of 'reasonable need' is not always the same from the perspective of the practice compared to the previous experience of patients. Patients are as influenced as staff by the custom and practice of closure which should not be confused with 'need';
2. That Practices cannot reasonably claim that patients receive the same service from a sub contracted provider as they receive from their own practice unless provision has been made to provide access to a patient's records. The afternoon of the 24<sup>th</sup> and 31<sup>st</sup>

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may provide the only opportunity for patients who are otherwise working to attend to collect prescription medication and review prior to the festive season;

3. It is common for OOH services to experience a flurry of demand as they open, picking up calls which seem at times to be deferred from early evening. We have had some conversations with OOH providers which have highlighted that they are already anticipating a busy bank holiday period and are not wishing to extend this further by providing support to practices closing early;
4. Patients who make assumptions about access to primary care or OOH services will be more likely to migrate to A&E services where activity is charged to CCGs;
5. NHS England wishes to promote the awareness in the mind of the public that GP services ARE available and that A&E services are not the default, so that patients come to expect to be treated within reasonable hours by their own practice.

So, whilst we recognise that the GMS contract allows for the 'provision of essential services at such times, within core hours, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout the core hours in case of emergency'; we do not believe that closing early on these days amounts to 'reasonable' for the reasons listed above.

Paragraph 69 of Schedule 6 of the contract regulations provides for a practice to notify NHS England of their proposal to sub-contract and provides at paragraph 69(5) of Schedule 6 for NHS England to object to the proposal; it is our assertion that to not be available for core hours especially in the winter is not acceptable and we object on the grounds that 'the sub-contractor would be unable to meet the Contractor's obligations under the Contract (ie not be able to deliver the full range of essential medical services during core hours' again for the above reasons.

PMS regulations do not allow for any such 'objections', however, a contractor has to provide essential medical services during the hours agreed within their contracts which will need to be overseen by individual area teams.

I understand that this cuts across some long standing practice for some Practices but we are operating in a different environment and one which requires us to be able to demonstrate our commitment to patients and this is one area that we feel is non-negotiable.

I hope this clarifies the position, but I am more than happy to chat further if useful.

Yours sincerely



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