

London Enhanced Access Service Plan Template

June 2022



Primary Care Network Enhanced Access Plan Template

In the absence of a nationally mandated template, the London region, working in partnerships with ICS leads, has developed a template to support PCNs develop and submit their plans in a consistent way to commissioners. It has also been designed to support the timely commissioner review of plans, and to support discussions around the development of a cohesive¹ service across the region. This agreed PCN Enhanced Access template should be used by all London PCNs (or groupings) when submitting their plans to commissioners by 31st July 2022. This template should be considered alongside the [London Enhanced Access Service Supporting Guidance for PCNs & ICSs](#).

North Central London: we have amended the template, in an effort to reduce the number of sections PCNs are required to complete.

- Sections for PCN completion are blue
- Sections for completion by CCG borough teams are green
- Sections to be completed by NCL/other are orange

For Borough team completion:

1. Existing Extended Access Service

This is the CCG Commissioned Extended Access service that is being delivered up until October 2022. This will be useful for understanding the scale of any potential changes to the service provided to your local populations. Commissioners should work with current providers to provide the information below to PCNs on a PCN basis in advance of plan submission.

Describe the existing Extended Access Service available to your population up until October 2022 (including split between urgent and proactive care)

Haringey GP Federation currently provides 36500 pa (702 per week) of Extended Access appointments across Haringey. The core service is offered between 6.30pm – 8.30pm Monday to Friday and 08:00 – 20:00 on Saturday, Sunday & Bank Holidays.

This is split 50% urgent (on the day booking) and 50% proactive (advance booking) care. The advanced booking slots are released during the week to promote equity of access at set points during the week as follows:

- Wednesday at 08:00
- Wednesday at 14:00
- Thursday at 08:00
- Thursday at 14:00
- Friday at 08:00

¹ Section 8.1.18 of the [Network Contract DES](#) states: 'In reviewing the PCNs' Enhanced Access Plans, the commissioner will need to ensure they form part of a cohesive ICS approach'

- Friday at 14:00

Services are provided from four key hub sites across Haringey; Bounds Green Group Practice, Lawrence House, Queenswood Medical Centre, and Somerset Gardens Family Health Centre.

The services offered include a range of appointment types including face to face appointments with GPs and nurses, telephone consultations, and online consultations.

In addition, due to staffing challenges in providing capacity in Q3/Q4 2021-22, Haringey GP Federation is providing an additional 80 F2F paediatric appointments, 85 111 appointments and 150 additional practice appointments per week (average 1017 appts per week) over Q1 & Q2.

What are the existing service levels (e.g. 60/mins/week per 1000 PCN adjusted population)?

Current provision of Extended Access Services equates to 38.58 mins / week per 1000 PCN adjusted population. This is derived from 702 core, 80 paediatric, 85 additional 111 slots & 150 additional practice appts per week, the following fair share allocation is available per PCN based on weighted list size. Appointments are 12mins long.

This is in addition to the current 30 mins/week of current Extended Hours provision per PCN. The GP Federation monitors utilisation by practice on a monthly basis to ensure fair shares utilisation based on weighted list size.

PCN ODS code	PCN Network	PCN Weighted Jan 22	Fair share allocation of appts	Equivalent Hours of provision (12min per appt)
U15334	Haringey - East Central	47172	152	30
U36584	Haringey - N15/South East Haringey (exc Spur Rd)	37864	122	24
U51636	Haringey - North Central	44068	142	28
U96599	Haringey - North East	53453	172	34
U12920	Haringey - North West	46733	150	30
U27139	Haringey - South West	35719	115	23
U83168	Haringey - Welbourne (inc Spur Road)	51336	165	33
Pan Haringey		316346		

Hub appts per week:	1017
Total mins of appts per week: (12min per appt)	12204

Mins / week per 1000 pop:	38.58
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What capacity is currently offered outside of the new Network Standard Hours (e.g. any provision currently offered in-hours, outside of 18.30 - 20.00 weekdays and 09.00-17.00 Saturdays)?	
See section above – current service extends – additional 20:00 – 20:30 Mon to Fri, 08:00 – 09:00 Sat & Sun & 17:00 – 20:00 Sat & Sun. The service is also commissioned to provide additional capacity on Saturday from 17:00 – 20:00 and on Sunday from 08:00 – 20:00. As with the Network Standard Hours, there is a c. 50% split between urgent and planned care appointments.	
How many slots are currently being made available to NHS 111 to book into per week?	The service offers approximately 125 111 appointments per week (40 as part of core contract with 85 top-up as part of additional commissioned activity)

For PCN or PCN Grouping completion:

2. PCN details	
ICS/B:	North Central London
Name of PCN (where more than one PCN is forming a grouping to commission this service, list each PCN in section 2)	NW Haringey
Key contact from PCN (grouping)	Dr Neil Manttan, clinical director neilmanttan@nhs.net

3. PCN Grouping (if applicable)		
	Where more than one PCN is working together to commission or deliver the Enhanced Access service, please list each PCN in the grouping	PCN Clinical Director
1	[add name]	[add name]
2	[add name]	[add name]
3	[add name]	[add name]

4		
5		
6		
7		

4. Support for Enhanced Access Plan

Please confirm whether the following individuals and groups have considered and are supportive of your below plan. Where support is provided, it is agreed that the plan meets the requirements of the specification, is clinically safe, meets patient need, is accessible for all patients within the PCN (grouping), and represents value for the NHS

PCN CD(s) within the PCN (grouping)	Meeting held 5 th July 2022 at 1pm
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Please provide any comments around local support for your plan where necessary (e.g. if there is not universal support for the plan)

All practices within our PCN are in agreement with the plan

5. Commencement date for the Enhanced Access Service

A service that meets the requirement of the enhanced access specification must be operational from 1st October 2022.

Commencement date for the Enhanced Access Service	1 st October 2022
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Is there an intention to have an interim or bridging arrangement in place from 1st October 2022, for instance for PCNs to subcontract the existing provider to deliver the service in the short term, with an intention of moving to an alternative service model at a later date? If so, please consider national guidance on subcontracting

No

If yes, please provide further details below
Free text

6. Existing Extended Hours service

This is the PCN Enhanced Access Hours (£1.44pp) & that is being delivered up until October 2022. This will be useful for understanding the scale of any potential changes to the service provided to your local populations.

Describe the existing service available to your population up until October 2022 (including split between urgent and proactive care)

Our PCN is currently providing a total of 26.5 hours of enhanced access hours per week between the hours of 7.30 and 8am and 6.30 to 8pm. The appointments are 95% proactive care with 5% being used for urgent care if required

What are the existing service levels (e.g. 60/mins/week per 1000 PCN adjusted population)?

The existing service level is 30/mins/week per 1000 PCN adjusted population.

What capacity is currently offered outside of the new Network Standard Hours (e.g. any provision currently offered in-hours, outside of 18.30 - 20.00 weekdays and 09.00-17.00 Saturdays)?

We do not offer any hours outside of the network standard hours or outside of 18.30 – 20.00 or 09.00 – 17.00 on Saturdays

7. Patient engagement

Please summarise the patient engagement that has taken place to inform your service as well as the results of that engagement, and how those results have informed your service design. Engagement may have been undertaken via a range of methods including discussions with patient representative groups, surveys and patient forums. You may wish to supply a separate document.

Each practice has either contacted their virtual patient group or has participated in the Healthwatch patient forums

Engagement has taken place with all PPGs within PCN (grouping)

Individual practice surveys and virtual PPG groups
Surveys and meetings carried out in June 2022 and July 2022

Engagement has taken place with local Healthwatches and other patient representative organisations

Healthwatch – Haringey forum 20th June 2022

Results of the survey are as follows:-

Q1

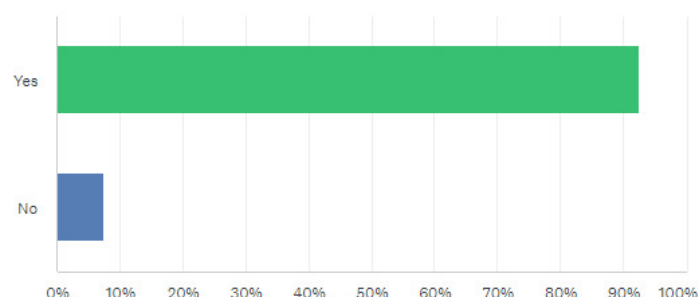


Customize

Save as ▼

Do you think we should continue to offer appointments before 8am Monday to Friday to help those with work or busy timetables?

Answered: 40 Skipped: 0



ANSWER CHOICES ▼

RESPONSES ▼

▼ Yes

92.50%

37

▼ No

7.50%

3

TOTAL

40

Q2

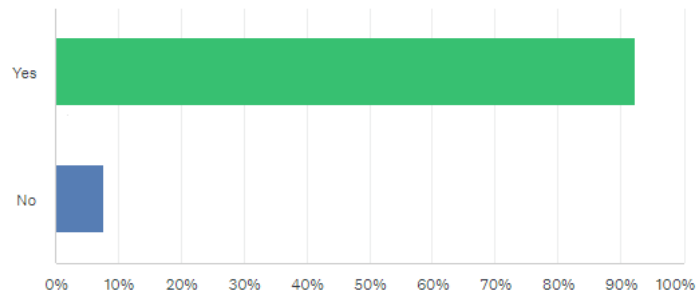


Customize

Save as ▼

Would you value some routine bookable appointments for doctors and nurses on a Saturday morning?

Answered: 39 Skipped: 1



ANSWER CHOICES ▼

RESPONSES ▼

▼ Yes

92.31%

36

▼ No

7.69%

3

TOTAL

39

Q3

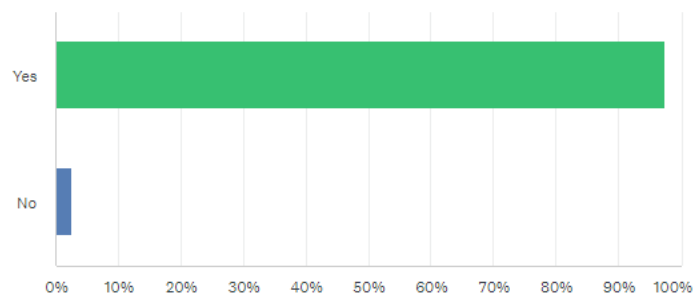


Customize

Save as ▼

We are thinking of offering appointments late on a weekday evening between 6.30 and 8pm would you find this useful?

Answered: 40 Skipped: 0



ANSWER CHOICES ▼

RESPONSES ▼

▼ Yes

97.50%

39

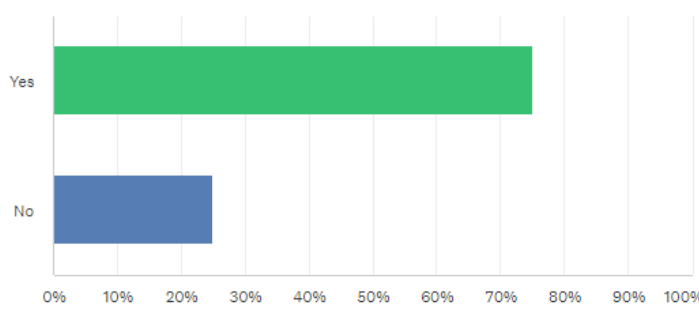
▼ No

2.50%

1

TOTAL

40

	Q4 Customize Save as ▼ Would you be happy to book an appointment with a clinician from another practice between 6.30 and 8pm? Answered: 40 Skipped: 0  <table border="1"> <thead> <tr> <th>ANSWER CHOICES</th><th>RESPONSES</th></tr> </thead> <tbody> <tr> <td>Yes</td><td>75.00% 30</td></tr> <tr> <td>No</td><td>25.00% 10</td></tr> <tr> <td>TOTAL</td><td>40</td></tr> </tbody> </table>	ANSWER CHOICES	RESPONSES	Yes	75.00% 30	No	25.00% 10	TOTAL	40
ANSWER CHOICES	RESPONSES								
Yes	75.00% 30								
No	25.00% 10								
TOTAL	40								
Other engagement forum	Forum/date								
Number and demography of patients whose feedback on EA services has been received, where known	Free text								

8. Stakeholder engagement

Please summarise any other stakeholder engagement that your PCN has undertaken to inform your service development, where relevant. NB borough teams will also capture borough wide stakeholder engagement that they have undertaken.

Teams meeting with CCG 15/7/2022

Healthwatch engagement

Healthwatch engagement has been supported by the CCG and includes:

- A summary of existing insight and themes from a range of Healthwatch and VCSE community engagement was shared with PCNs at the start of the programme to be considered as they developed their plans
- Healthwatch delivered a presentation to all PCN Clinical Directors at a workshop in May. The presentation focused on the main barriers that people face to accessing services, and outlined insight that Healthwatch regularly hear from our communities.
- At the May workshop Healthwatch facilitated break out rooms to support PCNs to develop their engagement approaches, offering advice and answering questions.
- Healthwatch provided input into the NCL survey for patients to support PCN engagement around enhanced access. This survey has been shared widely across NCL, including with all NCL Healthwatch organisations and the 5 NCL umbrella VCSE organisations.
- Healthwatch also input into materials and questions to be shared at local engagement sessions, with patients, communities, PPGs and wider system stakeholders
- The CCG has been meeting regularly with NCL Healthwatch colleagues to talk about primary care access, including extended access proposals. Relevant insight has been shared with PCNs and was used to inform our engagement approach.

9. Enhanced Access Service from October 2022

Please ensure that your service model outlined within this section aligns to your patient engagement and any local intelligence gathered

Is this service available to all patients in your PCN (grouping) at all times?	YES
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What are the service levels in terms of mins/week per 1000 PCN adjusted population (e.g. 60/mins/week per 1000 PCN adjusted population) of your new service?

60/mins/week per 1000 PCN adjusted population

Has the PCN used, or been supported by the CCG / current provider to use, appropriate population health management and/or capacity and demand tools in developing this service model? Please provide details

We are working with both the CCG and Federation to develop the service model

Has at-scale working (beyond PCN boundaries) been considered for all / parts of your service? If so, please outline any services intended to be delivered at scale.
There is no requirement for a PCN to provide a service above a PCN level.

We are not currently considering at-scale working beyond our PCN boundaries

While there is no requirement to deliver services on Sundays or bank holidays, please outline any intention for your services over bank holiday periods.

We are working with the Federation in order to fulfil the service requirement. Currently there is no requirement for Sunday or bank holiday working.

Has an equality impact assessment been completed as part of the development of your service? Please provide details

NCL

Standard text for PCN use / adaptation:

Note: The insights below have been taken largely from data about use of current extended access services. However, the demographic data available here is of variable quality, particularly around ethnicity. Acknowledging this, NCL ICB commits to undertaking a full EQIA of changes to the urgent care system across the ICS in future.

Based on available data, demand for extended access services is not significantly impacted by ethnicity or gender, with appointment distribution in data reviewed for this purpose matching the overall makeup of the local population by both ethnicity and gender². However, awareness of services is significantly higher amongst white communities (and to an extent in Asian communities) in comparison with other ethnic groups (particularly black communities and other ethnicities).³ We also know that factors like ethnicity and English-language literacy impact how patients access healthcare more broadly, i.e. the extent that they will be able to engage with enhanced access in primary care in comparison to other options such as attending Emergency Departments.⁴ Along with age, different communities have different preferences about digital access to booking appointments in primary care and desire to see a clinician face to face.⁴

- **For Barnet:** The biggest users of current extended access services by age are older / retirement age adults (60+), though there is also a significant demand for appointments for children aged 0-4.²
- **For Camden:** The biggest users of current extended access services by age are young adults (20-34), though there is also a significant demand for appointments for children aged 0-4.²
- **For other boroughs:** The biggest users of current extended access services by age are working age adults (20-59), though there is also a significant demand for appointments for children aged 0-4].²

Patients in these age groups are higher-than-average users of out of hours extended access appointments (e.g. evenings and weekends). As they are more reliant on current extended access provision they have greater potential to be impacted by service changes. Age also influences patient preference about how people like to access primary care and is a leading factor in digital exclusion.⁴ Proposed service provision here notes the intention for NCL to commission a borough-level service to meet urgent evening, Sunday and Bank Holiday demand, but this data nevertheless suggests that these age groups may prefer appointments outside of core general practice hours.

With respect to access to services, it is noted that a number of factors including English-language literacy and disabilities (including learning disabilities) impact people's ability to engage with and access services.⁴ To ensure equality of access, as a PCN providing enhanced access services we commit to:

1. Providing access to interpreting and translation services for enhanced access appointments, including British Sign Language
2. Meeting the Accessible Information Standard
3. Promoting services to our local communities in such a way that we reach all of our registered population

Our population has a lot of elderly and working families. Historically, patients have been reluctant to travel to hubs, and have preferred to wait until the following week to access their registered practice. This is reflected by our low extended access hub attendance rates. Patients have welcomed very early appointments (before work or school) and have expressed a desire for us to continue providing some of these services. Working families can sometimes find it difficult to attend for routine

² NCL ICB audit of extended access service weekend provision (Jan – Jun 2022)

³ NCL ICB survey of patient views on extended access transition (Jun – Jul 2022)

⁴ Insights from HealthWatch patient engagement work (various dates 2021 – 2022, see list of recommended reports below)

immunisations and smears, so nursing and HCA appointments at the weekend would really help this population. Interestingly some of our recently retired population have also found appointments in the early morning and weekend helpful, due to their busy diaries.

We will continue to monitor access and demand for appointments and will be flexible with our approach to moulding our provision to the demands of the population. We will continue to gather patient feedback on a regular basis and will reflect and respond to specific requirements.

Please summarise how your plan aligns with patient feedback received and local intelligence. You may wish to expand on this in subsequent sections of this form

Our PCN covers a population of very elderly patients and working families. The requirement therefore for options to have appointments early in the morning before work/school is a popular one as well as Saturdays.

9.1a Capacity

Network Standard Hours (these must be covered)

Please complete this table		Mon	Tue	Wed	Thu	Fri	Sat
		6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	6.30-8pm	9am-5pm
No. of minutes per day: Confirm the breakdown of minutes proposed to be provided per day, for an average week	Practice site	150	150	90	150	0	960
	Hub (e.g. non-practice site)					90	720
Appointment mode: Confirm the percentage of appts that will be initially released by mode. It is understood this can change throughout the day based on need.	Face-to-face	30%	30%	30%	30%	30%	80%
	Telephone	70%	70%	70%	70%	70%	20%
	Video						
	Online						
Confirm the services that will be provided each day (add rows where applicable)	Service:	GP routine	GP routine	GP routine	GP routine	GP routine	GP routine
	Service:						LTC Clinics
	Service:						Smears & Imms
	Service:						Health checks

9.1b Capacity

Non-Network Standard Hours (the below fields are not mandatory. Please complete if you plan to deliver some capacity in these hours)

Please complete this table if you intend to deliver aspects of your service outside of Network Standard Hours		Sun	Mon	Tue	Wed	Thu	Fri	Sat
		Time	7.30 to 8am	7.30 to 8am	7.30 to 8am	7.30 to 8am	7.30 to 8am	Time
No. of minutes per day: Confirm the breakdown of minutes proposed to be provided per day, for an average week	Practice site		120	120	180	120	240	
	Hub (e.g. non-practice site)							
Appointment mode: Confirm the percentage of appts that will be initially released by mode. It is understood this can change throughout the day based on need.	Face-to-face		20%	20%	20%	20%	20%	
	Telephone		80%	80%	80%	80%	80%	
	Video							
	Online							
	Service:		Routine GP	Routine GP	Routine GP	Routine GP	Routine GP	

Confirm the services that will be provided each day (add rows where applicable)	Service:		Routine Nurse	Routine Nurse	Routine Nurse	Routine Nurse	Routine Nurse	
	Service:		Routine HCA	Routine HCA	Routine HCA	Routine HCA	Routine HCA	
	Service:				Routine pharmacist			

9.2 Service

Service	Staffing / Skill mix to deliver the service	Location of service		Provider		Clinical oversight
Outline each service being provided below (e.g. same day or advance screening, health checks, immunisations etc):	e.g. GP, nurse, or any specific ARRS role (including blend of roles where applicable)	Address of site / hub delivering service including postcode	Is this service location reasonable for patients to access via	Is the PCN(s) providing this service itself or subcontracting this service?	If subcontracted, please detail the provider	Who provides clinical oversight for this service?

			face-to-face appointment from across the PCN / grouping?			
Advanced booking - Routine Appointments Flu clinics, LTC clinics, Smear clinics, Immunisation clinics	GP, Nurse, HCA, Pharmacist	Highgate Group Practice, 44 North Hill, Highgate N6 4QA	YES	PCN provision		Dr Sue Dickie GP Partner
Advanced booking - Routine Appointments Flu clinics, LTC clinics, Smear clinics, Immunisation clinics	GP, Nurse, HCA, Pharmacist	The Muswell Hill Practice 1 Dukes Avenue London N10 2PS	YES	PCN provision	Enter text.	Dr Neil Manttan GP Partner
Advanced booking - Routine Appointments Flu clinics, LTC clinics,	GP, Nurse, HCA, Pharmacist	Rutland House Surgery 40 Coney Hatch Lane, London N10 1DU	YES	PCN provision	Enter text.	Dr Priti Nayer GP Partner

Smear clinics, Immunisation clinics						
Advanced booking - Routine Appointments Flu clinics, LTC clinics, Smear clinics, Immunisation clinics	GP, Nurse, HCA, Pharmacist	Vale Practice 50 Park Road London N8 8SU	YES	PCN provisio n		Dr Neemisha Tailor GP Partner
Routine Appointments	GP, Nurse	Haringey GP federation	YES	Subcont racting	Haringey GP Federation	

9.3 Changes from existing service

Are any clinical services previously delivered being reduced or that will not be taken forward as part of the new service? If yes, please provide a rationale for the decision. This may include existing utilisation rates and patient feedback

No

Existing extended access hubs had been selected following previous patient engagement and/or because of considerations such as proximity to UTC/ED. If estate utilised for existing services will not be used beyond October 2022, or new estate is being proposed, please provide a rationale for the decision, referencing utilisation rates and patient feedback

N/A

Slots available to NHS111 / week

There is no requirement to ringfence slots for NHS111 within the enhanced access service (but same day unused slots must be made available). However, if it is your intention to ringfence a number of slots for NHS 111 – in addition to practice-held slots as part of the GP contract - please outline the number here

We will only have practice-held slots as part of the GP contract

10. IT interoperability

Please provide the name and details of the telephony and IT interoperability solution will be employed across your new system

Name of IT solution

Emis hub (as promised in the webinar)

EMIS Community will be used for Enhanced Access capacity provided by both practices within the PCN and by the GP Federation on capacity provided on Fridays and Saturdays. This will allow all patients within the PCN to book into appointments irrespective of site, via the 'Cross-organisational appointment booking' functionality within EMIS, as is done currently for Extended Access

Telephony is provided by XON

During which hours will online consultations be available?	All hours
If you are not using one of the CCG contracted solutions (Econsult, Patches, Egton Emis, Accurx, Footfall) please provide a brief description of the interaction patients will have with the solution	
Can all practices within the PCN access the EA appointment book?	YES
Are practice clinical systems interoperable with EA systems e.g. to ensure sharing of patient records etc.?	YES
Does the solution enable appointments to be booked into all services offered, by all practices in the PCN / grouping?	YES
Does the solution enable same day online booking into all services offered?	YES
Does the solution enable appointments to be booked in advance (at least 2 weeks) or on the same day	YES
Does the solution enable NHS 111 to book into any unused on the same day slots?	YES
Does the solution enable appointment reminders to be sent?	YES
Does the solution enable the simple cancellation or rearrangement of appointments?	YES
The PCN is making the necessary preparations to enable EA appointment data to be included in the national GP Appointment Dataset (GPAD)?	YES

11. Costing

Please outline your costing model for the service, stating annual costs. This should include a full itemisation of costs including, but not limited to:

- *Staffing costs (this should factor in staff breaks)*

- *Non-staffing costs:*

- *Overheads*
- *Cleaning*
- *Estate rent (if applicable)*
- *Administration*
- *Clinical oversight*
- *Governance (including reporting)*
- *Information Technology*

Costs	Per hour	hours per week	cost per week	cost per annum
GP	£100.00	32.50	£3,250.00	£169,000.00
Nurse	£37.50	9.50	£356.25	£18,525.00
HCA	£22.50	8.00	£180.00	£9,360.00
TOTAL Clinical		50.00		
Admin	£17.50	31.00	£542.50	£28,210.00
Room hire		15.50	£0.00	£0.00
Cleaning	£12	15.50	£186.00	£9,672.00
Total			£4,514.75	£234,767.00

Overhead costs

Clinical Lead £30,000

Operational

Lead £20,000

Admin Support £10,000

Total overheads £60,000

TOTAL COSTS £294,767.00

12. Governance

Please outline the governance arrangements of the new service. This should include both clinical and operational management. You may wish to highlight how the following will be managed: information governance; subcontracting (where applicable); service monitoring; risk management; reporting (to commissioners); and cyclical service review.

The service will be in the main run within current practice clinical and operational management with a PCN administrator and clinical governance lead who will be responsible for the overall running of the service and reporting to commissioners.

There will be a PCN named individual responsible for governance oversight of the Enhanced Access Service. This will include oversight of the Federation and practice-based services. The PCN Board will undertake monthly reviews of the whole Enhanced Access service to ensure that all governance-related activity is met and that all sites are monitoring activity consistently. The sub-contracted activity to the Federation will be reported against monthly and we will adopt the national sub-contracting template made available to contract this activity.

Please confirm that appropriate information governance systems (including data processing protocols and sharing agreements) will be in place by the service commencement date?

Yes

Clinical lead with overall responsibility for the Enhanced Access Service

Dr Neil Manttan, GP Partner
Muswell Hill Practice

Managerial lead with operational responsibility for the Enhanced Access Service (if different)

Nicola Davies Managing
Partner Highgate Group Practice

Safeguarding lead for the Enhanced Access Service

Dr Neil Manttan

13. Implementation

Will General Practice teams been trained/provided with the necessary information about the EA service to enable them to direct patients and book them into appts prior to the commencement date?

Yes

Will communications materials such as posters, flyers, website content be made available to member practices to advertise the services following ICB sign-off?	Yes
Will patients be provided with information on the access routes to the service with details of how to book prior to the commencement date?	Yes
Will all practices within the PCN / grouping have access to the EA appointment book prior to the commencement date?	Yes

14. Risks / issues

Please outline any risks or issues that may impact upon your PCN(s) ability to implement a compliant service from the commencement date, and the mitigations in place to address them

We are very much reliant on the IT systems being put in place so that we can offer online appointments, book appointments and record consultations in all of the practices EMIS systems across the PCN.

We may have to cover short notice absences or sickness however we are working with the Federation and so we would hope that between us we can mitigate this.

Patients requesting appointments on one particular day – the service will be monitored and reviewed every 2 months to assess patient demand and if changes in provision are required these will be taken with the approval of all of the PCN practices.

For Borough Team completion post-submission

15. Stakeholder engagement	
Please describe how the following stakeholders have been informed about the service change. Please note their comments and describe next steps for informing each stakeholder about the service model(s) developed by PCNs in the borough.	
Borough Based partnership, Local Health & Wellbeing Board, Other e.g. local Governance Groups (if applicable). Please add names and dates as applicable.	Forum/date Free text
111/OOH providers have been engaged in the development of this plan if necessary and via UEC team (if necessary beyond NCL-level engagement on this transition overall)	Forum/date Free text
Local UTC / ED have been engaged in the development of your plans	Forum/date Free text
Please describe how commissioners have been engaged in the development of the plans of this PCN or PCN grouping	Forum/date Free text

16. Borough team support for the plan		
Support is provided for this enhanced access service plan?		Yes/No
Names and roles of Borough panel members		[add name]
Date		[add date]
Please describe the level and nature of reduction in service provision (appointment numbers, services) – if any – from current levels, that is apparent from this plan		
Particular features of the plan to highlight to the Programme Board		
Recommendation to the Programme Board		
Approve	Approve with conditions:	Do not approve – provide the following feedback:

For NCL Enhanced Access Service Transition Programme Board completion:

17. ICB support for plan		
Support is provided for this enhanced access service plan?		Yes/No
Approve	Approve with conditions	Do not approve – provide the following feedback
Name (ICS/B officer)		[add name]
Role (ICS/B officer)		[add role]
Date		[add date]