To all Practices Surrey & Sussex

11th May 2020

LMC Update for Practices

I hope this summary of current issues will be helpful:

1) **Support for Care Homes and PCN DES**
2) **Shielded Patients**
3) **Contractual Responsibilities and Reimbursement Arrangements**
4) **Bank Holiday arrangements**
5) **Re-use of Medication in Care Homes and Hospices**
6) **GP Connect and Data Sharing (please see accompanying letter)**
7) **Notification of Coronavirus**
8) **NHSPS service Charges Dispute**
9) **GP Trainees**

1. Support for Care Homes and PCN DES

The LMC has sent guidance to all colleagues (5th May) regarding NHS England's advice to CCGs to provide further support to Care Homes, via both General Practice and Community Services.

Local CCGs are developing a package of measures which are likely to include the reactivation or 'repurposing' of one or more Locally Commissioned Services, additional local resources, and the agreed involvement of Community Services. Historical differences within CCGs means it is unlikely the way in which this service is commissioned will be exactly the same in all CCGs. The "ask" from NHS England via Nikki Kanani's letter is not one General Practice can fulfil on its own.

The LMCs guidance also referred again to the PCN DES; practices should not expect CCGs to fulfil NHS England's provision of services to Care Homes simply by reference to the PCN DES Enhanced Health in Care Homes specification, which commences on 1st October 2020. However, local delivery of NHS England's advice to Care Homes is likely to mirror the expectation of this PCN DES specification very closely.

SSLMCs position on opting out/remaining within the PCN DES 2020/21 remains as my letter of 6th April 2020 but please contact the LMC with any queries.

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2. Shielded Patients

A small number of additional clinical cohorts (such as patients on renal dialysis) have been added to the shielded patient list criteria and a summary of the shielding process is below:

Shielded patients are those whose clinical condition(s) make them very vulnerable to coronavirus infection and likely to suffer serious illness with a high % mortality if infected. The clinical criteria are developed by the Chief Medical Officers team, and over time as additional information is available about the nature and course of the illness it is likely small additional cohorts will be added, although the shielding process, which is described in a UK Government letter, is stringent and demanding on individuals' physical and mental health. The Government letter is proof of shielded status and can be used by employers and to access national support initiatives, such as the delivery of medicines and on-line delivery of shopping.

All shielded patients should be flagged using the SNOMED code: 1300561000000107.

The shielded patient list is updated daily using hospital data sets, including patients who have died, and a weekly extraction of GP data.

Practices should now have completed identification of patients from the national lists [Phase 1 and 2] and via their own case load (Phase 3b) but may still receive notifications (the shielded patient services) from hospital specialists (Phase 3a), who should send the shielded letter to patients directly. A small number of new shielded patients may arise as a result of changed national criteria or the ongoing development of a new illness.

Shielding was originally advised for twelve weeks, recognising patients received letters staggered over a period of time in March and April. The Government has now set an end date for shielding of 30th June but clearly what advice is then given depends on the national situation in relation to the pandemic and perceived risk both to patients and to the NHS infrastructure needed to care for the seriously ill.

Any questions about the shielding programme can be sent to: cplquery@nhs.net

Practices also received in mid-April a list of those who had self-identified as extremely vulnerable; these are patients who are almost certainly at comparatively higher risk, even if not normally identified as requiring shielding, and a subsidiary letter for such patients is available at https://digital.nhs.uk/binaries/content/assets/website-assets/coronavirus/shielded-patients-list/template-letter_sd-not-included.docx which GP colleagues may wish to use or adapt.

Shielded patients have been given advice that they should attend hospital appointments and treatment as planned, unless they hear otherwise, and to contact the hospital directly if they have any questions about a specific appointment. The same letter also advises that General Practice services will be provided by phone, email, or on-line where possible, and that if a face-to-face appointment is needed it will be done via a visit to the practice or a home visit.

NHS England is not advising all General Practice services to shielded patients requiring face-to-face contact should be by Home Visit but has said this may be the preferred option; if a patient attends a practice steps should be taken (such as timing of appointment, minimising contact with others, and physical infrastructure arrangements) to create as safe an environment as possible.

3. Contractual Responsibilities for providing care during the Covid19 Pandemic, and reimbursement arrangements.

The LMC has received numerous queries regarding the GMS contractual position in relation to providing services to patients with Covid19; I have written separately to a number of colleagues but GPC has also taken legal advice and it is clear as SSMCS has always advised that the care of patients within the community with, or suspected of having, Covid19 infection is part of the provision of essential medical services and a requirement of the GMS Contract.

Clearly the way in which General Practice provides services to both Covid19 suspicious or confirmed patients, and indeed more generally to all patients, has changed dramatically over the past few months, with remote consultations becoming the norm. Practices have also developed zoning arrangements or worked collaboratively with others to develop 'hot sites' as there will always be patients for whom a face-to-face examination is the only way of properly assessing a patient and developing a safe management plan.

NHS England and CCGs have supported General Practice in preparing for and providing services in these new ways and the LMCs approach has been that the additional, reasonable costs associated with this should be reimbursed. Practices should complete claim templates with this in mind, a process that will be on-going for now; if there are exceptional or unusual costs that practices have incurred, these should be claimed. However, practices can expect queries from CCG s (who will liaise with the LMC) in relation to high or unusual invoices, remembering that CCGs have the benefit of receiving multiple claims and can compare arrangements across areas. If an unusual cost is being contemplated, the LMC would strongly recommend this is discussed with the CCG beforehand.

In general costs associated with the establishment of 'hot hubs' are higher than those where practices are zoning, but in both cases additional costs associated with the provision of such service delivery should be claimed as NHS England recommended either.

As NHS England moves into Phase 2, of the National Incident, as described in Simon Stevens letter circulated to practices by the LMC last week, it is clear the delivery of care associated with the pandemic is moving from preparing for a surge in hospital cases to the longer term marathon of fewer hospitalisation numbers, increased ongoing community care, and follow-up. This is likely to mean some additional costs are on-going for practices. It is also likely to involve a transition in the delivery of services, so that, for example, usage of 'hot hubs' may fall but the need for community nursing services rise. Against this is the uncertainty of whether there will be a Covid19 'second-wave' which means some services may need to be ramped up again.

Although all CCGs with which the LMC is liaising have had slightly different nuances and communication styles; and there are always unexpected challenges as is inevitable in an unprecedented situation, there is consistency in terms of an intention to reimburse genuinely additional, justified and evidenced costs experienced by GP practices as a result of delivering services during the pandemic. If as a practice you believe this is not happening and any discussion with your CCG isn't helpful please contact the LMC

4. Bank Holiday Arrangements

Colleagues will each have their own experiences about opening on 8th May; anecdotally feedback to the LMC indicates the workload was not high, although in a couple of instances somewhat unusual.

NHS England could designate Bank Holiday Monday 25th May a normal working day for General Practice, under emergency Regulations, but unless there is a significant change in pandemic conditions, NHS England have indicated this likely to remain a Bank Holiday and thus GP practices will not be expected to open. The LMC advises therefore that practices should not currently make preparations to be open in a fortnight.

Practices are reminded to claim for Bank Holiday opening costs in line with NHS England guidance and CCGs will provide claiming templates for this.

5. Re-use of Medication in Care Homes and Hospices

Given concerns about the medicines supply-chain, NHS England has agreed a Standard Operating Protocol that Care Homes and Hospices can utilise which allows, within certain guidelines, the re-use of medication (including Controlled Drugs) between patients. This is a temporary measure and GPs should note this doesn't apply in domestic situations.

Full details are available at: - https://www.gov.uk/government/publications/coronavirus-covid-19-reuse-of-medicines-in-a-care-home-or-hospice

6. GP Connect and IT Sharing

NHSX is making temporary arrangements to increase access to GP records to other clinicians working at other sites.

I enclose a letter giving further details of these arrangements and practices should receive additional information via their CCG.

7. Notification of Coronavirus

Coronavirus is a notifiable disease and was added to the national list of Notifiable Diseases on 5th March 2020.

Originally, Public Health England's advice was that, as cases were being primarily identified in hospital, GPs should only notify Public Health England of positive cases they became aware of, or patients with Covid19 suspicious symptoms, in certain community settings, such as care homes, secure environments, and other "closed" communities.

However, GPs are now being asked to notify all cases where patients either are known to have, or have symptoms suspicious of, coronavirus, and it is likely this process will be used to support a community 'track and trace' approach over the coming weeks.

8. NHSPS Service Charges Dispute

Colleagues who occupy NHSPS sites will be aware of the ongoing dispute between NHSPS and GP practices (represented by the GPC) as NHSPS have been in many cases sending apparently unfounded and in the GPC's view unjustified service charges demands. The LMC has been closely involved in this process and along with other LMCs is advising practices to log NHSPS demands but continue to pay only evidenced historic service charges.

The Court Hearing was supposed to be held on 4th May but NHSPS have now asked for a deferral until 21st May.

If any colleagues are affected by this process please let Karthiga (LMC Medical Director) (karthiga.gengatharan@sslmcs.co.uk) know.

9. GP Trainees

For those GP colleagues who are trainers, trainees, or work in training practices, you should have received information about speciality training and CSA arrangements this year. This is available via links within the BMA GP Trainees Sub-Committee at: https://bma-mail.org.uk/t/JVX-6V204-JCJOU4-41T1VE-1/c.aspx

With best wishes

Dr Julius Parker
Chief Executive