

Dear Colleagues

Update : July 2020 : General Practice

NHS England has now published further guidance for General Practice and CCGs, I enclose a copy with this letter, and the LMC summary is below: -

1. NHS England comments about service delivery and other information
2. Delivery of GMS/PMS Contracts
3 QOF
4 Investment and Impact Fund
5 Outbreak Arrangement
6 Covid19 Support Fund for General Practice
7 Appraisals
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NHS England's comments about service delivery and other information:

- Consult remotely in the first instance ('total triage')
- Consult F2F only if clinically appropriate
- PCSE will resume routine list reconciliation and data quality checks
- NHS Test and Trace will forward patient test results from national Covid19 PCR swab testing to GP systems and these will therefore appear in patient notes as test results; this will include past tests if the patient's NHS Number is known

Patients will have already received these results by text and email, together with advice and guidance, and there is therefore no need for GP practices to either take action in relation to these results or report them to Public Health England.

Delivery of GMS/PMS Contracts

In April practices were advised that the delivery of a number of core contract services would be deprioritised in order to free capacity within practices to manage services during their Covid19 preparedness; the following services should now be restored:

- New patient reviews [including alcohol dependency]
- Routine medication reviews
- Over 75 health checks
- Clinical Reviews of Frailty
- Engagement and review of feedback from Patient Participation Groups (PPG) noting NHS England encourages practices to conduct PPGs remotely
- Responding to complaints under normal timescales

Local Medical Committees for
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However, practices are expected to use their clinical judgement and assessment of the risk: benefit outcome in resuming such services; in particular, it may be more appropriate to undertake these services remotely, recognising elements of the clinical review may not be achievable. This approach should be discussed with the patient, or carer and the outcome of the review documented.

The following services remain within the amended Regulations until 30 September 2020

- Suspension of the Friends and Family reporting process
- Suspension of the need for individual patient consent to be obtained to encourage continuing uptake of electronic repeat dispensing, where this is clinically appropriate.
- Continuation of the requirement to offer 1:500 patient list size worklist slots available for booking from NHS111, instead of 1:3000

Colleagues are reminded these NHS111 “appointments” can only be sent to GP practices after clinical triage, and do not represent booked appointments nor require specific timed responses, and such patients should be contacted remotely in order to decide their most appropriate on-going management. Usage of these slots continues to be extremely low.

I enclose at the end of this update the current flow chart between NHS111, CCAS and General Practice, drawn from the most recent SOP.

QOF

Unfortunately, NHS England’s update does not provide final details of the changes to QOF 2020/21 as these are still being negotiated with GPC. Instead it indicates the priorities for practices within the context of a continuing guarantee of financial support. Unless there are significant and unexpected developments in relation to the Covid19 pandemic, QOF will return to normal from April 2021.

Intended priorities this year will be:

- This year’s seasonal flu programmes [see below]
- Continuation of the two Quality Improvement [QI] modules: Early Cancer Diagnosis and Care of People with a Learning Disability, but with these modules adjusted to reflect the challenges of restoring such services as a result of the pandemic

Maintenance of:

- Disease registers
- Prescribing indicators
- Cervical screening indicators
- Prioritising the care of patients who:
 - Are most vulnerable to harm from Covid19 infection
 - Have parameters suggesting poorly or uncontrolled long-term disease
 - Have a history of missing recommended reviews

Full details of these approaches will be published after negotiation with GPC

Investment and Impact Fund [IIF]

PCNs have been paid 27p per patient from the IIF, over the first six months of 2020/21, representing half the intended IIF investment funding less the sum allocated to the IIF PCN seasonal flu indicator. This was the PCN Support Fund. The LMC advises PCNs pass this payment to member practices as part of the Covid19 support process.

The current proposal is to reintroduce the IIF incentive domains from October 2020 – March 2021, but with details awaiting negotiation with GPC.

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Outbreak Arrangements

There will be provision for local and national contract variation in areas where a local outbreak compromises the ability of GP practices to deliver services, but this will require NHSE approval

Covid19 Support Fund for General Practice

NHS England's update includes a reference to the Covid19 Support Fund; many colleagues will have been fascinated by mythical creatures when younger or have enjoyed the "Fantastic Beasts and Where to Find Them" series with their family: any colleague who believes they have seen the Covid19 Support Fund for General Practice should submit a report of this sighting to the LMC and CCG for independent verification.

Appraisals

NHS England has confirmed their intention of redesigning the current appraisal system; simplifying this and minimising the requirement to submit information.

The LMC recently wrote to practices in Surrey and Sussex noting the GMC's deferral for a year of revalidations planned between 17 March 2020 and 16 March 2021. Further details of a revised appraisal process are expected over the next few months.

Dispensing Practices Only

1. Dispensing Services Quality Scheme (DSQS)

This is being reinstated from 1 August 2020; further details will be provided following discussions with GPC. Practices that believe they may wish to participate should let their CCG know. The CG has been asked to make the same monthly payments for DSQS between April and July 2020

2. Dispensing List updating: this process will recommence.

I hope this update is helpful, albeit lacking in some details that await national agreement

If you have any queries please do not hesitate to contact the LMC

With best wishes

A handwritten signature in black ink, appearing to read 'Julius', written in a cursive style.

Dr Julius Parker
Chief Executive

Encs.

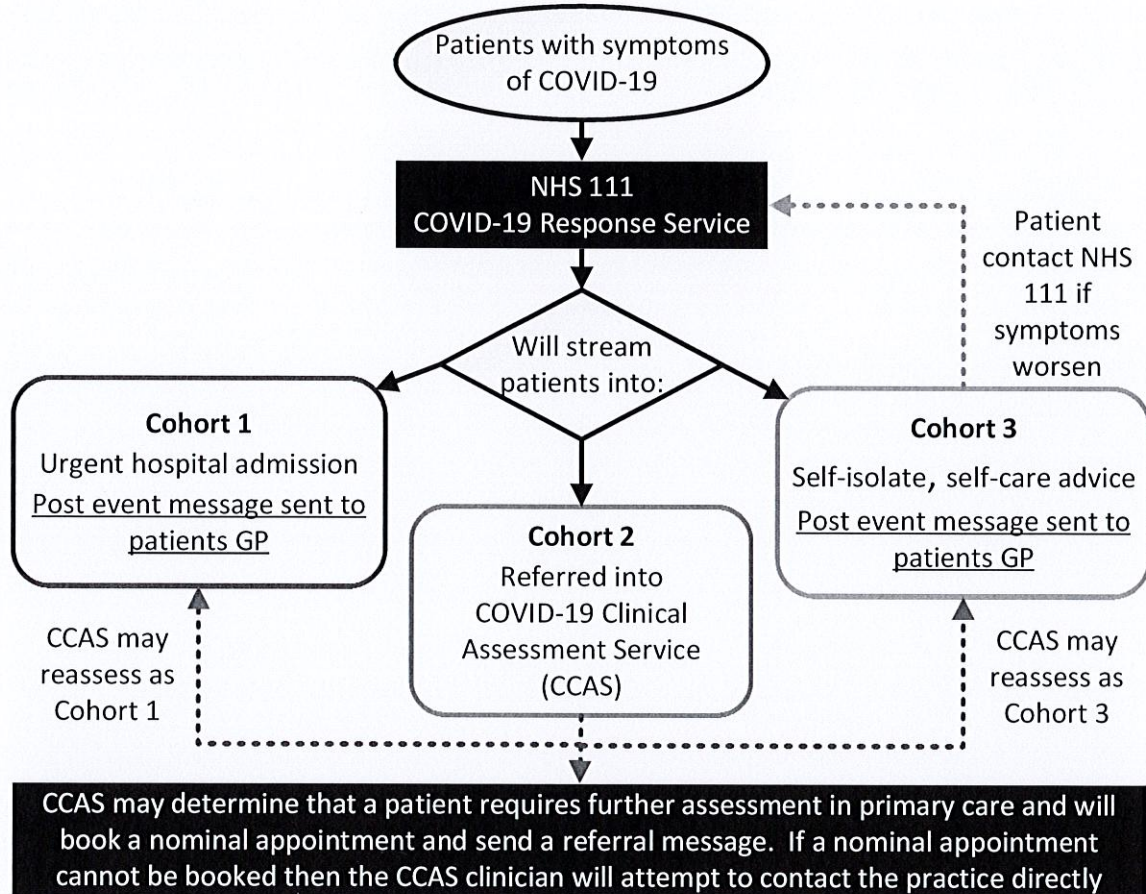
Attachment 1

Classification: Official

2.4 Managing patients with symptoms of COVID-19

NHS 111, COVID-19 Clinical Assessment Service and GP interface

Flowchart for NHS 111, CCAS and GP interface



KEY

Cohort 1:

Patients demonstrating severe symptoms, require treatment in hospital and will likely require an ambulance response.

COVID-19 Clinical Assessment Service (CCAS):
An NHS 111 service staffed remotely by GPs.

Cohort 2:

Symptomatic patients requiring further clinical assessment before final disposition is decided; this include all shielded patients (these are referred to CCAS).

Post event message:
A tool for NHS 111 to inform GP that a clinical assessment for COVID-19 has taken place.

Cohort 3:

Patients with mild symptoms, advised to self-isolate at home and to reassess via NHS 111 if symptoms deteriorate.

Referral message:
A message (e.g. via ITK message) containing the clinical assessment information.