

To all practices in Surrey and Sussex LMCs

20<sup>th</sup> March 2020

Dear Colleagues

### **General Practice response to Covid-19: Update**

I enclose with this letter an update from NHS England; this covers a number of areas but from an LMC perspective my letter is to clarify the contractual and regulatory issues involved. It may be helpful to link this with the LMCs 'Maintaining Essential Services' letter of yesterday.

### **Contractual Arrangements**

**QOF 2019/20:** The calculation of QOF achievement is now almost complete and GP practices will be paid as normal on their level of achievement for March -end. However, it is agreed that March 2020 activity has been disrupted by the impact of Covid-19 and a one-off financial adjustment will be made in the future.

**QOF 2020/21:** NHS England has agreed to protect practice income from QOF in 2020/21; this will use historic achievement as a payment basis and the details of this will be negotiated nationally and announced by March-end 2020.

Practices should therefore now cease all routine QOF related patient care.

### **PCN Network Contract DES**

- The funding outlined below will continue to be paid in 2020/21 to participating practices and be available to PCNs:
  - Practice Participation Payment
  - PCN CD funding
  - Additional Roles Reimbursement Scheme eligibility funding
  - £1.50 CCG funding to PCNs
- The introduction of the Investment and Impact Fund Incentive Scheme ['PCN QOF'] has been deferred for at least Q1 and Q2 but the associated funding for PCNs is not lost [and will be paid at a future date]
- The development of PCN based ARRS workforce plans is initially being deferred to 31<sup>st</sup> August, with consequent deferral of CCG allocation arrangements for unspent ARRS funding

Local Medical Committees for  
Croydon, Kingston & Richmond, Surrey,  
East Sussex and West Sussex

The White House    **T:** 01372 389270  
18 Church Road    **F:** 01372 389271  
Leatherhead  
Surrey KT22 8BB    **[www.sslmcs.co.uk](http://www.sslmcs.co.uk)**

- The introduction of the Structured Medicines Review and Medicines Optimisation service specification is being postponed until at least October 2020
- The introduction of the Enhanced Health in Care Homes Specification is not being postponed by NHS England; however, the LMC advises that practices are unlikely to be able to undertake such preparatory work, unless doing so aligns with the practices Covid-19 response
- The Early Cancer Diagnosis specification: Networks are asked to implement this unless practice work to support the Covid-19 response takes priority: the LMC believes it is inevitable it will do so

**Given the above, SSLMCs now recommends all GP practices sign up to the PCN DES for 2020/21: colleagues should note that their practice will be able, should it wish to do so, opt-out of the PCN DES in April 2021.**

The LMC will liaise with relevant CCGs but any allocation of a participating practice to a PCN, if membership is not agreed, is now unlikely to have any meaningful implications for 2020/21 beyond creating financial eligibility.

The following national contractual requirements may be suspended at the practice's discretion, if thought appropriate to facilitate the practices response to Covid-19.

- **Newly registered patient reviews within six months;** these need no longer be offered, unless thought clinically necessary, and in the latter case can be offered remotely
- **Over 75 review requested by the patient if not seen in the last 12 months:** these requests may be agreed at the contractor's discretion, if thought appropriate to do so
- **Annual patient reviews [including under QOF], and Routine medication reviews, and Clinical Reviews of frailty**  
Should be deferred for at least Q1 and Q2, unless clinically necessary, and if so, should be undertaken remotely.

However, colleagues should note some medication monitoring and review will remain clinically necessary and therefore appropriate during this period.

- **Friends and Family Test:** reporting requirements suspended
- **Engagement and Review of Feedback from Patient Participation Groups [PPGs]**  
this requirement is suspended



- **Travel Vaccinations:** although not specifically mentioned, practices should only continue NHS travel vaccinations if clinically appropriate, and have been asked to avoid undertaking private work

**For Dispensing Practices only:** please note:

- The Dispensary Services Quality Scheme [DSQS] is suspended, with immediate effect, with income protected.
- All dispensing practices should cease DRUMs [ Dispensing Review of the Use of Medicines].
- The dispensing patient 'list cleansing' exercise is suspended

All LCS and Local Commissioned Incentive Schemes workload, claim and reporting arrangements should be ceased. Funding should be maintained; practices will receive local letters about these arrangements from CCGs, following agreement with the LMC.

CCGs have been instructed not to decommission LCSs [with particular reference to those which may overlap with the PCN DES Enhanced Health in Care Home specification].

Local Audit and reporting should cease unless it specifically contributes to practice Covid-19 response.

#### **Other relevant considerations for practices**

- **Seasonal Flu 2020/21 season:** all practices are asked to ensure their 2020/21 seasonal flu vaccine orders are sufficient and made by 31<sup>st</sup> March 2020
- **Pneumococcal [PPV23] vaccination:** whilst vaccine supply may be constrained, practices are asked to continue to identify and vaccinate eligible patients
- **Additional sessions opt-in for GP Retainers:** GPs currently working under the National GP Retention Scheme may increase their sessional commitment, at their discretion, providing continuing supervision and support is available. No additional payments will be made under the Scheme. This change will be reviewed by 10<sup>th</sup> April 2020
- **Practice SMS text messaging:** practices who need additional credits for SMS text messaging should contact their CCG who will arrange these
- Practices should continue to encourage the use of the **Electronic Prescribing Service [EPS]** and ask patients to do so
- Practices **SHOULD NOT** change normal prescription lengths; doing so will destabilise the medication supply chains and patients should be categorically advised there will be no exceptions to this

- Practices should facilitate on-line prescription ordering services and ask patients to use this service.

All practices are being asked to move to a remote only initial consultation service and deploy clinical and administrative staff to support that process: the LMC advises that Extended Hours appointments should only be continued if the practices believes it has the capacity to do so and, in addition, offering such appointments will facilitate a practices Covid-19 response. All Locally Commissioned Incentive Schemes to offer 'extended'/'non-core' appointments should be suspended.

Annex A of the accompanying letter gives considerable further details about remote consultation arrangements.

I have also written separately today about GP appraisal and revalidation arrangements.

The underlying themes of these contractual changes are:

- Shift General Practice to an initial remote consultation service only, recognising some patients will need F2F assessment
- For GP practices to cease non-essential work
- For GP practices to maintain clinically necessary patient services, and certain public health functions, such as childhood immunisation
- For practice financial stability to be assured

If colleagues have any queries, please do not hesitate to contact the LMC.

With best wishes

A handwritten signature in black ink, appearing to be 'JP', followed by a long horizontal line extending to the right.

Dr Julius Parker  
**Chief Executive**