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19 March 2020

This is the third of a series of regular updates to general practice regarding the emerging COVID-19 situation. An electronic copy of this letter, and all other relevant guidance from NHS England and NHS Improvement can be found here: https://www.england.nhs.uk/coronavirus/primary-care/

Dear GPs and their commissioners,

NEXT STEPS ON GENERAL PRACTICE RESPONSE TO COVID 19

We recognise the intense pressure that general practice is under right now as the pandemic increases rapidly.

On 17 March you received Next Steps on the NHS response to COVID 19: www.england.nhs.uk/coronavirus/publication/next-steps-on-nhs-response-to-covid-19-letter-from-simon-stevens-and-amanda-pritchard/

This letter now describes the service delivery consequences for general practice and further steps we are taking nationally to manage the workload consequences and ensure that income can be protected if other routine work has to be substituted.

Supporting staff to stay safe and well at work is a critical immediate priority, including through expansion of testing, and supply of PPE. An issue of protective kit commenced on 9 March 2020. If any general practice has concerns around the kit, please contact our National Supply Disruption line on 0800 915 9964 or email supplydisruptionservice@nhsbsa.nhs.uk who will be available to help, Monday to Friday 08:00-18:00.

1. Advice and guidance on coronavirus

Up-to-date advice from Public Health England, including the latest case definition, can be found here and our latest guidance can be found here.

Anyone who is unwell should go to NHS111 online first for advice, rather than approaching their GP practice. If a case comes to the surgery or extended hours hub:

- If the patient is WELL then:
- they should go home immediately and self-isolate
- use nhs.uk/coronavirus for advice and guidance.
- If the patient is UNWELL then:
    - use PPE as per current PHE guidance for possible cases
    - isolate the patient
    - if acutely unwell treat as appropriate
    - if not then ask them to use NHS 111 online or ring NHS 111 from home or the isolation room
    - decontaminate as per the standard operating procedure (SOP).

2. Service implications and priorities

Responding to COVID-19 is already necessitating major immediate changes to how general practice works.

Right now, all practices and their commissioners are asked to focus on six urgent priorities:

1. **Move to a total triage system** (whether by phone or online). This does not mean not advising/treating patients for other health issues, where there is clinical need, or unilateral closing of practices doors, rather ensuring that patients are appropriately triaged to the right health professional setting. The upsurge in telephone calls to general practice means that providing a reliable and timely response for patients has already become a vital operational priority.
2. **Agree locally with your CCG which practice premises and teams should be used to manage essential face-to-face services.**
3. **Undertake all care that can be done remotely via appropriate channels**, guided by your clinical judgement. We ask you to read the guidance note at annex A.
4. **Prepare for the significant increase in home visiting** as a result of social distancing, home isolation and the need to discharge all patients who do not need to be in hospital
5. **Prioritise support for particular groups of patients at high risk.** Next week the NHS will be writing directly to all patients in this category, and you will receive further advice shortly
6. **Help staff to stay safe and at work, building cross-practice resilience** across primary care networks, and confirming business continuity plans.

To reduce the risk of respiratory disease, protect those most vulnerable and reduce pressure on health services, please can you also ensure that you have ordered sufficient stock of the recommended adult flu vaccines for 2020/21* to meet your local needs before the 31st March 2020. In summary these are:

- For over-65s aTIV
- For under-65s at risk, including pregnancy women either QIVc or QIVe.

* www.england.nhs.uk/wp-content/uploads/2019/12/NHS-England-JCVI-advce-and-NHS-reimbursement-flu-vaccine-2020-21.pdf

3. Arrangements to free up capacity and protect income

We will seek to do all we can to support practices to manage inevitable increases in workload at this extremely difficult time. Patients will be clearly advised to visit http://nhs.uk/coronavirus in the first instance and not to visit their practice, if they have relevant symptoms.

The key principle is that we free up practice capacity to prioritise workload to both prepare for and manage the COVID-19 outbreak. All routine CQC inspections have

been cancelled and advice is being issued on suspension of appraisal and revalidation activities.

We ask all practices to consider stopping any private work they are doing to help free up capacity.

We will make sure that funding does not influence clinical decision making by ensuring that all GP practices in 2020/21 continue to be paid at rates that assume that assume they would have continued to perform at the same levels from the beginning of the outbreak as they had done previously, including for the purposes of QOF, DES and LES payments.

This section:

- outlines the actions we are taking nationally now to support practices to free up capacity – see table 1
- identifies activities that practices can suspend in the circumstances set out where this is necessary to free up capacity to support the COVID-19 response – see table 2. This may be added to or amended in due course as required
- recommends that commissioners suspend their locally commissioned services, schemes and pilots unless these will directly support the response to the Covid-19 outbreak – see table 3.

From the date of this letter until a new announcement is made, a practice is not required to provide the activities set out in table (ii) where this is necessary as a result of work generated by the COVID-19 response and where that would be clinically appropriate as part of clinical prioritisation.

Commissioners are expected not to take remedial action under the contract in such circumstances and swift changes to Regulations are expected to give statutory force to this position. We will update practices once these Regulations come into force.

4. Further communications

We will continue to send regular updates, hold regular webinars and share information as the situation unfolds. On Thursday 11th March we held two webinars. The first discussed the move from the contain to delay phases, and support in place for colleagues and patients. The second discussed how to use remote triaging and online consultations in managing COVID-19. Although more than 1,000 people attended each webinar, we recognise that not everyone who wanted to attend would have been able to. They will be uploaded to our website on this page: www.england.nhs.uk/coronavirus/primary-care/

The next webinar will be **held today (Thursday 19 March), at 5pm**. To join either:

Call one of the dial-in numbers before the start time (0800 121 4113 or 01296 480 180), follow the instructions provided and when prompted, enter passcode: **944 128 72#**

Or

Copy this address and paste into your web browser: **https://btevent.webex.com**, enter event number: **164 512 778** , follow any further instructions and click join (you may have to accept a download to use the web conferencing application).

We will use a variety of additional methods to keep you informed of the emerging situation, alongside Royal Colleges, regulators and professional bodies, and through formal and informal networks including social and wider media. You can follow these Twitter accounts to keep up to date:

- NHS England and NHS Improvement @NHSEngland
- Department of Health and Social Care @DHSCgovuk
- Public Health England @PHE_uk

Again, thank you for your incredible commitment and patience in this rapidly evolving situation.

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Table 1: Actions we are taking nationally to free up capacity in general practice

	Activity	Update
1	QOF for 2019/20	QOF activity for 2019/20 is largely complete and QOF calculations will be made as usual. However, given the priority that may need to be given to COVID-19 work, we will undertake a piece of analysis to confirm the impact and will make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of COVID-19 activities.
2	QOF for 2020/21	We will protect QOF income as necessary to respond to COVID-19.
3	Dispensary Services Quality Scheme (DSQS) payments	For dispensing practices only, the DSQS will be suspended with immediate effect, with income protected. This includes ceasing DRUMs with immediate effect. Medication review should continue if essential.
4	Investment and Impact Fund (IIF)	We will defer the introduction of an incentive scheme for at least the first half of 2020/21. Investment for the first two quarters of 2020/21 will not be lost to PCNs.
5	Network Contract DES service requirements	The funding attached to the PCN DES in 20/21 will continue to be available to practices signing up. The introduction of the Structured Medication Review and Medicines Optimisation Service Specification will be postponed, in the first

		instance until October 2020. Networks should make every possible effort, to begin work on the early Cancer Diagnosis specification as planned, unless work to support the COVID-19 response intervenes. People who are concerned about any symptoms related to suspected cancer should still contact their GP and GPs should make sure they continue to refer those for suspected cancer for diagnostic tests as normal. Given the importance of delivering a coordinated service to care homes, the Enhanced Health in Care Homes service requirements will continue in line with the dates set out in the 2020/21 GP contract deal, and we will ensure alignment with COVID-19 pathways.
6	Network Contract DES: workforce returns	The additional workforce under the ARRS will be critical to the COVID-19 response. However, we recognise that PCNs may need more time to consider their workforce needs. We will therefore delay the deadlines for the workforce planning templates from 30 June to 31 August 2020, and the associated requirements on CCGs to redistribute unused

		additional roles funding to other PCNs until the end of September 2020.
7	Appraisals and revalidation	We strongly recommend that appraisals are suspended, unless there are exceptional circumstances agreed by both the appraisee and appraiser. This should immediately increase capacity in our workforce by allowing appraisers to return to clinical practice. Until reinstated, responsible officers should classify appraisals which are affected as 'approved missed' appraisals. For clarity, affected appraisals will be regarded as cancelled, not postponed. Separate advice on revalidation is being issued. In the meantime, for those doctors where appraisal has been cancelled and a recommendation is due, responsible officers are reminded that they may make a positive recommendation if the required supporting information has otherwise been presented earlier in the doctor's revalidation cycle. At the same time, if needed, doctors can be reassured that deferral is a neutral act and has no impact on their ability to practice as normal.

8	Scale down of CQC inspections	CQC has announced that from 16th March routine inspections will be suspended.

Table 2: Further activities practices may wish to consider suspending if necessary to free up capacity for COVID-19 response

	Activity	**Recommendation**
9	New patient reviews (including alcohol dependency)	Practices may wish to suspend the offer of a consultation within six months to new patients joining the practice list (including alcohol dependency screening). Using their clinical judgement, contractors may cancel consultations which have been offered but not yet taken up. Where, in their clinical judgement, the contractor considers a patient to be high risk and should receive a consultation, it should be undertaken remotely or in exceptional cases by home visit.
10	Over-75 health checks	Where a patient who is over 75 and who has not had a consultation in the previous 12 months, they may request one for a health check as per the GMS contract. Contractors may, using their clinical judgement, not provide that consultation if in their judgement that is not the right priority. They must, if they consider it clinically necessary for the patient to have a consultation for any reason, including in relation to COVID-19, continue to deliver that via the appropriate channel.

11	Annual patient reviews, including under QOF	These can be deferred if necessary (possibly to recommence from October) unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion.
12	Routine medication reviews	These can be deferred if necessary (possibly to recommence from October) unless they can be viably conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion. Key medication reviews should continue where a patient is being regularly monitored.
13	Clinical reviews of frailty	These can be deferred (possibly to recommence from October) including medication review, patient discussion, potential medical interventions and recording of those interventions for patients over 65 living with severe frailty. Where, in the contractor's clinical judgement, such a review is necessary they should be conducted remotely and/or in exceptional cases in person or by home visit as per local clinical discretion.
14	Friends and Family Test (FFT)	Practices will not be required to report to commissioners about FFT results.
15	Engagement with and review of feedback from	Practices can suspend engaging with and / or reviewing feedback from

	Patient Participation Groups (PPG)	their PPG, and may pause implementing any improvements previously agreed between the practice and the PPG unless, in the contractor's opinion, those are clinically necessary. Consideration should also be given to stopping any similar local activity that might involve gatherings of potentially vulnerable patients.
16	Dispensing list cleansing	For dispensing practices, dispensing patient list cleansing exercises can be deferred (possibly to recommence from October) until these measures have been formally rescinded.
17	PCN clinical director	PCN Clinical Directors may delegate many of their functions to a non-clinician where appropriate. The Core PCN Funding (£1.50/head) and Clinical Director funding may both be used to secure additional non-clinical support to the Clinical Director and to support the COVID-19 response.

Table 3: Services and activities we are recommending local commissioners consider suspending

	Activity	**Recommendation**
18	LESs/LISs and local and national pilots	Unless commissioned services are considered to support the national COVID-19 response, LES/LISs, local pilots, regional or nationally commissioned pilots

		should cease, based on local discretion. Funding, particularly to support staffing, should be maintained and re-directed to the primary medical care COVID-19 response. Given the importance of care homes services to the COVID-19 response, and the continued implementation of the Enhanced Health in Care Homes service through the Network Contract DES, commissioners should not decommission local care homes services until the requirements in the DES come into effect, and should ensure a carefully managed transition from local to national requirements.
19	Local audit and local assurance activities	Unless considered to support the national COVID-19 response the default should be to cease or reduce frequency.
20	Other local data collections	Unless considered to support the national COVID-19 response the default should be to cease or decrease frequency.

Where a practice provides services under local arrangements set out in table iii above, the practice must confirm the position with the relevant local commissioner before suspending any activity.

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Annex A

Digital primary care and COVID-19

The following sets out practical steps to support GP practices with remote triage and remote management of patients to:

- Enable and use a triage first model at the point of access by patients to general practice.
- Enable the public to receive advice and care without attending practices in person, unless in-person care is clinically required.
- Use telephone, video and online consultation technology to support triage and remote management of patients.

Specifically, commissioners, PCNs and practices should be taking the following actions:

- All practices should move to a triage first model as rapidly as possible to protect patients and staff from possible infection.
- To support a triage first model, practices and commissioners should either promote **online consultation services** where they are in place or rapidly procure online consultation services. Rapid procurement for those practices that do not currently have an online consultation solution will be supported through a national bundled procurement. This will be available within the next 14 days and will be accessed by commissioners on behalf of practices. Commissioners should approach our regional teams for more information on this process.
- Triage may be delivered by telephone but practices should also promote online consultation and introduce an online consultation service where they don't already have it. Telephone access should be maintained to ensure services are available to those patients where there are barriers to digital access.
- Practices should manage patients remotely unless in-person care is clinically required, in order to minimise infection risk.
- Current pre-booked appointments should be carried out remotely unless in-person care is clinically required.
- Video consultations should be used for remote management where possible. Options are being developed nationally to enable roll out of video consultation capability to all practices as soon as possible.
- To support a triage first model, online appointments that are pre-bookable by patients should be converted to remote triage appointments (as per previous **guidance**) OR turned off where online pre-bookable appointments are not part of the triage process (for example if all triage is handled through an online consultation system).
- The contractual commitment requiring 25% of appointments to be available online does not apply to practices that have implemented a triage first model.
- Practices **must not** turn off other patient-facing digital services, ie repeat prescription ordering and patient access to medical records. These services

should still be available to patients via the NHS App and other tools. If this functionality has been switched off, it should be switched back on.

- Practices should retain appointments for 111 to directly book on behalf of patients who have been through 111 triage, but should offer these as telephone/video appointments unless in-person care is clinically necessary.
- Practices should enable record sharing across PCNs (as a minimum), where this is not already in place.
- Patients should be strongly encouraged to use online services for repeat prescription ordering.
- Practices must use the Electronic Prescription Service (EPS) and should aim to move patients to electronic repeat dispensing unless there is a clinical reason not to do so. There should be no move to increase the duration of prescriptions.

Some guidance or resources have been linked to above. Additional guidance and resources on all these points will be rapidly developed for commissioners and practices and will be made available on the our primary care coronavirus web pages and on the Digital Primary Care Future NHS Site.

Commissioners should be identifying and reprioritising implementation resources in their area to support practices and PCNs in delivering the above. Where there are gaps and issues these should be discussed with NHS England and NHS Improvement Regional Teams.

We recognise the importance of explaining these changes to patients and have developed the following message for patients to support this, to be used as needed.

> *To reduce your chances of catching COVID-19 and reduce pressure on your local GP practice during this busy time, appointments will be carried out over the phone or through (ADD OTHER OPTIONS AVAILABLE) unless there is a clinical need for you to come into the practice. This will help minimise risk while continuing to ensure people get the care and advice they need.*

NHSx Digital Primary Care – text messaging and remote working advice for Practices

SMS messaging

At this time, practices will need to be able to send messages to patients in much greater volume than normal. Most areas already have unlimited SMS plans. For those that don't and need additional credits for SMS messaging, they should urgently secure the additional capacity through their local commissioning groups. If your CCG needs additional funding to cover this, please ask that they contact pcdt@nhsx.nhs.uk.

Remote working - laptops

GP practice staff will increasingly need to work from home or in settings outside the practice. Some areas have already deployed laptops or other forms of remote working for practice staff. Where this has not happened and where additional equipment is urgently needed, local commissioners will provision the equipment and support services. If local commissioners are unable to respond either through lack of equipment or funding or both, we will support them nationally. Please note that any equipment used for access to clinical systems must conform with Securing Excellence in Primary Care: The Primary Care (GP) Digital Services Operating Model 2020-21 standards.. A minimum specification and guidance for any laptop devices procured for emergency purposes can be found at the end of this section.

Smartcards

Smartcards will be needed for certain functions in clinical systems such as electronic prescription service and electronic referral service. Smartcards are provided through local commissioners who should be able to respond to your needs. If that isn't happening, please contact pcdt@nhsx.nhs.uk..

Remote working – Bring Your Own Device (BYOD)

NHSX has provided advice on staff using their own devices for access to NHS systems during this period.

If your Data Protection Officer or Caldicott Guardian is unsure of appropriate action to take, you can direct Information Governance questions to the NHSX IG Policy team. If local commissioners are unable to respond either through lack of equipment or funding or both, we will support them nationally, please ask that they contact pcdt@nhsx.nhs.uk..

Telephony

If practices don't have enough telephone capacity to deal with inbound calls from patients and outbound calls from practices, please let us know as we are looking to understand the extent of additional funding that might be required.

Headsets

Headsets are likely to be required to support telephone and video consultation. Please advise if you need additional equipment and we will advise arrangements for funding.

If you need more advice, please contact: pcdt@nhsx.nhs.uk.

Please note we will be working with regional offices and CCGs to ensure they are able to meet these requirements.

Remote working

The most appropriate method of connection is via a HSCN VPN token which will provide connectivity to the clinical application, we are stipulating the provision of smart card readers to enable spine connected services to function. Further

connection to practice specific information such as shared drives etc. should only be provided through devices supplied and maintained by your GP IT delivery partner. This approach eliminates a number of security and data handling risks. We are continually reviewing alternative methods to provide remote working capability and will be working with partners in NHS Digital and local systems to explore options.

Laptop Technical Specification

Use of agreed image (usually specific to the individual GPIT delivery partner organisations/CCG) to include:

- VPN token (hard or soft) or VDI capability
- WES including browser & smartcard software
- WiFi enabled
- 4G
- W10 & ATP
- Antivirus
- TPM chipset
- encryption
- clinical systems (TPP, EMIS, Vision)
- MS Office/O365 (Word integration set-up)
- NHS mail
- built in
    - voice capability
    - speakers
    - camera
    - smartcard reader
- video consultation software (EMIS, TPP, AccuRx or other solution as appropriate)
- headset

Data Security and Protection Toolkit Submission 2019/20

It is critically important that we remain resilient to cyber attacks during this period of COVID-19 response. The Data Security & Protection Toolkit (DSPT) helps organisations check they are in a good position to do that. Most organisations will already have completed, or be near completion of, their DSPT return for 2019/20.

However, in light of events, NHSX recognises that it will be difficult for many organisations to fully complete the toolkit without impacting on their COVID-19 response. NHSX has therefore taken the decision to push back the final deadline for DSPT submissions to 30 June 2020. Organisations can choose to complete DSPT before that date. If they do so, and if they fully meet the standard, those organisations will be awarded 'Standards Met' status, as in previous years.

Where organisations have separate agreements with commissioners or information sharing partners, the existing deadline remains unchanged unless agreed between relevant parties.

Whilst the DSPT submission deadline is being relaxed to account for COVID-19, the cyber security risk remains high. All organisations must continue to maintain their patching regimes. Trusts, CSUs and CCGs must continue to comply with the strict 48hr and 14 day requirements in relation to acknowledgment of, and mitigation for, any High Severity Alerts issued by NHS Digital (allowing for frontline service continuity).

This message will be made available on the news page of the news page of the Data Security and Protection Toolkit.

Further advice for organisations completing their Data Security and Protection Toolkit assessment is available from www.dsptoolkit.nhs.uk/Home/Contact

Temporary lifting of restrictions for GP retainers who wish to opt in for additional sessions

We recognise that some retained GPs may wish to support efforts to ease the challenges primary care may face in relation to COVID-19. NHS England and NHS Improvement is temporarily lifting the restrictions on the maximum number of day time in hours sessions GPs currently supported by the National GP Retention Scheme may conduct, provided the following two conditions are met:

1. Retained GPs' increased participation is voluntary.
2. Retained GPs have access to their existing level of support including in supervision during this period and that their needs are reviewed regularly.

Retained GPs, who wish to increase their sessional commitment above their agreed number under the GP Retention Scheme, should notify their CCG via the local HEE scheme lead of their intention.

Retained GPs and their employing practice will continue to receive the financial support in line with their existing agreement. **Any additional sessions retained GPs choose to undertake during this temporary lift will not attract additional scheme payments.**

This position is effective immediately and for one calendar month in the first instance (until 10 April 2020). The position will be reassessed regularly and is subject to change.

Offer of PPV vaccine in response to COVID-19

We ask that where feasible and where vaccine stock is available, that you continue seeking to identify and offer Pneumococcal Polysaccharide Vaccine (PPV23) to those eligible. Given recent vaccine constraints, we recognise that PPV23 can be

offered at any time in the year to those most at risk including those aged 2 years and over in clinical risk groups in the first instance. Public Health England has issued guidance on those requiring prioritisation where vaccine is constrained please see pages 12-15
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/844742/PHE_11388_vaccine_update_300_bug_special_october2019ppv.pdf

For reference, we have included the Enhanced Service Specification for PPV outlining service requirements www.england.nhs.uk/wp-content/uploads/2019/03/dess-sfl-and-pneumococcal-1920.pdf and the Pneumococcal Green Book chapter
www.gov.uk/government/publications/pneumococcal-the-green-book-chapter-25

Local delivery plans during the major incident will continue to be updated as appropriate and your local primary care cell will be able to address any questions you may have.