

This letter is one of a series of regular updates to general practice about the coronavirus (COVID-19) situation. A 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/>

We also send out a daily primary care bulletin, which you can sign up for here:

<https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>

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Dear GPs and GP Commissioners

These letters provide updates on the ways we are adapting to manage the continued delivery of primary care to our local populations during the COVID-19 pandemic.

We trust and support healthcare professionals to use their clinical judgement when applying this guidance in what we appreciate is a highly challenging, rapidly changing environment.

Contracting updates:

Update on changes to the GP Contract Regulations

The GMS & PMS Regulations, and APMS Directions, have been amended to formalise the arrangements announced in our letter dated 19 March 2020 to free up capacity in general practice¹. The changes to the Regulations:

- **enable NHS England and NHS Improvement to suspend specific terms of the GP contracts during a pandemic** with the agreement of the Secretary of State. Annex A sets out the specific terms that we have previously advised practices they can consider suspending if they need to free up capacity.
- **temporarily amend the definition of “core hours”** so that it may include Good Friday and Easter Monday and bank holidays.
- **increase the minimum number of appointments that practices must make available for 111 direct booking:** From the date of this letter until 30 June 2020, all practices in England must make available a minimum of 1 appointment per 500 patients for direct booking from 111. See our letter dated 27 March for further details.²

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf>

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/gp-preparedness-update-letter-27-march-2020-.pdf>



The amended legislation is called the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020. The Regulations can be found here <http://www.legislation.gov.uk/uksi/2020/351/made>. See Annex A for further details.

Network Contract DES

Recognising the impact of COVID-19 on practices, and following our [letter of 19 March 2020](#) setting out changes to the Network Contract Directed Enhanced Service (DES), we have published the [Network Contract DES for 2020/21](#) alongside a cover note and associated guidance. These are available here: <https://www.england.nhs.uk/gp/investment/gp-contract/>.

Please contact england.gpcontracts@nhs.net with any queries.

NHS immunisations

While preventing the spread of COVID-19 and caring for those infected is a public health priority, it is very important to maintain good vaccine uptake and coverage of immunisations. The routine immunisation programme will continue to play a critical role in preventing ill-health through diseases other than COVID-19.

Where practices experience high demand on services, it is important to prioritise time sensitive vaccines for babies, children and pregnant women:

- All routine childhood immunisations offered to babies and infants including vaccines due at one year of age including the first MMR dose
- All doses of targeted hepatitis B vaccines for at-risk infants should also be offered in a timely manner
- Pertussis vaccination in pregnancy
- Pneumococcal vaccination for those in risk groups from 2 to 64 years of age and those aged 65 years and over (subject to supplies of PPV23 and clinical prioritisation)

In addition to protecting the individual, this will avoid outbreaks of vaccine-preventable diseases that could increase further the numbers of patients requiring health services.

Due to the public health advice on social distancing and shielding, practices are not expected to offer the opportunistic shingles vaccine for those aged 70 years, unless the patient is already in the GP practice for another reason.

We have also published the Vaccinations and Immunisations Directed Enhanced Service (DES) and Enhanced Service (ES) specifications for 2020/21. We have only made minor changes to this year's service specifications, mainly to update the dates. We have not made any changes to service delivery.

Documents are available at <https://www.england.nhs.uk/gp/investment/gp-contract/>. Please contact england.gpcontracts@nhs.net with any queries.

Child Health Surveillance (NIPE Infant Check)

The Newborn and Infant Physical Examination (NIPE) infant check can be delayed until 8 weeks of age to coincide with the first primary childhood immunisations so they can be done in one visit.

Guidance

Below captures what we have shared with you recently. We are also developing the content on our website to ensure that frequently asked questions are more accessible and answers are regularly updated.

All of our latest guidance for healthcare professionals can be found here:

<https://www.england.nhs.uk/coronavirus/primary-care/>

Guidance and standard operating procedures for COVID-19 for general practice are here: <https://www.england.nhs.uk/coronavirus/primary-care/general-practice/>

The government's latest guidance is here: <https://www.gov.uk/coronavirus>.

Public Health England's latest Personal Protective Equipment (PPE) guidance is here: <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>

Daily primary care bulletin

Please do subscribe to our daily primary bulletin as this is the quickest and most effective way to access all the latest information: <https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/>

Previous issues are on our website:

<https://www.england.nhs.uk/coronavirus/primary-care/other-resources/primary-care-bulletin/>

Most recently the bulletins have covered:

- [Bank holiday preparations](#)
- [Identifying highest risk patients](#)
- [NHS Volunteer Responders: Guidance for primary care professionals](#)
- [Maintaining standards and quality of care in pressurised circumstances](#)
- [Remote working](#)

Webinars

We hold a GP webinar every Thursday at 5pm. Our next webinar is on **Thursday 16 April 2020, from 5pm to 6pm.**

You can find joining instructions for all upcoming webinars (including additional webinars focused on digital primary care) on our website:

<https://www.england.nhs.uk/coronavirus/primary-care/other-resources/webinars/>

Additional sources of information

We will continue to use a variety of additional methods to keep you informed, 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

Thank you for your incredible commitment and support in these challenging and rapidly evolving times.



Nikki

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Annex A: Further details on changes to the GP Contract Regulations

The GMS & PMS Regulations, and APMS Directions, have been amended to formalise the arrangements announced in our letter dated 19 March 2020 to free up capacity in general practice.³ This Annex sets out details of the changes to the Regulations.

Specific terms that can be suspended under the GP contracts

In line with our previous letter, from 30 March 2020 until 30 June 2020, GP practices may suspend the following activities in the circumstances set out below, where this is necessary to free up capacity to support the COVID-19 response.

Table 1: Specific terms that can be suspended under the GP contracts

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.
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 General Medical Services (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.
Annual patient reviews, including under QOF	These can be deferred if necessary unless they can be viably conducted remotely and/or in exceptional cases in

³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/preparedness-letter-primary-care-19-march-2020.pdf>

	person or by home visit as per local clinical discretion.
Routine medication reviews	These can be deferred if necessary 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.
Clinical reviews of frailty	These can be deferred 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.
Friends and Family Test (FFT)	Practices will not be required to report to commissioners about FFT returns.
Engagement with and review of feedback from Patient Participation Groups (PPG)	Practices can suspend engaging with and / or reviewing feedback from 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.
Dispensing list cleansing	For dispensing practices, dispensing patient list cleansing exercises can be deferred until these measures have been formally rescinded.

The GMS & PMS Regulations, and APMS Directions, have been amended to provide a legal basis for these changes. The amending legislation is called the National Health Service (Amendments Relating to the Provision of Primary Care Services During a Pandemic etc.) Regulations 2020. The regulations themselves can be found here <http://www.legislation.gov.uk/uksi/2020/351/made>

New requirements introduced under the GP Contracts

The new Regulations amendment also gives commissioners some amended powers to assist in the management of the Covid-19 pandemic in relation to:

- **Easter and Bank Holiday working:** Because there may be a high incidence of illness over Easter weekend, and looking forward to May bank holidays, this announcement temporarily amends the definition of “core hours” so that it may include Good Friday, Easter Monday and May bank holidays. This applies to GP practices in England from 30 March until 30 June 2020.
- **111 direct booking:** It is a key priority for management of the COVID-19 pandemic to establish an efficient triage system that is safe for patients and NHS workers. General advice is that people who feel unwell should first visit NHS 111 online, or ring NHS 111 and from there they will be triaged into the appropriate stream. There will be a significant cohort of patients who are unwell enough that they need to see a clinician and many of those patients will need to be referred to their GP. Previously, practices were only required to make one appointment per 3,000 registered patients per day available for direct booking by NHS 111. The amended Regulations give the Board and the Secretary of State the power to increase that number, in some cases extending to the whole appointments book. From 30 March 2020 until 30 June 2020 all practices in England must make 1 appointment per 500 registered patients per day available for direct booking by NHS 111.

Further actions we are taking to minimise workload on practices

NHS Friends and Family Test

Submission of Friends and Family Test (FFT) data has now been suspended until further notice. You do not need to keep a count of responses collected during the suspension period and there will be no penalties for not complying with any part of the FFT guidance during this period. We will advise people when to restart submitting FFT data later in the year.

It remains as important as ever to listen to patients and enable them to raise concerns about the services they are using. FFT can still be a route for them to do this but you should avoid any methods that have a risk of infection such as feedback cards or tablets.

The requirement to change to the standard FFT question (as we set out in the [revised guidance](#) published in September 2019), has been postponed. We will provide more advice about adopting the new question in due course. If you have already made the change that is fine and if you still plan to make change over the coming months, that is also fine.

If you need any further information or advice about the FFT or the suspension, please contact our helpdesk in the first instance by emailing: england.friendsandfamilytest@nhs.net

Complaints

NHS England and NHS Improvement are supporting a system wide 'pause' of the NHS complaints process to allow all healthcare providers in all sectors to concentrate their efforts on the front-line duties and response to COVID19. This means that:

- all providers should ensure that patients and the public are still able to raise concerns or make a complaint, but that the expectation of an investigation and response in the near future is managed.
- all providers would continue to acknowledge complaints, log them on their respective systems, triage them for any immediate issues of patient safety, practitioner performance or safeguarding and take immediate action where necessary. All complaints would then remain open until further notice, unless an informal resolution could be achieved, or the complainant chooses to withdraw their complaint.
- in secondary care where PALS offices still operate, they could still provide support by email and telephone and this should be encouraged for patients and the public to engage with the organisation.
- CCGs should ensure that they continue to have open channels of communication with patients and the public.
- we would advise the system that consideration should be given to complainants who, at the time of the "pause", have already waited excessively long for their response (specifically those who have waited six months or more) these should be reviewed to ascertain if and how these can be resolved to the complainant's satisfaction.

The initial "pause" period is recommended to be for three months with immediate effect. All health care providers can opt to operate as usual regarding the management of complaints if they wish to do so and this "pause" is not being enforced. Please note that of 26 March, the Parliamentary and Health Service Ombudsman has stopped accepting new NHS complaints and has stopped work on open cases.

List reconciliation

We have instructed Primary Care Support England (PCSE) to pause all routine list reconciliation and data quality checks. This does not include activities required to ensure new patient registrations are processed in a timely manner (for example responding to rejected registration queries or processing changes of identity such as adoptions), which are essential to ensure patients are registered and therefore able to access primary medical services.

QOF

Our letter of 19 March 2020 confirmed that calculations for QOF 2019/20 would be made as usual, but that we would undertake a piece of analysis to understand the impact of COVID-19 and a one-off financial adjustment for practices who earned less in 2019/20 than 2018/19 as a result of Covid-19 activities.

Access to historic online patient records

As part of the 2020/21 GP contract deal, we introduced a new contractual requirement for all patients to have online access to their prospective record, and to their full historic record on request. This built upon the existing requirement for practices to grant newly registered patients access to their prospective records. We recognise that practices are unlikely to have capacity to grant access to patients' full historic records during the outbreak – and wanted to clarify that there are already provisions under the Regulations for practices to delay providing the facility to a patient for a specified period if the contractor considers that it would have an adverse impact on the provision of essential services.