



Dear Colleague

Welcome to this week's edition of the LMC Express. The local updates for this week include:

- Summary of Access Contract Changes 23/24
- Maidstone and Tunbridge Wells (MTW) - Changes to Osteoporosis Referral process
- Medway Foundation Trust (MFT) - Raising interface issues via Kent LMC
- DS1500 Replacement Form: 'Special Rules' (SR1) Update for GPs
- GPAS Update - Submission to National Dashboard
- GPC Virtual Roadshow: Contract Changes 23/24
- A Message from NHS Kent & Medway: Digital Champions Network
- New to Partnership Scheme (N2PP) - deadline for applications
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Summary of Access Contract Changes 23/24

The 23/24 GP Contract, QoF and IIF schemes focus on practice's improving access for patients. To clarify what is expected, guidance on each scheme is given below:

GP Contract:

On 6th March 2023, NHS England declared its intention to impose contractual changes onto practices. These changes are include in the letter [NHS England » Changes to the GP Contract in 2023/24](#).

The specific regulatory changes relating to Access were laid before parliament on 18th April and due to come into force on 15th May.

We strongly recommend the BMA guidance on interpreting these changes is considered [GP access: meeting the reasonable needs of patients \(bma.org.uk\)](#).

The LMC summary is:

- Both the BMA and the LMC believe this should be implemented in line with the BMA Safe Working Guidance.
- The purpose of the new requirement is to stop practices from asking patients to call back another time/the next day to make an appointment. Instead, when practices have reached safe clinical limits they can signpost patients to other appropriate clinical settings. For example: 111; UTC, Urgent Mental Health Helpline; and the Community Pharmacy Consultation Service (CPCS).

- The contract does not stipulate the timeframe in which a further assessment or appointment is to be offered. It states the further assessment should take place, “at a time which is appropriate and reasonable having regard to all the circumstances”. The target to have seen patients within 14 days is within QOF and IIF. Some practices will be able to achieve this, but if practices cannot, this is not a breach of the contract. Although it will have some impact on QOF income.
- It is important that the system develops escalation routes for practices that have reached safe capacity. Practices should ensure that they reflect pressures in their GPAS weekly submissions to enable the LMC to focus system partners on developing escalation plans that enable safe onward signposting of patients.

IIF

In 23/24, IIF has been simplified so that 70% of funding will be paid to practice on a monthly basis. The remaining 30% will be paid on delivery of a Capacity, Access and Improvement Plan based on 3 areas:

1. patient experience of contact;
2. ease of access and demand management; and
3. accuracy of recording in appointment books

The Kent & Medway ICB bulletin of 20th April [General practice update 20 April 2023 \(mailchi.mp\)](#) contains a link to a survey to be submitted to the ICB by 5th May for agreement with the ICB by 12th May. A subsequent email sent to PCNs on Friday 21st April, clarifies **the survey responses are optional, with only the plan for each being mandatory.**

The Capacity and Access guidance can be found at [PRN00157-ncdes-capacity-and-access-payment-2023-24-guidance.pdf \(england.nhs.uk\)](#).

Please note page 2, point 5:

‘ICBs, PCNs and member practices should co-develop and co-own a local improvement plan setting out the changes they intend to make. **Local improvement plans should address any identified barriers to improvement or wider support required and link to local support offers for integrated primary care, and where commissioner support is required, commissioners should commit to providing that support.** The funding provided through the National Capacity and Access Support and Improvement Payment can be used by PCNs to take forward development and delivery of their local improvement plan’

Therefore, when creating their outline plans, we suggest that PCN’s consider what support they require from the ICB to be able to deliver those plans, whether that be to maintain or increase access, or to deliver access to patients through other means (ie UTCs, Same Day Hubs, secondary care interface), or the integration of community staff with PCNs.

The ICB will be holding a webinar on Thursday 27th April at 12pm to discuss suggestions for plans and provide further information.

The LMC summary is:

1. Patient experience of contact is based on FFT feedback and the GP patient Survey. Practices need to ensure they enable practices to submit FFT feedback after an appointment and to submit monthly via CQRS. Plans should reflect the specified 5 questions from the practice's GP survey results and how scores can be maintained or improved.
2. Ease of access and demand management is based on practices either having or migrating to cloud based telephony (CBT) and utilising reporting functions to understand and manage demand and enabling online consultations in core hours.
3. Accuracy of appointment books. Practices are strongly encouraged to read the guidance to understand the 8 appointment slot types that will be reported on to identify if a patient has been booked an appointments with 14 days. Not all slot types will be reported on for these purposes so thinking carefully about how appointments will be mapped is critical.

QoF Access

The 23/24 Qof Framework can be found at [NHS England » Quality and Outcomes Framework guidance for 2023/24](#) and include a Quality Improvement module on Optimising Access to General Practice.

Practices objectives of the QI module are to:

- Understanding data in relation to practice demand and capacity.
- Raising understanding of quality improvement techniques
- Making changes that enable more effective use of capacity and therefore better meet demand (e.g. reducing the number of avoidable appointments)
- Improving staff well-being
- Improving patient experience

The exercise is carried out at practice level and verification is through submission of the template included in the QoF framework, with practices required to self-declare that they have attended a minimum of two PCN peer review meetings (either in person, where appropriate, or virtually).

Maidstone and Tunbridge Wells (MTW) - Changes to Osteoporosis Referral process

MTW has recently introduced changes to osteoporosis referrals that have meant that if the new referral form is not used and completed the referral will be rejected. This process was introduced without consultation.

The new process represents a significant transfer of work to general practice and there is no legal basis for a referral to be rejected. Practices can continue to make referrals as they were prior to the new process being introduced. If referrals are rejected we recommend a reply using [this template letter](#) from our website.

Kent LMC Medical Directors are picking this up with MTW and we will update you once further information is available.

Medway Foundation Trust (MFT) - Raising interface issues via Kent LMC

Kent LMC has agreed with MFT a process whereby practices are able to raise issues that arise from the interface with secondary care. Practices that wish to raise such concerns are first asked to send anonymised details (e.g. anonymised outpatient clinic letters) to info@kentlmc.org

For more information regarding the standards for primary to secondary care interface please see the following documents:

- [The Interface between Primary and Secondary Care - Key Messages for Clinicians and Managers \(NHS England\)](#)
- [Pushing back on Workload from Secondary Care \(BMA\)](#)
- [Raising concerns - primary to secondary care interface \(Kent LMC\)](#)

DS1500 Replacement Form: 'Special Rules' (SR1) Update for GPs

The DS1500 form which was used to 'fast-track' benefits for patients with a prognosis of 6 months or less has been replaced by the 'SR-1' form (Special Rules-1 Form). It is largely the same form with two sections. The first relates to the patient diagnosis. The major change here is that there is more leeway in your estimation of the patient's prognosis - it is now 12 months with an understanding there is difficulty in estimating the duration of the final illness.

The second part of the form is completed to seek payment by the medical practitioner (the fee) who has completed the form.

The form is based online via NHS Spine portal, however if this does not function, hard copies (PDF attached) can be emailed.

<https://www.gov.uk/government/publications/dwp-factual-medical-reports-guidance-for-healthcare-professionals/the-special-rules-how-the-benefit-system-supports-people-nearing-the-end-of-life>

GPAS Update - Submission to National Dashboard

Thank you to all practices that continue to provide a weekly a submission. The information you provide is invaluable in evidencing the pressure general practice is operating under.

The Kent GPAS report is now included in a National GPAS reporting dashboard and we will need to submit our Opel Status (GPAS state) into the national dashboard by 2pm every Thursday so we would ask that all practices complete their GPAS submission by Wednesday of each week.

Submissions continue to be completely anonymised. The LMC is not able to identify individual practices from the submissions. The only data that is shared with either the ICB or other stakeholders is aggregated at HCP or Kent and Medway level. The more practices that take part in GPAS, the more robust the evidence will be. Collecting this data is assisting the LMC in illustrating operational pressures in general practice. The report takes less than 5 minutes to complete each week.

We would encourage every practice to submit a report on weekly basis and to provide comments and feedback.

The LMC is able to assist with getting practices started on reporting. Information can be found on our website at [Kent LMC - General Practice Alert State \(GPAS\)](#) or please email the LMC at info@kentlmc.org

Furthermore, if you are experiencing acute operational pressures please do get in touch.

[To view the latest GPAS SitRep please click here](#)

GPC Virtual Roadshow: Contract Changes 23/24

GPC Virtual Roadshow Contract Changes 23/24 will be at 19.00 – 20.30 on Wednesday 26th April. David Wrigley, Deputy Chair of GPC England will be attending to discuss the current changes and proposed GPC responses: [Click here to join the meeting](#)

A Message from NHS Kent & Medway: Digital Champions Network

Are you interested in upskilling and expanding your digital knowledge? Do you want to collaborate with others in primary care across Kent and Medway? The Digital Team at NHS Kent and Medway (ICB) have launched a Digital Champions network which is open to all in primary care to share, collaborate and learn about how we can make our lives easier with tech. A host of new technologies and software have been deployed in general practice over the last few years and this network can help you build your confidence and skills when using these products.

[Join the community here.](#)

Additionally, a new space has been developed in collaboration with Barclays Digital Eagles, giving you access to a suite of training materials on the clinical systems you use. You can also access training on topics such as online safety and social media.

To access the Digital Wings space, [click here](#). To register you must type **NHSKM** in the field which asks for a 'company code'.

Lunch and learn digital session

An interactive learning session is being held on Wednesday, 26 April from 12.30pm to 1.30pm.

[Click here for the joining link.](#)

New to Partnership Payment Scheme (N2PP) – deadline for applications

The N2PP scheme was introduced in July 2020 for an anticipated two years. In December 2021, NHS England extended the scheme into 2023.

GPs and other clinical staff intending to apply for the scheme need to have entered into an equity partnership by 31 March 2023 to be able to **submit an application by 30 June 2023**. Find out more about the application process [online](#) or you can email england.newtopartnershipenquiries@nhs.net.

There are currently a few spaces left on the programme, Pathway to Partnership to support you on Leadership, Strategy and Operations with implementation in your practice.

Full information can be found here - <https://qualitasconsortium.uk/pathway-to-partnership/>

A message from Kent and Medway's Staff Mental Health and Wellbeing Service

Following the success of *talking wellness* online training sessions in February we have some more training opportunities in March and April available for staff to attend, and have added an additional date on Tuesday 2nd May. Join talking wellness for one of our online training sessions to learn more about the importance of mental health wellbeing. To book a place please click the link:

<https://bookwhen.com/kentandmedway>

Kind regards

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*Supporting list based personalised care,
the partnership model and meaningful collaboration*