



Face to face access letter and your contractual obligations, 17 May 2021

Further to my message on Friday, I am sure you will now be all too aware of the letter issued by NHS England on Thursday evening, purporting to advise GP practices how to improve patient access to general practice services, as Government Covid-19 advice changed from Monday 17 May. I can confirm that this letter was not discussed in any form with the BMA General Practitioners Committee and that it has no contractual force; it is guidance, and given the Prime Minister's announcement at his briefing on Friday of the likelihood of a surge in infections from variant B.1.617 – London already has the highest number of cases - it is poorly thought through guidance at that.

So, what should practices do now? If you are offering patients:

Access to your practice via telephone/online and your reception is also open;

Face to face appointments based upon your assessment of clinical need following a discussion between the clinician and the patient

On-line access for a proportion of your appointments;

A discretionary e-consultation (or equivalent) platform, which need only be during core hours Monday-Friday 08:00-18:30, and;

Information about your services via your practice website,

then you are complying with the terms of your contract. You are not obliged to offer a face-to-face appointment solely upon request and it is well worth revisiting and thoroughly digesting the relevant parts of the Contract Regulations which are highlighted below:

(4) The services described in this paragraph are services required for the management of a contractor's registered patients and temporary residents who are, or believe themselves to be –

ill, with conditions from which recovery is generally expected;

terminally ill; or

suffering from chronic disease,

which are delivered in the manner determined by the contractor's practice in discussion with the patient.

(5) For the purposes of paragraph (4) – "disease" means a disease included in the list of three- character categories contained in the tenth revision of the International Statistical Classification of Diseases and Related Health Problems; and "management" includes –

offering consultation and, where appropriate, physical examination for the purposes of identifying the need, if any, for treatment or further investigation; and

making available such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services under the Act and liaison with other health care professionals involved in the patient's treatment and care.

So to be clear, our advice is stick to the terms of your Contract.

With best wishes and thanks to Dr Julius Parker of Surrey and Sussex LMCs for his timely analysis of the contractual force of the NHS England letter, which we have reproduced above with his permission. Be assured, at Thursday's GPC England meeting, the mood of London's general practice will be fully represented. Dr Michelle Drage Chief Executive Londonwide LMCs