

Summary for General Practices: Sir Simon Stevens' Phase 3 NHS Response Covid-19 Letter (31 July 2020)



Date: 19.08.2020

The [letter](#) is written to CEOs of trusts and foundation trusts, CCG accountable officers, GP practices and PCNs, community health providers and NHS 111. It sets out the 'third phase' of the Covid-19 response and NHS England's priorities for the rest of this financial year (2020/21). It builds on the [update to GP contracts](#) issued on 9 July. Expected outcomes for different providers are summarised below:

NHS England expectations for primary care

- Restore activity to usual levels "where clinically appropriate".
- Reach out proactively to clinically vulnerable patients and those whose care has been delayed.
- Offer face to face appointments as well as continuing remote triage.
- Consider the needs of those unable to access or engage with digital services.
- Address the backlog of childhood immunisations and cervical screening.
- Deliver an expanded flu immunisation programme (more detail to follow).
- Identify all those with a learning disability and complete their annual health check, proactively arrange their flu immunisation and relevant screening.
- Complete all outstanding Learning Disability Mortality Reviews (LeDeR) by December 2020.
- Deliver the PCN service requirements coming into effect on the 1 October.
- Together with PCNs and community health services, build on support to care homes and begin a programme of structured medication reviews.
- Work with trusts to communicate with those patients whose planned care was disrupted explaining the plans for their care.
- Collaborate with secondary care to avoid an onward referral whenever appropriate and use advice and guidance instead.
- Continuing healthcare assessments must resume on 1 September.

NHS England expectations for secondary care

1. Restoration of full operation of all cancer services

- STP or ICS to commission their Cancer Alliance to rapidly draw up delivery plans for September 2020 to March 2021 and to include:
 - Sufficient diagnostic capacity to reduce the number of patients waiting for diagnostics.
 - Expanding the capacity of surgical hubs to meet demand to reduce the number of patients waiting for treatment.
- Fully restarting all cancer screening programmes.

2. Recovery of the maximum elective activity possible between now and winter

- Making full use of NHS capacity; and re-contracted independent hospitals (until March 2021).
- Clinically urgent patients treated first, then those patients waiting the longest; specifically those breaching 52 weeks by end of March 2021.

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3. 90% of last year's activity in overnight electives and outpatients/day care procedures by October
4. MRI/CT, endoscopy procedures to reach 100% activity by October
5. E Referrals fully open for referrals from primary care
6. Provide patient-initiated follow up across all the major specialties
7. Collaborate with primary care to offer advice and guidance instead of referral
 - Practices might have issues if the advice and guidance demands extra workload and responsibilities for GPs.
8. Collaborate with primary care to ensure every patient whose care has been disrupted receives a clear communication about their planned management
 - This should again involve reasonable expectations for primary care and should be led by secondary care.
9. Discharge patients in accordance with forthcoming updated "Hospital Discharge Service Requirements"
 - Any patients discharged from hospital between 19 March 2020 and 31 August 2020 whose discharge package has been paid for by NHS will need to move to core NHS, social care or self-funding.

The recommencement of secondary care services should represent a reduced workload and level of risk being carried by general practice and is welcome news. Timescales are tight and may become difficult for secondary care to achieve. The LMC will be working to ensure that any changes to service delivery do not negatively impact on general practices.

NHS England expectations for community care

- Resume home visits for all those vulnerable and shielding patients who need them.
- Continue to support ongoing rehabilitation to those suffering from the longer-term sequelae of Covid-19.

NHS England expectations for mental health services

- Expand and improve mental health services and services for people with learning disability and/or autism.
- Every CCG must increase investment in mental health services in line with the Mental Health Investment Standard. This will be audited.
- IAPT services should fully resume.

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- The 24/7 crisis helplines should be retained to develop into a national service.
- Review caseloads to proactively increase therapeutic activity and supportive interventions to people with severe mental illness.
- Maintain the growth in the number of children and young people accessing care.

The LMC will be working hard to ensure that these aspirations for mental health and community care are achieved as quickly as possible.

NHS England expectations for CCGs

- Increase investment in mental health services.
- Expand the range of services patients can self-refer to in conjunction with practices.
- Resume NHS Continuing Healthcare assessments from 1 September 2020.
- Work towards merging into one for a single STP/ICS by April 2021 to streamline commissioning.

The LMC has an important role holding commissioners to account for these expectations during the third phase.

NHS England expectations for NHS 111

- Expand the "111 First" offer to provide low-complexity urgent care without the need for A&E attendance.
- Increase the range of depositions from 111 to local services such as direct referrals to Same Day Emergency Care and specialty "hot" clinics.

The LMC will endeavor to ensure that the "111 First" programme does not result in an inappropriate transfer of work to general practice.