

722 Prince of Wales Road

Darnall

Sheffield

S9 4EU

Email: sheffieldccg.primarycare@nhs.net

Telephone: 0114 3051325

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Sent by email

Dear Colleague

Freeing Up Practices to Support COVID Vaccination

The [GP contract letter](#) published by NHS England on 7 January 2021 sets out a number of national changes and immediate actions for CCGs, we hope that the following information will provide clarification and support on these.

1. Suspension of Locally Commissioned Services (LCS) During Quarter 4 2020/21

LCS payments for quarter 3 will be made shortly using the same approach as for quarter 2, the higher of actual or quarter 1 2020/21 but **only** if activity has been reported.

Following the letter of 7 January we have reviewed the LCSs to identify which can be stopped in quarter 4 and which should continue because they support the system during the pandemic or because stopping them would present patient safety issues. **Appendix 1** identifies the LCSs practices are asked to continue to deliver, where appropriate, and why. Advice about DMARDs during COVID-19 can be found on the CCG intranet [here](#) (rheumatology) and [here](#) (IBS).

We will protect practice income for all LCSs from January to March 2021 and practices will receive the same payment as for quarter 1, see **Appendix 1** for details of non-activity based LCS payments. Practices will not be asked to report activity to receive payment but should continue to update their own records. If actual activity is higher than in quarter 1 then practices may submit details to receive the additional payment. The Care Home LIS will be paid as for Q3.

2. Quality and Outcomes Framework (QOF)

The letter describes national changes to QOF to increase the number of protected points but we know that some practices have concerns about the work required to secure the unprotected points.

Following the amendments described in the letter there are 139 points that are not income protected, the table at **Appendix 2** provides a summary of the QOF indicators. The 139 points that are not income protected are shown and the indicators are highlighted in green.

They fall into three groups:

- *Record Keeping (81 points)* - QOF Disease registers will have been maintained throughout the year and added to when any new diagnosis has been confirmed. There may have been a delay in some diagnosis due to COVID-19 and any that have been added to the QOF registers from January can be excluded from any monitoring up to 3



months before the year end so this will not impact on the achievement figures (this is to allow practices to have time to put any newly diagnosed patient's monitoring in place).

Note that COPD indicator 009 provides three categories to maintain the register:

1. Patients with a clinical diagnosis of COPD before 1 April 2020 and;
2. Patients with a clinical diagnosis of COPD on or after 1 April 2020 whose diagnosis has been confirmed by a quality assured post bronchodilator spirometry FEV1/FVC ratio below 0.7 between 3 months before or 6 months after diagnosis (or if newly registered in the preceding 12 months a record of an FEV1/FVC ratio below 0.7 recorded within 6 months of registration); and
3. Patients with a clinical diagnosis of COPD on or after 1 April 2020 who are unable to undertake spirometry.

As spirometry remains suspended GPs should use their clinical judgement to diagnose COPD and manage (pulmonary rehabilitation is available, smoking cessation, inhaler optimisation - DPI where possible). Therefore all new additions to the register will fall into category three.

- *Flu Vaccinations (36 points)* – all practices should have a good return on these indicators due to the success of the flu campaign this year, the only thing left to do is to check that any patients that have had an invitation for the vaccine have been contacted three times and then they can be read coded as declined the flu vaccine for this year.
- *Cervical Screening (22 points)* – most practices have continued to do these throughout the last year so are likely to achieve these indicators or be close.

3. Extended Hours

We continue to consider that practices are in the best position to understand the requirements of their patients and to manage their delivery of extended hours accordingly during the pandemic and will support practices and PCNs if they wish to re-purpose this capacity to support vaccine delivery as described by NHS England.

4. Prioritisation of Clinical Care During COVID-19

Some practices have asked for further advice on how to prioritise workload at the present time and after consideration with the LMC we recommend that practices refer to [the guidance published by the GPC and RCGP](#) on 11 January 2021.

Practices should note the areas identified in the NHS England letter as the biggest priorities in addition to delivering COVID vaccination, including COVID oximetry@home, supporting clinically extremely vulnerable patients and making progress on learning disability (LD) health checks. Further information can be found on the Press Portal about [LD health checks](#), as well as severe mental illness ([SMI physical health checks](#)) – both of which can be delivered remotely/in part remotely where clinically appropriate. Please also note [NHS Primary Care guidance](#) for General Practice on SMI health checks.

5. Extended Access Provision

The letter confirms that planned transfer of Extended Access to the PCN DES in April 2021 is now deferred until April 2022. We have extended the Extended Access contract



with Primary Care Sheffield for a further 12 months and will continue to work with PCNs during the coming year to support the transfer of services.

6. COVID Vaccination Support - Additional Roles Reimbursement Scheme (ARRS)

PCNs are able to use slippage from the ARRS to support the delivery of the COVID vaccination programme. The monies can be used to fund overtime or additional hours for staff in ARRS roles working on the vaccination programme but please note that this may only be claimed at the plain hourly rate for those staff.

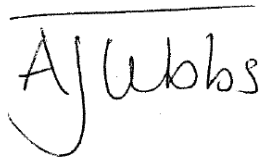
There may be further flexibilities announced in the use of ARRS funding and we will confirm any further changes.

Supporting General Practice in 2021/22

On 21 January NHS England and the BMA published a [letter](#) offering some guidance on arrangements for 2021/22, we will include this in our planning assumptions for 2021/22 and our work with the PCNs.

We hope that this letter clarifies a number of questions and concerns but, if you have any questions or would like to discuss further please do not hesitate to contact sheffieldccg.primarycare@nhs.net.

Yours sincerely



Abigail Tebbs
Deputy Director of Delivery – Primary Care Contracting, Digital and Estates

C.C. Sheffield LMC



Delivery of Locally Commissioned Services in Q4 2020/21

A. Outcome of Review of LCS and Rationale

Service	Q4 20/21	Rationale
Care Homes LIS	Continue	COVID support
Anti-coagulation	Continue	Patient safety
Community Dermatology/Minor Surgery	Suspend	Not essential
DMARDS and DMARDS Gold	Continue	Patient safety
Zoladex	Continue	Patient safety
Degarelix	Continue	Patient safety
Colorectal Cancer	Continue	Patient safety
Hep B	Continue	Patient safety
Latent TB	Continue	Patient safety
Gynaecology	-	Transferred to PCS

B. Other Locally Commissioned Services

The following LCS will continue to be paid as usual in Q4:

- Care of the Homeless;
- Asylum Seekers' Service; and
- SAPP;
- Eating Disorder.

Over and Above LCS and Quality Contract full amounts will be paid in Q4.

C. Directed Enhances Services

NHS England has confirmed that the Minor Surgery DES is suspended in quarter 4 and payments will be income protected however, we await further details.

The DES for Learning Disability Annual Health Checks is not suspended, please see section 4 of the attached letter for further details and local support and advice on delivering health checks.

QOF Points Based on Practice Performance - Summary at 07/01/2021

				Initial	Not Protected	Summary Indicator Description
Clinical Domain	Atrial fibrillation (AF)	Records	AF001	5	5	Est and maintain a register
			AF006	12	0	
		Ongoing management	AF007	12	0	
	Secondary prevention of coronary heart disease (CHD)	Records	CHD001	4	4	Est and maintain a register
			CHD005	7	0	
		Ongoing management	CHD007	7	14	
			CHD008	12	0	
			CHD009	5	0	
	Heart failure (HF)	Records	HF001	4	4	Est and maintain a register
		Initial diagnosis	HF005	6	0	
			HF003	6	0	
		Ongoing management	HF006	6	0	
			HF007	7	0	
	Hypertension (HYP)	Records	HYP001	6	6	Est and maintain a register
			HYP003	14	0	
		Ongoing management	HYP007	5	0	
	Peripheral arterial disease (PAD)	Records	PAD001	2	2	Est and maintain a register
	Stroke and transient ischaemic attack (STIA)	Records	STIA001	2	2	Est and maintain a register
			STIA007	4	0	
		Ongoing management	STIA009	2	4	% flu vacs Aug- Mar
			STIA010	3	0	
			STIA011	2	0	
	Diabetes mellitus (DM)	Records	DM017	6	6	Est and maintain a register
			DM006	3	0	
			DM012	4	0	
			DM014	11	0	
		Ongoing management	DM018	3	6	% flu vacs Aug- Mar
			DM019	10	0	
			DM020	17	0	
			DM021	10	0	
			DM022	4	0	
			DM023	2	0	
	Asthma (AST)	Records	AST005	4	4	Est and maintain a register
		Initial diagnosis	AST006	15	0	
			AST007	20	0	
		Ongoing management	AST008	6	0	
	Chronic obstructive pulmonary disease (COPD)	Records	COPD009	8	8	Est and maintain a register
			COPD010	9	0	
		Ongoing management	COPD007	6	12	% flu vacs Aug- Mar
			COPD008	2	0	
	Dementia (DEM)	Records	DEM001	5	5	Est and maintain a register
		DEM004	39	0		
	Depression (DEP)	Initial management	DEP003	10	0	
	Mental health (MH)	Records	MH001	4	4	Est and maintain a register
			MH002	6	0	
		Ongoing management	MH003	4	0	
			MH006	4	0	
Cancer (CAN)	Records	CAN001	5	5	Est and maintain a register	
	Ongoing management	CAN003	6	0		
Chronic kidney disease (CKD)	Records	CKD005	6	6	Est and maintain a register	
Epilepsy (EP)	Records	EP001	1	1	Est and maintain a register	
Learning disability (LD)	Records	LD004	4	4	Est and maintain a register	
Osteoporosis: secondary prevention of fragility fractures (OST)	Records	OST004	3	3	Est and maintain a register	
Rheumatoid arthritis (RA)	Records	RA001	1	1	Est and maintain a register	
	Ongoing management	RA002	5	0		
Palliative care (PC)	Records	PC001	3	3	Est and maintain a register	
Non diabetic hyperglycaemia (NDH)	Records	NDH001	18	0		
Public Health Domain	Blood pressure (BP)	Ongoing management	BP002	15	0	
	Obesity (OB)	Records	OB002	8	8	Est and maintain a register
		Records	SMOK002	25	0	
	Smoking (SMOK)	Ongoing management	SMOK004	12	0	
			SMOK005	25	0	
			CS005	7	14	% eligible women screened in last 3y 6m (pract records)
	Cervical screening (CS)	Ongoing management	CS006	4	8	
Quality improvement Domain	Early Cancer Diagnosis	Ongoing management	QIECD005	27	0	
			QIECD006	10	0	
	Care of people with Learning Disabilities	Ongoing management	QILD007	27	0	
			QILD008	10	0	
Unprotected Points Remaining at 07/01/21					139	