LMC interpretation of Care home requests for Covid-19 Clinical Service model compared to Care home specification for 2020/2021 PCN DES.

This support should be delivered for all care homes. A 'care home' is defined as a CQC-registered care home service, with or without nursing.			
	Covid-19 Clinical Service Model – non-contractual requests from 15th May onwards	**Care home specification PCN DES**	**Important dates for PCN DES**
Funding			
	As agreed by CCGs but no contractual entitlement	£60 per CQC registered bed 1/10/20-31/3/2021 (£120 per yr)	
		Have agreed with the commissioner the care homes for which the PCN will have responsibility - PCN aligned care home.	By 31st July 2020
System Planning			
	This will include those with suspected or confirmed Covid-19 symptoms, and in line with Primary Care and Community Services SOPs.	Have in place with local partners, including community services, a simple plan as to how services are to be delivered under the DES.	31st July 2020
Practice & Clinician alignment			
	Support the provision of care for these patients.	Support registration of a resident with a practice in the aligned PCN if not already the case. Patient choice prevails however.	31st July 2020
	Networks should identify a named clinical lead for each care home.	A lead GP for each PCN's aligned Care Home is agreed.	31st July 2020
	Include appropriate and consistent medical oversight		

LMC interpretation of Care home requests for Covid-19 Clinical Service model compared to Care home specification for 2020/2021 PCN DES.

	Covid-19 Clinical Service Model – non-contractual requests from 15th May onwards	**Care home specification PCN DES**	**Important dates for PCN DES**
Personalised care plans			
	Development of personalised care plans. Support development of personalised and individually agreed treatment escalation plans for care home residents with care home teams, including end of life care plans and preferences where appropriate and drawing on available guidance	Development of personalised care and support plans for each resident within the PCNs aligned Care Home	By 30th September 2020
MDT			
	A weekly check in to review patents as identified as a clinical priority for assessment and care (delivered by an MDT where practically possible).	Establish and co-ordinate with relevant partners an MDT to deliver the service.	By 30th September 2020
		Deliver a weekly ward round for all care homes based on the MDT arrangements which prioritise residents for review.	From 1st October 2020
		Consistency of MDT staff. Ensures appropriate medical input from either a GP or Geriatrician.	From 1st October 2020

LMC interpretation of Care home requests for Covid-19 Clinical Service model compared to Care home specification for 2020/2021 PCN DES.

	Covid-19 Clinical Service Model – non-contractual requests from 15th May onwards	**Care home specification PCN DES**	**Important dates for PCN DES**
Monitoring & technology			
	The introduction of remote monitoring, as well as the prescription and supply of oxygen to care homes for treatment where clinically indicated.	Make use of digital technology to support medical input.	From 1st October 2020
	More frequent contact with the care home where further needs are identified.		
Medications & Pharmacy support		(NB While separate from the care home specifications, the SMR & medicines optimisation specification becomes active from 1st October)	
	Pharmacy and medication support which should include facilitating medicine supply to care homes, including EOL medication		
	Delivering SMRs via video or telephone consultation where appropriate - to care home residents		
	Supporting medication queries and facilitating their medicines needs with the wider healthcare system (eg through medicines ordering).		

LMC interpretation of Care home requests for Covid-19 Clinical Service model compared to Care home specification for 2020/2021 PCN DES.

	Covid-19 Clinical Service Model – non-contractual requests from 15th May onwards	**Care home specification PCN DES**	**Important dates for PCN DES**
New residents & discharges			
	Supporting reviews of new residents or hospital discharges	Develop personalised care plans with resident and/or carer within 7 working days following (re)-admission to the care home, or refreshed as required and base these plans on comprehensive geriatric assessments.	From 1st October 2020
OOH Provision			
	CCGs are also directed to ensure that a clear and consistent out of hours provision is in place for each care home.		

LMC interpretation of Care home requests for Covid-19 Clinical Service model compared to Care home specification for 2020/2021 PCN DES.

Commentary

1. The Enhanced Health in Care Homes implementation framework supports the delivery of the minimum standard described in the Network Contract Directed Enhanced Service (DES) for 2020/21 and the NHS Standard Contract.
2. NHSEI wrote to CCGs and GP practices on 12th May 2020 and requested that CCGs identify a named clinical lead for each care home who will provide clinical leadership for the primary care and community health services support.
3. The DES service specification is predicated on an expanded workforce being available. That wasn't the case in 19/20, and that workforce has not yet been recruited in the majority of areas. The guidance from NHSEI clearly states: "Where local arrangements go beyond the service model set out, and are working well for care homes, these should not be disrupted".
4. Funding and support should be made available by CCGs where PCNs and practices choose to adopt to deliver the Clinical Service Model (Summary 1st May NHSEI letter)
5. To deliver this support, CCGs should take immediate steps to support individual practices and community health services teams to organise themselves according to their local areas or networks. Existing PCN arrangements should be the default.
6. A network approach to delivery – backed by appropriate information sharing arrangements – will ensure that individual care homes have a single point of access for the majority of their residents and should reduce the infection control risks associated with multiple teams visiting individual care homes.
7. CCGs are asked to ensure that clear and consistent out of hours provision is in place for each care home. Out of hours provision to care homes may be provided via out of hours providers and community health services and should include arrangements for the supply and availability of medication through community pharmacy or other routes. This support must be clearly signposted to care homes.
8. Secondary care providers should accept referrals and admissions from care home residents where clinically appropriate, considering individuals' care and support plans and the benefits and risks of escalation to hospital-based care.
9. Additional costs for general practices and community health services providers – which cannot be met from their existing resources – may be eligible for reimbursement. A reimbursement mechanism for general practice will be established to help practices meet the additional costs of COVID-19 related activity which cannot be met from existing practice resources.
10. Reimbursement will be managed through CCGs, on the basis of national guidance. Community services providers should consult the letter of 17 March. Any existing LES for care homes should be retained until the PCN DES is in place, then any difference in funding be retained.

Humberside LMCs – 3 June 2020