

## GP Service to Care Homes

**An overview of services provided under the terms of General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Medical Services (APMS) contracts and their interface with Intermediate Care.**

GP practices are contracted to provide the services outlined below to their patients, whether permanent or temporary. Temporary resident status includes patients temporarily admitted to nursing and residential care homes.

It should be noted patients can register with a GP practice of their choice if they live within the agreed practice boundary and the practice does not have a closed list. Practices are also required to see temporary residents, if the clinical need arises, as stated for a maximum period of 3 months, assuming their list is open. Patients are entitled to access Primary Medical Services 24 hours a day, 7 days a week throughout the year.

GP practices are responsible for providing primary medical services, during their core contractual hours of 8am to 6.30pm Monday to Friday (excluding weekends and bank holidays) unless the practice has different contractual hours e.g. an APMS contract open from 8am to 8pm. Outside of these hours both registered and temporary resident patients can access primary medical services from the Out of Hours service via NHS 111. As part of a commitment to more personalised care, particularly for patients with long-term conditions, all patients now have a named, accountable GP with overall responsibility for their care.

**Primary Medical Services (GP services) is the provision of:**

- Essential services
- Additional Services and
- Enhanced Services

**1. Essential services, often referred to as the core contract, (extract from the General Medical Services (GMS) contract) specifies essential services as follows:**

The Contractor must provide the essential services described below at such times, within core hours, as are appropriate to meet the reasonable needs of its patients, and to have in place arrangements for its patients to access such services throughout core hours in case of emergency. The Contractor (GP Practice) must provide:

Services required for the management of the 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

with such services to be delivered in the manner determined by the practice in discussion with the patient.

“Management” includes-

- offering a consultation and, where appropriate, physical examination for the purpose of identifying the need, if any, for treatment or further investigation; and
- The making available of such treatment or further investigation as is necessary and appropriate, including the referral of the patient for other services and liaison with other health care professionals involved in the patient’s treatment and care.

“Emergency” includes any medical emergency whether or not related to services provided under the Contract

**2. Other contractual requirements or features of particular relevance to the care of patients in care homes:**

- Issuing and reviewing repeat prescription
- Management of long term conditions
- Vaccinations of e.g. flu and pneumococcal vaccine, although it should be noted that these services are provided on an item of service basis and are not mandatory for the practice. The administration of vaccinations is normally a nursing function, and if in a nursing home should be administered by the home’s nursing staff.
- Where clinically appropriate home visits for those patients who cannot attend the surgery on either a routine or urgent basis.

**GP practices are required to provide Personal Medical Services. It is for each practice to decide how they propose to deliver the service e.g.**

- Equity of provision with patients in the wider community including how they access and receive their care.
- The Practice ***may choose*** to provide a weekly/fortnightly or monthly clinic session in the home, but this is not a contractual requirement.
- When the home contacts the GP practice for advice and assistance, the GP practice ***may choose*** to undertake clinical telephone triage prior to agreeing how the clinical need should be addressed.
- It should be noted that visits are at the clinical discretion of the GP.
- The GP may request another member of the Primary Healthcare Team to undertake the visit e.g. a member of the practice clinical team, community matron, community nurse etc.
- Repeat prescriptions – On receipt of repeat prescription requests received from the home. The home Manager can expect the prescription requests to be processed and ready for collection – allowing 72 hours for processing (Monday – Friday).
- Hospital referrals – The Home Care Manager can expect the GP practice to refer registered & temporary registered patients to hospital services and or/other community services as deemed clinically appropriate.
- The care home can expect the visiting GP to update the patient’s NHS GP clinical records at the practice. The GP should not normally make separate parallel notes in nursing home records as this practice is likely to cause confusion, legal uncertainty and threatens patient safety. Any management plan should be effectively communicated to care home staff.
- The requirement for a Treatment Escalation Plan (TEP) or other advanced care directive is a clinical decision to be made by a GP or nurse.

**3. The following are services that GP practices do not have to provide under the terms of their GMS/PMS and APMS contracts.**

Practices are not allowed to charge patients directly or indirectly for any treatment or prescription (other than set out in the Regulations) but they can receive a fee from the home for other work they undertake for the home or its staff which may include any of the following services:

- Providing a 24/7 service
- Home visits for patients who are ambulatory
- Regular ward rounds
- Anticipatory care - when instigated by the needs of the home rather than the patient (e.g. antiviral (Tamiflu) prophylaxis to residents where the home deems it desirable).
- Seeing patients' relatives whilst carrying out visits to patients without prior appointments
- An expectation that all patients will be registered with the same doctor
- Completion of forms, drug charts and administration beyond that expected for good communication and standard practice or to satisfy the GMS/PMS/APMS contract
- Where care is clinically complex and its management may therefore include services which may reasonably be viewed as not included within the definition of essential services. This particularly applies to Intermediate care which by definition is of a higher complexity and intensity than would normally be cared for under essential services
- Care where relevant and adequate secondary care clinical input is required e.g. persistent vegetative state, severe neurological impairment, patients on complex drug regimes and patients on ventilators.
- Providing occupational health and management support to homes
- Visiting at least once a week if not more frequently to undertake individual assessments and reviews of patients, including carrying out initial assessment of new residents within a specified period after admission, and reviewing at regular intervals
- Advising on matters of general good health for residents and developing the working practice of the home
- Providing support and advice to home staff on issues of infection control, prevention, decontamination **and outbreaks**
- Supporting nursing home staff in acquiring appropriate competencies
- Contributing to the developing of clear management and clinical protocols within the home.