Welcome

On behalf of NHS England we would like to welcome you to the third issue of the General Practice Primary Care Update.

We hope you have found the newsletters informative and that they provide useful information and clarification on some of the current ‘hot topics’ in primary care.

We would welcome any feedback on how we communicate with practices. If you have any further suggestions please contact a member of the team.

Primary Care Commissioning (Medical) Team

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Practice Boundaries

In 2013 as part of the annual declaration process all practices in England were required to upload their practice boundary (‘catchment area’ from where new patients will be accepted), onto the primary care web tool at www.primarycare.nhs.uk.

The Area Team would like to remind practices that this was not an opportunity to change your practice boundary and the map uploaded on the site should reflect what is in your GMS, PMS or APMS contract.

This is particularly important if the practice link the catchment area to the practice website as this function can be used by both members of the public and practice staff to help determine if a patient’s address is located within the catchment area (refer to the attached guidance from the primary care web team on how to create this function).

It is recognised that as an electronic tool there may be some instances where the catchment area may not exactly reflect what is defined in the contract. When patient enquiries are received, NHS England will always refer to the practice boundary as defined in the practice contract to inform decisions.

Amendments can be made to electronic catchment areas in order for it to better reflect what is in the contract. Authorised practice staff whose user accounts have the correct permissions associated with their www.primarycare.nhs.uk account have the facility to edit and save changes to the catchment area by selecting ‘General Practice Outcome’ > ‘Practice Achievement’ > ‘Catchment Area’. 
The Health & Social Care Information Centre (HSCIC) has issued the following update for GP Practices regarding QOF 2013/14. A further update will be issued in March including a step by step guide of what practices need to do at year end.

Important information for GP practices - Quality and Outcomes Framework (QOF) 2013/14

As promised in December 2013, what follows is an update on the Quality and Outcomes Framework (QOF) for the financial year 2013/14. A step-by-step detailed guide on what practices need to do for QOF will be issued in March.

This update also includes important information on participating in QOF 2013/14 in the General Practice Extraction Service (GPES) and Calculating Quality and Reporting Service (CQRS).

It also explains the contingences that we have in place to ensure aspiration payments are protected for GP practices.

What GP Practices need to know about data extraction for QOF 2013/14

- The GPES Information Governance principles state that practices will always be asked to opt in to each extraction that is proposed to run on their data. However for this year only, HSCIC will be extracting QOF data automatically unless a practice chooses to opt out. This mirrors the method that was previously used by QMAS, and will be implemented for a number of reasons. A follow-up GPES message will be distributed shortly that explains the rationale for this approach in more detail.

- General practices that wish to participate in QOF need take no action in GPES; the data will be taken automatically. A notification message will appear in the user interface of general practice clinical software solutions that offers the ‘opt out’ option. A practice can safely ignore this message and data will be extracted. If a practice does not wish to participate, the notification message provides a facility to ‘opt out’. By choosing “Stop!” a practice will prevent their data from being extracted by GPES. Any practice choosing to opt out must contact their NHS England area team representative.

- We believe that this is the simplest and most efficient solution to facilitate the end of year QOF payment process for general practices.

- It is important to be clear that the above arrangement will apply to QOF 2013/14 only. QOF is an extraction of anonymised, aggregate data. There is no intention to run any other GPES data extraction via this method.

What practices need to do on CQRS for QOF 2013/14

- HSCIC is working toward full rollout of GPES to all GP practices by the end of March 2014. This will ensure that QOF data is available in CQRS for calculation of QOF 2013/14.

- As part of your standard QOF preparation GP practices should use local searches provided by GP system suppliers to check their performance and take any necessary action to improve it before submitting their QOF data.

- Participation in QOF on CQRS will begin in conjunction with the GPES full roll out. Practices will receive further guidance on what they need to do and when from the HSCIC in March.
In line with previous years, GP practices will need to complete manual entry for a small number of indicators. This will need to be completed by year end. This information will be included in the guidance being sent out in March.

It is important that the QOF information shown within CQRS is correct before it is submitted to your Area Team.

Once the year end extraction is available to view in CQRS, GP practices will need to validate the data before declaring achievement in CQRS.

Once the payment has been approved by your Area Team the payment will then be sent for processing to the payment agencies.

Protecting GP Practice Payments

GP practice payments for QOF 2013/14 achievement and QOF 2014/15 monthly aspiration are expected to be paid in the usual way.

Protecting achievement and aspiration payments is our main priority in the event that QOF data is not available via GPES for all GP practices by the end of March.

With this in mind, NHS England and HSCIC have developed a contingency option that will ensure an estimated QOF 2014/15 aspiration payment will be made to GP practices through CQRS in April as normal.

For QOF 2013/14 achievement, a number of options are being discussed to ensure the payments are made within expected business timelines. More information will be available shortly on how this will be achieved.

If you require any more information please contact the HSCIC service desk at enquiries@hscic.gov.uk or call 0845 300 6016

The General Practice Extraction Service (GPES)

GPES, along with the Calculating Quality Reporting Service (CQRS) has now replaced the Quality Management and Analysis System (QMAS) for calculating achievement and for the Quality and Outcomes Framework (QOF). It will also be used to calculate practice achievement in other areas in the future e.g. Directed Enhanced Services.

All practice staff that will be involved with GPES extraction should have completed GPES training and ensure the relevant codes are added to their Smart Cards. Greater Manchester practices should contact their Commissioning Support Unit (CSU) contact to update smart cards.

Everything you need to know about the training, what you need to do, what you will learn, a link to the GPES training module, materials and other useful information is available on the GPES training web page at www.hscic.gov.uk/gpestraining

To receive GPES news and email updates register at www.hscic.gov.uk/gpes/signup

GPES Awareness Session

On 18 February 2014 GPES held an awareness session in Manchester for GP Practice Managers and staff. The slides from this session along with supporting information are attached with this newsletter.

If you require any support with GPES please contact the HSCIC service desk at enquiries@hscic.gov.uk
Remote Care Monitoring

As part of the Remote Care Monitoring (Preparation) Scheme DES practices are required to submit a return to NHS England to demonstrate achievement and confirm progress against the scheme requirements.

An email was distributed to Practice Managers on 15 January 2014 which included the report template for submission to enhancedserviceses1@nhs.net no later than Wednesday 30th April 2014.

Patient Participation DES

As part of the Patient Participation DES practices are required to submit a return to NHS England by the end of the financial year to demonstrate achievement against the six components.

An email was distributed to Practice Managers on 22 January 2014 detailing these requirements. Payment will be made to practices upon receipt of the self-declaration form to enhancedserviceses1@nhs.net. Please return the form no later than Monday 31st March 2014.

We do not require a copy of your Local Participation Report, however publishing the report on the practice website by the 31 March 2014 is the responsibility of the practice to ensure component six is met.

NHS England has released a Local Participation Report template that can be used by practices if they wish to do so to produce the report. If the practice chooses an alternative report format the template should be used as a guide to ensure all aspects of component 6 are covered in the report.

CQRS *IMPORTANT INFORMATION RE PAYMENTS*

All practices need to ensure that data submissions are entered onto CQRS for the following DES in order to ensure payment

- Learning Disabilities – quarterly
- Childhood Influenza – monthly
- Rotavirus – monthly
- Seasonal Influenza – monthly
- Shingles catch up – monthly
- Shingles routine – monthly

Guides for entering data for each of these DES can be found at the following link http://systems.hscic.gov.uk/cqrs/participation

The following DES will be available to claim through CQRS at the end of the financial year, the Area Team will issue further communication and instructions in March outlining what practices need to do to ensure payments

- Alcohol - already offered on CQRS, however data should not be entered until further notice
- Dementia
- Online Access

The HSCIC has confirmed that manual entry for direct enhanced services supported by CQRS will continue for the time being into 2014/15. HSCIC will continue to provide information guides for GP practices on how to enter this data.

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**PMS Reviews**

NHS England has published arrangements to ensure the most effective use of resources for Personal Medical Services (PMS) contracts.

Area teams will be reviewing all PMS contracts over the next two years to ensure that additional funding meets a set of consistent principles and criteria.

The criteria that area teams will apply are that additional funding must;

- reflect local strategic plans for primary care agreed jointly with clinical commissioning groups (CCGs)
- secure services or outcomes that go beyond what is expected of core general practice or improve primary care premises
- help reduce health inequalities
- give equality of opportunity to all GP practices
- support fairer distribution of funding at a locality level.

Further information can be found at [http://www.england.nhs.uk/2014/02/03/pms](http://www.england.nhs.uk/2014/02/03/pms)

**2014/15 Directed Enhanced Services**

NHS Employers and the General Practitioners Committee (GPC) agreed the following enhanced services changes for 2014/15

- A new one year scheme for Avoiding Unplanned Admissions and Proactive Case Management of Vulnerable People
- The Patient Participation scheme will be extended for a further year with the requirement to carry out a local survey removed. This is due to the introduction of the Friends and Family Test.
- The Extended Hours Access scheme will be extended for a further year with a number of flexibilities included to allow practices to work together to provide the most appropriate service for their patients
- The Dementia, Alcohol and Learning Disabilities schemes will be extended for a further year with some changes made.

It has been agreed that the Patient Online Access and Remote Care Monitoring will cease on 31 March 2014 and the associated funding reinvested into core contract funding.

Further guidance will be published on the above schemes shortly.

**Notifying NHS England of GP changes**

Practices should notify the Area Team of any changes with regard to GP’s leaving/joining their practices including the employment of Salaried GPs. If the GP who is leaving/joining the practice results in a change to their GMS, PMS or APMS contract the practice will be required to provide the Area Team with notification of the change. Please note any changes to PMS agreements in line with regulations will need to be agreed in writing and signed by the individuals to the contract and the NHS Commissioning Board before any amendments can be made.

Practices should contact the Primary Care Medical team by email at england.gmpcs@nhs.net. When emailing please provide the following details: the practice code, practice name and address, name and status of the GP joining the practice. If the GP is leaving the practice then please also advise if this is a retirement, 24 hour retirement or resignation. The Primary Care Medical team will provide you the relevant advice and templates for completion.

If the GP is intending to take either full or 24 hour retirement they should in the first instance seek advice from the Primary Care Support pension department based in Preston at lasca.pensions@nhs.net. At least 3 months’ notice will be required to the Pensions department and Area Team.
### Primary Care Commissioning (Medical) - Contact Details

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**For all enquiries relating to:**

- GP changes: new & leaving GPs, partnership changes and GP retirements: [england.gmpcs@nhs.net](mailto:england.gmpcs@nhs.net)
- Directed Enhanced Services: [enhancedserviceses1@nhs.net](mailto:enhancedserviceses1@nhs.net)
- Assurance Framework / Practice Declaration: [england.gpassurancework@nhs.net](mailto:england.gpassurancework@nhs.net)

*Please include your practice code in any email enquiries to help the team identify your practice*