



North Central London

Clinical Commissioning Group

Islington Directorate

LCS Implementation – 2020/21

The recent COVID-19 pandemic has required practices to make significant changes to their working processes which impact on almost every aspect of how care is delivered. For the first quarter of 2020/21, most LCSs were paused in order to release extra primary care capacity to manage the workload resulting from the pandemic.

For Quarter 2, LCSs will be paid pro rata by quarter based on practice achievement in 2019/20. Over this period practices may feel able to restart LCS activity safely for the benefit of their patients. This approach to payment is to support income guarantee during this period. In effect this is a block arrangement; submissions of activity data will not be required from practices. Automated searches will be run to understand levels of activity, not to determine payment. Please do keep coding or completing templates for any work that you are doing, however there will be no reconciliation of payments against activity data once known.

The Telederm LCS will be paid on actual performance as practices take up the LCS.

Practices are delivering care in new ways and this will affect delivery of many LCSs. The Islington LCS portfolio has been reviewed to assess the changes that are required. The full service specifications offer detailed descriptions of the actions that would normally be required; however we have outlined below the necessary changes to some components which will enable practices, where they are restarting LCS activity, to deliver these LCSs under the current constraints.

If you have any queries, please contact Phil Wrigley at pwrigley@nhs.net



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LCS	Component	Delivery adjustment	Notes
Autism	Health Checks	Consultations to be delivered virtually – in some cases face to face meetings may be deemed appropriate (use clinical judgement)	
	Accessibility Check	Paused	Not currently possible in 2020/21
Care Homes	All components	This LCS was deemed essential and adaptations for all components have already been made during the pandemic to ensure that all aspects of the service are maintained within the constraints of remote working – these should be maintained.	In line with NCL agreements for covid payments KPIs will not be monitored
Clinical Commissioning	GP Forum	Moved to virtual platform – MS Teams	
	PPG Attendance	PPGs will continue on virtual platform	Next meeting will be 8 th July – practices have already been invited by Islington Healthwatch
	Board Link visits	Moved to virtual platform – MS Teams	
	Peer Review – referral optimisation	Under revision – further guidance to be provided following discussions with QIST	
	INC meetings	Moved to virtual platforms – MS Teams	Notice provided in November that payment will now be made on activity (frequency & duration of meetings). For Q2 this will be based on historical attendance data.
Imms & Screening	Budget allocations	Maintain existing thresholds for payment and allocation of budget across the different elements	Practices usually receive their eligible payment in one go in May or June of the following financial year owing to delays in receiving final Imms data from Immform. Block payment agreed for Q1 and Q2 2020/21. Practices should expect to receive Q3 and Q4 payments, based on either 2019/20 or 2020/21

			performance (whichever is higher), as a single payment in May/June 2021.	
Meds Optimisation	Prescribing Visits and practice work	Further information to follow.		
Improved Access	Opening hours	Continue	Opening hours and appointment numbers not actively monitored; payments will be based on 19/20 activity	
	Appointment availability	Expectation for practices to continue to maximise appointments for patients are far as possible. We recognise that appointment types have changed dramatically during the Covid-19 pandemic which may lead to future changes in the Improved Access LIS		
Long Term Conditions (LTC) The GP Federation QIST will be supporting the LTC LCS work	Education & leadership	Practice clinical education sessions	Virtual delivery of sessions from consultants via Microsoft Teams	Recommend to focus education sessions on the current most clinically relevant LTCs – COPD, diabetes and paediatric asthma.
		Named LTC clinical leads	Continue	
	Case-finding	Spirometry case finding	Paused	Aerosol generating procedures, such as spirometry, are not currently safe to perform in primary care
		Screening/tests for Q-diabetes identified cohort	Paused	Diabetes screening requires HbA1c blood test; however, at present, phlebotomy services are currently limited to urgent or essential use only.
		Hypertension review invites	Paused	Hypertension reviews require blood pressure checks. Any available equipment for at home monitoring should currently be prioritised for high-risk patients.
	High risk reviews	Management of /Annual review of high risk diabetes	Virtual delivery	The diet and physical activity elements of the consultation can take place virtually. It is important to keep referring high-risk diabetes patients to the diabetes prevention programme. The course is now provided remotely and accepts patients with an eligible HbA1c measured within the past 24 months (previously 12). Annual check blood tests may be deferred, unless clinical concern and repeat testing considered essential.

<p>with tools and resources for providing virtual reviews and care planning</p> <p>LTC LCS searches will be available on practice clinical systems in August 2020</p>		Screening/tests for high risk gestational diabetes 6-10 weeks post birth	Face-to-face & virtual delivery	Due to the increased risk of diabetes post-birth, it is important gestational diabetes checks re-start. Women who missed a check in Q1 should also be recalled. Recommend to align the checks with either the 12 week baby immunisations appointment or 6-8 week postnatal check. The checks are deemed appropriate use of phlebotomy services.
		Management of /Annual review of high risk CVD	Virtual delivery	The diet and physical activity elements of the CVD consultation can take place virtually. Clinicians should consider recommending patients to purchase at home blood pressure monitors where appropriate.
		Maintaining a register of high-risk diabetes and CVD patients	Continue	
	Care planning	LTC care plans	Virtual delivery	Recommend to stratify high-risk patients who should be prioritised for review and those who may require a blood test for the part 1 appointment. The majority of the care planning consultation can be provided remotely; however, some specific elements may require a face-to-face consultation (e.g. foot check in high-risk patients). Where face-to-face appointments are required, these should be utilised to undertake any other necessary interventions at the same time (i.e. making every contact count)
		Very severe COPD care plan	Virtual delivery – minus spirometry element	Although very severe COPD care plans usually require a spirometry test, aerosol generating procedures are not currently safe to perform in primary care. However, there are other elements of the care plan that have important clinical value and can be delivered remotely; for

				example providing information about exacerbations and advance care planning.
		Cancer care reviews	Virtual delivery	As per the care planning component, these reviews can be safely delivered remotely.
	Asthma management	Asthma care plans	Virtual delivery	The asthma/viral induced wheeze annual care plans can continue virtually. There are elements to the review that may require face-to-face checks if the GP/PN wishes to include them in the consultation such as inhaler technique, weight, height and auscultation, but the majority of these could be done remotely. Consider prescribing a Peak Flow Meter to patients for self-monitoring of PEFr if appropriate
	CKD management	Completion of CKD template	Virtual delivery	Recommend to stratify high-risk patients who should be prioritised for CKD review. CKD templates can be completed by GPs remotely without the patient present and the integrated CKD service used to obtain consultant virtual review of patient cases where needed. Together, the template and integrated service will support identification of patients who should be managed by either primary, community or secondary care and the appropriate care required.
LYOL	ADA & Action Plans		Paused	Not included for 2020/21
	CMC records		Continue	
	Training		Moved to virtual platform – MS Teams	
Prostate (PSA)	Health Needs Analysis		Consultations should be undertaken remotely	The spec is currently being reviewed by the NCL Cancer Alliance in light of the COVID-19 crisis and revised guidance re PSA testing and HNA implementation will shortly be circulated
Anti-Coag Level 1	Audit /questionnaire and Survey Monkey Submissions		The audit, questionnaire and Survey Monkey submissions have been suspended until the 3 rd quarter	Primary care and community pharmacies will continue to maintain all aspects of the LCS whilst taking into account guidelines on warfarin monitoring during the Covid -19 period. Audits

			and survey monkeys have been suspended during this period.
Anti-Coag Level 4	Audit /questionnaire and Survey Monkey Submissions	The audit, questionnaire and Survey Monkey submissions have been suspended until the 3 rd quarter	Primary care and community pharmacies will continue to maintain all aspects of the LCS whilst taking into account guidelines on warfarin monitoring during the Covid -19 period. Audits and survey monkeys have been suspended during this period.
Methotrexate	Audit /questionnaire and Survey Monkey Submissions	The audit, questionnaire and Survey Monkey submissions have been suspended until the 3 rd quarter	Primary care will continue to maintain all aspects of the LCS whilst taking into account guidelines on methotrexate monitoring during the Covid -19 period. Audits and survey monkeys have been suspended during this period.