

Care Homes Frequently Asked Questions (FAQ) for General Practice

Ref	QUESTION	ANSWER
1	Primary Care and Community Health service support to care homes / Care Home Specification	
a	Do we need to do a 'Check in' for smaller care homes (e.g. with fewer than 10 residents) where the residents are clinically stable	In these circumstances, the weekly 'check in' may take the form of a discussion (which may be by telephone or video call) with the care home manager to discuss whether any residents are a clinical priority for assessment, review or care that week, and if – on the basis of this discussion and any further clinical information available – no resident is considered to be a clinical priority for review that week, then the weekly 'check in' may be concluded. This does not affect the need to ensure a process for personalised care and support planning is in place for these residents, as well as appropriate pharmacy and medication support.
b	Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care: Will the homes be supplied with technology and training to enable this?	Yes the care homes are being provided with equipment once they have done the training. I understand RDaSH use Microsoft teams. MDTs are being organised on a locality basis and the PCN Clinical Directors are meeting with the leads to understand how this works therefore contact should be made with your Clinical Director to understand how this will work in your PCN
c	Facilitating medication supply to the care homes: Please confirm this is issuing them with a prescription, not being responsible for sourcing the medication from the pharmacy.	The requirements for pharmacy support are set out in the specification and the CCG medicines management team have offered their support to PCN CDs perhaps this is something you would want the CCG to facilitate as part of the role.
d	Development and delivery of personalised care and support plans for care home residents: Can it be confirmed these will be the care plans used for Proactive Care?	Yes if they meet the requirements and guidance outlined and RDaSH are already involved no need to change them

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e	<p>Can you clarify the role of the clinical lead, their accountability and responsibilities and how this works when there are multiple practices with patients registered in that care home?</p>	<p>The CCG will develop a set of principles for this role, to cover some of the concerns raised about indemnifying the clinical lead</p> <p>The clinical lead does not take on clinical responsibility for the patients (unless they are registered with that practice) it is someone that the home can contact if they need to and someone to oversee the delivery of the specification to the home ie to ensure that all three elements of the model are being provided in a consistent way.</p> <p>The clinical lead is responsible for the primary care element of the offer and not the community response which sits with RDaSH.</p> <p>The PCN clinical directors are meeting with RDaSH to understand the locality model better and how the PCN practices can work together with RDaSH and what this means in terms of clinical leadership.</p> <p>In terms of multiple practices; the practice that the resident is registered with retains responsibility for patient care. The clinical lead just needs to make sure that there is a consistent offer by all the practices in the same care home.</p> <p>It is recognised that some practices may take on clinical leadership while others do not. Please work with your PCN and LMC on this we are allowing a degree of flexibility to work across the PCN as this is the way it will need to work when the Enhanced Health in Care Homes Service goes live</p>

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f	How do we overcome WIFI connectivity issues in some homes?	<p>iPads will come with data simcards – they won't be reliant on WIFI connectivity. We will work with each home to ensure this works for the short-term.</p> <p>Long-term, conversations are ongoing with NHS England and NHS Digital to signpost homes to better connectivity. We will support them to ensure they are equipped for virtual/remote working, and some responsibility will remain with the home around this as well.</p> <p>The CCG can provide assurance that in the revised contracts, there is a section to ensure that homes ensure their technology fits with our Digital Strategy.</p>
g.	<p>a) Do I need to re-register patients in the care home to the clinical leads practice?</p> <p>b) Do I need to re-register patients in the care home if the care home sits in another PCN area?</p>	<p>No patients should not be asked to re- register at this point. They should remain with their own GP</p> <p>Not under the local specification. There will be a requirement to align PCNs to care homes under the DES by 31 July 2020. In any event patients should choose who they register with and if they want to remain with their existing practice they should be allowed to do so it will be up to the practices/PCNs to make this work not the patient or the care home.</p>
2	Proactive Care and Care Homes	
a	Could the Proactive Care service continue to be funded and take place as planned and the issue with care homes be funded separately until the Care Home DES starts?	<p>No. It was agreed by all five PCNs and the LMC that the proactive care funding would be diverted to the COVID response for care homes.</p> <p>An element of proactive care can continue under these arrangements as the number of care home patients is much less than 2% of the population which is the basis of the payment.</p>

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b	<p>What is the expectation for the 2% for the next 3 months? E.g. if a practice has approx. 200 patients for their 2% and only 60+ care home patients.</p> <p>Does this mean that they would be expected to deliver the care home spec and the Proactive where the care home numbers do not equal the 290?</p>	<p>See response above that some elements of proactive care may continue</p> <p>Yes especially if it would mean putting patients at risk by stopping providing a service. The level of input can be stepped down but these are the most vulnerable patients that will still require support. Some may be getting this through other means due to the pandemic however.</p>
c	<p>How would this work , particularly if there are practices with no assigned care homes that would need to continue to deliver Proactive Care?</p>	<p>This is for practices and PCNs to discuss. Some are making sure care home beds are more evenly distributed between the care homes and then the balance under 2% can be provided</p>
d	<p>What are the funding options for this?</p>	<p>The care homes specification is being funded through a realignment of the proactive care specification. The Chief Finance Officer is writing out separately to practices about the increased costs practice are experiencing in light of the COVID response.</p>
e	<p>We have a care home that we look after that is not on your list what should we do about this?</p>	<p>It is likely that these are not CQC registered and therefore not included on the list from NHS England. The Care Homes definition is included in the specification and is in line with the Enhanced Health in Care Homes requirements.</p> <p>You should continue to provide support as you would for any patient on your registered list.</p>
f.	<p>Can you confirm that, if the current plans are not changed, that proactive will restart in its current form when the Care Home DES starts later in the year?</p>	<p>Yes it was agreed at the primary care cell today that the proactive care specification will restart on 1 September 2020 and practices will sign up to the spec for those six months. There will be a month overlap between the local care homes spec and the Enhanced Health in Care Homes service alignment which allows for the stepping up and down.</p>

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Webinar re physiology and oximetry in care homes (slides and link to recorded webinar):



Primary-care-in-care-homes-during-COVID

<https://www.ahsnetwork.com/primary-care-in-care-homes-during-covid-19>