

Classification: Official

Publications approval reference: C1313



Enhanced service specification

Long COVID 2021/22

Version 1, 21 June 2021

Contents

1. Introduction	2
2. Commonly Used Terms	2
3. Background.....	3
4. Role of primary medical care	3
5. Process.....	5
6. General Requirements	6
7. Service Delivery Specification.....	7
8. Monitoring	9
9. Payment and Validation.....	9
Annex A: Provisions relating to GP practices that terminate or withdraw from this ES (subject to the provisions below for termination attributable to a GP practice formation or merger) and New GP practices	10
Annex B: Links to Educational Materials	12

1. Introduction

- 1.1. This ES is subject to amendments from time to time.
- 1.2. This ES is a national specification that cannot be varied locally.
- 1.3. This ES is offered by the Commissioner to all General Medical Services, Personal Medical Services and Alternative Provider Medical Services contract holders.
- 1.4. An ES is designed to cover and/or support enhanced aspects of clinical care, all of which are beyond the scope of essential and additional services. No part of this ES specification by commission, omission or implication defines or redefines essential or additional services.
- 1.5. All GP practices are offered the opportunity to sign up to this ES provided they meet the requirements of this specification. By signing up to deliver this ES, a GP practice agrees to a variation of its primary medical services contract to incorporate the provisions of this ES. The provisions of this ES are therefore deemed a part of the GP practice's primary medical services contract.

2. Commonly Used Terms

- 2.1. This specification is referred to as this “**ES**”.
- 2.2. In this ES:
 - 2.2.1. the “**Commissioner**” refers to the organisation with responsibility for contract managing these ES arrangements.
 - 2.2.2. a “**GP practice**” refers to a provider of essential primary medical services to a registered list of patients under a General Medical Services contract, Personal Medical Services agreement or Alternative Provider Medical Services contract who has agreed with the Commissioner to deliver this ES.
- 2.3. In this ES words importing the singular include the plural and vice versa.

3. Background

- 3.1. As per NICE/SIGN/RCGP guidance¹ 'Long COVID' is a commonly used term to describe:
- Ongoing symptomatic COVID-19: signs and symptoms of COVID-19 from 4 to 12 weeks.
 - Post-COVID-19 syndrome: signs and symptoms that develop during or after COVID-19 and continue for more than 12 weeks and are not explained by an alternative diagnosis.
- 3.2. General practice plays a key role in supporting patients, both adults and children, with long term symptoms of COVID-19. This includes assessing, diagnosing, referring where necessary and providing longer term holistic support of patients, which are part of the core contractual responsibilities of GP practices.
- 3.3. This is a new and complex condition and will require professional education, consistent coding of patients, planning of practice clinical pathways to assess and support patients and consideration of measures to reduce the risk of inequity of access to support. Therefore, we are offering this ES until 31 March 2022 to all GP practices.

4. Role of primary medical care

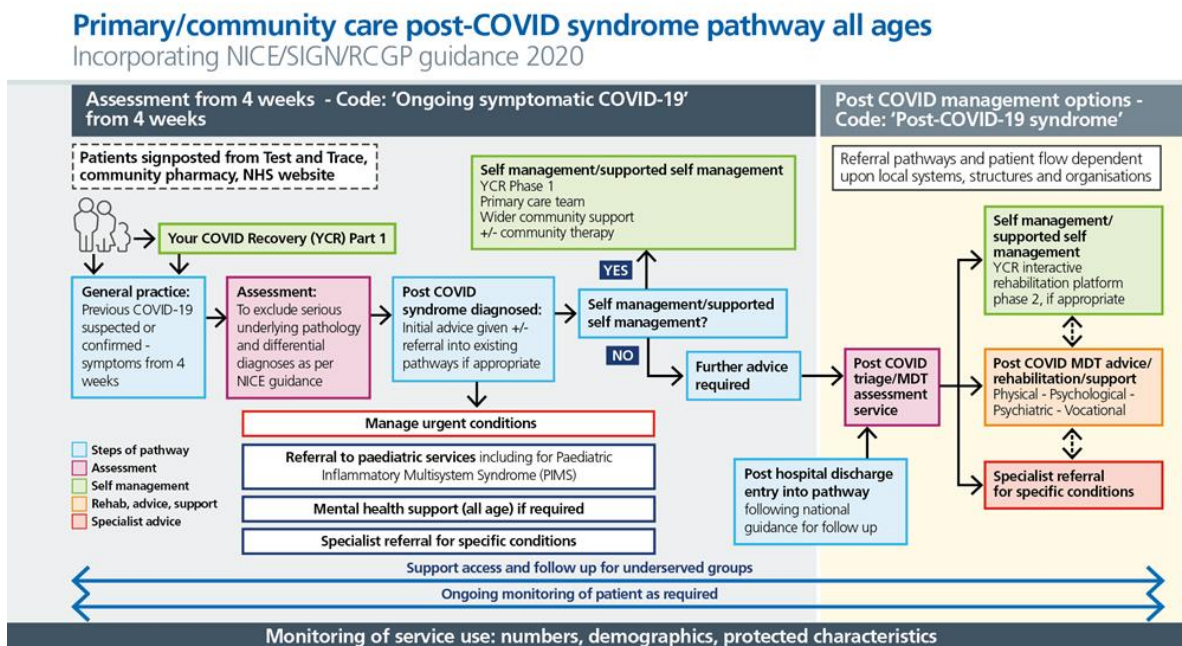
- 4.1. The additional funding for this ES is for GP practices to plan their workforce set up, training needs and infrastructure in order to support patients with this new condition. This will be in addition to the funding already available to practices through global sum which reflects their core contractual responsibility for the provision of essential services to this cohort of patients.
- 4.2. General practice plays a key part in the Long COVID clinical pathway. Patients, with previously confirmed or suspected COVID-19, may present with a wide range of symptoms including breathlessness, fatigue, chest pains, cognitive impairment or psychological symptoms. The initial role of the general

¹ NICE guidance: <https://www.nice.org.uk/guidance/ng188>

practice clinician is to exclude acute or life-threatening complications and other unrelated diagnoses.

- 4.3. Assessment may include blood tests, chest X-rays or clinical tests, including sit-to-stand or lying and standing blood pressure, depending on the person's signs and symptoms (as per NICE/SIGN/RCGP guidance). Advice, treatment or referral to the relevant acute or specialist services may be required.
- 4.4. Where an assessment in general practice identifies a mental health condition as the predominant symptom, support and/or treatment should be considered in line with existing local mental health pathways, both for adults and children.
- 4.5. As symptoms can be relapsing and remitting, with new symptoms appearing, assessment may not be a one-off occurrence. All assessments, whether the first or on an ongoing basis, should be holistic and consider physical, psychological and cognitive problems.
- 4.6. If ongoing symptomatic COVID-19 is diagnosed (from 4 weeks after infection), the patient may be offered the following:
 - 4.6.1. Signposting to self-management support including the online platform Your COVID Recovery (YCR) Phase 1
<https://www.yourcovidrecovery.nhs.uk/>
 - 4.6.2. Supported self-management from the practice or primary care network team; this may include input from social prescribers, health and wellbeing coaches and care coordinators with linking into community groups or other existing community services as appropriate
 - 4.6.3. Referral into a Post COVID assessment clinic if self-management alone is not appropriate and if further investigations or support are required (Figure 1):

Figure 1: Clinical pathway for Long COVID



4.7. Further details on the clinical pathway and the role of general practice can be found in the national commissioning guidance:

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C1248-national-guidance-post-covid-syndrome-assessment-clinics-v2.pdf>

5. Process

5.1. This ES is for the Commissioner to commission GP practices to enhance their training and infrastructure to enable them to better support patients with Long COVID. This ES begins on [1 July 2021] and shall continue until 31 March 2022 unless it is terminated in accordance with paragraph 5.2.

5.2. This ES may be terminated on any of the following events:

5.2.1. the Commissioner is entitled to require that the GP practice withdraws from this ES as set out in this ES

5.2.2. the Commissioner is entitled to terminate this ES where the GP practice has failed to comply with any reasonable request for information from

the Commissioner relating to the provision of the services pursuant to this ES

5.2.3. the GP practice terminates this ES.

5.3. The Commissioner must invite all GP practices to participate in this ES by 8 July 2021. GP practices must sign up to participate in this ES on or before 31 July 2021 unless the Commissioner agrees otherwise. GP practices must record their agreement to participate in this ES in writing to the Commissioner.

5.4. Payment under this ES is conditional on GP practices:

5.4.1. entering into this ES, including any variations and updates; and

5.4.2. complying with the requirements of this ES, including the completion of the self-assessment outlined at paragraph 8;

5.5. A GP practice's participation in this ES shall only continue for so long as it is in compliance with its terms and if it does not do so the Commissioner will be entitled to require that the GP practice withdraws from the ES.

6. General Requirements

6.1. Each GP practice participating in this ES will:

6.1.1. comply with any reasonable request for information from the Commissioner relating to the provision of the services pursuant to this ES

6.1.2. have regard to all relevant guidance published by the Commissioner or referenced within this ES

6.1.3. take reasonable steps to provide information to patients about the services pursuant to this ES, including information on how to access the services and any changes to them

6.1.4. ensure that it has in place suitable arrangements to enable the lawful sharing of data, including patient records, to support the delivery of the

services, business administration and analysis activities in line with data protection legislation

- 6.1.5. ensure that any sub-contracting arrangements related to the provision of services under the ES, comply with the requirements set out in the statutory regulations or directions that underpin its primary medical services contracts in relation to sub-contracting, which will also apply to any arrangements to sub-contract services under the ES.

7. Service Delivery Specification

This ES requires GP practices to achieve the following objectives:

- 7.1. For staff to have the knowledge, as appropriate to their role, to identify, assess, refer and support patients with Long COVID

7.1.1. Education about the condition

This is a new condition and ongoing education will be required as learning evolves. Depending on the identified learning needs, this may involve:

- i. Learning at different levels of expertise within the team
- ii. Learning tailored to the needs of different professionals in the team (for example, the role of the GP is likely to differ from the role of the social prescriber or health and wellbeing coach)
- iii. Sharing of learning with system partners (such as between specialist clinics and primary care)
- iv. Sharing of learning on national online platforms (such as the Long COVID network on the FutureNHS platform).

7.1.2. Knowledge of local pathways

- i. GP practices are required to develop their own practice/primary care network clinical pathway to enable supported self-management; this might include, for example, referral to a social prescriber or health and wellbeing coach.

- ii. Understanding local clinical pathways will be required to enable signposting or referring into appropriate pathways. This includes:
 - a. Your COVID Recovery website
 - b. Post COVID Assessment Clinics
 - c. Other local rehabilitation or support services

Useful educational materials available to all healthcare workers can be found in Annex B.

7.2. To code data consistently and accurately

7.2.1. Coding includes the following elements which GP practices are required to use:

- i. SNOMED codes (which can be found at <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/C1248-national-guidance-post-covid-syndrome-assessment-clinics-v2.pdf>):
 - Diagnosis codes:
Ongoing symptomatic COVID-19 (4-12 weeks after infection);
Post-COVID-19 syndrome (12 weeks plus)
 - Signposting and referral codes:
Signposting to Your COVID Recovery: when signposting patients to the publicly available Your COVID Recovery website (phase 1);
Referral to post-COVID assessment clinic
 - Resolution code:
Post-COVID-19 syndrome resolved: to be used at the patient and clinician discretion when all symptoms are fully resolved and there is no evidence of persisting organ impairment or if an alternative diagnosis has been made to account for all symptoms
- ii. Coding of key clinical information in letters from post-COVID assessment clinics or other specialist services

7.3. To reduce inequity of access Practices are required to consider how to reduce potential inequity of access to Long COVID services. This may include using existing infrastructure, such as working with the practice Patient Participation

Group (PPG) and system partners to help raise awareness of support (such as Your COVID Recovery website) and to understand any potential barriers to support.

8. Monitoring

8.1. Self-assessment via email to commissioner

8.1.1. General practices participating in the enhanced service will be required to undertake a self-assessment and submit a declaration, via email, confirming the following is in place:

- i. Workforce education and training in place on how to identify, assess and manage Long COVID; this learning may differ depending on the role and learning need of each professional
- ii. Development of own practice/primary care network clinical pathway to enable supported self-management; this might include referral to a social prescriber or health and wellbeing coach
- iii. Knowledge of local clinical pathways including how to signpost to support or refer to a specialist clinic where necessary
- iv. Comprehensive data coding for Long COVID from the start date of the enhanced service (but retrospective coding opportunistically where practical)
- v. Equity of access plan, working with system partners, to help raise awareness of support and to understand potential barriers

9. Payment and Validation

9.1. Practices will be entitled to £0.371 per registered patient (75% of payment) upon sign up to this Enhanced Service. This will be paid via monthly instalments.

9.2. The remaining £0.124 per registered patient (25%) will be paid upon commissioner confirmation that the self-assessment set out above has been completed by 31 March 2022.

- 9.3. Practice payments are based on list sizes as at 1 January 2021, unless a later date has been agreed with the commissioner.

Annex A: Provisions relating to GP practices that terminate or withdraw from this ES (subject to the provisions below for termination attributable to a GP practice formation or merger) and New GP practices

1. Where a GP practice has entered into this ES but its primary medical services contract subsequently terminates or the GP practice withdraws from this ES prior to the end of this ES, the GP practice is entitled to a payment in respect of its participation if such a payment has not already been made, in accordance with the provisions set out below. Any payment will fall due on the last day of the month following the month during which the GP practice provides the information required.
2. In order to qualify for payment in respect of participation under this ES, the GP practice must comply with and provide the Commissioner with the information in this ES specification or as agreed with the Commissioner before payment will be made. This information should be provided in writing within 28 days following the termination of the contract or the GP practice's withdrawal from this ES.
3. The payment per registered patient due to a GP practice whose primary medical services contract subsequently terminates or that withdraws from this ES prior to the end of this ES will be based on the number of days during the financial year for which the GP practice has signed up to the ES divided by the number of days for which the ES was available. A self-assessment, as set out at paragraph 9 above will still be required to secure the remaining 25% of payment (divided by the number of days that the ES has been delivered).

Provisions relating to GP practices who merge or are formed

4. Where two or more GP practices merge or a new primary medical services contract is awarded and as a result two or more lists of registered patients are combined, transferred (for example from a terminated practice) or a new list of

registered patients is developed, the new GP practice(s) may enter into a new or varied arrangement with the Commissioner to provide this ES.

5. In the event of a practice merger, the ES arrangements of the merged GP practices will be treated as having terminated (unless otherwise agreed with the Commissioner) and the entitlement of those GP practice(s) to any payment will be assessed on the basis of the provisions of paragraph 9 of this ES.
6. The entitlement to any payment(s) of the GP practice(s), formed following a practice merger, entering into the new or varied arrangement for this ES will be assessed and any new or varied arrangements that may be agreed in writing with the Commissioner will begin at the time the GP practice(s) starts to provide this ES under such arrangements.
7. Where that new or varied arrangement is entered into and begins within 28 days of the new GP practice(s) being formed, the new or varied arrangements are deemed to have begun on the date of the new GP practice(s) being formed and payment will be assessed in line with this ES specification as of that date.
8. Where the GP practice participating in the ES is subject to a practice merger and:
 - 8.1 the application of the provisions set out above in respect of practice mergers would, in the reasonable opinion of the Commissioner, lead to an inequitable result; or,
 - 8.2 the circumstances of the split or merger are such that the provisions set out above in respect of practice mergers cannot be applied,

the Commissioner may, in consultation with the GP practice or GP practices concerned, agree to such payments as in the Commissioner's (NHSE) opinion are reasonable in all of the circumstances.

New contract awards

9. Where a new primary medical services contract is awarded by the Commissioner after the commencement of this ES, the GP practice will be

offered the ability to opt-in to the delivery of this ES provided it is before the date set out at paragraph 5.3.

Annex B: Links to Educational Materials

The RCGP's response and top tips for caring for our patients:
Management of the long term effects of COVID-19

<https://elearning.rcgp.org.uk/course/view.php?id=492>

Patient safety learning and RCGP resource:

Post COVID-19 syndrome: What support can patients expect from their GP?

<https://www.pslhub.org/learn/coronavirus-covid19/patient-recovery/resources-for-patients/post-covid-19-syndrome-what-support-can-patients-expect-from-their-gp-r3581/>

Health Education England (HEE) e-learning modules:

COVID-19 recovery and rehabilitation <https://www.e-lfh.org.uk/programmes/covid-19-recovery-and-rehabilitation/>

Your COVID recovery:

<https://www.yourcovidrecovery.nhs.uk/>

NIHR resources:

<https://evidence.nihr.ac.uk/themedreview/living-with-covid19/>

<https://evidence.nihr.ac.uk/themedreview/living-with-covid19-second-review/>

The Faculty of Occupational Medicine has produced guidance for return to work for patients with Long-COVID:

<https://www.fom.ac.uk/media-events/publications/fom-guidance>

NICE guidance:

NICE/SIGN/RCGP guidance: <https://www.nice.org.uk/guidance/ng188>

Long COVID network on the FutureNHS platform:

https://future.nhs.uk/L_C_N/grouphome

NHS England and NHS Improvement
Skipton House
80 London Road
London
SE1 6LH

This publication can be made available in a number of other formats on request.

© NHS England and NHS Improvement 2021
Publication approval reference: C1313