

General Medical Services (GMS) Provision to patients in Care Homes.

NHS Norfolk has been having discussions with Norfolk Independent Care and the Norfolk & Waveney Local Medical Committee about the level of care that it would reasonably expect to be provided to patients within care homes under the GMS contract and, by extension, under the PMS contract.

All patients registered under GMS are entitled to receive essential services. (This is defined in the NHS General Medical Services Contract Regulations 2004, Part 5, Paragraph 15).

Essential services

Essential GMS services are deemed to be the provision of the following during core hours (08-00 to 18-30 Monday-Friday excluding Bank Holidays)

- Management of acute conditions
- Management of long-term conditions
- Management of terminal illness

Delivered in a manner determined by the practice in discussion with the patient.

Management includes offering consultation, and where appropriate, examination, making available treatment, further investigations and referral of the patient for other services under the Act.

Home visits

Attendance outside the practice premises (NHS General Medical Services Contract Regulations 2004, Schedule 6, Paragraph 3) defines circumstances when a home visit is required. In the case of a patient whose medical condition is such that, in the reasonable opinion of the contractor, attendance on the patient is required and it would be inappropriate for him or her to attend at the practice premises, then the contractor shall provide services to the patient at whichever, in their judgment, is the most appropriate place. So, for example, a home visit for a patient who, at the time of the request, is truly housebound and has a medical need.

There is nothing, which prevents the contractor from visiting the patient in other circumstances where the above does not place it under an obligation to do so.

Supra GMS

Services, which would be considered to be above and beyond normal GMS (the following are examples rather than a comprehensive list)

- 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
- Expectation for GPs to see 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
- Where care is clinically complex and its management may therefore not include any services which may reasonably be included in 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 and management support to homes
- Holding regular planned patient management visits e.g. surgeries and attending regular clinic type meetings in addition to general medical duties at the community hospital/nursing home
- 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 and decontamination
- Provide prescriptions for over the counter medication to residents unless the medication has been identified as necessary following consultation with GP / Nurse Prescriber.
- Supporting nursing home staff in acquiring appropriate competencies
- Contributing to the developing of clear management and clinical protocols within the home

GPs should not provide secondary level care unless they are specifically trained to the appropriate level (reference GPC Treating Patients in Private Hospitals Nursing and Residential Homes Guidance for GPs March 2005).

Intermediate beds

Intermediate care is defined by the Department of Health as: 'a short-term program of intensive rehabilitation therapy/care (up to six weeks) in a residential setting for people who are medically stable but need a short period of rehabilitation to enable them to regain sufficient physical functioning and confidence to return safely to their own home'.

NHS Norfolk has purchased this service from several local Care Homes. Information in relation to these beds may be obtained from NHS Norfolk, Intermediate Care Contracting at Lakeside 400, Thorpe St Andrew Business Park, Norwich

NHS Norfolk, as part of its Care Home contractual arrangements, contributes toward the medical costs in caring for patients occupying designated intermediate beds. It is anticipated that these short stay residents will retain registration with their existing general practitioner during their stay, and register as temporary residents with the general practice local to the relevant care home. Their needs may be different to that of other residents, due to their rehabilitation potential and this may require a greater degree of intervention and support. This may include:

- Acute assessments
- Responding to telephone calls from nursing and therapy staff for advice on health management of these individuals,
- Liaison and correspondence with hospitals, the resident's own general practitioner and social workers
- Having an agreement between the practice and the home to ensure timely and appropriate repeat prescribing and acute prescribing
- Working towards a discharge plan

We would expect the Care Home to notify the practice when a patient is admitted to one of these beds. Medical care outside essential GMS should be subject to a third party arrangement between the relevant care home and general practice.

Prior to the purchase of Intermediate Care beds, NHS Norfolk will endeavour to ensure there is an agreement with the local primary care practice to ensure arrangements are in place to provide the required level of care to patients.

Title	General Medical Services (GMS) Provision to patients in care Homes
Description of policy	Guidance General Medical Services (GMS) Provision to patients in Care Homes
Scope	Level of care that it would reasonably expect to be provided to patients within care homes under the GMS contract and, by extension, under the PMS contract.
Prepared by	Bob Purser
Impact Assessment (Equalities and Environmental)	Completed – the guidance will apply equally to all contractors and will have no impact on factors assessed.
Other relevant approved documents	
Evidence base / Legislation	Level of Evidence: based on a mix of national and local consensus
Consultation on document	<ul style="list-style-type: none"> • Norfolk Independent Care Group • Norfolk & Waveney Local Medical Committee
Training implications	None
Monitoring and audit	
Dissemination	Is there any reason why any part of this document should not be available on the public web site? <input type="checkbox"/> Yes / No X <input checked="" type="checkbox"/>
Approved by	Professional Executive Committee of Primary Care delivery Board
Authorised by	Director of Primary Care
Review date and by whom	November 2013
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Version Control (To be completed by policy owner)

Version	Date	Author	Status	Comment
1	01/11/11	Bob Purser	Final	Approved