North Yorkshire
Clinical Commissioning Group

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| **Title of Meeting:** | **Primary Care Commissioning Committe** | **Agenda Item: 6.1** |
| **Date of Meeting:** | **28 May 2020** | |
| **Paper Title:** | **NY CCG Primary Care Report** | |

| Session (Tick) | |
|---|---|
| **Public** | X |
| **Private** | |
| **Development Session** | |

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| **Responsible PCCC Member Lead**<br>Wendy Balmain<br>Director of Strategy and Integration | **Report Author and Job Title**<br>Jenny Loggie<br>Senior Service Development Manager – PCNs and PHM |

**Purpose (this paper if for)**

| Decision | Discussion | Assurance | Information |
|---|---|---|---|
| | | **X** | |

**Has the report (or variation of it) been presented to another Committee / Meeting?**
**If yes, state the Committee / Meeting: No**

**Executive Summary**

This paper describes the significant response from primary care and GP Practices as a result of the Covid-19 pandemic and guidance from NHS England. It includes the changes to the primary care operating model, new ways of working and the use of technology to support patients.
It also outlines some of the work being undertaken towards recovery and a gradual increase in routine demand.

**Recommendations**
**The Primary Care Commissioning Committee is being asking to:**
**Note** the attached paper

**Monitoring**
**Primary Care operational issues are currently monitored through the NY CCG Silver Command and strategically through the Strategy and Integration Directorate.**

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| **Any statutory / regulatory / legal / NHS Constitution implications** | No |
| **Management of Conflicts of Interest** | No conflicts of interest have been identified prior to the meeting. |
| **Communication / Public & Patient Engagement** | N/A |
| **Financial / resource implications** | Covid related expenditure is managed through the finance directorate and the covid reimbursement process. |
| **Outcome of Impact Assessments completed** | |

## Quarterly report on NY CCG Primary Care 28 May 2020

## Introduction:

This quarterly report for Primary Care provides assurance and updates on the primary care work plans and key areas of focus. It should be noted that much of this work has focussed on the response and support to COVID-19, therefore this report will provide assurance on the progress in primary care as it responds to the pandemic.

## 1. Primary Care and the Response to COVID-19

Dr Nikita Kanani, Medical Director for Primary Care, NHS England and NHS Improvement (NHSE) has issued a series of updates and guidance to general practice regarding the emerging COVID-19 situation. These were effectively a call to action; seeking support from general practice, nationally, to work differently and support the primary care response to the changing need.

In readiness to support the changing picture of the pandemic, primary care preparedness plans were developed with a view to working in new ways and supporting the health of the population. To generate capacity across general practice, the wide ranging services currently being offered as part of routine care was temporarily adjusted to create resource and support for the most vulnerable in our communities. Practices were encouraged to move towards the use of digital solutions, video, email, telephone to triage patients, followed by remote management wherever possible and appropriate, and based on clinical judgement.

### 1.1 Electronic prescribing

Practices and Primary Care Networks (PCNs) worked collaboratively to ensure resilience during the response efforts which resulted in enabling record sharing across PCNs. Practices were directed to use the Electronic Prescription Service (EPS) and moved patients to electronic repeat dispensing, unless there was a clinical reason not to do so. This was caveated that there should be no move to increase the duration of prescriptions. Patients were strongly encouraged to use online services for repeat prescription ordering.

### 1.2 Remote working

To support the need for remote working, the CCG delivered additional laptops to GP Practices across North Yorkshire. This also provided remote connectivity to the clinical application systems such as EMIS and SystmOne so that staff could work from home when needed.

### 1.3 Total Triage

On the 19th March, practices were asked to move towards a total triage model. This meant changing all routine face to face appointments into a telephone call first. This ensured that patients were appropriately triaged to the right health professional and mitigates any risk that potentially infected patients attend the practice when they should be receiving simple advice to self-isolate or require access to the 111 Covid Clinical Assessment Service. All practices are now operating with limited face-to-face appointments; many are delivering services very effectively via telephone or video. This has meant footfall has reduced and in turn, reduces the risk of potential COVID positive patients entering into practice premises without having the right level of infection protection and control for both patients and staff.

Under direction from NHSE, the CCG asked general practices to make appointments available for NHS 111 to directly book patients into. These patients have called the 111 service and have been assessed as needing a primary care intervention. These are first offered as telephone/video appointments and then a face to face appointment is booked if clinically necessary.

The current ways of working are under constant review as we learn from our system partners and as the knowledge of COVID-19 develops. Routine care and business as usual activity is beginning to increase again, and wider additional services are being brought back into the offer of general practice.

### 1.4 Hot Sites and Zones

Face to Face (F2F) appointments for some potentially covid positive patients are necessary to enable proper clinical assessment and treatment. To manage this effectively and avoid any risk of cross-infection, services were reconfigured to provide separate areas or zones to safely manage patients in practices.

Practices decided to separate services for those with urgent care needs, a 'red or hot site' from routine but essential care, 'green or cold sites'. This made safe provision for anyone with COVID symptoms.

Across North Yorkshire, variation exists in the configuration of the hot sites. For some practices they manage patients within the practice but with designated zones with separated workforce. For other practices and PCNs, a designated practice across a PCN footprint was designated as a hot site to treat only those with suspected COVID-19 needing further face-to-face contact.

Currently in Hambleton and Richmondshire, a new GP Coronavirus Assessment Centre, known as a 'Hot Hub', is operating between the hours of 12noon and 6pm Monday to Friday and is the first hot hub to be located away from general practice premises. This new assessment hub manages patients in one place with an acute medical issue where the patient also has COVID-19 symptoms, away from other 'green' sites/zones. It covers 17 practices or 125,000 patients. At present, this is the only area of North Yorkshire that has adopted this model. Early conversations are developing across other localities to consider the medium to long term plan for running hot sites away from practice premises, and as we move into the recovery phase of living and working with COVID. This enables practices to focus on non-covid activity and start to offer more routine services.

### 1.5 Shielding and Supporting Vulnerable People in our Communities

The Government identified a group of individuals who are classified as being at highest clinical risk of mortality and severe morbidity from COVID-19. These individuals were directed 'to shield', by staying at home and avoid face-to-face contact for a period of at least 12 weeks.

The Government has established a national support offer to make sure they have access to medicines and basic supplies during this time. General practitioners were asked to undertake specific tasks to review the government generated lists of shielding patients. This includes:

- Reviewing the list of individuals identified nationally through the clinical algorithm
- Reviewing the list individuals identified nationally by secondary care providers
- Adding flags for individuals who are known to be at highest risk and not identified by any of the above

- Ensuring patients identified are aware of how to access health services and receive their medication supplies.

This generated a significant workload for general practice, and continues to do so, as they review care plans, adapt them where needed, support patients to receive their medicine supplies and connect with patients remotely who have an urgent medical issue relating to their health or pre-existing conditions.

The CCG worked in partnership with North Yorkshire County Council (NYCC) to ensure that shielded patients are signposted to additional local support services where appropriate. In particular this is aimed at individuals who have no one to support them with access to food, shopping, pets or generally to cope with the social isolation. The service offered a triage process which directed people to family, friends or trusted local groups for support in first instance. People with no one to support them (both shielded and wider at-risk groups) have appropriate support arranged through a number of voluntary sector hubs across North Yorkshire.

### 1.6 Referrals to Secondary Care

As part of the wider NHS response to COVID-19, acute hospitals, in line with government advice, suspended accepting routine referrals from primary care. This action was taken to support the repurposing of hospital services, staffing and free up much needed capacity to respond to the expected peak of COVID-19 cases. This suspension of routine referrals began in late March and continued until mid May. Urgent and 2 week wait referrals were not impacted and continued to be received by acute hospitals.

As part of the second phase in managing COVID, acute hospitals are now starting to accept referrals, however routine appointments or treatments are likely to be delivered differently as hospitals plan to deal with a wide range of factors including; the initial pausing of elective activity, staff absence and self-isolation due to COVID-19 and availability of, and time taken to use, personal protective equipment (PPE). As hospitals develop plans to recommence elective activity, these limiting factors will remain an issue and will reduce capacity within hospitals. GPs have been kept up to date with developments at each of our main hospital providers.

### 1.7 Bank Holidays

To support the COVID efforts, NHS England changed the GP contract to request that general practices treat Good Friday and Easter Monday as normal working days. The CCG allowed local flexibility as to how practices opened but, to ensure any potential surge in demand could be met, also commissioned the Out of Hours (OOH) providers to deliver additional services across the longer Easter weekend.

Following this, the CCG, along with primary care partners have reviewed the use of primary care services for the Easter bank holiday and the additional capacity that was provided by all services. Feedback has been that overall demand was below anticipated levels and that general practice and Out of Hours were able to manage demand well.

NHSE guidance for the early May bank holiday allowed for local assessment of demand and for local decisions to ensure that patient demand can be met, this can include opening of GP practices on the bank holiday or alternative provision. The CCG, in consultation with the Yorkshire Local Medical Committee (YORLMC), PCN Clinical Directors and OOH service providers, decided not to ask general practice to open for the early May bank holiday. There is no requirement for practices to be open on late bank holiday. This assessment was

based on analysis of demand and good compliance within local communities with social distancing. The CCG again commissioned additional capacity within the OOH providers.

## 2. Funding for Primary Care during COVID-19

In March, NHS England pledged to protect general practice income, by ensuring that all practices in 2020/21 continue to be paid at existing rates of reimbursement, even though certain activities of healthcare will be temporarily paused, to free up capacity. This included reimbursement for the purposes of Quality and Outcomes Framework (QOF), any Directed Enhanced Services (DES) and asked all CCGs to do the same for any commissioned Local Enhanced Services (LES).

It was deemed that unless any commissioned services are considered to support the national COVID-19 response, LES, local pilots, regional or nationally commissioned pilots should cease, based on local discretion. Guidance was issued by the Royal College of General Practitioners and BMA. Funding, particularly to support staffing, should be maintained to support the primary medical care COVID-19 response.

### 2.1 Quality and Outcomes Framework (QOF)

QOF activity for 2019/20 was already largely complete prior to COVID, so all QOF calculations will be made as usual. However, given the priority that may need to be given to COVID-19 work, the CCG will be undertaking a piece of analysis to confirm the impact and will make a one-off adjustment for practices who earned less in 2019/20 than 2018/19 as a result of COVID-19 activities.

In line with NHS guidance for QOF activity in 2020/21, the CCG will protect QOF income as necessary to support the response to COVID-19.

### 2.2 Local Enhanced Services

The CCG recognises the work practices are doing in response to the current COVID-19 pandemic, and appreciates that the current focus will not be on delivering the Local Enhanced Services. As practices will not be offering the same level of service and in line with the national direction, the CCG endeavoured to pay all GP practices at a similar rate to previous periods to ensure practice finance is protected and stable during the crisis. The CCG committed to make monthly block payments, based on an average payment made in 2019/20.

### 2.3 Local Care Home Enhanced Service

Due to the extraordinary circumstances of the COVID-19 pandemic, the CCG has recognised the national ask of general practice to offer enhanced care to care homes. We therefore commissioned an interim local enhanced service to fund practices to:

- begin a process of work to align care homes to Primary Care Networks, and with that identify a named clinical lead
- deliver a consistent, weekly ‘check in’, to review patients identified as a clinical priority for assessment and care
- expedite the delivery of personalised care and support plans for care home residents
- provide medication support to care home residents and staff

The intention of this LES is an interim arrangement, prior to the commencement of funding from the national DES. The funding arrangements will be matched to that of the national DES, which will be £120 per bed per annum, and pro-rated accordingly. The CCG has committed to fund the LES from 1st May until the national DES starts.

### 2.4 COVID support fund

The CCG provided each general practice with a £5,000 support fund. This was awarded to primary care to cover additional costs that may be incurred as part of managing the COVID outbreak. The intention that any additional costs related to COVID-19 should be charged against this amount. The CCG defined valid additional costs as being genuine, reasonable additional marginal costs. Such costs included:

- Evidence of increases in staffing costs
- Increases in temporary staff cover due to sickness absence/caring responsibilities
- Payments to bank staff and sub-contractor staff to cover sickness /caring responsibilities
- Costs of COVID activity
    - Equipment needed
    - Decontamination and transport
- Minor works if they can be delivered during the outbreak period.

General practices are requested to make fortnightly returns to the CCG, which tracks all additional spend. This cost is then reimbursed to the CCG from NHSE.

## 3. Planning for Recovery and Living with COVID-19

According to national experts the Coronavirus is set to remain amongst our communities for some time. Therefore the CCG and wider NHS system has to plan for entering into the second phase in the response to managing COVID-19. This provides us all with an opportunity to review any beneficial changes that the system has collectively brought about in recent weeks. This will include:

- Maintaining local innovations that have worked well
- Enhancing local system level working
- Keeping strong clinical leadership, through collaboration with Clinical Directors, GPs and LMC
- Preserving flexible and remote working where appropriate
- Striving for the continuation of new technology-enabled service delivery options such as digital consultations

### 3.1 Planning for the next 12 months

Phase 2 of the COVID-19 pandemic will see us living with a level of COVID in the general population. Health and Social Care must assess the impacts of having imposed restrictions on health and social care services. The CCG, along with Clinical Directors and primary care have begun to consider what are the next steps and areas of priority for the next 12 months. These will include;

- Maintenance of Hot and Cold sites that are fit for purpose for the next 12 months
- Encouraging patients to access health services for health queries
- Dealing with the missed presentations of ill health, due to the lack of face to face appointments
- Access to outpatients, diagnostics and elective care
- Maintaining the health of and support to the most vulnerable patients

### 3.2 Lessons Learnt and Embedding Positive Change

It is important to reflect on the positive work that primary care colleagues have delivered in the most unprecedented and uncertain times of health care. General practice and PCNs have led a great deal of work and service reform. This has enabled PCNs to strengthen existing working relationships, by sharing experience and learning. The service model had

to be rapidly adapted to ensure a safe and effective response to healthcare needs for the patients in our communities.

There has been a focus on transformational change, for example with the creation of red sites or zones and the use of digitally enabled platforms, such as video consultations, online consultations and telephone triage. It has also allowed the system to reframe what is 'urgent'. Innovation and collaboration has been accelerated in the response to COVID.

The response to the pandemic was a rapid call to action from all system partners. This meant that freeing up capacity saw the discharge of patients from secondary care, a shift to more self-care, pausing of routine non-urgent referrals, earlier discharge from hospital and more care being provided in the community and huge volumes of communications and guidance being issued daily. As planning for recovery continues the opportunities for maintaining the positive change is crucial for the 'new normal'.

### 3.3 Planning for the National Flu Campaign 20/21

It is recognised that delivering the flu immunisation programme is likely to be more challenging because of the impact of COVID-19. Guidance is expected from Public Health England to reflect the changed circumstances expected as the programme begins in September 2020. Discussions to consider expansion of the flu programme for this autumn are underway. The letter from the Department of Health, issued 14th May, informed the system which groups are eligible for flu vaccination this autumn and sets out actions that can be taken to prepare for this autumn's vaccination campaign.

The CCG is supporting general practice with their preparedness plans, and working alongside Public Health England to ensure that there have been adequate ordering of the adjuvanted trivalent influenza vaccine (aTIV), and for at risk under-65s and for pregnant women the quadrivalent influenza vaccine (QIVc). There is an expectation that there will be an increased demand for the Influenza vaccine this year and practices are being asked to prepare for this eventuality. The CCG will be working with Public Health England in the coming weeks to develop a robust approach for this year's Influenza Campaign.