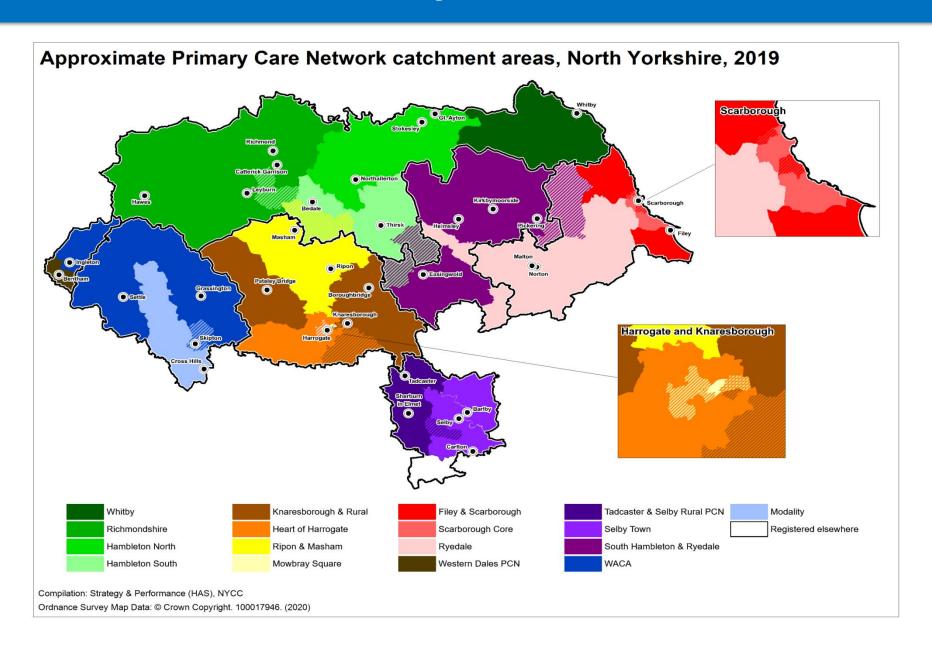
North Yorkshire Covid 19

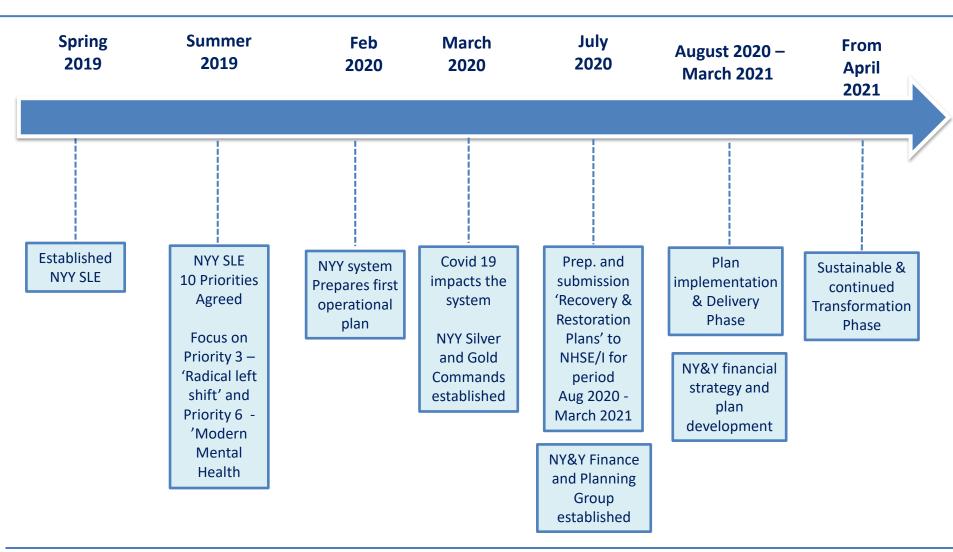
Primary Care Recovery Planning
Primary Care Commissioning Committee
21 July 2020



NY&Y Primary Care Networks



Timetable – Planning & Delivery

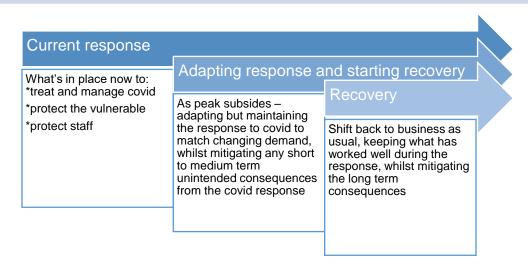


Our twin-track approach

Our collective response to Covid-19 has strengthened our work as a partnership

- Part 1: Focus on NHS Recovery including wider system implications by end June 2020
- Part 2: North Yorkshire and York Recovery and Re-set Plan focusing on our collective system priorities and actions by end July 2020
- This work will be underpinned by successive editions of the Rapid Health Needs
 Assessment

Both parts of this twin-track approach will be form part of our ongoing **Response and Recovery**



Phase 1 – Primary Care SWOT analysis

Strengths

- Permissions and freedom to innovate
- Teamwork and mutual aid with agile working
- Improved communication
- Reduce bureaucracy and streamlined paperwork
- Significantly increased use of digital technology
- Nf2f consultations, all practices now on AccuRx in NY
- E-dispensing
- Extended MDT skill mix in community
- PCN Clinical Director clinical leadership
- Proactive signposting of vulnerable people to support
- Improved real time intelligence (impact and decision making)

Weaknesses

- Differences in use of PPE across providers
- Testing guidance
- Referral activity stopped risk passed to Primary Care
- Impact of speedy discharges on primary care/community/social care services
- Loss of day services due to social distancing
- Impact of behaviour changes on the health and wellbeing of communities
- Risk of burn-out and impact of trauma on staff

Opportunities

- Remote working, remote consultation
- Encourage self-care and prevention behaviours
- Consider retaining MDT skill mix in the community
- Increase use of virtual assessment and conversation record Enhanced online support offer
- Leadership role in influencing how we adapt to the "new normal"
- Continued close working strategically and operationally with public health, social care, other NHS providers

Threats

- Return to normal patterns of workload pressure
- Level of support required by Care Homes
- Lack of capacity to continue to deliver covid response
- Staffing retention and recruitment
- Alignment of all the various recovery plans
- Supporting COVID response in a potentially bad winter / flu season
- Significant risk of second peak

Primary Care – planning for the future

What have we stopped that we want to restart?

What have we started that we want to keep?

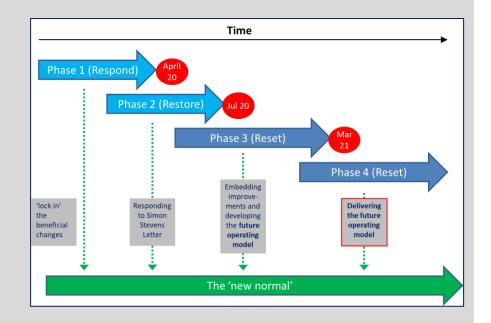
What new activities do we want to do more of?

What have we stopped that we don't want to restart?

What have we started that we want to stop?

What existing services do we want to do differently?

- Phase 3 (August 2020 to March 2021) We need to formulate a plan bringing elements forward described in phase 1 that we want to keep and those activities we would need to undertake to address ongoing problems and business as usual objectives. This will need to have phased actions linked to the different phases of covid recovery.
- **Phase 4** (April 2021 onwards) the new business as usual and future operating model.



North Yorkshire and York Recovery Planning

PRIORITIES FOR RECOVERY

- GP safe and sustainable service provision through full implementation effective IP measures control
- Fully rolled out total triage model and maximisation of digital technology (including electronic repeat prescribing)
- Agreed and implemented 'hot hub' models across NY&Y
- Flu Vac model agreed and implemented across NY&Y
- Continue PCN development and embed MDT approach with community providers and additional roles implementation
- Clear and implemented model to support vulnerable people (including LD patients) including risk stratification
- Clear approach to urgent care models across NY&Y
- Continued focus on integrated service models with primary care