

Healthy Staffordshire Select Committee

Covid19 Impact on Primary Care Capacity



- The COVID 19 pandemic has had a significant impact on the delivery of general practice services with all routine patients being managed remotely via telephone or video consultations or face to face in 6 'hot hubs' for the management of suspected COVID+ patients (see Appendix 1 for further update).
- 1050 video conferencing displays (with built in camera/speaker/mic) and 560 webcams have been successfully rolled out to all GP practices to support practices with remote consultations and Microsoft Teams meetings.
- At the beginning of the pandemic many services in general practice were 'paused' or stood down and these are outlined in Appendix 2
- General practice worked in line with the national Primary Care Standard Operating Procedure (SOP) which was shared with all practices: <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>
- Practices have been supported through a dedicated Primary Care Covid inbox, over 2,400 emails have been received since it was set up in March including 758 workforce notifications.

Primary Care Workforce



- Practices informed the CCG daily on absences relating to COVID to ensure the team could provide support where needed
- Processes in place for GPs and Nurses who could offer additional hours either in primary care or who could support across the wider system
- Mental health support offered to primary care staff via the COVID website including sharing information on apps
- Support provided on ensuring practices are undertaking risk assessments on their staff by sharing tools and Occupational Health details and other relevant information. This then enabled the team to target support where needed.
- 700 Laptops were deployed to enable shielded and remote working within the primary care workforce

Context / Data



- The challenge that primary care faced at the start of the pandemic can be demonstrated in the table below and was based on the Sheffield model issued on 7th April 2020.

Measure	Volume
Staffordshire and Stoke on Trent Population	1,131,052
Infections (85% of the population)	961,394
66% of those infected will be symptomatic / 34% Asymptomatic	634,520
20% of symptomatic patients will need intervention in Primary Care	126,904
80% of the symptomatic patients will not need intervention in Primary*	507,616

Primary Care R&R Position Statement & Issues



Main Priorities	Position Statement
Primary Care Consultations for Shielded Patients	A system review group is in place which has quantified the needs of the shielded cohort to ensure there are no gaps in service provision between primary and community care. Primary care continue to support these patients remotely in the majority of cases and provide contact and support. MDT discussions are ongoing and a matrix approach is being taken to progress this.
Primary Care Access	Total Triage remains in place across all practices. Antibody testing has been rolled out across primary care – as at 14 th July over 65% of the workforce has been tested with 7% of the results being returned as positive Test, Track and Isolate presents a risk to general practice and could impact on delivery of PC services if workforce was to reduce. A resilience plan is in place to mitigate this.
Supporting Care Homes	100% now allocated a clinical lead and have process in place to deliver the 3 key areas issued by NHSE. Letter has been issued to care homes jointly from CCG and Local Authority to show collaborative approach. (Copies also to be shared with practices) Data recording/reporting and KPIs to be developed.
2 week wait & Urgent Referrals	Practices to continue to refer patients identified as a 2WW and Urgent immediately as per normal practice. Communications have been sent to all practices to reiterate these messages.
Vaccinations and Immunisations	System level Steering group and delivery group in place to start developing 20/21 flu programme with partners. Main issue to flag is in relation to PPE availability given change in guidance and clinical workforce available to deliver. Resilience plan in place to support workforce model. Social Distance implications will impact on how the programme is delivered and new delivery model being considered.

Appendix 1 – Hot Clinic Update



- 6 dedicated ‘hot’ clinics were commissioned during the initial outbreak of Covid19 in March 20. The capacity was based on predicted modelling for primary care made available at the time.
- The figures below shows the capacity that was commissioned on a weekly basis and the actual demand that has been seen. This is a combined figure across all 5 clinics across the 6 CCGs:
 - Capacity = 430 patients a week
 - Actual Demand = On average 56 patients a week
- Due to the lower levels of demand than anticipated the hot clinics have been scaled back for July & August to provide capacity for 80 a week across 2 clinics + continued OOH access.

Appendix 2 – National Actions for general practice

No	Area	Action / detail	Current position
1	QOF 20/21	QOF income to be protected to respond to COVID	To be clarified by NHSE when this should recommence
2	Dispensary Services Quality Scheme (DSQS) payments	For dispensing practices only, the DSQS will be suspended with immediate effect, with income protected. This includes ceasing DRUMs with immediate effect. Medication review should continue if essential.	To be clarified by NHSE when this should recommence
3	Investment and impact fund	Qtr 1 and Qtr 2 deferred – PCN support fund in place	Awaiting NHSE response regarding what the PCN support fund can be used for and awaiting further guidance on what happens post October 2020
4	Network DES service specifications	Structured medication reviews – Postpone until Oct 2020 Early Cancer Diagnosis – Begin work unless COVID work needs to overtake this Care homes – Requirements to continue	Local COVID specification developed. Alignment of homes currently taking place and readiness to deliver specification from 1 st June 2020. SITREP with NHSE has started.
5	Workforce returns	ARRS to continue Delay workforce planning templates to 31 st Aug 2020	Communicated to PCN CDs in May 2020
6	Appraisals and revalidation	Appraisals strongly recommended to suspend unless exceptional circumstances	To be clarified by NHSE when this should recommence
7	Scale down of CQC inspections	Routine inspections suspended	To be clarified by CQC when this should recommence

Appendix 2 Continued...May wish to consider suspending

No	Area	Action / detail	Current position
8	New patient reviews	Suspend offer of consultation within 6 months of joining the list – high risk to be offered a consultation remotely	
9	Ove 75 health checks	If no consultation in last 12 months, may consider using clinical judgement	
10	Annual patient reviews including QOF	Defer if necessary unless can be done remotely	
11	Routine medication reviews	Defer if necessary unless can be done remotely. Key medication reviews to continue where a patient is being regularly monitored	
12	Clinical reviews of frailty	Can be deferred but use clinical judgement where a review might be necessary and consider remote	
13	Friends and Family Test	Practices not required to report results	To be clarified by NHSE when this should recommence
14	Engagement with PPGs	Practices can suspend and/or pause implementing improvements unless clinically necessary	To be clarified by NHSE when this should recommence
15	Dispensing list cleansing	Dispensing patient list cleansing exercises can be deferred (possibly to recommence from October)	To be clarified by NHSE when this should recommence
16	PCN Clinical Director role	PCN director may delegate some functions to a non-clinician where appropriate - £1.50 and CD funding can support this	PCN CDs are aware of this

Appendix 2 Continued...Locally consider suspending

No	Area	Action / detail	Current position
17	LES/LIS local and national pilots	Unless commissioned services are considered to support the national COVID-19 response, LES/LISs, local pilots, regional or nationally commissioned pilots should cease, based on local discretion. Funding, particularly to support staffing, should be maintained and re-directed to the primary medical care COVID-19 response.	List of LES/LIS sent to practices and PCNs informing them what they should consider suspending or continuing with. See local response below
18	Local audit and assurance	Unless supporting COVID response, cease or reduce frequency	
19	Other local data collections	Unless supporting COVID response, cease or reduce frequency	