

Healthy Staffordshire Select Committee

Covid19 Impact on Primary Care Capacity

- At the beginning of the pandemic many services in general practice were ‘paused’ or stood down
- 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/>
- **New Operating Model**
 - Total Triage
 - Remote consultations
 - Hot clinics
 - Shielded patients
 - Enhanced Primary Care in Care Homes
- **Primary Care Resilience**
 - Business Continuity Planning – Practice, PCN, Federated, Parachute Service
 - Workforce – outbreaks, wellbeing, BAME and at risk groups
 - Communications – resource platform/website, webinars, daily GP bulletin

Flu Programme

- Most comprehensive flu programme in UK's history rolled out this winter
- Expanded programme to protect vulnerable people and support the NHS, additional cohorts
 - people aged 50 - 64 (>140K eligible population in STP)
 - Households of those on the Shielded Patient List eligible for free flu vaccination and
 - school programme expanded to the first year of secondary schools for the first time
- Prioritising care home patients, those at risk, shielded/housebound, vulnerable groups
- Capacity and Demand Modelling
- Bulk ordering of PPE
- Commissioning arrangements
- Practice survey has been undertaken on readiness and capacity to deliver the programme and additional 50-64 cohort.
- Plans to increase STP workforce vaccinations, particularly care home and frontline staff.
- Communication and Engagement plan also developed and part of STP Delivery plan.
- System approach and governance involving all stakeholders
- STP Flu Delivery Plan has been developed with first draft submission to NHSE/I on 31/7/20

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.