

# 10. Winter Access Plan & Escalation (OPEN)

BNSSG Primary Care Commissioning Committee  
25<sup>th</sup> January 2022

Created Jenny Bowker, Head of Primary Care Development, Katie  
Handford Models of Care Lead, Bev Haworth, Senior Programme Lead

# Overview

1. Winter Access Plan
2. Primary Care Escalation
3. System Planning

# 1. Winter Access Plan aimed at:

- Supporting resilience and additional capacity
- Reviewing and addressing variation
- Increasing on the day appointments / urgent care needs
- Supporting access and patient experience
- Enablers

# Scheme details

Scheme	Update
<p><b>1 - Enhanced General Practice Resilience &amp; Quality Support Programme</b></p> <p>The enhanced General Practice Resilience and Quality Support Programme will provide support to a small number of BNSSG practices which will benefit from intensive, hands-on support to understand and tackle the root causes of resilience and quality issues. It will be used to compliment the national Time For Care Access Improvement Programme, ensuring that practices are able to tackle any underlying root causes and enabling them to maximise access for patients via the national programme.</p>	<ul style="list-style-type: none"><li>• Practices identified for the programme which were not already in receipt of support are currently being onboarded. Detailed stocktakes to assess the key challenges and opportunities are commencing.</li><li>• <b>Next steps:</b> Following completion of detailed stocktakes which each practice improvement plans will be developed.</li><li>• Further practices will be invited to participate in the programme once additional team capacity is in place.</li></ul>
<p><b>2. Collaborative staff bank</b></p> <p>for existing staff as a precursor to wider Primary Care, Community and Social Care bank</p> <p>Digital platform and project costs</p>	<ul style="list-style-type: none"><li>• Requirements drafted with the CCG contracts team. Project manager now in post.</li><li>• <b>Next steps:</b> digital platform to be set up</li></ul>
<p><b>3a. GP Clinical Network Service (GP-CNS)</b></p> <p>Provide an attractive GP homeworking opportunity: for those on the Mass Vaccination bank, GPs taking a career break, those who would otherwise retire or who have recently retired, those only wanting to work a few hours per week etc. To provide additional GPs to support patients and practices in BNSSG in and out of core hours.</p> <p>Envisaged as a GP service initially, it is anticipated that this could be extended to include a wide range of clinicians. Explore supporting 111 referrals.</p>	<ul style="list-style-type: none"><li>• Comms have been sent out to practices but only had 1 response.</li><li>• COVID laptops can be used for this so they can link to any practice.</li><li>• <b>Next steps:</b> look at the returners list from the Mass Vaccs team and look at proactively contacting people.</li><li>• Confirm laptop provision and follow up on the support for onboarding.</li></ul>

Scheme	Update
<p><b>3b. Digital remote consultation offer:</b> Use of digital remote consultation third party supplier utilising an existing pan BNSSG EMIS platform</p>	<ul style="list-style-type: none"> <li>• 10 practices responded, totalling 6664 appointments. Funding agreed for all requests.</li> <li>• <b>Next Steps:</b> Resolve issues around reporting activity on the portal and process claims for payment</li> </ul>
<p><b>4. Mental health offer:</b> VitaHealth offer of mental health First Contact Practitioner support - Explore centralised Mental Health hub</p>	<ul style="list-style-type: none"> <li>• Service first phase went live 04/01/22 with remote consultations.</li> <li>• Training Webinar held 05/01/22.</li> <li>• <b>Next Steps:</b> Service documents circulated to practices and follow up targeted Webinar for care navigators to be arranged.</li> <li>• Finalise contract variation for phase 1 remote consultations.</li> </ul>
<p><b>5a. Same Day Urgent Care/ Expansion of Improved Access (IA):</b> Flexible approach building on: - expansion of Improved Access (excluding Covid vaccinations and in addition to current IA specification) - previous winter pressures work - general practice same day offer at locality level</p>	<ul style="list-style-type: none"> <li>• Responses received from 71 practices. Additional minutes totalling 370,057. Funding agreed for all requests.</li> <li>• <b>Next Steps:</b> Resolve issues around reporting activity on the portal and process claims for payment</li> </ul>

Scheme	Update
<p><b>5b. System Clinical Assessment Service (CAS)</b>  Support local primary care clinicians to work in system CAS  December 21 to March 22</p>	<ul style="list-style-type: none"> <li>• General Practice element of the system CAS is live.</li> <li>• Impact of CAS continues to be positive. 82.9% of patients assessed (w/c 13/12) had an alternative to hospital/999 and within this 52.6% of cases were closed by senior remote assessment without a face to face appointment being necessary.</li> <li>• <b>Next Steps:</b> Re-circulate expression of interest to primary care to seek to improve clinical hours in the CAS.</li> </ul>
<p><b>6. Community Pharmacy/Meds Op Offer:</b>  <b>a) Community Pharmacy Consultation Service* (CPCS):</b>  Extend the Community Pharmacy scheme  Maximising CPCS sign-up and training for best practice utilisation  eConsult and AskmyGP referral link to CPCS  Use of alerts and digital solution for referrals from GPs  Contraceptive pilot</p>	<ul style="list-style-type: none"> <li>• Further training with practices has been undertaken and overall numbers referred to Community Pharmacy (CP) has increased (reduction in December due to bank holiday closure).</li> <li>• Working with NHSE to expand DOS pathways which will increase numbers further.</li> <li>• <b>Next Steps:</b> BNSSG will pilot 111 online referrals to CP, aim for go live mid Jan 22</li> </ul>
<p><b>6. Community Pharmacy/Meds Op Offer:</b>  <b>b) Patient Group Directions:</b> Develop further local PGDs</p> <p><b>c) Hubs: Accelerate development of PCN prescribing hubs:</b> augment local resource offered to accelerate. Potential to start with practices in the resilience support list  Deploy £120k national funding to support further Electronic Repeat Dispensing roll out in BNSSG</p>	<ul style="list-style-type: none"> <li>• Urinary Tract Infection service will be expanded to include urine dipping which will be in place by the end of Jan 2022. Hay fever pathways will be developed for Spring 2022.</li> <li>• Also scoping an Ear Pilot to train a small number of pharmacists to examine ears</li> <li>• <b>Next Steps:</b> Finalise UTI pathway and training guide, update LES specification and have launched by end Jan 2022</li> </ul>

Scheme	Update
<p><b>6. Community Pharmacy/Meds Op Offer:</b>  <b>c) Hubs: Accelerate development of PCN prescribing hubs:</b> augment local resource offered to accelerate. Potential to start with practices in the resilience support list  Deploy £120k national funding to support further Electronic Repeat Dispensing roll out in BNSSG</p>	<ul style="list-style-type: none"> <li>• Approached all PCNs with the offer. Currently few PCNs are in a position to progress, but Connexus would like to and have requested project management support.</li> <li>• <b>Next Steps:</b> Scope support for Connexus.</li> <li>• Write an options paper to agree the best way to use the £120K to further support eRD roll out</li> </ul>
<p><b>7. Proactive and positive insights and engagement with our communities</b>  Use of local insights to support national comms campaign  Support for signposting  Practice website development  Work with Health Watch, practice PPGs and voluntary sector  Maximise use of health apps to support self-care</p>	<ul style="list-style-type: none"> <li>• Comms plan adjusted to take into consideration focus on Covid-19 boosters. Collating examples of innovative work in surgeries and a patient case study. Showcasing work of practices to deliver booster programme. Key messages around increased demand, staff respect and different consultation types are being pushed through social media. Increasing level of demand from external media surrounding GP surgeries – 14+ external media commitments in December, all portraying intended communications. Collated relevant insights from Citizen's Panel surveys and sought feedback on key messages from Health Watch PPG.</li> <li>• <b>Next Steps:</b> One Care and CCG to re-visit objectives, content plan and see how/what we can action now, in-line with current Omicron escalation, practice needs and NHSE updated materials. Need to ensure alignment with system insights.</li> </ul>
<p><b>8. Telephony:</b> maximising benefits of cloud based telephony in general practice and supporting readiness for implementation of National telephony support programme</p>	<ul style="list-style-type: none"> <li>• National offer has changed to MS Teams to support outbound calls. Considering another use for the £50k. Could look at practices that don't have Bistech.</li> <li>• <b>Next Steps:</b> Develop a local spec and explore market.</li> </ul>

# Additional Schemes to be further scoped

Option	Impact
<p><b>System Partner Support: improve communications and referral interface systems between primary care and Sirona/primary care and secondary care:</b></p> <ul style="list-style-type: none"><li>-support improved responsiveness and locality demand management and MDT resource allocation</li><li>-systems in place to reduce calls to practices as part of support to elective Recovery</li></ul>	<p>Improved direct communications with specialty areas Streamlined referral management processes Enhanced support for Single Point of Access Reduced calls to practices Integrated MDT working.</p>
<p><b>Health Inequalities Bid:</b></p> <p>A suite of proposals aimed at improving the health of the homeless populations and of ethnic minorities.</p>	<p>To create additional capacity to provide care for this cohort so as to reducing pressures on current care provision and reduce health inequalities.</p>
<p><b>Community Pharmacy Dermatology:</b></p> <p>Proposal is for a specialist (dermatologist) run skin lesion reporting service with referrals coming from community pharmacy.</p>	<p>This would remove the consultation for skin lesions from the general practitioner workload and free time for the GP to deal with more complex diagnostic and complex patient management problems. In addition it will reduce the number of avoidable specialist referrals reducing demand on hospital dermatology services in BNSSG.</p>



# Key Risks and issues

- Practice capacity and workforce to support additional activity as a consequence of booster programme in December and impact of omicron surge on staffing
- Securing project resource
- Mobilisation lead in times have resulted in staggered scheme start dates
- Risk that not all of the available allocation will be committed by end of March as a consequence
- New national online claims process mandated for practices and logistics of introducing new process is delaying ability to forecast activity and spend

## Mitigations:

- Support to practices to make participation as straight forward as possible and to encourage delivery at PCN/locality level where this makes sense
- Programme governance supporting review and prioritisation of schemes based on regular assessment of deliverability and impact
- BMA and national guidance provided to practices to support prioritisation of workload in light of request to practices to prioritise delivery of the accelerated booster programme in December
- Developing practical guides to support claims process and continued close working with NHSEI national team to resolve issues.

# Next Steps

- Progress and maximise benefits from current schemes
- Further development of new additional schemes
- Monthly reporting to NHSE on progress
- Continued engagement with general practice and key stakeholders

## 2. Primary Care Escalation

- Practices invited to attend PCN Q&A meeting to discuss escalation
- Primary Care and Locality Development Group (PCLDG) meetings held twice weekly in January to co-ordinate response between CCG, One Care, Severnside and the LMC
- BMA guidance on practice business continuity planning shared with practices
- Communications to practices issued to set out process for requesting digital support for remote working due to covid related absence

- Escalation framework refreshed to support omicron surge planning and shared with practices setting out escalation thresholds and actions for practices, PCNs and localities. This has been developed collaboratively at PCLDG and shared with Sirona and Severnside and with Bronze command to enable alignment of response across wider primary care, community services and system partners
- Heads of Locality have been working with PCN CDs and Locality GP leads to refresh PCN and locality level escalation plans

- Situation reporting re-instated to understand workforce absence levels in general practice with process in place to offer advice, guidance and support to practices as required
- Communications guide developed to support practices with consistent messaging to their population to mirror the escalation framework

- Primary care support to expansion of oximetry at home service to support omicron surge and keeping people well in the community
- Distribution of paediatric pulse oximeters to practices and more being procured to secure 1 per practice site
- One Care has worked with the CCG Incident Control team to secure and deliver lateral flow test supply to practices to support business continuity

# 3. System Planning

- Operational plan internal mapping exercise complete by 20<sup>th</sup> January
- Prioritisation exercise complete by 27<sup>th</sup> January for ICSG review 9<sup>th</sup> February
- First draft narrative, activity and workforce plans internal deadline 28<sup>th</sup> February
- NHSE draft submission for 2022/2023 plan mid March (date TBC)
- NHSE final submission end of April (date TBC)

# Key Operational Plan Areas for Primary Care

Primary care as integral part of solutions to key system challenges that require a whole system response, incl. elective recovery and supporting people in their own homes and local communities.

Greater role for community pharmacy – aim for universal participation. Incentives for contributions to national minimum 2m appts. Include b.p. measurement and smoking cessation, new meds & discharge meds.

Expansion of Primary Care Workforce GPs, ARRS & PCNs

Support continued delivery of good quality access by increasing and optimising capacity, addressing variation and spreading good practice.

Revised arrangements for enhanced access through PCNs from October 22.

Support practices and PCNs to ensure every patient has the right to be offered digital-first primary care by 23/24.

GP contract changes including Network Contract DES

PCNs to deliver anticipatory care & personalised care and expand focus on CVD diagnosis & prevention from April 22

Catch up on backlog of care re ongoing conditions

Address health inequalities with communities

Maximise clinically appropriate activity and target capacity to meet urgent care demand, minimise deterioration in oral health and reduce health inequalities in dental services.

Develop plans re delegated commissioning of dental, comm pharmacy & optometrist services from 23/24