NHS
Bristol, North Somerset and South Gloucestershire
Clinical Commissioning Group

Primary Care COVID 19 Response

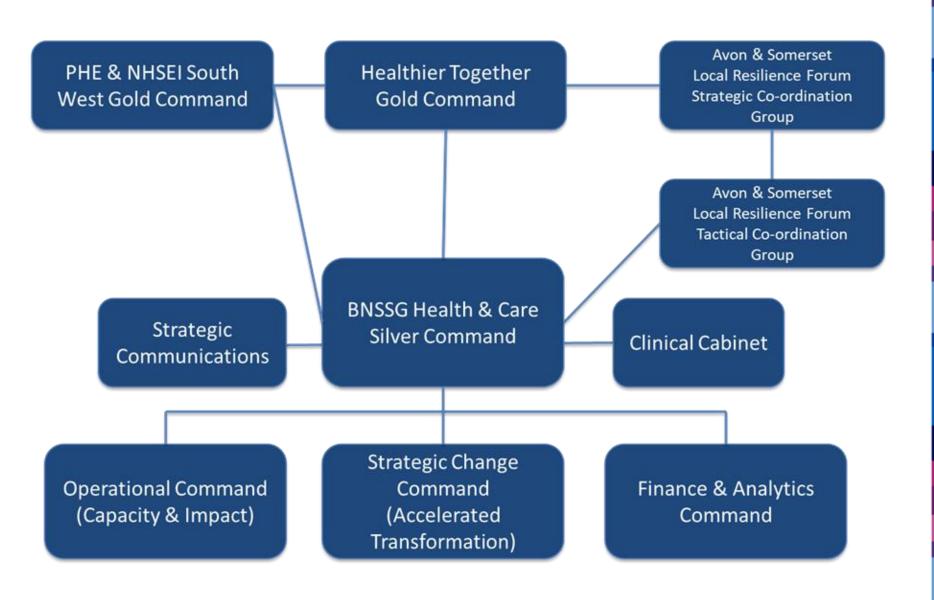Primary Care Cell – Dr Martin Jones, Medical Director

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Overview

1. Primary Care Cell Updates

2. Localities Sub-Group

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4. Communications Sub-Group

5. Workforce Sub-Group

6. Resilience

7. Contracts and Performance

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1. Primary Care Cell Updates

o   Primary Care Resilience Cell now reports to Operational Command and BNSSG Health and Care Bronze and Silver Commands

o   Primary Care Cell continues to meet weekly on a Tuesday and Thursday

o   Sub-groups in place to manage multiple work streams:

- Primary Care Localities

- Communications

- Digital

- Workforce (dual reporting to workforce system cell)

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PHE & NHSEI South West Gold Command

Healthier Together Gold Command

Avon & Somerset Local Resilience Forum Strategic Co-ordination Group

Avon & Somerset Local Resilience Forum Tactical Co-ordination Group

Strategic Communications

BNSSG Health & Care Silver Command

Clinical Cabinet

Operational Command (Capacity & Impact)

Strategic Change Command (Accelerated Transformation)

Finance & Analytics Command

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Cell Updates

- **Vulnerable Groups** – Working with Primary Care colleagues to validate the lists of vulnerable patients. GPs continue to review the patients flagged on the system during this process, and are now also able to review patients who have self-identified via the gov.uk website.

- **SitRep** – Working with OneCare there is now a daily SitRep of Primary Care available, detailing staffing levels, sickness, PPE etc. In addition, primary care reporting on suspected covid activity is being captured via Alamac to support system-wide response

- **Staff Testing** – Staff testing process in place supported by OneCare. Prioritisation supported by SitRep.

- **PPE** – Working with Logistics cell to ensure Primary Care providers receive essentials as quickly as possible.

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2. Localities Sub-Group

- Heads of Localities are working with GP providers to further develop local **practice resilience plans** drawing on NHSE/I SOP and OneCare escalation tool and action cards:

  - All have agreed buddying and operational cascade arrangements between practices for resilience should staff absence become unmanageable.

  - All localities have implemented zoning in practices. 'Hot' sites designated in WWV and Woodspring and being explored elsewhere.

- In development are whole-system **integrated locality plans** for COVID-19, produced by existing Locality Partnership Groups, to deliver clinical models designed by various BNSSG Cells and that require primary care input:

  - Home visiting - All have begun design of joint home-visiting service with Sirona in light of isolating/ shielded patients requiring primary care

  - Care home 'wraparound' teams and advanced care planning

  - End of Life care support to community

  - Supporting timely complex discharges

  - Virtual frailty MDT working

  - Enhanced provision of urgent care minor illness and injury in community settings

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3. Digital Sub-Group

This group continues to make significant progress:.

Laptops: Following the distribution of 300 laptops for GP practices at the beginning of April, a further 130 laptops have been configured and are being distributed.

Headsets and webcams:1000 USB headsets and 900 USB webcams ordered for practices. There are national shortages of webcams, delivery expected 20-28 April with distribution to practices as quickly as possible.

Smartcard access expanded: Clinicians can now access the relevant patient records for their own practices and for others when necessary wherever they are.

AccuRX: We have enabled the 'Pathways' function in the text messaging service that practices use with patients which allows scheduling of messaging to patients e.g. for admin purposes along with the 'Florey' function - the ability to send questionnaires e.g. COVID remote monitoring and triaging

Bandwidth: Practices updated to HSCN to improve bandwidth to operate remote working.

Care Homes: Care homes being encouraged to register for NHS mail and use MS Teams for secure video calls, instant messaging and file sharing- Particularly to allow GPs and other primary care clinicians to provide healthcare via secure virtual ward rounds.

GP Connect: Practices have been given guidance on how to switch on GP Connect functionality and set up worklists in appointment books. OneCare have offered support to practices to do this. This functionality enables the CCAS (COVID clinical assessment service) to book patients directly into a GP practice worklist.

Online Consultations: separate agenda item.

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4. Communications Sub-Group

- Daily Communications process in place to discuss and agree one daily bulletin to general practice

- CCG, One Care, LMC and SevernSide contributing content

- Practice FAQs received by the CCG and One Care jointly answered and updated daily

- NHSE Bulletins reviewed daily to ensure consistent messaging for practices is shared on a daily basis

- WhatsApp cascade groups in place to ensure method of sharing urgent updates if required

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5. Workforce Sub-Group

- CCG, One Care Ltd, SevernSide Integrated Urgent Care Service and the BNSSG Training Hub are all represented on System the Workforce Cell.
- Key focus over the past few weeks has been establishing the system-wide workforce deployment process
- Principles and process for deploying additional staff in primary care are being developed for approval at the primary care and finance cell
- Training Hub, One Care Limited, LMC and SevernSide continuing to develop a local offer to support deployment of additional workforce to areas of greatest need using the primary care SitRep. This includes supervision support, training and induction and any HR support.
- CCG continues to link with NHSE regional team to support connections with national campaigns for increasers and returning GPs
- Training Hub has developed a directory of online training resources to support general practice during Covid and this is available on TeamNet
- This group reports to the Primary Care Cell as well as the system Workforce Cell

6. Resilience

- Business Continuity Plans (BCP) have been shared from 75% practices

- All emergency contact numbers for practices have been received

- CCG has worked with One Care to take the best from BCP and have shared a best practice template back out to practices

- Contact with the individual practices on the General Practice Resilience Programme increased. Log created in order to record information about stability status of practices on the GPRP in terms of ability to respond to Covid-19. Log being updated and shared on a weekly basis with Heads of Locality and Area Directors in order to feed in individual practice considerations to PCN / locality Covid-19 response planning.

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7. Contracts and Performance

- **Site Closures**

Where practices have multiple sites, some have requested to consolidate staffing to main sites, allowing them to streamline processes during staff shortages. At risk staff are encouraged to utilise the closed sites, which allows them to continue providing care, whilst remaining protected. The CCG has approved these applications, and this currently applies to 7 GP practices.

- **LES/DES Update**

Practices received confirmation in March from Lisa Manson that income would be protected in regards to LES and the extended hours DES. This involved a commitment to pay practices for quarter 4 and quarter 1 LES activity based on average of the claims paid across quarter 1 19/20. For extended hours practices were assured that this would not be performance monitored and income would be protected for the quarter 1 20/21 period. Early discussions are in place as to what will be required to support practices from 1 July 2020 (Q2).

- **Covid-19 Cost Reimbursement**

To further support practices, the CCG have shared a letter with all practices to protect income during the covid-19 pandemic. A process has been established to categorise costs in order to identify those suitable for a peer review assessment. A panel has been established to discuss such costs and this consists of representatives from the CCG as well as the LMC and representation from general practice. The claimant will be anonymised to ensure impartiality.

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