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. Key Focus Areas
2. Digital Sub-Group
3. RAPCI Study Findings
4. Priorities for Phase 3

1. Key Focus Areas

- **Vulnerable Groups** – approach to risk stratification and supporting vulnerable groups developed and supported by Commissioning Executive and Integrated Care Steering Group.
- **PPE** – PPE distribution and logistics offer secured and transition managed to new system for primary care.
- **Community Phlebotomy** – A workflow from acute trusts to primary care is being finalised to support outpatient transformation in response to COVID. An offer to general practice is being worked up and will be shared in October. A wrap around web-based ICE solution is being piloted by two practices facing NBT and UHBW to support returning blood result to acute hospitals which do not follow the new process
- **Care Homes** – working group continues to oversee BNSSG delivery of the national guidance on the primary and community care model for care home support and preparation for implementation of the PCN DES Enhanced Health in Care Homes from 1st October. Key areas this month have included membership engagement on the transition between the LES and DES including next steps for the management of flu outbreaks and mapping the Sirona contribution to delivery of the DES to share with PCNs.
- **Phase 3 planning** - weekly task and finish group established to support phase 3 planning and capacity modelling.
- **Flu planning** - standing agenda item at the primary care cell, update included in quality report and flu report to PCCC.
- **111 First** - standing agenda item at weekly primary care cell – **see next slide**

2. Digital Sub-Group

- **111 Direct Booking** - Currently we are number one nationally for the configuration of our practices and number of direct bookings through the Covid Clinical Assessment Service (CCAS) and 111 providers. We continue to monitor demand on a weekly basis, which is key as this is largely small numbers at present. If numbers were at the proposed revised contract levels of 1 per 500 population this would challenge General Practice capacity significantly. The weekly monitoring also includes a risks and issue log to track the challenges our practices are reporting since go-live on 30th June. An escalation process in place for CCAS and 111 along with a change management process with the Directory of Services Team. This is important as effective 111 direct booking is an essential enabler for the wider work on 111 First

- **111 First** - Primary Care involvement is key for this programme. An initial meeting drafted what the pathway could look like, this will be tested with a Primary Care design group on the 29th September, including key stakeholders to form a task and finish group to support the programme. We have also agreed the draft Primary Care communications and engagement element within the programme communications plan. This will also be tested and formalised on the 29th September meeting.

- **Video & Online Consultations**
  - There is work planned to support and embed the initial success of implementation with the required resource
  - accuRx are the current video provider for our practices, along with additional functionality that support the way practices work. These services are soon to come with a significant charge. A piece of work is being carried out to review our digital providers and ensuring best value for money and best quality outcomes

- **Digital Inclusion** - Addressing health inequalities formed a significant part of the development of the BNSSG Primary Care Strategy. This work is now feeding into the wider system digital inclusion programme. The initial steering group met on 21st September to co-ordinate efforts.

3. RAPCI Project Findings

Rapid Covid-19 Intelligence to Improve Primary Care Response – study in partnership with University of Bristol

- 21 Practices – clinical and operational staff
- More consultations with patients with mental health concerns and shielding patients

- There was a reduction in GP consulting volumes in April 2020 of 17% from the previous year, increasing again in June to a 10% increase from the previous year, reverting to normal in July.

- The greatest reduction in GP consultations was in 4 to 17 year-olds (33% over Apr-Jul 2020).
- Despite an overall drop, GPs consultations in over 85-year-olds increased by 15% in this period.

- Nurse consultations dropped by 32% in April and were still 12% lower than the previous year in July. Nurses continued to do more than 50% F2F. Nurses maintained a focus on pre-schoolers.

- Remote consulting became the norm, with 90% of GP consultations conducted remotely in April 2020 compared with 33% the previous year.

- 90% of GP consultations were remote in April 2020 compared with 33% in April 2019. By July 2020 this had changed to 85% as practices slightly lowered the threshold for seeing patients F2F.

- Remote consultations were nearly all via telephone. Just under 1% of GP consultations in Apr-Jul 2020 were video (some may not have been coded). The proportion was higher in over 85s (3.4%).

- GPs are sending 3 times more SMS messages and nurses four times more than the previous year.

RAPCI Project Findings Continued

Challenges

- Remote consultations; when to restart f2f consultations; how to support patients with national messaging; how to maintain staff wellbeing; how to reach vulnerable patients; how to hold patients when secondary care was not open to routine referrals; how to balance this with increased demand, winter pressures and flu vaccination

Innovations/benefits

- Whole system change
- Emphasis on value
- Digital advances
- Patient empowerment
- Leadership development of primary care in our system
- Improved communication across the system

4. Priorities for Phase 3

- **Phase 3 letter**
  - Restore service levels and face to face appointments
  - Protect the most vulnerable
  - Better engage those who need most support
  - Ensure datasets are complete to understand and address inequalities

- **QoF 20/21**
  - Agree with commissioners how to risk stratify your QoF population

- How do we identify and proactively manage our vulnerable population?

Phase 3 Priorities – Next Steps

- Communications and Engagement
  - Listening events with older people, people with disabilities and bridging the digital divide
  - Latest wave of Citizens Panel
- Closer working with voluntary and community sector
- Continue our Primary Care Strategy work pre Covid-19

System priorities

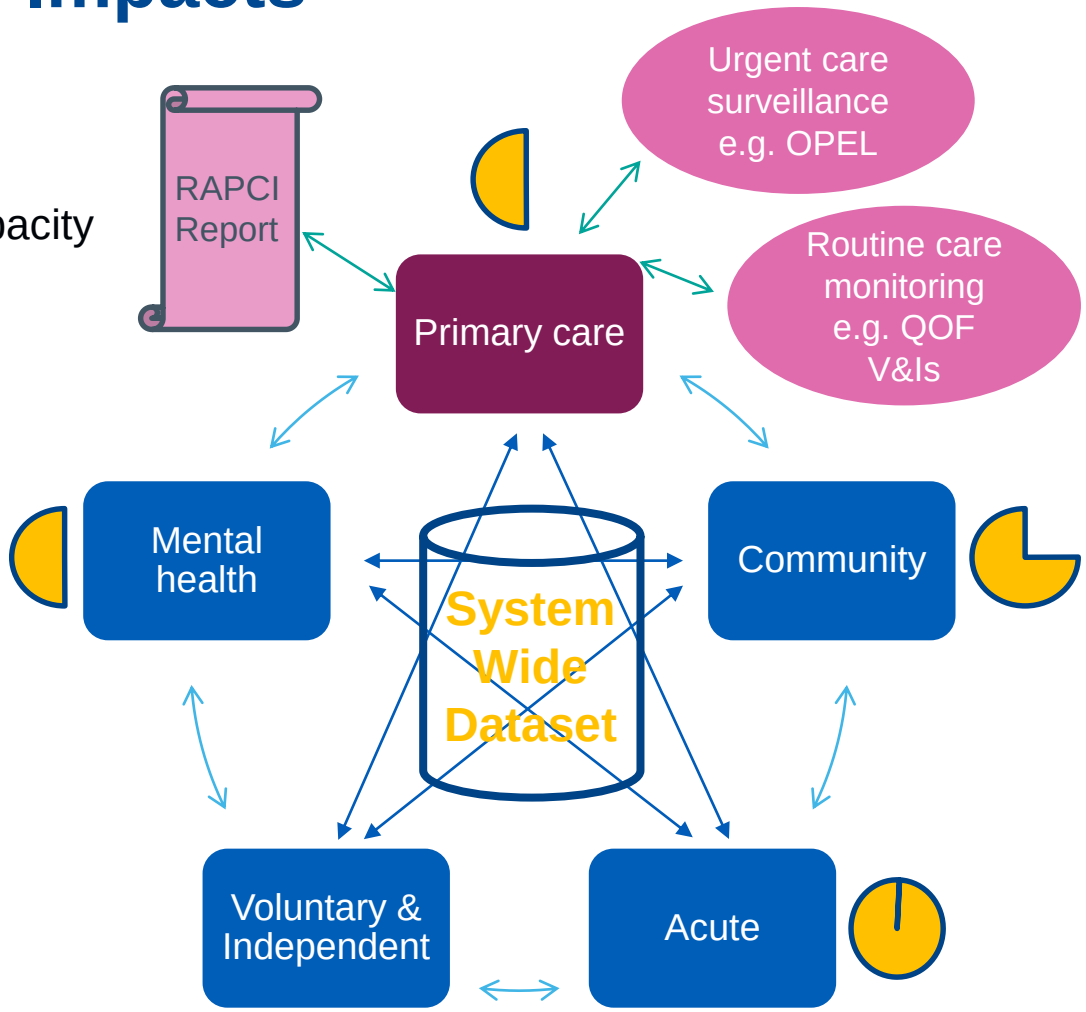
- 111 First
- Outpatient transformation
- Supporting discharge in the community
- Supporting planned care capacity and transformation
- Mental health recovery and new models
- Pathway changes
  - FIT testing for bowel cancer pathway
  - Phlebotomy in the community
  - Rheumatology shifts (depo-medrone administration)

NHSE Priorities

- NHSE SOP in place for general practice in context of Covid 19
- Prevention programmes – smears, childhood imms and flu
- Cervical screening and flu immunisation activity peaks at same time – Oct-December
- Health Checks for people with LD and Serious Mental Illness
- PCN DES – accelerating recruitment to expand capacity in primary care and delivery of new specifications
- Alignment and support to care homes to continue

Modelling These Impacts

- System wide demand and capacity
- Size & plan for shifts
- Varying stages of maturity
- Progress in primary care
  - Model
  - Supporting tools
- Complexities
- Next steps



Ways Forward

- Using contracting flexibility where we can to support agreed set of local priorities
- Shared understanding of risk and how we support complex people
- Modelling of impacts to understand where resource is needed (investment or workforce)
- Early involvement of primary care in system transformational change

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- **RAPCI Study findings**
  - Practices would like support with reaching these patients

Progress

- Discussed at Primary Care Cell – Risk

- CCG Clinical leads workshop
  - Agreed a pragmatic way to support practices to identify people, work and populations; and what intervention is required (QoF review, flu vaccination, non medical support)
  - Ties into work of Integrated Care Steering Group for this group

- Developed a pragmatic guide to prioritise people, populations and interventions
  - Combination of risk factors
  - ALAMA Covid-age (including deprivation, our adaption)

Some of this work can start immediately

- Some will be part of longer term work streams such as the flu vaccination programme
- Public Health involvement as part of the Prevention work
- This will form part of the work overseen by Integrated Care Steering Group

This work may change depending on what happens over the next few months

- Lockdown, shielding
- Resource needed

Discussion at CCG, system, and Provider groups

- Primary Care Cell, Commissioning Executive Committee, Integrated Care Steering Group, GP Collaborative Board

Aligned with PCN PHM work

Next Steps

- Continue to work closely with systems partners on this
- Co-ordinate approach with voluntary and community sector
- Communications and Engagement plan
- Iteration depending upon practices' needs
- Alignment with Primary Care Cell EIA