

# Primary Care COVID-19 Response

Primary Care Cell – Dr Martin Jones, Medical Director

Created by

David Moss, Head of Primary Care Contracts, Commissioning Directorate  
Jenny Bowker, Head of Primary Care Resilience, Medical Directorate

# Overview

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# 1. Key focus areas

- **Vulnerable Groups** –guidance to support practices in providing “healthy shielding” advice for patients pulling together resources into a single framework tailored for our local area has been issued. Work is underway to secure primary care support to Covid-19 Care sites housing homeless people currently not registered with a GP. Primary Care Cell is completing an Equalities Impact Assessment for its work programme.
- **PPE** – Working with Logistics cell to ensure Primary Care providers receive essentials as quickly as possible, mutual aid system in place. One Care co-ordinating and procuring PPE on behalf of practices since 1<sup>st</sup> June.
- **Community Phlebotomy** – planning for hubs with acute providers to deliver phlebotomy for secondary care initiated tests continues. South Bristol Hospital hub is now live as a pilot site, supported by Sirona.
- **Recovery** – Proposals for recovery in quarter 2 shared with membership.
- **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 1<sup>st</sup> October
- **Staff antibody testing** –work is underway to develop and make antibody staff testing available to general practice staff

## 2. Digital Sub-Group

- **Equipment:** Webcams finally arrived and distributed to practices
- **Video Consultations:** Averaging 7500 video consultations per month
- **Online Consultations:** 12 practices still to confirm go live date following update to GP contract which extends deadline to April 2021. Joint position statement from CCG, LMC and OneCare circulated to practices to encourage implementation now to support current ways of working and potential future waves
- **Care Homes:** 60% of Care Homes now have NHS mail
- **Social Prescribing:** support provided to ensure social prescribers have real VNC and NHS mail accounts for EMIS access and remote working capability. All but two providers now have NHS mail accounts
- **GP Connect:** all practices have GP Connect functionality and are able to receive appointments from CCAS. Numbers remain low. Work continues with Care UK and practices to implement 111 Direct Booking
- **Connecting Care:** update on functionality and benefits circulated to practices regarding timely sharing of patient information – including types of information and source, along with how practices can get licences
- **Recovery:** Evaluation of lessons learned and impact on inequalities underway to inform recovery plans

### 3. Workforce Sub-Group

- Local workforce offer and process for requesting additional support has been communicated to practices. Requests are matched to availability of staff through the system-wide deployment offer or through registers of returning GPs or locums who are available.
- CCG continues to link with NHSE regional team to support connections with national campaigns for increasers and returning GPs.
- A small number of requests for support have now been received and supported for GP, nursing and admin support for practices with a significant proportion of their staff shielding or in isolation.
- Community and Primary Care Workforce Group has met in June and plans are in place to stand down weekly primary care workforce sub-group meetings and step up the workforce recovery governance reporting to the system workforce cell and People Steering Group (also known as the Local Workforce Action Board).

# 4. Contracts and Performance

- **Site Closures**

Details of the current status of temporary site closures and proposed reopening plans are presented in the Contracts and Performance Report.

- **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. It is now proposed that Extended Hours will recommence from August 2020. As primary care reaches recovery, LES delivery is expected to return to normal levels, many of the elements of the LESs are clinically appropriate and therefore have continued to be delivered during covid-19. Specific guidance for how each LES will operate during the recovery phase will be issued to practices. ADHD LES is now approved for expressions of interests to begin from July 2020.

- **Improved Access**

It has been proposed that IA services will resume from August 2020. This provides localities with 6 weeks to plan delivery based on a relaxation of the current guidelines. This includes a move away from the emphasis on face to face delivery, no requirement to stand up a Saturday or Sunday, (this is supported where PCNs are able to offer weekend provision), and a relaxation to the approach to have appointments until 8pm Mon-Fri. The opportunity remains for localities to design a service that specifically address the challenges people may be facing accessing Primary Care due to Covid.

- **Covid-19 Cost Reimbursement**

The process to categorise costs in order to identify those suitable for a peer review assessment is established . A panel meets monthly to discuss such costs. The panel is made up of representatives from the CCG as well as the LMC and representation from general practice.