

BNSSG Primary Care Commissioning Committee (PCCC)

Date: 30th June 2020

Time: 9.00am – 11:10am

Location: Meeting to be held virtually

Agenda Number :	8
Title:	Next Steps Primary Care and Community Support to Care Homes
Purpose: For Information	
Key Points for Discussion:	
The purpose of this paper is to update the Committee on the status of the covid-19 care home support model and the emerging work to support the enhanced health in care home DES.	
Recommendations:	<p>The Committee is asked to note the contents of this report and the ongoing work to provide a comprehensive primary and community Covid 19 response to supporting care homes in BNSSG.</p> <p>The Committee is asked to accept the proposed approach to review of the current care home models as we transition towards the 1 October deadline for the introduction of the EHCH DES</p>
Previously Considered By and feedback :	PCOG, PCCC discussed and agreed approach with support from Area Teams and the LMC.
Management of Declared Interest:	Not Applicable
Risk and Assurance:	Risks are highlighted in body of this paper.
Financial / Resource Implications:	Financial implications are highlighted in the body of this paper
Legal, Policy and Regulatory Requirements:	There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.
How does this reduce Health Inequalities:	The care home support service will ensure complete coverage of all care homes registered with the CQC. This will reduce health inequalities given that there isn't currently 100% coverage.

How does this impact on Equality & diversity	Monitoring of practice demographic information will help to highlight areas of variation of services, which will then be addressed accordingly.
Patient and Public Involvement:	Whilst there has not been consultation and communication with the public in the production of this paper, patient experience and public involvement is recognised as an important factor in reviewing and gaining assurance regarding primary care services.
Communications and Engagement:	We will work with the communications team to support proactive communication to the public to highlight practice support care to homes during the covid-19 crisis.
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Sponsoring Director / Clinical Lead / Lay Member:	Martin Jones, Medical Director, Primary Care and Commissioning

Agenda item: 8

Report title: Next Steps Primary Care and Community Support to Care Homes

1. Background

In light of Covid-19 general practice has received several communications from NHS England to support them to deliver their contractual requirements during this time. On 29 April 2020 Sir Simon Stevens formally announced that the NHS is now entering phase two of its response to the COVID-19 emergency. Dr Niki Kanani, on behalf of NHS England, wrote out on 1 May 2020 to outline the specific role that primary care will need to take in response to this new phase. The letter outlined several commitments in relation to primary and community health support to care home residents and the proactive action that needs to be taken by the end of May 2020.

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/COVID-19-response-primary-care-and-community-health-support-care-home-residents.pdf>

The letter presented the expected care home support model to be implemented across all care homes. It acknowledged that, in many areas, the model is already established. Where there are local arrangements that go beyond the service model presented, these should continue without disruption. Where the model does not exist the letter emphasised the urgent need to establish support working with CCGs, general practice, community service providers, care homes, LMCs (GP and Pharmacy) and wider partners in the area.

In particular it was highlighted that practices and community providers will want to ensure:

- timely access to clinical advice for care home staff and residents
- proactive support for people living in care homes, including through personalised care and support planning as appropriate
- care home residents with suspected or confirmed COVID-19 are supported through remote monitoring – and face-to-face assessment where clinically appropriate – by a multidisciplinary team (MDT) where practically possible (including those for whom monitoring is needed following discharge from either an acute or step-down bed) and
- sensitive and collaborative decisions around hospital admissions for care home residents if they are likely to benefit

Primary Care Networks have been identified as the level for which primary care delivery should be organised. The letter confirmed the intention that from 1 October 2020, the model will be adapted to support the service specification already set out in the Network Contract DES. In order to implement the clinical service model presented in the letter, the following steps will need to be implemented

- Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care (to be delivered remotely where appropriate)
- Development and delivery of personalised care and support plans for care home residents
- Provision of pharmacy and medication support to care homes

To deliver this support it is requested that CCGs take immediate steps to:

- Support individual practices and community health services teams to organise themselves according to their local areas or networks.
- Ensure that clear and consistent out of hours provision is in place for each care home
- Work with secondary care providers to ensure they will accept referrals and admissions from care home residents where clinically appropriate (considering individual care and support plans)

In regards to scope and timescales, the letter confirmed that:

- Support should be delivered for all care homes (CQC registered with or without nursing)
- Model to be established as soon as possible within a fortnight at the least in order to support residents as quickly as possible (15 May 2020)
- Additional costs for general practices and community health services providers, which cannot be met from their existing resources may be eligible for reimbursement.

The committee received an update on the planned approach to this work in April and May 2020. The committee supported the establishment and proposed membership of a working group that reports into the Care Provider Cell with required links to the Primary Care Cell.

2. Phase 2 Mapping – Identification of Clinical Leads

Following the initial review and cross check of the first phase of responses, the Primary Care contracts team issued a letter to all PCN Clinical Directors on Monday 8 June. The letter set out the request for any outstanding homes to be aligned as soon as possible and present the results of the first phase of alignment. This was an opportunity to reflect any homes that have been moved to another PCN and present each PCN with their complete list. In addition the PCNs were asked to ensure each home was allocated to a GP Practice and then allocated a clinical lead. For the purposes of this exercise it was requested that a clinical lead be a GP in the first instance, noting that this is ultimately required for the enhanced health in care homes DES. However, for the purposes of the Covid-19 model it has been established nationally that the role could be fulfilled by an 'appropriately trained senior member of the MDT.' Therefore a GP lead was requested to facilitate a smooth transition towards to the DES. In the event that this wasn't possible PCNs were asked to have a GP lead identified by 31 July 2020.

At the time of writing 13 out of 18 PCNs have returned the requested information. It is anticipated that the outstanding responses will be received by Friday 26 June 2020.

3. Reporting to NHS England – as at Friday 19 June 2020

NHS England has instigated a SitRep to report progress on the roll out of the Covid-19 care home support model. The first return was submitted on Wednesday 13 May, with subsequent returns due each Friday on a weekly basis.

Submission Friday 19 June 2020

Care Homes

3. What percentage of practices have implemented (directly or through arrangements with other providers) for their registered care home population the following elements of the COVID-19 care home support model?
- | | | |
|-------------------------------------------------------------------------------------|-----|---|
| 3a. Weekly 'check ins'. | 100 | % |
| 3b. A process for the development of personalised care and support plans. | 98 | % |
| 3c. Clinical pharmacy support, including medication reviews to care home residents. | 98 | % |
4. What percentage of practices are delivering the COVID-19 care home support through a network or other 'at scale' collaboration?
- | | |
|-----|---|
| 100 | % |
|-----|---|
5. What percentage of care homes within the CCG boundary (as set out in the accompanying guidance), have all three elements of the COVID-19 care home support service in place?
- | | |
|----|---|
| 97 | % |
|----|---|

Thank you for your efforts to put in place and inform every care home of their named clinical lead. Please ensure that any changes to the clinical lead are communicated promptly to the relevant care home, so that 100% coverage is maintained.

Following receipt of phase 2 returns the primary care contract team have been continuing to work through the outstanding allocation of homes.

At the time of writing there are 14 homes that are not aligned to a PCN of these:

Home to be reallocated to an alternative CCG	1
Respite home not picked up	5
Request made to PCN to pick up	2
Query Setting	1
In final negotiation to reallocate to another PCN	3
Outstanding issue to resolve	2

We have confirmed to PCNs that Respite homes are in scope for the Covid-19 support model and that PCNs should align to the homes where it makes sense geographically. The NHS

England regional team have advised the support to these homes is focused on the check ins and an advice and guidance approach.

7 of the 14 unaligned homes relate to a single PCN. The contracts team will continue to work through the outstanding issues and facilitate discussions in partnership with locality team colleagues.

Of the 14 homes, 6 are considered as being covered by the LES so are included within the % of care homes that have all three elements of the covid-19 care home support service in place. We are therefore reporting a position of 97% (283 homes) against this metric. This is an increase from 73% in the first return made on 13 May 2020.

In addition we have been able to demonstrate 98% achievement for homes benefiting from clinical pharmacy support, including medication reviews to care home residents. This was an increase from previously reported figures following further regional guidance.

The coverage of care home support is deemed to be met if the required Pharmacy Care Home support is available, i.e. that the supply and clinical support functions are available, with Pharmacist support available as part of the MDT, and that a medication review process is accessible and particularly at the time of an outbreak, if considered necessary for an individual resident (i.e. those identified by the MDT to need such a level of support). This is very much a reactive service at present focusing on clinical needs arising from the Covid pandemic, but work will continue to have a more proactive service developed to all care homes over time.

Therefore the medicines optimisation team reviewed the current provision and determined that a team of pharmacists is available for review on a reactive basis. They will be developing this and the proactive service required. Medicine supply was also deemed to be sufficient including good provision of end of life medication.

4. Next Steps July – October 2020

As signalled to the Primary Care Committee in January 2020 there is a significant overlap between the GP Support to Care Homes Local Enhanced Service and the Enhanced Health in Care Homes DES. At that time it was proposed that a care home support working group would be established with multi stakeholder membership, and that this group would seek to agree the model of care home support including the contribution of general practice and the impact of the DES specification. It was also stated that the review would need to seek to address the effectiveness of the current LES and how the new national specification would function within our system. At the time the aim was stated that successful delivery would support a reduction in admissions and be delivered in line with the roll out of the Sirona community service. The initial proposal was that the finding of this review would be presented to the committee in June 2020.

The proposals and timescales stated above have been significantly impacted in light of the COVID-19 response. Nationally, the timetable for the roll out of the Enhanced Health in Care Home Model DES has not been changed. Therefore it is anticipated that the specification 'goes live' from 1 October 2020. There are also other milestones stated for delivery during July 2020 that remain unchanged. The GP Support to Care Home LES has remained in place during the initial COVID-19 response and in addition NHS England introduced the Primary

Care and Community Health support to care home model in May 2020. Sirona had also already established wrap around teams to support homes early on during the outbreak. With this in mind it is proposed that the review is refocussed as follows:

The support on offer to care homes has been significantly impacted in light of COVID-19. This now consists of:

CCG GP Support to Care Homes LES

Wrap Around Teams Model

NHS E COVID-19 Primary and Community Care support to Care Homes Model

A review across all models will need to be undertaken to fully establish the support available to care homes across the system and our desired future model for supporting Care Homes as we enter recovery and furthermore develop models of care as part of Integrated Care Partnerships from next April. This work will need to be sponsored by the Integrated Care Steering Group over the coming months and discussions about recovery and future governance of the care homes programme are planned at the Integrated Care Steering Group. This will be an opportunity to engage more widely in the model involving care providers, residents and their carers. The Care Provider Cell has developed an evaluation framework to measure and demonstrate the impact of the current Covid response and the findings from this should underpin our future approach.

In the immediate term it is proposed that a desk top review is undertaken to support the development of interim options to shape the primary care element and associated funding for support to care homes from October 2020 to March 2021 pending further work to develop the overall health and local authority model for supporting care homes. This desk top review and options could be tested with volunteer PCN representatives as part of a reference group. It is proposed that this is presented to PCCC in July for membership engagement during August. Currently practices are receiving LES income up to 1 October 2020. Alongside this the Care Home Premium is being introduced from August 2020.

This desk top review will compare the LES, to the Enhanced Health in Care Homes DES, and the Sirona contract and against the Framework for Enhanced Health in Care Homes. The framework sets out the ambitions of the DES in the context of the NHS Long Term plan and formalises the requirements across both the GP contract (through the Network DES) and the NHS standard contract held by Sirona. These requirements will also be set against the Covid 19 model for supporting care homes to ensure that we continue to commission enhanced support to care homes appropriate to the needs of the pandemic through the recovery phase and in support of potential future outbreaks.

The outcome of this review will determine whether there are any locally commissioned elements that go further than the minimum requirements of the DES. It is recommended that where this occurs that commissioners continue to develop and separately commission these services in order to implement a mature enhanced health in care home service.¹

¹ <https://www.england.nhs.uk/wp-content/uploads/2020/03/the-framework-for-enhanced-health-in-care-homes-v2-0.pdf>

5. Next Steps Contractual Action Required July – October 2020

As described above there remains a number of milestones that need to be considered as PCNs approach the 1 October start date of the Enhanced Health in Care Homes specification.

This includes:

Action	Deadline	Progress
Agree the alignment of Care homes for which the PCN will have responsibility	31 July 2020	Alignment has been accelerated to support the COVID-19 response and largely complete (14/291 homes remaining as at 170620)
Have in place a 'simple plan' with local partners (including community providers) about how the requirements will operate	31 July 2020	PCNs / localities have reached out to Sirona and are beginning to develop standard operating procedures. Sirona have requested that the template of plans are standardised and the CCG have offered to support this through the care home working group and through the Locality Cell involving PCN Clinical Directors and Sirona
Support patients entering or already resident in the care home to register with a practice in the aligned PCN if not already the case	31 July 2020	Primary Care development / contracts / care homes and clinical leads have met with CCG comms team to produce materials to support homes / patients to understand the benefits of the service provided through the DES. Choice of GP registration remains and is protected,.
Ensure a lead GP (or GPs) with responsibility for the service requirements is agreed for each of the PCN's aligned care homes	31 July 2020	Phase 2 of the mapping exercise has requested leads for every home and collation of names is well established.
PCN is required to work with community service providers and other relevant partners to establish and coordinate an MDT to deliver the service requirements	30 September 2020	Work will be ongoing to satisfy this requirement and is already underway to support the Covid response.
PCN is required to have established arrangements for the MDT to enable the development of personalised care and support plans with people living in the PCN's aligned care homes	30 September 2020	This process is well established and we are currently reporting that 98% of practices are delivering this requirement.

Sirona are also contractually required to achieve the following milestones through the NHS Standard contract:

Action	Deadline	Progress
Agree the care homes for which it has responsibility with the CCG and agree with PCNs and providers a simple plan about how the service will operate	31 July 2020	Sirona have established wrap around teams support to 100% of homes in scope for this exercise. SOPs are being developed with PCNs with support from the CCG to standardise approach
Work with PCNs and other relevant providers to establish an MDT to deliver relevant services to the care homes	30 September 2020	Work will be ongoing to satisfy this requirement

The introduction of schedule 2Ai in the NHS Standard contract facilitates the requirement of collaboration between PCNs under the GP contract and Sirona. The schedule mandates the actions presented in the table above as well setting out other standards that could be achieved upon local agreement. This includes the ability of the community provider to participate and support 'home rounds', suggestions on participation within the MDT, an opportunity for the provider and PCNs to participate in shared learning exercises and an opportunity for the provider to support discharge from hospital and transfers of care between settings.

The Primary Care Contracts team will work the non-acute contracts team to ensure the locally determined elements of the schedule are updated following the transition review.

6. Financial Resource Implications

It has been agreed that where a practice now agrees to support a home not currently part of the CCG LES they will be paid for the beds at the current LES rate (monthly / pro rata) at least until 1 October 2020. Funding after this point is will be proposed to PCCC pending the review proposed in this paper.

The current enhanced service is paid as follows:

£230 per bed per year (nursing Home)
£120 per bed per year (residential Home)

7. Legal implications

There are no specific legal implications highlighted within this paper. Any contractual change requests will be considered via separate papers and will include any relevant legal implications.

8. Risk implications

The timescale to complete the proposed review is short and the efforts of the primary care teams are primarily focussed on supporting completion of the alignment of PCNs to care

homes to ensure full coverage as part of the Covid response – a desk top review is proposed to support the primary care next steps with a wider review of the model led by the Integrated Care Steering Group.

We may not achieve full coverage despite negotiations with PCNs. The CCG are able to 'allocate' a home to a PCN. However, contractually the terms of the DES do not begin 1 October with the assignment due to be completed originally by 31 July 2020.

This roll out of the Covid response represents a cost pressure to the CCG, however, NHSE guidance is clear that delivery of this model can be reimbursed through national Covid 19 funds where these costs cannot be met locally.

There is a risk of future Covid-19 outbreaks in care homes and the services we commission need for the duration of 2020/2021 need to be able to adapt to these circumstances and offer both proactive and reactive care as needed.

9. Implications for health inequalities

Proposals to roll out full coverage of practice and PCN support to care homes will reduce inequalities.

10. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

Proposals to roll out full coverage of practice and PCN support to care homes will reduce inequalities.

11. Consultation and Communication including Public Involvement

There is an established communications bulletin with Care Providers that can be used to communicate key messages to Care Homes. Choice of GP registration remains for residents. Communicating the benefits of aligned practice support to care homes will be key. The CCG is working with the communications team to develop proactive communications which can be shared with care homes and residents and support practices in developing relationships.

12. Recommendations

The Committee is asked to note the contents of this report and the ongoing work to provide a comprehensive primary and community Covid 19 response to supporting care homes in BNSSG.

The committee is asked to accept the proposed approach to review of the current care home models as we transition towards the 1 October deadline for the introduction of the EHCH DES.

Report Author: Louisa Darlison, Senior Contract Manager Primary Care and Jenny Bowker, Head of Primary Care Development

Report Sponsor: Martin Jones, Medical Director Commissioning and Primary Care

Glossary of terms and abbreviations

Please explain all initials, technical terms and abbreviations.

APMS	Alternative Provider of Medical Services - Type of GP contract
GMS	General Medical Services – Type of GP contract
PMS	Personal Medical Services – Type of GP contract