

# Primary Care COVID-19 Response

# Overview

1. Key Focus Areas
2. Covid-19 Virtual Ward
3. Covid Mass Vaccination
4. Covid expansion fund and recovery

# 1. Key Focus Areas

- **Primary Care and Locality Development Group** – Group meets weekly with GP locality leads joining bi-weekly. Group to develop into operational planning and delivery of primary care with focus on supporting the work plan of the Integrated Care Steering Group as we move into recovery
- **Workforce support** – PCNs reminded to submit further bids against the PCN ARRS unclaimed funding to support Additional Roles within the scope of the DES to support the mass vaccination programme. NBT staff bank promoted and invited to attend mass vaccination Q&A sessions to promote availability of staff to support PCN mass vaccination.
- **111 First** - continued monitoring of ED redirection to primary care and UTC settings. Options to be developed to support future solutions as part of the development of the 111 First programme.
- **Communications** – continued twice weekly bulletins with ad hoc additional bulletins to mirror increased need to summarise key information for practices and 3 x weekly Q&A mass vaccination sessions. Work underway to scope and propose approaches to out of hours cascade and notifications to primary care.

## 2. Covid-19 Virtual Ward

- Pillar 1 and 2 positive test results available centrally
- Sirona has implemented process to access these results daily, review EMIS notes and proactively contact clinically suitable patients to add to the oximetry@home caseload.
- This includes all those with positive results who are clinically at risk and those aged over 50.
- Sirona will liaise with GPs if there is a question around suitability for the service.
- This is a great step forward to ensure that all suitable patients across BNSSG have access to this support in a timely way. GPs, care homes, Severnside, SWASFT and the Acute Trusts continue to refer into the service as normal.
- Longer term – understanding of how this can align with respiratory programme board work and task and finish group established

\* Pulse oximeters measure oxygen levels of the blood and can monitor early deterioration of people with covid-19 in community settings

# 3. Covid mass vaccination

- 448,990 vaccinations delivered in BNSSG of which 32,837 are second doses as at 21<sup>st</sup> March recorded in NHSE Foundry
- 66% vaccines delivered by PCNs and a further 12% by community pharmacies
- National ambition is to complete vaccination programme by end July – recent messaging indicates 1<sup>st</sup> dose
- Reduced vaccine supply in April resulting in consolidation of offer to eligible cohorts in 1-9 before national progression to vaccinating people aged under 50
- Extension of PCN mass vaccination national enhanced service made to support PCNs who wish to continue the vaccination programme for the next cohorts (existing enhanced service is for population aged 50 and over)

# Maximising Uptake

## Focussed Task and Finish Groups

1. The Homeless Population
2. Non English as a first language, BAME, Somali, African Caribbean, Refugees and Asylum Seekers (This group will be part of ICE)
3. Those living a distance from a vaccine centre, those living in high deprivation areas, rural locations and Gypsy, Roma and Travellers
4. Identified patients in acute hospital and P3 beds
5. People who can't get to a vaccination site for various reasons: learning disabilities, severe mental illness, physical disabilities, people with drug and alcohol problems and sensory impairment
6. Younger people

## Methods of Delivery

- PCNs
- Practice based vaccination (directing people back to specific practices)
- Roving team
- AWP
- Sirona
- Homeless health
- All supported by a strong communication and engagement plan

# Local offer so far

- Community/faith leaders are booking people into clinics.
- 460 people vaccinated into the clinic at the Islamic Centre Community Clinic on 20th/21st March. All driven and organised by community leaders.
- 100 further mosque congregation booked with their GP
- 200 people vaccinated at Easton Community Centre 20<sup>th</sup> March
- Passionate clinicians who really have gone above and beyond.
- Some who got vaccinated with an appointment immediately started calling their family and friends.
- 3 outreach homeless vaccination clinics and plans for hostels
- It's clear we still have a massive challenge in changing people's perceptions
- Communities sharing their way-Pakistani news network claiming a million viewers in the UK and Bristol Somali Youth Voice.

# Local offer so far contd

- Housebound - joint effort from Sirona and PCNs.
- Asylum Seekers and Refugees –vaccinating where they are resident... by people they trust
- Gypsy, Roma Travellers – already have good links in but issues around non registered sites and movement at Easter (in and out of area) will impact on 2nd doses. Need to use local experts – speak the right language and know what is needed
- AWP vaccinating inpatients on NHS and private wards
- Dedicated clinics established in PCN sites for children with neurodisabilities and dedicated clinics held at Ashton Gate for people with Learning Disabilities



# Vaccination Programme: Next Steps

- Identify additional 'off grid' groups that we don't know about. Find ways to tap into people who do know and use their expertise to link to these groups – recognising they may not want to be brought into formal systems.
- Exploring a webinar with local influencers to find out what information would support them to share our messages.
- Adapting and flexing the model to meet need and responding to insights.
- Work with Local Authorities and other system partners to maximise uptake of vaccine, using data to identify 'concerned' groups
- Ramp up delivery in all delivery modes.
- 2<sup>nd</sup> doses commenced including care homes.
- Cohorts 1-9 by mid April.
- Cohorts 1-10 by end of July (recent messaging indicates 1<sup>st</sup> doses).
- Further expansion of designated pharmacies as delivery sites – from 7 sites to 9.

# 4. Covid expansion fund and recovery

- NHSE letter of 19<sup>th</sup> March announced additional funding to support general practice
- £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September.
- Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September.
- The funding is non-recurrent and should not be used to fund commitments running beyond this period.
- Expect systems to prioritise spending on any PCNs committed to deliver the Covid Vaccination Enhanced Service (including for cohorts 10-12) whose capacity requirements are greater

# Covid expansion fund contd

Systems are expected to use the funding to make further progress on the seven priorities:

1. Increasing GP numbers and capacity
2. Supporting the establishment of the simple COVID oximetry@home model
3. First steps in identifying and supporting patients with Long COVID
4. Continuing to support clinically extremely vulnerable patients and maintain the shielding list
5. Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6. On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 and actions to improve ethnicity data recording in GP records
7. Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

# Next steps

- Review year end achievement position in April for key components of the covid expansion fund goals and agree payments of second tranche funding
- Develop a baseline of primary care activity to inform priorities for recovery and capacity planning in primary care
- Develop MOU for extended covid funding linked to supporting achievement and regular review of outcomes in primary care
- Consider distribution of funds in order to prioritise investment in areas where capacity requirements are greater due to commitment to vaccination programme