**Agenda Item: 8**

**Report to:** Primary Care Commissioning Committee

**Date of meeting: 06.10.2020**

**Date paper distributed:** 29/09/2020

**Subject:** Primary Care Phase 3 Update

**Presented by:** Sarah Dawson, Service Lead for Primary Care

**Previously distributed to:** N/A

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required**

**For Discussion to give Assurance**  *(Only if requested by Committee member prior to meeting)*

**For Information**

**Report Exempt from Public Disclosure**   No  Yes

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| **PURPOSE OF REPORT:** | This paper has been prepared inform PCCC on the primary care response to the Phase 3 Update Response to Covid (see links to Phase 3 Letter <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/07/20200731-Phase-3-letter-final-1.pdf> and Primary Care Standard Operating Procedure <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/> ). This report is to provide assurance to the committee on the ongoing work. |
| **Recommendations:** | PCCC is asked to note the contents of the report. |
| **Clinical Engagement** |  |
| **Patient/Public Engagement** |  |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | * Sustainable services * Empowering people |  | * Supporting communities * Fit for purpose organisation |  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal * Finance * Quality * Equality analysis (and Due Regard Duty) |  | * Data protection * Performance * Other |  |

**Provide a summary of the identified risk**

**Executive Summary**

**Primary Care Response to Phase 3**

On the 31st July 2020, NHS organisations received a letter setting out the next (third) phase of the NHS response to the Covid pandemic, effective from 1st August 2020. The letter sets out the priorities for the remainder of 2020/21 and emphasises making full use of the capacity available in the ‘window of opportunity’ before winter, tackles fundamental challenges including support for staff and action on inequalities and prevention..

For general practice, a number of key actions were highlighted:

* Restore activity to usual levels where clinically appropriate
* Proactive care for clinically vulnerable patients and those whose care may have been delayed
* Making rapid progress in addressing the backlog of childhood immunisations and cervical screening through specific catch-up initiatives and additional capacity
* Delivery through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
* Offer face to face appointments as well as continuing to use remote triage and video, online and telephone consultation wherever appropriate – whilst also considering those who are unable to access or engage with digital services
* GP practices should ensure that everybody with a Learning Disability is identified on their register; that their annual health checks are completed; and access to screening and flu vaccinations is proactively arranged.

**Update on Primary Care Response**

At the emergence of the pandemic, primary care quickly moved to a total triage model, meaning all patients are first assessed over the phone and then either a virtual appointment of a face to face where clinically required.

Additionally, online consultation is now available via each practice providing an alternative method to accessing primary care.

These new arrangements continue to be in place to support activity levels. Where face to face appointments are clinically needed, it should be noted that this requires additional time in comparison to pre-covid due to the time required for ensure infection prevention control including additional cleaning and ensuring social distancing.

Many of the services provided by General Practice have continued to be provided throughout the pandemic and those that were paused during the earlier part of the pandemic have restarted. Extended Access was one service that was paused and following feedback from PCNs regarding restarting, PCCC were asked virtually in September 2020 to support a revision to the service to allow flexibility. This will support PCNs to be in a position to recommence the service whilst providing additional capacity for both virtual and face to face appointments. These appointments can then be used to manage any backlog of planned appointments including long term condition reviews and cervical smears, as well supporting delivery of the increased flu vaccinations programme this year. It also offers opportunity for working patients to be able to access care outside of the working day. All PCNs have restarted Extended Access.

In addition to the above, to support those the more vulnerable patients, the CCG is currently reviewing any potential gaps in service for frail patients and will be working with the practices/PCNs to address any identified gaps. Also, an update of the DES Contract (see link above) has been published in September 2020 and this includes details of the Impact Investment Fund which provides additional funding to PCNs for the delivery of a set of indicators relating to prevention, those at higher risk and health inequalities and this is currently being worked through. The amended DES also includes additional funding through the Impact Investment Fund (IIF) including a focus on Learning Disability Health Checks and the CCG is currently working with PCNs to understand any barriers to increasing the delivery of these.

In terms of the PCN DES, the PCNs are making preparations for delivering the 3 service specifications (Enhanced Support In Care Homes, Early Identification and Diagnosis of Cancer and Structured Medication Reviews). This includes development of the MDTs with other providers (e.g. Community Nursing and Mental Health teams) and the PCNs are recruiting to the additional roles supported within the DES to support delivery. A number of additional roles (e.g. Clinical Pharmacist) have been recruited to and there are plans in place for each PCN around roles that are planned to be recruited to within this financial year. These additional roles will increase capacity within the PCNs.

There has been a significant amount of work undertaken regarding the care homes. During the earlier part of the pandemic, there was a national request for CCGs to provide support to care homes. In NEL this has been provided via the PCNs with each PCN aligning to a care home, having a named Clinical Lead and MDTs established. This has put the PCNs in a good position for delivering the PCN Enhanced Care in Care Homes as required within the DES. Regular meetings are held with the PCN Care Home Clinical Leads to discuss progress and to identify any difficulties and potential solutions.

In terms of Early Identification and Cancer Diagnosis each PCN has recently been provided with a detailed information pack and offer of support from Cancer UK.

Whilst not only relating to Primary Care, the 3rd Phase Letter highlights support for staff with reference to risk assessments being carried out for all staff to identify their level of risk of Covid 19 and where appropriate for mitigating actions to be in place. Risk assessments for all primary care staff have been completed. Where needed, staff are supported to enable them to work remotely, thereby maintaining capacity. Where the CCG has identified potential risk due to numbers of high risk members of staff, we are working with the PCNs to identify any action/support. Each practice completes a daily report identifying any capacity issues within primary care and this is monitored by the CCG to enable any action required to maintain patient care to be identified.