**Agenda Item: 6**

**Report to:** Primary Care Commissioning Committee

**Date of meeting:** 01/12/2020

**Date paper distributed:** 25/11/2020

**Subject:** Covid Second Wave – Primary Care Challenges and Impact

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

**Previously distributed to:** Click or tap here to enter text.

**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:** | The purpose of this report is to provide PCCC with an update on the challenges and impact of the Covid Second wave on General Practice in North East Lincs.    The second wave of the Covid pandemic has proved challenging for primary care with increase in patient demand, expectation for all primary care services to continue, additional service requirements to be delivered within very short timeframes, coupled with reduced staffing due to self-isolation requirements and or sickness.  A number of actions as outlined below have been put in place, but it is acknowledged that these may need to be revised to support primary care to be in a position to continue to deliver current level of services. |
| **Recommendations:** | PCCC are asked to note the update provided. |
| **Clinical Engagement** | Engagement with GP practices through the weekly Covid meetings. |
| **Patient/Public Engagement** | (*where appropriate – how has the* [*NEL Commitment*](https://www.northeastlincolnshireccg.nhs.uk/get-involved/) *been implemented*) |
| **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**

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| If general practice is not supported to manage pressures, there is a risk to continued delivery of key services and to staff wellbeing and retention. |

**Executive Summary**

During the first wave of the Covid Pandemic, the numbers of Covid positive patients in North East Lincs remained relatively low. The second wave has seen a significant increase in Covid numbers locally, impacting all health care services including primary care. Over the last week, the rate of new positive cases in North East Lincs has started to decline, but overall numbers still remain relatively high compared to national average.

There are a number of factors that have impacted primary care during the second wave of the pandemic:

* Increase in local Covid positive patients requiring primary care input
* General increase in demand for primary care services
* Reduced staffing due to isolating/sickness
* Increased demand on primary care due to pressures within other services
* Requirement for primary care to maintain all services (some services were stood down nationally during the first wave but this is not the case during the second wave)
* Increased demand on primary care to deliver nationally mandated initiatives to support the whole system (e.g. pulse oximetry, Covid vaccination, post Covid support, urgent care 111 slots)

Whilst there have been a number of individual instances of Covid positive cases in primary care staff across many practices, there have not been any outbreaks within general practice. This has however reduced staffing levels within primary care teams and, coupled with staff identified as a contact needing to self-isolate along with an increase in demand for primary care services, has resulted in additional pressures across primary care. Practices have Business Continuity Plans in place and there are escalation plans as agreed with the CCG when needed. These include PCN mutual aid and support to those practices who are reporting significant pressures.

An additional challenge has been the national requirement for primary care to maintain services in terms of ‘business as usual’ delivery. The expectation is that primary care will remain as fully open as possible during the second wave, continuing to deliver all services. Locally, the CCG has supported practices around considering actions to take when they reach significant pressure levels (BMA documentation shared) and we continue to review this. The challenge remains around practices stepping down services in response to significant capacity/demand pressures and balancing this against reduced income whilst this is not nationally protected.

Locally, prior to any regional/national guidance, PCCC supported the decision to continue an average payment for the CCG commissioned Local Enhanced Primary Care Services and we are currently reviewing to support practices to stand these down as pressures require.

In addition, there are a number of additional national requirements from Primary Care during the second wave. These include:

* Extended flu vaccination (additional cohort of patients 50-64 that are eligible for flu vaccination for this year due to commence 1st December 2020)
* Covid Vaccination Programme to be in place ready to commence 30th November 2020
* Pulse Oximetry at Home to be in place 30th November 2020 where possible
* Commencement of 3 PCN Direct Enhanced Services from 1st October 2020

With the addition of extra services, NHSEI has made available additional funding to each practice between now and end of March 2021 to support additional staff hours, either through locums or through existing staff increasing their hours. The expectation is that practices then support a number of key priorities including those listed above. Locally, this equates to around £523,000.

The extended flu cohort for the 50-64s has recently been confirmed to be available from 1st December. This has been dependent upon vaccines supplies and these have now been made available.

In terms of the Covid vaccination programme, week commencing November 30th is the date that PCN Covid sites are required to be ready to commence the vaccinations for the initial cohort of patients (those 80 years and over, care home residents and staff, and health care workers), with services required to be available 8am-8pm 7 days a week. It is acknowledged that the entire time available may not be required initially but needs to be in place to enable the vaccines to be used effectively with little or no wastage (there is a shelf life of 5 days once delivered) dependent upon the delivery date of the vaccine.

Locally the PCNs are working together to deliver the Covid vaccination programme initial cohort, with 2 PCNs providing the service for all patients across NEL. The planning and preparation for the Covid vaccination programme requires significant input from primary care to meet the demanding timescales, intensely supported by the CCG.

Given the increase in demand, challenges with reduced staffing due to staff needing to isolate, sickness and high risk staff unable to see face to face patients, in addition to the above, a number of actions have been put in place to further support primary care locally.

* A number of additional staff have been recruited locally into the PCNs as part the Additional Roles Scheme and these staff will be able to support during the current pressures.
* During the first wave, Covid Primary Care meetings were arranged for all practices to attend if they wanted to and updates provided, with opportunities for practices to ask questions and raise concerns. These were stepped down over the summer and have recently been reinstated. These are supported by the CCG and the Medical Director.
* NHSEI have revised some of the data set requirements previously requested pre-covid (stood down during the first wave) in an effort to minimise data requests from Primary Care. The CCG has taken a similar approach and has minimised data requests and offered to defer contract monitoring meetings to a later date.

In summary, the second wave of the Covid pandemic has proved challenging for primary care with increase in patient demand, expectation for all primary care services to continue, additional service requirements to be delivered within very short timeframes, coupled with reduced staffing due to self-isolation requirements and or sickness.

A number of actions as outlined above have been put in place, but it is acknowledged that these may need to be revised to support primary care to be in a position to continue to deliver current level of services.