**Agenda Item: 8**

**Report to:** Primary Care Commissioning Committee

**Date of meeting:** 08/06/2021

**Date paper distributed:** 01/06/2021

**Subject:** Primary Care Recovery Plan/Restoration of Services

**Presented by:** Sarah Dawson, Service Lead Primary Care and Long Term Conditions

**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** [x]  *(Only if requested by Committee member prior to meeting)*

**For Information** [ ]

**Report Exempt from Public Disclosure**  [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | The purpose of this report is to provide PCCC with an update and assurance on the recovery of Primary Care and restoration of services following the pandemic.  |
| **Recommendations:** | PCCC are asked to note the update provided. |
| **Clinical Engagement**  | Meetings with a number of practices have taken place and these will continue throughout June 2021.  |
| **Patient/Public Engagement** | Findings from the Primary Care Patient Feedback report  |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | * Sustainable services
* Empowering people
 | [x] [x]  | * Supporting communities
* Fit for purpose organisation
 | [ ] [x]  |
| **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)
 | [ ] [ ] [x] [ ]  | * Data protection
* Performance
* Other
 | [ ] [x] [x]  |

**Provide a summary of the identified risk**

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| There are potential risks due to increased demand and pressure across system. In particular there is a risk that staff who are eligible to retire will do so or staff and other staff may choose to leave the NHS resulting in further challenges around recruitment. There are also risks around recruitment and retention to the additional roles within primary care to support the increase in demand. The CCG is working with the PCNs and practices to try to mitigate this. Currently, no significant issues have been identified with overdue reviews and screening programmes, but meetings are yet to take place with all practices.  |

**Executive Summary**

**Context**

The last year has seen significant changes for primary care during the pandemic, with the rapid introduction of total triage, additional safety requirements to manage the spread of covid and the increase of digital support for patients. This has required primary care to quickly adapt to new ways of working, whilst continuing to support patients. Primary care has been open and available during the pandemic, providing patient care both face to face and over the phone/digitally.

During the last year, primary care had the option to stand down/reduce some services to enable them to manage any increase in demand and or reduction in capacity due to Covid-19, including NHSE and locally commissioned services and funding was protected to support this. From April 2021, practices are now asked to deliver these services as they previously had pre-covid.

There have been a number of key achievements within primary care services locally over the last year including the successful delivery of the Covid-19 vaccination programme with positive feedback from patients, continued support to care homes during the pandemic with all homes aligned to one the 3 PCNs and a significant improvement in LD Health Checks by the end of March 2021.

With the easing of national lockdown restrictions, there has been an increase in demand across the whole system and primary care is no exception. March 2021 appointment data shows higher numbers reported than that pre-pandemic for the same period and this is most likely under-reported due to current variation in how primary care appointment data is recorded.

**Planning Guidance 2021**

Planning Guidance was published by NHSE, 25th March 2021 and this includes priorities across the system, including primary care for the next 6 months. The key priorities in the planning guidance for primary care are:

* Supporting the health and wellbeing of staff and taking action on recruitment and retention
* Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19
* Cancer – focus on early cancer diagnosis
* Mental health and Learning Disability – delivery of Serious Mental Health and Learning Disability Health Checks and improve the accuracy of GP Learning Disability Registers
* Expanding primary care capacity to improve access, local health outcomes and address health inequalities. This will include delivering appropriate pre-pandemic appointment levels, increase significantly the use of online consultations and working with partners to reduce inequalities as well as implementing population health management and personalised care approaches to improve health outcomes and address health inequalities
* Working collaboratively across systems to deliver on these priorities.

In addition to the above, whilst not specifically a priority for primary care, there are a number of key priorities noted in the planning guidance across the system and will involve primary care in developing and delivering the solution. These include, out-patient transformation work, development of community diagnostic hubs, avoiding unnecessary emergency admissions and development of both the ICS and the ICP locally. The CCG has also written to all practices requesting all locally enhanced services to be restarted where these had been paused due to the pandemic.

**Primary Care Recovery and Restoration of Services**

Detailed below are actions to address the key priorities identified;

*Supporting the health and wellbeing of staff and taking action on recruitment and retention*

There are a number of wellbeing services available for staff both clinical and non-clinical across primary care services and these are regularly promoted in updates both from the CCG and the LMC. This continues to be a priority with all services experiencing significant demand.

*Delivering the NHS COVID vaccination programme and continuing to meet the needs of patients with COVID-19*

Locally, all PCNs continue to be signed up to the enhanced service with 2 PCNs leading the delivery of the covid-19 vaccination programme for all patients locally, and the service has continued to meet the changing demands of the programme including the recent bringing forward of second doses for those in cohorts 1-9 from 12 to 8 weeks as well as supporting local pop-up clinics to enable ease of access to encourage all eligible patients to be vaccinated. In addition to PCN sites there are a number of pharmacies providing the service locally. Further pop-up clinics and workplace sessions continue to be arranged with additional workforce outside of the PCN teams to support delivery of these.

*Cancer – focus on early cancer diagnosis*

As part of this work, support has been provided to PCNs including data packs and all PCNs have engaged with the support and have plans in place to increase early diagnosis. This forms part of the PCN DES and we will continue to work with the PCNs on this throughout this year.

*Mental health and Learning Disability – delivery of Serious Mental Illness (SMI) and Learning Disability Health Checks and improve the accuracy of GP Learning Disability Registers*

PCNs are working closely with the local mental health provider, Navigo in reviewing the SMI registers and delivering the SMI health checks over the coming year. The number of LD health checks significantly increased in 2020/21 rising from 22% to 65%. This continues to be a focus and plans are in place across the PCNs to review the registers and working with others to provide the LD health checks.

*Expanding primary care capacity to improve access, local health outcomes and address health inequalities.*

As highlighted above, primary care has been open for patients during the pandemic albeit with access in different ways to ensure safe access. Face to face as well as virtual appointments have continued to take place.

As part of expanding the primary care workforce, each PCN has been allocated funding to support the recruitment of additional roles. There are currently 14 additional role types, including Pharmacists, Paramedics, Physiotherapists, OT, Health and Wellbeing Coaches, Social Prescribing Link Workers and Care Coordinators. A number of these roles were recruited last year and each PCN has a plan in place to recruit to posts this year to support the priorities. There are challenges in recruiting to some of these roles and alternative models continue to be looked at to support recruitment and retention.

Demand within primary care has increased and appointments were higher in March 2021 than March 2020, pre-pandemic. There is a national ask of practices to review their appointment slot types and map against the national categories with a deadline of the end of June. This is to ensure a more accurate picture of primary care appointments and all practices are aware of the ask and are working towards completing by the deadline.

To understand the current position within primary care, the CCG has met with practices on a one-to-one basis to discuss any backlog/overdue reviews of patients including for long term conditions, screening and vaccination and immunisation. We have also discussed the use of on-line and video consultation as well any concerns around current vacancies and planned retirements this year.

Whilst there are no current issues identified with backlog of patients, the feedback from practices is that the pressures on staff during the pandemic has affected morale and increasing demand and expanding workloads continues to impact. In addition, practices are reporting an increase in anti-social and aggressive behavior towards staff. This has also been reported nationally and there is an online video campaign by the Institute of General Practice Management (<https://www.youtube.com/watch?v=3ru4QhVZ2a8&t=5s> ) which some practices are choosing to use on their websites. The CCG will continue to monitor and support practices where issues arise.

There are still a number of practices to meet with throughout June to complete this exercise, but at the time of writing this report, findings so far do not indicate any potential issues where practices require any additional support. Humber Coast and Vale are developing a dashboard which will help to provide data around overdue reviews and screening and we will continue to work with practices and PCNs on this.

With regards to on-line and video consultation these have been funded for all practices locally through GP IT funding and practices have been able to choose the system they prefer. From both data available and from discussions with the PCNs it is clear that there is mixed usage of the on-line and video consultation system across practices and we are identifying any learning to share with others as well as any barriers and how these might be addressed. It should be noted at the time of this report, the LMC have written to practices advising that on-line consultation was not included in the contract regulations update and therefore is not a contract requirement. This may mean that those who prefer other methods of access may not use the on line consultation at this point.

Online consultation has increased both access and demand due to ease of use. We are working with practices to ensure they are aware of other services that may help with some of the patient enquiries where they are more appropriate for the patient need, for example the Community Pharmacy Consultation Scheme. Humber Coast and Vale have been provided additional support to develop patient information and communication around the use of on line consultation which will be developed over the next couple of months.

The CCG has commissioned a Health Population Management system on behalf of primary care and this is currently being rolled out across practices. This will be important for identifying priority areas for focus for the PCNs/practices over the coming year.

As stated above, there are a number of system priorities which involve primary care as a key stakeholder in identifying solutions and delivering services in a different way, in addition to involvement in the developing ICS and ICP systems locally. The CCG is supporting both PCNs and practices to understand what the changes will mean to them and engage with them in the developments.

In summary, there are significant pressures within primary care in terms of staff wellbeing, increasing demand on primary care services, challenges around recruitment to the additional roles at a time of ongoing change. There are a range of initiatives aimed at supporting this and we will continue to monitor this and provide support over the coming year.