

Primary Care Programme Assurance Briefing

Restoration and Recovery

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1.0 Executive Summary

The Joint Committee was provided with comprehensive updates in May and June on the delivery of the new service models implemented in response to the Covid-19 pandemic to support primary care providers and patients. The reports outlined a high level description of the actions taken to restore and recover services in response to the letter received from Simon Stevens and Amanda Pritchard on 29th April 2020 title 'Second Phase of NHS response to Covid-19. This letter has previously been shared with the Joint Committee and Governing Bodies of the three CCGs.

As previously reported, a range of changes were rapidly implemented in Primary Care to support safe delivery of care to patients including;

- Adoption of a total triage model
- Virtual consultation with the introduction of video conferencing facilities
- Establishment of hot sites / zones to enable the safe provision of face to face appointments when deemed clinically appropriate
- Support to vulnerable groups including home visits to patients with Covid-19 symptoms
- 100% coverage of a named clinical lead for each Care Home in Sussex
- Locally commissioned services including Discharge to Assess patients and Out of Hours provision.

Business continuity plans were updated for each practice, and practices were supplied with laptops / VPN to support virtual consultations. This also strengthened primary care resilience as staff were able to work remotely if required to self-isolate. A communication framework was established comprised of daily primary care bulletins and weekly joint CCG / LMC webinars to ensure clear points of contact and guidance.

This paper provides updates on developments since then and in particular the Primary Care response to the 'Phase 3' letter ('third phase of the NHS response to Covid-19 sent by Simon Stevens and Amanda Pritchard on 31 July 2020) previously shared with the Joint Committee in September.

The update covers details of:

- The restoration of primary care services in response to Phase Three letter
- Additional local commissioned primary care services
- Primary care winter seasonal plans
- Other primary care priorities
- Primary care Covid-19 related finances
- Delivery risks in Primary care
- The next steps.

2.0 Restoration of primary care services - phase three

2.1 Phase three requirements

The last update to the Joint Committee described the embryonic primary care programme plan to restore services in response to the phase 2 letter. The 'Phase 3' letter ('third phase of the NHS response to Covid-19) sets out the NHS priorities for CCGs and Providers to focus on from August 2020, as follows:

- Accelerate the return to near-normal levels of non-Covid-19 health services, making full use of the capacity available in the 'window of opportunity' between now and winter
- Prepare for winter demand pressures, alongside continuing vigilance in the light of further probable Covid-19 spikes locally and possibly nationally
- Do the above in a way that takes account of lessons learned during the first Covid-19 peak; locks in beneficial changes; and explicitly tackles fundamental challenges including: support for our staff, and action on inequalities and prevention.

2.2 Phase three requirements for Primary Care

The specific primary care requirements are as follows:

- **Restore activity to usual levels where clinically appropriate**, and **reach out proactively** to clinically vulnerable patients and those whose care may have been delayed.
- **Reduce unmet need and tackle health inequalities**, GPs and the public locally to restore the number of people coming forward and appropriately being referred with suspected cancer to at least pre-pandemic levels.
- GP practices need to make rapid progress in addressing the backlog of **childhood immunisations** and **cervical screening** through specific catch-up initiatives and additional capacity and deliver through their Primary Care Network (PCN) the service requirements coming into effect on 1 October as part of the Network Contract DES.
- GPs, primary care networks and community health services should build on the **enhanced support** they are providing to **care homes**, and begin a programme of structured medication reviews.
- CCGs should work with GP practices to expand the range of services to which patients can self-refer, freeing-up clinical time. All GP practices must **offer face to face appointments** at their surgeries 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.
- In respect of support for people with a **learning disability**, autism or both, 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.

2.3 Primary care restoration and recovery response:

The CCGs' Primary Care team have developed a detailed restoration and recovery plan in response to the 'Phase 3' letter. This plan, which is now being enacted and embedded, is built upon the NHSE/I South East Region strategic objectives, namely:

- The delivery of access to safe, high quality and effective services
- Capturing & building on innovation & transformation
- Six systems delivering world class, place based health & care
- A resilient, supported health & care workforce
- Financially sustainable systems.

To ensure delivery of the phase three requirements and the South East Region strategic objectives, thirty work streams have been developed each with agreed milestones and deliverables supported by clinical and managerial leads as appropriate. The work streams are categorised into three programme headings:

- General Practice
- Community and Joint Working
- Medicines Optimisation.

Each programme lead reports weekly to an oversight group (with PMO support) to ensure progress is maintained; all risks identified and mitigated against; and issues escalated when necessary for resolution.

2.4 Overview of restoration programme plan priorities

The table below summarises the most significant programme plan priority work streams established to restore general practice:

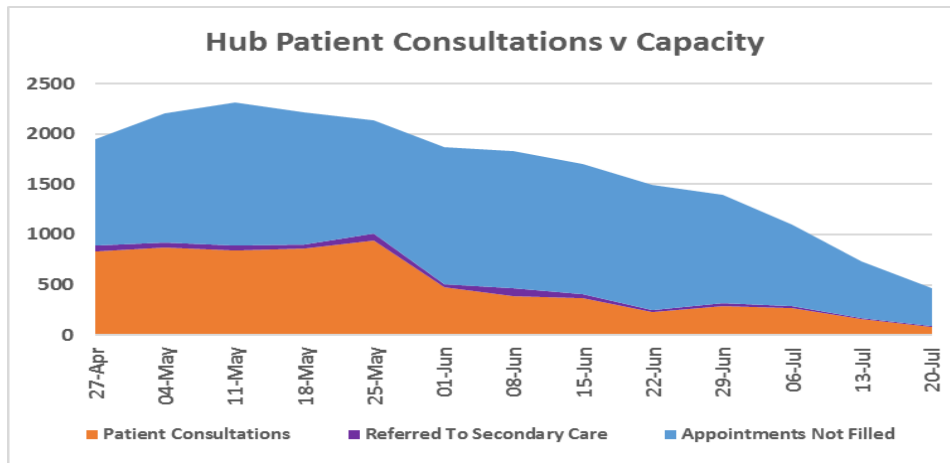
Programme	Work stream	Focus
General Practice	Hot sites / zones	The introduction of zoning and or Hot Sites to ensure the separation of hot and cold activity and the safe delivery of care for all patients is in place across Sussex. All practices have reviewed and adapted their plans to ensure that they are scalable to meet the demand of winter and Covid-19.
General Practice	Access to GP appointments	All practices are continuing to triage all patients to either a face to face or virtual consultation appointment as appropriate. Communication to patients to make them aware that they will receive a face to face appointment should they require one.
General Practice	Improved Access (I/A) service	Improved Access (I/A) services have been re-profiled across Sussex to ensure they meets the demands of the local areas as well as the contractual requirements of the DES requirements by 31/10/20. Notice has been served to the existing I/A providers as it the responsibility of PCNs to provide the service from 1 April 2021.
General Practice	Restoration of activity	All practices have been restoring services back to pre Covid-19 levels. Overall harmonisation of LCSs across Sussex is taking place and an income guarantee for 2020/21 has been provided. High risk and vulnerable patients groups (Frailty, Cardiac, COPD, EHCH; and Diabetes) are prioritised.
Primary and Community	New Locally Commissioned Services	A number of new LCSs have been introduced to provide additional health care to support, these include: <ul style="list-style-type: none"> • BAME - for people who are at higher risk of complications resulting from Covid-19 • Out of Hours – enhanced clinical support to care homes with a proactive weekend ‘check in’ from practices to care homes • Temporary Residents placement – ensure the provision of primary medical care for patients who are discharged into

Programme	Work stream	Focus
		care home bed outside of their GP boundary
General Practice	Immunisation and Screening	Cancer (Bowel, Breast, and Cervical), Abdominal Aortic Aneurysm, Diabetic Eye, and Antenatal and New-born screening all have programmes in place and invitations have recommence and issued in priority order, from August 2020 onwards, supported by a full communications plan. The early cancer diagnosis DES went live on the 1 st October
General Practice	Learning Disabilities	CCGs are below average for the Annual Health Check uptake. A plan to deliver Improvement Trajectories to target for Health checks for people with Learning Disabilities developed.
General Practice	Severe Mental Illness	Currently 30% of SMI patients received a Health check, trajectories are in place to reach the 60% target by March 2021 with a practice level plan to support delivery. This reports into the wider ICS Mental health collaborative.
Community Joint working	Enhanced Health in Care Home DES	All PCNs signed up to deliver the DES requirements. Multidisciplinary model for delivery developed with community providers and medicines teams. CCG Finance Director working with Community Trust FDs to source / identify funds to bridge the financial gap.
Community Joint working	Early Diagnosis Cancer DES	All PCNs signed up to deliver; baseline assessment survey completed; and support tools shared with PCNs.

2.5 Hot sites / zones

The CCG Primary Care Network (PCN) delivery managers worked alongside practices within each PCN to help support them in making the changes required to meet the new standard operating procedures (SOP) for general practice. The approach to enacting these requirements, in particular the separation of hot and cold patient cohorts, varied considerably across Sussex due the individual layout and associated estate issues of each practice. Some practices were able to establish distinct hot and cold areas within their practice buildings with little need for alterations and for most practices the requirements meant considerable upheaval and expense.

This pattern of provision was reviewed in July / August, due to a clear reduction in activity at the discrete sites, and a change in the funding criteria by NHS England. The reduction in activity is detailed below.



In July practices were asked to review their hot site / zone plans, and submit bids if additional funding was required to ensure they were scalable to meet the demands of seasonal winter and Covid-19 related illness.

An evaluation panel, made up of members from CCG primary care, NHSE/I, the LMC and a practice manager was put in place to review the plans received from practices. The outcome of this process resulted in the reduction in the number hot sites and an increase in the number of practices zoning.

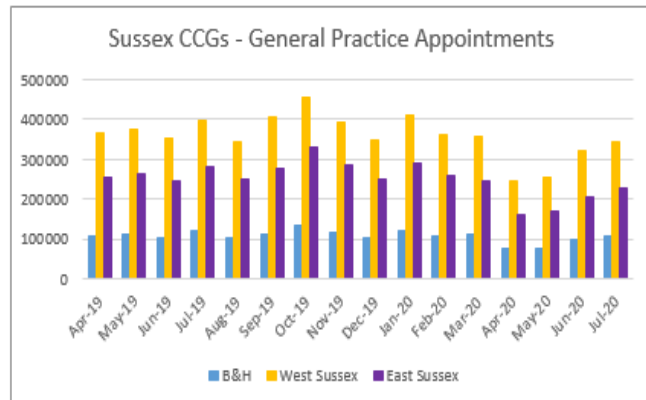
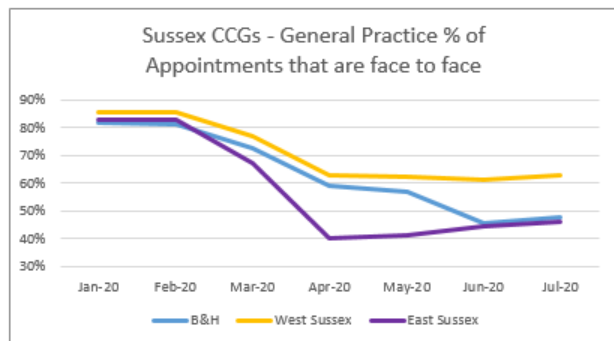
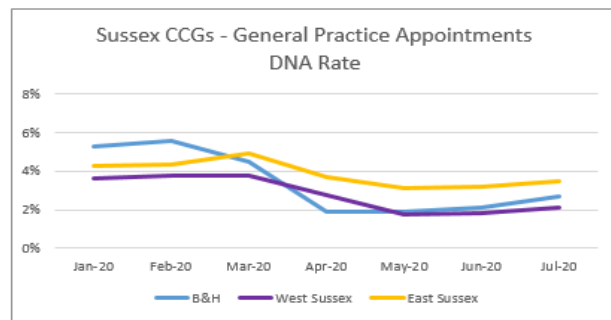
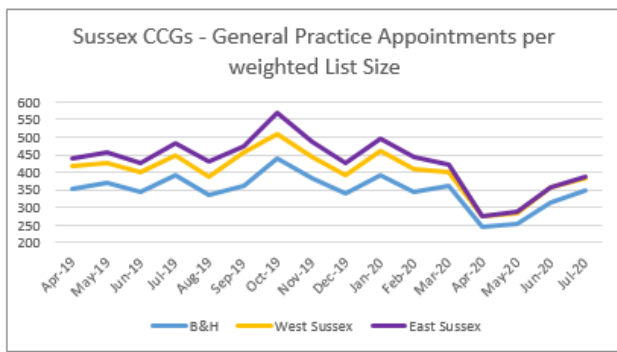
2.6 Primary care access

It is not a contractual requirement for general practices to routinely share capacity and demand information with its commissioners. Notwithstanding this, it is important to have a level of standardised information for planning locally commissioned services and for restoration purposes. To achieve this, the CCGs performance team have collated general practice and primary care data from the seven legacy CCGs to establish a baseline across Sussex.

This information has formed the basis of a deep dive of primary care activity to enable a greater understanding of the activity about patients accessing general medical services during the pandemic response. It will also be used to benchmark activity and ensure that services are restored to pre-pandemic levels, while maintaining the significant improvements made in the availability of digital appointments which have been well received by a significant number of patients.

This information is provided at PCN and practice level which enable the PCN Delivery managers to work with outlying practices to understand the information and develop plans that start to address areas of challenge and variance.

The extracts from the deep dive below indicate that, as expected, the number of total appointments did reduce during the initial peak of the Covid-19 outbreak. This was in line with the picture nationally. Appointments are now returning to pre Covid-19 levels; virtual appointments have increased and Did Not Attend rates have decreased.



3.0 Additional commissioned services in primary care

3.1 Existing locally commissioned services (LCSs)

There are 32 LCSs in place across Sussex. However, due to the legacy CCG commissioning arrangements the content of the service specifications differ. A work programme to harmonise all LCSs has been developed with the engagement of the LMC, agreed by an LCS Restoration and Recovery group and ratified by the Primary Care Commissioning Committee (PCCC).

The initial focus is on the restoration of long term condition, care home, and frailty LCSs to develop a consistent Sussex wide service offer. The table below provides a timeline for the review of priority LCSs.

Area	Action	Sign Off / future plans
Diabetes	<ul style="list-style-type: none"> Diabetes Task and Finish Group convened, including primary care diabetes leads, Diabetes commissioning lead, LMC Agreed that harmonisation of all legacy Diabetes LCSs would start with the development of a Standard Operating Procedure (SOP). 	<ul style="list-style-type: none"> SOP sign off process: LCS R&R Group on 15 July Diabetes Task & Finish Group 17 July Published 20 July 20, send to all practices Launched with place based webinars Aug 20
COPD	<ul style="list-style-type: none"> COPD Task and Finish Group convened August 20, comprising clinical leads, commissioning leads, and primary care clinical leads SOP developed 	<ul style="list-style-type: none"> SOP presented at LCS Restoration and Recovery Group 2 September 20 Webinar planned October 2020

Care Homes Frailty	<ul style="list-style-type: none"> • A number of legacy LCSs in place across Sussex including: <ul style="list-style-type: none"> ✓ BH – Enhanced Health in Care Homes LCS ✓ CWS – Quality Incentive Scheme ✓ EHS/H&R – Frail and Vulnerable Patients LCS ✓ HWLH – Enhanced Health in Care Homes ✓ CHMS – Care Homes LCS ✓ Covid-19 CH Support Model June 20 • Legacy LCSs served notice on with effect from 30 Nov • EHCH DES came into effect 1 October 2020 • Currently developing new frailty LCS to support the DES. 	<ul style="list-style-type: none"> • Service specifications for new Care Home LCSs/Supplementary Commissioned Services shared with LMC for review, week beginning 12 October • Tariffs being costed, and meeting with LMC to agree week beginning 19 October • LCSs to go to PCCC November • To go live with effect from 1 December 2020
Heart Failure	<ul style="list-style-type: none"> • Heart Failure Task and Finish Group established • The Group has: <ul style="list-style-type: none"> • Undertaken a service mapping exercise • Linked in with KSS HF Collaborative • Committed to establishing primary care to secondary care pathway 	<ul style="list-style-type: none"> • Aim to produce a referral pathway with a library of supporting documents and guidance. • To go live with effect from 1 December 2020

3.2 New locally commissioned services

The last report detailed the new LCSs that were being developed in response to Covid-19. These have now been commissioned and mobilised, as follows:

- Temporary GP Remote Out of Hours Cover for patients in Care Homes LCS provides enhanced clinical support to care homes outside of normal GMS hours – introduced in April 2020.
- Temporary Placements in Care Homes and other Community based beds (Sussex) LCS ensures the provision of primary medical care for patients who are discharged from hospital into a purchased community based bed (usually in a care home) during the Covid-19 emergency - started in April 2020.
- Specialist primary care and protect and support for homeless patients across Sussex providing proactive medical care for homeless people – introduced in May 2020
- BAME and Vulnerable Patients – Proactive health checks for people who are at higher risk of complications resulting from Covid-19 – started in June 2020.

The shielded patients LCS developed to ensure those patients who are shielded receive the care they need at home has not been introduced as the government guidance on shielded patients has changed. However, the funds for this LCS have been incorporated into the primary care financial stock-take and the LCS is ready to be introduced should the guidance change.

4.0 Winter planning in primary care

4.1 Governance

A task and finish group has been established to develop and implement a plan to ensure resilience in primary care services going into winter. This plan recognises the additional challenges to delivery resulting from social distancing to ensure that access to services will be maintained and undue pressure on the rest of the system avoided. This work has included the final arrangements for hot sites and zoning, alongside the review and harmonisation of long term condition LCSs across Sussex to ensure prioritised services for high risk patients. The final project plan has been agreed (7/10/20) and will be incorporated into the next iteration of the overall system plan which will be presented to the subsequent LAEDBs. Details of the plan are as follows:

Work stream	Area of focus	Status
Finalisation of plans for Hot zoning / sites	Ensuring practice resilience is maintained through the safe and effective management of existing estate; and remobilisations of hot sites as part of escalation triggers	Complete, subject to finalisation of escalation criteria
Prioritisation of restoration of LCSs for vulnerable patients /those at clinical risk	Cardiac, Diabetes, Enhanced Health in Care Homes, COPD, and SMI LCSs all restored – timetable for others in place.	Complete
Development of escalation criteria	Fifteen practices have been identified to pilot the Primary Care Data work offer real time activity data to contribute to system wide understanding of pressures in the system as we enter the winter period. This pilot will give a proxy RAG measure of daily pressures in General Practice.	30 October
Flu Vaccination	Flu plans have been agreed. A fortnightly Task and finish group reports to the Sussex wide Flu Board, and an internal operational group meets weekly to identify and address any immediate barriers to delivery. Demand and capacity exercise complete and circulated to practices.	Ongoing
Improved Access Appointments	During the pandemic Improved Access provision was profiled where appropriate to support hot sites and zoning. The CCG is now working with providers to return to previous delivery and utilisation. This will	30 October.

Work stream	Area of focus	Status
	enable flexibility of provision to respond to local seasonal demands at a place level.	
Enhanced Health in Care Homes	Sussex wide LCS to recognise and complement the PCN DES, and ensure a comprehensive and consistent level of support for these patients across the county	1 December
Fast track ARRS recruitment	Significant support has been provided to the PCNs to assist with their planning around ARRS through the Training Hubs and the primary care team, greater linking to national support needs to be delivered in particular the HEE Wessex WF tool and the NHS E/I recruitment support from NECSU. Locally owned support such as estates expansion and digital support for homeworking will be harnessed.	Ongoing
Walk-in Centres/Minor Injury Units	Full restoration of Walk in activity	Complete

4.2 Medicines Optimisation

The medicines management team is supporting the primary care restoration and recovery programme, including an agreed clinical service model for Enhanced Health in Care Homes from 01 October 2020. Sussex has 99.4% pharmacy coverage for the Community Pharmacy Consultation Service providing both "speak to" and "face to face" access to community pharmacy via NHS 111 Clinical Assessment Service and NHS 111 online. NHSE/I is making arrangements for a locally enhanced service that will cover pharmacies on Christmas Day for a three-hour session.

4.3 Influenza Vaccination

On 4 August 2020 NHSE/I and Public Health England announced an expansion of this year's Influenza Vaccination targets, raising the target to 75% of over 65s and at risk under 65s; and (subsequently confirmed as a second phase subject to vaccine availability) all 50 – 64 year olds. This presented challenges for General Practices due to the vaccine order having already been placed earlier in the year against previous targets; and the need to observe social distancing and other infection control guidelines following the advent of the pandemic which increases the time needed to vaccinate patients.

The CCG has been supporting practices to meet this target as follows

- Creation of a patient vaccination Task and Finish group, reporting to the Sussex Flu Board, to oversee progress towards the target. An internal operational group meets weekly to identify and resolve any immediate risks to delivery.
- At the request of this group the Local Medical Committee have published a seasonal Flu planning guide, with links to all relevant guidance, to help plan the operational aspects of their delivery programme

- Business intelligence has worked with practices to identify the potential shortfall in ordered vaccine and the desired target.
- Facilitation of discussions between PCNs and their community pharmacy colleagues to ensure a joint planning approach at a local level
- Creation of an on-line tool to identify any gaps in local provision, e.g. to care homes/other residential settings, which are referred to the Task and finish group for action.

Progress to date has been promising, with practices across Sussex already being halfway to target for the over 65s. However more work needs to be done with at risk groups as displayed in the table below:

CCG	65+ Registered	65+ Vaccinated	65+ % vaccinated	6m to 64 at risk Registered	6m to 64 at risk Vaccinated	6m to 64 at risk % vaccinated	Pregnant Registered	Pregnant Vaccinated	Pregnant % vaccinated
Brighton and Hove	26,587	7,263	27.3%	51,713	1,685	3.3%	517	25	4.8%
East Sussex	22,868	6,973	30.5%	23,054	945	4.1%	229	18	7.9%
West Sussex	120,457	46,174	38.3%	129,092	10,848	8.4%	1,679	231	13.8%
Sussex wide	169,912	60,410	35.6%	203,859	13,478	6.6%	2,425	274	11.3%

In terms of governance, more detailed reporting takes place separately through the monthly Task and finish group up to the Sussex wide Influenza Board and into the Sussex CCGs Joint Quality Committee. Further progress will be dependent upon the availability of additional vaccine, which has been ordered centrally and will be made available to practices in November. To prepare for this the CCGs are working with practices to understand the amount of additional stock required to reach target.

4.3 Seasonal escalation framework

The development of a seasonal escalation framework is key to support primary care winter planning for 2020/21 and aims to provide a greater understanding of historic and real time pressures on practices and provide a RAG rated measure of GP activity which will in turn inform a system response. Fifteen practices have been identified to be part of a primary care data work stream to pull together existing datasets to identify demand and capacity challenges in primary care. It will also inform the development of a Winter Escalation and Command and Control Framework, similar to the rest of the system, which will state a set of operational triggers (reported by practices to the CCGs in real time) which will then result in a range of ameliorative actions. This will be presented to the November Primary Care Commissioning Committee, and subsequent LAEDBs, for approval. Initial responses to such triggers being explored are as follows.

- Cross practice support for clinical face to face appointments.
- CCG communications support in terms of letting patients know the situation
- Increase and/or redeploy improved access capacity
- Direct redeployment of Improved Access staff to a challenged practice
- Increase and/or redeploy other contracted services- e.g. Brighton Roving GP/IC24/IPC/Practice assist
- Cross cover of admin staff/receptionists
- Engage GP Federation/PCN/ other provider support
- Funding for locums to increase capacity.

5.0 Other primary care priority areas

Alongside the restoration of general medical services to pre Covid-19 levels and the implementation of phase three requirements there are a number of other areas of priority that primary care are focussing on.

5.1 Primary Care Networks DES specification

All practices have signed up to deliver the PCN Network DES for 2020/21. Workforce plans have been developed describing which Additional Roles and Responsibility schemes (ARRS) PCNs will recruit to for 2020/21 and have also submitted business cases for the ARRS 2019/20 underspend. The CCG have supported PCNs to recruit into to the ARRS roles and agreed processes to administer both the under-spend for 2019/20 and the unclaimed funds for 2020/21.

The Enhanced Health in Care Homes and Early Cancer Diagnosis DES specifications also went live on 1 October 2020 and the CCGs are supporting providers to establish the MDT approach at PCN level. PCN Delivery Managers are also supporting PCNs to prepare for the requirement for PCNs to deliver the Improved Access requirements from 1 April 2021.

5.2 Primary / secondary care Interface

The Primary Quality Intelligence Tool (PQIT) Soft Intelligence Function is used by GP practices to raise provider interface and patient pathway issues in themes and trends relating to systems and pathways, and report these to the commissioners for analysis and action as appropriate to ensure that commissioned services are providing optimum services. A proactive process led by the CCGs Local Medical Directors and supported by the CCGs Quality team has been established with the Provider Medical Directors to review the themes emerging from PQIT and identify solutions to address them. Summary analysis of usage and key themes and actions will be provided to all GP Practice staff and at regular intervals via the monthly CCG newsletter, CD and Locality meetings.

5.3 Primary care engagement

The communication framework which comprises daily primary care bulletins to ensure clear points of contact and guidance and weekly CCG / LMC hot topic Q&A webinar continue. The CCGs primary care team also meets fortnightly with PCN Clinical Directors from each CCG to support PCN development, discuss initiatives to improve resilience and restore services, and identify and respond to areas of concern.

Locality Forums have recommenced. The initial round of Locality meetings have focused on transactional items such as agreeing the terms of reference of the group, the timing and frequency of the meetings and getting to know the new Governing Body Locality Representatives and lay members. The future agendas will be led by the Locality and the primary care team will present the Primary Care Recovery and Restoration and Seasonal Winter plans as part of the CCG standing agenda item.

6.0 Next Steps

The NHSE/I Phase 2 and 3 letters have provided a steer as to what services must be reinstated to pre Covid-19 level. The Primary Care team will continue to implement the activities described in this paper to ensure the following

- All patient services in General Practice are restored to pre-pandemic levels wherever possible
- Variation in service delivery as a legacy of the previous CCGs footprints is identified and resolved, resulting in a consistent high quality offer across the county
- Robust winter planning is in place and implemented to ensure resilient General Practice. These plans will include agreement of a set of escalation triggers and responses, including the potential mobilisation of hot sites; the temporary suspension of non-essential services and care in order to prioritise the vulnerable and frail population, should the need arise; and/or the repurposing and use of locally contracted services such as I/A and extended hours.
- Following the planning and implementation hiatus caused by the pandemic, Primary Care Networks are supported to move to agree and implement at pace their strategic plans to improve the health of their patient population.
- Any additional workload placed upon primary care through changes in secondary care activity are identified and resolved as part of a joint system response.
- Continued oversight of the Recovery and Restoration work programmes to ensure delivery.

7.0 Conclusion

Significant progress has been made since the June report in respect of the planning and preparations undertaken to ensure resilience of general practice and primary care throughout the winter and the safe and equitable restoration of services for patients in terms of access and availability.

It must be noted, that whilst primary care continues to restore its services to pre-COVID-19 levels, these will need to be reviewed and reprioritised in the event of a substantial second wave of COVID-19 and / or peak in seasonal demand.