**NHS Greater Glasgow and Clyde**

**General Practice Capacity Challenge Escalation Plan**

**As at 13th March 2020**

1. **Introduction**

The current Covid19 situation is likely to present an increasingly significant capacity challenge in terms of demand pressures and potentially in terms of supply.

PCA(M)(2020)02 requires Boards to develop a Primary Care Capacity Challenge Escalation Plan setting out measures to support GP practices and GP out of hours services, to enable continued delivery of services and manage increased demand. It is important that this is considered in relation to the overall NHSGGC plan to ensure that activity is not inappropriately diverted around the system.

This plan sets out the different levels of escalation for General Practice, linked to the three levels of escalation set out in the Scottish Government circular, and the approvals, decision-making and reporting process at each of these levels.

1. **Background**

During the COVID19 outbreak, General Practice and GP Out of Hours may experience pressures related to the following:

* Increased demand from patients for advice or symptom or symptom management
* Increased demand specifically relating to COVID assessment, testing and/or treatment depending on defined role for GPs as set out in national guidance*.* The nature and level of demand will be influenced by further advice and guidance on the role of general practice in managing suspected and confirmed cases as this evolves
* Increased demand linked to pressures on acute and inpatient settings with increasing patients being managed at home or any changes to referral processes.

At the same time, supply and capacity for delivery may be affected by:

* Staff absence due to illness or caring responsibilities
* Decontamination or segregation measures required in practices
* Escalation measures in other services which work and with practices

1. **Agreement of the plan**

This plan has been developed by the General Practice Covid-19 sub group of the GG&C HSCP / Community Planning Group. It has been developed with input from 6x HSCP Clinical Directors, Primary Care Support, Public Health and LMC/GP Sub-committee.

Scottish Government guidance requires a committee to be established to make decisions at the different levels of escalation. It is proposed that this is achieved through the structures established for pandemic planning rather than creating new structures. These are expected to be in place imminently

This Draft Plan sets out proposed processes that should be approved by the Strategic Executive Group. Additional proposals for NHS Board wide escalation measures would be proposed by the Operational and Tactical Groups with reporting to and approval where required by the Strategic Executive Group where wider implications are identified.

Arrangements for level 2 and level 3 escalation for individual practices are set out below.

1. **Escalation and support**

The plan is set out below in five sections

* Early Management and preparation
* Level 1
* Level 2
* Level 3
* Level 4

Throughout all these levels, clear links with the Covid19 communications group will be made to ensure messages to patients are clear. HSCPs should now have established a Local Response Management Team – these will consider local communications arrangements and direction to patients of specific practices.

**4.1 Early management and preparation**

Key actions in this phase are:

* All relevant guidance circulated to practices as required
* All practices confirm updated Business Continuity Plans and buddying arrangements
* Practices to consider increasing telephone triage to avoid suspected cases attending the practice; establishing robust triage processes will also help for subsequent phases of escalation
* Practices to set up ‘Attend Anywhere’ systems with support from eHealth
* Practices to prepare for remote access for key staff to be able to work from home if required (e.g. for self isolation)
* Practices to review websites and other sources of information to ensure there are clear messages for patients

It is important that during this period, practices should be maintaining all core functions and existing Enhanced Services

Practices should continue to offer both routine and urgent appointments.

**4.2 Level 1: suspension of non-core activities**

At this level of action, specific non-core activities are agreed which can be suspended or delayed across the NHS Board area until further notice. These are activities which can be suspended or delayed without immediate significant adverse health impact or impact on other part of the system, and include administrative as well as clinical processes.

An initial set of proposals for Level 1 is attached at Annex A. This sets out some activities which the NHS Board will postpone or stop, and actions which GP practices can take without seeking specific individual authorisation from the NHS Board or HSCP. Taking actions within this agreed framework will not result in financial or contractual penalties for practices. Further proposals may be made as the situation develops and in line with any additional national guidance. Any further proposals will be developed by the Operational and Tactical Groups for approval by the Strategic Executive Group as required. It is considered prudent that practices maintain a log of what Level 1 activities they reduce, delay or suspend. This will assist with any system wide monitoring and help in our learning about how we are responding or who we respond in similar situations in the future

At this level it is expected that practices will continue to provide Essential Services (local and national as defined by the GMS contract) within core hours.

**4.3 Level 2: managed suspension of services**

If, having taken the actions set out in level 1, and maximised joint working with buddy practices, practices are unable to provide some core and essential services, practices may request a managed suspension of access to some services. This could include, for example, changes to core hours or branch surgery closure.

Requests MUST be made using the attached proforma and will be considered on a case by case basis. Requests should be emailed to [GMS.ContractTeam@ggc.scot.nhs.uk](mailto:GMS.ContractTeam@ggc.scot.nhs.uk).

Requests will be forwarded to the relevant HSCP Local Response Management Team (LRMT) for review and authorisation, taking account of the local service provision context. When agreed, the GMS contract team will confirm to the practice and make any necessary contractual arrangements.

Requests will be responded to within 48 hours (24 hours for single handed practice).

In line with national guidance, any request granted should not result in a financial penalty to the practice.

Where practices have been permitted to suspend services, they should provide a regular update to the HSCP until the suspension can be lifted. Details for how regular and in what format are still to be agreed

LRMTs should consider how any changes will be communicated to patients of the practice and any other affected groups or services.

Reporting arrangements on any agreed suspensions should be agreed in line with any SitRep structures developed through the Strategic Executive Group and to meet Scottish Government requirements.

**4.4 Level 3: Full suspension of services**

When circumstances arise that it is not safe or possible for a practice to continue to provide services (normally due to the non-availability of clinical staff or levels of demand that mean that normal levels of service is unsustainable) the practice may request a full suspension of services for a period of time.

As per the process set out at Level 2 above, requests should be made using the attached proforma and will be considered on a case by case basis. Requests should be emailed to [GMS.ContractTeam@ggc.scot.nhs.uk](mailto:GMS.ContractTeam@ggc.scot.nhs.uk).

Requests will be forwarded to the relevant HSCP Local Response Management Team (LRMT) for review and authorisation, taking account of the local service provision context.

The LRMT may identify or request another practice to provide services to the patients of the practice suspending services; this may be through the nominated ‘buddy’ practice or another identified practice.

Where a request for full suspension is likely to have significant implications (for example where there is a particularly large practice or multiple practices, or cover from buddy practices is not possible) the decision should be escalated through the Strategic Executive Group.

When agreed, the GMS contract team will confirm to the practice and make any necessary contractual arrangements. Requests have to be responded to within 48 hours (24 hours for single handed practice).

Where buddying arrangements have been in place and practices are working together to provide services, but feel that this has reached the stage where one practice is fully providing services for another with requirement for additional staff time, the same form can be used to identify this and request a formal suspension and payment for cover arrangement.

Practices providing cover for another practice which has suspended all services will receive payment for the period of cover in the with the per capita amount set out in PCA(M)(2020)02.

Once agreed, the NHSGGC GMS contract team will confirm the decision to the practice and make the necessary contractual and funding arrangements with the practices concerned.

Reporting arrangements on any agreed suspensions should be agreed in line with any SitRep structures developed through the Strategic Executive Group and to meet Scottish Government requirements.

**4.5 Level 4 – consolidation of primary care services in localities**

If extreme circumstances arise where the provision of primary care in multiple practices at once is not possible, plans will be developed in each HSCP area for provision of a single or small number of sites providing primary care services. In those instances, practices will be asked to work with the HSCP to ensure that all available staff can support the centralised service. At level 4 we would look to utilise the infrastructure that exists across community health and primary care services as we continue to provide essential GP primary care and GP urgent Out-of-Hours care 24/7. Any decision to move to such a level would be taken in conjunction with the Strategic Executive Group and LRMTs

1. **Out of Hours**

Out of Hours services will face significant pressures during this period as a result of demand on the service and the challenge of supply. This could be exacerbated by pressures on day time services further affecting the availability of GPs.

A key consideration in any decision making on escalation proposals will be to ensure that there is an understanding of the implications across the full 24/7 period. Decisions on requests for managed or full suspension of services by practices should ensure that Out of Hours services do not become the default provider for activities that are not handled by other services during core hours. Out of Hours services have to respond to the needs of all those who contact them and their ability to do this may be severely compromised if they are faced with a surge in demand when other services close.

Following the same principle, Out of Hours services should not defer the triaging of patients who are put in contact with them in the Out of Hours period by waiting to refer them to their GP practices in hours.

Detailed escalation plans for Out of Hours will be developed through the Operational and Tactical Group arrangements with approval by the Strategic Executive Group as required.

1. **Locum GPs**

There are currently 512 sessional or locum GPs on the NHSGGC Performers List.

These are predominantly engaged directly by practices, though may also have additional roles in directly managed services including GP Out of Hours.

PCA(M)(2020)02 asks each Health Board to have a mechanism in place for determining when the local situation has reached a key stage and when responsibility for engaging locums needs to switch from individual providers to the Health Board.

Moving to this arrangement too soon would destabilise General Practice and core services, and the decision should be taken with regard for local supply and demand conditions, and consider the different requirements across in-hours and Out of Hours.

The NHS Board will update its database of active locums with verified details by contacting GPs on the performers list. Further proposals relating to locums will be developed through the Tactical and Operational general practice and HSCP groups in the first instance.

1. **HSCP managed services working in practices**

It is recognised that escalation plans for HSCP managed services working in and with practices may also impact on the provision of core general practice both in hours and out of hours. This is particularly relevant where staff are working with practices as part of the multi-disciplinary teams being established under the 2018 GP contract arrangements. Escalation arrangements for these services should take account of their contribution to Essential Services within GP practices with clear approval through LRMTs for changes likely to significantly impact on this.

**Annex A**

**Level One (Effective 13 March 2020)**

The NHS Board will:

* Defer all non-urgent visits to practices, specifically, 17c and Payment Verification visits. For a period of up to 6 months subject to further review
* Review requirements for Directed Enhanced Service delivery and reporting in line with Scottish Government guidance
* Local Enhanced Services: reduce / defer reporting requirements for LESs without financial penalty (pay to be made based on historic activity pending subsequent reconciliation)

Actions that GP practices can take in this this phase without specific individual authorisation:

* Extend telephone triage and use of video consultation
* Patient registrations: flexibility to decline registration request if the patient is already registered in the area. This would be considered reasonable grounds for refusal, provided the patient is not at risk of being without a GP.
* Review balance of urgent and routine appointments.
* Prioritise Chronic Disease Management reviews for urgent clinical need / unstable chronic disease rather than routine annual review.
* Review surgery arrangements including availability of immediate clinical advice where required during core hours.
* Make arrangements with buddy practices to manage workload across practices to meet core requirements.
* Reprioritise practice staff time including PQL role.
* Suspend online appointments to ensure patients can be appropriately triaged prior to attending the practice. This will not be considered in breach of contract during the pandemic period.

Practices must give careful consideration to how any changes are communicated to patients, and in particular be clear that arrangements will be made for those who do need to be seen face to face. Practices should not say they are ‘closed’ unless there is a clearly agreed suspension of services as set out in the approvals processes for at Levels 2 and 3.

Practice must continue the following unless agreed as part of a level 2 or 3 request.

* Provide essential services during core hours, including face to face appointments for those who are assessed as requiring them.
* NPT and drug misuse LESs
* Minor surgery (urgent)
* Child Health surveillance
* Branch surgery arrangements

The table below summarises practice activity and priority at Level 1

| **Service** | **Priority status** |
| --- | --- |
| * Acute Medical triage, assessment and diagnosis | Prioritise with triage as appropriate |
| * Acute Hospital referral | In line with specific Covid19 referral protocols and thresholds |
| * Palliative Care | Continue |
| * General Medical (Non-acute) diagnosis, assessment and management | Continue with appropriate triage and use of telephone and video consultation where appropriate |
| * Repeat Prescribing | National guidance awaited on prescription length and serial prescribing. If unable to provide inform pharmacies that the PGD can be used to supply a month of regular prescriptions. |
| * GP Registrar Training | Awaiting NES guidance |
| * Phlebotomy | Consider prioritisation including pre-chemotherapy, second line drug monitoring and urgent clinical. |
| * Drug Misuse Clinics | Continue with advice from drug misuse services as appropriate. |
| * Death and cremation certification | Continue. |
| * Chronic Disease annual reviews | Consider deferral unless clinical priority / unstable |
| * Chronic Disease Management | Clinical priority |
| * Minor Surgery/Cryotherapy | Urgent cases. |
| * Child Health Surveillance | Continue |
| * Medical Student/ Nurse Training | Awaiting NES guidance |
| * Second Line drug monitoring and NPT | Continue |
| * Sickness Certification | Awaiting confirmation of national arrangements |
| * Lithium Monitoring | Consider deferral on case by case basis |
| * Extended Hours DES | National guidance awaiting. Ensure triage / use of telephone and video consultation in line with core hours |
| * Cervical Cytology | Continue pending further guidance |
| * Legal Letters/reports/life insurance, blue badge etc | Review urgency |
| * Subject Access Requests | See Information Commissioners Office guidance specific to current Covid19 situation |
| * DWP requests | Awaiting national guidance |