General Practice Escalation

November 2020

1. Introduction

The general practice capacity challenge escalation plan for NHSGGC was agreed and issued on 13 March 2020 in line with PCA(M)(2020)02. This was updated in June 2020 as Covid19 cases declined, national restrictions began to be eased, and health services entered a period of recovery and remobilisation. There was a commitment to keep this under review in line with the wider context; this document provides an update based on the current context as at November 2020.

This document focuses on daytime general practice: GP Out of Hours is covered separately under current review arrangements.

2. Current situation

The default position for all GP practices at present remains **escalation Level 1**. At this level all practices continue to provide Essential Services (local and national as defined by the GMS contract) within core hours. At level 1, practices have some flexibilities or specific direction on activities which can be suspended or delayed across the NHS Board area, including administrative as well as clinical processes. An initial list was agreed, and additional guidance has been circulated to practices in line with national direction, specialty based guidance or other locally agreed guidance throughout the Covid19 outbreak. **Annex A** sets out the range of flexibilities.

3 practices in NHSGGC are operating at Level 2. These are all branch surgery closures which were agreed in the first instance for a period of three months. A number of practices have had periods of time when they have faced particular challenges, largely due to staff absences for Covid19 or self isolation. During this period services have been maintained with support from buddy practices where necessary, though there have been short periods when practices have only been able to provide urgent and emergency care. This is currently managed within level 1 flexibilities.

While patient demand for GMS services reduced during the first phase of the pandemic, this has now returned with patients contacting their GP both about new concerns and also issues which delayed presenting during the earlier lockdown. Practices have noted particular additional demands in relation to mental health, and also patients seeking to understand next steps in relation to referrals for other services.

All GP practices have been operating with a telephone first model of triage and telephone or online assessment, with face to face consultation only where required. There have been significant changes in practice, including the use of telephone triage and consultation and Near Me which have required substantial change to ways of working for all staff within practices. Many processes (such as prescribing and links to community pharmacies) have changed to reduce patient journeys and paper requirements.

The Community Pathway for face to face assessment of patients with suspected Covid19 was established in March and continues to be in place, with a key aim to minimise the exposure of patients using GP practices to Covid19. This has helped to support the continued delivery of core

GMS services within the 234 GP practices in NHSGGC. The CAC will continue throughout the winter period as part of a whole system response to Covid19 alongside the triage hub, and the dedicated SATA process within acute. Many practices are already supporting the staffing of the CACs in addition to providing core GMS services; should additional capacity be required to meet peak demand in the CAC over the winter, further input from practices will be sought to support this.

Although shielding formally ended on 1 August, practices are still required to keep the shielding registers up to date. The approach to shielding introduced as part of the new 5 tier system on 2 November 2020 introduces a range of additional requirements for GPs to support patients in discussion about how to respond to their particular tier, with a specific role for GPs in relation to discussing individual circumstances, vitamin D and school attendance.

The national cervical screening programme restarted in August, and the flu immunisation programme is currently in progress with practices committing to providing equivalent input to previous years – in NHSGGC this is through provision of immunisation to 18-64 at risk patients, as well as managing large volumes of enquiries about the wider flu programme.

The Extended Multi Disciplinary Team developed through Primary Care Improvement Plans supporting practices have in most cases returned to practices, with new ways of working to support remote consultation. The redeployment of eMDT members remains a possibility as part of wider service escalation plans.

3. Demand and Capacity

Moving into the winter period, and taking account of the tiered restrictions, General Practice and GP Out of Hours may experience changes in demand related to the following:

- Rising levels of demand
- Shielding (support to individual patients and home visiting)
- Continued catch up and prioritisation for interventions/treatments deferred or not taken up
- Patients with ongoing health needs related to Covid19 recovery
- Support/enquiries related to appointments cancelled or delayed
- Impacts of lockdown – e.g. mental health, addictions, mobility, domestic abuse, child protection
- Recovery and redesign in acute and other community services and ongoing impact of social distancing, as a driver for maintaining more patients in the community and reducing unnecessary visits to hospital
- Cervical Screening
- Support to Care homes
- Winter respiratory demand
- Completion of the flu programme and any agreed role in Covid vaccination.

Capacity and supply will be continue to be influenced by:

- Impact of any ongoing staff absence or restrictions on face to face work – shielding, high risk, sickness, household (or other contact) isolation, Test and Protect
- Availability and support for telephone and digital alternatives to face to face care
- Limitations of alternatives particularly for those who are digitally excluded and require relationship based care
- Availability of other health, social care and third sector services for signposting
- Availability of the wider Board employed Multi Disciplinary Team working with practices to deliver core services
- Additional time or physical space required:
    - Time to don/doff PPE
    - Segregation of patients in waiting areas
    - Time for cleaning between patients or for deep cleans
    - Need to 'stream' patients
- Annual leave and rest time

Any additional request of practices to support the CAC and hub community pathway as part of winter and Covid19 response

4. Recovery and Escalation Next Steps

4.1 Maintaining flexibility for response

A number of the steps put in place as part of the 'preparation and readiness' phase continue to be key to underpinning the ability of General Practice to respond and should continue for the foreseeable future. Key things which should continue to be in place for all practices include:

- Telephone triage and telephone/video assessment
- Use of NHS Near Me, with expansion of capacity for this supported by roll out of further equipment
- Use of remote access to enable staff to work from home if required
- Sharing of key sources of guidance and updates from other services with general practice on a regular basis
- Regularly reviewed business continuity plans
- Cluster discussions and support
- Buddying arrangements, supported by facility for remote IT access.
- Continued suspension of online appointments in line with national guidance
- Clear messaging for patients on practice websites and other patient facing information
- Continued funding for additional staff costs associated with Covid19 (backfill for absence due to self isolation or positive case)

4.2 Levels of Escalation

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

Level 1 arrangements and flexibilities remain in place with regularly updated guidance to support recovery, new work and wider redesign based on learning from changes during Covid19. These are summarised at **Annex A**. Annex A also sets out what flexibilities practices have within level 1 without specific individual agreement, and a range of services which should continue unless there is specific agreement as part of a level 2 escalation as below. Practices should continue to engage with their HSCP contacts where particular pressures are being experienced. Additional costs, such as staff overtime, can be claimed through the existing Covid19 claims process.

Level 1 is not a static position but enables Board wide / nationally agreed changes and resumption of activity to be put in place as required.

Where buddying arrangements are in place under level 1 and additional costs are incurred as a direct result of Covid19 staff absence, this can be claimed as a Covid19 expense by either practice (through the existing Covid19 claims process)

- **Levels 2 (managed suspension of services) and 3 (full suspension of services)**

Existing escalation processes for levels 2 and 3 remain with the existing approvals processes. .

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 Level 2 managed suspension of access to some services. This could include, for example, changes to core hours or branch surgery closure. Branch surgery closures for existing level 2 practices should be reviewed at the agreed review date. Annex A sets out some specific changes which would require a level 2 escalation agreement.

If practices are unable, usually as a result of significant staff absence, to continue running services *at all*, they can in exceptional cases request full suspension of services (**Level 3**). In that case, another practice or practices would be asked by the Board/HSCP to provide services to those patients, with funding arrangements in place.

Requests are 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.

Requests will be forwarded to the relevant HSCP 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 within 48 hours (24 hours for single handed practice) of the request.

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

Level 4 escalation was described for extreme circumstances where the provision of primary care in multiple practices at once is not possible. This is considered to be unlikely given the experience so far in wave 1, but could be considered again in the event of a future more significant peak and would link to escalation arrangements for CACs.

5. Managing winter and Covid19 pressures

- **Continuation of the Community Pathway.** Ongoing planning for the continuation of the Covid19 triage hub and CACs will enable suspected Covid19 patients to be seen outwith general practice and is key to supporting sustainability of GMS delivery. These will be kept under review in line with national guidance, patient numbers and any changes to case definition.

- **Chronic Disease Management.** Effective chronic disease management for specific long term conditions and multi-morbidity is a core part of general practice activity, working in conjunction with specialist services and the wider multi-disciplinary team working in and with practices. The CTAC service, delivered through PCIPs, is intended to provide the monitoring required for CDM delivery in practices. CDM for unstable and other priority cases has continued in practices since the start of the pandemic, and practices have made extensive efforts to recommence routine reviews where appropriate, informed by prioritisation and assessment of risk. Quality improvement in CDM post Covid will be a key focus for clusters. As demand increases over winter, practices should once again consider how best to prioritise CDM activity taking account of individual clinical risk and need, and working effectively with the full MDT in practices.

- **Information and sign posting for Patients.** A new national campaign has been launched, setting out how primary care and community services have changed during the pandemic and signposting to a range of different services and self care advice. Practices may wish to include this information on their website or other patient information. https://www.nhsinform.scot/campaigns/your-community-health-care-services

- **Whole system working and interface**. There are long established interface arrangements in NHSGGC which are being strengthened to ensure priorities for whole system working and pathway redesign are supported. The three key areas are:

    - Unscheduled care.

    - ACRT, outpatient redesign and virtual consultations, including arrangements for access to tests and investigations (in particular phlebotomy) to inform or follow up virtual consultations such as phlebotomy

    - Cancer services, particularly Urgent Suspicion of Cancer referrals.

Annex A
Level One (November2020)

The NHS Board will:

- Defer all non-urgent visits to practices, specifically 17c and Payment Verification visits, subject to further review
- Support 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). To be agreed on a quarterly basis. Actions that GP practices can take as part of Level 1 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.
- 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.

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
- Cervical screening in line with national direction and Board support arrangements

The table below summarises practice activity and priority at Level 1, as at November 2020

Service	**Priority status**
• Acute Medical triage, assessment and diagnosis	Prioritise with triage as appropriate
• Acute Hospital referral	In line with specific Covid19 and recovery 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
• Online appointments	Remain suspended in line with national guidance to ensure appropriate triage
• Repeat Prescribing	Continue to work with Pharmacy on effective and efficient arrangements for repeat prescribing including the Pandemic Annual Medication Scheme
• GP Registrar Training	In line with NES guidance
• Phlebotomy	Ensure priority bloods including pre-chemotherapy, second line drug monitoring and urgent clinical. Review access to routine bloods as part of chronic disease management arrangements
• Drug Misuse Clinics	Continue with advice from drug misuse services as appropriate.
• Death and cremation certification	Continue, in line with current national guidance.
• Chronic Disease annual reviews	Continue to schedule in line with clinical priority, and using telephone and virtual assessment NB some dependence on other services including access to phlebotomy services
• Minor Surgery/Cryotherapy	In line with clinical priority
• Child Health Surveillance	Continue
• Medical Student/ Nurse Training	In line with NES guidance
• Second Line drug monitoring and NPT	Continue
• Sickness Certification	In line with national guidance
• Lithium Monitoring	Review any cases deferred
• Extended Hours DES	Reinstatement of extended hours where staffing allows (may support for social distancing measures by spreading out patient contacts over a longer time). Use of triage / telephone and video consultation in line with core hours.
• Cervical Cytology	Recommence in line with reinstatement of national screening programme and recall arrangements and Board support arrangements.
• Legal Letters/reports/life insurance, blue badge etc	Prioritise according to urgency
• Subject Access Requests	See Information Commissioners Office guidance specific to current Covid19 situation