

To all GP practices NHSGGC
24 September 2021

Dear Colleague

Covid19 General Practice Escalation Framework

In light of the significant pressures across the whole NHS system at the moment, we are writing to remind you of the existing Covid19 General Practice Escalation arrangements.

The escalation framework was issued in March 2020 and updated in November 2020. As we remain in pandemic response, all practices across NHSGGC are at level 1 escalation which allows for Board wide agreement on flexibilities and prioritisation.

There have been significant challenges across many practices in relation to staff absence at a time of ongoing high demand. We are grateful for the huge efforts practices have made to support each other to continue providing services for patients, through buddy arrangements, remote working, support across clusters and flexibility from all members of the practice team working closely with HSCPs.

We are mindful that there are current pressures across the whole NHS system relating to Covid and non Covid demand, and staffing capacity. Maintaining patients within the community and enabling timely access to primary care remains key to effectively managing that whole system pressure.

The escalation levels are attached as a reminder and to clarify the flexibilities already in place for practices. The intention is that this will support practices to prioritise within available capacity as follows:

- Based on clinical priority, complexity and urgency
- Focus on those most at risk of deterioration who require support and intervention to avoid poor outcomes or are unable to be maintained at home/care home
- Focus on those at risk of admission to hospital, care home or significant risk in a community setting (e.g. self harm, or requiring enhanced support package).
- Prioritise Chronic Disease Management reviews for urgent clinical need / unstable chronic disease.
- Focus capacity where there is a clinical need for same day response, to reduce risk of demand being deferred to the out of hours period.
- Delay some activities where this can be done without immediate significant adverse health impact or impact on other parts of the system. We recognise this means that some patients may wait longer for routine appointments, or presentations or routine recall which are not time critical.

You will have seen the NHSGGC public messaging recently which focuses on supporting patients to 'know who to turn to' across all parts of the NHS, and the leaflet on why GP practices are still working differently which we hope you have found helpful. We have also circulated updated recovery guidance to practices, including changes to the physical distancing requirements, which we hope has been helpful in managing patient flow within practices.

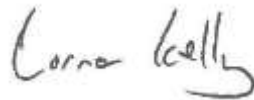
We wrote out at the beginning of this week asking practices to sign up to completing the weekly activity and workforce survey. Having a good cross section of practices completing this across NHSGGC will be enormously helpful in enabling us to understand demand and pressure in primary care into the winter, and we would strongly encourage you to take part so that we have as accurate a picture as we can.

NHSGGC is committed to maintaining the Covid Community Pathway, particularly for the provision of appointments for Covid positive patients with deteriorating symptoms who require face to face assessment. The Covid pathway runs both in-hours in the Community Assessment Centres, and out of hours through our existing GP Out of Hours service. We will continue to provide regular updates on these, and would as ever ask you to support this pathway where you can by taking up additional shifts.

Yours sincerely



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Escalation Levels – General Practice [extract from November 2020 Escalation Plan Update]

1.1 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.

Annex A

Level One

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.
- Prioritise Chronic Disease Management in line with urgent clinical need or unstable chronic disease.
- Make arrangements with buddy practices to manage workload across practices to meet core requirements.

Practices 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