

J B Russell House
Gartnavel Royal Hospital
1055 Great Western Road
Glasgow G12 0XH

www.nhsggc.org.uk

lorna.kelly@ggc.scot.nhs.uk

Kerri.Neylon@ggc.scot.nhs.uk

To all GP practices NHSGGC
9 July 2021

COVID COMMUNITY PATHWAY UPDATE AND CHANGES

Dear Colleagues,

I thought it would be useful to provide an update regarding the COVID-19 pathway. But firstly can I say a huge thank you to you all, and all your teams. There is no doubt that workload and demand has escalated and we have all been facing challenges in relation to isolation requirements. However General Practices across NHS GGC continue to open and provide care to their patients. In addition, many colleagues have been working in both the GP Out of Hours service and in the COVID-19 pathway providing urgent care to our patients.

We wrote to you in June to ask that 0-4year olds be seen in practices, and following that there has been a reduction in referrals of this age group into the CACs. I thank GP colleagues for seeing this group of patients.

The COVID pathway has been operational since March 2020 with the Telephone Hub and the Community Assessment Centres across the Board. The GP OOH service also plays a crucial role as part of this pathway. Our key aim remains for patients to be managed in the most appropriate setting.

Staffing of the pathway is becoming increasingly challenging and many GP shifts are unfilled in both the Hub and CACs, as well as GPOOH. At this time of year, this is the same challenge across all services of balancing annual leave and the impact of self-isolation. We are particularly keen to ensure that we are able to maintain the ability for face to face assessments in the CACs to reduce the risk of Covid positive patients attending general practice. We have been considering the best way to manage this work, alongside LMC colleagues.

Calls received by General Practice

The national advice and guidance on NHS Inform remains for patients with symptoms which meet the Covid case definition, who require medical advice, to call 111. There is no change to that advice, however we know that many patients still contact their own practice directly.

We would request that with immediate effect all Practices manage the calls that come to them, rather than diverting patients to call NHS24. We know that many patients are

looking for advice about their chronic illnesses when they have tested positive and this is best managed at a Practice level. We would ask that you ensure that your practice administration and reception teams are aware of this and do not ask patients who have come through to the practice to hang up and call 111.

We would expect Practice teams to employ their usual processes regarding self-care advice and signposting to NHS Inform, access to testing and other services. If a clinical consultation is required this should be carried out by the Practice clinical team by telephone. The option to refer directly for a Face to Face assessment in the CAC will remain in place for patients who have symptoms indicative of COVID and require examination.

This is already occurring in many GP Practices and the ask is that all practices deal with these calls rather than asking patients to call 111.

Telephone Hub contingency options

The telephone hub manages calls which have been triaged by 111 as requiring a clinical conversation. We are currently considering contingency arrangements should there not be enough capacity in the Telephone Hub to manage demand. This may be due to unfilled shifts OR excess demand coming through the pathway.

In order to protect the option of F2F assessment in CACs there may be an ask of GP Practices to carry out some telephone consultations for their own patients.

Currently during daytime hours the Hub receives around 70-80 calls so we would anticipate Practices receiving around one call a day at most. Further details of this option will be developed in discussion with the LMC and no change will be made without agreement and further communication.

Practice voluntary contribution

Previously as part of the escalation plan, agreement was reached around a practice voluntary contribution to be enacted if required. This was originally considered in response to rising volumes of Covid cases coming to CACs and Hubs, and to date has not been necessary.

However, given the current pressures on staffing in the hubs and CACs this may be the only option to fully maintain the pathway over the coming months. Based on current requirements, if every average (6,000 patient) practice provided 2-3 GP sessions a month this would enable the hub and CACs to be fully staffed. We may write out to you again formally seeking a contribution under this model and with further details of the nominal contribution per practice based on list size. These sessions could be across all parts of the pathway: telephone hub (which could be remote), CAC, or Home Visiting and would be funded.

We envisage that by managing the telephone calls differently this will reduce the overall staffing required and any contribution from practices

We remain absolutely committed to maintaining the COVID-19 pathway but need to ensure we are focusing on patient safety and supporting our clinicians and staff working within it and the GPOOH service. There will be an ongoing focus to actively fill shifts where possible and any contingency arrangements would only be used when capacity is reached.

We would actively encourage GPs to pick up shifts in the pathway in order to support their colleagues, and to ensure sustainability.

In addition I would urge colleagues to carry out shifts in the GPOOH service. Our GPs in OOH, along with all the staff, have been working tirelessly and provide excellent care. When shifts are filled the work is easily shared and it is an extremely positive and rewarding place to work, with an increasing team ethos. Working in the service not only supports our patients, but importantly supports our colleagues.

I hope that you all will be getting some leave over the summer months and also time to enjoy a little rest and relaxation

Kind regards



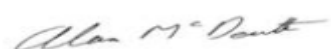
Dr Kerri Neylon
Deputy Medical Director for Primary Care & Deputy Responsible Officer
Email Kerri.Neylon@ggc.scot.nhs.uk



Kerri Neylon
Deputy Medical Director for
Primary Care



Lorna Kelly
Interim Director of
Primary Care



Alan McDevitt
Chair, Glasgow Local
Medical Committee