J B Russell House

Gartnavel Royal Hospital

1055 Great Western Road

Glasgow G12 0XH

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| **To all GP practices NHSGGC****22 December 2021** |  |  |
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**www.nhsggc.org.uk**

Dear Colleague

**Covid19 General Practice Escalation Framework**

In light of the predicted impact of the Omicron variant, and existing significant pressures across the whole NHS system at the moment, we are writing with an update on Covid19 General Practice Escalation arrangements.

We know that there continues to be high demand in General Practice, and the weekly survey information which many practices have been providing has been really helpful in demonstrating that. We are also hearing increasing reports in the last week of Covid related absence – either positive cases or self-isolation – which we know can have a significant impact on small teams. 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.

Over the turn of the year and into January, as pressures increase across the NHS system relating to Covid and non Covid demand and staffing capacity, all parts of the NHS and social care will be focusing on maintaining critical services. Enabling access to primary care remains a key priority across the in and out of hours period, and the Covid community pathway.

The escalation framework remains in place and is attached for reference. Level 1 escalation, which is the current default position for all practices, enables 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).
	+ 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.

Where pressures cannot be managed within these flexibilities, or there is likely to be a prolonged period where practices can only offer urgent or emergency access, please use the existing escalation framework to agree escalation to levels 2 or 3 as attached.

Self-isolation exemption guidance for health and social care staff which was issued last week and enables practice staff to be exempt from isolation provided certain conditions are met. Covid19 funding remains available to cover costs associated with staff absence and can be claimed through gms.contractteam@ggc.scot.nhs.uk. Further information has also been circulated on delivery of Lateral Flow Device test kits.

We are conscious that there are numerous requests for staff across all parts of the system to contribute additional hours to critical service provision. We would ask that you focus on maintaining in hours capacity, and where you can, supporting Out of Hours and the Covid Assessment Centres over the Christmas and New Year period and into early 2022. Rates have been increased over the festive period across Out of Hours and the Covid pathway. We continue to review escalation arrangements across Out of Hours and the Covid pathway; at present, this includes the agreed Practice Emergency Contribution model as an option when demand is forecast to significantly exceed capacity, and we will keep this under regular review including considering any alternatives.

Out of Hours services can also be supported by ensuring that patient repeat medications are up to date, and that there is planning with the most vulnerable and complex patients, (including those in care homes) ahead of the two public holiday periods. Ensuring access to ‘Just in Case’ medications where required is extremely helpful as access to controlled drugs in the out of hours period can be challenging. Up to date eKISs which include relevant patient information are incredibly valuable in an out of hours setting and can make a significant difference in supporting patient management and outcomes.

We are also working closely with other services across GGC to ensure that escalation and contingency plans are aligned, recognising particularly that multidisciplinary team members in practices may be a core part of the practice team supporting critical primary care activity.

Updated CAC guidance is attached and an information pack for practices supporting care homes has been issued and is also available on the referral guidance pages at <https://www.nhsggc.org.uk/about-us/professional-support-sites/information-for-gps/referral-clinical-guidelines-and-ggc-drug-formulary/temporary-covid-19-guidelines-and-referral-pathways/winter-2021/>

As we know that staffing pressures can impact very suddenly if someone is asked to isolate; please take some time to check your business continuity and buddy practice arrangements, including any arrangements for remote working. Use of NHS Near Me for virtual consultations has reduced across practices and you may wish to look again at the potential for this in your practice; recent improvements have been made including a ‘Consult Now’ facility which should make it easier and quicker to use Near Me as part of a mixed telephone and face to face clinic. <https://www.vc.scot.nhs.uk/wp-content/uploads/2021/10/near-me-R4-consult-now-changes-14.pdf>

We will continue to stay in regular dialogue with LMC and GP Subcommittee colleagues over the coming days and weeks to ensure that we are responding to a fast moving situation and identifying key challenges and the best option to manage these.

We are acutely aware of how hard everyone has worked over the pandemic and the unrelenting pressure on services; we wish you all a Merry Christmas and a brighter 2022 and hope that you are able to get some much needed rest and recovery over the next two weeks.

Yours sincerely



**Escalation Levels – General Practice**

* 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