

COVID-19 Primary Care Cell Briefing Report



Version 1.7 (30/07/2020)

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Executive Summary

Key points

- The primary care cell is a highly productive leadership resource engaging proactively across the complex interfaces of multiple Public Health Scotland (PHS) response cells, NHS National Services Scotland (NSS), the Scottish Government Primary Care Directorate (SGPCD), and primary care leadership and networks in Scotland.
- The primary care cell has an ongoing unique contribution to make to the COVID-19 response due to its multidisciplinary nature and close relationship to practice and patients.
- The key successes of the primary care cell have been in the following domains: intrinsic and extrinsic leadership and influence, targeted primary care expertise, education, training and awareness, and general clinical expertise.
- Recovery and remobilisation have begun. The primary care cell is providing leadership support to relevant aspects of these, for example, dental, personal protective equipment, immunisations.

Recommendations

- The future of the cell should be focused on the integration of the primary care cell with the other cells in PHS and NSS. This will enable improved communication pathways and opportunities for collaboration to deliver meaningful outcomes across the COVID-19 response and beyond.
- The primary care cell leadership, engagement and advice is needed to support recovery, remobilisation and the ongoing health protection response to COVID-19 across all aspects of health and social care.

Introduction

It is estimated that at least 90% of healthcare contacts in NHS Scotland occur within Primary Care. For this reason, the Primary Care cell was established as part of Public Health Scotland's (PHS) COVID-19 Health Protection response. The Primary Care cell forms part of the Clinical Response and Guidance Programme and aims to provide multidisciplinary primary care leadership, engagement and contextual and clinical advice across the COVID-19 response.

This briefing report highlights the key performance areas and details the additional value provided by the Primary Care cell to date. It progresses to explore and outline the evolving priorities of the cell in anticipation of the future requirements of the COVID-19 response and beyond.

Context

The Primary Care cell was formed on the 9th March 2020 by the NHS National Services Scotland (NSS) Associate Medical Director and the NSS Scottish Clinical Leadership Fellow. By mid-April, the cell membership had increased due to ongoing demand for multidisciplinary primary care specialist input across the PHS and NSS COVID-19 response. Current membership is detailed in Appendix 1. The cell has increasingly sought to diversify its membership in order to better represent the spectrum of primary care and extend its influence and reach. The Primary Care cell has provided a 7-day service which has, due to the changing demands of the COVID-19 response, recently been reviewed to optimise the resilience and stability of the cell. Current cell leadership and advisory capacity is changing due to substantive position demands. This has provided an opportunity to bring in new leadership which will commence in mid-July.

The cell has proactively engaged with multiple aspects of the response to identify issues relevant to, or dependent upon, primary care or primary care's interface with other parts of the system. The cell influences and supports the delivery of programmes of work key to the overall COVID-19 response. This is both internal to PHS and external. The footprint and activity of the Primary Care cell has steadily increased throughout the response, indicative of the development and maturity of the cell.

Scope and Aim

The Primary Care cell seeks to provide primary care expertise, support and leadership to all elements of PHS and NSS health protection and infection control COVID-19 activity which have a footprint in primary care. The cell also contextualises and provides pragmatic advice around clinical aspects of wider community care, particularly social, community, residential and care home settings. Exclusions include secondary care, port health and other non-healthcare settings, except where these interface with primary care.

The main aim of the Primary Care cell is to provide multidisciplinary primary care leadership, engagement and contextual clinical and non-clinical advice across the COVID-19 response. The cell will, through whole system approaches, provide relevant navigation and guidance across complex interfaces to deliver meaningful outcomes across the COVID-19 response and beyond.

Objectives

The Primary Care Cell will:

- Optimise PHS and NSS activity through applying a whole systems approach within primary care, enabling effective collaboration.
- Effectively and efficiently manage enquiries and contact from primary care during the COVID-19 response and beyond.
- Enable the rapid integration and operationalisation of guidance within primary care. Use primary care intelligence via our networks to inform the development of guidance and ensure that it is tailored for the target audience. Ensure all guidance which relates to or interfaces with primary care is rapidly integrated into operational delivery whilst using a positive feedback mechanism to adapt to the requirements of the target audience.
- Proactively support the design and delivery of enhanced surveillance within primary care, including appropriate data flow and exchange.
- Provide on demand comprehensive clinical and managerial primary care expertise to PHS and NSS in a timely manner. This may be ad hoc or sustained throughout programmes of work.

Activity, achievements and future direction

To demonstrate the performance, impact and provide insight into the future direction of the Primary Care cell, key successes have been themed into five main performance areas:

- Leadership
- Targeted primary care expertise
- General clinical expertise
- Education and training
- Remobilisation and recovery

Further information and a more detailed account of the substantial Primary Care cell activity which underpinned the successes is available in Appendices: 2 and 3 on p

Activity, achievements and future direction table

Action (What)	Impact (So What)	Future (Now What)
<p>Leadership The Primary Care cell has consistently provided strong, proactive primary care leadership and influence throughout the COVID-19 response.</p>	<p>The cell has anticipated emerging issues such as:</p> <ul style="list-style-type: none"> • The provision of personal protective equipment (PPE), palliative care consumables and oxygen in the community. • The potential impact of community testing and contact tracing on community health and social care. • Communications on face masks and face coverings in community healthcare settings. • Upstream thinking to influence the enhanced surveillance programme to ensure that it remains relevant to the primary care operational model. <p>The cell has been champions in:</p> <ul style="list-style-type: none"> • Developing communication pathways and ensuring the inclusion of primary care leaders in the distribution of key messages, for example around serious paediatric presentations of COVID-19 and the Test and Protect Programme. • Developed and maintained collaborative partnerships with a wide range of stakeholders to influence policy and strategy. • Supported and directly influenced internal and external communications to stakeholders. Proactively disseminating information to primary care. • Aligned processes and systems within and between NHS boards and NSS National Procurement, streamlining these interactions. 	<p>The Primary Care cell will continue to purposefully engage maximising the ongoing collaboration and integration across PHS and NSS.</p> <p>Collective leadership within the cell will ensure an ongoing dynamic response to change.</p> <p>Continue to bring a multidisciplinary and citizen focused perspective to business as usual.</p> <p>Improve communication pathways and invest in information sharing to seek opportunities for service development.</p>
Action (What)	Impact (So What)	Future (Now What)
<p>Targeted Primary Care Expertise The Primary Care cell has provided specific expertise in relation to the</p>	<p>Guidance cell The Primary Care cell been an integral part of the Guidance cell. Providing expertise, in the development of multiple guidance</p>	<p>Maximise the potential of the Primary Care cell to contribute and add value across the organisations using</p>

Action (What)	Impact (So What)	Future (Now What)
<p>primary care operational environment, which has been in a state of continual change throughout the COVID-19 response.</p>	<p>documents not least the primary care guidance, has ensured that the most current information and responsibilities of primary care practitioners are captured accurately.</p> <p>Enhanced Surveillance cell By providing an intimate knowledge of primary care, the Enhanced Surveillance Programme has been better able to guarantee buy in of delivery partners, attend to difficulties in obtaining samples and navigate and obtain permissions for data extraction from primary care systems.</p> <p>Enquiries cell The Enquiries cell has also benefitted from the provision of primary care knowledge to direct response to complex primary care enquiries.</p> <p>NSS Co-ordination of National Procurement activity, has been enhanced by specialist primary care expertise.</p>	<p>collaborative leadership and purposeful engagement approaches.</p> <p>Identify shared issues, commitments and outcomes across PHS. Focus on short to medium term responses to these whilst creating a future plan for longer term priorities.</p> <p>The Primary Care cell will continue to liaise closely with its multiple stakeholders and adapt its activities according to the needs of primary care.</p>
Action (What)	Impact (So What)	Future (Now What)
<p>Education and Training The Primary Care cell has significantly contributed to the development of a variety of educational resources throughout the COVID-19 response.</p>	<p>In partnership, the Primary Care cell significantly contributed to the development of:</p> <ul style="list-style-type: none"> • Educational resources about sampling for COVID-19 for professionals. • Self-swabbing materials for enhanced surveillance. • Guidance and training resources for contact tracers. • Supported the delivery of webinars to address key issues identified by stakeholders. • A joint venture amongst HIS, NES and Scottish Government to provide a resource pack to primary care, which includes information on Infection Prevention and Control and Health Protection. 	<p>Build on current collaborative approaches and work proactively to influence key stakeholders where there is an identified need for educational documents and learning packages to be developed.</p> <p>Continue to role model a positive learning culture by collaboratively providing resources and opportunities that enable best practice across the whole system.</p>

Action (What)	Impact (So What)	Future (Now What)
		<p>Maximise the use of the Primary Care cells significant knowledge and skills with the aim of increasing awareness and inclusion of primary care.</p>
Action (What)	Impact (So What)	Future (Now What)
<p>Remobilisation and recovery Remobilisation of services has become a priority for the Primary care cell as the COVID-19 response has progressed.</p>	<p>The Primary Care cell have actively supported the development of guidance, particularly around the remobilisation of community dental services to ensure this is available and relevant as dental services restart.</p> <p>The cell has proactively engaged with key stakeholders in conversations around the delivery of vaccination and screening services.</p>	<p>Actively engage across the whole system to influence and lead in areas where primary care interfaces.</p> <p>Adapt cell working arrangements to maximise impact and enable resilience as the remobilisation and recovery plan moves forward</p>

Summary

The Primary Care cell has offered a range of professional skills and expertise to the COVID-19 Response. By providing a unique multidisciplinary primary care perspective, utilising extensive professional networks and an intimate knowledge of practice and patient relationships. The cell has influenced the strategy and direction of the COVID-19 response, ensuring the services and resources produced are responsive to stakeholder needs whilst achieving their primary aim.

The Primary Care cell will continue to focus on opportunities for ongoing collaboration and integration with the other cells in the PHS and NSS response. This innovative model of working will enable a mechanism for dynamic and responsive change by bringing a multidisciplinary and citizen focused perspective to business as usual, improving communication pathways and opportunities for service development.

Primary care has a significant footprint within health and social care. Consequently, the potential of the Primary Care cell to contribute and add value across the organisations should be considered in all endeavours and collaborative working should be encouraged. The cell will continue to focus on emerging issues in the short and medium term and look at how they can support and influence the response to these and beyond. The intention is that the scope of the cell broadens to include other PHS activity as required. To do this the Primary Care cell will continue to liaise closely with its multiple stakeholders and adapt its activities according to the needs of primary care.

Appendix 1: Cell Membership

Membership to 5.7.20			
Name	WTE	Role	Substantive Job title
Lucy Munro	1 WTE	Cell co-lead, GP Advisor	NHS NSS AMD, GP
Ben Hall	1 WTE	Cell co-lead, GP Advisor	Scottish Clinical Leadership Fellow, GP
Charlotte Leggatt	0.8 WTE	GP/GDP Practice Management Advisor	Specialist Lead, Dental PM Education, NHS Education for Scotland
Keith Moffat	0.5 WTE	GP Advisor (until June 12 th 2020)	GP and SPIRE lead NSS
Kathy Kenmuir	0.5 WTE	General Practice Nursing Advisor	GPN Lead for NHSGGC
Catrin Evans	0.5 WTE	District Nursing Advisor	Senior Educator Practice Education North Region, NHS Education for Scotland
Charles Afuakwah	0.5WTE	Dental Advisor	Dentist, NSS Dental advisor
Trish Kennedy	N/A	PHS Service Manager	PHS Service Manager
Colin Murray	N/A	Project Support Officer	Project Support Officer
Membership from 20.7.20			
Name	WTE	Role	Substantive Job title
Kathy Kenmuir	1 WTE	Primary Care Cell Co-Lead, GPN Advisor	GPN Lead for NHSGGC
Trudy Foster	0.5 WTE	Primary Care Cell Co-Lead, GP Advisor	GP/FMLM Scottish Lead
Charlotte Leggatt	0.5 WTE	GP/GDP Practice Management Advisor	Specialist Lead, Dental PM Education, NHS Education for Scotland
Catrin Evans	0.5 WTE	District Nursing Advisor	Senior Educator Practice Education North Region, NHS Education for Scotland
Charles Afuakwah	0.5 WTE	Dental Advisor	Dentist, NSS Dental advisor
Trish Kennedy	N/A	PHS Service Manager	PHS Service Manager
Colin Murray	N/A	Project Support Officer	Project Support Officer
Lucy Munro	0.2 WTE	GP Advisor and cell mentor	NHS NSS AMD, GP

Appendix 2: Primary Care cell activity and interface with other cells

In this section we showcase the breadth and depth of the activity of the Primary Care cell and highlight how the cell interfaces with other HPS cells.

Enhanced Surveillance

The Primary Care cell has been actively involved in supporting the delivery of the enhanced surveillance programme within the primary care landscape. This has included support from 1 whole time equivalent (WTE) comprising of nursing and GP time.

The co-lead of the Enhanced Surveillance Cell outlines the benefit through this feedback: ‘The contribution of members from the primary care cell has been invaluable to several of our workstreams. The expertise from and the links to specific networks much improved the delivery of several enhanced surveillance programmes. These include: the considerable gain of bringing in an entire GP dataset for all of Scotland, the development of the vital measure of swab positivity which has enabled the lifting lockdown measures, and the ongoing advice and support of maintaining the vital community surveillance, which will enable vaccine safety and effectiveness in the future. The clinical advice we receive enables us to ensure we have the patient at the heart of any clinical surveillance programme. Given the constant landscape change, it is necessary for such collaborations to continue to ensure that surveillance programmes are well implemented, are efficient and are well accepted by the patient and the clinical community’.

Activity	Achievement	Future objective
<p>The Primary Care cell provides expert knowledge and experience of the primary care landscape, including:</p> <p>Informing the strategic direction of the enhanced surveillance programme in response to changes in the primary care service delivery model, and where activity within newly established Covid Assessment Centres (CACs) has both increased and decreased.</p> <p>Informing discussions around access to testing in primary care, in liaison with Scottish Government Primary Care Directorate.</p> <p>Informing clinical and operational risks of enhanced surveillance self-swab programme, including review of inclusion and exclusion</p>	<p>Within Enhanced Surveillance, Primary Care cell deliverables until the 21st June have been:</p> <ul style="list-style-type: none"> • Supporting Enhanced Surveillance with the development of Public Benefit and Privacy Panel application for data extraction from General Practice. • Coordinating data linkage and data extraction from GP surgeries and negotiating this with the Scottish General Practitioners Committee, the Royal College of General Practitioners and NHS Boards, in liaison with NHS NSS. • Supporting the enhanced surveillance community sampling programme by: 	<p>The Primary Care cell continues to liaise closely with the Enhanced Surveillance programme to be responsive to future needs as they emerge.</p> <p>It is anticipated that the Primary Care and Enhanced Surveillance cells will continue to work together to optimise data quality.</p>

Activity	Achievement	Future objective
<p>criteria, and reviewing accessibility of testing for all citizens.</p>	<ul style="list-style-type: none"> ○ Providing comment and direction in producing the programme protocols. ○ Jointly developed and produced media and written resources for the public as part of the self-swabbing programme. ○ Providing support to develop and produce scripts and FAQs for use in CACs. ○ Supporting the enhanced surveillance cell and PHS admin team respond to enquiries by acting as an additional point of contact. ○ Providing additions to NHS 24 call handler script regarding the community sampling programme. ○ Engaging in early discussions to assure future iterations of the programme and inform the role of primary care within this. ● Contributing to the development of SBARs on testing pathways, evolution of community testing, accessibility of testing and other reports from the enhanced surveillance cell 	

Contact Tracing

The Primary Care cell was actively approached to support several elements of the contact tracing programme. This has utilised approximately forty sessions to support this comprising of GP and nursing time.

Activity	Achievement	Future objective
<p>The Primary care cell have provided context and other information key to supporting delivery of contact tracing and how this interface with primary care.</p>	<p>Primary care cell deliverables until the 21st June have been:</p> <ul style="list-style-type: none"> ● Review of draft contact tracing guidance and resources to provide comment 	<p>As Contact Tracing continues to evolve, the Primary Care cell will continue to support their deliverables and continue</p>

Activity	Achievement	Future objective
<p>This has included:</p> <p>Liaising with Primary Care Leads in NHS Boards piloting the contact tracing. This involved the informal briefing of primary care in these Boards to enable the wider adoption of the programme as it was being established.</p> <p>Providing feedback on clinical scenarios and situations, to provide insight into the potential implications for the delivery of primary care services.</p> <p>Providing intelligence on primary care stakeholder engagement and involvement with the programme.</p> <p>Informing decisions on how results are handled, and responsibilities defined within the contact tracing process.</p> <p>Raising awareness of potential clinical governance issues in the development of the national contact tracing centre and highlighting areas of concern in the relationships and responsibilities between delivery partners.</p>	<p>and further material for addition to the frequently asked questions.</p> <ul style="list-style-type: none"> • Development of key deliverables of the Contact Tracing Educational Programme. This included slide sets, podcasts and simulated scenarios, and covered the introduction to the programme, call handling and difficult situations, public support and protection, challenging communication scenarios and effective handover of care. • Review of other educational materials for the programme. • Development of train the trainer materials for the programme facilitators and contributing to the facilitator’s education programme. • Supported Scottish Government CMO communications to GPs related to Test and Protect and Results Handling. 	<p>to inform the strategic development of this programme.</p>

Guidance

The Primary Care cell has consistently attended the Guidance cell daily meetings and have provided input into the relevant guidance documents. This has benefitted from a variety of sessions including Dental, Medical and nursing time.

Activity	Achievement	Future objective
<p>Primary Care cell have informed the evolution of Primary Care guidance throughout the COVID-19 response by:</p> <ul style="list-style-type: none"> • Ensuring content is relevant to service delivery in 	<p>Primary care cell deliverables until the 21st June have been:</p> <ul style="list-style-type: none"> • Review of all primary care guidance documents prior to publication. • Supported review of other guidance, including care home, social care 	<p>Future input will continue to support the development of guidance for primary care, and other documents relevant to primary care. The Primary Care cell will continue to facilitate requests as required from the guidance cell including answering</p>

Activity	Achievement	Future objective
<p>primary care and is inclusive of all primary care practitioners.</p> <ul style="list-style-type: none"> • Providing comment and suggested phrasing to improve comprehension and adoption of guidance. • Identifying gaps and concerns in guidance through stakeholder feedback and review. • Providing response and clarity to Guidance cell members around primary care operational issues. • Maintaining a proactive function to be able to anticipate and respond to changes in policy and have these translated into guidance in a timely manner. • Supporting future direction of guidance documents, including the formation of a unified primary care document. 	<p>and residential, and domiciliary care, and any other guidance as requested by Guidance cell, ensuring alignment and internal consistency across documents.</p> <ul style="list-style-type: none"> • Provided feedback on alignment of PHS guidance with other sources of guidance, including from Scottish Government, Public Health England and other professional bodies. • Supported with answering specific questions, including obtaining stakeholder feedback for changes to organisation of guidance, and addressing specific questions requiring read across of various HPS and non-HPS guidance documents. • Production of a palliative care SBAR. 	<p>specific questions and facilitating stakeholder engagement.</p>

Enquiries

Until recently, the Primary Care cell supported the operational delivery of the enquiries cell function. This required 0.5 WTE to support response to enquiries from public and professional sources.

Activity	Achievement	Future objective
<p>Primary Care cell actively supported the development of the Enquiries Cell, providing support and contribution to: Establishing the Standard Operating Procedure (SOP).</p>	<p>Primary care cell deliverables until the 21st June have been:</p> <ul style="list-style-type: none"> • Provision of 0.5 WTE for 12 weeks, focussing on primary care and clinical enquiries. 	<p>Due to a change in the Primary Care cell membership, the resource available to support operational delivery of enquiries cell has been lost.</p>

Activity	Achievement	Future objective
<p>Supporting leadership of the cell. Providing clinical expertise. Utilising connections to facilitate internal and external discussions to support response to enquiries and to influence development of external communications.</p>	<ul style="list-style-type: none"> • Provided specific advice around shielding and liaising between HPS and Scottish Government Shielding Policy Team. • Provided liaison between primary care, enquiries and guidance cells to inform ongoing development of relevant guidance. • Supporting joint meetings between enquiries, communications and guidance in response to complex enquiries. 	<p>Future work will be focused on supporting specific enquiries where primary care knowledge and experience would be beneficial.</p>

Appendix 3: Primary Care cell activity outside cell structure

National Procurement and Personal Protective Equipment

Prior to COVID-19, PPE was not widely used in all Primary Care settings, with the exception of dentistry. Therefore, there were no existing processes in place to measure demand nor distribute supplies.

Activity	Achievement	Future objective
<p>The Primary Care cell have successfully and effectively interfaced with NSS and particularly National Procurement.</p> <p>Provided clarity and reduced confusion over PPE by influencing stakeholder communications.</p> <p>Primary Care cell have led and supported the establishment of a national PPE Steering Group to bring together the four independent contracted services together with SG and NSS colleagues along with Health Board Primary Care colleagues and Health Board procurement teams.</p> <p>Primary Care cell provide the co-chair of this group.</p> <p>Utilising connections to facilitate internal and external discussions in relation to PPE use, demand and distribution.</p>	<p>Primary Care cell deliverables until the 21st June have been:</p> <ul style="list-style-type: none"> • Establishment of PPE Steering Group. The cell brought together representation from the four contractor groups (GP Practices, Dental, Optometry and Pharmacy) to provide a strategic overview for the supply, distribution and timely delivery of products. • Led the Primary Care PPE Steering and Interface group. • They have co-authored an SBAR around supply of PPE. • Contributed to modelling information. • Provided signposting for supply of PPE within guidance. • Coordinated delivery of PPE to practices in Scotland. • Attendance at the Primary Care Operations Group and weekly meetings with both Primary Care Clinical Leads and Primary Care Admin leads providing a communication pathway within the networks. • Advice and networking in relation to faulty products. • To date, an interim “push model” is in place providing a regular supply of PPE to Health 	<p>Future objectives include consideration of the demand for PPE in relation to</p> <ul style="list-style-type: none"> • the annual flu vaccination programme • any future covid19 vaccination programme, • the continuation of the childhood immunisation campaign • the remobilisation of the cervical screening programme • the remobilisation of long-term condition management <p>And consideration of longer-term sustainable options for the supply and continued distribution of PPE to Primary Care.</p>

Activity	Achievement	Future objective
	Boards for onward distribution to practices. The Steering Group is now working on longer term sustainable options.	

Community Supply of Oxygen

Activity	Achievement	Future objective
The Primary Care Cell supported NSS by providing strategic clinical leadership in the provision of oxygen supply for use in the community.	This resulted in the production of a clinical pathway for the use of oxygen in the community	Actively engage with key stakeholders and NSS to understand ongoing oxygen supply needs or issues as the landscape of remobilisation moves forward should it become necessary again.

Palliative Care

Activity	Achievement	Future objective
The Primary Care cell supported NSS by providing clinical leadership in the provision of palliative care pumps and consumables for use in the community.	The cell was instrumental in the establishment of a group with the remit for supporting provision of this equipment across the system using the NSS ethical framework to help guide decision making.	Continue to highlight any identified ongoing need and equipment provision which directly impacts on patient care

Education around guidance

Primary Care cell is well positioned to be able to provide detailed feedback and gap analysis for current guidance within the independent contractor groups and those working in the community.

Activity	Achievement	Future objective
The Primary Care cell has supported NES and HIS in the production of resources to help GP practices operationalise guidance and assess risk.	Primary Care cell deliverables until the 21st June have been: <ul style="list-style-type: none"> In collaboration with NES/HIS/SG, developed of a GP resource pack & FAQ. This provides tools to 	<ul style="list-style-type: none"> To update the FAQ on a regular basis to ensure currency.

Activity	Achievement	Future objective
<p>Engaged heavily with National and local nursing networks; both community and general practice nursing.</p> <p>Undertaken extensive communication and networking across the national primary care landscape</p> <p>Cell members provide feedback on areas omitted from current guidance, and difficulties in translating current guidance into operational delivery. Where gaps exist, members have identified the relevant authority to progress work to address these gaps, utilising educational and NHS Board contacts</p>	<p>help practices assess and manage the risks provided by COVID-19, re-emphasising PHS guidance and helping practices to operationalise guidance into workable practice processes.</p> <ul style="list-style-type: none"> • Direct delivery at several large-scale educational events via the practice manager network, where the Primary Care Cell have provided content, delivery and follow up resources in the form of FAQ and appropriate signposting. • The development of a community nursing newsletter that brings together the latest guidance and education resources from PHS and SG. Topics covered so far include <ul style="list-style-type: none"> • home visiting, • palliative and end of life, • looking after yourself and your team • what's new in guidance. • Primary Care cell have facilitated easy access to guidance for care homes through the community nursing network and have also provided guidance and support to the General Practice Network • There are now well-established connections between cell members and Scottish Government Primary Care, local Health Board Primary Care teams, dental practices, GP practices, the GPN network and the GP Practice Managers Network 	<ul style="list-style-type: none"> • To continue to support GP Practice Manager Webinars alongside NES, HIS and SG colleagues. • To continue to build networks to both gather intelligence and to provide advice, guidance and support.

Clinical Communications

The membership of the Primary Care cell reflects senior clinical leaders who have extensive professional networks and work across several national and territorial organisations.

Activity	Achievement	Future objective
<p>Primary Care cell members utilise their professional networks to gather and share information, answer enquiries and to signpost new services, functions or guidance as required.</p> <p>Primary Care cell members have regular contact with Primary Care Advisors at Scottish Government for medical, nursing, dentistry and practice management.</p>	<p>Specific communications and strategies which the Primary Care cell have influenced are:</p> <ul style="list-style-type: none"> • Letter from CMO regarding Test and Protect, and results handling • Communications from SG Primary Care Directorate on facemasks in healthcare settings, by providing feedback and linkages to produce a coordinated single communication to clinicians. • NSS communications to Health Board and practices regarding PPE distribution 	<p>Continue to engage and make progress with key stake holders</p> <p>As the cell progresses, ensure collaborative approach maintained</p>

COVID-19 Results into GP IT systems

Activity	Achievement	Future objective
<p>The primary care cell has ensured consistent national results handling advice for, and supported the technical aspects of COVID-19 PCR test results from the UK Government testing scheme</p>	<p>PCR tests are now available in the GP case record</p>	<p>Ensure patients have easy access to their information</p> <p>Continue to navigate the political sensitivities of data control and influence best outcomes for patient, practitioner and data intelligence</p>

Vaccination

Activity	Achievement	Future objective
<p>The Primary Care cell actively engaged the vaccination team at PHS to offer support and gain insight into the delivery plan for future vaccination services, particularly large-scale programmes such as influenza and COVID-19.</p> <p>Engagement with local territorial Boards and primary care contractors to understand whole system response and planning towards influenza/COVID vaccination campaign</p>	<ul style="list-style-type: none"> • Providing advice and constructive feedback to support the development of national policy and programmes. • Contributing to discussions that support national delivery of vaccination programmes. • Cross working with the PPE Steering Group to ensure that the modelling, supply and distribution of PPE to Primary Care meets with requirements of existing and any new vaccination programmes 	<p>Continue to be a valuable resource within what will be a significant organisational deliverable</p> <p>The cell will contribute, as required, with specific primary care operational advice and expertise.</p>

Re-mobilisation of Screening Services and Management of Long-Term Conditions

Activity	Achievement	Future objective
<p>Primary Care cell has been involved in discussions with SG modellers and other Primary Care colleagues in relation to the additional demands for PPE as a result of the restart of the cervical screening programme and long-term condition management within GP practices which primarily affects an increase in face to face contacts for GP nursing services.</p> <p>In addition, cell members have provided answers to queries and signposted colleagues to appropriate guidance, particularly around infection control and the increasing footprint into general practice.</p>	<ul style="list-style-type: none"> • Cross working with the PPE Steering Group to ensure that the modelling, supply and distribution of PPE to Primary Care meets with requirements of the remobilisation of existing screening programmes and long-term condition management. 	<p>Primary Care Cell will engage widely to across PHS and SG to influence the inequalities agenda particularly through the lens of long-term condition care and screening</p>

“Sampling for COVID-19” Educational Resource

Activity	Achievement	Future objective
Primary Care cell were asked to support HPS in providing national educational materials to instruct staff how to perform sampling for COVID-19.	The Primary Care cell provided clinical oversight and actively contributed during development and production of resources.	Continue to be a positive contributor to the education and learning agenda

Research

Activity	Achievement	Future objective
The Primary Care cell have provided primary care input into the report on morbidity and mortality in General Practitioners related to COVID-19.	Provided important context to the report and informed assumptions and limitations of data presented.	The cell will help inform the communication strategy including potential sensitivities associated with any data release.

Dental

Activity	Achievement	Future objective
<p>A high volume of enquiries and correspondence from the dental community to the Primary care cell resulted in the recruitment of a dental advisor.</p> <p>Dental advisor supports and influences the Dental Advisory Group to help develop relationships across PHS, NES, NSS, Scottish Government and the BDA amongst others. Provides important stakeholder feedback to inform the development and highlighted gaps such as interpretation of the AGP/ventilation proposals and gives an insight into the primary care setting</p>	<p>Reduced the uncertainty and confusion to ensure the end product is of value to the profession and to avoid unnecessary duplication, contradiction and confusion for General Dental Practitioners through</p> <ul style="list-style-type: none"> • Coordinate the production and signposting of guidance • Effective dissemination of accurate and relevant guidance • Positive collaboration with Scottish Government, SDCEP/NES and other bodies to review and translate guidance for dental services in Scotland. 	<p>The Primary Care cell will continue to provide dental support across PHS and NSS, supporting restart of services through development of guidance and exploring other roles in which dentistry could support the public health response, including working with enhanced surveillance and testing pathways.</p>

Activity	Achievement	Future objective
<p>Active attendance at the short life working group 'Control of aerosol when undertaking dental treatment.' which aims to provide guidance on ventilation and room requirements for dental hospitals, community dental clinics and general dental practice.</p> <p>Its membership and scope spans PHS and NSS ARHAI and HFS and are progressing to include all 4 devolved health administrations.</p> <p>Active advice on environmental cleaning and the provision of PPE to significantly inform future dental guidance.</p> <p>Active participant of NSS PPE Steering group</p> <p>Highlighting and exploring the financial stability of services, and the potential subsequent impact on dental healthcare inequalities.</p>	<p>This activity has resulted in discussions around workforce scenario modelling and the ongoing impact of COVID-19 on the future dental services.</p> <p>Highly visible through direct engagement with the dental community via the local dental committees</p>	

Care Homes

Activity	Achievement	Future objective
<p>The Primary Care cell have utilised their networks to provide insight into the care home environment and needs of staff group to support engagement and operationalisation of guidance.</p>	<p>Deliverables included:</p> <ul style="list-style-type: none"> • Signposting of guidance and education materials within networks like GP's, district nurses, CHEFs. • Review and comment on care home guidance and pocket guide. • Contributed to discussions to inform the development of workforce and workload templates for care homes and community nurse teams. 	<p>The cell will continue to make links with care homes and provide knowledge and expertise to support the future development of any guidance and resources.</p>

Appendix 4: Primary Care cell Key Stakeholders and Meetings

Key Stakeholders

Stakeholder	Details
Primary Care Directorate, Scottish Government	initially daily now twice weekly Initially weekly, now fortnightly Primary Care Clinical Leads meeting Weekly Primary Care Admin Leads meeting
Scottish GP Committee	Liaison as required
Royal College of General Practitioners	Liaison as required
Primary Care Leads, NHS Boards	weekly Primary Care Clinical Leads meeting Weekly Primary Care Admin Leads meeting
Practice Manager Network	links with NES direct delivery at monthly webinars particularly in relation to guidance relating to infection control and use of PPE
General Practice Nurse Networks	links with NES
Adult Community Nursing Network	Initially weekly SG meetings, now fortnightly. Also, via the nursing professional networks.
General Practices	Through weekly meetings with the Primary Care Admin leads and Scottish Government Primary Care directorate
Practice Managers	Via links with NES and the Practice Manager network and delivery at monthly webinars
General Practitioners	Informal using practices known to cell members, informally and formally through established networks
Optometry	Through SG liaison
General Dental Practitioners	Via regular meetings with the General Dental Advisory Group
Community Nursing	Initially via weekly SG meetings, now fortnightly. Also, via our nursing professional networks.
NHS Education for Scotland	Via links to NES and contributions towards webinars and educational programmes & materials. NHS Education for Scotland Care Home Education Facilitators (CHEF) forum.

Stakeholder	Details
Local NHS territorial Boards, COVID-19 assessment centres	Weekly COVID-19 Leads meeting
Chief Nursing Officer Directorate	Link directly with Professional Advisors (CNOD) for Nursing and Allied Health Professions. Attend COVID-19 Community Nursing Adults group.
Chief Dental Officer	
Clinical Directorate meeting, NSS	

Meeting structure

Members of the Primary Care cell attend a variety of core external to PHS COVID Cell response meetings. This list will evolve over time as the response moves through different stages and the needs of primary care change.

Meeting Name	Purpose
Morning and Evening Huddle, HPS	Gather information from other cells, provide update from Primary Care cell
Daily Update, National Procurement	
Primary care operations	Liaise with NHS 24, SAS, OOH services and Scottish Government
Daily Guidance meeting, HPS	Provide primary care input into Guidance Cell. Identify tasks for further development.
SG/NHS Boards COVID-19 Hubs Meeting	Gather information about primary care from CACs and Scottish Government
Primary Care Clinical Leads COVID-19 Meeting Primary Care Admin Leads	
National GPN Leads Meeting, Scottish Government Primary Care	Provide currency to Scottish Government and act through a positive feedback mechanism
Adult Community Nursing, CNOD	Provide whole system input into CNOD to support development activities
Enhanced Surveillance meetings	Provide primary care input into Enhanced Surveillance cell. 2 meetings PC – specific input and development role, ES oversight meeting – participate from primary care perspective
PPE National Steering Group	To provide a steer for the modelling of demand, supply and distribution of PPE to the four independent contractor groups (GMS, Dental, Pharmacy and Optometry)