Supporting General Practice in Recovery

June 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. As we plan for recovery and renewal across all NHS, many of the measures in that plan remain relevant and helpful. This paper sets out further steps for general practice for the recovery phase.

This approach will be kept under review as required in line with NHSGGC and national requirements for re-mobilisation and recovery plans, and ongoing sitreps.

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 is escalation Level 1. At this level all practices have continued 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 re 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.

9 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.

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 235 GP practices in NHSGGC.

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.

Patient demand for GMS services initially reduced substantially but is now returning. As restrictions relax patients are responding to national messaging that the NHS and GP practices are open and that people should seek medical help when required. This means that patients are contacting their GPs not only about new concerns but also about issues which they have delayed presenting for since the beginning of lockdown.

There have been increased demands for practices associated with identifying and supporting shielded patients, for prescribing, and for GP support and advice where other services are not currently operating within the NHS (acute and community) and third sector. The range of services which GPs can refer to has been significantly reduced during this time. The requirement for Care Home support has been significant particularly in homes where there have been outbreaks.

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 Extended Multi Disciplinary Team developed through Primary Care Improvement Plans supporting practices have in many cases been redeployed to support other priority services as part of the Covid19 response.

Additional local and national guidance and direction has influenced particular services, for example the suspension of national screening programmes.

Clusters have continued to meet and have been a valuable source of support. Buddying arrangements have been further developed and supported by eHealth enablers.

A number of GPs and practice staff have been unable to work face to face as a result of shielding or other high risk categories. Funding support has been in place for locum cover or additional hours where required.

3. Demand and Capacity during the next phase

In the next phase of the pandemic**,** General Practice and GP Out of Hours may experience changes in demand related to the following:

- Rising levels of demand to usual levels as social distancing restrictions are lifted
- Shielding (support to individual patients and home visiting)
- Catch up and prioritisation for interventions/treatments deferred or not taken up
- Patients with ongoing health needs related to Covid19 recovery
- Additional demand for issues people have not sought help for during lockdown
- Support/enquiries related to appointments cancelled or delayed
- Impacts of lockdown – e.g. mental health, addictions, mobility, domestic abuse, child protection
- New roles and requirements: testing, treatment, vaccine delivery
- 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
- Reinstatement of national screening programmes
- Support to Care homes
- Use of NHS Inform and online sources of advice for self care which has increased during the Covid19 outbreak may help to mitigate some of this.

Capacity and supply will 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

Flexibility will be required for escalation and response should there be subsequent waves of Covid19 either at national or local level.

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

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.

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.

- **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. This is most likely to be triggered by staff absence as a result of contact with positive cases. Buddying arrangements (including funding arrangements where necessary) will be key to supporting this.

Branch surgery closures for existing level 2 practices should be reviewed at the agreed review date.

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.

Requests will be responded to within 48 hours (24 hours for single handed practice).

- **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.

5. Dependencies and enablers

General Practice works as part of the whole system of care with critical relationships with a wide range of services. Key issues for the recovery phase include:

- Clear communication on changes to other services which practices refers to and works jointly with, including redesigned pathways which have been jointly developed through a collaborative primary secondary interface approach
- Clear timetable for return of PCIP multi disciplinary team members (subject to review as below) and review of ways of working across the team
- Ongoing support for new ways of working including eHealth and protected learning time
- Robust supply routes and quantities of PPE. Increase in practice activity is dependent upon assurance of current and future access to PPE, including future requirements in the event of a second wave of Covid-19 requiring PPE priority to dedicated Covid19 services
- Advice on social distancing, infection control and practice layout. This may include requirements for renovation and refurbishment in some practices.

- Continued engagement with practices and clusters
- Patient and public communication

6. Planning for recovery

Specific planning is taking place in the following areas to support recovery. This includes further review of ways of working and redesign to ensure that services are appropriate to patient need; reverting to previous models may not always be appropriate or possible.

- **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. Under the new contract CDM is a primary care activity not just a general practice activity.CDM for unstable and other priority cases has continued. The speed and manner in which routine reviews can be re-commenced will influenced by a range of factors including availability of supporting services, further advice on risk stratification and prioritisation and opportunities for redesign supported by virtual consultations, home monitoring and support for self management. The full opportunity to increase MDT contribution to CDM through new ways of working prompted by Covid should be grasped. Quality Improvement in CDM post COVID will be a key focus for clusters.

- **Primary Care Improvement Plans** and extended Multi Disciplinary Teams. Extended multi disciplinary teams are being introduced across practices in NHSGGC in a three year programme from April 2018 linked to the delivery of the new GMS contract. Primary Care Improvement Plans set out the timescales for meeting these key commitments. An early priority is to confirm the return of existing MDT staff to practices to support core GMS work; a review of PCIP delivery, ways of working across practices and priority areas will also be key to delivery of short and longer term GMS services, including pharmacotherapy expansion and redesign, community phlebotomy and mental health

- **Whole system working and interface**. There are long established interface arrangements in NHSGGC which are being strengthened as part of the recovery process 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.

- **Flu Immunisation.** Flu Vaccination is currently carried out primarily by general practices for the adult, over 65 and at risk categories. Whole system planning for delivery has started to meet expected demand (including any changes to eligibility and uptake) in the context of constraints on face to face contact, social distancing and requirements for PPE.

- **Screening**. GP practices are responsible for delivery of cervical screening. Planning is in place for the restarting of national screening programmes through a phased approach focusing on the non-routine recalls in the first instance prior to recommencing routine invitations. Consideration is being given nationally to capacity in the system and the possible need to identify additional capacity outside general practice to allow the necessary catch up.
- **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.

Annex A
Level One (June 2020)

The NHS Board will:

- Defer all non-urgent visits to practices, specifically 17c and Payment Verification visits. For a period of up to 6 months subject to further review. To be reviewed in September 2020.
- 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). Completed for 2019/20, to be reviewed for 2020/21

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

The table below summarises practice activity and priority at Level 1, as at June 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
• 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
• 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	Prioritise recommencement using telephone and virtual assessment NB some dependence on other services including access to phlebotomy services
	Clinical priority
• Minor Surgery/Cryotherapy	Urgent cases. Further guidance on reinstatement tbc
• 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.
• 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