

Item: 8.3

Report to:	Primary Care Commissioning Committee
Date of Meeting:	24 th April 2020
Title of Report:	COVID-19 AND PRIMARY MEDICAL CARE SERVICES
Presented by:	Phil Davis, Strategic Lead - Primary Care, Hull CCG Nikki Dunlop, Head of Commissioning, Integrated Delivery, Hull CCG
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STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to provide the Primary Care Commissioning Committee with assurance in regard to the provision of primary care medical services in the context of the COVID-19 pandemic.

RECOMMENDATIONS:

It is recommended that the Primary Care Commissioning Committee:

- note the contents of this report and
- be assured on the management of COVID-19 by primary medical care services.

REPORT EXEMPT FROM PUBLIC DISCLOSURENo Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE *(See guidance notes on page 4)*

Integrated Delivery

The updates contained within this report support the CCG objective of Integrated Delivery through the development of primary care medical services

IMPLICATIONS: *(summary of key implications, including risks, associated with the paper),*

Finance	Financial implications where relevant are covered within the report.
HR	HR implications where relevant are covered in the report.
Quality	Quality implications where relevant are covered within the report
Safety	Safety implications where relevant are covered within the report.

ENGAGEMENT: *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

None

LEGAL ISSUES: *(Summarise key legal issues / legislation relevant to the report)*

None

EQUALITY AND DIVERSITY ISSUES: (summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). **All** reports relating to new services, changes to existing services or CCG strategies / policies **must** have a valid EIA and will not be received by the Committee if this is not appended to the report)

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION: (How the report supports the NHS Constitution)

The report supports the delivery of the NHS Constitution as the commissioning of primary care services will aid in the delivery of the following principles, rights and NHS pledges:

- 1) The NHS aspires to the highest standards of excellence and professionalism
- 2) NHS works across organisational boundaries and in partnership with other organisations in the interests of patients
- 3) Quality of care
- 4) You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide.

COVID-19 AND PRIMARY MEDICAL CARE SERVICES

1 INTRODUCTION

The purpose of this report is to provide the Primary Care Commissioning Committee with assurance in regard to the provision of primary care medical services in the context of the COVID-19 pandemic.

2 GOVERNANCE OF INCIDENT – PRIMARY CARE

A Hull and East Riding incident management structure was put in place in response to the incident. In respect of primary care services the key group established to manage the incident and which has a weekly call is:

Hull & East Riding COVID-19 TCG (Primary Care)

Membership:

- CCG Primary Care Leads
- CCG Chairs and Medical Team
- PCN Clinical Directors x 12
- Primary Care Operational Leads
- Primary Care COVID19 Leads
- Local Medical Committee

Function:

- Formulation and coordination of primary care response to national guidance
- Primary Care SITREP Oversight
- GP - Out of Hours
- NHSE liaison
- Escalation to TCG
- Operational support for TCG(s)
- Liaison with GP practices
- IPC advice and guidance (if required)

In addition to the TCG there is a Primary Care Resilience Group which has bi-weekly calls and is focused more on operational issues. Membership consists primarily of the two CCG primary care teams.

For the overall incident management structure please see Appendix 1.

A single mailbox is available for any queries from practices in relation to COVID-19. A rota of Hull and East Riding primary care team staff is in

place to cover the inbox and respond directly to queries or seek the information required from the appropriate source.

A daily COVID-19 update bulletin which pulls together all relevant information and guidance is also collated and sent to all practices.

3 NHS England and NHS Improvement guidance

Briefing: Primary care providers and the coronavirus (COVID-19): 18/03/20

The first briefing on coronavirus from NHS England and NHS Improvement (NHSEI) was published on 18th February. It was recognised that COVID-19 was placing a new and increasing challenge on practices, and this will be an area of concern for you, your teams and your patients. It confirmed that NHSEI was continually refining plans for the outbreak, working with key partners, drawing on lessons learned from previous incidents, and listening to feedback received on emerging COVID-19 issues.

Key resources were shared:

- To help prioritise work and manage increased pressure on the workforce,
- models to care for vulnerable and self-isolating members of the public and staff
- approaches to temporarily increase workforce capacity.
- practices were advised to change online booking of face to face appointments to booking of telephone/video triage appointments.

Preparedness letter 1: 05/03/20

The first preparedness letter updated on the briefing and Standard Operating Procedures for primary care were published (these were subsequently updated on 06/04/20).

The letter also provided advice on:

- remote working – digital working, online and video consultations
- separating of patients with COVID-19 symptoms and those without
- management of face to face appointments, home visiting,
- collaboration between practices and within Primary Networks to support resilience,
- NHS 111 triage and the COVID-19 Clinical Assessment Service,
- shielding of patients, infection control and advice on prioritisation of workload

Preparedness letter 2: 10/03/20

The second preparedness letter provided information on:

- the COVID-19 Home Management Service,
- online consultations, remote triage and video consultations.
- a review of the broad spectrum of GP services to assess how additional capacity may be released if required.
- remote review of patients with long term conditions deemed to have met requirements of Quality and Outcomes Framework if coded appropriately.
- Guidance on death certification process.

Preparedness letter 3: 19/03/20

The third letter detailed service implications and priorities for general practice. All practices and commissioners were asked to focus on six urgent priorities:

- Move to a total triage system
- Agree premises to be used for management of essential face:face services
- Undertake all care that can be done remotely via appropriate channels
- Prepare for a significant increase in home visiting
- Priorities support for particular groups of patients at high risk
- Help staff stay safe and at work, building cross-practice resilience

A number of arrangements to free up capacity and protect income were put in place:

- Routine CQC inspections cancelled
- Practices asked to stop private work
- Funding to practices to continue in 2020/21 at the same rate as would have been case if continued to perform at the same levels as at the beginning of the outbreak – this includes QOF, DES and local Extended Primary Care Medical Services.
- Network DES
 - The Structured Medication Review and Medicines Optimisation Service Specification postponed until October 2020
 - The requirements of the Enhanced Health in Care Homes Specification to remain as currently timetabled
 - Early Cancer Diagnosis Specification work should commence unless work to support COVID-19 response intervenes
 - Defer introduction of Investment and Impact Fund until second half of 2020/21 (investment will not be lost to PCNs)
 - PCN workforce plans delayed until 31 August 2020

A further set of activities were identified for practices to consider suspending if necessary to free up capacity for the COVID-19 response – these included:

- New patient reviews
- Over 75 health checks
- Annual patient reviews including under QOF
- Routine medication reviews
- Clinical reviews of frailty
- Engagement with and review of feedback from Patient Participation Groups
- PCN clinical directors may delegate some functions to non-clinicians

Local commissioners were also recommended to consider suspending:

- Local incentive schemes and enhanced services (EPCMS) and national pilots
- Local audit and local assurance activities
- Other local data collections

Preparedness letter 4: 14/04/20 April

The fourth letter confirmed the GMS & PMS Regulations, and APMS Directions, had been amended to formalise the arrangements announced in preparedness letter 3 dated 19 March 2020 to free up capacity in general practice:

- enable NHS England and NHS Improvement to suspend specific terms of the GP contracts during a pandemic with the agreement of the Secretary of State
- temporarily amend the definition of “core hours” so that it may include Good Friday and Easter Monday and bank holidays.
- increase the minimum number of appointments that practices must make available for 111 direct booking - until 30 June 2020, all practices in England must make available a minimum of 1 appointment per 500 patients for direct booking from 111.

In addition the letter confirmed the Network Contract DES for 2020/21 had been published alongside a cover note and associated guidance.

These are available at:

<https://www.england.nhs.uk/gp/investment/gp-contract/>.

NHS immunisations

The letter also confirmed that it was important for practices to maintain good vaccine uptake and coverage for the routine immunisation programme. Practices were advised to prioritise vaccines for babies, children and pregnant women; and not to offer opportunistic shingles

vaccination for over 70 year olds unless the patient was in the practice for another reason.

Child health surveillance

Practices were also advised that the Newborn and Infant Physical Examination (NIPE) infant check can be delayed until 8 weeks of age to coincide with the first primary childhood immunisations so they can be done in one visit.

Other actions to minimise workload on practices were as follows:

- Submission of Friends and Family Test data suspended
- A 'pause' of the NHS complaints process although health care providers can operate as usual regarding management of complaints
- List reconciliation suspended but new patient registrations still to be processed
- Calculation of QOF 2019/20 payments to be made as usual but analysis to be undertaken to understand impact of COVID-19 and adjustment where practices earned less than 2018/19 as a result of COVID-19 activities
- Confirmation that there are provisions under the Regulations to delay providing access to full historic patient records.

NHS England and NHS Digital - shielding

The group at highest clinical risk of mortality and severe morbidity from COVID-19 is being asked to shield, stay at home and avoid face to face contact for a period of 12 weeks.

A letter to general practices on 09/04/20 confirmed the three parts to the work:

- Part 1: Nationally held data was used to identify patients, based on criteria agreed by the United Kingdom Chief Medical Officers
- Part 2: Primary care data extracted centrally to identify additional patients, based on the same clinical criteria
- Part 3: Hospital specialists (a) and GPs (b) adding or subtracting individual patients from the register

and a request to general practice to support the work to ensure all relevant patients have been given essential advice on shielding – specifically:

1. Reviewing individuals identified nationally through the clinical algorithms (Parts 1 and 2)
2. Reviewing individuals identified nationally by secondary care providers (Part 3a)

3. Adding flags for individuals general practice knows to be vulnerable (Part 3b)
4. Reviewing individuals self-identified as vulnerable.

1-3 was requested to be completed by 14/04/20 and 4 by 28/04/20.

4 CCG Assurance

4.1 Practice and PCN situation reporting

To provide CCG assurance and to monitor the impact of the COVID-19 pandemic on delivery of primary care services, a daily situation report (SITREP) has been developed. The SITREP covers all 33 practices across Hull (and all practices in East Riding of Yorkshire CCG) and reports their current situation at practice and PCN level.

The key area of focus of the SITREP is workforce and an initial baseline confirming site utilisation. However practices and PCNs can raise any issues that affect the delivery of their services, for example availability of personal protective equipment (PPE).

The SITREP is completed every day by 12pm by either the Practice Manager, nominated lead within the PCN or CCG Link Manager. The PCN level SITREP is then uploaded onto the NHS Futures Collaboration Platform where a consolidated SITREP is created for the whole city (and a consolidated report for East Riding of Yorkshire CCG practices).

Overall a RAG rating is completed by the practices as follows:

<p>Green – No concerns, expecting challenges but confident contingency plans can be effective</p>	<p>Amber – Contingency plans currently adequate however close to not being able to meet essential demands</p>	<p>Red – Concerns about being able to meet essential demands safely</p>
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To date the vast majority of practices have self-report as Green with a couple of Ambers which have in the main subsequently reverted to Green. An update of the latest available position will be provided at the meeting.

Where issues are identified, the CCG Link Managers contact either the individual practices or nominated lead within the PCN to provide support to resolve.

Access to the NHS Futures Platform has been given to:

- All practices managers and nominated leads for the PCNs
- CCG PCN Link Managers
- Key managers within the CCG
- LMC
- Clinical Directors of the PCNs

The SITREP was used to confirm practice arrangements for the Easter period and it should be noted that all practices across the city have engaged in completing the SITREP on a daily basis including Good Friday and Easter Monday and the CCG would like to thank them for their continued efforts in completing this during this difficult time.

Practices are able to make claims for costs associated with opening on Good Friday and Easter Monday. A single claim process across Hull and East Riding of Yorkshire CCG practices has been put in place with claims due by 5 May 2020. The process also allows for claims by GPs for work undertaken over the Easter weekend in relation to the shielding requirements set out in section 3 of this paper.

4.2 Practice and Primary Care Network Hot and Warm sites

In response to the COVID19 pandemic, Primary Care has been required to adapt their delivery model in order to provide resilience due to a reduced workforce, whilst ensuring the safety of both their patients and practice staff. This has resulted in the closure of some branch sites across the city and the establishment of “hot” and “warm” sites.

Branch Site Closures

Where practices have endured staffing issues due to “shielding” or “self-isolation”, to ensure that a primary care service can still be delivered, they have consolidated their workforce resulting in the closure of some branch sites. This has also allowed practices to divert their resource, where necessary, to support COVID19 activities. These decisions have not been taken lightly and practices have ensured that both patients and commissioners have been kept informed. The practices concerned have taken the necessary actions to ensure continued delivery of services i.e. transfer of telephone systems, changes to the Directory of Services (DOS).

For information, the following GP practices in Hull have temporarily closed their branch sites during the COVID19 pandemic:

Branch closures as at 20 April 2020

Practice	Site Closure	Comment
East Hull Family Practice	Park Health Centre	Patients diverted to Longhill & Morrill Street
Kingston Health	Park Health Centre	Patients diverted to Wheeler Street
St Andrews Group	Newington	Patients diverted to Elliott Chappell
CHCP - City Centre Practice	Riverside	Patients diverted to City Centre Practice (The Quays)
Haxby Calvert & Newington	Calvert	Patients diverted to Newington
CHP Southcoates	Marfleet Lane	Patients diverted to Southcoates

Hot and Warm/Cold sites

All practices across the city are now operating a telephone triage system to screen patients prior to offering a telephone, video or face to face consultation. All patients are being discouraged from walking into surgeries and are being asked to either ring or contact the practice online. All admin related queries are also being dealt with over the telephone or online to reduce face to face contact i.e. prescriptions.

For those patients that require a face to face consultation, following telephone or online triage, they are offered an appointment at either a “hot” or “warm” site.

Hot Sites

A “hot site” will manage patients requiring face to face assessment, either because of illness / complications related to suspected/confirmed COVID-19 or due to other long term conditions in the presence of suspected/confirmed COVID-19.

Patients with possible COVID-19 symptoms are being triaged into one of three categories:

1. Those patients with mild symptoms who are able to self-isolate in their normal place of residence without additional input;
2. Those patients with severe symptoms who need to be admitted to hospital through ED; and
3. Those patients with moderate symptoms who need face-to-face assessment to decide whether they fall into the group who could

remain in their normal place of residence, or need admission through ED.

Those patients who fall into Group 3 above will be referred to as “Hot Patients”.

Hot patients who require a face to face consultation with a clinician are either being visited in their own place of residence or for those who have available transport and are able to travel, are being asked to attend dedicated hot sites.

A number of dedicated hot sites have been established across the city and have put in place necessary processes/protocols to deal with hot patients. For example: patients are allocated appointments and given instructions on how to access the building. This may be via an intercom service or the patient is asked wait in the car until collected by a member of the practice team. These processes/protocols ensure that patient contact is kept to a minimum with the practice team and with other members of the public.

Warm Sites

There will also still be a need for face-to-face assessments of some patients who are unwell and do not fulfil the case definition for COVID-19, but based on the most recent guidance would still be considered as a transmission risk; for the purposes of this document the sites where they will be seen will be referred to as “warm sites”.

A warm site will manage patients requiring face to face assessment either because of illness / the management of long term conditions including e.g. DMARD bloods (which cannot be delayed) or require appropriate investigations to clarify significant diagnoses **without** the presence of COVID-19 symptoms.

Where practices are seeing both hot and warm patients within the same building, they have established “hot clinics” which operate under the same processes/protocols as described above.

It should be noted, that as per the Primary Care Preparedness - Letter 3, practices are only carrying out face to face consultations with those patients where it is deemed as “essential” both in hot and warm sites.

Table 1 below shows the hot and warm sites that have been have been/currently being established. For ease the table has been split into the 5 Primary Care Networks.

Table 1 - Hot and warm sites - correct as of 20 April 2020

PCN	Practice	Hot site	Warm site	Comments
Symphonie	Wolesley Medical	*Wilberforce Health Centre	Wolesley Medical Centre	These practices are working together to triage patients and divert to either hot or warm sites.
	Wilberforce Surgery	<i>As above</i>	<i>As above</i>	
	The Hastings Medical Centre	<i>As above</i>	<i>As above</i>	
	Clifton House	<i>As above</i>	<i>As above</i>	
	Dr Nayar	Dr Nayar	Dr Nayar	Operating as both
	The Oaks Medical Centre	The Oaks Medical Centre	The Oaks Medical Centre	Operating as both
	The Avenues Medical Centre	The Avenues Medical Centre	The Avenues Medical Centre	Operating as both
	Sydenham Group	Elliott Chappell Health Centre	Elliott Chappell Health Centre	Operating as both - working with Bridge Group and St Andrews Group.
Bevan	James Alexander Practice	Currently using a "hot team"	Bransholme Health Centre	<p>This site is being established in a phased approach.</p> <p>Phase 1 - A hot visiting team has been established who are visiting patients or carrying out assessments within the car park at the Alf Marshall Community Centre. Bransholme Health Centre is used as a "base only" for these staff.</p> <p>Only warm patients are currently being seen at Bransholme Health Centre.</p> <p>Phase 2 - Hot and Warm Site - If activity increases and the team needs to expand, clinical rooms within Bransholme Health Centre have been identified to bring patients in. A mobilisation plan is in place should Phase 2 need to be enacted.</p>
	Dr Hendow	<i>As above</i>	<i>As above</i>	
	Goodheart Surgery	<i>As above</i>	<i>As above</i>	
	Goodheart Surgery (Dr G)	<i>As above</i>	<i>As above</i>	
	Northpoint Medical Practice	<i>As above</i>	<i>As above</i>	
	Dr Raut Partnership	<i>As above</i>	Highlands Health Centre and Sutton Park Surgery	
	Princess Medical Centre	<i>As above</i>	Princess Medical Centre	
	Dr Jaiveloo	<i>As above</i>	Laurbel Surgery	
Orchard 2000	<i>As above</i>	Bransholme Health Centre - Orchard Health Centre		

Modality	Modality Partnership	*Alexandra Health Centre & *Diadem Medical Practice	Newhall Surgery and Springhead Medical Centre	
	Dr Cook	Fieldview Surgery	Fieldview Surgery	Operating as both
	Delta Healthcare	Park Health Centre	Park Health Centre	Operating as both
	Kingston Health Hull	Kingston Health - Wheeler St	Kingston Health - Wheeler St	Operating as both
	St Andrews Group	Elliott Chappell Health Centre	Elliott Chappell Health Centre	Operating as hot and warm site - working with Bridge Group and St Andrews Group
Medicas	East Hull Family Practice	*EHFP - Victoria Dock	Longhill Health Centre & Morrill Street Health Centre	Hot site open as and when required
	Marfleet Group Practice	*MGP - Hauxwell Grove	Marfleet Group Practice	Hot site open as and when required
Nexus	Haxby Group Practice - Kingswood & Orchard Park	*Kingston Medical Centre	Kingswood Health Centre and Orchard Health Centre	Operating hot site at PCN level.
	Haxby Group - Burnbrae	<i>As above</i>	Burnbrae Medical Practice	
	Haxby - Calvert & Newington	<i>As Above</i>	Newington Health Centre	
	CHCP - Citycentre	<i>As above</i>	City Centre Practice (The Quays)	
	CHP Ltd - Bransholme	<i>As above</i>	CHP - Bransholme Health Centre	
	CHP Ltd - Southcoates	<i>As above</i>	CHP Southcoates	
	CHCP - East Park	<i>As above</i>	Park Health Centre	
	Sutton Manor Surgery	<i>As above</i>	Sutton Manor Surgery	
	Bridge Group Practice	Elliott Chappell	Elliott Chappell	Working with St Andrews Group and Sydenham Group Practice

*denotes dedicated hot site only

4.3 Practice utilisation of online and video consultation

As detailed in agenda item 7.1 at the end of March 2020 28 of the 33 practices in Hull were offering online consultations and the remaining 5 have plans for implementation imminently.

In relation to video consultation accuRx has been installed in all practices. Currently 31 practices are utilising video consultations with 2 practices due to once they have been able to access the necessary laptop and webcam hardware – this is expected to be resolved by 24/02/20.

4.4 Extended Primary Care Medical Services

In light of the pandemic response the move to commission Extended Primary Care Medical Services from PCNs rather than practices has been deferred for a minimum of 6 months. National guidance regarding remuneration is being followed.

5 RECOMMENDATION

It is recommended that the Primary Care Commissioning Committee:

- c) note the contents of this report and
- d) be assured on the management of COVID-19 by primary medical care services.