

# General Practice Response to the Covid-19 pandemic

Primary Care Commissioning Committee – 19 June 2020

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# Introduction

- In the context of the pandemic, general practice has had to make significant changes to its operating model in order to maintain provision of urgent, same day, essential and routine care for the population of Norfolk and Waveney.
- Increased patient need, reduced staff numbers and the need to separate face-to-face consultations for patients with symptoms of Covid-19 from other patients has required new ways of working in primary care and community settings.
- Norfolk and Waveney practices have been flexible and dedicated in their response, while dealing with increased staff sickness, including staff vulnerable or shielding having to work at home
- The CCG has also responded to this new and agile way of working by establishing a primary care 'cell' under the leadership of Mark Burgis, Locality Director.

# Our phase 1 operational response (i)

- **Supporting rapid discharge of patients to the community**
- **Effective communications and support:**
  - We established a single point of contact for general practice in response to the Covid-19 pandemic. The PCIR (primary care incident response) has a generic email and emergency contact details for practices, both in and out of hours.
  - We established and continue to send out regular Covid-19 FAQs to general practice providing signposting to latest local and national information, guidance and advice.
- **Hot sites and zoning:**
  - In some localities/ PCNs, practices have opted to work together to provide a 'hot site' to ensure complete separation of Covid symptomatic patients, whereas other PCNs/ practices have opted for the zoning model where the practice works purely within its own estate/ registered list.
  - We continue to monitor the situation closely maintaining regular contact with practice leads and PCN Clinical Directors. Within the current configuration each locality maintains a contingency for stepping up capacity and support in the event of a second peak of positive Covid cases.
  - Practices provide daily sit-rep, covering: daily emergency contact details, staffing position, request for support, deep cleans in last 24hrs, any matters to escalate for decision.

*Table 1 on the following slide provides a summary of the current configuration of zoning/ hot sites across Norfolk and Waveney:*

Locality	Current Configuration
<b>North Norfolk</b>	<p>Hot site: Aylsham Health Centre</p> <ul style="list-style-type: none"> <li>- All practices are using this site with the exception of Wells and Brundall where the distance is too far so they will zone in their practice.</li> <li>- The clinical directors are keen to maintain the hot site particularly as normal workload increases, however the position will be reviewed every four weeks in line with demand and circulation in the community. It is envisaged the site will not be stood down until COVID-19 is no longer an issue</li> </ul>
<b>South Norfolk</b>	<p>Hot sites:</p> <ol style="list-style-type: none"> <li>1. Thetford Healthy Living Centre</li> <li>2. Orchard Surgery (Dereham)</li> </ol> <ul style="list-style-type: none"> <li>- Hot site at Orchard Surgery for Dereham town centre patients -separate area and entrance. Zoning in place at more rural practices</li> <li>- SNHIP – zoning in all practices using branch sites where appropriate. Covid plan splits the PCN into north and south to manage patients over the geography.</li> <li>- Ketts Oak – zoning within practices with identified ‘buddy’ cover between practices</li> </ul>
<b>Norwich</b>	<p>Hot sites:</p> <ol style="list-style-type: none"> <li>1. Roundwell Medical Centre (Costessey) (closed on 29.05.20)</li> <li>2. Lionwood Medical Practice (near Thorpe).</li> </ol> <ul style="list-style-type: none"> <li>- Zoning is happening in places already, such as in the Walk in Centre. All practices doing telephone and/or online triage and consultation. For those respiratory appointments may be offered later in the day to assist with cleaning and managing risk etc.</li> </ul>
<b>GYW</b>	<p>Hot sites:</p> <ol style="list-style-type: none"> <li>1. Phoenix House (Great Yarmouth)</li> <li>2. Crestview Surgery (Lowestoft)</li> </ol> <ul style="list-style-type: none"> <li>- Arrangements also in place at Beccles Medical Centre (South Waveney) and Sussex Road (Gorleston)</li> <li>- All practices have implemented zoning</li> </ul>
<b>West</b>	<p>The West Norfolk hot site, based at Southgates Medical Practice (King’s Lynn), was operational from 28.4.20. All West Norfolk practices had access to this hot site however, due to low activity and an issue with the medical practice’s insurance provider no longer providing Covid specific insurance, the decision was made to close the hot site on 29.5.20.</p> <p>There is agreement for the Home Visiting Team (which has now been relocated from Southgates to Terrington St Clements) to continue in West Norfolk for the next three months. The initial model had a paramedic and GP on shift everyday working together, however from 8.6.20 the paramedic and GP are being split in order to increase capacity and the daily appointments available will increase from four to ten.</p> <p>Practices are now reviewing their business continuity plans which will include consideration by each PCN as to their arrangements for suspected/diagnosed covid-19 patients in phase 2/3 that require face to face appointments as a number of practices are operating zoning.</p>

# Our phase 1 operational response (ii)

- **Practice opening on public holidays**

- All practices opened fully on Good Friday, Easter Monday and for the morning on early May Day

- **Provision of PPE**

- We formed a PPE cell to support general practice in obtaining PPE suitable for their needs using redeployed CCG staff
- Practices now complete a weekly return on stock levels which also enables them to order stock for the following week

- **Implementing remote working, social distancing and staff risk assessments**

- As part of our Covid-19 response to improve physical capacity within primary care to account for social distancing and donning and doffing of PPE, we implemented a light-touch process to approve and record additional relevant expenditure in respect of additional staff payments, cover for bank holiday working, and provision of PPE.
- We have sign posted practices to guidance on carrying out risk assessments for staff including a risk reduction framework for BAME staff.

# Embracing technology and digital solutions



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- We have supported our practices to operate a total triage model, of which 100% of practices are operating.
- All practices have access to an online consultations system; 76 out of 105 practices use the procured system and others are offering total triage via telephone, email or the clinical system app or messaging.
- We have supported practices with the roll out of new hardware including webcams and headsets to support the ability of practices to deliver video consultations.
- Practice websites and phone messages give clear instructions on how to access services, and in the case of those using the online consultations system, FootFall, the OCS is the website and navigation is clear.
- Implementation of Covid Protect system across localities to support the management of shielded and vulnerable patients

# Our phase 2 operational response (i)

- **Effective implementation of Business Continuity Plans:**

- We have developed local guidance on developing BCPs following publication of the revised GP SOP recently and also the national Test and Trace programme.
- The guidance supports practices with refreshing plans and carrying out risk assessments

- **Infection Prevention Control:**

- Through our regular FAQs cascade to practices we continue to provide signposting to the most up to guidance on IPC. We have also implemented a FIT testing programme which we are encouraging our practices to take up, we have allocated two hundred appointments for practices that have expressed interest so far.

# Our phase 2 operational response (ii)

- **Commissioning support for care homes**

- 104/105 practices have signed up to a locally commissioned service to provide proactive primary care services to care homes
- The service includes a weekly check-in, aligning homes to a practice or PCN, medication reviews and process to develop care and support plans for residents.

- **Medical support to community discharge beds**

- Arrangements have been put in place in North Norfolk and Great Yarmouth and Waveney to provide primary medical services to community discharge beds as required to enable people to receive care when they no longer need to be in hospital but before they return home
- Some of these beds were occupied by Covid positive patients



# Planning for phase 3 (i)

- As we move into the next phase of response and start to plan for Phase 3, we must consider what the requirements will be of general practice and how this will impact on the current configuration.
- We understand the priorities for primary care will potentially have an impact on primary care estate whether it be used for face to face activity or administration work.
- There will be a significant focus on stepping up pro-active, routine and preventative activities such as vaccinations, immunisations and screening, as well as continuing to support care homes by working collaboratively within PCNs to deliver Enhanced Care in Care Homes.
- As we support practices to return to 'normal' levels of activity, we expect this activity to be managed increasingly through a virtual approach. While generally more efficient for the delivery of patient care, there is increased demand for support of staff working remotely which will impact on GP and management time. General practice expects to maintain a total triage system.
- The need to increase home visiting (e.g. for shielded patients) and care home support is likely to impact significantly on demand in general practice. There will also be an element of 'catching up' on QOF, screening and immunisations, LD health checks and LCS work.

# Planning for phase 3 (ii)

- **Workforce planning:**

- We are scaling up plans to recruit roles from the Direct Patient Contact workforce group e.g. social prescribers, paramedics, community pharmacists and mental health workers to help fill some of the clinical capacity issues and the administration workforce as we reinstate non urgent work.
- We continue with local plans to recruit and retain GPs and nurses

- **Impact accessing capacity and forecast demand:**

- Work is under way to impact access capacity and forecast demand. While we work closely with primary care colleagues at PCN and 'Place level' to determine optimum configuration of primary care estate for reinstating routine care.

# Next steps

- The coming weeks are vital for the development of our strategic plan and response to the NHS England April 29 letter.
- We continue to work closely with primary care colleagues at PCN and 'Place level' to determine optimum configuration for reinstating routine care.
- We will focus on continuing to improve links between secondary care and general practice as hospitals plan their return to routine service delivery
- It is essential that across our primary care services we remain agile and able to flex provision as the situation and demand dictates.
- We also understand that closer working with partner organisations across health and social care is necessary to stratify and proactively provide care for high-risk patients with ongoing care needs, to ensure appropriate ongoing care and support plans are delivered through multidisciplinary teams.