

Title of Meeting:	PCCC			Agenda Item: 6.3								
Date of Meeting:	23 July 2020			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>	Session (Tick)		Public	X	Private		Development Session	
Session (Tick)												
Public	X											
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Development Session												
Paper Title:	Primary Care Report											
Responsible PCCC Member Lead Dr Bruce Willoughby GP Lead and Governing Body Member		Report Author and Job Title Andrew Dangerfield Head of Primary Care Transformation										
Purpose (this paper if for)	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td>X</td> <td></td> </tr> </table>				Decision	Discussion	Assurance	Information			X	
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		X										
Has the report (or variation of it) been presented to another Committee / Meeting? No If yes, state the Committee / Meeting: No.												
Executive Summary This paper describes the significant response from primary care and GP Practices as a result of the Covid pandemic and guidance from NHS England. It includes the changes to the primary care operating model, new ways of working and the use of technology to support patients. It also outlines some of the work being undertaken towards recovery and a gradual increase in routine demand.												
Recommendations The Primary Care Commissioning Committee is being asking to: Note the contents.												
Monitoring Monitoring is through the Director of Strategy and Integration.												
Any statutory / regulatory / legal / NHS Constitution implications		No										
Management of Conflicts of Interest		No conflicts of interest have been identified prior to the meeting.										
Communication / Public & Patient Engagement		N/A										
Financial / resource implications		Any financial impact is managed through the Covid Expenses reimbursement scheme										
Significant Risks to Consider		None										
Outcome of Impact Assessments completed		N/A										

Quarterly Report on NY CCG Primary Care 23 July 2020

Introduction:

This quarterly report for Primary Care provides assurance and updates on the primary care work plans and key areas of focus. It should be noted that much of this work has focussed on the response and support to Covid, therefore this report will provide assurance on the progress in primary care as it responds to the pandemic.

Covid Response

GP Practices continue to manage patient appointments according to infection control guidance and according to national guidance. This includes triaging every patient via telephone or video and reducing the number of face to face appointments. This reduces the risk of infection to both staff and patients and includes continuing to see patients with Covid symptoms in red zones within a practice or a specific red site. All NY CCG Practices have put processes in place to safely manage these patients. This is reviewed regularly to ensure capacity can meet demand and contingency plans are being made for a potential increase in Covid symptomatic patients over the winter period.

Workforce risk assessment

There has been a joint approach with LMC to ensure that all practices have completed a risk assessment on its workforce, particularly around BAME. There are a number of risk assessment tools available and these were shared with practices. The CCG was not prescriptive in which tool was used, as it is the process of assessment of risks using an evidence based approach specific to each individual that is important.

Shielded patients

Shielding ends at the end of July. However, practices have been asked to maintain the register of shielded patients so that shielded patients are protected and prioritised when accessing healthcare. Assurance was given to the HCV ICS around practices' responses to the actions in the letter dated 4 June 2020 from NHS England¹.

GP Contract update

Further guidance on the update to the GP contract in response to the second phase of covid was issued by NHS England on 9 July 2020 (see **appendix 1**).

It provides an update to the activities that should now be resumed following the previous letter issued on 14 April 2020 setting out services that could be deprioritised to free up capacity. These resumed activities include:

- New patient reviews
- Routine medication reviews
- Over-75 health checks
- Clinical review of frailty

It is important that practices restart their programme of reviews using their clinical judgement and a risk-based approach to sequence the call/recall of patients.

In addition the guidance sets out the requirement to engage with Patient Participation Groups. The CCG has been working with the 51 GP Practices and 11 PCNs to ensure that plans are in place for this and to agree a sensible approach.

The suspension of the requirement for practices to complete the 'friends and family' survey returns continues however practices are asked to resume the normal complaints management process.

¹ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0583-nhs-update-on-shielding-june-2020.pdf>

The letter also contains an update to the income protection arrangements for practices including: Quality Outcomes Framework (QOF), Minor Surgery payments and Local Enhanced Services (LES) payments. Further detail can be found in **appendix 1**.

Contact Tracing and Outbreak management within practices

NHS Test and Trace requires individuals who are identified as contacts of a case of covid to self-isolate for 14 days. This requirement include health care workers – and has greater importance as emerging evidence shows that health care workers contribute a greater proportion of transmission of the virus to other staff and community members. The CCG is responsible for supporting practices in identifying contacts of cases, and in managing outbreaks within staff where two or more cases are linked to a practice. A protocol has been developed for practices and CCG to follow in event of cases, contacts or an outbreak, along with flow charts for different scenarios. The protocol includes close working with Public Health England and the local Public Health Team. The impact of multiple members of a practice team needing to self-isolate could mean that the practice’s ability to provide care could be compromised. Practices have been asked to review their business continuity plans and look at how mutual aid between practices could mitigate any risks.

Flu planning and PH Immunisations

The letter of 9 July asks practices to plan for a major expansion of the winter flu programme and that further information will follow. Ahead of this, NYCCG is working with practices to establish current plans and capacity and begin to stratify cohorts of patients that may need to be managed differently. Due to infection control measures and social distancing requirements it will not be possible to hold flu clinics in the same way, it may be necessary to plan for high volume through put clinics in larger venues or drive through facilities. For example GP Practices vaccinate their own housebound and vulnerable patients and a wider plan is put in place to vaccinate patients that would normally attend walk-in flu clinics at GP practices. NYCCG is working alongside regional planning around flu preparedness.

Capital pipeline

It is recognised that some parts of the primary care estate is in need of investment. The CCG is currently in the process of reviewing its estates strategy and developing a “capital pipeline” of projects that are known to be in motion, anticipated or required and applying prioritisation criteria to these. The work is being led by Lisa Pope, Deputy Director of Primary Care and Integration, and will look at the Primary Care estate overall, individual premises issues or concerns of each practice, taking into consideration PCN groupings, and the needs of each locality.

The aim of this is to ensure that CCG investment and development can be targeted to those which most require it, and align with CCG strategic priorities going forward.

Antibody testing

North Yorkshire CCG has been working with the acute trusts to make antibody testing available for GP Practice staff. A process has been agreed with LMC, South Tees NHS Foundation Trust, York NHS Foundation Trust and Harrogate and Rural District NHS Foundation Trust. A standard operating procedure has been agreed and antibody testing for GP Practice staff is now available for all NY CCG practices. Advice and guidance is provided regarding the lack of clinical significance of the test results and the need to maintain infection controls measures at all times irrespective of the result.

Digital

- Online Consultations

HCV STP, ran a procurement exercise in early 2018 for an online consultations (OLC) provider, using funding available through the GP Forward View Strategy. The contract expires in March 2021.

The HCV ICS Primary Care Operational Group has written to all practices with a user survey seeking feedback.

The feedback will be used to inform an options paper for HCV Primary Care Programme Board in September. These options could include including extending the contract of the current provider (in HRW and SR this is Engage Consult), re-procuring across the ICS or allowing practices to access the funding and procure their own choice of provider. NYCCG will also need to consider that the practices belonging to the former Harrogate and Rural District CCG (HaRD) were part of a procurement through the West Yorkshire and Harrogate ICS and so are part of a different contract. The CCG Primary Care team will also consult with practices for feedback on the current system and potential future needs of digital solutions.

- Video Consultations

The use of video consultations has increased significantly since the start of the Covid pandemic and has enabled clinicians to provide remote consultations on a scale not previously seen. This has been positively received by patients and staff and is anticipated to continue to be used for a proportion of appointments where appropriate.

- Electronic Tablet Devices in Care Homes

Throughout June, the CCG rolled out a project to deployment and enable Data Enabled Tablets to Care Homes as part of the COVID response. Some 200 tablets were distributed to care homes to support video consultation (VC) with primary care, this allows remote consultations with clinicians and enables more timely and safer response to patients needs in addition to a face to face visit when required.