

Oxfordshire Primary Care Commissioning Committee

Date of Meeting: 4 August 2020	Paper No: 2.1
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Title of Paper: Oxfordshire Primary Care COVID-19 response and recovery
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Paper is for: <small>(please delete tick as appropriate)</small>	Discussion <input checked="" type="checkbox"/>	Decision <input type="checkbox"/>	Information <input checked="" type="checkbox"/>
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Conflicts of Interest <small>(please delete tick as appropriate)</small>	
No conflict identified	<input checked="" type="checkbox"/>
Conflict noted: conflicted party can participate in discussion and decision	<input type="checkbox"/>
Conflict noted, conflicted party can participate in discussion but not decision	<input type="checkbox"/>
Conflict noted, conflicted party can remain but not participate in discussion	<input type="checkbox"/>
Conflicted party is excluded from discussion	<input type="checkbox"/>

Purpose and Executive Summary:
 This paper builds on the [paper to OPCCC](#) in May 2020 summarising the joined up Primary Care and Community Services response to COVID-19 across Oxfordshire. It highlights how General Practice in Oxfordshire has responded to the national NHSE/I recommendations in order to support the system wide response to the pandemic

Learning from the response the paper also reports on work looking at recovery of primary care, key learning to lock in and the initiatives that will help primary care delivery in a post COVID19 world.

The challenges for the CCG and the system as we move forward is how we continue to respond to the needs of both the COVID-19 and non COVID-19 patients during the winter demands in such a way that we are agile enough to flex to those needs as they change over time.

This paper summarises the approaches that have been taken to ensure that suitable lessons are learned from the first response phase and that primary care is suitably prepared and supported looking towards winter and a potential future COVID-19 surge.

Engagement: clinical, stakeholder and public/patient:
 Contributions from members of the Executive Committee, and the views of member

practices have been included in this paper.

The CCG continues to liaise with the LMC to understand the views and concerns of the representative body of GPs.

Financial Implications of Paper:

The approach to finances is set out in the paper. All legitimate additional costs attributable to a COVID-19 response can be sought back from the centre.

Action Required:

Primary Care Commissioning Committee members are asked to

- Note the Oxfordshire COVID-19 response across primary care and community services
- Note the steps taken for recovery and restoration of primary care
- Support the proposal for dedicated additional clinic and visiting service capacity to support winter and any future COVID-19 surge noting that funding is likely to come via the ICS when the next phase of funding for the NHS is announced

OCCG Priorities Supported (please delete tick as appropriate)

✓	Operational Delivery
✓	Transforming Health and Care
✓	Devolution and Integration
✓	Empowering Patients
✓	Engaging Communities
✓	System Leadership

Equality Analysis Outcome:

Link to Risk:

AF32: There is a risk that Oxfordshire will not deliver comprehensive services if resources (money and people) are not used optimally leading to poorer health outcomes.

796 There is a risk that OCCG will not be able to respond appropriately to a major incident or business disruption.

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Date of Paper: 24 July 2020

Oxfordshire Primary Care COVID-19 response and recovery

1. Context

A clear command structure was established for the development and delivery of a National, Regional, BOB wide and Oxfordshire-wide response to the COVID-19 pandemic.

As a part of that work a specific ‘silver cell’ was focused on Primary Care and Community Services. Health and care providers across Oxfordshire worked together with the support of the CCG alongside local authorities to mobilise the response.

This paper sets out the work undertaken in primary care (general practice) when responding to the pandemic and the national requirements as part of the command structure.

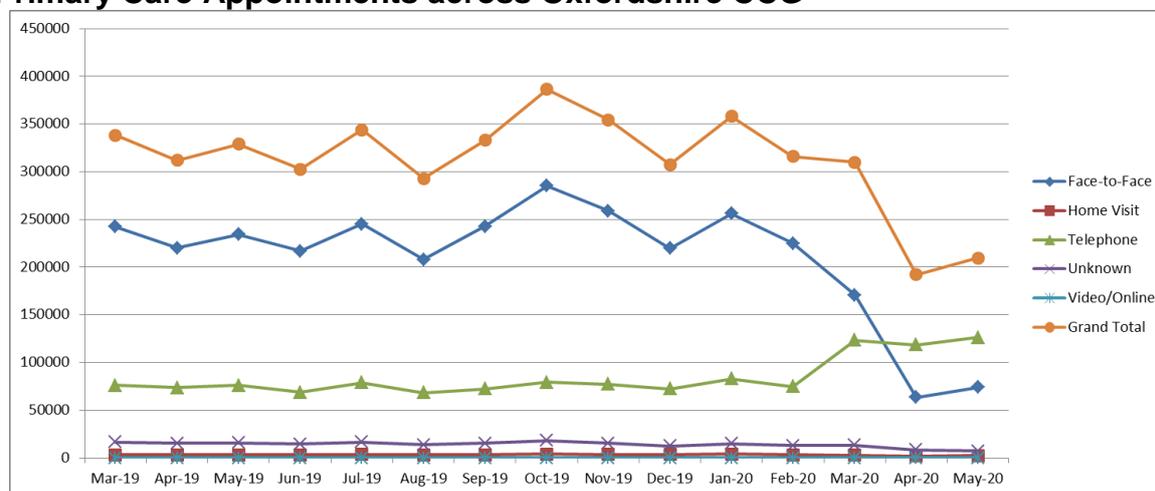
2. Primary care COVID-19 response

A letter from the NHSE/I GP and Medical Director for Primary Care and Director for Primary Care Strategy and NHS Contracts at the end of March set out a number of key points for GPs and Commissioners when responding to COVID-19. The letter included but was not limited to

- expectations for a COVID-19 primary care operating model and implementation
- the role of NHS 111
- approaches to patients identified most at high risk
- progression on the total triage approach
- approach to face to face appointments including visiting
- approaches to out of hours and end of life care and more

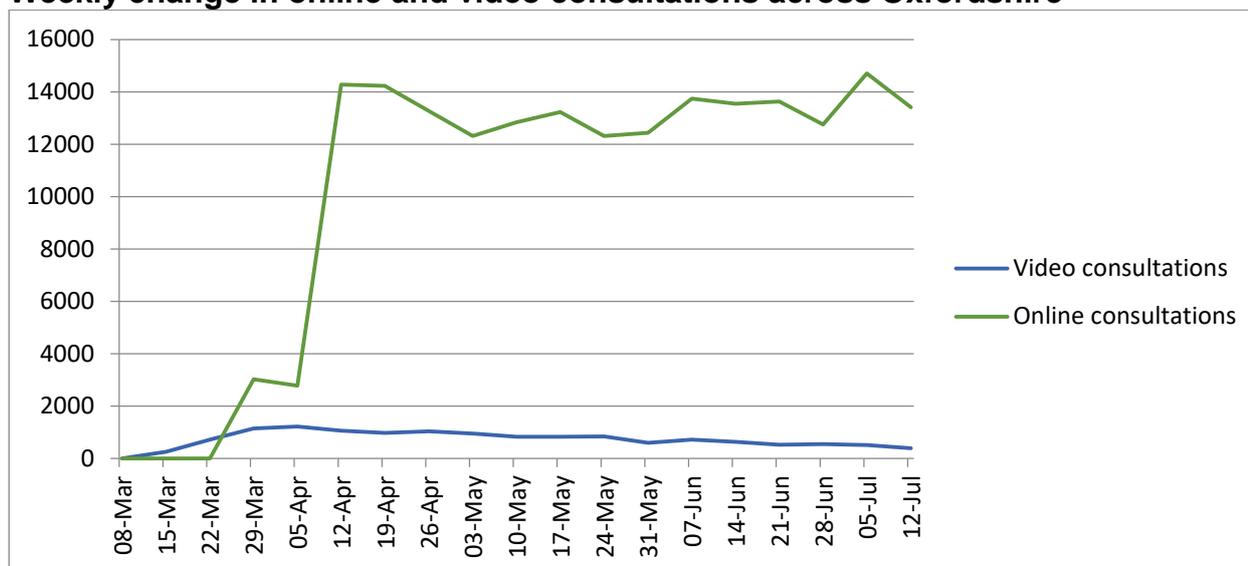
This dramatically changed the way primary care operated in the first few weeks as the switch to total triage and telephone first approach was put into place. Numbers of face to face appointment appointments fell but the number of online consultation rose rapidly.

Primary Care Appointments across Oxfordshire CCG



Source NHS digital

Weekly change in online and video consultations across Oxfordshire



Source South East Digital First Core Capability tracker

3. Digital solutions

100% of practices have incorporated online consultations into their daily practice and all but one (due to issues with broadband) have implemented the use of video consultations.

400 laptops have been supplied to support the COVID-19 response and new ways of working, with the intention to ensure effective processes are maintained and developed. This together with an additional 100 VPN links has supported staff to work remotely where at all possible so minimising any risk.

TeamNet (an online digital solution for information sharing) was already being extensively used across the county and roll out was accelerated in order to host specific local COVID-19 information for primary care as well as hosting the initially daily COVID-19 GP bulletins etc.

4. COVID-19 clinics

Following the national letter referenced in 2.1 above a detailed standard operating procedure was published which described different ways that primary care could deliver a safe service to COVID-19. This led to Oxfordshire primary care exploring and setting up different models of providing care for patients with expected or confirmed COVID19

Across Oxfordshire, primary care supported by the Federations and community services was able to rapidly put in place 12 COVID-19 clinics (known locally as CALM clinics) to support the requirements. These clinics would see anyone with suspected COVID-19 defined as demonstrating the symptoms of COVID-19 (persistent cough, fever, loss of smell and taste). In addition individual practices often saw their own patients within a hot / cold system if their premises allowed. Some practices worked together to provide clinics at PCN level.

From the data available, the highest peak was in mid May with 84 people seen within these COVID-19 clinics, or from home visiting arrangements. This figure does not include those patients that were seen within their own practice.

Since then many clinics have been stood down due to low numbers, with currently clinics in Banbury, the City and Abingdon.

5. Review of clinically extremely vulnerable patients (Shielded list)

As part of the [national response](#), a shielded list was created identifying those patients who were most vulnerable to COVID-19 infection and requesting that those individuals should self-isolate, initially until 30 June 2020 but this was later extended to 31 July 2020 (with some relaxation of the rules during July). The list of patients (approximately 20,000 in Oxfordshire) was constantly reviewed with primary care having a key role in ensuring that the appropriate patients were identified. Practices were requested to ensure that the identified patients were appropriate and had a plan to ensure support. Practices made regular contact with those self isolating often using Social prescribers to telephone patients and ensure they had the necessary supported and they were often signposted to the NHS volunteers where necessary for example to collect prescriptions. Feedback demonstrated that patients were grateful for the contact especially those that lived alone. Where necessary, practices were supported by CCG staff to contact patients. Work with Local Authorities was key in supporting those on the shielded list.

6. Support to care homes

In [May 2020](#), actions were requested of primary care to provide specific COVID-19 care home support. This included, for all Care Quality Commission Care (CQC) homes, a number of requirements:

- a) Delivery of a consistent, weekly 'check in', to review patients identified as a clinical priority for assessment and care.
- b) Development and delivery of personalised care and support plans for care home residents.
- c) Provision of pharmacy and medication support to care homes.

Oxfordshire GPs we

The above requirements were then followed up by request to [identify a clinical lead](#) for all care homes

The CCG has had a Proactive Support to care homes locally commissioned service in place since 2016 and this meant that many of our CQC registered homes (95/123) especially those for the older adult already had the above. However further work was needed to ensure that the small number of homes not covered by our local scheme (which included out learning disability and mental health support homes) also received the above service. The CCG was able to report to NHSE/I that we had 100% achievement at the end of May.

7. Support for 111

As part of the response, a national COVID-19 Clinical Assessment Service (CCAS) was set up linked to 111. Any suspected COVID-19 patients were triaged through the CCAS before, if necessary, being referred to their practice. In order to streamline this process all GP practices were required to allow patients to be directly booked from NHS 111 ensuring that 1 slot per 500 patents per day was made available. This equated to 150 appointments a day for Oxfordshire. All practice enabled direct booking over the course of two weeks.

8. Staff risk assessments

As part of their legal duty to protect the health, safety and welfare of their staff, all NHS organisations including general practice have been required to undertake risk assessments of their staff. To assist practices with this, the CCG has shared links to useful risk assessment documents including the Faculty of Occupational Medicines which has published a risk reduction framework outlining risk factors in light of the evidence. OCCG is required to provide weekly feedback to NHS England on numbers of practices who have undertaken the risk assessments. It is expected that weekly reporting will be required until 100% of staff have had risk assessments completed. As of the 24 July 2020, 30% of Oxfordshire practices have informed the CCG that they have completed their staff risk assessments.

9. Primary care staff access to antibody testing

General practice was requested to offer all their staff an [antibody test](#) by 10 July 2020. Whilst this was done, the practicalities of undertaking the test proved challenging with some practices choosing to offer it to their own staff; some referring staff back to their registered practice and some finding novel methods of doing this. Data received from the OUHT laboratories suggested that 1390 antibody tests had been requested by Oxfordshire primary care up until 22 July 2020 noting that some of these will be for patients.

However as we go forward, with the expectation that other key workers will be offered antibody testing more digital solutions are being sort.

10. Bank holiday provision

All Oxfordshire Practices opened for patients on Good Friday and Easter Monday and the 8 May Bank Holiday in line with the national requirement to support system response. Practices reported that demand was low despite national campaigns that general practice was 'open as usual'.

11. Daily situation report from practices

In order for the CCG to understand the pressures on general practice, in the early stages of the response a daily local situation report was requested from each practice on an exception basis. This requested details on staff sickness, PPE supplies and other issues. The main concerns raised by practices related to access to PPE and IT equipment. The mutual support arrangements for PPE that were put in place across the ICS managed to resolve the PPE issues and funding was provided for laptops and VPN to support remote working.

At the end of April, a national situation report was put in place through the NHS Directory of services (DoS) to provide real time primary care capacity information to NSH 111 and 111 online to support the referrals process across the urgent and emergency care system. Since its introduction on 1 May 2020 no capacity issues have been reported for Oxfordshire general practice primary care.

12. CCG Support for primary care

Finances – at the start of the pandemic, the CCG made it clear that no practice should be financially disadvantaged as a result of responding to COVID-19. A clear process was put in place to receive and review claims and also outline where pre-approval was required. Up to the end of June 2020, the CCG has paid £1,234k to practices and Federations to support their response. This excludes the costs of Bank Holiday opening.

The CCG has also ensured that cash flow to practices for locally commissioned services and GMS services has been maintained.

Communications – with so much information flowing and need for robust communications with practices a daily system wide GP bulletin was produced. This contained useful information on how community and secondary care services were operating within COVID-19 as well as details of webinars, templates and other wider services in place to support practices and their patients. Up until 24 July, 79 bespoke bulletins have been prepared by the primary care and communications teams and shared across the system.

The CCG communications team has also ensured that national and local messaging has been targeted towards patients and the public.

13. Learning from the response

Learning from the above response by primary care has been captured through the GP survey (see 3.3) and through a reflection event held by the silver cell.

Reflections on work to date



- Amazing what has been achieved in a short space of time
- Real opportunity to build on what has been done already
- We have got the job done and worked well together to do so
- Circumstances may be right to be ambitious for what else we might achieve
- It has not all been easy
- **Freedom to think creatively has been a massive strength**
- **Clinically led responses has been a significant strength**
- Numbers of positive patients have not been as originally modelled
- We are enabling a process of continuous improvement through review and revision of approach
- We have been working in the collaborative and integrated way in line with our integrated working ambitions
- **The system needs are changing we need both COVID-19 and non COVID -19 response,**

14. Primary care response to recovery

A [Second Phase GP letter](#) was published on 9 July providing an update to GPs and commissioners on the GP contract. It outlined key areas of working going forward including expanding the workforce; cutting bureaucracy; changes to the Quality and Outcomes Framework for the remainder of 2020/21 and also advised that many of the activities deprioritised during COVID19 should resume. It also provided details of income protection for general practice and encouraged commissioners to reintroduce local enhanced service, local incentive schemes and local pilots as part of the wider plans to step up routine and non-urgent services.

15. Oxfordshire approach

Oxfordshire's approach to recovery reflects the Thames Valley Local Resilience regional priorities with a focus on our local context and requirements. Restart, Recover, Renew recognises the importance of restarting service delivery, of recovery, in broad

terms that include the local economy and the very real impact of COVID-19 on health and wellbeing felt by the residents. Renewal highlights the desire in the system to transform our service delivery to support a long term sustainable future for the county and our populations.

There are three distinct phases in the Oxfordshire wide recovery programme

- The immediate horizon - an operation plan for the restart
- The transition horizon - recognition that we cannot radically change overnight - recover and reform gradually
- The post COVID-19 horizon - an evidence-based plan for the future of 'Oxfordshire' as a place. Embrace whole system change ...renew together

A full paper on the Oxfordshire approach was presented to the Board in July and can be found [here](#).

16. Oxfordshire Survey of general practice experience

A survey to gather the experiences of GP practices during COVID-19 was undertaken across Oxfordshire with a view to providing insight and to share good practice as we move into the 'recovery phase' of the pandemic. Each practice was asked to discuss the survey questions and respond once. A total of 45 practices responded to the survey.

Most practices had found innovative ways of managing their work during COVID-19, adopting PPE and implementing their own safety/distancing procedures together with the successful wide-spread adoption of technology across practices with new ways of holding appointments with patients, remote working and good team/collaborative working.

Practices highlighted a number of areas where support is needed included funding, infrastructure - including IT equipment and outside space for immunisations/blood tests etc, a consistent supply of PPE, communications campaigns/resource for the public on accessing primary care and support for staff wellbeing. These areas are currently being addressed in the primary care recovery plan

17. What to lock in

The survey identified key areas to lock in and maintain post COVID-19.

Key changes to Lock in (survey 45 practices)


NHS
Oxfordshire
Clinical Commissioning Group

- A full telephone triage service for patients
- Technology - [Accuryx](#) video consultations/[eConsult](#)
- EPS
- Remote working (clinical / non clinical)
- Team working and flexibility
- Collaborative working between community providers e.g. district nursing, other local GP practices
- Flexibility from CCG
- Reduced bureaucracy
- Good communications between system partners
- Dedicated COVID response services (CALM clinics and visiting)
- Development of 'hot' and 'cold' sites
- New approaches to communications with patients (social media, text messaging, practice websites, telephone messaging)

18. Outline plan Primary care recovery

A small primary care task and finish group with representatives from PCNs, Federations and LMC met to understand how primary care can be supported in recovery. Key themes were also extracted from the outputs of the GP survey.

Draft initiatives included;

DRAFT Initiatives supporting Oxfordshire Primary care recovery

<p>Sustained delivery of services for COVID-19 patients balanced with non COVID-19 patients</p> <ul style="list-style-type: none"> All requirements of the national letters completed Dedicated 'hot clinics' to support backlog workload, future surge and winter Home visiting services to support shielded patients and at risk patients 	<p>Infection control and social distancing measures in practices</p> <ul style="list-style-type: none"> Outbreak planning Proactive approaches to managing premises to meet Infection prevention and control standards Clinically led good practice webinars (opening up general practice)
<p>Managing capacity and demand and risk of clinical harm – vulnerable groups and Care Homes</p> <ul style="list-style-type: none"> Roll out of national Advice and Guidance initiative Decision support tools (primary and secondary care) Addressing inequalities – targeted approaches Remote monitoring in the community SNS to further support patients in Care Homes 	<p>Resilience of small workforces in some practices</p> <ul style="list-style-type: none"> MDT working Recruitment support for ARRS Enhanced remote working Business continuity planning
<p>Digital Capabilities</p> <ul style="list-style-type: none"> Digital First initiative Optimising online and video consultations Digitisation of Lloyd George notes Improved technology for Care Homes and MDT working Virtual group consultations 	<p>Enablers</p> <ul style="list-style-type: none"> Detailed guidance on flu and winter 2020/21 Capital funding for Primary Care (IP&C mitigations) Communications campaign – managing expectations, self care Risk stratification tools PPE reliable supply Demand and capacity tool for primary care

Oxfordshire CCG

Next steps will be to develop this into an implementation plan.

19. Dedicated 'hot' clinics to support backlog, future surge and winter

The NHS frontline is always under considerable pressure over the winter period as demand for services tends to increase significantly with the onset of cold weather and flu. The COVID-19 pandemic has also meant that some routine services have been paused and need to be reinstated adding additional pressure of the backlog in both primary and secondary care.

There is therefore a need for additional capacity into the primary care system for the winter period, keeping suspected COVID-19 and non COVID-19 patients separate to minimise risk to both patients and staff.

There is also a need to strengthen general practice resilience. Practices are trying to manage backlog in terms of patients who have not presented for routine care such as health checks, screening and medication reviews. This coupled with the need for additional time required to 'don and doff' PPE and the imminent flu campaign will see the need to support primary care resilience going into winter.

A proposal is therefore being made to deliver additional capacity in primary care by creating up to three dedicated clinics for suspected and confirmed COVID-19 patients supported by a visiting service allowing general practice to focus on those patients with non-COVID19 symptoms and support the increased demand expected over winter. Dedicated clinics would also reduce the risk of cross infection so allowing the most clinically vulnerable to still receive proactive care.

The committee is asked to discuss their support for this proposal noting that funding is likely to come via the ICS when the next phase of funding for the NHS is announced.

20. Conclusions

There have been a great many successes as part of the system wide collaborative approach to establishing a response to the COVID-19 pandemic. The pace and extent of the IT changes that have enabled remote working for primary care staff, clinical and non-clinical is fantastic.

We have seen partnership and collaborative working across primary care and community services providers clearly linked to acute and social care partners focused in a way that we have not seen before. Again what has been achieved in such a short space of time is testament to all involved, from our practices and the CCG.

The challenges for the CCG and the system as we move forwards is how we deal with the backlog of routine care and referrals while still providing acute and routine care to the population and safely segregate those with suspected COVID-19 whilst preparing for the demands of winter.

21. Recommendations

Primary Care Commissioning Committee members are asked to

- Note the Oxfordshire COVID-19 response across primary care and community services
- Note the steps taken for recovery and restoration of primary care
- Support the proposal for dedicated additional clinic and visiting service capacity to support winter and any future COVID-19 surge noting that funding is likely to come via the ICS when the next phase of funding for the NHS is announced