Report to:	**STRATEGIC COMMISSIONING BOARD**
Date:	28 October 2020
Executive Member:	Cllr Eleanor Wills, Executive Member – Health, Social Care and Population Health
Clinical Lead:	Dr Kate Hebden, - Governing Body GP for Primary Care
Reporting Officer:	Jessica Williams, Director of Commissioning
Subject:	**PRIMARY CARE – COVID RESPONSE BRIEFING**
Report Summary:	This is a report on the resilience and response by Primary Care during the Covid 19 pandemic. The pace of national guidance, as in all sectors, has required a robust and flexible response by Primary Care to ensure continued support to patients. The oversight and clinical advisory capacity to this Primary Care response was managed through the introduction and development of a new emergency neighbourhood based structure, Pandemic Resilience Management Group (PRMG). 100% of our 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. Community pharmacy has remained open throughout this period. Community optometry providers, whilst instructed to stop routine activity during the Covid peak, continued to provide access to urgent eye care services and support as required. The provision by primary care dental services was similar with practices open and providing advice and referral to one of the urgent care treatment hubs in Greater Manchester for treatment where needed. Primary optometry and dental services have now resumed, though at reduced capacity due to the social distancing and PPE measures. The pace at which alternative models of access were implemented across Tameside and Glossop was phenomenal. Although pace was accelerated by the pandemic, the evolving model of primary care delivery, including increased use of digital approaches, has been a clear part of national strategy and GP contract reform over recent years. Detail on General Practice appointments is set out in this document although it should be noted, this data in isolation does not reflect the scale of work during the period. Proactive support to patients, carers and families, End of Life care planning and shared decision making are not recorded or truly quantifiable but an essential part of the high quality primary medial services offer to our residents by our general practice teams. This report provides oversight of the primary care response, with particular focus on general practice, during the initial pandemic response period, the transition to the Living with Covid phase of response and gives a forward look to the next steps.
Recommendations:	Strategic Commissioning Board be recommended to:

(i) note the detail in the report and the resilience response by Primary Care partners through the first phase of the Covid-19 pandemic as part of our total locality response.
(ii) receive a further report on future ambition, Build Back Better and the phase 3 NHS response priorities on health inequalities and proactive care in November.

Financial Implications: (Authorised by the statutory Section 151 Officer & Chief Finance Officer)

Budget Allocation (if Investment Decision)	N/A
CCG or TMBC Budget Allocation	CCG
Integrated Commissioning Fund Section – s75, Aligned, In-Collaboration	S75/In-Collaboration
Decision Body – SCB Executive Cabinet, CCG Governing Body	N/A
Value For money Implications – e.g. Savings Deliverable, Expenditure Avoidance, Benchmark	N/A

Additional Comments: In the first 6 months of 2020/21, the CCG has been able to reclaim any additional COVID-19 related costs incurred within primary care. This has funded Bank Holiday cover in General Practice, additional PPE, cover for sickness and isolation, additional admin costs and the purchase of new equipment for use in primary care as part of the pandemic response.

Moving forward, the financial regime will change and this claims process will come to an end. The Greater Manchester STP will receive a funding envelope for the second half of the year, which we will need to live within. In preparation for this, the CCG has submitted financial projections which include high level estimates for the cost of the phase 3 primary care response in Tameside & Glossop. Further work will be required in the weeks and months to come to assess the affordability of this within the context of the overall financial position and the Greater Manchester funding envelope.

Legal Implications: (Authorised by the Borough Solicitor)

Consideration will need to be given to those residents who do not have the confidence to access the current services and how we can ensure we are equality proofed for those with limited digital access in order to reduce health inequalities which is one of our statutory duties. Should the intention be to more forwards with revised working now the art of the possible is known it will still be necessary to undertake consultation.

It would also be helpful to consider this report in light of the GP Patient Survey and what improvement could be made and issued address to improve the experience for patients:

https://tameside.moderngov.co.uk/documents/s86908/GP%20Patient%20Survey%20results%20slides%20FINAL.pdf

How do proposals align with

Proposals are fully aligned with a focus on reducing health

Health & Wellbeing Strategy?	inequalities.
How do proposals align with Locality Plan?	Meets the ambition of the Locality Plan.
How do proposals align with the Commissioning Strategy?	Aligned with national policy and the Covid-19 response guidance.
Recommendations / views of the Health and Care Advisory Group:	N/A – information briefing therefore not taken through HCAG, however Pandemic Resilience Management Group (detailed in the paper) has provided the clinical advisory forum when required. Detail has been overseen by Primary Care Committee.
Public and Patient Implications:	Focus of the paper describes the work to protect and maintain good primary care provision for all patients.
Quality Implications:	As above.
How do the proposals help to reduce health inequalities?	As above.
What are the Equality and Diversity implications?	None - Primary Care services are available to all.
What are the safeguarding implications?	There are no additional safeguarding implications, safeguarding policies in place around existing practice contracts would apply
What are the Information Governance implications? Has a privacy impact assessment been conducted?	There are no additional information governance implications, the policies in place around existing practice contracts would apply.
Risk Management:	There are no additional risk management issues arising from this proposal over and above management of patients through existing contractual requirements.
Access to Information:	The background papers relating to this report can be inspected by contacting the report writer Tori O'Hare  Telephone: 07920 086397  e-mail: tori.ohare@nhs.net

1. INTRODUCTION

1.1 This report on the resilience and response by Primary Care during the Covid 19 pandemic. The pace of national guidance, as in all sectors, has required a robust but flexible response by Primary Care to ensure continued support to patients. The oversight and clinical advisory capacity to this Primary Care response was managed through the introduction and development of a new emergency neighbourhood based structure, Pandemic Resilience Management Group.

1.2 100% of our 37 GP Practices remained open throughout the pandemic, including all opening Easter and May Day Bank Holidays. National guidance directed practices on activity which could be paused during the immediate pandemic, subsequent guidance has directed the resumption of activity, though recognises there will be adjustments to the mode of delivery. Although the profile of appointment type has changed, as nationally, in response to covid, the total number of appointments offered in July was back in the range of appointments offered in March. This data is detailed further in section 4 of this report.

1.3 General practices, as with the rest of the health and care system, are reporting pressure both due to demand and the additional complexity of that demand. Support to staff and patients in how care is delivered and received as well as communication is key. Practices are widely reporting they are 'winter busy' in August. Infection rates are steadily rising and so continued adjustments to delivery is essential. We are working, connected across GM, to balance capacity and demand pressures and enable the identification of patients who may not have accessed care during the pandemic to ensure clinically safe prioritisation and preventing the rise of health inequality. We also aim to minimise the administrative burden on practices to maximise front line capacity.

1.4 Community pharmacy has remained open throughout the whole of COVID-19. During the COVID-19 peak, service delivery focused upon medicines supply and health care support / advice. Some pharmacies were impacted by staffing levels and national decisions to restrict access to some venues (e.g. shopping centres and supermarkets) and operated reduced hours. The vast majority are now open for full NHS contracted hours and delivering services.

1.5 Optometry practices, whilst instructed to stop routine services during the COVID 19 peak, the majority continued to provide access to urgent eye care services and support as required. Since allowed to recommence routine GOS in June, the vast majority are open and providing face to face services, albeit in a reduced capacity owing to social distancing and PPE measures.

1.6 Although the initial pandemic response paused routine care in primary care dental services, practices remained open and providing advice and referral to one of the urgent care treatment hubs in Greater Manchester where basic treatment was offered. A Greater Manchester Urgent Dental Care Service was available for patients not registered. Primary care dental services have now been resumed, though again this is this is at reduced capacity due to the social distancing and PPE measures.

1.7 The pandemic response has served to strengthen working arrangements across Primary Care Network practices, particularly supporting both workforce and delivery resilience. This acceleration of collaborative working will support the development of and relationships within those Primary Care Networks, still only in their infancy following establishment in July 2019.

1.8 This report details the initial pandemic response period, the transition to the Living with Covid phase of response and notes a forward look to the next steps.

2. PANDEMIC RESILIENCE MANAGEMENT GROUP

2.1 In a letter dated 17 March 2020, the CCG Co-Chairs and the Chair of West Pennine Local Medical Committee (LMC) wrote to all Tameside and Glossop GPs and Practice Managers recognising the significant pressure of Covid 19 on general practice and that this was likely to continue for the foreseeable future. The letter confirmed the introduction, with immediate effect, of a Pandemic Resilience Management Group to support primary care and our place based services, both workforce and patients, to ensure resilience and consistency through a cohesive and flexible response.

2.2 The group, chaired by Dr Asad Ali, Co-Chair of the CCG, included dedicated Pandemic Resilience Clinical and Managerial Lead capacity, allocated to each neighbourhood with comprehensive membership of clinicians representing all neighbourhoods and CCG officers. The Managerial Leads were been redeployed from existing CCG, PCN and ICFT roles from that date. The group had a line of governance both to Primary Care Committee and to Senior Leadership Team along with providing a line of accountability into the daily Gold Command meetings and the twice weekly Silver Out of Hospital meetings.

2.3 Five Pandemic Resilience Groups (PRGs), each aligned to our Primary Care Networks (PCNs), and with a relationship through the PCN Clinical Directors to ensure alignment of workstreams and action, led the resilience response for each geographic area. Completion of the daily SITREP provided local oversight of workforce resilience, PPE available to ensure proactive and timely action as required. A CCG Medicines Management Technician and the existing Social Prescribing Link Workers, already allocated on neighbourhood basis, worked with the VCFSE partners to provide a point of support for vulnerable patients. The allocation of a Community Pharmacist to each Primary Care Network, part of the national PCN strategy, also strengthened the inter-professional working and 'place based' response during this period.

2.4 In July, as we moved into the next phase of pandemic response, PRMG was stood down and replaced with a Primary Care Ambition and Recovery Group. This group is again chaired by Dr Asad Ali however has a broader Terms of Reference and membership to further explore and shape ideas on the ambition for Primary Care as part the neighbourhood.

3. TAMESIDE AND GLOSSOP GP GUIDANCE

3.1 The breadth of work by the Pandemic Resilience Management Group was considerable. A weekly communication from CCG Co-Chairs, Director of Commissioning and the LMC harnessed the dialogue between system leaders practice clinicians and other primary care and neighbourhood services. This ensured evolving pressures on the ground were acted on rapidly, maintaining resilience and supporting the workforce.

3.2 A key output of the group was the Tameside and Glossop Covid-19 GP Guidance, reviewed weekly, updated and shared with all practice staff. This provided a single page reference guide, linked to national and local guidance, to support the management of Covid and non Covid patients. In addition, local guidance on the death certification process, including use of the GM procured service, sharing of best practice and innovative models of care delivery were overseen by the group along with providing fast paced support and advice to peers.

3.3 As practices moved from immediate pandemic response, Tameside and Glossop 'unlocking guidance', again sharing good practice locally and nationally, provided resources to practices on innovative models of care and also clinical alternatives to provide continued care particularly around proactive and preventative care, such as management of Long Term Conditions or delivery of Severe and Enduring Mental Illness or Learning Disabilities

Health Checks. Examples include supporting clinicians in delivering video consultations, collecting observations remotely or socially distanced and alternative treatment options where clinically appropriate.

4. DIGITAL

4.1 The Covid pandemic response saw a fast paced acceleration of the digital agenda in general practice. Although a clear ambition of national strategy, set out in the General Practice Forward View in 2016 and re-iterated in the NHS Long Term Plan in 2019, full implementation in localities requires significant broader infrastructure and response, not limited to technology and general practice deployment but a longer term plan around patient experience and readiness, including digital literacy.

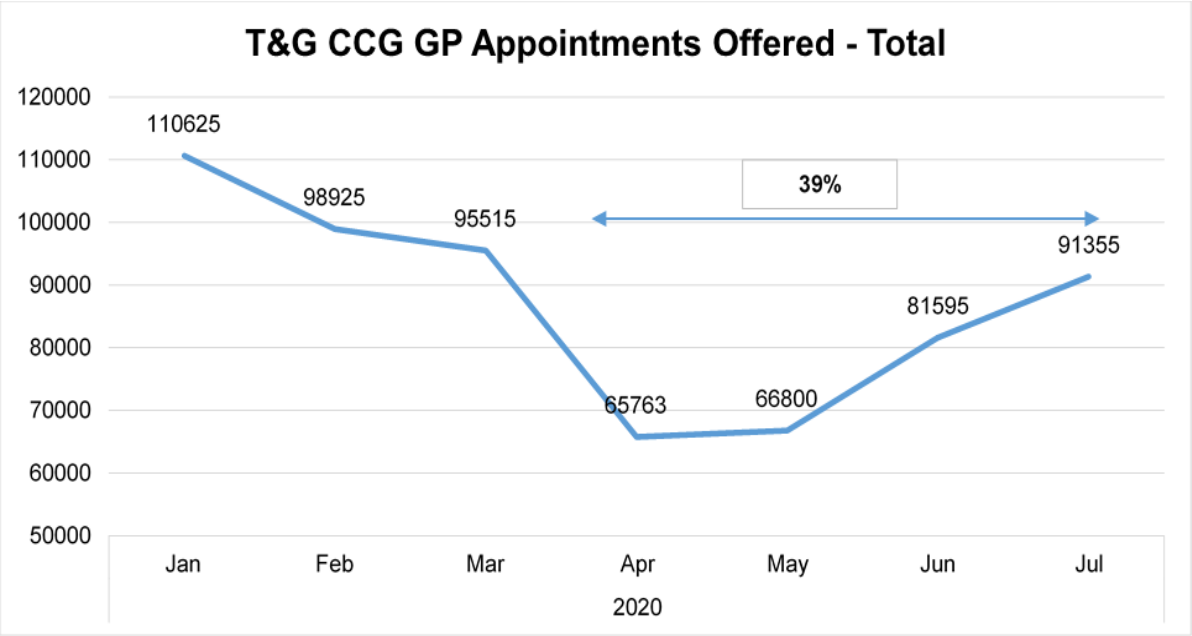
4.2 A digital first, or total triage model of primary care allows access to advice, support and treatment using digital and online tools, these can be used where appropriate, either clinically and/or from a patient experience and access perspective. Patients can use online tools to access all primary care services, such as receiving advice, booking and cancelling appointments, having a consultation with a healthcare professional, receiving a referral and obtaining a prescription.

4.3 The Covid-19 response has required significant changes to the way in which services have historically been delivered. There has been a substantial shift in digital offer during the pandemic with 63% of appointments delivered through a total triage model across T&G in April 2020 compared with 13.5% in April 2019. Primary Care Committee had approved the procurement of 100 laptops for general practice in February, which together with the provision of approximately a further 150 laptops from GM, provided timely support to practices working in this was and also providing workforce resilience where practice staff were isolating and/or shielding.

4.4 The total number of appointments offered reduced by 37% between those two data points, which reflects the changed prioritisation and deferring of some non-urgent, proactive and preventative work in the weeks immediately following the 23rd March lockdown. This data is based on NHS Digital data on GP appointments. The local and national guidance, supported clinical decisions on activity which was safe and appropriate to pause.

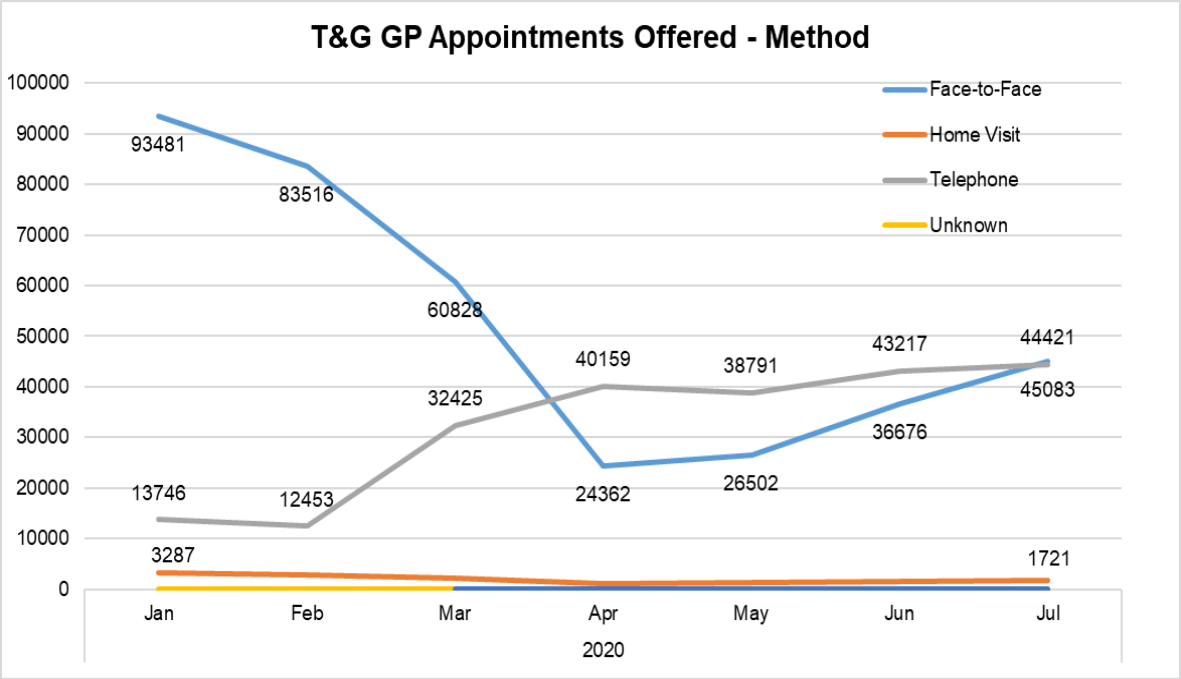
4.5 Royal College of General Practitioners (RCGP) guidance suggests that approximately 50% of appointments in the 'new normal' could be digital; some established digital practices across the country had seen approximately 75% of appointments pre Covid-19 delivered through a total triage model.

4.6 The position across Tameside and Glossop, a count of total appointments offered across all modes of delivery, is shown in the graph below, Graph 1. This shows the reduction in appointments offered in April and the rise over the period to July back to near March levels. The split of mode of appointment in July is in line with the RCGP guidance of 50% digital delivery.



Graph 1

4.7 The method of appointment offered is shown below, Graph 2. As face to face appointments reduced there is a corresponding increase in telephone appointments. The dataset captures a large number of video appointments delivered locally as telephone, due to the consultation system used. This data shows a near 50/50 model of delivery in July between face to face and digital delivery.



Graph 2

4.8 In April 2020, the total number of appointments offered was 36% lower than the same period in 2019, at July 2020 this has fallen to be 16% reduction.

4.9 The Digital Strategy Group will continue to lead this work, building on the pandemic response and establishing a sustained model. This work will be closely aligned to the estates workstream with the importance of primary care estates pressures being managed in the context of both the digital and primary care workforce workstreams.

4.10 A blended model of access, modelled through proactive communication and engagement with our population is one of the key priorities for this group.

5. SYSTEM SUPPORT

5.1 Adequate supply of appropriate Personal Protective Equipment (PPE) has been a key priority. The Locality Resilience Forum (LRF) has been key in supporting providers. The daily reporting by practices provided PPE status, across a range of categories which was then used to ensure timely distribution of PPE by CCG staff, and more recently local volunteers.

5.2 We were one of a small number of CCGs successful in securing a key worker testing hub. This is located at Ashton Primary Care Centre and is available to all key workers within Tameside and Glossop, including: Care Home Staff, VCFE workers, Primary Care, TMBC and CCG staff. Capacity from the Primary Care Access Services (PCAS) provided the clinical support to this service with a number of CCG staff managing the booking process. This CCG resource has since been expanded to provide the distribution of testing kits to care homes for outbreak and routine testing and to practices for outbreak testing.

5.3 In May, a number of our practices also volunteered to participate in the national project to understand the prevalence of COVID-19 among NHS staff and patients. The aim of the project to test several thousand asymptomatic primary care staff to help understand transmission and inform policy and guidance. All practices also participated in the antibody testing research project, working to provide further understanding about the spread of the virus and any immunity.

5.4 Our locality response enabled a range of temporary services to be commissioned, including the Hospital Home Visiting Service. This service, delivered by an additional cohort of GPs, was procured to provide the appropriate levels of additional medical support to community health and care teams. The pace of decision and procurement of this service illustrates the responsiveness of the Pandemic Resilience Management Group and the proactive service support to ensure robust primary care services throughout the pandemic. The adaptability of services and the establishment of temporary additional provision is detailed further in section 6 in relation to medicines management services and support.

5.5 Funding arrangements to support the additional and significant cost of Covid were implemented rapidly to ensure practices could manage workforce resilience, through staff sickness, risk assessments, isolating and/or shielding as well as small adaptations and enhancements to practice buildings, e.g. perspex screens, additional hand sanitiser units, temporary oxygen saturation monitoring stations, gazebos for outdoor waiting areas, vaccination delivery. The oversight of this process, review and approval of claims has been overseen by a task group of finance, commissioning and clinician, including PCN Clinical Director and LMC advisory roles.

5.6 The ten GM localities, together with Greater Manchester Health and Social Care Partnership (GM HSCP), have worked together to provide support to the primary care Covid response across GM. The Tameside and Glossop role within this includes the chairing of a number of key groups, including the Delegated Management Oversight Group (DMOG), providing oversight of the primary care provision across GM, the Directors of Commissioning group and the Flu – Art of the Possible task group.

6. MEDICINES MANAGEMENT

6.1 Throughout the pandemic, the Medicines Management Team (MMT) have played an active role in supporting health and social care organisations to rapidly roll out new initiatives to

help residents of Tameside and Glossop. The team have also represented the locality at a GM, regional and national level; this has included supporting the North West Medicine and Pharmacy Cell to develop resources that have been implemented locally e.g. Reuse of medicines policy in Care Homes, End of Life medications provision.

6.2 The team have been recognised as a national leader on a number of initiatives, including the use of Proxy Ordering in Care Homes. The team supported colleagues in other localities across the country, supported NHSX with national webinars and broadcast a live webinar nationally through PrescQIPP on in the implementation of this work stream. In Tameside and Glossop, 26 care homes are now live with Proxy Ordering with the remaining due to go live over the next 6 months.

6.3 As detailed in section 2, a Medicines Management Technician was allocated to support the Pandemic Resilience Groups. The team also supported T&G ICFT at the height of the pandemic, deploying a Medicines Management Technician to the pharmacy department. The resilience response also included liaison between the Medicines Management Team and community pharmacies to ensure the demand for specialist palliative care medicines could be met. The number of community pharmacies holding this stock was increased from 6 to 14 pharmacies to reduce the incidence of delayed access to palliative care medication. The team worked with the Out of Hours provider to ensure they had increased stock of pre-packed end of life medication.

6.4 The impact of Covid-19 on Medicines Management across practices in Tameside and Glossop was reflected in a 20% increase in prescribing spend in March 2020. This was a little higher than the GM and national average; early and excess ordering of medications and national price increases were the main reason of this increase in spend. Through internal appraisal of our key activities we have already put mechanisms in place to counteract this increase in prescribing spend. A Data Protection Impact Assessment was completed quickly to ensure the team could continue to provide the level of support to practices, working with them remotely to identify any prescribing inefficiencies and recommend changes.

6.5 Working closely across the system, a Tameside and Glossop Medication Delivery Hub was established to ensure vulnerable and patients that were self-isolating could continue to receive their medication. Referrals for medication deliveries were managed by a Medicines Management Technician and Administrator. The Medication Hub supported more than 830 people with medication deliveries. As the national lockdown was eased, the referral rates to the Hub decreased significantly and pharmacy delivery services able to meet local demand, the Hub has been stood down. The structures and pathways remain in place should the need arise again. Detail of local pharmacies and their delivery offer has been shared with all practices to support patients to nominate a pharmacy of their choice to meet their needs.

6.6 The Meds Update newsletter has continued to be produced during the pandemic which provides crucial medication related updates. The team have also participated in the GM Minor Ailments Scheme working group, developing support materials and streamlining the GM scheme. This is in line with NHS England Over the Counter (OTC) guidance.

7. SUPPORT TO CARE HOMES

7.1 The NHSE communication COVID-19 response: Primary care and community health support care home residents, dated 1st May 2020, set out the early introduction of a number of aspects of the Enhanced Health in Care Home Network Specification under the Primary Care Network Directed Enhanced Service. These were:

- Delivery of a consistent, weekly ‘check in’, to review patients identified as a clinical

priority for assessment and care.

- Development and delivery of personalised care and support plans for care home residents.
- Provision of pharmacy and medication support to care homes.

7.2 PCNs have developed their model of delivery, to reflect their workforce model in place and proposed through the Additional Roles Reimbursement Scheme and Partnership Locally Commissioned Services (LCS) bundle. All Tameside and Glossop Care Homes are aligned to a Primary Care Network and have a lead GP Practice. The SafeSteps app will support the identification and prioritisation of patients for assessment and care via weekly 'check in' and/or Multi-Disciplinary Team meetings.

7.3 The provision of pharmacy and medication support aspect suggested the support for care homes would require collaborative, clinical and professional co-working and leadership from across all pharmacy sectors. In response, the Medicines Management Team worked with colleagues to set up the Care Home Pharmacy Hub. The Care Home Pharmacy Hub is a virtual Single Point of Contact for all Care Homes across Tameside and Glossop. This is an operational model intended to integrate individual teams of pharmacy staff across the locality to provide a holistic pharmacy service to Care Homes and Care Home residents. The Medicines Management Technicians continue to support care homes with individual medication related issues and also provided virtual training on new policies to ensure readiness.

7.4 The system wide Enhanced Health in Care Homes Task and Finish group is in place to lead the oversight of the specification across the system beyond pandemic response phase. This group will co-ordinate the efficiency and effective use of the existing investment across those partners to maximise the personalised care offer to these patients. A lead PCN Clinical Director, to represent PCNs at this group, is in place.

8. PRIMARY CARE LIVING WITH COVID TASK GROUP

8.1 In May, a Primary Care Living with Covid (LWC) Task Group was established. This group, chaired by Dr Kate Hebden, Governing Body GP for Primary Care, has focussed on the action plan and any additional support required to deliver the phased return and resumption of general practice activity, incorporating the learning from the last few months.

8.2 This task group led the design and communication of clear and effective T&G GP guidance, moving from covid pandemic crisis management to the 'unlocking guidance' detailed in paragraph 3.3, self-care resources document and expectation guidance in relation to Locally Commissioned Services delivery.

8.3 The NHS England letters, Third Phase on NHS Response to Covid and the Update to GP Contracts, set out the expectation of general practice in relation to current delivery and the LWC Task Group will work, in conjunction with Primary Care Delivery and Improvement Group and Primary Care Ambition and Recovery Group, to drive this forward.

9. WORKFORCE

9.1 The resilience of general practice workforce, including through the PRG support, deployment of laptops to support home working and covid support costs to provide sickness absence cover has been detailed separately in this paper.

9.2 The risk assessment of staff across all primary care provider groups has been a key aspect of the pandemic response, with an assurance return on risk assessments undertaken by general practice forming part of the weekly CCG assurance return. The risk assessment of

pharmacy, dental and optometry contractor groups is overseen by Greater Manchester Health and Social Care Partnership (GM HSCP) as lead commissioner of those contracts. This risk assessment including specific questions on the number of risk assessments completed for BAME workforce, recognising the increased risk for those staff.

9.3 The Primary Care Network Directed Enhanced Service (DES) introduced the Additional Roles Reimbursement Scheme. This provides additional funding to PCNs to expand the number and the skill mix of roles delivering care to the registered population; these roles include, but are not limited to, Clinical Pharmacists, Social Prescribing Link Workers, First Contact Practitioners, Wellbeing and Care Co-ordinators. Although this pre-dates Covid, the recruitment to these roles will support the longer term pandemic response. This may include the proactive identification of patients who may have delayed accessing care.

10. NEXT PHASE

10.1 The next phase of Covid response focusses on the Build Back Better ambition, the proactive identification of patients who are clinically vulnerable and/or may have delayed accessing care and the focus on health inequalities. A separate paper will be presented to Strategic Commissioning Board on this later in the year.

10.2 Practices, as with the rest of the health and care system, are reporting the pressure in the system both due to demand and the additional complexity of that demand. The flu vaccination programme is underway with increased eligibility which compounds capacity and demand pressures. Social distancing and the doning and doffing of PPE increases the spacing and length of appointments and therefore the challenge to deliver 'usual' levels of activity without additional capacity.

10.3 The work through the Primary Care LWC group, together with feedback from partners, from Healthwatch and received via the Partnership Engagement Network will enable the understanding from lessons learned during this period is harnessed as part of the next phase response.

10.4 Communication and patient expectation is a key enabler to the success of transformation of models of care, learning through this pandemic response. We will work together with partners on this to ensure health inequalities are not compounded and access to care is not compromised as changes to delivery of services are implemented.

10.5 A combined model of digital and face to face care is essential however reflecting the expanding workforce roles and establishment of Primary Care Networks and therefore services being delivered from an increasing number of locations and services. Patient education and support around confidence to access general practice digitally where appropriate and able and more efficient use of direct access services will also form key aspects of this work.

11. RECOMMENDATIONS

11.1 As set out at the front of the report.