## Primary Care Commissioning Committee

<table>
<thead>
<tr>
<th>Date of meeting</th>
<th>25 June 2020</th>
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<tbody>
<tr>
<td>Agenda item</td>
<td>5</td>
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<tr>
<td>Paper No</td>
<td>PCCC20/038</td>
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### Primary Care Restoration and Recovery

#### Key issues

The enclosed paper and report provide updates on:
- Key areas of work related to the restoration and recovery of primary care services in Phase 2 of the NHS response to the COVID-19 pandemic, and
- The NHS West Hampshire CCG Primary Care Digital Programme

#### Strategic objectives / perspectives

The papers address the following CCG strategic objectives:
- Ensure safe and sustainable high quality services
- Establish local delivery systems
- Develop the CCG workforce

#### Actions requested / recommendation

The Primary Care Commissioning Committee is asked to:
- Note the NHS West Hampshire CCG update on the Restoration and Recovery key areas of work
- Note the NHS West Hampshire CCG Digital Programme Report

#### Principal risk(s) relating to this paper

The risks associated with these papers are all contained within the papers.

#### Other committees / groups where evidence supporting this paper has been considered

Not applicable.

#### Financial and resource implications / impact

The financial and resource implications arising from these papers are managed within the delegated financial resources.

#### Legal implications / impact

There are no legal implications arising from this paper.

#### Data protection impact assessment required?

No.
| **Public / stakeholder involvement – activity taken or planned** | Not applicable. |
| **Equality and diversity – implications / impact** | Not applicable. |
| **Report author** | Rachael King, Director of Commissioning - South West  
Claire Parker, Head of Digital |
| **Sponsoring Director** | Rachael King, Director of Commissioning - South West |
| **Date of papers** | 23 June 2020 |
Where are we now?

- **100% of practices operating a total triage model** to support the management of patients remotely where possible. Enabled by rapid deployment of digital technology including 1070 laptops, 1000 webcams, 1700 headsets, 400 smartcard readers
- **All practices operating video consultations** and 98% offering online consultations
- **160% increase in online consultations** (Feb – May 2020)
- **Primary Care Networks** leading enhanced care delivery in their community, rapid transformation with hot and cold sites – effective system leadership and delivery unit. If a second peak occurs, hot sites will need to be stepped up and additional staff will be required, especially at a time of mass flu vaccination.
- **72,000 shielded and vulnerable patients contacted** to ensure ongoing care and support plans are in place and needs met via MDTs. Significant joint working with Local Authorities, voluntary and community networks.
- **100% alignment of 629 HIOW care homes with PCNs**; named clinical lead, weekly virtual MDTs and medication support in place
- **Restoration of primary care activity** in line with infection and control guidance and suggested prioritisation (see slide). Continuing to provide **essential face-to-face** services (including home visits) through designation of hot and cold sites (or zoning) and teams to minimise the spread of infection. Ability to flex and consolidate in response to changes in capacity and demand.
- Increasing number of people now accessing primary care, including those at most risk of harm.
- Increase in 2ww cancer referrals and GP referrals (urgent and routine), with use of strengthened advice and guidance options
- **Daily resilience monitoring** in place to enable rapid enactment of resilience plans at PCN/ICP level including mutual aid.
**Suggested prioritisation of restoration of Primary Care activities**
(adapted from RCGP Guidance V8 10th April 2020**)

<table>
<thead>
<tr>
<th>Overwhelming COVID crisis</th>
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<tbody>
<tr>
<td>- Cancer care and 2ww referral</td>
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<tr>
<td>- Urgent care for acutely unwell adults/children including COVID work</td>
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<td>- Care Homes support</td>
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<tr>
<td>- Palliative / EOL – ACP</td>
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<tr>
<td>- Immunisations / vaccinations (incl. childhood)</td>
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<tr>
<th>Highest Priority Care</th>
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<tbody>
<tr>
<td>- Cancer care and 2ww referral</td>
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<td>- Urgent care for acutely unwell adults/children including COVID work</td>
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<td>- Care Homes support</td>
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<td>- Palliative / EOL – ACP</td>
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<tr>
<td>- High Risk Long Term Condition Care – Requires Remote Care and Risk stratification against Covid risk</td>
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<tr>
<td>- Urgent referral – including Investigations where immediately necessary</td>
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<tr>
<td>- Medication reviews (High risk medications only)</td>
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<tr>
<td>- Wound management (not suitable for self care)</td>
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<tr>
<th>High Priority Care</th>
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<tr>
<td>- Long Term Condition care - Remote Care &amp; Lower risk LTC Management to prevent worsened outcomes as not optimised</td>
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<tr>
<td>- Cervical Screening</td>
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<td>- Re-instigate all Immunisations / vaccinations (incl. childhood)</td>
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<tr>
<td>- Investigations where necessary to change clinical management</td>
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<tr>
<td>- Routine and urgent referrals</td>
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<td>- Learning Disabilities Health Checks</td>
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<td>- Essential injections</td>
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<td>- Medication reviews</td>
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<td>- Wound management</td>
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<tr>
<th>Intermediate Priority Care</th>
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<tr>
<td>- Routine non-urgent screening / care reviews - e.g. new patient check; frailty and &gt;75 yrs annual review, medication reviews</td>
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<tr>
<td>- Vitamin B12 injections - for post-bariatric surgery patients</td>
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<tr>
<td>- Contraceptive Services - e.g. reviews; LARC</td>
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<th>Low Priority</th>
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<td>- Minor surgery (excluding skin cancer excision)</td>
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<td>- Non urgent investigations that will not impact on treatment</td>
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<td>- Ring pessaries</td>
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<td>- Advice on mild self-limiting illness – for individuals, employers and schools</td>
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<tr>
<td>- Non essential paperwork</td>
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**Note:** For chronic care, priority groups are: Shielded [R] > Vulnerable [A] > low risk [G] and within each of these stable vs unstable. Clinical Elements to consider:

Highest priority - Respiratory, diabetes and cardiac, and active cancer Rx – again unstable or recent hospital episode are higher priority.

Our key priority is the further development of Integrated Care Teams to enhance community capacity to proactively support vulnerable people and those with complex need. This is a system approach involving all partners, including the voluntary sector and community networks.

Integrated Care Teams:
- Empower people to feel more in control of their health and wellbeing and to have choice over the decisions that affect their care
- Ensure the person only needs to tell their story only once; by sharing information and reducing the number of transfers between community health and care services
- Proactively identify people at risk of becoming unwell and the provision of support and care in line with their personalised care plan
- Create a team working environment with shared outcomes/vision
- Support the sustainability of primary and community care services
- Reduce the number of avoidable hospital admissions

Delivery plans developed and in train to enhance ‘one team’ approach and increase capacity prior to winter period. This consists of re-focusing existing workforce and enhancing teams through recruitment to PCN additional roles and wider.
**Care Homes**

**AREAS OF FOCUS**

1. Safe and Personalised Care
2. Provider Workforce Resilience
3. Care Home Clinical Support
4. Preventing the spread of infection
5. Financial Resilience
6. Effective Engagement

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**What have we done?**

- Actively supported our upper tier local authority partners in their recent Care Home Response for Government.
- Significantly enhanced primary and community health support to all CQC registered care homes in line with EHCH model including:
  - an identified clinical lead for each care home
  - delivery of a weekly virtual MDT check-in to review patients identified as a clinical priority for assessment and care
  - remote monitoring of COVID-19 patients utilising pulse oximeters and other equipment and the prescription and supply of oxygen for treatment
  - development and delivery of personalised care plans
  - provision of medication and pharmacy support to care homes
- Working with and supporting our upper tier Local Authorities to deliver against the agreed action plans for each of the 629 LA identified Care Homes in Hampshire and the Isle of Wight. This includes a package of support is in place focusing on infection control, testing, PPE, workforce and clinical input.
- The additional funding for Care homes (first tranche of over £10M) allocated to LA’s has been distributed.
- Supporting our LAs in the Local Outbreak Management Plans.
- Developing and rolling out the telemedicine model to include tele-rehabilitation by using virtual technology such as balanced exercises, training etc. to support independence.
- Maintaining and further developing our collective support and engagement with care homes.

*We will continue to work closely with care homes to embed the support offer and strengthen joint working. This will be supported through the further deployment of digital technology.*
Primary care and care homes

The role of primary care in recovery – next steps

Retain, embed and build on the transformational change – ensure primary care, as the building block of the NHS, is a strong and resilient system partner. Key priorities in line with HIOW restoration and recovery framework:

1. **Continued focus on prevention and self-management** – empowering people to take control of their own health and well-being. Delivery of immunisation and screening programmes, including the planning and delivery of the 2020/21 flu immunisation programme in collaboration with local partners.

2. **Primary Care Networks**: Continue to support the development of PCNs, PCN leadership and the implementation of the Directed Enhanced Service specifications including recruitment to additional roles in collaboration with system partners.

3. **Virtual triage and care delivery**: Retain and expand digital technology support. Ensure optimised use by primary care through deployment of training and support packages (national and local).

4. **Shared decision making**: Enhanced shared decision making through strengthened collaborative working (including referral support/advice and guidance) ensuring right place, first time.

5. **Enhanced Community Model**:
   - **Proactive Care**: Further develop Integrated Care Teams and the proactive management of high risk and vulnerable patients (including shielded patients and care home residents) to ensure they have the support they need. Continue to build on the strong collaborative working with the Local Authorities, voluntary and community networks. Utilise population health management to further risk stratify and identify cohorts of patients who could benefit from tailored support packages.
   - **Reactive care**: Working in collaboration with community providers, further enhance community rapid response teams to enable more people to be supported in the community, reducing unnecessary hospital admissions.

Issues and mitigation

- 2ww and GP referrals remain lower than pre-COVID-19 – local and national communications to reinstate public confidence.
- Impact of social distancing and infection and control measures on capacity and throughput including the need to retain designated hot and cold flow.
- Restoration of services safely but ability to quickly consolidate as necessary in line with agreed plans.
- Staff shortages from staff shielding or isolating mitigated through use of locums and GP returners/retainers.
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Digital Programme

WHCCG Primary Care Committee
June 2020
Digital & Primary Care Recovery & Renewal

- The Recovery programme is being utilised to refresh the HIOw Primary Care Digital Roadmap (PCDR) that had commenced prior to Covid-19. It has been agreed:
  - The purpose of the roadmap is still valid, the approach and scope are still appropriate
  - The starting position, national directives and appetite for progress and transformation have all changed
  - The Primary Care Recovery group will help us re-set the PCDR and serve as the vehicle for re-engagement
- Focus on;
  - Refining and optimising total triage and the flow for practices and patients through tools such as e-consult, video consultations and other text or web-based communications with patients
  - Use of self-management and remote monitoring solutions to improve and support remote care
  - STP Population Health Management Programme has been linked to support PCN’s with data insights for risk stratification
  - Communications to inform patients regarding new solutions and the ‘new normal’ with regards to interacting with their GP
  - Facilitating collaborative working – specifically progressing interoperability & integrated working with community partners
- Confirmation needed from NHSE re revised national directives and Digital First Primary Care funding (to support delivery of the PCDR)

GPIT Capital Programme & N365

- GPIT Capital Programme funding has not been confirmed or released by NHSE at present although informally it’s suggested allocations will remain as indicated prior to Covid-19 (£2m for HIOw)
- Expressions of interest were submitted to NHSE in February, but requests for business cases were not made due to Covid-19
- The GPIT Capital Programme Board and HIOw Digital Commissioners Forum have reviewed the plan and agreed to go at risk on some items, namely practice mergers/migrations and replenishing key stock. This will remain under review.
- Other components of the programme may be impacted by the newly announced N365 agreement and are under review. (N365 – NHS deal for Microsoft Office 365)
- Preparatory work is underway to respond regarding the N365 deal. A single response will be submitted for HIOw CCG’s and is to be agreed at the HIOw Digital Commissioners Forum in July to meet the required submission dates.
Online & Video Consultations

**Online Consultations**

- 100% WHCCG Practices live with online consultations using e-consult or a suitable alternative.
- Monthly data provided to CCG’s.
- Optimisation support still in progress – 67 practices across HIOW supported, either self-referred or identified by their CCG.

**Video Consultations**

- 100% WHCCG Practices signed up to video consultations.
- Data shared with CCG’s weekly to review and work with practices as required.
Remote Access & Provision of Hardware

| Laptop Deployment | • An additional 1070 devices made available across HIOW for Primary Care to support remote and mobile working  
|                   | • WHCCG has received circa 546 of these devices |
| Remote Access     | • 2 routes will remain in place for remote access, both via a solution called ‘Connect Tunnel’. This is used via the laptops deployed and can be accessed via personal devices to connect to the practice network.  
|                   | • Users of Microsoft Direct Access (old solution for TPP sites) are being transitioned across by Healthcare Computing  
|                   | • Remote Access by General Practice across HIOW has increased by 300% compared to pre-COVID |
| Headsets & Webcams| • Sourced and deployed 1700 headsets and 1000 webcams to GP’s across HIOW  
|                   | • A further 700 of each are expected to be distributed by the end of June. |

Facilitating Collaborative Working

| Microsoft Teams  | • MS Teams enabled nationally, available to practices as part of NHSMail provision.  
|                  | • CSU Training team supporting to create teams for practices and provide training  
|                  | • Wessex AHSN are supporting practices & care homes to connect via MS Teams |
| Hot / Cold Site Collaboration & CCAS | • Requests issued to EMIS/TPP re new sharing agreements required to support hot and cold site consolidation plans  
|                                      | • Practices informed and supported re local config via EMIS/TPP/GP Connect. GP Connect enabled to facilitate record access & appointment booking from CCAS |

Patient Online Services & The NHS App

• In April, patient registrations for online services increased by 25% for HIOW compared to March  
• Between February 2020 – May 2020 Patient registrations for the NHS App increased by 49% for HIOW