Meeting: Primary Care Commissioning Committee

Meeting Date	27 May 2020	**Action**	Approve
Item No.	5	**Confidential**	No
Title	COVID-19 Update		
Presented By	Zoe Alderson, Head of Primary Care		
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Executive Summary

The following paper aims to provide Primary Care Commissioning Committee (PCCC) with an overview of the Primary Care and Medicines Optimisation Teams (MOT) work programme during the COVID-19 outbreak. The paper outlines the key asks of primary care and the current status of those asks.

In addition, the paper highlights two areas of work which require PCCC need to be particularly sighted on:
- Support for Care Homes
- Information Management and Technology

Recommendations

The Primary Care Commissioning Committee is required to:
- Receive the update being provided
- Support the decision that sufficient funding has already been made available to practices, enabling a COVID-19 response for care homes
- Formally note the decision of Governing Body to approve the purchase and roll out of askmyGP as the total triage solution for Bury
- Consider the request for funding and implementation support for alternative online/video consultation software
- Approve the recommendation to produce an options appraisal around the Bury GP SOC

Links to CCG Strategic Objectives

SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	☒

SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	☐
SO3 Budget To deliver a balanced budget for 2019/20	☐
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	☐
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF *[Insert Risk Number and Detail Here]*	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Have any departments/organisations who will be affected been consulted ?	Yes	☐	No	☐	N/A	☒
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	☐	No	☐	N/A	☒
Are there any financial Implications?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. Delete this text if you have ticked No or N/A						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	☐	No	☐	N/A	☒
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	☐	No	☐	N/A	☒
Are there any associated risks including Conflicts of Interest?	Yes	☐	No	☐	N/A	☒
Are the risks on the CCG's risk register?	Yes	☐	No	☐	N/A	☒
If you have ticked yes provide details here. If you are unsure seek advice from Lynne Byers, Email - lynnebyers@nhs.net about the risk register.						

Governance and Reporting		
Meeting	**Date**	**Outcome**

COVID-19 Update

1. Introduction

1.1 The following paper aims to provide Primary Care Commissioning Committee (PCCC) with an overview of the Primary Care and Medicines Optimisation Teams (MOT) work programme during the COVID-19 outbreak. The paper outlines the key asks of primary care and the current status of those asks.

1.2 In addition, the paper highlights two areas of work which PCCC need to be particularly sighted on:
- Support for Care Homes
- Information Management and Technology

2. Background

2.1 Both the Primary Care and Medicines Optimisation Team's work plans have been temporarily stood down to redirect support to the wider health and social care system in Bury's response to COVID-19.

2.2 During this time general practice has been flexible to the ever-changing asks that have been put upon them these include:

Task	Overview	Current Status
Sit Rep Reporting by Practices	Supporting the completion of a CCG daily sit-rep	Most practices are now completing daily
	Supporting the completion of Greater Manchester daily sit rep	Practices receive daily reminders Looking at how this work can be merged including the additional ask of OPEL reporting
Shielding	Identification and support for at risk patient groups	Ongoing
Care Homes	Clinical lead to be identified for all CQC registered homes along with some specific requirements	see section 4 for overview of this programme
	Increase pharmacy support into care homes at pace	
Routine General Practice	Step up and step down non-essential services as required	Discussion are now ongoing about which and how services will step back up
Bank Holidays	Opening in response to anticipated increase in demand	10&13/04/20 – All practices open 08/05/20 – Mixed approach Practice and Hub model 25/05/20 – Extended working hours model
Information Management & Technology	Enabling remote working for those that can	Initial work complete Further deployments planned as part of desktop refresh programme

	Implementation of a digital first approach to care including imbedding a whole new system and pathway for appointments/care enquires	see section 5 for overview for this programme
	GP Connect to enable direct booking from 111(vision now in pilot phase)	Once testing is complete, practices will need to configure their appointment books. The regulations have also been amended and practices now need to make one appointment per 500 registered patients per day available for direct booking. This supersedes the previous requirement to make one appointment per 3,000 registered patients per day available for direct booking.
	Increasing Electronic Prescription Service (EPS) in practices at pace, to reduce footfall and contact, remove the need for most paper prescriptions	Complete
	Increasing Electronic Repeat Dispensing (eRD) in practices at pace, to reduce footfall and contact	Complete
Leadership	Working together as leaders to develop business continuity plans as a collective rather than independent providers (e.g. buddying arrangements, hub model) which could be enacted when required	Ongoing
COVID-19 management service (CMS)	Supporting the establishment of a second and third CMS site by giving up their premises should it be required	Second site unlikely to be needed. Decision if Spring Lane can move back to original premises likely at the end of May
Drug monitoring	Reviewing and supporting practices to amend routine monitoring to reduce footfall and contact	Complete
Warfarin review	Appropriate reviews and switching to alternative via Intrahealth to reduce footfall and contact	Complete
End of Life (EOL) provision	Enhance primary care delivery of EOL in community	On-going -enhancing 24/7 provision of medicines in line with regional ask -support pack for primary care

FAQ & key messages	Communicating important information via GP Bulletins and fortnightly webinars e.g. evolving guidance, issues with prescription management, messages to the public	On-going
Community Pharmacy (CP)	Ensure CP plans align with wider primary care COVID-19 response particularly to support general practice e.g. CMS & Bank holiday working, communication with CP PCN leads	On-going with regards to EOL and care homes support

3. Establishing the 'new normal'

3.1   As we hopefully start to return to normal life we need to learn and progress from what's been achieved during the COVID-19 outbreak and establish a 'new normal' for Primary Care, this could mean:

- Empowering people to continue to look after their own health e.g. by increasing or encouraging the use of technology to support long term condition management
- Maintaining reductions in footfall seen in all settings by continuing and expanding the digital first approach across services (e.g. EPS, eRD, virtual clinics etc.)
- Encouraging and enabling agile working for a wider workforce potentially enabling a rationalization of estate
- Using technology to deliver training/engagement/meetings virtually giving people back valuable time often lost to traveling
- Harnessing the leadership that has been shown to coproduce
- Aspects of EOL provision in response to COVID-19 will remain for the foreseeable future
- Working with secondary care to improve arrangements around shared-care (drug monitoring) including mental health trusts on transfer of care

3.2   From a MOT perspective although remote working will continue, relationships with practices have been built from a physical presence in the practice on a regular basis. Communication methods have altered but consideration will need to be given to how we can safely introduce this physical presence that has always been well received and invaluable particularly to the success of practice-facing work.

3.3   Primary Care Commissioning Committee will receive further detail on the intended recovery plan in the coming weeks.

4. Care Home Update

4.1   As part of the second phase response it was stated that elements of the Primary Care Network (PCN) Directed Enhanced Service (DES) would be brought forward to May, further details of what those requirements are where published in the COVID-19-response-primary-care-and-community-health-support-care-home-residents document that was dated the 1st May 2020.

4.2   As a level of work had already taken place to support Care Homes a mapping exercise was undertaken to understand potential gaps, theses where identified as:

Gap	Current Position
Initial mapping to ensure all CQC registered homes have been included within our work to date	This work revealed a further 4 MH/LD homes that were not previously considered
Regular MDTs (and the tech to support these)	A Task and Finish Group has been established via the Local Care Organisation, both Primary Care and MOT are linked into these discussions Technology to support this is being purchased e.g. tablets
Dental input	GM supporting
Clear secondary care offer	Links to Task and Finish group
Arrangements for increasing the prescription and supply of oxygen	Details have now been added into mapping document, no longer a gap
Support for Care Homes with Mental Health (MH) and Learning Disability Patients (LD)	See section 4.5

4.3   Primary Care are required to complete a weekly sit rep against the following key response requirements

- Weekly 'check ins'
- A process for the development of personalised care and support plans
- Clinical pharmacy support, including medication reviews to care home residents
- A named clinical lead[1]

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[1] A named clinical lead is an identified individual (or job share) who will provide clinical leadership for the COVID-19 primary care and community health service support, to a particular care home or set of care homes.

4.4   The borough of Bury has 56 CQC registered homes (according to data provided by NHS England). 27 of these fully meet the requirements of the second phase response request 29 partially meet the requirements.

4.5   Over the coming week/s the following actions will be taken in order to ensure the remaining exceptions to this are resolved:

1. Weekly check ins – all care homes receive regular calls from the provider relationship team (within the council). Questions will be added to that call to include clinical concerns that aren't being supported/addressed.
2. A process for the development of personalised care and support plans – these homes are mainly MH/LD homes they will have various health and social care plans in place, the data we extract will support this assurance or help us see where we have gaps. We will also explore further a wider neighbourhood or network approach covering lifestyle/screening/health checks etc.
3. Clinical pharmacy support, including medication reviews to care home residents – it is envisaged that this will sit within the PCN pharmacists work plan

4.6   Guidance suggests that any additional costs for general practices which cannot be met from their existing resources may be eligible for reimbursement. However, given that locally we have maintained a level of funding for practices around enhanced services which are not currently being delivered this should be being sufficient to offset against any additional costs to meet the care home requirements in all of the CQC registered premises.

4.7   PCCC are asked to support this approach.

5. Information Management and Technology

5.1.   Ask My GP

5.1.1. Primary care has seen an overwhelmingly shift to digital usage during COVID-19 as a means of maintaining patient care e.g. online triage, video consultations, eRD, text messaging etc.

5.1.2. This was as a direct result of NHS England's directive that a total triage solution should be in all practices by the 30th of April 2020.

5.1.3. On the 30th March 2020 Governing Body (GB) was presented with, and approved a business case which would see askmyGP being the single solution purchased and rolled out by Bury CCG during this national emergency. The timeline for completion was formed around the following:
- The earlier the return of the Dynamic Purchasing Framework (DPF), the quicker a solution could be rolled out
- Part of the options appraisal listed 'Conduct a consultation exercise for General Practices to choose their own consultation platform'. This was rejected by GB because:
  - A pathfinder assessment would have been required (at each practices expense) for new systems and the AskmyGP pathfinder assessment had

already been done in two separate sectors.

- A proliferation of solutions would not enable the CCG to be agile on managing emergency demand via a hub system if required.
- Any delay would risk that there may be no improvement realised regarding patient access in real-time.
- Multiple solutions would not be sustainable and more difficult to support from a maintenance point-of view.
- Any harm subsequent to a delay could cost highly in terms of patient injury.

5.1.4.   The GB concluded that the option of consultation would not help during the COVID-19 pandemic due to the length of time involved to achieve this. Additionally the AskmyGP solution:

- Was in line with the NHS Long Term Plan 'Digital First' offer.
- Provided easy patient digital access - 24 hours a day.
- Was mobile phone-friendly.
- Was a system ready to use on start date and immediately replaced the existing system.
- Had a remote & rapid set-up via Transform Express.
- Had evidence of setting up over a 50,000 patient base over 3 days.
- Allowed learning from the existing practices to help support others during the roll-out.
- Would maintain continuity across Bury in the event of condensing practices into Hubs during COVID-19 era.
- Had all consultations types supported.
- Could be used remotely with VPN.
- Had good evidence to state that initial patient demand typically switches to 80% online.
- Covered approximately a quarter of the population of Bury and was in the process of being rolled out to 33% coverage.

5.1.5.   Primary Care Commissioning Committee are provided with an update regarding that roll out.

Practices	Status	Description	Next Step
17	Live		
1	Scheduled	Longfield 1/6/20	Practice to complete setup with provider
2	Alternate solution requested by the practice	Blackford House (accurx) and Birches (Iplato)	Both Practices have been informed additional funding is not available and have been asked to confirm whether their chosen solution meets NHS Online consultation criteria.
1	Overdue	Garden City	Contact Practice Manager to discuss beginning set-up to aid remote working
5	Overdue	Townside Uplands Huntley Mount Elms Walmersley	4 Practices have verbally confirmed their intent to sign up in the next week.

5.1.6.   The CCG has established an askmyGP sharing forum via Teams in order to support

those both live and going live and feedback to date is positive.

5.1.7. The CCG has a small number of practices who have not yet set a go live date and work is ongoing to resolve this.

5.1.8. PCCC are advised that two practices do not wish to take up the offer of askmyGP, they have therefore been asked to confirm how their chosen solution meets the digital first contractual requirements (line 3 in the table above).

5.1.9. A request has been made for the CCG to reconsider its decision not to support the implementation of alternative systems both financially and from a project support prospective. The PCCC is asked to consider this request but is reminded that this goes against the decision made at GB and would have both a financial and capacity risk should it recommend a change in decision.

5.2. **System of Choice (Vision)**

5.2.1. Prior to the COVID-19 outbreak PCCC was provided with an overview of the wider primary care IT work programme which included interoperability concerns with our system of choice (SOC) as well as their responsiveness to dealing with practice issues. During COVID-19 these concerns/issues have continued to play out and PCCC is therefore asked to consider whether it remains our system of choice.

5.2.2. It is therefore recommended that in line with the Urgent Care proposals (pre-COVID-19) the Primary Care IT leads (Clinical and Managerial) consider the options available to us. PCCC should note that supporting this recommendation will likely require additional project management support both in terms of exploring and implementing any alternative options.

6. Recommendations

6.1 Primary Care Commissioning Committee approve the recommendation to produce an options appraisal around Burys GP SOC.

7. Actions Required

7.1 The Primary Care Commissioning Committee is required to:
- Receive the update being provided
- Support the decision that sufficient funding has already been made available to practices, enabling a COVID-19 response for care homes
- Formally note the decision of Governing Body to approve the purchase and roll out of askmyGP as the total triage solution for Bury
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