

Meeting: Primary Care Commissioning Committee			
Meeting Date	22 July 2020	Action	Consider
Item No.	5	Confidential	No
Title	General Practice Recovery		
Presented By	Amy Lepiorz, Deputy Director of Primary Care		
Author	Amy Lepiorz, Deputy Director of Primary Care		
Clinical Lead	Jeffrey Schryer, Clinical Chair		

Executive Summary
This paper is to provide the Primary Care Commissioning Committee with an update of the work taking place to facilitate the re-introduction of core primary medical services (those provided by general practice). It provides the Committee with an overview of current service provision, the national ask and how that is being managed locally.
Recommendations
It is recommended that the Primary Care Commissioning Committee: <ul style="list-style-type: none"> receive and note the work that is taking place with regards to general practice recovery

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	<input type="checkbox"/>
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	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	
GBAF <i>[Insert Risk Number and Detail Here]</i>	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Aim of work is to ensure equity of care</i>						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>Engagement with representative of the PCNs and survey's with practices</i>						
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome
PC Workstream (GP Operational Recovery Group)	Various in June/July	Development of the project scope and the principles articulated in the paper

General Practice Recovery

1. Introduction

- 1.1. This paper is to provide the Primary Care Commissioning Committee with an update on the work taking place to support the re-introduction of core primary medical services (those provided by general practice). It provides the Committee with an overview of current service provision, the national ask and how that is being managed locally.

2. Background

- 2.1. From early March general practice started to see a reduction in demand for services as the Covid-19 pandemic started to spread. Many practices started to cancel routine non-urgent care as face to face appointments were reduced in response to infection control advice. By late March general practice were advised through national guidance to triage all patients prior to an appointment and to provide as much care as possible remotely. The CCG supported the funding of digital phone-based software, askmyGP, to assist practices with a digital first way of working.
- 2.2. In late March NHS England informed practices and CCGs that no practice should be adversely financially impacted by the pandemic and that commissioners should ensure that practices continue to receive an income at the same level as 2019/20. A number of core contractual requirements were suspended and income was no longer related to activity for directed enhanced services and QOF. The CCG also reached a similar local agreement for services commissioned by the CCG and Public Health, namely the quality in primary care contract and health checks.
- 2.3. In response to directions from NHS England, the Covid Management Service was set up. This service provides face to face care for people with symptoms of Covid-19 that require primary medical services which cannot be provided remotely by their own practice. The service currently does not provide the same range of services provided within routine general practice
- 2.4. In early April the Royal College of General Practitioners released a list prioritising activity as either high, medium or low priority. A survey sent to practices in June demonstrated inconsistency of service provision across Bury, with some practices reporting that high priority activity had been suspended. We are currently working with practices to understand the challenges they have in undertaking the activity.
- 2.5. In June, NHS England released a standard operating procedure¹ (SOP) indicating the need for general practice to re-start routine care. This has been followed by a Best Practice Guide produced by the Greater Manchester Health and Social Care Partnership and a letter from NHS England² dated 9th July 2020 re-instating

¹ <https://www.england.nhs.uk/coronavirus/publication/managing-coronavirus-covid-19-in-general-practice-sop/>

² <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0569-Second-phase-of-General-Practice-response-to-COVID-19--update-to-GP-contracts-and->

previously suspended contractual requirements and encouraging practices to work with CCGs to prioritise the re-introduction of routine care.

3. General Practice Recovery Task and Finish Group

3.1 In June the Primary Care Workstream was re-established, having been stood down during the initial response to the pandemic. The workstream was tasked with focusing on the recovery of core general practice balancing the national asks with what is right for the Bury population. The membership of the group was adapted to reflect the ask, by including wider general practice involvement

3.2 The group are working towards three main tasks:

- To articulate the Bury ambition for the 'new normal' for general practice
- To develop a plan on how to achieve the 'new normal' in a step-wise manner based on priorities
- To develop a framework on how primary medical services can be stepped up (and stepped down if needed) to create as much consistency as possible for people in Bury?

Whilst considering the following factors:

- How general practice services will be re-instated following the national guidance
- How all cohorts of patients will receive primary medical services - those with Covid type symptoms/isolating due to exposure to Covid; those shielding and everyone else
- How we build on the learning and new ways of working introduced since the start of the pandemic
- How to ensure consistency in the availability of services to Bury-registered patients and support those practices who may have gaps
- Patients' views on service prioritisation and delivery models

3.3 The outputs of the group are being developed with engagement of our practices via various task and finish sub-groups, surveys and updates via the GP bulletin and webinars.

4. The Bury Ambition

4.1 The task and finish group have reviewed the requirements in the NHS England SOP and articulated the local ambition based on the key themes captured within the document. Four key themes have been identified:

4.2 **Digital First-** the pandemic has seen the rapid deployment of remote consultations, with all patients being triaged and only receiving face to face care where it is appropriate for the patient's medical or personal needs. The use of online

[income-protection-a.pdf](#)

consultations is a contractual requirement and the feedback from practices through a digital first model is a positive shift in the way practices work. The group have therefore proposed that a digital first offer remains.

- 4.3 **Safe Working Environment-** it is acknowledged that Covid-19 will be circulating for a number of months or longer before an effective vaccination/treatment is found. Practices will be expected to re-introduce routine care in this environment and therefore safe working practices are important. Support in the form of IM&T equipment will be prioritised to staff based on their risk assessment. Support will also be provided to practices on infection prevention and control training and advice.
- 4.4 **Consistency of Access-** all patients in Bury should have access to the same level of care regardless of their Covid status. This acknowledges that, with the uncertainty around Covid immunity and the potential that individuals might need to self-isolate several times due to test, track and trace, clinical demand for full primary medical services may become greater. The practicalities of which need to be worked through.
- 4.5 **Building Back Better-** The ambition is to support practices to re-start (and if needed step down) services consistently across Bury. This involves targeting people that will gain the most benefit from effective interventions, building on the new ways services have been delivered from the start of the pandemic. The approach to this is demonstrated in the model shown in Appendix One.

It is acknowledged that different practices will have different capacity to step up services and by focusing support and encouraging network working we should be able to achieve equality of care whilst the pandemic remains.

- 4.6 Sub-groups of the Primary Care Workstream have been set up looking at these themes, along with a sub-group working to capture patient experience of care during the pandemic. The outputs of the groups will help to shape a local framework articulating how Bury aims to meet the national recovery ask.

5. Considerations

- 5.1 Whilst planning and implementing recovery there remains a number of uncertainties, such as how the will pandemic progress, whether there will be a second wave, and what impact test, track and trace could have on general practice. The framework for recovery is being planned in such a way that should not only see services stepped-up consistently, but also stepped-down in a consistent manner if required.
- 5.2 We have a good understanding of the impact that risk assessments undertaken on practice staff have had on practices' capacity. No practice has declared significant issues due to these assessments. As the pandemic progresses the at-risk cohort may change again, as already seen, and any impact of this on practices is unknown.
- 5.3 The group is focused on the recovery of core general practice and work is also taking place on a more strategic level on the recovery of other aspects of the health and social care system, for example social care and urgent care recovery. These pieces of work are likely to have an impact on the work of general practice and it is

acknowledged that core recovery cannot take place in isolation. Interdependencies with other Recovery Workstreams are therefore being led by members of the Primary Care workstream and built into the Primary Care workplan.

- 5.4 The requirements of the locally commissioned services have been suspended until the end of September 2020. The outputs from this recovery group, the strategic recovery groups and the original ambitions of these services will need to be drawn together when considering the future of the locally commissioned services post-September.
- 5.5 Appendix Two demonstrates the step-wise approach to general practice recovery

6. Dental, Optometry and Pharmacy Services

- 6.1 Core dental, optometry and pharmacy services are commissioned directly by NHS England and recovery has been led locally by the Greater Manchester team.
- 6.2 The majority of community pharmacy services have remained in place since the start of the pandemic.
- 6.3 Routine dental and optometry services were suspended and recovery of these commenced in late June.
- 6.4 The recovery of all of these services is supported by national SOPs ³

7. Recommendations

- 7.1 The Primary Care Commissioning Committee is required to:
 - receive and note the work that is taking place with regards to general practice recovery

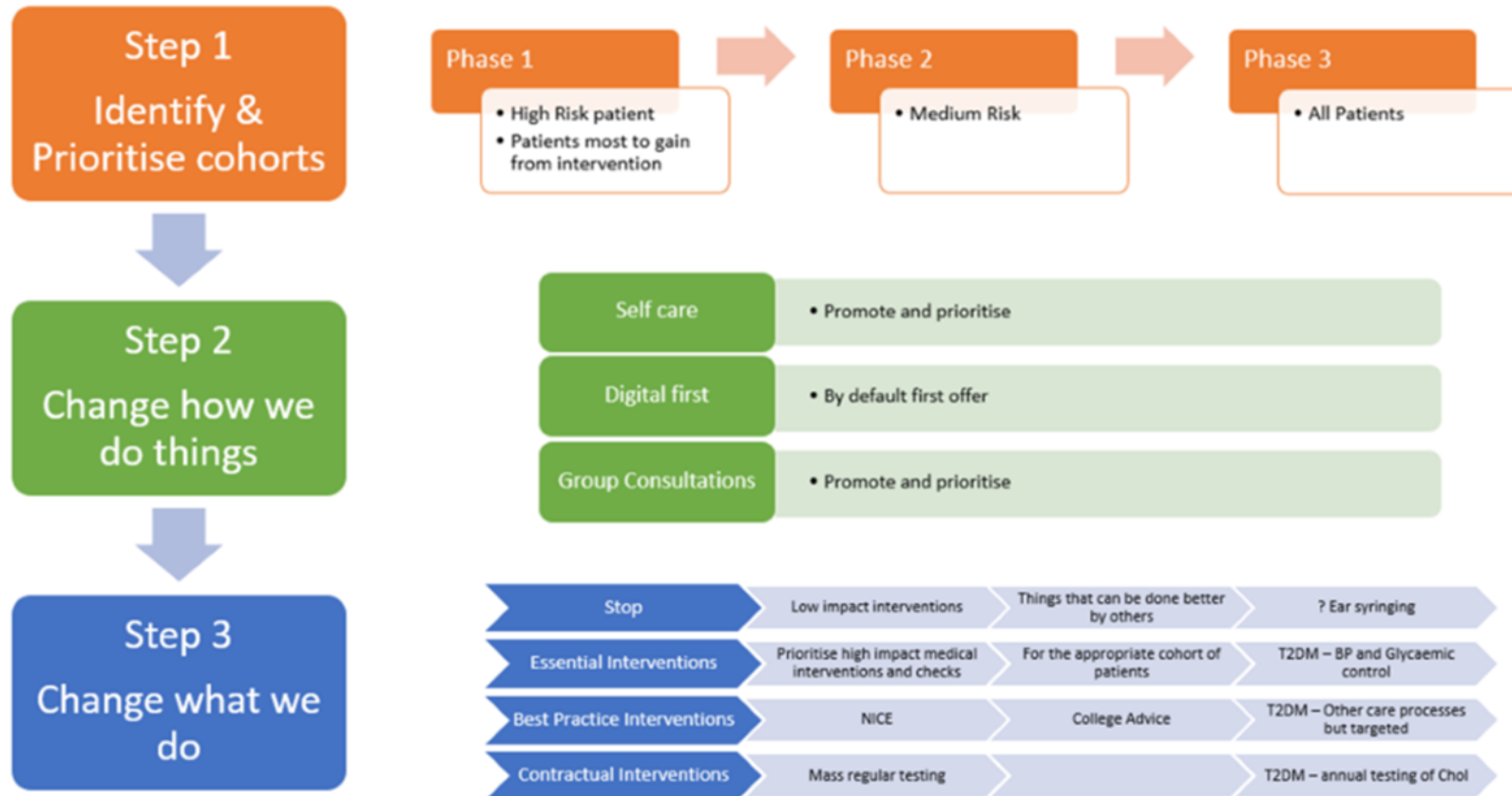
Amy Lepiorz

Deputy Director of Primary Care
July 2020

³ <https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/06/C0575-dental-transition-to-recovery-SOP-4June.pdf>
<https://www.england.nhs.uk/coronavirus/publication/guidance-and-standard-operating-procedure-primary-care-optical-settings-in-the-context-of-coronavirus-covid-19/>
<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/Novel-coronavirus-COVID-19-standard-operating-procedure-Community-Pharmacy-v2-published-22-March-2020.pdf>

Appendix One-

Model for consideration of prioritisation of interventions



Appendix Two-

Step-wise approach to recovery

