

Meeting: Primary Care Commissioning Committee			
Meeting Date	24 March 2021	Action	Receive
Item No.	6	Confidential	No
Title	Primary Care Workstream End of Year Report		
Presented By	Zoe Alderson, Head of Primary Care		
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Executive Summary

This report is to provide the Committee with an overview of the work undertaken within 2020/21 under the primary care workstream. The primary care workstream incorporates the work programmes of the primary care, medicines optimisation and until recently the referral booking and management teams.

The paper guides you through the main pieces of work undertaken in each quarter of 2020/21 and provides an overview of the developing thoughts for 2021/22 priorities.

As with all parts of the health and social care system 2020/21 has been a challenging year for both members of the primary care workstream and primary care providers. Strategic and operational plans were quickly changed to respond to the Covid-19 pandemic.

The traditional workstream governance was replaced by the system command and control response with most of the primary care response at the beginning of the pandemic being coordinated via health and care silver group. During the summer period the workstream governance was re-established with a focus on recovery, only to be replaced in the winter months by the silver response.

Recommendations

- The Primary Care Commissioning Committee is asked to:
- receive the report and note the work of primary care workstream during 2020/21
 - to provide comments and view on 2021/22 priorities for the primary care workstream

Links to CCG Strategic Objectives

<p>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</p>	☒
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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	<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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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"/>

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

Primary Care Workstream End of Year Report

1. Introduction

- 1.1. This report is to provide the Committee with an overview of the work undertaken within 2020/21 under the primary care workstream. The primary care workstream incorporates the work programmes of the primary care, medicines optimisation and until recently the referral booking and management teams.
- 1.2. The paper guides you through the main pieces of work undertaken in each quarter of 2020/21 and provides an overview of the developing thoughts for 2021/22 priorities.

2. Background

- 2.1. As with all parts of the health and social care system 2020/21 has been a challenging year for both members of the primary care workstream and primary care providers. Strategic and operational plans were quickly changed to respond to the Covid-19 pandemic.
- 2.2. The traditional workstream governance was replaced by the system command and control response with most of the primary care response at the beginning of the pandemic being coordinated via health and care silver group. During the summer period the workstream governance was re-established with a focus on recovery, only to be replaced in the winter months by the silver response.

3. Quarter One 2020/21

- 3.1 The Covid-19 pandemic began to impact primary care services in Bury at the end of 2019/20. At this point the key priority was ensuring the stability of primary care services, namely ensuring safe infection prevention and control guidance was available and followed, a Covid Management Service (CMS) to manage symptomatic patients within primary care was set up and the income protection of locally commissioned services and QoF. As 2020/21 commenced the relevant teams within the workstream provided support on interpreting national policy and developing local guidance on the prioritisation of primary care services and associated clinical, pharmaceutical and contractual advice. With the medicines optimisation team working closely with system partners on a new end of life pathway. Daily bulletins were introduced, now sent weekly, to streamline the volume of information being sent out and to provide an easy reference point, along with fortnightly webinars providing a discussion forum for the latest developments.
- 3.2 As soon as the silver command and control governance was implemented, all members of the workstream re-prioritised existing workplans and the managerial and clinical support from within the GP Federation, primary care and medicines optimisation teams aligned in order to ensure the strongest possible support to local primary care providers. A key piece of joint work was the strengthening of general practice business continuity plans and the developing of a hub model to ensure all

Bury patients could access a minimum standard of care should individual practices be acutely impacted. This model was revised and strengthened throughout the year, but luckily was not needed to be implemented.

- 3.3 The teams also worked closely with the GM team to ensure local resilience for all primary contractors regardless of commissioning responsibility. This was particularly important for the local community pharmacy network who experienced unprecedented demand for services without the ability to operate a 'closed-door' model.
- 3.4 Tower- Spring Lane relocated from their premises to accommodate a further CMS clinic, temporarily locating into space occupied by Rock Healthcare. Both practices demonstrated their commitment to patient care by working together in difficult circumstances. As the pandemic progressed it became clear a second CMS site was not required and Tower- Spring Lane moved back to their own premises during the early part of quarter two.
- 3.5 The first quarter saw an acceleration of the digital first offer with the askmyGP platform rolled out to all but two practices (these practices have chosen a different provider). Digital First was an existing priority with the pandemic resulting in a roll out that was more rapid than even the most optimistic project timescales. The medicines optimisation also provided focused support to practices to ensure all were able to successfully operate electronic prescriptions and place suitable patients onto repeat dispensing, again this was an existing initiative accelerated due to the pandemic.
- 3.6 Early on it was clear that care home residents were amongst our most vulnerable patients and that care staff were facing significant challenges. Working closely with the provider relationship team aligned proactive general practice and pharmaceutical support was implemented. This support has been strengthened throughout the year with the piloted implementation of monitoring tools and proactive multi-disciplinary team meetings inline with the PCN DES.
- 3.7 Tragically, quarter one saw the passing of Dr Al- Dubaisi, the lead GP and contract holder of Garden City Medical Practice, from Covid-19. Practices within the Bury PCN stepped in to support the practice team and the Committee appointed Huntley Mount supported by Walmersley Road as the caretakers whilst a full options appraisal and subsequently decided procurement process was undertaken.

4 Quarter Two 2020/21

- 4.1 As quarter two progressed national and local attention moved towards recovery. This focused on the re-introduction of routine care and suspended contractual clauses. The primary care workstream revised its membership to develop a recovery plan and associated guidance for general practice. This work highlighted challenges in giving practices confidence to prioritise work and to embed positive changes made in working practices during the first quarter of the year.
- 4.2 This quarter saw the introduction of test and trace along with changing infection prevention and control advice which brought fresh challenges to the primary care workforce. Originally business continuity plans had been built on the assumptions that

it would be clinical staff mostly impacted, however this dynamic changed with administrative staff primarily being identified as contacts. The local and GM workforce hubs, the buddy practice system along with the investment in IT infrastructure ensured all practices were able to maintain urgent primary care services through-out the pandemic. Practices were also able to bid for improvement grants to make their premises Covid secure.

- 4.3 The summer period provided an opportunity for the PCNs to consider the additional staff that they wished to employ under the additional roles reimbursement scheme and saw the introduction of a collaborative model with the acute trust for the provision of physiotherapy services. Work also progressed on the provision of general practice education with the primary care team and the GP Federation working together to create the developing Hive model.

5 Quarter Three 2020/21

- 5.1 The beginning of this quarter saw the temporary re-introduction of activity-based payments for locally commissioned services with the quality in primary care and combined LES contracts combined into one contract. The contract was primarily based on the proposed contract that had been co-produced in 2019/20 but final negotiations had not been completed due to the pandemic. Introduced to the contract was a requirement for practices to accept referrals from the new urgent care processes being developed within GM.
- 5.2 Work commenced on the procurement of the APMS contract to provide primary medical services from Garden City. The engagement process for the GP system of choice also began. The primary care team also worked jointly with some practice representatives and the NHS England Time to Care team to undertake a piece of patient engagement to understand their experiences of the 'digital first' offer, this work was paused due winter pressures.
- 5.3 The quarter also saw focused pieces of work with a small number of practices to ensure resilient services were in place, with additional funding released by NHS England to support practices with the seven nationally defined priorities.
- 5.4 In December the Covid Vaccination programme was launched and was the primary focus for all aspects of the primary care workstream from this point.

6 Quarter Four 2020/21

- 6.1 From day one of the vaccination programme the strength of the primary care system in Bury has been apparent. This is demonstrated by the fact that all practices signed the national enhanced service, the PCNs agreed to work together to ensure the best patient accessibility, we had three sites in the first four waves and a collaborative model with a community pharmacy provider was quickly established. All parties came together to vaccinate our population as quickly and safely as possible. Practices released staff to work at the vaccination centres whilst also booking in significant number of patients at short notice, the medicines optimisation team re-prioritised their work programme to provide pharmaceutical support at the sites, training to others and

have since upskilled to be able to vaccinate, similarly the primary care team have focused on programme and operational support and the RBMS team are supporting practices and patients to book a vaccine appointment.

- 6.2 Early 2021 saw the transfer of the RBMS team from the primary care workstream to the secondary care pillar in order to strengthen the elective care pathways.
- 6.3 The final quarter has also seen all practices bar one meet the national antimicrobial prescribing target thanks to close working with the medicines optimisation team.

7 Summary and Forward View

- 7.1 The previous year has seen all parts of the primary care system respond and adapt to un-precedented situation, it has tested system resilience and relationships. It has demonstrated how reflexive all parties can be and the significant amount of work and the positive impact on patient care that can be achieved when all are working to a common goal. The coming year provides an opportunity to build on the successes, but also requires a recognition of the tiredness felt across the system.
- 7.2 The Primary Care workstream programme for 2021/22 is still in development, but early priorities have been identified as:
 - Articulating and developing the roll of general practice and the current functions in the primary care workstream within the new ICS infrastructure
 - The operational recovery of the general practice services
 - The completion of the Covid-19 vaccination programme
 - To build on the relationship that have been made and strengthen during 2020/21.

8 Actions Required

- 8.1 The Primary Care Commissioning Committee is asked to:
 - receive the report and note the work of primary care workstream during 2020/21
 - to provide comments and view on 2021/22 priorities for the primary care workstream

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March 2021