

Agenda Item 6

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Clinical Commissioning Group

Report to	Health Scrutiny Committee for Lincolnshire
Date:	11 November 2020
Subject:	Primary Care Services

Summary

This report provides the Committee with information on primary care services, including an overview of the following:-

- The national requirements from primary care during Phases 1, 2 and 3 of the response to Covid-19.
- The current arrangements and plans for continuing to ensure local people can access primary care services.
- Future development of primary care services as part of the wider integrated care offer from health and care.

Action

To consider the information presented in the report on GP primary care services in Lincolnshire and provide feedback, as requested in paragraph 7.5 of this report.

1. Introduction

1.1 This report provides an overview of the following:-

- The national requirements from primary care during Phases 1, 2 and 3 of the response to Covid-19.

- The current arrangements and plans for continuing to ensure local people can access primary care services.
- Future development of primary care services as part of the wider integrated care offer from health and care.

2. Establishing Primary Care Networks

- 2.1 There are currently 85 GP practices in Lincolnshire. 84 of these are members of one of the 14 Lincolnshire Primary Care Networks (PCNs). The 85th is part of a PCN in Leicestershire and Rutland and will be making an application to be re-aligned to the Leicestershire and Rutland CCG in the coming year.
- 2.2 The first chapter of the NHS Long Term Plan (January 2019) recognised the need for “A new service model for the 21st century” and that the role of Primary Care was central to achieving this. In introducing Primary Care Networks, the long term plan signalled a real and tangible commitment by the NHS to change the nature of the relationship between primary care and the wider health and care community. In addition to acknowledging the strong links with provision of clinical services, the establishment of the Clinical Director role also recognised the vital contribution that they can make to leadership across health and social care. In Lincolnshire, our PCNs have come together to form a PCN Alliance and attached is a copy of their first annual report (Appendix 1).

3. Response to National Guidance to Manage Covid-19

- 3.1 On 30 January 2020, the first phase of the NHS’s preparation and response to Covid-19 was triggered with the declaration of a Level 4 National Incident.
- 3.2 The NHS guidance issued on 17 March 2020 (referred to as Phase 1) initiated a far reaching re-purposing of NHS services, staffing and capacity. Our local Primary Care teams responded promptly to this new guidance by:-
- Expediting plans to introduce the use of remote consultations to reduce the number of patients required to attend the practice for an appointment.
 - Continuing to offer face to face appointments for people where this was clinically indicated.
 - Updating PPE requirements and Infection Prevention and Control (IPC) arrangements in place, to ensure that patients attending the practice were not at increased risk.
 - Working together as a PCN to establish hot sites so that patients who had Covid-19 symptoms but needed to be seen, could access face to face appointments.
 - Working together as a PCN to refresh business continuity plans to reflect the risks associated to service disruption due to Covid-19 related issues.
 - Paused routine health checks.
 - Working with colleagues across the wider health and care community to ensure that arrangements were in place to support the most vulnerable members of our communities.

- In partnership with colleagues from Social Care and LINCA, establishing arrangements to ensure that people living in care and residential homes had good access to primary care support. This included introducing the roll out of technology that enabled care home teams to provide vital information to primary care and community colleagues, to ensure residents could access treatment whilst minimising the number of people visiting the home.
- 3.3 On 29 April 2020, the NHS issued further guidance (referred to as Phase 2). The focus of this guidance was to ensure that we maintained effective IPC arrangements; the ability/flexibility to respond to any increase in Covid-19 related demand but also to begin re-establishing activity that had been paused during Phase 1. For primary care this involved:-
- Maintaining arrangements to reduce the number of patients required to attend the practice for face to face appointments.
 - Reviewing the use of hot sites and stepping these down when they were no longer required.
 - Re-starting routine health checks and other activities that had been paused during Phase 1.
 - Raising awareness with the public that practices were open, that they had arrangements in place to ensure patients were safe and encouraging patients not to delay contacting their GP if they had symptoms that might suggest a serious illness. Of specific concern was the reduction of patients presenting with symptoms that might be cancer.
- 3.4 Phase 3 guidance of the NHS response to Covid-19 was published on the 31 July 2020. This identified a shared focus on accelerating the return to near normal levels of non-Covid-19 health services.

4. Practice Access Arrangements

- 4.1 The most significant change that patients have experienced in recent months has been the accelerated introduction of remote consultation. The purpose of this change was to facilitate the reduction of people attending GP practices. Appendix 2 provides a list of all practices and the arrangements that they have adopted to facilitate this. Currently there are 3 methods being used by GP practices across Lincolnshire and these are:

Telephone Consultation

- 4.2 The patient contacts the practice to book an appointment for a primary care clinician to contact them.
- The consultation takes place over the phone.
 - Following the consultation, the clinician will agree with the patient the next steps.
 - The outcome of the consultation might include:
 - A face to face appointment
 - Arranging diagnostic tests and agreeing follow up arrangements;

- Prescribing treatment
- Giving advice on how to manage the symptoms the patient describes.
- If ongoing care is required, the clinician will agree with the patient the arrangements for this, which might include:
 - Face to face consultation
 - Video consultation
 - Telephone consultation
 - Email or Text response

E-Consult

4.3 Patients wanting advice from their GP, self-help information or an administrative request can access this by using a link on the practice website. E-Consult is additional to the practice's appointment system so patients may continue to contact the practice via telephone for an appointment, which at this time will initially be a telephone consultation.

- Well established online consultation platform.
- E-Consult allows patients to consult with their GP by completing a quick online form.
- A screening tool is used to direct the query to the right place to self-help, pharmacy advice and local self-referral services, where appropriate.
- The vast majority of requests go through to the practice where they are reviewed and passed on to the appropriate clinician for response.
- The response can be:
 - Face to face consultation
 - Video consultation
 - Telephone consultation
 - Email or Text response
 - This, in part, will be down to a patient's preferences

Ask My GP

4.4. Ask My GP is a web-based service. All patients' contacts are managed through Ask My GP.

- Majority of patients will request advice/support through the Ask My GP link on the GP practice website.
- Patients that do not have access to, or prefer not to use the internet, are supported by telephone by reception staff, who enter details onto Ask my GP.
- All demand is managed through the same system.
- Initially patients are asked to provide a brief description of their problem and then as they go through the questions, provide additional information.
- A clinician reviews all of the contacts.
- The response will be determined by the outcome of the clinician's assessment and patient's preference but can be:
 - Face to face consultation

- Video consultation
- Telephone consultation
- Email or Text response

4.5 Ask My GP provides a very different way for patients to contact their practice. Prior to Covid-19, a number of practices across the Lincolnshire community had opted to pilot the use of this software as it provided increased flexibility for people wanting to contact the practice. This also provided scope for the practice team to manage the demand, particularly where they provide services over more than one site and for practices within a PCN to be able to support each other if there were pressure in any one practice. Our original plan was to complete an evaluation of the use of the Ask My GP tool, in order to inform the future development of on line consultation systems across Lincolnshire. Feedback from an early case study (Appendix 3 attached), highlights that adopting a web based system for all contacts would require continuous review and development both for clinicians and for patients using the system.

5 Supporting Vulnerable People.

5.1 One of the core services provided by GPs is to support patients who are vulnerable because of a current acute illness, one or more long terms conditions, a disability, frailty or because the person has been identified as approaching the end of their life.

5.2 Given the increased risk associated with Covid-19 for patients who are known to be vulnerable; primary care teams have worked with colleagues across health, care and in communities to ensure that the needs of individuals have been met. During Phase 1 & 2, people who were identified in any of these groups were asked to shield.

5.3 Some examples of the type of additional support arranged include:-

- Review of care/treatment plans and advice to the individual.
- Remote consultations and home visits when a person required a face to face consultation.
- Home delivery of medications.
- Outreach contacts from wellbeing services & volunteers.
- Additional support from neighbourhood teams.
- Roll out of telemedicine to all care homes – Whzan

5.4 Whilst vulnerable people were advised in August that they no longer needed to shield, practices have continued to work with partners to ensure that the individual needs of patients are considered and the appropriate care/treatment plans are in place to meet the individual needs. For example:

- Children whose parents were advised that their child should shield have been contacted by the practice with advice to contact the child's specialist or the practice to discuss whether the child should return to school.
- All care homes were assigned a clinical lead who ensured that arrangements were in place for weekly 'check ins' with the care home to

determine whether any resident required a routine review of their care and treatment.

- If a routine review was indicated then the person conducting the weekly review would contact the relevant clinical team.
- This support is in addition to the on the day/urgent advice for residents either directly with the GP practice or out of hours via the Clinical Assessment service.

6 Support to Primary Care

6.1 Following the announcement that the NHS had declared a national level 4 incident, the CCG established a Primary Care Cell. The team, led by the West locality - Chief Operating Officer, includes:

- The 4 CCG Clinical Leads
- Staff from the 4 localities
- Representatives from the STP team including:
 - a lead for digital, workforce and communication;
 - a lead to co-ordinate and work with NHSE/I to ensure strong links were maintained for community pharmacy, optometrists and dental services;
 - Medicine Management Team;
 - Neighbourhood leads from across the county.

6.2 In addition, the team has been supported by the Lincolnshire Local Medical Committee and partners and colleagues from the wider health and care community and the Lincolnshire Resilience Forum. This team is well established and will remain in place in the coming months. It will continue to work with GP practices and PCNs to respond to issues as they arise and to support the continued improvement and development of arrangements so that local people are able to access the support they require from primary care.

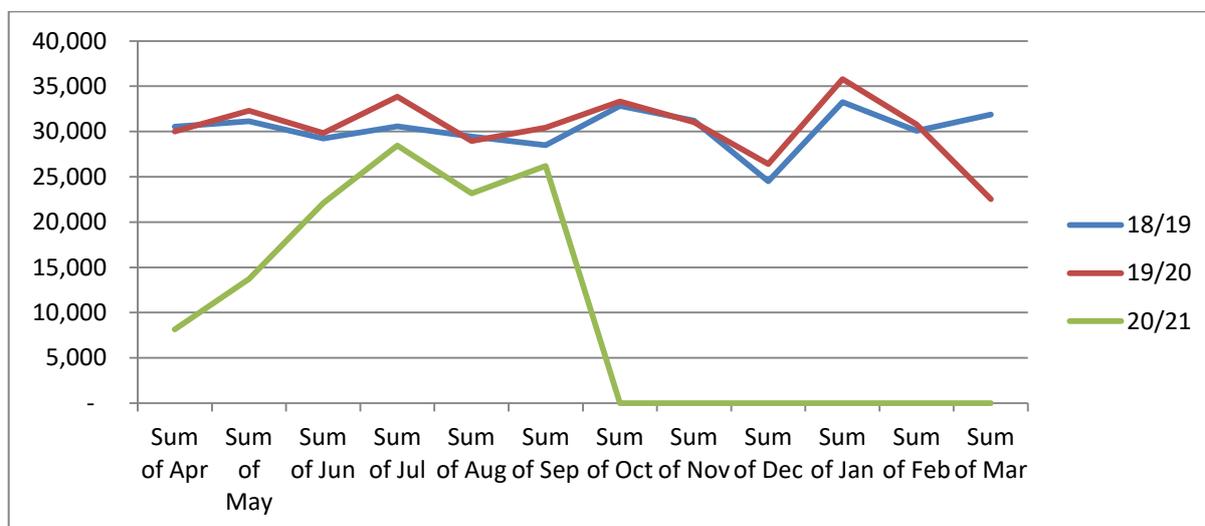
6.3 The role of the Primary Care Cell has been to:-

- Provide direct support to GPs and primary care colleagues.
- Co-ordinate the response to the national request.
- Rapidly assist practices to manage local issues as they arise and work with the wider system to ensure that information flows between the different teams and agencies involved in managing the current situation.

6.4 The team meet on a regular basis to ensure that issues are dealt with promptly. During Phase 1; the team met Monday to Friday and had an 'on call' arrangement for the weekend. Currently, the team meet three times a week. In addition to gathering feedback, the team also has access to data and information that helps us understand how things are working or where there are issues that require attention.

6.5 For example, the following chart includes data regarding the number of tests processed by practices since April 2020. It shows that in April, in line with the Phase 1 actions, all routine tests were paused however, as we moved through

Phase 2, practices began to re-instate routine appointments, whilst the pattern of tests is consistent with that of 19/20 the actual number is lower – this reflects the additional time taken for appointments because of increased IPC.



7 Review and Planning for the Coming Months

- 7.1 Primary Care Services are the foundation of the NHS. Across Lincolnshire there are, on average, 15,000 contacts every day which equates to 90% of all health care contacts. Primary Care across Lincolnshire has rapidly responded to both the national asks outlined in the 3 phases of the NHS response to Covid-19 and to local issues.
- 7.2 The majority of the changes primary care has made are in line with developments and ambitions outlined in the National and Local Long Term Plan. In some instances the pace of change required to ensure that primary care could continue to deliver services was such that there was not the opportunity to engage, plan and test new ways of working. This has meant that there has been mixed feedback from patients – some really liking the new ways of working whilst others are finding them difficult to navigate or frustrating to use. We recognise this and will continue to work with practices to address issues that have been highlighted.
- 7.3 In other areas the urgency to respond has accelerated some really great work, for example:-
- PCNs working together to establish Hot Sites and provide support to maintain services when these might have been disrupted because of reduced staff availability due to self-isolation.
 - The introduction of telemedicine to support residents in care homes.
 - The strengthened links between agencies and teams across our communities to expand neighbourhood working and support our most vulnerable patients.
 - Joint working with secondary care to review pathways so as to minimise delays for accessing urgent diagnostic tests i.e. Endoscopy.
 - Use of technology to support multi-disciplinary working and the establishment of joint MDTs with secondary care.

7.4 It is well recognised that as we move into the winter months, a period of high demand for health and care services, re-instate services that were paused during Phase 1 and ensure that patients who were not seen during this time have their routine reviews and manage the unpredictability of Covid-19, that primary care will continue to be required to respond and adapt. This will inevitably mean that patients will experience further changes including:-

- Being asked to access services in different ways.
- Have consultations with new members of the primary care team.
- Have the choice to use other ways to communicate with their clinicians i.e. by text, e-mail.
- Attend appointments at sites other than their usual GP practices.

7.5 The pace of change will be rapid and in some instances there may be limited opportunity to plan, engage and test new ways of working. We recognise that whilst there will be some great examples where the changes bring with them improvement for patients, there will be others where the change will not work as well. We would welcome feedback and the support of the Health Scrutiny Committee to help us spread the following messages to local people:-

- Look after yourself, eat healthy food and get active.
- Visit a Pharmacist before a GP for minor illnesses.
- Contact the GP if you have any symptoms that require urgent investigation because they could be an early sign of cancer.
- Check the practice website for details of local access arrangements and use on line tools to contact the practice.
- Provide as much information as you can when requesting an appointment as this ensures that you will be directed to the person best able to meet your needs.
- Maintain routine appointments.
- Be patient with primary care colleagues if they need to rearrange an appointment or ask you to attend a different site.
- Take the advice of your GP or a hospital team so that you can attend diagnostic and/or other appointments.
- Call or visit 111 online before attending an urgent treatment centre or A+E.
- Provide feedback so that we can continue to improve and develop primary care provision.

7.6 GP practices have all reviewed their business continuity plans to reflect the learning from the last few months. Whilst our collective aim is to maintain the full range of Primary Care Services, we do anticipate that primary care will be required to continue to quickly react to manage issues as they arise. We also recognise that the nature of issues that will require this flexibility could include:-

- Issues we can anticipate – for example an increased prevalence of Covid-19 that requires us to re-instate Hot Sites – plans are already in place to support this.

- Issues identified from our review of the last few months that require our attention; for example: communication about changes at a practice i.e. the opportunity to use e-Consult or the fact that the practice is temporarily introducing a change because a number of staff have to self-isolate.
- Issues in other areas of the health and care system; for example: changes in the acute hospital that require patients to access their appointment at a different place i.e. Grantham hospital as a designated Green site.
- Issues that we cannot predict; for example: the disruption to the supply of reagents to our local labs that has meant that routine appointments in the last few weeks have been postponed or the delay in delivery of additional flu vaccinations that means that practices have had to pause their flu vaccination plans.

7.7 The Primary Care Cell will continue to work with practices to plan for and respond to issues as they arise.

8 Ongoing Development of Primary Care Services

8.1 In addition to being responsive to issues as they arise, the Primary Care Team will continue to support GP practices as they increasingly work together as PCNs and with other agencies to develop service provision arrangements. These changes will enable them both to respond to the unpredictability of the current circumstances and also progress the ambitions and improvements detailed in the National and Local Long Term Plan. These developments will introduce new arrangements both with regards the way that people access and use primary care services. For example:-

- In October all care homes were aligned to a PCN which, in turn, enables the PCN to ensure that all care home residents receive regular reviews via a multi-disciplinary team which is made up of colleagues from across Primary Care and Community Services.
- PCNs will be introducing new roles that will provide support to patients registered with any of its member practices. These roles might include:
 - Clinical pharmacists
 - Social Prescribers
 - First Contact Practitioners
 - Care Co-ordinators
 - Occupational Therapists
 - Paramedics
 - Mental Health Practitioners
- Further strengthening links with other health and care providers, for example:
 - Developing multi-disciplinary teams attended by specialists from secondary care
 - Mental health transformation
 - Supporting people with Learning Disabilities to access their annual health checks
 - Continuing to develop neighbourhood working to support wrap around care for the most vulnerable members of our community
 - Increasingly using digital solutions to improve access to information

- Developing palliative and end of life care services

7. Consultation

This is not a direct consultation item.

8. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

This report supports the objectives of the Lincolnshire Joint Health and Wellbeing Strategy.

9. Conclusion

Primary Care services are, and continue to be, available to people across Lincolnshire. GP practices have been dynamic and responsive to both the national requirements and local issues both within their local communities and in practices themselves. To do this, the pace of change has been rapid and we have been extremely grateful both to the teams across primary care and the public for their patience and tolerance in adapting to these changes.

We are aware that the accelerated introduction of remote consultations did not, in some instances, give us the time to work with practices or their patients to understand how best to use these new facilities. However, we know from the feedback from practices and patients that were using these arrangements pre-Covid-19 that they can be very effective. We are also aware the infrastructures, particularly some telephone systems, are insufficient to deal with the increased level of demand.

The Committee is requested to consider the information on Primary Care Services provided across Lincolnshire by General Practice. The Committee is also asked to support the Primary Care Team by providing feedback and sharing our key messages and information about the changes to Primary Care Services required to support the response to Covid-19, winter and enable recovery and the ongoing development of local service provision.

10. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

11. Appendices

Appendix 1	Lincolnshire Primary Care Network Alliance – Annual Report 2019-20
Appendix 2	Primary Care Access Arrangements
Appendix 3	Case Study regarding the Introduction of Ask My GP

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