

General Practice in Derbyshire: Update Paper

Derby City Adult and Health Scrutiny Review Board

2 February 2021

Aim of the paper

This paper aims to set out:

- The current position of General Practice in Derbyshire;
- The plan for winter and for the continuing COVID response; and
- Opportunities for April 2021 and beyond

Section 1: The current position of General Practice in Derbyshire

A. Access

All Derbyshire General Practices are open and seeing patients face to face. GPs have followed national guidance and adopted a 'total triage' system, treating patients over the phone or online whenever appropriate. Appointments have actually risen since this time last year, and access has improved.

- 6% more appointments were offered in September 2020 compared to September 2019
- 7% more appointments were offered the same day or the next day (50% compared to 43% in Sept 2019)
- There were fewer face to face appointments (59% compared to 82%) with telephone and online consultations making up the difference
- The number of appointments continues to increase (30% increase in appointments in September compared to August)

Some branch surgeries have temporarily closed due to difficulties ensuring COVID security or the need to rationalise staffing but all surgeries are open and are advertising this on websites, in reception and on phone messages. The CCG and Local Medical Committee (LMC) have produced joint communications to advise patients that their surgeries are open. The CCG has investigated all patient concerns raised about practices being closed, or refusing face to face appointments. To date none of these concerns have been upheld.

B. Sickness levels and practice outbreaks

On the 19th January 2021 General Practice reported 4.2% absence levels (4.2% non-clinical, 4.2% clinical). This is relatively low compared to other parts of the NHS and social care system and low compared to the height of the first wave where absences ran at 15-20%.

1 of the 112 Derbyshire practices are currently experiencing outbreaks (as of 22/01/21). An outbreak is any situation where 2 or more staff test positive. No practices have had to close or substantially reduce services. This problem has worsened over the last month and is likely to continue or worsen over the winter. Practices have updated their business continuity plans to address this risk and the CCG is working with the GP Task Force to

establish a clinical and non-clinical staff bank which practices can call on if they need staff in an emergency.

C. Current pressure on General Practice

Primary Care Network Clinical Directors have worked with the CCG to establish a RAG rating system to assess pressure on General Practice. This asks practices to assess themselves as green, amber or red in terms of pressure on practice, balancing demand on services against capacity to deliver

As of the week commencing 24th November General Practice is on 'amber' alert. The definition of amber is that the 'service has limited capacity. The service can accept referrals but they are busy and may not be able to meet the disposition time frame. Alternative services should be considered where possible'. This is equivalent to OPEL level 2 in the wider Derbyshire system. This is in line with national assessments. In November the BMJ stated that it expected General Practice nationally to be at amber or red currently and for the foreseeable future.

D. Restoration and recovery

Since May General Practice has been working to catch up and restore services. In particular it has been focusing on:

- Health checks for adults with a learning disability;
- Children's vaccination and immunisation programmes;
- Early cancer diagnosis and expediting all urgent referrals to secondary care;
- Screening programmes and catching up the care of people with long term conditions;
- Flu vaccination (including planning for those aged 50-64); and
- Supporting care homes (including weekly check ins, personalised care planning and medication reviews).

Overall Derbyshire practices are on track to deliver all the national targets linked to recovery and restoration. Whilst this is on track practices and the CCG are monitoring progress in light of the increasing pressure on services from COVID and normal winter demands. The response to winter and the continuing COVID response is described in section 2 below.

E. Infrastructure: IT

The pandemic has forced a transformation in the way practices and patients use IT, moving General Practice from a predominantly physical and 'face to face' service to a predominantly virtual, telephone and online service. Responding to staff sickness and self-isolation the CCG issued hundreds of laptops and clinicians are now routinely working away from their surgeries using online consultation tools.

Some of this change is temporary, some permanent. Practices are rapidly moving back to face to face contact for those patients who need it. However there have been benefits in remote working in terms of improved patient experience, more rapid access and more efficient use of time and we wish to make those improvements permanent. The CCG is currently surveying practices to get their view on the IT benefits which should be retained and extended. This will then feed into our local implementation of the national programmes designed to embed the positive gains made over the last six months.

F. Infrastructure: Estates

Practices have worked to ensure that their premises are COVID secure, putting in screens and one way systems and if necessary closing branches to temporarily rationalise sites. The CCG has agreed and released funding to pay for this, as well as supporting practices to secure appropriate PPE.

The CCG has also just completed the first Derby and Derbyshire wide survey of General Practice estate, and the first county wide General Practice estates strategy. This has identified six priority areas for investment, four of which are in Derby which is seeing rapid house building and population increase. Whilst COVID has shown the potential for work outside of traditional GP buildings this is offset by a rapid rise in the staff working in General Practice as PCNs develop and expand.

G. Practice finances

The British Medical Association (BMA), General Medical Council (GMC) and NHS England and Improvement (NHSEI) have agreed on a national approach for General Practice for 2020/21. This includes a guarantee of core income for the remainder of the year and changes to the Quality and Outcomes Framework to reduce workload and reporting.

Locally the CCG expanded on this to fund absences where staff are unable to work due to COVID 19. The CCG has also relaxed the requirement to provide the extended hours / access enhanced service and moved locally enhanced services onto a block contract, reducing or removing monitoring requirements. The CCG has also funded DHU to provide a red home visiting service, now extended to include red hubs.

On November 8th NHSEI provided details of a GP expansion fund, which will provide an additional £2.6m to practices in Derbyshire, as detailed in section 2 below.

Despite this practices will have seen a fall in income in year, particularly around non-core and non NHS income.

H. Primary Care Network Development and a single GP voice for Derbyshire

The 15 Primary Care Networks in Derbyshire have developed rapidly to respond to the pandemic, for example working together to provide COVID 'red' hubs and to provide enhanced support to care homes on a network footprint.

The Care Homes Directed Enhanced Service was expanded and brought forward to May from its planned start date in October. PCNs have also continued to recruit staff in line with the 'additional roles' investment in General Practice through the new contract. In 2020/21 this amounts to an £8m investment in staff in the PCNs in Derbyshire. The majority of this has been spent recruiting pharmacists and pharmacy technicians, with plans to recruit 100 new members of staff over the course of the year. This investment continues in coming years, with PCNs working with the Mental Health Trust on plans to recruit mental health workers from April 2021 onwards.

In March the CCG, LMC, GP Alliance and GP Task Force formed a 'war cabinet'. We met daily as a small group and with PCN Clinical Directors to assess and respond to the pandemic in an agile and joined up way. The GP Alliance and LMC worked together to provide a single voice for the 112 General Practices in Derbyshire.

The GP Alliance is now working with constituent practices, the LMC and other key stakeholders to establish, in a more structure way, a permanent single voice for Derbyshire. The group is working on a proposal for this for the CCG and wider system to consider, as referenced in section 3 below.

Section 2: The plan for winter and for the continuing COVID response

A. Service delivery: responding to COVID and winter

General Practice has been preparing for winter and for a second COVID wave since July. The CCG has worked with practices to develop a winter plan which we have begun to implement. The key aspects of this plan are:

- Commissioning DHU to provide a home visiting service for patients with COVID ('red' patients) in their own homes or in care homes. Commissioning DHU to provide a 'red' hub for mobile patients with COVID.
- Supporting practices to continue to see COVID patients in local hubs or in practice in COVID secure ways in addition to the DHU service, including covering premises and cleaning costs;
- Funding for additional phlebotomy capacity to catch up and cope with increased demand; and
- A systematic way to measure and report capacity versus demand in General Practice.
- Practices have also received a series of income guarantees and flexibilities in order to support the delivery of the COVID vac programme. These are designed to support practices to deliver vaccinations whilst continuing to provide urgent care. It's recognised that the vaccination programme will take a lot of capacity and that some routine work will need to be deferred until after it is finished.

Most elements of this plan are now in place and it is further bolstered by the £2.6m national investment described below. Some elements are still in discussion, specifically the funding for PCN staff and hubs if the current GP and DHU service gets overwhelmed.

B. GP COVID 19 capacity and expansion fund

On November 8th NHSEI released details of a new £150m fund to support General Practice to 31/03/21 (Derbyshire's share is £2.6m). **This funding has been released on a fair share basis to GP practices, to support:** Increasing GP numbers and capacity;

- Supporting the establishment of the simple COVID oximetry@home model;
- First steps in identifying and supporting patients with Long COVID;
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list;
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations;
- On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021 and actions to improve ethnicity data recording in GP records; and
- Potentially offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

C. General Practice escalation model and input into the wider system

The CCG's winter plan is based on an escalation model. As demand increases practices will be able to stop or reduce doing some work to concentrate on providing an immediate and urgent response. At the same time resources and funding will kick in to increase capacity. This is the OPEL escalation system used by all organisations in the Derbyshire health and social and care system.

The CCG has worked with General Practice to develop an OPEL escalation model setting out the risk levels, trigger points and the expected practice response, CCG response and system support for each level.

This approach will allow General Practice as a sector to trigger responses from other parts of the system. For example if General Practice was on red alert in all or part of the county it would ask for support to suspend secondary care workload transfer for duration of the red status. This can be done at the twice weekly System Organisational Resilience Group (SORG) meetings at which General Practice is represented.

Practices are currently reporting as at OPEL 2 (amber) in terms of capacity. However they are focusing on delivering the vaccination programme and are releasing staff to do this, which means that they are effectively at OPEL 3 (red). With the CCG's support practices are focusing on three priority areas:

- Treating those who need urgent care
- Reducing the spread of the virus by supporting test and trace programme
- Vaccinating patients

All non-essential work has inevitably had to be deprioritized to allow this focus. This will impact on the services patients could normally expect, and their access to such services but practices are continuing to prioritise to ensure patient safety and well being.

D. Measuring capacity and demand in General Practice

This system relies on General Practice being able to measure the pressure on it in real time and in a quantifiable way. In the past it has proved difficult to agree a set of measures and to get practices to report on them in a way that isn't seen as too time consuming for too little reward.

Primary Care Network Clinical Directors have now agreed measures on which practices will report. These are:

- Staffing absence levels in individual GP practices;
- Practice self-reported RAG assessment of demand and capacity; and
- Practices reporting outbreaks.

In addition we have information automatically extracted from practice systems'

- Activity coded as COVID related in practice.
- General Practice appointments information (extracted monthly).

And information from Derbyshire Health United on the services they provide for GPs.

- Red hub and red home visiting activity.

Together this forms a dashboard which can be broken down to practice and PCN level. It depends on practices reporting and we are working with them to ensure that this happens. The GP Alliance is working with the national IT team to pilot the collection and extraction of a consistent, real time GP appointments dataset with the aim of getting this in place in 2021/22.

E. Flu and COVID-19 vaccination programmes

GP practices are in the process of delivering an expanded flu vaccination programme. This is on target in Derbyshire despite some issues with vaccine supply. The expanded programme for the 50-64 year old cohort of patients is on target. On the 9th November GP

practices were asked to participate in the COVID-19 vaccination programme. This requires them to work in networks to nominate a site from which they would deliver the vaccine to their registered populations under an Enhanced Service, focusing on those most at risk first.

Primary Care Networks have worked with the planning cell for the wider system vaccine programme to develop a joint approach between primary care and the wider system. We have 15 PCN led sites across Derbyshire, a roving model for housebound people, a mass vaccination site in Derby, hospital hubs and community pharmacy sites.

Together these sites are working to vaccinate key cohorts in priority order, namely:

- residents in a care home for older adults and their carers
- all those 80 years of age and over and
- frontline health and social care workers
- all those 75 years of age and over
- all those 70 years of age and over and
- clinically extremely vulnerable individuals

The national aim is for this to be completed by mid February and Derbyshire is currently on track to deliver this target.

As described above this is a very big undertaking which is absorbing a lot of GP and system capacity.

Section 3: Opportunities for April 2021 and beyond

A. Our local commissioning approach so far

As well as the national strategy to develop Primary Care Networks and invest in additional staff to support new enhanced services at scale the CCG has been working on consolidating and developing our local commissioning approach. We have delivered the first two phases of this:

- Phase 1: ensure all practices are delivering a high quality 'core' service. The Primary Care Quality Team has developed a programme of monitoring and support to ensure that a consistent high quality of care is offered by all our practices. This has included facilitated Clinical Governance meetings, protected learning time for Practices, local quality assurance visits and support for practices with the CQC process.
- Phase 2: ensure that patients can receive services from their local practice wherever possible and appropriate. Working with the LMC and GPs the Primary Care Commissioning Team has looked at all the services that were commissioned by the four legacy CCGs in Derbyshire and commissioned a single set of services, including new services which we believe can and should be commissioned from General Practice. We have agreed county wide specifications and funding so that all practices are paid fairly and all patients, regardless of where they live in Derby or Derbyshire, can expect the same services from their local GP practice.

B. The next phase: urgent response in the community

The next phase will look at new services we could commission from General Practice and other community providers to improve care, focusing on those who need support the most.

From April 2021 we would like to focus on how we provide urgent care for people in the community. We intend to establish a service for people who are 'housebound' and cannot get to their practice but need care quickly. At the moment GPs and staff from the NHS and from Adult Social Care visit people in their own homes and we tend to do this separately and often responding to an urgent need. We'd like to develop and invest in a team of people from different organisations who work together to visit people in their own homes, providing proactive care as well as urgent reactive care.

We'd like this team to work at scale and to commission this service from Primary Care Networks. It will link to the Directed Enhanced Service for Care Homes that we started commissioning from Primary Care Networks in October 2020. The two together will mean that patients will get the same service whether they live in a care home or their own home. It also links to the national 'Ageing Well' programme of work which focuses on improving how we provide care for older people both proactively and reactively.

This work is still in the early planning phase and will need further discussion with commissioners and providers.

C. Longer term: working at scale to improve access

Access to General Practice has improved in terms of number of appointments offered and speed of offering a response, as described above. However delivering good access for patients with finite capacity and increasing demand is one of the big challenges for General Practice.

One of the ways to improve this is to triage people and channel them to the right service or person. Evidence shows that many people who wish to see a GP could have been equally well treated by a nurse or ANP, people seeing a nurse or ANP could have been seen by another health professional, and people seeing a health professional could have cared for themselves had they had the right information and support.

There is also evidence to show that patients can be broadly differentiated into 'hot' patients who need or want on the day care for urgent treatment, or for time limited or minor ailments and 'cold' patients who need care for more complex long term conditions. This first group value rapid access over continuity of care, the second continuity over access.

At a practice level services are already organised like this to some extent. This could be developed at a network level, where we establish 'hot hubs' for on the day care, freeing practices to focus on patients with more complex problems with specialist 'cold hubs' offering support. The hot hubs could co-locate with staff from other organisations and with existing urgent treatment centre facilities in some localities, and could form the base site for the home visiting teams.

Some places are already doing a version of this, including some places in Derbyshire. These plans have not yet been developed county wide and they will need proper discussion with practices and PCNs. However they give a sense of how practices could work at scale to pool capacity, link up services and improve patient experience.

D. Supporting a single voice for Derbyshire General Practice

COVID-19 has shown the value of a body that can co-ordinate General Practice and speak for it within the system. The GP Alliance is working with GP practices, the LMC and the GP Task Force to establish a more formal and permanent arrangement for the future.

The CCG will build the requirement for General Practice to work and speak with a single voice into our future commissioning approach. This will mean that any locally enhanced service commissioned from Primary Care Networks will require those Primary Care

Networks to work together, share learning and provide joint reporting to the CCG and the system. We recognise that just as there is a cost to the work of organising practices into Primary Care Networks so there is a cost of organising Primary Care Networks into a single GP body for Derbyshire. We will look to build this overhead cost into future enhanced services, incentivising PCNs to resource and organise a single city and county wide body which can effectively support and speak for General Practice.

How this works and what this looks like will be up for General Practice to decide, but we envisage that this will combine the good offices of the LMC, the GP Alliance and the GP Task Force into a single structure which is accountable to practices via Primary Care Networks.