

Report of the NHS Bradford District and Craven CCG to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22nd September 2020

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Subject: The impact of COVID-19 on General Practice

Summary statement:

COVID-19 had an early and almost immediate impact on General Practice.

Since the beginning of March 2020 to current date local practices have been responding to the impact of the pandemic, taking mitigating actions to ensure continued provision of safe, high quality care for their registered population.

The number of positive cases; the volume of admissions to local hospitals and the devastating consequences of fatalities have inevitably had an impact across the health and care sector; including General Practice.

This paper provides an overview of how General Practice, GPs and their staff have adapted to operating in this new environment and highlights how learning to date has informed the model of care going forward.

COVID-19 remains prevalent and presents an ongoing risk to the health and wellbeing of our communities. We acknowledge the tremendous efforts GPs and staff have made to retain ongoing safe service delivery to their registered population throughout this difficult time.

Portfolio:

Healthy People and Places

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1. **Summary**

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2. **Background**

COVID-19 has been classified as a global pandemic.

On 30th January 2020 NHS England and NHS Improvement declared a Level 4 National Incident triggering the first phase of the NHS pandemic response. A national 'command and control' regime was put in place as part of the Emergency, Preparedness, Resilience and Response (EPRR).

On 31st July the Chief Executive of the NHS and the Chief Operating Officer wrote to relevant NHS organisations setting out restoration priorities to take effect from 1st August 2020. For General Practice this included the expectation that activity was restored to usual levels where clinically appropriate.

As practices within Bradford District and Craven continue to work to restore service delivery we are mindful that COVID-19 is still prevalent, and at a higher rate in many communities within Bradford compared to other areas. To deliver care safely, for both patients and staff, it is necessary for appropriate safeguards to be in place, the nature of which means that 'face to face' activities can now take up to 4 times longer than previously. This is due to the need to adhere to social distancing measures for staff and patients; for instance staggered appointments so less people are in the waiting room; or people wait in cars/outside to be called in; necessary hand hygiene before and after each contact; 'donning and doffing' personal protective equipment (PPE) and enhanced cleaning of all areas particularly clinical areas.

As a result, practices have reconsidered and redesigned how care is delivered. This has resulted in the introduction of 'red hubs' and zoned areas. To ensure care continues to be delivered safely to all who are, or believe themselves to be ill,

alternatives have also been put in place which reduces the number of face to face activities; this includes remote triage and remote consultations.

The majority of the workforce and many patients have quickly adjusted to 'remote' consultations whether this is via telephone; electronic consultations; video consultations. Triage has also been introduced to assess need and support prioritisation. 'Digital first' is expected to become the 'norm' as services recommence. This was made clear in the Health Secretary's announcement 30th July 2020 '*from now on, all consultation should be teleconsultations unless there's a compelling clinical reason not to*'. Clearly there will be a need for practices to continue to offer alternatives to patients who may be less digitally enabled so that health inequalities are not worsened as a result of possible access constraints.

As COVID-19 continues to be prevalent in our local communities' practices continue to learn from experience and adjust their approach; ensuring that they continue to deliver safe care whilst restoring services. There continue to be many challenges for GPs and practice staff; not least the impact of the pandemic on workforce wellbeing; increased workload, and the need to undertake risk assessments of all staff.

This paper shines a light on General Practice in Bradford District and Craven and highlights how GPs and their staff have adjusted to operating in this new environment.

3. Report issues

3.1 'Living With COVID-19' Bradford District and Craven Strategic Approach:

The NHS, well before the inception of the pandemic recognised the growing pressures and problems in sustaining General Practice; given a significant increase in demand and a myriad of other challenges including an ageing workforce. A number of strategic changes had already been implemented including a transition to primary care networks and community partnerships in order to build greater resilience into the system.

The indirect impact of COVID-19 has been much wider than simply health and care per se; it has touched every aspect of local living including housing, homelessness, employment, education and much more. General Practice will no doubt feel the impact of COVID-19 and has prepared itself to meet the challenge by learning from the impact of the pandemic;

In developing our local strategic approach we have included representatives from General Practice and have agreed our three priorities as:

- Making decisions and working together to '**Act As One**' to optimise every element of our response across the health care sector
- Achieving a '**Left Shift**' accelerating emphasis on prevention and early intervention to slow growth in demand

- Approaching our work from a '**Population Health Management**' perspective to focus on **inequalities** and target need accordingly.

It is in this context that we have approached the 'restart' of activities which were paused or scaled down in the earlier stages of the pandemic. Our strategic priorities for the 'recovery phase' are:

- **Clinically led prioritisation** – to ensure urgency and impact on outcomes for individuals inform waiting times.
- **Wellbeing of shielded population** and those with multiple long term conditions
- **Wellbeing of vulnerable children and adults**
- **Prioritise prevention** such as identifying which approaches have the greatest impact on long term population health and support those communities that are socio-economically challenged and where such communities face an uphill struggle with health and wellbeing.
- **Target inequality** - using equality impact assessments and linking in with the work that is happening across West Yorkshire.
- **Single place based approach** to demand and capacity management.
- Use **digital** platforms to underpin transformation (Shared clinical records, patient portals, communication tools)

3.2 Maintaining Service; General Practice During COVID-19 : March to August 2020

As one might expect supply and demand have both been affected by COVID-19 and there was an early impact in terms of primary care workforce being unable to work/self-isolating. This led to some requests to close sites (mainly branch sites) so that practices could consolidate and prepare for the expected surge and any further reductions in available workforce.

As remedial action has been put in place sites previously closed have started to re-open. We have asked practices for their intentions and plans for reopening, mindful that a further surge is expected. **Please see Appendix A.**

Whilst some sites may have temporarily closed it is important to emphasise that patients have always been able to access care. No practices have closed completely however the methods of accessing care have changed.

From the onset, as action has been taken, the overriding priority has been SAFETY, safety of patients and safety of staff.

There has also been a commitment to ensure practices remained financially viable. Measures were put in place locally which offered financial protection pending confirmation of the detail of the national COVID-19 fund. The CCG also covered

additional COVID-19 related expenditure such as IT kit to support remote working; PPE and additional cleaning costs.

3.3 Red Hubs:

In mid-March a collaboration of GP clinical directors; CCG clinical leads and staff quickly rallied to design an approach which enabled separate safe care provision which reduce the risk of cross contamination and spread.

This led to the rapid establishment of four 'red' hubs for people who were COVID - 19 symptomatic or living with someone who was symptomatic. The hubs mobilised 1st April, the appropriate PPE was used; an enhanced level of cleaning was in place and there were appropriate distancing measures.

As demand for 'red hub's reduced and practices started to see more non COVID-19 patients a review was undertaken. As a result the red hub sites have now reduced from four to one. The red hub at Hillside Bridge in Bradford opened 3rd August. All practices are able to direct appropriate patients there. Some primary care networks (PCNs) decided from the start to operate their own model for their own patients from existing sites: Affinity Care: Bingley: Modality Partnership and Wharfedale; Airedale; Craven Alliance (WACA). These practices feel they are in a position to offer care with appropriate safeguards from their own sites.

There is the ability to quickly 'step up' red hub capacity and reopen further sites should there be a local spike which necessitates this.

3.4 Access to Care:

When patients now access care a 'total triage' model has been adopted, this ensures that where clinically indicated individuals that can be supported remotely through use of phone; video and econsultation will be provided with this new model of service. This 'digital' first offer is supported by the local health and care system as a whole and also by the Health Secretary, as referenced in the introduction.

Tools to augment the use of digital offers are available such as British Sign Language (BSL) video relay link - via an app providing interpretation through a three way call

Individuals who require a face to face assessment are seen in practices or in red hubs. Long term condition management and routine care has increased as practices scale up their offer.

Home visiting has been undertaken where indicated including pro-active support for shielded patients. The CCG commissioned cars to support GPs and Practice Nurses to undertake home visits, for Practice Nurses in particular this is a change to their working practice and some had no access to their own transport.

Practices also opened on the Easter and early May bank holiday as part of the national response to COVID-19 thereby providing additional appointments to those available for urgent care through Local Care Direct - the local out of hours provider of general practice. Patients therefore continued to be able to access care over what would traditionally be a bank holiday and as such practices would normally have been closed.

People have been encouraged to continue to access care if they require advice and support through the #stillheretohelp campaign and through work with local community leaders and within communities. We have endeavoured to dispel 'urban myths' which were circulating which may have deterred people from accessing necessary care and to encourage people generally to access care where required.

NHS Digital has made available an assessment of GP appointments by CCG area. The snapshot for Bradford District and Craven indicates an increasing trend with appointments offered and taken up rising closer to levels prior to COVID-19. The link to the tool and the data for Bradford and Craven is available at **Appendix B**.

3.5 Support to care home residents:

New models of remote working and clinical pathways are helping to reduce the risk of infection between residents/patients and clinicians, ensuring that our population receive the right care, right place, first time. The overarching model is the Care@Home COVID-19 operating model, delivered through the Digital Care Hub(DCH) and a Super-rota.

The DCH is commissioned to support all care homes across Bradford District and Craven until 31/03/2021, when its effectiveness will be reviewed. Additional support for people with complex and escalating needs through the Super-rota was commissioned up to 31/07/20, but has been extended to 30/09/2020 to support the ongoing demands on the system from the Covid-19 pandemic.

3.5.1 **The Digital Care Hub** provides access to the **Super-rota** and a **Virtual MDT**- providing expert clinical advice from a range of specialists.

- **Super-rota** (8am to 8pm) is a multi-disciplinary support rota providing clinical support for complex decisions and prescribing and includes input from;
 - GPs,
 - care of the elderly consultants,
 - pharmacists and
 - allied health professions (AHPs)
- **Pharmacy support** (Tues, Fri. 8am to 4pm) offering medication reviews for specific patients or general support to care homes with medication issues.
- **End of Life (24/7)** offers gold standard advice, support and care for people with a serious illness who may be in their last year of life.
- **Older People Mental Health Support (8am-8pm)** a dedicated virtual team of CPNs, ANPs and Consultants to support frail patients with an escalating mental health need
- **Discharge to assess (D2A)** provides a comprehensive assessment to all patients discharged from hospital to care homes, or admitted to a care home from the community
- reduces the risk of coronavirus transmission by providing **video consultations**
- makes **onward referrals** to primary care, intermediate care, community, hospital and voluntary sector services
- supports **safe admissions to hospital**, when that's the best place to meet patient's health needs.

- aims to introduce Allied Health Professional (AHP) therapy staff to support **rehabilitation and therapy** through video consultation

3.6 People's Experience of General Practice During the COVID-19 Pandemic.

Bradford District and Craven CCG uses a system called 'Grassroots' to collect and collate feedback about the services it commissions. It draws from a range of different sources including online platforms, local Healthwatch and our patient support team. The volume of feedback coming into Grassroots from Care Opinion and NHS.uk has reduced significantly during the last few months. The majority of comments coming into Grassroots over the last few months have been related to people's concerns around the coronavirus outbreak and the impact of lockdown, rather than directly relating to their experience of general practice services.

However, our VCS partners Engaging People have adapted their ongoing engagement work to the current context, keeping in touch with communities online and by phone, and have continued to gather feedback from people about their experiences of accessing healthcare services and how this has been impacted by the pandemic.

Between March & July 2020, they fed in 73 comments from individuals about their experiences of GP services. The feedback shows that people's experiences have been varied. Some typical comments:

- *"Struggling with urine infection. Called GP on Thursday, was called back on Friday and didn't receive medication until the following Monday. Had to use relief sachets in the meantime."*
- *"Receptionist very nice but cannot give face to face appointment, they want to video call, but I am no good with all this stuff and just want to see someone in person"*
- *"Surgery has been really good, sending messages regularly and virtual apps have been available."*
- *"First time using PushDoctor service, it was fantastic and very easy to use. Had a telephone conversation with GP the following day and after referral I'm now on waiting list. It put my mind at ease."*
- *"Had a sore throat, rang for an appointment, video call was straight forward and they gave me a prescription."*
- *"Elderly man had been feeling very lethargic, no energy to walk or doing anything since start of lockdown. Thought it was depression and family persuaded him to contact doctor for a check-up. He contacted GP by phone and a telephone appointment was arranged. He went into the GPs for a blood test with the nurse. Within a week he was diagnosed with an iron deficiency and prescribed medication. He now feels much better and back to normal, very happy with the service from GP and relieved that it was not a more serious illness."*

Much of the feedback talks about the change to online or telephone appointments in primary care. A national report has identified some key themes for how to make this work best for patients: <https://www.healthwatch.co.uk/blog/2020-07-27/doctor-will-zoom-you-now> Local practices are also providing guidance to patients.

The CCG engagement team also worked with our local Healthwatch Bradford and District to gather additional insight about people's experiences of healthcare services, including general practice during the pandemic. They have received approximately 300 responses; full analysis is yet to be completed, but Healthwatch have helpfully regularly shared the data they collected through their survey, to enable us to identify and act on any emerging issues. Their report is due to be published in late summer.

The #StillHereToHelp campaign was developed in response to concerns that people felt worried about accessing health services during the pandemic. The aim is to help ensure that local people know that although COVID has not gone away, our services, including GP practices, are still supporting and seeing patients and to reassure that appropriate arrangements have been made to see and treat people safely.

3.7 Personal Protective Equipment :

Early concerns about supply issues did not materialise; the local system worked together to access stock through supply chains. The CCG has supported practices by sourcing and delivering PPE; for example late July over 170,000 PPE face masks were delivered to PCNs to distribute to their practices.

3.8 Restoration: Priorities from August

The NHS Chief Executive Simon Stevens and Chief Operating Officer Amanda Pritchard wrote to commissioners and providers of NHS services in August setting out the priorities for restoring services.

In relation to general practice priorities included:

- Restoring activity to usual levels where clinically appropriate
- Reach out pro-actively to clinically vulnerable patients
- Address any backlog in childhood immunisations and cervical screening through specific catch up initiatives and additional capacity
- Enhanced support to care homes and structured medications reviews
- Continue to offer face to face appointments as well as continuing to use remote triage and video; online and telephone consultations – whilst also considering those who are unable to access or engage with digital services.

In addition there will be a scaled up flu campaign which now includes:

- Over 50's;
- Household members of shielded patients and;
- Young people in the first year of senior school

A system wide taskforce has been established to provide oversight and ensure a system approach to delivery of flu vaccinations and COVID-19 vaccinations as and when this becomes available. It is recognised that general practice are 'the experts' having had years of experience in delivering immunisations to their registered population. Given the increase in scale practices are considering how they can work together through their primary care networks to meet the anticipated demand. There are a range of considerations and challenges in delivering the extended programme not least appropriate safeguards for patients and staff; additional time due to the need for PPE and not least; availability of the vaccine.

Community pharmacy also has a role to play as some individuals may opt for immunisation in a local community pharmacy thereby reducing demand on practices. Innovative approach to administering in local communities are also being considered

3.9 Managing Demand

As services are restored to former levels there will be some prioritisation and an opportunity to lock in beneficial change.

- Total triage and remote assessment will ensure, as far as possible the most appropriate support for individuals
- Referrals for urgent specialist assessment and suspected cancer have continued throughout and still continue to be made.
- Non urgent activity was temporarily paused to allow acute trusts to undertake urgent activity and treat COVID-19 patients in safe environments. As services are restored all referrals will be sent via GP Assist which is a form of triage which advises if a referral is appropriate. This will ensure a consistent approach across Bradford District and Craven and ensure the best outcome for individuals. We recognise that some people may have delays in accessing care and whilst there will be challenges in meeting demand unless alternative approaches are in place when an individual requires specialist care referrals will be made. Non urgent referrals restarted as of the 1st July.
- For those who are on a waiting list, for a range of specialties there will be one approach to waiting list management across Bradford District and Craven. Current waiting lists will be reviewed; assessed and prioritised 'as one' hence people will be seen in order of priority.
- As GP practices are scaling up digital offers, there will also be an expansion of electronic consultation in acute trusts and the ability for GPs to access advice and guidance from specialist consultants will increase avoiding the need for all patients to be seen in the traditional outpatient model.
- Social distancing, Infection prevention, PPE and Zoning will have an operational impact and this is expected to become a necessity for the foreseeable future which in turn will reduce the capacity within the system

- Testing is assumed to continue and grown in scale and timeliness - alongside this there is consideration of the impact of test and trace; as affected staff will need to self isolate.
- Consideration is also given to the impact on workforce of prolonged acute phase, annual leave period and longer term impact on staff
- All NHS organisations are asked to ensure that no matter how people choose to interact with services, they should receive the same levels of access, consistent advice and the same outcomes of care. To monitor this, new care pathways will be tested for achieving a positive impact on health inequalities, starting with four: NHS 111 First; total triage in general practice; digitally enabled mental health; and virtual outpatients. For each of these systems are being asked to assess through experience and observation how the blend of different 'channels' of engagement (face-to-face, telephone, digital) has affected different population groups, including those who may find any particular channel more difficult to access, and put in place mitigations to address any issues.

3.10 Supporting staff:

All employers including general practice have undertaken risk assessment of BAME staff and the risk assessment has now also extended to all employee groups.

Antibody testing has also been offered.

A standard operating procedure (SOP) is in place to support practices if members of staff are contacted via the national 'test and trace' service. To date all contacts identified have been assessed and practices have had suitable safeguards in place (such as social distancing; use of PPE which mean that no further staff have been required to self isolate and there have been no local outbreaks in practices.

Practices have reviewed their business continuity plans in the context of COVID-19 and test and trace. They have also reviewed this at a primary care network level and suitable 'mutual aid' plans have been agreed should any practice experience an 'outbreak' which affects their ability to deliver. This reduces the pressure on clinicians and staff who may otherwise be unable to offer care to their registered population.

A range of national tools and resources are available to support staff wellbeing and the longer term impact of delivering care during covid. These include a telephone and text helpline and access to support for issues such as debt, bereavement, stress, domestic violence etc.

3.11 Monitoring Impact:

A daily dashboard which monitors the impact of covid-19 across a range of indicators continues to be reviewed and monitored. Indicators include but are not limited to:

- Number of covid related 111/999 calls
- Number of staff tested
- Number of case
- No of cases in hospital
- Number of deaths in hospital
- Number of people in local acute hospitals with covid
- Number of people in HDU/ICU
- Staff absence
- Care home cases and deaths in care homes
- Number of people accessing care through the red hubs
- Number of GP appointments offered and taken up

3.12 Issues and Constraints

- The workforce is tired and needs time to recover
- Demand is difficult to quantify when public confidence in accessing healthcare is variable
- Expectations for restoring services have been shared nationally however at the time of writing COVID-19 is still prevalent in Bradford and the district has been classed as 'a high risk coronavirus protection area' with lockdown restrictions which affect the public and staff (confidence; continued shielding; risk of COVID-19) in place.
- Restart and restorations of services is being undertaken whilst the presence of COVID-19 is still in our communities. There are related productivity implications in safely delivering services in hot and cold zones, this includes workforce; additional cleaning and zoning, PPE donning / doffing which reduces efficiency

4. Options

4.1 Members may wish to comment on the contents of the report.

5. Recommendations

Members of the Health and Care Overview Scrutiny committee are asked to:

Note the contents of this report as assurance of actions taken to ensure safe delivery of care by GP practices during covid-19 and note the phased approach to restoring services.

6. **Background documents**

None

7. **Not for publication documents**

None

8. **Appendices**

8.1 **Appendix A:** Practice site temporary closures

8.2 **Appendix B:** Snapshot of NHS Digital GP appointment trends for Bradford District and Craven with link the NHS Digital tool

Appendix A: GP practice temporary site closures

Site Closures as at – 3rd August 2020

B Code	Closed	Alt Site	PCN	Locality	Date Closed	Proactive/Reactive	Open
B83006	Steeton	Silsden (RED SITE)	Modality	Airedale	18 th March 2020	Proactive Steeton reopen due to Silsden being a RED SITE	
B83035	New Hey Surgery	Horton Park	PCN 7	South	19 th March 2020	Reactive	Plans to reopen 1 st September 2020
B83049	Cowgill	Willows	PCN 8	South	20 th March 2020	Reactive	X
B83040	Cottingley	Saltaire/Windhill	PCN1	North	23 rd March 2020	Reactive	X
B82028	Gargrave	Fisher	Modality	Craven	23 rd March 2020	Proactive	X
B83023	Holycroft	Farfield	Modality	Airedale	23 rd March 2020	Proactive	X
B83061	Oakworth	Kilmeny	Modality	Airedale	23 rd March 2020	Proactive	X
B83033	Long Lee	Kilmeny	Modality	Airedale	23 rd March 2020	Proactive	X
B83030	Denholme	Thornton	PCN8	South	23 rd March 2020	Reactive	X
B83040	Cliffe Ave	Saltaire/Windhill	PCN1	North	24 th March 2020	Reactive	X
B83624	Grassington	Ilkley	WACA	Craven	24 th March 2020		Reopened 16/06/2020
B83014	Cross Flatts	Bingley	PCN3	North	26 th March 2020	Reactive	X
B83017	Horton Bank Top (RED SITE)	The Ridge	PCN7	South	27 th March 2020	Reactive/Proactive	Reopened 03/08/2020
B83055	The Ridge	Cousen Road	PCN7	South	27 th March	Proactive	Pending

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					2020		
B83653	Birch	LHL and Kensington St	PCN6	Central	30 th March 2020	Reactive	Plans to reopen 1 st September 20
B83052	Lower Grange	Kensington Partnership	PCN4	Central	30 th March 2020	Reactive	29/07/20 Kensington Partnership we have been seeing those patients who need to be face to face for some time now so do not need to "restart" services. We are following strict telephone triage before being seeing to ensure no COVID symptoms. Lower Grange is closed according to their website as at 11.08
B83010	Parklands	Park Road	PCN7	South	30 th March 2020	Proactive	Plans to reopen 1 st September 20
B83045	Hollyns - Allerton	Hollyns - Clayton	PCN10	South	1 st April 2020	Reactive	29/07/20 Allerton site for Hollyns Health and Wellbeing are re-opening from the 3rd August 8-1pm daily, this will be reviewed on an ongoing basis in respect of increasing the hours at the site and services provided. Clayton site remains open 8-6 daily for all services.
B83055	The Ridge - Royds	The Ridge – Cousen Road	PCN7	South	1 st April 2020	Reactive	X
B83028	Queensbury	Wibsey	PCN7	South	1 st April 2020	Reactive	X
B83614	Whetley MC	Picton	PCN4	Central	15 th April 2020	Reactive	X
B83611	Dr Akbars - Barkerend	Hillside Bridge		Central	27 th April 2020	Reactive	X

Partial Closure	PCN	Locality	Date Partial Closure	Proactive/Reactive	Details
Townhead	WACA	Craven	25 th March 2020	Reactive	The practice has confirmed they are fully open and patients can ring during core opening hours. 12/05/20

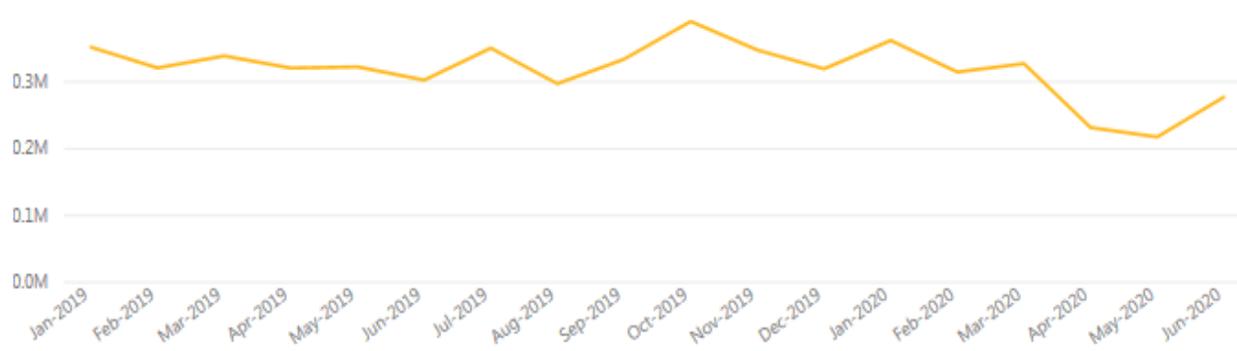
Red Site	Locality	Date Opened	Date Closed as a Red Site
Silsden	AWC	1 st April	
Horton Bank Top	South	1 st April	30 th July 2020
ShIPLEY	North	3 rd April	31 st July 2020
Manningham	Central	6 th April	31 st July 2020
Hillside Bridge (LGF)	Central	3 rd August 2020	

Appendix 2:

NHS Digital GP appointment snapshot for Bradford District and Craven and GP appointment data presented in a bar chart (Source NHSd)

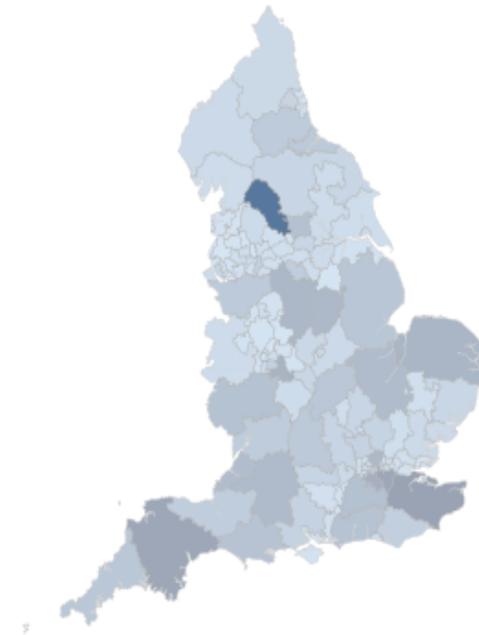
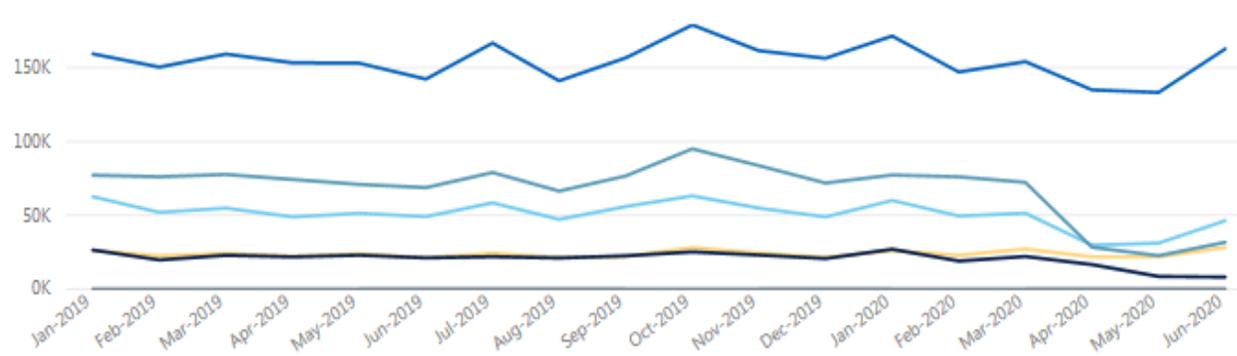
[NHS Digital GP Appointment Tool](#)

Number of Appointments, by Month



Number of appointments, by Time between booking and appointment

Book-Appt Time ● Same Day ● 1 Day ● 2 to 7 Days ● 8 to 28 Days ● More than 28 Days ● Unknown / Data Issue



The outbreak of Coronavirus has led to unprecedented changes in the work and behaviour of General Practices and subsequently the GP appointments data. The variation in approach to appointment management between practices is likely to be greater than usual and as a result data quality will be impacted. See the main publication for further

GP Appointments

