

WCC & RBKC Health & Wellbeing Board

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| Report of: | WCC & RBKC Health & Wellbeing Board |
| Wards Involved: | All |
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1. Executive Summary

- 1.1 This paper provides an update on Primary Care provision across Westminster City Council and Royal Borough of Kensington and Chelsea over recent months.
- 1.2 Despite the pressure primary care has faced, practices have managed to remain open to deliver services, whilst at the same time delivering incredible vaccination provision. This is due to having a robust resilience plan, business continuity plans, working with buddy practice/s and more widely across primary care networks (PCNs).

2. Key Matters for the Board

- 2.1 The Health and Wellbeing Board is invited to note and discuss this report.

3. Primary Care Update

- 3.1 Primary care has been operating under enormous pressure in a very difficult winter. Over the past year, GP surgeries, through primary care networks

(PCNs), have shouldered the lion's share of the COVID-19 vaccination programme alongside their existing workload. The emergence of the Omicron variant saw the introduction of the vaccine 'sprint' which vastly expanded the cohorts eligible to receive a booster which significantly exacerbated this pressure and increased demand at an already busy time of year. The NHS Moved to the national Level 4 incident category in early December.

4. Primary Care resilience, Winter Access Fund, and Vaccination

- 4.1 In October, NHS England and Improvement published 'Our plan for improving access for patients and supporting general practice'. This set out national proposals to; Increase and optimise capacity; Address variation and encourage good practice; and Zero tolerance of abuse and public communications. This also set out an additional £250 million Winter Access Fund made available nationally to support increasing capacity and improving access to primary care for patients over the winter period. The funds are available from November 2021 to March 2022. A total of £9.9m was given to NWL of which £1m went to Central London and £0.95m to West London.
- 4.2 In November, due to increasing coronavirus infections the Government and Parliament enacted a further set of national COVID measures including returning the health service in England to its highest level of emergency preparedness, Incident Level 4 from 5th November. This reintroduced national co-ordination of services which saw NWL reimpose a structure of command and control with targeted local measures to prioritise areas of focus.
- 4.3 In December, NHS England and Improvement set out the rapid expansion of the Covid-19 vaccination programme in response to the B. 1. 1.529 (Omicron) variant. This saw the number of people eligible to receive a vaccination double through the expansion of the booster programme to all adults aged 18 to 39 years.
- 4.4 In order to support Primary Care to respond, temporary changes to contractual service were made to allow expansion of the vaccination programme alongside prioritisation of timely patient access to general practice services this winter. This saw the majority of indicators which make up the Quality and Outcomes Framework with a focus on disease registers income-protected based on prior achievement, although indicators around vaccination, immunisation and cervical screening remaining unchanged to highlight their continued focus.
- 4.5 Prescribing indicators have had their funding increased, re-distributing funds where no historic performance is available. A number of indicators in the Impact and Investment Fund were suspended for the duration for 2021/22 with the funds being reinvested to support PCNs and delivery of the vaccination programme. Indicators for Flu immunisation and appointment categorisation remain.

5. Service delivery across the BiBorough

- 5.1 In response to the Winter Access Fund, each borough has developed proposals setting out delivery against the following system-level actions, including:

- Develop and/or extend PCN or borough hub working to include additional face to face and remote capacity and access to wellbeing services
- Commit additional capacity to borough hubs to enable further access for 111/UTC diverts or triage in-hours as well as outside core hours
- Accelerate/expand eConsult Hubs implementation to meet the winter pressures demand, increase capacity in primary care, sustain and develop these eHubs
- Support MDT working to build a case management approach for patients that are most at-risk of acute deterioration over the winter period with early interventions to keep them early at home
- Increase UTC/111 Winter capacity including primary care clinicians and handlers and for redirection and GP front-of-house triage
- Recruitment of additional clinical and support staff acting as a resource for practices/PCNs focussing on support during Winter pressures to increase resilience and appointment availability
- Extended Care Home Support supplementary to the Direct Enhanced Service requirements
- Accelerate the roll out of Community Pharmacy Consultation Service (CPCS)
- Communication and Engagement through practices, PPGs, PCNs, Healthwatch, Clinical Leaders and place to direct and inform patients.

- 5.2 In addition to this, meetings have taken place with practices identified as requiring enhanced support through nationally provided data to review whether there are practice-specific measures that can be taken to increase access for patients.
- 5.3 The vaccination programme was rapidly expanded with a huge amount of capacity provided across all available sites. Across NWL, the system responded magnificently with expanded capacity in all areas including primary care, community pharmacy, mass vaccination centres and hospital hubs resulting in vaccination rates more than doubling.
- 5.4 Week ending 19th December saw NWL deliver 180,000 vaccinations in just 1 week. (previously highest week was 120,000). Across Christmas/New Year week over 60,000 vaccinations were given, despite the bank holidays and holiday period. December also saw the 4 millionth vaccination provided by NWL, which was the first system in the country to achieve this.
- 5.5. Across the 5 week period from 6th December, Central and West London combined, delivered over 83,000 vaccinations across their PCN-led and Community Pharmacy vaccination sites.
- 5.6 In response to the significant pressures and demands primary care was experiencing local Primary Care teams have worked with practices and PCNs to ensure robust systems were in place to provide assurance around resilience. A NWL Situation Report allows individual practices to report the current status of their provision and highlight if there are changes or sickness levels which will impact on the delivery of services to allow support measures to be put in place.

- 5.7 Each PCN has Business Continuity Plans which set out 'buddying' arrangements across their practices to allow support of another local practice, where required. These arrangements allow the sharing of staff in times of extreme demand or high rates of staff sickness. Daily communications were maintained with PCN Clinical Directors across the Christmas and New Year period when sickness levels were expected to peak at the same time that staffing levels would regularly be reduced with practices setting-up stand-by lists for those on leave in case they need to be called in.
- 5.8 In order to support local GP practices NWL agreed to income protect locally enhanced services for Q3 and Q4 2021/22, to further free up practices to support the vaccination programme and to identify actions that will make a difference to patients of all ages, including children who are most at-risk of admission and to proactively manage their care.
- 5.9 The following actions were taken to support the system across NWL:
- Pause all non-urgent and non-cancer work to deliver the vaccine programme.
 - Trusts suspending routine and follow-up outpatient appointments so that the facilities can be used to vaccinate patients, while maintaining as much of their elective care programmes as they can
- 5.10 Suspension of enhanced services in primary care, however practices were asked to prioritise the following:
1. **Infection Protection and Control** - review adherence to procedures to ensure you keep yourselves and your teams safe whilst maintaining an open front door
 2. **Covid-19 positive patients** - identify patients who may benefit from increased monitoring (remote monitoring) or who may be appropriate for the newer community treatment options including nMABS (neutralising monoclonal antibodies) or could be part of the PANORAMIC study
 3. **Covid-19 vaccination programme** – ensure immunosuppressed patients requiring 3rd or 4th doses are supported as well as maximising booking of booster jabs. Ensure all staff are trained to deliver the Covid-19 vaccine and work with your PCNs to ensure you are supporting the accelerated ask
 4. **Flu jabs** - ensure these are provided to as many as possible in the target groups
 5. **Vulnerable patients** – support for particularly vulnerable people including providing crisis numbers and crisis plans for those with severe mental illness and continuing health checks for patients with a learning disability. Also ensuring support for care homes and their residents throughout the winter period
 6. **Review of patients who are at risk of admission** - targeted review of patients - for example, those at risk of respiratory exacerbations including

asthma reviews for those not in control and rescue packs for those with COPD, and diabetic patients at risk of admission this winter

7. **Medication** - consider providing patients with 2 month's medication if they are stable to reduce General Practice workload during December to February
8. **Capacity** - make best use of the whole systems resources to free up capacity within NW London (i.e. when appropriate refer patients to the Rapid Response team who have 2-hour response time and in some instances is faster than calling out the London Ambulance Service).
9. **Delivery of practice and primary care winter plans including supporting 111** - absorb as much on the day demand as possible to support 111. This includes a requirement to participate in the GP Worklist approach and also ensure that staff are up to date with the latest urgent care pathways.

6. Summary & Next Steps

- 6.1 In conclusion, despite the pressure primary has faced, practices have managed to remain open to deliver services, whilst at the same time delivering incredible vaccination provision. This is due to having a robust resilience plan, business continuity plans, working with buddy practice/s and more widely across networks.
- 6.2 Vaccination capacity will continue to be available over the coming months with an increased focus on how to encourage those that have not yet come forwards to receive their 1st, 2nd or booster dose. We will be working closely with the Local Authority on hyper-local proposals to increase vaccination uptake.
- 6.3 Moving forwards, primary care will look to recommence the availability of business as usual services at the earliest opportunity and will continue to respond to the immediate needs of the population as the front-door for the NHS for the majority of cases.

7. Options / Considerations

- 7.1 The Health and Wellbeing Board is asked to note and discuss this update.

8. Legal Implications

- None

9. Financial Implications

- None

If you have any queries about this Report or wish to inspect any of the Background Papers please contact:

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APPENDICES:

N/A

BACKGROUND PAPERS:

Our plan for improving access for patients and supporting general practice, NHS England and NHS Improvement, 14th October 2021

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/10/BW999-our-plan-for-improving-access-and-supporting-general-practice-oct-21.pdf>

COVID-19 NHS preparedness and response – notification of return to Incident Level 4, NHS England and NHS Improvement, 4th November 2021

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/11/KW_Level_4-letter_4Nov.pdf

JCVI advice in response to the emergence of the B. 1. 1.529 (Omicron) variant: next steps for deployment, NHS England and NHS Improvement, 3rd December 2021

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1468-jvci-advice-in-response-to-the-emergence-of-the-b.1.1.529-omicron-variant-next-steps-for-deployment.pdf>

Temporary GP contract changes to support COVID-19 vaccination programme, NHS England and NHS Improvement, 7th December 2021

https://www.england.nhs.uk/wp-content/uploads/2021/12/C1475_Letter-about-temporary-GP-contract-changes-to-support-COVID-19-vaccination-programme.pdf

Preparing the NHS for the potential impact of the Omicron variant and other winter pressures, NHS England and NHS Improvement, 13th December 2021

<https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2021/12/C1487-letter-preparing-the-nhs-potential-impact-of-omicron-variant-and-other-winter-pressure-v4.pdf>