



How CCGs can support their primary care networks and practices in light of COVID-19

Over the coming weeks and months, we know that there will be unprecedented pressure not only on secondary care, but also in primary care. While the initial response from clinical commissioning groups (CCGs) seems to have mainly focused on support for the acute sector, the latest guidance from NHS England and NHS Improvement (NHSEI) rightly calls on CCGs to support primary care networks (PCNs) and general practice in implementing a range of actions to free up capacity to manage pressure in both general practice and the wider system. PCN Network members have been reporting a lack of coordination and support from CCGs, so this guidance is welcome.

This briefing, aimed at CCGs and PCN clinical directors, outlines the actions CCGs should be taking as part of their planning for primary care in the coming weeks and months, at both PCN and general practice level.

This briefing reflects the guidance from NHS England and NHS Improvement, as well as feedback from members of NHS Clinical Commissioners and the NHS Confederation's PCN Network.

Key points

CCGs should feel they have the freedom to be pragmatic and enable PCNs and practices to adopt solutions that they believe are necessary. PCNs need CCGs to support the coordination of the primary care response across practices, linking to system-wide planning and resilience testing. Collating information on demand and capacity to feed into system, regional and national planning and modelling will be crucial to ensure available resources are in the right place at the right time.

Therefore, commissioners and PCNs need to understand:

- the totality of primary care, including the level of demand coming in and capacity available on a daily basis
- the impact of hospital discharge and the capacity needed to manage discharged patients at home, in the community, or in social care, including those with continuing healthcare (CHC) needs
- ensuring joined-up data exists on the impact of the increasing pressure on the general practice workforce, in terms of increased home visiting and care home visits
- the overall likely need for personal protective equipment (PPE) across practices and PCNs.

The NHS Confederation, through the PCN Network and NHS Clinical Commissioners, will continue to collate and make available local case studies and innovative practice to support the primary care system. Please send these to pcnnetwork@nhsconfed.org

You can also find information on the support available to staff at www.nhsemployers.org/covid19

Points to consider

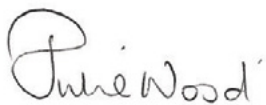
Based on feedback from our members and best practice examples, we have developed some points that CCGs should consider to both support and stabilise primary care in this difficult time. This list is not exhaustive, and we know that the areas for consideration will vary depending on local need. It is intended to be a guide/checklist that you can work through with PCN clinical directors.

| Key actions for CCGs to consider | Examples of local action |
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| <p>Identify how you will deliver the six urgent priorities set out in NHSEI's guidance and communicate this quickly</p> | <p>Early communication on the priorities for delivery at PCN and practice level is essential.</p> <ul style="list-style-type: none"> • Prior to the guidance being published, some CCGs clarified that essential and necessary services and core general medical services (GMS) work must continue, but non-essential work should be stopped and capacity moved to doing as much clinical work as possible around COVID-19 risk mitigation. • There are examples of PCNs that had already identify hubs for face-to-face appointments and agreed that operational model with their CCGs early on. |
| <p>Establish the do and do-not-do list and be clear for how long this applies</p> | <p>Be clear about what is in and out of scope in the short term to support reprioritisation for PCNs and practices.</p> <ul style="list-style-type: none"> • Some CCGs have agreed service suspensions for three months, such as Quality Outcomes Framework (QOF), minor surgery, to free up capacity to deal with COVID-19. • Ensure non-essential PCN meetings and CCG locality meetings are cancelled and pathway changes are minimised. • Make a commitment to reducing the burden of reporting. |
| <p>Be clear about funding</p> | <p>Quickly communicate to practices how they will be funded during the outbreak:</p> <ul style="list-style-type: none"> • ensure PCNs have access to PCN and local enhanced services (LES) funds and provide them with the autonomy and flexibility to deploy as necessary to support COVID-19, including additional expenses • provide reassurance that they will continue to be paid at the same level from the beginning of the outbreak, including for the purposes of QOF, directed enhanced services (DES) and LES payments • explain that they will not need to meet face-to-face appointment targets as they manage most routine appointments remotely. |
| <p>Translate the above priorities into a clear operating model</p> | <p>NHS England and NHS Improvement has advised a 'total triage' model, which is being implemented by CCGs.</p> <ul style="list-style-type: none"> • Some CCGs are also developing "hot hubs" or COVID contact centres to help keep patients with suspected COVID-19 away from others. Various PCNs are using this model. • Only see the essential patients – remotely, where possible, so work with allied health professions (AHPs) to help most vulnerable patients. • Follow NHSEI's guidance on managing routine appointments. • Have a plan for responding to COVID-19 cases out of hours in the community. • Managing admissions to hospital. Some CCGs have set up an emergency phone line for primary care staff to speak to a consultant in the acute hospital to strengthen decisions not to admit. • Plans for managing patients in nursing and residential care. • Managing prescriptions and repeat prescribing. |

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| <p>Act fast and with seniority</p> | <p>Make sure that the people who are making the decisions are empowered to do so, using full clinical leadership of CCGs.</p> <ul style="list-style-type: none"> • Identify 'quick wins' that can be implemented now and support general practice to make decisions about operational activity for themselves based on their experience. • Some CCGs have sent a protocol out to practices with step-by-step advice on how to run a business continuity model of primary care. |
| <p>Tech and information governance</p> | <p>Recognise the difficulties and help to find workarounds, following guidance from the Information Commissioner's Office.</p> <ul style="list-style-type: none"> • Ensuring practices have got the infrastructure and support to work remotely as much as possible. • Practices are implementing different approaches to remote working. It is important to allow flexibility and follow the advice from NHSX on staff using their own devices. • Supporting remote working for all staff, clinical and non-clinical – this means having appropriate IT and telephone equipment and e-consulting software to perform remote consultations. • Support a triage-first model and communicate how this affects the face-to-face/ online appointments quota in your contracts. • Make use of the national bundled procurement to rapidly procure online consultations for those practices that don't have one. • Support record-sharing, as a minimum, across PCNs. • Provide PCNs with a named point of contact for IT issues. |
| <p>Workforce</p> | <p>Clarify and monitor workforce capacity across the whole footprint and redeploy clinical and non-clinical staff as needed to maximise the available workforce.</p> <ul style="list-style-type: none"> • Ensure system-wide knowledge on demand and workforce situation and projection on workforce numbers in coming weeks across primary and secondary care. Some CCGs are introducing regular situation reporting so that there is awareness of wider system pressures and staff absence. • Ensure workforce reporting is not onerous. • Identifying at-risk staff and plans to support them, such as home working. • Explain that the deadline for the workforce planning templates has been delayed from 30 June to 31 August 2020 and the associated requirements on CCGs to redistribute unused additional roles funding to other PCNs has been delayed until the end of September 2020. • Clarify that any additional sessions retained GPs choose to undertake during this temporary lift will not attract additional scheme payments at least until 10 April 2020. • Enable PCNs to use Additional Roles Reimbursement Scheme (ARRS) funding to recruit temporary staff. |
| <p>Practical steps to keep staff safe</p> | <ul style="list-style-type: none"> • Making sure there are enough cleaners available in the case of sickness and self-isolation in this important part of the workforce, including contractors for deep clean, and giving consideration for scrubs and laundry services. • Ensuring that staff have sufficient PPE and redistributing it where necessary. • Some CCGs that are operating a 'hot hub' model have advised that most practices will need a small quantity of PPE. Any unneeded PPE should therefore be transferred to the hot hub. |

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| Strengthening the community offer to ensure those who are most vulnerable have support | <ul style="list-style-type: none">• Ensure adequate home visiting services, recognising primary care capacity constraints.• Join up working with community services and sharing workforce.• Put in place a central information point for daily discharges and provide community teams with a daily update on cases and the plan for the patients.• Put in place a mechanism to improve provision of palliative care drug with drugs administered by PCN pharmacist to the community teams on a named patient basis. |
| Communications and engagement with PCNs and practices | <ul style="list-style-type: none">• Ensure that PCNs and practices have access to latest communication from the government, NHS England and NHS Improvement, and Public Health England.• Some CCGs are now sending a daily situation report to each of its practices, which have been asked to identify an overall COVID-19 lead and shift lead for each day.• It's also important that CCGs listen to the needs of PCNs as they develop in this fast-changing situation and respond in an appropriate and timely way.• It is crucially important to explain what the data supplied through 'sit reps' will be used for instance to provide the best way of modelling the ongoing demand needs of the general practice workforce so that supplies of key equipment, such as PPE, can be best matched to meet modelled need. This is happening across hospitals, but it is crucial that it also happens across primary care as the supply of PPE is likely to be limited to meet modelled need. |

We will of course keep members informed of any new and relevant guidance. In the meantime, thank you for all that you are doing above and beyond the norm to help with this situation.



Julie Wood

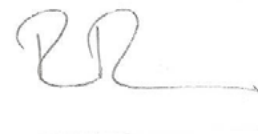
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Visit NHS Clinical Commissioners at www.nhsc.org

The PCN Network has been established by the NHS Confederation to support primary care networks to ensure they are effectively represented within the health and care system.

Visit the PCN Network at www.nhsconfed.org/pcn-network

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