

# Primary & Community Care

An overview of service changes throughout the COVID-19 pandemic

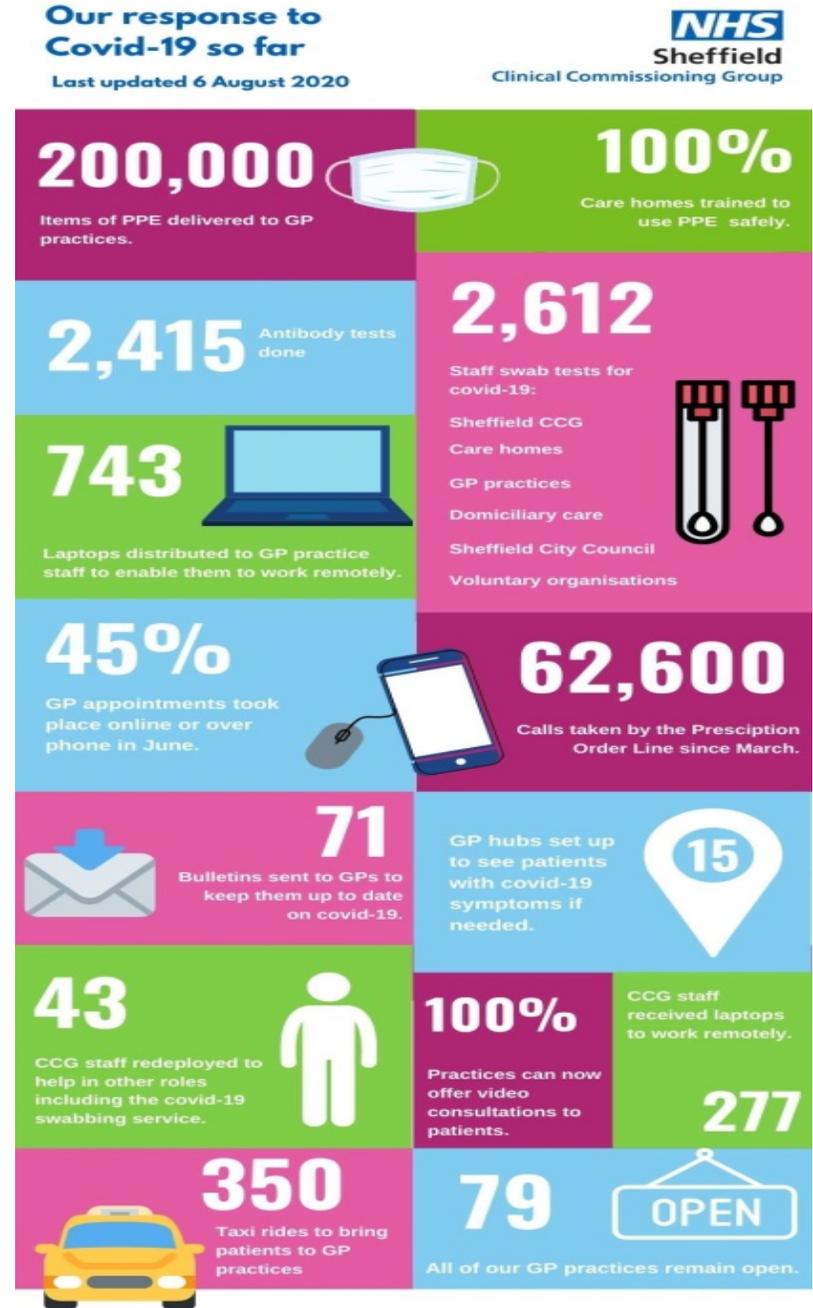
# NHS Sheffield Clinical Commissioning Group & Primary Care Sheffield

- Partnership arrangements focusing on:
  - System wide leadership development
  - Primary care resilience
  - Workforce, education and training
- Coordinated response with CCG/PCS sharing command structures and communications
- Shared workforce to align operational priorities
- Preferred primary care provider at scale

# Primary Care Challenges

- National guidance and expectations – daily changes/updates
- Managing information flows, support and advice
- Creating a COVID-19 secure environment
  - PPE
  - Estates
  - Virtual working
- Maintaining the workforce
  - At risk staff
  - Remote Working
- Managing the impact of inequalities

# COVID-19 Response



# Our Response

- Our top priority was and is protecting the people of Sheffield while keeping services running.
- Forecast additional spend in Primary Care for the full year is £2.7m, of which £1.9m has been spent to date.
- Rapid mobilisation of hot hubs (extended hours) in and out of hours
- Implemented taxi service for patients to travel further for the hot hubs
- Established a COVID testing service for primary care staff in April – shortlisted for Health Service Journal Award
- Support to care homes
- Support to people who are homeless
- Mental health support for staff
- CCG staff redeployed
- Local arrangements put in place to provide PPE for primary care

# Our Response

- Drive through phlebotomy service
- Cold visiting service
- Coordinated response to support practices
- Sheffield system health and care gold cell response
- Digital solutions
- Funded pulse oximeters for practices (test to measure oxygen levels in the blood)

# Practices Response

- GPs and practice staff are at the frontline of the NHS and are working hard to ensure services remain open for patients who need care or treatment.
- Services remained open at the height of the first wave - no practices closed in the city due to the pandemic, although some branch surgeries closed, and all 75 remain open today.
- All 79 practices stayed open to their patients during first and second waves.
- One of the changes made is to triage patients over the telephone
- Face to face appointments are being offered but only when necessary to limit the numbers of people physically coming into practice as much as possible.
  - Bloods (in practice and home visits)
  - Vaccines
  - Diabetic foot checks
  - Cervical screening
  - Urgent appointments for patients who have serious conditions
- People who don't need face to face appointments are offered a telephone or video consultation with a GP or nurse, the patient will receive the same level of care as if they were face to face with the clinician
- Practices stayed open, continued to see patients despite many staff self-isolating or shielding.

# What our public said

- CCG commissioned two pieces of work to gain insight into changes to the NHS during the pandemic – telephone survey with representative sample of the Sheffield population and semi structured interviews via local community groups.
- Heard from 1,270 people.
  - 36% of residents stated that they were less likely to access services during the lockdown period, compared to less than a tenth (8%) who were more likely to access services.
  - 80% were confident that health services were now safe - Black, Asian and minority Ethnic residents were significantly less confident overall compared to White respondents (67% vs 79%).
  - The most frequent route of accessing healthcare since Covid remained through contact with a GP, although there has been a notable increase in telephone engagement, particularly via the NHS 111 number.
  - 25% of respondents reported that their GP surgery had closed during the Covid-19 outbreak. This does not correlate to the actual number of known closures of surgeries (15%).
  - 25% of respondents reported that their GP surgery had closed during the first wave. This does not correlate to the actual number of known closures of surgeries (15%)
  - All communities groups said people were refraining from contacting their GP in the way they would in normal circumstances with a reduction in residents contacting their GP for their most recent health issue (66% down to 55%).
  - 85% considered their experience of primary care to be no different or better than before Covid. Those aged 16-34 tended to say they had a better experience of accessing primary care than before Covid-19. Respondents aged 45+ tended to feel their experience was worse. Those from a BAME background were also more likely to rate their experience as worse than white respondents (25% vs 15%). This tallies with concerns expressed about access to interpreters to enable accurate diagnosis and care.
  - The closure of extended access hubs at Crookes Practice, Burncross Surgery, and The Health Care Surgery, Palgrave has caused limited impact on residents as more than 84% said they wouldn't have used these sites anyway. However, 12% said they will have to travel further as a result of the restrictions.

# Primary & Community Care

Strategic plan and next steps

# South Yorkshire and Bassetlaw Integrated Care System



## Strategic Plan for Primary Care 2020-2024



The **we** in the plan are:

- Commissioners and providers together, commissioning in partnership with primary care
- Primary care providers ( GPs, Primary Care Networks, GP Federations, community pharmacies, opticians) .
- The staff working in primary care (all roles as well as leadership teams) , Voluntary and Community services and partner organisations working with primary care where it is necessary for them to understand the collective ambition of primary care in order to interface effectively with it

The ambition : that Primary Care is an equal and valued partner within our system

# Our commitment to work together



“Our thinking starts with where people live, in their neighbourhoods, focusing on people staying well. We want to introduce new services, improve coordination between those that exist, support people who are most at risk and adapt our workforce so that we are better at meeting peoples needs”

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*South Yorkshire & Bassetlaw Sustainability and Transformation Plan October 2016*

- SYB ICS published its strategic plan in September 2019. Within that document our five Places are recognised as having plans which set out what local partners want to achieve.
- Each has plans for transforming care out of hospital and across primary and community care. They include the further development of Primary Care Networks and explore the role of Federations and the opportunity for delivering primary care ‘at scale’.
- Strong collaboration between CCGs, PCNs and Federations has resulted in creating efficiencies in the delivery of primary care services and avoiding duplication.
- Our recent experience of Covid-19 reinforced the role of PCNs and Federations across Place, linking in to ICS infrastructure, giving practices the space to focus on delivery for local populations and communities
- The role of community pharmacy, electronic repeat dispensing and remote consulting has begun to transform the interface between the public and primary care.

There are a range of groups where partners come together to collaborate at a system level, giving both space and focus for partnership working between NHS, Local Authority and key stakeholders

**“Our vision is for everyone in South Yorkshire & Bassetlaw to have the best possible start in life, with support to be healthy and live well , for longer”**

*South Yorkshire & Bassetlaw Integrated Care System September 2019*

#### Four Themes

- Developing a population health system
- Strengthening our foundations
- Building a sustainable health and care system
- Broadening and strengthening our partnerships to increase our opportunity

#### Guiding Principles SYB ICS September 2019

- **Ambitious for our citizens, patients and staff .**
- **Building constructive relationships with partner organisations, groups and communities.**
- **Do work once and avoid duplication, making best use of our resources.**
- **Our work and actions will take place at the most appropriate level and be as local as possible.**
- **No Place will be worse of as a result of our shared action.**



## Key priorities for 2020/21 forwards ...

Primary care will remain resilient through the wrap around infrastructure supporting PCN's and practices in Estates, Digital, Workforce and Financial priorities.

**Covid-19** – addressing winter pressures, flu and the second surge in general practice with responsive support, hot and cold hubs will continue to mobilise matching capacity to demand and delivering vaccination programmes.

**Primary Care Access**- We'll work to create equitable, joined up access to primary care both in and out of hours ensuring an integrated approach across practice, PCN and citywide footprints and with partner organisations.

**Planned care**- For people needing non-emergency care, we are taking a joined-up approach across primary and secondary care including integrated working between generalist and specialist.

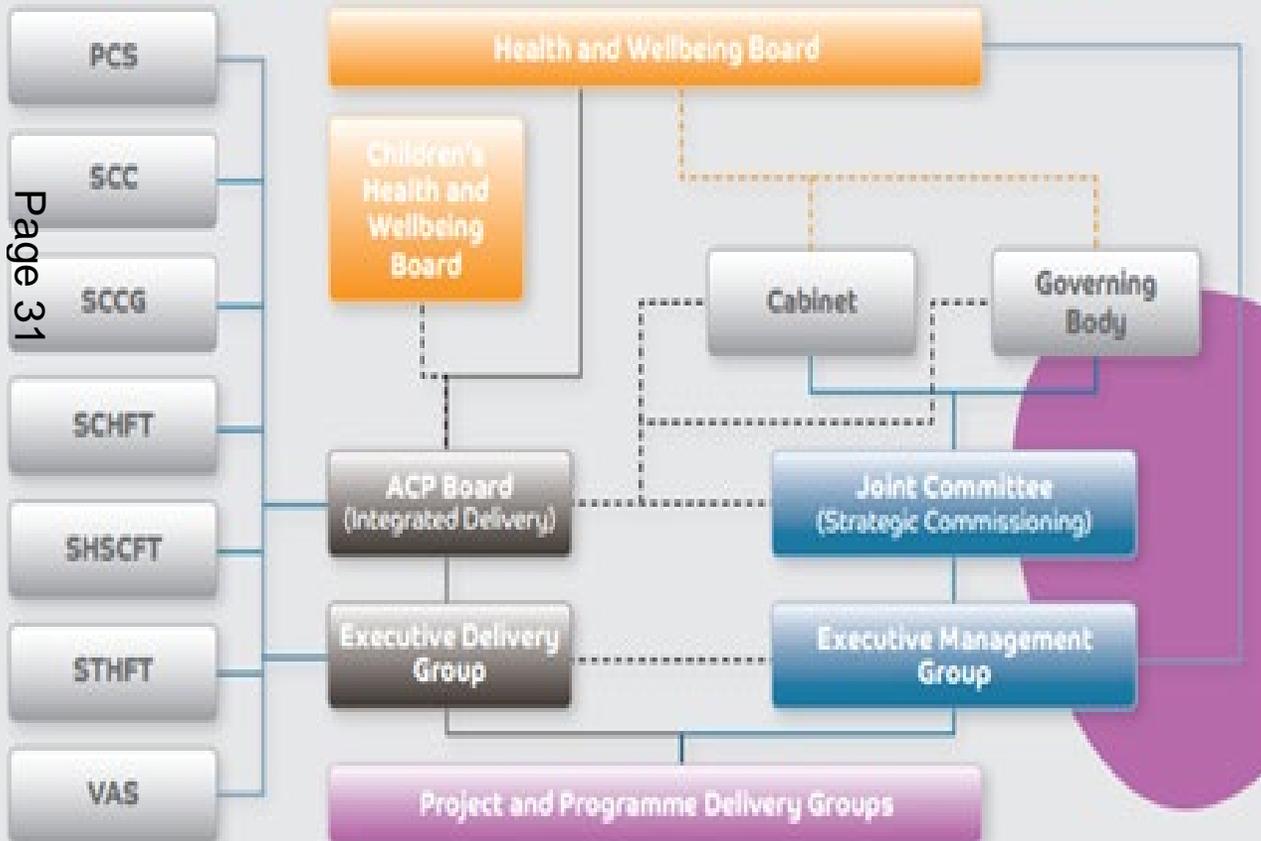
**Community and supporting people at home** The connections between our community-based services will be clear and people will understand how different services work together. These connections are strengthening.

**Workforce wellbeing** we will support the primary care workforce with additional roles and focus on staff retention, training and development. We will continue to look after our staff health and wellbeing.

**PCN Development** we will focus on the co-ordination of care and support for patients with escalating and complex physical, mental and social care needs across disciplines and organisations.

**Reducing Health Inequalities** through support and investment in areas of high deprivation and greatest need.

### Accountable Care Partnership Summary Governance Structure



# 2020/21 Commissioning Intentions

- Resilient primary care – estates, digital, workforce, finances
- Performance and Quality
- Third surge/Winter pressures/Flu/COVID vaccination
- Homeless/rough sleepers and asylum seekers
- Primary care network development
- Ongoing implementation of PCN DES – Care homes
- Re-commissioning Extended Access
- Access
- Post COVID-19 recovery City wide services to support primary care

# Long Term Plan

- Boosting 'out-of-hospital' care, to finally dissolve the historic divide between primary and community health services
- Giving people more control over their own health and more personalised care when they need it
- Supporting digitally-enabled primary and outpatient care to go main stream across the NHS
- Increasing focus across all organisations on population health, moving towards integrated care systems
- Focus on health inequalities, including smoking, obesity, alcohol, air pollution and antimicrobial resistance
- Focus and progress on care quality and outcomes
- Growing the workforce to ensure we have trained clinical and non-clinical staff to support the growing and changing population of Sheffield
- Delivery of services in primary care networks and neighbourhoods.

## How is the Covid-19 pandemic impacting people's experiences of accessing GP services in Sheffield?

### Submission to the Scrutiny Committee

This document outlines people's experiences with accessing GP services during the Covid-19 pandemic. Healthwatch Sheffield has received this information from various sources:

- Individuals contacting Healthwatch Sheffield
- Issues brought to our attention via our voluntary and community sector partners
- A dedicated survey we conducted in the summer of 2020 on people's experiences with Health and Social Care in Sheffield during the Covid-19 pandemic

### Emerging issues:

**Phone and remote appointments** - We have heard about frustrations with telephone triage systems at GPs, which have made GP services feel inaccessible to some. One person pointed out that "sometimes you might not have the credit to call the surgery and yet you need to see the doctor".

- **Problems getting through** - Patients from different GP practices have shared that they were unable to get through on the phone, or were waiting for a long time to speak to someone. In one example, the automated process was so long that the patient's phone cut off before reaching a person to talk to. Someone else had tried for 3 consecutive days to have a discussion about medication without success. Some people noted it's difficult to explain symptoms over the phone.
- **Accessibility issues for the Deaf community**
  - With online booking being suspended, and people being unable to drop into the practice, those who cannot use the telephone have been finding it hard to access the care they need.
  - Apps such as Ask My GP work for some Deaf people, but communication is in English which can make it hard to understand and get the information they need. This will be more difficult for some Deaf people than for others. Access to technology and different apps can be helpful, but there are many different options which can be confusing. Deaf people need information about what is available. There is also concern that a significant number of Deaf people don't have access to, or know how to use, the technology which can support them with this.

- **Digital exclusion of people living with dementia** - one person told us:

I do not have a computer and I cannot remember how to turn on the TV. No one seems to think that dementia sufferers may like a good old fashioned letter from the GP.

- **Positive experiences** - Some people welcomed online and telephone appointments. One person told us about a positive experience of an asthma review at their GP practice. They were sent a questionnaire to fill in, and a nurse followed this up with a telephone consultation and discussed medication adjustments. They felt that the telephone appointment worked well for their needs. Appointments might also be helpful for people with childcare responsibilities:

Use of phone appointments for GP was really helpful as it's usually hard for me to get to appointments with my child or for myself due to childcare so for some needs, a telephone appointment was much better.

## **Prescriptions**

- Existing issues with repeat prescriptions have been compounded by covid-19. People have spoken to us about prescriptions being delivered (by the pharmacy or by volunteers) with medication missing, and because they were shielding or otherwise couldn't access their GP/pharmacy, these issues have been much harder to fix. One person told us:

Needed my medication but was not arranged by the GP. So had to go out with out for a few days which affected my health.

- It has not been clear how to collect prescriptions from the GP practice if they are not automatically sent to the pharmacy

**Communication** - People explained that GPs sent communications with health information, and about how services have changed. However, communications were not always clear or appropriate:

- A confusing text was sent out by a GP practice advising patients to take Vitamin D supplements to guard against covid-19, and it was unclear whether this was official advice.
- One person told us that they receive daily texts from their GP, reminding them that they are vulnerable and at increased risk of dying if they catch the virus. They found this distressing.

**Care home visits** - at the early stages of the pandemic we were told about some issues around visits from GPs to care homes. It seemed GPs were taking different approaches, and it was not clear to people what service they should be expecting in relation to this.

**Continuity** - One person told us that previously it was easy to see the same doctor but recently it has been more difficult to see a GP who knows them and their condition well.

**Face covering exemption cards** - We spoke to several people who did not have access to their own computer or printer to print an exemption card, and were unable to get one from their GP.

**Flu vaccines** - People have had mixed experiences. Some people across Sheffield were sharing positive stories of GP practices and other health clinics, describing them as safe environments with friendly staff. At least 10 of these people were attending the practices to get their flu vaccination. However, we have heard from others (particularly later on in the vaccination campaign) that despite being eligible for a flu vaccine, their GP has not yet been able to provide this

**Fear** - Some people have been reluctant to go to their GP due to fear of catching the virus.

**Support while shielding** - We have heard from people who were shielding for months, on the advice of their GP, who hadn't received support for a significant length of time. One person told us:

After receiving shielding letter, no further information or check-ups from anyone, neither the council, the government nor the NHS/GP. No help accessing food parcels, felt very much left to my own devices. Had to rely on the media for updates on shielding.