

Winter Resilience in Primary Care

Primary Care Commissioning Committee meeting

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19 November 2020

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Purpose of Paper	

The purpose of this paper is to ensure the formal ratification of the decision already taken following the confirmation that using the £300k budget to support improvements in resilience over winter in primary care is the priority area in terms of use of the funding available and following consensus of support for the recommendation via e-mail in September 2020 that '*The funding flows directly to GP Practices based on the weighted list size as at 1 October 2020. Practices would, therefore, receive approximately 51p per head (the actual amount won't be known until the list size is known). This is in line with the figure for 2019/20. GP Practices would then be given the flexibility to use the funding in the best way to meet their population needs over the Winter period which may include a network approach. Practices would need to indicate "up front" how they wish to utilise the funding either individually or collectively as a network or neighbourhood.*'

The Winter Resilience paper itself presented options to improve resilience in primary care in the winter period 2020/21 to the Primary Care Commissioning Committee for consideration and approval. It was discussed and approved virtually by the Committee in September / October and is presented at the November Committee for formal ratification of that decision only.

50% of the payment was made to practices on 22nd October 2020. The remaining 50% will be paid later in the year. It was based on the weighted list size at 1st October 2020. The full payment is 50.4p per head.

Key Issues

The primary care winter resilience plan is a key element of the city's overall winter resilience plan. Resilience in primary care over the winter period is critical to achieving a well-functioning, resilient health and care system and therefore it is important that we maximise the opportunity to target resource where it can be most effective. In particular this year, in the context of circulating Coronavirus alongside the usual expected Winter surge, it is essential that we are able to support primary care to remain resilient wherever possible.

Is your report for Approval / Consideration / Noting

Approval

Recommendations / Action Required by Primary Care Commissioning Committee

The Primary Care Commissioning Committee is asked to:

Ratify the decision already taken that:

- Using the £300k budget to support improvements in resilience over winter in primary care is the priority area in terms of use of the funding available
- That the funding should flow directly to GP practices

What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?**Which of the CCG's Objectives does this paper support?**

Strategic Objectives –

- To ensure there is a sustainable, affordable healthcare system in Sheffield,
- To improve the quality and equality of healthcare in Sheffield and
- To improve patient experience and access to care.

It supports management of the CCG's principal risks 3.1, 4.1, 4.2 and 4.3 in the Assurance Framework.

Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?**If so please state which function?**

Yes, planning

Are there any Resource Implications (including Financial, Staffing etc)?

Administration of funding can be absorbed within current staffing.

Have you carried out an Equality Impact Assessment and is it attached?

Please attach if completed. Please explain if not, why not

No

Have you involved patients, carers and the public in the preparation of the report?

No

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1. Introduction / Background

Initial budgets approved by PCCC for 2020/21 included a £300k reserve for winter resilience. As previously reported, overall Primary Care started the year with a budget deficit of £946k. At M4, the reported forecast overspend across all primary care budgets was £572k after taking into account the indicative share of the CCG retrospective top-up allocation for months 1-3k. PCCC are therefore asked to consider whether it is now appropriate to commit the Winter Resilience budget, recognising this will in turn limit the options available to manage the financial position.

It is widely recognised that the winter period puts significant additional pressure on health and care services. As a key front line service, GP practices face significant challenge over the winter period. There are a number of ways that resilience in primary care may be improved over the winter period. In previous years, Sheffield has;

- Developed a Locally Commissioned Service with GP Practices across the city, operating between December and March which has secured additional general practice appointments. These have been provided both “in hours” and by increasing the number of appointments from 6pm – 10pm weekdays and at the weekend.
- Through the existing contract with Primary Care Sheffield Ltd (PCS) it has been possible for them to flex capacity into the hubs with GPs and other professional groups at pressured times during the Christmas period and over the Winter.
- Other areas of health and social care have in previous years benefitted from additional, often in-year funding, to provide extra resilience to services over winter. Any additional funding specifically for primary care should to be allocated with reference to the wider ongoing discussions through the Urgent and Emergency Care ACP Delivery Board and ongoing actions in relation to delayed discharges from hospital. We need to ensure maximum benefit for patients with the decisions on primary care funding.

A resilient primary care response over the winter period not only ensures that GP practices can respond to the additional pressures, it also ensures that additional pressures are not displaced to other parts of the urgent care system, for example A&E.

2. Options for Improving Winter Resilience in Primary Care 2020/21

There are a number of areas that have potential to maximise primary care resilience over the winter period that are either already in place or should be considered / pursued, these include but are not restricted to;

- There is already agreement as part of the PCS contract arrangement to provide additional capacity within extended access services over the winter period and at peak times
- Additional capacity in GP practices over the winter period allowing additional appointments
- Maximising staff flu vaccinations
- Ensuring optimal flu vaccination of at-risk groups (including additional cohorts)
- Additional clinical input to care homes
- Use of care navigation to maximise the role of community pharmacy in delivering advice, guidance and treatment of common winter conditions
- Continuing to promote network and neighbourhood maturity and resilience and the continued development of multi-disciplinary team working focused on populations at greatest risk of admission
- Focused work on primary care and community support of people with chronic respiratory conditions
- Ensuring effective public communication and engagement on keeping well in winter
- Exploring the offer from the voluntary sector over the winter period
- Ensuring carers are well supported through access to carer assessment, signposting to information, advice and support
- Ensuring practice business continuity plans are robust
- This year primary care representatives have also asked for consideration of the additional resource to be used to provide a citywide resource to support home visits over the winter period.

3. Proposal

It is proposed that either

1. The funding flows directly to GP Practices based on the weighted list size as at 1 October 2020. Practices would, therefore, receive approximately 51p per head (the actual amount won't be known until the list size is known). This is in line with the figure for 2019/20. GP Practices would then be given the flexibility to use the funding in the best way to meet their population needs over the Winter period which may include a network approach. Practices would need to indicate "up front" how they wish to utilise the funding either individually or collectively as a network or neighbourhood.

In previous years similar levels of funding has mainly supported additional appointments provided by the Practice or collaboratively with other practices. Based on a cost of £20 per appointment, £300k would fund an additional 15,000 appointments. Practices would be expected to demonstrate that they have provided their additional appointments and the CCG would reserve the right to undertake spot-checks to confirm the activity submitted. The payments would be split and 50% would be paid around November 2020 and 50% would be paid in April 2021 once any monitoring required had taken place.

The additional funding could also be used to support clinical input into care homes over the winter period. In some other areas Advanced Nurse Practitioners have been employed over winter to ensure care plans are in place, to enable community alternatives to a hospital admission and support care home staff to optimally manage residents at high risk of admission. It could also be used to fund the

voluntary sector to support practices to manage winter pressures. Any proposals from practices or neighbourhoods would need to relate to working with local voluntary sector partners to increase resilience in the out of hospital environment in order to prevent admissions.

- We explore a citywide solution, such as additional provision to support home visits that has the potential to provide greater overall system resilience at pace to assess the feasibility / demand etc.

Demand within primary care which had reduced during the peak of COVID-19 infection has increased in recent weeks and there is a backlog of review work to complete. While the use of non-face to face consultation continues to be high, face to face consultation may still be clinically indicated and the length of time to complete a consultation has increased reducing face to face capacity further. It is expected that staff capacity will be reduced at certain periods as infection rates are expected to rise again.

Home visits, while essential, are time consuming and a home visiting service may provide an opportunity to release essential resource in practice although other opportunities to increase staffing and clinic capacity are available.

Such a development could provide support to practices to manage growing post-COVID demand and achieve timely delivery of NHS England and Improvement Phase Three priorities while enabling practices to manage workforce and COVID risk over the winter period.

4. Action for Primary Care Commissioning Committee / Recommendations

As noted above, committing this reserve will limit the flexibilities available to manage the overall financial position on primary care budgets. Whilst the forecast overspend at M4 was £572k as detailed in the paper there is some potential for further slippage. If PCCC determine that winter resilience remains the priority for this funding, then the primary care team will pursue.

On this basis, the Primary Care Commissioning Committee is asked to:

- Confirm that using the £300k budget to support improvements in resilience over winter in primary care is the priority area in terms of use of the funding available
- Consider the alternative approaches and confirm preferred approach

Paper prepared by: Sarah Burt, Deputy Director – Delivery, Care Outside of Hospital and Linda McDermott, Finance Manager

On behalf of: Sandie Buchan, Director of Commissioning Development

8 September 2020