



NHS Lothian Primary Care Remobilisation Plan

August 2020

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Introduction

This plan reflects the work undertaken by the NHS Lothian remobilisation groups and the planning in response to Covid19. This will continued to be updated in line with new and available information either clinical advice, Scottish Government or NHS Lothian Policy and guidance.

It is unlikely that we will be in an environment of pre-Covid conditions by March 2021. We may also expect a spike in Covid19 which may require us to return to previous lockdown phases.

All contractor services will be delivered in a different way for the foreseeable future and for the purposes of this plan we anticipate up to at least March 2021.

This plan has been developed from ongoing work with the 4 Health and Social Care Partnerships and the individual contractor plans across GMS, Dental, Optometry and Pharmacy.

We would wish at this point wish to thank them all for their determination, hard work and effort in responding to Covid19, ensuring access to emergency provision for the people of Lothian during the early days of the outbreak to more recently undertaking planning to remobilise services. There is of course much more to do and especially in light of the unclear route which Covid19 may take, including a resurgence at some point over the winter months and coinciding with the annual Flu season.

Planning and guidance

All Scottish Government route maps for Covid19 Re-mobilise, Recover, Re-design: The Framework for NHS Scotland¹ have been reflected by each of the relevant contractor groups in their planning and consideration.

These have also been presented, considered and discussed at the NHS **Lothian Primary Care Tactical group** and the relevant contractor remobilisation groups. These will continue to be considered and discussed at these meetings as national and local policy guidance and direction is published.

Principles for Safe and Effective Mobilisation²

In developing the Primary Care remobilisation plan we have taken account of the principles of safe and effective mobilisation. All contractor areas have considered their relevant populations and in the planning out of lockdown have been cognisant of these, especially in planning around safe access for patients and safety of staff. Our themes in relation to service sustainability and continuity of provision of services over the short, medium and longer term are:

- Services that can resume most safely
- The transformation of those services in order to resume
- Achieving greater integration of services

¹ 2020 30th May, Covid-19 – Framework for Decision Making, Re-mobilise, Recover, Re-design: The Framework for NHS Scotland.

² Re-mobilise, Recover, Re-design: the framework for NHS Scotland May 2020

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- Quality, values & experience
- Services closer to people's homes in context of minimising travel and footfall
- Improved population health
- Services that promote equality
- Sustainability

We have, through clinical leadership and in line with government phasing, identified which services we believe should be resumed and transformed over the period until March 2021. We have assumed we are still in a period of Covid19 where social and physical distancing, PPE use and enhanced IPC regimes will be in place. As well as identify which services we can develop we have also begun to identify (with ongoing review and consideration) which services we are not attempting to re-start at this time.

Our GMS Plan (*appendix 1*) identifies essential and non-essential services and assessment of enhanced services. Dental, Optometry and Pharmacy plans (*appendices 2-4*) follow national guidance identifying which services they are able to offer.

Governance and decision making

The **Primary Care Covid19 Tactical group** was established and has met regularly to co-ordinate the Covid19 response across NHS Lothian PCCO and the 4 Health and Social Care Partnerships. This group has representation from across practitioner areas of General Practice, Pharmacy, Dental and Optometry, 4 Health and Social Care Partnerships, Public Health. It is chaired by NHS Lothian Director of Primary Care Transformation.

Each Contractor area has established their own workstream, responding to Covid19 and developed specific actions:

- **GMS Services Remobilisation group** was established and met with representation across Health and Social Care Partnerships, GP Sub Committee, Lothian Local Medical Committee, Public Health. This is chaired by the Director of Primary Care Transformation.
- Remobilisation of NHS **General Dental services** are via **the Dental Remobilisation group**. This covers the relationship with the UDCCs, the detailed arrangements for reopening general dental practices as well as planning for future waves. Chaired by the PCCO General Manager.
- General **Ophthalmic services** remobilisation has been via the **Optometry Remobilisation Group**. This covers the relationship with the HES, the detailed arrangements for reopening community optometry practices as well as planning for future waves. Chaired by the Optometric Advisor.
- The **Pharmacy Remobilisation group** comprises Community Pharmacy Lothian, NHS Lothian Pharmacy Services, Public Health, Substance Misuse Services, Primary Care Contracting and

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Health and Social Care Partnership representation. Chaired by the Associate Director of Pharmacy.

Remobilisation priorities in relation to Primary Care³

The Framework for NHS Mobilisation sets out how Health Boards will safely and incrementally prioritise the resumption of some paused services, while maintaining Covid19 capacity and resilience.

General Medical Services (GMS)

The Lothian GMS plan is attached (*appendix 1*) for more detailed reference. Using the SG remobilisation priorities for primary care we have, in relation to General Practice highlighted the priority headings below specific to General Practice.

We support the direction and clinical priorities set out by the Royal College and BMA Scotland for general practice in Scotland. The GMS remobilisation plan sits within this framework and the work to date on the development of the Practice Action Plan version 5 (*appendix 5*), provides all practices across Lothian with a robust framework of clinical guidance and safety. Practices as independent practitioners will decide locally how best their provision sits within this framework and will adapt to local circumstances and arrangements that are best for their practice and population.

Clinical priorities for general practice living with Covid19 in Lothian

General practice capacity is reduced by Covid19 and will remain so for an extended period. This requires prioritisation of services that are provided by general practice to where clinical need is highest.

Patients should have access to care from other health professionals where appropriate. This will allow GPs to support more complex patients in the community. General practice must focus on undertaking work that requires expert medical generalists providing care to those patients with the greatest clinical need as well as providing much-needed continuity of care

Supporting general practice to deliver the clinical priorities

The following must be put in place to enable general practice to deliver on the priorities outlined above.

- Self-care where available.
- anticipatory care planning of the most vulnerable patients including those in care homes
- help with managing the significant amount of unscheduled care that presents in primary care, for example extended Multi-Disciplinary Team, Advanced Nurse Practitioners
- overseeing chronic disease/long-term management programmes

Essential/non-essential services

³ <https://www.gov.scot/publications/re-mobilise-recover-re-design-framework-nhs-scotland/>

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Our review of non-essential services concluded:

		Recommendation
Essential services	Action prescription requests	Continue
	Action incoming results	
	Action INRs	
	CDM where clinically necessary	
	Palliative care	
	Child protection	
	contraception	
Non-essential/elective scheduled	Post-natal review	Restart – telephone review
	Cervical screening	Note: <i>SG guidance from 29.06.20 higher risk or overdue patients directed to General Practice to arrange an appointment.</i>
	Child health surveillance	Restart 6/52 checks priority
	Travel vaccination and advice	Practice decision
	Sickness certification	Continue
	Reports, e.g. DVLA, Insurance reports	Practice decision
	Routine medicals, e.g. fostering, HGV	Practice decision
	Clinical coding	Restart
	Governance activities e.g. MDT meetings, cluster work	Restart
	Routine Chronic Disease Management	Restart – <i>in a modified approach see CDM section below</i>

GP and Treatment room provision

The Practice Action Plan (v5) provides advice and guidance for practices across NHS Lothian to consider throughout this period in relation to GP and Treatment room provision.

Out of Hours services (Lothian Unscheduled Care Service)

LUCS remobilisation planning consists of:

- Increasing the use of video consultations using Near Me. This video consulting (VC) tool is in use in the triage hub and bases. Currently work underway to educate and encourage staff but will reduce the number of face to face consultations required.
- Organising a triage hub at Blackford Pavilion at Astley Ainslie Hospital, where staff can work in single rooms.
- Reopen the Royal Victoria Building centre at Western General Hospital (temporarily used as a Covid pathway assessment centre) in August/September 2020 to increase the number of bases to 5 comprising:
 - East Lothian Community Hospital
 - Midlothian Community hospital
 - Royal Infirmary of Edinburgh
 - St John's Hospital
 - Royal Victoria Building intention to re-establish LUCS base in August/September

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- Await Government guidance regarding shielded staff
- Adhere to social distancing policies
- Adhere to national and Lothian PPE policies
- Increase District Nursing service when there is an increased amount of visits required
- Assistance from Marie Curie home visiting service.

Covid pathway

The Community Covid19 Pathway is a national pathway introduced to manage Covid19 demand in a separate stream from other conditions requiring clinical assessment to;

- maximise the number of symptomatic people who can be cared for in the community, therefore reducing demand on secondary care and reserving our hospitals for those with the most serious illness
- reduce pressure on primary care and minimise Covid19 infections via healthcare settings

The model for the Covid19 Community Pathway includes:

- 111 as a **single point of entry** for people concerned about Covid19 symptoms. NHS24 have three dispositions; self-care advice, 1 hour call-back and 4 hour call-back.
- A local **telephone triage hub**, providing clinical assessment of people referred by NHS24
- If clinically indicated, **access to face to face assessment** within dedicated community assessment centres (including access to patients referred by GPs across Lothian via Flow Centre)

The Lothian Community Covid19 Pathway Service went live on Monday 23 March, as part of a national pathway to provide dedicated and consistent advice, triage and treatment for people in the community with Covid19 symptoms.

The community Covid pathway service worked jointly with the out-of-hours service (LUCS) and the Flow Centre to enable 24/7 service delivery over the initial weeks of operation. The service established five adult Covid assessment centres over the initial weeks using re-purposed accommodation.

Demand was lower than originally anticipated. The first wave of demand coincided with that seen in secondary care around the 6-9 April, when the telephone triage hub managed a maximum of 279 patients a day, and a maximum of 57 patients a day were seen in the assessment centres. Since then activity has continued to reduce and has now plateaued since the end of June with approximately 50 patients per day managed by the telephone triage hub, and about 7 patients per day seen in the assessment centre.

As a result of reducing demand the face to face assessment centres have been stood down in a phased approach:

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- The **East Lothian** adult assessment centre at Musselburgh Primary Care Centre was stood down on 22 May. The centre will be able to be stood back up if demand rises.
- The **Midlothian** adult assessment centre at Midlothian Community Hospital was stood down on 5 June. The centre will be able to be stood back up if demand rises.
- The **West Lothian** adult assessment centre at OPD1 at St John's Hospital was stood down on 19 June. The centre will be able to be stood back up (at a different location on SJH site) if demand rises.
- The **Edinburgh City** adult assessment centre at Royal Victoria Building, Western General Hospital has continued as the Lothian adult Covid19 assessment centre. This has been 24/7 since 13 April and will reduce operating hours to 8am-8pm, 7 days, from 1 August. This centre will also move to the old DCN Outpatients accommodation on the WGH from 3 August.
- The **Paediatric pathways** via RHSC (24/7 days) and SJH (8am-4pm, Monday to Friday) continue unchanged.

The telephone triage hub is a 24/7 function. However as demand has decreased and is very low in the overnight period from 1 August LUCS will now provide triage from midnight to 8am.

The service has continued to evolve, including contributing to the HPS national community surveillance programme from end of April and is providing self-swabs for those people unable to access testing centres.

The service will remain in place until March 2021 as indicated by the SG remobilisation plan guidance, with service delivery being flexed to accommodate demand and make best use of resources. Work is being progressed to formally second or provide contracts for staff until end of March 2021 to ensure stability of service.

NHS Near Me Consultations

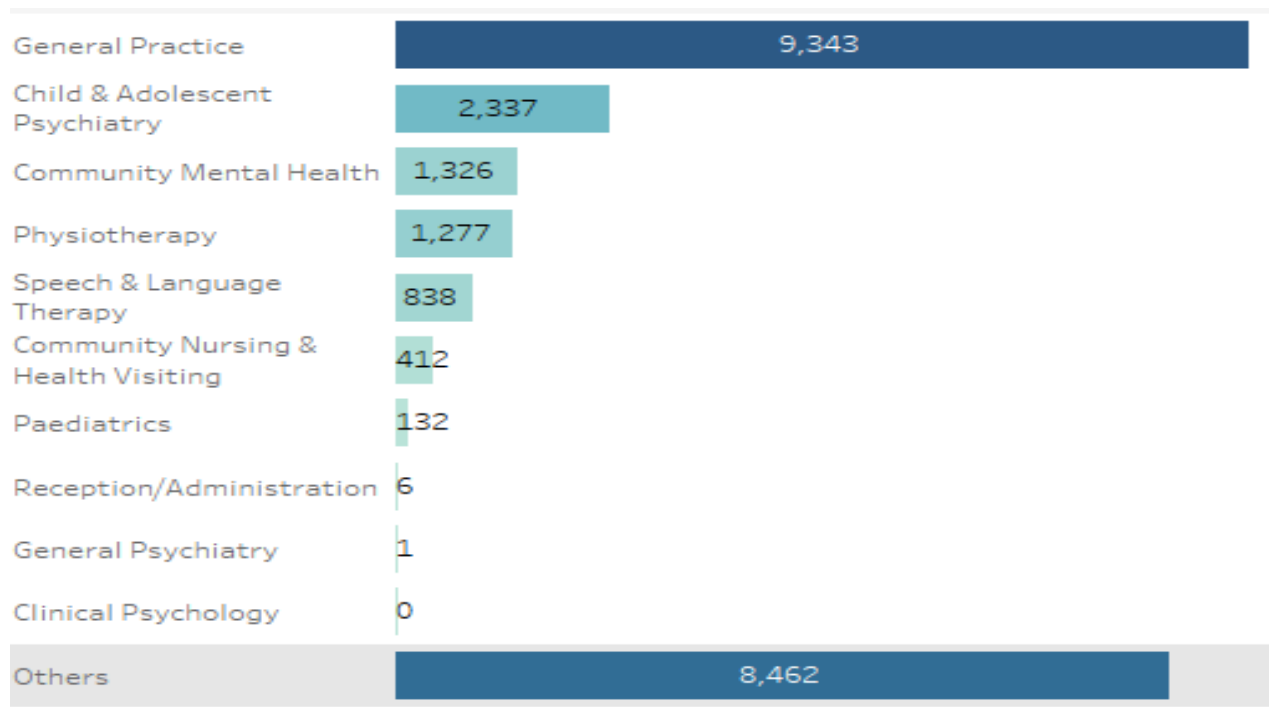
Near Me has been adopted in general practice in Lothian. The chart below shows the volumes of consultations. However, experience in General Practice is that the vast majority of consultations can be carried out equally effectively and more quickly by phone only.

A survey of Edinburgh practices showed that between 80 and 90% of consultations are now remote/digital and about 10% of these are Near Me.

Although technical issues continue, East Lothian is using 'Near Me' in Primary Care (for acute presentations and long-term condition management) in the East Lothian Integrated Rehabilitation Service (particularly for musculoskeletal conditions) in Adult Mental Health (especially in Psychological Therapies) and in the CPN service (through a combination of face-to-face and Near Me appointments).

NHS Lothian will identify the investment required to maximise the use of remote and digital and will develop an investment case.

NHS Lothian – total 24, 134 consultations:



NHS24 and Unscheduled Care

NHS24 111 has played a key role in the Community Covid19 Pathway, receiving and handling calls that would previously have gone to general practice. It is assumed this will continue as long as the Covid19 Pathway is in place.

Wider work on unscheduled care will see an expanded role for 111 for non-GP urgent care in the day time in order to maximise the scheduling of unscheduled care and reduce footfall in secondary care. There is a risk that use of 111 for urgent care in the day time will encourage some patients not to phone their GP for urgent care. Careful messaging and process management will be required to ensure this does not happen.

As LUCS seeks to provide more care digitally, it will be necessary to agree with NHS24 revised dispositions out of hours to reduce face to face attendance at emergency centres and maximise remote triage.

GP roles and responsibilities in medical care for residents of care homes for older people

Medical care for residents of Care Homes (CHs) for older people is provided by General Practitioners (GPs). CH residents are increasingly frail and have complex multi-morbidity, polypharmacy and nursing care needs. CH residents and staff have been disproportionately affected by the Covid19 pandemic. Scrutiny on medical services for CH residents, and expectations of Health Boards and Health and Social Care Partnerships (HSCPs) have increased. As part of this process the role of GPs was reviewed.

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In June 2020, in the context of the Covid19 pandemic, Scottish Government issued revised directions covering accountability and responsibility for standards of care in CHs.

Health Board Nursing Directors became responsible for overall standards of care including Infection Prevention and Control (IPC), delivery of nursing care, support to CH workforce and staff training. Health Board Medical Directors became responsible for provision of medical and pharmacy support to CH residents. These changes have led to a requirement for enhanced oversight of clinical care for CH residents in Lothian.

In Lothian, HSCPs provide nursing Support Teams for CHs in their area and participate in a daily pan-Lothian **Care Home Huddle**. In turn, these HSCP discussions feed in to a weekly Lothian wide multi-agency **Strategic Oversight Group**. The Nurse Director (Primary Care) has oversight of a health protection nursing team that provides IPC input to CHs, including Covid19 testing and advice. In addition, a regime of supportive Review Visits to CHs is carried out by HSCP Care Home Support Teams.

HSCPs across Lothian have different models for providing CH Support. In East Lothian a well-established CH Team of Nurse Practitioners (NPs) and Advanced Nurse Practitioners (ANPs) carry out most care with support from the GP practice as required. A similar system exists in Midlothian. In West Lothian care is provided by GP practices with a link to the REACT (Hospital at Home) team for additional Medicine of the Elderly (MOE) input. In Edinburgh, support to CHs has up to now been provided through GP practices and the District Nursing (DN) service although a small CH team of ANPs has now been set up.

In Lothian, General Practitioners (GPs) provide general medical care for residents of 110 Care Homes for Older People. In addition, most GP practices providing general medical care to CH residents opt in to a Local Enhanced Service (LES) which supports GP practices to provide additional elements of Anticipatory Care for their CH patients. This LES also includes an option for additional remuneration for practices that take on a Lead Practice role for a CH.

GP services are provided Monday to Friday 8am – 6pm. Some of the Care Home Support Teams are available at weekends. Outside these hours, medical cover for CH residents is provided by Lothian Unscheduled Care Service (LUCS), GP out-of-hours and evening and night DNs.

CHs also receive support from Pharmacy (Community Pharmacy and Primary Care Pharmacy) and Dentistry and from specialists in Medicine of the Elderly via a locality structure. The Pharmacy Enhanced Service for Care Homes is currently under review.

External assurance of CH services is made through the Care Inspectorate. Governance is under the oversight of the respective HSCP Chief Nurse as per Scottish Government instruction of 17 July 2020. Care Home occupancy, staffing, infection control and outbreak status are managed through the **Care Home Operational Group**.

Chronic Disease Management (CDM)/Long-term Conditions Management

There is a clear expectation that routine CDM will be restarted in general practice.

The Lothian Primary Care Quality Improvement network has developed guidance, *“Rethinking Primary Care Chronic Disease Management in NHS Lothian after the Covid19 Pandemic, The Quality Planning*

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Perspective” (appendix 6). This will be rolled out through Cluster and Practice Quality Leads to emphasise a quality improvement approach to this issue.

The key elements are:

Core objectives

- A pan Lothian approach to avoid individual practices needing to ‘re-invent the wheel’
- Development of a proportional and pragmatic approach to match current capacity
- Acknowledgement of the need for collaborative interface working
- Alignment with parallel work streams such as Community Treatment and Care (CTAC) clinics
- Facilitation of early tests of change to get some changes implemented before a potential Autumn second wave

Key opportunities across all disease areas including:

- Remote self-measurement where appropriate
- Tele monitoring
- CTAC for essential face-to-face physiological measurements & investigations, only where remote alternative is not available or accessible
- On-line self-management materials & education as the default
- Telemedicine apps
- Use of the New Contract primary care improvement plan HSCP-employed multidisciplinary professionals
- Maintaining stable or improving disease outcomes
- Reducing unnecessary face to face (F2F) contacts for monitoring investigations or CDM reviews to minimise risk of virus spread
- Reducing primary care ‘amber’ workload for chronic conditions because of capacity restrictions due to social distancing and physical environment, and to maintain capacity for acute response to further surges in the ongoing pandemic.

Dental

Remobilisation of NHS Dental Services and Relationship with the Urgent Dental Care Centres

The provision of NHS dental services in general dental practices ceased on 23 March 2020. At that point General Dental Practitioners (GDPs) began triaging their patients by phone and any patient requiring urgent treatment beyond what the GDP could organise remotely (antibiotics and analgesics) was referred for triage and treatment to the Urgent Dental Care Centre (UDCC) provided by the Public Dental Service (PDS).

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“Re-mobilise, Recover, Re-design, The Framework for NHS Scotland” refers to the Scottish Government Covid19 route map which mentions dental services in phases 1, 2 and 3.

- In phase 2, from 22 June all dental practices began to open to see patients with non-aerosol generating urgent care needs.
- In phase 3, from 13 July, all dental practices began to see registered NHS patients for non-aerosol routine care.

For now, any urgent NHS procedures that require AGPs (aerosol generating procedures) will continue to be carried out in Urgent Dental Care Centres. However GDPs can offer treatments requiring AGPs to private patients in their practices. This issue is contentious and the Chief Dental Officer has announced the intention to reintroduce urgent AGPs in practices for NHS patients where possible from 17th August. The next stage will be reintroduction on routine AGPs for NHS patients at a future date.

All practices will be expected to have achieved phase 2 from end July 2020 in order to continue to receive the financial support package. In Lothian practices have moved to reopen at different paces. Most practices are now at level 3.

The arrangements for moving to phase 4 are yet to be confirmed. This is expected to see the re-introduction of AGPs to dental practices, this will be dependent on evidence of risk and possible mitigation. The Scottish Government have commissioned an expert review looking at aerosol-generating procedures including whether any can be carried out under phase 3. It is expected that further guidance will be provided in due course as to how these can be safely introduced.

Currently there is no routine care being delivered by the Public Dental Service (PDS) in NHS Lothian. The PDS is part of NHS Lothian's Oral Health Service and has been key to delivering urgent care as part of the pandemic response. The PDS established Urgent Dental Care Centres in the first week of the response. The UDCCs are staffed by a mix of PDS clinicians, secondary care specialists and consultants and volunteer GDPs.

The PDS remobilisation plan will be an important dimension for primary care dentistry since PDS provides treatment options for primary care that GDPs cannot provide, this includes:

- PDS registered patients
- Special Care dentistry on hospital sites
- Prison dental services
- GA sessions
- PDS specialist services

While General Dental Practitioners are not permitted to undertake AGPs, any urgent treatment needs requiring AGPs are met by the UDCCs which see dental emergencies that must be managed within 24 hours as well as those which can wait for up to 7 days in accordance with SDCEP guidance.

In addition, unregistered patients can access dental services in and out of hours through Chalmers Dental Line between the hours of 9am and 6pm, and NHS 24 at other times.

General Dental Practices

There are 171 dental practices in Lothian providing treatment to NHS patients as per Government advice.

As at 28th July 2020:

169 practices are running in phase 2. The 2 practices which remain closed are being chased for paperwork. Phase 3 paperwork has been issued to practitioners, we are awaiting approx. 44 replies for this phase.

Future remobilisation for general dental practice will be guided by the Scottish Government. Statements on Dental Remuneration (SDR) and have been updated by the Scottish Government to reflect the different phases of remobilisation and to maintain the national commitment to financial stability for dentistry. However, in the longer term the current financial model (*based on item of service*) for NHS dentistry is not sustainable while dentists cannot provide the volumes of treatment due to Covid19 restrictions. It is expected that there will be further national work on a new contractual framework to recognise this.

Urgent Dental Care Centres (UDCCs) including sites, capacity, demand and staffing

The UDCCs are seeing dental emergencies that cannot be managed by GDPs under phases 2 and 3, and that must be managed within 24 hours as well as those which can wait for up to 7-days in accordance with SDCEP⁴ guidance.

UDCCs can deliver 16 AGPs for 24hour outcomes and up to 75 AGPs for 7-day outcomes per week. Actual numbers will depend on the mix of treatments required. Currently all 24hour AGP outcomes are being met within the 24h time limit and 7-day outcome AGPs can be delivered within 36hour of referral. The current demand for 7-day AGPs is approximately 20 referrals per day.

There is a risk that GDP availability for UDCCs could be restricted as these dentists prepare their practices for reopening. Further volunteers are being pursued and every dental practice has been asked to provide one named dentist to support UDCC activity if required.

Care Homes dental care

Urgent dental care for residents in care homes is currently being delivered by the PDS. Prior to Covid19 40% of routine care home care was delivered by the PDS and 60% by GDS. These services were suspended in March and there will be a significant burden of care that needs to be addressed.

PPE

Supplies of PPE were provided to practices to support the phases of reopening. Information is awaited in relation to the future supplies of PPE in phase 3 and beyond.

⁴ Scottish Dental Clinical Effectiveness Programme

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There is a commitment at present that all PPE will be supplied by the NHS to GDPs. This PPE will not allow for reintroduction of AGPs which will require a programme of face fit testing and a greater demand on FFP3 level masks and gowns than the NHS is currently providing. It is assumed these issues will be dealt with in the expert review.

Pending any national approach to PPE delivery, a mechanism of delivery of PPE needs to be agreed within and across Lothian for independent contractors as the sustainability of the current service model is challenging (especially for GDPs and optometrists). The delivery locations alone cannot cope with the increasing size and volume of deliveries (20 pallets grown to 35 pallets), some locations are based in schools so this may be compromised when they reopen coupled with the staffing allocated are stretched but physical distancing in these locations limits additionally. Reintroduction of AGPs to general dental practices will introduce new PPE challenges.

Planning for future waves of Covid19 and winter

It is assumed that in the event of future waves of Covid19 whatever phase of reintroduction of service has been achieved at that point may be restricted, but that GDPs would not be asked to close completely. Should AGPs be restricted again after full reopening of practices, UDCCs would be stepped up as required.

Impact of Test and Protect on General Dental Service Practices and the UDCCs

There is a risk that Test and Protect will identify contacts of positive cases in the workplace in dental services and it will not be possible to maintain that service for short periods. In this situation a GDS practice will use its buddying arrangements with other practices. If this happens in the PDS some parts of the UDCC service may be constrained for a short period. Appropriate risk assessments, Standard Operating Procedures, staff training and awareness will help mitigate this risk and apply to both staff rooms and clinical areas.

Key messages and themes in dentistry

There has been a very effective joint approach to Covid19 in dentistry and this has been central to service delivery. Thanks are due to all the staff from all parts of the service.

The UDCC service should remain flexible and be able to be stepped up and down as required. This will cover the remainder of phase 3 and beyond to ensure that there is sufficient capacity and coverage for GDS emergencies and that this is done in the context of premises and PPE constraints in the Oral Health Service.

There will be increased volumes of PPE required for phase 3 and beyond bringing major challenges.

There are gaps in service particularly in care homes, which are not addressed in the current national remobilisation plan and will require further work.

Optometry

The provision of face to face appointments for NHS optometry services in practices ceased on 23 March 2020. Emergency funding for the average of the previous years' General Ophthalmic services (GOS) payments was provided and practices were funded to provide remote consultations. An Emergency Eye care Treatment Centre (EETC) was established based in the Lauriston Building. When an examination was required for diagnosis of an eye condition the patient was referred to the EETC. This clinic was staffed by Independent Prescribing optometrists along with admin and nursing support provided by Eye Pavilion staff.

Volume steadily increased over the 2 months the clinic ran and appointments were provided within 24 hours for nearly all cases. One patient was booked per optometrist every 30 minutes.

Initially the arrangements for remobilisation of NHS optometry services were set out in a letter from the Optometry Advisor to the Scottish Government which was distributed on the 15th of June:

- Phase 1: Increasing capacity of EETCs
- Phase 2: Increasing essential eye care & starting to safely re-open community optometry practices
- Phase 3: Increasing capacity within community optometry practices for non-routine eye care
- The EETC closed in phase 2 as practices were able to provide their own face to face examinations.

"Re-mobilise, Recover, Re-design, The Framework for NHS Scotland" outlines how the NHS in Scotland will work to make the changes necessary to make this increased provision of services a reality. That document refers to the Scottish Government Covid19 Route map which mentions optometry services in phases 2 and 3. The difference is between phase 2 and phase 3 is the volume of patients that can be seen. Practices are still restricted to seeing patients for emergency and essential eye care but not routine examinations. It is expected that routine eye care (including eye examinations) will recommence in August 2020. Mobile providers are still not permitted to provide any face to face examinations and it is not clear when this will resume.

General Ophthalmic Services (GOS)

As at 20th July all but 2 of the 107 Lothian practices are open for face to face care. Those 2 practices had valid reasons for not being able to open.

Future remobilisation for general ophthalmic services will be guided by the Scottish Government and they have committed to continuing the emergency funding through the current phase. However, in the longer term the current arrangements of payment for provision of an eye examination (which is significantly below the actual cost of providing that service) is unsustainable, particularly when practices are not expected to be able to provide services at pre-Covid19 volume for some time.

The Hospital Eye Service (HES)

Non-urgent ophthalmology services are also resuming but with pressure on the system due to a backlog for appointments and a significant reduction in patient volumes to allow appropriate physical distancing in clinics and waiting areas.

NHS Lothian has been working on how community practices can help by providing services to patients who were previously seen in hospital. Part of this work is diverting patients to specialist practices and seeing hospital patients in the community. The former requires primary care funding and the latter requires funding from secondary care sources. A proposal has been developed for this.

The data from the EETCs suggests that around 75% of those traditionally referred to the HES Acute Referral Clinic could be effectively seen in the community by optometrists with an Independent Prescribing qualification preventing them from having to travel to hospital, relieving pressure on the hospital and providing cost-effective treatment.

PPE

Two supplies of PPE have been given to every practice in Lothian with the amount given based on historical activity. This has caused problems for some practices in arranging collection and storage and it is hoped that in the future this will be able to be delivered direct to practices when required.

Planning for future waves of Covid19 and winter

It is assumed that in the event of future waves of Covid19 whatever phase of reintroduction of service has been achieved at that point may be restricted, but that practices would not be asked to close completely. If a strict lockdown was implemented again the EETC could be reopened at short notice.

Community Pharmacy Services

The Community Pharmacy Remobilisation Plan should be read in conjunction with Scottish Government's Achieving Excellence in Pharmaceutical Care strategy document and NHS Lothian's Pharmacy Strategy. Central themes of the remobilisation plan are:

Keeping Community Pharmacy Open

Throughout the pandemic, community pharmacies in Lothian have remained open and worked closely with other services to ensure patients continue to receive their medications safely and in a timely manner.

During periods of particularly high patient demand, some pharmacies were supported contractually to reduce their patient facing hours in a controlled manner e.g. a planned 1 hour lunch break. This provided the pharmacy team with the time and space to clean premises, re-order stock and process

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prescriptions received from general practice. Most pharmacies have now reverted to usual patient facing hours, but we should consider the merits of these arrangements in future pharmaceutical care services planning.

Community Pharmacy continues to follow all Health Protection Scotland (HPS) Primary Care guidance and will respond to any updates to this guidance.

Personal Protective Equipment (PPE) continues to be made available to pharmacies, arranged at the national level. Community Pharmacy contractors have reviewed their premises in accordance with guidance, ensuring 2m social distancing wherever possible, and wearing appropriate PPE including face masks.

The impacts of Test and Protect are not fully known, however the use of PPE should mitigate any spread of infection between staff. NHS Lothian Community Pharmacy services have resilience plans in place that would enable the deployment of health board employed pharmacy staff to a pharmacy contractor if required and deemed suitable. There are robust criteria to be met and a process to follow for this agreement to be reached. In the first instance, community pharmacy contractors have their own resilience plans in place that would support the internal movement of staff and use of available locum staff to maintain key pharmacy contract locations remaining open.

Maintaining core and enhanced services

Substance Misuse Services

There have been a small number of temporary adaptations to some community pharmacy services in order to maintain infection control including Opioid Substitute treatment (OST) supervision. NHS Lothian maintained other substance misuse services including Injectable Equipment Provision (IEP).

The Substance Misuse Pharmacy team are supporting prescribers and pharmacists to safely and slowly reintroduce OST supervision where appropriate. They also continue to progress the roll out of naloxone provision and have the ambition to extend this across all ADP areas this year.

Sharps and Medicines Collection

During the early weeks of the pandemic, as Community Pharmacies sought to respond to the challenges of the situation, a small number of pharmacies paused the collection and storage of patient sharps waste. These services were reintroduced once the risks had been assessed.

Home Delivery

Home delivery of medicines is not an NHS contracted service, however Community Pharmacies have worked with HSCPs to ensure the most vulnerable patients, including those who were shielding, get their medicines delivered.

Services to Care Homes

Care Homes in Lothian are well served by Community Pharmacy. In addition to strong relationships between the Care Home provider and the local community pharmacy, there are Enhanced Service

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arrangements to provide audit, advice and ensuring robust quality systems for the safe ordering, storage and return of medicines. The Community Pharmacy Development Team is currently revising the Service Specification, to ensure a commitment to quality systems and audit, whilst seeking to reduce the footfall upon care home premises.

[Access to healthcare, right place, right time](#)

Pharmacy First

Pharmacy First is the new national service to be launched in Scotland from the 29th July 2020. The new service will be supported by national communications, Patient Group Directions (PGD's) have been approved and a national "white-list" of products suitable for prescribing has been agreed. Patients will be encouraged to visit their community pharmacy for all minor ailments and common clinical conditions including urinary tract infection, impetigo and other conditions which can be treated with self-care advice, pharmacy or Over the Counter (OTC) medicines, or referred to the most appropriate clinician. Inclusion criteria are all Scottish residents including care home residents, families of military personnel and our homeless populations. Internally in Lothian, we will ensure clear engagement and communication with other parts of the healthcare system, to ensure that patient pathways are clearly defined and best use is made of this resource.

Serial Prescribing

Pharmacists and their teams are well placed to provide pharmaceutical care to patients with long-term conditions. Serial prescribing is when a prescriber issues a prescription for up to 12 months with set dispensing intervals (e.g. every 28/56 days). For pharmacies, the team can be proactive in managing their workload. For patients, the prescription can be prepared before they attend the pharmacy, reducing waiting time. For the GP practice, time is saved because only one prescription needs signed in the period rather than monthly or bi-monthly.

The Community Pharmacy Development Team have developed a 7 point plan for taking forward serial prescribing including a 10% increase. Additionally, the Primary Care Pharmacy team can advise and support practices wishing to increase their utilisation of serial prescribing.

Substance Misuse Package of Care

Community Pharmacy plays a significant role in the care of patients with substance misuse care needs. Working with the Specialist Pharmacists in Substance Misuse, we plan to enhance the care offering. We seek to remove the reliance upon supervised dispensing of OTC as being the payment mechanism for community pharmacy, towards a quality outcomes focussed model for this vulnerable group. A package of care offers an opportunity to provide naloxone therapy to patients.

Independent Prescribing Clinics

We aim to increase the number of community pharmacist independent prescriber (IP) clinics across the Community Pharmacy network. Promoting the common clinical conditions model, places the IP in

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an accessible place to the patient, ensuring patients can first be seen by an appropriately qualified practitioner to care for their needs.

Embracing new ways of working (digital / eHealth)

Clinical Mailboxes

Community Pharmacy already makes good use of the generic mailboxes across the Community Pharmacy network. During the pandemic, we have explored opportunities to enhance the use of these boxes, through direct to mailbox scanning of prescriptions and prescribing intentions from GP / LUCS / Dental and Optometrist prescribers. As a priority we need to ensure that there is a smooth transition from nhs.net to Office 365.

Emergency Care Summary (ECS)

Community Pharmacists were equipped with access to the Emergency Care Summary at the outset of the pandemic and this is enhancing the safety and quality of the pharmacist service in the out of hours' period. We need to build upon the success of this access to appropriate clinical systems, by considering wider access e.g. to TRAK, and other systems that may give scope to increase the use of PGDs and delivery of other services including Pharmacy First and patient monitoring.

Near Me

A small number of pharmacies across two health board areas in Scotland, are piloting and evaluating the use of Near Me technology. NHS Lothian's ePharmacy facilitator is working with colleagues to ensure that Community Pharmacy is ready to launch the hardware and software necessary for Near Me to be used in the pharmacy setting in Lothian.

Electronic Prescribing

Electronic prescribing removes the reliance upon "wet signature" paper prescriptions. The benefits of such a system are plentiful, including quicker processes, increased audit and reduced travel and footfall for patients. Pharmacy services have begun conversations with the GP Sub-committee to progress this work at pace and consider the range of clinical settings where prescriptions could be generated including the hospital outpatients departments where Modern Outpatient initiatives are being progressed.

Planning for the future

Community Pharmacy is enthusiastic to embrace new ways of working, to launch Pharmacy First Services, to optimise repeat prescribing systems through serial prescribing and to increase uptake of existing public health services such as sexual health and smoking cessation services, by embracing ehealth solutions such as NHS NearMe.

As other primary care contractor groups and secondary care specialists also embrace new ways of working, increasingly via digital health, community pharmacy is central to further developments in

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medicines supply and pharmaceutical care processes including the implementation of electronic prescribing and the ongoing monitoring of patients response to treatment.

NHS Lothian publishes a Pharmaceutical Care Services Plan annually. Working closely with all stakeholders, we will incorporate the learning of the pandemic into future plans. Furthermore, we will ensure that our business continuity planning and resilience plans at the individual contractor and at the health board level are enhanced.

Health and Social Care Partnerships' Primary Care Improvement Plans

The 2018 Scottish General Medical Services (GMS) contract is being implemented at Board and HSCP level through Health and Social Care Partnership Primary Care Improvement Plans (PCIP). These will need to be revisited to reflect Covid19-related changes in Primary Care and community services and with 3rd sector and independent sector provided services. The PCIPs will be important to local planning in light of any Covid19-related changes. Key areas for further progress in 2020/21 are CTACS and vaccination transformation.

Winter Planning 2020/21

Primary Care continues to plan for Winter 2020/21 through the unscheduled care Lothian wide processes.

- Enhanced support for care homes.
- Increased availability of OOH staffing at key times.
- An increased flu immunisation programme (adults and children)
- Significant changes to delivery of unscheduled care and impact on primary care – await Scottish Government guidance in due course.
- Festive rotas for General Practice will be agreed at a pan-Lothian level. The plans will be developed by the Lothian Primary Care Tactical Group.
- Contingency planning for all contractor services in case of Covid19 and other resilience challenges.

Flu Vaccination planning

Delivery of the NHSL Flu Vaccination Programme 2020/21

Flu vaccination is a national priority in the context of Covid19 in order to improve baseline health of the most vulnerable and decrease hospital admissions. Experience from the southern hemisphere flu programme 2020 suggests we should expect a massive upturn in uptake of flu vaccination. The flu programme is being delivered within the context of the Vaccination Transformation Programme which shifts service delivery from traditional GP provision to HSCPs, board delivery and Community Pharmacy. We are now faced with simultaneous transformation of delivery and expansion of the programme cohort as eligible groups are expanding in the context of the Covid19 pandemic to include additional groups including household members of the shielded population, social care

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workers and potentially all adults age 50-64. While delivery is shifting from GPs, close working and communication will be essential to clarify roles and ensure people in Lothian understand the model and how to obtain vaccination.

Table 1 below shows targets and cohorts for the Flu Vaccination Programme. These targets require an additional 163,000 flu vaccines to be delivered in Lothian in 2020/21 compared to the previous year. Our goal is for delivery to take place in a ten week period to maximise public health benefits. Taking into account the eligible groups below and with an assumption of increased uptake, we anticipate delivering approximately 40,000 vaccines each week in Lothian during the programme. Staff flu vaccination is more important than ever within the context of COVID and we have been allocated enough vaccine for 87% uptake (an additional 4,000 staff from 2019).

We anticipate increased Scottish government and national press scrutiny and weekly reporting requirements. This vast project cannot be undertaken in the usual way and we will require project management support and additional nursing, transport, pharmacy and administrative staff. We anticipate an additional cost of £2.96 million.

Key Risks:

- The flu programme relies on bank staff and there is a likelihood that all areas of Lothian will require bank staff leading into winter and this could result in lower fill rate than assumed. In addition there could still be competing demand for COVID19 related services especially if there is a further wave of COVID19.
- There are risks associated with staffing issues due to establishment nursing staff who are diverted to COVID related work.
- Community Vaccination Team staff are delivering vital childhood immunisations which have yet to transfer to HSCPs as part of the Vaccination Transformation Programme. There is a risk to effective delivery of the Primary School Vaccination Programme if work is not transferred to HSCPs.
- There are further challenges with IT and a timeframe for implementation of phase 2 of the SIRS development which lags behind the start of the flu programme.
- Risk of change to system of GP practice delivery where this has worked well with good uptake, particularly in over 65yr age group.
- Risk of confusion due to differences across Lothian for 2020/21 resulting in disparate service delivery
- Flu vaccine timing could coincide with a second COVID19 wave, lockdown or potentially even COVID19 vaccine

Work is underway in planning groups including the VTP Adult Flu Subgroup and LICOG and its subgroups. HSCP and NHS colleagues have mobilised to tackle challenges and plan delivery.

As part of the VTP and new GMS contract implementation all HSCP will remove all flu immunisation from practices in 2021/22.

NHS Lothian will offer a Lothian-wide Community Pharmacy option as part of the programme.

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Table 1 - Targets and cohorts for the Flu Vaccination Programme.

Governance/Delivery	Cohort	Lothian 2019/20 Cohort Numbers 000's	Lothian 2019/20 Vaccine uptake numbers 000's	2020/21 Target %	2020/21 Numbers based on target %	Additional in 20/21 000's
Primary Care and HSCP	65yrs +	152	115	85%	129	14
Primary Care and HSCP	All at risk	119	52	75%	89	38
HSCP	Extra 50-65 exc. at Risk	118	0	70%	83	83
Maternity Services, Primary Care and HSCP	Pregnant women no risk	6	3	75%	4	2
Maternity Services, Primary Care and HSCP	Pregnant women clinical risk	1	0	75%	1	0
HSCP	Carers	6	3	65%	4	1
Lothian NHS Board	NHS staff	26	19	*	23	4
HSCP	Social Care Workers	19		60%	12	12
HSCP, Children's Partnership	2-5yrs and not at school	24	14	70%	17	3
NHS Board Managed Service (Lothian Community Vaccination Team)	Primary school	67	47	80%	54	7
	Total	539	252	77%	415	163

Note: Compilation of the cohort for the household members of 25,500 shielded patients is in progress and this cohort is likely to be included in some of the other groups listed above. *National target awaited. Numbers based on allocation of vaccine for 87% of staff.

Financial implications

The situation around the programme this year is uniquely complex and substantially bigger than previous years. It is estimated that there will be an increase in the total cost of the programme by £2.96m.

Emerging risks and themes

The key risks to delivery of this remobilisation plan at a whole system level are:

1. Risk of adequate and appropriate PPE
2. Risk of Covid19 second wave or spike exceeding Covid19 capacity
3. Risk of continued build-up of 'backlog' of patients unable to be treated during restrictions on services
4. Risk of reduction in productivity as a result of PPE and social distancing requirements
5. Risk of staff availability due to sickness absence and TAP isolation requirements
6. Risk of inadequate eHealth hardware and infrastructure

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1. **Personal Protective Equipment** – central hubs and local distribution centres have been established allowing local responsiveness to contractor requirements. However there are some ongoing issues.
 - Continuation and confidence in both the supply chain and ensuring relevant PPE supplies is essential in moving through the stages of lockdown.
 - Restarting AGPs in GDS will present major challenges.
 - It is assumed that all PPE for independent contractors will continue to be funded by the NHS.
 - The current ad hoc distribution arrangements will have to be reviewed.
2. **Capacity reduction** - The risk of Covid19 demand exceeding Covid19 capacity and continued build-up of backlog of unmet need.
 - It is assumed that the community Covid19 pathway will continue until 31st March 2021 and will manage significant amounts of activity in the event of a spike or second wave.
 - Service sustainability - Longer term funding - The Scottish Government has committed to continuing emergency funding for contractors through the current phases. However, in the longer term for some services an item of service contract will not create financial sustainability under the new PPE, Infection control and social distancing requirements.
 - Expectations of general practice – work will be required to ensure that patients continue to use alternatives to face to face to access general practice. Practices will have to be supported to maintain this.
 - Secondary care capacity impact – there is a risk that as secondary care services remobilise and plan for restrictions in services, there will be unplanned shifts of activity to primary care. Interface work and appropriate resourcing will be very important in managing these processes.
3. **Test and Protect impact** - the impact of this on all contractor practices could be significant particularly for smaller independent contractors. The establishment of the new system coincided with a drop in the number of new Lothian infections, thus reducing the risk in real terms. Practice buddying arrangements are in place across many practices. There is a risk from T&P around business continuity for all independent contractor groups.
4. **IT support** – risk of inadequate eHealth hardware and infrastructure development of remote solutions to service delivery is limited by historic underfunding in both hardware and capacity across primary care. New technologies need to be further utilised across practices, supported by investment in kit and infrastructure and accompanying training.
5. **Primary Care Improvement Plans** – there is a need to review priorities for 2020/21 and refocus where necessary to support remobilisation.
6. **Staff** – everyone has worked very hard, managing uncertainty, adjusting to speed of change, difficult working conditions, absorbed and coped with patient anxiety The continuously changing context both locally and nationally, difficulty getting leave or having leave postponed, responding to care home situations and in some cases watching colleagues getting ill, as well as concern of being ill themselves and impact on them and their personal and/or family/home situation. But the resilience of primary care teams and determination to keep providing service has been outstanding.

7. **Shielded patients** gradually beginning to access practice services where agreed.
8. Particular risks around **mental health** with known patients and new presentations is widely acknowledged, as is the increase in gender based violence.

Next Steps

- **Continued monitoring** of the Primary Care Remobilisation plan through the Primary Care Tactical Group. Meeting fortnightly.
- **The GMS practice plan** (v5) will continue to be monitored and adapted appropriately. Version 6 currently being developed.
- **Review of Primary Care Improvement plans** – in light of Covid19 and remobilisation plans and impacts.
- **Chronic Disease Management/Long-term conditions** actions will follow the work undertaken by the Lothian Quality Primary Care Quality Improvement Network.
- Close ongoing **monitoring of the key risks and themes** identified above.
- **Continued engagement and communications** between primary care, stakeholders and practice populations to ensure they are aware of the progress in primary care and how they can continue to access general practice.
- **Flu immunisation** maintain progress with plans, ensure implementation for October and monitor uptake closely
- **Focus on Winter Planning** – in light of winter Flu and development and/or re-emergence of Covid19.

Working differently – to develop the key opportunities and experiences from impact of Covid19 including:

- Remote self-monitoring where appropriate
- Tele monitoring
- CTAC for essential face-to-face physiological measurements & investigations, only where remote alternative is not available or accessible
- On-line self-management materials & education as the default
- Telemedicine apps
- Use of the New Contract primary care improvement plan HSCP-employed multidisciplinary professionals.
- Develop the RefHelp system to further good interface working. Ensuring that all clinicians in Primary and Secondary care follow the guidance produced.

However, to develop these at pace, resource, infrastructure and staff capacity will be required to progress these at speed and with confidence of continuity.

Appendices

Appendix 1 - GMS remobilisation



GMS Remobilisation
Plan

Appendix 2 – Dental remobilisation



Dental
Remobilisation

Appendix 3 – Optometry remobilisation



Optometry
Remobilisation

Appendix 4 – Pharmacy remobilisation



Pharmacy
Remobilisation

Appendix 5 – Practice Action Plan



GMS Practice Plan V5

Appendix 6 – Rethinking Primary Care Chronic Disease Management in NHS Lothian after the COVID-19 Pandemic the Quality Planning Perspective



NHSL Chronic
Disease Quality Plann