



INTEGRATION JOINT BOARD

Date of Meeting	09 June 2020
Report Title	Aberdeen City Primary Care Update
Report Number	HSCP.20.008
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Directions Required	No
Appendices	No

1. Purpose of the Report

- 1.1. The purpose of this report is to update Integration Joint Board (IJB) on the delivery of Primary Care and General Medical Services (GMS) during the current Covid-19 pandemic.

2. Recommendations

- 2.1 It is recommended that the IJB note the contents of the report.

3. Summary of Key Information

3.1 Total Triage

Primary care has moved to a Total Triage model whereby all contacts are screened by telephone prior to being seen. This model has increased efficiency, with GPs being able to deal with more contacts than in normal times and has maintained patients' access to primary care. Using this model patients' medical needs are appropriately prioritised.



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3.2 Near Me

Video consultations via the Near Me platform have accelerated exponentially since the start of the Covid-19 pandemic. NHS Grampian is amongst one the highest users in Scotland and very much leading on the use of this technology. Aberdeen City have two practices in the top three users in Grampian. Near Me allows increased access for patients to primary care services and enhances safety in terms of infection control in the context of Covid-19. Near Me is being used by GPs and other primary care clinicians.

During the week of 26 May 2020 there were a total of 273 Near Me consultations undertaken in General Practices across Aberdeen City.

Near Me COVID Scale Up – Status Report End Week 11

26/5/20

All Activity

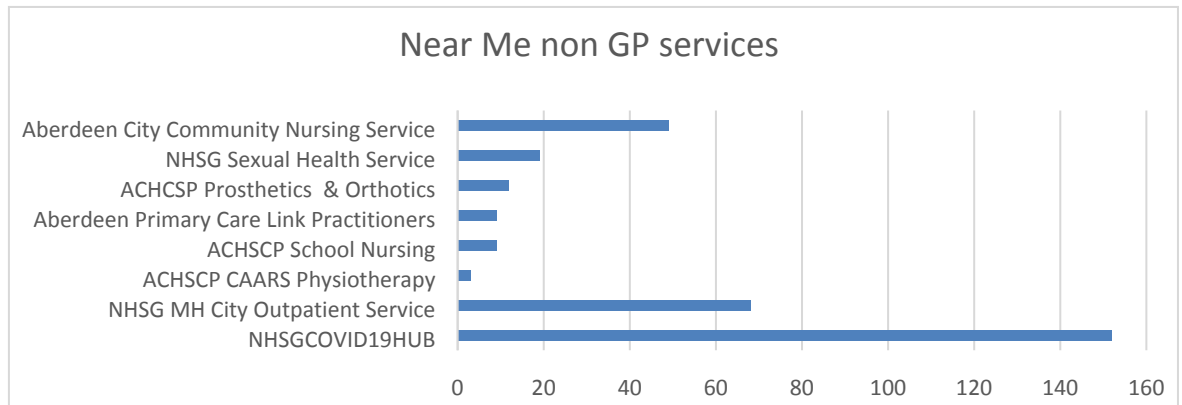
Call volumes have increased again and now stand at 14090 consults made in 1645 waiting areas. This represents an increase of around 7% over the previous week.

All Activity (inc GP)	Wk 0	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11
Week commencing	1/3	8/3	15/3	22/3	29/3	5/4	12/4	19/4	26/4	3/5	10/5	17/5
Waiting Areas Active in Week	109	210	646	837	988	1070	1170	1351	1482	1456	1603	1645
Total Consultations	336	569	3034	4628	5904	6203	6780	9367	10770	10619	13206	14090
3rd Sector	6	11	58	35	156	120	121	170	213	207	234	189
NHS24	1	1	1	0	3	0	0	4	0	23	15	49
NHSAA	12	22	56	98	134	152	208	276	337	384	402	509
NHSBOR	7	4	22	50	98	93	116	170	205	217	339	387
NHSDG	14	16	90	156	186	180	193	330	425	414	521	555
NHSFIF	4	14	142	308	252	280	275	504	572	532	695	720
NHSFV	17	19	137	273	270	372	371	531	558	532	686	762
NHSG	83	122	686	864	1317	1453	1413	1749	2034	1978	2340	2496
NHSGGC	27	56	736	1210	1437	1285	1210	1743	1944	1899	2441	2476
NHSGJ	5	6	10	12	15	18	12	26	25	26	41	51
NHSH	86	94	200	190	270	438	523	676	726	713	907	911
NHSL	0	13	146	355	463	534	661	1049	1265	1342	1670	1842
NHSLAN	22	92	450	646	751	678	818	1077	1242	1295	1507	1686
NHSORK	11	16	49	81	82	69	95	104	96	113	126	136
NHSSAS		0	1	7	10	0	0	0	0	0	0	3
NHSSHE	3	5	14	39	28	33	72	78	68	60	91	69
NHST	20	46	174	186	331	346	553	689	793	639	898	925
NHSWI	8	14	30	92	75	90	59	79	128	109	128	149
Other	10	18	18	24	26	55	78	112	139	136	165	175
(blank)	0	0	14	2	0	7	2	0	0			



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The graph below shows the number of Near Me consultations done by non-GP practice services during week of 26 May 2020.



Near Me has also been trialled as a platform to link with secondary care by clinicians working in the Covid Hub. This method of joined up decision making around patient care is being considered for use more widely as part of wider conversations around primary and secondary care interface.

Initially there was concern about how patients would take to using the new technology and whether it would be suitable for all. After each use the Near Me user is asked to complete a user satisfaction survey. The latest national results published are for April 2020. 3774 users in Scotland completed the survey and 89.7% were either satisfied or very satisfied with 97.81% being happy to use video consulting again. We will however review the use of this as part of the Operation Home First work, as part of the process for normalising service delivery changes

3.3 Asynchronous care models

Online consultation has also been introduced in several practices in Aberdeen City via the eConsult platform. This innovative approach has increased access of care for many patients and allowed GP practices to increase their capacity to meet demand by using email as a method of consulting with their GP. Going forward this is certain to be a model of care that will continue to be adopted in the ethos of providing care to the patient at the right time, right place and by the right person.



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3.4 Level 2 primary care escalation plan

Primary care is currently operating at level 2 services with deferment of some chronic disease monitoring, selected screening tests and other routine care services, unless deemed urgent. In line with reducing infection spread, GPs and Primary care Services are managing patient's remotely as much as possible and limiting footfall for all services within practices. This has led to an adoption of new ways of working with increased use of telephone and video consultations and other remote consultation modalities.

3.5 Buddying and social distancing within practices

To ensure continuity of primary care services during the new Test and Protect program, GP practices have been aligning with other local practices in a "buddy" program. This will ensure that if there is a deficit of service in one practice, it can be supported by another.

To further mitigate risk from staff illness, physical distancing and remote working models have been initialised, with practices adopting a variety of innovative solutions ranging from shift style working of staff members and the formation of two or more discrete and separate teams within a practice

3.6 Green zones for shielding patients

Shielding patients need safe and accessible pathways to routine but essential healthcare. This includes a recognition of the impact on other household/family members and parents/carers/siblings of shielding children. These patients, by definition, have a higher need for some health services including phlebotomy, ECG's, wound management and drug delivery.

Green zones have therefore been planned for Aberdeen City to cater for the 5,600 patients that fall into this category. Proposed options for three possible green zones are currently in process of being approved.

Green zones will have very stringent protocols to ensure patients are screened for Covid symptoms before attending. The nursing staff working in these zones will also be screened for symptoms and will only be working with shielded patients on that day. The buildings will have separate entrances and exits to ensure safe patient flow. Investigations undertaken may be requested in primary or secondary care and there are now IT solutions in place to allow this. These zones will provide a useful test of processes required for the roll out of the Community Care and Treatment Services that are required as part of the Primary Care Improvement Plan.



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3.7 2C Primary care services redesign-

We are still progressing with discussions around the redesign of our 2C practices and have seen many positive changes as part of the primary care Covid response that we will be able to build on in this regard. These will be used as part of a catalyst for change and redesign of the 2C model towards a more efficient service. The new ways of working highlighted above will be adopted.

Summary of updates from the other 2C practices:

- Carden Medical Practice successfully transitioned over to 2C on 5th May 2020 and will be fully staffed as of the 1 July 2020
- Torry has gained a GP Clinical Lead and is stable with recruitment ongoing

3.8 Immunisations

Services have been successfully moved to immunisation centres in Aberdeen City. The requirement for the HSCP to take over immunisations is in line with what is set out in our Primary Care Improvement Plan. It was escalated due to Covid and the need to move out of practices that were unable to provide clean areas for these to be done as safely as possible.

A more detailed report on Immunisations including uptake data will be produced for a future IJB.

3.9 The Grampian Covid Hub

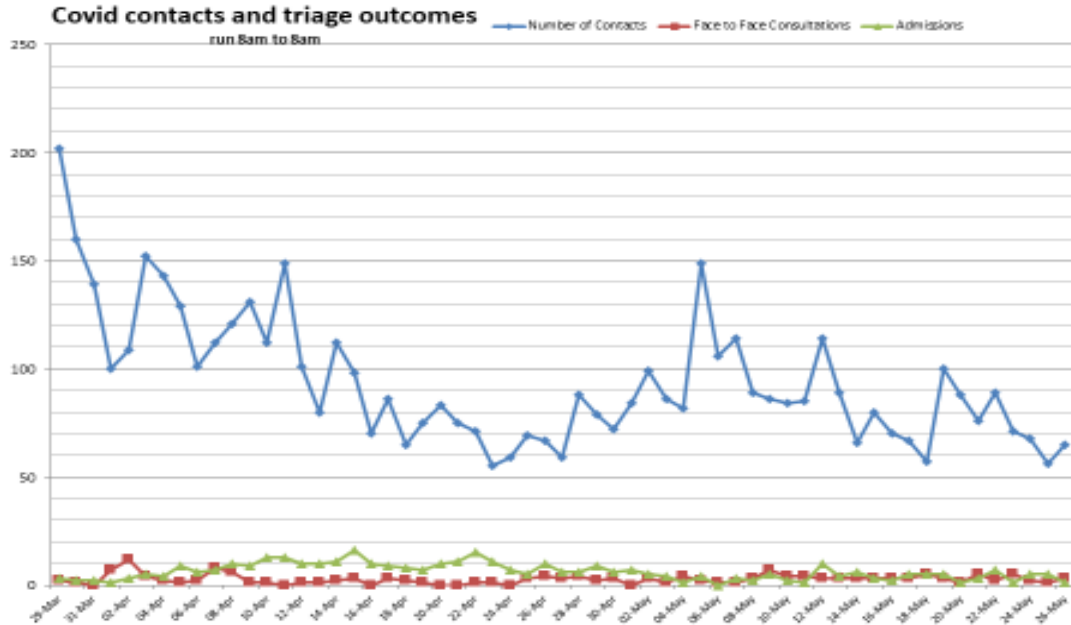
Since its inception, on 23 March 2020, the NHS Grampian Covid hub has successfully been managing the Covid pandemic surge. There has been great support from Grampian health care professionals, and allied staff, to get the service up and running optimally. NHS Grampian's approach has been lauded as one of the best organised and most innovative in Scotland.

A summary of activity is outlined below. Due to the use of remote assessment via Near Me, the Grampian Covid hub has one of the lowest rates of conversion to face to face assessment in Scotland. This has protected both patients and staff from transmission of Covid infection.

It is anticipated the hub will continue running indefinitely until the pandemic is over and new ways of working will be incorporated into the primary care model in Grampian.



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3.10 Pharmacy

ACHSCP's primary care pharmacy team, along with all other pharmacy sectors are working under the Pharmacy Directorate of NHSG due to the smaller size of their professional teams and the specific skill set they have. They will revert to the Partnership when Operation Rainbow ceases

3.11 Optometry

All independent community Optometrists are closed but are providing emergency cover and triage by phone/video. Patients with eye problems call their normal Optometrist who triages their symptoms and either gives advice over the phone or refers them to one of the two Emergency Eyecare Treatment Centres (EETC) that have been set up by NHSG in Aberdeen City. Only patients with sight threatening conditions are referred to the EETC's. Near Me is in the process of being rolled out to Community Optometrists in the city. Guidance from Scottish Government regarding plans for recovery is eagerly awaited.



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3.12 Psychology

The primary care psychological therapies team are working from home, using the phone and Near Me to provide clinical support to patients currently on their active case load. They are also dedicating time to the Psychology Hub set up by NHSG. A review of the demand for the hub has been undertaken recently. Staff now only need to sign up for one session per week until the end of June, this will allow staff to increase the number of patients supported from their active case load.

Since lockdown, referrals have continued to be accepted onto waiting lists however, new cases have not been taken off. GPs have been asked to refer patients to the Grampian Psychological Resilience Hub for online self-help, c-CBT and self-referrals for Psychological First Aid. Whilst patients may be offered support, this is not the same as treatment and so there have been no changes to the waiting times. Most, if not all, clinicians have seen a significant drop in new referrals, however, this is very unlikely due to change in need and more likely to GPs being aware of referrals not being taken off waiting lists and uncertainty as to when this will happen so the likelihood is that referrals will start to increase.

Secondary care have contacted patients on their waiting lists listing a number of on-line supports and Apps due to the longer waiting times due to Covid and we are currently considering doing something similar.

3.13 Dentistry

The Public Dental Service (PDS) is currently providing emergency treatment only from two main sites in the city. Patients experiencing dental problems call their normal dentist and are triaged and given advice, or medication if necessary. If the person triaging deems the problem an emergency, they refer the patient to the Dental Information & Advice Line (DIAL). DIAL will arrange for a dentist to call the patient back and COVID RAG status is decided by the triaging dentist. Depending on that status the patient will be seen at one of the two emergency dental centers in the city. Near Me has been rolled out to the PDS. Staff who can work from home are doing so or are coming into the office on a reduced number of days.

Recent guidance from Scottish Government outlining the phased recovery plan for General Dental Practitioners (GDP's) outlines three phases of recovery. Phase 1 will see the Urgent Dental Care Centres (UDCC's) increase the scope of treatments available to patients for acute and essential care. GDP's will remain closed to face-to-face patient consultation but will



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be preparing to receive patients in phase 2. This entails opening up further PDS practices and planning is underway to enable this to happen. Phase 2 is separated into two further phases. Phase 2(a) will see all dental practices open for face-to-face consultation for patients in need of urgent care that can be provided using non-aerosol generating procedures. Phase 2(b) entails face-to-face consultation being expanded for patients that can be seen for routine care, including examination, and treatment that can also be provided using non-aerosol generating procedures. UDCCs will continue to see patients on referral for treatments involving aerosol generating procedures. Phase 3 envisages a limited introduction to aerosol generating procedures to dental practices, this will be dependent on evidence of risk and possible mitigation.

4. Implications for the Integration Joint Board

4.1. Equalities

Primary Care is a universal service and arrangements are made for it to include all areas of society.

4.2. Fairer Scotland Duty

There are no direct implications to the Fairer Scotland Duty arising from the recommendation in this report.

4.3. Financial

Any additional financial implications have been detailed in the Grampian Mobilisation Plan and we await confirmation from Scottish Government as to what level of additional funding we may receive to meet these costs. The Chief Finance Officer will bring forward a report to IJB in relation to the affect the overall response to Covid-19 will have on the IJB Budget.

4.4. Workforce

Staff have been asked to work differently as a result of the Covid-19 pandemic however this is being done sensitively in collaboration with staff. Most have embraced the new technology, in particular, wholeheartedly.

4.5. Legal

ACHSCP continue to deliver services with reference to the Coronavirus (Scotland) Act 2020.



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4.6. Other

None.

5. Links to ACHSCP Strategic Plan

This report illustrates how the Primary Care services of ACHSCP have responded to the Covid-19 pandemic in particular in relation to the Personalisation aim delivering the right services, in the right place and at the right time.

6. Management of Risk

6.1. Identified risks(s)

Patients still experience ill health and require treatment and advice in a Covid-19 pandemic. There would be significant risk to their health and wellbeing, both now and in the future, if arrangements were not put in place to enable them to access services throughout this time.

6.2. Link to risks on strategic or operational risk register:

This report links to risk 11 on the strategic risk register: -



There is a risk that the Coronavirus (Covid-19) outbreak leads to high numbers of incidences within the city, impacting public health and the delivery of essential health and care services through significantly increased demand and reduced workforce capacity. This reduced capacity arising as a result of frontline workforce absence and self-isolation requirements.

6.3 How might the content of this report impact or mitigate these risks:

This report details the arrangements put in place for the continued safe delivery of Primary Care services to those who require them during the Covid-19 pandemic.



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Approvals	
	Sandra Macleod (Chief Officer)
	Alex Stephen (Chief Finance Officer)