

**Adult Wellbeing and Health  
Overview and Scrutiny Committee**



**2 October 2020**

**Primary Care Update**

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**Report of Joseph Chandy, Director of Commissioning Strategy and  
Delivery - Primary Care, NHS County Durham Clinical  
Commissioning Group**

**Electoral division(s) affected:**

Countywide

**Purpose of the Report**

- 1 The purpose of this report is to provide members of the Adult, Health and Wellbeing Overview and Scrutiny Committee with an overview of the primary care COVID-19 response and subsequent stakeholder engagement. The report also provides information on the National 'Talk Before Your Walk' pilot and an update on Primary Care Strategy development and revised priorities. Included in this report is an update on Peterlee Urgent Treatment Centre.

**Executive summary**

- 2 Primary care has shown great resilience and adaptability in transforming its ways of working during COVID-19.
- 3 We are in the process of refocusing our commissioning priorities and our Primary Care Commissioning Strategy in light of learning from COVID-19.

**Recommendation**

- 4 The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to:
  - (a) receive this report and note contents;
  - (b) discuss the proposed revised priorities for inclusion within the Primary Care Commissioning Strategy 2020-25.

## Background

- 5 The COVID-19 outbreak is arguably one of the greatest public health challenges of our time - not least for general practice. The pandemic has the potential to change general practice radically and permanently. Across the UK, practice teams have had to reconfigure their operating model overnight. The pace of change has demonstrated the remarkable adaptability of general practice. Now, as we start to transition towards a 'new normal', we have an opportunity to embed or accelerate those changes which have been for the better, while discarding those which are detrimental to the NHS and to the communities we serve (Royal College of General Practitioners, 2020).

## Primary Care Response to COVID-19

- 6 In response to the pandemic, we were required to mobilise some elements of our draft primary care strategy 'at pace' along with some urgent system changes, based on advice from NHS England, to release clinical staff from primary care to work in other health settings and support patients where needed.
- 7 One of the first things to happen was the move to 'triage first'; moving from a model of almost entirely face-to-face consultations to almost all consultations taking place by telephone and greater use of e-consult. Following triage, patients requiring face to face consultation with a clinician were still able to access an appointment.
- 8 Part of our response to the pandemic, was to establish 'hot hubs' i.e. designated sites where patients with suspected COVID-19 symptoms can have GP face-to-face appointments. Primary care also supported urgent care services, providing cover to enable Trust employed doctors working in 'Out of Hours' hubs to be redeployed to hospital settings to look after patients.
- 9 Due to COVID-19, we have had to bring forward work with care homes ahead of the Network contract timelines. This has included GP practice alignment to every care home in County Durham; along with a named GP and nurse.
- 10 Further information of the Clinical Commissioning Group's response to COVID-19 is detailed in the **appendix 1**.

## Public engagement on the use of digital consultations in GP practice

- 11 The Sunderland, South Tyneside and County Durham Integrated Care Partnership have recently commissioned an independent organisation to conduct a survey with local patients regarding access into primary care as a result of COVID-19. In particular, the study focusses on the use of digital technology as a mechanism for service delivery as well as testing out the acceptability of administering flu vaccinations across non-traditional settings.
- 12 The summary findings are outlined within **appendix 2**. There were 1,157 County Durham respondents. Of those who accessed primary care during this

time, 67% experienced a telephone consultation, 37% face to face and 7% via video conferencing. Benefits outlined by patients/carers included the reduced spread of infection, quicker access and convenience. There were issues raised about some cohorts of the population being less able to access such technology including older people and those with a learning disability. There were also concerns that people may be misdiagnosed or that a condition may be missed where virtual consultations were carried out. The full report will be published in the autumn.

## Practice Survey

- 13 In May 2020, general practice staff were asked to complete an online survey regarding changes to working practices catalysed by COVID-19 and the changes needed in the light of recent experiences. In total, 152 primary care workers responded to the survey. **Appendix 3** provides a summary of the findings with full analysis by staff group available. This information was presented to the CCG Primary Care Commissioning Committee August 2020.
- 14 Some of the areas for development highlighted by practice staff are detailed below.
  - (a) **Consultations and remote working:** Improved quality of patient access, opportunity for at scale working to manage telephone calls, potential to work differently across primary and secondary care, improved working practices for staff.
  - (b) **Relationships with Teams Around Patients (TAPs) and Social Care:** On-going development of Primary Care Networks, working together to ensure integration with the wider health and care system.
  - (c) **Future changes in Primary Care:** Use of digital solutions, upskilling staff, collaborative working across practices.
  - (d) **Secondary Care:** Joined up approach to care, improved relationships across sectors, more effective communication and improved usage and effectiveness of technology.
  - (e) **Care Homes:** Care home alignment with practices, robust medical management of patients, improved working relationships and ownership.
  - (f) **Access to primary care:** Review of in and out of hours coverage across County Durham.

## Talk Before You Walk

- 15 Changes in patient access and the constraints providers have in ensuring social distancing measures continue has been recognised at a national level. Due to the change in the way patients now access services in light of COVID-19 a pilot 'Talk Before You Walk' has been launched across County Durham

and will also be implemented across the Sunderland, South Tyneside and County Durham Integrated Care Partnership.

- 16 The purpose of the 'Talk Before You Walk' is to ensure that people can be seen and treated appropriately based on their care needs in the right place, across the whole system of primary care, urgent and emergency care and community based services. Further information can be found at **Appendix 4**.

## **Primary Care Strategy Development**

- 17 We are now in a position to resume work on the County Durham Primary Care Strategy 2020-25, which was placed on hold in March 2020.
- 18 To ensure that the positive transformative changes are not lost, we must take steps to lock-in these improvements moving forward. As part of our refreshed primary care strategy and recovery planning we need to take into consideration three dimensions:
- (a) embedding COVID-19 driven transformation;
  - (b) managing the backlog of non-COVID-19 patients, whose treatments have been delayed during the crisis;
  - (c) building resilience for future COVID-19 waves, embedding the lessons learned into ways of working, business continuity plans and future pandemic response.
- 19 To ensure our vision and strategy delivers the maximum benefits for patients, practice staff and system partners; we will resume engagement with stakeholders to inform the ongoing development and delivery of the strategy.
- 20 Engagement will include (but not limited to):
- (a) public, patients and carer representatives;
  - (b) practices;
  - (c) Primary Care Networks;
  - (d) Federations;
  - (e) delivery partners including the local authority, acute and community services, mental health services and voluntary services.
- 21 Due to COVID-19 and the need for social distancing we will need to be creative about how we engage with people. We are committed to working with all our stakeholders to overcome any barriers.
- 22 In light of feedback to date, our priorities in our strategy will need to change. From the information gathered to date, the following areas of focus have been proposed, which will need to be explored and agreed through our established engagement and governance processes.

- (a) Supporting patients to self-management, where appropriate, through a range of approaches including peer support and education to help build knowledge, skills and confidence
- (b) Increase the use of digital technology, to enable patients to have a wider choice in how they access primary care services
- (c) Widen the range of health care professionals working in primary care to meet population needs; and support the development of new and existing roles through mentorship and training
- (d) Support the ongoing development of new models of proactive, co-ordinated and personalised care that promote shared decision making to enable high quality care to be delivered closer to home.
- (e) Coordinate General Practice through Primary Care Networks, to deliver new service requirements to improve outcomes for our population.

### **Update on Peterlee Urgent Treatment Care**

- 23 Following the closure of the overnight Peterlee Urgent Treatment Centre on the 1 January 2020, the CCG wanted to provide assurance to the committee that patients in the Easington locality have been able to continue to receive treatment as required. Patients are accessing NHS111 and are being triaged to the most appropriate service.
- 24 **Appendix 5** provides a breakdown of the data gathered and shows a decrease in activity from 6.5 patients per night to 4 patients per night.

### **Recommendation**

- 25 The Adults Wellbeing and Health Overview and Scrutiny Committee are asked to:
- (a) receive this report and note contents;
  - (b) discuss the proposed revised priorities for inclusion within the Primary Care Commissioning Strategy 2020-25.

### **Background papers**

- Appendix 1: Governing Body Report: COVID-19 Response
- Appendix 2: Summary of patient findings re: primary care new ways of working
- Appendix 3: Primary care opportunities as a result of the primary care staff survey, including in depth analysis from primary care staff survey
- Appendix 4: Talk Before You Walk
- Appendix 5: Peterlee Urgent Treatment Centre Report

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