



Herefordshire and  
Worcestershire  
Clinical Commissioning Group

# Primary Care Commissioning

Practice and PCN Restoration Phase  
June 2020

# Local Reset/ Restoration Key Principles

- Clinical Leadership – Bottom Up Approach to Service Delivery
- Pace of Change through Local Empowerment
- Tearing up Red Tape
- Digitalisation – Maximisation and Enhancement
- At Scale – Hub Working
- Mobilising Partnerships across the System
- Innovative Models to Drive Service Delivery
- Set outcomes, give adequate resource and allow freedom in decision making

# National COVID-19 Primary Care Operating Model

- **Successful shielding of those patients identified most at risk** from complications of COVID-19 and actively managing their ongoing, often significant, health and care needs
- **Supporting the rest of the population**, including those who you suspect have COVID-19, by delivering essential primary and community care services; and
- **Minimising health risks** to yourselves, your patients, your practice staff and your local multi-disciplinary teams.
- **Hub Model to remain in place**

# Local Reset/ Restoration Key Priorities

- Some adaptations to current model\*
  - **Key Priorities:**
    - Remote triage to continue along with on-line & video consultation
    - Screening, Vaccination & Immunisation Programmes
    - Influenza
    - Unmet demand\backlog
    - Management of Care Home Patients
    - Management of Long Term Conditions
    - Management of Shielded Patients
    - Urgent Referrals to secondary care
    - Health Checks
- Extend:**
- Local Covid Management Service (CMS)
  - Care Home weekend service
  - PCE/HOF until 30 September 2020
- Impact:**
- Fewer appointments available as a result of longer consultation times
  - Threat of practices being overwhelmed by expansion to cohort of flu patients
  - Emergence of disease due to halting of immunisation programmes

\* Must be able to flex rapidly to cope with potential predicted peaks

# COVID Practice Unlock Plan

- Restoration plans for each Practice/PCN should be aligned to the most up to date GP Practice SOP (as at 10<sup>th</sup> June v3.1), NHSE/I delivery model, comply with the HM Government 5 steps to working safely. Each Practice should provide written assurance by way of a statement to their Clinical Director that a process has been undertaken to assess and demonstrate how services can be safely delivered and adapted across the severity levels.
- Practices/PCNs to use the national alert system as a barometer as to what level they are operating at, underwritten by local risk stratification/agreement with CCG. This should incorporate:
  - Practices to undertake a risk assessment of premises
  - Practices to risk assess patient cohorts
- A framework has been developed for each level of alert to outline the processes practices should follow to make sure that they are keeping patients and staff safe, whilst still maintaining a local and responsive GP service. Level 4 Framework example below;

Activity	Provision	Pre-bookable by patient	Location	Team Members	Enablers	Length of remote appt	Length of F2F appt	Comments
AF	URGENT ONLY	NO	Fully Remote	All	Can send Acurx Text for BP measurement	5	Postpone	Prioritise High Risk patients
Cytology	Yes	No	Practice Based	Nurses	Prioritise. Ensure shielded patients are protected	n/a	30	To allow time in between
Urgent Face to Face	URGENT ONLY	No	Practice Based	All	Telephone triage			Fever Patients - rear entrance Red Zone

# Restoration Phase (1<sup>st</sup> July onwards) Reimbursement Principles (Revised following feedback)

- Funding is conditional on Practices completing an unlock plan as detailed on slide 5.
- Practices will submit requests on the COVID Restoration Claim form.
- Funding for flooring will be available up to £45 per sqm for clinical areas. Practices can contribute to anything over and above this.
- Any additional costs incurred by Practices for cleaning will not be funded separately, as replacement flooring will contribute towards more efficient cleaning processes.
- Reimbursement of reception screens for applicable areas will be funded, up to £300 per sqm, up to a maximum of 3 square metres.
- Recovering or replacement of wipeable waiting room chairs, 1 per 1,000 patients, to a maximum of £100 per chair.
- PPE purchased over and above pre-COVID volumes will continue to be reimbursed upon submission of invoices.

## ***Exclusions:***

- *Practices who scored “A” within the 6 facet Survey will be excluded from flooring funding, on the basis that the Premises will already be compliant.*
- *This policy replaces previously agreed areas of funding, except for a finite list of items that will continue to be reimbursable for the restoration phase, this will be confirmed on Team Net. Funding for digital items will be subject to a separate review with CCG Digital Team colleagues.*