

# Primary & Community Care Operating Framework

## Recovery – Quarter 3 & 4

### 1. Introduction

The COVID 19 pandemic has required primary care to respond rapidly in order to minimise the spread of infection and allow services to cope during a surge of cases. This has resulted in changes to the services provided by primary and community care as it has responded swiftly to the pandemic. These developments are consistent with the Primary Care Model for Wales and the learning from this rapid transformation together with the requirement to ensure essential services are delivered informs the recovery plan for quarters three and four. This document builds upon the recovery plan for quarter 2 within the context of the '4 Harms'.

### 2. Background

Change has occurred in primary and community care at pace and through the application of both workforce and digital enablers, and these have been consistent with the Primary Care Model for Wales. All services (contractor service through to community service) have put in place measures to support business continuity. These have adhered to social distancing and infection control (PPE) requirements through both physical measures but, significantly, **rapid roll-out of remote consultation working**. Key points to note during quarter one and two include:

- On 21 May 2020, the Director General/Chief Executive of NHS Wales wrote to NHS Wales Chief Executives requesting that Health Boards begin preparing a cautious and phased increase in primary care service provision given consideration to their local arrangements. This was followed up by the Deputy Director of Primary Care with further detail for each of the primary care contractor services.
- Separation of COVID 19 (at practice or cluster level) and non COVID 19 patient flows
- Establishment of hubs for urgent and emergency care
- Establishment of field hospitals led, in most cases by primary and community services
- Community staff involved in test and trace
- Rehabilitation: A Framework for Continuity and Recovery 2020-21 (Welsh Government)

As we progress the recovery of the health system, there are valuable lessons from the rapid transformation that has occurred that should shape the recovery. Many of these have been aligned to the care closer to home principle as set out by *A Healthier Wales*, particularly the digital solutions and the field hospitals. Now is the time to adopt the principles as set out in *A Healthier Wales* of care closer to home across the whole health system (and with partners). Without this as a stated direction of travel, there is a risk that we re-instate pre-COVID ways of working whilst still maintaining the aspiration of *A Healthier Wales*.

### 3. Priorities for Quarter 3 & 4

The following priorities have been identified by the Health Board Directors of Primary Care and agreed by the National Primary Care Board (at meeting held on 20 August 2020).

- I. *Delivery of essential services* – the World Health Organisation sets out five categories of essential healthcare which is a useful framework for recovery for NHS Wales and aligns with the Welsh Government document ‘Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential’. Note specifically, the complexities of delivering the flu and COVID vaccination programmes and management of individuals with long term conditions who have/are not accessing care.
- II. *COVID-19 local outbreaks or second wave* – including delivery of services in response to surges and outbreaks which may include the reestablishment of COVID hubs, urgent and emergency centres and field hospitals.
- III. *Care Homes* – primary and community care service provision, noting the fragility of care homes
- IV. *Rehabilitation* – recognising the increased demand for rehabilitation across four main population groups.
- V. *Step-up and step down bedded community services* – to address the issues identified in *Right Sizing Community Services* (Delivery Unit)
- VI. *Urgent primary care* – an urgent primary care model to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.

The Strategic Programme for Primary Care is developing a number of key enabler to support primary and community care services in quarter 3 and 4 as follows:

- Monitoring approach to Essential Services
- Review of the effectiveness and safety profile of remote triage in primary care
- Rapid review of governance, quality & safety in primary care in Wales
- Care home framework for primary and community care services
- Rehabilitation framework that defines 24/7 primary care rehabilitation against the Rehabilitation Guidance
- Framework for step-up/down bedded community services
- A comprehensive integrated 24/7 urgent primary/same day care model delivered on a cluster or multi cluster footprint.

In addition, the Strategic Programme will review the following toolkits, prepared in response to the pandemic:

- Primary and Community Care Implementation Planning for COVID 19
- Dental toolkit to support COVID 19
- Optometry toolkit to support COVID 19
- Community pharmacy toolkit to support COVID 19

### 3.1 Delivery of Essential Services

The public are cautious about accessing health services albeit there is increasing demand across the health system. The World Health Organisation sets out five categories of essential healthcare which is a useful framework for recovery for NHS Wales and aligns with the Welsh Government document 'Maintaining Essential Health Services during the COVID 19 Pandemic – summary of services deemed essential'. The five categories are as follows:

- Essential prevention of adverse outcomes
- Responsive urgent care
- Essential management of chronic conditions
- Timely diagnosis of new problems
- Proactive management of vulnerable groups

These categories have been considered through the lens of primary and community care services and are set out over page in Figure I with the following key points to note.

- Firstly, the vaccinations programmes have been identified as a priority given the challenges that the current circumstances present, particularly the co-delivery of flu and COVID-19 vaccination programmes. Once there is clarity on the delivery programme for the COVID-19 vaccine, then the impact for primary and community care can be fully assessed.
- Secondly, the preventative/ active monitoring and management of long term conditions of patients who are probably still afraid of leaving the house or have not had much clinical treatment in the past few months is a challenge for primary care. General Practice need time to see these patients in a holistic and planned care way. The separation of planned and urgent patient flows is key to providing dedicated time and workload management to ensure more patient flows are seen by the right person at the right time.
- Lastly, given this spans the whole health system, it is clear that some of this work would be led by primary care whilst others would be more aligned to hospital services. Working across the system is key on opening up access to care in order to support safe management in the community where appropriate and, where necessary, onward referral routes for patients from primary care. Interdependent services need to be open such as diagnostic services with discussions at national and health board level required. Now is the time to use **web-based clinical pathways** to support standardisation of whole system care. In addition, this is a time to capitalise on **Consultant Connect** as we align care between primary and secondary care on the most pressing conditions. From an urgent and emergency care perspective, a whole pathway approach is key and section 3.6 expands upon this. Specifically, it describes the need for a model of how non COVID-19 patients who have an urgent care need can access same day care.

**Action 1.** The data & digital work stream of the Strategic Programme for Primary Care will provide a standardised approach to reporting the metrics in Figure I and Health Boards will use this monthly reporting mechanism to monitor activity against the five essential services categories to provide an indication of recovery of the primary care system.

**Figure I. Delivery of Essential Services in Primary & Community Care**

Category	Link
<b>1. Essential prevention of adverse outcomes</b>	
Flu vaccination	Tier 1 target & Six goals for Urgent & Emergency Care Primary Care Needs Assessment: <a href="http://www.primarycareone.wales.nhs.uk/pcna-influenza">http://www.primarycareone.wales.nhs.uk/pcna-influenza</a>
COVID vaccination	Winter Protection Plan 2020/21
Help Me Quit	Tier 1 target <a href="http://www.helpmequit.wales">www.helpmequit.wales</a> Primary Care Needs Assessment: <a href="http://www.primarycareone.wales.nhs.uk/pcna-smoking">http://www.primarycareone.wales.nhs.uk/pcna-smoking</a>
Screening Programmes	Tier 1 Target Primary Care Needs Assessment
Six week checks	GMS contract – additional service
Childhood immunisations	Tier 1 targets Primary Care Needs Assessment: <a href="http://www.primarycareone.wales.nhs.uk/pcna-child-vaccination">http://www.primarycareone.wales.nhs.uk/pcna-child-vaccination</a>
Child safeguarding	
Adult safeguarding	
<b>2. Responsive urgent care</b>	
Acute physical presentations	
Termination of pregnancy	Wider essential services framework for Health Board
Sexual health	Wider essential services framework for Health Board
Mental health	Tier 1 targets Six Goals for Urgent & Emergency Care
<b>3. Essential management of chronic conditions</b>	
Chronic condition management	Based on DALYs, risk to respiratory health, preventive opportunity, monitoring requirement. Primary Care Needs Assessment: Six goals for Urgent & Emergency Care
<b>4. Timely diagnosis of new problems</b>	
Access to appropriate consultation type, access to diagnostics	
<b>5. Proactive management of vulnerable groups</b>	
Care home residents	<ul style="list-style-type: none"> <li>• Winter Protection Plan 2020/21</li> <li>• Care Home DES (WG)</li> <li>• Care Home Framework (SP)</li> <li>• Six goals for Urgent &amp; Emergency Care</li> </ul>
Palliative Care	Six goals for Urgent & Emergency Care Primary Care Needs Assessment: <a href="http://www.primarycareone.wales.nhs.uk/pcna-eol">http://www.primarycareone.wales.nhs.uk/pcna-eol</a>

### 3.2 COVID-19 patients, local outbreaks or second wave

This section considers the requirements of those patients with COVID-19 symptoms or have tested positive who present because of COVID-19 and those with COVID-19 symptoms or have tested positive who present because of another problem. It also considers what needs to be put in place in response to local outbreaks or surges, based upon the learning to date from the pandemic.

The COVID 19 community pathway sets out the most appropriate and effective way of providing care to suspected and proven COVID patients in the pre-hospital setting, and it is important that staff who may be involved with COVID patients understand this pathway and have undertaken the required training. This pathway will be updated as required in response to emerging evidence derived locally and internationally (*link to pathway at time of writing*).

For those patients with suspected COVID-19 symptoms or who have tested positive and present with another problem, management of their non-COVID-19 condition will need to be conducted after a full risk assessment. Use of remote consultation models and appropriate PPE as necessary will be fundamental, and video consultation availability.

Aligning with the Winter Protection Plan 2020/21, where there are local outbreaks, consideration of the reestablishment of the GMS cluster hubs and the urgent and emergency care centres for dental and optometry is required. Local learning from the pandemic should inform the service delivery model. From a pharmacy perspective, the same social distancing and service provision arrangements will be in place. The Strategic Programme for Primary Care prepared toolkits for each of the primary care contractor services in response to the pandemic and these will be updated.

**Action 2.** The Strategic Programme for Primary Care will update the toolkits with the latest guidance. Health Boards will have plans in place to respond to local outbreaks including the reestablishment of COVID-19 hubs and urgent and emergency care centres for dental and optometry.

### 3.3 Care Homes

The Directors of Primary and Community Care have identified focussed work on the provision of primary and community care services to care homes as a priority following a changed relationship with care homes during the pandemic and a recognition of the fragility of care homes going into quarter 3 and 4. This aligns to the Winter Protection Plan 2020/21.

Building on the work already undertaken by the AMDs for Primary Care, *GP support for care homes in Wales during COVID-19*, the 24/7 workstream of the Strategic Programme for Primary Care is leading work to provide an all Wales care home framework. This will be developed on a co-production basis with the following considerations:

- ✓ A better understanding of the requirements of care home residents
- ✓ Ensuring a more consistent approach to delivering primary and community care services across Wales, allowing providers to have a clear understanding of the services that are available and how and when to access them.
- ✓ Supported by evidence based practice.

The scope of this work is defined as access to primary and community health care services and to appropriate and relevant clinical expertise when required.

**Action 3.** The Strategic Programme for Primary Care will develop a framework for primary and community care provision to care homes. Health Boards will assess their service provision to care homes against the framework with a view to adopt, adapt or justify.

### 3.4 Rehabilitation

The Strategic Programme for Primary Care continues to work closely with the Chief AHP Advisor as a result of the identified increase in the need for rehabilitation across the **four main population groups**. Importantly the **Primary Care Model** underpins the Rehabilitation response to the pandemic, informing the:

- **Rehabilitation Framework** for continuity and recovery 2020 to 2021. Designed to support organisations and services to deliver appropriate and timely rehabilitation to people who have been affected by Covid-19 in Wales to enable them to return to their optimal level of independence and well-being
- **Rehabilitation Guidance** that underpins the Rehabilitation Framework and proposes a stepped care rehabilitation model that can be mapped to the six-component model of the whole system approach described in the National Clinical Framework
- **Evaluation Framework** designed to support services to evidence the benefit and outcomes from investing in rehabilitation utilising a Results Based Accountability (RBA) approach. Focussing on the performance accountability of rehabilitation services, aligned with the principles of Value Based Healthcare
- **Modelling resource** to help identify and understand the predicted increased demand for these services as a result of covid-19

Notably a key challenge going forward is to set out the required capacity for AHP (therapy) services to meet this predicted demand. Consistent national data on AHP services is therefore recognised as a crucial component of this modelling work.

Highlighting the need for its inclusion in the **Covid Data Hub** as the main host for Health and Social Care intelligence. This has substantial links with the Right Sizing Community Services and the Health & Social Care Capacity: Modelling and Monitoring Group.

The 24/7 workstream of the Strategic Programme for Primary Care is working on guidance for targeted seven day rehabilitation. The National AHP lead for Primary & Community Care is leading this work, taking the following approach:

- Exploring / defining what is seven day Primary Care Rehabilitation
- Scope what work is already being undertaken nationally /locally and how this could be scaled up and /or existing best practice disseminated
- Map this to localities and population health needs to understand the whole system approach
- Consider the impact to, and requirement of workforce
- Understanding how this aligns with programmes and associated milestones, informing opportunities to co-ordinate, progress and support associated products.

**Action 4.** *The Strategic Programme for Primary Care* will provide targeted seven day rehabilitation guidance for Primary and Community Care. Health Boards will assess their rehabilitation services against the guidance and develop plans informed by this work.

### 3.5 Step-up and step down bedded community services

On 21 May 2020, the national report *Right Sizing Community Services to Support Discharge from Hospital* (NHS Wales Delivery Unit) was issued. This set out a number of recommendations as follows:

- No-one is assessed for long term care (package or placement) in an acute hospital bed
- Discharge to Recover then Assess pathways should be in place in all HB/RPB areas
- No-one waits longer than 48 hrs for Discharge to Recover then Assess pathway to commence
- Capacity must increase for all patients who would benefit from Discharge to Recover then Assess in their own home
- Review service model of community hospitals

The infrastructure of community services is an essential component of the Primary Care Model for Wales and the 24/7 workstream of the Strategic Programme for Primary Care will work with the Delivery Unit to take this work forward to deliver the following:

- Understand the baseline using the latest intermediate care audit report and updating the 2016 community hospital information
- Identify what good looks like for step-up/down bedded community services functions (including sub-acute care, rehabilitation, D2RA, step-up care and palliative care)
- Provide the resources required to enable implementation including a toolkit to respond to local needs analysis (which types of step-up/down bedded facilities is required and where) and a core specification for each element based on 'what good looks like' research and experience.
- Identify outcome measures

**Action 5.** The Strategic Programme will develop a suite of delivery specifications of care to support step-up and step-down. Health Boards will assess current models against this framework and develop plans to align service models to the national framework.



### 3.6 Urgent Primary Care

As part of the work programme for the 24/7 workstream of the Strategic Programme for Primary Care for 2020/21, a definition of urgent primary care and proposed models for urgent primary / same day access was planned. This work is now a priority for Q3 given the context of the pandemic and the Welsh Government Winter Protection Plan 2020/21. Whilst some of the components of the Winter Protection Plan have been picked up in this document already, the urgent primary care model is yet to be defined and needs to be considered within the context of new developments in access such as 'phone first', remote consultations and consultant connect.

Consequently, 24/7 work stream of the Strategic Programme for Primary Care, will deliver a co-produced, comprehensive integrated 24/7 urgent primary/same day care model which enables patients to be directed to the most appropriate healthcare professional at the time they need to access urgent health and social care, delivered on a cluster or multi cluster footprint. This project, as part of the, will align with existing work streams including 'Phone First' and the Transforming Urgent and Emergency Care Programme, the national rollout of the 111 programme and the Winter Protection Plan. It will also draw on the learning from the Urgent Primary Care Programme funded as part of Winter Pressures (year 1, 2018/19) and the Primary and Community Care Winter Themes (year 2, 2019/20).

The planned outcomes of the project are:

- Definition of urgent primary/same day care
- Guidance on demand modelling
- A range of delivery models based on cluster variation with common outcomes

Dental and optometric urgent pathways will be integrated into this work.

Recognising the urgency of this to keep Wales safe this winter, there will be early local implementation in those Health Boards who are ready.

**Action 6.** The Strategic Programme for Primary Care, will deliver an integrated 24/7 urgent primary/same day care model. Health Boards will assess their local provision and develop plans for the provision of urgent primary/same day care that aligns with the Transforming Urgent and Emergency Care Programme.

#### 4. Summary & Next Steps

This document provides the specific actions for primary and community care, sitting within the overall context of the Winter Protection Plan. Figure II sets out the six priorities and actions for primary and community care for the period 1 October 2020 to 31 March 2021, providing clear direction on the resources that will be made available to Health Boards for delivery.

**Figure II. Six Priorities & Actions (1 October 2020 – 31 March 2021)**

Priority	Action
<i>Delivery of essential services</i> – note specifically, the complexities of delivering the flu and COVID vaccination programmes and management of individuals with long term conditions who have/are not accessing care.	The <b>Strategic Programme for Primary Care</b> , data & digital work stream will provide a standardised approach to reporting the essential services metrics. <b>Health Boards</b> will use this monthly reporting mechanism to monitor activity against the five essential services categories to be provide an indication of recovery of the primary care system.
<i>COVID-19 local outbreaks or second wave</i> – including delivery of services in response to surges and outbreaks.	<b>The Strategic Programme for Primary Care</b> will update the toolkits with the latest guidance. <b>Health Boards</b> will have plans in place to respond to local outbreaks including the reestablishment of COVID-19 hubs and urgent and emergency care centres for dental and optometry.
<i>Care Homes</i> – primary and community care service provision.	<b>The Strategic Programme for Primary Care</b> will develop a framework for primary and community care provision to care homes. <b>Health Boards</b> will assess their service provision to care homes against the framework with a view to adopt, adapt or justify.
<i>Rehabilitation</i> – recognising the increased demand for rehabilitation across four main population groups.	<b>The Strategic Programme for Primary Care</b> will provide targeted seven day rehabilitation guidance for Primary and Community Care. <b>Health Boards</b> will assess their rehabilitation services against the guidance and develop plans informed by this work.
<i>Step-up and step down bedded community services</i> – to address the issues identified in <i>Right Sizing Community Services</i> (Delivery Unit)	<b>The Strategic Programme for Primary Care</b> will develop a suite of delivery specifications of care to support step-up and step-down. <b>Health Boards</b> will assess current models against this framework and develop plans to align service models to the national framework.
<i>Urgent primary care</i> – an urgent primary care model is yet to be defined and needs to be considered within the context of new developments in access such as ‘phone first’, remote consultations and consultant connect.	<b>The Strategic Programme for Primary Care</b> will develop an integrated 24/7 urgent primary/same day care model. <b>Health Boards</b> will assess their local provision and develop plans for the provision of urgent primary/same day care that aligns with the Transforming Urgent and Emergency Care Programme.