Primary Care Resilience WebEx

Connect, rebuild and move forward together

Healthcare Improvement Scotland

RCGP Royal College of General Practitioners

Scottish Government
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Aims of the WebEx

1. **Reflect on what we have learnt from the response to COVID-19**
2. **Explore what changes we have made and what we need as we move forward**
3. **Connect and learn from each other**

Agenda

1. **'You said' – reviewing discussions from the first WebEx**
2. **The interface between health and social care: How to build relationships and collaborations between primary care services and care homes in Scotland**
3. **Primary care recovery– refocusing and adapting to the current context**
4. **Next steps**

Active audience members

- We have a small number of **active audience members** as part of the WebEx ➔ their phone lines will not be muted and will be able to contribute verbally to the discussion.

- Would you be **interested in being an active audience member** in the next WebEx? ➔ **Tell us on your evaluation survey**

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You said…

Jill Gillies
Primary Care Improvement Portfolio Lead
Healthcare Improvement Scotland

NHS SCOTLAND

You said...

Demand

- "when floodgates open patient demand **will sky rocket**"
- "**backlash from missed diagnosis**"
- "a way that **meets our needs and patients needs efficiently** will be key"
- "we have a pilot running with a mental health nurse taking our mental health concern patients from **triage** and that is brilliant Keep"
- "what are we going to do about **flu vaccinations**?"

National message

- "default assumption that **face to face is NOT the first choice** for patient contact"
- "National messages coming to people, which **promotes the ongoing different ways we can see and interface with people**, rather than flooding surgeries with people"
- "Promotion of **self care**, really **heavy promotion of lifestyle issues**"

Staff

- "Staff **burnout**"
- "utter **fatigue**, maintaining staff **morale**"

Today's topic!

You said...

Greater engagement

"**Greater GP engagement** with care homes **using remote access** will be crucial"

Use of technology

WiFi and equipment required (e.g. remote access, laptops/iPads)

"We are participating in a 5G trial using **electronic stethoscopes** that the nurses use to send audio to the practice in conjunction with **near me**")

Funding

"Care homes have seen far more of the burden and death yet their **funding** is absolutely nothing compared to hospitals. Time they are recognised as the community hospitals they are."

Dedicated point of contact

"An effective **Multidisciplinary Care Home Assessment and Response team** has been set up in Forth Valley. First point of contact for care homes. Dedicated resourced team."

Today's topic!

You said...

Standard equipment for GP practices
(cameras, dual screens, speech-generating devices, Wi-Fi, remote working)

"We are **struggling** for cameras and can't use mobiles as signal too poor so that is our main limiting factor here. Unable to source working cameras for all but one of our computers..."

"SG directive and **funding** that stipulates that at least every GP Partner must have remote access and near me camera."

Community support

"ask **staff friends family via social media** re webcams - we had plenty offered within a few days"

'once for Scotland' IT solution to enable staff to communicate effectively

"Some health boards are using 'zoom' to communicate effectively, but 'zoom' has been **blocked** in other Scottish Health boards, including my own. Not everyone can access Microsoft Teams. Be good to have one system that works well across Scotland."

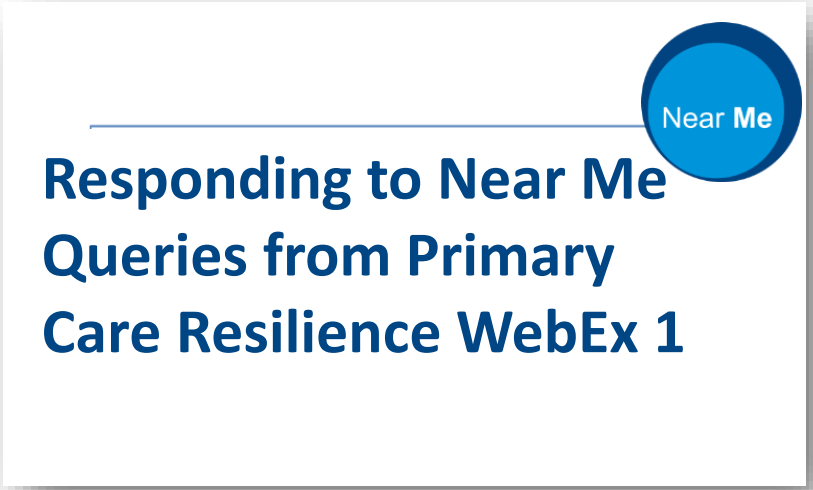
Effective platforms for communicating directly with patients

To share patient information leaflets or attachments
To texting and replying to patients
To receiving photos from patients

e-consult type platforms

"What software are folks using for e-consult? And is this available in Scotland?"

You said…



Q&A document will be sent to you together with the link to the WebEx recording

You said...

Long-Term Conditions

Way forward

"**way forward** to support LTCs **vital**"

"Is there any **guidance on a timeline** to reintroduce CDM [Chronic Disease Management]?

"definitely shown that we **over test** in LTC"

Self-management

"We may find patients have grown in confidence to manage LT Conditions because they have been forced to **manage more themselves** and we should **encourage and support patients to SAFELY travel down this road**"

Use of technology

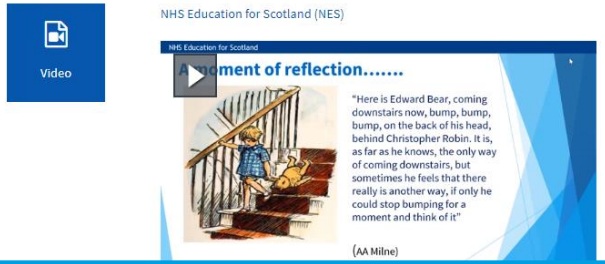
"Have used **Near Me** for unscheduled care and long term condition reviews, worked well and patients loved it. Young and old"

Person-centred care

"Looking for an update on **House of Care**"

"**patient specific and centred approaches**"

NHS Near Me : LTC management



Exploring the use of Near Me in Person-Centred LTC Management Reviews in General Practice

You said…

Technology and inequalities

"**concerns** about the proliferation of IT solutions and exacerbation of health inequalities for those patients who struggle with IT use due to financial or educational reasons"

"do we have **data** around use [of Near Me] in areas of high deprivation?"

Click the text within the images to access the different resources

You said…

Evidence on Covid-19 and BAME groups

Scottish Government
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gov.scot

Scottish Government
COVID-19 Advisory Group

Evidence Papers:
https://www.gov.scot/publications/covid-19-advisory-group-evidence-papers-april-2020/

Equality and Human Rights Commission

Inquiry into the impact of coronavirus on ethnic minorities

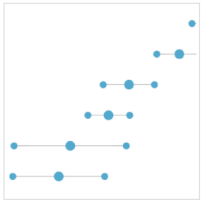
Public Health England

Beyond the data: Understanding the impact of COVID-19 on BAME groups

The Health Foundation

Emerging findings on the impact of COVID-19 on black and minority ethnic people

COVID-19 chart series



Click the text within the images to access the different resources

Next Primary Care Resilience Webexes

TBC W/C 20th July 2020

Topic 1 – **Medicines in Primary Care**

Topic 2 – **TBC – selected based on your selections and speakers' availability**

Select topic on your evaluation survey

- Inequalities
- Use of technology (e.g. remote monitoring, communication)
- Primary care recovery (follow up)
- Long-term conditions
- Staff wellbeing
- Working across interfaces (acute – primary care, in-hours – out-of-hours)
- Multi-disciplinary team working
- Person-centred care approaches

The interface between health and social care:
How to build relationships and collaborations between primary care services and care homes in Scotland

Scott Jamieson
Executive Officer (Quality Improvement)
RCGP Scotland

Healthcare Improvement Scotland

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Potential partnership around the person.
The interface of primary and social care.

Dr Donald Macaskill
CEO, Scottish Care

NHS SCOTLAND

Potential partnership around the person.
- the interface of primary and social care.

Dr Donald Macaskill
CEO, Scottish Care

26th June 2020

Scottish Care
Voice of the independent care sector

Outline

- **The care home population**
- **Interface during the pandemic** (tough beginnings, strong PEOL links, use of technology)
- **The new care normal** – potential for greater collaboration.

the care home population

1,083 care homes for adults

40,982 places

53,500 staff

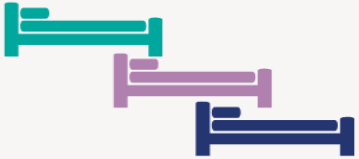
Of these 817 (75%) are care homes for older people, of which:

- 85% are operated by independent (private and voluntary) sector
- 46,130 staff employed

the care home population

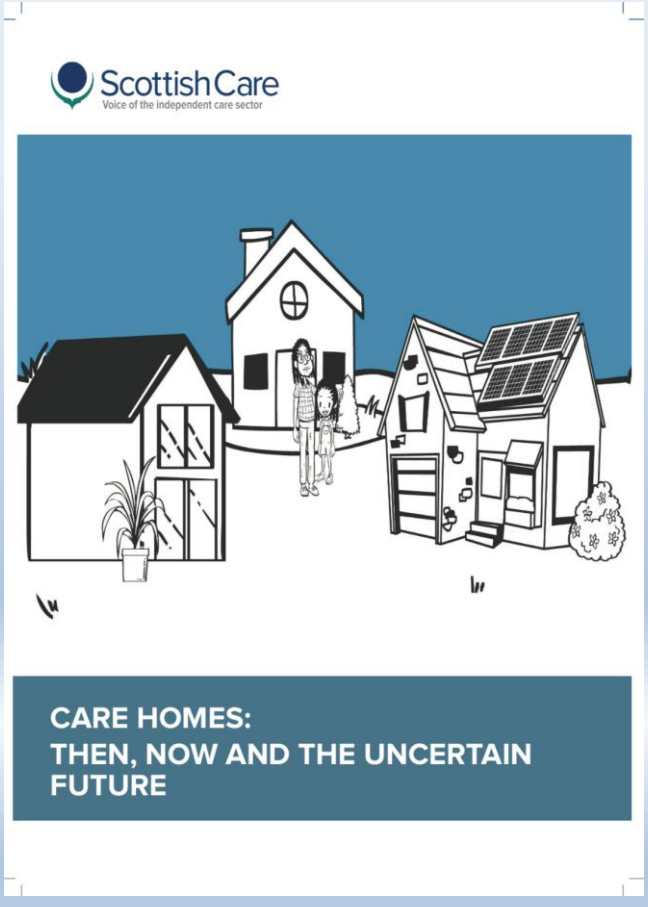
37,000 residents with **65%** requiring nursing care

3 times as many beds as the acute sector



45% of people in care homes admitted from hospital

Ordinary annual mortality rates for care home residents is between **13 & 17%**



- Since 2007, there has been a **44%** increase in men **over 95** living in care homes and a 15% increase of women over the age of 95
- The largest age and sex group of people accessing social care support are **females over 85**
- **38%** of residents have a physical disability or chronic illness compared to 10% in 2007
- **62%** have a diagnosis of dementia. When including those who have not had a diagnosis, the actual figure is thought to be significantly higher. (c **85%**).

Interface during the pandemic

- Pre-existing relationships patchy at best.
- Confusions over early guidance re acute transfer and admissions
- ACPs and DNACPRs
- Strong relationships at local level
- Developing use of Technology – Near Me
- Robust PEOL and Pharmacy professional input.

Interface during the pandemic

‘Even before the pandemic, we in health and social care had repeatedly highlighted the crisis in care home capacity, staffing, funding, financial viability, and inconsistent support from overstretched local NHS services not adequately resourced for the job, and the press showed fleeting interest.’

Prof David Oliver, BMJ, 4 March 2020

The new care home normal

- Requirement for stronger and clear primary care in-reach into residential and nursing homes.
- More integrated work around ACPs.
- Increased use of *Near Me* for secondary and primary care. Utilise other diagnostic on-line tools.
- ’Hospital in care home’ models of intensive support.
- Mutual learning/education and multi-disciplinary teams.
- Need to re-build public confidence.

Contact

Dr Donald Macaskill

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Website: www.scottishcare.org

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How to build relationships and collaborations between primary care services and care homes in Scotland.

Dr Alasdair Forbes
Deputy Chair (Policy),
Royal College of General Practitioners (RCGP)

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CHART: Care Home Assessment & Response Team

Dr Paul Baughan
GP, Dollar Health Centre, Clackmannanshire
Clinical Lead for Palliative and End of Life Care, Healthcare Improvement Scotland

NHS SCOTLAND

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Care Home Assessment & Response Team

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GP, Dollar Health Centre, Clackmannanshire
Clinical Lead for Palliative and End of Life Care
Healthcare Improvement Scotland

@PaulBaughan
paul.baughan@nhs.net

Care Home Assessment & Response Team (CHART)

NHS Forth Valley

Core CHART Team:

GP
Advanced Nurse Practitioners
Social Care Workers
Palliative Care Nurse specialist
Care Home Liaison nurses

Support from:

Elderly Care & Enhanced Community Team
Pharmacy
Infection control
District nurses
Dietetics
Public Health

Forth Valley CHART

Dedication of Care Home Staff

Value of Anticipatory Care Planning

KEY LEARNING

Benefits of Partnership Working

@PaulBaughan
paul.baughan@nhs.net

Discussion

Pop in the chat box if you have questions or comments

Primary Care Recovery – refocusing and adapting to the current context

Dr Michelle Watts
Medical Adviser
Primary Medical Services
Directorate for community health and social care
Scottish Government

Primary Care Recovery refocusing and adapting to the current context

Michelle Watts

“Here is Edward Bear, coming downstairs now, bump, bump, bump, on the back of his head, behind Christopher Robin. It is, as far as he knows, the only way of coming downstairs, but sometimes he feels that there really is another way, if only he could stop bumping for a moment and think of it.”

Source: A.A. Milne

Principles for safe and effective mobilisation

Services that can resume most safely	Creating the safest environment and conditions for them to best meet the needs of the population. Putting the safety and wellbeing of our health and social care staff on a par with the rest of our population.
Achieving greater integration	The pandemic has demonstrated the crucial interdependencies between the different parts of the health and social care system, and with other parts of society. We will ensure that our approach 'stitches services and systems' together and avoids silos. The framework that we take forward, in consultation with our partners including local government, staff and service users, will highlight the interdependencies and put in place processes to ensure resources are allocated where they are most needed to ensure the whole system operates effectively and efficiently.
Quality, values & experience	We will ensure that as we resume services, the highest standards of quality in care are maintained. We will also engage with the public, and workforce to understand what people most value, and what a safe, sustainable, high quality health and social care support system will look like in the future rooted in individual and staff wellbeing.
Services close to people's home	The pandemic has resulted in a wave of community-based responses, highlighting the value of both technology but also the benefit to people's wellbeing of low-tech, relational responses. Going forward there is a need to minimise unnecessary travel and increase the focus on 'net-zero' approaches. We will continue to support the move to more health care being provided in the community and closer to home. We will evaluate and develop the role of virtual consultations and Covid community hubs, ensuring that the people who are most vulnerable are not missing out.
Improved population health	This pandemic has highlighted the value of rooting our approach in the National Planning Framework, the importance of preventative practices and public cooperation. We will increase our work on prevention, improving life expectancy and promoting physical and mental health. Focus on putting in place services, environments and wider approaches that support people to live healthy lives.
Services that promote equality	This pandemic has exposed and exacerbated deep-rooted health and social inequalities. We will act to mitigate these and ensure that services are provided in a way that is proportionate to need. The framework that we take forward will focus on how to best support those that are most vulnerable (socially and clinically) in our society.
Sustainability	We recognise the financial sustainability challenges of the pre-Covid health and care system. We will design a new sustainable system, focused on reducing inequality and improving health and wellbeing outcomes, and sustainable communities.

How?

Effective health care has to be built around real continuing personal stories, not episodic fragments of standardized process.

Julian Tudor Hart
The Political Economy of Health Care, 2010

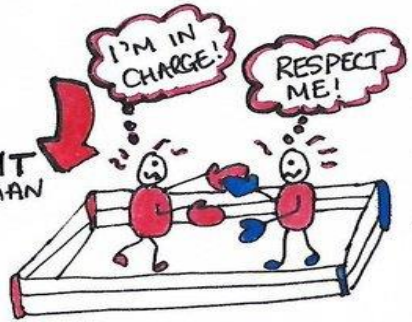
STAGES OF TEAM DEVELOPMENT
BRUCE TUCKMAN (1965)

Added in 1977

ADJOURNING
- The process of 'unforming' the team
- Letting go of the old structure and ways of doing things
- Really important to acknowledge end so people can mentally move on
- An often under-estimated stage!

FORMING
- Surface level of politeness
- Small talk
- Limited personal disclosure
- Focus on generalities

STORMING
- Bids for power and control emerge
- Intense need to organise can lead to in-groups & out-groups
- Competition high
- Personal agendas emerge



NORMING
- A co-operative spirit evident
- Individuals focus on helping the group, rather than furthering own agenda
- More self-disclosure
- More recognition of others' ideas
- Clear commitment to the emerging leadership

PERFORMING
- Team members are highly enthusiastic
- Lots of praise and constructive criticism
- People are straight talking, doing this in a respectful way.
- Lots of fun and use of humour

Sketchnote by Hayley Lewis
@halopsych Nov 2016
www.halopsychology.com

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Primary Care Recovery

Dr Andrew Buist
Chair, Scottish GP Committee, BMA

NHS SCOTLAND

Primary Care Recovery

ANDREW BUIST

CHAIR, SCOTTISH GP COMMITTEE, BMA

What we did.

- General practice remained open during Covid19 1st peak inc. PHs
- Over-night moved to new ways of consulting
- Minimising footfall for F2F consultation
- Telephone triage, telephone consulting, Near-me, digital photographs
- Living with Covid19, social distancing, PPE
- Shielding patients evolving guidance, shielding staff working remotely
- HUB and CAC success - must be available in case of 2nd wave.

Restarting paused services

- Resurgence of core demand – on background GP WF shortage
- Need to accept procedures will take longer for infection control
- All services need assessed 'in the round', can we do it a better way?
- If no change to the 'ask' then capacity needs to be increased (or something stops)
- Increased remote consulting, means longer but less F2F appointments
- For example if a smear now takes x2-3 time, then we need more than just general practice to achieve target
- A mixed delivery model is required e.g. pop-up, gynae nurses, CAC
- Same applies for the Influenza programme 2020

Further development needed

- Covid19 has underlined need for change
- Public engagement they have a part to play in the ‘new normal’
- Patient Pathways redesigned jointly at interface
- PC transformation within phase 1 of GMS contract is the right solution
- Restart the PCIP process and delivery of MOU services
- CTAC accelerate roll out; could also be used by 2ry care with add funding
- Vaccination transformation, why delay?
- Paperless prescribing, ETP to pharmacy + allow them to dispense
- Accelerate IT hardware/software roll out to improve efficiency
- Premises investment, development, improvements in infection control

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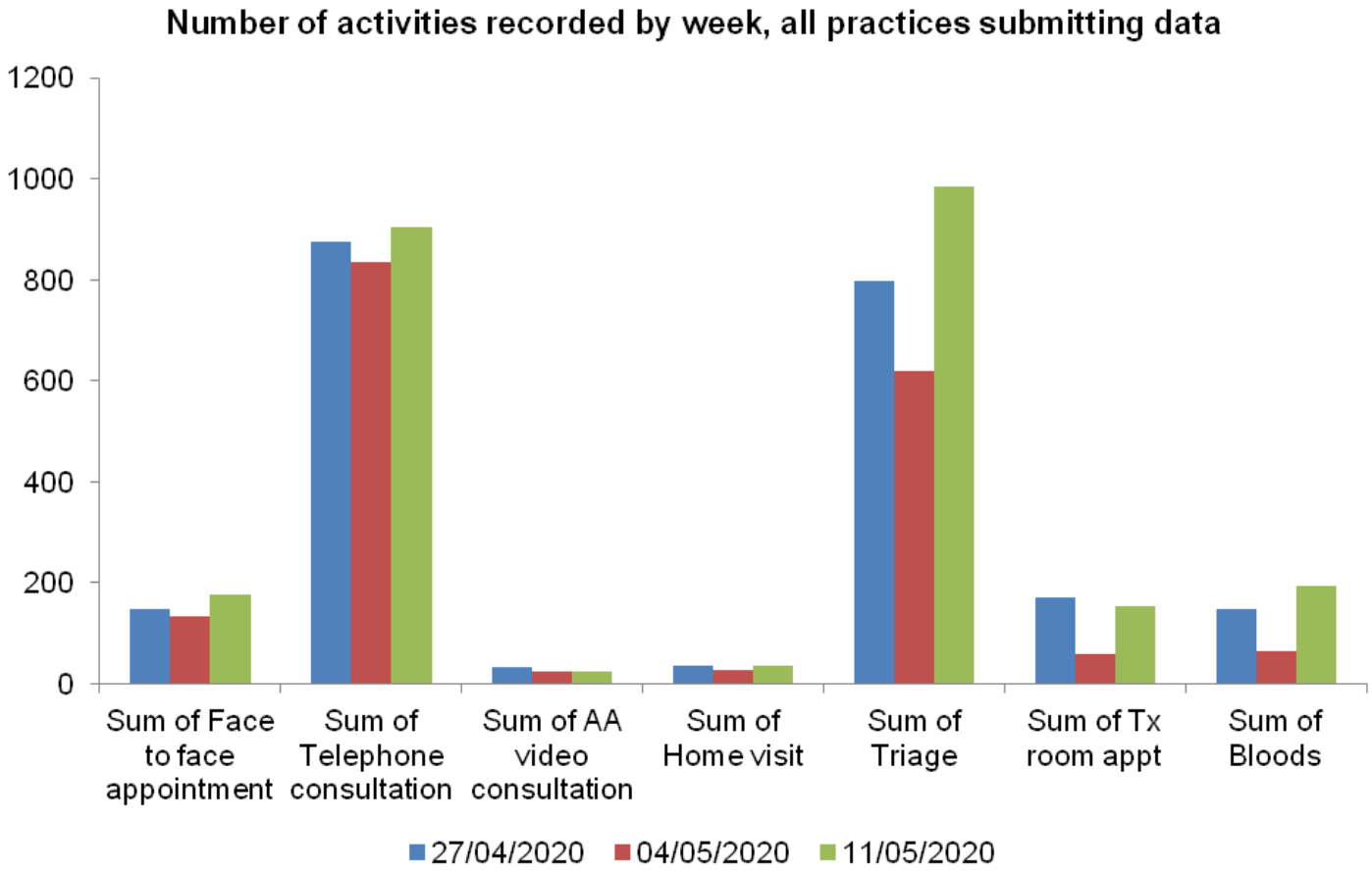
How NHS Dumfries and Galloway is supporting GP practices

Dr Grecy Bell
Deputy Medical Director for Dumfries and Galloway HSCP

NHS SCOTLAND

Dumfries & Galloway – GP Practices



D&G General Practice
“A new forward”

- Connections, fostering relationships
- Regular meetings with Secondary Care working together support patient care.
- Supporting Practice managers to implement changes in practices
- Communication support, public messaging
- Pause and reflect GMS contract

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Risk Assessment Resource for General Practice

Dr Duncan McNab
GP Assistant Director Patient Safety and Quality Improvement, NES

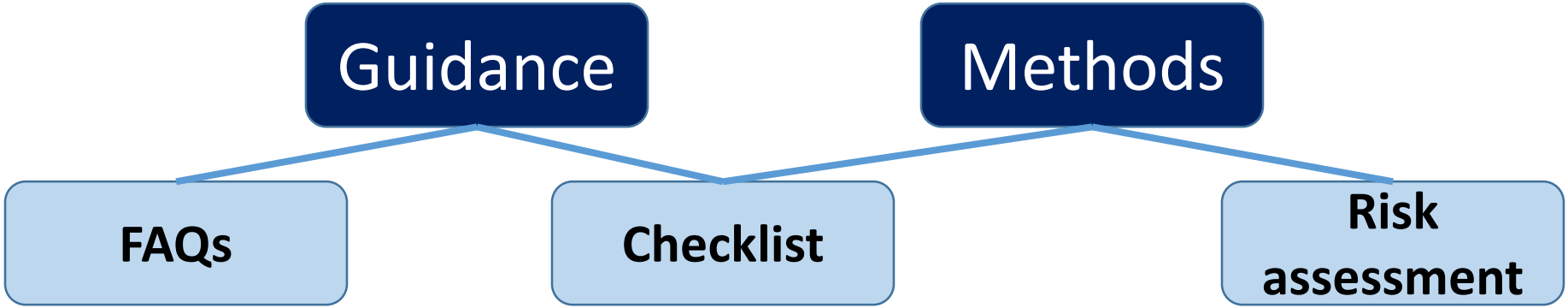
NHS SCOTLAND

Risk Assessment Resource for General Practice

Duncan McNab

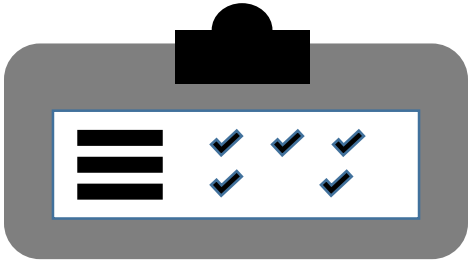
GP Assistant Director
Patient Safety and Quality Improvement, NES

Risk Assessment Resource for General Practice



Risk Assessment Resource for General Practice

- Guidance
  - FAQs
  - Checklist
- Methods
  - Risk assessment



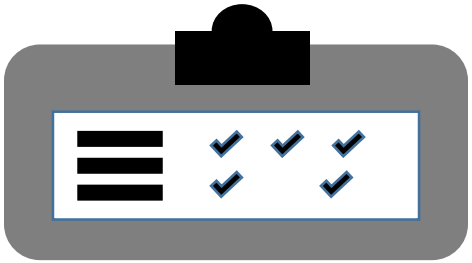
Risk Assessment Resource for General Practice

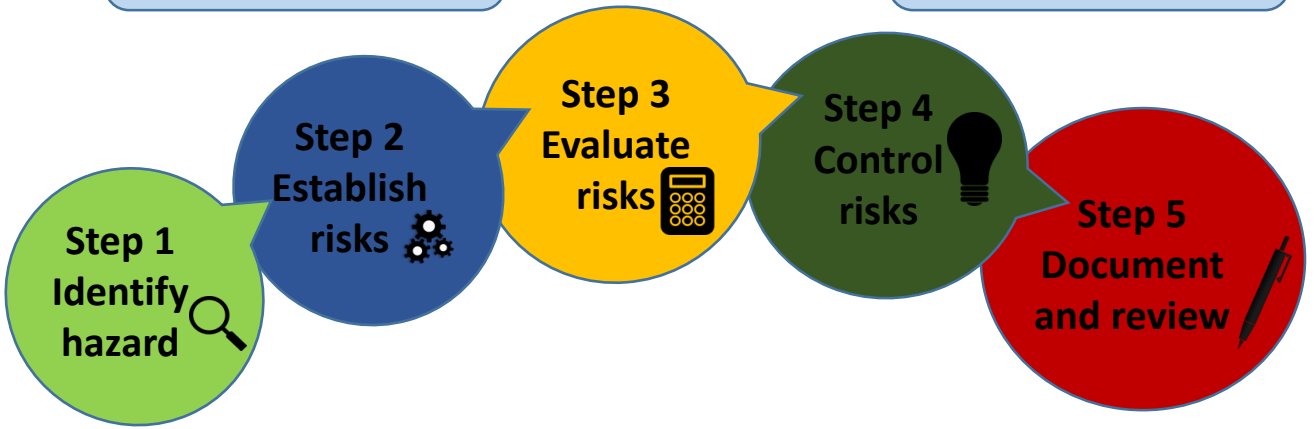
Guidance

- FAQs

Methods

- Checklist
- Risk assessment





Discussion

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Next steps

Jill Gillies
Primary Care Improvement Portfolio Lead
Healthcare Improvement Scotland

NHS SCOTLAND

Next steps

- Evaluation survey ➔ **link on the chat box**
- Next WebEx
- Follow up email including the recording, slides, discussion summary and links

Keep in touch

Twitter: @SPSP_PC #PCImprove

Email: hcis.pcpteam@nhs.net


Thank
you