PRIMARY CARE UPDATE – 7 OCTOBER 2020

**TO BE ISSUED VIA LOCAL INCIDENT COMMAND CENTRES AND COPIED TO MEMBERS OF THE PRIMARY CARE BOARD**

**RECOVERY**

The Greater Manchester Primary Care Recovery Plan commits to achieving the actions outlined in the national NHS England phase 3 recovery letter and going beyond this predominantly general practice focus, to also include key actions for pharmacy, optometry and dentistry.

The plan aims to support primary care providers to resume services safely, aligned with wider developments such as Greater Manchester’s elective care programme. It is divided into three parts:

* Phase one: immediate catch up and recovery
* Phase two: embedding what has worked well during COVID
* Phase three: accelerating new ways of working

The planned timeframes for phases one and two were within a six-month period until November, with a further six months to progress phase three.

Phase one is now underway with work progressing across the whole of primary care. This includes restoration of services in general practice including long term condition reviews, rolling out flu vaccination in pharmacy, addressing the backlog in optometry, and in dentistry, looking at how the newly established urgent dental centres can fit into a post-covid landscape. GP practices continue to offer a range of consultations, including face to face where there is a clinical need.

In addition, there is work underway in primary care to reduce health inequalities with Greater Manchester led or facilitated initiatives complementing and supporting the work in each of the 10 localities. This is in response to the national requirements set out in guidance issued on 7 August 2020. Greater Manchester initiatives include a greater emphasis on proactive case finding in at risk groups, improving early cancer diagnosis, more involvement of the VCSE sector, continuation of ‘Pride in Practice’ training delivered by the LGBT Foundation, and developing a BAME training and awareness programme.

**PRIMARY CARE WORKFORCE UPDATE**

The COVID-19 pandemic has seen some aspects of the Greater Manchester Primary Care Workforce Programme paused in order to accommodate more urgent requirements. Updates on ongoing work are provided below.

Work is underway to align the primary care workforce priorities with the primary care recovery programme. Further work is needed to align with the NHS People Plan.

Work on the Greater Manchester Primary Care Career Website has progressed. Various teams, including the GP Nurse Collaborative, Greater Manchester Training Hub and Greater Manchester Primary Care Workforce Leads have contributed to the development of the site so far. It will be launched in stages, to enable content to continue to be added and rolled out at a future date.

As part of the GP Matchmaking Service, engagement has now been extended to all seven Greater Manchester GP schools and workshops delivered both face to face (pre COVID-19) and digitally. Offers to attend 2021 training have already been accepted. Newly qualified doctors have been given the option to be added to a Greater Manchester distribution list so that resources and information can be shared directly. The Greater Manchester workforce newsletter is also encouraging practices to share vacancies as they arise. There are plans to hold a virtual ‘speed dating’ exercise next year. This programme can be extended to other roles within primary care and work is underway to identify nurse vacancies.

**PRIMARY CARE SITREP DEVELOPMENTS**

The development of Greater Manchester-wide OPEL sitrep arrangements for primary care services has been a significant achievement through the COVID-19 period.

The sitrep has expanded from urgent dental care provision and now covers all primary dental care services. In addition to the OPEL indication, it also gives an indication of the range of dental treatments being offered, linking to recovery of services. Reporting levels for pharmacy have achieved 63% (as of 14 August 2020) and the GMLPC continues to support improvement of reporting levels through engagement with its members. Reporting is currently being implemented for optometry and reporting dataset has been agreed with provider representatives. In general practice, submission rates stand at 86% (as of 14 August 2020) and CCGs continue to engage their member practices.

Following feedback from providers, some changes have been made to the wording for reporting resilience and staffing levels to simplify the process.

It has been suggested that the sitrep be used to gather additional information on service recovery, however it is important that this is not done in such a way that it becomes more onerous for providers.

**COVID URGENT EYECARE SERVICE**

On 1 April, NHS England advised that all routine optical services should be suspended and only urgent and essential eye care should be delivered. This was followed up with a national service specification to enable CCGs to commission an urgent eye care service. The new service in Greater Manchester sought to broaden the scope of the existing Minor Eye Conditions Service (MECS) already being delivered in some localities. Changed circumstances required optical practices to work as a networked hub within a locality to ensure resilience, protect hospital resources and facilitate social distancing. Greater Manchester had some of the first CCGs in the country to commission the new COVID Urgent Eyecare Service (CUES). The areas with MECS already in place were able to immediately deliver a modified service and the early CUES adopting CCGs had brand new services mobilised within weeks. Nine out of 10 CCGs are now delivering the CUES to the same service specification at 175 optical practices across the city region.

However, CUES contracts are temporary, and in some cases relatively short. There is a risk that once these contracts end, areas without MECS could once again have no primary care provision for urgent eye care. This comes at a time when secondary care ophthalmology has a backlog of patients waiting for routine appointments or surgery.

**POTENTIAL DISCONTINUATION OF PRIADEL FOR BIPOLAR CONDITIONS**

The Competition and Markets Authority (CMA) has opened an investigation into whether the pharmaceutical company Essential Pharma has abused a dominant position in relation to lithium-based medicines for treating bipolar disorder, which it sells under the brand names ‘Priadel’ and ‘Camcolit’, by proposing to withdraw the supply of Priadel to UK patients. The withdrawal of Priadel would mean that thousands of patients need to switch to alternative, more expensive, lithium treatments, such as Camcolit. Essential Pharma has now said that it will continue to supply the drug to facilitate discussions on pricing, removing the immediate threat to patients. The CMA’s investigation remains open as the threat of withdrawal remains unless a satisfactory agreement is reached on price.

This medication is prescribed for patients with severe mental illness who are considered a vulnerable group. Transfer to another drug regime would require explanation and reassurance as well as access to supporting tests, such as phlebotomy and ECG.

The potential withdrawal of Priadel is considered to be high risk for patients and system capacity. There are thought to be 2,233 patients affected across Greater Manchester and an estimated financial impact on primary care prescribing budgets of £600k per year. Discussions have been taking place as to how the situation could best be handled. This includes consideration of how patients would be managed during their transition away from Priadel, looking at the role of primary care and mental health trusts, along with the possibility of a locally commissioned specialist service.

**GM CANCER UPDATE**

Suspected cancer referrals in Greater Manchester dropped during the week beginning 31 August to 22% lower than pre-pandemic levels. This could have been in part to the bank holiday and data completeness at trusts. Prior to the end of August, referrals had reached pre-pandemic levels and this position has now been recovered. There is however continued variation by pathway, locality and provider with lung cancer referrals remaining particularly low at 54% less than pre-covid levels.

For this reason, communications efforts are being focused on lung cancer pathways. A recent primary care bulletin concentrated on this theme, patient stories are being produced, and clinical leads will be featuring in recorded messages.

Discussions are underway as to how best to enhance the links between GM Cancer and primary care networks. Initial ideas include approaches to active case finding for cancer, identifying metrics to include in the Cancer Sitrep that better reflect and represent primary care, and possible sharing of cancer data.

**Dr Tracey Vell Dr Tom Tasker**

**Chair Co-Chair**

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