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## **PRIMARY CARE UPDATE – 16<sup>th</sup> APRIL 2020**

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

#### **ENABLING SAFE CERTIFICATION OF DEATHS IN THE COMMUNITY**

This service is now live and as at the 15 April had overseen the certification of 678 deaths. The service is working to a maximum response time of 6 hours to confirm the death and 24 hours to issue to death certificate. Positive response received from the Coroner following the Easter period with the number of deaths being managed safely and alleviating pressures on key services as anticipated.

We recognise that a number of concerns and issues have been raised with regard to the service during its early days of operation but believe that these are now starting to reduce as the service becomes more established. We are engaged in regular discussions with the provider, with a particular focus on reducing the maximum response times described above. We are working to reduce these to 4 hours and 16 hours respectively and are looking at appropriate models to facilitate this. Arrangements are in place to ensure all GPs are aware of new legislation for the safe certification of deaths in the community, offering a GM level service and protocol agreed by the Out of Hospital Cell. The service is under regular review but if you have any continuing concerns, please email [england.primarycarecomms@nhs.net](mailto:england.primarycarecomms@nhs.net)

#### **PERSONAL PROTECTIVE EQUIPMENT**

The issues surrounding this matter have been extensively reported and discussed elsewhere and are not repeated here. From a GM perspective, some key points are summarised below:

- It is recognised that the issues relating to the supply chain are not yet resolved, although we are beginning to note some improvement in this regard. If you continue to experience local issues which are not being resolved, please contact us on the email below and we will endeavour to escalate accordingly
- All localities are now holding limited stocks, initially identified to support social care and other sectors. It has been agreed that Primary Care colleagues should also be given access to these local supplies, although clearly this should only be utilised in extremis, with the national NHS supply chain being the core delivery channel. Access to this channel of supply is via your local CCG.
- Updated national guidance has been published relating to PPE usage and is available via the following link <https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/updates-to-the-infection-prevention-and-control-guidance-for-covid-19>

#### **SUPPORTING PEOPLE IN THE COMMUNITY DURING THE COVID-19 PANDEMIC**

The Out of Hospital Cell has launched an assurance and support process, to which each locality has been asked to respond by 21<sup>st</sup> April. This process will provide an assessment of each locality's Covid-19 response and providing support where it is required. The full document is available on request but some key extracts relating to Primary Care are shown below:

- Dedicated Covid-19 General Practice services are in place, meeting the relevant national standards, solely seeing those with suspected or confirmed Covid-19 virus.
- General Practice has engaged with all those patients on their lists identified as being at the highest risk as described in the NHS England letters published on 27<sup>th</sup> March and 9<sup>th</sup> April.
- Urgent Dental Care services are in place offering coverage to the whole locality population.
- Community Pharmacy services are providing a comprehensive offer to the local population, including consideration of issues relating to the provision and delivery of a continued supply of medicines to all who require it.
- An optometry offer is in place which meets the recently issued national guidance, dated 1 April 2020
- Confirmation that arrangements are in place to ensure that all plans and decisions are made on an individual basis. It is unacceptable for advance care plans, with or without Do Not Attempt Cardiopulmonary Resuscitation to be applied to groups of people of any description.
- Existing and where necessary, enhanced arrangements must remain in place to support individuals and their families as they move towards the end of their life.
- Arrangements are in place to ensure all GPs are aware of and are following the protocol for the safe certification of deaths in the community, utilising the GM level service and protocol agreed by the Out of Hospital Cell.
- Plans should recognise that all decisions re admission to hospital are made on an individual basis, using relevant guidance for decision support. There will be no blanket policies relating to particular groups of people in our community, eg residents of care homes.

### **GM LEVEL TESTING FOR PRIMARY CARE STAFF**

As you will be aware, a testing site is in place at the Manchester Airport. Primary Care has access to a notional 100 slots per day at the Centre, although in reality more slots than this can be made available when necessary. We understand that plans are in place to establish further local sites across GM and more detailed information re this will be shared when available.

For General Practice, local contacts are in place in each district, with central points of contact in place for other service areas. If you are not clear as to how to gain access to this service, please contact us on the email address shown at the foot of this briefing.

### **RESILIENT GP WORKFORCE BANK**

The Out of Hospital Cell has agreed a proposal to establish a GM Locum Bank, utilising the Lantum platform. We believe that this will assist us significantly in managing the COVID-19 response across GM and are looking to have this in place in very short order. Further correspondence will follow with regard to the utilisation of this service as it goes live.

### **URGENT DENTAL SERVICES**

The first four of our Urgent Dental Care Hubs went live on Friday 10<sup>th</sup> April 2020 with further sites being deployed this week to ensure that there is good geographical spread of provision across GM. These sites are available to deliver emergency dental treatment to symptomatic and asymptomatic; vulnerable, non-vulnerable and shielded patients. All dental practices across GM remain open to deliver a 'triple A' service of advice, analgesia and antimicrobials but will not be seeing patients face to face. Should any patient require face to face treatment following triage by their usual dentist, the dentist will make a referral to the new urgent dental care hubs.

## **URGENT EYE CARE SERVICES**

National guidance is awaited regarding commissioning arrangements and a specification for Urgent Eye Care Services in the community. Across Greater Manchester, the Local Eye Health Network is leading a work-stream to expand and harmonise existing services (currently commissioned across some CCGs). In the absence of national guidance, a Greater Manchester service specification for Urgent Eye Care Services has been developed and is progressing through the commissioning process within all CCGs. The Greater Manchester service will align to any national service, once this is finalised.

## **PHARMACY SUPPORT**

A national community pharmacy medication delivery service to support shielded patients has been agreed and launched. This is accompanied by national guidance for the management of shielded patients via the NHS Volunteer Service. This national offer is to ensure medications can be delivered to shielded patients where there is no support from family, friends or carers. There is significant work already taking place in each of the 10 localities with respect to support to their vulnerable patients and we are working with localities to consider if this support offer could help with medication deliveries also.

## **“SITREP”**

We plan to go live with a GM level Primary Care Situation Report over the next few days. The aim of this is to “take the temperature” of our Primary Care system on a regular basis, to allow us to understand and wherever possible, anticipate pressures on the system as they begin to occur. This allows contingency plans to be quickly invoked and where appropriate, mutual aid arrangements to be implemented. Similar work is taking place in our social care system and to some extent, mirrors the work taking place in our Hospitals.

## **APPROACH TO MANAGING REFERRALS**

Guidance relating to Cancer 2-week wait referrals was issued on 10<sup>th</sup> April. Further work is now taking place to provide similar guidance for the broader range of referrals to secondary care. Our starting position is that referrals should continue to be made according to normal protocols and guidance, for providers to triage as appropriate. We will look to issue more detail on this within the week.

## **PRIMARY CARE PATHWAY**

Please find attached an updated version of the Primary Care pathway that we circulated last week. Kindly note that the only amendment is the removal of Roth score from the assessment box for moderate cases on page 2. It was an oversight that it had been left in as it is not validated for use in Primary Care. Please accept our apologies for this. We would also like to place on record our thanks to colleagues from Manchester and Salford who contributed to the development of this pathway.

Should you have any queries with regard to the above or wish to raise any issues in relation to the content, please contact us via the email address: [england.primarycarecomms@nhs.net](mailto:england.primarycarecomms@nhs.net)

**Dr Tom Tasker**  
**Co-Chair**  
**Joint Commissioning Board**

**Dr Tracey Vell**  
**Chair**  
**Primary Care Board**

**April 16<sup>th</sup> 2020**

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