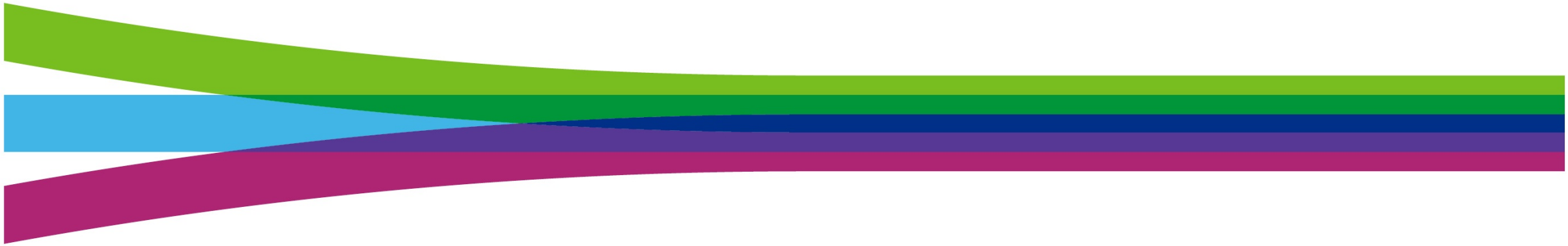
PCCC

Swindon Locality Chair’s Update 25 June 2020

Dr Amanda Webb



Swindon Locality Update - *Dr Amanda Webb*

Summary of Covid19 impact in Swindon

- Swindon had the second highest incidence of Covid patients in SW at the peak of wave 1.
- *Swindon continues to have the second highest prevalence 'background' rate in this post-peak phase; there were 80 suspected cases in GWH on Monday*
- Almost 3,000 people have been treated since peak began
- Significant tragedy for Swindon – over 120 hospital deaths (inc. 2 medical staff)
- Significant impact on Swindon Care Homes – excess deaths more than 2.5 times above norm (confirmed Covid cases still to be officially confirmed)

Our response

- Swindon Health & Care Coordination Hub – all partners together for fully joined up response – health and social needs – rapid transformation of services:
  - 5,800 contacts with shielding patients
  - 1000th food parcel was delivered earlier this week
  - Maintaining an average 60% reduction on Long Length of Stay patients (>21 days) – *the best in the SW*
  - Nationally recognised for Discharge Hub model - also ground breaking Care Home Cell, a multi-partner coordination approach to rapid support/response to pressure
  - Capitalising on the integrated approach through the development and launch of the *North Professional Leadership Network (PLN).*

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Primary Care response

- Primary Care hot/cold sites & home visiting during the peak; flexed down to a single site
- Daily primary care operational call during the peak; now weekly
- Digital ‘revolution’ through GP online & video consultations = quadrupled during peak-weeks (low of 33 p/w to high of 140 p/w); ongoing usage almost treble pre-Covid levels
- Advice & Guidance Services
- Joint GWH and Primary Care Elective Restart Support Group; Locality Chair a member of GWH’s Recovery programme
- GP leads now part of Care Home Cell, Assistive Technology Group, Elective Restart workstream

PCN developments

- 6 PCN’s (+ Whalebridge), with variable maturity, some at foundation level some at step 1.
- All PCN’s developing their workforce model through the additional roles of pharmacists, social prescribers, physiotherapists, mental health nurses, advanced nurse practitioners and paramedic home visiting services. Specific roles funded through the PCN additional roles scheme include 13 Clinical Pharmacists, 2 Pharmacy Technicians and 4 social prescribers.
- Weekly PCN CD meeting hosted by the clinical chair.
- Worked with Prospect Hospice so that community end of life care is now PCN orientated.
- Currently working with community services about re-orientating service delivery around PCN’s - at an early stage.

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Understanding the Primary Care Impact

- Direct Impact of Covid & Lockdown/social distancing:
  - Ongoing care/facilities for covid patients
  - Loss of capacity due to social distancing – some interventions can only be face-to-face
  - New care needs
    - Post-covid patients
    - Shielded patients
    - Mental health issues
    - Care home support

- Backload of Unmet Need
    - Urgent, less urgent & routine care
    - Chronic disease management
    - Secondary care referrals & diagnostics
    - Blood tests, screening, immunisations, health checks

- Additional need from late presentations & increased pathology

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We have initiated a PC Status and Capacity Survey to understand in more detail the impact and needs.

Key findings so far:

- *90% of all practices are at <25% capacity for F2F GP appts but 70% of practices are achieving >75% capacity for any GP appt*
- *In contrast only 30% of practices have >75% capacity for any nurse appt*
- *60% of practices are managing <50% cervical screening capacity*
- *50% of practices are managing <50% contraceptive services with 65% doing <25% IUD or implant insertion/removals*
- *70% of practices have 50-75% capacity for diabetic care*
- *63% of practices have <75% capacity for chronic disease management clinics*
- *78% of practices are at less than 75% capacity for phlebotomy*
- *70% of practices are at less than 75% capacity for post-op wound care*
- ***In contrast** practices are managing well with child imms with only 20% of practices having less than <75% capacity*

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What this means - key challenges for Primary Care

- How to maintain Covid response whilst increasing capacity, access & income?
- In parallel, how to implement our PCN transformation under Covid limitations?
- How to further the develop the GP Primary Care offer?
  - Accelerating through and beyond the core PCN DES
  - Enabling population health management
  - Connecting practices to communities – transferring activity into the support networks, community resources available (some of which we will need to create)
  - Enabling practices to offer more lower acuity ‘hospital’ services so that more people can be seen more quickly
- Additional roles and building workforce capacity
- Maintain safe response whilst keeping staff and patients safe

Next Steps

- Analyse full returns of our capacity survey
- Workshop with PCNs / Clinical Directors and partners re future plans – immediate, short, medium and longer term
- Work through PLN model to agree priority actions and workstreams