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# **Rutland** County Council

Catmose Oakham Rutland LE15 6HP.
Telephone 01572 722577 Email governance@rutland.gov.uk

Minutes of the **MEETING of the RUTLAND HEALTH AND WELLBEING BOARD** held via Zoom on Tuesday, 6th October, 2020 at 2.00 pm

**PRESENT:**

| | |
|---|---|
| Cllr Alan Walters (Chair) | Portfolio Holder for Health and Social Care |
| Cllr Sam Harvey | RCC Councillor |
| Dr Hilary Fox | Clinical Director, Rutland Health Primary Care Network |
| Dr Janet Underwood | Chair of Healthwatch Rutland |
| Fay Bayliss | Deputy Director of Integration and Transformation LLR CCGs |
| Dr Kath Packham | Consultant in Public Health |
| Rachel Dewar | Head of Community Health Services, Leicestershire Partnership Trust |
| Simon Mutsaars | CEO, Citizens Advice Rutland |

**IN ATTENDANCE:**

| | |
|---|---|
| Simon Down | Office for the Police and Crime Commissioner |

**OFFICERS PRESENT:**

| | |
|---|---|
| Karen Kibblewhite | Head of Commissioning – Health and Wellbeing Service |
| Sandra Taylor | Manager – Community Support Services |
| Joanna Morley | Governance Officer |

## 1 APOLOGIES

Apologies were received from Mike Sandys, Mel Thwaites, Hayley Jackson, Dawn Richards, Paul Hindson and Insp. Audrey Danvers. Dr Kath Packham attended in place of Mike Sandys and Simon Down attended in place of Paul Hindson.

## 2 RECORD OF MEETING

The minutes of the meeting of the Rutland Health and Wellbeing Board held on 3 March 2020 were confirmed as a correct record.

## 3 DECLARATIONS OF INTEREST

No declarations of interest were received.

## 4 PETITIONS, DEPUTATIONS AND QUESTIONS

Councillor Waller submitted a late question to the Board which the Chair accepted but stated that a written reply would be provided. Following the meeting, the director of the Primary Care Network discussed the question with the GP practices in Rutland and provided the following responses, shown in italics.

*"*St Mary's Medical Centre in Stamford is to close in December with its patients being transferred to the Sheepmarket surgery. In addition it is proposed that the minor injuries unit at the Stamford and Rutland hospital, currently closed due to Covid-19, will remain closed permanently. Many Rutland residents are registered with the Stamford GP practice (Lakeside) and use the unit at the hospital.

- What is the likely impact on healthcare of Rutland residents of these developments?

  *Rutland Residents who choose to register with Lakeside Stamford should expect to receive healthcare that is same regardless of where it is delivered.*

- Do GP practices in Rutland have capacity to take additional patients should Rutland residents decide to leave the Stamford practice?

  *Patients have a choice of practice, provided that they live within the practice area. The four Rutland practices are all taking new patients. The practice area for Lakeside Stamford overlaps with that of Empingham Medical Practice and Uppingham Surgery and the majority of patients who do choose to change practice are likely to register with Empingham Medical Practice because the overlap is greater.*

- Can the minor injuries service at Oakham Memorial Hospital manage extra demand if the unit in Stamford is closed?"

  *The minor injuries unit at Rutland Memorial Hospital has been open throughout the pandemic, managing the demand since March when the unit at Stamford was closed. The minor injuries unit is commissioned by East Leicestershire and Rutland CCG and provided by Oakham Medical Practice who anticipate that there is sufficient capacity to meet the demand.*

## 5 MATTERS ARISING

Dr Kath Packham, consultant in Public Health updated the board on the progress of the Joint Health and Wellbeing Strategy (JHWS).

During discussion the following points were noted:

- Due to the Covid pandemic, the timeline previously discussed had been delayed. This was due to the partners involved being diverted to Covid work and also relevant groups not meeting regularly to be able to respond to the consultation exercise.

- At the last board meeting in March of this year a draft report listing the priorities of the strategy had been agreed on. These were: Active Communities, Getting people more physically active – a best buy for medicine, Starting well and living well for longer – a whole life approach, Improving health for all, and How will we know if we have made a difference.
- Dr Packham proposed that the timing for the new strategy be moved forward by a year so that a draft version would be bought before the Board at the meeting on the 30 March 2021 with a final version being signed off in summer 2021.
- Dr Fox asked whether a completely different approach to the Strategy should be taken considering how much the world had changed in the last few months. In addition the Government had launched a new Obesity Strategy that needed to be a major part of a new JHWS.
- The draft priorities already set out were still relevant and Dr Packham felt that the healthy weight agenda should be given a separate focus and not rolled into the same strategy, especially given the links between obesity and Covid.
- Councillor Harvey was mindful of the fact that there were a lot going on in Rutland with consultations on the Local Plan and the UHL reconfiguration, as well as the Covid situation, and agreed that more time was needed to get the best engagement.
- It had originally been discussed that rather than a single formal consultation, officers would link in and engage with lots of different representative groups and feed into the JHWS as it was being developed.
- Dr Fox felt that the changes that the local CCG had undergone and the strengthening of the HWB should be part of the Strategy.
- Because of the importance of physical activity, it was suggested that it might be appropriate for Active Rutland to report into the Health and Wellbeing Board as it would be an important vehicle for the delivery of the JHWS's aims. Ms Kibblewhite stated that this would be a Council decision however that did not mean that the Board could not draw Active Rutland in closer so that it could have more of an impact and suggested that Robert Clayton, Head of Culture and Registration and Active Rutland be invited to future meetings.

**AGREED ACTIONS:**

1. That a refreshed draft JHWS which would take into account Covid and the changes to the CCG would be brought to the January meeting of the Board. In addition there would be a proposal on which groups should be contacted and how the engagement was to be conducted.

2. The Governance officer to invite Robert Clayton to the next meeting of the Health and Wellbeing Board.

## 6 HEALTH AND WELLBEING BOARD DELIVERY GROUP

A presentation (appended to the minutes) was received from Fay Bayliss, Deputy Director of Integration and Transformation, LLR CCGs and Sandra Taylor, Service Manager, Community Care Services.

During discussion the following points were noted:

- In terms of the LLR Integrated Care System, Rutland was both a place and a neighbourhood.

- The Integration and Delivery Group would work with interdependent groups to shape and drive a programme of change in Rutland to deliver the aims of the Rutland Better Care Fund, The Rutland JHWS and the LLR Ageing Well/Home First programme. The Group had 10 members and needed to be small enough to work collaboratively to achieve this.
- One of the critical pathways of care was the work done with GP practices which had been split into three zones: Uppingham, Empingham and Oakham/Market Overton.
- Overarching the population health management 'triangle' which covered prevention and self-care, multi-morbidity and acute needs at the top, was how to manage and work with the data to improve services.
- The RISE team was gaining momentum as it was the conduit between primary care and the Council

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Councillor Harvey took over the chair at 14.46pm as Councillor Walters lost video connection due to a storm.

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- In response to a question from Mr Mutsaars who had asked about community and voluntary sector representation on the group, Ms Bayliss acknowledged that any design of services had to be co-produced and that input from the sector would be sought.
- The Group would be working on how they catered for patients who wanted to receive care outside of LLR and would develop and strengthen links with the out of county providers.
- Dr. Underwood felt that this could become even more important if the UHL reconfiguration meant that more Rutland residents would look to Peterborough and Kettering and asked whether representatives from out of area should be invited to the Board.
- From a Rutland Primary Care Network (PCN) perspective there were out of area links with the Stamford PCN and the Peterborough outpatients redesign group.
- Rutland Health and Wellbeing Board did not currently have representation from out of area providers but there had been a previously been a representative from Peterborough Community Hospitals (PCH) Dr. Fox observed that the Board did not have representatives from other hospitals and felt that the Board should look to the Commissioners to have links with all these providers.

**ACTION:**

The Chair of the Board would discuss further the issue of representation from out of area hospitals with supporting officers, Karen Kibblewhite, Head of Commissioning – Health and Wellbeing and John Morley, Director of Adult Social Services.

## 7 COMMUNITY HEALTH SERVICES IN RUTLAND DURING THE COVID PANDEMIC

A verbal update on community health services in Rutland during the Covid pandemic was received from Rachel Dewar, Head of Community Health Services.

During discussion the following points were noted:

- Some services such as continence services, which were identified nationally as a non-registered service, were suspended during the pandemic. As such waiting lists had now grown but the break had provided an opportunity to look at alternative ways in which to deliver the service.
- Equality of service has meant that in some instances equipment has had to be provided so that patients could take advantage of video conferencing.
- Most nursing services however required face to face and hands on care.
- Community hospitals had been zoned and there was a designated Covid 19 ward at the Hinckley and Bosworth hospital.
- There had been a high number of staff who were shielding, as well as patients, which had exacerbated staffing demands.
- In some areas it had not been possible for staff to visit the Covid positive patients on their lists or if they did, they had to see them as their very last appointment.
- Community services had felt acute pressure during the pandemic because of fewer admissions to hospitals and where patients had been admitted, very rapid discharge.
- Community services had struggled a little in its response to those that were shielding and there needed to be some work done between primary care nursing and community health services in order to create extra capacity.
- Recently those services that had been suspended had started up again but a second wave of Coronavirus was approaching which had already impacted; for example staff absence was increasing because children had been sent home from school due to a suspected outbreak.
- Mr Mutsaars had been interested to hear about equipment being provided to patients so that they could access services, and invited Ms Dewar to attend a digital inclusion meeting that was being held on 21 October.
- Staff had picked up on increasing levels of mental illness with loneliness being cited as a particular problem. On many levels the mental health fallout from Covid would be huge with the second wave being much harder because it would be winter rather than summer and because staff were simply exhausted and had partly got through the first phase on adrenalin.
- Nationally there had been a real drive to focus on staff's wellbeing. Staff had been encouraged to take annual leave even if they were unable to go away on holiday.
- There were plans in place to shield patients should the second wave hit as hard as the first one. Lessons had been learnt from the first time around but there were still some issues around dealing with those patients who were shielding.
- In regard to community care for shielded patients, Rutland was in a much stronger position than in other LLR areas.

## 8 SUPPORT FOR CARE PROVIDERS DURING COVID

A presentation (appended to the minutes) on support for Care Providers during Covid was received from Karen Kibblewhite, Head of Commissioning – Health and Wellbeing

During discussion the following points were noted:

- In August a new care home had opened in Oakham providing an additional 60 beds.
- The Government had stated that all care providers would be able to access supplies of Personal Protective Equipment (PPE)

- There was a trainer within RCC who provided additional support around taking PPE on and off.
- RCC had set up a single point of dissemination for all care providers which was monitored six days a week.
- All of Rutland's homes had access to smart phones and tablets so that residents could speak to health professionals as well as families.
- HMP Stocken inmates had raised funds to buy iPads to help residents of the Wisteria Care Home keep in contact with their families.

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Councillor Walters returned to the meeting and resumed the Chair

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## 9 GP SURGERIES AND THE RESPONSE TO COVID

A presentation (appended to the minutes) on GP surgeries and how they had responded during the Covid pandemic was received from Dr. Fox. A report supporting the presentation was received after the meeting and this too has been appended to the minutes.

During discussion the following points were noted:

- Staffing levels had been disrupted as anyone with a temperature had to be sent home.
- The GMC had introduced rapid reregistration which had allowed 3 retired GPs to rejoin Rutland practices. As these GPs, by virtue of their age, were in the high risk category they mainly carried out clinical administration work.
- PPE supplies had become much more reliable and a large amount of scrubs and visors had been donated.
- All appointments were initially triaged by phone which put increased pressure on the telephone lines.
- Accurx video consulting was introduced to provide an alternative and this freed up capacity for those who could only access the surgery by telephone.
- Practices also implemented schemes for safe face to face consultations. This included waiting in cars rather than in the surgery, temperatures being taken and one way systems being introduced.
- Oakham Medical Practice set up a 'hot hub' in a porta cabin on site which had to be disinfected between each visit. This facility would be re-opening soon.
- There had been well established integrated working between the RISE team, GP and Admiral nurses which meant that patients shielding only had one service contacting them.
- Practices had had to hold waiting lists for referrals which created a lot of work as patients continually contacted them to find out what was happening with them. Practices were not routinely informed about progress with the waiting lists.
- There had not been a significant deployment of volunteers in Rutland via the NHS scheme but there had been many community and neighbourhood groups who had volunteered to collect prescriptions.
- DHU services had been restored at Rutland Memorial Hospital in the evenings but not yet at weekends.
- Dr Fox reassured the Board that well organised processes were in place to administer the flu vaccines. There would be smaller clinics but much more of them

and a service on Saturday. The real challenge lay in vaccine availability as stocks had had to be ordered before the eligibility criteria increased.

- CCGs were looking at the delivery of vaccines but it was not yet known whether they would be centrally delivered.

## 10 ANY URGENT BUSINESS

The Chair had not been notified of any other urgent business.

## 11 DATE OF NEXT MEETING

The next meeting of the Rutland Health and Wellbeing Board will be held on 12 January 2021.

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The Chair closed the meeting at 4.02pm

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ur care, our family and
ur community'

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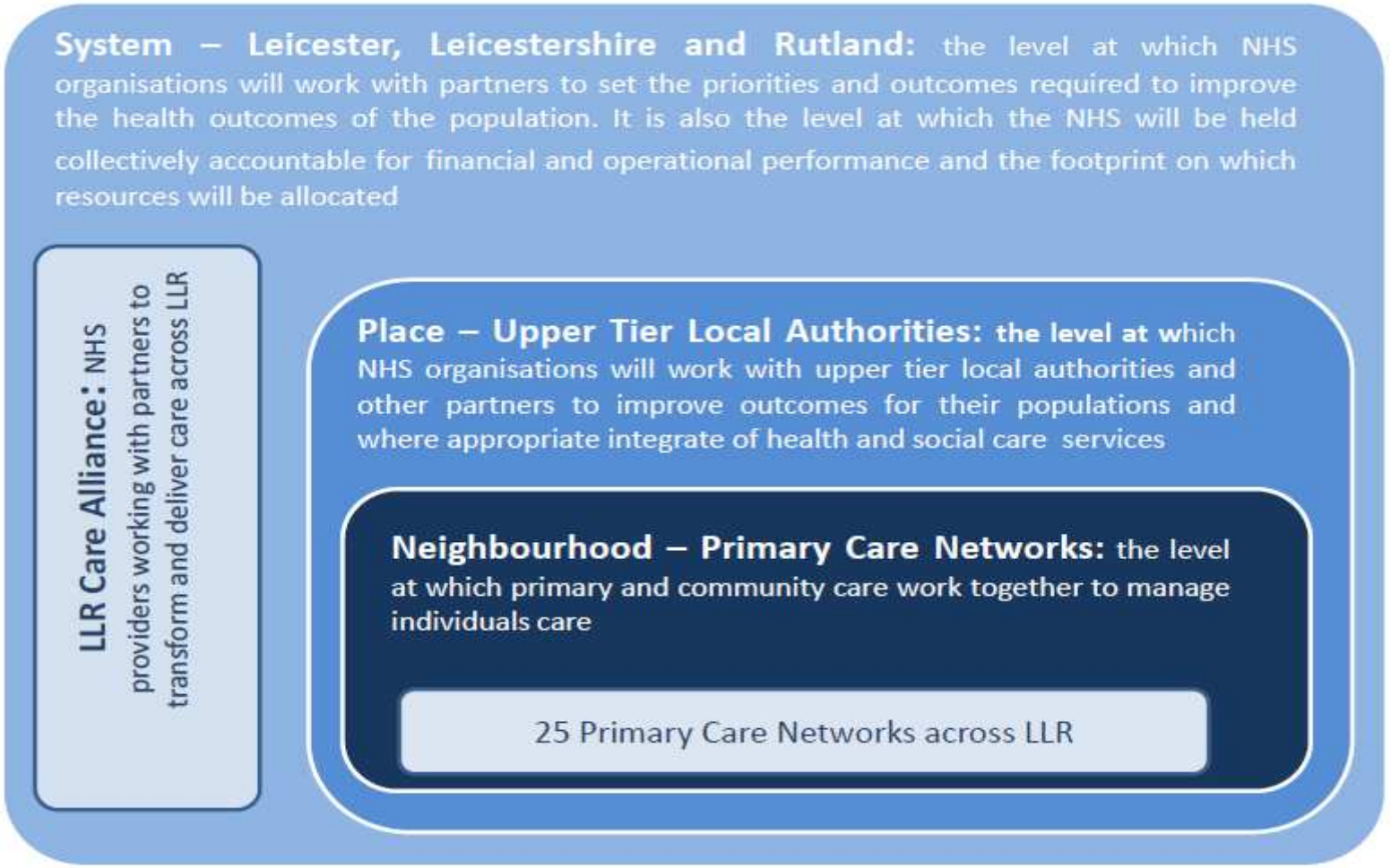
# Integrated Health and Care in Rutland: Governance and recent progress

**Fay Bayliss**, Deputy Director of Integration and Transformation, LLR CCGs

**Sandra Taylor**, Service Manager - Community Support Services, RCC

Minute Item 6

# LLR Integrated Care System



# tland: putting Health and Care into ‘Place’

## nam Rugby Club, February 2020

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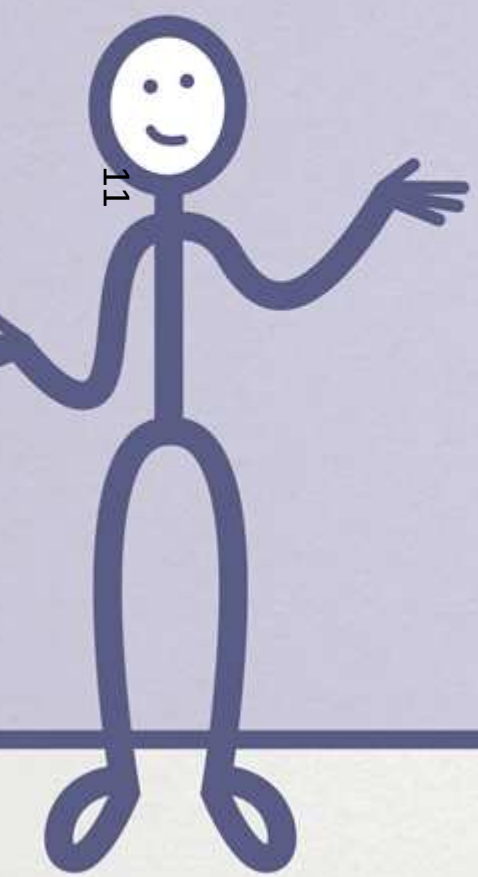


**Approach**

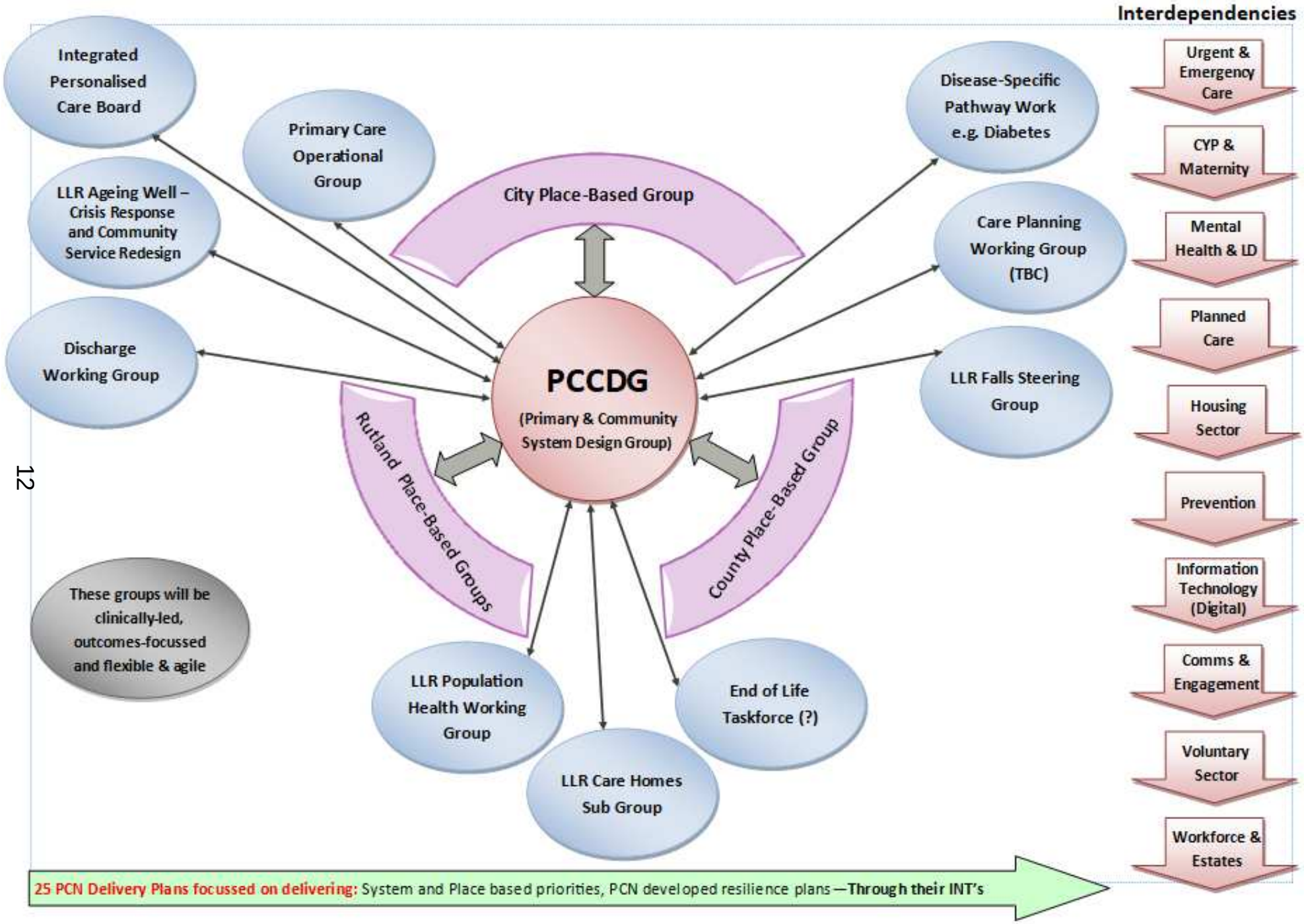
- Build on the strong foundation of integrated care in Rutland
- Put individuals at the heart of change – patient centred
- Create a vision ‘in the round’ – inter-related changes not stand-alone
- Involve and empower the public – what does this mean to me?

**Making it happen**

- Renew governance for change
- Deepen relationships between RCC, the CCG integration team, the Rutland PCN and other partners incl third sector to accelerate progress
- Align & streamline strategies, recognise geographic realities

**Actions**

- Match services to needs – population health management
- Whole population: boost prevention
  - Wider than health – everything that impacts on wellbeing
- Living with ill health: Multi-disciplinary working for coherent care
  - Best use of resources, care closer to home, real patterns of service use
  - Minimising escalation – step up & step down interventions
- Plan for Rutland – integrated care, outpatient offer, diagnostics, rehab, housing grov


Interdependencies
Integrated Personalised Care Board
Primary Care Operational Group
City Place-Based Group
Disease-Specific Pathway Work e.g. Diabetes
LLR Ageing Well – Crisis Response and Community Service Redesign
Care Planning Working Group (TBC)
Discharge Working Group
PCCDG
(Primary & Community System Design Group)
LLR Falls Steering Group
Rutland Place-Based Groups
County Place-Based Group
These groups will be clinically-led, outcomes-focussed and flexible & agile
LLR Population Health Working Group
End of Life Taskforce (?)
LLR Care Homes Sub Group
Urgent & Emergency Care
CYP & Maternity
Mental Health & LD
Planned Care
Housing Sector
Prevention
Information Technology (Digital)
Comms & Engagement
Voluntary Sector
Workforce & Estates
25 PCN Delivery Plans focussed on delivering: System and Place based priorities, PCN developed resilience plans—Through their INT's

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# egration Delivery Group

## of Reference

roup

- Locally: Reporting to Rutland Health and Wellbeing Board. Also Rutland Partnership Board for (Better Care Fund manageme
- LLR ICS: Reporting into the LLR Better Care Together Primary and Community System Design Group
- Virtual meetings, monthly

cope

- Under the oversight of the Rutland HWB, work together to shape and drive a coherent change programme in Rutland that de to the aims of a number of strategies/programmes
  - Rutland Better Care Fund, Rutland Health and Wellbeing Strategy, LLR Ageing Well/Home First programme
  - Turn principles/aims into actions
  - Commit or pool respective resources for common or coordinated solutions
- Use data/insight to inform action
- Progress significant work using design/test cycles (Plan Do Study Act), and reporting progress to the Group
- Monitor impact/measure success

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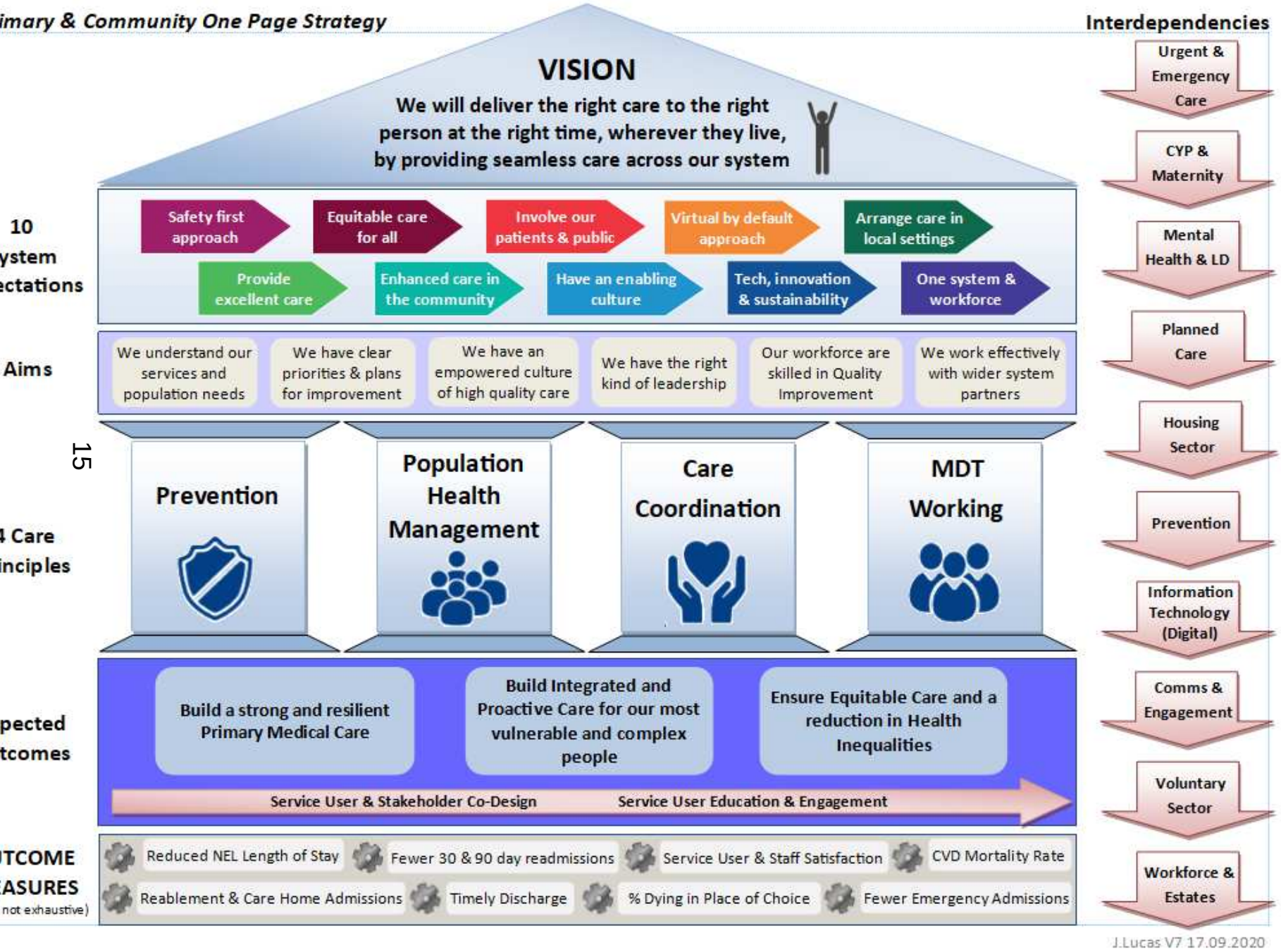
# tland Integration Delivery Group

## ership

ay Bayliss, Chair, LLR CCGs
ohn Morley, DASS, Vice Chair, RCC
r Hilary Fox, Clinical Director, Rutland PCN
onna Bottrill, Community Nursing, LPT
at Wise, Discharge & Therapy change, RCC
el Rowland, Therapy change, LPT
evin Quinn, Transformation, VCF sector, RCC
athryn Packham, Public Health
andra Taylor, Health and Care Integration, RCC
udith Munson/Michelle Christie Smith, CCG Rutland Locality




## Questions

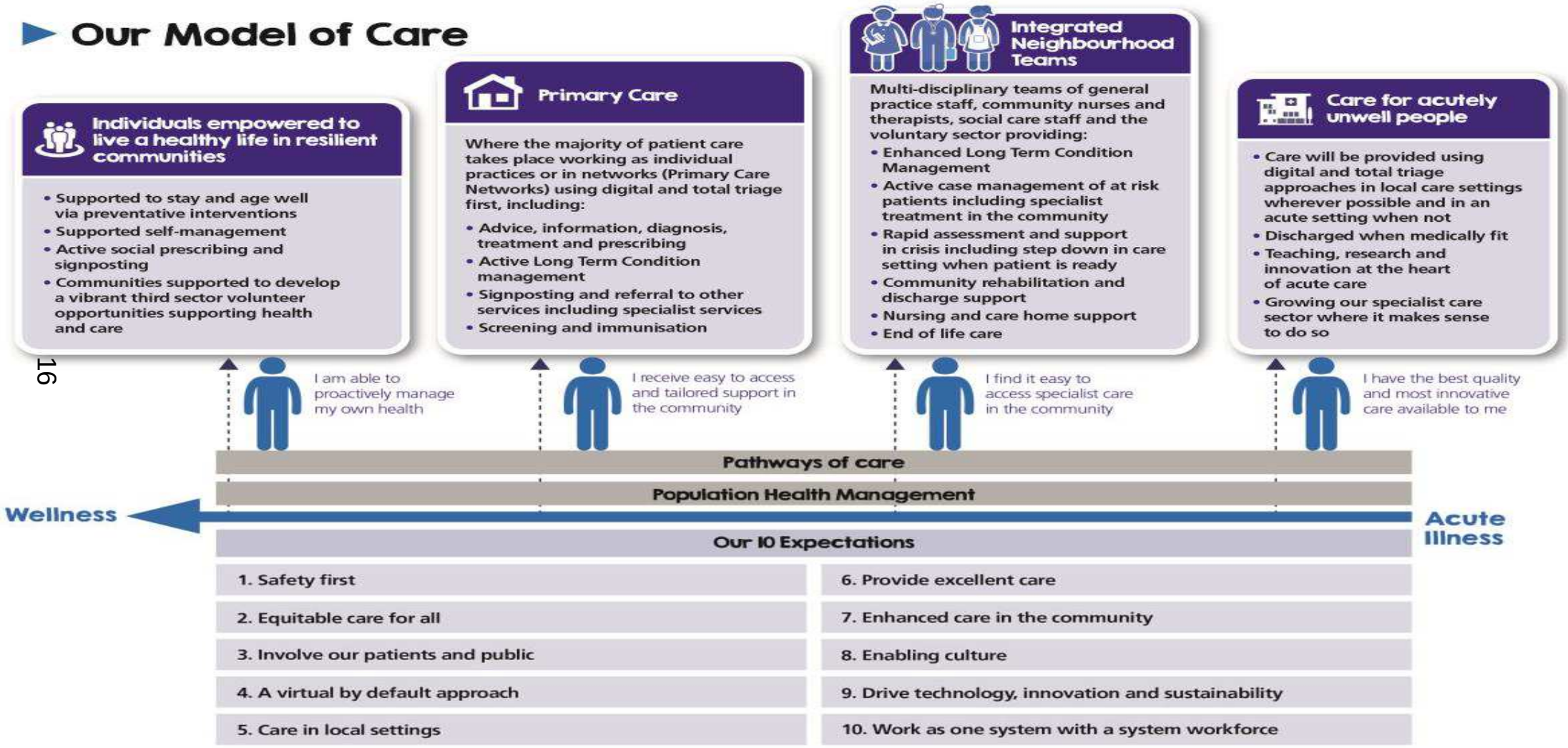
How does the Rutl system and situatio compare?

Feedback on the model?

Does this direction right for Rutland?

What needs to hap to move the vision forward in ways th are right for Rutlan

# The LLR integrated model of care



# erging model of integrated care for Rutland

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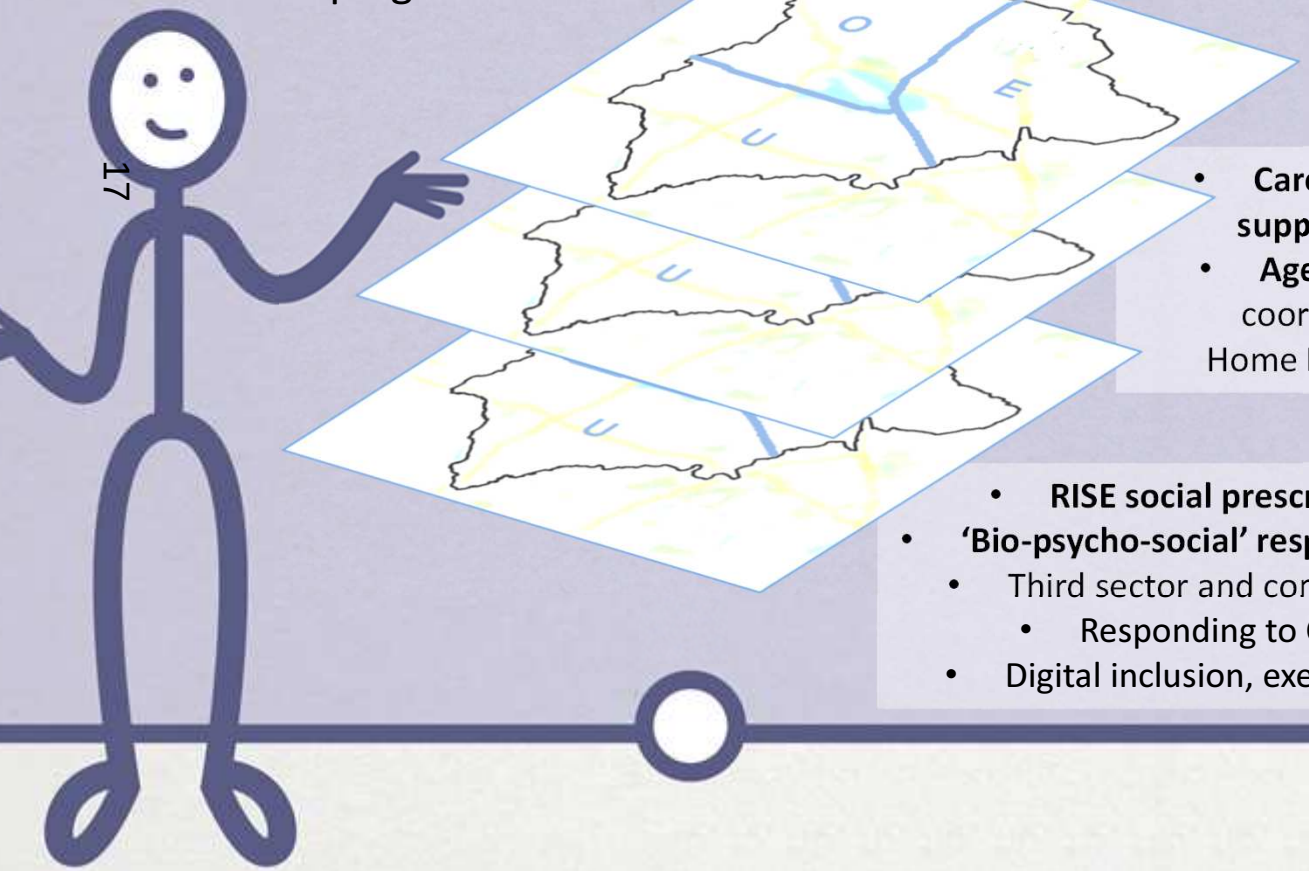
Rutland PCN - structure/geog to build integrated teams around

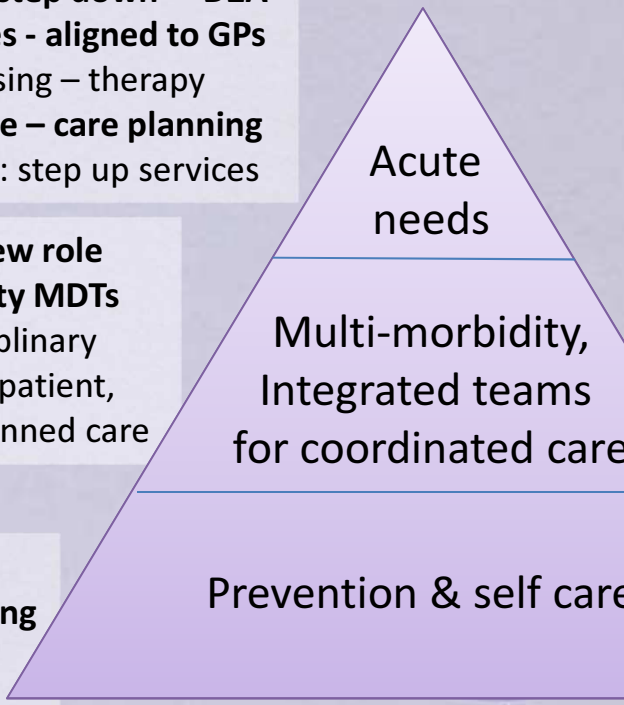
- Oakham/Market Overton
- Uppingham
- Empingham



- **Swift hospital step down – 'D2A'**
- **Micare 3 zones - aligned to GPs**
  - ASC – nursing – therapy
- **End of life care – care planning**
- Crisis support: step up services

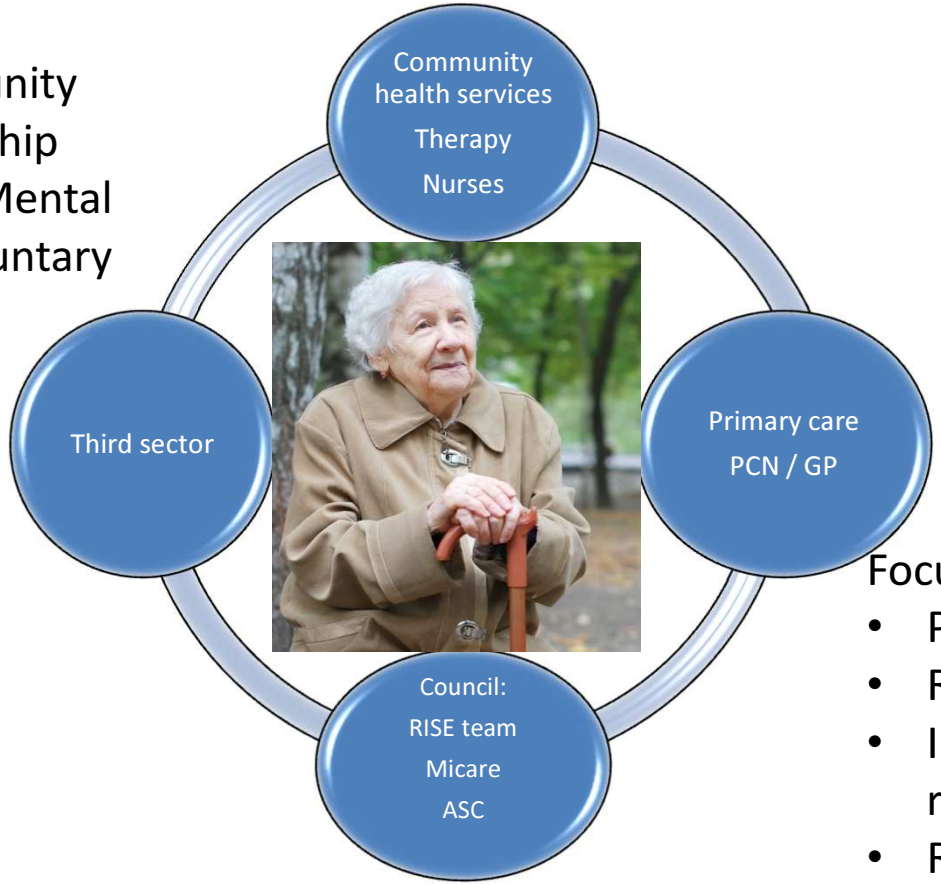
- **Care home working – new role supporting GP/community MDTs**
- **Ageing well:** multi-disciplinary coordination around the patient, Home First, diagnostics, planned care

- **RISE social prescribing – RCC/PCN**
- **'Bio-psycho-social' response, health coaching**
- Third sector and commissioned services
  - Responding to Covid-19 needs
- Digital inclusion, exercise, mental health



# Rutland Long term plan for Ageing Well

- MDT Model
- Primary & community health in partnership with social care, Mental health teams, voluntary sector & others




Focused on

- Prevention
- Reducing health inequalities
- Interventions for identified risk and unmet need
- Reducing loneliness & social isolation
- Early identification of vulnerability and frailty
- Support at end of life

# Preventative proactive model of care for complex and at risk patients in Rutland focussed on population health and well being

What we need to develop:-

- Identification of vulnerable populations
- Shared integrated care
- Shared workforce
- Integrated triage and assessment processes
- Integrated data and IT systems to enable flow of information

Meaningful outcomes for patient care which support people to stay well

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Rutland County Council

# Rutland County Council

## Support for Care Providers during COVID

## Care Homes & Home Care Providers

**11 care homes in Rutland:**

- 9 for older people (317 beds),
  2 for those with Learning Disabilities (40 beds).
- All our homes bar one, are rated 'Good' or 'Outstanding' by CQC and we are confident the remainder now reaches a 'Good' standard.

**15 domiciliary care providers:**

- 400 packages of care commissioned by RCC, Health or by self-funders.
- 10 providers rated as 'Good' or 'Outstanding'; 2 providers with an overall rating as 'requires improvement'. There are no safeguarding or compliance concerns. 2 providers have not been inspected yet due to newly registered services.
- Weekly sitrep recording capacity, suspected and confirmed cases, number of staff self-isolating, and PPE stock levels. This is shared with the Chief Executive and Director of Adult Services.



## Local Resilience Forum Structure

Three 'cells' have been established under the Local Resilience Forum structures:

- **Care Home Cell** which looks at issues and solutions for our care homes and is joined with health colleagues. Provider representatives also attend.
- **Homecare and Supported Living Cell** as the Care Home Cell but with a focus on Homecare and Supported Living providers. This is especially helpf as a number of our providers work across the LLR area.
- **PPE Cell** to manage the guidance for PPE and the LRF's emergency stock. This cell has recently been stood down and the responsibility passed back to local authorities.

## Safe Discharge

- 7 day per week multi-disciplinary LLR Discharge Coordination Hub (DCH).
- All patients tested prior to discharge. None of our care homes and very few homecare providers are willing to accept COVID positive service users.
- Roll out of digital consultations/proactive multi-disciplinary meetings across care homes; distribution of smart phones to care homes.

## Communication

- Single point of dissemination of information via the council from all partners using a generic email
- Initial weekly conference call with providers and daily email updates. This has now reduced as things stabilise.

## Infection Control

- All IPC guidance is circulated to providers via email.
- Local Public Health Infection Prevention and Control helpline on all aspects of infection control, which providers can access seven days a week.
- All care homes have the ability to isolate their residents
- All residents discharged from hospital are routinely isolated for 10 days.

## Testing

- Encouraged care providers to ensure all staff are tested.
- Log of providers who have staff self-isolating and any sta that have tested positive.
- All 11 homes have taken up the national offer of testing for all staff and residents. The results of this are collated by Public Health and monitored on a weekly basis.
- Details of in-county mobile testing are shared with providers.

## PPE

- Providers continue to raise PPE as a risk.
- Dedicated email address for local providers to contact regarding any Personal Protective Equipment queries or issues.
- Provided a number of items free of charge, sourced additional donated PPE from businesses locally to bolster providers' supplies.
- Maintain a central emergency supply and facilitate access to the Local Resilience Forum's stock.
- Provided a supplier list of local businesses who ca provide PPE.
- Regular updates on changes to government guidance on PPE.
- Trainer within RCC on donning and doffing who provide additional support.

## Financial Support

- Annual inflationary uplift to rates was applied as always from 1st April this year.
- From April moved to a position of paying providers on planned care delivered and in advance. The difference between actual delivered care and planned care has been very low.
- In May, provided a lump sum payment equating to 10% of April's Local Authority funded care package fees for April, May, and June.
- Allocated £458,233 Adult Social Care Infection Control Fund Grant; 75% specifically for care homes; 25% allocated to domiciliary care providers and Personal Assistants. This was regardless of LA commissioned care.
- Government have announced the Adult Social Care Infection Control Fund Grant will continue to 31st March 2021.

## Workforce

- Maintain a list of minimum staffing numbers for homes t assess risk of any staff self-isolating.
- Emergency staff from our in-house domiciliary care service and/or from local staffing agencies if necessary.
- Maintain a RAG rating for care packages for homecare agencies

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# Rutland GP surgeries response to Covid 19

## Rutland Health Primary Care Network

# First wave

- Staffing
- PPE availability
- Lack of IT equipment for home working
- Shielded patients
- “ Hot “ patients
- Total triage model
- Accurx video consulting

# First wave (2)

- Safe face to face consultations
- Communicating with patients
- Dispensing – medicines collections
- NHSE directions and changes
- NHS111 direct booking CCAS
- Staff risk assessments
- Reduced waiting times for appointments
- Additional phone lines
- Online consulting
- Minor injuries unit maintained

# Summary of changes

- Rapidly changing NHSE directions
- Total triage
- Online consultations
- Medicines collection
- Structural changes to buildings
- Care home weekly check- in

# Recovery and restoration

- Backlog of long term condition reviews
- Increased patient demand – e.g Oakham Medical Practice phone activity 61% greater than February
- Reduced  F2F capacity due to safe consulting procedures and PPE changes
- Staff shortages due to self isolation and childcare issues
- Increased patient queries about delayed hospital appointments

# Restoration and recovery

- Physicians associate to increase long term conditions review capacity
- Practices now offering most if not all services
- Demand increased
- Impact of virtual hospital consultations

# PCN additional clinical staff

- First Contact Physiotherapist
- 2 x PCN pharmacists
- Physicians associate (from November 2nd)

- Home visiting service provided by CCG

# Covid Antibody testing

- All practices can offer antibody testing to health and care staff.
- Results should be interpreted with caution because the presence of antibodies does not mean immunity to Covid, and there is some evidence that antibody levels decline with time.
- Antibody testing is therefore not a clinical priority for the primary care network.

# Flu vaccinations

- Flu campaign under way at all sites for over 65s, children and high risk people under 65
- Changes in eligibility have increased numbers after flu vaccine stocks were ordered.
- Changes to procedures
- Foundation dentists provided by CCG (we hope)
- Increased uptake this year

# Risks

- Staff resilience
- Empingham Medical Practice system change to System one
- Premises – shortage of clinical space
- Demands on PCN staff – new targets
- Enhanced Care in Care Homes MDT
- DHU out of hours provision at RMH
- Clinical risk of UHL results not being visible at PCH

The lockdown on March 24th had a major impact on the four Rutland practices, which despite significant challenges have remained open and responsive throughout the pandemic. Practices have had to make significant changes to their ways of working. As a Primary Care Network, the Rutland practices, community partners and Rutland County Council have worked together as an example of excellent integration.

Staffing

Initial lockdown guidance was for people to work at home where possible. Some clinical and non-clinical staff needed to be shielded. Staff were screened on arrival at work and, before testing was available, had to be sent home to isolate

Remote access to the clinical system was very limited prior to the pandemic, and there was a shortage of hardware, and the demands on LHIS to provide hardware and large numbers of VPN connections, together with a fire in one of their servers which reduced capacity restricted the ability of staff to work at home. Childcare issues and school closures also impacted on practice staff availability.

The requirements for social distancing within the workplace have impacted on the numbers of support staff available.

3 retired local GPs offered to support the practices. This required GMC re-registration and some retraining which was undertaken at one of the closed branch surgeries (Somerby). The retired doctors supported the practice by processing hospital letters, prescription requests and clinical administrative work.

PPE

Obtaining PPE was initially difficult and erratic. The practices supported one another by sharing supplies, and RCC also offered support. Some of the initial PPE supplies were out of date. The supply of PPE has become more reliable and organised.

Community support was invaluable when supplies were difficult to obtain. This included volunteers making scrubs and face coverings, donated PPE and visors made by local schools and businesses.

Total triage model

NHSE directed GP practices to operate a total triage model to keep patients safe. This meant that all GP appointments were by telephone initially, allowing for assessment and screening of potential Covid patients. Only one of practices was operating a telephone triage system prior to the pandemic. OMP installed additional phone lines to cope with the increase in calls.

Video consultations

Video consultations were rapidly implemented at the start of the pandemic, with none of the practices having previously offered this. Clinical staff learnt another new system, which is very useful for assessing some conditions. The system also allows patients to upload photographs where appropriate, and also for secure transfer of documents such as medical certificates and information leaflets.

Face to face consultations

Where, after clinical triage, a face to consultation is required new procedures have been introduced to avoid patients waiting in crowded waiting rooms. Where possible patients wait in their cars until the appointment and their temperature is checked prior to going straight to the consulting room. A one way system has been implemented – for Empingham Medical Practice this has required modification to the building.

Suspected Covid patients were advised to contact NHS111, however people continued to contact practices, especially when NHS111 had long waits. In addition NHSE directed practices to set aside appointments available for direct booking by NHS111 Covid clinical assessment service (CCAS) at rate of 1 appointment per 500 registered patients (i.e. . . Patients contacting CCAS could be remotely assessed by a clinician anywhere in the country, with little knowledge of local services.

Online consulting

All four practices have implemented online consulting, to provide an alternative to telephoning the surgeries which is also available outside core hours. This will free up capacity for those who can only access the practices by telephone.

Cohorting of patients

Practices were required to keep patients apart to reduce the spread to vulnerable people and to safeguard staff. Where this could not be achieved, branch surgeries were closed and services consolidated into main sites. Empingham Medical Practice has a particular problem with inadequate premises where safe cohorting was difficult to achieve

The CCG set up three hot hubs where three groups of patients could be seen:

- Ambulatory patients who are too ill for self-management via self-isolation and are assessed as not requiring direct acute hospital intervention or stay, and;
- Patients who are self-isolating (i.e. no Covid -19 symptoms) but someone in the same household has likely Covid -19 symptoms, are presenting with, for example, abdominal pain, need to be seen and cannot wait for 14 days self-isolation;
- Patients who have mild Covid-19 symptoms are self-isolating as per the protocol but have another acute clinical need which would warrant an urgent clinical examination, which could not be resolved via remote consultation.

The CCG hot hubs were in Oadby, Loughborough and New Parks. For Rutland patients this meant a round journey of approx. 50 miles.

The Rutland Primary Care Network practices worked together to achieve safe cohorting. Oakham Medical Practice identified a safe separate facility for a "hot hub" in their portacabin... Risk assessment of staff meant that there were only 3 OMP GPs identified as suitable to work in the hot hub. The consulting room needs to be thoroughly cleaned by the GP between patients which reduces clinical capacity. The CCG initially indicated that it would meet the extra costs incurred by OMP, but subsequently declined to do so. The hot hub was discontinued as the demand reduced, but is due to restart on October 12th for the second wave, and will now be funded. Rutland Health PCN is one of only 3 PCNs offering a hot hub locally to patients, and the SOP which OMP has submitted to the CCG is being shared as an exemplar.

Shielded patients

List of shielded patients were generated by NHS digital, using GP data, hospital data and medication history, and search results uploaded to practice systems. The lists needed to be verified by GPs and patients were contacted by the RISE team to ensure that they had a safe and sustainable way to receive food, medicines and information. Our integrated response in Rutland was significantly better than other areas. The RISE team continued to support people who were vulnerable to their support systems failing.

Many shielded patients are undergoing treatment that requires clinical monitoring. A PCN shielded patients' service for essential blood tests and consultations was set up at Uppingham Surgery. Patients had a separate entrance to the building and were seen before other groups of patients.

RCC supported shielded patients by providing safe transport to appointments where there was no household member. This was extremely helpful to patients and to practices.

LPT were initially unable to provide a housebound service to shielded patients, and practice nurses and phlebotomists visited patients in their homes to ensure essential monitoring took place until LPT were able to resume this service.

Dispensing practices

Parish volunteers implemented medicines collection schemes at the dispensing practices to reduce foot fall at the surgeries. Medicines collection procedures were changed, so that patients collected their medicines by appointment and using outside windows. Delivery schemes have also been implemented by Uppingham Surgery and Empingham Medical Practice.

Hospital referrals

Initially hospitals declined all but suspected cancer referrals, requiring practices to hold waiting lists. UHL began to accept referrals quickly, but Peterborough City Hospital took longer to restore services. Both have long waiting times, which creates anxieties for patients, who contact the surgeries for information which practices do not have. Some diagnostics have been very difficult (e.g. endoscopy) and hospitals are working at reduced capacity. Like GP practices, hospitals have moved to remote consulting, with "digital first" being a system aspiration for all services. This has an impact on practices with hospitals requesting blood tests, prescriptions and checks that would previously have been done at an outpatient appointment. The lab

collection for Rutland is from UHL, and there is no intra-operability with PCH – so blood tests taken at Rutland GP surgeries are not available to be viewed by PCH clinicians.

Communication with patients

All practices have been using SMS messaging and social media to communicate changes to patients. Practices and the PCN have included national messaging, patient newsletters, awareness of direct access, local support services (particularly mental health). Healthwatch Rutland has been very supportive with sharing PCN communications.

Rutland Health PCN website and individual practice websites have frequently updated with patient information, including sources of help (e.g. mental health).

Minor injuries unit, extended access and out of hours

Oakham Medical Practice continued to operate the minor injuries unit in hours. DHU resumed a weekend service at Rutland Memorial Hospital, but have not yet restarted a weekday evening out of hours service (due 2nd November).

Covid antibody testing

Antibody testing for health and care staff is available at all four GP surgeries. The results should be interpreted with caution – a positive result does not infer immunity, and some research shows that antibody levels decline within a few weeks. Antibody testing is therefore not a priority for the primary care network.

Flu vaccinations

The flu vaccination campaign is well under way at all four surgeries and community pharmacies. Many at risk patients already have booked appointments and there is sufficient vaccine available for these booked appointments. The “at risk” definition was broadened in August, and this increases the number of people eligible for NHS flu vaccinations. Supplies of vaccine were ordered by practices and pharmacies prior to this change and practices are reporting increased uptake this year. Practices have developed different processes this year to maintain Covid safety, which has meant that the vaccination program will take longer than normal to deliver.

Summary

The four Rutland GP practices have rapidly transformed care delivery in response to Covid. Some of this has been in response to frequently changing guidance. All four practices are working under pressure to maintain services to patients. Demand for services has increased. The support of the Health and Well-being Board in maximising opportunities for people for self-care, use of online services and a continued integration approach is welcomed. Integrated working with Rutland County Council and community partners has once again proved to be one of the key strengths of Rutland Health Primary Care Network.