Dear colleagues,

We have now moved into the delay phase of managing the coronavirus pandemic. This has serious implications for service providers including GPs both personally and in a professional capacity. As frontline practitioners you are seeing first-hand the impact Covid-19 is having on our communities and are indeed a critical part in the front line of the patient management pathway. We want to provide you with reassurance that we will do our best to support you during this challenging time. It is vital that our GP teams are visible in leading the healthcare response and equally important that your resilience, capability and capacity is protected.

We refer to the recent letter jointly signed by jointly by UK CMOs.

As we move into the next stages, increasing numbers of people will be managing their care in the community, and with a predicted prevalence that will take us into the summer months. The challenges for our practice teams, our local communities - particularly those at risk - and our families and friends, cannot be overestimated.

There is much work that needs to be done but we wanted to take this opportunity to collate in one place some of the things we are doing, which you have told us would help you. We've listed a range of activity undertaken so far, and as further information becomes available we will seek to inform you as soon as possible.

- The provision of adequate amounts of appropriate PPE which conforms with the latest guidance published by Health protection Scotland should be with you or on its way. Boards have been instructed to support deep cleaning of practices where this is necessary. The College has produced a set of action cards for practices, and primary care teams are available to provide advice around practice continuity plans, and to ensure communications are shared with you promptly. We are keen to support you working with your neighbouring practices to discuss local buddy arrangements which work for you, and share good practice nationally where we can.

- Primary care guidance has recently been published, setting out clear terms around ensuring no financial detriment to practices, allowing flexibility to manage workload, and mechanisms to ensure temporary staff and locums are entitled to the same benefits as employed staff. The UK government has now announced new pension thresholds, which should take more than 90% of GPs below the new taper threshold. This is welcome news not only as it provides financial assurance, but also allows doctors who have had to stop additional work, or who might have considered doing more the opportunity to do so.

- We no longer have the administrative burden of QOF, and we recognise that you may have to stop doing things like some chronic disease monitoring or non-essential reports in order to manage increased demand. Self-certification measures are being put in place to reduce the requirement for fit notes.

- To support new ways of working which will help to reduce the risk of infection and spread, national funding to support the urgent roll out of NHS Near me is underway. All Health Boards are working hard to put in place the IT needed to help practices to continue to support patients. This includes purchasing and deploying the equipment and licences needed so that staff can work from home if necessary, and local eHealth departments are being asked to prioritise this work. National funding is being made available to support this. Work is also underway to allow pharmacists to dispense

repeat prescriptions as an urgent supply so patients would not require a prescription from the GP for their repeat medication. Increased use of use of serial prescriptions where this is appropriate will also help reduce administration for pharmacies and practices..

- The responsible officers network is looking at appraisal, and whether this can be suspended for those on track for revalidation. The recent GMC letter also provides some assurance around the need for us to consider working in a very different way during this pandemic.

- Members of the extended MDT will be looking to reconsider their current roles in order to support the community response to coronavirus, and we will continue to work with our networks of practice managers and GPNs to listen to their feedback. Additional hours for practice and community staff where this is needed to help support practices manage services will be supported financially. We will also be writing out separately to Practice Managers and GPNs.

- In order to cope with rapid increase in numbers of people presenting with respiratory symptoms, as we move into the delay phase, a **Covid-19 Community Pathway Model** will be implemented from 23rd March (Annex A), with patients accessing through a single national NHS111 number. This will reduce flow through practices, enabling you to do more in your role as GPs to manage other presenting medical issues and to consider proactive anticipatory care for those who need it most. Further information will be available imminently.

- The Scottish Government has published advice to Health Boards and GP practices on how they should respond to the impact of COVID-19. We are committed to the stability of practice income, and no practice should lose income due to being unable to provide services during the pandemic. The guidance advises forming buddying arrangements where practices can take on other practice's patient lists where necessary. Practices will be paid for this additional work.

- We are aware that some practices have made decisions on suspending open access surgeries and offering reduced services. We encourage practices to actively and quickly engage in such decisions as appropriate to help reduce risk and mobilise resource and capacity as necessary.

- Healthcare Improvement Scotland has taken the decision to reprioritise its national improvement support towards COVID-19 resilience. In line with this, the Primary Care Improvement Portfolio has moved, with immediate effect, to focus on supporting the scaling up of Near Me in Primary Care. It is working in partnership with the Scottish Government's Near Me implementation team. The Living Well in the Community Portfolio will focus on supporting practice teams with proactive Anticipatory Care Planning activities and implementation of Hospital at Home services.

- We would encourage all practices to be thinking about how they update existing KIS's for patients ensuring that the practical information within them is correct (eg next of kin details). For patients who do not currently have a KIS, we are seeking a way within existing DPR legislation for practices to be able to generate KIS summaries without the need for explicit consent, to allow the sharing of past medical history and contact details. More detailed ACP discussions about patient preferences for the most active treatment (admission, ventilation) we recognise are more practically and ethically difficult, and should be considered on a case by case basis if the opportunity arises. A

helpful template on how these discussions could be carried out over the phone is available at Annex B.

- The Scottish Government has recently circulated its view that practices which have online appointment booking systems that do not allow for the safe triage of patients who may have COVID-19 should suspend them for the duration (Annex C).

We will be in touch again soon.



Aidan Grisewood
Deputy Director and Head of Primary Care Division
Scottish Government

Andrew Buist
Chair of the Scottish General Practitioners Committee of the BMA

Carey Lunan
Chair of the Royal College of General Practitioners

Annex A

Health Performance and Delivery Directorate
Chief Performance Officer, NHSScotland and
Director of Delivery and Resilience

Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244 2480
E: John.connaghan2@gov.scot

To Health Board Chief Executives

Copied to Chief Officers
Medical Directors
Directors of planning
Primary Care Lead
Out of Hours lead

13 March 2020

Dear Chief Executive

URGENT - Covid-19 Community Pathway Model – Implementation

With reference to the discussion at Chief Executives on Wednesday 11 March and our teleconference earlier today, I am writing to request you prioritise as a matter of urgency your plans to establish a local community hub to provide local dedicated and consistent medical advice, triage and treatment for people with symptomatic coronavirus symptoms. It has been developed in consultation with the National COVID-19 Clinical Cell and Primary Care Leads from Health Boards. NHS24 have undertaken the planning around this at pace and are geared up **to go live on 23 March.**

As Board's experience increasing pressure on acute beds, a resilient, co-ordinated and national approach in primary and community care is urgently required to maximise care at home or in the community and relieve pressure on the acute system.

The attached community pathway model intends to support the move to the "delay" phase of what is now a pandemic. It has been designed in recognition of the likely rapid increase in people with presenting with respiratory symptoms presumed to potentially be related to Covid-19, and who can be managed in the community setting. Our intiention is to share some modelling on reasonable worst case scenario with you in order to estimate the potential magnitude of the projected activity.

As indicated earlier **NHS24 are standing by ready to go live with 111 as the point of entry for all patients on Monday 23 March**.

I require you to do two things:

- To **confirm by close of play Monday 16 March** that you are able to establish and staff the Hub from this date too.
- To include the development of this local community Hub into your Mobilisation Plans and have this submitted by **Wednesday 18 March**. This includes an indication of the

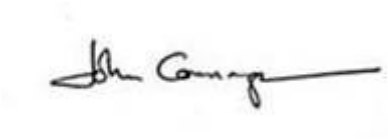
cost to resource this. Arrangements will be put in place to track spend over the durtation of this initiave.

In terms of core requirements for the model to go live we need commitment from all Boards on the following:

1. Agreement to go live simultaneously on **23 March** to ensure the digital infrastructure is in place across the system to allow secure transfer of the patient record and to safety net patients
2. A **named contact** who will be asigned to implementing this at Baord level
3. Each Board area to have **one hub** operating 24/7 from that date, with the exception of Highland and Islands. Further discussion is ongoing to explore of one Hub can serve these Boards
4. Staffing from the Hub will be available across the health system and comprise of an appropriate **multidisciplinary team**.
5. Appropriate advice from specialist areas will be factored in e.g. Paediatrics.

If you have any immediate questions or concerns, please forward these to the dedicated mail box set up. SG_Primary_Care_Community_Hub@gov.scot

I look forward to receiving your response by return.



JOHN CONNAGHAN CBE
Chief Performance Officer, NHSScotland and
Director of Delivery and Resilience

Annex B

Frailty collaborative and COVID-19

People living with frailty are among the most vulnerable to severe illness and death from the COVID-19 infection, and so the activities which teams have undertaken to identify this group, and then to develop anticipatory care plans will likely prove to be extremely helpful.

Over the next few months teams taking part in the frailty collaborative will be under sustained pressure due to COVID-19 and a depleted workforce. Therefore there will be aspects of the frailty collaborative which may need to be put on hold. This might include team planning meetings, inviting people to attend for polypharmacy reviews, or collecting and reporting upon monthly data as part of the collaborative.

However some practices may be able to use the information within their frailty registers in a proactive way to target support for this vulnerable group. The practice that I work in is planning the following activities:

- Contacting people with severe frailty by phone to check that they understand what they need to do to minimise their risk of infection, and know how and where to seek advice if they have symptoms.
- Asking people with severe frailty if they are happy to have a Key Information Summary, explaining that this will allow NHS24 to be aware of their medical conditions should they need to phone for help or advice.
- Checking that any next of kin and power of attorney information is up to date on the Key Information Summary.
- Adding a note on the KIS that this person has been identified through eFI as living with frailty.

Whilst the above activities fall short of a comprehensive 'anticipatory care plan', they will prove to be helpful should someone with frailty require to call NHS 24, or need help from a provider of unscheduled care.

These phone calls could be undertaken by several different members of the primary care team, and could even be undertaken by a well staff member with access to an NHS laptop who is self-isolating at home.

Please do not hesitate to contact a member of the team on EMAIL ADDRESS if you have any questions about the frailty collaborative in the context of COVID-19

Dr Paul Baughan
GP, Dollar Health Centre
National Clinical Lead for palliative care with Living Well in Communities, Healthcare Improvement Scotland

Annex C

PCA(M)(2020)04

Community Health & Social Care Directorate
Primary Care Division

The Scottish Government
Riaghaltas na h-Alba

Addresses

For Action
Chief Executives NHS Boards
GP Practices

For information
Scottish General Practitioners Committee
Primary Care Leads NHS Boards

Policy Enquiries to:
Michael Taylor
Primary Medical Services
1 East Rear
St Andrew's House
Edinburgh
EH1 3DG

Tel: 0131-244 45483
Michael.taylor@gov.scot

13 March 2020

Dear Colleague,

SUSPENSION OF ONLINE BOOKING SYSTEMS

1. Scottish Government has received concerns from various GP practices and Health Boards that some practice online appointment booking systems do not sufficiently triage patients who may be experiencing COVID-19 with the unfortunate result that some of these patients may present physically in the practice premises.

2. The view of the Scottish Government is that practices should suspend these systems for the duration of the pandemic.

Actions

3. Health Boards should share this circular with all practices in their area.

4. GP practices should suspend these systems until further notice.

Enquiries

5. In the instance of any enquiries on this circular please contact Michael Taylor.

Yours sincerely,

Aidan Grisewood
Deputy Director and Head of Primary Care Division
Scottish Government