Comisiwn Bevan Commission

A Prudent Approach to Primary Care: Covid-19 Supplement

An addendum to the Bevan Commission/ RCGP joint publication 'A Prudent approach to primary care', in light of the Covid-19 pandemic.

This publication is part of the Bevan Commission short paper series.

July 2020

Introduction

Covid 19 had an immediate and far-reaching impact on Primary Care. Practices moved overnight from an open-door policy, taking all comers, to a locked front door, and telephone triage for all consultations. The contrasts could not have been starker. To the astonishment of many, fundamental changes to the way people accessed primary care and how services were delivered, not only happened very quickly, but many of the changes and innovations have worked remarkably well. There is now a great opportunity to build on this and to learn from these experiences. There is no good reason to simply revert to the pre-Covid operating model.

Now that Covid-19 rates have dropped, and before the winter of 2021, when rates might rise again, we have a window of opportunity to both develop ways of preventing a 'second wave' of infection, as well as preparing for another rise in infection rates, if it does happen. With the experience of the last few months, Primary Care should be used more centrally to the Covid strategy in both local testing, tracking and tracing new cases to prevent spread, as well as in managing new outbreaks in the community.

The Royal College of General Practitioners (RCGP) recently reinforced this in its paper *'*General Practice in the Post Covid World: Challenges and opportunities for General Practice'[1]*:*

"The Covid-19 pandemic has the potential to change general practice radically and permanently. Across the UK, practice teams have had to reconfigure their operating model overnight. The pace of change has demonstrated the remarkable adaptability of general practice. Now, as we start to transition towards a 'new normal', we have an historic opportunity to embed or accelerate those changes which have been for the better, while discarding those which are detrimental to the profession, to the NHS and to the communities we serve". **(RCGP, 2020)**

The Bevan Commission and the RCGP worked in partnership pre Covid-19 to set out their conclusions on a more prudent approach to primary care for the future in a joint publication '*A Prudent Approach to Primary Care'*. Whilst this was undertaken pre Covid-19, the recommendations still stand; indeed, many have been reinforced even further through Covid-19. This publication is an addendum to this, focusing specifically on the impact of Covid-19 within primary care. In particular, it summarises some of the key points arising in the following four areas:

- Use of technology and new ways of working
- Primary Care and vulnerable patients
- Unmet and Future Demand
- Primary Care and Health Boards

Use of technology and new ways of working

Before the Covid -19 crisis, only a minority of practices were using doctor-led remote triage as the access point for general practice services. Within one or two weeks nearly all have been doing so. Data from England illustrate the change, where over 70% of GP consultations were carried out face-to-face prior to the Covid outbreak - that figure is now just 23%. Over time it is expected that the proportion of face-to-face appointments will increase somewhat, but it is unlikely to resume its historical place as the dominant mode of interaction between patients and clinicians. This new pattern of service delivery may create challenges to the clinical and administrative workforce as well as to patients. There will still be a significant percentage of patients whose conditions and needs will make it difficult to access services via technology

As the Covid-19 response continues through 2020, new digital consulting methods appear to be establishing themselves as the 'new normal', rather than a temporary phenomenon to be discarded once an effective vaccine is in place. This has considerable potential to be truly prudent, engaging with people and ensuring the best use of all skills and resources.

Many patient requests can be dealt with over the phone and video consultations also allow a number of conditions to be diagnosed and treated quickly and without recourse to a physical examination; for example, many dermatology-related conditions or demonstrating a range of movement on a painful joint. 'E-consulting' can also be carried out more quickly than a face-to-face consultation for straightforward enquiries. This should enable more time for those consultations needing additional time and a face-to-face contact.

Digital technology has also enabled new ways of working not just within practices but across primary care clusters, between practices and pharmacies (e-prescribing), and with other organisations. It has the potential to not only be a significant element of diagnosis and monitoring of diseases (especially chronic disease) through remote monitoring but also to enable greater participation by the patient in managing their own condition. The aim should be to turn these into the new 'default' mechanism for accessing and levering services and only use face-to-face interactions when a patient's particular circumstances require it.

General Practice and Pharmacies

Community pharmacies have played an especially vital role during the pandemic and staff working in pharmacies have often experienced more physical interaction with the public than many in general practice. The true potential of pharmacies in supporting the health and wellbeing of local communities has been recognised for some time, yet change has been slow. Further opportunities to prevent ill health, manage chronic conditions and treat minor illnesses should now be accelerated.

The longstanding frustration of both the public and staff in not having a paperless system for communication between those prescribing medication (GP practices) and those dispensing those medicines (pharmacies) has been highlighted by Covid-19. Wales has lagged badly behind England on this issue. This paper adds its voice to RCGP Wales in calling for the Welsh Government to commit to national roll-out of paperless electronic prescriptions by June 2021 at the latest.

Primary Care and vulnerable patients

As the RCGP report notes, there has been *'considerable confusion about the definition of 'vulnerable', over who should and should not be included on the shielded list and who requires social and practical support'*. This has led to an inevitable variation in the degree of support provided and how it is delivered. Best practice on this area needs to be rapidly identified and adopted throughout Wales in preparation for potential future local outbreaks. The process of notifying who was considered to be vulnerable was problematic in Wales but the expectation is that hard won lessons have not only been learnt but will be applied going forward.

The support given to care homes by primary care has also been an issue and needs to be regularised and enhanced. Primary Care Clusters have an important role to play in ensuring that an infrastructure of such support is in place consistently in their locality. This cannot be seen an 'optional' extra. Both primary care and the care sector need to be assured that their needs (for testing, PPE, infection control specialist support etc.) are considered alongside that of the hospitals as equal partners in a joined up approach.

It is clear that Covid-19 has hit BAME and socially disadvantaged individuals and communities disproportionately hard. This has brought longstanding issues relating to inequality into the spotlight. From a primary care perspective there are higher workload implications required to meet these needs which will require a renewed focus by Welsh Government and public bodies in tackling the 'inverse care' law2. The risk Covid-19 presents is highly granular. Although old age is an important indicator of risk, that risk is significantly enhanced when accompanied by one or more pre-existing chronic conditions, including obesity. Indeed, in 91.1%3 of all Covid -19 deaths (all ages) one or more pre-existing chronic conditions has also been present. The urgency of tackling the scale of unhealthy behaviours in Wales which lead to chronic conditions has been further exposed by Covd-19. Inevitably general practice will be at the forefront of the NHS' contribution in tackling this long-standing problem and will require added resources, both social and medical, to realistically change the risk profile of the population.

Unmet and Future Demand

There are two significant challenges facing primary care in the very near future. One relates to the unmet or suppressed demand that Covid-19 has (temporarily) displaced and the other is in managing the consequences of those who have had

Covid-19 or who have been impacted by it. The unmet demand includes serious conditions that are currently not being diagnosed or treated (particularly cancers and mental health problems), to routine screening and diagnostic tests not being undertaken, to a further build-up of elective waiting lists.

Wales already had a significant backlog of elective cases and long waiting times even before Covid-19 and the disruption to services has further increased and compounded this. It is likely that secondary care will not return to its pre-Covid-19 capacity in many specialties for a considerable time. Ultimately the impact of that will be felt by the public and primary care, including services such as dentistry. The management of risk for these patients will need to be carefully handled to prevent a rise in non-Covid morbidity and mortality. The scale of these problems cannot be underestimated and in addition there will be the impact of Covid-19 itself.

First of these is the long-term health implications for those who fell severely ill from Covid-19. The impact and implications of such morbidity is only now beginning to be reported, however there is emerging evidence that suggests that patients who have recovered from the virus have been experiencing a range of ailments including:

- Chronic fatigue,
- Respiratory difficulties
- Mental health problems – such as anxiety, depression, adjustment disorder, Post Traumatic Stress Disorder.
- Patients who have had mechanical ventilation will require significant rehabilitation in primary care to manage their physical and mental health

Secondly, the mental health consequences of lockdown, which can make existing problems worse and to which can be added a new cohort of patients who have suffered mental health issues resulting from social isolation, unemployment, domestic abuse, family loss etc.

Thirdly, there are the physical effects of lockdown. Some of this will be positive. There are reports that some people have given up smoking, taken exercise and lost weight due to the fear that these would be compounded by Covid-19. On the other hand, many have felt obliged to limit any outdoor activity, have increased their consumption of alcohol or have a physical or mental condition that they have yet to present to primary care.

Covid-19 has made the public more receptive to public health advice. That opportunity needs to be grasped by primary care, whether to increase the uptake on flu and other vaccinations, or physical activity and dietary changes. The net effect will be to increase the workload and demand on primary care.

Where positive changes have occurred, they need support to be actively maintained adopted and spread. National and local programmes to do so will need to involve primary care from the outset (for example, with smoking cessation).

Primary Care and Health Boards

The Bevan Commission believes that primary care clusters have not been used to their full potential either before or during the Covid 19 crisis[5]. The first phase of Covid-19 has clearly been dominated by secondary care where the overriding concern was about the ability of the hospital system to cope with acutely ill patients. Primary care needs to be more central to strategic and operational planning to ensure an effective and joined up response for any further outbreaks (including with regard to testing, testing and tracking) as well as in the longer term to secure effective and sustainable management of the impact of Covid-19 as we move on and continue to learn more. The natural level of much detailed planning and delivery must lie at the cluster-not health Board level with the devolved resources to support local actions.

Primary care as with the rest of the NHS, has enjoyed the reduction in contractual and regulatory oversight and bureaucracy during Covid-19. We should not be looking to simply return to where we were but learn from this and refresh the opportunities and potential this offers

Conclusion

It is vital that action is taken now to ensure that primary care is at the forefront of preparations to meet both a second wave of Covid-19 and the secondary health problems that Covid-19 has generated. This requires early engagement of primary care in the planning to support local service delivery, especially identifying patients who are most vulnerable and likely to require ongoing support and protection. It needs to include an expanded multi-disciplinary workforce from mental health counsellors to physiotherapists.

As the most deprived parts of Wales have been hardest hit by Covid-19, the action must address the long-standing problem of how we redress health and social care inequalities and deliver services for those in greatest need, particularly in hard to recruit and retain areas. These problems have been around since before the NHS was created. Covid-19 has provided a new urgency and signpost to tackle them.

References

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