**Islington Borough GP Forum (**MS Teams video conferencing)

14:00–16:00 Thursday 17th September 2020

**Chair**

Dr Imogen Bloor (Clinical Lead for Primary Care: NCL CCG Islington directorate)

# Introduction Dr Imogen Bloor:

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**Updates on issues arising.**

Phlebotomy: please be aware that the most up to date information about the phlebotomy service can be found on the NCL covid microsite –link below or via the Islington GP Website. Information on other services can also be found on the site and is regularly refreshed: <http://coronavirus.ncl.nhs.sitekit.net/>

Palliative Care Practice Meetings: The palliative care team has reinstated the practice meetings which had been paused during the initial COVID surge. They are now being held via MS Teams, however uptake has so far been low. Practices are urged to contact the team to arrange a meeting: [palliative.islington@nhs.net](mailto:palliative.islington@nhs.net)

LCS Payments Q3: Practices were informed that Q3 payments will take the same form as Q2 – these were mostly block payments based on 2019/20 activity (or 2018/19 if the activity was greater). A formal communication will follow.

COVID Testing: there have been a lot of queries recently from patients who have been unable to access tests. The National programme is experiencing unprecedented demand and guidance is expected soon around reinstating prioritisation. Please note that the current message is that testing is NOT for asymptomatic patients.

The official advice for patients who are unable to get an immediate slot is to keep refreshing the test website page, as extra slots are released throughout the day. Currently there is no other alternative.

**Summary of Forum :**

* *Community Gynaecology Service - a revised service will be launched in week commencing 21st September with a single point of contact.*
* *Covid Symptom Service – service will be formally launched in October (8am – 5pm) and will provide: clinical advice and support for all practices, home visits for symptomatic patients that need to be seen face to face where practices are unable to see symptomatic patients themselves; the wider package of support includes sats probe delivery; support from respiratory consultants; IPC and other training.*
* *Practice Recovery Survey – many Islington practices reported seeing patients face to face across all the cohorts listed in the survey. 97% staff have been risk assessed. High levels of satisfaction with regard to use of and access to PPE and training.*

*Offer of clinician to clinician meetings to take the place of this year’s Board Link Visits. The meetings will allow GPs to discuss concerns relating to their own practices and work collaboratively to identify ways to plan for future COVID outbreaks.*

* *COVID epidemiology data: Increase in infection rate in Islington, but no deaths since June. Largest proportion of infected residents is young and Caucasian. Regular updates will now be included in the weekly GP Bulletin.*

***Next meeting – 19th November 2020. Invitations have been sent out.***

# Community Gynaecology Service- the new service will be launched in week commencing 21st September

Presented by Dr Belinda Solomon- Haringey GP, GPSI and Clinical Lead in Gynaecology Islington GP Federation

The service started 2017 – providing single point of access into gynae service using access to EMIS and clinical records. It has had good positive feedback from patients and areas for improvement have been identified. Challenges included:

* Reliance on one provider has been limiting
* Dissatisfaction with rejected referrals
* Referrals from multiple routes EMIS and email and not ERS

Based on the learning it is now a collaborative service, working with UCH, North Middlesex and The Whittington to create a Single Point of Access into Community Gynae, Secondary Care Gynae and other related services.

Changes to the new service include:

* An assurance board has been formed – focusing on clinical outcomes and KPI’s (Key Performance Indicators)
* Access to Ultrasound and Hysteroscopy
* Moving to having all referrals through E-RS
* The service is an **exclusion** from the RSS (Referral Support Service which is currently being rolled out across Islington)
* The referral form has been updated, it contains links to the new gynae clinical pathways & is in the ISL Global Folders
* Patients may be triaged directly to sexual health, women’s health physio, bladder and bowel and hospital. Any referrals which need upgrading to 2ww will be dealt with directly, no action required from GP.
* All definite 2ww referrals should continue to be via the 2ww pathway. .
* The consultation is visible in EMIS -a letter is sent from the service directly into EMIS documents

NCL Gynae Pathways will also be available on the both H & I website and via the Islington GP bulletin

There are plans to bring GPs who are fitting LARCs into discussions on the service.

# NCL COVID Symptom Service - commencing October 2020 10am-5pm

Presented by Dr Amita Varma, Executive Clinical Lead, Islington GP Federation

The new model will be an NCL wide model, provided by Islington GP Federation in collaboration with Federations from the other boroughs in NCL.

The current Islington GP Fed service will run until the new service starts.

There are some changes from the previous Islington model, but the new service has built on the learning from the prior model and the GP responses to the NCL wide survey conducted in July. Of note:

* Many practices have had formal Federation delivered infection control training in Islington which has built confidence for many practices to see patients in practice
* GPs were able to conduct remote assessment and monitoring for patients with Suspected Covid, providing they have access to sat probes.
* Only a minority of patients need to be seen face to face in the community.
* Some very unwell patients need to be sent directly to hospital to minimise delays

The NCL Covid Service will offer a triage, clinical advice, and home visiting service, with support from Secondary Care Respiratory Consultants -

The aims:

* Sustainable, scalable service
* Continue to enable GPs to see their own patients where possible and provide support to those who cannot.
* Upskilling for GPs
* Sat probes delivery – to be organised at a borough level, or practices can give them out
* IPC training for practice – Islington model now rolled out across NCL
* Offer of wider GP education & training

**Each borough federation has been asked to provide a 5th of the workforce.**

**Anyone interested in working for the service should contact the Federation – locum payment rate at £103 or salaried GP contract for 6 months**.

BK expressed thanks to the Islington GP Federation for driving this forward, acknowledging that this is a new partnership approach across NCL and has therefore been complex and demanded extremely rapid mobilisation.

**Febrile Children**: Guidance & Webinars on Managing Children

Imogen gave a brief summary on the latest guidance for febrile children – further details can be found on the NCL GP Covid website:

* <http://coronavirus.ncl.nhs.sitekit.net/coronavirus-updates/management-of-febrile-children-in-primary-care/115758>
* <http://iccg-root.nhs.sitekit.net/coronavirus/downloads/National-guidance/CS50218_NHS_Fever_pathway_for_remote_assessment_in_primary_care_Oct_19_v4.pdf>

A series of webinars are being held on managing children during Covid.

The most recent one **Managing Febrile Childre**n was on 16.9.2020 and can be found via the link below, available for 3 weeks after the date of the webinar ie: to 6.10.2020

<http://coronavirus.ncl.nhs.sitekit.net/updates/?section=107773&sectiontext=Webinars%20and%20training>

# NCL Practice Survey

Presented by Dr Imogen Bloor,Clinical Lead for Primary Care

The purpose of the survey was to gain greater understanding of factors influencing the wider recovery across all NCL practices and the results from across NCL have helped to inform the development of the Covid Symptom Service and other recovery plans.

Headline charts for Islington and analysis of free text qualitative responses were presented.

The response rate from Islington was 97%.

Points to note:

* 100% of responders are offering remote triage appointments via one or more routes, telephone (majority), Video & eConsult.
* E-consult / online triage contacts make up around 10% of contacts for most practices,
* There is variation across practices with respect to their ability to see patients f2f or via home visits depending on the patient cohort ( e.g.: symptomatic vs asymptomatic)
* However a greater percentage of practices in Islington are offering face to face appointments compared to other NCL boroughs
* 97% have had experiential PPE /Infection Control training – provided by the Federation
* Good confidence in how to access PPE. 97% of practices know how to order additional PPE as routine and 87% of practice know how to order PPE in an emergency
* 100% of practices know how to access testing for patients. It is less clear how many know how to access testing for staff- information on this is to follow via the NCL Covid Bulletin.
* 97% of Islington practices have risk assessed their staff
* There was concern in the free text answers about capacity in the face of escalating demand ie: how practices that are seeing patients face to face will cope if there is an escalation in numbers
* Ongoing concerns by some re risks of seeing symptomatic patients face to face – particularly in practices with higher risk staff and where there are premises constraints. There was no mention about buddying with other practices as a potential solution.
* In respect to Total Triage, here is a need for ongoing practical support around demand management in general, equipment and training.
* IPC training needs ongoing reinforcement/refresh and there is a need for access to training for new staff
* Other concerns include back log of referrals, issues with Primary /Secondary Care interface, access to diagnostics & Occupational Health.

What next?

* It’s important that practices are aware of all resources to help them. These are all available via the Covid website, and include:
  + - NCL bulletins and COVID website
    - COVID symptom service
    - Experiential IPC training
    - Staff demographic risk-assessments (national webinar, and NCL Training Hubs webinars)
    - NCL practice self-assessment tool to support practices with in delivering safe care for patients and staff
    - NCL external provider / host practice IPC checklist
    - Development of Covid-19-specific advice and guidance for GPs for whole patient pathway from acute phase through to Long Covid
    - Development of agreed approach for scaling Covid-19-symptom services up (or down) based on local incidence/ pressures
    - Delivery of specialist training and education, and supporting communications for practices e.g. management of febrile children, end of life care, in collaboration with NCL Training Hubs
    - Appointment of IPC clinical lead for primary care
    - E-consult training
    - QIST and UCLP offer of risk stratification and LTC management approach – to meet the conditions of income protection for QOF.
* To hold clinician to clinician discussions – to support practices to answer the individual practice challenges of covid-19, capture learning and good practice that can be shared and ways to approach the challenges ahead.

Information on risk assessments for at-risk staff groups can be found here: <http://coronavirus.ncl.nhs.sitekit.net/coronavirus-updates/risk-assessments-for-at-risk-staff-groups/113413>

# Latest COVID epidemiology data

The session was delivered by Jonathan O’Sullivan, AD Public Health Camden & Islington

* There has been an increase in cases in Islington which is due to increased positivity, not increased testing numbers/capacity.
* Test and trace working well in Islington: 80% of positive tests have been contacted vs 70-73% nationally
* No COVID related deaths in Islington since June
* Since July/August, 20-40 year olds account for 75% of positive tests
* There are currently no confirmed cases in >65yrs in Islington
* Ethnicity – largest proportion for both testing numbers and positives are White
* Care homes – some asymptomatic infections identified in care home staff which are most likely community acquired. Community acquired infections in health and social care staff will likely increase in line with the wider community infection rate
* Action for Jonathan to get detailed information on the cohorts who are being hospitalised at the moment – acknowledgement that these represent small numbers so will obtain on NCL level. Not likely to be localised (Ward level) outbreaks as Islington is a small Borough. Current infections are spread across the Borough.
* Updates on infection data to be included in the GP Bulletin.

# Update from NCL Governing Body members

* Dr John McGrath – Governing Body member: John reported that the Governing Body had met for the first time since the shift to NCL CCG.

He acknowledged the strain on mental health that the pandemic has had on staff and the public as well as those with established mental health problems. Services are currently trying to match capacity to demand. He applauded the senior psychiatry input for practice based mental health teams.

John also sits on the Islington Integrated Health and Social Care group which is currently working on winter planning. Areas that are under review include, overall service capacity, reductions in efficiency due to implementing IPC, influenza preparedness.

* Dr Jo Sauvage – Clinical Chair NCL CCG: Jo thanked Islington practices for their dedicated work to support the residents of Islington and the remarkable speed with which the recovery process has been implemented.

She stressed that autumn/winter is likely to be a difficult time but that there is a great deal of planning in place to mitigate risks relating to covid and other seasonal illnesses. There is indication that the infection rate is increasing and, looking to the experiences of our close neighbours in Spain and France, it appears that the younger generation is spreading the virus to older people. Modelling is being undertaken at both national and London level and the results look cautiously optimistic, allowing systems to act if infections rise suddenly.

The recent letter from NHS England Primary Care (signed, but not penned, by Nikki Kanani) which stressed the need for practices to start seeing patients face to face when necessary, was acknowledged to be disheartening. Jo recognised that in Islington face to face appointments have been taking place throughout the pandemic. She praised staff for their responsiveness.

# Next Meeting

The next meeting will take place on the 19th November – MS Teams invitations have already been circulated.

Please ensure that the invitation is forwarded to all staff who wish to attend or contact Phil Wrigley for an invitation: [pwrigley@nhs.net](mailto:pwrigley@nhs.net)