



**Herefordshire and  
Worcestershire**  
Clinical Commissioning Group

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19<sup>th</sup> June 2020

To: all Worcestershire practices

Dear colleagues,

**Re: Primary Care Restoration**

Thank you for all the work you have done during the initial phase of the COVID pandemic. The CCG and Clinical Directors have been working on proposals to identify the key priorities for the delivery of services as we move into the Restoration phase. This is the terminology used by NHSE/I to describe the re-start of all NHS services. The BMA & RCGP "[Guidance on workload prioritisation during COVID-19 – pandemic level reducing](#)" is helpful in this respect.

The current way in which practices are working served us all well when COVID was very active in our communities. Now, with the need to meet the rising demand for general medical services this needs to adapt whilst at the same time ensuring:

- a) Safety to patients – ensuring patients are appropriately managed in line with the NHS SOP including triage and where required, safe face-to-face consultations/visits
- b) Deliver requirements for shielded patients/those at highest risk
- c) Safety of staff

These “must do’s” are set out in the [NHSE SOP](#), and our locally agreed direction of travel. Any changes to the current model must allow for a rapid return to the current hub model as and when there are further outbreaks of COVID in parts or all of Worcestershire.

The PCN General Practice Restoration operating model proposal submitted by the Clinical Directors to the CCG meets the national and local expectations and so we have approved the reduction of red hubs to one per (ex) CCG area, an increase in amber hubs and the maintaining of blue hubs as appropriate. All contacts with general practice must continue to be remotely triaged as per the SOP. All other contractual requirements around core opening hours and visiting remain in place.

The CCG has requested that each CD shares with us their plan for implementing these changes on a PCN footprint. Approval of the PCN Restoration General Practice operating model is dependent upon each practice having undertaken steps to develop a practice level “COVID Unlock Plan”- an example of such plan can be found [here](#).

There are a number of ways to address this including the BMA\RCGP approach as well as the local LTC framework designed by the Wyre Forest Health Partnership PCN.

The Practice COVID Unlock plan will also need an assessment of premises which will identify the areas that require reconfiguration. This will enable a contribution to the costs of ensuring that the practice is able to deliver a safe range of services. These are set out in the attached Restoration Reimbursement Policy. We have asked the LMC to petition the GPC to ensure that the burden of costs is met nationally and/or jointly. Any national policy will supersede our local approach.

The CCG will not require the Practice COVID Unlock Plan to be submitted yet, but we have issued an e-declaration (Appendix 2) which will need to be submitted along with the COVID Restoration Claim Form (Appendix 3). No adaptations should be made until approval has been given.

We know and understand that general practice is no different to any other aspect of life post-COVID and that the new normal is going to be very different. We believe that consultations will take longer, appointments and waiting rooms will need to reflect safety measures which include social distancing requirements. None of this is going to be straightforward and we want to be able to provide what help we can in making a reasonable number of adaptations to premises in the absence of national policy and funding.

The attached Reimbursement policy describes the parameters around funding. The headlines are:

#### 1. Flooring

- a) Infection Control advice states that waiting areas will be in minimal use due to the 2-meter distance rule, therefore, clinical areas should be the priority for any replacement flooring. Waiting areas and corridors can be considered in a later phase unless Practices wishes to expand the replacement programme to cover these additional areas at their own expense.
- b) Flooring should be washable with welded seams and ideally with coved skirting, with Polyflor flooring being preferred over Karndean.
- c) Funding for flooring for eligible areas will be available up to £45 per sqm. Practices can contribute to anything over and above this.
- d) Any additional costs incurred by Practices for cleaning will not be funded separately, as replacement flooring will contribute towards more efficient cleaning processes.

#### 2. Reception Screens

- a) Reception desk screens should not be a permanent fixture and should be easily dismantled, without damage, and removed once normal business has resumed.
- b) A good quality acrylic screen with simple clamp fixings (desktop to ceiling), which are quick to install and are relatively cost effective is suggested. Suitable thickness of the acrylic and quality of the clamps are very important as this help ensure that the screen is stable. Small self-supporting screens would not be sufficient or safe.

- c) Where possible, the whole of the reception desk should not be covered, just sections that can be allocated for patient contact.
- d) Reimbursement of screens will be funded, up to £300 per square metre, up to a maximum of 3 square metres.

### 3. Waiting Room Chairs

- a) Waiting rooms will require a minimal number of chairs as patients should not be in waiting rooms in huge numbers for long periods, they should be asked to wait in cars/outside.
- b) Chairs for patient use that currently contain fabric could be replaced with chairs that are fully wipeable with no exposed wood, and they should have arms to enable patients to sit and rise safely. Where Practices have built in seating, the seats should be re-covered with a wipeable vinyl.
- c) Funding allowance based on 1 chair per 1,000 patients, to a maximum of £100 per chair.

### 4. PPE

Practices should continue to access the PPE from their usual supply chain, or via the PPE Portal for emergency supplies. Only then will any PPE purchased over and above pre-COVID volumes continue to be claimable.

### Exclusions

*Practices who scored "A" within the 6 facet Survey will be excluded from flooring funding, on the basis that the Premises will already be compliant.*

*This policy replaces previously agreed areas of funding, except for a finite list of items that will continue to be reimbursable for the restoration phase, this will be confirmed on Team Net. Funding for digital items will be subject to a separate review with CCG Digital Team colleagues.*

### **Process & Timescales**

1. PCN General Practice Restoration Operating Model and Practice e-declaration (including Practice COVID Restoration Claim Form) to be received by **Friday 26 June 2020** via email to [hw.primarycare@nhs.net](mailto:hw.primarycare@nhs.net)
2. CCG to meet to review PCN operating model and practice adaptations on 1 July
3. Move to new model once formal approval has been received after 1 July
4. Payments will be made directly to Practice accounts
5. A post payment verification process will be carried out on a sample of claims that have been submitted during COVID for audit purposes

### **COVID-19 National and Local response**

#### **National Requirements**

The national requirement to ensure practice income is maintained still currently stands. A reminder that Learning Disability Health Checks are also to [continue](#).

#### **PCE/HOF**

As you know the CCG suspended many aspects of PCE/HOF except those which support the identification and care planning for those who meet the vulnerable patient definitions specifically Rockwood scoring, Respect documentation, advance care planning, anticipatory prescribing and

OOH information sharing. This suspension will continue and PCE/HOF will roll forward until **30<sup>th</sup> September 2020**. However, we will be continually reviewing requirements around Medicines and there are discussions happening around joint review of referrals/waiting lists with consultants and we will let you know more about this as soon as we can.

### **Extended Hours DES & Improving Access**

Back in March we suspended the above services in line with a move to the COVID-19 General Practice operating model and hub working, with funding being maintained. In light of the move to the Restoration Operating Model, we will extend the suspension and maintain income until **31<sup>st</sup> July 2020** and communicate next steps in a separate letter.

If you have any queries, please do not hesitate to contact us on [hw.primarycare@nhs.net](mailto:hw.primarycare@nhs.net)

Yours sincerely



**Lynda Dando**  
Director of Primary Care

Cc LMC

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Appendix 1 Restoration Reimbursement Principles

Appendix 2 E-Declaration of the COVID-19 Practice Unlock Plan

Appendix 3 COVID Restoration Claim Form