

**Cabinet Secretary for Health and Sport**

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Lewis Macdonald MSP  
Convenor  
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By Email.

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Dear Lewis,

**RESPONSE TO HEALTH AND SPORT COMMITTEE ON PRIMARY CARE SERVICES DURING THE PANDEMIC**

Thank you for your letter of 9 June seeking information on the changes that have been made to deliver primary care services during the Covid-19 pandemic.

Please find detailed information on the range of activity that has taken place across primary care to deliver services since March in the attached annex. I would like to take this opportunity to commend our primary care workers for their efforts to respond to the COVID pandemic.

Across Scotland, GPs, general practice nurses, allied healthcare professionals, practice managers and support staff have delivered an unprecedented reconfiguration of services and workload at pace. This has been a collaborative effort working closely together with local Health Boards, National Boards, Health and Social Care Partnerships (HSCPs), social care workers and the third sector.

**JEANE FREEMAN**

**Annex A**

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To respond to the pandemic effectively, it was necessary to increase capacity across the system, including by suspending some services, flexing roles across primary care and supporting other areas, including care homes.

Primary Care's response to Covid-19 has been achieved by strong collaborative working between the Scottish Government, BMA, NHS Boards and many other partnership organisations, who have all risen to the challenge of building a national pandemic triage network founded upon clear public messages and pathways for patients requiring advice and treatment.

The acceleration of digital solutions, the vital role of pharmacy services, the provision of additional funding and utilising the expertise of NHS 24 are just some of a number of ways that ensured that Primary Care was set on an emergency footing, and able to help those most in need during the pandemic.

Details on each area of work are set out below.

## **Establishing Covid Hubs and assessment centres, and the critical role of NHS 24**

### Hubs and Assessment Centres

Community Hubs have been in place since 23 March 2020 to triage patients with Covid-19 symptoms away from GP practices towards Assessment Centres established exclusively to respond to the pandemic. There is a Community Hub in nearly all Health Board areas (NHS Highland are providing this facility for Orkney, Shetland and the Western Isles).

Where a patient is triaged through a Community Hub as needing to be seen by a clinician, they are referred onto their local Assessment Centre for a face to face consultation and given advice and treatment as necessary. There is at least one Assessment Centre in every Health Board area with around 50 in operation at the peak. As the numbers of cases continues to decrease, Health Boards are reducing Assessment Centres' capacity but they have contingency plans in place to scale up quickly if necessary. Forty two Assessment Centres were operating as at 16th June. Between the 23 March and 14 June 2020 74,312 people had a total of 89,443 consultations with COVID-19 Community Hubs and Assessment Centres. (*NHS Grampian data included from 01 May 2020 onwards*). More recently the Assessment Centres have been used for community testing too.

The Community pathway model was based largely on the existing OOH model and was delivered and supported by OOH teams. In some areas this meant the consolidation of OOH centres as these were designated as COVID-19 red zones.

### NHS 24

NHS 24 has been at the forefront of the response since the start of the Covid-19 outbreak with the service undertaking a significant amount of additional work these past few months. Not only supporting the direct care, treatment and management for people who have symptoms of Covid-19, but also a maintaining services for those patients requiring urgent non-covid19 related advice and care.

NHS 24 successfully established in a matter of days an in-hours triage system for the management of patients with Covid19 symptoms. The NHS 24 model of triage to COVID-19 hubs has been well received by patients and professionals and delivered safe and consistent care. It has also supported more self-management and self-care managing the demand on pressed NHS services, with links clearly to the wider primary care resources of Community Pharmacy and Optometry.

NHS24 also established a designated 24/7 Covid-19 helpline for patients, working alongside an external company to staff this line. The helpline has handled over 92,000 calls since it first went live.

NHS 24 is now working closely with its partners to re-establish previously suspended services and expand their Mental Health Hub to operate 24/7 by July 2020 working with a range of local partners to identify a clear plan and determine the range of mental health pathways in the community.

### **Patient Transport Service**

A patient transport service was put in place to meet the needs of the Community Assessment Centres (CACs), and to reduce pressure on SAS. There was also recognition that patients without their own transport may be at a disadvantage, as they would not be able to use public transport. Therefore it was necessary to ensure a system was put in place that would meet the needs of those who do not own a car, and ensure that the Assessment Centres were accessible to all.

A patient transport service was created collaboratively between the Scottish Government, NSS and Transport Scotland, and incorporated offers of support from external organisations including Arnold Clark, who offered 120 vehicles for use free of charge. To date, there have been more than 4000 patient journeys.

As the demand for CACs reduces, it is recognised that there is a need to maintain the patient transport service to continue to meet the needs of patients accessing care as NHS services begin to reopen. This is key, as social distancing measures will remain in place for some time, which will mean limits on public transport. Vulnerable and shielded patients that do not own their own transport will require safe transport to appointments, and the vehicles can support these groups to ensure their needs are met.

### **General Practice**

In March we began writing letters to those people who have clinical conditions which are likely to put them at the highest risk of severe morbidity or mortality from Covid and were advised to shield. This number now stands at 180,513 (15 June).

To support these people, GP practices were asked to get touch with them as soon as possible to discuss the Scottish Government letter and what it means for the person concerned. The recommendation for shielding the very high-risk group is just that, and we asked GPs that their discussion with patients reflect this. Some patients might decide, on weighing up the risks, that they would prefer not to follow the restrictive, stringent measures and we asked GPs to help their patients to work through this if the patient wished to.

GPs were also asked to discuss anticipatory care planning (ACP) where it was thought to be appropriate for patients in this shielding (and the wider at high risk) group. ACPs provide an important opportunity for people to have an open and honest conversation with their carers and loved ones about the type of care that they would like to receive should they become unwell, so as to plan their future care as well as possible.

GPs and colleagues responded to the challenge of supporting anticipatory care planning for vulnerable and high-risk patients by significantly increasing the number of Key Information Summaries (KIS) created and shared.

Data as of April 2020 indicates that the number of KIS almost quadrupled from the start of the year and covered ~17% of all patients. That is an increase from 338,691 in January 2020, to 1,185,749 by the start of May 2020. This means there is now much more clinical information available for higher-risk patients across NHS Scotland to support clinical decision making, providing best care, in the right place and time.

## **Digital transformation**

The COVID-19 pandemic has accelerated the use of digital technology in primary care greatly reducing the need for face to face appointments and therefore helping to minimise infection transmission.

We published our Digital Health and Care Strategy in 2018, this provided a strong foundation for us to scale up our digital response to Covid-19, building on initiatives that were already underway, using tried and tested, and readily available, technologies. They supported people to have access to the information they needed, when they needed it and supported a reduction in the risk of spread of infection.

These opportunities have been realised and supported in a number of ways:

### Telephone Triage/ Consultations

In mid-March we provided 'National Support Guidance to GP practices' developed in collaboration with SGPC, RCGP and National Education for Scotland (NES) which included advice and support on introducing telephone triage and telephone consultations. NES also quickly developed and delivered their existing telephone triage training modules into online virtual training webexs which were delivered to over 1000 practice staff including GPs and GPNs.

### Near Me (Video Consultations)

There has been particular success with virtual consultations. Near Me was rolled out rapidly to all GP practices in Scotland between March and June. Over 95% of practices are now enabled to use Near Me and the weekly number of Near Me consultations has grown from 20 a week in February to over 3,500 a week in June. The scale up programme was led by the national Near Me team with support from Healthcare Improvement Scotland (HIS) and teams in NHS boards with patient satisfaction remaining high throughout.

Health Boards were asked in mid-March to provide GP practices with the appropriate equipment to enable use of Near Me and remote working and work is ongoing nationally and locally to address any issues and ensure that practices have enough IT equipment to embed Near Me.. The growth of Near Me in primary care has been a success , however consultation numbers have plateaued somewhat in June and there is still significant scope for further uptake. The national Near Me team has responded by initiating a rapid quality improvement project in collaboration with RCGP, Government officials and HIS. Work is also underway across pharmacy to use Near Me where appropriate

As part of Health Board mobilisation plans, we recognised Near Me as a priority and see this service playing an important role in providing more person-centred care post COVID-19 while also helping the environment, supporting people with mental health issues, supporting inclusivity and many other benefits.

### NHS Inform

NHS Inform became our single source of truth, so that our messaging to the public was clear and could be easily accessed and updated regularly as public health advice evolved. The additional functionality of a Covid symptom checker and app provided support and advice for people based on the symptoms they were experiencing. The public were also able to access self-isolation notes to prevent the need to attend a healthcare setting.

### Remote Monitoring

GPs across a number of health boards in Scotland currently use remote monitoring to manage some health conditions including blood pressure management. Remote monitoring has continued to be utilised during the COVID pandemic, and built upon to allow patients to report symptoms such as cough and pulse oximetry helping both patients and their health professionals spot signs of deterioration, or situations whereby enhanced clinical care may be required.

The newly procured solution, InHealthCare, which is already deployed in parts of Scotland offers an extensive library of pre-developed services for a variety of health conditions. Further services will be added to meet the emerging clinical priorities. It includes sector agnostic professional access, extensive multi-channel options for patient access, is user-friendly and is compatible with NHS Near Me. It can offer additional support to help people manage their condition from home or from a homely setting and is another tool being made available to clinicians to offer better care at home

### GP.scot

Prior to the covid crisis, we had commissioned NHS24, to develop a practice website template that could be used by those GP practices who didn't currently have a practice website. This work was escalated during the crisis to support patients in those practices to access services such as online prescriptions and NHS Near Me as well as providing links to NHS Inform and practice information.

There are now 79 GP practices engaged in this phase which has been accelerated to respond to Covid, with 27 already live and increasing weekly. The website allows for consistent, high quality COVID-19 related messaging to reach those practices which did not have a website.

As part of this and to support the national roll out, the NHS Near Me function has also been built into the website to help aid the COVID-19 response for patients.

## **Financial support for Primary Care services**

We have provided a substantial financial package to primary care to support the system through the COVID-19 pandemic:

We have provided £20 million in direct support for General Practice: £10 million to support practice opening over the Easter and May Bank Holidays and an initial £10 million to cover reasonable COVID-19 related expenses. As well as this we have provided earnings protection to General Practice, even as some services have been reduced or postponed during the pandemic.

We have funded the innovative Community Hubs and Assessment Centres model, which has protected community health provision by ensuring General Practice remains free to focus on urgent non-COVID-19 care provision.

We have provided financial support to optometry: all practices have received a monthly payment equivalent to their average monthly item of service income across the 2019-20 financial year and we have also provided a further £3 million of additional funding for the provision of emergency eye care.

Community pharmacy received an initial package of £5.58 million to address increased workload and for reasonable adjustments to premises. We also increased February payments for dispensing activity to community pharmacies at three times (3x) the Net amount due to meet wholesaler invoice costs which are significantly higher than normal due to the unprecedented levels of prescription items dispensed

An additional £6.2 million was also available for those community pharmacies that were able to open over the Easter and May Bank Holidays.

We have provided additional funding to NHS dental services during the period of lockdown, and will be maintaining this as dental practices begin to open. The funding package for NHS dental services has been enhanced to provide help towards the loss of patient charges.

## **Out Of Hours (OOH)**

The OOH teams in all Health Boards were critical to the successful establishment and delivery of the Community Hubs and Assessment Centres while maintaining OOH services for other patients.

We anticipate that this service will remain fragile going forward into the recovery phase, particularly as staff seek time off.

## **Pharmacy**

All 1,258 community pharmacies in Scotland have remained fully accessible to patients and members of the public for face to face access to a healthcare professional. The primary role of the community pharmacy network during the outbreak of the pandemic was to ensure that patients continued to be dispensed with their prescribed medicines. The network showed

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enormous resilience despite an increase of nearly 50% in prescription items – with over 9 million items dispensed in March alone.

During this time and despite the unprecedented increase in workload, the pharmacy network continued to provide access to the full range of NHS Pharmaceutical Care services. We are working with Health Boards to rapid mobilisation in the use of Serial Prescribing. This will not only reduce the time spent by GPs on repeat prescriptions, it will also allow the pharmacy teams to better manage patients medicines and any pressure put on the medicines supply chain. The use of the Unscheduled Care Patient Group Direction has allowed pharmacists to provide patients with up to one complete cycle of their prescribed medicines without the need for a prescription – allowing patients to access their medicines in urgent situations such as the weekend when the GP is not available.

In Scotland alone, over 600 Pharmacists and Pharmacy Technicians have returned to the register to offer their services during the pandemic, be that in the community or hospital.

The pandemic outbreak has delayed the launch of the new NHS Pharmacy First Scotland service, originally due to go-live on 22 April. However, the pharmacy network delivered an extended Minor Ailment Service (MAS) as an interim to help support the primary care and the wider NHS. The extended MAS allowed anyone registered with a GP in Scotland use their pharmacy for any advice or treatment of a minor illness or common clinical condition, relieving pressure on general practice, out of hours and A&E for unnecessary appointments and visits. Since the 29 March an additional 17,000 previously ineligible patients have registered for the extended MAS and have received healthcare advice, treatment or referral to another clinical professional.

All community pharmacists and technicians have now been granted access to the patients Emergency Care Summary – allowing them to provide a more comprehensive pharmaceutical care service. And we are working with NHS Boards to deploy NHS Near Me across the community pharmacy network on the completion of a test of change across four Board areas (NHS Highland, NHS Tayside, NHS Forth Valley and NHS Dumfries and Galloway). This tool will allow pharmacy teams and patients to use technology to access pharmacy advice particularly those Shielding or in Care Homes.

## **Dentistry**

During the lockdown period dental practices were closed to patients. A substantial proportion of treatment provided in dentistry involves the use of aerosol generating procedures (AGPs). Most routine and emergency dental care relies on the use of dental equipment that generates a fine spray of air and water, or aerosol. These procedures carry an additional risk on COVID-19 transmission.

Although closed, dental practices continued to be available by telephone to offer advice, pain relief or antibiotics. For patients in need of urgent dental care, we have established urgent dental care centres throughout Scotland. These centres are able to provide an AGP in a safe and controlled environment. In the initial phase of lockdown 56 urgent dental care centres opened. In May over 10,000 patients with acute dental problems were treated at urgent dental care centres and advice was provided to over 20,000 people by telephone. The centres will continue to provide a key role in the dental remobilisation plan. We have increased their capacity to provide a wider range of treatments to a larger number of people, which includes,

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for example simple or temporary fillings or the removal of the nerve of the tooth. There are now 70 of these centres to ensure patients who need an AGP as part of their dental treatment can be treated in a safe environment.

As part of the supporting the work of urgent dental care centres we provided a pathway for dentists to provide sessions within these centres to compliment the Board-employed workforce. This was linked to the NHS financial support measures for dental practices.

## **Optometry**

New ways of working in optometry were quickly put into place when routine eye care services were suspended from 23 March 2020.

### Emergency care provision

Fifty four Emergency Eyecare Treatment Centres (EETCs) were set up and operational within two weeks (now 57 EETCs). The EETCs enable the review of patients with emergency and potentially serious sight threatening eye conditions to be treated. These facilities are predominantly situated in community optometry practices, while a few are based in Hospital Eye Services (HES).

A National Eye Health Framework to support EETCs was developed by Eye Health Scotland, the national clinical leads multi-professional group, in collaboration with NHS Boards, Scottish Government, Optometry Scotland and RNIB Scotland.

Prior to referral to an EETC, patients are assessed remotely by a local optometrist to ascertain if the issue can be dealt with by offering advice, without the need to travel to a EETC for a face-to-face appointment.

The EETCs are staffed with as many independent prescriber (IP) optometrists as possible, who can manage a wider range of conditions without further involvement from GPs or hospitals. The Scottish Government ensured that all EETCs were provided with appropriate Personal Protective Equipment (PPE).

Following agreement with the Scottish General Practitioners Committee, Health Boards have been permitted to give optometrists providing emergency care access to the Emergency Care Summary system. This has provided optometrists with important additional patient information (including allergies and medication history) to manage patients safely.