

Title: Update on Primary Care

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Action required:

- For noting
- For discussion
- For decision

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Summary – Key Points

This paper provides an update on the provision of Primary Care Services in the midst of a third wave of the COVID-19 pandemic.

- GPs and GP out-of-hours services have experienced an unprecedented level of calls and consultations from the public in recent weeks. There were almost 362,000 COVID-19 GP telephone consultations in the eight weeks to 11th January and almost 53,000 GP out-of-hours services consultations in the first 11 days of the year. This represents a huge volume of calls – for comparison purposes, there were just over 55,000 OOH call for the entire month of November.
- The pressure on GPs is also reflected in the number of test referrals with over 178,000 referrals in the fortnight to 17th January. Of these, 105,267 were referred between 4th and 10th January and 72,782 from 11th to 17th January. This latter figure is undoubtedly still high but nonetheless suggestive of public health measures having a positive impact in terms of reducing transmission in the community.
- The rise in case numbers has also impacted on the utilisation of Community Assessment Hubs. Weekly appointments jumped from an average of 130 in December 2020 to over 700 for w/e 10th January across the eight hubs which were then open. Five additional CAHs have now opened while two more are due to open in w/c 18 January.
- The HSE reports that as of end of November 2020 (latest published data), fewer clients are being seen by therapists in primary care than was forecast in the National Service Plan, with COVID undoubtedly exacerbating historic resourcing challenges in the sector.
- Service delivery is being impacted by COVID-related staff absences and by the ongoing need to redeploy staff to COVID response, including supporting staff in nursing homes.
- Despite the operational challenges posed by the current environment, progress is continuing to be made on the strategic reform agenda, although expected timelines may ultimately be impacted. These reforms will bolster the capacity of the primary care sector in both the shorter and long-term.

Introduction

This paper provides an update on the provision of Primary Care Services in the midst of a third wave of the COVID-19 pandemic.

The context for primary care service provision remains the document “*A safe return to health services – restoring services in a COVID Environment*” and adherence to public health guidance. There continues to be prioritisation of service delivery with an ongoing focus on optimising patient care while minimising risks to the public, to healthcare staff and to the wider healthcare system.

Notwithstanding the intensive management of service delivery at national and local levels, primary care services are coming under increasing pressure as they try to operate in an environment with widespread community transmission.

Two appendices are included to provide further detail on the network of Community Assessment Hubs (CAHs) and the new initiative to provide GP access to diagnostics in the community.

Key Updates

1. GP Services

- It should be remembered that it is estimated that over 80% of all COVID-19 cases are dealt with by GPs in the community, so the level of transmission seen in recent weeks has inevitably created significant pressure on practices across the country.
- The HSE reported almost 362,000 COVID-19 GP telephone consultations and 29,000 consults in respiratory clinics in the eight weeks to 11th January. The challenge of coping with this level of demand is made more difficult as many GP practices are understaffed due to COVID infections or staff being classified as close contacts and required to isolate.
- Data in relation to COVID referrals tell the same, clear story of a profession working under severe pressure. In the fortnight to 17th January, GPs made 178,049 referrals for COVID testing – 105,267 from 4th to 10th January and 72,782 from 11th to 17th January.
- It remains noticeable that numbers fall off over weekends and spike on Mondays, indicating that a significant number of patients are still waiting to call after symptoms appear rather than contacting the Out of Hours Services (e.g. 6,052 and 5,983 referrals were made from the OOH on Saturday and Sunday 9th-10th January, while 18,844 and 12,163 were made on Monday and Tuesday 11th-12th January).

- Although the number of referrals is still high, they are beginning to fall, which will bring some relief to GPs. This trend in referrals is reinforced by the GPBuddy survey which suggests that GPs are currently seeing three or four suspected coronavirus patients a day compared to an average of ten per day at the peak of the third wave. However, it is important when considering average figures to be cognisant of local variations in transmission rates and associated demand on individual practices in those localities.
- It is of course also worth reiterating that GPs are continuing to maintain essential services including assessing the medically unwell and providing childhood vaccinations and are utilising telephone and video consultations where possible to deliver safe care.
- The roll-out of vaccination to GPs and practice staff over the weekend of 16th -17th January represents a major and very welcome milestone.

2. Community Assessment Hubs

- Since the period before Christmas, activity at Community Assessment Hubs (CAHs) has increased exponentially. In the week ending Sunday 17th January, there were 788 appointments scheduled at CAHs which is an increase of 484% over the 135 appointments scheduled in the week ending Sunday 20th December.
- In response to this increased demand, the number of CAHs will be increased to 15 compared to the 8 which were operational prior to Christmas. This represent a near doubling of capacity and will mean a greater geographical availability of services with at least one operational CAH in each CHO area.
- The HSE has confirmed that five new hubs have now opened in Cavan (Cootehill), Limerick (Galvone), Kilkenny (Kilcreene), Waterford (Kilcohan) and Meath (Slane). Two further hubs in Galway (Merlin Park) and Dublin (Clonskeagh) are scheduled to open w/c 18th January.
- From their commencement in mid-April 2020 to week ending 17th January 2021, there have been a total of 9,683 appointments scheduled in CAHs. The majority of those who attended an appointment returned to their own homes to self-manage symptoms.
- The HSE continues to keep the utilisation of the hubs under review, including engagement with local GP Liaison leads and will respond to changing demands as appropriate. However, there are significant challenges in staffing CAHs given pressures on GP availability and redeployment of nursing staff to COVID response and vaccination.

3. Primary Care Service Delivery

- The HSE reports that as of end of November 2020 (latest published data), fewer clients are being seen by therapists in primary care than was forecast in the National Service Plan.
- It remains too early to determine the specific impact of the latest and most severe wave of COVID-19 on access to Primary Care Services and performance against NSP targets. However, it is clear that the number of individuals waiting to access primary care services has increased throughout 2020 and is likely to rise further in the early part of 2021
- At a strategic level, the service response continues to be centred around Business Continuity Plans based around a prioritisation of service delivery, with services identified into four levels ranging from “must do/critical” to “lower priority/desirable.” Examples of Priority One and Priority Two services include GP Out of Hours services, Community Intervention Teams, Palliative Care, and Child Health Services.
- A key focus for the HSE during this third wave of the COVID-19 pandemic is continuing to provide these essential services.

4. Redeployment of Primary Care Staff

- Primary care staff have been redeployed to help support testing and tracing services, as well as other elements of the COVID response.
- As discussed in the paper presented to NPHE on 17th December, the latest available staff census showed 815 staff were redeployed to COVID response at end November, down from 3,555 in April.
- This downward trend reflects HSE recruitment of COVID-19 specific staff, with 661 Community Swabbing staff already hired, and 826 hired and retained for Contract Tracing.
- However, the recent surge in COVID-19 cases is testing the resilience of the health system to an extraordinary degree. It has therefore proved necessary to continue to utilise redeployed primary care staff in order to support testing services, nursing home facilities and the rollout of the vaccination programme.
- The HSE will continue to manage staff deployment with a focus on mitigating any adverse impact on non-COVID primary care services as far as possible and with the intention of seeking to have staff return to their substantive roles as soon as is practicable.

5. Staff Absenteeism

- There is a level of COVID-related staff absenteeism in the community sector as staff are diagnosed as positive or identified as a close contact and required to isolate. Across HSE community services, data

from end December show 1,435 staff were absent for COVID-related reasons. Of these, 110 worked within primary care services, but the overwhelming majority of absent staff worked within older persons or disabilities services.

6. Progress on the Strategic Reform of Primary Care

- Budget 2021 provided €175m in new development money (plus a further €30m in Sláintecare funding) to develop new pathways of care for primary and community health services through an Enhanced Community Care programme.
- This level of investment in primary care development and reform is unprecedented and will support significant enhancements and reform to the sector.
- In recent weeks, there has been noteworthy progress across three areas in particular:

i. GP Access to Diagnostics

- The HSE has advised that an initiative providing a structured pathway for GPs to directly access diagnostic tests will be launched the week beginning 18th January 2021.
- Under the initiative, the HSE will make available over 94,000 diagnostic procedures including X-rays, CT scans, MRI scans and DEXA to GPs nationally through a service level agreement with third party providers such as Affidea.
- Moreover, given the current pressures across the system, all patients will be eligible for this service from launch to the end of February, irrespective of their GMS status.

ii. Community Intervention Teams/OPAT

- The Community Intervention Team (CIT) service is being expanded nationwide utilising funding provided in the Winter Plan and Budget 2021
- HSE advise that new CITs commenced in Mayo and Longford/Westmeath in December 2020, while CIT services for Donegal, Cavan-Monahan and Wexford will commence in the first week of February 2021. This will complete the rollout of CIT services across the country.

iii. Recruitment to Community Health Networks

- The HSE have confirmed that primary notifications for the recruitment of around 1,000 primary care staff have issued to CHOs to formally allow recruitment to Community Health Networks to commence.
- This first “wave” of recruitment under the ECC will see around 20 staff recruited to 57 individual networks. In addition to key posts such as network managers to support the CHN model, the

recruitment drive will target frontline staff identified as being required to address particular local needs.

- This represents a step-change in the approach to staffing in the primary care sector and will be vital to maximising service delivery in a COVID environment and to building the capacity of the sector in accordance with the principles of Sláintecare.

Conclusion

The response to the pandemic in the primary care sector has not only required the introduction of protective measures that have made service delivery more challenging but has also required staff to be redeployed from their core roles to aid in the response to COVID. This has created an additional challenge in terms of maximising the provision of non-COVID care.

As we progress into 2021, the focus will be on

- continuing to deliver COVID and non-COVID care side by side, safely;
- maximising the volume of non-COVID care and catching up on service delivery where possible in an uncertain environment; and
- embedding reform in the delivery of services.

However, the reality is that the success of these efforts is inextricably linked to the levels of transmission of COVID in the community and the successful implementation of the vaccination programme.

Community Assessment Hubs

Community Assessment Hubs provide timely community based acute clinical assessment for COVID-19 positive patients (presumptive and confirmed) in their local area. They provide the clinical support to enable people to manage their symptoms safely at home, although, if necessary, the clinical team can facilitate the timely transfer of patients to either acute hospitals or community isolation units.

The table below shows the location of hubs that are open as of 19th January.

Current Location of Community Assessment Hubs
CHO1 - Donegal (Letterkenny)
CHO1 - Sligo (Ballytivnan)
CHO1 - Cavan (Cootehill)
CHO3 - Limerick (Galvone)
CHO4 - Cork (Gurranabraher)
CHO5 – Kilkenny (Kilcreene)
CHO5 – Waterford (Kilcohan)
CHO6 - Wicklow (Wicklow Town)
CHO7 - Dublin (Tallaght)
CHO7 - Kildare (Newbridge)
CHO7 - Dublin (SafetyNet - Mater)
CHO8 – Meath (Slane)
CHO9 - Dublin (DCU Glasnevin)

Two additional hubs are due to open w/c 18th January in Galway (Merlin Park, CHO2) and Dublin (Clonskeagh, CHO6).

From their commencement in mid-April 2020 to week ending 17th January 2021, a total of 9,683 appointments were scheduled in CAHs. The breakdown of these appointments by CHO area is set out in the table below.

Activity in Hubs by CHO Area to Date

HUB	Cumulative
CHO1 - Cavan (Ballinagh)	50
CHO1 - Donegal (Letterkenny)	1,601
CHO1 - Monaghan (Castleblaney)	63
CHO1 - Sligo (Ballytivnan)	430
CHO1 - Cavan (Cootehill)	11
CHO 1 TOTAL	2,155
CHO2 - Galway (Merlin Park)	110
CHO2 - Mayo (Castlebar)	41
CHO2 - Roscommon (Castlerea)	18
CHO 2 TOTAL	169
CHO3 - Clare (Shannon)	33
CHO3 - Limerick (South Hill)	54
CHO3 - Tipperary (Roscrea)	35
CHO3 - Limerick (Galvone)	13
CHO 3 TOTAL	135
CHO4 - Cork (Gurrabraher)	1,196
CHO 4 TOTAL	1,196
CHO5 - Kilkenny (Kilcreene)	95
CHO5 - Waterford (University Hospital)	64
CHO5 - Wexford (General Hospital)	35
CHO5 - Waterford (Kilcohan)	6
CHO 5 TOTAL	200
CHO6 - Dublin (Cabinteely)	183
CHO6 - Dublin (Clonskeagh)	145
CHO6 - Wicklow (Wicklow Town)	460
CHO 6 TOTAL	788
CHO7 - Dublin (Clondalkin)	261
CHO7 - Dublin (Tallaght)	1,069
CHO7 - Dublin (Rialto)	130
CHO7 - Kildare (Naas)	178
CHO7 - Kildare (Newbridge)	205
CHO7 - Dublin (SafetyNet - Mater)	1,233
CHO 7 TOTAL	3,076
CHO8 - Louth (Drogheda)	68
CHO8 - Meath (Slane)	98
CHO8 - Westmeath (Athlone)	89
CHO8 - Longford (Ballminion)	44
CHO8 - Laois (Portlaoise)	42
CHO 8 TOTAL	341
CHO9 - Dublin (DCU Glasnevin)	1,521
CHO9 - Dublin (Raheny)	102
CHO 9 TOTAL	1,623
NATIONAL TOTAL	9,683

GP Access to Diagnostics

Primary Care Strategy & Planning has worked closely with the Community Healthcare Organisations (CHOs) to roll out increased GP direct access to ultrasound and x-ray over the past 5 years. The preferred model of service provision is an integrated community-hospital model and it is in operation in Donegal, Castlebar, Tallaght, Athlone & Bray. In the areas where the preferred model is not available, GPs can refer their GMS/GP Visit Card patients directly to Affidea for ultrasounds. Global Diagnostics provides an x-ray & ultrasound service in Arklow and Alliance Living Health provides an x-ray and ultrasound service in Mitchelstown. These combined initiatives provide GPs with direct access to approximately 45,000 x-rays and 55,000 ultrasounds per year.

In accordance with the Winter Plan 2020/2021 and in line with the 2017 Sláintecare Report and the 2019 GP Agreement, increased GP direct access to diagnostics in the community will be rolled out. The diagnostics to be rolled out include radiology (additional x-ray, CT, MRI & DEXA) and non-radiology/chronic disease (spirometry, echocardiogram and the NTproBNP blood test).

Increased access to diagnostics will support patient-centred care, early diagnosis & intervention and hospital avoidance.

The Winter Plan for diagnostics addresses existing challenges:

- GPs have very limited direct access to MRI and CT. Although, they typically report that they have adequate access to x-ray, these services have been greatly reduced with COVID-19.
- Limited access to diagnostics results in patients being referred to Emergency Departments and Outpatient Clinics in acute hospitals to access scans.
- With COVID-19, there is an even more urgent requirement to provide GPs and community hubs with direct access to diagnostics to facilitate hospital avoidance particularly for winter periods.

Winter Plan Developments Underway

From January 2021, GPs across the country will have direct access to an additional 94,200 radiology scans via five private providers/hospitals (Affidea, Alliance, Global Diagnostics, Bons Secours Tralee & UPMC Whitfield). The value of the private contracts is €12.98m for an initial 12 months with the option to extend for a further 12 months bringing the potential overall value to €25.96m.

The service is for GMS/GPVC patients but will be made available to the full adult population for January and February 2021.

The breakdown of scans per CHO is as follows:

CHO	Modality				Totals
	X-Ray	CT	MRI	DEXA	
CHO 1	2,400	2,040	6,000	1,080	11,520
CHO 2	2,400	1,080	3,180	1,080	7,740
CHO 3	2,400	840	2,580	1,080	6,900
CHO 4	10,080	2,880	8,520	2,880	24,360
CHO 5	3,600	1,260	3,720	1,260	9,840
CHO 6	1,440	660	1,920	720	4,740
CHO 7	3,720	1,320	3,960	840	9,840
CHO 8	3,900	1,380	4,140	1,380	10,800
CHO 9	3,060	1,080	3,240	1,080	8,460
Total	33,000	12,540	37,260	11,400	94,200

Primary Care Strategy & Planning ran a tender exercise in Q4 2020 to establish a panel of providers to support hospitals in reducing their waiting lists of GP ultrasound referrals. Sixteen hospitals are currently engaging with the panel of providers to reduce their waiting lists by approximately 12,500 by Q2 2021.

Plans are close to being finalised for the provision of the chronic disease diagnostics. The NTproBNP blood test will be made available via the public hospital laboratory system. Spirometry and echocardiogram will be made available via a mixed model approach – (1) resourcing existing hospital services and (2) outsourcing.

Communications

The CHOs will provide GPs with the following information about the January 2021 radiology rollout:

- FAQ (Frequently Asked Questions) document covering:
 - Background information (e.g. patient eligibility, scan types included, referral process, referral guidance)
 - Information required to make a referral
 - Information required after the referral
- List per CHO of providers (private providers and hospitals) per modality
- National overview of private providers per modality
- GP referral pathway flow and guidance

The above documentation has been shared with the IMO, ICGP, CHOs and key stakeholders for their review and feedback. Once finalised, the documentation will also be made available on the ICGP and HSE webpages.

Successful private providers for radiology were informed on the 21st December 2020, while draft Service Level Agreements and metrics templates were shared with them on the 22nd December.

Clinical Governance Arrangements

When referring patients for scans/tests, the referring GP retains responsibility for the management of their patient. Upon receipt of a scan/test result, they are responsible for arranging follow-up care and onward referral for the patient, as required.

The private providers are responsible for providing clinical governance for the completion of the scan/test, reading of the scan/test and making appropriate contact with the referring GP.

Medium- and Long-Term Planning

A Community Diagnostics Steering Group was established in November 2020 to support the CHOs in devising a 3-year plan to establish a sustainable community diagnostics service encompassing radiology and non-radiology diagnostics with appropriate governance structures.