



**NAPC** | National Association  
of Primary Care

# Experience of pandemic response in the context of primary care premises

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[www.napc.co.uk](http://www.napc.co.uk), [@napc\\_nhs](https://twitter.com/napc_nhs)

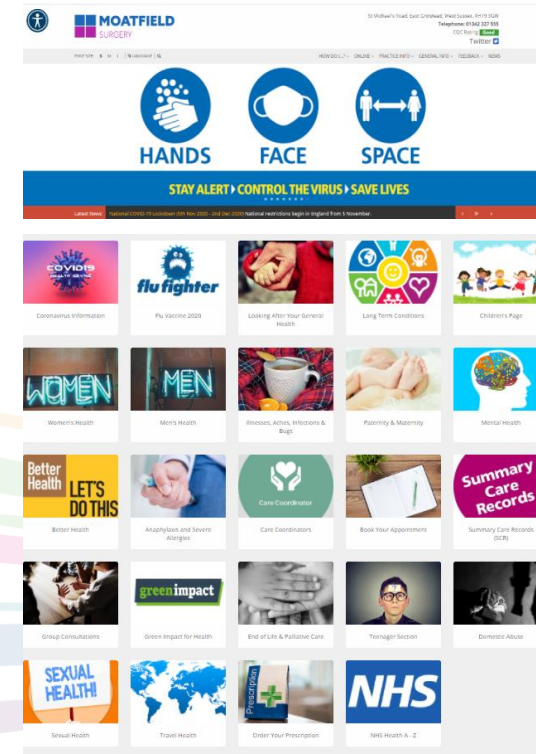
# Moatfield Surgery

- Built 1985 – list 9300
- Extended x 4
- Cited as at 152% utilisation at liast 12500
- Currently list 15400 (and growing)
- East Grinstead has been cited in 3 PCT and CCG Estates Plans / SSDPs since 2009 for premises development
- ETTF 2017 – 18 month process
- CIL monies identified specifically for town but unable to access
- Team of 50 in total
- Planning space for group consultations
- Remote monitoring for people with chronic conditions / self care



# Pandemic – early response

- Increased team and sub-team huddles – twice a day – 07.30 / 12.00
- Most team members given responsibilities specific to response
- Rolling action plan
- Managed all pre-booked patients and formatted remote consultations
- Managed absences due to self-isolation rules brought in
- Vulnerable people inc those with known sensory impairments
- Building zoning – hot wing, ongoing activities, low risk but urgent assessments
- Comms, website – COVID info, remote and self care long-terms conditions and other pathways
- Vulnerable people inc those with known sensory impairments
- Drive-through
- PPE
- Bonfire of the bureaucracy

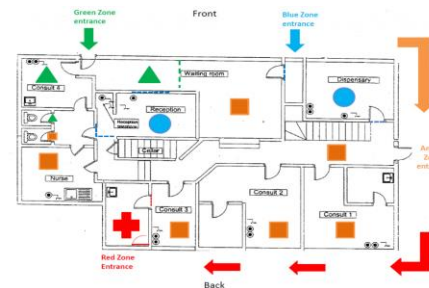


# Pandemic – further response

- Re-flooring to build capacity
- Hot hub
- Remote working capability – policies, hardware, licences, training
- Now permanent remote working for some team members – risk mitigation, space, illness
- Review and refresh practice plan
- Restart re-designed disease reviews, procedures – minor ops, coils, smears etc

# Pandemic – where are we now?

- Increasing pressures on face-to-face consultations from <5% in the first week of lockdown to 25% now for GPs
- Consultations numbers back to pre-pandemic levels by June
- Nearly completed flu vaccination programme – approx. 4100 with approx. 3000 in 4 off-site mass vacc session
- Preparing for COVID vaccination programme
- Restarting group video consultations for people with long-term conditions



# Shift of activity

Nuffield Trust analysis of urgent care activity 2019 and 2020 (published 6/11/20)

- GP - number of appointments dipped April/May then jumped back up to normal levels in June
- August dip – holiday dip
- Trend of rising GP activity
- A&E visits plummeted in April and have risen but not to historic levels
- 111 spike at 1<sup>st</sup> CV19 wave Feb-March, smaller rise July-Sept
- Not clear if this data will change significantly during 2<sup>nd</sup> or subsequent waves
- No clear if this signals some longer term shifts of care

## Use of urgent care services prior and during the pandemic (contacts per day)

05/11/2020

Chart



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Source: Nuffield Trust analysis of NHS England, [111 Minimum Data Set 2020-21](#), [Ambulance Quality Indicators Data 2020-21](#), [A&E Attendances and Emergency Admissions 2020-21](#) and NHS Digital [Appointments in General Practice August 2020](#) data.



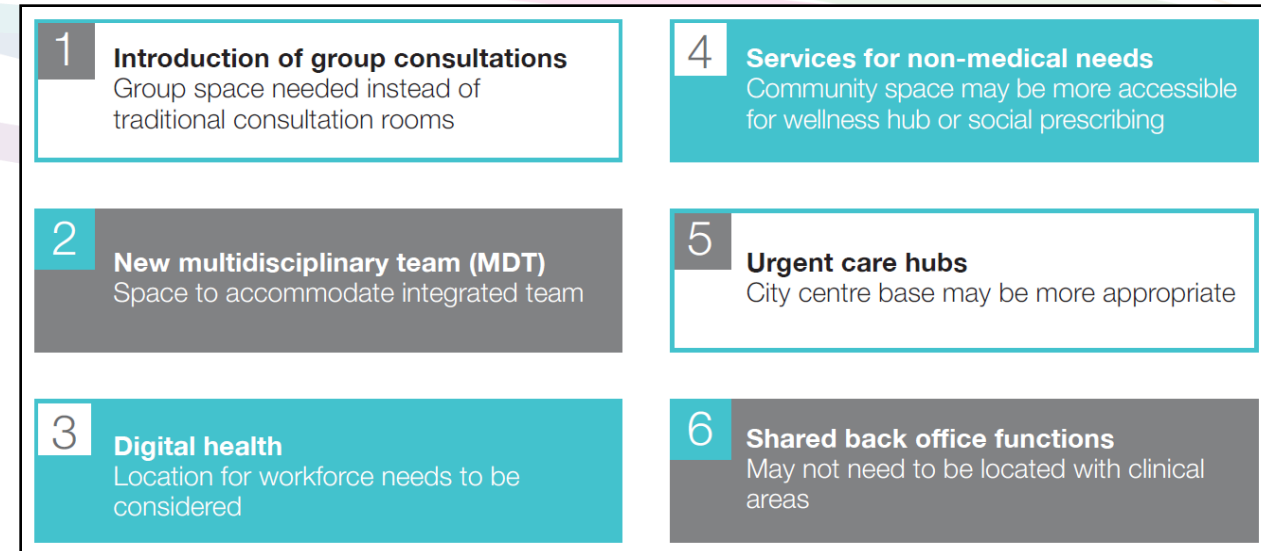
# The future

- Population health – 85% of health outcomes determined by social, environmental and behavioural factors
- Primary Care Networks and integrating care for populations
- Multi-disciplinary team based care
- Community support, community space
- Technology enabled care
- Self care pods / health literacy / health information
- Prepared for future pandemics
- Training and hosting wider group of professionals



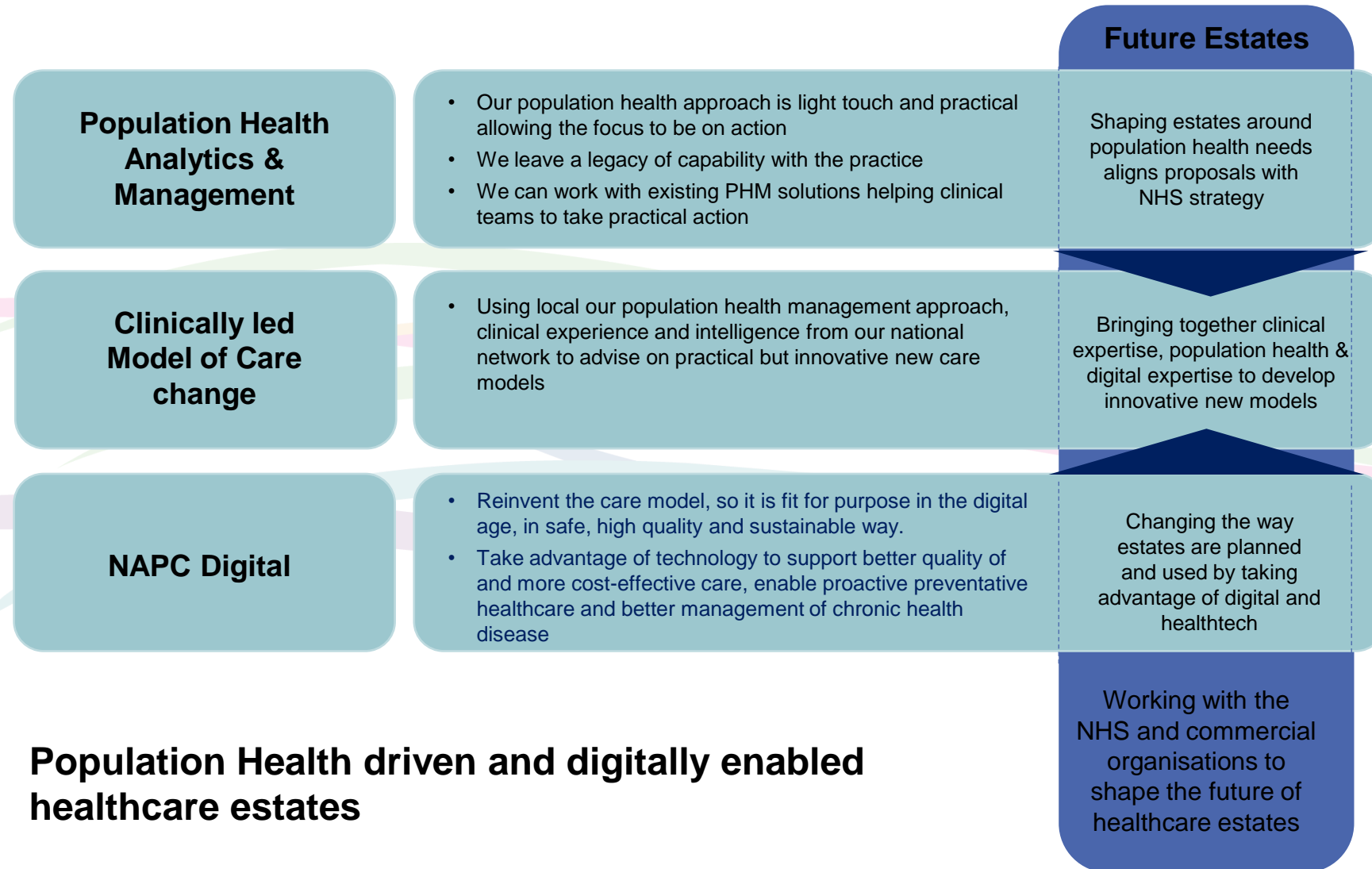
# The future of premises

- One public estate?
- Places for holistic care – calm, welcoming, excellent environments
- Infrastructure supports personalised care – patient pods, information systems respond to patients personal needs, enable digital inclusion, sensory needs
- Catering for groups of people – teams, local networks
- Accommodating more training and hosting of co-located teams and services
- Co-location with wellbeing activities – indoor and outdoor
- Zero-carbon buildings
- Capacity to zone and deliver social distancing and even drive through facilities

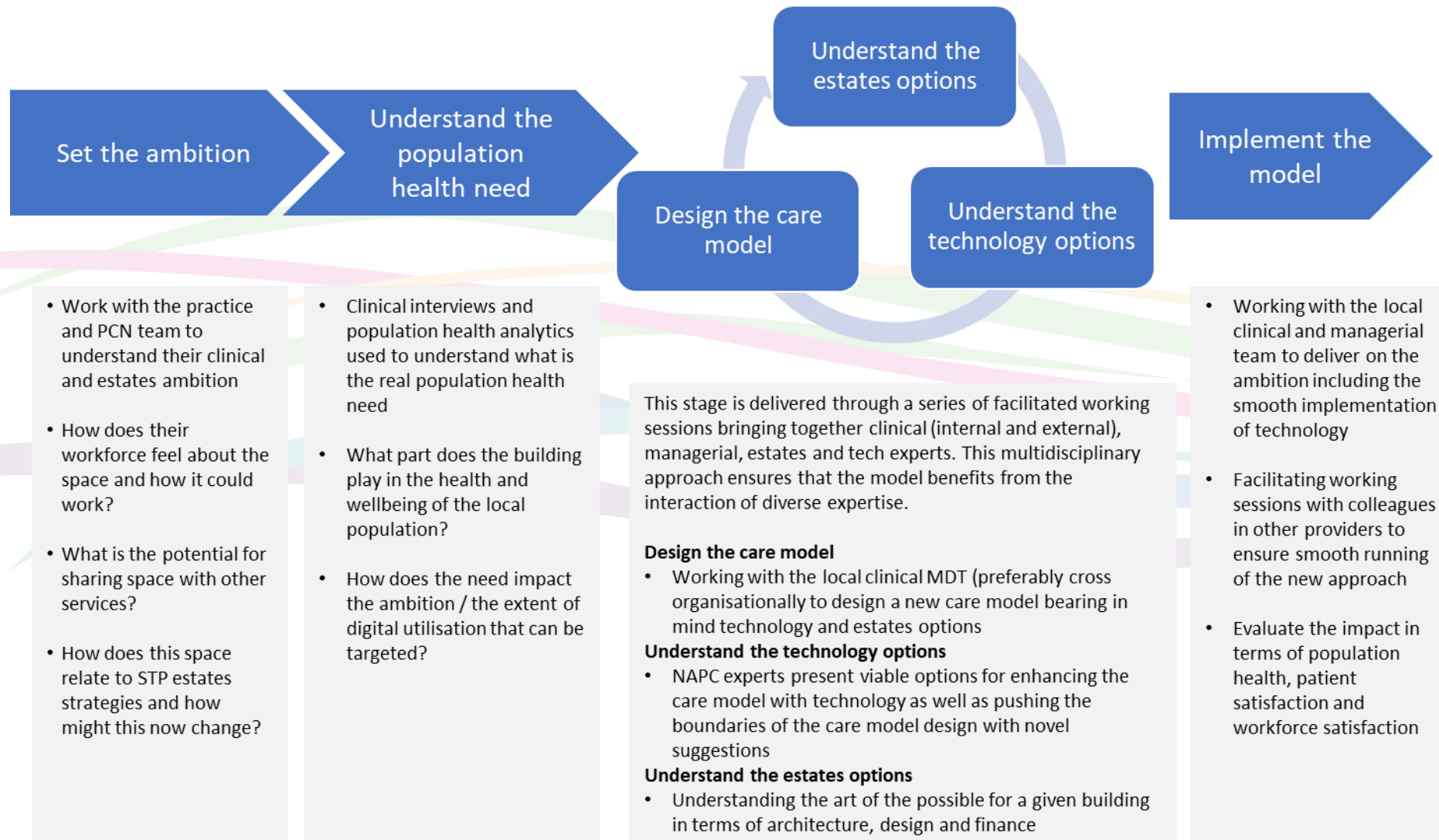




# NAPC bring some unique capabilities to the development of future healthcare estates



# Designing a new population health driven, technology enabled estates need



# What are we hearing and seeing?



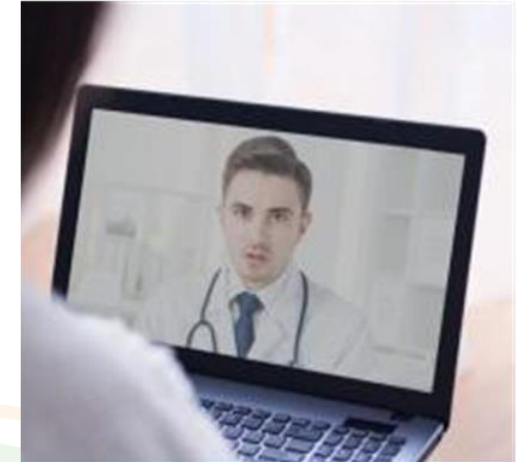
**Mobile technology**



**Patient self serve**



**Technology enabled  
new ways of working**



**Digital prescriptions  
and e-referrals**



**Interoperability**

