Post-publication introduction:
Reflections on the impact of COVID-19

COVID-19 update

The articles that make up *On Primary Care: General Practice, Pharmacy, Workforce* were prepared shortly before the UK went into 'lockdown' to slow the spread of COVID-19.

This means that our authors had not, at that time, had to deal with the global COVID-19 pandemic and the scale and intensity of the new challenges posed to our healthcare system.

With that in mind, we asked our contributing authors to write their own short reflections on where the COVID-19 pandemic has impacted upon the current operation of primary care, and where the experience of the outbreak and our response is likely to influence longer-term policy thinking in these areas.

In this short addendum, we present reflections on COVID-19 and:

We hope that these preliminary reflections shed some valuable light on the ways in which the primary care policy agenda will need to adapt to the new and disrupted environment in which our healthcare sector finds itself today.

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Primary Care Networks

NHS England was quick to respond to the pandemic, with the early publication of new Standard Operating Procedures for General Practices. This mandated remote access to primary care and set out procedures for using Personal Protective Equipment etc. The roll out of the Primary Care Network contract was also modified, with delay in the introduction of the service specifications and a blanket provision of the Investment and Impact Fund incentive monies to all PCNs without the need to meet the relevant targets.

It is clearly too early to tell how the PCN programme has been impacted by the pandemic, but two issues seem pertinent for further consideration as the dust settles. Firstly, it will be very interesting to explore whether and how PCNs have played a role in the response to the virus. PCNs have been promoted as one of the solutions to our current primary care workforce and access crisis, supporting collaborative working and the employment of a wider variety of types of practitioner. A crisis such as this would seem to be a good test of that proposition. Have areas with well-developed inter-practice collaborations fared better in the crisis?

The second interesting question is the reciprocal of this. How has the pandemic affected the development of PCNs? The lockdown occurred just as PCNs were absorbing the contract changes and considering how they would tackle the various service specifications. This work will have been halted to accommodate the urgent work needed to provide pandemic-related care. Recruitment of new practitioners may also have been halted, as current and future staff were mobilised and redeployed to support acute care. Finally, whilst the service specifications as a whole were paused, in April 2020 Simon Stevens announced that the Enhanced Health in Care Homes service specification was to be accelerated to provide additional support for the struggling Care Home sector. This provoked consternation amongst GPs, who were themselves struggling to provide care in unprecedented circumstances.

As primary care recovers from the first phase of COVID-19 and prepares for a possible second wave over the winter, Primary Care Networks should have an important role in supporting co-ordination between practices and providing mutual help in navigating the changing circumstances. Providing existing and (hopefully) new vaccinations, supporting Care Homes, and helping with 'test and trace' operations will all require primary care to be flexible and to work closely with other sectors; if they work well, PCNs will be the ideal vehicle to help make these things happen.

Health and Wellbeing Boards

It has become apparent that the risks from COVID-19 are further exacerbated by social and economic inequalities, and issues linked to ethnicity, gender, age and underlying health conditions. The strength of developing place-based initiatives in England is that they focus on the impact of the wider determinants of health (housing, employment, transport etc.), not just ill-health (in press) and HWBs are uniquely placed to help align policy and provide strategic direction in a place setting. In addition the pandemic has exposed the fragilities of the health, social care and public health systems in England.

According to the Local Government Association, Health and Wellbeing Boards have not generally met during the COVID-19 crisis. A HWB "is not an operational arm of place" (p3) and the majority of HWB members (including Directors of Public Health, Directors of adult social care, CCG accountable officers, acute CEOs) were fully engaged in frontline and emergency responses. With the immediate crisis coming to an end, HWBs will have an important role to play in the recovery of local systems.

There will be a challenging path to navigate between the need to re-evaluate priorities in the context of the pandemic (updating the Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy), making plans to reduce the health and other inequalities exposed during the last few months and short term action required to avoid subsequent potential waves of the virus, all in the context of the difficult financial environment. Future integrated working between organisations and sectors will be key to recovery and sustainability of local healthcare economies and the communities they serve.

Integrated Care Systems

The coronavirus pandemic has provided an early test for existing and developing Integrated Care Systems (ICSs). The programme of designating areas as ICSs has continued through the pandemic, with four new Systems named in May. There is some consensus that ICSs have been very important in the corona virus response, and that the experience of working together to solve the myriad of problems arising from the need to rapidly re-engineer care in all sectors has led to a new appreciation of their value and role.

In our pre-COVID assessment of the role of ICSs we highlighted the need to consider a more formal statutory underpinning for them, and it would seem that emerging ICS leaders agree, with an increasing proportion of ICS leaders telling the Health Services Journal that they feel that status as a formal statutory body will be important in the future. It also seems likely that the huge problems associated with the growing backlog of elective hospital care will need to be addressed at ICS rather than individual provider level, with pooled waiting lists and cooperation between hospitals. This would suggest that the era of care provided by competing independent Foundation Trusts is finally over; what this will mean for patient choice remains to be seen.

It would seem that the need for a co-ordinated response to the pandemic has probably accelerated the development of ICSs. However, as the emergency eases, careful attention will need to be paid to governance and accountability and to ensuring that all voices are heard.

Pharmacy

Community pharmacies experienced considerable additional demands on their services in the early weeks of the Covid-19 lockdown. At a time of great need, community pharmacies were one of the few healthcare providers that remained open for urgent care and advice. Indeed, additional funding made it a requirement for pharmacies to remain open over the Easter and early May bank holidays.

One of community pharmacy's core functions remained the continued and safe supply of medicines, including to patients living in care homes. Pharmacies were funded to provide a medicines delivery service for shielding patients whose medicines could not be collected. This funding will end at the end of July, and whilst many community pharmacies offer medicines delivery services, these are not normally funded.

The COVID-19 pandemic has seen increases in electronic transfer of prescriptions and electronic repeat dispensing, thus avoiding the need for personal contact and paper prescriptions, and accelerating progress towards a paperless NHS. In cases where prescriptions could not be obtained, pharmacists could use already existing mechanisms, such as emergency supplies, to secure continued access to prescription medicines. Further contingency legislation was made for the supply of controlled drugs during a pandemic, and this can be activated if needed.

As the health service will remain under considerable pressure, community pharmacies offer the potential to provide acute care and become further integrated within NHS111 referral. Community pharmacies' role in public health can be built on further, including virus testing and COVID-19 vaccinations when available. There is a particular opportunity to recognise pharmacies as assets within their communities and maximise their contribution to addressing health inequalities, which has particular relevance in relation to COVID-19.

Moving forward, it is essential that the positive changes to pharmacy practice are not lost in the wider recovery from the coronavirus pandemic. Community pharmacy will be able to play a constructive role in servicing the pent-up demand for everyday medical treatments that have been put on hold during the acute phase of the pandemic. To do so, however, it must be properly supported, integrated into our local healthcare systems, and recognised as a central, front-line service with a vital role to play.

Workforce

Across the UK, primary care responded to the coronavirus pandemic in various innovative ways by increasing use of telephone and video consultations, collaboration between practices to establish separate services for suspected COVID-19 cases, and remote working. While the extent to which practices continue with or reverse the shift to remote working remains unclear, some have predicted that the landscape of general practice has permanently changed.

During the crisis, the healthcare workforce was strengthened by re-registration of healthcare staff who had left the NHS and early deployment of final year medical and nursing students. However, there are indications that up to 20% of the health and social care workforce may leave after the crisis has passed and it is unclear whether returning workers will remain.

Overall, fewer consultations took place during the national lockdown and there was a marked and sustained decrease in urgent and routine referrals. It appears likely that primary care services will be significantly stretched due to these delays alongside continuing physical and mental health problems arising from the pandemic.

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