

Ref: FOI 019

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26th June 2020

Dear Requestor

Request made under the Freedom of Information Act 2000

On 9th June 2020 you sent a request, made under the Freedom of Information Act, relating to primary care community hubs. I now provide this information as an attachment.

I trust that this is the information you require and that your request has been fully discharged.

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If you are unhappy with this response, you are entitled to request an internal review of our decision, handled where possible by a member of staff not directly involved in the initial decision. If you wish to request such a review, please write direct to the Data Protection Officer, NHS Dorset, Ground Floor, West Wing, Vespasian House, Barrack Road, Dorchester DT1 1TG. We aim to deal with requests for internal review within three weeks of receipt, although where the issues involved are very complicated this period may be extended up to a total of six weeks.

If you have queries about this response, please do not hesitate to contact me quoting the above reference number.

Yours sincerely

Signature Removed

Paddy Baker
Data Protection Officer
NHS Dorset Clinical Commissioning Group

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Q1a:

Are hot and cold hubs being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively? If so, please could you indicate the numbers of each if possible.

Response:

Yes, hot and cold hubs are being used to deliver face to face primary care. There are 19 hot hubs and 79 cold hubs.

Q1b:

Are hot and cold sites (or red and green sites co-located within primary care settings) being used to deliver face to face primary care to patients with suspected/ actual COVID-19 symptoms and non COVID-19 symptoms respectively?

Response:

Yes, there are 18 sites with hot and cold zones.

Q1c:

Is a different model to 1(a) or (b) above (including home visits, or other models) being used? If so, please describe this.

Response:

Home visits are made to certain patients in addition to the above model as required in line with PCN operational guidance.

Q2:

Are each of the models used in 1(a) to (c) available to the entire population, or only in certain locations/ for certain populations (please specify any such distinctions e.g. those shielding; frail elderly populations, etc)?

Response:

Hot hub and zone models are available to the entire PCN population.

Home visits are for housebound or care home patients who after assessment need to be seen. These will be patients who fall into the following groups:

- Covid-19 positive with respiratory symptoms, or any other non-respiratory problems;
- Covid-19 positive End of Life;
- Non Covid-19 suspected work including End of Life;
- Highly vulnerable shielded patients.

Q3a:

Immediately prior to any changes in service delivery related to COVID-19, was the hub model being used to deliver Primary Care?

Response:

Most areas were offering Frailty services and/or care home teams as a hub model.

Q3b:

If so, how many hubs, where, and did these have specialist functions or were they accessible by all patients at practices which fed into them?

Response:

Across Dorset there has been the development of enhanced frailty and care home services over the past 3-4 years. The majority have chosen to work as a locality/network in order to create resilient, multidisciplinary teams. Since Covid-19 this approach is now in place for all PCNs.

Q3c:

If a hub model was not being used to deliver Primary Care immediately prior to any changes in service delivery with respect to COVID-19, had you previously used a hub model but stopped? If so, why was the decision made to stop using this model?

Response:

Not Applicable.

Q4:

Are you planning to evaluate your COVID-19 model(s) for face to face Primary Care consultations? Please provide any interim data concerning this for potential inclusion in our review. Please also provide any other relevant documentation regarding face to face primary care service delivery during the COVID-19 pandemic which could be helpful to our study.

Response:

We have sought feedback from PCN clinical and operational leads as well as PPG chairs but will not be formally evaluating these models.