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**To all practices Surrey and Sussex LMCs**

11th November 2020

Dear Colleagues

**Preparation for General Practice to contribute to a Covid19 Vaccination programme**

I am writing to all practices to summarise NHS England’s proposals to commission a Direct Enhanced Service to enable General Practice to support a national Covid19 vaccination programme.

Colleagues will be aware there has been considerable speculation in advance of NHS England’s documentation, provided yesterday, and that the proposed timescales for GP practice participation are precipitate. NHS England wishes to prepare for a potential December roll-out of the earliest available vaccine, although it is unlikely significant volumes will be available before early 2021 and NHS England’s proposals do anticipate an increased level of vaccination over the coming months. This timescale is dependent on the MHRA licensing process, and vaccine supply and deployment. The Joint Committee on Vaccination and Immunisation [JCVI] has published preliminary prioritisation proposals, based on an individuals risk and occupational status, with residents of care and nursing homes, the >80 years old and frontline medical and social care staff being in Cohorts 1 and 2, these will be finalised based on trial results.

NHS England has published, in lieu of a final DES specification, two guidance documents:

1. Annex A: describing the indicative [as some aspects of vaccine delivery are not yet known] Enhanced Service specification
2. Annex B: General Practice site designation process, which describes the process for identifying initial General Practice vaccination sites, with the specification required of such sites, together with a CCG-led assessment and recommendation process.

These documents are available at:

<http://www.england.nhs.uk/coronavirus/primary-care>

Although the DES is to be offered at a practice level, practices are expected to co-ordinate and deliver Covid19 vaccinations at scale by collaborating in PCN groupings, and given that not all practices are likely to participate, practices and PCNs may wish to collaborate with neighbours, and larger PCN groupings [>100000 according to NHSE guidance] may wish to nominate more than one site. Ideally a GP practice premises should be used, unless an alternative provides greater convenience and compliance with the designated site specifications, which are listed in detail in Annex B, to which colleagues intending to participate in the DES should refer.

Under current proposals, PCN groups should submit a proposed designated site to their CCG by 17th November; there is a template form to do this. The CCG will then conduct a site assessment before submitting proposals to NHS England; NHS England will consider factors such as area geographical coverage and patient equity of access. Not all designated sites may therefore be approved, at least initially when vaccine supply is limited and many of the priority cohorts may not be able to attend a site

The indicative DES specification [Annex A] describes the probable arrangements that will be required of participating practices; unfortunately this is not a final version and there are a number of uncertainties in terms of the commitments that practices will be expected to fulfil if agreeing to participate in the DES; in particular colleagues should note that practices will need to provide ‘the majority’ of the staff required at the designated site from their own workforce, although some volunteer and redeployed staff may be available under local arrangements. In addition the only guaranteed reimbursement under the DES is an Item of Service of £12.58 per vaccination, payable on completion of the final dose [£25.16] unless exceptional circumstances mean a second dose is not delivered, in which case a single IoS will be paid. CCGs may be able to provide what would be discretionary funding analogous to that provided for the flu programme [such as venue hire and signage] if necessary.

In terms of vaccine delivery, colleagues should note: -

* Practice groups will need to be able to deliver a minimum of 975 vaccinations per seven-day period, or multiples of this.
* Designated sites will need to be potentially able to offer a vaccination service 8.00a.m – 8.00p.m, seven days a week, including Bank Holidays, although this utilisation will depend on vaccine supply
* Planning should anticipate two doses of vaccine will be needed, probably 21 days apart, and that vaccines will need drawing up and may require dilution. There may also be time constraints at ambient temperature and temperature storage requirement
* A period of socially-distanced patient post vaccination observation will be required.
* The vaccine, and consumables linked to its delivery [including needles, syringes, and diluents [if required]] will be provided free of charge
* PPE requirements will be as for flu immunisation, with PPE available via the national portal
* A national PGD will be available

Colleagues should also note the following points: -

**Indemnity**: clinical negligence cover will be provided by CNSGP, including vaccination by employed or engaged staff of patients not registered at their practice

**Call – recall system:** The NHS will operate a national programme inviting patients to book an appointment, participating practices will also be asked to contact eligible patients, and can join the national direct booking arrangements subject to meeting the additional [ as yet unspecified] requirements involved. Practices will need to ensure they use all vaccine supplies made available.

**Consent:** A national consent form will be available, together with clinical guidance on the administration of the vaccine. Pre and Post vaccination information material will be nationally available for practices

**Training:**  An online training module will be provided; and Standard Operating Procedures will be published; practices will be responsible for overseeing and recording training compliance.

The Government, via the Human Medicines [Coronavirus and Influenza] [Amendment] Regulations 2020 has widened the range of those allowed to administer the vaccine under supervision.

**Housebound:**  The Covid19 specification will state that the practice must make all reasonable efforts to ensure the patient is vaccinated if unable to attend the designated site, and suggests CCG support will be available, for example, via community providers to deliver such vaccinations, although there are no firm details of this

As these arrangements involve groupings of GP practices that may not completely represent current PCN memberships, especially if GP practice participation in the DES is patchy and a wider footprint is being used, all collaborating practices will need to sign a Covid19 Enhanced Service Vaccination Collaboration Agreement. NHS England will provide a template for this which can be adapted locally. This will describe arrangements for:

* Patient record sharing arrangements in line with GDPR
* Reporting arrangements for activity data, vaccine stock, designated site capacity, and other commissioner required details
* Call/recall arrangements
* Arrangements for sharing and deploying staff
* Financial arrangements
* Arrangements for the use of the designated site
* Sub-contracting arrangements [if in place]
* Arrangements for vaccinating patients [including unregistered patients and Practice staff] to ensure CNSGP cover applies

The above is a summary of the three original documents available at:

<http://www.england.nhs.uk/coronavirus/primary-care>

1. 9th November Letter: Urgent Preparing for General Practice to Contribute to a potential Covid19 Vaccination Programme
2. Annex A: Indicative Enhanced Service Specification: Covid19 Vaccination Programme 2020/21
3. Annex B: General Practice site designation process: Covid19 Vaccination Programme 2020/21

**LMC Guidance**

General Practitioners and their practice teams are under unprecedented pressures both in terms of patient demand and expectations and the challenges faced by individuals within those teams.

Participation in the Covid19 vaccination programme is voluntary, as it is a DES, and no colleague should underestimate the likely administrative complexity in organising and sustaining delivery of this programme via each designated site. This will require on-going managerial time and clinical oversight, in addition to the responsibility for ensuring the staff required at the designated site are present to deliver what will inevitably be an increased volume of vaccinations over the coming months, implying longer operating periods at the site. This is an open-ended commitment. The LMC does not believe the DES reimbursement arrangements are adequate: with this letter I enclose a cost calculator to enable practices to feed in their own assessments. This calculator makes a number of assumptions colleagues should consider; any queries regarding the calculator should be sent to Dr Darren Tymens

Darren.tymens@sslmcs.co.uk

NHS England has also made it clear that ‘General Practice is and will continue to remain fully open’; it does state that the additional workload of a Covid19 vaccination programme may require practices to prioritise clinical activity, but offers no assurances to General Practice about the nature of the prioritisation it will support, nor any financial reassurances beyond a reference to the current QOF historic payment arrangements. Local CCGs are asked to take “sensible decisions” regarding Locally Commissioned Services, but across the SSLMC Confederation this has already been agreed. NHS England does ask CCGs to ‘repurpose’ Extended Hours and Improved Access capacity to support the vaccination programme, which may be an opportunity for local negotiation.

Therefore, colleagues may believe, in the LMCs view correctly, that there is significantly more NHS England could have offered via this DES to support and encourage GP practice participation.

Colleagues should also consider the reputational impact of deciding not to participate in the programme; however, if the reason for doing so is because practice partners have decided all practice managerial and clinical resources and capacity need to remain focussed on continuing to deliver GMS/PMS core contract services and QOF, this would seem justified given NHS England’s continuing expectations of a maintained service.

Colleagues may also consider negotiating a subcontracting route, with, for example, local Federations or Community Trusts, if willing, but will under such arrangements nevertheless retain contract responsibility for DES delivery.

Colleagues should note there are well advanced arrangements in most areas, led by Public Health and Local Authorities, to support a mass vaccination campaign, and the DES is described as an opportunity for General Practice to contribute to a potential Covid19 vaccination programme, alongside other providers. It will not represent the only local element of covid19 mass vaccination delivery

I hope this background is helpful; please contact the LMC Office with any queries.

With best wishes



Dr Julius Parker

**Chief Executive**

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