**To All Practices in Surrey and Sussex LMCs**

22nd July 2021

Dear Colleagues

**LMC Guidance: Enhanced Service Specification for Phase 3, the COVID-19 Booster Vaccination Programme**

NHS England have now released the Enhanced Service specification for the next Phase (Phase 3) of the COVID-19 Vaccination Programme [CVP], the Booster campaign which will be undertaken between September and December 2021.

This LMC Guidance summarises the key contractual elements of the COVID-19 Booster Enhanced Service. The 2021/22 Seasonal Flu DES is likely to be substituted by a Seasonal Flu Enhanced Service, which has not yet been released, and may not be available before the expression-of-interest date for the Phase 3 CVP specification of 28th July. These are two separate programmes, with separate Enhanced Service specifications; practices should continue to plan to deliver their Seasonal Flu campaign as normal, and the LMC Flu Guide will continue to be updated as further information becomes available

The LMC has been liaising with local CCGs in relation to both the Flu campaign, and the COVID-19 Booster campaign. Phases 1 and 2 of the COVID-19 Vaccination Programme have been a significant success across the SSLMCs Confederation area, one key to that has been a flexibly delivered model tailored to local circumstances and GP practice capacity, which will continue.

As a reminder, **National Enhanced Service** specifications:

* Cannot be amended locally (by CCGs), although additional locally commissioned services or incentive schemes can support the Enhanced Services being commissioned
* Can be amended by NHS England and are thus used in situations where elements of a programme are uncertain. This is the case with the COVID-19 Booster campaign, where trial data is still awaited in relation to:
* Co-delivery of the Covid vaccine(s) and flu vaccine(s).
* Appropriateness of administration of any particular Covid vaccine given a patient’s previous Covid vaccination history

There may also be changes in the JCVI recommendations for the Booster campaign eligibility, such as the inclusion of at risk under 18-year-olds.

Whilst the justification for using an Enhanced Service rather than the DES as the contractual vehicle is clear, this does create uncertainty for GP colleagues; however, normally it is possible to withdraw from the Enhanced Service if it is substantially altered, as was the case when Phase 2 of the CVP was introduced.

On 1st July NHS England wrote a **system planning letter** describing the intentions of the Phase 3 Booster campaign. The LMC circulated an update on this on 6th July. The campaign will deliver the Booster vaccine in two stages, based on eligibility, with Stage 1 commencing on 6th September and Stage 2 as soon as possible afterwards, both to be completed by 17th December. In addition, participating Collaborative Groups will need to maintain:

* An ‘evergreen’ offer of COVID-19 vaccination for individuals who have never been vaccinated.
* Completion of any outstanding second doses in the Phase 1 and Phase 2 CVP.

GP practices were asked to continue to ‘plan for the 2021/22 seasonal flu campaign as normal’; however, NHS England expects an element of co-administration of the Flu and Covid booster vaccines if trial data supports this. This creates a degree of uncertainty for GP practices in terms of the model of delivering both vaccination programmes: LMC advice is that GP practices should at present plan to deliver their flu campaign as normal, whether or not practices decide to participate in the Covid Booster Enhanced Service. NHS England is prioritising co-delivery in residential care and domestic housebound settings, and in Acute Trusts.

The planning letter also suggested NHS systems planned for General Practice delivery of between 40-75% of the Covid Booster campaign vaccinations: this is neither a target, a cap or a ceiling, but a planning model. It recognises that:

* Participation in the Covid Booster vaccination Enhanced Service is voluntary for GP practices, but Phase 1 and 2 have been very successful
* There is a very significant on-going workload being delivered by GP practices, together with workforce pressures, which means some GP practices may not be able to deliver the Booster campaign, although may be willing to participate and sub-contract vaccination delivery
* NHS England will need to continue to offer other vaccination sites, including Community Pharmacies, who are being offered an alternative Enhanced Service Booster specification, but with no guarantee of sign up. Mass vaccination and ‘pop-ups’ sites will also be available options

As with the initial Phase 1 and Phase 2 CVPs, both the LMC and CCG are clear that GP practices should:

* participate in the COVID-19 Booster programme if they wish to do so, based on their successful experience so far
* have capacity to maintain other workload expectations, including the 2021/22 QOF; discussions will be held about LCS support in Q3
* Practices should not let uncertainties over the way the Phase 3 programme will be delivered or the way it will link with the seasonal Flu vaccination programme be the primary reason for deciding to participate, or not participate, in Phase 3 of the CVP.

The LMC recognises that many GP colleagues would prefer the option of delivering the Phase 3 Booster programme via a GP practice-based delivery option. At present the feasibility of this depends on the portability of the Booster vaccine(s) to be used, but if allowable may form a significant element of the programme, depending on the wishes of participating practices within each Collaborative Group. Other options, such as subcontracting to a third-party organisation, and a Collaborative Group hub model, are written into the Phase 3 Enhanced Service specification, as for Phases 1 and 2.

NHS England is offering current **Collaborative Groups** two options:

* Extending the current Phase 1 and 2 Enhanced Service to 31st October 2021, but not participating in Phase 3 and therefore not giving Booster vaccinations.
* Introducing the Phase 3 Enhanced Service; if practices express an interest and then sign up to this, their Phase 1 / 2 Enhanced Service will be terminated, and both Booster vaccinations, but also the other continuing Covid vaccination programmes noted above (‘evergreen’ and outstanding second doses) will be delivered under the Phase 3 Enhanced Service.

GP practices have the opportunity to reform their **Collaborative Groups**; this allows practices to participate in Phase 3 even if they have not participated in Phase 1 and/or Phase 2, or to create a geographically more efficient or appropriate configuration. Each Collaborative Grouping must have an identified **Designated Site**, which may be the same as the current one. Despite pressure, NHS England have not supported an individual practice vaccine delivery model for the GP Enhanced Service, however, depending on vaccine characteristics and the purpose of doing so, such as improving health inequalities, transfer of vaccines from the Designated Site for delivery elsewhere is allowable.

All Collaborative Groups will need to sign a **Collaborative Agreement**; this, together with current subcontracting arrangements if applicable, may be adapted from the current Agreement if there are no significant changes.

The current JCVI guidance in relation to eligibility may change; if so, the Enhanced Service will be amended to reflect this. In addition, as now, the Collaborative Group should be able to vaccinate eligible patients who:

* Are registered with any practice within the Collaborative Grouping.
* Are registered with a practice outside the Collaborative Grouping.
* Are unregistered with an NHS GP practice.

where the patient chooses this option.

Participation in the National Booking Service is not required but is available to support access to appointment booking.

The individual **vaccination payment** of £12.58 remains unchanged; in addition, an additional payment of £10 will be made for vaccinations:

* To patients living in a Care or Residential Home setting, and
* To staff employed or engage by a Care or Residential Home, where, in both cases, the vaccination occurs in that setting.
* To housebound patients.
* To homeless patients in hostel/hotel accommodation if attendance at a vaccination site would not be possible.

The current £10.06 payment for the seasonal flu vaccination will continue to apply, whether or not this is co-administered with the COVID-19 Booster vaccination.

NHS England is moving to a **‘capped pull’ vaccine ordering system** for Phase 3 Designated Sites: this is in response to feedback from practices, although it may also facilitate order levels if a pooled flu vaccine supply is occurring concurrently. As now, NHS England expects to centrally supply vaccine consumable (such as syringes) to Designated Sites, but providers will need to purchase other non-vaccine linked consumables, such as handwash, waste bags, and sharps bins, for example, as practices would normally do so for vaccination programmes, unless as in some areas other arrangements are operating

NHS England is also intending to improve the **current IT infrastructure** for the Phase 3 programme, including better point-of-care recording of certain eligible cohorts, such as health and social care workers, and the recording or co-administered vaccinations. It is also intending to share data between national and local booking systems to minimise competing appointments and DNAs. It might be wise for Collaborative Groups not to expect or rely on these improvements being definitely in place by the start of the Phase 3 programme.

All practices should have been contacted by their CCG with an invitation to **express an interest** in delivering the Phase 3 Enhanced Service by 5pm on Wednesday 28th July. This is not at this stage an irrevocable commitment. This must be via membership of a Collaborative Group. Practices should be aware they are confirming they have the capacity and workforce to deliver this programme alongside their core primary medical services contract.

Final arrangements will be confirmed by late August. In situations where a new Designated Site is proposed, there will need to be a specific site designation criteria assessment process. Collaborative Groups should also identify any changes (additional participating, or now not participating, practice members) to their CCG by 28th July, and indicate if their current Collaborative Group intends to continue with the Extended Phase 1 and 2 Enhanced Service rather than sign up to the Phase 3 Enhanced Service. This information allows CCG/NHS England planning, including any need for additional capacity.

I hope this summary is helpful; clearly there are some uncertainties in terms of the format of the Phase 3 CVP, most particularly in terms of the potential ability for co-administered seasonal flu vaccine delivery, and the COVID-19 vaccine(s) that will be used

However, GP practices should make an individual decision on participation in Phase 3, via a Collaborative Group, and continue to plan for their seasonal flu programme as now. The Phase 3 booster programme and flu Enhanced Services are separate services and can have different delivery models, and although it may be desirable for vaccines to be delivered together, this, might not be feasible for all patients in all circumstances.  If it is, co-delivery at a GP practice site is likely to be the most efficient.

With best wishes



**Dr Julius Parker**

Chief Executive