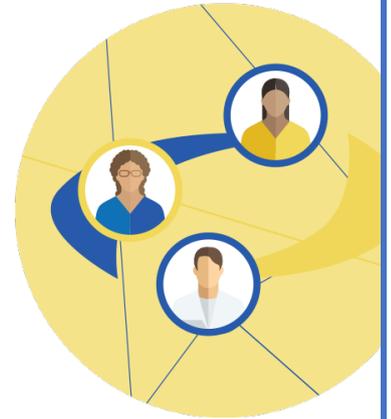


Beds & Herts LMC Ltd: Weekly Update for Practices, Friday 12th March 2021



Covid-19 vaccination programme next phase

Please see below a summary of the key points for the next phase as produced by this LMC and the full message from Dr Richard Vautrey, Chair of GPC, telling LMCs and practices about this next phase.

- The Enhanced Specification (ES) practices signed up to in December 2020 only covered cohorts 1 to 9, with the assumption that the mass vaccination centres would deliver the vaccine for cohorts 10 to 12 (covering 18 to 49 year olds)
- PCN groupings are now being asked if they want to sign up to an extended ES to deliver the covid vaccine for cohorts 10 to 12
- PCN groupings need to make an opt-in or opt-out decision by **11.59pm on Friday 19th March 2021**
- All practices in a PCN group must either opt-in or opt-out. However, within the groupings, practices have the latitude to decide how they operate as long as the patient population is covered (allowing for practices within the PCN grouping to be silent partners)
- If PCNs choose to opt-in they must satisfy the commissioners of the following three things:
 1. The practices can fulfil the requirements of their core primary medical services contract from April 2021
 2. That the PCN grouping has sufficient workforce capacity to deliver the vaccination programme
 3. That first dose vaccinations of cohorts 1 to 9 are sufficiently complete (i.e., the GP practices' collective PCN grouping registered patients in cohorts 1 to 9 have all been offered a vaccination)
- If PCN groupings opt-out they will still be contracted to deliver the first and second doses to cohorts 1 to 9
- The majority of the terms of the ES remain the same, including the payment per vaccine delivered
- The additional payment for CDs will be extended to quarter 1 of 2021/22
- PCN groupings will no longer be restricted to vaccinating patients registered at their constituent practices, meaning a patient could theoretically be vaccinated by any PCN in the country
- PCN groupings will be invited to express interest in using the National Booking Scheme (NBS) to manage the bookings for patients in cohorts 10 and 12

The NHSE letter about the next phase of the COVID Vaccination Programme (under 50s) has now been published here <https://www.england.nhs.uk/coronavirus/publication/role-of-pcn-lvs-sites-in-phase-2-of-the-covid-19-vaccination-programme/>

Please see below the message from Dr Richard Vautrey, Chair of GPC, telling LMCs and practices about this next phase.

Practices and PCNS have until **23.59 on Friday 19 March** to decide to sign up to/opt out from this extension to the Enhanced Service (ES).

We are sending this information out now so that people have as much time as possible to consider their options. At the LMC we are still working through the possible implications of the extension to the ES and are involved in ongoing discussions with the GPC and other LMCs. We hope to be able to produce more information about the extension to this ES on Tuesday 16 March, clarifying issues that are being raised around the country. If you have any questions about this extension to the ES, please do contact us at the LMC office and we will do our best to help you with them.

Dear Colleagues,

You will be aware there have been suggestions that GP practices should not be involved in the covid vaccination programme once the current groups 1-9 have been vaccinated and that mass vaccination centres and pharmacy should vaccinate the remaining population. Having taken soundings on this we did not believe that would be what many practices wanted, and that we should instead enable a choice of participation.

I therefore want to let you know that we have now agreed with NHSEI that we will amend the Enhanced Service in England to allow PCN practice-sites to administer vaccinations to patients between the age of 18 and 50, which are not currently covered in the ES. The service specification arrangements for this second phase of the programme will mirror the arrangements for the first phase, and sites will still accrue the £12.58 item of service fee for each vaccine administered. It will be delivered using the Oxford/AZ vaccine which as we know can be moved to member practices to be delivered locally where appropriate to do so.

This is an extension to the existing ES specification, and existing practice sites will be able to opt-out of delivering this second phase of the vaccination programme if they want to, although they should then still complete the 2nd dose delivery for groups 1-9.

To ensure full population coverage in an area, each practice in the PCN grouping must opt in/out as appropriate – there cannot be a split where some are involved in this second phase but not others. However, this relates to the opt-out of this part of the ES Spec, not to the specific delivery of the programme – as long as all patients in the PCN grouping are able to access the vaccine, existing arrangements (eg silent partners, and subcontracting) may be utilised

Those not already delivering the vaccination programme for cohorts 1-9 will not be eligible to deliver this extension, without opting into (and being approved for) the whole vaccination programme. However, by then most of 1-9 will have been done other than some 2nd doses.

Because of the likely rapid movement to the next phase, due to the increased availability of Oxford/AZ vaccine, practices will need to inform the Commissioner of their intention to opt-out of this second phase of the programme, by 23.59 on Friday 19 March 2021 (but sooner if possible).

There are three main criteria, which practices will need to fulfil before they can be approved to deliver this second phase. Each practice in the PCN grouping will need to give assurance that they are also able to fulfil their other contractual requirements of delivering clinical care to patients, as outlined in the contract agreement letter published in January. Each practice in the PCN grouping will also need to confirm that for this second phase practices will be using additional workforce capacity such as drawing on the national pool as well as local volunteers and staff doing overtime. This is to try to reduce the workload impact on practice team members.

In addition, the PCN grouping should have invited all eligible patients in cohorts 1-9 for their first dose, and made significant progress to vaccinating them, and that they can deliver second doses for all those patients that have already received their first dose.

There will be a light-touch assessment from CCGs on the three above criteria, but this should not be onerous for practices – an assurance and explanation should suffice – full workforce plans, and service delivery plans will not be required.

Importantly, we have also agreed that the additional funding for PCN clinical directors we previously secured will continue for the first quarter of 21/22. As before, this can be used to support other key members leading on the vaccination programme within a practice group.

Practices will need to carefully consider these criteria when deciding whether they are prepared to undertake this second phase. In addition, practices will need to consider/decide what "business as usual" looks like for them during the remainder of the pandemic and as lockdown measures are eased over the next few months. QOF will not be income protected for 21/22 however planned PCN service specifications and further IIF indicators for the coming year will not be implemented until October at the earliest. At the same time PCNs will still receive the significantly increased funding for workforce recruitment, and this workforce can be used to support the vaccination programme.

NHSEI is also offering for PCN groupings to express interest in trialling use of the national booking system (to replace their own booking systems) – there are some conditions of sign up for this which sites will need to consider carefully.

Finally, we have agreed a change to the full ES specification (ie not just for this second phase but for the whole programme) that practices will use the national naming conventions for coding appointments for vaccinations. This is so we can clearly demonstrate the additional appointments practices are delivering on top of their other activity. Further guidance will be provided on this, but it is not intended to require sites to change how they currently operate.

Information about this will be added to the NHSEI website shortly.

Best wishes

Dr Richard Vautrey

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