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

9 November 2020

Dear GPs, general practice teams and CCGs,

URGENT PREPARING FOR GENERAL PRACTICE TO CONTRIBUTE TO A POTENTIAL COVID-19 VACCINATION PROGRAMME

Several potential vaccines for COVID-19 are in the later stages of phase III trials. If one or more are authorised for use, the NHS needs to be ready to start immediate vaccination.

The NHS is a global leader in achieving high levels of vaccine coverage. The UK has one of the world's highest levels of public support for making a safe COVID-19 vaccine available and general practice is currently doing an outstanding job increasing coverage under the expanded winter flu programme. Through their place in local neighbourhoods, practices are well placed to reach out to our diverse communities and avoid inequalities in access. This means general practice will have an important role in a potential COVID-19 vaccination programme, alongside other providers.

Our plans for deployment of a COVID-19 vaccine build on the tried-and-tested rollout plans for influenza vaccine, which we deploy every autumn. Given the uncertainty over whether, and when, a vaccine may be approved, we are planning to be ready from any date from December with mass vaccination more likely in the New Year. Two potential vaccines - from AstraZeneca and from Pfizer, are likely to be the first that could become available. The Government has secured enough of each to vaccinate those most vulnerable to COVID-19, and will set out the prioritisation of any vaccine based on advice from the JCVI. The final phase III trial results will be able to tell us if a vaccine is safe, and how effective it is at reducing an individuals'

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risk from COVID-19. However, it is only when a vaccine is deployed that we will be able to know how effective the vaccine is at stopping transmission.

The BMA General Practitioners Committee in England has now agreed with NHS England and NHS Improvement the general practice COVID-19 vaccination service which will be commissioned in line with agreed national terms and conditions as an enhanced service (ES).

Due to the likelihood of complex logistics in this new supply chain, where a practice agrees to participate in this enhanced service, it will need to work collaboratively with other practices to deliver vaccinations in PCN groupings, and we anticipate at least one site being designated initially per PCN grouping. Those sites will need to collaborate with other community vaccination providers, as part of a co-ordinated local approach.

Annex A is a Reference Guide providing further information on the likely ask of general practice and the likely content of the ES service specification. Annex B sets out the process for designating sites nominated by PCNs to administer vaccinations. An indicative service specification will be published shortly. Aspects of a potential COVID-19 vaccination programme will be finalised when final trial results and licensing has occurred. The JCVI will then finalise cohort prioritisation, and which vaccines are most suitable for different cohorts. So while the information in the Reference Guide should be viewed as provisional it should provide practices with enough information to start planning. A final specification will be issued as soon as final details are clear.

Further details on the designation process and the key features of the specification are detailed below.

Designation process

A key requirement of practices wishing to deliver COVID-19 vaccination under the Enhanced Service is that the practice has access to a local vaccination site that meets the core requirements for COVID-19 vaccination. This letter begins the designation process (led by CCGs on behalf of NHS England and NHS Improvement).

PCN groupings will need to submit (using the specified form) to the CCG no later than Tuesday 17 November the details of the site (or sites) initially being nominated for designation and the names and contact details of all of the practices collaborating within the PCN (and with other local non-PCN member practices or PCNs as

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appropriate) who have agreed that the nominated site will be used to administer COVID-19 vaccinations to their patient population under the Enhanced Service. A CCG representative will then undertake a process to assess the extent to which the nominated site meets each of the specified criteria (covering vaccine storage, planning and co-ordination, site safety and security, vaccine wastage, space, workforce, patient experience, and handling, preparation, administration, aftercare, data collection and reporting). The CCG will subsequently make a recommendation to NHS England and NHS Improvement as to whether the site should be designated, and the PCN grouping will be informed of the outcome no later than Monday 23 November. It is likely that later in the vaccination process, additional sites will be designated.

Reference Guide setting out key features of the specification

The Reference Guide sets out key information about the programme including the likely features of the ES service specification.

The national programme will seek to ensure that the principle of equivalence applies between general practice and other providers, eg on funding, and that general practice will be given fair access to available vaccine supply rather than this being determined by another provider.

Our shared ambition is for general practice to remain fully open and accessible to all patients. We also recognise that the additional workload of a COVID-19 vaccination programme may require practices to prioritise clinical activity. Further reassurance on income is provided by the existing funding guarantee for the QOF in 2020/21.

We also recognise that running a potential COVID-19 vaccination programme requires “all hands to the pump” and pragmatism. We encourage systems to maintain and develop local ways of maximising joint working between PCNs and their community partners, making every contact count, eg in relation to housebound patients.

Summarising the specification:

Practices will be expected to co-ordinate and deliver COVID-19 vaccinations at scale in PCN groupings, working in collaboration with commissioners, regional operations and other local providers to develop and implement a local delivery plan. The ambition is to safely vaccinate the maximum number of patients in the minimum amount of time, across a range of vaccination centres, subject to vaccine supply.

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A practice does not need to be a member of an established PCN to participate in the ES. Where a practice is not a member of a PCN, it will be expected to collaborate with neighbouring practices and established PCNs in a 'PCN grouping' to deliver all aspects of the ES.

Initially practices will need to collectively nominate a single site per PCN grouping as a minimum from which to deliver the vaccinations. As outlined above, sites need to meet minimum criteria to be designated. In exceptional circumstances more than one site may be designated per PCN grouping subject to commissioner approval and vaccination supply, eg if the PCN grouping has a population size of over 100,000. But as supply generally increases over time, we anticipate expanding the number of sites.

Designated sites will need to be able to deliver a vaccination service seven days per week including bank holidays between 8am and 8pm if vaccine supply allows. Vaccinations will be centrally supplied and guidance will be issued shortly on the ordering process. Practices will need to deliver a minimum of 975 vaccinations over a seven-day period from each designated site, ensuring all those vaccinations are administered within the appropriate shelf life. On a regular basis, eg each week, they will need to agree the number of batches of 975 they will deliver, working closely with their local NHS coordination centre.

Providers should plan on the assumption that two doses of COVID-19 vaccinations will need to be administered to each patient, subject to confirmation from the Joint Committee on Vaccination and Immunisation (JCVI).

The JCVI has already set out draft prioritisation and the order in which eligible adult cohorts should be vaccinated. General practice will have a particularly important role to play in contributing to administering vaccinations to cohorts of at risk patients, care home residents and staff, as well as general practice staff and care home staff workers. Practices will need to align vaccination delivery with the national timetable for the call/recall of eligible cohorts.

A national call-recall system will be in operation. Practices are expected run their own call/recall process, alongside the national programme, to help maximise uptake. They will have the option of joining national direct booking arrangements if they wish and commit to meeting the additional requirements involved.

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Once patients are notified they are eligible for a vaccination, they would have the choice to book an appointment at a general practice designated site or use the National Booking Service to be vaccinated at another vaccination centre.

All staff involved in administration of the vaccine will need to complete relevant training provided by PHE/HEE, which will be available online.

Practices will need to provide the majority of the required staff from their own workforce, though additional workforce, including volunteers may be available through agreed national frameworks or through any existing local channels. PCN partners in community services or community pharmacy may be able to support delivery. If practices want to use the Bring Back Staff Scheme and GP returners to recruit additional staff, they should liaise with their regional Bring Back Scheme leads to identify CVs and availability.

We have agreed with the BMA GPC that the Item of Service fee will be £12.58 per vaccination, which is 25% more than the current fee for service for an influenza vaccination, at £10.06. This additional 25% payment recognises the extended requirements around the COVID-19 vaccination, including training, the need for post-vaccine observation and any associated costs thereafter. The Item of Service fee will be paid on completion of the final dose (ie £25.16 if the vaccination requires two doses) unless in exceptional circumstances the final dose cannot be administered, eg because of intolerance/clinical agreement. The GPC and NHS England and NHS Improvement have agreed that we would explore how to take account of the financial consequences of the potential vaccine programme in the practical operation of the balancing mechanism and transparency threshold. While there will be no other national funding available, local commissioners may be able to help with one-off costs. In particular, CCGs have provided additional support to general practice to support the flu programme (eg additional venue hire) and we expect to be able to make some limited funding available to extend these arrangements for a potential COVID vaccine programme.

As part of local clinical prioritization, we would urge local providers and CCGs to repurpose extended hours and access capacity to provide full support for potential COVID vaccination activity. We also expect CCGs to take sensible decisions around the re-purposing of funded capacity delivering locally enhanced services which could also be paused.

Alongside the specification, a set of documents will be published to support practices to plan for and deliver the service including, but not limited to:

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- clinical guidance
- template COVID-19 Vaccination Collaboration Agreement to support practices to put in place appropriate arrangements under the Enhanced Service for premises, data sharing, financial arrangements, subcontracting arrangements (as required), etc
- further operational guidance including a standard operating procedure with details on ordering vaccinations, reporting arrangements and payment processes, etc
- staff sharing agreement/template honorary contract for additional staff employed
- frequently asked questions.

Summary of next steps

Even though we do not yet know when the first vaccination will become available, it is critical that general practice is ready to administer vaccinations from as early as December. The key milestones over the next month are as follows:

PCN groupings to advise CCGs of nominated site for designation	Tuesday 17 November
CCGs complete designation assessment process for nominated sites and submit recommendations to NHS England and NHS Improvement regional teams	Thursday 19 November
NHS England and NHS Improvement decision communicated to PCN groupings along with formal commissioner offer to practices with access to an approved designated site to sign up to deliver the Enhanced Service	Monday 23 November
Final enhanced service specification published	Late November
Administration of the vaccinations	Start date to be confirmed

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We will be holding webinars during November for:

- NHS England and NHS Improvement Regional Teams and CCGs on the site designation process. The webinar will take place on Wednesday 11 November at 11am to 12 noon – invitations will be sent separately.
- Practices on the COVID-19 Vaccination Programme and ES Service Specification. The dates and times will be confirmed soon.

We want to offer our sincerest thanks in anticipation of your support to deliver this programme at a time when demands on general practice and the wider are significant. We have heard loud and clear that general practice wants to play its part in this hugely important challenge of delivering the vaccination programme and we look forward to supporting you in doing so.

Yours sincerely,

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