

Freeing up Practices to Support COVID Vaccination

Primary Care Commissioning Committee meeting

Item 11a

21 January 2020

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Sponsor Director	Sandie Buchan, Director of Commissioning Development
Purpose of Paper	
To inform the Primary Care Commissioning Committee (PCCC) of the publication by NHS England and NHS Improvement (NHS E/I) of a GP contract letter ' <i>Freeing up practices to support COVID vaccination</i> ' and CCG plans in response to the content of the letter.	
Key Issues	
<p>A GP contract letter '<i>Freeing up practices to support COVID vaccination</i>' was published by NHS E/I, attached at appendix 1 to this paper.</p> <p>The letter sets out further steps to free up GPs and practice teams to progress Covid vaccination and requires CCGs to take a number of immediate steps:</p> <ul style="list-style-type: none"> • minimise local contract enforcement focussing support on vaccination; • suspend locally commissioned services (LCS) not focussed on vaccination or otherwise relating to Covid-19; • consider if clinical staff employed in CCG management could be redeployed to support practices and PCNs. <p>NHS E/I provided details of the suspension of the Minor Surgery Directed Enhanced Service and changes to the Quality and Outcomes Framework for general practice to protect practice income.</p> <p>In addition the paper confirms that the planned transition of Extended Access Services to Primary Care Networks will not now take place in 2020/21 and CCGs should make the necessary arrangements to secure continuity of services for the year.</p> <p>SCCG is developing a local response to the content of the letter involving practices, PCNs and the Local Medical Committee (LMC) for urgent implementation and PCCC will be briefed on this at their next meeting.</p>	
Is your report for Approval / Consideration / Noting	
Noting	
Recommendations / Action Required by Primary Care Commissioning Committee	
The Primary Care Commissioning Committee is asked to note the publication of GP contract letter ' <i>Freeing up practices to support COVID vaccination</i> ' and the steps SCCG is taking to address its requirements.	

What assurance does this report provide to the Primary Care Commissioning Committee in relation to Governing Body Assurance Framework (GBAF) objectives?
Strategic Objectives: 4. To ensure there is a sustainable, affordable healthcare system in Sheffield
Does this report relate to a formal statutory / delegated Primary Care responsibility of the CCG?
<i>If so please state which function?</i> Yes – Planning
Are there any Resource Implications (including Financial, Staffing etc)?
Not at this point although finding and staffing may be required to protect income in primary care as a result of changes.
Have you carried out an Equality Impact Assessment and is it attached?
No, not required for this report
Have you involved patients, carers and the public in the preparation of the report?
No

NHS England and NHS Improvement
Skipton House
80 London Road
London
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7 January 2021

To: GPs in England, Regional Directors of Primary Care and Public Health and CCGs

Dear colleagues,

Freeing up practices to support COVID vaccination

We would like to thank you and your teams for the tremendous response in rapidly mobilising vaccination centres over December and January while continuing to manage the ongoing needs of your population and continuing to provide additional and much needed support to your local urgent and emergency care systems. By next week, the vast majority of designated PCN vaccination sites will have started to deliver vaccinations.

This letter sets out further support we are taking to free up GPs, practice teams and PCNs to advance the vaccine rollout.

We recognise that the challenge of balancing how best to allocate your practice and PCN resources including workforce time is a daily reality for many practices. It is our intention to support the professional judgement of clinicians in making these decisions, where needed.

To do this, we are asking **CCGs to take the following steps immediately with respect to prioritisation of work:**

1. Take a supportive and pragmatic approach to minimise local contract enforcement across routine care, with attention and support focused on the core areas set out above.
2. Suspend any locally commissioned services, **except** where these are specifically in support of vaccination, or other COVID-related support to the local system, eg wherever they contribute to reducing hospital admissions or support hospital

discharge. For example, suspension of reporting requirements relating to PMS key performance indicators. Budgeted payment against these services should be protected to allow capacity to be redeployed.

3. Review whether clinical staff involved in CCG management could be made available to redeploy in support of practices or PCN work.

We will also take the following steps nationally:

4. In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, we will provide further funding for PCN Clinical Director support temporarily for Q4 (Jan-March 21), equivalent to an increase from 0.25WTE to 1WTE for those PCNs where at least one practice is participating in the COVID-19 Vaccination Programme Enhanced Service.

This is in recognition of the additional demands on the role in managing the COVID response, vaccination process and coordinating the engagement and access for harder to reach groups. Recognising that many Clinical Directors may have clinical and other commitments, this funding will be able to be flexibly deployed by PCNs to support the leadership and management of the COVID response.

5. The Minor Surgery DES income will be income protected until March 2021 and we intend to make similar provision for the additional service income related to minor surgery within the global sum.
6. The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021.
7. The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected. Payment will be made on past performance against the relevant clinical domains. We will use the 20/21 recorded register size to apply the usual prevalence adjustment as well as the usual list size adjustment to 20/21 QOF payments.
8. Appraisals can be declined during this period but if you are going ahead, please use the revised, shortened, supportive 2020 model.

Alongside the vaccination programme, we have set out a number of areas which represent the biggest priorities for general practice over the coming quarter, to be

supported through the COVID-19 Capacity Expansion Fund. In addition to securing additional workforce these priorities are as set out in our [9 November letter](#):

- Ensure general practice remains fully and safely open for patients, including maintenance of appointments.
- Supporting establishment of the simple COVID oximetry@home patient self-monitoring model and identifying and supporting patients with Long COVID.
- Continuing to support clinically extremely vulnerable patients and maintain the shielding list.
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations. Note that any prioritised chronic condition management reviews may be carried out remotely where clinically appropriate.
- On inequalities, making significant progress on learning disability health checks and ethnicity recording.

Extended access arrangements from April 2021

In [our recent letter](#) describing the necessary preparation for the COVID-19 vaccine programme, we urged local providers and CCGs to repurpose extended hours and access capacity to support the vaccination programme. This letter provides an update on extended access arrangements from April 2021 in order to ensure that previously planned contractual changes do not disrupt vaccination activity.

We have previously set out – in [Investment and Evolution](#) – that from April 2021 the wider CCG-commissioned extended access service would become part of the Network Contract Directed Enhanced Service (DES).

Given the uncertainty around the timing of the COVID vaccination programme, we have agreed with the British Medical Association's General Practitioners Committee (England) that we will delay the planned introduction of the new standardised specification for extended access as part of the Network Contract DES – and the associated national arrangements for the transfer of CCG extended access funding. We do not anticipate that the national introduction of the new enhanced access service or the associated transfer of funding will take place before April 2022.

The extended hours access requirements in the existing Network Contract DES will remain as they are for the same period. In instances where the capacity is not

required for vaccine delivery, it should be used for local priorities. This includes access to urgent and pre-booked appointments over the coming winter months.

CCGs must now make arrangements for the CCG-commissioned extended access services to continue until April 2022. Where these services are already commissioned from PCNs, we would expect these arrangements to continue.

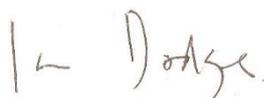
We would also strongly encourage commissioners to make local arrangements for a transition of services and funding to PCNs before April 2022, where this has been agreed with the PCN, and the PCN can demonstrate its readiness.

Thank you for your continued hard work and rapid action to do all that is necessary to respond to this pandemic.

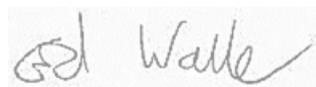
Yours sincerely,



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Ed Waller
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