

Official

Publication approval reference: C1194

Version 1, 11 March 2021

Appendix A – Guidance for local commissioners and PCN groupings on the process for GP practices to deliver COVID-19 vaccinations to cohorts 10 to 12¹

Introduction

We want to support as many PCN groupings as possible to deliver COVID-19 vaccinations to cohorts 10 to 12², though we need to ensure this does not adversely impact on business as usual activities in general practice.

This document describes the process that GP practices, as part of a PCN grouping, will need to follow if they wish to deliver COVID-19 vaccinations to patients in cohorts 10 to 12. This includes details of the short assurance process commissioners must undertake.

A practice may opt out of providing vaccination services to cohorts 10 to 12 (but continue to provide services under the ES to cohorts 1 to 9 **by confirming their opt out for these cohorts to the commissioner in writing by 23:59 on Friday 19 March 2021**). However, as this is an extension to the existing Enhanced Service specification, either all practices in the PCN grouping must opt out or none at all. Similarly, a PCN grouping can only vaccinate cohorts 10 to 12 if all of the practices within the PCN grouping are assessed as meeting the requirements of Annex B.

Overview of the process

In order for PCN groupings to be eligible to deliver vaccinations to patients in cohorts 10 to 12, local commissioners will need to assure themselves that practices within the PCN grouping meet the three key requirements required within Annex B of the Enhanced Service specification outlined in annex A. CCGs are asked to undertake an initial assessment and make a recommendation to NHSE.

Commissioners are expected to act reasonably in this regard to minimise burden on practices and to operate a permissive approach to ensure that patients continue to have access to a choice of sites offering COVID-19 vaccination.

¹ Cohorts 10 to 12 refer to those aged 49 - 18 and are described as cohorts (x) to (xii) in the Enhanced Service Specification

² Where cohort 10 is all those 40 years of age and over; cohort 11 is all those 30 years of age and over; and cohort 12 is all those 18 years of age and over.

Expressions of interest

Practices – as part of their PCN grouping - wishing to provide vaccinations to cohorts 10 to 12 should express their interest by confirming in writing the following brief statements to their local CCG as soon as possible but certainly no later than 23:59 on Friday 19 March:

- that that they can deliver requirements of the 21/22 core primary medical services contract from April 2021 (as set out [here](#)); and
- the additional workforce capacity that has been engaged to deliver vaccination services. This could include a brief explanation of the approximate proportion of additional resource that will come from existing staff (normal contracted hours or overtime) vs newly employed/engaged staff including volunteers and locum capacity. For example, a practice shows they have X members of staff equating to Y FTE for “BAU” work and the COVID Vaccination Programme phase 1. In order to take on the additional work for cohort 10 to 12 and continue to provide remaining vaccinations to cohorts 1 to 9, the existing X members of staff will increase to Z FTE. In addition, the practice has volunteers and locums to increase further to Z+ FTE.

PCN groupings will only be able to vaccinate cohorts 10 to 12 if they have expressed an interest in delivering vaccinations to cohorts 10 to 12 within timeframes outlined in this document, and been assessed by the commissioner as meeting the Annex B requirements. If a practice does not initially meet the requirements, it can request a reassessment from its CCG within seven working days of being notified of the outcome of the initial assessment. Where a practice has not opted out of Annex B but has also not submitted an expression of interest to the commissioner within the deadlines outlined in this document, it cannot provide vaccinations to cohorts 10 to 12 and alternative provision for its registered list may be commissioned.

Assessment process

Local commissioners should undertake a short assessment that the requirements have been met and make a recommendation to NHS England regional teams. There is no requirement for this to be done on site or in person and it should not be an onerous task for either party.

- Annex A suggests some areas local commissioners may wish to consider alongside the information provided by the practice within their expression of interest.

- It should be noted that at this stage we do not know when cohort 10 will be announced and authorised.
- The assessment should take place as soon as possible or within two working days of the practice's expression of interest.
- CCGs should share their recommendation with their regional team by completing the enclosed template *Appendix A1 PCN Phase 2 Assessment Process – Assessment Form*. Recommendations should be submitted to the regional team as soon as possible – within one working day of the CCG assessment.
- Regional teams have been asked to notify the national team which PCN groupings/sites are approved to vaccinate cohorts 10 to 12 by **close Tuesday 23 March** by completing *Appendix A3 PCN Phase 2 Regional Template – Approved GP practices (to be provided to NHSE regional teams separately)* and sending it to england.pccovidvaccine@nhs.net.
- NHSE regional teams should submit any additions to the list of approved PCN groupings/sites **by close on Monday 29 March**. This information will be used to update Foundry to inform vaccine allocations.
- The NHSE regional team should write to the practice advising them of the outcome using *Appendix A2 PCN Phase 2 Assessment Process – Assessment Outcome Letter Template* within two working days.

A meeting will be held with region w/c Monday 22 March to review any gaps in provision of vaccination services to cohorts 10 to 12 and ensure appropriate coverage. Regional teams will be notified shortly of the date of this meeting.

For further information or questions please contact england.pccovidvaccine@nhs.net

Annex A: Further details on requirements

- 1. The GP practice setting out a brief statement, to the reasonable satisfaction of the Commissioner (NHSE), that it is providing services in accordance with the current requirements and can fulfil the requirements of the 21/22 core primary medical services contract from April 2021 – the key requirements are described in our letter of 21 January found [here](#).**
- 2. The GP practice confirms in writing the additional workforce capacity that has been engaged (including existing staff and those drawn down from the national workforce pool) to deliver vaccination services, to the reasonable satisfaction of the Commissioner (NHSE) – this is to ensure current general practice workforce is not further overly stretched in delivering this addition to the programme.**

Commissioners could consider:

- how the practice proposes to provide COVID-19 vaccination services alongside operating business as usual services and the corresponding increase in staffing resource required to support this.
 - Commissioners should not require detailed workforce plans as part of the assessment process and there should be no requirement for ongoing reporting of workforce levels outside of the normal general practice workforce returns.
- 3. First dose vaccinations of cohorts 1 to 9 is sufficiently complete (i.e., the GP practices' collective PCN grouping registered patients in cohorts 1 to 9 have all been offered a vaccination) before the vaccination of cohort 10 begins as determined by the Commissioner (NHSE). The Commissioner is also assured that the PCN grouping can deliver second dose vaccinations for cohorts 1 to 9 in accordance with the ES and in addition to vaccinations for cohorts 10 to 12 within the required timeframe, to maintain the integrity of the JCVI guidance.**

Commissioners could consider:

- Whether the current uptake is consistent with uptake levels nationally, regionally or locally, taking into account the geography and characteristics of the registered population including whether health inequalities may account for lower uptake.
- Where activity levels do not meet expected uptake, practices may be asked to confirm that they have proactively offered vaccinations to all

eligible patients and made reasonable efforts to encourage take up from their population.

- Whether the practice moving to vaccinate cohorts 10 to 12 would result in a detrimental impact on eligible patients in cohorts 1 to 9 that have not yet received a vaccination by diverting capacity to the new cohorts.