

Official

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To: PCN-led Local Vaccination Sites

Cc: Clinical Commissioning Groups

All GPs

Regional Heads of Primary Care and Public Health

Regional Directors of Commissioning Finance

Regional Medical Directors

11 March 2021

Dear Colleagues

Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme

Thank you for the key role you have played in the vaccination programme to date and your continued efforts to ensure that all eligible patients are offered a COVID-19 vaccination. We recognise the significant commitment you have made to the programme whilst also caring for your patients' routine, urgent and COVID care.

The vaccination programme continues to gain momentum as more patients receive their vaccinations and further cohorts come on stream in line with the latest JCVI [advice](#). We want to support as many PCN groupings as possible to sign up to deliver vaccinations to cohorts 10 to 12¹, though we need to keep balancing delivery of vaccinations to these cohorts with wider general practice led service provision, which we recognise is a priority for you too.

We have therefore agreed with the General Practitioners Committee England of the BMA that the COVID-19 Vaccination Programme 2020/21 Enhanced Service Specification will be updated to enable PCN groupings the option to provide COVID-19 vaccinations to cohorts 10 to 12 (patients aged 40-49, 30-39 and 18-29) once each of these cohorts has been authorised and announced and where practices in the PCN grouping can demonstrate to their local commissioner that they meet the requirements in Annex B of the enhanced service.

The requirements are that:

- the GP practice sets out a brief statement, to the reasonable satisfaction of the Commissioner (NHSE), that it can fulfil the requirements of the 21/22 core primary medical services contract from April 2021 – these are described in our letter of 21

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

January, found [here](#). It prioritises the vaccination programme, responding to the pandemic and beginning to address the understandable backlog in care;

- the GP practice confirms in writing the additional workforce capacity that has been engaged (including existing staff, those drawn down from the national workforce pool, returned staff, volunteers etc) 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. Practices are only required to provide the commissioner with a brief description of its plan for additional workforce with no requirement or expectation for ongoing reporting.;
- first dose vaccinations of cohorts 1 to 9² are 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.

Where the practices in the PCN grouping have chosen to provide vaccination services to cohorts 10 to 12, local commissioners (NHSE) must ensure that the requirements described above – to support both the population accessing care and the general practice workforce – and set out within the ES are met prior to the PCN grouping commencing vaccination of patients in cohort 10. Commissioners are expected to act reasonably wherever possible to minimise burden on practices and ensure that patients continue to have access to a choice of sites offering COVID-19 vaccinations. The revised Enhanced Service Specification has been published [here](#). Attached at Appendix A is brief guidance to support commissioners and practices with this process but it must not be an onerous task to either party.

GP practices 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 or sooner if possible**. Alternative local providers (such as local pharmacies or community trusts) may then be sought and engaged to ensure comprehensive population coverage in all areas if necessary.

As this is an extension to the existing Enhanced Service specification, the same practices which signed up to the ES initially (and which make up the PCN grouping) must also commit to providing vaccinations to cohorts 10 to 12 e.g. a practice within the PCN grouping cannot opt-out of the part of the ES providing vaccinations to cohorts 10 to 12 but continue to be opted-in to the part of the ES to provide vaccinations to cohorts 1 to 9. However, the agreed

² Cohorts 1 – 9 are described as cohorts (i) to (ix) in the Enhanced Service Specification

roles and responsibilities of members of the PCN grouping may differ in relation to cohorts 10 to 12 and this can be reflected within the PCN grouping's Collaboration Agreement.

For those practices who are delivering vaccinations to cohorts 10 to 12, there continues to be flexibility to use extended and enhanced access capacity, as well as the PCN workforce, to support delivery of COVID-19 vaccination appointments. Local commissioners should consider their approach to local service commissioning carefully and take appropriate ongoing opportunities to release capacity to support vaccination.

In addition to reviewing overall staffing levels and ensuring the required additional capacity is in place it is recommended that PCN groupings re-consider the skill mix of their vaccinating team, in light of both increasing volumes and the availability of the unregistered vaccinator role, who can administer the vaccine under the National Protocol. To supplement existing staffing there is a large national workforce pool of trained and vetted candidates, available to PCN groupings on a flexible basis. These individuals can be accessed through Lead Employers in each Integrated Care System, who can help you to draw down the following roles:

- Unregistered Vaccinators, Clinical Supervisors and Registered Healthcare Professionals from NHS Professionals. These candidates are trained and vetted but will require local onboarding, some face to face training and checks before being deployed to a site.
- Volunteer vaccinators (unregistered), patient advocates and post-vaccination observers supplied by St John Ambulance. These are available free of charge to primary care.
- Volunteer stewards supplied by NHS Volunteer Responders, led by Royal Voluntary Service. These volunteers have been through security screening processes in line with Home Office guidance. These are available free of charge to primary care.
- Clinical staff and GP Returners who have offered to support the NHS vaccination programme.

There remains capacity within each pool to support local vaccination sites. We have asked that Lead Employers utilise all additional staff available to them when workforce planning with primary care sites over the coming weeks. Guidance on accessing support can be found [here](#) and any queries can be directed to england.cov-primary-care@nhs.net.

The vaccination of cohorts 10 to 12 may require alternative communication and delivery approaches in order to secure high uptake levels. The revised ES therefore provides for the vaccination of any eligible patient within cohorts 10 to 12 (once announced and authorised) irrespective of whether the patient is registered with a practice within the PCN grouping. We also encourage PCN groupings to use the flexibilities available to them and described [here](#) in relation to setting up temporary clinic sites such as at places of worship, but these arrangements could also (with written approval from the commissioner) be applied to other

venues such as shopping centres, sports centres, places of employment or business parks. The Oxford AstraZeneca vaccine can of course be transported and used at these alternative sites (as well as individual practice sites) in line with the arrangements set out [here](#).

People may also wish to make use of online booking services that allow them to make a booking and attend a vaccination setting at a time and location that fits in with their existing commitments. Whilst you may continue to use local booking arrangements, we are also offering PCN groupings the opportunity to express interest in signing up to be onboarded to the National Booking Service (NBS) as part of a small, initial wave of PCN groupings, which would use the NBS as their only booking system where they will be providing vaccination services to patients in cohorts 10 to 12. In signing up to the NBS, a PCN grouping:

- i. Must accept appointment bookings and provide vaccinations to all eligible patients in cohorts 10 to 12 that book with the PCN grouping via the NBS, irrespective of whether they are a registered patient.
- ii. Is agreeing to meet all of the conditions of sign up which include:
 - understanding that demand for their booking slots will be driven by the National Call/Recall communications (letters and text messages);
 - signing up to use the Check-in App to register patients when they arrive;
 - complying with national guidelines on the booking slots and the capacity that they should make available at their site;
 - agreeing that existing bookings for new first doses will have to be transitioned into the NBS system from the point of go live and the site will only use the NBS for all new first dose appointments and corresponding second dose bookings.
 - To avoid confusion for patients and providers, sites cannot use the NBS alongside local appointment systems; and
 - PCN groupings will need to ensure that any call and recall communications direct patients to book appointments via the NBS.

These requirements, for those sites that wish to use the NBS, are included within the revised Enhanced Service. Further information about the NBS is available on [NHS Futures](#) and PCN groupings can also [sign up to a webinar](#) on **Tuesday 16 March, from 13.00 – 14.00**, to find out more. If a PCN grouping wants to express an interest in signing up to the NBS, it should confirm this in writing to nbsonboarding@nhs.net by close on **Friday 19 March 2021**.

Training and support with onboarding will be offered to all new sites and further information will follow about the likely timeline for onboarding, until which local booking systems should remain in use. PCN groupings selected for the initial wave will be onboarded as soon as possible thereafter over the following weeks but this may not in all cases occur prior to the authorisation of cohort 10.

PCN groupings can still provide vaccinations to cohorts 10 to 12 without signing up to the NBS.

We are currently making improvements to the vaccine allocations process. LVS site 360 on NHS Foundry went live on Monday 1 March, which allows LVS sites to view their vaccine

and delivery allocations directly in NHS Foundry. It is important that LVS site users sign up to NHS Foundry as soon as possible. You will be able to access LVS Site 360 via this [link](#).

A [letter](#) setting out initial GP contract arrangements for 2021/22 was published by NHS England/Improvement and GPC England on 21 January. This confirmed that funding for the ARRS would increase as planned, in addition to new roles and flexibilities, but the additional four PCN services will not be introduced at the beginning of the year from April 2021. We can confirm that these four new PCN services will not be introduced to the Network Contract DES until 1 October at the earliest.

We also previously confirmed that QOF for 2021/22 will be based largely upon the indicator set already agreed for 2020/21, with limited changes only, and that Investment and Impact Fund (IIF) indicators on seasonal flu vaccination (including for over 65s, patients aged 18-64 in a clinical at risk group, and children aged 2-3 years), annual Learning Disability Health Checks and Health Action Plans, and social prescribing referrals will continue for 2021/22, alongside a further indicator to support the implementation of national appointment categories. No further IIF indicators will be introduced until 1 October at the earliest.

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 Q1 (Apr-Jun21), equivalent to an increase from 0.25WTE to 1WTE. As previously, PCNs are eligible for this further support payment where at least one Core Network Practice is signed up to the COVID-19 Vaccination Programme Enhanced Service. Where a PCN is eligible, the additional funding of £0.552 per patient for the quarter (using the PCN registered list size as of 1 January 2021, or a later date if this has been agreed with the commissioner) should be paid to the PCN's nominated payee by the commissioner via a manual payment.

Thank you again for your ongoing support to the vaccination programme, and for your role in delivering over 20 million vaccinations in England alone. General practice has clearly taken a leading role in the first phase of the vaccination programme and will continue to in the next phase.

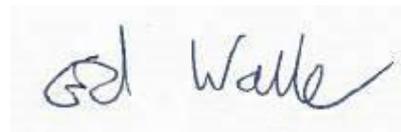
For further information, please contact: england.pccovidvaccine@nhs.net.

Yours sincerely



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