



COVID-19

Funding Sources Available

A Guidance Document for Practices

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Additional costs for COVID-19 vaccination programme

Additional costs for COVID-19 vaccination programme	Guidance
<ul style="list-style-type: none">● People who do not normally work evenings & weekends (could come from the £150m fund)● Additional staff to support existing staff (will come from the £150m fund)● Additional travel costs (using the IOS fee)● Additional venue hire (from local CCG funding)● Contingency costs (using the IOS fee)	COVID-19 vaccination programme 2020-21
<p>*For further information as to how to receive funding for the above additional costs, please see the guidance links relevant to the funding streams shown in brackets above.</p>	

Additional funding for PCN Clinical Directors to support the vaccination programme

Additional funding for PCN Clinical Directors to support the vaccination programme	Guidance
<ul style="list-style-type: none"> ● The BMA has agreed that the additional funding for PCN clinical directors previously secured will continue for the first quarter of 2021/22. As previously, this can be used to support other key members leading on the vaccination programme within a practice group. ● In recognition of the role of PCN Clinical Director in managing the COVID vaccination response, further funding will be provided 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. 	Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme
<p>*For further information, please see the attached guidance link – pages 5.</p>	

Additional payment for housebound patients (JCVI cohorts 1-4)

Additional payment for housebound patients (JCVI cohorts 1-4)	Total Available	Guidance
<ul style="list-style-type: none"> An additional supplement of £10 per visit to a housebound patient in order to administer the COVID-19 vaccinations. This supplement is on top of the £12.58 Item of Service fee. If a PCN grouping or community pharmacy contractor administers vaccinations to a housebound patient at the same time as vaccinating other members of the household who are currently eligible for vaccination, only one £10 supplement per visit can be claimed. The £10 supplement applies retrospectively to any first dose vaccinations that have taken place since 14 December 2020 in line with the above criteria, and will also apply to second dose vaccinations that take place in line with these arrangements. 	10.00	Additional Funding for housebound patients (JCVI cohorts 1-4)
Total Payment	10.00	
<p>*For further information as to how to receive funding for the above additional costs, please see the attached guidance link – pages 2 and 3.</p>		

Additional payment for vaccine in residential settings (JCVI cohorts 5-6)

Additional payment for vaccination in residential settings (JCVI cohorts 5-6)	Total Available	Guidance
<ul style="list-style-type: none"> ● In cases from 15 February 2021 onwards, a PCN grouping or community pharmacy contractor, will be able to claim an additional supplement of £10 for each vaccination administered to eligible residents and staff in these settings, on top of the £12.58 item of service fee. ● This includes a wider group of people at higher risk, including carers and young adults in residential settings. ● Groups include: <ul style="list-style-type: none"> * Children and Young People (CYP) in a Clinically Extremely Vulnerable (CEV) Group. See guidance link for further details. * Asthma * Learning Disability 	10.00	Additional payment for vaccine in residential settings (JCVI cohorts 5-6)
Total Payment	10.00	
*For further information as to how to receive funding for the above additional costs, please see the attached guidance link – pages 2 and 3.		

Additional vaccine payments in care homes

Additional vaccine payments in care homes	Total Available	Guidance
<ul style="list-style-type: none"> ● First Dose (Administered between Monday 14 Dec 20 to Sunday 17 Jan 21) ● First Dose (Administered between Monday 18 Jan 21 to Sunday 24 Jan 21) ● First Dose (Administered between Monday 25 Jan 21 to Sunday 31 Jan 21) ● Second Dose - Ongoing 	30.00 20.00 10.00 10.00	Care Homes (older adults) Additional Payments
Total Payment	As above	
<p>*All vaccinations will be paid for and payment will be made to the lead practice within a PCN. Second doses in care homes will attract the additional £10 supplement. This will be automatically picked up by Pinnacle, validated to confirm and payment will be made to the lead practice within a PCN. All vaccinations are recorded under the lead practice ODS code on Pinnacle which then sends this data to NHSBSA. Data needs to be validated by the PCNs via MYS (manage your service portal) before the 5th of each month.</p>		

Admin payments for rebooking of second dose appointments (early January 2021)

Administration payments for rebooking of second dose appointments (early January 2021)	Total Available	Guidance
<ul style="list-style-type: none"> All second doses of vaccine that have to be rebooked after those doses were cancelled in early January 2021. Payments are per PCN site at a rate of £1000 	1,000.00	Booking of 2nd doses
Total Payment	1,000.00	
*Booking second doses is dependent on promised supplies from NHSE. Unfortunately, this is not certain when supplies will be available and PCNs across the country are facing delays and cancellations.		

COVID Ambassador Role

COVID Ambassador Role	Total Available
<ul style="list-style-type: none"> ● The purpose of this role is to support General Practices with establishing and maintaining appropriate levels of infection control and prevention on site in the light of the ongoing Covid-19 pandemic and new variant epidemic. £300k has been set aside as regional finance assistance to assist CCGs to facilitate rapid development and support backfill as necessary. One-off financial assistance payment per PCN of £2k. ● The proposal for the role is to support systems and CCGs to rapidly develop a new role of COVID-19 Ambassador to directly work with GP practices to improve IPC measures; positively impacting practice resilience, clinical safety and business continuity. <p>Key Features:</p> <ul style="list-style-type: none"> *Have a background in general medical practice. *Have successfully implemented anti-Covid IPC measures in GP surgeries *Not need to be medical or clinical *Be aware of all the guidelines *Have practical experience in understanding how to comply effectively and efficiently with them. *Work to support practices constructively to comply – not to judge or assure. *Debrief practices where outbreaks have occurred to identify learning through root cause analysis (procedures, cleaning, estates), improvements for future, and support staff welfare, swab staff, trace and arrange tests for patients. 	<p>2,000.00</p>
Total Payment	2,000.00
<p>*Please refer to your CCG for further guidance on payments.</p>	

Expansion Fund

(Fair shares weighted allocation of £150 million)

Expansion Fund - (Fair shares weighted allocation of £150m) must be used in line with the below criteria	Guidance
<ul style="list-style-type: none">● To pay overtime to existing staff from all staff groups● To create new clinical, managerial and administrative roles to support the delivery of services to meet any backlogs in planned and preventative service delivery. This includes the staffing required to provide additional clinics as necessary to achieve payment trigger levels for priority clinical areas covered by the Quality and Outcomes Framework, Impact and Investment Fund including the Flu Vaccination Programme, Learning Disability Health Checks and delivery of SMI Health Checks● To support practices with additional staff costs associated with work required to deliver the expanded Flu Vaccination programme and other usual services over this period● To support practices with additional staff costs associated with the support and management of people who are Clinically Extremely Vulnerable and the management of people with COVID and Long COVID in line with national and local guidance● To employ staff on temporary/short term contracts up to the end of March 2021	<p><u>Supporting General Practice - Additional £150 million of funding</u></p>
<p>*The Expansion Fund is ringfenced exclusively for use in general practice. It will be for ICSs and CCGs to determine how best it is spent within general practice – as per page 2 of the attached guidance document.</p>	

Expansion Fund

(Fair shares weighted allocation of £120 million)

Expansion Fund - (Fair shares weighted allocation of £120m)	Guidance
<ul style="list-style-type: none">• Following significant pressure from GPC England the BMA has secured an additional £120m for general practices from April 2021. Whilst the funding will be available to all practices, it will be weighted towards those practices involved in the vaccination programme. The extension of the General Practice Covid Capacity Expansion Fund will be from 1 April 2021 to 30 September 2021. £120 million of revenue funding will be allocated to systems, ringfenced exclusively for general practice, to support the expansion of capacity until the end of September 2021. Monthly allocations will be £30m in April and May, £20m in each of June and July and reach £10m in August and September	<p>Supporting General Practice - Additional £120 million of funding</p>
<p>*The Expansion Fund is ringfenced exclusively for use in general practice. It will be for ICSs and CCGs to determine how best it is spent within general practice – as per the attached guidance letter.</p>	

Freeing up GP Practices to support COVID-19 vaccination

Freeing up GP Practices to support COVID-19 vaccination	Guidance
<ul style="list-style-type: none"> • Further funding for PCN Clinical Director support temporarily for Q4 (Jan-Mar 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 • 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 • The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021 • 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 2020/21 recorded register size to apply the usual prevalence adjustment as well as the usual list size adjustment to 20/21 QOF payments • Appraisals can be declined during this period but if you are going ahead, please use the revised, shortened, supportive 2020 model 	<p style="text-align: center;"><u>Freeing up GP Practices to support Covid Vaccination</u></p>
<p style="color: red;">*NHSE/I has strongly encouraged 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 – as per page 4 of the attached guidance document.</p>	

Pinnacle system support payments (part one)

Pinnacle system support payments (part one)	Total Available	Guidance
<ul style="list-style-type: none"> ● On 15 January 2021, it was announced via a letter on Older Adult Care Homes, that PCN groupings bringing in additional workforce between 15 to 31 January 2021 to ensure that all records for vaccination of priority cohorts are up to date and recorded accurately in the Pinnacle Point of Care system, will be eligible to claim up to £950 (including VAT) per week up to a maximum of £2500 including VAT per PCN grouping of funding support. ● The support is available to cover 17 days from the 15 to 31 January 201 (inclusive). This means that: <ul style="list-style-type: none"> * from the 15 to 17 January (inclusive) PCN groupings will be eligible to claim up to £600; * from the 18 to 24 January (inclusive) PCN groupings will be eligible to claim up to £950. * from the 25 to 31 January (inclusive) PCN groupings will be eligible to claim up to £950. 	£2,500.00	Financial Guidance for PCNs (Download the pdf file within this link)
Total Payment	2,500.00	
*Further details in respect of payments and how to claim can be found on pages 34, 35 & 36 of the above guidance link.		

Pinnacle system support payments (part two)

Pinnacle system support payments (part two)	Total Available	Guidance
<p>Payment Process</p> <ul style="list-style-type: none"> The payment will be paid by NHS Regional Teams in line with the existing process for claiming reimbursement for reasonable additional costs for Covid-19 vaccination programme delivery. Claims should evidence that these costs were incurred within the timeframe (15 – 31 Jan 2021), are within the funding envelope, represent value for money, and that the additional workforce was paid. CCG Covid Vaccine leads will approve the PCN grouping requests, with the claims submitted by the lead practice nominated by the PCN grouping to receive payments on the PCN grouping's behalf. The PCN grouping will submit claim to the CCG for review, the CCG will assess the claim and where the claim is in line with the guidance, they will forward their recommendation and the claim to the regional lead for final approval and payment by the region. This process is required as Covid Vaccination is a Section 7A funded service which is not delegated to CCGs. <p>What can PCN groupings claim for?</p> <ul style="list-style-type: none"> PCN groupings need to claim through the lead GP practice for the PCN grouping. Funding will be restricted to additional workforce utilised between January 15 and 31 January 2021 (inclusive) specifically to provide administrative support to ensure that all records for vaccination of priority cohorts are up to date and recorded properly in Pinnacle. PCN groupings can claim up to £950 per week (a maximum of £2500 including VAT per PCN grouping) of funding support. <p>How do lead GP practices make a claim on behalf of the PCN grouping?</p> <ul style="list-style-type: none"> The PCN grouping should submit actual claims with any associated evidence or invoices (as described above) in line with the guidance to the CCG (or Regional Team where their CCG is not delegated). 	£2,500.00	Financial Guidance for PCNs (Download the pdf file within this link)
Total Payment	2,500.00	
*Further details in respect of payments and how to claim can be found on pages 34, 35 & 36 of the above guidance link.		

PPE Reimbursements

(Free PPE equipment supplied by NHSE via PPE Portal exists until at least June 2021)

PPE Reimbursements (Free PPE equipment supplied by NHSE via PPE Portal exists until at least June 2021)	Guidance
<ul style="list-style-type: none">• Specific and net additional costs incurred for bank holiday opening across Easter and on 8 May 2020• Additional net costs incurred in delivering additional services to care homes in place from 1 May until 30 September 2020• COVID-19 related absence cover from day one of absence, where it was required to maintain necessary clinical and non-clinical capacity, staff could not work from home, and the individual received full pay - from 23 March to 31 July 2020• Additional capacity which has been required between 23 March – 31 July 2020 where supported by the commissioner• Costs incurred as a result of purchasing other consumables required as a result of COVID-19 including: Type IIR Masks, Aprons, Gloves, Eye Protection (Visors and Goggles), Hand Sanitiser and Clinical Waste Bags	<u>COVID-19 support fund for General Practice</u>
*Further details in respect of payments and how to claim can be found on page 7 of the above guidance link.	

Role of PCN LVS sites In Phase 2 of the COVID-19 vaccination programme (part 1)

Role of PCN LVS sites in phase 2 of the COVID-19 vaccination programme (part 1)	Guidance
<ul style="list-style-type: none"> ● The BMA has now agreed with NHSEI that they 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). 	<p>Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme</p>
<p>*Further details can be found in pages 1 -5 of the above guidance link.</p>	

Role of PCN LVS sites In Phase 2 of the COVID-19 vaccination programme (part 2)

Role of PCN LVS sites in phase 2 of the COVID-19 vaccination programme (part 2)	Guidance
<ul style="list-style-type: none">• 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.	<p>Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme</p>
<p>*Further details can be found in pages 1 -5 of the above guidance link.</p>	

Set-up cost payments

Set-up cost payments	Guidance
<ul style="list-style-type: none">• CCGs will agree with PCN groupings the one-off costs of set-up which will be met by the NHS from an agreed mobilisation date, applying a value for money test. Up to £20m has initially been made available to systems to meet these expenses. Covers additional venue hire, specific security costs, and locally required additional items.	COVID-19 - Next Steps
<p>*A Practice declaration for reimbursements is included on page 9 of the above guidance link.</p>	

SMS costs for COVID-19 vaccination programme

(part one)

SMS costs for COVID-19 vaccination programme (part one)	Guidance
<ul style="list-style-type: none"> To support Primary Care Networks (PCNs) and CCGs on behalf of GP practices in managing COVID-19 vaccine appointment booking in the most efficient way possible, correspondence with all Regional Digital Leads outlined national funding that has been made available to pay for appointment booking solutions under a national contract. Solutions that are used under the national contract will be funded nationally and do not require local organisations to pay any licence costs. <p>What can PCN groupings claim for?</p> <ul style="list-style-type: none"> The costs of sending SMS messages to patients are not covered within the costs of the vaccination appointment management booking systems themselves. However, a £4.28m fund has been established to support both the additional SMS costs that will be incurred as a result of using covid-19 vaccine appointment booking systems and the increased use of SMS messaging by general practice both for the broader COVID vaccination programme and the additional flu cohorts. In some areas, CCGs have existing contracts for general practice SMS costs and the additional SMS capacity needed for vaccination booking systems can be covered with no additional cost under these contracts. Where this is possible this mechanism should be used to reduce the overall sums involved. Where either it is not possible to bring the costs of SMS needed for vaccination booking systems under existing contracts, or if there are no existing SMS contracts, then the additional costs incurred can be claimed from the £4.28m. NHSE/I further recognise that there has been an increase in SMS volume to support the extended flu programme, as part of the overall COVID-19 response. This funding can therefore also be used for this purpose. This funding does not cover additional workforce costs relating to SMS management solutions or SMS text messaging, as this is covered by the Item of Service fee. . It should be noted that the additional funding is not guaranteed to cover all additional SMS costs from vaccination booking systems or the flu programme and if there is a shortfall then this will need to be met locally as part of the cost of delivering the vaccination Enhanced Service. This additional funding is related to the covid vaccine programme which is a section 7a programme. Therefore, additional costs incurred are to be paid for by the regions. CCGs should not be incurring or reporting costs for additional SMS costs relating to the covid vaccine or enhanced flu programmes. 	<p style="text-align: center;">Financial Guidance for PCNs (Download the pdf file within this link)</p>
<p>**Further details in respect of payments and how to claim can be found on pages 49 - 56 of the above guidance link.</p>	

SMS costs for COVID-19 vaccination programme

(part two)

SMS costs for COVID-19 vaccination programme (part two)	Guidance
<p>Payment Process</p> <ul style="list-style-type: none"> • CCG COVID-19 Vaccine leads will approve the PCN grouping requests, with the claims submitted by the lead practice nominated by the PCN grouping to receive payments on the PCN grouping’s behalf. CCG COVID-19 Vaccine leads will also approve the CCG managed GP SMS contract costs. Regions will work together with CCGs and PCN groupings to agree the SMS costs which will be met by NHSE/I from 14 December 2020, applying a value for money test. Reimbursement is based on actual costs incurred. Funding for regions will be transacted through the monthly reimbursement process via Non ISFE. The PCN or CCG lead for GP SMS contract will submit a claim to the CCG for review. The CCG will assess the claim and where the claim is in line with the guidance, they will forward their commendation and the claim to the regional lead for final approval and payment by the region. This process is required as COVID19 Vaccination is a Section 7A funded service which is not delegated to CCGs. <p>How do lead GPs make a claim on behalf of the PCN?</p> <ul style="list-style-type: none"> • PCN groupings should work with CCGs to identify their SMS needs under this policy. The PCN grouping should submit actual claims with any associated evidence or invoices in line with the guidance to the CCG (or Regional Team where their CCG is not delegated). 	<p>Financial Guidance for PCNs (Download the pdf file within this link)</p>
<p>**Further details in respect of payments and how to claim can be found on pages 49 - 56 of the above guidance link.</p>	

Vaccine payments per dose provided

(Item of Service Fee)

Vaccine payments per dose provided (Item of Service Fee)	Total Available	Guidance
<ul style="list-style-type: none"> ● First dose for duration of programme 	12.58	COVID-19 vaccination programme 2020/21
<ul style="list-style-type: none"> ● Second dose for duration of programme 	12.58	
Total Payment	25.16	
<p>*All vaccinations will be paid for and payment will be made to the lead practice within a PCN. A separate claim form for those not attached to the GP Surgery is not required. These vaccinations will be picked up automatically and payment will be made to the lead practice. All vaccinations are recorded under the lead practice ODS code on Pinnacle. Pinnacle then sends this data to NHSBSA and data needs to be validated by the PCNs via MYS (manage your service portal) before the 5th of each month.</p>		

GMS/PMS regulations

Pandemic amendments

GMS/PMS regulations - Pandemic amendments

NHSEI has confirmed that the temporary changes to the GP contract under the pandemic regulations which were due to lapse at the end of March 2021 have now been extended until 30 June 2021.

As previously, this means:

- A continued suspension of the Friends and Family Test requirement.
- A continued suspension of the requirement for individual patient consent for electronic repeat dispensing (eRD).
- A continuation of the amendment to NHS 111 direct booking - sufficient slots available for NHS 111 to refer into a triage list; for most practices offering 1 per 3000 is likely to be sufficient but this can increase to 1 per 500 if demand requires.



North & South Essex Local Medical Committees Ltd
Unit 5 Whitelands, Terling Road Hatfield Peverel
Chelmsford
Essex CM3 2AG
Tel: 01245 383430
Email: info@essexlmc.org.uk
Web www.essexlmc.org.uk