



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(version 13)
<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: <p>*further funding will be provided for PCN Clinical Director support temporarily for Q1 (Apr-Jun21)</p> <p>*Q2 (Jul-Sep21) as per point 3 of this guidance letter, equivalent to an increase from 0.25WTE to 1WTE.</p> <p>*Q3 and Q4 (Oct21-Mar22) as per pages 3 and 4 of this guidance letter, equivalent to an increase from 0.25WTE to 0.75WTE, superseded by this letter, page 4, to support Clinical Director and management leadership of PCN sites to 1 WTE for the period 1 December 2021 to the end of March 2022.</p> <ul style="list-style-type: none"> ● 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. 	<p>Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme</p>
<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. ● In November 2021, NHSEI agreed to increase the supplementary fee detailed in the phase 3 general practice enhanced service specification to £20 per visit (increased from the current £10 supplementary fee) to a housebound patient for each vaccination dose given to a housebound patient, by PCN-led and CP led LVS sites. This supplement is on top of the £12.58 Item of Service fee. This increased supplement will apply for Covid-19 vaccinations (booster and third primary dose only) administered to housebound people from 16 September 2021 until 5 December 2021. On this basis, LVS sites should seek to maximise the number of boosters and third primary dose vaccinations given to eligible housebound patients by 5 December. From this date the standard £10 supplement will apply. ● In December 2021, the supplement payment for vaccination of housebound patients increases to £30 from £20 between 1 December and 31 December backdated to 16 September 2021 (as per page 3 of this letter). This supplement is on top of the £12.58 Item of Service fee. 	10.00/20.00/30.00	Additional Funding for housebound patients (JCVI cohorts 1-4)
Total Payment	10.00/20.00/30.00	
*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 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.		

Additional workforce to support the COVID vaccination programme for PCNs and Community Pharmacies

Additional workforce to support the COVID vaccination programme for PCNs and Community Pharmacies	Guidance
<ul style="list-style-type: none"> ● In order to support Lead Providers in supplying and meeting demand for workforce across the East of England, a clear process is being provided to stakeholders. All PCN and Community Pharmacy requests for additional workforce must follow this process to ensure that demand and capacity is managed effectively across the system. ● Lead Providers will, where possible, meet the requests of the Local Vaccine Services (LVS) to supply workforce. However, it is not the responsibility of the Lead Provider to recruit additional workforce to support LVS'. The LVS should continue to recruit staff to meet demand and capacity and ensure that the LVS is appropriately staffed to deliver the vaccination programme. ● All requests (including for continuation of support) should be made using the request form (for the request Form, please see link on the right). It should include sufficient supporting rationale to allow the regional team and Lead Provider to review, approve and support the request. Not supplying this information and completing the request form in full is likely to delay the response and approval of any request. ● Circumstances in which requests for additional resources will be considered: <ul style="list-style-type: none"> • To support increased delivery of vaccinations. • To support delivery of roving models and care home vaccinations. • To provide cover for sickness and absence, where it cannot be covered internally. • To provide additional staff to meet minimum site requirements, where workforce is not yet available. <p>Additional resources should not be request solely to support backfill or the release of staff, back to business-as-usual activities. All completed request forms will be reviewed by the Regional Workforce Team and submitted to the appropriate Lead Provider, and SJA (if appropriate). Requests for RVS volunteers should be managed directly by the LVS</p> <ul style="list-style-type: none"> ● <u>Timelines</u> <p>Ad-hoc shifts</p> <ul style="list-style-type: none"> • Requests are anticipated to be made at short notice for any ad-hoc shifts. However, these should be made with as much notice as possible (minimum 72 hours). • Any requests for continuation of support must be made a minimum of three days prior to the agreed end date of deployment. <p>Continued and regular support: Requests for continued and ongoing regular support, should be made with a minimum of 10 working days' notice. This will ensure that these requests can be properly understood and reviewed across the system. Please note that any request submitted over the weekend will be reviewed and actioned on the Monday within the timelines detailed in the flow charts (see below).</p>	<p>Primary Care Workforce Request Form</p>

Additional workforce requirement is.....

Paid NHS Workforce

Additional workforce requirement is.....Paid NHS Workforce	Guidance
<p>● *Administrators *Health Care Assistants *Vaccinators *Registered Health Care Professionals *Operational and Management staff. All supported by Lead Providers.</p> <p>*NHS Staff are recruited by the LPs in a bank capacity; and therefore may be available to pick up shifts across their chosen geographical area.</p> <p>Flow Chart</p> <p>1. Please complete Workforce Request Form detailing your requirements: Minimum 72 hours' notice - Workforce request form (on the right) completed and submitted.</p> <p>Should you have any queries with this form please email: eoevaccination.programmeinbox1@nhs.net</p> <p>Please note that a form will need to be completed for each individual role requested.</p> <p>2. Regional Vaccination Programme Workforce Team reviews request within 24 hours and acknowledgement of receipt of request will be sent to requestor once directed to Lead Provider for action.</p> <p>3. Lead Provider will review the request against staff availability and will liaise with the requestor within 48 hours to advise of progress and outcome.</p> <p>Staff Available = LP will inform requestor and staff will be deployed as per request. Staff Not Available = Lead Provider will inform requester and Regional Team that the request cannot be met.</p> <p>4. Staff member arrives on site for first shift. Complete local induction, any required paperwork, lateral flow testing, offer vaccination and undertake competency sign off if required. Staff member fulfils shift.</p>	<p>Primary Care Workforce Request Form</p>

Additional workforce requirement is..... Volunteer (St Johns Ambulance)

Additional workforce requirement is.....Volunteer (St Johns Ambulance)	Guidance
<ul style="list-style-type: none"> ● *Vaccinators (no draw-up) *Patient Advocates *Post Vaccination Observers. ● SJA Vaccinators are able to fulfil all three above roles. Post Vaccination Observers are trained in BSL. Advocates have been trained in people management. Therefore LVS' will need to be clear about which role is required when making a request. <p>Flow Chart</p> <ol style="list-style-type: none"> 1. Please Complete Workforce Request Form detailing your requirements: Minimum 72 hours' notice - If the request is for a vehicle, 5 days' notice is required - Workforce request form (on the right) completed and submitted. Should you have any queries with this form please email: oevaccination.programmeinbox1@nhs.net Please note that a form will need to be completed for each individual role requested. 2. Regional Vaccination Programme Workforce Team reviews request within 24 hours and acknowledgement of receipt of request will be sent to requestor once directed to Lead Provider for action. 3. Lead Provider and SJA receive and review request. SJA assess availability of Volunteers within the area and will provide a response within 24 hours if the shift can be advertised. 4. Available - Volunteer shift details sent to local volunteers. SJA volunteers looking to pick up shifts will need to actively check the portal for available opportunities. There is no facility for push notifications. It is imperative that LVS providers raise requests with as much notice as possible. 4(a). Volunteer books shift and arrives on site for first shift. Complete local induction, any required paperwork, lateral flow testing, offer vaccination and undertake competency sign off if required. Volunteer fulfils shift. 5. Not Available - SJA confirm to Lead Provider, requester, and Regional Team that request cannot be met within 48 hours of shift requested. 	<p>Primary Care Workforce Request Form</p>

Additional workforce requirement is..... Volunteer (Royal Voluntary Service)

Additional workforce requirement is.....Volunteer (Royal Voluntary Service)	Guidance
<p>● RVS provide volunteers as agreed under the National NHS supply contract to support systems within their vaccination delivery models. They provide: *Marshalls and Stewards: Managing queues, greeting and directing people, monitoring numbers, ensuring social distancing is being followed. Maximum shift length is 6 hours.</p> <p>All requests for voluntary staff from RVS should be sourced directly from RVS, through the GoodSAM App.</p> <p><u>Flow Chart</u></p> <ol style="list-style-type: none"> 1. To request RVS Volunteers you will need to obtain access to RVS supply and GoodSAM App. Step by step guide and registering details can be found by clicking on the link on the right. <i>If you have an NHS.net account, you will receive instant access after you have activated the account. All other emails take 72 hours to activate.</i> 2. Raise request on GoodSAM App including full shift details. <i>7 days' notice is advisable to increase likelihood of the shift being filled, but RVS can work on 48 hours' notice.</i> 3. Shift details are instantly circulated to local volunteers. 4. Volunteer books on shift. Volunteers book themselves onto shifts and the requestor can check the fulfilment details within their GoodSAM App dashboard. 5. Volunteer arrives on site for first shift. Complete local induction, any required paperwork, lateral flow testing, offer vaccination and undertake competency sign off if required. Volunteer fulfils shift. 	<p style="text-align: center;"><u>GoodSAM App Guide and registering details</u></p>

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>	

Further funding and support for PCN and Community Pharmacy-led COVID-19 vaccination sites

Further funding and support for PCN and Community Pharmacy-led COVID-19 vaccination sites (£20 million)	Guidance
<ul style="list-style-type: none"> ● NHSE/I has published a document outlining the funding and support available for PCN and Community Pharmacy-led COVID-19 vaccination sites (please see guidance link on the right). ● This includes an additional £20 million to ICS/STPs to support primary care providers to draw down additional staff to help deliver the COVID-19 vaccination programme between 16 June and 14 July 2021. ● Each ICS/STP has been allocated a proportion of the £20 million funding – see Annex A of guidance letter attached on the right - for the breakdown. ICS/STPs will directly reimburse lead employers for additional staff drawn down by community pharmacy-led COVID-19 vaccination sites and PCN-led sites (that are delivering vaccinations to cohorts 10-12) between 16 June and 14 July 2021 up to the maximum amounts outlined. The funding has been allocated on the basis of site numbers to provide an average of seven additional staff (including some from the volunteer bank) for the four-week period covering a range of roles depending on need. The intention is for the additional staffing to be made available in the 4 week period outlined. However, if that is not fully possible for logistical reasons, this should be discussed with the ICS and an alternative arrangement agreed in advance with the regional team. ● This will bring in extra workforce to support the recovery of NHS services and another busy and crucial period for the COVID-19 vaccination deployment programme. This funding is ringfenced to provide additional workforce capacity to local vaccination services and cannot be used for other purposes. 	<p>Further funding & support for PCN and Community Pharmacy-led sites</p>
<p>*Please see attached guidance link for further information on this additional funding.</p>	

Long COVID: The NHS plan for 2021/22

Long COVID: The NHS plan for 2021/22	Total Available	Guidance
<ul style="list-style-type: none"> • £30 million (see page 4 of the attached guidance document on the right) for the rollout of an enhanced service for general practice to support patients to be managed in primary care, where appropriate, and enable more consistent referrals to clinics for specialist assessment and treatment. Funding for the enhanced service will be made available to general practice to support professional education; support training and pathway development that will enable clinical management in primary care, where appropriate; and enable more consistent referrals to clinics for specialist assessment in line with the recently updated Commissioning Guidance; and planning to ensure equity of access. • The additional funding of £30 million (see page 20 of the attached guidance document on the right) will be available for practices that take up the Enhanced Service to plan their workforce set up, training needs and infrastructure to support patients with this new condition. This will be in addition to the funding already available to practices through global sum which reflects their core contractual responsibility for the provision of essential services to this cohort of patients. • To view the Long COVID 2021/22 Enhanced Service Specification, please click here. 	£30 million	Long Covid NHS plan 2021/22
Total Payment	£30 million	
<p>*Further details in respect of the Long COVID NHS plan for 2021/22 can be found in the above guidance link.</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 & COVID support

(Free PPE equipment supplied by NHSE via PPE Portal exists until at least March 2022)

PPE Reimbursements & COVID support (Free PPE equipment supplied by NHSE via PPE Portal exists until at least March 2022)	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 	COVID-19 support fund for General Practice
<p>*Further details in respect of payments and how to claim can be found on page 7 of the above guidance link.</p>	

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 (e.g. 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. 	Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme
<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
<p>● 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> <p>What can PCN groupings claim for?</p> <p>● 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>	<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>	

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>	

Support available for PCN led vaccination sites (for rebooking of 2nd doses)

Support available for PCN led vaccination sites (for rebooking of 2nd doses)	Guidance
<ul style="list-style-type: none"> ● Further to revised Government guidance (based on independent JCVI advice) dated 15 May 2021, that “appointments for a second dose of a vaccine will be brought forward from 12 to 8 weeks for the remaining people in the top nine priority groups who have yet to receive their second dose”, further support for PCN led vaccination sites has been made available. To support PCN groupings with rescheduling appointments, NHSE/I are: <ul style="list-style-type: none"> ● 1. Asking CCGs and ICSs to offer all possible support to PCNs in this task. ICSs should work with their PCN groupings and lead employers to bring in additional workforce to run additional clinics where necessary. Additional workforce capacity is also available for drawdown nationally to support these local approaches. ● 2. Offering all PCN groupings an additional payment of £1,000 for rescheduling second dose appointments on or after 25 May 2021 in line with the revised guidance. PCN groupings should submit their claims in line with the 2021/22 PCN Finance and Payments Guidance. Payment will be made by NHS England and NHS Improvement following CCG confirmation that the PCN grouping has made a reasonable effort to rebook patients and that a reasonable proportion of patients were re-booked. We expect that the £1,000 will be sufficient for the vast majority of rebooking costs. However, if there are exceptional circumstances and evidence of costs above this figure can be presented to regions in advance of the costs being incurred, regions can authorise a small increase above the £1,000 limit to be charged against the additional reasonable costs budget. 	<p style="text-align: center;">Further details on the support available for 2nd doses for PCN led sites</p>
<p>*Please see page 1 of the attached guidance link for further details.</p>	

Vaccinating Children & Young People

Vaccinating Children & Young People (updated 09/08/2021)	Guidance
<ul style="list-style-type: none"> On 4 August 2021, the Joint Committee on Vaccination and Immunisation (JCVI) published an updated statement (see link on the right) on COVID-19 vaccination of children and young people aged 12 to 17 years to advise that all 16 to 17-year-olds should be offered a first dose of Pfizer-BNT162b2 vaccine. This is in addition to the existing offer of 2 doses of vaccine to 16 to 17-year-olds who are in 'at-risk' groups. The JCVI has also advised that persons aged 12–15 years with specific underlying health conditions that put them at risk of severe COVID-19 should be offered two doses of Pfizer BNT162b2 vaccine with an interval of eight weeks between doses. Letters have been published in this respect (see links on right) with updated guidance in relation to COVID-19 vaccinations for children and young people following the JCVI statement. 	<p style="text-align: center;">Updated Statement</p>
<ul style="list-style-type: none"> Further to the JCVI's recent announcements, the COVID-19 enhanced service specification for phases 1 and 2 (see link on right) and the Enhanced Service specification for phase 3 (see link on right) have been updated to include the new eligible patients. 	<p style="text-align: center;">Vaccinating Children & Young People - Updated letter (dated 5 August 2021)</p>
<ul style="list-style-type: none"> Practices delivering COVID-19 vaccinations under the phases 1 and 2 Enhanced Service (ES) can start vaccinating eligible children and younger people immediately subject to meeting the requirements of the ES. That includes eligible 12–15-year-olds and a first dose for all 16 and 17-year-olds. 	<p style="text-align: center;">COVID-19 ES specification for phases 1 & 2 (version 13)</p>
<ul style="list-style-type: none"> Until Public Health England (PHE) update the national protocol and Patient Group Direction (PGD), sites will need to use a Patient Specific Direction (PSD). If a PCN grouping is signed up to the ES for phases 1 and 2 but does not wish to vaccinate eligible 12–15-year-old patients (cohort xiii), they must opt out of delivering COVID-19 vaccinations to cohort xiii by 23:59 on 13 August 2021 in writing to their local commissioner (CCG), which is providing administrative support to NHS England so alternative provision can be secured. Further details and support on running searches and identifying eligible 12–15-year-old children will be shared shortly. 	<p style="text-align: center;">Vaccinating eligible 12-15 year olds - Letter (dated 13 August 2021)</p>
<ul style="list-style-type: none"> In addition to these changes, the ES specification for phases 1 and 2 has also been extended until the end of October 2021 to enable any PCN groupings not participating in the phase 3 enhanced service to complete any remaining second doses for eligible patients. We have also made a few updates to align both the phases 1 and 2 and phase 3 ES specifications and future proof them. The amendments are highlighted in the specifications. If you have any queries, please contact: england.pccovidvaccine@nhs.net. 	<p style="text-align: center;">ES specification for phase 3 (version 4)</p>
<p style="color: red;">*Please see the attached guidance links on this page for further details.</p>	

Vaccinating 12-15 year-olds

12-15 year-old vaccination programme	Guidance
<ul style="list-style-type: none"> Following the recommendation by the UK CMOs, NHSE/I has now published the amendment to the Phase 1 & 2 Enhanced Service specification (see the link on the right, page 15), to allow GP practices to vaccinate “healthy” 12-15 year olds on the request of the commissioner and with the agreement of the practice. However, the expectation though is that the majority, if not all vaccinations, are done via the school-based vaccination service. Practices should not therefore start vaccinating this cohort, unless explicitly agreed with the commissioner. 	<p>COVID-19 vaccination programme 2020-21 (version 13)</p>
<p>For immediate action by systems</p> <ul style="list-style-type: none"> Systems should now take the following actions to ensure that all children aged 12 (on or before the date of vaccination) to 15, in line with the UK CMOs’ advice, are provided with consenting materials, screened and have received an invitation/ date to be vaccinated before the half-term break. Only those existing vaccination sites who have been sub-contracted or reached agreement with their NHS England regional team should commence vaccinating this cohort. This includes PCNs. (For further details, please see the letter in the guidance link on the right). 	<p>Vaccination of healthy children and young people aged 12-15 letter</p>
<p>Governance of storage, distribution and preparation arrangements for COVID-19 vaccines by School Aged Immunisation Service (SAIS) teams</p> <ul style="list-style-type: none"> This letter sets out the pharmaceutical standards expected to maintain the integrity and, therefore, safety, quality and effectiveness of the COVID-19 vaccines which will be administered by SAIS teams. (For further details, please see the letter in the guidance link on the right). 	<p>Governance of storage, distribution and preparation arrangements letter</p>
<ul style="list-style-type: none"> At the start of December 2021, the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) following the emergence of the Omicron variant. Following the identification of the COVID-19 Omicron variant, the Government has accepted JCVI advice to widen the age range for 12 to 15 year olds to now receive a second dose of the Pfizer-BioNTech COVID-19 vaccine, no sooner than 12 weeks after the first dose. (please see the letter within the link on the right, page 2). 	<p>JCVI advice in response to the Omicron variant re: booster vaccinations letter (all adults aged 18 to 39 years)</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 (version 13)
<ul style="list-style-type: none"> ● Second dose for duration of programme 	12.58	
Total Payment	25.16	

*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.

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.

Payment and Validation

Payment and Validation	Guidance
<ul style="list-style-type: none"> ● An introduction of a 3 month-maximum period for payment of claims was introduced from the beginning of June 2021. The deadline for practices claiming payments for COVID-19 vaccinations will be 3 calendar months following the calendar month in which the vaccination was administered to ensure good financial governance. (see paragraph 11.2.4, page 24 of the guidance link opposite). ● A restriction for PCN groupings to use a Single Point of Care System was introduced at the beginning of June 2021 to minimise the risk of duplicate payments from a PCN grouping entering vaccination events on two Point of Care systems simultaneously. PCN groupings can now only use a Single Point of Care system within a single calendar month to enter new vaccination events (except for changes to existing events or during the transition period to the new Point of Care system). (see paragraphs 7.8, page 10, 11.2.1 page 23, 11.2.2 page 23 and 11.2.3, page 24 of the guidance link opposite). ● A change to permit the administration and payment claim of a single dose vaccination was introduced at the beginning of June 2021. With the introduction of new vaccines that can be given as a single dose, the specifications have been amended to allow the administration and payment claim of a single dose vaccine. (see paragraphs 11.1.2, page 22, 11.3 pages 24 & 25 and 11.3.2(b) page 25 of the guidance link opposite). 	<p style="text-align: center;">COVID-19 vaccination programme 2020-21 (version 13)</p>
<p>*For further information for payment and validation, please see from paragraph 11, from page 22 within the guidance link.</p>	

General Practice Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme

General Practice Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme	Total Available	Guidance
<ul style="list-style-type: none"> • Subject to compliance with the phase 3 service specification, a payment of £12.58 will be made to the lead practice for the PCN grouping for administration of each vaccination to each patient. • In addition, a payment of £10 shall be made to GP practices: <ul style="list-style-type: none"> • for administration of each vaccination to each patient where that patient is: <ul style="list-style-type: none"> o resident in and receives the vaccination at a Care Home or other residential setting; or o employed or engaged by a Care Home and receives the vaccination at that Care Home or other residential setting; • for administration of each vaccination to each housebound patient. • If the vaccination is delivered in a hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites then the £10 supplement can be claimed. • Further additional reasonable costs funding will be available to PCN groupings delivering COVID-19 vaccinations in phase 3. Further guidance will be issued shortly, but the arrangements will be similar to the arrangements for phases 1 and 2. Additional reasonable costs funding will also be available to general practices delivering flu vaccination in 2021/22. 	12.58	Phase 3 Letter to GPs from NHSE/I
<ul style="list-style-type: none"> • If the vaccination is delivered in a hostel/hotel accommodation for the homeless, where it would not be possible for these patients to attend vaccination sites then the £10 supplement can be claimed. • Further additional reasonable costs funding will be available to PCN groupings delivering COVID-19 vaccinations in phase 3. Further guidance will be issued shortly, but the arrangements will be similar to the arrangements for phases 1 and 2. Additional reasonable costs funding will also be available to general practices delivering flu vaccination in 2021/22. 	10.00	Phase 3 GP Enhanced Service Specification (version 4)
<ul style="list-style-type: none"> • Designated sites: as in phases 1 and 2 of the programme, designated sites will continue to be required. PCN groupings will be expected to deliver the majority of COVID-19 vaccinations from designated sites, but will be permitted to transport and administer some vaccines (where vaccine characteristics allow) from other locations in line with specific requirements set out in the specification and to reduce health inequalities. 	GP Site Designation Process	
<ul style="list-style-type: none"> • Opt-in process and site designation process We are inviting all practices to opt into the phase 3 arrangements by 5pm on Wednesday 28 July 2021. Practices who wish to opt in will need to assure their local CCG (which will provide administrative support to the commissioner, NHS England) that they have capacity and the appropriate workforce resource to deliver phase 3 of the programme alongside the requirements of their core primary medical services contract. This is not intended to be an onerous process, but is instead intended to ensure practices are supported to participate and balance requirements with core activities. 	Phase 3 - Opt-in and Designation form (can be found on this link)	
Total Payment	22.58	
*For further information for payments, please see page 3 of the phase 3 letter within the above guidance link.		

Phase 3 Booster Vaccinations

(part 1 – priority cohort groups 1-9) including the Omicron variant

Phase 3 COVID Booster Vaccinations (for priority groups 1- 9)	Guidance
<ul style="list-style-type: none"> • The Joint Committee on Vaccination and Immunisation (JCVI) have now published their advice on booster vaccinations. This letter (see guidance link on the right) sets out the actions that NHSE/I are now asking to be taken immediately to begin administering booster doses as soon as possible. The guidance states: “JCVI advises that for the 2021 COVID-19 booster vaccine programme individuals who received vaccination in Phase 1 of the COVID-19 vaccination programme (priority groups 1 to 9) should be offered a third dose COVID-19 booster vaccine. This includes: <ul style="list-style-type: none"> • those living in residential care homes for older adults • all adults aged 50 years or over • frontline health and social care workers • all those aged 16 to 49 years with underlying health conditions that put them at higher risk of severe COVID-19 (as set out in the green book), and adult carers • adult household contacts of immunosuppressed individuals” 	<p>Phase 3 booster vaccinations letter (priority cohorts 1 – 9)</p>
<ul style="list-style-type: none"> • At the start of December 2021, the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) following the emergence of the Omicron variant. Following the identification of the COVID-19 Omicron variant, the Government has accepted JCVI advice to widen the age range for vaccine eligibility to include all 18-39 year olds and to shorten the time from last vaccination to booster to three months (please see the letter within the link on the right, page 1). 	<p>JCVI advice in response to the Omicron variant re: booster vaccinations letter (all adults aged 18 to 39 years)</p>
<ul style="list-style-type: none"> • At the start of December 2021, the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) following the emergence of the Omicron variant. Following the identification of the COVID-19 Omicron variant, the Government has accepted JCVI advice to widen the age range for vaccine eligibility to include all 18-39 year olds and to shorten the time from last vaccination to booster to three months (please see the letter within the link on the right, page 1). 	<p>JCVI advice in response to the Omicron variant re: booster vaccinations letter (all adults aged 18 to 39 years)</p>

Phase 3 Booster Vaccinations

(part two – priority cohort group 10 & second doses for 16 and 17-year olds)

Phase 3 COVID Booster Vaccinations (for cohort 10 and second doses for 16 and 17-year olds)	Guidance
<ul style="list-style-type: none">On 15 November 2021, the Government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) on booster vaccinations for those aged 40-49 and second dose vaccinations for those aged 16-17 years. This letter (see guidance link on the right) sets out the actions that NHSE/I are now asking to be taken immediately to begin administering booster doses as soon as possible. <p>The guidance states: “JCVI advises that all adults aged 40 to 49 should also be offered a booster vaccination with an mRNA COVID-19 vaccine, 6 months after their second dose, irrespective of the vaccines given for the first and second doses. Booster vaccination should preferably be undertaken with either the Pfizer-BioNTech vaccine (BNT162b2/Comirnaty®), or a half dose of Moderna (mRNA-1273/Spikevax®) vaccine, as previously advised.” A full copy of the advice can be found here.</p> <p>The JCVI also updated advice for those 16-17 year olds who are not in an at-risk group. The advice states: “JCVI advises that young people aged 16 to 17 years who are not in an at-risk group should be offered a second dose of Pfizer-BioNTech (Comirnaty) COVID-19 vaccine. The second vaccine dose should be given 12 weeks or more following the first vaccine dose. For persons who have had proven SARS-CoV-2 infection and a first dose of vaccine, the second vaccine dose should be given 12 weeks or more following the first vaccine dose, or 12 weeks following SARS-CoV-2 infection, whichever is later.” A full copy of the advice can be found here.</p>	<p>Phase 3 booster vaccinations letter (cohort 10: 40 to 49-year olds and second doses for 16 and 17-year olds)</p>

PCN Finance and Payments Guidance

COVID Vaccination Programme

PCN Financial Guidance COVID Vaccination Programme	Guidance
<ul style="list-style-type: none">• The document in the link on the right provides further clarification of all items recorded in this LMC document. A summary of additional funding available to PCN Groupings can be found in Annex 1, page 60.• Please note, that to access the document within the link, a FutureNHS Collaboration account is required. If you do not have an account and require a pdf copy of the document to be sent to you, please e-mail: karl@essexlmc.org.uk	<p><u>2021-22 Financial & Payments Guidance for NHS Regional Teams, CCGS and GP Practices on the COVID-19 Vaccination Programme (version 5)</u></p>

Severely immunosuppressed individuals and the Omicron variant

Severely immunosuppressed individuals and the Omicron variant	Guidance
<ul style="list-style-type: none"> At the start of December 2021, the government accepted updated advice from the Joint Committee on Vaccination and Immunisation (JCVI) following the emergence of the Omicron variant. Following the identification of the COVID-19 Omicron variant, the Government has accepted JCVI advice regarding severely immunosuppressed individuals who have received three primary doses, who should also be offered a booster dose with a minimum of three months between the third primary and booster dose. Those who have not yet received their third dose may be given the third dose now to avoid further delay. A further booster dose can be given in three months, in line with the clinical advice on optimal timing. (please see the letter within the link on the right, page 1). 	<p>JCVI advice in response to the Omicron variant re: booster vaccinations letter (severely immunosuppressed individuals)</p>
<ul style="list-style-type: none"> A temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022. From 1 December, LVS sites are advised to select the 'other residential settings' field within the Point of Care systems to ensure an additional supplementary payment of £10 can be applied to the Item of Service fee for any doses administered to patients identified as severely immunosuppressed. Point of Care system suppliers have been requested to amend the text within their system to reflect this change and this will be introduced imminently but should not prevent any site from recording this information and claiming the additional payment. Please note this payment will not apply to any vaccinations administered prior to 1 December 2021 (please see the letter within the link on the right, page 4). A temporary supplement of £10 for the administration of COVID-19 vaccinations to severely immunosuppressed people from 1 December 2021 to 31 January 2022 (as per page 3 of this letter). This supplement is on top of the £12.58 Item of Service fee. From 1 December 2021, LVS sites are advised to select the 'other residential settings' field within the Point of Care systems to ensure an additional supplementary payment of £10 can be applied to the Item of Service fee for any doses administered to patients identified as severely immunosuppressed. Point of Care system suppliers have been requested to amend the text within their system to reflect this change and this will be introduced imminently but should not prevent any site from recording this information and claiming the additional payment. Please note this payment will not apply to any vaccinations administered prior to 1 December 2021. 	<p>Temporary supplement payment for the administration of COVID-19 vaccinations to severely immunosuppressed individuals</p>

Increase in loS fee for COVID-19 vaccinations due to the Omicron variant

Increase in loS fee for COVID-19 vaccinations due to the Omicron variant	Guidance
<p>● Please note that the £12.58 loS fees quoted throughout this document are subject to an increase for the period 1 December 2021 to January 2022 as a means of enhanced financial support for PCN-led local vaccination services, to help sites attract and retain staff, including during unsociable parts of the week. This comprises:</p> <p>A) An increase to the Item of Service (IoS) fee to £15 per jab administered on weekdays and Saturdays from 1 December 2021 to 31 January 2022 (exclusive of days designated as a Bank Holiday) and an increase to the loS fee to £20 per jab administered on Sundays or Bank Holidays over the same period</p> <p>B) An increase in the supplement for third dose and booster vaccination of housebound patients to £30 from £20 until 31 December, backdated for those already carried out.</p> <p>Clarification of these increases can be found on page 3 of the letter contained in the link on the right.</p>	<p style="text-align: center;"><u>JCVI advice in response to the Omicron variant re: booster vaccinations letter (severely immunosuppressed individuals)</u></p>

COVID-19 vaccinations timeline and dosage calculator

COVID-19 Vaccination Reference Guide				
Age TODAY	1st Dose	2nd Dose	3rd Dose	Booster
Between 12 and 15	12 weeks+ post-COVID infection	12 weeks from 1st or 12 weeks+ post-COVID infection	N/A	N/A
Between 16 and 17	12 weeks+ post-COVID infection	12 weeks from 1st or 12 weeks+ post-COVID infection	N/A	N/A
Between 18 and 39	4 weeks+ post-COVID infection	8 weeks from 1st and 4 weeks post-COVID infection	N/A	13 weeks from 2nd and 4 weeks post-COVID infection
40 and older			N/A	
These take priority over age	1st Dose	2nd Dose	3rd Dose	Booster
Clinically Extremely Vulnerable aged 12+	4 weeks post-COVID infection	8 weeks from 1st and 4 weeks post-COVID infection	N/A	13 weeks from 2nd and 4 weeks post-COVID infection
Underlying Health Condition aged 12+			N/A	
Health & Social Care Frontline aged 16+			N/A	
Main Carer of High Risk Individual aged 16+			N/A	
Household Immunosuppressed aged 16+			N/A	
Weakened Immune System aged 12+			8 weeks from 2nd and 4 weeks post-COVID infection	13 weeks from 3rd and 4 weeks post-COVID infection

3rd Dose Qualifiers:

* blood cancer 2 (such as leukaemia or lymphoma), * a weakened immune system due to a treatment (such as steroid medication, biological therapy, chemotherapy or radiotherapy), * an organ or bonemarrow transplant.

Please note that a cohort eligibility operational status document and a dosage calculator are available on the LMC website [here](#).

Vaccination as a condition of deployment (VCOD)

letter, guidance and resources

Vaccination as a condition of deployment (VCOD)	Guidance
<p>• Letter</p> <p>On 10 November 2021, NHS England and NHS Improvement issued a letter to the service acknowledging the announcement made by the Department of Health and Social Care (DHSC) that individuals undertaking CQC regulated activities in England must be fully vaccinated against COVID-19 no later than 1 April 2022 to protect patients, regardless of their employer, including secondary and primary care. The regulations will apply equally across the public (NHS) and independent health sector.</p> <p>For the ‘Guidance for HRDs and Organisations’ and ‘Next steps from NHS England and NHS Improvement letter, please click on the link on the right.</p>	<p>Vaccination as a condition of deployment (VCOD) for all healthcare workers letter – 6 December 2021</p>
<p>• Guidance</p> <p>The regulations were laid in Parliament on 9 November 2021 and subject to parliamentary passage will come into force on the 1 April 2022. If the regulations are approved, unvaccinated individuals will need to have had their first dose of an approved COVID-19 vaccine by 3 February 2022 (this date is subject to change), in order to have received their second dose by the 31 March 2022 deadline. NHS England and Improvement (NHSEI) has engaged with the Social Partnership Forum (SPF), NHS Employers and Department of Health and Social Care (DHSC) to develop this guidance to support service providers in preparing and planning for the regulations.</p> <p>For the ‘Vaccination as a condition of deployment (VCOD) for healthcare workers’ guidance, please click on the link on the right.</p>	<p>Vaccination as a condition of deployment (VCOD) for all healthcare workers guidance – 6 December 2021 (V1)</p>
<p>• Resources</p> <p>Organisations are required to drive up vaccination by engaging in meaningful conversations with unvaccinated staff to minimise the potential impact of VCOD across the healthcare service. In order to achieve this, they must: Increase engagement with targeted communities where uptake is the lowest, including extensive work with ethnic minority communities and faith networks to encourage healthcare workers to receive the vaccine, use Chief Professional Officers to encourage staff vaccination uptake for all NHS staff and introduce 1:1 conversations for all unvaccinated NHS staff with their line manager.</p> <p>For the ‘Resources available for engaging and communicating with staff to increase vaccine uptake’ details, please click on the link on the right.</p>	<p>Resources available for engaging and communicating with staff to increase vaccination uptake – NHSE/I website link</p>

Temporary GP contract changes to support COVID-19 vaccination programme (QOF)

Temporary GP contract changes to support COVID-19 vaccination programme (QOF)	Guidance
<ul style="list-style-type: none"> ● The evidence-based care provided via QOF continues to be important in minimising health inequalities and securing the best outcomes for those with long term conditions. However, to support the ongoing response to COVID-19 and the increase in vaccination capacity, combined with the need to target proactively and support the most vulnerable patients during this period, the following changes will be made to QOF in 2021/22 – applying to all practices – which will be reflected in an amended statement of financial entitlement (SFE). ● The evidence-based care provided via QOF continues to be important in minimising health inequalities, securing the best outcomes for those with long term conditions and preventing wider system impacts. In order to support the ongoing response to COVID-19 and the increase in vaccination capacity, combined with the need to target proactively and support the most vulnerable patients during this period, the following changes for 2021/22 have been introduced: <ul style="list-style-type: none"> ● Some QOF indicators will continue to be paid on the basis of practice performance. These include vaccination, cervical screening, register indicators and those related to optimal prescribing. ● Others will be subject to income protection based upon historical practice performance, in a similar way to arrangements in 2020/21. ● ● The letter within the link on the right confirms that the four vaccination and immunisation indicators, the two cervical screening indicators, the register indicators and the eight prescribing indicators will continue to operate on the basis of practice performance in 2021/22. ● However, the value of prescribing indicators in this year's framework will be topped up and this increase will be achieved by reallocating funding for 46 indicators added to the QOF for the first time this year - on cancer, mental health and hyperglycaemia - for which there is no historic performance to use as the basis for income protection. 	<p style="text-align: center;">Temporary GP contract changes to support COVID-19 vaccination programme letter – 8 December 2021</p>

*For further information on temporary GP contract changes to QOF to support the COVID-19 vaccination programme, please see pages 1 and 2 and pages 6 to 14 of the letter within the above guidance link.

Temporary GP contract changes to support COVID-19 vaccination programme (IIF)

Temporary GP contract changes to support COVID-19 vaccination programme (IIF)	Guidance
<ul style="list-style-type: none"> ● Investment and impact fund (IIF) cash worth £112.1m will be 'repurposed' to support PCNs and practices delivering the COVID-19 booster campaign and to ease workforce pressure. ● PCN indicators for flu immunisation and appointment categorisation will continue to be paid on performance in the current financial year, but all remaining indicators will be suspended. A total of £62.4m will be allocated to PCNs via a PCN support payment, to be paid on a weighted patient basis, subject to a simple confirmation from the PCN that it will be reinvested into services or workforce. ● The remaining £49.7m will be allocated to a new binary IIF indicator, paid on the basis of all practices within a PCN being signed up to phase 3 of the COVID-19 vaccination enhanced service as at 31 December 2021, remaining signed up until 31 March 2022, and actively delivering the programme. ● Practices have only until 10 December 2021 to opt in and must be ready to 'go live' in early January 2022. The letter within the link on the right confirms that in 'exceptional circumstances' PCNs may be able to receive the participation payment despite a practice not delivering COVID-19 vaccination if this has been agreed with commissioners as a result of wider access, performance or patient safety issues. ● IIF will recommence in full from April 2022. ● Payment for IIF may be made later than usual for 2021/22, given that the proposed changes to the scheme are being made towards the end of the year. 	<p>Temporary GP contract changes to support COVID-19 vaccination programme letter – 8 December 2021</p>
<p>*For further information on temporary GP contract changes to QOF to support the COVID-19 vaccination programme, please see page 3 and pages 14 to 17 of the letter within the above guidance link.</p>	

Temporary GP contract changes to support COVID-19 vaccination programme (wider measures)

Temporary GP contract changes to support COVID-19 vaccination programme (wider measures)	Guidance
<ul style="list-style-type: none"> ● If participating in the vaccine programme, income protection for the Minor Surgery DES will apply from 1 December 2021 until 31 March 2022. Local commissioners should make the monthly payments to practices for the Minor Surgery DES that they made for the corresponding period from 1 December 2018 to 31 March 2019. No contract enforcement will be taken where no activity is done under the Minor Surgery Additional Service from 1 December 2021 to 31 March 2022. Capacity released must be redeployed to vaccination. ● From 1 December 2021 to 31 March 2022, where contractors consider it clinically appropriate and they are participating in the vaccine programme, routine health checks on request for those over 75 who have not had a consultation in the last 12 months, and for new patients may be deferred. ● The Dispensary Services Quality Scheme will be amended to reduce the requirement for medication reviews from a minimum of 10% of dispensing patients to a minimum of 7.5% for 2021/22. Practices are asked to prioritise patients who they consider to be higher-risk or would benefit most from a review. 	<p><u>Temporary GP contract changes to support COVID-19 vaccination programme letter – 8 December 2021</u></p>
<p>*For clarification of this information on temporary GP contract changes to QOF to support the COVID-19 vaccination programme, please see pages 3 and 4 of the letter within the above guidance link.</p>	

Temporary GP contract changes to support COVID-19 vaccination programme (telephony support and next steps)

Temporary GP contract changes to support COVID-19 vaccination programme (telephony support and next steps)	Guidance
<p><u>Additional telephony support</u></p> <ul style="list-style-type: none"> As a component of the NHS England and NHS Improvement Winter Access programme, NHSX have agreed a time-limited offer with Microsoft for general practice to utilise MS Teams telephony functionality. This solution will enable staff to use MS teams to make outbound only calls independently of the existing telephone solutions. This will free up the existing lines for incoming calls. Practices will keep their current telephony supplier and associated number in place to support the receiving of calls. This national offer is an additional component to the Microsoft Teams application currently provided and will increase telephone capacity at no additional cost to the practice. The additional outbound only call functionality will expire on 30 April 2023. If you have already responded to the baselining questionnaire indicating interest, this functionality will be enabled for all Teams users in your practice. Further communications will follow from the NHSmail Team confirming the date of availability and providing links to the support site which contains details of how to access including training and support. Contact the team on scwcsu.nhsei.winterpressures.advancedtelephony@nhs.net if you no longer wish to progress with this offer, or if you did not complete the original questionnaire, but wish to take up this offer. <p><u>Next Steps</u></p> <ul style="list-style-type: none"> The sign-up window for the phase 3 GP COVID-19 Vaccination Enhanced Service has therefore been reopened. Practices who wish to sign up should liaise with their local commissioner as soon as possible to discuss next steps. 	<p>Temporary GP contract changes to support COVID-19 vaccination programme letter – 8 December 2021</p>
<p>*For clarification of information on temporary GP contract changes to QOF to support the COVID-19 vaccination programme, please see pages 4 and 5 of the letter within the above guidance link.</p>	



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