General practice webinar

Dr Nikita Kanani, Medical Director for Primary Care
Ed Waller, Director of Primary Care

19:00 – 20:00; 12th November 2020
NHS England & NHS Improvement

Useful resources

NHSE's Primary Care COVID-19 hub: A central hub for all NHSE documents and guidance for primary care relating to COVID-19, including:

- Guidance documents and resources
- Standard Operating Procedures
- Letters to GPs, Pharmacists, Dentists & Optometrists

https://www.england.nhs.uk/coronavirus/primary-care/

Primary Care Bulletin – Sign up to our daily bulletin here for regular updates covering the whole of primary care:

https://www.england.nhs.uk/email-bulletins/primary-care-bulletin/

Join the COVID-19 vaccination programme in primary care collaborative platform

This workspace provides a community for colleagues across the country who are working to deliver the COVID-19 vaccination in primary care. We will be regularly updating the space with resources, webinars, links to key policy document and for you to ask questions, learn and share from others using the discussion forum.

If you are not already a member, please register to join the platform using an NHS or similar professional email address by emailing: P_C_N-manager@future.nhs.uk.

Agenda

Topic	Speaker
General introduction	**Dr Nikki Kanani** Medical Director of Primary Care **Ed Waller** Director of Primary Care
Update on wider vaccination programme	**Dr Jonathan Leach OBE** NHS England Associate Medical Director for Armed Forces and Veterans Health
The role of general practice	**Mark Sanford-Wood** Deputy Chair, GPC England
Overview of the GP proposal	**Dr Nikki Kanani** Medical Director for Primary Care **Ed Waller** Director of Primary Care
Introduction to the GP Covid-19 capacity expansion fund	**Ed Waller** Director of Primary Care
Q&A and closing comments	**Dr Nikki Kanani** Medical Director of Primary Care **Ed Waller** Director of Primary Care

Q&A

- We will answer as many of your questions as we can during today's webinar, but we are expecting more than we can answer in one hour.
- We will use your questions to draw out themes, and answer them on air during the webinar
- We will also use your questions to inform future guidance & FAQs

12 November 2020

General introduction

Dr Nikita Kanani, Medical Director for Primary Care

Ed Waller, Director of Primary Care

12 November 2020

Update on wider vaccination programme

Dr Jonathan Leach OBE

NHS England Associate Medical Director for Armed Forces and Veterans Health

12 November 2020

Current information on JCVI cohort prioritisation

The Deployment Programme has been using the JCVI interim scenario confirmed on 25/09/20 to inform its cohort prioritisation for vaccination deployment:

1. Older adults resident in a care home and care home workers
2. All those 80 years of age and over and healthcare and social care workers
3. All those 75 years of age and over
4. All those 70 years of age and over
5. All those 65 years of age and over
6. High-risk adults under 65 years of age
7. Moderate-risk adults under 65 years of age
8. All those 60 years of age and over
9. All those 55 years of age and over
10. All those 50 years of age and over
11. Rest of the population (priority to be determined)

Source: JCVI Interim advice

Clinical Data

Phase III clinical trials: These have not been fully published yet and further details on this will be provided but initial results appear promising.

Immunity: There is currently no data available to describe how long protection from vaccination will last. Post-authorisation surveillance and continued follow-up of trial participants may indicate the need for booster doses, but this will be confirmed as further details become available.

Adverse effects: As with other vaccines there may be some local reactions at the injection site such as pain and tenderness. In addition, mild systemic events were reported such as headache, fatigue, fever, malaise and muscle ache. This information will be further clarified as the clinical trial data is reported and published.

Post vaccination observation period: Recipients of the COVID-19 vaccine should be observed for any immediate reactions during the period they are receiving any post-immunisation information and subsequent appointment if required. There is no evidence to support the practice of keeping patients under longer observation.

As syncope can occur following vaccination, all patients should either be driven by someone else or should not drive for 15 minutes after vaccination.

The role of general practice

Mark Sanford-Wood
Deputy Chair, GPC England

12 November 2020

Overview of the GP proposal

Dr Nikita Kanani, Medical Director for Primary Care

Ed Waller, Director of Primary Care

12 November 2020

Introduction

- Several potential vaccines for COVID-19 are in the later stages of phase III trials. If one or more are authorised for use, the NHS needs to be ready to start immediate vaccination.
- The NHS is a global leader in achieving high levels of vaccine coverage. The UK has one of the world's highest levels of public support for making a safe COVID-19 vaccine available and general practice is currently doing an outstanding job increasing coverage under the expanded winter flu programme.
- Through their place in local neighbourhoods, practices are well placed to reach out to our diverse communities and avoid inequalities in access. This means general practice will have an important role in a potential COVID-19 vaccination programme, alongside other providers.
- Given the uncertainty over whether, and when, a vaccine may be approved, we are planning to be ready from any date from December with mass vaccination more likely in the New Year.
- We have agreed with the GPC the general practice COVID-19 vaccination service, which will be commissioned in line with national terms and conditions as an enhanced service (ES). An indicative version of the ES specification will be available shortly and a final version is expected to be published later in November 2020.

Why one site per PCN grouping?

- The manufacturing process for these vaccines is not the same as for other common vaccines (e.g. flu), therefore there are logistical constraints which will be more significant than we are used to.
- It is essential to ensure that the final number of designated sites can be supported by the supply chain. The best way to do this is to limit the number of sites, to ensure the integrity of the supply chain and work within the delivery constraints of the vaccine.
- Additionally, vaccines are likely to come in bigger packs (of 975), with more challenging handling and cold chain requirements.
- Ensuring quick deployment by working at scale will mean we are able to make best use of the resource with a minimum amount of wastage. Designated sites will need to work in partnership with others to ensure successfully delivery.
- As vaccine supply generally increases over time, we anticipate expanding the number of sites and PCN groupings may subsequently be invited by the commissioner to nominate additional premises.

8am to 8pm – 7 days per week

- As vaccines come into the country, we want to get them out at the pace at which they are becoming available with minimum wastage. It will be essential to have capacity in the system to deliver when it is appropriate to do so.

- Potential COVID-19 vaccines could need to be delivered within a certain time period once they arrive at a site so, if necessary, but not otherwise, practices will need to have the ability to deliver vaccinations between 8am and 8pm seven days a week to avoid any going to waste.

Role of general practice in the wider system

- General practice will play a key role in the vaccination programme. This is due to its vast experience in delivering similar vaccination programmes and its incredible reach into the community.
- It is anticipated that general practice will have a particularly important role to play in contributing to administering vaccinations to ‘at risk’ patients, care home residents and staff, those aged 50 and older; and general practice and other primary care staff and care home staff workers.
- Alongside any vaccination programme delivered by general practice, we are additionally planning to stand up some community pharmacy sites and set up mass vaccination centres.
- Designated PCN sites will need to collaborate with other community vaccination providers, as part of a co-ordinated local approach.

Prioritisation and resourcing 1/2

We want to remind practices of the position around prioritisation and resourcing at this difficult time and to facilitate delivery of COVID-19 vaccination. General clinical prioritisation is something that practices are used to managing. In these particular circumstances additional steps have been taken as below:

1) We announced on Monday the availability of £150m of re-prioritised capacity funding ring-fenced to support general practice to deliver at this time. This is not to be diverted by systems for wider purposes.

2) Local enhanced services should where possible be re-purposed by agreement with CCGs to make funded capacity available for COVID 19 vaccination

3) Extended Access and hours capacity should similarly be reprioritised to provide additional capacity [as above]

4) QOF has been significantly income protected around long term condition management activity. Practices should approach the management of long term conditions on the basis of clinical prioritisation and should continue to record patient contact but this will not impact payment.

5) QI modules in QOF have been significantly revised, supporting essential activity.

Prioritisation and resourcing – 2/2

6) ARRS staff can be deployed as required to vaccination as integral members of PCN teams. ARRS recruitment should continue with full funding entitlements remaining in place to continue to support practice teams.

7) PCNs should note that the Structured Medication Review and Medicines Optimisation service requirements in the Network Contract DES are very clear that the number of SMRs to be delivered will be determined and limited by PCN clinical pharmacist capacity. Depending on local clinical prioritisation it is likely to be the case that COVID vaccination is considered a priority for deploying available clinical pharmacists in the short term.

8) A PCN may use its Additional Roles Reimbursement Sum to reimburse extra hours worked by PCN staff, at plain time rates only, as long as the increase in WTE hours worked is clearly recorded on the PCN's claim form and National Workforce Reporting System.

9) Further information will follow in due course about how PCNs can access further support from local systems to bring in additional workforce to support the Covid-19 vaccination programme.

10) Whilst a restart of a new, more supportive appraisal model was described in a letter from Stephen Powis earlier this year, we fully recognise the current pressures on the system and the need for a flexible and sympathetic approach - many areas will not be in a position to carry out appraisals at this time but we will maintain the ability to access support for those who need it.

11) CQC have separately communicated about their approach to ease burden on providers in this period

Vaccine characteristics

We are awaiting final confirmation from manufacturers on the specific characteristics of each vaccine however we are preparing to work to the following principles:

- That everyone will need two doses of the same vaccine, within a specified interval.
- That all vaccines will need to be stored at 2-8°C once received by the site and that there will then be a timeframe within which they're safe to be delivered. Once vaccines are at 2-8°C there will be a short timeframe within which they're safe to be delivered.
- That there will be specific requirements around, dilution and transport of the vaccine which may differ between products.
- That, at least in the initial stage, there are only limited circumstances in which stock will be permitted to move between sites.
- That no observation period will be required post-vaccination, but that patients should wait 15 minutes before driving.

Supply Chain

- Maintaining the integrity of the supply chain will be a priority for any vaccine approved for delivery.
- When available, supply will be delivered to designated sites, community pharmacies, NHS Trust Vaccine Hubs, mass vaccination centres; and NHS trust-led community vaccination centres.
- As part of the designation process we have asked PCN groupings to tell us the minimum number of vaccinations a site could deliver [in a week?]. Having the information helps with national and regional planning about the supply chain and how many vaccines are delivered to each site.
- There will be a strict system for ordering based on national allocations. The national programme will seek to ensure that the principle of equivalence applies and that general practice will be given fair access to available vaccine supply, rather than this being determined by another provider.

Training for staff

- All staff involved in administration of the vaccine will need to complete relevant training provided by PHE/HEE, which will be available online.
- We will clearly set out which training components need to be undertaken by different cohorts of staff.
- Training content for non-clinical staff will be developed centrally from materials already available for flu and will include the COVID vaccine. All staff will need on-site training to cover SOPs, site flow and IT etc. as well as NHS mandatory training for those new to the NHS.

Materials for patients

- PHE will produce pre and post vaccination materials that practices will be able to make available to patients.
- Materials which are planned and in developed include:
  - Basic public leaflet
  - Public poster (with ‘empty belly’ for local use)
  - HCW/SCW leaflet
  - Basic A5 flyer covering: why do I have to wait for / why am I not being offered the vaccine
  - Consent form
  - Record card
  - Flyer covering: what to expect after vaccination
- [DN – is there anything more we can say on consent? Amy to advise]

Additional Workforce

- We are engaging with a number of national workforce providers, and the intention is that staff from these providers will be made available from 1st December for draw down by primary care to support vaccination delivery. The types of roles are likely to include:

Clinical staff

  - Immuniser- Pay Band 4
  - RHCP - Draw-up & Clinical Assessment - Pay Band 5
  - Registered Health Care Professional - Pay Band 6
  - Health Care Assistant - Pay Band 3

Administrative staff

  - Vaccine Admin Support*- Pay Band 3

Volunteers

  - e.g. Stewards

- We anticipate that practices will need and want to provide the majority of the required staff from their own workforce. But the principle is that primary care will have access to these additional resources.
- Practices would have to pay for clinical and administrative staff (incurring costs in line with Agenda 4 Change and terms of the provider) and the intention is that voluntary resources would be a free resource to primary care.
- In order to enquire about available resources to primary care locally, PCNs should speak to their local system in the first instance. This may involve contacting the workforce lead within the Regional team mobilising the Covid-19 Vaccination Deployment, or Lead Employer within the ICS. A list of contact details for workforce in your local system will be provided shortly. In addition and as with the seasonal flu programme, PCNs are encouraged to continue to work with their local CCG and volunteer organisations.

Funding

- We have agreed with the BMA GPC that the Item of Service fee will be **£12.58 per vaccination**. The Item of Service fee will be paid on completion of the final dose (i.e. **£25.16 if the vaccination requires two doses**) unless in exceptional circumstances the final dose cannot be administered (e.g. because of intolerance / clinical agreement).
- Linked consumables for the vaccine will be supplied free of charge:
    - diluents for the vaccine, if required
    - dilution syringes/needles (as required for the vaccine(s))
    - combined needle and syringes for administration of the vaccine(s))
- In addition, PPE will be available through the portal.
- Local commissioners may be able to help with one-off costs. In particular CCGs have provided additional support to general practice to support the flu programme (e.g. additional venue hire) and we expect to be able to make some limited funding available to extend these arrangements for a potential COVID vaccine programme.

Process

- The initial ask of practices, CCGs and Regional Teams is to go through the Designation Process and nominate one site per PCN (except in exceptional circumstances).
- Expressing interest in becoming a designated site does not formally commit a practice to signing up to deliver the Enhanced Service specification. However, it is assumed that in expressing this interest the practice has an intention to do so and so should not express interest on a speculative basis.
- The ES will be offered to all practices. The ES cannot be amended by CCGs.
- NHS England issues ESs each year for childhood flu, meningococcal freshers, pertussis, shingles catch up etc.
- The final specification will be issued in late November. Practices with a designated site will then be asked to opt into the enhanced service.
- The ES will come into effect once vaccinations become available – but need practices to be ready by 1 December.

Date	Key actions
Monday 9 November – Tuesday 17 November	Practices to form PCN groupings and agree which site they will nominate to be the designated vaccination site.
Tuesday 17 November	Deadline for PCN groupings to advise CCGs of nominated site for designation.
Thursday 19 November	Deadline for CCGs to have completed the designation assessment process for nominated sites and submit recommendations to NHSE/I regional teams.
Friday 20 November	NHSE/I regional/national consideration of CCG recommendations and decision on which sites will be designated.
Monday 23 November	NHSE/I decision communicated to PCN groupings.
Late November	Final service specification published

Introduction to the General Practice Covid-19 Capacity Expansion Fund

Ed Waller,

Director of Primary Care

12 November 2020

NEW General Practice Covid-19 Capacity Expansion Fund

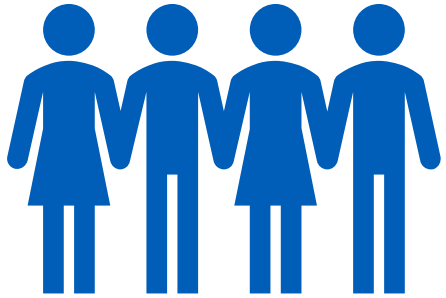
- **£150m** of non-recurrent revenue
- **Immediately allocated** through ICS to CCGs for general practice, for the purpose of supporting the expanding general practice capacity up until the end of March 2021
- **Ring-fenced** exclusively for use in general practice
- For ICS and CCGs to determine how best it is spent within general practice, with a **focus on simplicity and speed of deployment**
- CCGs should **not introduce overly burdensome administrative processes** for PCNs and practices to secure support
- Accessing the fund is conditional on **practices and PCNs continuing to complete national appointment and workforce data in line with existing contractual requirements**
- Where an individual practice is not yet accurately **recording activity that is broadly back at its own pre-COVID levels**, **it is expected to do so as part of accessing the fund**.

The Fund is expected to support seven priority goals:

1) Increasing GP numbers and capacity
2) Supporting the establishment of the simple COVID oximetry@home model – arrangements for which will be set out shortly
3) First steps in identifying and supporting patients with Long Covid
4) Continuing to support Clinically Extremely Vulnerable patients and maintaining the shielding list
5) Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
6) On inequalities, making significant progress on learning disability health checks, with an expectation that all CCGs will without exception reach the target of 67% by March 2021
7) Potentially, offering backfill for staff absences where this is agreed by the CCG, required to meet demand, and the individual is not able to work remotely.

Systems are encouraged to use the Fund to secure additional capacity through…

- the creation of additional salaried GP roles that are attractive to both practices and locums
- the temporary employment of staff returning to help with COVID-19
- to increase the time commitment of existing salaried staff



In line with commitments already made in the GP contract, support will be available to establish flexible pools of employed GPs (including returners) and other staff to deploy across local communities.

PCNs should also continue to recruit to roles under the Additional Roles Reimbursement Scheme. And CCGs should continue to prioritise maximum support to PCNs, to ensure that PCN recruiting intentions are delivered.

Full use should be made of the GP recruitment and retention initiatives and dedicated funding, including the new to partnership payment, returners scheme, mentorship scheme and fellowship scheme

Q&A

12 November 2020

Closing Comments

Dr Nikita Kanani, Medical Director for Primary Care

Ed Waller, Director of Primary Care

12 November 2020