

Worcestershire and Herefordshire Local Medical Committees Ltd

COVID VACCINATION PROGRAMME (CVP)

Unfortunately, much has been communicated through the media on the covid vaccination programme prior to it being shared with practices first. This has caused a degree of confusion and annoyance amongst some colleagues. Hopefully, the information below may allow you to pause and focus on what we are trying to achieve and to consider how best to protect our communities through an efficient and effective CVP.

Many of our practices have said that they want to be part of the vaccination programme and this was echoed at our recent LMC meeting. However, it is clear that greater flexibility in terms of how this is delivered is much needed and it is unlikely that there will be any real financial benefit to practices who choose to participate.

Vaccines

There are several vaccines in development and of these two will probably be licenced in the next couple of months:

1. Produced by **Pfizer** that acts via mRNA and is therefore a new technology. This vaccine is stored in a freezer at about -75c, +/-15c and once out of the freezer can be stored at 2-8c but needs to be used within 5 days. This will be delivered to a practice and is a package which contains 975 doses (195 vials each containing 5 doses). There will be the diluent and the required needles and syringes. Once diluted the vaccine must be used within 6 hours.

The vaccine is not deemed to be stable enough to take a diluted solution and take it to another venue.

The vaccine needs 2 doses, 21 days apart and cannot be given within 7 days of a flu vaccination. Must use the same type of vaccine for 1st and 2nd vaccination.

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2. Produced by **Astra Zeneca** vaccine uses the same technology as the flu vaccine. It is stored at -80c and once out of the freezer and stored at 2-8c has a shelf life of about 6 months. The vials contain 8 or 10 doses and in batches of 10 vials. Once punctured the vials must be used within 4 hours. The vaccine needs 2 doses 28 days apart and cannot be given within 7 days of a flu vaccination.

The NHS has been asked to prepare itself to commence vaccinations as soon as the vaccine becomes available which at the earliest could be 1st December 2020 but more likely will be towards the end of December for the first vaccine and early next year for the second and subsequent vaccines.

Contract

General practice will be offered a National Enhanced Service (NES). The reason this is a NES rather than a DES is because a NES can be amended if required. This is necessary as things are changing quickly and a DES is more difficult to amend. Practices will be offered the NES towards the end of this month. As a NES this cannot be amended locally by CCGs.

One Site per PCN

Practices are being asked to work together and initially identify one site within the PCN to deliver the vaccination programme from. The reasoning behind this is that the first vaccine to be delivered is likely to be one with 975 doses which need to be delivered in 5 days. It is unlikely a single practice would have sufficient numbers to deliver this individually. In addition, the package of 195 vials cannot be divided at practice level and shared with other practices due to the regulations related to the distribution of medications.

The vaccine will be in short supply and we must try to keep wastage to a minimum.

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When more vaccines become available and these vaccines are delivered in smaller packages more sites could be used within the PCN. This has been confirmed by NHS England and is the flexibility we have requested. Eventually it is expected the vaccines will come in pre-filled syringes.

Seven Day Working 8am to 8pm

Practices will not be required to be open 8am to 8pm for seven days a week or to be open on Christmas day. What you will be required to do is to maximise the delivery of the Covid vaccination and avoid wasting the vaccine. For example, if you get 975 doses delivered on a Friday you need to ensure all this vaccine is used before the end of Tuesday, so this may include weekend working.

Patient Waiting after Vaccination

Updated advice confirms patient are **not** going to be required to wait for 15 minutes after a vaccination but they should be advised not to drive for 15 min after the vaccination.

Who can you Vaccinate?

You will be able to vaccinate your registered patients and can also vaccinate your staff who are not registered with your practice and also care staff who are not registered.

Call Recall System

There will be a national booking system but also practices can produce a local one and practice can also choose to take part in the national booking in addition to their own system.

Indemnity

This is an NHS Contract and therefore all involved in delivering this will be covered by state backed indemnity (CNSGP) and this will include any volunteers.

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Extended Hours and Improved Access

CCGs and ICSs are being asked to work with practices and reprioritise the use of extended hours and improved access appointments.

Training

All those involved in the vaccination programme will be required to undergo some online training. This will be provided by PHE and HEE and will be free of charge lasting no more than 90 minutes.

Funding

Practices will be paid an IoS fee of £12.58 for the first vaccination and for a completed course will receive £25.16 - if only one dose given practices will still be paid.

There is some funding available for non-practice sites to deliver the programme for if there are no suitable practice premises.

General Practice Covid Capacity Expansion Fund

NHS England have provided £150 million to support general practice over the winter months. Systems are encouraged to use the fund to stimulate the creation of additional salaried GP roles that are attractive to practices and locums alike.

This includes:

- Increasing GP numbers and capacity
- Supporting the establishment of the simple COVID-19 oximetry@home model, arrangements for which will be set out in a parallel letter shortly
- First steps in identifying and supporting patients with Long COVID-19

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- Continuing to support clinically extremely vulnerable patients and maintain the shielding list
- Continuing to make inroads into the backlog of appointments including for chronic disease management and routine vaccinations and immunisations
- 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 set out in the inequalities annex to the third system letter. This will require additional focus given current achievement is one fifth lower than the equivalent position last year; and actions to improve ethnicity data recording in GP records
- 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.

Consent

There will be a national consent form – pre and post material, and a national campaign to explain the vaccination programme. Information will be provided in different languages.

Workload

There will national guidance coming to prioritise and deprioritise work in addition CCGs are being asked to look at local contracts and see which contracts can be put on hold as per their recent communication to practices.

PCN Contracts

All of the service specifications have had activity targets removed - PCNs can deploy their ARRS staff to support the vaccination programme.

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CQC

If practices use external sites to deliver the CVP then CQC have agreed that practices simply need to amend their Statement of Purpose.

Patient Group Directive (PDG)

This is being produced nationally.

I hope this helps you decide how best to proceed and answers a few of the questions that we have been asked.

16th November 2020