

Role of PCN LVS sites in Phase 2 of the COVID-19 vaccination programme
For the Attention of all GPs and PCN-led Local Vaccination Sites
Decision to be made and communicated to CCG by 23.59 on Friday 19th March 2021

The [COVID-19 Vaccination Programme 2020/21 Enhanced Service Specification has been updated](#) so PCN groupings can provide COVID-19 vaccinations to cohorts 10 to 12 (patients aged 40-49, 30-39 and 18-29). Practices need to decide if they want to continue to provide this Enhanced Service to the extended cohorts, this decision needs to be made in conjunction with the PCN as the practice and PCN are co-dependent as to whether they can continue to deliver under the revised Specification. It is important to note that the existing termination and notice clauses remain; whatever the decision, practices retain the 42-day notice rights.

If, as a practice and PCN, the decision is made to continue to provide this service, there are a number of conditions you will be expected to meet. Click [here](#) for conditions required.

If you decide, as a practice, not to offer the vaccination programme to cohorts 10-12, it is important to have discussions with your PCN as your decision will impact all Practices within your PCN. If a Practice within your PCN expresses they no longer wish to deliver the ES there are alternative delivery options if your PCN wishes to continue (e.g. subcontracting, silent partners). Your LMC will be happy to advise you on these options.

If, as a practice or PCN, you decide to opt out of the ES for cohorts 10- 12, you **MUST OPT OUT** of the revised Enhanced Service Specification by 23.59 on Friday 19th March 2021. If you opt out, you will still be required to honour the previous ES by continuing to vaccinate Cohorts 1 – 9 unless you serve notice on the existing ES.

The timeframe is very short but it is important to carefully consider all the options/impact and have full discussions before making your decision.

Your LMC will support you whatever your decision (including with communications to stakeholders and patients) and we provide this document as guidance to support your discussions. Considering the points in this document, together with this [letter](#) which states that QOF and core contract work will return to business as usual for 2021/22, will help you reach an informed decision. When considering QOF workload, please note that childhood immunisations are included in QOF 2021/22 bringing additional time sensitive QOF work.

Options	Considerations	Benefits	Actions
Option 1 Opt out of Vaccination Programme for Cohorts 10-12 but continue to deliver existing ES for cohorts 1 - 9	<ul style="list-style-type: none"> ➤ Auto Opt-in, must actively opt out by deadline or revert to 42 day notice as per terms of ES ➤ Loss of additional CVP income ➤ Impact on staff morale who enjoy this work ➤ Impact on wider PCN (all or none, PCN cannot continue if an individual practice opts out) ➤ Optics to patients and stakeholders, perception of pulling out of delivery of vaccinations for younger age groups 	<ul style="list-style-type: none"> ➤ Increase capacity to focus on business as usual ➤ Protect workforce moral /prevent burnout ➤ Ensure QOF delivery and catch up to protect QOF incomes and clinical benefits including focus on LTC management catch up to prevent exasperation ➤ Possible to manage QOF workload for Qtr1 to clinically necessary with scope to catch up after cohort 1- 9 completed to mitigate negative impact on QOF achievement or clinical care ➤ Prioritise clinical need of patients without impact on staff, targets and CVP delivery to 1-9 	<ul style="list-style-type: none"> ➤ Notify your CCG in writing by 23.59 Friday 19th March 2021 ➤ Practice and PCN discussion to consider impact of opt out ➤ Considered communications ready for patients and stakeholders to explain rationale to preserve relationships

<p>Option 2 Remain in ES to deliver Vaccination Programme for Cohorts 10-12 following completion of cohorts 1 - 9</p>	<ul style="list-style-type: none"> ➤ Impact on delivery of core and wider services including QOF which has direct financial and clinical benefit. CVP v contract/QOF, can you manage both as it will not be possible to manage QOF workload given the duration of CVP extending well into Qtr2? ➤ Impact on capacity/ability to engage with wider programmes of benefit, including PCN work. CVP Vs wider programmes, can you manage both? ➤ QOF expectation will return to business as usual plus the additional vaccination requirements from April 2021. Capacity needed to do this and catch up on previously stood down QOF work ➤ Workforce capacity, morale and burnout risk ➤ Ability to demonstrate additional workforce/overtime. Can you find the additional workforce? Can federations help? ➤ Will volunteers still be available if you rely on these currently? (restrictions lifting for many to return to their usual work) ➤ All or nothing for PCN but can explore alternative delivery e.g. subcontracting, linking with federations ➤ Reduced income from CVP due to cost of additional staff/overtime/subcontracting ➤ Optics if access for patients reduced; if patients have difficulty in obtaining appointments will income chasing CVP be perception? ➤ Extension of location use if not in practice site and 'life' returns to normal! 	<ul style="list-style-type: none"> ➤ Additional income of CVP alongside QOF and business as usual ➤ Patients have option to get everything from their practice! ➤ Boost to staff morale who enjoy delivering the programme ➤ Option to subcontract so delivery can continue without drain on individual practice capacity/resource ➤ Positive news story/reputation building for practices and PCN ➤ Continue with the CVP momentum/avoid disruption to CVP provision ➤ Option to utilise national booking system to relieve some administration burden ➤ QOF is optional as it always has been within your contract! 	<ul style="list-style-type: none"> ➤ Notify your CCG in writing by 23.59 Friday 19th March 2021 of expression of interest in ES extension. This will require a brief statement that the practice can fulfil the requirements of the 21/22 core contract and has additional workforce/overtime to deliver vaccination services ➤ Practice and PCN discussion to consider impact of extension of ES and assurances that must be provided to meet additional conditions ➤ Explore discussions with federations and other partners re workforce support or subcontracting options ➤ Considered communications ready for patients and stakeholders to explain rationale to preserve relationships ➤ Complete and submit Appendix A to the CCG ➤ Assessment/assurance by CCG against appendix A Assessment Form criteria within 2 working days of receiving practice expression of interest ➤ NHSE decision/approval for ES extension to cohorts 10 -12 Tuesday 23 March
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[QOF Update 2021/22](#) [ES Specification CVP](#) [NHSE CVP update page/information](#)