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To: All GP practices  
Cc: Regional Directors of primary care and public health  
Heads of primary care commissioning  
Regional Medical Directors  
CCG COVID-19 leads  
ICS primary care leads  
STP primary care leads  
Regional PCN leads  
PCN-led Local Vaccination Services sites

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**14 July 2021**

Dear Colleague,

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

As we near the end of phase 1 and 2 of the COVID-19 vaccination programme, thank you to all practices who have helped to deliver over 67 million COVID-19 vaccinations in England. General practice has been a vital part of this historic programme and we are very grateful to everyone involved. We know that participating in phase 3 will be a significant commitment and we want to support practices to feel able to participate, alongside maintaining business as usual work, enabling you to draw down from additional capacity where needed.

We have published today the **Enhanced Service Specification for phase 3 of the COVID-19 vaccination programme (“phase 3”)** and guidance on the **General Practice Phase 3 Opt-in and Site Designation process** [here](#).

The phase 3 service specification seeks to implement [interim advice from JCVI](#) on the potential COVID-19 booster programme. This advice suggests that the COVID-19 booster vaccines should be offered in two stages from September, starting with those most at risk from serious disease in stage 1, and to a second group of patients in stage 2, and that the seasonal flu vaccine should be offered alongside the third, booster dose of the COVID-19 vaccine. Our [letter of 1 July](#) sets out further details to enable local systems to prepare.

The NHS will also deliver COVID-19 second doses to those who receive their first COVID-19 vaccination over the summer and continue to offer a new first and second

dose of the COVID-19 vaccine to all eligible patients (the “evergreen offer”), continuing to tackle inequalities, including through roving models.

We are expecting further advice from JCVI over the summer regarding whether the booster dose should be the same or different to that received for a first and second dose, which vaccines will be used and advice on the co-administration of the COVID-19 and flu vaccines. PCN Groupings must therefore be able to receive, store, prepare and transport (where appropriate) the vaccines which are currently approved, as well as any new vaccines which may be approved in future.

Given the expected further advice, we may need to update the Enhanced Service Specification with further details once these are known. We will notify practices in advance of any changes.

### **A. Overview of Enhanced Service Specification for phase 3**

The service specification for phase 3 is largely based on the current Enhanced Service Specification for phases 1 and 2. In developing the service specification for phase 3, we have taken into account the lessons learned from our engagement with providers, local systems and patient insight work on phases 1 and 2 of the COVID-19 vaccination programme.

In order to allow PCN Groupings to offer further vaccinations to adults in England, it is our intention (subject to appropriate engagement) that the 2020/21 enhanced service delivering phase 1 and 2 will be extended to 31 October 2021, but PCN Groupings will not be able to deliver booster vaccinations under it. Practices that choose to opt into the phase 3 enhanced service will have their phase 1 and 2 contract terminated, and provide all subsequent vaccinations under the new phase 3 enhanced service. In this situation, PCN groupings will need to ensure that they are clear under which enhanced service (ie either the phase 1 and 2 enhanced service, or the phase 3 enhanced service) a patient is being vaccinated.

Key updates:

- **PCN grouping model:** we have considered carefully whether we could support the administration of the COVID-19 booster vaccines at individual practice level. For a number of reasons this is not operationally feasible. This is largely due to the need to expand the capacity in the delivery network (to deliver the COVID booster programme alongside the flu programme) but it will only be possible to on-board a limited number of new sites during the summer; the supply chain cannot support deliveries to all practice sites; and it is possible the vaccine characteristics will require at scale working. For these reasons practices that wish to participate in the booster programme will need to do so as part of a PCN grouping. We will also give practices the opportunity to change their PCN grouping in phase 3 if they so wish, taking account of feedback in phase 2.
- **Co-administration of flu and COVID-19 vaccines:** following JCVI’s interim advice, we intend to put in place arrangements to enable co-administration of flu and COVID-19 vaccines in Trusts, residential care homes, to housebound patients and in other residential settings.

- **Eligible patients:** JCVI's interim advice proposed the patient eligibility for the booster vaccine; this will be confirmed by them. Under the phase 3 service specification, PCN groupings will have the ability to vaccinate eligible patients who are registered with any practice in the PCN grouping, unregistered or registered with another practice (outside the PCN grouping) where the patient chooses to receive their vaccination from the PCN grouping and the PCN grouping is able to accommodate this. We understand that this flexibility has been particularly helpful in phase 2, particularly to facilitate "pop up" clinics.
- **Collaboration Agreement:** we will publish an updated template COVID-19 ES Vaccination Collaboration Agreement which PCN Groupings may wish to use and adapt. In some cases, practices signed up to the existing arrangements may wish to adapt their existing Collaboration Agreement to meet the requirements of the phase 3 service specification rather than agree a new one.
- **Payments:** 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:
  - for administration of each vaccination to each patient where that patient is:
    - resident in and receives the vaccination at a Care Home or other residential setting; or
    - 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.

For further information on payments, please see the PCN Finance and Payments guidance [here](#).

- **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.
- **Supply of equipment and consumables:** we will supply a nationally-agreed initial Supply Inventory List (SIL) of equipment that will be required on a site by site basis to allow any new PCN-led vaccination sites to commence and operate.

We will continue to centrally supply linked vaccine consumables to all sites in phase 3 (e.g., syringes etc), but providers will need to purchase non vaccine linked consumables e.g., handwash, waste bags, sharps bins etc. as they would normally do for other vaccination programmes. We expect that PPE will continue to be available for practices to draw down through the DHSC portal.

- **Vaccine ordering:** we are exploring moving to a “capped pull” vaccine ordering model in Phase 3 to support sites to have greater visibility and influence over their supply of COVID-19 vaccine to designated sites and to aid with earlier scheduling of clinics. This means that sites would have the flexibility to request their own vaccine, up to a maximum limit. This would also enable sites to align COVID-19 vaccine with their flu vaccine supply for joint clinics to support co-administration, where timing of cohort phasing and eligibility of the programmes align.

The Commissioner (NHS England) will, where possible, distribute available vaccine supply to providers that are best placed to meet the population need.

- **Workforce:** providers will be able to continue to access centrally sourced workforce, including unregistered vaccinators through the lead employer model, utilising the national protocol as appropriate. Workforce and training guidance for phase three will be published shortly.
- **Tech and data requirements:** through our engagement with providers and commissioners, we have identified some core tech and data requirements for Phase 3, including the need for an improved approach to the point of care capture for non-age based cohorts such as health and social care workers, to track against a single denominator, and an infrastructure that enables point of care recording of both a co-administered and individual vaccination events. We are seeking to establish the ability to share data between local and national booking services, to minimise or prevent competing appointments, which should significantly reduce the number of “did not attends” across the system. We will look to implement these items where possible and support integrated interfaces where it is not feasible.

## **B. 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.

We attach to this letter the opt-in and site designation guidance for practices wishing to sign up to the phase 3 enhanced service. This includes the key actions and timescales and should be read by practices and commissioners.

Where new sites are proposed/new PCN groupings form, the sites will additionally need to go through a site designation process. Please see the guidance for further detail.

### **C. Next steps**

We will be holding a **webinar** at 6:30-7:30pm on Thursday 15 July 2021 to discuss the phase 3 arrangements and opt in process. Register for the webinar [here](#). Registration closes at 4:30pm on 15 July.

We will also write soon with further details on the adult seasonal flu programme but practices should continue to plan as usual for this year's flu season.

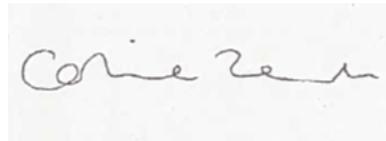
Thank you again for your hard work throughout the programme so far. We know that many lives have been saved by your dedication.

For more information, please contact [england.pccovidvaccine@nhs.net](mailto:england.pccovidvaccine@nhs.net)



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## ANNEX A - Indicative timetable

This timetable is subject to change but is provided to help with planning.

Date	Phase 3 opt-in milestone
<b>14 July</b>	General Practice Enhanced Service Specification for Phase 3 of the COVID-19 vaccination programme published and GP practices invited to opt in.
<b>15 July</b>	Briefing session for general practices, community pharmacy contractors and commissioners on the process
<b>Wednesday 28 July (17.00)</b>	Deadline for GP practices to indicate to their CCG (which will provide administrative support to the commissioner, NHS England) their willingness to participate in the Phase 3 arrangements and details of the nominated Designated Site.
<b>Friday 30 July (17.00)</b>	CCGs should notify their Commissioner (NHSE) regional team how many PCN Groupings have indicated that they wish to participate in the Phase 3 arrangements.
<b>Monday 2 August (17.00)</b>	Commissioner (NHSE) regional teams notify the Commissioner (NHSE) national team how many PCN Groupings wish to participate in the Phase 3 arrangements.
<b>Friday 28 July – Tuesday 10 August</b>	<ol style="list-style-type: none"> <li>1. CCG seeks assurance that the GP practices/PCN Grouping have the capacity to participate in the Phase 3 arrangements whilst alongside delivering core primary medical services and has appropriate workforce resource; and confirms to Commissioner (NHSE) regional team <b>by 17.00 on Tuesday 10 August.</b></li> <li>2. Where required for new nominated Designated Sites or changes to Designated Site locations, CCG undertakes checks against designation criteria and confirms to the Commissioner (NHSE) regional team <b>by 17.00 on Tuesday 10 August.</b></li> </ol> <p>In line with capacity planning processes, CCGs should take views from local systems before making a final recommendation.</p>
<b>Friday 13 August (17.00)</b>	Commissioner (NHSE) regional teams review CCG/ICS recommendations and take a final decision; informing the national team by sending a complete list of assured sites by <b>17.00 on Friday 13 August.</b>
<b>August</b>	Readiness checks undertaken by PCN Groupings and CCGs.

<p><b>By end of August</b></p>	<p>Designated sites formally signed off by Commissioner (NHSE) regional teams and national team at series of “go/no go meetings” (to note: post a go/no go decision, a minimum of 10 working days is required before vaccine will be delivered to new Designated Sites).</p>
<p><b>By end of August</b></p>	<p>Commissioner (NHSE) regions write to GP practices confirming their participation in Phase 3 and associated arrangements.</p>
<p><b>Monday 6 September [TBC]</b></p>	<p>ES commences.</p>