

11th January 2021

Dear Colleagues

Freeing up practices to support COVID vaccination

I wrote to you all on the 29th December 2020 outlining:

- A set of jointly developed and agreed priorities
- A number of CCG actions and commitments
- An expectation of borough responses to the current system pressures
- Reassurances around income protection

Last week NHSE/I published a further letter outlining their approach to freeing up practices to support COVID vaccinations.

We have summarised below the SEL response to these measures:

Freeing up practices to support COVID vaccination letter	SE London CCG clarification
Suspension of locally commissioned services, except 'where these are specifically in support of vaccination' or other Covid-related support, including reducing admissions and supporting hospital discharge.	The six boroughs that make up the CCG have already formally agreed with their local systems revised arrangements for their locally commissioned services, which align to this requirement, including the stepping down of all KPI requirements. Where self-declaration forms or any other information returns were included, these will now be stepped down.
A review of whether clinical CCG management could support practices or PCN work.	Jonty Heaversedge as Chair of the CCG is supporting all GP CCG clinical leads to realign their time to support the wider system, general practice and PCNs. The CCG is undertaking a process for the re-prioritisation of all clinical and non-clinical staff to ensure that resources are located in

	the right place to respond to the needs of local residents.
To take a supportive and pragmatic approach to GP contract enforcement across routine care.	<p>The CCG will:</p> <ul style="list-style-type: none"> • Support general practice to deliver against the prioritised activities agreed locally and specified nationally • Provide practices with lines of communication, agreed with NHS England, to be used by your primary care teams in helping patients understand that whilst general practice is open, there are some areas of priority work that need to be focussed on to support your patients • Only take contractual action in extreme and exceptional circumstances where a practice has not responded to offers of CCG support, where there is evidence that local and national priorities are not being addressed; and where there is evidence that patient safety has been compromised.
<p>The Quality Improvement domain within QOF will be protected in full at 74 points per practice until March 2021.</p> <p>The 8 prescribing indicators within QOF will be income protected on the same basis as the existing 310 points which have been income protected.</p>	Using the professional judgement of clinicians, practices are only asked to undertake opportunistic work on these areas, based on the needs of your patients but continuing to risk stratify patients according to best practice guidance where possible
The Minor Surgery DES income will be protected until March 2021	Where minor surgery procedures will avoid a patient needing to be referred to hospital services, accredited GPs are asked to continue to carry these out.
<p>In instances where the Extended hours capacity in the existing Network Contract DES is not required for vaccine delivery, it should be used for local priorities. This includes access to urgent and pre-booked appointments over the coming winter months.</p>	PCNs should continue to make arrangements to offer pre-booked appointments, opportunistically using these to vaccinate consenting patients in the relevant cohorts.
In 9 November <i>Urgent preparing for general practice to contribute to a potential Covid-19 vaccination programme</i> and 7 January <i>Freeing up practices to support COVID vaccination</i> letters, providers and CCGs	The CCG will continue to support providers to balance the utilisation of the capacity within the extended access allocation.

<p>have been urged to repurpose extended access capacity to support the vaccination programme as part of local clinical prioritisation</p>	<p>We want to avoid only utilising extended access appointments for covid vaccination as this will result in significant additional patient demand for practices and increase patient's perception that the NHS is not open. It may also lead to an increase in 111 or 999 calls and/or ED attendances.</p>
--	---

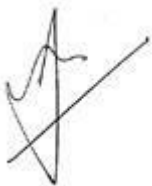
I would like to emphasise the point made in my previous letter about important it is that clinicians feel able to prioritise their workload but would like to remind practices that cervical screening for those at greatest risk and vaccinations should be prioritised alongside covid vaccinations.

There is also a request in the letter for CCG commissioners to make arrangements for the CCG-commissioned extended access services to continue until April 2022 and to consider making local arrangements for a transition of services and funding to PCNs before this time where it has been agreed. Each borough will work with their provider of extended access services during the next 3 months to progress this request and ensure robust arrangements are in place in each borough from the 1st April 2021.

I hope that you find this useful and I have provided you with the information you need to continue to respond to the pandemic as you have done so far. On behalf of the residents of South East London I want to thank you for all your continued hard work – it has been very much appreciated.

For completeness I have attached to this letter my letter of the 29th December and the NHSEI letter of the 7th January.

Best wishes



Dr Jonty Heaversedge
 Clinical Chair
 SE London CCG