

Rotherham CCG – Revised principles for balancing general practice capacity and delivery of the Covid 19 vaccination programme phase 2 to 30 September 2021 – NOTE THE BLOCK ARRANGEMENT IS ONLY FOR Q1

Introduction

In November, we agreed on the basis of the guidance from NHSE/I a set of revised principles for local application in relation to payment arrangements. Further to this advice, on 7 January we received a further letter in relation to freeing up additional capacity to support the vaccination programme at pace. Whilst it is acknowledged that funding (for delivery of the vaccine) is being provided to enable practices to increase their staffing to facilitate the programme, it is acknowledged that there is unlikely to be sufficient appropriately trained workforce without the need to limit some tasks within practices. Whilst delivery of the vaccine is essential, it is also acknowledged that patient care has only just started to return to some kind of normality and therefore it is also important to sustain as far as possible existing care during this intense period.

An additional funding pot of £839,000 has already been distributed to practices to increase staff provision to maintain as far as is reasonably practicable, services during the vaccination programme for the period to 31 March 2021. An additional £120m national covid expansion fund for general practice was announced on 20 March 2021 primarily to support practices who are continuing the vaccination programme for the remaining cohorts, 10-12 until September 2021.

RCCG Proposal

1. RCCG is proposing to block pay the quality contract at 100% for **Q1** with the only exception that the Quality standards related to access and cancer must be achieved. It is key that our patients can access general practice at these difficult times and that when they are being referred onto the 2ww pathway, they are fully briefed of the importance of their appointment. This does not impact the existing arrangements for managing these contractual requirements.

2. Many of our local enhanced services are essential for our patients and without their delivery, the patient would default into secondary care who are also severely impacted by COVID-19, with many patients currently unwilling to attend appointments in hospitals. RCCG has considered the LES which could reduce/be postponed to facilitate staff being 'repurposed' however as this is now such a protracted period of time, practices are requested to utilise the additional covid funding announced on 20 March for April to June to continue providing these services.

For **all** local enhanced services we propose to calculate a payment for **Q1** based on the payment for these services made in Q4 of 2020/21. We do still require practices to undertake as much activity as possible during this quarter and to submit information at the end of Q1 for all local enhanced services to provide assurance in relation to activity, the CCG data quality team will support extraction where required.

3. Extended access capacity was repurposed in 2020/21 to provide a home visiting service to release capacity in all practices. The home visiting service is understood to be valued by all the practices and some PCNs will be utilising innovation fund monies to increase this further. It has now been agreed to step down the hot site and utilise

hot home visiting for any relevant patients. This will be funded from extended access monies along with stepping back up the extended access provided by the Federation to 132 hours by the middle of May.

4. ARRS – There are currently an additional 41.8wte ARRS staff employed across the network of which 15.85wte could be released to support the vaccine programme, given the 7 January request to free up capacity, our expectation, in line with the guidance is that **all the 15.85wte clinicians within the ARRS roles who are able to vaccinate are deployed to vaccination unless they are supporting urgent care in practices.**

5. Additional covid support monies for general practice – NHS England have announced further covid support monies for Q1 and Q2 of £120m nationally the conditions of which are set out in the covid expansion funds letter dated 9 November, we are awaiting clarity of what the actual amount is for Rotherham. The 2020/21 funding has already been distributed to practices and practices have been asked to confirm how this funding is being utilised. The same process will happen for this additional 21/22 funding, once the allocation is finalised and received by Rotherham CCG it will be distributed to practices based on list size with a requirement to confirm how the funding is being utilised.

Approval

Due to the speed at which decisions needed to be made regarding this proposal, discussions will be taking place at speed with LMC officers regarding these proposals for practical application. The Executive Place Director, therefore has been approved, within his delegated responsibilities by the Chair of the Primary Care Committee to agree the proposal. The paper will be received for information at the next Primary Care Committee.