

Subject:	NHS England Activity Report
Presented by:	Fiona Theadom
Submitted to:	Primary Care Commissioning Committee
Purpose of Paper:	To note
Executive Summary:	
This briefing paper sets out recent contractual and performance management activity undertaken by the NHS England assigned team in the period October – mid November 2018.	
KEY RISKS	
Clinical: None	
Finance and Performance: None	
Impact Assessment (environmental and equalities): None	
Reputation: None	
Legal: None	
Patient focus (if appropriate): N/A	
Reference to relevant Governing Body Assurance Framework:	
RECOMMENDATION:	
Committee members are asked to note the paper.	

SUMMARY OF DELEGATED ACTIVITY IN PRIMARY CARE

West Norfolk CCG - Primary Care Commissioning Committee Meeting: 30 November 2018

1 Contract Activity

1.1 Contracts held:

Type of contract	Number	End dates (if applicable)	Changes in reporting period (June – Sept), details below
GMS	15	N/A	No changes
PMS	4	N/A	No changes
APMS	2	Hollies: 31/3/21 St Johns: 31/10/20	No changes

NHS England Directed Enhanced Services Coverage	Extended Hours	Learning Disabilities Health Checks	Minor Surgery	Out of Area	Childhood influenza	Influenza Seasonal
No of practices	14	21	21	11	21	21

1.2 Details of changes below [practice boundary changes, list closures etc]

None to report

1.3 General contract activity in previous month

NHS England Norfolk & Waveney Admin Hub GP East Box October 2018

Category	East Wide	Norfolk & Waveney	Comments
Total Enquiries	357	64	
General Enquiries	210	16	Translation Requests, Enhanced Service Queries, Patient reg queries, Performance enquires
SAS Allocations	15	7	3x Allocations 3x Enquiries 1x appeal 0 allocations to West Norfolk Scheme
OOA Requests	14	8	8 x OOA Requests
NPL Notifications	32	15	15 Changes within Partnerships, Including Joiners, leavers and retirements
Locum Reimbursements	39	8	8 Locum Reimbursement requests/enquires across the STP 1x Sickness and 0x Maternity claims for West Norfolk
Practice Change Request	26	8	8x practice manager changes/additional admin staff permissions
Contract Variations	21	2	1x 24 Hour Retirement 1 x Leaver

***The Admin Hub have staff nominally assigned to Norfolk & Waveney however they do provide cover and support across the whole of East*

2 Primary Care Hot Topics

2.1 GP contracts

Updates under separate cover from West Norfolk CCG.

2.1.2 Special Allocation Scheme

Following approval by all Norfolk and Waveney CCGs, the Invitation to Tender was published on 11 October 2018. The evaluation and moderation process is complete and a report is being prepared seeking approval for award of the contract by each of the CCGs.

The commissioners will work with the new supplier(s) to locate suitable premises if no solution has been put forward.

There are currently 7 patients registered on the West Norfolk Scheme.

2.2 Non-clinical contracts

2.2.1 Interpreting & Translation

The Invitation to Tender was published on 8 October 2018. Contract evaluation and moderation has been completed and the national team will be seeking approval for award of the Contract from the Commercial Executive Group. Mobilisation of the new service will commence in January 2019 for contract start on 1 April 2019.

2.2.2 Clinical Waste

There is no current update.

3. NHS England news

3.1 Letters have been sent to all GP practices regarding opening hours over the Christmas and New Year period.

**NHS England Midlands and East (East)
West Wing
Victoria House
Capital Park
Fulbourn
Cambridge
CB21 5XE**

Dear Colleague,

Winter Plans and Arrangements for Primary Medical Care Services during the Christmas and New Year Period

As we know, last winter was challenging for the NHS; however with thanks to the huge efforts of frontline primary care staff, more people were seen in primary care than the previous year.

As you will be aware, Local A&E Delivery Boards are responsible for developing plans to ensure that there is sufficient capacity across the system to manage the expected surge in demand over the winter period, including Christmas and New Year.

Primary Care Services play a fundamental role in managing winter demands as part of the wider health and care system which has many interdependent services. It is important that each part of the system plays its specific role in order to minimise undue pressures on any one part of the system.

In order to help address winter pressures, NHS England has brought forward plans to ensure everyone has easier and more convenient access to extended general practice services, with appointments in the evenings and at weekends. CCGs will have put in place services that deliver pre bookable and same day appointments by 1st October 2018. The intention is this additional access to general practice services should help to relieve pressure in primary care as well as the wider health care system, and will be made available during peak times of demand, such as bank holidays. Services will be widely advertised and we are asking practices to help by signposting patients to the appropriate services to ensure they receive the right care, in the right place, at the right time. This will include to the local extended access service in your areas.

As the commissioner of Primary Care Services NHS England, and CCGs have responsibility to ensure patients have confidence in the availability of primary care services, including Primary Medical, Dental and Community Pharmacy, over the Christmas and New Year period. The expectations of Primary Medical Care over this period are as follows:

Christmas and New Year's Eve:

In the run up to Christmas and New Year's Eve, Monday 24th and Monday 31st December 2018 are **normal working days**. All our partner health and social care agencies are working on this basis. The expectation is that practices will be open at full capacity from 08:00 to 18:30 and will take telephone calls throughout this period as set out in Appendix A (unless alternative arrangements, also set out in Appendix A, are agreed in advance with your NHS England local office and CCG). Practices are reminded that transferring calls to 111 services during normal working hours is not appropriate due to the unnecessary pressure this places on other services.

Those practices that provide Extended Hours on these days under the Directed Enhanced Service (DES) may wish to request a move of these hours to another day within the Christmas and New Year period to help meet any winter surge demand. Such requests will be checked by the CCG to ensure the plans align with the broader Local A&E Delivery Board plans for this period.

We would also like to remind practices of the importance to ensure there is capacity and availability to deal with same day repeat prescriptions in order to prevent patients presenting on Christmas Eve having to wait four days to collect their prescription.

Weekends over Christmas and New Year:

Those practices that provide Extended Hours under the DES over the weekend on the 22nd and/or 23rd December 2018 and 29th/30th December 2018 may again wish to request a move of these hours to another day within the Christmas and New Year period. The principles as outlined for Christmas and New Year's Eve apply.

Bank Holidays:

Tuesday 25th and Wednesday 26th December 2018 and Tuesday 1st January 2019 are bank holidays and **normal bank holiday arrangements** should be in place to ensure that patients can access primary medical care during this period. These arrangements may be supplemented by specific Local A&E Delivery Board led initiatives (e.g. GP at A&E) to help manage the expected surge in demand over this period.

Again, those practices that would normally provide Extended Hours on these days of the week may wish to request a move of these hours to another day within the Christmas and New Year period to help manage demand.

Sharing Information:

If Extended Hours sessions need to be changed due to falling on one of the days listed above please consider how patients will be informed in advance by the practice, by utilising patient communications and the practice website.

It would also be beneficial for practices to hold information for sign posting to other local primary care services over the holiday period, including considering links on the practice websites, such as:

- Dental out of hours
- Community pharmacy provision, including any minor ailment and urgent medicine supply services, if applicable
- Urgent Care Centres, Minor Injury Units, Walk-In-Centres/Urgent Treatment Centres
- Local Extended Access Services
- Any additional CCG commissioned capacity/activity, if applicable

We hope that this communication provides clarity in relation to commissioner expectations of Primary Medical Care over the Christmas and New Year period. If there are any questions please contact the NHS England local office and/or the CCG contracting team.

Thank you for your continued support hard work and commitment to providing high quality and safe services to NHS patients.

Yours sincerely,



Name: Andrea Patman
Head of Commissioning NHS England – Midlands & East (East)
Cambridgeshire & Norfolk Locality

Appendix A: Contractual considerations for practices

If you plan any changes during Core Hours (08:00-18:30 Monday to Friday, excluding Bank Holidays) over the holiday period, you will need to confirm what arrangements are in place to deliver the contractual obligations.

Whilst the GMS Contract Regulations regarding the provision of essential and additional services during “core hours” is not a “doors open” requirement, these provisions do impose a contractual responsibility on the Contractor for patient care during this period.

This means that the practice retains responsibility for ensuring that the care provided during core hours is appropriate to meet the reasonable needs of your patients. It is not acceptable to close the doors and rely on an answer machine message advising patients to contact another provider where no prior arrangements have been made (e.g. contact 111 or attend A&E).

If the practice is planning to close during core hours, then patients need to have clarity about how to access services. As a minimum, you will need to have a system in place so that patients can access the services listed below. These services have been distilled following engagement with patient groups and patient representatives so whilst not explicit in the contract these represent in broad terms the types of services that we expect will be in place to meet the reasonable needs of your patients;

- Ability to attend a pre-bookable appointment (face to face)
- Ability to book / cancel appointments
- Ability to collect/order a prescription
- Access urgent appointments / advice as clinically necessary
- Home visit (where clinically necessary)
- Ring for telephone advice
- Ability to be referred to other services where clinically urgent (including for example suspected cancer).
- Ability to access urgent diagnostics and take action in relation to urgent results

These will be accessible either by ringing the surgery and:

1. Being able to talk directly to a clinician to ascertain how they can access services if they need to;
2. An answer-phone message signposting the patient to an on-call GP service for the practice.

If the on-call GP service arrangement is part of a service commissioned by the CCG (e.g. using the OOH service in-hours) then this must be with prior written agreement with both the provider and the CCG commissioner of that service.

In addition the Contract Regulations require a practice to notify their commissioner of their proposal to sub-contract. Where this is the case the commissioner will need to be assured that such an arrangement will deliver essential medical services during

core hours. This notification should be made at least 28 days prior to the commencement of the sub-contract.

Providers of urgent and emergency care, including GP OOHs, have previously expressed concern about early closing of general practices at Christmas and New Year and the potential impact on them. Given the pressures that the urgent and emergency care system already faces during this period, this may not be a reasonable or sustainable service option.

In summary practices are expected to be open from 08:00 to 18:30, Monday to Friday excluding bank holidays, unless alternative arrangements are notified in advance. If these arrangements are not in place, or if tested they fail, this may amount to a breach of your contract.

Appendix B – preparation checklist for Christmas and New Year period

Task	Responsibility	Completed
1. Plans are in place to ensure the identification of high risk community based patients and to profile their care management over the extended holiday period appropriately.		
2. Email/fax is operational throughout.		
3. The telephone divert arrangements are updated for holidays and a staff member is contactable/scheduled to check that the phones are still working properly over the course of the Christmas and New year weekend and bank holiday periods and can remedy any faults / issues if needed.		
4. Third party call handling divert arrangements are updated – where used and are successfully operational.		
5. Ensure that any changes to access times are clearly advertised on NHS Choices/practice website/in practice. If the practice uses a pre-recorded message when patients telephone, you may wish to consider using this to remind patients about changes for the holiday period.		
6. In the weeks before the BH period, highlight to patients the need to plan for sufficient repeat medication to cover them for the BH period. Information to patients could include pharmacy opening times over the Christmas period.		
7. Check Business Continuity Plans are up-to-date, particularly ensuring that contact details for local health organisations are correct.		
8. Any changes to Extended Hours DES are advertised in practice in advance		
9. Have all staff been offered flu vaccine		
10. Are plans in place to cover last minute sickness/absence		

3.2 A letter has also been sent to GP practices and pharmacies regarding the ordering of flu vaccines for the 2019/20 season.



Public Health
England



Department
of Health &
Social Care



NHS England gateway reference: 08529
Public Health England gateway reference: 2018627

20 November 2018

Dear Colleagues

Vaccines for 2019/20 seasonal flu vaccination programme

We appreciate the hard work you put into the flu vaccination programme, immunising more than 10 million children and adults each year, achieving some of the best uptake rates in Europe in 2017/18, averting tens of thousands of hospital admissions, and saving thousands of lives every year.

This letter is intended to give providers of seasonal flu immunisation and other stakeholders, preliminary information on the recommended vaccines for the **2019/20 seasonal flu vaccination programme**. Seasonal flu vaccination is an important public health intervention and each year we strive to improve upon the protection it provides.

Both of the vaccines that were recommended for the 2018/19 season will continue to be recommended for next year. Both vaccines are currently licensed and available to order for use in the United Kingdom (UK):

- the **quadrivalent inactivated vaccine (QIV)** will continue to be recommended for 18 to 64 year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- the **adjuvanted trivalent inactivated vaccine (aTIV)** will continue to be recommended for individuals aged 65 years and over.

As in the 2018/19 season, standard trivalent vaccines (TIVe, previously known as TIV) are not to be used in any age or clinical at-risk group.

We also anticipate that two further products will be licensed within the ordering window for the 2019/20 flu season. The Joint Committee on Vaccination and Immunisation (JCVI) reviewed the latest evidence on influenza vaccines and recently published advice, including reference to two currently unlicensed products. All the currently licensed flu vaccines are cultured on eggs, but JCVI advised that a cell-based QIV will be suitable for use both in those aged 18 to 64 years and in those aged 65 years and over. Going forward the standard QIV will be referred to as **QIVe (cultured on eggs)** and the new quadrivalent vaccine will be referred to as **QIVc (cultured on mammalian cells)**. JCVI also considered evidence on

a high dose trivalent vaccine (TIV-HD), and advised that this will be suitable for those aged 65 years and over.

Children (including those for whom there are contraindications for use of LAIV)

- Live attenuated quadrivalent influenza vaccine (LAIV) is the vaccine of choice for eligible children aged two years to 17 years;
- Children who are in clinical at-risk groups should be offered a suitable quadrivalent inactivated vaccine if medically contraindicated to live attenuated influenza vaccine (LAIV);
- Children aged 6 months to under 2 years who are in clinical at-risk groups should be offered a suitable quadrivalent inactivated vaccine.

Public Health England will continue to procure and supply vaccines for all children aged six months to 17 years.

For adults aged 18 to 64 years in clinical at-risk groups (including pregnant women) or other eligible groups, the JCVI has advised the following vaccines are suitable for use:

- Standard egg-grown quadrivalent vaccines (QIVe), which are currently licensed;
- Cell-grown quadrivalent vaccine (QIVc), which is not currently licensed, but expected December 2018.

These vaccines are considered equally suitable for use in adults under 65 years of age and in a clinical at-risk group / other eligible group (subject to licensed age indications). These vaccines are preferable to standard trivalent egg based influenza vaccines (TIVe).

For the 65 and over age group, the JCVI has advised the following vaccines are suitable for use:

- Adjuvanted trivalent vaccine (aTIV), which is currently licensed;
- Cell-grown quadrivalent vaccine (QIVc), which is not currently licensed but expected December 2018;
- High-dose trivalent vaccine (TIV-HD), which is not currently licensed but expected December 2018.

These vaccines are considered equally suitable for use in those aged 65 years and over, and are preferable to standard egg based trivalent and egg based quadrivalent influenza vaccines (TIVe/QIVe).

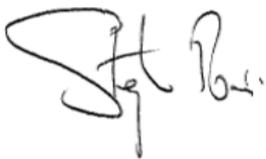
The JCVI statement is available here <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>. Please see Appendix A for a summary table and some frequently asked questions.

Once licences are granted and list prices of the new vaccines have been agreed, NHS England will write to you again confirming the full recommendations for the 2019/20 flu programme.

What should you do now?

Please begin ordering currently **licensed** vaccines as set out above; ordering of these licensed vaccines should not be unnecessarily delayed. For the new, currently **unlicensed** vaccines, please wait for confirmation from NHS England that they are eligible for reimbursement before ordering.

Yours faithfully



Professor Stephen Powis
NHS England
National Medical Director



Professor Paul Cosford
Public Health England
Medical Director and Director
for Health Protection



Professor Dame Sally Davies
Chief Medical Officer for
England

Appendix A
Summary of JCVI flu vaccine advice

Product	Suitable for use in clinical at-risk / eligible adults under 65 years	Suitable for use in adults 65 years and over	Licensure status
Standard trivalent vaccines (TIVe)	NO	NO	Licensed
Standard egg-grown quadrivalent vaccines (QIVe)	YES	NO	Licensed
Adjuvanted trivalent vaccine (aTIV)	NO	YES	Licensed (for those aged 65 years and over)
Cell-grown quadrivalent vaccine (QIVc)	YES	YES	Not yet licensed; expected late 2018; list price not yet announced.
High-dose trivalent vaccine (TIV-HD)	NO	YES	Not yet licensed; expected late 2018; list price not yet announced.

Frequently Asked Questions

Can I order the high-dose trivalent inactivated influenza vaccine (TIV-HD) or quadrivalent influenza cell culture vaccine (QIVc) now?

No. Neither of these products has a licence for use in the UK yet. NHS England will write to you again later this year confirming the full recommendations for the 2019/20 flu programme when these products are licensed and the list prices are confirmed.

Will I be asked to change my vaccine order?

No. Based on the JCVI statement the new vaccines are not recommended in preference to the vaccines recommended in 2018/19 but as alternatives for the relevant age groups. QIVc is considered equally suitable to aTIV for those 65 years old and over and equally suitable to QIVe for those aged less than 65 years of age and in a clinical at-risk group / other eligible group (subject to licensed age indications). TIV-HD is equally suitable to aTIV and QIVc, for use in those aged 65 years and over.

Can I order a standard egg cultured quadrivalent vaccine (QIVe) for my patients aged 65 years and over?

No. You should not do so, as standard egg cultured quadrivalent vaccine (QIVe) is not recommended for adults aged 65 years and over. Should QIVc become available for ordering for 2019/20, this is suitable for those aged 65 years and over and could be ordered for that age group. General Practices and other providers should take special care not to inadvertently order QIVe for adults 65 years of age and over.

Where can I find out more about the high-dose trivalent inactivated influenza vaccine (TIV-HD)?

This was discussed at the JCVI meeting in June. The minutes for JCVI and sub-committee meetings are available through the JCVI webpage at:

<https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>

Where can I find out more about the quadrivalent influenza cell culture vaccine (QIVc)?

This was discussed at the JCVI meeting in October. The minutes are available on the JCVI webpage <https://www.gov.uk/government/groups/joint-committee-on-vaccination-and-immunisation>