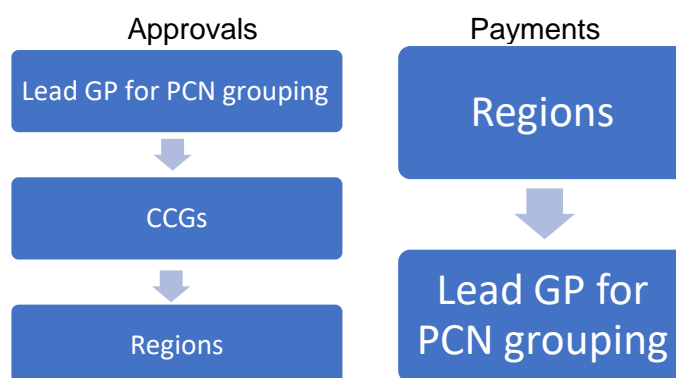


Guidance for NHS Regional Teams, CCGs and GP Practices on claiming reimbursement for reasonable additional costs for Covid-19 vaccination programme delivery

Introduction

1. NHSE/I have made available £20m to local systems and primary care providers to cover reasonable additional costs (over and above the usual fee structures) associated with the Covid-19 Vaccination Programme.
2. CCG Covid Vaccine leads will approve the PCN grouping requests, with the claims submitted by the lead practice nominated by the PCN grouping to receive payments on the PCN grouping's behalf.
3. Funding will be retained within the regions who will work together with CCGs and PCN groupings to agree the one-off costs of setup which will be met by the NHSE/I from an agreed mobilisation date, applying a value for money test. Up to £20m has initially been made available to systems to meet these one-off setup expenses. Reimbursement is based on actual costs incurred.
4. The PCN will submit claim to the CCG for review, the CCG will assess the claim and where the claim is in line with the guidance, they will forward their recommendation and the claim to the regional lead for final approval and payment by the region. This process is required as Covid Vaccination is a Section 7A funded service which is not delegated to CCGs.
5. We would expect that, for those PCNs that are not hiring estates or incurring significant other ongoing costs, their costs will be covered by this initial set-up funding together with the payments they receive through item of service fees. We recognise though that there will be some PCNs that do incur significant ongoing costs, and that this set-up fund and the item of service fees may not be sufficient for the life of the vaccination programme. We will confirm separately any additional arrangements that might be required for these further significant ongoing costs.
6. The funding flow and approvals process for this scheme is described in figure 1 below:

Figure 1: Approvals and Payments



What can PCN groupings claim for?

7. PCN groupings need to claim through the lead GP for the PCN grouping
8. Funding will be restricted to contributions towards:

- Costs of **additional venue hire and associated costs** inclusive of VAT (for example, indoor venues hire such as village halls or meeting rooms)
 - Wherever possible, PCN groupings have been encouraged to use existing estates or premises from which to deliver vaccination clinics. Where not possible, PCN groupings are encouraged to utilise NHS void and vacant space, which should be free of charge, brokered via their CCG. As a last resort, PCN groupings could hire a community / commercial venue.
 - The guidelines for rental agreements include:
 - Rental cost per square metre should be reasonable for the location, comparable across the region, and agreed by the regional estates team. Professional advice may need to be sought;
 - The size of the facility is suitable (and not excessive) for the intended volumes of activity;
 - The landlord is not connected to the practices or PCN delivering the vaccination clinics;
 - Licence period is up until 31 March 2021 - but extendable if needed for a longer period, and also terminable if needed;
 - Venues should be avoided that require modifications or improvements;
 - Avoidance of dilapidation or exit costs at the end of the lease, minimised through a Condition Survey ahead of occupation – this may be in the simplest form of photographs to record the condition of the premises. This will seek to reduce any liabilities and/or disputes with the landlord in respect of reinstatement and making good upon exit
- **Specific and reasonable security costs** advised by local police and attributable directly to the programme can be funded from this.
- **Additional items**
 - Where there is a local requirement for equipment that has not been specified for central provision, PCN groupings should discuss with CCGs whether local procurement can be reimbursed as part of setup costs. NHS E/I have published a non-comprehensive list of items that may be needed to support these discussions.¹ This could also include items included on the Supply Items List (SIL) which have not been made available².

9. Claims will not be authorised for costs that are already funded via other routes, such as other national funding streams, the vaccination Item of Service fee, existing GP contract or CCG funding or locally agreed contracts. The funding will therefore not cover:

- additional staff costs,
- routine vaccination consumables i.e. syringes, disposal of sharps;
- PPE;
- staff travel;
- workforce activities relating to delivering the vaccination, such as training;
- digital systems, licenses and broadband;
- communications and advertising.

¹ <https://www.england.nhs.uk/coronavirus/publication/appendix-2-locally-provided-products/>

² <https://www.england.nhs.uk/coronavirus/covid-19-vaccination-programme/equipment-and-consumables-provision-and-supply/>

How do lead GPs make a claim on behalf of the PCN?

10. PCN groupings should work with CCGs to identify the needs for their delivery model and seek pre-authorisation for the plans to meet those needs.
11. The PCN grouping should submit actual claims with any associated evidence or invoices in line with the guidance to the CCG (or Regional Team where their CCG is not delegated) within four weeks of the date of pre-authorisation.

Commissioner approval process

12. CCGs will review the claims and then forward the recommendation for payment to the Regions. Regions will then approve and process the reimbursement to the lead GP practice (nominated by the PCN grouping to receive payments on its behalf) through the Manual Payment process.
13. Commissioners should aim to process actual claims promptly in line with usual processes.
14. CCGs and Regions should not introduce overly burdensome administrative processes for the PCN groupings and lead GP practices to secure funding.
15. Regions and CCGs should ensure there is good financial governance and transparency in place for administering the funds. This is to provide assurance that the fund is only being used for its intended purpose and that the conditions are met as outlined in our letter of the 7 December.
16. The CCG should ensure checks are carried out to ensure any duplicate claims are disregarded.
17. Where the claim is not approved the CCG will reject and return to the PCN grouping to review and resubmit if appropriate.
18. Once the CCG has reviewed the claims, they then inform the Region who will then approve and process the reimbursement to the lead GP practice.
19. Regions have been allocated an indicative budget which is explained in annex 1. Regions are expected to manage the claims from CCGs with the regional fixed funding envelope. If a region exceeds their fixed funding envelope this is at their own risk.

Payment to lead Practice Process and Coding

20. Once the CCGs have submitted a claim for review and approval, the Region needs to process a Manual Payment transaction with a description of **Covid vaccine programme costs** which must be coded to:
 - the **Regional COVID VACCINATION PROGRAMME** cost centre, *AND*
 - *subjective code 52160089 Clinical and Medical Goods & Services - Supplies and Services - Other Premises costs, AND*
 - the appropriate **Practice A2 code**.
21. The transaction once approved will be available to pay on the NHSE next scheduled payment run.

22. Regions should ensure that all payments recorded against the fund are coded correctly in the ledger, including retrospective ones.

Regional Cash Drawdown Process

23. Each month, each Region will need to collate the claims for reasonable additional costs for Covid-19 vaccination programme delivery.

24. The Region should then include the request for the cash requirement within its main monthly drawdown.

Annex 1 Indicative allocation to be managed at Regional level

Region	Indicative allocation £000
East of England	2,537
London	1,475
Midlands	3,953
North East and Yorkshire	2,596
North West	2,950
South East	5,015
South West	1,475
Total	20,000