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### COVID-19 Vaccination Programme Update

Following guidance that appointments for the second dose of a vaccine will be brought forward from 12 to 8 weeks, only for the remaining people in the top nine priority groups who have yet to receive their second dose, NHSEI has set out further details for PCN-led vaccination sites and has published some useful [FAQs on second doses](#) including:

- What is the second dose interval period?
- Can clinics be scheduled early to vaccinate outside the interval period?
- Are there any other circumstances when individual patients can receive their second dose outside the standard interval period?
- Can patients be vaccinated sooner than 77-84 days if it is operationally convenient?
- Can different vaccines be used for first and second doses?
- What is the second dose guidance for pregnant women?
- Does consent need to be obtained for the second dose, in particular in the case of care home residents?
- How are first and second dose vaccination events recorded?
- How do we manage any surplus doses?
- How will we separate first and second dose vaccines on site?
- When will second dose vaccine supply be available?
- What if we don't have sufficient supplies to cover patients who didn't have their first dose at that site?
- Who do I contact if I have a query around final second dose vaccine supply?

The COVID-19 vaccination programme 2020/21 [Enhanced Service Specification](#) has also been updated to ensure GP practices offer vaccinations to patients who are eligible to receive the vaccination in general practice (9.2), and (at 9.5.9) comply with relevant guidance issued by JCVI on:

- Which vaccine is the most suitable for each cohort of patients
- The relevant maximum and minimum timescales for the administration of each vaccination
- The number of doses of each vaccine required to achieve the desired immune response
- Any other relevant guidance relating to the administration of the different types of vaccine and the different cohorts

## Primary Care System Development Funding (SDF) and GPIT Funding

Guidance has been issued by NHS England this week which outlines all the funding available including workforce growth and development, for technology plus Practice and PCN resilience and development. This large and crucial investment in primary care will help to support General Practice both now, as things move towards recovery, and in the future.

There is SDF funding for eight workforce programmes:

1. Additional Roles Reimbursement Scheme (ARRS)
2. General practice fellowships for GPs and nurses new to practice
3. Supporting mentors' scheme
4. New to partnership payment scheme
5. Flexible staffing pools and digital staffing platforms
6. Local GP Retention Fund
7. Training hubs
8. International GP recruitment

The guidance also summarises, for the first time and in one place, the indicative funding available for GPIT revenue costs, GP infrastructure, and resilience revenue costs, and notional GPIT Futures funding.

## NICE and CQC Joint Working Agreement

The National Institute for Health and Care Excellence (NICE) and the Care Quality Commission (CQC) have just published an updated Memorandum of Understanding (MoU) agreement to support the working relationship and nature of their joint working. The agreement covers the guidance, advice and other products that NICE provides for the health and care system and the support CQC provides for the development and implementation of NICE guidance, quality standards and indicators.

Key areas that form part of these additional joint priorities include:

- Data and information – including artificial intelligence and digital health technologies
- Patient safety
- Evolving models of care
- Environmental sustainability – CQC and NICE will identify opportunities for potential collaboration on matters relating to environmental sustainability (ES)
- Health inequalities – CQC and NICE will identify opportunities for potential collaboration on matters relating to health inequalities (HI)

The MoU will be updated in a year to reflect the revised joint priorities emerging from CQC and NICE's new strategies.

## CQC's New Online Resource to Support Culturally Appropriate Care

Culturally appropriate care is about being sensitive to people's cultural identity or heritage, and CQC has this week produced comprehensive guidance on culturally appropriate care for providers and practitioners.

Cultural identity or heritage can cover a range of things such as ethnicity, nationality or religion. Or it might be to do with the person's sexuality or gender identity; for example, whether they are lesbian, gay, bisexual or transgender. It may also have to do with deaf people who use British Sign Language, who also have a specific cultural identity.

Understanding and communicating well with people of different cultures is about person-centred care. Often, only small changes are needed to make a big difference to people but the most important things that providers can do include:

- Asking people – or those who represent them - questions, especially if you are unsure
- Understanding and meeting people's preferences
- Being curious about what the important elements are to supporting people to live their fullest lives

## **CQC Mythbuster of the Week**

[GP mythbuster 102: Pulse oximetry and monitoring vital signs outside the GP practice setting – 10 May 2021](#)

In this mythbuster the CQC explains that new patterns of healthcare are emerging and healthcare professionals have a role in helping patients access support in a safe and effective way. This best practice guide, which includes links to other useful guidance, covers:

- Physiological measurements (observations) for vital signs
- Vital signs and physiological measurements
- Oxygen Saturation (pulse oximetry)
- Use of pulse oximetry during the Coronavirus (COVID-19) pandemic
- Heart rate (pulse), respiration rate, blood pressure and temperature
- Staff competency – Staff should be trained and understand the significance of the scores
- Delegation – and referral of care and treatment
- Maintaining, decontamination and management of equipment – with HSE and MHRA guidance

When CQC inspect, they will look at the safety of the patient in relation to safe care and treatment, good governance and staffing.

A full list of CQC tips and mythbusters by latest update can be found on the [CQC website](#).