

Form of Contract (Amendment No.1)

PHE - Corporate - General Practice Morbidity Surveillance Service ECM_6192

This Contract is made between:

Public Health England (which expression shall include its successors in title) of Wellington House, 133-135 Waterloo Road, London SE1 8UG (the "Authority")

and

Royal College of General Practitioners RSC, of 30 Euston Square, London NW1 2FB (the "Contractor")

The following is agreed:

1. The Contract Amendment is made up of the following documents:

a) This Form of Contract (Amendment) for **PHE - Corporate - General Practice Morbidity Surveillance Service**

b) The Agreements made between the parties on the 26 April 2019 ("the original contract") and the 16th March 2020.

c) It is agreed that additional work will be undertaken as detailed below. Either party may terminate the additional work by not less than 2 months' written notice. Following termination of the additional work, the terms of the original contract shall continue to apply

d) The contract value will be £142,000 excl VAT for the period of February to April (payable on signature of this Contract Amendment and to be reviewed within 30 days of the date of this Agreement to correspond with the cost of providing the additional work during that period with an adjusting payment to be made by the relevant party within 14 days of the parties agreeing the reviewed value) and £49,000 excl VAT per month thereafter (payable monthly on the last working day of each month), variable corresponding to changes in the costs of providing the additional work and any changes agreed by the parties in the scope or delivery of the work (including management time) calculated in line with the Table below.

Signature:



For and on behalf of the Authority

Name: Timothy John Purchase

Job Title: Lead Category Manager

Date: 16th March 2020

Signature:



For and on behalf of the Contractor

Name: Valerie Vaughan-Dick

Job Title: Chief Operating Officer

Date: 30th April 2020

Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) and Public Health England (PHE): extended surveillance at the time of the emergence of a novel coronavirus (COVID-19)

Background:

The Royal College of General Practitioners (RCGP) Research and Surveillance Centre (RSC) and Public Health England (PHE) have worked together on influenza and other areas of disease surveillance and vaccine effectiveness for over 50 years including three pandemics. A national scheme has been established to test people suspected or who have been exposed to COVID-19, (Wuhan novel Coronavirus infection).

Objective:

Surveillance of the well population and ambulatory respiratory infections for COVID-19 to ascertain its rate and pattern of spread.

Method:

There will be four components to our surveillance. The first two are to ensure reliable recording of cases in computerised medical record (CMR) systems:

1. Recording, without seeing face-to-face, people who are either suspected to have or have been exposed to COVID-19 infection.
2. Ensuring reliable coding of letters and test results, which will either show that an infection has been confirmed or excluded.

The other two elements involve collecting virology specimens from respiratory infections seen in general practice and blood samples for sero-surveillance from well people:

3. Virology swabs will be taken from people attend their general practice with influenza-like-illness (ILI) or acute respiratory infections. We are looking for a sample size of 300 swabs per week from 100 sites. Though there may be a need to expand our collection base. These will NOT be patients suspected to have, or who have been exposed to COVID-19.
4. Serology specimens will be taken from well-people across age-bands. This will be an extra blood sample taken from people who are attending for blood tests anyway. The sample size calculation suggests we need 1,000 baseline and 800 specimens monthly.

Existing RCGP RSC virology practices will receive extra training to undertake this work.

Data management will be through the standard RCGP RSC pseudonymised data management process. UK CMR suppliers have within a week of request created codes to support this surveillance process. The RCGP RSC extracts pseudonymised data weekly from practices with our pandemic preparedness providing the opportunity to escalate to twice weekly. Data will be reported weekly through the RCGP RSC website, and by dashboard to practices, with prior sharing with the Chief Medical Officer and PHE. Swabs and sera will be analysed in PHE reference laboratories.

Post outbreak data will be carefully curated.

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Payment from PHE

£142,000 lump sum (for Feb – April 2020) and then from May 2020 onwards a rolling cost of £49,000 monthly. At present, we are not clear on the extend of the outbreak and therefore it is not possible to state an end date for this enhanced surveillance and both parties commit to reviewing both the total lump sum (no later than one month after contract signature) and the rolling monthly cost (on a monthly basis thereafter) to ensure they reflect the costs incurred in full.

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Table 1: Cost Breakdown

| | Baseline (Feb-April) | Monthly cost (May - TBC) | Yearly cost |
|---|-------------------------|--------------------------------|-------------|
| RSC Oxford staff costs | | | |
| RSC Medical Director (0.2FTE) <i>To free up director time</i> | £7,229.56 | £2,409.84 | £28,918.12 |
| Department Digital Health lead (0.03FTE) | £1,084.435 | £361.47 | £4,337.665 |
| Project Manager (0.2FTE) | £3,295.18 | £1,098.39 | £13,180.69 |
| Practice Liaison Officer(1FTE) <i>To supervise extended surveillance</i> | £10,488.83 | £3,496.27 | £41,955.26 |
| Practice Liaison Officer(1FTE) <i>to extend surveillance to extra 50 practices</i> | £10,488.83 | £3,496.27 | £41,955.26 |
| SQL developer (0.4FTE)) <i>Database support to provide outputs for the extended surveillance</i> | £4,953.705 | £1,651.23 | £19,814.775 |
| SQL developer (1FTE) <i>Enables twice-weekly reporting and running from two reporting hubs to provide resilience</i> | £12,197.5 | £4,065.86 | £48,790.24 |
| RSC RCGP staff costs | | | |
| RCGP Clinical Champion (20%) | £7,425 | £ 2,475.00 | £29,700.00 |
| Head of Department (5%) | £873 | £291.00 | £3,492.00 |
| RCGP Assistant Director (20%) | £6,111 | £2,037 | £24,444.00 |
| CIRC Project Manager (20%) | £3,440 | £1,146.67 | £13,760.00 |
| RSC Oxford Other costs | | | |
| Travel for practice visits | £2,000 | £500 | £6,500 |
| Virology sampling (250 per week) • £7.50 per specimen | £22,500 | £7,500 | £90,000 |
| Paediatric phlebotomy training (For 100 existing virology practices practices) | £ 30,000 | - | £30,000 |
| Serology specimens (1000 samples baseline (Feb-April), 800 monthly (May-TBC)) Adult £5.50 per sample; Child age 8 to 17years £11; Child under 8 years old £30 | £ 15,484.5 | £ 12,369 | £126,805.5 |
| Fisher Serum Tubes for serology | £220+VAT | £200+VAT | £2200+VAT |
| DMP15a universal mailer Bio-packaging | £1,600+VAT | £1,280+VAT | £13120+VAT |
| Shipping £15 +VAT x sites 100 | £1500+VAT | £1500+VAT | £15000+VAT |
| Shipping costs for vacutainer | £920+VAT | £736+VAT | £7,544+VAT |
| Keeping secure network at University of Surrey open beyond 31/3/2020 <i>Infrastructure and network support costs</i> | £ 1,000 | £1,000 | £10,000 |
| PHE laboratory staff costs | | | |
| HEO 1FTE | | | |
| AO 1FTE | | | |
| 8C 0.1FTE | | | |
| SEO 0.1FTE | | | |
| PHE epidemiology staff costs | | | |
| SEO 0.5 FTE | | | |
| PHE Other costs | | | |
| PHE laboratory consumables: | | | £60,000 |

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| Virology sampling Kits (PHE to confirm) | | | |
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