

Dear colleagues,

Operational guidance relating to National call: next steps for the NHS Covid-19 Vaccine Deployment

Further to our system letter published on 13 December available [here](#), we are asking you to please implement the following actions to rapidly expand and maximise capacity.

Information for all sites and systems:

- From Wednesday 15 December, eligible people in Cohort 12 will be able to book a booster on NBS at a minimum of 3 months (91 days) since their 2nd dose (in addition to cohorts 1-11). Unvaccinated individuals, those who are from underserved communities, the housebound, care home residents and staff and people who are severely immunosuppressed remain a priority.
- Sites should accommodate wherever possible anyone attending for their primary vaccination course (1st, 2nd or 3rd dose where required) at a walk-in clinic provided they are eligible.
- Today, changes will be made to the Green Book Chapter 14a (will be available [here](#)) which temporarily remove the requirement for patients to wait 15 minutes in some circumstances after receiving an mRNA vaccination. Please see the UK Chief Medical Officers' opinion [here](#). The National Protocol and PGD for Pfizer-BioNTech (Comirnaty ®) and Moderna (Spikevax ®) will be updated and will be available [here](#), most likely by the afternoon of Wednesday 15 December. Sites are asked to implement the change from Thursday 16th December. All vaccination sites should review their through-put models and increase the number of appointments available on NBS or via their LBS.
- All sites on the NBS are asked to immediately upload as much NBS capacity as possible. Sites are required to review their DNA rates and adjust capacity uploaded to the NBS accordingly. This should include capacity on bank holidays.
- Queue management and priority lines: all sites are asked to consider how to best support clinically vulnerable and frontline health and social care workers (HSCW) for example via enabling access to priority queueing for HSCWs who present a valid ID or pregnant women who might struggle to queue for a long time. Sites should make reasonable adjustments for patients, particularly those who are clinically vulnerable, including LD/Autism and SMI, and their carers; including where they are accompanied by a carer.
- All systems are asked to work with local authorities and employers to set up vaccination opportunities in local employer sites, supermarkets, schools and travel hubs, via pop-ups or other temporary arrangements.
- Please see guidance in the system letter on additional support and access to workforce. For LVS sites, earlier this year we provided an additional £20 million to ICS/STPs to support primary care providers to draw down additional clinical and non-clinical staff to support the delivery of the COVID-19 vaccination programme. This support is still available and PCN Groupings and CP-led sites should liaise with their ICS/STP if they wish to access it.

Pfizer or Moderna as second dose, where AZ was first dose

- By 17 December, NBS will be enabled to allow individuals to book second doses of an alternative mRNA vaccine (Pfizer-BioNTech (Comirnaty ®) or Moderna (Spikevax ®)) when they have received a viral vector-based vaccine (AstraZeneca (Vaxzevria ®)) as first dose. No other changes will be made to the NBS.

- The Green book states:

For individuals who started the schedule (of vaccination) and who attend for vaccination where the same vaccine is not considered suitable or if the first product received is unknown or not available, it is reasonable to offer one dose of the locally available product to complete the primary course. This option is preferred if the individual is likely to be at immediate high risk or is considered unlikely to attend again.

- JCVI guidance remains that where possible, the first two doses of the primary course of immunisation should be of the same vaccine. However, following appropriate counselling and consent and in accordance with MHRA and JCVI requirements, an alternative authorised vaccine may be offered to complete a course of vaccination when it is considered that there might otherwise be a delay in accessing a second dose (for either patient or operational reasons, including where a patient refuses a particular vaccine or where a site does not have the same vaccine as the first dose available). Patients should be made aware that this may lead to a higher risk of short-term side effects.

- All sites should operationalise this guidance including for walk-in clinics.

- These individuals will receive specific call/recall communications this week.

Vaccination Centres are asked to:

- Ensure all possible capacity is being utilised, including opening more lanes and PODs, and

Extended opening hours, at a minimum to 12 hours a day and to include opening 24/7 wherever possible. Support for security and other support services such as cleaning can be provided.

Hospital Hubs are asked to

- Consider extending access to local booking systems in order to vaccinate other health and social care workers and unpaid carers in their area

- Consider options to increase capacity to provide extended access at evenings and weekends

- Consider converting HH to HH+ to increase capacity and access to the public

- **Hospital Hub +** are asked to ensure all capacity is utilised, including extending opening hours and increasing the number of lanes.

- **HH/HH+** should offer vaccinations to eligible inpatients and outpatients including those who are clinically extremely vulnerable.

PCNs are asked:

For all General practice teams (not only LVS sites):

- From 13 December, please clinically prioritise your services to free up clinical capacity that is delivering services which can safely be deferred into the new year to focus on the COVID-19 vaccination programme alongside delivering urgent or emergency care.
 - Any patient with an *urgent presenting complaint*, or potentially *serious underlying and unmet clinical need*, should be assessed, managed, and referred onwards as appropriate. Any patient with symptoms that are *suspicious of cancer*, or is *concerned that they may have cancer*, should again be assessed, managed, and referred onwards if appropriate. Any routine care that can be safely postponed should be rescheduled until the new year or signposted to NHS 111 online for self-care advice, or to local community pharmacy.
 - Further guidance on clinical prioritisation from NHSEI, RCGP and BMA will follow shortly.
 - We are working with partners across Government to identify additional areas where we can flex medical certification requirements to release capacity within general practice.
- Please increase your capacity to the same level or above your best day in phases 1 and 2 and consider extending your opening hours. PCN sites are strongly encouraged to open 7 days per week 8am to 8pm as set out in the phase 3 enhanced service specification.
- GP practices signed-up to the Phase 3 ES should prioritise visits to care homes that have not yet received a visit and where requested, arrange a further visit, ensuring that an offer is made to vaccinate staff at the same time. Multiple visits should be undertaken to care homes where necessary to ensure that we are protecting this population. Hospital Hubs have also been asked to offer vaccination to care home staff.
- PCN led sites have been asked to complete booster vaccination of eligible housebound individuals this week. Please complete the survey available on the LVS Foundry workspace here:
<https://ppds.palantirfoundry.co.uk/workspace/module/view/latest/ri.workshop.main.module.7.56b0490-bbe5-4be8-a575-d9885f397073>) to confirm that you have completed this activity by 12:00 on Friday, 17 December 2021. Those who have not received earlier first or second doses should be prioritised.
- A £30 supplement has been provided up until 31 December to support vaccination of this cohort.
- For **severely immunosuppressed people**, we ask PCN Groupings signed-up to the Phase 3 ES to continue to offer third primary doses to this cohort from 8 weeks after their second dose. Additionally, from 10 December we have asked that all PCN groupings signed-up to the Phase 3 ES offer booster vaccination to eligible individuals in this cohort, three months after their third primary dose.
- Hospital specialist teams have also been asked to vaccinate all eligible inpatients and outpatients. Booster vaccinations should be recorded as 'second boosters' on POC systems.

- If you require additional admin support with call/re-call please liaise with your local commissioner.
- Although this will take a few days, we can onboard further PCN sites onto the NBS – please contact your local commissioner urgently if you want to be onboarded onto the NBS.
- The Winter Access Fund remains available to support wider primary care capacity but cannot be used to fund vaccination capacity.
- If a PCN Grouping has not opted in to deliver boosters to cohorts 10-12 please urgently reconsider your participation (in light of the support recently announced temporary contract changes – read [here](#)) and notify your local commissioner as soon as possible if you are able to help deliver boosters to this group. If a practice has served notice on the phase 3 ES, please advise your local commissioner if anything further could be done to support you to remain in this programme.
- Practices not participating in the programme are asked to urgently support their local vaccination efforts and should liaise with their local commissioner to discuss signing up to the ES or offering workforce to their vaccination site.
- Please read the updated MHRA rules on movement of vaccine – read [here](#). Subject to meeting the conditions outlined, this gives practices within a PCN Grouping the ability to move vaccine to an individual member practice, store it in their fridge and administer opportunistically where this will help increase uptake levels and minimises wastage.

Community Pharmacies are asked to:

Make use of Flexible Provision to limit Pharmaceutical Services from a site for the purposes of offering Vaccination Services where possible

- All Pharmacy Contractors delivering the COVID-19 vaccination service from a designated site should consider applying to their NHS England Regional commissioner to limit the pharmaceutical services they provide to COVID-19 vaccinations only for a specified time. This is permitted under 27B of the National Health Service (Charges and Pharmaceutical and Local Pharmaceutical Services) (Amendment) Regulations 2020.
- Pharmacy Contractors must obtain approval to do this from their NHS England regional Primary Care Commissioning Team at the [e-mail address on the NHS England website](#). To fast track approval of expansions in capacity, please use the subject header: Approval Request for Vaccination Site Flexible Provision and attach the completed [Flexible Provision form](#). More information about this provision can be found in the [Guidance on the NHS Regulations 2020](#) (p33).
- Where a Pharmacy Contractor with a designated site utilises this provision and as a result needs, by exception, to deliver medications that are needed urgently by the patient prior to the Pharmacy Contractor recommencing provision of full Pharmaceutical Services the Pharmacy Contractor can claim £6 (including VAT) per medicine delivery. This delivery service will be included within the next version of the Community Pharmacy Local Enhanced Service COVID-19 vaccination programme: Phase 3 2021/22 (the LES) and will only be available for emergency deliveries made from 15 Dec 2021 to 31 Jan 2022.

Requests will be approved subject to the following:

Automatic agreement will be given where the proposal is for 20% or less of the Pharmacy Contractors combined weekly core and supplementary hours and is at times of the day/week that will have the least impact on patients subject to the below requirements being met. More than 20% of their combined weekly core and supplementary hours can be requested but this must be discussed and agreed with the Regional commissioner in advance of the application being made.

1. At least 24 hours' notice to limit Pharmaceutical Services have been given.
 2. The application includes details of the COVID-19 designated site being supported (ODS code and site name) and the name (and ODS code) of the alternative Community Pharmacy premises which will provide support to any patients during the hours when the pharmacy premises is open for COVID-19 vaccinations only.
 3. Pharmacy contractors must provide clear signposting to patients to alternative provision.
 4. Pharmacy contractors must have a process in place to ensure that all patients retain access to their medicines, including provision of an emergency delivery service during hours of limited service delivery as described under the LES where necessary.
 5. All workforce released from other pharmaceutical services must be actively involved in the delivery of COVID-19 vaccinations for the full period of time that the premises ceases delivery of other pharmaceutical services.
- Pharmacy Contractors must make amendments to their Directory of Service (DoS) entry and NHS website profile so that patients can continue to be signposted to appropriate services

SVOCs /RVOCs are not permitted to approve requests to limit Pharmaceutical Services, since this decision must consider alternate access to medicines.

Community Pharmacy-led LVS sites that wish to operate a pop-up in a pharmacy or non-registered premises

- Sites should further consider the use of temporary pop-up clinics. Agreement must be obtained in writing to operate a pop-up clinic as per the [Roving and Mobile models Standard Operating Procedure](#). Community Pharmacy-led sites should seek approval from their Regional Team by e-mail. To aid them in prioritising approval of expansions in capacity, please use the subject header: Approval Request for Vaccination Site pop-up
- As a temporary response to the Omicron emergency, LVS sites may wish to consider operating a pop-up in another registered pharmacy. This is a temporary measure that is time-limited to support an urgent response and will not replace the site designation process or lead to the permanent stand-up of sites.
 - The Contractor operating the designated site remains responsible and accountable at all times for the provision of vaccination services, including meeting all standards in relation to vaccine handling, premises, workforce and training. The vaccination site will be treated in legal and regulatory terms as associated premises of the Contractor for the purposes of delivering COVID-19 vaccines (even if this is another registered premises) and are therefore effectively an extension of the Pharmacy Contractor's business. The GPhC's standard for registered pharmacies must be met at all times, including the completion of a risk assessment for the pop-up clinic, along with actions to be taken to minimise risks to the safe and effective delivery of the vaccination service, and remaining Pharmaceutical Service.

- Patients must be made aware of the Contractor responsible for providing COVID-19 vaccinations
- Appropriate indemnity and, if appropriate, a written staff-sharing agreement must be in place. Any staff working in a vaccination site must meet the workforce and training requirements for the role that they are fulfilling.
- All pharmacists involved in the service must be able to demonstrate that they have the ability and capacity to provide sufficient supervision of vaccination services.
 - The Responsible Pharmacist for the designated site must be able to demonstrate that they have the capacity and ability to oversee all vaccinations services that are operated in associated premises, including if they are an associated premise in another registered pharmacy as well as any other Pharmaceutical Services being offered from the registered premises associated with the designated site.
 - A Supervising Pharmacist must be on site at any pop-up clinic, linked to the Responsible Pharmacist for the designated site through a governance framework.
 - The Responsible Pharmacist and Superintendent Pharmacist must be able to demonstrate that the Supervising Pharmacist is able to provide sufficient supervision of vaccination services.
 - The Responsible Pharmacist must be clear that the GPhC standards are being met at all times and pressure must never be exerted by an employer to take on more responsibility than the Responsible Pharmacist is professionally content with.

Support the wider system in prioritising COVID-19 vaccination uptake and delivery - Community Pharmacy Contractual framework easements for all pharmacy contractors

- Recognising the significant contribution of the pharmacy workforce to the COVID-19 vaccination programme in all delivery models, NHSEI and DHSC have agreed with PSNC that there will be an extension to the deadline for meeting the requirements of the Pharmacy Quality Scheme for all contractors wishing to take part in line with the arrangements put in place for 2020-21 (further details will shortly be published as a Drug Tariff determination on the NHSBSA website). In addition, contractors will not be required to complete the Community Pharmacy Patient Questionnaire for 2021/2022 and the requirements to complete both a national audit and the local multidisciplinary clinical audit will be waived. The three parties will keep the situation under ongoing review.

The latest UKHSA information can be found in full [here](#).

Booster vaccination guidance as advised by the Joint Committee on Vaccination and Immunisation (JCVI) can be found in full [here](#).

If you have any questions [please contact england.vaccinecentresgroupsupport@nhs.net](mailto:please.contact.england.vaccinecentresgroupsupport@nhs.net) for Vaccination Centres Support or england.pccovidvaccine@nhs.net for Local Vaccination Centres (Primary Care Networks and Pharmacies).

Thank you for your ongoing support.