

Official

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To:

Chief Executives of all NHS trusts and foundation trusts  
All PCNs and all GP practices

Copy to:

CCG Accountable Officers  
All Local Authority Chief Executives  
NHS Regional Directors  
Chairs of ICSs and STPs  
Chairs of NHS trusts and foundation trusts

30 December 2020

Dear Colleague,

### **COVID-19 vaccination – for immediate action**

You will have seen this morning's [welcome announcement](#) that a second Covid vaccine (from Oxford/AstraZeneca) has now been authorised by MHRA for use in the United Kingdom.

JCVI has not advised a preference between the Pfizer/BioNTech or Oxford/AstraZeneca vaccine in any specific population, stating that "both give very high protection against severe disease...and both vaccines have good safety profiles".

[Updated guidance](#) from JCVI and the UK chief medical officers has also been published today on increased spacing of second vaccine doses for both the new Oxford/AstraZeneca vaccine and the current Pfizer/BioNTech vaccine (detailed below). Each person's second dose must be from the same manufacturer as their first dose.

The combined effect of these two decisions is that we are now able substantially to accelerate vaccine delivery. We expect to have access to more vaccine supply in January than in December, and more supply in February than in January, and so on. Based on current supply forecasts, by late spring it should be possible to have offered vaccination to all vulnerable groups.

The aim, of course, is to vaccinate at-risk groups as fast as supply makes possible, in line with the JCVI's prioritisation. In the first case that means continuing to offer to vaccinate people in JCVI groups one and two, completing care home residents and staff, and people aged 80 and over (including the housebound). As set out below, we can now also vaccinate frontline health and social care staff. Where operationally necessary to maximise vaccine delivery at a particular site and to minimise vaccine wastage, JCVI have also

indicated there should be some flexibility in including other cohorts concurrently e.g., those age 75 and over but not at the expense of earlier cohorts, particularly care homes.

### **Authorisation of Oxford/AstraZeneca vaccine**

The Oxford/AstraZeneca vaccine will be rolled out from Monday 4 January, starting for the first few days in hospital hubs for pharmacovigilance surveillance purposes, as is standard practice. We will write to you again next week to set out how the vaccine will be made available to local vaccination services shortly thereafter. Further information on this vaccine, including conditions for authorisation under Regulation 174 of the Human Medicine Regulations 2012 (as amended) can be found [here](#).

### **Clinical guidance on timing of second doses**

The MHRA has authorised the Oxford/AstraZeneca vaccine on a two-dose schedule, with a second dose to be given from four weeks to 12 weeks of the first.

Following a review of clinical evidence and the latest public health data, the JCVI and the Department of Health and Social Care have also published [updated guidance for the NHS on the dose interval for the second dose of the Pfizer BioNTech vaccine](#). It recommends the second dose of the Pfizer BioNTech vaccine should now be scheduled for after three weeks but before 12 weeks after the first dose, and that the second dose no longer needs to be held in storage.

Taking both vaccines into consideration, the four UK Chief Medical Officers have determined that:

“...Prioritising the first doses of vaccine for as many people as possible on the priority list will protect the greatest number of at risk people overall in the shortest possible time and will have the greatest impact on reducing mortality, severe disease and hospitalisations and in protecting the NHS and equivalent health services. Operationally this will mean that second doses of both vaccines will be administered towards the end of the recommended vaccine dosing schedule of 12 weeks.”

They recognise that this will mean we need to reschedule second doses for most of our current first dose recipients, but for the reasons set out today by JCVI and the CMOs, doing so should substantially improve individual and population-level protection against COVID-19 over the next 3 months.

### **ACTIONS NOW REQUIRED**

#### **For immediate action by existing hospital hubs and local vaccination services**

All hospital hubs and local vaccination services should therefore now take the following actions to ensure delivery is in line with the updated MHRA/JCVI/DHSC regulatory and clinical guidance:

- For recipients who have received their first vaccination and are due to receive their second dose between now and Monday 4 January, **no further action is required**, and these appointments should continue as planned.

- For those who have received their first dose and are scheduled to receive their second *after* Monday 4 January, the second dose appointment should be rescheduled in most instances (with clinical discretion applied locally if needed) for between three (Pfizer BioNtech vaccine) and four (Oxford/AstraZeneca vaccine) and 12 weeks' time, with most recipients to be booked in the last week of that 12 week period.
- For those scheduled to receive their first vaccination from tomorrow (31 December), an appointment to receive the second dose should be scheduled for between three (Pfizer BioNtech vaccine) and four (Oxford/AstraZeneca vaccine) and 12 weeks' time, with most recipients to be booked in the last week of that 12 week period.

### **For immediate action by new hospital hubs, local vaccination services and vaccination centres**

Those services that will be operational from Monday 4 January onwards, including new hospital hubs, local vaccination services (including community pharmacy provision) and vaccination centres, need to ensure that all second dose appointments are booked in the twelfth week post the first dose. This will allow as many first doses as possible to be provided as quickly as possible, providing substantive levels of individual protection while reaching more of those most at risk.

Communications material for hospital hubs and local vaccination services to support the rescheduling of appointments will be shared with your communications leads.

### **For all PCN and practice led local vaccination services.**

We have asked all local Covid vaccination services to prioritise wherever possible care home residents and care home staff to ensure this priority group is vaccinated against COVID-19 as quickly as possible. We appreciate the additional time and resources needed to deliver the vaccine in a care home setting, especially at this pressurised time of year. Therefore the NHS is providing an additional supplement of £10 per dose on top of the item of service fee for all vaccines delivered in a care home setting. The supplement is applicable where the first dose is delivered before the end of January.

### **Vaccinating frontline health and social care workers**

To minimise wastage, vaccination sites have also been ensuring unfilled appointments are used to vaccinate healthcare workers who have been identified at highest risk of serious illness from COVID-19. Increased supply means that vaccination can also now immediately be expanded to frontline health and social care workers.

Trust HR Directors and local vaccination services will be responsible for overseeing these staff vaccinations, building on the model successfully used for staff flu vaccination. Operational guidance on doing so will be available shortly. JCVI recommend that within this group, you should give priority to frontline staff “at high risk of acquiring infection, at high individual risk of developing serious disease, or at risk of transmitting infection to multiple vulnerable persons or other staff in a healthcare environment”. Healthcare providers have been undertaking staff risk assessments throughout the pandemic to identify these individuals and it remains important that this is organised across the local health and social care system to ensure equitable access, ensuring all staff within their

own organisations, and those of their partners, are able to access the vaccine as soon as possible.

### **Expanding vaccination sites and services**

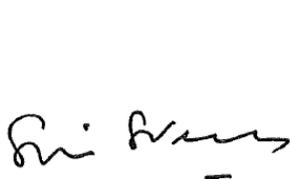
Since 8 December over 500 local vaccination services and over 100 hospital hubs have launched the largest vaccination programme in the history of the NHS – at the same time as the whole of the health service has been dealing with the intensifying Covid pressures.

Over the coming weeks we will continue to build capacity across the system to offer more vaccinations with additional local vaccination services, hospital hubs (covering all NHS Trusts including Community, Mental Health and Ambulance Trusts) and vaccination centres coming on-line. NHS Professionals and St John Ambulance are supporting local vaccinator recruitment for the expected volume increases over January and February. We will also provide further advice about additional measures to ensure GP practices and PCNs are able to prioritise the vaccination programme appropriately, including removing unnecessary contractual burdens.

As there is still some unavoidable uncertainty about the week-by-week supply phasing, we are grateful for your continuing understanding and flexibility as we have to make ‘real time’ operational vaccine allocations across our vaccination sites.

In the meantime, a heartfelt thank you for your leadership on what is arguably the most consequential health programme the NHS has ever delivered. You and your teams have made a brilliant start, and now we have a unique opportunity to save many lives by rapidly protecting many millions of vulnerable people.

With best wishes,



Sir Simon Stevens  
NHS Chief Executive



Dr Emily Lawson  
NHS Chief Commercial Officer  
and SRO Vaccine Deployment



Prof Stephen Powis  
NHS Medical Director